

蛇莲合剂治疗肾病综合征 高粘滞血症的疗效分析

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内容提要 本文报道77例肾病综合征患者经血液流变学检查证明均有高粘滞血症。45例加用蛇莲合剂治疗,治前全血比粘度高切、低切,血浆比粘度,红细胞电泳(s),红细胞压积(%),血沉(mm/h)分别为 6.10 ± 1.18 、 10.91 ± 3.32 、 1.89 ± 0.21 、 17.79 ± 2.32 、 43.32 ± 6.20 及 41.67 ± 8.40 。治后除红细胞电泳及压积外,各项指标均明显降低($P < 0.01$)。完全缓解率71.1%。对照组32例治疗后全血比粘度反增高,完全缓解率40.6%。证明蛇莲合剂有降低血粘度,提高疗效的作用。

1985年,我们通过对慢性肾炎血液流变学检查,观察到肾病综合征多伴有高粘滞血症,并发现解毒化瘀中药有降低血粘度作用^①,为了进一步观察解毒化瘀中药的降粘作用及其与疗效的关系,1986年7~12月,对77例肾病综合征患者分别采用蛇莲合剂联合强的松、环磷酰胺(治疗组)及单用强的松、环磷酰胺(对照组)进行治疗。现总结报告如下。

临床资料

根据全国第二届中华肾脏病学术交流会修订的“肾小球疾病临床分型”标准^②,77例均确诊为原发性肾病综合征。随机分为两组,治疗组45例,其中男37例,女8例。年龄 <15 岁7例,15~30岁13例,31~40岁11例,41~50岁9例,51~60岁3例, >60 岁2例。病程 <1 年28例,1~3年14例,3~5年1例,5~10年2例。伴高血压8例,伴肾功能不全3例。尿补体3(C_3)阳性29例,尿蛋白指数(SPI) >0.2 者16例, <0.1 者17例。其中原发性肾病综合征I型31例、II型14例。对照组32例,其中男25例,女7例。年龄 <15 岁8例,15~30岁9例,31~40岁7例,41~50岁5例,51~60岁2例, >60 岁1例。病程 <1 年22例,1~3年5例,3~5年1例,5~10年3例, >10 年1例,伴高血压5例,

伴肾功能不全2例。尿 C_3 阳性18例, SPI >0.2 者10例, <0.1 者8例。I型23例,II型9例。

两组病例均常规检查24小时尿蛋白总量、尿红细胞计数、肝功能、血浆蛋白及电泳、血脂分析、免疫球蛋白及 C_3 、尿素氮(BUN)及肌酐(Cr)、血清电解质,尿 C_3 、尿纤维蛋白裂解物、SPI及尿蛋白圆盘电泳。4例曾作肾活检,其中膜增殖性肾炎2例,局灶性节段性硬化性肾炎及膜增殖性肾炎II型各1例。

方 法

一、治疗方法:治疗组:蛇莲合剂,每1000ml中含蛇莓、半枝莲、干地黄、生黄芪、丹参各100g,川芎、红花、当归、川牛膝、京三棱、焦白术各50g,陈皮、甘草各30g。由本院制剂室制成合剂备用。用法为成人每日300ml,儿童每日200ml,分2次口服。强的松每日30~45mg(儿童每日2mg/kg),分3次口服;环磷酰胺0.2g(儿童3mg/kg)静脉注射,隔日1次。对照组:单用强的松及环磷酰胺,用法、用量同治疗组。两组降压、利尿等对症处理基本相同。疗程均为2个月。

