

滑膜炎冲剂治疗膝关节疾患的 疗效观察与实验研究

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内容提要 本文报告用滑膜炎冲剂治疗膝关节积液及滑膜炎患者290例,疗效显著,治愈率62.4%,总有效率97.2%,无副作用及不良反应。对急、慢性创伤性滑膜炎有消除关节腔积液、消肿止痛及恢复关节功能的作用。动物实验证实,滑膜炎冲剂确有消炎、降低滑液、血液内粘蛋白含量及白细胞数的作用。

膝关节积液及滑膜炎是骨科常见病及运动员常见的损伤,常因急性期治疗不当而导致慢性病变及软骨软化症等。我们根据本病特点组方为滑膜炎冲剂,从1979~1985年共观察治疗290例患者,现将结果报告如下。

临 床 资 料

一、一般资料:各类膝关节疾病患者290例,男性143例,女性147例。年龄16~47岁,平均32岁,其中16~25岁者占89.5%。运动员组130例,以篮球、排球、田径、足球等项运动员发病率较高。其中急性损伤34例,慢性损伤96例(包括单纯性滑膜炎62例,复合性滑膜炎68例);病史1~9年,以3~5年者最多。非运动员组160例,其中外伤性滑膜炎39例,慢性滑膜炎66例,急性滑膜炎12例,手术后关节腔内积液17例,其它26例。

二、诊断标准:全部病例均有外伤史,关节肿胀、疼痛及活动功能障碍。检查:患侧推滑、挤压及浮髌试验阳性,病程较长者伴有股四头肌萎缩。膝关节穿刺抽液:急性期为血性液体,慢性期为淡黄色粘性透明液。X线检查协助鉴别单纯性(仅膝关节滑膜组织受累,产生关节腔积液)或复合性(关节滑膜受损同时伴韧带损伤、半月板损伤等)滑膜炎。

治 疗 方 法

一、滑膜炎冲剂组成:夏枯草、十大功劳叶、女贞子、防己、薏苡仁、土茯苓、丝瓜络、豨莶草、丹参、当归、黄芪、泽兰等13味中药组成,加工成颗粒状冲剂(已由张家口市长城制药厂生产,市售)。

二、用法:每次1袋(含生药12g),每日3次,饭前服药。6日为1个疗程,服药期间停用其它药物,运动员组及非运动员组均用药3~5个疗程,一般急性期患者1~2个疗程即可见效。疗程间隔为1~2日。急性病例3个疗程、慢性病例5个疗程后评定疗效。

疗 效 分 析

一、疗效判定标准:单纯性滑膜炎以症状体征消失、功能恢复为标准。复合性滑膜炎以关节腔积液、积血消失为标准。(1)治愈:症状、体征消失,功能恢复。检查:浮髌试验、推滑及挤压试验阴性,训练或活动后无复发。(2)显效:症状及体征明显改善,浮髌、推滑及挤压试验阴性,训练及活动后有少量积液。(3)有效:症状及功能改善,浮髌、推滑及挤压试验有少量积液,训练后关节积液增多。(4)无效:与治疗前相同。

二、结果:本组290例,治愈181例占

62.4%，显效71例占24.5%，有效30例占10.3%，无效8例占2.8%；总有效率97.2%，治愈及显效者占86.9%。其中运动员组130例治愈74例(56.9%)，显效30例(23.1%)，有效23例(17.7%)，无效3例(2.3%)，总有效率为97.7%。非运动员组160例，治愈107例(66.9%)，显效41例(25.6%)，有效7例(4.4%)，无效5例(3.1%)，总有效率96.9%。治疗期间除急性病例外均参加正常或一般活动及训练，否则常易复发。

实验研究

一、试验方法

1. 选择健康家兔48只，雌雄不拘，体重1.5~3.2kg。随机分成3组：实验组21只，对照组21只，空白对照组(空白组)6只，分笼单独饲养。按文献方法^[4]，在给药当天，从动物心脏取血2

ml，分别注入自身左侧膝关节腔内，隔日1次，共3次，形成左膝关节滑膜炎模型；空白组不制造模型。实验组每日上午定时灌滑膜炎冲剂1次，剂量为每次每公斤体重3g，容积为5ml；对照组灌相同量自来水，皆连续12天；空白组不做任何处理。

2. 标本制取与测定方法：实验组与对照组于给药后第6、9、12天随机分3批制取标本，每批每组家兔7只，将家兔放血致死，取血测定血清粘蛋白及白细胞计数。切开家兔左膝关节皮肤，肉眼观察关节周围有无充血等，然后打开关节腔以生理盐水1.5ml冲洗关节腔2次，留冲洗液测定滑液粘蛋白及白细胞计数。用72-1型分光光度计测定血及滑液粘蛋白含量并切取关节囊标本作组织学检查。

二、结果：3组家兔粘蛋白含量及白细胞总数，见附表。

附表 3组家兔粘蛋白含量及白细胞总数对比 (M±SD)

