

颅痛宁煎剂治疗血管性头痛 的临床及实验研究

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内容提要 用颅痛宁煎剂及复方羊角冲剂分组治疗 350 例血管性头痛患者, 并作对比观察。颅痛宁组 300 例, 治愈 226 例(75.3%), 好转 63 例(21.0%), 总有效率 96.3%; 复方羊角冲剂组 50 例, 治愈 28 例(56.0%), 好转 13 例(26.0%), 总有效率 82.0%。颅痛宁组疗效明显高于复方羊角冲剂组($P < 0.01$)。实验研究也初步证明, 颅痛宁有明显的镇痛作用。

颅痛宁是在王清任的活血通窍剂通气散基础上加味而成的。笔者自 1985 年以来, 用以治疗血管性头痛 300 例, 并经实验研究对其作用机理进行了分析探讨, 现报道如下。

临床观察

一、一般资料

1. 病例选择: 全部病例均系门诊患者。按人民卫生出版社 1984 年 9 月第 7 版《实用内科学》的诊断标准, 确诊血管性头痛 350 例, 随机分成两组。

2. 分组情况: (1) 颅痛宁组: 共 300 例, 男 113 例, 女 187 例, 男女之比 1:1.65; 年龄 11~63 岁, 平均 31.5 岁; 病程 2 个月~21 年, 平均 2.1 年。脑血流图检查: 双侧脑血管扩张 73 例, 右侧脑血管扩张 82 例, 左侧脑血管扩张 71 例, 基底动脉供血不足 33 例, 脑血管正常 41 例。(2) 复方羊角冲剂组: 共 50 例, 男 19 例, 女 31 例, 男女之比 1:1.63; 年龄 12~61 岁, 平均 31 岁; 病程 2 个月~13 年, 平均 1.9 年。脑血流图检查: 双侧脑血管扩张 13 例, 右侧脑血管扩张 9 例, 左侧脑血管扩张 10 例, 基底动脉供血不足 7 例, 脑血管正常 11 例。

二、治疗方法

1. 颅痛宁组: 方药组成及服法: 柴胡 20 g 香附 25 g 川芎 50 g 葛根 50 g 僵蚕 20 g 全蝎 10 g 蔓荆子 25 g 草拨 25 g 白芷 20 g 羌

活 15 g。每剂煎取 300 ml, 每次 150 ml, 每日 2 次, 早晚分服。7 天为 1 个疗程。

2. 复方羊角冲剂组: 复方羊角冲剂由上海青浦练塘中药厂产, 每袋 8 g, 每次 1 袋, 每日 2 次。7 天为 1 个疗程。

两组据病情可连续服用 3~5 个疗程。

三、结果

1. 疗效标准: 痊愈: 头痛及伴随症状完全消失, 脑血流图恢复正常, 随访半年不复发者; 好转: 头痛减轻, 发作次数减少, 脑血流图较治疗前显著好转, 随访半年病情稳定者; 无效: 经治疗后头痛不减轻, 诸证如前, 脑血流图治疗前后无变化者。

2. 疗效: 颅痛宁组 300 例痊愈 226 例, 占 75.3%; 好转 63 例, 占 21.0%; 无效 11 例, 占 3.7%; 总有效率 96.3%。复方羊角冲剂组 50 例痊愈 28 例, 占 56.0%; 好转 13 例, 占 26.0%; 无效 9 例, 占 18.0%; 总有效率 82.0%。两组比较用 X^2 检验, 治愈率 $X^2 = 7.11$, $P < 0.01$, 有非常显著差异。可见, 颅痛宁组在治愈率及总有效率等方面均明显高于复方羊角冲剂组。

3. 两组病例取效时间对比: 颅痛宁组 289 例, 临床开始好转平均 4.5 天, 症状体征消失平均 13.6 天, 脑血流图恢复正常平均 11.2 天; 复方羊角冲剂组 41 例, 临床开始好转平均 8.5 天, 症状体征消失平均 25.7 天, 脑血流图恢复正常平均 24.4 天。经统计学处理, 三项分别为 $P < 0.05$, $P < 0.01$, $P < 0.01$, 均有显著性差

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异。说明颅痛宁比复方羊角冲剂见效快, 治愈时间短。

实验研究

一、实验材料

1. 药物制备: 取颅痛宁全方药物 260g, 加水煎煮两次, 合并两次煎液, 浓缩成浸膏状, 加乙醇提取, 过滤, 取过滤液回收乙醇, 然后加蒸馏水稀释至 130ml (每毫升相当于生药 2g), 储存于冰箱内备用。

2. 实验动物: 挑选反应敏感稳定的雄性小白鼠 44 只, 体重 20~25g, 由呼伦贝尔盟药检所动物室提供。

二、实验方法与结果

1. 热板法: 将恒温水浴调节至 $55 \pm 0.5^\circ\text{C}$ 。测定各小白鼠的痛反应, 以舔后足、踢后腿作为痛反应指标。每次测试不超过 60s。取 20 只小白鼠随机分为两组, 每组各 10 只。实验组: 取颅痛宁提取液, 给小白鼠灌胃, 剂量为 0.25 ml/10 g 体重。对照组给予生理盐水, 其给药方法及剂量同颅痛宁组。经对照观察, 颅痛宁组用药 15min 后痛反应时间明显延长, 见表 1。

表1 小鼠热板法痛反应时间 (s, $M \pm SD$)

分组	给药前	给药后			
		15min	30min	60min	120min
实验	17.3 \pm 2.4	30.5 \pm 3.1**	43.0 \pm 4.0**	40.0 \pm 3.8**	31.3 \pm 4.1*
对照	20.5 \pm 1.1	21.7 \pm 1.3	18.7 \pm 1.8	17.6 \pm 1.7	18.0 \pm 2.1

