雷公藤片治疗多发性硬化的初步探讨

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内容提要 本文报道32例多发性硬化患者分别用雷公藤片、氟美松、ACTH和维生素类药物治疗。结果表明，雷公藤片有较明显的改善临床症状和调节免疫功能的作用。雷公藤组10例患者中，8例症状明显缓解，2例轻微缓解。雷公藤片治疗后患者血清中CIC、抗MBP抗体和CNS IgGsyn水平较治疗前均显著下降，$P<0.01$，$P<0.01$和$P<0.05$。治疗后血清补体C_3水平比治疗前显著升高，$P<0.01$。

多发性硬化(MS)是中枢神经系统自身免疫性疾病。目前，临床多用激素治疗，一般情况下有较好的疗效，但是由于某些副作用，常会影响治疗。为此，我们应用中药雷公藤片与激素对照治疗，观察其临床疗效及治疗前后体液免疫功能的变化。结果报告如下。

临床资料

32例MS住院患者均按McDonald[1]临床诊断标准确诊，男14例，女18例；年龄16～52岁，平均33岁；活动期19例，慢性进展期13例。32例随机分为4组：(1)雷公藤组：10例.男5例，女5例；年龄19～47岁，平均35岁；活动期5例，慢性进展期5例。(2)氟美松组：11例，男6例，女5例；年龄16～52岁，平均31岁；活动期8例，慢性进展期3例。(3)ACTH组：7例、男2例，女5例；年龄22～45岁，平均32岁；活动期4例，慢性进展期3例。(4)维生素组：4例，男1例，女3例；年龄25～37岁，平均35岁；活动期和慢性进展期各2例。氟美松组和ACTH组作为阳性对照组，维生素组作为阴性对照组。

方法

一、治疗方法

1.雷公藤组：口服雷公藤片(由湖北中西医药研究所制作)，每片含雷公藤总萜20mg[2]，每次2片，每日3次，连用3周。

2.氟美松组：5%葡萄糖液500ml加氟美松20mg，每日1次静脉滴注。

3.ACTH组：ACTH 100u，每日分2次肌肉注射。氟美松和ACTH连用2周后，改强地松减量停药。

4.维生素组：系入院确诊过程中收集的病例，仅口服维生素B、C片。

4组患者均由2名有经验的神经科医师，于用药前后准确记录临床症状和体征。并采集血清和脑脊液标本，检测肝功能和尿常规。

二、检测方法

1.血清循环免疫复合物(CIC)：采用陈氏[3]介绍的Folin酚试剂显色法检测。

2.血清髓磷脂碱性蛋白(MBP)特异性抗体：采用微量间接血球凝集法测定。(1)按Deibler[4]方法提取和鉴定人神经髓鞘中的MBP；(2)在pH4.4醋酸缓冲液条件下将抗原MBP致敏到戊二醛醛化的绵羊红细胞上；(3)用微量间接血球凝集试验滴定患者血清中抗MBP抗体的效价。

3.血清补体C_3和中枢神经系统内免疫球蛋白每日新合成水平(CNS IgGsyn)：前者采用环状免疫单扩散法测定。后者采用同一方法分别测定血清和脑脊液中IgG和白蛋白的含量，参照改良的Tourtellotte公式[5]计算CNS IgGsyn。

结　果

一、疗效标准：分临床缓解(有1个以上主要症状和体征显著改善或恢复)、不缓解(治疗后症状和体征无变化)和症状加重。

二、临床疗效

1. 雷公藤组：10例患者中，8例临床症状明显缓解，体征消失，2例慢性进展期患者轻微缓解。1例用氟美松治疗后有抽搐发作，症状加重改用雷公藤片治疗后，症状明显缓解。10例中，除2例有轻微腹泻，无其他不良反应。

2. 氟美松组：11例中，9例缓解，1例不缓解，1例加重。11例有不同程度的肥胖，1例有抽搐发作，3例有明显无力感。

3. ACTH组：7例中，4例缓解，2例不缓解，1例症状加重。2例有明显无力、心悸1例走路不稳加重。

4. 维生素组：4例中无1例缓解。

用药后，各组患者肝功能和尿常规均正常。

三、检测结果：治疗前后体液免疫指标的变化，见附表。

附表　MS患者治疗前后血清中CIC、C_3和MBP抗体的比较

		CIC(OD值)		C_3(mg/ml)		MBP 抗体	
		M±SD	P值	M±SD	P值	M±SD	P值
雷公藤组 (10)	疗前	5.6±3.8*	<0.01	0.85±0.24*	<0.01	1.82±0.43*	<0.01
	疗后	3.4±1.2△		1.19±0.38△		1.60±0.43△	
氟美松组 (11)	疗前	8.1±2.1	<0.01	0.92±0.35	>0.05	2.19±0.60	<0.01
	疗后	4.4±2.5		1.07±0.24		1.92±0.66	
ACTH组 (7)	疗前	6.4±3.1	<0.01	0.68±0.31	>0.05	2.30±0.40	<0.01
	疗后	3.0±1.3		0.90±0.38		2.06±0.38△△	
维生素组 (4)	疗前	5.0±1.5	>0.05	0.87±0.18	>0.05	1.82±1.21	>0.05
	疗后	4.0±1.7		0.90±0.25		1.88±1.25	

