

# 中西医结合治疗原发性肝细胞癌的初步研究

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**内容提要** 本文介绍采用百年乐、左旋咪唑及甲氧咪胍联合治疗原发性肝细胞癌 30 例。治疗后, NK 细胞活性及淋巴细胞转化百分率较治疗前均有明显提高 ( $P < 0.01$ ), 瘤体发展被控制, 临床状况显著改善。近期疗效较满意。

人体细胞免疫状况与原发性肝细胞癌(以下简称肝癌)的发展及预后有密切关系, 其免疫水平高低与预后好坏基本平行。采用中西医结合治疗的方法纠正患者免疫抑制状态, 阻断促进肿瘤生长的恶性循环, 可以提高治疗效果<sup>①</sup>。我们在通过动物试验筛选到可以明显提高 Wistar 大鼠细胞免疫效应的中成药百年乐的基础上, 进行常规化疗辅以联合应用百年乐、左旋咪唑及甲氧咪胍综合治疗肝癌的研究。

## 临床资料

经剖腹探查, 病理证实为 II、III 期肝癌患者共 50 例。其中男 40 例, 女 10 例; 年龄 28~55 岁, 其中 35~55 岁占 85%。50 例患者中带瘤者 40 例 (II 期 29 例, III 期 11 例), 分为中西医结合治疗组 (治疗组) 20 例 (II 期 14 例, III 期 6 例) 和单用常规化疗组 (对照组) 20 例 (II 期 15 例, III 期 5 例); 肿瘤切除者 10 例 (II 期 9 例, 亚临床肝癌 1 例), 只进行中西医结合治疗, 未设对照。

## 方 法

### 一、治疗方法

1. 常规化疗: 5-氟脲嘧啶 (5-Fu) 0.5g, 加入 5% 葡萄糖液 250~500ml 中静脉滴注, 每周 1~2 次, 用药 8~10g 为 1 个疗程; 喜树碱混悬液 2.5~5mg, 加入 10% 葡萄糖液 250~500ml 中静脉滴注, 每周 1~2 次, 20~30mg 为 1 个疗程。

2. 中西医结合治疗: 常规化疗加百年乐 (由碧血草、人参、黄芪等中草药配伍制成, 广西中医学院附属制药厂生产, 批号: 870620) 15ml, 每日 2 次口服; 左旋咪唑 50mg, 每日 3 次口服 (每周连服 3 天, 固定在前半周或后半周服用); 甲氧咪胍 200mg, 每日 3 次口服。

治疗组给予中西医结合治疗。而对照组只给常规化疗。连续 3 个月为 1 个疗程。

### 二、观察指标

1. 免疫状态观察: (1) 外周血 NK 细胞活性测定: 按王球达方法<sup>②</sup>。(2) 淋巴细胞转化试验: 按杨贵贞微量全血法形态学部分<sup>③</sup>方法。全疗程进行 2~3 次检测。

2. 瘤体变化测定: 用 B 型超声仪检测瘤体大小, 与上述免疫指标测定同步进行。

3. 临床表现观察: 多数患者住院治疗, 少数患者因故只住院 1 个月左右, 离院期间每 3~4 周及疗程结束时到医院复查。

## 结 果

一、免疫状态观察: 结果见附表。

带瘤治疗组及肿瘤切除治疗组治疗后 NK 细胞活性及淋巴细胞转化率均较治疗前提高; 而带瘤对照组治疗后较治疗前下降。

二、瘤体变化: 带瘤治疗组治疗后瘤体 ( $153.4 \pm 51.6 \text{cm}^3$ ) 较治疗前 ( $264.2 \pm 257.1 \text{cm}^3$ ) 有所缩小 ( $P < 0.05$ ); 对照组治疗后瘤体 ( $208.2 \pm 214.0 \text{cm}^3$ ) 较治疗前 ( $108.7 \pm 111.0 \text{cm}^3$ ) 增大 ( $P < 0.05$ )。

三、临床表现: 在治疗组, 100% 患者自诉

附表 50例患者治疗前后NK细胞活性及淋巴细胞转化率比较 (M±SD)

组 别	例 数	NK 细胞活性		P 值	淋巴细胞转化率(%)		P 值	
		治疗前	治疗后		治疗前	治疗后		
带 瘤	治疗	20	0.26±0.10	0.36±0.12	<0.01	0.36±0.08	0.41±0.07	<0.01
	对照	20	0.44±0.15	0.39±0.18	<0.05	0.46±0.17	0.40±0.11	<0.01
肿瘤切除	治疗	10	0.24±0.10	0.39±0.11	<0.005	0.36±0.10	0.47±0.16	<0.01

服药后食欲增进, 全身状况明显改善, 体力也有不同程度的恢复。尤其是肿瘤切除者, 效果更为突出; 在对照组, 临床状况非但未得改善, 而且加上化疗药引起的副反应, 每况愈下, 化疗停止后才稍有缓和。

## 讨 论

通过动物试验筛选方药, 发现市售中成药百年乐能显著增强 Wistar 大鼠的细胞免疫效应, 故将百年乐与左旋咪唑及甲氰咪胍联合应用, 作为常规化疗的辅助治疗。左旋咪唑具有很好的免疫调节作用, 但由于存在个体差异, 疗效不很稳定。为弥补这个不足, 又合并应用甲氰咪胍。甲氰咪胍是良好的免疫兴奋剂, 它可延缓带瘤鼠的肿瘤转移, 从而延长其生存期<sup>(4~7)</sup>。

