

辨证治疗慢性胃炎并溃疡性结肠炎 57 例

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摘要 临床观察慢性胃炎并溃疡性结肠炎 57 例,按肝郁气滞、胃肠湿热、脾胃虚寒、寒热错杂四型辨证施治。结果:治愈 23 例(40.4%),有效 28 例(49.1%),总有效率为 89.5%。将慢性胃炎与溃疡性结肠炎疗效分开评价,其中慢性胃炎治愈 23 例(40.3%),有效 28 例(49.1%);溃疡性结肠炎治愈 25 例(43.8%),有效 28 例(49.1%),各自治疗有效率分别为 89.5%、93.0%,二者疗效比较无显著性差异($P>0.05$)。其疗效相关性进一步证明慢性胃炎与溃疡性结肠炎在病理上的密切联系,提示治疗本病要注意二者兼顾。

主题词 胃炎/中医药疗法 结肠炎,溃疡性/中医药疗法 辨证论治

临床中不少慢性胃炎患者并发溃疡性结肠炎,其病情变化密切相关,互相影响,迁延难愈。近几年来,笔者通过 57 例此类病者的临床观察,对其证治规律作初步分析。现总结如下。

1 临床资料

本组 57 例患者均以脘腹部胀痛不适,大便稀烂或粘液血便为主证。全部经过纤维胃镜及纤维结肠镜或 X 线钡剂灌肠检查、粪便检查而确诊,并排除胃肠道癌变及胰腺、肝脏等其他脏器疾病引起的胃肠道病变。其中男性 32 例,女性 25 例。年龄最大 64 岁,最小 20 岁,平均 36.4 岁。病程最长 26 年,最短半年,平均 4.6 年。慢性浅表性胃炎并溃疡性结肠炎 25 例,糜烂性胃炎并溃疡性结肠炎 21 例,萎缩性胃炎并溃疡性结肠炎 9 例。

2 治疗方法

根据症状特点,分 4 型辨证论治。

肝郁气滞型(15 例):症见脘腹痞闷,窜痛无定处,食后饱胀,嗳气反酸,肠鸣矢气,大便时泻时溏,或带粘液,精神紧张时腹痛便急,便后

稍安。舌质淡红,苔薄白,脉弦细。治宜疏肝理气健脾,调和胃肠。方用六君子汤合痛泻要方加减:柴胡 10g,白芍 20g,党参 15g,白术 10g,云苓 15g,陈皮 6g,半夏 10g,防风 10g,佛手 10g,素馨花 10g,元胡 10g,甘草 6g。

胃肠湿热型(17 例):症见胃脘灼痛,痞闷,牵及脐腹,口苦口臭,恶心,不思饮食,大便黄烂而带粘液,或纯为粘液血便,里急后重,肛门灼热。舌红,苔黄腻,脉弦滑数。治宜清化湿热,调和胃肠。方用戊己丸合香连丸加味:白芍 15g,吴茱萸 3g,川连 6g,木香 10g(后下),蒲公英 15g,白花蛇舌草 15g,元胡 10g,竹茹 10g,薏苡仁 15g,藿香 10g,白头翁 10g,甘草 6g。

脾胃虚寒型(16 例):症见胃脘及脐腹隐痛,喜温喜按,饮食减少,食入则胀,神疲乏力,大便溏烂或清稀,稍进油腻或生冷则便次增多。舌淡苔白,脉沉细。治宜健脾益气,温化寒湿,调和胃肠。方用香砂六君子汤合四神丸加减:党参 15g,白术 10g,云苓 15g,半夏 10g,陈皮 6g,砂仁 6g,木香 10g(后下),五味子 10g,肉豆蔻 10g,吴茱萸 3g,鸡内金 6g,炒扁豆 15g,甘草 6g。

寒热错杂型(9 例):症见胃脘不适,食后加甚,口干而不欲饮,神疲乏力,饮食少思,经常口舌生疮,脐腹隐痛,稍进寒凉则大便稀烂而便次增多,或大便带有粘液。舌稍红,苔少而干,脉细濡。治宜健脾养阴,寒热并治,调和胃肠。方用半夏泻心汤合驻车丸加减:太子参 15g,半夏 10g,黄芩 10g,黄连 6g,干姜 8g,大枣 10g,当归 10g,白芍 15g,阿胶(烔化)10g,山楂 10g,薏苡仁 15g,甘草 6g。

