

清宫寿桃丸延缓衰老的临床研究

——临床效应及其对血浆过氧化脂质水平影响的观察

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内容提要 将 73 例具有衰老见证的老年人(≥ 60 岁), 随机分为清宫寿桃丸治疗组(37 例)和维生素 E 对照组(36 例), 经 8 周治疗后, 两组衰老见证积分平均值均明显下降 ($P < 0.001$), 治疗组下降均差值(7.2 ± 0.62 , $M \pm SE$, 下同)较对照组(3.5 ± 0.89)为优。对治疗组 10 例、对照组 11 例测定血浆过氧化脂质含量(nM/ml), 两组给药前后比较差别均有显著意义($P < 0.01$)。表明清宫寿桃丸确有改善衰老效应及降低血浆过氧化脂质含量的效果。

中医关于肾与衰老有密切关系的理论, 业经近年的临床及实验研究所证实。以往的临床观察表明, 我们根据清代宫廷成方蟠桃丸研制的清宫寿桃丸确有“补肾生精、益元强壮”作用, 对于老年肾虚证有较好疗效。为此, 我们深入观察了该药的延缓衰老效应, 以探讨清宫寿桃丸用于防治老年病的可能性。现将 1982~1984 年 4 月, 应用清宫寿桃丸治疗 73 例具有明显衰老症状的老年人的观察结果, 及其对血浆过氧化脂质水平影响分析如下。

临床资料

一、病例选择标准: (1) 由于衰老的临床表现较为复杂, 以下列易于反映出近期治疗效果的症状作为主要选择指征, 即凡 ≥ 60 岁, 具有疲倦、畏冷、头晕、耳鸣(聩)、流泪、不寐、腰痛、膝痠、肢凉、性欲减退、夜尿多、尿有余沥等症状中的六项以上者。并记录给药前后的健忘、脱发、齿摇、眼花、面枯等症状的变化, 作为参考和补充观察项目。(2) 凡有明显肺、肝、肾疾病, 重度糖尿病, III 期高血压病, 心力衰竭, 甲状腺功能亢进, 以及严重植物性神经功能紊乱者, 不列作观察对象。

二、衰老症状评定标准及衰老见证积分办法: (1) 上述每一可以反映衰老的症状, 均按

程度分为重(卅)、中(+), 轻(±)、无(-)四类。(2) 衰老见证积分法: 临床衰老症状属重度者记 3 分; 中度者记 2 分; 轻度者记 1 分; 无症状 0 分。计算各项衰老症状记分之总和, 为每例观察对象之衰老症状积分值。用以判定给药前后衰老程度变化。

三、辨证: 根据主要观察症状, 参考症状及其他临床表现, 结合舌诊、脉诊于给药前、给药后进行辨证。

四、一般情况: 本组男 62 例, 女 11 例; 年龄 60~64 岁 37 例, 65~69 岁 26 例, 70~74 岁 10 例, 平均年龄 64.9 岁; 均为在职或离休干部; 属健康老年人 36 例(按中华医学会老年高龄规定标准); 冠心病 33 例, 高血压病 3 例, 慢性肠炎 1 例。

五、观察方法: 1. 73 例随机分为两组, 治疗组 37 例, 对照组 36 例。治疗组: 清宫寿桃丸(天津达仁堂药厂试制)绿豆大, 每次服 10 g, 每日 2 次, 温开水送服。对照组: 维生素 E, 每次 50 mg, 每日 3 次。

2. 观察时间均为八周, 在此期间除病情急需外, 不使用其他药物。治疗期间, 每周或隔周, 记录有关症状, 舌象、脉象、中医辨证及血压、腹围、体重、脉搏变化, 治疗前后均做心电图, 并检查有关肝肾功能变化(1983 年以

前病例)。

3. 化验检查: 自 1984 年起, 每个观察对象均于治疗观察期开始及结束各测定一次血浆过氧化脂质含量(荧光分析法)。

结果分析

一、衰老见证积分平均值的变化: 1. 治疗组给药前衰老见证积分平均值为 12.1 ± 3.9 ($M \pm SD$, 下同), 给药后降为 4.7 ± 3.1 ; 对照组给药前为 11.56 ± 3.6 , 给药后降为 7.6 ± 3.7 。两组给药前后衰老见证积分平均值比较有显著意义 (P 均 < 0.001)。提示清宫寿桃丸与维生素 E 对改善衰老症状均有较好的效果。

