

# 通窍活血汤加减配合放射疗法治疗鼻咽癌

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**内容提要** 本文报告治疗鼻咽癌 57 例, 随机分为中药加放疗组(中药组)和单纯放疗组(放疗组)。二组照射方法及剂量相同, 当剂量达 45Gy 后中药组鼻咽部肿块消退率明显优于放疗组( $P < 0.05$ )。提示本方中药配合放射治疗鼻咽癌对鼻咽部肿块有放射增敏作用。远期疗效观察, 中药组、放疗组三、五年存活率分别为 48.4%、41.9% 和 42.3%、30.7%, 统计学处理无显著差异( $P > 0.05$ )。

用化合物来改变造成全身放射损伤的研究已有近四十年历史<sup>(1)</sup>。近十多年来转向改进癌肿的放射治疗。探索对肿瘤组织放射增敏而对正常组织起保护作用的药物是当今临床放射生物学的一个重要课题<sup>(2)</sup>。活血祛瘀中药有改善微循环, 增加血流量的作用<sup>(3)</sup>, 有些中药还具有独特的适应原样作用的特点, 因而设想有可能改善细胞的氧效应, 增加放射敏感性及放射防护作用。为此, 我们采用活血祛瘀中药通窍活血汤加减观察了 57 例鼻咽癌患者, 现将结果报告如下。

## 临床资料

选择 1980 年 3~8 月在我院病理证实为鼻咽癌的患者 57 例, 以往未接受过放射治疗。随机分为中药加放疗组 31 例(中药组), 单纯放疗组 26 例(放疗组)。其中中药组男 28 例, 女 3 例; 11~30 岁 5 例, 31~50 岁 16 例, 51~70 岁 10 例; 鳞癌Ⅲ级 26 例, 未分化癌 1 例, 低分化腺癌 4 例; 按 1979 年第五次全国鼻咽癌会议制定的 TNM 系统进行临床分期, 属Ⅱ期 7 例, Ⅲ期 15 例, Ⅳ期 9 例。放疗组 26 例中男 18 例, 女 8 例; 11~30 岁 2 例, 31~50 岁 21 例, 51~70 岁 3 例; 鳞癌Ⅱ级 1 例, Ⅲ级 22 例, 未分化癌 1 例, 低分化腺癌 2 例; 属Ⅱ期 7 例, Ⅲ期 12 例, Ⅳ期 7 例。本组病例病期较晚, 但二组病例病期、病理及年龄等构成比基本相似。

## 治疗方法

按本院常规使用的鼻咽癌放射治疗方案, 二组病例采用的放射技术、剂量及方法相同。原发灶全部用<sup>60</sup>Co 外照射, 颈部<sup>60</sup>Co 加深部 X 线外照, 每周 5 次, DT10Gy, 照射野包括鼻咽、颅底及颈部三个区域, 鼻咽及颅底剂量一般为 65~75Gy, 颈部按肿块大小确定剂量, 一般为 60Gy, 预防性照射为 50Gy。中药组放疗开始至治疗结束日止内服中药, 基本方为: 赤芍、川芎、桃仁、红花、当归、莪术、白芷各 5g, 蚤休、山豆根各 10g, 生姜三片、大枣五枚。口干、咽燥加沙参、麦冬、花粉; 肿块放射后红、肿、热、痛加银花、连翘; 胃脘不适加砂仁、石斛; 头晕、乏力加红参。每日一剂水煎, 早晚分服。一般 50 剂左右, 放疗期间连续服用。治疗前后各用 1:1000 的结核菌素皮试, 并作 E-玫瑰花环试验及淋巴细胞转化率试验。每周由二名医师检查病人, 重点记录放疗剂量及肿块消退情况, 并查血象、测量体重。放疗后定期随访, 2 例失访按死亡病例计算, 随访率 96.5%。

## 结 果

一、放疗后二组生存率的比较: 中药组和放疗组三、五年存活率分别为 48.4%(15/31)、41.9%(13/31) 和 42.3%(11/26)、30.8%(8/26)。从百分比看, 中药组三、五年存活率均

