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AOAP 方案治疗急性非淋巴细胞白血病临床观察

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内容提要　本组27例急性非淋巴细胞白血病以AOAP方案结合辨证施治进行临床观察，结果：完全缓解 10 例，完全缓解率 37.03%；部分缓解 9 例，部分缓解率 33.33%；总缓解率为 70.37%。本方案治疗诱导时间短、副作用小，疗效较为满意。

多年来我科以癌灵 I 号注射液治疗急性非淋巴细胞白血病，取得较好疗效，为进一步提高临床缓解率，一年来根据细胞动力学的理论。我们以癌灵 I 号为主配合其它化学药物组成联合方案(AOAP 方案)，对 27 例急性非淋巴细胞白血病进行观察，结果明显提高了缓解率，报告如下。

临 床 资 料

本组27例患者均系本科 1985 年住院病例，其中男性 14 例，女性 13 例。年龄：16岁～65岁，其中 16～35 岁 20 例。27 例患者均按照1980年 9 月在苏州召开的全国白血病分类分型的建议标准明确诊断。M_1型 4 例，M_2型10 例，M_3型 8 例，M_5型 1 例，M_6型 4 例。中医辨证分型，气血两虚16例；阴虚内热 9 例；热毒炽盛 2 例。

AOAP方案组成：癌灵 I 号 8 ml(4 支)加 25%葡萄糖 20ml，每日二次静脉注射(第 1 ～ 7 天)；长春新碱 1 ～ 2 mg 加 25% 葡萄糖 20ml，第 1 天静脉注射；阿糖胞苷 50mg，每日二次肌肉注射(第 2 ～ 7 天)；强地松20mg，每日三次口服（第 1 ～ 7 天)。每个疗程 7 天，间歇10～14天，再进行第二疗程，如此反复若干疗程至完全缓解。

应用AOAP 方案同时根据临床症状辨证施治加用中药，每日一剂水煎内服，间歇期仍口服中药。中医辨证方药：气血两虚：人参、黄芪、当归、丹参、赤芍、川芎、陈皮、生地、生牡蛎、菟丝子、女贞子、阿胶；阴虚内热：黄芪、当归、麦冬、沙参、玄参、石斛、生地、丹皮、花粉、生甘草；热毒炽盛：黄连、黄柏、生石膏、知母、地骨皮、银花、蒲公英、连翘、大黄。

结　　果

治疗效果评定标准按1978年全国白血病防治研究协作会议制定的急性白血病疗效标准草案。本组完全缓解10例(M_1型 2 例，M_2型 2 例，M_3型 4 例，M_5、M_6型各 1 例)，完全缓解率为 37.03%；部分缓解 9 例 (M_2 型 5 例，M_3、M_5型各 2 例)，部分缓解率为 33.33%，未缓解 8 例(M_1、M_3型各 2 例，M_2型 3 例，M_6型 1 例)；总缓解率为 70.37%。

10例完全缓解时间最短25天，最长172天，中位数时间56天，诱导治疗的疗程最少为 2 疗程，最多 4 疗程，其中 2 例复发后再用本方案又获完全缓解。

部分缓解的 9 例患者中 5 例诱导治疗 2 ～ 5 疗程，现仍在治疗中，4 例自动出院。未缓解 8 例中 4 例进行 2 疗程后合并感染、中枢神经系统白血病死亡，4 例出院治疗。

讨　　论

AOAP方案是根据细胞动力学和同步化原理设计的[1]，第 1 天应用长春新碱，目的是一方面杀伤 S 期和M期的白血病细胞，并利用长春新碱的同步化作用；第 2 天应用阿糖胞苷杀伤 S 期的白血病细胞，并作为第二次同步化药物，使白血病细胞同步于 S 期，为第 4 天应用

阿糖胞苷和癌灵Ⅰ号作准备。癌灵Ⅰ号注射液经实验研究证实，该药系细胞周期非特异性药物，对各周期的白血病细胞均有杀伤作用，它通过抑制细胞在 DNA 合成过程中的硫氢基而使细胞呼吸停止[2]。强地松是作用于G_1期进入S期细胞的药物[3]，并且又可减轻出血，因此应用强地松促进抑制和杀伤白血病细胞。

中医辨证分型是根据本组病例的临床体征分为三型，实践证明补气养血佐以补肾固本药物可调节内分泌系统功能，促进核酸和蛋白质的合成，并且刺激骨髓造血功能，增强机体免疫能力。清热解毒药除直接有抑菌作用外，且兴奋垂体—肾上腺皮质系统，同时广泛地影响机体免疫功能，对免疫有促进作用[4]。所以，中医中药有利于提高白血病患者机体的抵抗力，预防和减少合并症的发生，使治疗顺利进行，有利提高疗效。

