

丹参和生地治疗23例糖尿病神经 病变患者的疗效分析

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内容提要 23例糖尿病神经病变患者应用丹参注射液和生地注射液后,在症状、体征明显改善的同时,腓MNCV由 39.27 ± 4.19 提高到 50.12 ± 6.75 ,同侧足背静脉血 PvO_2 、 O_2ST 分别由治疗前 53.2 ± 12.5 、 81.8 ± 13.6 降低为 40.9 ± 10.8 、 69.9 ± 18.3 ,腓MNCV和足背 PvO_2 呈负相关($r = -0.52$, $P < 0.01$),结果证明本法对神经病变确有疗程短、疗效显著的特点。

糖尿病神经病变(简称神经病变)是糖尿病的重要并发症之一。本文用丹参和生地治疗23例神经病变患者,通过足背静脉血液气体分析,腓神经运动传导速度(腓MNCV)和临床体征分析,证明其对神经病变的疗效显著,现将结果报告如下。

对象与方法

23例神经病变患者,男性8例,女性15例,年龄在37~74岁之间,平均年龄61岁。糖尿病病程 11.5 ± 8.6 年,其中神经病变5年以上者12例,5年以下者11例。全部患者参照全国糖尿病协作组会议标准^①,神经病变参照世界卫生组织多国家糖尿病神经病变调查标准并加以补充后制定。凡具有下列诸结合项之一者诊断为神经病变:(1)肌无力和肌萎缩伴MNCV异常;(2)腱反射减弱或消失伴MNCV异常;(3)感觉障碍伴MNCV异常;(4)植物神经功能异常伴MNCV异常。20例健康人组男9名,女11名,平均年龄68岁,均进行健康普查,分别作血糖、血脂、X线和心电图检查。凡各类中毒所致周围神经炎,中枢神经系统、脑干、脊髓病变,心肺疾患,贫血,下肢动脉阻塞或明显狭窄者不列入本研究。

23例神经病变患者的治疗分为糖尿病治疗和神经病变治疗,其中用胰岛素6例,D860 12例,胰岛素加用D860 5例,所有患者均严格控制饮食。神经病变治疗应用我院自制的丹参注射液60ml(含丹参120g)和生地注射液60ml(含生地120g),将二药同时加入林格氏溶液500ml中静脉滴注,隔日一次,共14次,治疗期间停用其他有关治疗神经病变的药物。所有病例治疗前后分别做临床体检,空腹血糖(邻甲苯胺法),患侧腓神经运动传导速度,Hoffman反射(对周围神经施加电刺激时,引起所支配肌肉的收缩,记录诱发电位,此电位标为M波,是由运动神经的兴奋产生的,此反应后经过一定的潜伏期出现第二个诱发电位,这是由于冲动进入脊髓后产生的反射性肌肉收缩反应,该反射波由Hoffman首先报告,称为H反射)包括M潜伏期,同侧足背静脉血气分析包括pH、 PvO_2 、 $PvCO_2$ 、 O_2ST 等。上述实验方法均在恒温下由专人进行,其中足背静脉血气检测是在未用止血带情况下进行。肌电图仪为国产JD-2型,血气分析仪为美国康宁-178型。

结 果

一、临床表现和体征:23例神经病变患者应用丹参和生地注射液后,血糖值平均由

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221mg 降低至 188mg, 经统计学处理无显著性差异($P>0.05$)。患者临床症状和体征均得到改善, 见表 1。

表1 患者治疗前后体征疗效对比

	治疗前 例数	治 疗 后		
		原症状消失	好转	无变化
肢体麻木	23	12	5	6
肢体疼痛	18	13	2	3
肢体无力	10	4	3	3
多 汗	6	3	2	1
肢体发凉	12	6	3	3
膝反射消失	18	—	9	9
腓肠肌压痛	15	3	4	8

注: 膝反射“好转”系指叩击腱反射为(+)

