

儿童轻微脑功能障碍综合征的中医治疗初探

——附 100 例分析

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内容提要 以内服小柴胡汤加减治疗儿童轻微脑功能障碍综合征(MBD) 80 例为中药组, 同时以单服利他林治疗 MB20 例为对照组。结果: 中药组有效率为 86.25%, 对照组有效率为 90.0%, 两组疗效比较 $P > 0.05$ 。但中药组副作用出现远少于对照组, 同时在改善智商、遗尿、眼眶黧黑等方面, 中药组均优于对照组。研究还表明韦氏儿童智力量表中的言语分量表是 MB20 的诊断和疗效观察的一项客观指标。

关键词 脑功能障碍综合征 脑电图 小柴胡汤加减 智力商数

儿童轻微脑功能障碍综合征 (minimal brain dysfunction MB20), 习称儿童多动症, 是儿童精神卫生工作的重要问题。近年来越来越为人们所重视, 西药治疗迄今多沿用利他林、苯丙胺等药物控制, 但效果不理想, 应用中医药治疗本病也逐渐开展。笔者以小柴胡汤加减治疗本病, 经二年来临床观察, 取得较为满意疗效, 兹介绍如下。

临床资料

一、病例来源及诊断标准

本组患儿来自广州市 7 所小学, 参照国内现行诊断标准^①: (1) 注意力涣散; (2) 活动过度; (3) 情绪不稳; (4) 学习困难; (5) 7 岁以前发病, 病程至少持续 6 个月以上。结合神经系统、脑电图、智力等检查。排除精神发育不全、精神分裂症、癫痫、多动—秽语综合征、儿童情感性精神病等, 或合并有上述疾病的 MB20 患儿, 确诊 100 例 MB20 患儿作为治疗对象。

二、一般资料

100 例患儿中年龄最大者 14.2 岁, 最小者 7 岁, 平均年龄 10.5 岁。将患儿随机分为 2 组, 其中中药组 80 例, 男 57 例, 女 23 例。西药组 20 例, 男 14 例, 女 6 例。

中药组 80 例患儿初诊时注意力涣散者 75 例, 活动过度者 58 例, 情绪不稳者 50 例, 夜间遗尿者 41 例, 眼眶黧黑者 57 例, 共济运动

试验阳性者 39 例。西药组 20 例患儿初诊时注意力涣散者 16 例, 活动过度者 13 例, 情绪不稳者 11 例, 夜间遗尿者 8 例, 眼眶黧黑者 12 例, 共济运动试验阳性者 9 例。

中药组 80 例患儿舌质淡白者 34 例, 舌淡红者 46 例; 舌体胖大者 24 例, 有齿痕者 13 例; 苔白腻者 7 例, 苔薄白者 50 例, 苔白者 21 例, 苔黄白者 2 例; 脉弦者 42 例, 脉细者 46 例, 脉缓者 37 例, 脉弱者 32 例。西药组 20 例患儿舌质淡白者 8 例, 舌淡红者 12 例; 舌体胖大者 4 例, 有齿痕者 3 例; 苔薄白者 9 例, 苔白者 7 例, 苔白腻者 4 例; 脉弦者 10 例, 脉细者 10 例, 脉缓者 11 例, 脉弱者 8 例。

中药组 80 例患儿, 智力商数(IQ) 低于 70 者 5 例, 70~85 者 34 例, 85~100 者 32 例, 100~115 者 8 例, 115 以上者 1 例; 脑电图异常者 33 例。西药组 20 例患儿, 智力商数低于 70 者 1 例, 70~85 者 9 例, 85~100 者 7 例, 100~115 者 3 例; 脑电图异常者 9 例。

智力检查采用韦氏儿童智力量表, 严格依照该量表的施测要求, 对受检查者逐一测试, 智力复查在患儿接受治疗后三个月进行。脑电图检查采用日本光电公司 4317F/G 脑电图仪, 治疗前及治疗后 3 个月各检测 1 次。

