

清润通络法对胃癌前期病变逆转作用的临床观察

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摘要 观察清润通络法对 92 例胃癌前期病变患者,发现治疗半年后,肠化及异型增生病变的病理平均分值均下降,与用药前比较有显著性差异;病理记分的下降与 HP 记分的降低明显相关。

主题词 胃肿瘤/中医药疗法 癌前状态/中医药疗法 通络 清热

胃癌是我国最常见的恶性肿瘤,每年死于此病者超过 16 万人,约占全部肿瘤病人的 1/5^[1]。胃粘膜癌肿并非由正常细胞一跃而成,而是一个渐进的过程,要经历多年的持续性癌前变化。近年来,多数学者从酶组织化学、抗原标志、细胞动力学及 DNA 定量、肠化与异型增生关系等多方面进行研究,认为中、重度异型增生和不完全肠化属于胃癌前期病变^[2]。因此逆转不完全肠化及中、重度异型增生,阻断胃癌前期病变向胃癌转化,是开展胃癌二级预防的重要措施。自 1991 年起,我们对胃癌前期病变进行了逆转作用的临床观察,针对其阴虚内热、胃脉瘀阻的病理特点,制定了清润通络的治疗原则,现报告如下。

1 材料与方法

1.1 对象及分组:选经胃镜活检证实的中、重度异型增生或不完全肠化者 156 例,随机分为两组:清润通络法组 92 例,男 54 例,女 38 例;平均年龄 54.6 岁;平均病程 11.4 年;其中组织学表现为不完全肠化 64 例,异型增生 38 例,其中 10 例肠化与异型增生合并存在。对照组 64 例,男 37 例,女 27 例;平均年龄 51.5 岁;平均病程 10.8 年;胃粘膜组织学表现为不完全肠化 42 例,异型增生 29 例,其中 7 例肠化与异型增生合并存在。

1.2 粘膜病理活检:病变程度采用记分法,活

检总的“+”号数目除以活检块数为分数,分别计算肠化及异型增生病变的分数。

治疗前及 6 个月后作胃镜、病理活检检查,同一病例治疗前后取活检部位及活检块数完全相同。所有病理切片由一位并不了解治疗情况的病理医师评价分数。

1.3 幽门螺杆菌(HP)的检测:采用 WS 银染色,参照 Marshall 分级方法。0 级:未找到 HP,记 0 分;I 级:在光镜高倍视野下 HP 少数存在,记 1 分;II 级:HP 成团存在,记 2 分;III 级:HP 成团存在并连成片,记 3 分。

2 治疗方法

采用单盲随机对照分组,分别给予不同药物治疗。清润通络法组基本方:木香、麦冬、花粉、玉竹、灵仙、败酱草、蒲黄、灵脂、三棱、仙鹤草、荔枝核、黄连、公英、三七粉、白芍等。每日 1 剂,水煎成 400ml,早晚分服。

辨证加减:夜半及清晨胃脘作痛加柴胡、黄芩;胃中灼热加生石膏;暖气频作加菖蒲;胃脘刺痛加桃仁;寐差加柏子仁、炒枣仁;背痛加沙参;乏力加徐长卿、山萸肉。

对照组服用方:炒谷麦芽、神曲、山楂、陈皮。煎成外观与清润通络法基本方相同的汤剂 400ml,每日 1 剂,早晚分服。

疗程为 6 个月。所有病例服药期间均忌烟酒及辛辣油腻之品。

3 结果

3.1 病理活检变化比较:疗程结束后,清润通络法组不完全肠化及异型增生病变的平均分值均下降,与用药前比较均有显著性差异(P 均 < 0.01),不完全肠化记分下降幅度大于异型增生;对照组未显示明显变化。

3.2 HP 检测比较:治疗前清润通络法组 HP 检测为阳性者 58 例,其中不完全肠化 34 例,异型增生 29 例(其中 5 例肠化与异型增生合并存

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表1 治疗前后两组病理记分比较($\bar{X} \pm S$)

分 组	不完全肠化		异 型 增 生	
	治疗前	治疗后	治疗前	治疗后
清润通络法组	1.86 $\pm$ 0.67(64)	0.93 $\pm$ 0.47(64)*	1.25 $\pm$ 0.75(38)	0.74 $\pm$ 0.51(38)*
对 照 组	1.82 $\pm$ 0.77(42)	1.72 $\pm$ 0.65(42)	1.27 $\pm$ 0.82(38)	1.19 $\pm$ 0.76(38)

注:表中括号内数字为例数,下表同 * 与治疗前比较 $P < 0.01$

表2 治疗前后两组 HP 记分比较($\bar{X} \pm S$)

分 组	不完全肠化		异 型 增 生	
	治疗前	治疗后	治疗前	治疗后
清润通络法组	2.12 $\pm$ 0.82(34)	1.14 $\pm$ 0.62(34)*	1.94 $\pm$ 0.75(29)	1.02 $\pm$ 0.56(29)*
对 照 组	1.88 $\pm$ 0.81(22)	1.74 $\pm$ 0.76(22)	1.81 $\pm$ 0.49(18)	1.69 $\pm$ 0.74(18)

* 与治疗前比较 $P < 0.01$

在);治疗前对照组 HP 检测阳性者 37 例,其中不完全肠化 22 例,异型增生 18 例(其中 4 例肠化与异型增生合并存在)。治疗后清润通络法组不完全肠化及异型增生病变者 HP 记分均下降,统计学处理有显著性差异(P 均 <0.01);对照组未显示明显下降。