二、下肢足背静脉血气分析: 23 例神经病变患者治疗前后的足背静脉血与被检的腓 MNCV 为同侧肢体, 其结果见表 2。

表2 23 例糖尿病神经病变患者治疗前后的足背静脉血气分析

组别	例数	PvO ₂ mmHg	PvCO ₂ mmHg	O ₂ ST %	pH	HCO ₃ ⁻ mmol/L
患治前	23	63.2 ±12.5*	42.7 ±5.0**	81.8 ±13.6*	7.363 ±0.04	23.6 ±2.8
者治后	23	40.9 ±10.8	44.1 ±5.2	69.9 ±18.3	7.343 ±0.03	24.3 ±2.6
健康人	20	38.6 ±12.2	46.6 ±5.9	61.2 ±18.1	7.33 ±0.05	24.2 ±2.1

注: 表内数据为均值±标准差; *与治疗后和健康人组比较, $P<0.01$; **与治疗后和健康人组比较, $P<0.05$, 下表同

三、腓神经运动传导速度、H 反射、M 波潜伏期的分析: 23 例神经病变患者治疗前后的变化如表 3。足背 PvO₂ 与腓 MNCV 呈负相

表3 23 例糖尿病神经病变患者治疗前后腓神经传导速度及 H 反射结果

组别	例数	MNCV (m/sec)	H 反 射	
			M波潜伏期 (ms)	H波潜伏期延长或 H波不出现(例数)
患治前	23	39.27±4.91*	4.8±0.62	23
者治后	23	50.12±6.74	4.8±0.62	21
健康人	20	54.75±4.02	4.2±0.37	5

关($r=-0.52$, $P<0.01$)。

讨 论

糖尿病神经病变是糖尿病最常见和严重的并发症之一。血糖的严格控制能使神经病变机能改善^(2~4)。而 Porte⁽³⁾及 Ronald⁽⁴⁾则认为相反, 持续的高血糖状态使得葡萄糖与血红蛋白 A 的 B 链端氨基酸缩合成糖化血红蛋白 A_{1c} (HbA_{1c}), 其有类似一氧化碳血红蛋白的特性, 阻止 HbA_{1c} 与 2,3-二磷酸甘油(2,3-DPG)的结合, 从而增加了 Hb 对氧的亲合力, 使 Hb 释放氧的速度减慢。

最近, 国内外学者分别对神经病变患者的末梢静脉进行血气分析^(5, 6), 发现 PvO₂ 非但不降低反而增高, 此与糖尿病患者 HbA_{1c} 增高, 静脉血中的物理溶解的氧含量应降低的事实不符。这与微循环瘀血有关外, 动-静脉短路也有关系。我们曾观察到, 糖尿病神经病变患者的腓 MNCV 与同侧足背静脉血气结果呈负相关($r=-0.52$, $P<0.01$), 从而进一步支持神经病变的缺血缺氧学说。

本文在不改变原糖尿病治疗的基础上, 大剂量应用丹参注射液和生地注射液静脉滴注 14 次, 在临床症状和体征均有明显好转的同时, 腓 MNCV、PvO₂、O₂ST 三项指标治疗前后相比较均有非常显著性差异($P<0.01$), PvCO₂ 亦有改善($P<0.05$), 血糖较治疗前有所下降, 但经统计学处理无显著性差异($P>0.05$)。

有资料表明糖尿病神经病变, 即使血糖得到控制对周围神经机能的恢复需要一个缓慢的长期过程, 而且 MNCV 的改善常迟于临床症状改善⁽⁷⁾。本研究应用丹参和生地治疗糖尿病神经病变患者, 该药具有活血养阴作用。本法疗程短, 疗效显著, 而且其临床体征在改善的同时, 神经机能也得到恢复。这可能与生地具有降血糖和肾上腺皮质激素样作用⁽⁸⁾外, 亦与丹参改善微循环, 加速血流量使毛细血管网开放增多, 以及增加毛细血管通透性等作用⁽⁹⁾有关。

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逍遥丸治疗男子乳房发育症35例

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我们从1974~1984年,用逍遥丸治疗男子乳房发育症35例,现报告如下。