二、实验室检查:血液流变学检查用上海医科大学与上海供电局产NX-3型血粘度—细胞电泳自动计时仪,由专人按规定方法操作,分别检测全血比粘度高切变、低切变,血浆比

粘度,红细胞电泳(s),红细胞压积(%)及血沉(mm/h)。同时测定血浆纤维蛋白原。并以本院职工27名(男18,女9)为健康组。

结 果

一、疗效标准:根据1964年中华医学会制定的“肾小球肾炎的疗效标准”⁽³⁾,分为完全缓解、基本缓解、部分缓解及无效。

二、治疗结果:治疗组45例,完全缓解32例,基本缓解2例,部分缓解4例,无效7例。完全缓解率71.1%,总有效率84.4%。对照组32例,完全缓解13例,基本缓解3例,部分缓解3例,无效13例。完全缓解率40.6%,总有效率59.4%。治疗组疗效明显高于对照组($P < 0.05$)。

三、肾病综合征血液流变学改变(附表):

附表 各组治疗前后血液流变学比较 (M±SD)

	全血比粘度		血浆比粘度		红细胞电泳	红细胞压积	血沉	纤维蛋白原
	高切变	低切变	粘 度	粘 度	(s)	(%)	(mm/h)	(g/L)
健康人(27名)	5.29±0.70	7.48±1.75	1.74±0.08	17.04±1.13	41.34±4.75	15.59±10.90	0.315±0.104	
治疗组 (45例)	治前	6.10±1.18	10.91±3.32	1.89±0.21	17.79±2.32	43.32±6.20	41.67±8.40	0.633±0.203
	治后	5.06±1.13	8.78±3.31	1.70±0.10	17.88±2.29	43.88±5.76	21.58±14.01	0.341±0.087
	P 值	<0.01	<0.01	<0.01	>0.05	>0.05	<0.01	<0.01
对照组 (32例)	治前	5.54±1.07	9.02±2.97	1.86±0.18	18.90±2.53	41.44±6.96	39.69±16.18	0.511±0.169
	治后	5.89±1.00	9.84±3.29	1.76±0.12	19.21±3.18	44.56±4.99	26.77±15.97	0.355±0.094
	P 值	<0.05	>0.05	<0.01	>0.05	<0.01	<0.01	<0.01

两组病例治疗前血液流变学各项指标,经统计学处理,除红细胞压积外($P > 0.05$),均明显高于健康人($P < 0.05 \sim 0.01$),证明肾病综合征均伴高粘滞血症。

四、蛇莲合剂治疗前后血液流变学改变:由附表可见,治疗组治后除红细胞压积及红细胞电泳无明显改变外,其他各项指标均明显降低,而对照组虽然血浆比粘度降低,但全血比粘度及红细胞压积均增加。证明蛇莲合剂有改善血液流变性、降低血粘度作用。

讨 论

一、血液的粘度是血液流变学的中心环节,血粘度增高,必然引起血液流变学的改变。引起血粘度增高的因素主要有血浆因素、血球因素及血管因素。肾病综合征体内有蛋白质及脂质代谢异常,多伴有凝血学紊乱及高凝血症⁽⁴⁾,因此具有引起高粘滞血症的条件。本组无论治疗组还是对照组,治疗前血液流变学的绝大多数指标均明显高于健康人,证明肾病综合征体内确实存在高粘滞血症。

二、肾病综合征由于免疫复合物的沉积,激活补体,引起炎症及凝血障碍,造成肾脏的病理损伤。高粘滞血症则使凝血障碍加重及微循环障碍,使肾功能损害进一步加重。因此,降低血粘度,改善血液的流变性,就有可能阻断肾脏的病理损害。解毒化瘀药物有抗炎、抗凝及抗变态反应及抑制纤维蛋白形成的作用,能改善血液流变性,降低血粘度⁽⁵⁾。黄芪等补气药能降低全血比粘度及血浆比粘度,使红细胞电泳增快⁽⁶⁾。因此,我们选用解毒、化瘀、益气的药物,组成了蛇莲合剂。从本组结果可见,加用蛇莲合剂的病例,全血比粘度(高切和低切)及血浆比粘度均较治前明显降低,而单用强的松、环磷酰胺的对照组,虽然血浆比粘度亦降低,但全血比粘度反而增高,红细胞压积也增加。治疗组完全缓解率及总有效率均明显高于对照组。证明蛇莲合剂有降低血粘度,改善血液流变性的作用。