高于放疗组,但统计学无显著差异( $P>0.05$ )

鼻咽部肿块消退时的照射剂量比较:照射剂量 $\leq 45\text{Gy}$ 时鼻咽部肿块全消者中药组10例、放疗组2例,未消者中药组21例、放疗组21例。 $>45\sim 55\text{Gy}$ 全消者中药组22例、放疗组7例,未消者中药组9例、放疗组19例。 $>55\sim 70\text{Gy}$ 全消者中药组28例、放疗组18例,未消者中药组3例、放疗组8例。 $>45\sim 55\text{Gy}$ 时肿块消退率二组有显著差异( $P<0.05$ )。

三、死亡原因分析:中药组31例,死亡19例占61.3%;放疗组26例,死亡17例占65.4%。死于局部失控及复发者中药组10例,放疗组11例;死于远处转移者中药组2例,放疗组3例;各有2例死于其它病;死因不明中药组5例,放疗组1例。

四、体重、白细胞及免疫指标测定结果:二组病例放疗前后体重、白细胞变化无显著差异。结核菌素反应中药组10例升高、7例降低,放疗组2例升高、6例降低。因例数太少,E-玫瑰花环试验和淋巴细胞转化率的变化十分接近,难以说明本方对机体免疫力的影响。

## 讨 论

本文选用的通窍活血汤基本方是清代医学家王清任总结的主要用于头面部血瘀证之经典方<sup>(4)</sup>。鼻咽癌患者用此方来配合放射治疗是根据其病变部位及本病常有鼻血、耳鸣、头痛、颈部肿块等血瘀证。方中赤芍行血活血,川芎活血止痛,桃仁、红花活血通络,生姜通阳,佐以大枣缓和芳香辛窜之药性。原方麝香因药材珍贵稀少故代以白芷祛风止痛,加入当归养血活血,莪术加强活血祛瘀,蚤休、山豆根清热解毒。全方功能通络开窍、行血活血。

从本文的材料看,二组放疗后鼻咽部肿块消失率在剂量大于 $45\sim 55\text{Gy}$ 者,中药组明显高于放疗组( $P<0.05$ )。说明中药对放射治疗有协同作用,增加肿瘤对放射治疗的敏感性。设想中药可能是通过上述作用使瘤床血运改善,提高了缺氧细胞的氧含量,从而增加放射敏感性。另外,活血祛瘀中药能消散病灶周围炎症,也可能起到间接增敏作用。活血祛瘀中药并用放疗,疗效明显优于单纯放射治疗组<sup>(5)</sup>。本组三、五年存活率二组无显著差异,可能与存活五年例数太少有关,但从本文结果来看,通窍活血汤加减配合放疗治疗鼻咽癌,加速肿块消退、提高局部控制是有可能的。

陈健民等<sup>(6)</sup>对440例癌症患者进行了血液流变学观察,其中82.7%呈现不同程度的高凝状态,活血祛瘀中药改变流变性质,因而有可能减少血行转移。但从死亡病例的分析看,远处转移发生率二组基本相等,故难以说明问题。设计本试验时曾担心活血祛瘀药物会增加肿瘤的血行转移,因而选择的病例大多为晚期,但从本组病例结果分析,活血祛瘀中药通窍活血汤加减至少不会增加远处转移的发生率。

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冯传汉、王澍寰、过邦辅、杨克勤、尚天裕、朱通伯、郭世绂、于仲嘉、李瑞宗等40位全国著名骨科专家主讲,授课内容有创伤、骨病、显外、小儿、手等专题。凡准备参加学习者,请于5月底以前与安徽省合肥市第三人民医院骨科黄公明主任联系。

# Changes of Trace Elements in Infantile Gan Zheng (疳证) with Replenishing Qi (气), Invigorating Spleen and Resolving Dampness

