

# 复方秦艽片加少量激素治疗 红斑狼疮的疗效观察

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**内容提要** 内服复方秦艽片加少量强的松治疗系统性红斑狼疮(SLE)62例为观察组,同时以单服强的松治疗 SLE19 例为对照组。结果:观察组有效率为 80.65%,对照组为 31.58%,两组疗效比较,  $P < 0.001$ 。在消除症状及 LE 细胞阴转等方面,观察组均优于对照组。长期服用该药无明显副作用。

我们用复方秦艽片配合少量激素治疗系统性红斑狼疮(SLE),疗效明显提高,现报告如下。

## 临床资料

81 例 SLE 患者均为本院皮肤科门诊及住院者,均符合美国风湿协会(ARA, 1982)<sup>[1]</sup>关于 SLE 的诊断标准。患者男 5 例,女 76 例;年龄 16~62 岁,平均 43 岁;病程 2 个月~21 年,平均 5.2 年。随机分为两组,观察组 62 例,对照组 19 例。临床观察皮疹、发热、关节症状等,实验室检查项目有狼疮细胞(LE 细胞)、抗核抗体(ANA)、抗双链 DNA 抗体(ADNA)、总补体( $CH_{50}$ )、补体  $C_3$ ( $C_3$ )、血沉(ESR)、尿蛋白等。

## 治疗方法

一、观察组:口服复方秦艽片(由本院药剂科制备,其组成为:秦艽、乌蛇、黄芪、元参、生地、丹参、茯苓、泽泻、黄柏,共研细末,制成片剂,每片重 0.5g),每日 15~20 片,分 2~3 次服;同时每日服强的松 10~30mg。本组有 8 例单服复方秦艽片治疗。

二、对照组:口服强的松 30~40mg,每晨 1 次顿服或分 2~3 次服用,病情控制(15~15 天)后开始递减至维持量,每日 10~15mg。

两组治疗期间均加服辅助药物:10%枸橼酸钾、多种钙片、维生素 E 及 C。观察组治疗

时间 1~34 个月,平均 9.3 个月。对照组治疗时间 20 天~20 个月,平均 7.33 个月。

## 结 果

一、疗效标准:控制:症状消失,各项检验指标正常。好转:主要症状消失,主要检验指标(抗核抗体、尿蛋白、血沉)降至正常。无效:症状改善不明显或反复,主要检验指标无明显改变者。加重:症状加重,甚至死亡,检验指标阳转。

二、治疗结果:81 例中,控制 36 例(44.44%),好转 20 例(24.69%),无效 20 例(24.69%),加重 5 例(6.17%,其中死亡 2 例),总有效率 69.13%。

观察组 62 例中,控制 30 例(48.39%),好转 20 例(32.26%),无效 8 例(12.90%),加重 4 例(6.45%),总有效率为 80.65%。其中 8 例单服复方秦艽片者,控制 6 例,好转 2 例。对照组 19 例中,控制 6 例(31.58%),无效 12 例

表 1 患者主要症状治疗前后的改变

	观察组(62例)		对照组(19例)	
	阳性数	控制数	阳性数	控制数
面部盘状红斑	3	2	12	5
面部蝶形红斑	22	20	16	7
发 热	17	12	15	7
关节痛	81	19	15	7
腰 痛	14	6	—	—
乏 力	24	17	8	5

(63.16%)，加重 1 例 (5.26%)，总有效率为 31.58%。两组疗效比较，观察组高于对照组 ( $X^2=11.3443$ ,  $P<0.001$ )。

三、两组治疗前后症状改变：见表 1。

以上结果表明，观察组症状改善较对照组为优，尤以红斑、关节痛、发热疗效更明显。

四、两组治疗前后实验室指标改变：见表 2。

表 2 患者主要实验室检查项目治疗前后的变化

	观察组 (62例)		对照组 (19例)	
	异常数	复常数	异常数	复常数
ESR	48	29	10	7
血小板	6	4	4	3
CH <sub>50</sub>	28	19	13	4
C <sub>3</sub>	22	16	14	7
尿蛋白	29	18	10	2
ANA	50	22	16	7
ADNA	24	10	15	11
LE细胞	14	10	4	1
A/G比值 倒置	19	10	—	—

以上检查项目中观察组较对照组复常数多的有 LE 细胞、CH<sub>50</sub>、C<sub>3</sub> 及尿蛋白，与临床症状的变化相一致。

## 讨 论

复方秦艽片的作用机理：笔者将 SLE 辨证为阴虚发斑<sup>(2)</sup>。病因病机为先天不足或后天失调所致肾精耗损，阴虚阳亢，火损五脏，日久则阴阳俱虚。治则为滋阴清热、祛风利湿、

活血通络，以达扶正祛邪之目的。方中秦艽、乌蛇祛风通络利关节，茯苓、泽泻渗湿利水兼泄热，黄芪、生地、元参益气滋阴兼清血热，丹参、黄柏活血化瘀清血热。总之，复方秦艽片具有抗菌、消炎、退热、缓解关节痛、利尿、消肿及增强机体免疫的综合作用<sup>(3~5)</sup>。复方秦艽片的副作用：少数患者初服药时有轻度胃肠不适，数日后即可适应，长期服用无不良反应。

