

鹿蹄草制剂治疗高血压病 101 例临床观察

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内容提要 本文报道用鹿蹄草制剂采用双盲法随机分组治疗高血压病 101 例。治疗结果总有效率鹿蹄草 I 号为 78.43%，鹿蹄草 II 号为 68.0%，二者无显著性差异。对血脂增高者，其血清胆固醇分别下降 31.24 mg% 和 64.34 mg%，自身对照有非常显著性差异，但组间对照无显著性差异；对甘油三酯则无影响。认为本疗法值得进一步观察和推广应用。

鹿蹄草具有扩张血管作用。我院曾用于临床治疗少数高血压病及冠心病有一定疗效^{〔1〕}。为进一步观察验证，我们改进剂型，制成“鹿蹄草 I 号”和“鹿蹄草 II 号”。根据我国常见心血管病流行病学研究及人群防治工作 1979~1985 年规划^{〔2〕}中高血压诊断标准（除外继发性高血压和临界高血压）、临床分期标准和药物疗效评定标准执行，对 1983 年采用双盲法进行临床观察的 101 例总结如下。

临床资料

一、一般情况：参照我国建立心血管病防治区的经验^{〔3〕}，选择符合诊断标准的 I、II 期及部分病情稳定的 III 期高血压病 101 例，随机分为甲乙两组，采用双盲法进行对照观察。甲组服鹿蹄草 I 号，乙组服鹿蹄草 II 号。甲组 51 例，男 29 例，女 22 例，年龄 35~73 岁，平均 52.75 ± 7.86 (M \pm SD, 下同)。高血压分期：I 期 4 例，II 期 46 例，III 期 1 例；乙组 50 例，男 27 例，女 23 例，年龄 36~70 岁，平均 50.94 ± 6.77 岁。高血压分期：I 期 6 例，II 期 42 例，III 期 2 例。以上资料经统计学分析，具有可比性。临床症状均以头晕、头痛、心悸、胸闷、乏力、腰酸背痛等为主。

二、血压情况：甲组收缩压 156.98 ± 22.79 mmHg，舒张压 103.31 ± 12.95 mmHg；乙组收缩压 152.16 ± 17.29 mmHg，舒张压 100.34 ± 8.81 mmHg。经统计学处理两组无差别 ($P > 0.05$)。

三、眼底检查：甲组正常 6 例，I 级 23 例，II_a 级 14 例，II_b 级 3 例，III 级 5 例；乙组正常 12 例，I 级 27 例，II_a 级 4 例，II_b 级 4 例，III 级 3 例。两组均无 IV 级眼底变化。有内脂环者，甲组 42 例；乙组 36 例。

四、心电图：甲组异常者 10 例；乙组异常者 8 例。均以左室高电压、左室肥厚、左室劳损、ST 段压低为多。

中医辨证分型：阴虚阳亢型 43 例，阴阳两虚型 42 例，气虚痰浊型 11 例，血瘀型 5 例。

治疗方法

药物及用法：本制剂均由本院药厂提供。鹿蹄草 I 号含鹿蹄草、短柄五加、柿叶等；鹿蹄草 II 号为鹿蹄草，制成茶剂。每次 1g/袋，每日三次。每袋用开水 200ml 浸泡约 5~10 分钟，代茶饮用，连续冲泡两遍。两种制剂的外观、气味均相同。治疗期停用一切药物，保持原有饮食及生活习惯不变。一疗程为 45 天。

结果

一、疗效：治疗一疗程后统一评定，其结果甲组略较乙组为优，51 例中显效 31 例，有效 9 例，无效 11 例；乙组 50 例中依次为 21 例、13 例、16 例。但经统计学处理，未见显著性差异（总疗效 $X^2 = 3.57$, $n = 2$, $P > 0.05$ ；显效率 $X^2 = 2.85$, $n = 1$, $0.10 > P > 0.05$ ）。

二、治疗前后血压、血脂变化情况：

在接受治疗一周后血压开始逐步下降，下

降幅度以前四周明显,以后趋于稳定。两组的收缩压、舒张压都明显下降,但组间对照均无显著性差异。血脂以胆固醇下降明显,组间对照亦无差异;对甘油三酯则无作用。结果见附表。

附表 两组治疗前后血压、血脂比较

		血压 mmHg			血脂 mg%		
		例	收缩压	舒张压	例	胆固醇	例 甘油三酯
甲	前	51	156.98 ±22.79	103.31 ±12.95	29	258.79 ±35.96	27 168.15 ±91.78
	后	51	139.37 ±18.63	90.63 ±10.74	29	227.55 ±39.60	27 164.11 ±76.00
乙	前	50	152.16 ±17.29	100.34 ±8.81	29	292.66 ±69.50	24 162.17 ±64.00
	后	50	137.64 ±21.15	91.18 ±12.32	29	228.31 ±42.83	24 154.89 ±54.77

治疗前后收缩压、舒张压、胆固醇经统计学处理, $P < 0.01$, 甘油三酯治疗前后无变化, $P > 0.05$ 。各项指标组间比较无差异 ($P > 0.05$)。

三、分期与疗效的关系: 鹿蹄草 I 号、II 号对各期高血压病均有效。但由于样本不够大,未发现各期高血压病之间有明显差异。对各种证型亦均有效,未发现明显差异。症状改善较血压改善明显。两组中均以眩晕、头痛、腰酸肢软、畏寒肢冷、腹胀浮肿、夜尿频、失眠多梦、五心烦热、耳鸣盗汗、健忘及口干苦诸症改善较为明显。反映两种制剂对阳虚和阴虚证都有效。其中尤以对失眠多梦,健忘及乏力肢软等症状的改善甚为迅速和明显。

四、药物副作用: 用药后两周内,个别患者出现过口干、嗜睡、头晕。除头晕与血压下降较快有关,嘱其减量饮用外,其余都未作处理。均在治疗中自然消失。对全部患者进行了血、尿常规检查,部分复查肝功能和血清谷丙转氨酶,均未见异常。

讨 论

本疗法不限制饮食,并强调维持患者原有生活习惯不变,能确切地反映药物的作用。说明鹿蹄草 I、II 号对高血压病确有疗效,且两组作用相似。鹿蹄草 I、II 号能明显改善失眠多梦等症状,有助于改善高血压患者的大脑皮层功能失调和植物神经功能障碍。同时能降低血清胆固醇。本药可继续用于较大样本观察和推广使用。动物实验证明^[4]鹿蹄草醚浸出液有扩张血管作用,治疗高血压病的机理则有待进一步研究。

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欢迎订阅

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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 M₁, ten M₂, eight M₃, one M₅ and four M₆ 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 M₁, two M₂, four M₃, one M₅ and one M₆ 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 M₂, two M₃ and two M₆ 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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