组别	动物数	体 重 (kg)	粘 蛋 白 (mg/ml)						白 细 胞 总 数 (个/mm ³)					
			血 清			滑 液			血 液		滑 液			
			6 天	9 天	12 天	6 天	9 天	12 天	9 天	12 天	6 天	9 天	12 天	
空白	6	2.4 ±0.7	6.2 ±1.5	—	—	93 ±13	—	—	—	—	1642 ±1286	—	—	
对照	6*	2.1 ±0.3	7.7 ±1.0	5.3 ±1.9	5.9 ±0.3	246** ±92	196** ±85	152** ±33	8786 ±2706	10958 ±961	792 ±276	4436 ±1215	6750 ±1599	
实验	6*	2.1 ±0.3	5.9 ^{△△} ±1.5	3.2 ^{**△} ±0.4	4.9 [△] ±1.0	131 ^{△△} ±54	132 ±58	123 ±55	9714 ±1613	10883 ±1350	167 ^{△△} ±52	2286 ^{△△} ±634	3383 ^{△△} ±1385	

*两组9天均为7只。与空白组比**P<0.01，与对照组比△P<0.05，△△P<0.01

对照组与空白组相比，实验后第6、9、12天滑液内粘蛋白含量较正常家兔显著增加(P<0.01)，但随时间延长其含量逐渐下降，说明滑膜于损伤后分泌大量粘蛋白。实验组与对照组比较，于实验后第9天，滑液内粘蛋白含量较对照组显著降低(P<0.01)，到9~12天仍维持较低水平。

对照组与空白组相比较，实验后第6、9、12天滑液中白细胞计数较正常家兔增高，但无统计学意义。实验组与对照组比较，滑液中白细胞计数显著低于对照组(P<0.01)。

组织病理学观察：实验后第6天实验组关节囊周围肉眼观察未见瘀血，仅有轻度充血，而对照组于第6、9天关节囊周围可见瘀血，滑膜肥厚充血，至第12天才减退或消失；组织切片观察证实：实验组比对照组滑膜组织白细胞浸润显著减轻。

讨 论

膝关节腔为人体最大的关节腔，一般损伤后炎性反应为血浆渗出、白细胞及巨噬细胞浸润，而滑膜损伤则表现为滑膜细胞肥大，并产

生大量粘蛋白^②，严重者可发生关节内积血。中医认为关节腔积液属“水湿停滞”，故方以清热利湿为主并佐以通经活络之品。其中夏枯草、十大功劳叶清湿热，防己、薏苡仁、丝瓜络等利关节中之湿气，丹参等为通经活络药物。现代药理研究证明^{③、④}：夏枯草含夏枯草甙，水解后生成乌苏酸，有降血压、利尿及提高免疫功能作用，并为广谱抗菌药物；十大功劳叶有小蘗碱等成分，有消炎作用；防己含汉防己甲素，有解热、镇痛及消炎作用；薏苡仁含薏苡仁油可减轻骨骼肌痉挛，故有镇痛作用；豨莶草含豨莶草素有降低血压、镇静、抗风湿等作用。故本药对于急、慢性创伤性滑膜炎（包括手术后膝关节腔内积液）有消除关节腔积液、消肿止痛及恢复功能的良好效果。

经动物实验证实：该冲剂有降低血清及滑

液中粘蛋白含量作用，亦能降低滑液中白细胞总数，说明有抗炎作用。组织病理学观察表明：该药可以显著减轻滑膜组织中白细胞浸润。这不仅对滑膜细胞有显著的抗炎或修复作用，而且对关节腔内结缔组织、脂肪垫、关节囊周围组织也有显著抗炎作用。因此对由于运动（或非运动）损伤所致膝关节积液、积血及踝关节损伤等均有效，值得推广使用。

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“肝癭线”对原发性肝癌诊断、鉴别诊断价值的探讨

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本文就“肝癭线”对中、晚期原发性肝癌(肝癌)的诊断与鉴别诊断价值进行了探讨,报道如下。

资料与方法 中医舌诊观察方法:住院患者舌诊由两名中医师和1名西医主治医师共同观察,统一意见,登记舌象卡,同时彩色照相近、远距离镜头各1张存档。

一、观察组:1979年1月~1983年8月,本院肿瘤科病理检查证实为肝癌并有舌象记载的61例患者,其中男性53例,女性8例,年龄16~58岁。

二、对照组:(1)病理检查证实为其他癌症者505例,其中男性321例,女性184例,年龄5~73岁;(2)健康人1463名,其中男性1008名,女性455名。

结 果 肝癌患者中有“肝癭线”者26例,其阳性率为42.62%;其他癌症为2.19~14.29%,平均为7.92%(40/505例)。两组经统计学处理差异有非常显著性意义($P<0.01$)。