临床资料 本组35例,年龄最大73岁,最小17岁,平均年龄33.3岁;青壮年20例约占57%,50岁以上者15例约占43%。病程:最长为5年2个月,最短3个月。合并症:左侧隐睾3例,右侧隐睾1例,左、右侧睾丸肿瘤各1例,左侧睾丸外伤切除术后1例,计有睾丸疾患者7例;血吸虫性肝硬化7例;有肝炎病史肝肿大者2例;无合并症者19例。症状和体征:一侧乳房肥大32例,两侧乳房肥大3例;一侧乳房肥大伴有胀痛者9例,一侧乳房肥大伴有少许乳性分泌物者2例;35例中检查时均有轻度压痛。乳房肥大最大者直径7.5cm与成年妇女乳房相当;最小直径3.5cm。治疗前做活体组织检查的15例,均报告为男子乳房发育症。

治疗方法 逍遥丸(安徽省安庆市第一制药厂生产),每次9g(约100~110粒左右),每日3次,饭后温开水送服,3个月为一疗程。

结 果

1. 疗效评定标准:(1)治愈:乳房肥大完全消失,疼痛消失,无压痛,停止乳汁分泌。(2)有效(或好转):治疗3个月乳房肿块缩小原来的1/2或1/3。疼痛和压痛均减轻或消失,乳房未完全恢复正常。(3)无效:治疗3个月乳房肿块大小、质地无变化,仍有疼痛和压痛。

2. 按发病时间长短观察治疗结果:(1)发病3个月以上、1年以内者25例(占71.4%),其中15例服药45天后乳房肥大完全消失;10例服药95天肥大消

失,乳房恢复正常。(2)发病1年以上、3年以内者7例,服药110天后,其中5例肥大完全消失;2例较原来缩小了2/3。(3)发病3年以上的3例,其中1例服药90天肥大完全消失;1例服药90天后乳房略有缩小,因做睾丸肿瘤切除手术,故未坚持服药治疗;另1例合并睾丸外伤术后的患者在服药45天后,乳房肥大明显缩小,但由于不合作而中断治疗。本疗法总治愈率为89%(31/35)。术后随访了24例,其中1例合并晚期血吸虫病肝硬化患者乳房肥大复发,直径为4cm,余23例乳房发育正常。随访时间最长3年半,最短为8个月。

体 会 一般认为,男子乳房发育症既不会引起瘤变,也不会影响健康和劳动,因此毋需特殊治疗,往往在数月后常能“自愈”。但我们在临床上遇到的35例患者病程较长,部分病程长达3~5年之久而不愈,既影响美观,同时又加重了患者的思想负担,往往求治心切。在治疗上,考虑使用男性激素的效果不肯定,且有副作用。根据中医“万病不离乎郁,诸郁皆属于肝”之说。乳房乃肝之野,脾胃之属。因此我们采用了舒肝、理气、解郁的治疗原则,选用了逍遥丸。逍遥丸中药用柴胡、薄荷、生姜以顺其肝性,使之升发条达,且引药直达病所;当归、白芍荣血柔肝,以养肝之体;白术、茯苓、甘草健脾和中,以培生化之源。诸药共奏疏肝理气、健脾补血之功,使肝气舒、郁自解,脾胃健、湿痰除,故其证可愈也。

从上述观察似可表现发病时间短者,使用本疗法疗效较佳。另外,我们还体会到中成药使用方便,疗效满意,未发现副作用。

Therapeutic Effect of TCM on Diabetic Peripheral Neuropathy

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23 cases of diabetic peripheral neuropathy were treated with the compound injection of *Salvia miltiorrhiza* and *Rehmannia glutinosa* according to the principle of "promoting the blood circulation and nourishing the Yin" of TCM, for 14 times. After treatment, the patients' symptoms and signs of peripheral nerve were improved significantly. Meanwhile, peroneal motor nerve conduction velocity (MNCV) increased from 39.27 ± 4.91 to 50.12 ± 6.75 ($P < 0.01$), dorsal pedis vein PvO_2 and O_2ST decreased from 53.2 ± 12.5 and 81.8 ± 13.6 to 40.9 ± 10.8 and 69.9 ± 18.3 respectively ($P < 0.01$). There was a negative correlation in the analysis of regression correlation for the values of dorsal pedis PvO_2 and peroneal MNCV ($r = -0.52$, $P < 0.01$). The result showed that this therapy was characterized by short course of treatment and remarkable therapeutic effect. The mechanism may be relevant to the improvement of microcirculation.

