

保肾丸结合辨证治疗对肾炎患者 LPO 水平的影响

南京中医学院(南京 210005)

邹燕勤 章永红 余承惠 陆念祖* 陈正芳* 蔡新* 孙伟 仇正南** 徐国平**

内容提要 保肾丸结合辨证治疗慢性肾炎 22 例, 完全缓解 3 例, 基本缓解 6 例, 部分缓解 10 例, 总有效率达 86.4%。治疗前血清过氧化脂质(LPO)均值为 $4.44 \pm 0.099 (\bar{x} \pm S_x, \mu\text{mol/L, 下同})$ 明显高于正常人 ($P < 0.05$), 治疗后血清 LPO 均值降为 3.95 ± 0.14 , 平均下降 0.49 ± 0.213 , 治疗前后比较, 有显著性意义 ($P < 0.05$), 提示保肾丸等中药有一定的抗脂质过氧化作用。

关键词 补肾药 肾小球疾病 慢性病 血清过氧化脂质

多不饱和脂肪酸对人体正常结构和功能有重要意义, 其过氧化不仅直接破坏了组织细胞的结构功能, 还形成了能非特异性破坏其它脂质和蛋白质的自由基。本文试图探讨保肾丸等中药对肾炎 LPO 水平的影响。现将临床初步观察结果报道如下。

对象与方法

一、病例选择: 按 1985 年第二届全国肾脏病学术会议讨论修订的肾小球疾病临床分型的意见^①, 选择起病缓慢、病情迁延, 有不同程度蛋白尿、血尿、水肿和高血压的慢性肾炎患者 22 例。其中慢性肾炎普通型 14 例, 高血压型 5 例, 肾病综合征 3 例。伴有肾功能不全者 2 例。男性 12 例, 女性 10 例。年龄最小 23 岁, 最大 54 岁, 平均年龄 38.6 岁。病程均在 1 年以上。

中医辨证参照 1982 年全国中西医结合虚证与老年病防治学术会议制定的“中医虚证辨证参考标准”^②, 选择具有肾虚症状的慢性肾炎。肾虚必须具备腰脊酸痛, 胫酸膝软或足跟痛, 耳鸣耳聋, 发脱齿摇, 尿有余沥或失禁或夜尿多, 阳萎早泄或月经不调等症状中之三项以上者。本组 22 例均符合中医肾虚的辨证标准。

二、测定方法: 血清 LPO 测定由我院检验科根据日本八木国夫倡用的硫代巴比妥酸(TBA)比色法, 经稍加改动后进行。原理为 LPO 经磷钨酸随蛋白质一起沉淀, 经除去上层液中的低分子水溶性干扰物, 将沉淀部分在酸性环境中与 TBA 共热, 由两分子的 TBA 与一分子的丙二醛(MDA)缩合成红色化合物进行比色。指标均于清晨抽空腹血测定。

三、治疗方法: 运用邹云翔教授的经验方保肾丸(分保肾甲丸和保肾乙丸两种, 皆由我院药剂科制备)进行治疗。偏肾阳虚者 10 例, 服用保肾甲丸(党参、黄芪、巴戟天、鹿角片、杜仲、地黄、枸杞、当归、桃仁、红花、丹参、六月雪等); 偏肾阴虚者 12 例, 服用保肾乙丸(黄芪、党参、太子参、山药、地黄、山萸肉、制首乌、枸杞子、桑寄生、杜仲、淮牛膝、桃仁、红花、泽泻等)。两种保肾丸用量均为每次 5 g, 每日 3 次。

在服用保肾丸的基础上, 根据患者肾虚合并肺、脾、心、肝虚和兼夹瘀、毒、湿的不同, 分别采用相应的中药辨证处方治疗。主要有如下数法: (1)健脾渗湿: 方选参苓白术散加减。(2)补气养阴: 方选补气养阴汤(自拟方, 药物组成为太子参 30g 黄精 30g 麦冬 12g 甘草 6g 生地 10g 淮山药 15g 玄参 30g 茯苓 12g 丹皮 10g 泽泻 15g 白合

* 江苏省中医院检验科(南京 210005)

