

六味汤对急性肾炎患者血清干扰素、补体及免疫复合物的影响

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内容提要 本文对 22 例急性肾炎住院患者进行随机分组。中药组单拟六味汤治疗；西药组肌注青霉素，利尿，降压。两组分别测定治疗前后血清干扰素、 C_3 、CIC 等指标。结果中药组疗效明显优于西药组。可能与六味汤能增强机体免疫功能，或通过其激活体内干扰素系统，进一步提高机体免疫功能有关。

急性肾炎的治疗方法颇多，我们自拟中药六味汤治疗，并作治疗前后的血清干扰素、补体及免疫复合物等指标观察。现报告如下。

资料与方法

一、病例选择：按第八届全国儿科学术会议修订的“关于小儿肾小球疾病临床分类和治疗建议”（下简称 1981 年方案）标准，收集了 1983 年 9~12 月、1984 年 9~12 月确诊为急性肾炎的 22 例住院病例，进行随机分组。中药组 14 例，男性 8 例，女性 6 例，曾患皮肤感染及上呼吸道感染各 7 例。西药组 8 例，男性 3 例、女性 5 例，曾患皮肤感染 3 例，上呼吸道感染 5 例。两组年龄最小 5 岁，最大 16 岁。两组均为急性起病，具有浮肿、高血压、血尿、蛋白尿等症状，无一例出现心衰、高血压脑病等严重症状。

二、观察指标：两组分别于治前、治后半个月、1 个月、2 个月测定血清干扰素、补体（ C_3 、 C_4 ）及循环免疫复合物（CIC）等指标。（1） C_3 、 C_4 测定用单向琼脂扩散法。（2）CIC 测定用聚乙二醇（PEG）沉淀法。（3）血清干扰素微量测定，用微量细胞病变抑制法^{〔1〕}，测定细胞为湖北医学院病毒研究所之低水平的人胚肌皮细胞，攻击病毒 VSV（水泡口炎病毒），浓度为 200~400 TCID₅₀。所得结果用标准干扰素（由美国皮森堡大学赠送，效价为 10⁶ IU/ml）

作同样测定来校正。

三、治疗方法：两组患者入院后，均低盐饮食、卧床休息，直至浮肿消退、血压基本正常为止，一般住院 1 个月左右。中药组：自拟六味汤：银花、蒲公英、板蓝根、白茅根、车前草、益母草各 15g。血尿选加小蓟、藕节、蒲黄炭、阿胶等；高血压选加石决明、夏枯草、生珠母等；浮肿甚，选加猪苓、泽泻、大腹皮等。每日 1 剂，2 个月为一疗程。西药组：按常规肌注青霉素 7~10 天，并予利尿、降压等药物，直至浮肿消退、血压正常、小便常规正常为止。

结 果

按 1981 年关于急性肾炎的转归及其判定标准，22 例患者临床症状、体征、实验室检查完全正常，全部治愈。

一、主要症状消失时间：中药组：浮肿 7.5 天，高血压 7.1 天，血尿 7.1 天，蛋白尿 10.4 天。西药组：浮肿 8.1 天，高血压 7.9 天，血尿 13 天，蛋白尿 11.3 天。两组比较，经统计学处理，有显著性差异（ $P < 0.05$ ）。

二、两组治疗前后血清干扰素的变化，见表 1。

从表 1 可以看出，两组治疗后的血清干扰素水平均有所提高。分别与治疗前比较，经统计学处理，西药组有显著性差异（ $P < 0.05$ ），中药组有非常显著性差异（ $P < 0.01$ ）。两组间比较，经统计学处理，治疗前无差异，治后各

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表 1 两组治疗前后血清干扰素滴度(u)变化

		中 药 组		西 药 组	
		范 围	($G \pm GS\bar{X}$)	范 围	($G \pm GS\bar{X}$)
治 后	前	4~0	1.81 \pm 1.15	2~0	1.30 \pm 1.14
	半个月	4~0	2.56 \pm 1.10	2~0	1.83 \pm 1.09
	1个月	8~0	3.45 \pm 1.16	4~0	2.18 \pm 1.17
	2个月	8~0	3.60 \pm 1.19	4~0	2.69 \pm 1.15

时期都有显著性差异($P < 0.05$)。

三、两组治疗前后 C_3 、 C_4 、CIC 的变化, 见表 2。

表 2 两组治疗前后 C_3 、 C_4 、CIC 的变化(mg/ml)

	中药组(中位数)			西药组(中位数)		
	C_3	C_4	CIC	C_3	C_4	CIC
治 前	0.41	0.46	60.7	0.40	0.36	56
治后半个月	1.05	0.49	61.7	2.30	0.33	60
治后 1 个月	1.22	0.47	65.0	1.25	0.43	60
治后 2 个月	1.23	0.58	77.0	1.18	0.40	60

从表 2 可以看出, 两组 C_3 、CIC 在治疗后均升高, 其治疗后不同时期所测数据与治疗前比较, 经统计学处理, 均有非常显著或显著性差异 ($P < 0.01 \sim 0.05$); C_4 虽然在治后均有升高, 但与治前比较或组间比较, 均无差异。

讨 论

近年来有人报告干扰素对免疫反应有增强作用⁽²⁾, 梁伯令等报告中药黄连、黄芩、银花、蒲公英、紫花地丁等能诱生干扰素, 且能提高淋巴母细胞转化率, 有激活 T 淋巴细胞的功能⁽⁹⁾。本实验中, 中药组治疗后 C_3 和血清干扰素较治疗前有明显的升高, 与西药组比较亦有显著性差异。因此, 患者治疗后免疫功能的增强, 除六味汤的直接作用外, 还可能与六味汤具有内源性干扰素的诱生作用, 或促进干扰素的诱生作用, 从而进一步提高了机体的免疫功能有关。这也可能是六味汤治疗急性肾炎能迅速改善临床症状, 缩短病程的原因所在。