治疗前各组间比较P值均>0.05；△治疗后各组间比较P值均>0.05；△△治疗后雷公藤组与ACTH组间比较P<0.05；内为例数

本试验还检测MS患者治疗前后CNS IgG-syn水平。治疗后，雷公藤组(7例)平均水平为2.59±1.89mg/日，氟美松组(6例)为1.64±2.67mg/日，ACTH组(7例)为1.66±3.53mg/日，比治疗前平均水平(依次为7.66±2.91mg/日、10.55±4.50mg/日和5.01±2.13mg/日)减低。经t检验，有显著性差异(P<0.05、P<0.05和P<0.01)。

雷公藤治疗后患者血清中CIC水平、MBP抗体和CNS IgGsyn水平，与治疗前相比，均有降低，P<0.01～<0.05。治疗后血清中补体C_3水平，比治疗前显著增高，P<0.01。这表明，雷公藤片有显著的抑制免疫反应的作用。

讨　论

鉴于MS患者体液免疫机能增强[6]，我们采用中药雷公藤片治疗该病。结果显示，雷公藤片有显著的临床疗效和抑制免疫反应的作用，其中免疫抑制作用，与国内其他学者研究结果一致[7,8]，而且与本文对照组中氟美松和ACTH的免疫抑制作用相似。这提示雷公藤片缓解临床症状可能与抑制该患者的免疫反应和增高补体有关。

本实验同时观察雷公藤的毒副作用及对肝、肾功能的影响。结果显示，除2例患者于服药1周内有轻微腹泻，其他患者无明显不良

反应。肝功能及尿常规未见异常。本组患者中3例曾继续服用雷公藤片达6周，也无任何不良反应。值得注意的是该药有一定的毒副作用，服用时必须遵照医嘱。

本组雷公藤片与激素对照治疗提示，激素有某些副作用，无明显升高补体作用，而雷公藤片有激素样作用和升高补体的作用，且没有激素样副作用。

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中西医结合治疗肺脓肿的体会

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近年来我们治疗24例肺脓肿患者，其中13例采用西药治疗，11例采用中西医结合治疗，后者疗效好，疗程明显缩短，介绍如下。

临床资料　24例患者中，男17例，女7例；年龄15～72岁，平均41岁。诊断主要根据：（1）畏寒发热、咳嗽、咯大量脓臭痰或脓血样痰；（2）痰培养均有多种细菌混合感染；（3）X线胸片示肺内大片密度增高阴影，边缘模糊，或病灶中有透亮区和液平面；4）排除肺部其他疾患。24例随机分组，13例用西药治疗，11例用中西医结合治疗，其中5例加用纤维支气管镜（简称纤支镜）吸痰和气管内滴注抗生素治疗。

治疗方法　（1）中药治疗：苇茎汤为主，苇茎30g　桃仁10g　苡仁30g　冬瓜仁15g；高热加银花15g　连翘10g；脓痰多加鱼腥草30g　败酱草30g　金荞麦30g；胸痛加郁金10g　枳壳10g；口干加生石膏30g　知母10g等。每天1剂，水煎早晚分服，疗程15～24天左右。（2）西药治疗：首选青霉素每日800～1000万u，分2次静脉滴注，加用链霉素0.5g肌肉注射，每日2次；青霉素过敏者可选用林可霉素、氯林可霉素或红霉素；同时加服灭滴灵0.4g，每日3次，止咳祛痰剂及体位引流等。（3）经纤支镜治疗：由X线胸片作病灶定位，约4～7天作1次纤支镜治疗，先吸取脓痰，后在病灶处滴注洁霉素1.2g，以脓痰培养和X线胸片变化酌情治疗1～3次，第1次治疗时应取脓痰作痰培养和药敏试验。

结　果　体温下降到正常：中西医结合组（结合组）平均5天，西药组8.5天；脓痰消失：结合组平均18天，西药组26天；咳嗽停止：结合组平均22天，西药组30.5天；血白细胞恢复正常：结合组平均9天，西药组15.5天；X线胸片正常或呈纤维条索影：结合组平均30.5天，西药组48天。其中主要指标：脓痰消失，X线胸片恢复正常，两组经统计学处理分别为$t=6.81$，$t=6.42$，P均<0.01，具有非常显著性差异。结合组中5例经纤支镜治疗者中毒症状消退和脓痰减少更为明显，西药组有1例变为慢性肺脓肿。

体　会　肺脓肿治疗以苇茎汤为基础，有清热解毒化瘀排脓之功效，且无伤正之弊。当肺热在气分时，取其白虎汤中的生石膏、知母等，可清气分之热邪；若热入营血，加银花、连翘、玄参等，使热邪从气分而解；肺痈时热腐成脓，可加鱼腥草、金荞麦、败酱草等，以起到去腐排脓之功效。肺痈时多有胸中隐隐作痛之感，可加郁金、枳壳等宽胸行气。

本病经纤支镜治疗具有以下作用：（1）通畅引流支气管，为常规治疗中的体位引流创造条件；（2）通过纤支镜吸痰，使病灶中的脓痰、细菌和毒物较快地排出体外，中毒症状迅速改善；（3）可从纤支镜吸出物中进行细菌学检查，以便明确病原，指导治疗；（4）通过纤支镜进行空洞冲洗和局部给药，更为安全。

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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