2. 治疗、对照两组给药后, 衰老见证积分平均值之下降均差值, 分别为 7.2 ± 0.62 ($M \pm SE$, 下同) 与 3.5 ± 0.89 , 经比较两组差别有显著意义 ($P < 0.001$)。提示清宫寿桃丸在改善衰老见证方面优于维生素 E。

3. 衰老各项症状, 治疗组给药后与治疗前比较均有明显改善 ($P < 0.05$); 对照组给药后除流泪、肢冷、性欲减退、不寐外, 余项与治疗前比较亦有显著改善 ($P < 0.05$)。

二、两组给药前后辨证均无明显变化。

三、21 例给药前后进行了血浆过氧化脂质含量测定。清宫寿桃丸组 10 例, 对照组 11 例。给药前后血浆过氧化脂质含量 (nM/ml) 寿桃丸组为 2.07 ± 0.54 和 1.23 ± 0.33 ; 对照 (VE) 组为 2.11 ± 0.54 和 1.22 ± 0.41 。两组治疗前后比较均有显著意义 ($P < 0.001$)。说明两组给药后血浆中过氧化脂质均明显下降, 提示清宫寿桃丸与维生素 E 均有清除自由基的作用。

讨 论

一、关于清宫寿桃丸延缓衰老的疗效探讨: 清宫寿桃丸原名蟠桃丸, 系清代宫廷乾隆朝较为常用的补肾方药。该方由益智仁、大生地、枸杞子、胡桃肉等若干种药物组成, 具有补肾益元的作用。方药组合颇为平和, 适于老年人服用。

本文总结了清宫寿桃丸治疗 73 例老年人

衰老见证的效果。结果清宫寿桃丸与维生素 E 两组给药后, 衰老见证积分平均值较治疗前均明显下降 ($P < 0.001$), 表明两组药物确有延缓衰老效应; 且两组衰老见证积分平均值下降的均差值比较有显著意义 ($P < 0.001$), 说明了寿桃丸在改善衰老见证方面优于对照组。

中医认为, 肾与人的生长、发育、衰老等密切相关。肾气强盛则衰老的速度可以延缓, 肾气虚衰则易于衰老。《内经》有“七七”、“八八”之说, 清代医家叶天士根据《内经》的理论, 也分析到“若子向老, 下元先亏”。历代医家如张景岳、赵献可等, 均强调肾在生命过程中的作用。

现代医学研究认为, 中医的肾与内分泌、免疫系统、遗传等方面均有十分密切的关系, 因之, 清宫寿桃丸的延缓衰老作用, 可能是通过补益肾阴、肾阳而达到的综合性结果。这也就是中医关于肾脏虚衰是人体衰老的最根本原因之一这一认识的最好说明。

二、清宫寿桃丸对血浆过氧化脂质含量的影响: 近年越来越多的研究证明, 机体代谢过程中氧化还原反应瞬变形成的自由基及其诱导的氧化反应, 在生物衰老过程中和某些疾病的发展中占有重要地位。随着年龄的增长, 人体抗氧化活性降低, 故当前认为抗氧化活性药物在抗衰老方面较有前途。本组观察病例系以抗氧化剂维生素 E 作为对照。维生素 E 的净化自由基及抑制脂褐质色素的作用, 已为临床所肯定。本文结果表明清宫寿桃丸在降低血浆过氧化脂质含量方面确有效果, 陈文为等⁽¹⁾工作表明, 本方对大鼠肝匀浆(体外)生成脂质过氧化物也有抑制作用。故认为抗氧化活性作用可能是清宫寿桃丸延缓衰老的效能之一。季国坤⁽²⁾等工作还表明本方可改善的老年人 Zn/Cu 比值, 值得进一步研究。

参 考 文 献

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Abstracts of Original Articles

