

驱虫斑鸠菊等综合疗法治疗 白癜风329例疗效分析

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内容提要 本文应用驱虫斑鸠菊等综合疗法治疗白癜风 329 例,治愈率为 13%,总有效率为 98%,其中驱虫斑鸠菊针剂加外用药加日光浴组的治愈率为 20%,驱虫斑鸠菊针剂加外用药加紫外线照射组的治愈率为 15%,疗效优于驱虫斑鸠菊针剂加外用药组(治愈率 6%),有显著性差异 ($P < 0.05$)。认为本疗法是目前治疗白癜风有效的疗法。本文还对临床分型和日照时数临界值作了探讨。

新疆维吾尔医很早就在民间流传着白癜风的有效疗法。石得仁等于 1974 年在喀什市对维吾尔医治疗白癜风的传统疗法进行了调查和疗效方面的观察,后经研究进行了改良,应用于临床获得较好效果。1984 年 1~10 月,我所引进了此改良方法,在西安地区对 329 例白癜风患者进行了驱虫斑鸠菊等综合治疗,现报告如下。

一般资料

329 例患者中住院 52 例,门诊 277 例。男 174 例,女 155 例。年龄 20 岁以下者 89 例,20~40 岁者 206 例,40 岁以上者 34 例;最大者 68 岁,最少者 4 岁,青壮年发病率较高。

发病诱因以精神因素多见,紧张、忧郁、恐惧可使病情加重。具有家族遗传史者 5 例。病程最长者 30 年,最短者 1 周,1 年以上者 54 例,1~5 年者 116 例(35%),6~10 年者 69 例,11 年以上者 90 例。

皮损白斑呈片状者 230 例,点状者 32 例,两者同存者 67 例。病情为活动期者 115 例,静止期者 214 例。在 174 例统计中,白斑初发于面部的 71 例(41%),躯干部的 65 例(37%),四肢的 36 例(21%),还有发生于手术伤口及妊娠纹的 2 例(1%)。

临床分型:(1)局部单发型:计 80 例。皮损可单发于人体任何一个部位,孤立存在,多按神经节段分布。皮损面积占体表面积的百分数(皮损面积%)多在 0.5% 以内。(2)头面多发型:计 29 例。皮损多发于头面不同部位,对称发生。皮损面积多在 1% 以内。(3)全身多发型:计 220 例。皮损大多数呈片状播散分布,或呈点状密集分布。皮损面积多在 1% 以上。

治疗方法

一、治疗分组:(1)单用驱虫斑鸠菊针剂(简称驱菊针剂)16 例。(2)单用外用药 9 例。(3)单用紫外线 5 例。(4)驱菊针剂+外用药(驱外组)128 例。(5)驱菊针剂+外用药+日光浴(驱外日组)61 例。(6)驱菊针剂+外用药+紫外线照射(驱外紫组)110 例。前三组单纯用一种疗法作为对照组,后三组为观察组。

二、治疗方法

1. 驱菊针剂:每安瓿 2ml,含驱虫斑鸠菊生药 1g。每日肌注 1 次,每次 2~4ml。

2. 外用药:235 例用白癜净(氮芥酊)视白斑大小,每日外涂 1~2 次,每次 1~10ml。48 例外用 8 甲氧补骨脂素酊,每日外涂 1~2 次,每次 1~5ml。25 例外用硫汞白癜风搽剂,适量外涂。还用复方蛋黄油膏外涂于白斑后做日光浴或紫外线照射。

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3. 日光浴: 在每年5月中旬至9月底, 全身多发型可行全身裸体日光浴, 每日宜晒太阳1~3小时, 以晨8~10时、中午或下午4~6时为宜。晒后禁止冷浴。

4. 紫外线照射: 一般以长波紫外线为宜, 事先应测得生物剂量, 逐渐加大阈值, 一般用3~5个生物剂量, 2~3日照射1次, 每次照射局部范围在5~25cm²之内, 或在体表面积1~10%之内。10次为1疗程, 疗程间停照1周。对活动期患者可口服8甲氧补骨脂素片, 成人每日1次, 20mg顿服。2小时后照紫外线。

疗效分析

一、疗效判定标准: 痊愈: 皮损部位即白斑上的色素恢复如常。显效: 白斑康复面积超过总面积60%以上。有效: 白斑缩小及出现黑色素颗粒。无效: 白斑在治疗前后无变化。

二、治疗结果: 见附表。

附表 329例分组治疗效果

	例数	痊愈		显效		有效		无效		总有效		Ridit值	P值
		n	%	n	%	n	%	n	%	n	%		
驱菊针组	16	2		5		9							
外用药组	9	1		2		6							
紫外线组	5					4		1					
驱外组	128	8	6	37	29	79	62	4	3	124	97	0.5	
驱外日组	61	12	20	26	43	23	37			61	100	0.65	<0.05
驱外紫组	110	16	15	35	32	58	52	1	1	109	99	0.57	<0.05
合计	329	39	12	105	32	179	54	6	2	323	98		

附表可见329例中, 痊愈39例, 占12%。显效105例, 占32%。有效179例, 占54%。无效6例, 占2%。总有效率98%。

经统计学处理, 驱外日组、驱外紫组与驱外组疗效有显著意义。即驱外日组、驱外紫组的疗效较驱外组为优, 驱外日组又优于驱外紫组。

三、影响疗效的因素分析

1. 年龄分组的疗效经统计学处理 $P > 0.05$, 说明年龄大小与疗效的关系不明显。

2. 驱菊针剂注射剂量分30~60支组, 60~

90支组, 91~184支组。治愈率分别为8%、15%、23%, 小剂量组和大剂量组疗效经统计学处理, $P < 0.05$, 说明患者坚持驱菊针剂治疗可有明显效果。

