

# 异搏定结合肾病基本方对肾病综合征 II型血液流变学指标的影响

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**内容提要** 本文将24例原发性肾病综合征II型的患者随机分为异搏定治疗组和异搏定结合患病基本方组。测定了两组患者治疗前及治疗后4周的血液流变学指标。结果显示异搏定组治疗后高粘血症明显改善( $P < 0.05$ ), 而异搏定结合基本方组较单用异搏定组效果更佳。提示了钙通道阻滞剂可以通过抑制血小板聚集而起到抗凝作用。而基本方中的桃仁、红花等味中药具有抑制血小板聚集、抗凝及疏通微循环作用, 与异搏定合用对改善肾病综合征高凝状态起到更好效果。

**关键词** 异搏定 肾病综合征 血液流变学

有关中西药物治疗肾脏疾病高凝状态、改善微循环的研究已得到广泛开展<sup>[1,2]</sup>。为了探讨异搏定结合肾病基本方<sup>[3]</sup>对肾病综合征高凝状态的影响, 我们将24例原发性肾病综合征患者进行分组治疗, 并对治疗前后血液流变学指标进行了测定比较。现报告如下。

## 资料与方法

### 一、病例选择

24例均系我院1990年内住院的患者, 根据第二届全国肾脏病学术会议修订“肾小球疾病临床分型标准”全部诊断为原发性肾病综合征II型。随机分为异搏定治疗组(A组)和异搏定加基本方组(B组)。全部患者入院前均未服过激素及抗凝药物。入院后给予同一标准的饮食。

1. 异搏定治疗组(A组) 男7例, 女5例, 平均年龄为 $26.5 \pm 10.5$ 岁, 平均血胆固醇 $8.6 \pm 1.3 \text{ mmol/L}$ , 血纤维蛋白降解产物(FDP)  $13.4 \pm 3.5 \mu\text{g/ml}$ , 尿FDP  $7.40 \pm 1.47 \mu\text{g/ml}$ , 血浆白蛋白 $2.30 \pm 0.72 \text{ g/dl}$ 。

2. 异搏定加基本方组(B组) 男8例, 女4例, 平均年龄 $28.7 \pm 9.2$ 岁, 平均血胆固醇为 $8.2 \pm 1.4 \text{ mmol/L}$ , 血FDP  $14.7 \pm 2.3 \mu\text{g/ml}$ , 尿FDP  $8.10 \pm 1.28 \mu\text{g/ml}$ , 血浆白蛋白 $2.60 \pm 0.74 \text{ g/dl}$ 。

## 二、治疗方法

1. A组 入院明确诊断后给予异搏定口服。每次40mg, 每日3次, 共4周。试验期间未加用利尿剂等其他药物。

2. B组 入院明确诊断后服异搏定(量同A组)的同时加服中药基本方, 每日1剂, 共4周。试验期间亦均未加用利尿剂等其他药物。基本方组成如下: 黄芪15g 党参15g 生地15g 熟地15g 山药15g 山萸肉10g 白术10g 茯苓10g 泽泻10g 木香10g 厚朴10g 川芎15g 赤芍15g 桃仁10g 红花10g 枳壳10g 大黄15g

## 结 果

各组血流变指标见附表。

从附表中可见, 两组患者治疗前后存在不同程度的高血粘症。全血粘度比、血浆粘度比、纤维蛋白原水平均较高, A组与B组各项指标之间没有显著性差异。经治疗4周后, 两组患者的高血粘状态有明显改善( $P < 0.05$ ), 且B组的各项指标均较A组改善更加明显( $P < 0.05$ ), 尿量亦有明显增多( $P < 0.01$ )。

## 讨 论

钙通道阻滞剂在肾脏病的有益作用已得到

附表 两组治疗前后血液流变学指标及尿量变化比较 ( $\bar{x} \pm S$ )

组别		全血粘度比	血浆粘度比	血细胞压积 (%)	纤维蛋白原 (mg/dl)	尿量 (ml/24h)
A组	疗前	5.94±0.31	1.88±0.06	37.0±12.0	684±43	747±53
	疗后	5.01±0.42 $\Delta\Delta$	1.58±0.07 $\Delta$	35.2±11.4	441±47 $\Delta$	1050±52 $\Delta$
B组	疗前	5.72±0.36	1.86±0.04	36.3±12.0	675±31	804±48
	疗后	4.20±0.24 $\Delta\Delta$	1.41±0.03 $\Delta\Delta$	37.6±13.4	384±35 $\Delta\Delta$	1162±29 $\Delta\Delta$

注：与治疗前比较， $\Delta P < 0.05$ ， $\Delta\Delta P < 0.01$ ；各组例数均为12例

证实，其通过阻止钙离子内流，扩张肾血管，从而起到增加肾血流量、改善肾功能和排钠利尿作用<sup>(4)</sup>。近年的研究表明，钙通道阻滞剂可通过抑制钙进入血小板内，影响血小板功能，抑制聚集<sup>(5)</sup>，被认为是一种新的抗血栓形成药物，与其他抗血小板聚集药物并用具有良好的抗高凝治疗价值。

