

中药研究

山海丹 V 号对实验性高脂血症大鼠血脂的影响

夏敬民* 沈成义* 徐爱云* 余中水* 曹永孝* 刘德强* 赵国欣*

摘要 本文研究了山海丹 V 号对实验性高脂血症大鼠血脂的作用,结果表明山海丹 V 号灌胃给药可剂量依赖性降低其血清总胆固醇、低密度脂蛋白胆固醇和甘油三酯,亦能降低高密度脂蛋白胆固醇,但其作用不如降低 TC 和 LDL-C 的作用强。山海丹 V 号的这一作用与藻酸双酯钠 25mg 的作用相似。

关键词 血脂过多/中医疗法 @ 山海丹 V 号

目前治疗冠心病的药物不是疗效不太理想,就是毒副作用较大。故研制高效而毒副作用较小的抗动脉粥样硬化及治疗冠心病的药物很有必要。山海丹 V 号是针对高血压型冠心病,采用活血化瘀、益气养阴中药制成的复方制剂,本文研究了其对实验性高脂血症大鼠血脂的影响,旨在为临床应用提供实验依据。

1 材料和方法

1.1 药品:山海丹 V 号,褐色粉末,由西安洪庆制药厂提供,批号 941010。藻酸双酯钠片,由青岛第三制药厂生产,批号 930622;肌醇烟酸酯片,由广州白云山制药总厂生产,批号 920606-24。总胆固醇(TC)、甘油三酯(TG)和低密度脂蛋白胆固醇(LDL-C)、高密度脂蛋白

胆固醇 0.3,1.0,3.0g/kg,藻酸双酯钠 25mg/kg 及肌醇烟酸酯 0.1g/kg。连续给药 12 天。

1.5 血脂测定方法:动物禁食 12 小时后在戊巴比妥钠麻醉下心脏采血检测各血脂指标。

2 结果

2.1 对高脂血症大鼠血清总胆固醇(TC)的影响:附表示,高脂血症模型组大鼠血清 TC 较正常对照组明显升高,肌醇烟酸酯 0.1g/kg 则明显降低高脂血症大鼠的 TC($P < 0.01$)。山海丹 V 号 0.3,1.0,3.0g/kg 有剂量依赖性降低高脂血症大鼠的 TC,1.0g/kg 组比模型组降低幅度为 15.9%,降低幅度与藻酸双酯钠 25mg/kg 组相似,但均无统计学意义。3.0g/kg 组较模型组的降低幅度为 26.7%($P < 0.01$)。

2.2 对高脂血症大鼠血清低密度脂蛋白胆固醇(LDL-C)的影响:附表示,高脂血症模型组大鼠血清 LDL-C 较正常对照组明显升高,肌醇烟酸酯 0.1g/kg 则明显降低高脂血症大鼠的 LDL-C($P < 0.01$)。山海丹 V 号 0.3,1.0,3.0g/kg 有剂量依赖性降低高脂血症大鼠的 LDL-C,1.0g/kg 组比模型组降低幅度为 19.7%,降低幅度与藻酸双酯钠 25mg/kg 相似,但均无

附表 各组 4 项血脂指标的变化比较

组 别	剂 量	TC(mmol/L)	LDL-C(mmol/L)	TG(mmol/L)	HDL-C(mmol/L)
正常对照组		2.612±0.710**	1.281±0.553**	1.269±0.186*	0.626±0.120**
高脂模型组		6.120±1.550	4.088±1.476	1.395±0.067	0.807±0.094
山海丹	0.3g/Kg	5.508±1.167	3.532±1.100	1.323±0.067*	0.662±0.130**
山海丹	1.0g/Kg	5.148±0.818	3.284±0.775	1.293±0.072**	0.663±0.116**
山海丹	3.0g/Kg	4.483±0.696**	2.617±0.532**	1.282±0.056**	0.658±0.134**
藻酸双酯钠	25mg/Kg	5.181±0.684	3.171±0.565	1.278±0.070**	0.688±0.122*
肌醇烟酸酯	0.1g/Kg	3.172±0.726**	1.636±0.649**	1.251±0.059**	0.682±0.111*

注：表中数据为均值±标准差，与高脂模型组比较，*P<0.05，**P<0.01

时发现肌醇烟酸酯能使高脂组血脂降低，说明本法所造高脂血症大鼠模型是可靠的。

冠心病(CHD)的发生和发展与体内脂质代谢异常有关。血清TC和LDL-C水平升高是CHD的危险因素，而HDL-C和TG是CHD的相对危险因素。血清TC含量升高会加速动脉粥样硬化(AS)及其它心血管病的进程^[6]。冠状动脉粥样硬化可使心肌血流受阻，心肌供血减少，因而可导致心律失常、心肌坏死、心力衰竭、猝死等。血脂异常是AS的始动因素，而血清中HDL-C量，是AS的独立危险因素。血脂异常与AS的发病密切相关。近年来的研究证实，TG和LDL-C是AS的独立危险因素。TG和LDL-C之比值相等的TG和LDL-C，其致病力不同。TG和LDL-C的比值越高，其致病力越强。TG和LDL-C的比值越低，其致病力越弱。TG和LDL-C的比值与AS的发病密切相关。TG和LDL-C的比值与AS的严重程度密切相关。TG和LDL-C的比值与AS的预后密切相关。TG和LDL-C的比值与AS的死亡率密切相关。TG和LDL-C的比值与AS的致残率密切相关。TG和LDL-C的比值与AS的致畸率密切相关。TG和LDL-C的比值与AS的致盲率密切相关。TG和LDL-C的比值与AS的致死率密切相关。TG和LDL-C的比值与AS的致残率密切相关。TG和LDL-C的比值与AS的致畸率密切相关。TG和LDL-C的比值与AS的致盲率密切相关。TG和LDL-C的比值与AS的致死率密切相关。