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Study on Treating Multiple Sclerosis Patients with *Tripterygium wilfordii* Tablets

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This paper reports on 32 multiple sclerosis patients treated with *Tripterygium wilfordii* tablets (TW), dexamethasone or ACTH (as positive control) and vitamin B, C tablets (as negative control), to study the clinical effects of TW and differences in humoral immunological function of the patients before and after treatment. The results suggested that TW had obvious effects in relieving clinical symptoms and regulating immunological function of those patients who were treated with it. In 8 of the 10 cases in the TW group, symptoms were significantly relieved and signs were recovered. In the other two cases, symptoms were slightly alleviated. In 9 of the 11 cases in the dexamethasone group, symptoms were relieved, 1 case ineffective, and one was aggravated, which improved after treated with TW. 4 out of 7 cases in the ACTH group were relieved, but 2 cases showed no change and one aggravated. None of the 4 cases in vitamin group improved. The levels of serum CIC and MBP antibody of the patients treated with TW decreased significantly ($P < 0.01$) after treatment, while the levels of C_3 increased significantly ($P < 0.01$). 7 cases in the TW group had abnormally high levels of CNS IgG syn before treatment, which were reduced significantly after treatment ($P < 0.05$). Although the levels of serum CIC and MBP antibody of the dexamethasone and ACTH groups were decreased, but there was no increase in C_3 , and some side-effects were present. The results showed that TW tablets had corticosteroid-like effects but without corticosteroid-like side-effects, it could increase levels of C_3 and relieve the clinical symptoms.

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Study on Lymphocytic Electrophoresis in Spleen-Qi(气) Deficiency Patients

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The lymphocytic electrophoresis in 33 Spleen-Qi deficiency (SQD) patients has been compared with both the patients of stagnation of Liver-Qi with deficiency of Spleen (SLQDS) and the hyperactive Liver-Qi affecting stomach (HLQAS) by means of square-capillary-type electrophoresis applying 0.145M solution of sodium chloride as the electrophoretic medium. The result showed that the electrophoretic rate of the lymphocytes of the SQD group (0.777 ± 0.094) was lower than that of the SLQDS group (0.819 ± 0.115), and significantly lower than that of the HLQAS group (0.850 ± 0.130) and the normal (0.975 ± 0.082), $P < 0.05$, $P < 0.01$; and the electrophoretic rate of the slow electrophoretic lymphocytes (0.632 ± 0.045) was also significantly lower than that of the SLQDS (0.671 ± 0.046), HLQAS (0.669 ± 0.045) and the normal (0.714 ± 0.03), $P < 0.05$, $P < 0.01$; the percentage of the fast electrophoretic cells (42.1 ± 19.3) was lower than normal ($P < 0.01$), but that of the slow electrophoretic cells (57.9 ± 19.3) was higher ($P < 0.05$). It revealed that the fast peak was the main peak in the normal group, the slow peak the secondary one, but on the contrary, in SQD group, the slow peak was the main and the fast peak the secondary one. The results showed that the human lymphocyte was a kind of heterogeneous cell group with different electrophoretic abilities, but in the SQD patients the heterogeneity has been changed. All these indicated that there were the characteristics of lower lymphocytic electrophoretic ability and distributing disorder of the fast and slow electrophoretic lymphocytes in the SQD patients. The lower lymphocytic electrophoretic ability may be one of the mechanisms of the reduced immunological function in the SQD patients.

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