以上各型病例,均为每天煎服 1 剂中药,分 3 次服。1 个月为 1 疗程;一般观察 1~3 个疗程。疗程期间禁用其它针对本病治疗的药物及刺激性食物。

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3 疗效标准和治疗结果

3.1 疗效标准:慢性胃炎:临床症状消失,纤维胃镜检查胃粘膜炎症消失,萎缩性胃炎加病理检查胃粘膜萎缩病变消失或逆转为浅表性炎变,为治愈;临床症状明显减轻或大部分消失,纤维胃镜检查胃粘膜明显改善,萎缩性胃粘膜病变减轻,或肠上皮化生及异型增生转阴,尚存萎缩性病变,为有效;临床症状及胃镜、病理检查无改善或加重,为无效。

溃疡性结肠炎:临床症状消失,大便正常,纤维结肠镜检查肠粘膜溃疡病灶恢复正常,为治愈;临床症状明显减轻,大便次数较原来减少,纤维结肠镜检查肠粘膜溃疡病灶缩小,为有效;临床症状无改善,纤维结肠镜检查肠粘膜溃疡病灶无改变,为无效。

慢性胃炎并溃疡性结肠炎:胃炎及肠炎均达到治愈标准,为治愈;胃炎及肠炎其中一方治愈,另一方有效,或二者均有效,为有效;胃炎及肠炎其中一方有效,另一方无效,或二者均无效,为无效。

3.2 治疗结果:慢性胃炎并溃疡性结肠炎 57 例,治愈 23 例(40.4%),有效 28 例(49.1%),无效 6 例(10.5%),总有效率为 89.5%。其中胃肠湿热型疗效最好,有效率为 100%,其次为脾胃虚寒型(93.7%)、肝郁气滞型(93.3%),经卡方检验,三型间比较无显著差异($P>0.05$),寒热错杂型疗效最差,有效率仅为 54.6%,与前三者比较有显著性差异($P<0.05$)。见附表。

附表 慢性胃炎并溃疡性结肠炎各证型疗效比较

证 型	总例数	治愈 例(%)	有效 例(%)	无效 例(%)
肝郁气滞	15	6(40.0)	8(53.3)	1(6.7)
胃肠湿热	17	8(47.1)	9(52.9)	0
脾胃虚寒	16	7(43.7)	8(50.0)	1(6.3)
寒热错杂	9	2(22.2)	3(33.3)	4(44.4)
合计	57	23(40.4)	28(49.1)	6(10.5)

将慢性胃炎与溃疡性结肠炎疗效分开评价,其中慢性胃炎治愈 23 例(40.3%),有效 28 例(49.1%),无效 6 例(10.5%),治疗有效率为

89.5%;溃疡性结肠炎治愈 25 例(43.8%),有效 28 例(49.1%),无效 4 例(7.0%),治疗有效率为 93.0%。二者疗效比较无显著性差异($P>0.05$)。

4 讨论

慢性胃炎并溃疡性结肠炎临床比较常见,分属中医胃痛、痞满、泄泻、痢疾范围。中医认为:胃及大肠同属腑脏,一主受纳,一主传化,互相协作,共同完成纳运之责。如果受纳或传化一方病变,功能失常,亦势必影响另一方,引起二腑同病。从经络理论分析,手阳明大肠经与足阳明胃经经脉直接相通,经气环流,若一经有病,极易波及另一经,致使二经同病称之为“合病”。对于胃肠合病的证治,《金匱要略》提出:“哕而腹满,视其前后,知何部不利,利之即愈”,“呕而肠鸣,心下痞者,半夏泻心汤主之”,“干呕而利者,黄芩加半夏生姜汤主之。”其立方用药法度,当是胃肠病同治的滥觞。然而,囿于胃、肠病属于两个独立病证的传统习惯,不少医者临证时常将二者分别考虑,或将胃肠合病其中一方不典型者,误诊为胃病或肠病,忽略胃肠合病相关证候联系分析,致使用药偏离准绳,疗效欠佳。