AOAP 方案应用过程中，多出现胃肠道反应，主要是应用阿糖胞苷后，27例中有21例出现恶心呕吐，但经应用芳香化浊、镇逆止呕的中药及对症处理(西药以爱茂尔、安定片等)一般 4～5 天后消失，不影响方案的进行。27例中有 2 例发生骨髓抑制，经用中药补气养血、填精益髓以及单纯癌灵Ⅰ号治疗 2 周[2]，骨髓抑制缓解。心脏及肝肾在治疗前后经生化和物理检验无中毒改变。

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Clinical Analysis on the Effect of Liq. Galla Chinensis Composit. Given Trans-endoscopically in Treating 240 Upper Gastrointestinal Bleeding Patients

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Liq. Galla chinensis composit., a transparent brown solution, is composed of Galla chinensis, *Terminalis chebula* and alum. On animal model of experimental ulcer, it was showed that this solution could markedly decrease the amount of hemorrhage and shorten the bleeding time. Experiments on human beings proved that this solution could also reduce the amount of fasting gastric secretion and the gastric acidity.

This solution was administered to the surface of the bleeding lesion through the conduit of endoscope to treat 240 cases suffering from upper gastrointestinal hemorrhage. The immediate hemostatic rate was 99.6%, 237 cases were completely cured, and the hemostatic rate after single dose was 98.7%. Among the above cases, there were 70 patients of critical upper gastrointestinal massive hemorrhage, 69 cases of immediate hemostasis after local application of 5～10 ml of the drug with the hemostatic rate of 98.6%, 67 cases of which had successful hemostasis after one dose, the hemostatic rate after one dose was 95.7%. This solution was proved to be most effective in the treatment of hemorrhage caused by peptic ulcer, but not so effective in that of gastric carcinoma. It had no side-effect at all. The main principle of Galla chinensis and *Terminalis chebula* is tannic acid which is astringent in nature and has a powerful effect in hemostasis.

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Clinical Observation on the Effect of AOAP Programme in Acute Non-Lymphatic Leukemia

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Twenty seven cases of definitely diagnosed acute nonlymphatic leukemia (four M_1, ten M_2, eight M_3, one M_5 and four M_6 types) were treated with AOAP programme (Ailin-1 injection, Oncovin, Ara-C, Prednisone). A seven-day course of treatment was repeated with a ten to fourteen-day interval between every two treating courses until complete remission. During all the periods of treatment and interval, a dose of Chinese herbal decoction was taken daily according to the syndrome differentiation of the patient.

Total rate of remission was 70.37%. Among them, complete remission in 10 cases (37.03%) consisting of two M_1, two M_2, four M_3, one M_5 and one M_6 type was obtained, with a remission period ranged 25 to 172 days (median period: 56 days). 2 to 4 courses of treatment were necessary for causing remission. Two of them relapsed, but another period of complete remission was obtained by the same therapy. Partial remission was obtained in 9 cases (33.33%) consisting of five M_2, two M_3 and two M_6 types. 8 patients were ineffective to this programme.

AOAP programme, in which the principal drug is Ailin-1 injection, and other chemicals were designed in light of cell cycle kinetics and the mechanism of dual synchronization. The clinical application showed better efficacy. This programme induced no toxic reactions of heart, liver, kidney and other organs except for some adverse gastrointestinal responses.

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Clinical Observation on the Treatment of 101 Hypertension Patients with *Pyrola Rotundifolia* Preparation

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The article reports 101 cases of hypertension disease which were treated with the preparation of *Pyrola rotundifolia* and double blind method was used. The cases were randomly divided into two groups, and were treated by *Pyrola rotundifolia* No. 1 (composite) and No. 2 (single). The effective rate of group No. 1 was 78.43%, and that of group No. 2 was 68.00%. There was no significant difference between the two groups ($P>0.05$). In the patients of hyperlipidemia, the mean serum cholesterol in groups No. 1 and No. 2 were 31.24 mg/dl and 64.34 mg/dl respectively. There was very significant difference between their self-contrast ($P<0.01$). But it has no influence on the serum triglyceride. Only individual case showed mild side-effect. The result showed that the preparation of *Pyrola rotundifolia* should be a new effective type of antihypertension drug of traditional Chinese medicine. It may be useful in the treatment of hypertension disease and needs further clinical observation.

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