三、本组病例无论治疗组或对照组,治疗后血浆比粘度均降低,但对照组治疗后红细胞压积及全血比粘度增高,治疗组红细胞压积无

变化,而全血比粘度降低,提示蛇莲合剂主要降低全血比粘度。治疗组完全缓解的32例,全血比粘度高切及低切均降低($P<0.01$),而未完全缓解的病例全血比粘度则不降低($P>0.05$)。同时,我们还发现,凡能完全缓解的病例,大多在服蛇莲合剂1个月内全血比粘度即恢复。反之,大多不能达到完全缓解。因此,我们认为,动态观察全血比粘度,可以预测蛇莲合剂的疗效,如治疗1个月,全血比粘度无改变,大多疗效不好。如治疗2个月,仍无改善,应当考虑改用其他治疗方案。

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大黄治疗急性胰腺炎17例

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我院1983年12月~1985年12月应用大黄治疗急性胰腺炎17例,效果满意,报告如下。

临床资料 本组男7例,女10例;年龄12~70岁,平均38岁。发病诱因:暴饮暴食5例,脂肪餐4例,饮酒1例,诱因不明7例。发病至入院时间最长5天,大多数在24小时以内。临床表现:体温在 38.5°C 以上者13例,脉搏120次/min以上者10例,局限性或弥漫性腹膜炎13例,血清淀粉酶256u以上者13例,尿淀粉酶512~1024u者11例。5例经腹腔穿刺,2例术中取得腹腔血性液体,检查淀粉酶在1024~2048u者5例,512u者2例;尿糖++~+++及血糖127~334mg%者共6例,血清钙低于正常者9例。分型:水肿型10例,坏死型7例。入院时休克3例,胰肺综合征(均经X线检查证实)4例,严重黄疸1例,消化道大出血1例。

治疗方法 生大黄每天30~50g加开水120~200ml,浸泡15~30分钟,去渣分3次口服,亦可由胃管灌入,同时进行禁食、输液和青、链霉素治疗等。连续3~5天。如服药1天后无腹泻,应增加大黄用量。个别病例1天中需用大黄500g始出现腹泻。如果增大用量1天后仍无腹泻则加芒硝15~20g,即能较快地出现腹泻。

结 果 17例在服大黄后(加芒硝者3例)1~2天开始排稀水样便,每天3~5次。腹泻后3~5天

腹痛逐渐消失(3天者7例,4天者7例,5天者3例)。腹部压痛、反跳痛及肌紧张于腹泻后2~5天消失(2天者8例,3天者4例,4天者4例,5天者1例)。本组13例发热患者,腹泻后3~7天体温恢复正常(2天者2例,3天者4例,4天者6例,7天者1例)。17例全部治愈出院。住院天数最长39天,最短5天,平均14.9天。7例坏死型平均住院21.5天,10例水肿型平均住院6.5天。

讨 论 急性胰腺炎是外科急腹症之一,特别是坏死型胰腺炎,病情危重,病死率高,就是手术治疗病死率仍在40~50%,本组7例坏死型患者全部治愈。

实验证实(高晓山,等。生大黄对四种消化酶活性的影响以及与药性关系探讨。中药通报 1981; 3:39)生大黄对胰蛋白酶、胰淀粉酶、胰脂肪酶的活性具有全面的抑制作用,从而避免或减少胰腺的自我消化过程。大黄还有抑制胃蛋白酶的作用,对十二指肠有舒张和解除胆道括约肌痉挛的作用,将外分泌液及时排入肠腔,起到内引流作用。由于大黄含有番泻甙甲,使肠排空运动增加,将毒素排出体外,减少自家中毒;大黄还具有止血活血作用,能提高血管收缩力,降低血管通透性,并能提高血浆渗透压,以达到扩容和改善微循环障碍的作用,从而改善胰腺局部血液循环和防止胰源性休克。