肾病基本方对慢性肾衰患者有良好的降尿素氮、改善肾功能的作用<sup>(3)</sup>，方中的桃仁、红花、川芎、赤芍等已被证实有疏通微循环、抑制血小板聚集、加速纤溶过程、制止血管内凝血及降低血中胆固醇之功效。近代研究表明<sup>(1,6,7)</sup>，大黄除具有传统的抗炎、导泻、抗肿瘤及抗病毒等药理作用外，尚有止血、降低胆固醇血症、免疫调节、抗凝及血液流变等方面的作用。

各类肾小球疾病尤其肾病综合征患者均存在不同程度的高凝状态，即血瘀证。并且高凝状态是病变持续发展和肾功能进行性恶化的重要原因之一。血液流变可以作为高凝状态的客观判断指标。本组患者均有不同程度的血流变异常，显示高凝状态的存在，用异搏定和异搏定加基本方治疗均有明显改善，且后者作用更

加显著。说明钙通道阻滞剂异搏定除可增加肾血流量和肾小球滤过率外，尚有较好的抗凝作用，结合基本方效果更好。同时钙通道阻滞剂因抗血小板聚集而不至于引起出血<sup>(6)</sup>，且大黄有止血作用。故此种中西医结合方法对有消化道出血的肾脏病患者，可能更有实用价值。

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#### • 消 息 •

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Western medicine (TCM-WM) therapy, the other 36 served as control. Each of two groups was further subdivided into 4 clinical types and 5 Syndromes of TCM. Hemorheology and microcirculation were tested before and after treatment, the clinical curative effects of both groups were compared and correlation analysis between clinical curative effect and improvement of hemorheology and microcirculation was made. The results showed that the remission rate and total effective rate were 79.8% and 92.1% respectively in testing group, significantly higher than those (25% and 50%) of control ( $P < 0.05-0.01$ ). The curative effect on each clinical type and Syndrome of TCM was better than that on corresponding type and Syndrome of control ( $P < 0.05-0.01$ ). The improvement of hemorheology and microcirculation was more significant in testing group than that in control. It was very significant in complete and partial remission of both group ( $P < 0.05-0.01$ ) but not marked in the cases of improved and ineffective cases ( $P > 0.05$ ). Therefore clinical curative effect was closely related with them. So any treatment which could improve hemorheology and microcirculation would be useful in treating chronic nephritis.

**Key words** Integrated traditional Chinese and Western medicine, hemorheology, microcirculation, Blood Stasis Syndrome, promote blood circulation to remove stasis

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### **Observation on 134 Patients with Adult Primary Nephrotic Syndrome with Combined TCM-WM Treatment**

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This paper studied the method and effect of adult primary nephrotic syndrome (PNS) with the integrated traditional Chinese and Western medicine (TCM-WM) treatment. 134 patients were divided into WM group (66 cases) and TCM-WM group (68 cases). Both groups were mainly treated with corticosteroid. The latter group was treated with corticosteroid plus Chinese medicinal herbs. The results showed that total effective rate of WM group and TCM-WM group was 56.1% and 85.3% respectively, while the occurrence rate of side effect was 48% and 14.8% respectively. It indicated that corticosteroid plus Chinese medicinal herbs could enhance curative effect and reduce side effect.

**Key words** integrated TCM and WM, primary nephrotic syndrome

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### **Effect of Verapamil with Renal Disease Basic-Prescription on Hemorheology indexes of Type II Nephrotic Syndrome**

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24 cases of type II nephrotic syndrome were studied and divided randomly into two groups. Group A: 12 cases treated with verapamil; Group B: 12 cases treated with verapamil plus Renal Disease Basic-prescription (RDBP). Hemorheology indexes were measured in the two groups before and 4 weeks after the treatment. The results showed hyperviscosity was obviously improved in group A after verapamil administration ( $P < 0.05$ ), but the improvement in group B was much more significant than that in group A. The results mentioned above indicate that calcium channel blocker has an anticoagulant effect with inhibiting platelet aggregation, and Peach kernel, Safflower, etc of RDBP played a role in prohibiting platelets aggregation, anticoagulation and promoting microcirculation. However the combination of the two methods has better effect in improving the hypercoagulable state of nephrotic syndrome.

**Key words** Renal Disease Basic-prescription, verapamil, nephrotic syndrome, hemorheology

(Original article on page 86)

### **Observations on Treatment of Chronic Brucellosis with Combined TCM-WM Therapy**

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66 patients of chronic Brucellosis were treated by two programs and their differences were analysed. 30 (control) were treated with Brucella phenol insoluble portion (PI), injected intramuscularly by increasing the doses gradually, 2 times a week, 20 times as a course. 36 treated with