一、健康人有“肝癭线”者139名,占9.50%,肝癌患者“肝癭线”的阳性率明显高于健康人,两者差异有非常显著性意义($P<0.01$)。

二、肝癌患者的血清甲胎蛋白(AFP)阳性有“肝癭线”者18/38例,血清AFP阴性有“肝癭线”者4/10例,差异无显著性意义($P>0.05$)。

讨 论 中医舌象划区以舌的两边属肝胆,“肝癭线”在舌的左右两边,呈青紫、青紫条状、不规则形状的斑点或块状,境界分明,易于辨认。

一、“肝癭线”与原发性肝癌的关系:根据各地报道原发性肝癌患者的“肝癭线”阳性率为39.29~85.71%,其他癌症与疾患及健康人的“肝癭线”阳性率为5~11.11%,两者经统计学处理差异有非常显著性意义($P<0.01$)。结合我们的工作,可以认为“肝癭线”对中、晚期原发性肝癌的诊断、鉴别诊断有一定参考价值。

二、“肝癭线”与AFP的关系:原发性肝癌中AFP阳性率约占10~20%。而AFP阴性的肝癌误诊率较高,上海中山医院肝癌研究室报道误诊率为25.4%。本组AFP阳性肝癌的“肝癭线”阳性率为47.37%,比阴性者(40%)略高($P>0.05$)。因此我们认为“肝癭线”对中、晚期原发性肝癌,尤其对AFP阴性肝癌的早期诊断有参考价值。至于“肝癭线”诊断原发性肝癌的机理,有待继续探讨。

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remove stasis, but also replenish the Qi(气); it could not only lower the hyper-viscosity of blood in NS, but also enhance the therapeutical effects of NS by improving the hemorheological parameters.

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Clinical Observation and Experimental Study on Synovitis Granules in Treating Genua Hydroarthrosis

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The genua hydroarthrosis and synovitis are commonly seen in sport injuries and orthopedical diseases. Chronic inflammation usually results from malpractice at the acute stage and may cause chondromalacia patellae and genua osteoarthritis. At present, its treatment still remains unsolved. The synovitis granules is a granular drug composed of Chinese medicinal herbs, which is based on the clinical experience and basic theory of TCM. From 1979 to 1985, 290 cases were treated, the rate of cure was 62.41%, and the total effective rate was 97.23%. This drug has no side-effect and untoward effect. It consists of *Spica Prinellae vulgaris*, *Ligusticum lucidum*, *Mahonia fortunei*, *Salvia miltiorrhiza*, *Stephania tetrandrae*, *Coix lacryma-jobs*, *Achyranthes bidentatae* and *Astragalus membranaceus*, etc. The granule could clear up the heat and eliminate the dampness, activate the blood circulation and remove the blood stasis, it had the sedative and analgesic effect, and it also had the anti-inflammatory effect. This drug was able to treat all types of effusion of the knee joint, such as traumatic synovitis, rheumatic synovitis etc. It had wonderful effect for effusion of knee joint due to sport injuries. The result of animal experiment showed that the inflammation was less severe in the test group as compared with the control, and had less mucin in the effusion fluid as well. Both in the animal experiment and clinical practice the effect was markedly significant.

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Clinical Analysis of Hypertensive Disorder in Pregnancy Treated with TCM-WM

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125 cases of hypertensive disorder in pregnancy, gestational hypertension and gestational edema treated at the out-patient department in 1984 were reported. 50 of them received drug treatment and were advised to take bed rest by lying on their left side. 75 patients were advised to comply with the same bed rest program but were not treated with drugs. To compare the pregnancy outcomes of the two groups, criteria were established for scoring and classification. No difference was found between these two groups in age, parity, gestational weeks at onset of disorders, etc. The score of the medicated group (with two subgroups) was significantly higher than that of the non-medicated group. In the first sub-group of the medicated group, based upon the theory of TCM, the principles of replenishing the Kidney and reinforcing the vitality, nourishing both the Kidney and Liver Yin(阴), and activating the blood circulation and relieving the stasis were followed. *Salvia miltiorrhiza*, *Cuscuta chinensis*, *Rehmannia glutinosa*, *Paeonia rubra*, *Agastachis rugosus*, *Scutellaria baicalensis*, *Ophiopogon japonis* were taken as basic recipe, added with *Codonopsis pilosula*, *Astragalus membranaceus*, *Poria cocos* and *Dipsaci asper* as recipe No.1, and added with *Eucommia ulmoides* as recipe No.2. In the second sub-group, phenergan, salbutamol, folic acid, vitamin E and C were prescribed. Data collected at the time of delivery showed that 5 cases (10%) in the medicated group and 22 cases (29.23%) in the control were admitted because of exacerbation of the disease. 44% of the patients in the medicated group no longer had either hypertension or edema, being significantly higher than that (26.7%) in the non-medicated group. The scores of the pregnancy outcomes of the TCM group (3.84 ± 3.37) and WM group (9.93 ± 5.24) showed statistically significant difference ($P < 0.02$). At the termination of pregnancy patients with the hypertensive disorder of pregnancy decreased from 31 to 24 in the medicated group; whereas in the non-medicated group the number of the same disorder increased from 26 to 34. In the TCM group the moderate and severe patients decreased from 4 to 2; while in the WM group it increased from 3 to 8. It revealed that the drug treatment was more effective than the control, and TCM treatment was more effective than WM treatment. No maternal death was recorded. One case in the control developed postpartum eclampsia. No recurrence of hypertension was noted in 1-year follow-up examination. There was one perinatal death (8‰) from the non-medicated group.

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