经我们资料分析,不完全肠化及异型增生者病理记分下降水平与 HP 记分的降低均呈正相关($r=0.348$, $P<0.025$; $r=0.335$, $P<0.05$)。

4 讨论

目前,现代医学对胃癌前期病变的逆转尚无有效方法。国内有用叶酸^[3]、天然 β -胡萝卜素^[4]逆转胃癌前期病变的报道,但例数不多。近年来,对这类病变采用细胞分化诱导剂进行化学干预治疗,如全反式维甲酸、六亚甲基二乙酰胺、钙调蛋白等,但均还在实验室阶段^[5]。

胃癌前期病变多由慢性萎缩性胃炎逐渐演变而来。临床调查表明^[6],慢性萎缩性胃炎多与饮食不当,长期进食辛辣炙烤,嗜好烟酒、慢性感染、药物刺激、胆汁反流及长期抑郁焦虑有关。观察本组病例,大多表现为胃中灼热,形体消瘦,口干咽燥,舌紫暗或有瘀斑,苔黄少津,脉弦细,符合阴虚内热,胃脉瘀阻的病理特点。用清润通络法治疗胃癌前期病变结果表明,该法对胃癌前期病变有明显的逆转作用,提示清解胃热,滋养胃阴,疏通胃脉,恢复胃腑凉润通降

功能的治法,是阻断胃癌前期病变转化为胃癌的有效方法。

近几年的研究表明,HP 感染与胃癌前期病变的形成及胃癌的发生有较密切的关系^[7]。受 HP 感染的胃粘膜处于高增殖状态,有较高的癌变易感性,HP 清除后胃粘膜的增殖异常状态得以纠正^[8]。本文观察结果显示清润通络方可使肠化及异型增生病变者 HP 记分明显下降,且病理记分下降水平与 HP 记分降低呈正相关,提示该法对胃癌前期病变的逆转作用与控制 HP 感染有一定的关系。

5 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Urodynamic Study on Female Urethral Syndrome Treated by Acu—moxibustion.

Zheng Huitian, Wang Siyou, Shang Jingsheng, et al.
One hundred eighty cases were studied. Of them, 128 cases were treated by acu—moxibustion; 52 cases, by western drugs. The short—term effective rate was 90.6%, that of long—term efficacy, 80.4%. For the western—drug group, the short—term effective—rate was 26.9% ($P < 0.01$). After the treatment, the maximal urine flowing rate increased 4.6 ml/saveragely ($P < 0.001$), the mean urine running rate increased 3.1 ml/s ($P < 0.001$). Those in the western drug group revealed no obvious changes ($P > 0.05$). Studies were made on the maximal bladder pressure maximal abdominal pressure, and pressure in the neck of bladder and maximal closed urethral pressure during micturation before and after the therapy, the indices of the treatment group all markedly lowered; whereas, those of the control group showed no changes.

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Key words: Urethral disease/acu—moxibustion therapy syndromes, urodynamics

(Original article on page 472)

Clinical Study on Quitting Symptoms in Heroin Addicts Treated with Duyinxiao Capsule.

Yang Xiaosong, Mao Chao, Jing Fengbiao, et al.

Four—hundred thirty—five cases of heroin addicts were treated for their quitting symptoms for 10 days so as to assess the efficacy and side—effects for its treatment. Forty—eight cases were treated by Lofesibine hydrate as control. The tests were performed by single blind method on conventional basis. Results showed that the Duyinxiao capsule yielded effects superior to that of control group, also with less side—effect. Moreover, its effect lasted longer, with cheaper cost and safer application.

Authors' add: Rehabilitation Center for Drug Addicts, Yuxi, Yunnan 653101

Key words: Quitting syndrome in addicts/TCM therapy heroin drug dependence/TCM therapy/

Duyinxiao capsule

(Original article on page 483)

Reversive Action of Clear—moistening Collateral—dredging Methods (CCM) for Pre—cancerous lesions of Stomach.

Li Enfu, Dai Xiaoling, Liu Qiquan, et al

Treated by CCM for half year in 92 cases of pre—cancerous lesions of stomach, the pathological mean score for special hyperplasia were lowered significantly and different from that before treatment. The pathological scoring was also markedly lowered as compared with HP scoring.

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Key words: stomach cancer/TCM therapy, pre—cancerous state/TCM therapy collateral—dredging heat—clearing

(Original article on page 486)

Exploration on Dryness Syndrome in Desert Area.

Zhou Mingxin, Tao Peiyong

Based on investigations on the manifestations occurred in oil workers working in the hinterland of desert areas, a new term, "desert dryness syndrome" (DDS) was introduced. An analysis was made on frequencies of symptom incidence, scoring, specific nature and affinity relationship the method of differential diagnosis for the severity, existing time of the illness and characteristics were introduced and performed quantitatively. Results showed that the DDS is an actual existing disorder. The incidence and structural types of oil—worker group was significantly different from those of non—oil worker group. It is claimed that DDS is different from conventional dryness syndrome and possesses physiological and pathological changes involving many organs and systems, which are closely connected with psychological and mental disturbances. Active measures should be taken for its prevention and treatment.

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Key words: climate in desert dryness syndrome/epidemiology

(Original article on page 493)