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中西医结合快速感冒治疗机对感冒的疗效观察

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我院采用中西医结合快速感冒治疗机治疗感冒, 取得较好疗效, 现将结果报道如下。

一般资料 本组 21 例, 男 13 例, 女 8 例。年龄 21~55 岁, 平均 33.5 岁。病程为感冒的急性期, 皆表现有上呼吸道症状, 如鼻塞、流涕、咽干、咽痛、咳嗽、咯痰等; 其中 14 例兼有头痛、全身痠痛; 7 例发烧, 体温 37~38°C。

治疗方法 均于感冒后 1~2 日内接受本机治疗。感冒治疗机系连续发生、自动供给 45°C 以上的热空气, 温度可根据患者耐受情况自动控制, 同时加入荆防败毒饮加减方 (防风、茯苓、贯众各 12g, 荆芥、柴胡、前胡、桔梗各 10g, 川芎、羌活、桂枝、甘草各 6g, 煎成 300 ml, 可供 10 人治疗用) 热蒸气供患者吸入。患者取坐位, 戴上本机口罩, 平静呼吸, 每次治疗 30~40 分钟。每日 1 次或上、下午各 1 次

(本组仅有 1 例)。

结 果 8 例经 2 次治疗呼吸道症状及全身症状消失, 占 38%; 12 例经 3 次治疗症状消失, 总有效率为 95.20%。

讨 论 中西医结合快速感冒治疗机是根据感冒病毒怕热的理化特点设计而成的。温度在 42.5°C 时可抑制感冒病毒的繁殖, 56°C 时可使病毒灭活。本机连续制成 42.5°C 以上的热空气, 自动控温, 使患者通过呼吸达到上呼吸道及肺部温度升高, 使病毒灭活的目的。同时可以消除病毒所致的上呼吸道粘膜充血肿胀, 使其恢复正常的功能状态。其疗程短、症状消失快为本机治疗特点。治疗中配合中药清热解毒, 尤其是贯众有直接抑制病毒的作用, 加强了本机的治疗功效。但对老年支气管哮喘和慢性支气管炎的感冒患者效果不显著。

interestingly, their leucocytic GCR values were also markedly lower than that of the control group (5005 ± 1912 vs. 3687 ± 1432 sites/cell, $P < 0.05$). In terms of age, those under 40 years had a more obvious decrease of leucocytic GCR than those over 40. Pathogenetically, the patients with endocrinopathy (e. g. Sheehan's syndrome, diabetes insipidus and hypothyroidism) decreased more significantly in GCR than those with nonendocrine diseases (e. g. uremia, asthma and AMI). But no sexual difference was revealed in the present study. There was no significant correlation between the plasma cortisol and leucocytic GCR levels. ($r = -0.24$ and -0.28 in the Yang deficiency group and the control respectively).

In conclusion, a significant decrease of leucocytic GCR was demonstrated in the patients with Yang deficiency syndrome. This may be the explanation of Yang deficiency patients without low plasma cortisol levels. Its potential application and importance in clinical practice were discussed.

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Observation on Therapeutic Effect of Weiyankang (胃炎康) and Cimetidine in the Treatment of Chronic Superficial Gastritis

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This paper reports the treatment of 150 cases of chronic superficial gastritis (CSG) with Weiyankang (group I) and Cimetidine (group II) by double blind method. The course of treatment was 3 months. These cases were divided into two groups (60 male and 15 female in each group) with matched pairs and randomized methods. The dosage of Weiyankang was 4g thrice per day and that of Cimetidine 1g daily in the first month and 0.4g every night in the second and third months. The effective rates of gastroscopic observation, gastric biopsy and the total effective rates of symptom improvement for group I and II were 73.3% and 68.0%, 68.4% and 61.1%, 88.0% and 93.3% respectively. The difference between group I and II was not significant statistically ($P > 0.05$). After two years of follow-up examination (41 cases of group I and 40 cases of group II), in the total recurrence rate of symptoms (group I 63.4% and group II 90.0%), half-year recurrence rate of symptoms (17.1% and 37.5%) and recurrence rate of severe symptoms (19.5% and 45.0%), group I was significantly lower than group II ($P < 0.05$). These results indicate that the therapeutic effect of CSG with Weiyankang is affirmative and probably has a better long-term effect. As to the therapeutic effect of CSG, the speed of improvement showed that the clinical symptom was greater than gastroscopic examination, which was further greater than biopsy in the literature as well as in this paper. Therefore we suggest the course of treatment of CSG should be longer and the gastroscopic examination and biopsy should be made in regular interval in order to evaluate the disease condition and therapeutic effect.

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Effect of Liuwei Decoction (六味汤) on Serum Interferon, C_3 and CIC of Acute Nephritis

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22 patients suffering from acute nephritis were selected with random sampling. The patients were divided into two groups. The TCM group was treated with Liuwei decoction (六味汤) alone, and the WM group was treated by penicillin, diuretics and antihypertensives routinely. The levels of serum interferon, C_3 complement and circulatory immune complex (CIC) were determined before and after the treatment for 1/2, 1 or 2 months. The results were demonstrated that the chief symptoms (edema, hypertension and hematuria) in TCM group disappeared more rapidly than that in WM group. ($P < 0.05$). The levels of serum interferon, C_3 and CIC all increased after treatment in both groups, but the levels in TCM group were more remarkable than those in WM group. The mechanism of Liuwei decoction possibly was: It strengthens the immunological function directly or through activating the interferon system to enhance the immunological function indirectly, which might cause the rapid improvement of symptoms and undergo shorter course of disease.

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