

苦参二陈汤治疗霉菌性食道炎疗效观察

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摘要 对1986年1月至1995年12月收治的霉菌性食道炎病人按自愿原则分组,苦参二陈汤治疗组36例,治愈率72.2%,总有效率94.4%;制霉菌素对照组32例,治愈率40.6%,总有效率62.5%。两组比较有非常显著性差异($P<0.01$)。随访1年,苦参二陈汤治疗组复发率为5.9%;制霉菌素对照组复发率为35.0%($P<0.01$)。提示苦参二陈汤在杀灭霉菌,促进食道粘膜修复,消除食道运动障碍,较制霉菌素疗效为优。

主题词 食管炎/微生物学 食管炎/中医药疗法 @ 苦参二陈汤

我院用苦参二陈汤治疗霉菌性食道炎取得较为满意的疗效,并与制霉菌素予以对照,现报告如下:

1 一般资料

本组病例为1986年1月~1995年12月收住本院的病人,按自愿原则分为苦参二陈汤治疗组36例及制霉菌素对照组32例。苦参二陈汤组36例中,男23例,女13例;年龄16~73岁,平均50.85岁;病程6~98天,平均18天;其中嗜食卤制品者17例(47.2%)。制霉菌素组32例中,男19例,女13例;年龄17~72岁,平均49.7岁;病程8~96天,平均20天;其中嗜食卤制品者15例(46.9%)。两组情况基本一致,具有可比性。

2 临床资料

2.1 并发症情况:表1示,两组患者中均伴有多种疾病,并发症发生率两组基本一致,具有可比性。

两组中消化性溃疡患者均给予了足量、长期(>3 个月)服用 H_2 受体拮抗剂或奥美拉唑,两组服药史基本一致。

2.2 诊断依据:均有胸骨后刺痛、烧灼痛、吞咽疼痛或困难;胃镜下可见食道粘膜表面有奶酪

样斑块状附着物附着,大小不等,疏密不均,揩去可见食道粘膜大小不等之糜烂渗血斑及充血水肿;在上述霉菌斑处刷检或活检均可查到霉菌丝及孢子。

表1 两组患者并发症情况比较

分 组	例数	消化溃疡	胃炎	癌变	残胃	其他疾病
苦参二陈汤组	36	16	36	3	2	12
制霉菌素组	32	14	32	2	1	11

3 治疗方法

一经确诊即请病人自愿选择治疗方法。苦参二陈汤:苦参10g,白鲜皮10g,陈皮10g,半夏10g,茯苓10g,甘草10g。每日1剂,煎两次,分4次于一日3餐饭后及临睡前徐徐饮服。制霉菌素片100万U,一日3餐饭后及临睡前口服。均3周为一疗程。服药期间两组均每日查房询问症状缓解情况及有无不良反应,并予记录。每周化验1次血尿便常规、肝肾功能、心电图及B超观察。

4 疗效分析

4.1 疗效判定标准:3周后复查胃镜。治愈:症状消失,胃镜检查食道粘膜恢复正常,刷检或活检查霉菌阴性;好转:症状减轻,胃镜检查食道粘膜霉菌斑消失,但仍有点片状小糜烂斑点及充血水肿,检查霉菌阴性;无效:症状无明显改善,胃镜检查食道粘膜仍可见霉菌斑及糜烂渗血充血水肿,霉菌检查阳性。

4.2 结果:表2示,苦参二陈汤组总有效率为94.4%,制霉菌素组为62.5%,两组相比,有非常显著性差异($P<0.01$)。

表2 两组治疗结果比较

分 组	例数	治愈例(%)	好转例(%)	无效例(%)
苦参二陈汤组	36	26(72.2)	8(22.2)	2(5.6)
制霉菌素组	32	13(40.6)	7(21.9)	12(37.5)

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4.3 随访与转归:两组有效病例均随访1年。苦参二陈汤组复发率为5.9%(2/34例);制霉菌素组复发率为35.0%(7/20例)。治疗组复发率显著低于对照组($P<0.01$)。对复发病例,我们均给予苦参二陈汤和制霉菌素片上述剂量综合治疗,除4例死于癌症,其余均获治愈。

5 讨论

霉菌性食道炎并非少见。一组资料报告其发病率可达16.9%^[1]。我们这组病例占本院胃镜检查的2.77%(68/2457例)。与文献相比较,可能实际发病率要高得多。

霉菌广泛存在于自然界,上消化道也常寄生,属条件致病菌。当机体免疫力、抵抗力低下或受到损害,上消化道直接损伤或因全身性疾病继发损伤,或长期大量使用抗生素、细胞毒性药、激素及免疫抑制剂、长期大量使用抑酸药等,常易并发此病。特别是嗜食腌卤制品和爱吃零食的病人更易并发本病。近年来本病呈上升趋势^[2]。有作者认为本病是因霉菌在局部顽强增殖所引起的机械刺激及其所产生的酶、毒素和酸性产物对组织器官的损害而致病,所以提出该病的治疗应注重局部用药^[2]。但我们这组

病例疗效对比观察表明,单用制霉菌素杀菌治疗,疗效远不如上消化道及全身原有疾病调治相结合的苦参二陈汤之综合治疗为优,复发率也远较后者为高。这是因为制霉菌素虽可与霉菌原生质膜上的类固醇结合,致原生质膜破坏,使菌体内容物外漏而死亡。但因其口服通过食道快,作用时间短,对食道运动障碍及粘膜修复无直接作用,故疗效不甚理想,且复发率高。

