抗卒丸治疗脑血管病的CT变化观察

唐山工人医院神经内科　郭凤鲁
唐山市脑血管病研究所　司志国
唐山第二建筑公司医院　赵宝友

内容提要　本文应用自制抗卒丸治疗缺血性脑血管病119例、脑出血恢复期7例，其临床好转率达97.6%。经69例治疗前后的CT动态观察，治疗组CT改善者占88.4%，对照组为65.2%（$X^2=4.94$，$P<0.05$）。CT改善时间高峰，治疗组半数以上在30天内，而对照组改善时间高峰为60天。并对治疗后CT演绎过程略加讨论。

水蛭治疗缺血性脑血管病有关临床和血液流变学的观察已有报道[1]。现将1987年5月～1988年4月，经水蛭制剂抗卒丸治疗脑血管病126例（治疗组），用非水蛭制剂治疗45例（对照组）的CT变化观察报告如下。

临床资料

治疗组126例中男92例，女34例，年龄31～77岁，其中51～60岁占39.6%，61～70岁占35.7%。对照组45例中男27例，女18例，年龄27～76岁，其中51～60岁占42.2%，61～70岁占26.6%。

两组病例均具有典型的脑血管病发病过程及神经系统定位损害的体征，全部病例均经头部CT确诊。治疗组中119例为缺血性脑血管病，其中动脉硬化性脑梗塞者88例（其中有20例诊为多发性脑梗塞，11例为再发性脑梗塞，伴有假性延髓麻痹者6例），脑缺血性发作18例，椎—基底动脉供血不足者6例，风湿性心脏病并发脑栓塞者和脑干梗塞者各3例，静脉系统血栓形成1例；另7例为脑出血恢复期。对照组45例中动脉硬化性脑梗塞35例（其中多发性脑梗塞7例，有2例伴有延髓麻痹），脑缺血性发作6例，椎动脉供血不足3例，脑干梗塞者1例。

两组病程均以10天内为最多，分别为66.3%和75.5%。1个月以内者为25.2%和22.2%，1个月以上者为8.4%和2.2%，既往史中治疗组原有高血压病者42例，冠心病者16例，慢性气管炎7例，脑血管病14例，糖尿病4例，风湿性心脏病3例，癫痫1例。对照组中高血压病者11例，冠心病4例，慢性气管炎、糖尿病、脑血管病史者各2例，风湿性心脏病1例。

两组病例治疗前的头部CT改变见附表：CT改变以基底节处最多，分别为各组的53.9%和53.3%。治疗组119例中腔隙梗塞者27例，病变为小灶型者19例，大灶型者30例，巨灶型者35例，多灶型者8例，在脑梗塞中同时伴有脑萎缩者36例。对照组中腔隙梗塞者2例，病变为小灶型者12例，大灶型者14例，巨灶型者10例，多灶型者7例。脑梗塞伴脑萎缩者9例。

附表　两组治疗前头部CT改变　（例）

组别	治疗	对照
左基底节	33	9
右基底节	14	9
双基底节	21	6
左枕	4	
左顶	5	2
左顶枕	4	
左额顶	3	1
左颞顶	1	
左额顶枕	1	
右枕	3	3
右顶	1	2
右颞	1	
右额顶	1	2
右颞顶	2	
右颞枕	1	1
右颞顶枕	2	
脑干	3	
小脑	1	
病灶多发	8	7
脑萎缩	9	9
小计	114*	45

* 治疗组中脑出血恢复期7例及静脉系统血栓形成者未统计在内

方法

一、治疗方法：两组均采用综合治疗，（1）川芎嗪100～150mg加5%葡萄糖液250ml，每日1次；（2）

东莨菪碱0.3mg加5%葡萄糖液250ml，每日1次；（3）低分子右旋糖酐 250ml，每日1次。以上任选1种静脉滴注，14天为1个疗程，休息7天，可重复或交替使用。口服药选用脑复康0.4g，1日3次，脑益嗪25mg，1日3次。治疗组在此基础上增加抗卒丸（我院药剂科自制水蛭制剂，每粒胶囊含生药0.25g）0.5～1.0g，1日3次口服。

二、观察方法：临床症状观察以言语功能和肢体恢复为主要指标，与治疗前作对比。同时，有条件者分别于治疗后10天（或2周）、20天（3周）、1个月（约4周）、3个月以及半年作CT动态观察，作密度范围大小、CT值等测定。