** 南京电子管厂职工医院(南京 210008)

20g)。(3)补肾平肝:方选杞菊地黄汤加减。(4)清化解毒,方选甘露消毒丹加减。(5)补气化痰:方选补阳还五汤加减。疗程均为3个月以上。

结 果

一、疗效评定:按“全国中医学会内科学会慢性肾炎诊断、疗效评定标准(草案)”^[3]评定。

二、临床疗效:治疗后完全缓解3例(占13.6%),基本缓解6例(占27.3%),部分缓解10例(占45.5%),无效3例(占13.6%),总有效率达86.4%。

三、对血清 LPO 水平的影响 ($\bar{x} \pm S$, $\mu\text{mol/L}$): 22例慢性肾炎治疗前血清 LPO 均值为 4.44 ± 0.099 与我院检验科正常值 3.69 ± 0.75 比较,有显著性差异 ($P < 0.05$)。经保肾丸等中药治疗后血清 LPO 均值降为 3.95 ± 0.114 , 平均下降 2.49 ± 0.213 , 治疗前后比较,经 t 检验,有显著性意义 ($P < 0.05$)。

讨 论

近年来有研究证实慢性肾炎患者血清 LPO 水平上升^[4]。本文报告22例慢性肾炎患者治疗前 LPO 水平明显高于我院检验科正常值 ($P <$

0.05),与有关文献报道基本相符。LPO可使免疫功能障碍、动脉硬化。这在慢性肾炎的病理过程中可能具有重要意义。

运用邹云翔教授经验方保肾丸结合辨证治疗慢性肾炎,在取得临床疗效的同时,发现患者血清 LPO 水平明显下降 ($P < 0.05$),提示这些中药有一定抗脂质过氧化作用。有关研究表明,枸杞、菟丝子、山萸肉、生地、熟地、山药、泽泻、人参、茯苓、当归等均有不同程度的清除自由基、降低体内 LPO 的作用^[5]。保肾丸等中药的降血清 LPO 作用,可能与这些中药的抗氧化作用以及它们配伍后的协同作用有关。

关于慢性肾炎血清 LPO 水平上升的临床意义、中药清除自由基、降低慢性肾炎体内 LPO 水平的作用及其原理,均有待进一步探讨。

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维生素B₆足三里穴注射治疗妊娠恶阻97例疗效观察

安徽省舒城县中医院(安徽 231300) 莫 测 高先德

7年来,我们用维生素B₆足三里穴注射治疗妊娠恶阻患者97例,效果满意。现报道如下。

一般资料 97例中,第一胎68例,第二胎19例,第三胎以上10例。年龄最小19岁,最大44岁,其中20~35岁77例,占79.4%。所有患者均因剧烈呕吐而采用补液、镇静和其他常规方法对症治疗无效后来本院就诊。

治疗方法 (1)接受本法治疗的患者,除极少数因剧吐呈重度脱水和电解质失衡者应予适当补液、补充电解质外,一般均停用其他任何治疗药物和方法。(2)患者端坐或平卧,足三里穴常规消毒后,用注射器接7号针头,吸取维生素B₆100mg/2ml,于足三里穴直刺进针1.5~3.0cm(以患者诉有酸、麻、胀、重

得气感为度),再推注药物,而后退针。每日1次,两侧交替进行。

结 果 显效:穴位注射后2~8小时内吐止,可进流食,以后饮食逐渐恢复正常,并未再发生呕吐者89例,显效率达91.8%;好转:穴位注射后呕吐减少,有时尚感轻微泛呕者8例,好转率达8.2%。总有效率100%。

体 会 维生素B₆是临床治疗妊娠恶阻的常用药物,本组97例患者使用该疗法均无不适主诉。对其中59例患者随访,在接受治疗后的妊娠期无不良反应,无流产、早产及畸胎、死胎等。中医认为,妊娠恶阻主要因冲脉之气上逆,胃失和降所致。而足三里穴除具备上述和中降逆功效外,犹可壮身体,催孕妊。

59. They were $39.7 \pm 7.4\%$, $31.2 \pm 5.8\%$, $8.5 \pm 2.7\%$ and 41.84 ± 2.66 respectively in the deficiency of Kidney-Yang(阳). The results of normal group were $65.5 \pm 6.8\%$, $53.6 \pm 6.7\%$, $11.9 \pm 3.4\%$ and 54.78 ± 3.34 in their given order. The differences in three groups each other were marked significantly. The authors have found the difference between the patients of chronic glomerulonephritis and the normal individuals was significant statistically. (Original article on page 399)