霉菌性食道炎在中医属脾胃气滞,痰浊胸痹,急痛呕逆之症^[3]。故治疗宜理气调中、燥湿化痰、降逆止呕、消痞散结。方选二陈汤加苦参、白鲜皮,针对其证,并增加其杀灭霉菌之功效。用苦参二陈汤治疗本病,实乃局部与整体兼顾,标本兼治,辨证施药之良方。经本组病例疗效对比观察,本方剂疗效确实比单用制霉菌素治疗疗效更优,复发率更低。苦参二陈汤之诸味药价廉易得,可在基层医院推广使用。

6 参考文献

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黄芩鱼腥草治疗病毒性角膜炎30例

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病毒性角膜炎是眼科常见病、多发病。笔者自1994~1996年,用黄芩鱼腥草煎液口服并冲洗患眼,疗效尚属满意,报道如下。

1 一般资料

治疗组30例,35只眼。年龄12~58岁。其中点状角膜炎19例,22只眼;树枝状角膜炎9例,11只眼;地图状角膜炎2例,2只眼。对照组30例,34只眼。年龄13~57岁。其中点状角膜炎17例,20只眼;树枝状角膜炎9例,10只眼;地图状角膜炎4例,4只眼。

2 治疗方法

黄芩、鱼腥草各50g加冷水1000ml浸半小时,置火上煎至水沸,改为文火续煎10分钟,滤出药液,再加

水500ml,煎至水沸后5分钟,过滤弃渣。所煎药液混合,取2/3量分3次口服,1/3药液分4次冲洗患眼,每日1剂,5日为1疗程。对照组用病毒唑0.2~0.5g加入5%葡萄糖液500ml中静脉点滴,每日1次;同时用无环鸟苷眼药水与氯霉素眼药水交替点眼,每日4~6次,5日为1疗程。

3 疗效标准及治疗结果

疗效标准:用药1个疗程,症状消失,角膜荧光素染色阴性为痊愈;用药2个疗程,症状消失,角膜荧光素染色阴性或病灶明显缩小为好转;症状、染色、病灶与治疗前相同为无效。治疗组中,点状角膜炎治愈19例,树枝状角膜炎治愈3例,好转6例,地图状角膜炎好转1例,无效1例;对照组中,点状角膜炎治愈10例,好转7例,树枝状角膜炎治愈2例,好转7例,地图状角膜炎好转1例,无效3例。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Study on Acupunctuer Treatment of Simple Obesity.

Liu Zhicheng, Sun Fengmin, Hu Kui

It was reported in this paper that among the 919 cases of simple obesity of the type of excessive-heat in the gastro-intestinal tract, 198 cases were cured, 230 were markedly effective, 418 were effective, and 73 ineffective by a course of treatment, the total effective rate being 92.1%.

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Key words: Obesity / Acu--moxibustion therapy
(Original article on page 155)

Investigation of Cholelithiasis Treated with Gandan Jieshi (Stones of Liver and Gallbladder) Tablet.

Xie Shifang, Ye Shaojun, Wan Yaode, et al.

Four-hundred thirty five cases of cholelithiasis were treated by Gandan Jieshi Tablet (GJT), with Dantong Tablet as control, the total effective rates being 93.94% and 72.84% respectively ($P < 0.005$). Both remedies were administered for 3 successive months, followed by B-ultrasonic exam for comparison of the changes of the stones. The total effective rate for the dissolution of stones were 75.20% and 47.27% in the treatment group and control group respectively. Test-tube dissolving test, in vivo pharmaco-dynamic test in animals all revealed that for 3 kinds of stones (bilirubin, cholesterol and mixed stone), the GJT yielded both dissolving and preventing action to different degrees, being stronger for the first and last kinds of stone.

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Keywords: Cholelithiasis / TCM therapy @ Gandan Jieshi Tablet

(Original article on page 158)

Therapeutic Effect of Kushen (Radix Sophorae Flavescentis) Erchen Decoction (KED) on Mycotic Esophagitis.

Guo Dianwu, Wang Lixia, Liu Zhenzhuang, et al.

The patients of mycotic esophagitis, all treated during the period 1986.1—1995.12, were divided into and treated by , on a voluntary basis, KED group (36 cases) and mycostatin as control (32 cases), the cured rates and total effective rates being 72.2%, 94.4% respectively for the former and 40.6%, 62.5% respectively for the latter. This suggested that, the effect of KED of mycocide, improvement of regeneration of esophageal mucosa and elimination of disturbance of esophageal movements was superior to mycostatiin.

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Keywords: Esophagitis / microbiology esophagitis / TCM therapy @Kushen Erchen Decoction

(Original article on page 163)

Biochemical Study on TCM Treatment of Schizophrenia Based on Syndrome Typing.

Zhang Liangdong, Zhou Gang, Jin Zongyu, et al.

One-hundred twenty-three cases of schizophrenia were classified as the following types: inner disturbance by phlegmatic fire (IDPF), exuberant fire due to yin-depletion (EFYD), inner obstruction of phlegmatic dampness (IOPD) and Yang depletion (YD). Sixty-six cases were treated as integrated Chinese and western medicine group (66 cases) and western drug group (57 cases). Observation by dose-score table analysis and 3-year following exam all showed that the results of integrated group was superior to the western drug group. The contents of β -EP in IOPD and YD types were increased from sub-normal level after therapy. The contents of NT in IDPF group was dropped to normal after treatment; while that in the other 3 groups were all distinctively increased, demonstrating that there was biochemical basis for the treatment based on syndrome typing.

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Keywords: Schizophrenia / TCM therapy treatment based on differential diagnosis of syndromes

(Original article on page 173)