sults shown that A RSD(%) is 1.9, B RSD(%) is 1.1. Indicating that the precision is better and reliable.

2.5 Repetitive experiment

Accurately weighed the same batch of samples for the parallel sample 5, it through the microporous membrane and set the sample bottle, even into the 5-pin, according to the determination of the content under the determination. The results show that A RSD(%) is 2.6, B RSD(%) is 0.3,and the method is more reproducible.

2.6 Stability test

Taked the same test sample through the microporous membrane and set the sample bottle, Each time precision injection 20 ul, according to the set time to inject 6 times. The results shown that A RSD(%) is 2.9, B RSD(%) is 0.5, within 10 hours for the test solution when the stability.

2.7 Recovery test

According to the previous standard curve calculated 20ul of the sample of Schisandrin A amount of 0.59、 1.31 ug. According to the quality of the test sample and the reference substance is 1: 1, 1: 2, 1: 0.5 to the test sample, plused Schisandrin B mixed reference substance and preparated. The results show that A RSD(%) is 2.0, B RSD(%) is 2.1, and the recovery rate is high and the method is reliable.

3. Content determination consequence

The three samples containing Schisandrin an average of 0.0554 mg/g, Schisandra the average value of 0.1266 mg/g. According to the calculation of 6g per bag, each bag A should not be less than 0.04 mg, B should not be less than 0.1 mg. Transfer rate can reach more than 50%, It meet the requirements.

4. Discuss

Schisandrin A、B are pharmacological effects that lipid-lowering, liver protection, anti-oxidation and sedative hypnosis [1]. Wang Lijun [2] through the Schisandra alcohol A relative correction factor to calculate the content .Yin Guanxiu [3] used enzymatic hydrolysis of ultrasonic technology to extract the Schisandrin B and obtained the optimal conditions for the extraction of B.

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PHARMACOKINETICSOFCOIXSEEDINTHEINSULINRESISTANCEOF TYPE 2 DIABETES MELLITUSIN RATS

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Abstract Objectives:Through the establishment of HPLC-MS/MS analysis method, the research of compatibility of Yiyiren after Huaqizeren as its main active ingredient, 9- hydroxy - (10E, 12E) - eighteen C two acid (9-HODE) in rat plasma pharmacokinetics comparison.

Materials and methods:Male SD rats were randomly divided into Huaqizerengroup and Yiyiren group, intragastric administration, respectively.The plasma samples were collected at different time points, and the plasma concentration of 9-HODE was determined by HPLC-MS/MS.

Results:The method of HPLC-MS/MS analysis established in this study has good precision,the method has strong specificity, and the recovery, reproducibility and stability of each component meet the requirements of biological sample testing. It is suitable for the detection of plasma content of 9-HODE.The pharmacokinetic parameters of peak concentration of Cmax was 802.9 ±88.64 g/L main drug 9-HODE; the peak time of Tmax was 0.5 h; the half-life t1/2 was 7.737± 3.309 h; the area under the concentration time curve of AUC0-t was 1820 ± 154.2 g/L*h; the average dwell time of MRT0-t was 5.862 ± 1.304 h; plasma clearance rate of CL was 0.1905±0.01322 L/h/kg.After compatibility with Yiyiren group, Huaqizerengroup Zeren (CL) plasma elimination rate was significantly lower (P<0.05), the main pharmacokinetic parameters such as area under the concentration time curve (AUC), mean residence time (MRT), half life (t1/2) did not show significant differences.

Conclusion: 9-HODE, a major active component of Yiyiren, was rapidly absorbed in rats. Yiyiren compatibility showed Huaqizeren, plasma elimination rate (CL) decreased, the 9-HODE prolonged in vivo time.

Key words: Huaqizeren;Yiyiren; 9-HODE;Comparative pharmacokinetics;HPLC-MS/MS

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22 CASES OF ANAL RECTAL NEUROSIS TREATED WITH SCALP FOOT MOTOR SENSORY AREA

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Anorectal neurosis refers to a group of clinical syndromes that occur due to the neurological dysfunction of the growth and rectal neurosis. It is mainly realized that the function of anorectal function is abnormal without organic change. Studies have shown that the anorectal examination (including anal canal pressure, rectal reflection of tolerance capacity and compliance, rectal, vaginal incubation period of motor end plate and rectum viscous liquid emptying), anorectal ultrasound characteristic and muscle biopsy does not suggest any found [1]. So treatment is essentially experimental [2]. Since 2013, Professor Sun Yuan-zheng has been using acupuncture and Shuigou area to treat anal rectal neurosis, and the results are as follows.

1. Clinical data

1.1 General information

The 22 patients were from the Ward 2 of the second affiliated hospital ofHeilongjiang TCM university-from March 2013 to June 2016, including 8 male patients and 14 female patients. Aging 19-65, The duration is from 3 days and up to 9 months. Allcases were diagnosed as anorectal sensory abnormalities, mainly manifested as pain in the anus, severe pain in the anus, pain in the anus, and the symptoms of multiple paroxysmal attacks. The patient is depressed or irritable and has a severe impact on personal work, life and study.

1.2 Diagnostic criteria

Patients take subjective rectal diseases as the main complaints, but clinical instruments and laboratory tests show no physical changes. Its main complaint symptom is more obvious with the mood change, the intention is concentrated in the lesion the symptom aggravates, the reverse is alleviated; When given a hint, the symptoms can be temporarily relieved or disappeared. The duration of the disease is longer, most of which is more than 3 months [4].

2. Treatment

Acupoint: Shuigou and double foot motor sensory area, combining with dialectic.

Operation method: patient took sitting position, meridian skin after routine disinfection, Shuigou and JiaoShi head acupuncture needle foot motor sensory area. After the needle, the two sides of the area of the dilateropod were repeated by the cranial restie, which was a quick twirling of 200 revolutions per min. Electric needle on double lateral-foot transport zone 30min. In the direction of acupuncture, the patient was instructed to do anal contractile action, and the needle was 30min, and the needle was once every 10 min. Daily treatment 1 time, the weekly acupuncture 6 days rest 1 day, total acupuncture 3 weeks.

3. Therapeutic effect

3.1 Criterion of efficacy

The curative effect of the treatment was assessed according to the diagnostic basis of clinical disease and the improvement standard. Cure: after 1-3 weeks, the symptoms completely disappeared, followed up for half a year without relapse. Improvement: after 1 to 3 weeks of treatment, the symptoms were significantly reduced, followed by 6 months of follow-up. Invalid: one course of treatment has no significant change. Total efficiency = cure rate + rate of change.

3.2 Treatment results

The results of 22 patients were shown in table 1