Abstracts of Original Articles

Study on Functional State of Autonomic Nerve in Spleen Yin Deficiency Syndrome

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By means of physiology, biochemistry and radioimmunoassay, 30 patients with Spleen Yin(阴) deficiency syndrome (SYDS, 脾阴虚证) were studied. The results suggested that there were following changes in the SYDS patients: (1) In 10 out of 24 patients (42%), the activity of salivary diastase increased when stimulated by citric acid, the positive rate in this group was lower than that in the normal control ($P < 0.01$), but higher than that in patients with Spleen Qi(气) deficiency syndrome (SQDS, 脾气虚证), ($P < 0.05$). (2) The activity of AchE of erythrocyte in 30 SYDS patients was 212 ± 43 u, it was higher than that in the control ($P < 0.01$) but lower than that in SQDS patients ($P < 0.01$). (3) cAMP/cGMP ratio of plasma in 15 SYDS patients was 1.57 ± 0.71 , which was significantly lower than that in the control and SQDS patients ($P < 0.01$). (4) The skin temperature of Quanliao (SI18) and Laogong (P8) in 25 patients were $32.89 \pm 1.71^\circ\text{C}$ and $34.16 \pm 1.33^\circ\text{C}$ respectively, which were significantly higher than that in the control. In 17 SYDS patients, Shenrou Yangzhen decoction(慎柔养真汤) was used. After a treatment course all the above-mentioned laboratory findings improved in various degrees. The results suggested that there were hyperfunction of parasympathetic nerve and a lowering of sympathetic nerve excitability in the SYDS patients. There is a close internal relation between this change and SYDS.

(Original article on page 202)

Clinical Application of Moist Exposure Therapy of Burn

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Moist exposure therapy of burn was used locally. It applied the ointment of Chinese traditional drugs. It promoted the blood circulation and relieved the stasis which enabled the necrotic layer of wound to liquefy and discharge. The burn recovered in the humid surroundings. It could promote and regulate the growth of the residual epithelial and fiber tissue, and ensure the skin to grow naturally to the deep wound of second degree burn which would heal scarlessly. The natural healing of the mixed degree would be expected also. The frequency of the ointment applying was not restricted, but the thickness of the ointment layer should be thinner than 1 mm which was sufficient for the moistening of the burn wound. The recovery of 120 patients whose maximal burn area was 50%, with 40% deep wound was reported. Compared with the dry exposure therapy of burn, the moist exposure therapy of burn has good efficacy of relieving the pain and shortening the healing period. Their average healing time was superficial II grade healed in 7.12 ± 0.62 days, deep II grade healed in 18.23 ± 2.14 days, the rate of infection was 2.5% only. Out of 68 burn patients of deep wound, only 2.9% needed grafting. The rate of scar was only 41.18%.

(Original article on page 204)

D-S Mixture in Treating Hyper-Hemoviscosity State in Nephrotic Syndrome

and Analysis of Its Therapeutic Effects

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In this paper, hemorheological test of 77 nephrotic syndrome (NS) patients and 27 healthy people was carried out, and the results proved that the hyper-hemoviscosity state usually accompanied NS. Two groups were formed: the treated group and the control group, and the 77 NS cases were allocated to these two groups randomly. The treated group used D-S mixture (*Duchesnea indica* and *Shutellaria barbata*, prednisone and cyclophosphamide, while the control group used prednisone and cyclophosphamide only. The clinical data of these two groups were the same and comparable. The course of treatment was two months. Results: Each item of the hemorheological parameters of the treated group improved significantly ($P < 0.05 \sim 0.01$), while that of the control group, on the contrary, the blood viscosity even increased ($P < 0.05$). The rate of sustained remission of the treated group reached 71.1% and the total effective rate was 84.4%, while the control group was 40.6% and 59.4% respectively. The above observations revealed that the D-S mixture could not only detoxify and