A Clinical Study of the Effect of Essence-Restoring Decoction on Retarding Aging Process

— A Report of 62 Cases

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This paper presents the effect of a kidney tonifying Chinese medicine "Essence-Restoring Decoction" on retarding the process of aging. Clinical indices such as immune function, lung volume, ventilation function, serum creatinine, near visual acuity, grip strength, anti-nuclear antibody (ANA), rheumatoid factor (RF), and X-raying of the right femur for measurement of the periosteum index have been adopted. Duration of treatment is one year. The assessment of the therapeutic effect is based on the integration of the survival time of mice (Kunming breeding) and silkworms fed with this decoction. Post-treatment mean value shows that the indices of lymphocyte transformation, activated T lymphocyte, total complement, C_3 , IgG, vital capacity, maximal ventilation capacity, near visual acuity, grip strength, periosteum index in presenile and senile stages all have a rise. ANA turns to negative. The presenile stage residual volume/total lung capacity ratio and one second expiratory volume have reduced. The senile stage IgM rises, IgA and alternative pathway complement are reduced. The other laboratory estimates maintain the same level as one year before. The rise of lymphocyte transformation, presenile stage C_3 , senile stage IgM and vital capacity is of statistical significance ($P < 0.05$ — 0.01). Comparing with that of the controls, the survival time of Kunming breeding mice and moths of the silkworms is prolonged significantly ($P < 0.05$). Morphology study of medicated 26-month old mice proves that the senility of ovarium, matrix and testis has been retarded; the submicroscopic observation demonstrates that the decoction has protective action on liver cells. It is capable of promoting energy metabolism and synthesis of nucleic acid and protein, improving the survival capacity of lymphocytes in vitro, inhibiting the formation of autogenous rosette, raising lung cAMP content and cAMP/cGMP ratio of the liver and lung, retarding the decrease of bone capacity. As is suggested by clinical and experimental studies the Essence-Restoring Decoction has some effect on retarding aging.

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A Clinical Study of the Effect of Qing Court Shoutao Pill (清宫寿桃丸) in Slowing Down Aging

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This paper reports the clinical effect of Qing Court Shoutao Pill (QCSP, 清宫寿桃丸 made of eight herbs: Galangal fruit, Rehmannia root, Wolfberry fruit, Walnut, etc.). The dosage administered was 10g twice a day. Vit E therapy (50mg three times a day) was taken as control.

Seventy-three aged patients (over 60) suffering from senile syndrome-complexes were divided randomly into two groups and treated with QCSP (37 cases) and Vit E (36 cases) respectively. After eight weeks of treatment, the score of senile syndrome-complexes (including symptoms of fatigue, intolerance to cold, tinnitus, deficiency of libido, nocturia, etc.) of the two groups decreased 7.2 ± 0.62 ($M \pm SE$) and 3.5 ± 0.89 respectively. It showed that the effect of QCSP was better than that of Vit E ($P < 0.01$). The serum lipidperoxide concentration decreased from 2.07 ± 0.54 nM/ml to 1.23 ± 0.33 nM/ml (10 cases) and from 2.11 ± 0.54 nM/ml to 1.22 ± 0.41 nM/ml (11 cases) respectively (both $P < 0.001$). These results proved that both QCSP and Vit E can regulate the serum lipidperoxide level and have the effect of slowing down aging process.

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Changes of Level of Peripheral Blood Lymphocyte Acida-Naphthyl Acetate Esterase in Patients with Deficiency Syndromes and Its Clinical Significance

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The paper reports the changes of level of peripheral blood Acida-Naphthyl Acetate Esterase (ANAE) in 71 patients with deficiency syndromes (including cases of posthepatitis with cirrhosis, gastroduodenal ulcer, acute pancreatitis and acute gastroenteritis). The changes of T lymphocyte in patients with deficiency syndromes were studied for the purpose of correlating the deficiency syndromes with cellular immunity. 120 normal controls were studied at the same period. The results of assay showed that in the normal control group ANAE was positive in $54.32 \pm 6.50\%$, while in the group of 50 cases with Qi Xu (deficiency of energy)