的血清TC和LDL-C，亦能降低TG和HDL-C，但HDL-C的水平仍较正常值高，其原因可能是由于TC和LDL-C明显降低后，HDL-C向LDL和VLDL代偿性转移所致，或是明显抑制整个脂质吸收的结果。山海丹V号的这种降血脂作用与藻酸双酯钠相似，其1.0g/kg的降血脂强度与藻酸双酯钠25mg/kg相似。结果提示山海丹V号可能具有预防和治疗AS、CHD以及血脂异常的作用。

ABSTRACTS OF ORIGINAL ARTICLES

Observation on 84 Cases of Ventricular Extrasystole of Deficient Type Treated with Qilu (Regular Rhythm) Decoction.

Wang Xiaofang, Shi Dazhuo, Zhou Guodong, et al

84 Cases were treated in the period Aug. 1989— Aug. 1994 with self—formulated Qilu Decoction with a total effective rate of 88. 10%. The difference as compared with that of western drug Propafenone was significant ($P < 0. 01$). Among them, types of Qi—deficiency, Deficient Qi—blood and Deficient Qi—yin ventricular extrasystole revealed better results.

Authors' Address: Department of Cardiovascular Diseases, Xiyuan Hospital, China Academy of TCM, 100091

Key Words: Tachycardia, supraventricular/TCM therapy Deficient syndrome/TCM therapy @ Qilu Decoction

(Original article on page 605)

Forty Cases of Hysteromyoma Treated by 861 Xiaoliu (Tumor— removing) Tablet.

Chen Xuefen

After 6 months of treatment with 861 Xiaoliu Tablet, the clinical symptoms were markedly ameliorated. Through B— ultrasonic exam, the tumors disappeared in 12. 5%, shrank in 57. 5%, unchanged in 22. 5% of the cases, only 7. 5% increased in tumor size, the total effective rate being 70%. The activity of peripheral NK cells was greatly increased ($P < 0. 01$).

Authors' Address: Department of Gynecology, Yueyang Hospital, Shanghai University of TCM

Key Words: Hysteromyoma/TCM therapy Smooth muscle myoma/TCM Therapy @ 861 Xiaoliu Tablet

(Original article on page 611)

Eighty—five Cases of Eczema Treated by TCM Based on Differential Diagnosis of Zheng.

Qu Xing

All the cases were divided into 6 types on the bases of characters of skin lesions and clinical manifestations, viz. heated— blood and exuberant dampness, damp— heat of liver and gallbladder, accumulation of dampness with deficient spleen, damp— heat with liver— wind dry— blood with dampness and mixed dampness and blood stasis. The treating principles were based

on differential diagnosis of Zheng to eliminate dampness and stop itching. 67 cases (78. 8%) were cured. 17 cases (20. 0%) ameliorated, with only 1 case ineffective, the total effective rate being 98. 8%.

Authors' Address: Dongzhimen Hospital, Beijing University of TCM, Beijing, 100700

Key Words: Eczema/TCM therapy treatment based on differential diagnosis of Zheng

(Original article on page 615)

Exploration on Characteristics of Zheng Typing of Angina Pectoris in CHD in TCM, analysis of 395 Cases.

Liu Dehuan, Xu Zhenzhen, Guo Weicong

Although reports on the diagnosis of CHD angina pectoris are plenty, yet studies on nature and typing of Zheng on its two main types, spontaneous and overworked, of anginal attacks are scarce. During the period Jan. 1985—July 1994, we treated 92 cases of spontaneous angina pectoris and 303 cases of overworked angina on the basis of TCM syndrome typing, in the hope of giving assistance to the correct therapy of this disease.

Authors Address: TCM Hospital of Quanzhou City, Fujian, 362000

Key Words: Diagnosis angina pectoris/diagnosis, typing on the basis of differential diagnosis of Zheng

(Original article on page 617)

Influence of Shanhaidan—V on Blood Lipide in Experimental Hyperlipidemia in Rats.

Xia Jingmin, Shen Chengyi, Xu Aiyun, Yu Zhongshui, et al

Results of the study showed that gastric perfusion of Shanhaidan V lowered the serum total cholesterol, low—density triglyceride, lipoprotein and in a dosage—dependent way. It also lowered the high density component, though not so strong as that for LDL—C. This action of Shanhaidan V is similar to that yielded from di— esterase sodium alginate.

Authors' Address: Xi'an Polytechnic Institute of TCM, Second Artillery, PLA

Key Words: Hyperlipidemia/TCM therapy @ Shanhaidan V

(Original article on page 619)