为排除个体差异因素的影响, 结果判断时采用自身对比。结果带瘤者单纯常规化疗无效, 应用常规化疗加上扶正培本的中西医结合治疗, 近期效果相当好; 肿瘤切除者其近期效果更好。

综上所述提示, 联合应用中成药百年乐、左旋咪唑及甲氰咪胍, 能提高肝癌患者的细胞免疫效应及化疗的疗效, 是有希望的肝癌辅助疗法之一。

(本文承蒙叶薇莉教授审阅, 特此致谢)

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## 第二掌骨侧穴位群按摩 治疗落枕30例

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近5年来, 笔者试用第二掌骨侧穴位群按摩法治落枕30例, 现报告如下。

**临床资料** 本组患者30例中, 男性19例, 女性11例, 年龄最大46岁, 最小22岁, 平均35.7岁。病程最长7天, 最短1天, 平均2.5天。

**治疗方法** 30例均按全息律六部分布部位选择受伤的同一侧第二掌骨右侧穴位群, 由远而近以右手拇指进行按摩, 并找到压痛敏感点, 作小圆揉按(有明显的痠胀痛感为度)3~5分钟, 效不著时, 可加

大刺激。一般每日1次, 3~5次为1疗程, 治疗1疗程后评判疗效。

**结 果** 痊愈(治疗后症状消失, 功能恢复正常)26例, 约占86.6%, 好转(治疗后症状明显好转, 颈部活动功能尚有不同程度受限)2例, 占6.7%, 无效(症状、功能均无好转)2例, 占6.7%。

**体 会** 按全息律理论, 第二掌骨侧穴位群与颈部存在内在的联系, 因而在颈部发生病变时, 常常在此出现压痛敏感点。按摩这些部位, 能通过经络气血等途径作用于病处, 以缓解、消除落枕部位的肌肉紧张、痉挛与肿胀, 并能较快地止住疼痛, 从而起到治疗效果。本法操作方便不受条件限制而易于为患者接受, 适于农村、基层单位应用。

## Changes in Microstructure and Ultrastructure Between Differentiation of Cold and Heat Syndrome in Chronic Atrophied Gastritis and Exfoliative Cells of Fur

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In this paper, exfoliative cells of fur in 56 cases of chronic atrophied gastritis (CAG) with Cold or Heat syndrome was observed by means of microscopy and electron microscopy. With microscopy, the authors found that keratinization of epithelial cells of fur in Cold syndrome group of CAG were markedly fewer than those in Heat syndrome group ( $P < 0.01$ ); while pre-keratinization cells were much more than those in Heat syndrome group ( $P < 0.01$ ); the constituent ratio of complete keratinization cells of fur in the two groups were markedly different. With the electron microscopy, fibrosis changes was appeared in pre-keratinization cells of Cold syndrome patients with CAG; demosome was disappeared; metachromasia was appeared in nucleus; fibrosis change in Heat syndrome group was not obvious. Cells were still joined to one another by fingered protrusion. There were bacterias in both Cold and Heat syndrome groups. The change of exfoliative cells of fur in Cold and Heat syndromes in CAG, probably, can offer us a microcosmic sign for its early differentiation or diagnosis. (Original article on page 343)

## Clinical Observation and Experimental Study on Treatment of Diarrhea Due to Spleen Deficiency with Jianpiling (健脾灵)

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The clinical and experimental results of Jianpiling for treating diarrhea due to Spleen deficiency were reported in this paper. 268 cases in the treatment group were treated with Jianpiling, 8 tablets three times daily for a consecutive period of 40~60 days. The curative rate and the total effective rate were 63.4% and 98.5% respectively. 75 cases in the control group were treated with SASP or Diphenoxylatum Co., the curative rate and the total effective rate being 38.7% and 94.7% respectively. The difference of the curative rate between the two groups was statistically significant ( $P < 0.001$ ). The excretory rate of D-xylose demonstrated that Jianpiling could increase the resorptive function of small intestine. The experiment on isolated small intestine of rabbits showed that Jianpiling could strikingly inhibit the peristalsis of isolated jejunum and ileum. The effect of relieving spasm of the intestine and alleviating pain was taken by antagonising the excitative function of M-receptor for acetylcholine and directly inhibiting the intestinal smooth muscle. (Original article on page 345)

## Preliminary Study of TCM-WM Treatment for Patients with Primary Liver Carcinoma

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In order to improve the therapeutic efficacy for patients with primary liver carcinoma (PLC), the authors treated 30 patients by routine chemotherapy in combination with the immunostimulators Bai Nian Le(百年乐), levamisole and cimetidine. As a result, the NK activity and percentage of lymphoblast transformation of patients were significantly elevated, expansion of the tumor mass was checked, with clinical conditions obviously improved. So the short term effect of the therapy was satisfactory. The study suggested that Bai Nian Le in combination with levamisole and cimetidine was able to elevate the immune response and therapeutic effect. It may be one of the useful adjuvant therapy for PLC patients. (Original article on page 348)