结　果

一、疗效标准：治疗后（约30～35天）凡言语清楚，能独自下地行走，生活自理者为临床痊愈；凡能理解或能表达意图，肢瘫恢复达Ⅲ级以上，生活基本自理或略需人扶助者为好转；治疗后症状无明显进步者为无效。

二、结果：治疗组临床痊愈58例（46.0%），好转65例（51.6%），无变化3例（2.4%），总有效率为97.6%。对照组临床痊愈18例（40.0%），好转22例（48.9%），无变化者5例（11.1%），总有效率为88.9%。

治疗组有69例作了治疗前后头部CT动态观察，CT密度改善好转者36例，病灶范围缩小者10例，由梗塞区好转后呈现脑萎缩者8例，治疗后脑沟回显示清楚者4例，病变完全消失者3例，无变化者8例。对照组23例CT病变密度好转者6例，范围缩小者5例，变为软化灶者3例，病变消失者1例，无变化者6例，病变扩大和并有高密度（恶化）者各1例。治疗组CT改善好转者61例（88.4%），对照组CT改善好转者为15例（65.2%），经统计学处理差异有显著性意义（$X^2=4.94$，$P<0.05$）。

治疗组CT改善好转61例中，其CT改善时间分别为10天6例，20天15例，30天18例，60天15例，90天5例，180天2例。改善的高峰期为30天。对照组好转的15例中，其CT改善时间分别为10天1例，20天2例，30天4例，60天5例，90天1例，180天2例。高峰期为60天。提示抗卒丸有加速CT改善的作用。

讨　论

一、水蛭作为破血散结之品，近来受到国内外学者的重视[1～4]。我院自1976年以来，应用水蛭治疗缺血性中风，对其临床和血液流变学的观察以及剂型改革[1,2,5,6]，证明水蛭有明显增加动脉血流量和减少血管阻力，延迟或阻滞血液凝固，使PGI_2增加，TXA_2下降和降低血脂的作用，并能增加血液循环和促进渗出物的吸收，抑制血小板由ADP诱导的聚集作用，从而有利于缺血性病灶局部的血运改善和神经功能的恢复。

二、本组通过对部分病例治疗前后头部CT变化的随访观察，发现抗卒丸不仅能使临床症状得到改善，其CT变化亦较对照组明显，其改善高峰期治疗组为30天，对照组为60天，说明抗卒丸能使缺血区周围水肿迅速消失，防止病变的半暗带向暗带演绎，为神经功能的修复奠定了生理基础。

三、缺血性脑血管病恢复期的CT变化过程大致可见以下三种类型：（1）梗塞区密度逐渐改变和/或病变范围的缩小，以后演变为脑萎缩（原来无脑萎缩改变）或脑软化灶。（2）梗塞区密度变淡或不均匀，或略显增高但CT值不低>45Hu，边界也呈现不规则，以后脑沟回显示清楚，密度减低。（3）梗塞区密度直接演变为等密度，病灶范围日益缩小或不清，直至消失。抗卒丸治疗脑血管病CT的改善主要是梗塞区密度的变化和病灶范围的缩小。而上述（1）（2）种表现多见于大灶型和巨灶型脑梗塞，基底节区或小灶型以及腔隙性梗塞者常为（3）种类型。

四、由于水蛭具有明显的抗凝作用，对出血性中风常不宜选用。本组中有7例为脑出血恢复期亦加用了抗卒丸。所谓脑出血恢复期，我们体会病程应在1个月以上，CT显示无高密度征象，此时给予抗卒丸口服，其病变可逐渐好转，CT表现亦为密度减低，范围缩小或病灶吸收好转。因此，对于脑血管病（包括出血性中风恢复期）在综合治疗的基础上加用抗卒丸，可望提高疗效。

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Clinical and Experimental Study of Xuefu Zhuyu Tang(血府逐瘀汤) in Treating Qi(气) Stagnation and Blood Stasis Type of Hyperlipidemia

Yu Dongyan(余冬严), Wei Kanbo(魏康伯), Wo Xingde(沃兴德)
Zhejiang College of Traditional Chinese Medicine, Hangzhou