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This paper reports that 52 cases of infantile Gan Zheng (malnutrition) were treated with the method of replenishing the Qi, invigorating the spleen and resolving the dampness. 24 were male and 28 female, 5 months to 5 years in age. The chief symptoms were emaciated and pale, anorexia, susceptible to cold, constipation or diarrhea, their weight and height were below normal in average, with only one exception in height. The Hb of 49 cases has been measured, with 29 cases lower than 11 g/dl, and 15 of them associated with dampness-heat. These cases were treated with clearing up the heat and eliminating the dampness at first, after disappearance of dampness-heat, the treatment of replenishing the Qi and invigorating the spleen was added. The average course of treatment was 8.6 weeks. It was encouraging that 50 cases improved in appetite, the rate of weight and height growth in 45 and 40 cases surpassed that of normal. Hb was re-examined and it reached normal value in 18 out of 27 cases. After treatment, 33 cases improved markedly, 18 cases improved with 1 patient failing to answer. The rate of marked improvement was 63.5%, the total effective rate reached 98%. Using the method of atomic absorption spectrophotometry, the mean difference  $\pm$  SE ( $\mu$ g/dl) of the plasma Zn, Cu in 33 cases and plasma Mn in 26 cases pre-and post-treatment were Zn  $27.88 \pm 4.89$  ( $P < 0.001$ ), Cu  $22.5 \pm 2.82$  ( $P > 0.05$ ), Mn  $0.0029 \pm 0.001$  ( $P > 0.05$ ) respectively. It showed that a marked elevation in plasma Zn was obtained with few changes in Cu and Mn. The above results showed that the Chinese drugs might yield better effects in infantile Gan Zheng, in terms of the acceleration of the growth rate, disappearance of anemia, increase in plasma Zn and improvement in other symptoms.

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## Clinical Observations and Pharmacological Study on the External Treatment of Bi Zheng (痹证)

with Xiao-ertong (消尔痛) Adsorbo-Penetration Therapy

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After the treatment of 621 cases of Bi Zheng (arthralgia) with Xiao-ertong adsorbo-penetration therapy (temporomandibular joint disorder 208 cases; tennis elbow 15 cases; omarthritis 202 cases; rheumatic arthralgia 127 cases; sciatica 31 cases; hypertrophy of spine 22 cases and rheumatoid arthritis 16 cases.) and the controlled study on its toxicology, pharmacology and pharmacodynamics etc. with animal experiments, it was proved that the drug can be used externally without manifesting any marked general toxicity but with very significant anti-inflammatory, detumescent and analgesic effects ( $P < 0.01$ ). The composition of Xiao-ertong tincture: over ten kinds of drugs such as *Aconitum carmichaeli*, *Strychnum pieriana*, *Boswellia carterii* and the extract of the bones of animal limbs containing polypeptide or protein peptide. Apply the tincture to the tender point or the locality with the greatest soreness. Results: Of the 621 cases, immediate cure and obvious recovery occurred in 567 (91.31%), of the 230 long-term follow-up (7 months to 3 years) cases, 205 of them (89.13%) were cured completely, and no change occurred in 22 cases (9.57%). The long-term therapeutic effect is significant for temporomandibular joint disorder syndrome, omarthritis, tennis elbow and rheumatic arthralgia.

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## Treating Nasopharyngeal Carcinoma with Combined Radiation Therapy and

Tong Qiao Huo Xue Decoction (通窍活血汤)

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A series of 57 cases with nasopharyngeal carcinoma treated by different regimes were analyzed. The patients were divided into two groups randomly, one group used combined radiotherapy with Tong Qiao Huo Xue decoction and another radiotherapy alone, as a control. The method and dose of irradiation were similar in both groups. The cancer reduced in size quickly in the combined group than the control when the given dose reached 45 Gy ( $P < 0.05$ ). The results showed that the decoction used in the combined group raised the radiosensitivity of the tumor. The 3- and 5-year survival rates for the combined group were 48.4% and 41.9%, and for the control 42.3% and 30.8% respectively. The percentage of the combined group was superior to that with radiotherapy alone but was not significant statistically ( $P > 0.05$ ).

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