本组慢性胃炎并溃疡性结肠炎患者,从虚实寒热的角度来辨证,综合胃、肠症状及舌脉之象,分为肝郁气滞、胃肠湿热、脾胃虚寒、寒热错杂四型,分别选用柴芍六君子汤合痛泻要方、戊己丸合香连丸、香砂六君子汤合四神丸、半夏泻心汤合驻车丸加减治疗,旨在针对各证型以疏肝理气、清化湿热、温中健脾、寒热并治,达到调和胃肠,恢复受纳传化之目的。经临床验证,57 例慢性胃炎并溃疡性结肠炎患者,二者治愈率接近,有效率相同,其疗效相关性进一步证明慢性胃炎与溃疡性结肠炎在病理上的密切联系,治疗上胃肠兼顾的重要性的必要性。各证型疗效比较,胃肠湿热型最好,脾胃虚寒型次之,肝郁气滞型又次之,寒热错杂型最差,其有效率与前三者比较有显著性差异。其原因可能是胃肠湿热、脾胃虚寒、肝郁气滞型各自病性相类,治法专一,药力较集中,而寒热错杂型病性相反,治法相左,药力不集中有关。

ABSTRACTS OF ORIGINAL ARTICLES

Fifty — seven Cases of Chronic Gastritis with Ulcerative Colitis Treated on the Basis of Differentiation of Zheng

Meng Murong

All the 57 cases were divided into four syndrome types, viz. liver—depression Qi—stagnation, damp—heat of stomach and intestine, deficient—cold of spleen—stomach, mixed heat and cold. Results were: 23 cases cured (40.4%), 28 effective (49.1%), the total effective rate being 89.5%. When the effective rate of the two disorders were assessed separately, for chronic gastritis, 23 cases were cured (40.3%), 28 effective (49.1%); for ulcerative colitis, 25 cases were cured (43.8%), 28 effective (49.1%). The total effective rates were 89.5% and 93.0% respectively, with no significant difference between them ($P > 0.05$). The coincidence of the efficacy further showed that the two disorders are closely related pathologically, hence treatment should be performed for both simultaneously.

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Key Words: Gastritis/TCM therapy colitis, ulcerative/TCM therapy treatment based on differentiation of Zheng

(Original article on page 89)

Investigation on the Action of Chinese Materia Medica on Insulin Resistance in Type—II Diabetic Mellitus by Applying Senesitive Index of Insulin

Feng Shiliang, Gao Bin, Bai Shuying.

By using a kind of new index for determining the sensitivity to insulin in human groups, viz. the reverse of the product of fasting insulin multiplied by fasting blood glucose, the effect of a Chinese drug, "Shiliang Jiantang Powder" on the insulin sensitivity in type—II diabetics was studied. Results showed that the sensitivity to insulin was increased after treatment ($P < 0.05$), demonstrating that this remedy lowered the patient's resistance to insulin.

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Key Words: Diabetes mellitus, non—insulin dependent/TCM therapy antagonist of insulin insulin/metabolism

(Original article on page 100)

Experimental Studies on Effect of Yincheng Wuling Powder on Hyperlipoproteinemia and Its Lipid Peroxidation

Yu Rong, Wu Yongjun

Administration of Yincheng Wuling Powder, a recipe formulated by Zhang Zhongjing, can markedly inhibit the contents of Tch, TG, LDL and increase the ratio of LDL/HDL in rat models. Analysis on the recipe showed Yincheng (Herba Artemisia Capillaris) and Wuling (Five—Poria) Powder all markedly lowered the Tch contents in mice of hypercholesterol level, while the Yincheng Wuling Powder yielded the actions of both. Moreover, the recipe yielded marked action of antioxidation, lowered the blood content of MDA, activated the action of GSH—PK.

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Key Words: Hyperlipemia/TCM therapy Lipid Peroxidation/drug action Yincheng Wuling Powder/pharmacology

(Original article on page 104)

Experimental Studies on Injuries of Kidney by External Blast Waves Prevented and Treated by Xiaoyu Huashi Mixture

Chi Jian'an, Yi Wangfeng, Tang Peiqiong

Observation was made on 35 patients of renal lithiasis receiving ESWL for the changes of β_2 —MG in blood and urine before and after treatment. Results revealed that the contents of blood and urine β_2 —MG 24 hours after lithotripsy was increased in the control group, with significant difference ($P < 0.01$), even 72 hours after treatment, restored to normal only until 168 hrs. While in the treatment group, there were no significant difference before and after the operation, the difference being not significant ($P > 0.05$). These showed that the lithotripsy operation can cause, to a certain extent, injury to the kidney, while the mixture decrease the injury caused by ESWL and accelerate its rehabilitation.

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Key Words: kidney/pathology lithotripsy, laser/side effect @ Xiaoyu Huashi agent

(Original article on page 108)