Xuefu Zhuyu Tang (XFZYT,血府逐瘀汤) was used in 20 cases of hyperlipidemia with Qi stagnation and blood stasis syndrome (QSBS). The results were that the symptoms of QSBS have markedly improved, and the levels of serum TC and TG have decreased, especially on TG ($P<0.001$). It showed that QSBS was probably in certain connection with increasing serum lipids, and XFZYT could decrease them. The results of experiment were as follows: the regulating Qi (RQ) herbs, a component in XFZYT, decreased the levels of serum TC, TG, LDL-ch, and liver tissue's TC in hyperlipidemic rats; the promoting blood circulation (PBC) herbs, another component in XFZYT, decreased the levels of liver tissue's TC, TG and liver index on hyperlipidemic rats; XFZYT had the effect of both components, it decreased either the levels of serum TC, TG and LDL-ch, or the liver tissue's TC, TG and liver index. So we consider that RQ and PBC herbs in XFZYT probably work in coordination on regulating the metabolism of lipids.

(Original article on page 601)

Clinical Observation of Three Lianas Syrup in Treating 302 Cases with Various Types of Lupus Erythematosus

Qin Wanzhang(秦万章), et al
Zhongshan Hospital, Shanghai Medical University, Shanghai

302 cases with various types of lupus erythematosus(LE), including 58 cases of chronic discoid LE (DLE), 23 cases of subacute cutaneous LE (ScLE), 180 cases of systemic LE (SLE), 10 cases of overlapping LE (OLE) and 31 cases of mixed connective tissue diseases (MCTD) were treated with Three Lianas Syrup (TLS). Improvement after treatment was observed in 288 cases (95.4%) within 1~3 weeks, arthralgia, fever and skin lesions were greatly improved. The visceral involvment and immunological parameters was also improved. Decrease of dosage or withdrawal of corticosteroid was also an aspect of improvment. The therapeutical effect of TLS was better than any other control group. Above data showed that TLS inhibited the polyclonal antibody strains of B cells and improved the regulation of antibody formation. TLS may activate cellular immunity especially NK cells, which are important in immune surveilance in LE and the activation of NK cells perhaps is the essence of pharmacological action of TLS.

(Original article on page 604)

Effect of *Salvia miltiorrhiza* on Hyperfibrinogen in Patients with Malignant Lymphoma

Zhang Yuwu(张玉五), Xue Ying(薛　颖), Zhang Bingqian(张秉乾)
First Affiliated Hospital, Xi'an Medical University, Xi'an

35 cases of malignant lymphoma were divided into two groups randomly, 22 cases of which were treated with *Salvia miltiorrhiza* (SM)–COP therapy, and only 13 cases by COP therapy. In terms of short-term effect, it has been found that SM–COP therapy was more effective than COP therapy, $P<0.01$. The experimental study showed that one of the mechanisms of SM against tumor is improving the hypercoagulation state through lowering the serum hyperfibrinogen, from 3.626 ± 1.638 to 2.343 ± 0.576 mg/dl, $P<0.01$, which is significant in showing that promoting the fibrinolytic activity was closely related with the therapeutic effect, and was one of the antitumor mechanisms.

(Original article on page 607)

Observation on CT Changes in Patients with Cerebrovascular Disease Treated by Kangcu(抗卒) Pill

Guo Fenglu(郭凤鲁), et al
Tangshan Workers Hospital, Tangshan

126 patients (1987–1988) with cerebrovascular disease were treated with kangcu pill (KCP) which is mainly consisted of leech, in comparison with a non-KCP control group of 45 patients. KCP was given orally in daily dosage of 1.5~3 g. Both groups were provided with comprehensive basic therapy. A 30~35 days therapeutic course were carried out. The effective rate of KCP in relieving symptoms is 97.6%, while the control group 88.9%. CT were performed in some patients before and after one therapeutic course. The effective rate of KCP in CT changes is 88.4% (61/69), while 65.2% (15/23) in the control group. The difference was significant in CT responses ($X^2=4.94$, $P<0.05$). KCP is superior to the control group. The KCP was beneficial to perifocal tissue and caused the focus changing in density or even disappearing on CT. It could prevent the semidark perifocal area and becoming the dark area, reduce the damage and necrosis of the brain tissue. Hence, recovered the neurological functions, three types of CT dynamic changes of ischemic cerebrovascular disease were being put forward.

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