红斑狼疮的病因不十分清楚，临床表现复杂，且病程长、变化多。因此，治疗应是综合性的，应以扶正祛邪调整机体免疫状态为本，控制症状为标，应用中西药合理配合治疗是必要的。我们在中医辨证论治的基础上，选用复方秦艽片加少量皮质激素治疗，提高了 SLE 的临床疗效。但患者的精神状态，合理的生活护理，防晒、防感冒，避免过劳，饮食配合及控制生育等对患者的康复都很重要。如医疗单位对每个红斑狼疮患者都作好定期观察，指导防治方法，其预后是乐观的。

## 参 考 文 献

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## 简 讯

▲我国首家公立中西医结合防治肿瘤机构——福州市中西医结合肿瘤研究所于 1988 年 10 月在福州成立。该研究所的前身是福州市第一医院中西医结合肿瘤科。从 60 年代初以来，他们不断总结中西医结合治疗癌症的规律，提出了“扶正培本”治疗癌症的理论；成为中医治癌大法之一，也是当今国际研究中医免疫的重要课题。该所作为全国中西医结合治疗肿瘤的十大基地之一，由全国中西医结合肿瘤防治研究临床组组长、英国皇家医学会会员、福州市第一医院肿瘤科主任医师傅瑞麟担任所长。

▲中国中西医结合研究会基础理论研究专业委员会成立暨首届学术交流会议于 1988 年 10 月 19~23 日在河北省石家庄市召开。中西医结合杂志主编季钟朴教授、河北省有关领导傅大为、李采瑞、段怀慈等到会祝贺。来自全国的代表共 168 人参加了会议。会议收到论文 250 篇，大会交流 19 篇，分组交流 61 篇，该专业委员会由 24 人组成，大会期间召开了第一届专业委员会，河北医学院李恩教授为主任委员，戴晓铃为秘书长，挂靠单位为河北医学院。

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body resistance. The course of treatment lasted three months. The whole effective rate was 86.21%. The patients were divided into A and B groups according to the situation, the area, the amount and the deep degree of oropharyngeal ulcerations. The result of observation on exfoliated cells by imprints of tongue of two groups. The positive rates of six indices in the imprints of tongue of B group were higher than those of A group obviously ( $P < 0.05 \sim 0.005$ ). It conformed to the serious condition of the patients of B group, in which the number and area and deep degree of ulcers were more and larger and deeper, and their distributions were often involved in pharynx and larynx. Therefore the observation of the imprints of tongue may pre-indicate the conditions of the illness which will get better or worse. A comparison of before- and after-treatment showed that positive rates of all indices were reduced markedly ( $P < 0.05 \sim 0.005$ ). It proved that the observation of tongue picture by the imprint was more sensitive and exact than by the naked eye. It was proved beneficial to evaluating the therapeutic effect and prognosis.

(Original article on page 150)

### **Study on the Mechanism of Denuded Tongue Coating Due to Yin(阴) Deficiency**

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Denuded tongue coating is an important sign of serious Yin deficiency. The total number of exfoliated cells increased in the imprint of a Yin-deficient tongue. Not only the cells of the superficial layer but those of the middle layer appeared. Many necrotic cells could also be seen. This picture showed that the cell exfoliation rate of a Yin-deficient tongue was faster than in a normal tongue, caused chiefly by the degeneration and necrosis of the epithelial cells. It is believed that cell necrosis is the principal feature of the Yin-deficient tongue. This is in accordance with the TCM theory that denuded tongue coating is due to exhaustion of Yin fluid. Study on lingual morphology: The filiform papillae disappeared in slices of Yin-deficient tongue. The fungiform papillae had atrophied, the number of strata of epithelial cells reduced, and there were no complete keratinocytes or granules, tonofilaments and membrane coating granules in the cytoplasm.

Observation of the microcirculation of fungiform papillae of a Yin-deficient tongue showed: the structure of vessels was abnormal, blood flowed slowly, red blood cells aggregated and the vessels dilated. Microcirculation of the blood was stagnant. The disturbance of microcirculation could accelerate the abnormal metabolism of lingual epithelial cells and cell necrosis, resulting in denuded tongue coating. Analysis of salivary zinc level: The salivary zinc level ( $0.232 \mu\text{g/ml}$ ) of the patients with Yin-deficient tongue was significantly higher than that of healthy subjects ( $0.099 \mu\text{g/ml}$ ). Zinc can affect the formation and function of nuclear spindle in cellular mitosis. The change of zinc level may be a pathogenic factor in Yin-deficient tongue.

(Original article on page 153)

### **Observation on Treatment of Systemic Lupus Erythematosus with Tablet Gentiana Macrophylla Complex and Minimum Dose of Prednisone**

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Sixty-two cases of systemic lupus erythematosus(SLE) treated with Tab. Gentiana macrophylla complex 5 tablets three times per day or 10 tablets twice per day and prednisone 10~30 mg per day were reported. As controls, 19 cases of SLE were treated with prednisone alone at the same time. The results showed complete remission in 86.46% (50/62) cases in the observation group and 31.57% (6/19) cases in the control group. Eight cases of SLE treated with Tab. Gentiana m. complex alone also achieved complete remission in 6 cases and improvement in 2. There was very significant statistical difference between the two groups ( $P < 0.001$ ). The Tab. Gentiana m. complex was more