治疗方法

中药组: 以小柴胡汤加减: 柴胡 6~12g 黄芩 5~10g 象牙丝 10~15g 北芪 30~60g

党参 10~15g 女贞子 10~15g 淡竹叶 5~10g。每日 1 剂，水煎分 2 次服，治疗期间不用其他疗法。1 个月为 1 疗程，1~3 个疗程评定疗效。西药组：利他林 5~15mg，每日服 2 次，疗程同中药组。

结 果

疗效标准：痊愈：临床症状、体征消失，智商 IQ 提高 10 个单位或异常脑电图基本恢复，半年随访未见复发。好转：临床症状、体征较大程度改善，智商 IQ 提高 4 个单位，脑电图有改善。无效：临床症状、体征、智力、脑电图均改变不大或无改变。

中、西药组治疗前后症状、体征、智力变化情况如表 1、表 2 所示。

表 1 两组治疗前后症状、体征变化比较

组别	例数	注意力涣散	活动过度	情绪不稳	夜间遗尿	眼眶黧黑	共济运动失调
中药	80	68/76	53/58	46/50	30/35	42/57	25/39
西药	20	4/16	12/13	8/11	2/8	3/12	4/9
P 值		>0.05	>0.05	>0.05	<0.01	<0.01	>0.05

注：表中斜线上数字为治疗后症状消失人数，斜线下的数字为治疗前人数

表 2 两组治疗前后智力变化比较 ($\bar{x} \pm S$)

组别	例数	智力商数(IQ)		P 值
		治 前	治 后	
中药	80	88.59±10.31	93.44±11.03	<0.01
西药	20	87.71±10.96	90.86±10.72	>0.05

中药组 80 例治愈者 23 例，好转者 46 例，无效者 11 例，有效率 86.25%。西药组 20 例治愈者 6 例，好转者 12 例，无效者 2 例，有效率 90.0%，两组有效率比较 ($P>0.05$)。

中药组患儿脑电图异常者 35 例，治疗后显著改善者 27 例。西药组患儿治疗前脑电图异常者 7 例，治疗后显著改善者 5 例。

中药组患儿服药后出现失眠者 4 例，头痛者 1 例，恶心者 3 例，食欲下降者 2 例。西药组患儿，服药后出现失眠者 5 例，眩晕者 1 例，头痛者 6 例，恶心者 8 例，食欲下降者 10

例。两组比较，西药组治疗后出现副作用的情况较中药组严重 ($P<0.01$)。

讨 论

多动、注意力涣散、情绪不稳、夜间遗尿、眼眶黧黑、舌淡或淡红而胖、脉弦细或缓弱等为 MBD 临床最突出的表现，结合小儿“肝常有余，脾常不足”的特点，辨证为肝盛脾弱。立平肝健脾法为主，根据小儿立法施治特点，平肝以和解肝胆；补脾以益气 and 胃。药用轻清升浮，因势利导。又根据临床实践，宗小柴胡汤的理法，取柴胡气质轻清，苦味最薄能疏泄肝胆之郁滞，黄芩清泄上焦之郁热，象牙丝助柴芩平肝镇潜。重用党参、北芪，健脾益气。佐以女贞子滋肾以平木。竹叶去心热，诸药相配具有平调肝胆，健脾益气之功。

据葛茂振认为利他林为治疗本病首选药物，疗效最好^[2]。故笔者采用本药作为西药对照组，经观察主要症状、体征、脑电图的改变情况及有效率，两组基本相同 ($P>0.05$)，但中药组治疗后出现的副作用远少于西药组 ($P<0.01$)。平肝健脾法对本病的疗效，从整体来看并不亚于利他林的疗效，而且副作用少，能提高患儿体质。