注: 与给药前比较, * $P < 0.05$, ** $P < 0.01$ 。

2. 醋酸扭体法: 取小鼠 24 只, 随机分为实验组和对照组, 每组各 12 只。两组给药方法、剂量分别同热板法。给药 30min 后, 腹腔注射 0.7% 醋酸液 0.1ml/10g, 记录扭体次数。

结果提示颅痛宁可明显抑制醋酸所致的扭体反应, 见表 2。

通过以上两种镇痛模型证实, 颅痛宁对热刺激与化学性引起的疼痛均有明显的镇痛作用。

表2 小鼠腹腔注射醋酸后扭体反应 (次, $M \pm SD$)

分组	0~5min	5~10min	10~15min	0~15min
实验	2.4 \pm 0.4*	8.0 \pm 1.6*	8.4 \pm 1.7*	18.8 \pm 3.7*
对照	15.0 \pm 1.5	31.6 \pm 2.3	31.4 \pm 2.8	78.0 \pm 6.4

注: 两组比较, * $P < 0.01$

讨 论

一、血管性头痛是由于发作性血管舒缩功能不稳定, 以及某些体液物质暂时性改变所引起的疼痛, 其病因尚未明了。近年来研究发现该病与内分泌失调或水盐代谢障碍以及精神紧张等因素有关。血浆 5-羟色胺 (5-HT) 含量下降, 引起脑血管扩张及动脉血管壁内缓激肽的蓄积, 使血管壁中痛觉受体的痛阈降低而致疼痛。可见, 脑血管扩张及动脉血管壁内痛阈降低是血管性头痛的主要机理。

二、血管性头痛属中医之头痛, 其病因不外六淫、七情、劳倦所伤, 而致脏腑功能失调, 产生气滞、痰浊、血瘀等病理产物, 阻于脉络。由于脑络痹阻、清窍不利而致头痛, 故设以通窍散结、行气活血之法, 使其脑络清窍通利则痛自止。颅痛宁一方取柴胡、香附、川芎组成通气散以其通关开窍、行气解郁之妙, 再加葛根、白芷、蔓荆子、羌活疏风止痛, 草拨散寒止痛, 蜜虫、全蝎逐瘀息风, 通络止痛。以上诸药共奏疏风通窍、行气活血、逐瘀止痛之效。本研究临床及实验结果均提示, 颅痛宁能调节脑血管舒缩功能, 明显改善脑血流, 从而起到镇痛作用。

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本刊1988年度“中西医结合杂志优秀论文奖”评选结果, 将于1989年第四季度公布。凡还未向本刊投票者, 欢迎继续投票。评选办法及选票分别登于本刊1987年第7卷第7期385页、1988年第8卷第12期767页。请将选票于1989年9月30日以前寄北京西苑中西医结合杂志优秀论文奖评委会办公室收。衷心感谢您的支持。

Clinical and Experimental Research on Lutongning(颅痛宁)in Treating Vascular Headache

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Observing the therapeutic effect of 350 cases of vascular headache patients treated with oral Lutongning decoction and goat horn compound separately, and comparing the effects of these two groups' patients, they showed that the former was much better than the latter. The author found that cure rates of these two groups were 75.3% and 56% respectively ($P < 0.01$). The medicinal action of the former was also faster than that of the latter, and the time to recover was shorter. So, Lutongning was an effective prescription in the treatment of vascular headache. In order to research the effective mechanism of Lutongning on vascular headache, the animal experiment was carried out. The hot-plate method and acetic acid body-turning method were used for the experiment in rats. After perfusing Lutongning into the rat's stomach, the author found that the reaction times by hot-plate method and the turning times by acetic acid body-turning method were less than those of the control animals. The result showed that the analgetic effect of this decoction was more obvious.

(Original article on page 278)

A Clinical Study of Guan Mai Le(冠脉乐) in the Treatment of Coronary Heart Disease

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After finding that *Fomitiporia Runctata Murr* had been used to treat angina pectoris as a folk remedy, medical workers of Fujian Sanming Fongous Institute engaged in the separation and identification of flora, and made out sugar-coated tablets of GML. This article reports clinical observation of tablets of GML treating 270 cases of CHD. Among the control group, 31 cases were treated by Persantine, 20 cases by Huo Xin Dan(活心丹), 30 cases by compound *Salviae miltiorrhizae*. Among 222 cases of angina pectoris, 80 cases acquired evident effect (36%), 98 cases acquired improvement (44%), 42 cases failed to respond to the treatment (19%) and 2 cases became worse (1%). Total effective cases were 178 and total effective rate was 80%. There were 250 cases who had ECG evaluation, 37 cases acquired evident effect (15%), 95 cases showed improvement (38%), 116 cases had no change (46%) and 2 cases became worse (1%). Total effective cases were 132 and total effective rate was 53%. There was no significant difference between the effect of tablets of GML and that of Persantine, Huo Xin Dan and compound *Salviae miltiorrhizae*. According to the clinical laboratory observation, there were many functions of GML, such as antimyocardial ischemia, regulating heart rate, antiectopic cardiac rhythm and improving cardiac function and disorder in hemorrheology. The authors also used GML to treat 90 cases of arrhythmia. It was effective in 50 cases, and total effective rate was 56%. The effect was relatively good in treating atrial premature beat. Perhaps the characteristic of GML was that it could be used to treat angina pectoris as well as arrhythmia. There was only little side effect in GML: some patients complained of thirst, stomach discomfort, abdominal distension and constipation. There was no harmful effect to heart, liver, kidney and blood.

(Original article on page 280)