Cell-Mediated Immunity in Chronic Pyelonephritis

Zhang Jieyu(张介玉), et al

Renal Division, Ren-Ji Hospital, Shanghai Second Medical University, Shanghai (200001)

The authors used monoclonal antibody (CD_3 , CD_4 , CD_8) and indirect immunofluorescence technic to study peripheral blood lymphocyte surface markers in patients with chronic pyelonephritis (CPN) and in normal controls. In CPN patients, a significant decrease in CD_3 , a lower percentage of CD_4 and significant higher percentage of CD_8 leading to a decrease in the CD_4/CD_8 ratio were noted. No differences could be observed between Spleen-Kidney Yang(阳) deficiency and Kidney Yin(阴) deficiency. The overall picture shown by the CPN patients was compatible to a cell-mediated immune response defection. The CPN patients were then treated with Zi-Ling capsule (至灵胶囊, ZLC)/transfer factor (TF) and various antibiotics for three months, during which period the authors found a significant increase in CD_3 , CD_4 , but no significant change in CD_8 . Symptoms such as lumbago, fatigue, frequency of urination were improved. A significant decrease in CD_4 after cessation of treatment with ZLC and TF was observed. These observations suggested that both ZLC and TF could also improve the immune function, however, they mainly affect CD_4 but not CD_8 cells, and the effect lasted for only a short period. In conclusion, ZLC/TF and antibiotics administered together would serve as a useful therapeutic measure to be recommended for patients with CPN.

(Original article on page 402)

Effect of Baoshen Wan(保肾丸) on Serum LPO Level of Nephritis

Treating by Differentiation-Syndromes

Zou Yanqin(邹燕勤) et al

The Affiliated Hospital of Nanjing College of TCM, Nanjing (210005)

This paper deals with the treatment of 22 cases of chronic nephritis with Baoshen Wan (protecting kidney pills) according to the differentiation of syndromes; the result showed that 3 cases had got perfect remission, 6 cases fundamental remission, and 10 cases partial remission; thus its effective rate reached to 86.4%. Before treatment, the mean value of serum LPO of the 22 patients was 4.44 ± 0.099 ($\bar{x} \pm S\bar{x}$, $\mu\text{mol/L}$), which compare with the normal value (3.69 ± 0.075), $P < 0.05$. After treatment, the serum LPO level was lowered to 3.95 ± 0.11 , $P < 0.05$. It suggested that Baoshen Wan could dispell the free radical and lower the serum LPO level in the patients with chronic nephritis.

(Original article on page 404)

Effect of Blood-Activating and Stasis-Removing Drugs on

Hypercoagulable Data in Nephrotic Syndrome

Wu Qingzhong(吴倾众), Gu Wenhua(顾文华), et al

Children's Hospital, Shanghai Medical University, Shanghai (200032)

Platelet aggregation test (PAgT), plasma factor VIII related antigen (VIII R:Ag) and kaolin partial thromboplastin time (KPTT) in 32 nephrotic children were determined. Results: (1) PAgT induced by ADP and adrenaline which included 1 minute and 5 minute aggregation rate in the patients ($30.78 \pm 7.44\%$, $72.56 \pm 18.09\%$, $22.16 \pm 9.24\%$, $67.53 \pm 22.32\%$) was significantly increased ($P < 0.02 \sim 0.001$) as compared with the normal control group ($30.65 \pm 8.38\%$, $57.98 \pm 13.60\%$, $18.14 \pm 7.33\%$, $55.92 \pm 16.10\%$) except 1 minute aggregation rate induced by ADP ($P > 0.05$). (2) VIII R:Ag and KPTT in patients ($226.97 \pm 50.47\%$, 32.04 ± 5.88 sec) were obviously different ($P < 0.001$, $P < 0.02$) from the normal control group ($107.11 \pm 24.55\%$, 35.42 ± 5.00 sec). The results suggested that PAgT, VIII R:Ag and KPTT could be used as laboratory data reflecting the hypercoagulable state in nephrotic children. According to their age, sex and the clinical types of nephrotic syndrome, 24 nephrotic children with abnormality of PAgT, VIII R:Ag and KPTT were random divided into group 1 given prednisone only and group 2 given prednisone, blood-activating and stasis-removing drugs. Results: the difference of