通过对 100 例患儿智力状况检测并经统计学处理，提示 MBD 患儿智商 (IQ) 多在 75~85，较正常儿童的智力偏低，有小部分患儿智商低于正常值下限，这与本病多动、注意力涣散、情绪不稳等表现不无关系。MBD 患儿智力缺陷主要在韦氏儿童智力量表中言语量表部分，所以把韦氏儿童智力量表中的言语分量表作为 MBD 的诊断和疗效观察的一项客观指标。是否中药尚有提高患儿智力，有待今后进一步研究。

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Gan-Zheng. The total effective rate was 90.2%, and the significantly effective rate was 60.79%. Various symptoms of patients using this prescription disappeared or improved. The increase of body weight, height and subcutaneous fat of these patients was faster than those of the blank control group and the group using zinc sulfate. The difference was statistically significant among those three groups. It was indicated that effects of the SZL group were not caused by children's natural growth and development. There was an obvious advantage over the zinc sulfate group with regard to clinical effects, side effects and total synthetic effects. It was concluded SZL is an effective prescription for curing patients with early stage of Gan-Zheng and stimulating children's growth and development. Hemoglobin, D-xylose in urine, serum gastrin, serum zinc ion were detected before and after the treatment. It was suggested that SZL had the effects to stimulate gastrointestinal secretion and absorption, to improve digestive function, to increase serum zinc ion and to cure anemia.

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Preliminary Study of TCM Treatment of Minimal Brain Dysfunction: Analysis of 100 Cases

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This paper reports the clinical treatment of 100 patients with minimal brain dysfunction (MBD), their age ranged from 7~14.2 years, and the average age was 10.5. Patients were divided into TCM and WM group randomly. The TCM group (80 cases) were treated with the therapy of subduing hyperactivity of the Liver and invigorating the function of the Spleen by using: *Bupleurum chinense*, *Scutellaria baicalensis*, *Astragalus membranaceus*, *Codonopsis pilosula*, *Ligustrum lucidum*, *Lophatherum gracile* and thread of ivory. The WM group (20 cases) were treated with retalin 5~15 mg twice daily. One course of treatment lasted one month, and effects were evaluated after 1~3 courses of treatment. The results were as follows: In the TCM group, 23 cases were cured (clinical symptom and sign disappeared, 10 IQ units were raised in their intelligence, abnormal electrocephalogram was recovered and there was no recurrence during the first six months after recovery), 46 cases were improved (clinical symptom and sign markedly improved, 4 IQ units raised in intelligence and electrocephalogram improved), and 11 cases ineffective. The effective rate was 86.25%. In the WM group, 6 cases were cured, 12 cases improved and 2 cases ineffective, the clinical effective rate being 90.0%. There was no significant difference between the two groups in this study, but, the side-effects of the TCM group was less than the WM group, and the TCM group had more beneficial effects to improve intelligence, enuresis and the black of orbits. The study showed that the Verbal Scale in Wechsler Intelligence Scale for children is one of the indications of diagnosis and evaluating of the curative effect of MBD.

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Treatment of Orthostatic Dysregulation by the Principle of Bu-Shen Yi-Qi(补肾益气)

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Sixty cases of orthostatic dysregulation was randomly divided into treatment group (TG) and control group (CG), both 30 cases. Traditional Chinese medical herbs were used for TG under the principle of Bu-Shen Yi-Qi, and routine treatments such as oryzanol, vitamin B₁ and B₆ were applied to CG. After a curable stage of one month, the results showed that 16 of TG and 4 of CG were cured; 8 of TG and 6 of CG improved. The cure rate and the effective rate were significantly better in TG than in CG ($P < 0.01$). 43 cases (71.7%) clinically expressed mild anemia. Before and after the treatment, the values of RBC, SI, Hb, SIBC, MCH in 20 cases of TG turned significantly better ($P < 0.01$), but 17 cases of CG remained unchanged under the principle. The authors purposefully selected herbs that contain rich trace elements. For example, iron is an important element of Hb and zinc is an element in proteotic nucleicacidase. The quantity of zinc in body is related to many enzyme activities. Since these herbs could increase chronotropic effect of blood vessels and cure anemia, they could be used to cure patients with orthostatic dysregulation.

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