3. 白癬净外用剂量分1~10瓶, 11~20瓶, 21~100瓶三组(每瓶20ml)。治愈率分别为11%、16%、19%, 小剂量与大剂量组疗效经统计学处理, $P < 0.05$, 说明坚持外用白癬净有助于疗效的提高。

4. 日光浴分31~60天、61~109天两组。其疗效经统计学处理, $P < 0.05$, 说明在驱外日组中, 日光浴天数多者, 效果较显著。

5. 紫外线照射分10~20次, 21~40次两组。其疗效经统计学处理, $P > 0.05$, 无显著意义, 说明在驱外紫组中, 紫外线照射要适当, 过多无临床意义。

6. 驱外、驱外日、驱外紫三组分别以皮损面积0.1%、1%、10%统计疗效, $P > 0.05$, 说明三组疗效与皮损面积无关系。

讨 论

驱虫斑鸠菊(*Vernonia anthelmintica* Wild)。药性苦凉, 具有清热消炎、活血化瘀、杀虫去斑作用, 自1974年改成针剂应用十多年, 证实为治疗白癜风的一种较有效药物。

本文说明在驱虫斑鸠菊治疗基础上, 加用外用药、日光浴或紫外线照射能明显增加治愈率。据观察, 日光浴60日或紫外线照射20次, 并用驱虫针剂60支、白癬净10瓶便可显示疗效。

为了确定疗效的日照时数临界值, 经对驱外日组中27例进行疗效与日照时数的相关分析, 得出日照时数在45小时以内可出现有效, 45~105小时可出现显效, 105小时以上可出现痊愈。本结果大致与日光浴天数相近, 对临床有指导意义。鉴于白癜风多先自头面及躯干发生, 继之可遍发全身, 也有始终单发于局部者, 因此分为头面多发型, 全身多发型, 局部单发型, 这种分型在临床上简便适用。

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Group B was of great significance statistically ($P < 0.01$), while that between Group D and Group C was not significant ($P > 0.05$). It was suggested by the authors that the pathogeny of the disease was dysfunction of pylorus and increased pressure in the duodenum which forced the bile to flow back to the stomach, whereas in the view of Chinese traditional medicine it was due to the function deficiency of the spleen and the stomach, and stagnancy of the liver. Therefore, regulating the liver activity to alleviate the symptoms and invigorating the spleen and the stomach for essence-support should be used as main treatment for this disease. Acupuncture on Tsusanli point also helps to serve these purposes and to dispel the stasis of the liver and wetness of the spleen, by which the health of the patients got greatly improved.

(Original article on page 345)

Study on Laboratory Finding and Treatment of Rotavirus Caused Infantile Autumn Diarrhea

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The purpose in the study was to compare the sensitivity of monoclonal antibodies (McAb) ELISA with polyacrylamide gel electrophoresis (PAGE), polyclonal antibodies (PcAb) ELISA, and electron microscopy (EM) for the detection of human rotavirus in stools from infants with acute diarrhea. The samples from 52 diarrheal children and 32 normal children were examined, with the results that the positive rate of diarrheal group and normal control by McAb ELISA were 80.8 % (42 / 52) and 18.8 % (6 / 32), 71.2 % (37 / 52) and 0 % (0 / 32) by PAGE, 69.2 % (36 / 52) and 21.8 % (7 / 32) by PcAb ELISA respectively. The EM positive rate of diarrheal group was 63.2 % (24 / 38). The results showed that McAb ELISA was a reliable method for detection of rotavirus in a clinical laboratory. It was suggested that Zhi Xie Ding (止泻定) was an effective drug for the treatment of infantile diarrhea caused by rotavirus, the curing period was significantly shortened than the control.

(Original article on page 347)

Clinical Analysis of Effects of a Combined Therapy of *Vernonia anthelmintica* and Others on 329 Cases of Vitiligo

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THE Xinjiang Uighur remedy in treating vitiligo is very popular among the Uighur people, and bears great fame for it. Since the Uighur drug *Vernonia anthelmintica* was transformed into an injection, and was applied together with the nitrogen mustard tincture, sunbathing, and ultraviolet irradiation to 329 cases with the result of 44 (13 %) completely cured, 107 (33 %) improved, 172 (52 %) effective, and 6 (2 %) no effect at all. This comprehensive treatment had an apparently better effect, and thus shortened the course of treatment. In general, the administration of 60 ampoules of *Vernonia anthelmintica* injections, 10 bottles of nitrogen mustard tincture, 60 days' sunbathing (2 ~ 4 hrs / day) will display an evident effect.

(Original article on page 350)

32 Cases of Ipsilateral Fractures of Femur and Tibia Treated with TCM-WM

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32 cases of the ipsilateral fractures of femur and tibia were treated with TCM-WM, including skeletal traction, manipulative reduction, immobilization with small splints and early functional exercise. The average time for the clinical union was 15.4 weeks and 12.5 weeks in femur and tibia respectively. The rate of good union was 62.5 % and 50 % respectively. The main complications were non-union of tibia in one case, angulation of femur and tibia in 8 and 7 cases respectively, femur shortening < 2 cm in 3 cases, tibia shortening < 4 cm in one case, stiffness of ankle joint in one case and the limitation of knee joint in 8 cases. One patient died.

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