

临床报道

胆总管探查引流术后胃阴虚证临床观察

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摘要 通过对胆道术后病人的临床观察,发现行胆囊切除+胆总管探查引流术后有 93.6% 的病人出现胃阴虚证,明显高于行单纯胆囊切除术和作胆总管十二指肠吻合术、胆总管空肠吻合术者($P < 0.01$),表明胆汁的丢失是造成术后胃阴虚证的根本原因。用益胃汤化裁治疗术后胃阴虚证有效率为 94.6%。

主题词 胃阴虚/外科手术 引流 胆总管造口术

近年来,我们对本院胆道手术后的病人进行了观察分析,发现行胆囊切除+胆总管探查引流术后的病人胃阴虚证的发病率明显高于行单纯胆囊切除术和作胆总管十二指肠吻合术、胆总管空肠吻合术者,试用益胃汤化裁治疗胆总管引流术后胃阴虚证取得了较好的疗效。现报告如下。

1 临床资料

所有病例均系近年本院住院手术患者。

1.1 一般资料:将不同胆系手术患者分为 3 组。I 组行胆囊切除+胆总管探查引流术者,共 47 例。男性 16 例,女性 31 例;年龄最大者 78 岁,最小者 22 岁,平均 54.98 岁。急性胆囊炎 3 例,急性胆囊炎、胆石症 19 例,急性胆囊炎、胆石症、胆总管结石 13 例,急性胆囊炎、胆石症伴胆总管炎 12 例。术前辨证为肝胆湿热证 47 例,无 1 例为胃阴虚证。II 组行单纯胆囊切除术者,共 80 例。男性 30 例,女性 50 例,年龄最大者 76 岁,最小者 25 岁,平均 50.9 岁。胆囊炎、胆石症 68 例,急性胆囊炎 9 例,胆囊息肉 3 例。术前辨证为肝郁气滞证 6 例,肝胆湿热证 74 例,无 1 例为胃阴虚证。III 组行胆总管十二指肠吻

合术或行胆总管空肠吻合术者,共 7 例。行胆总管十二指肠吻合术者 5 例,胆总管空肠吻合术者 2 例。术前辨证无一例为胃阴虚证。

1.2 术后胃阴虚证诊断标准:(1)饥不欲食;(2)口干咽燥;(3)舌红苔少或光红,脉细或细数;(4)或见干呕、呃逆;(5)或见大便干结。同时具备(1)、(2)、(3)者即可诊为胃阴虚证。

1.3 术后胃阴虚证治疗方药:凡术后有胃阴虚证患者予益胃汤化裁治疗,常用药物如沙参、麦冬、生地黄、玉竹、石斛、天花粉、知母等。因术后常兼有气虚之象,故常加西洋参、党参等。以上均为常规药量,水煎服,每日 1 剂,分 2~3 次服。

2 结果与分析

2.1 疗效标准:服药后第 4 天观察疗效,好转:饮食较服药前增加 1/2 以上,无口干或口干咽燥明显好转,少量饮水后即缓解,苔薄或苔少但有津;无效:饮食无增加或增加不明显,口干咽燥无好转,或饮水后仍不能缓解,舌象、脉象较服药前无明显变化。

2.2 不同术后胃阴虚证发病情况:I 组 47 例术后出现胃阴虚证 44 例,发病率为 93.6%,II 组 8 例、III 组 7 例术后无 1 例出现胃阴虚证。经统计分析,I 组胃阴虚证发生率与 II 组、III 组比较,差异有非常显著性($P < 0.01$)。说明不同胆系疾病术后胃阴虚证的发生率相差甚远,胆总管探查引流术后胃阴虚证的发病率明显高于其它两组。

2.3 术后胃阴虚证的治疗结果:I 组术后出现胃阴虚证 44 例,其中 37 例经益胃汤化裁治疗,有效 35 例,无效 2 例,有效率为 94.6%。另外 7 例未经中药治疗,但 1 例有效,6 例无效。

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受治疗者与未受治疗者相比较,疗效差异有非常显著性($P < 0.01$),这说明了临床应用益胃汤化裁治疗胆道术后胃阴虚证有较好的疗效。

3 讨论

从 I、II 组分析比较发现:两组术前辨证无一例为胃阴虚证,均施行了胆囊切除术,不同的是 I 组同时施行了胆总管探查引流术,由于胆汁的外引流致使术后出现了胆汁的丢失,而两组患者术后胃阴虚证的发病情况却存在着显著差异,说明造成这种差异的原因不是胆囊切除术,而是胆总管探查引流术后由于胆汁的丢失所致。从 I、II 组比较分析发现: I 组胆汁外引流后胃阴虚证的发病率为 93.6%,而 II 组胆道内引流术后无一例出现胃阴虚证,术后胃阴虚证的发病情况亦存在显著性差异,说明胆汁外引流致使胆汁的丢失是造成术后胃阴虚证的根本原因。胆汁,祖国医学又称精汁,源于肝脏,王叔和《脉经》中指出“肝之余气,泄于胆,聚而成精。”《素问·宝命全形论》云:“土得木而达”,说明胆汁由肝之精气所化生,汇聚于胆,泄于小肠,以助饮食消化,是脾胃运化功能得以正常进行的重要条件,这与现代医学胆汁的正常代谢与作用相似,因而我们将胆总管引流术后胆汁丢失所引起的饥不欲食、口干咽燥、舌红苔少或光红而干、脉细等症状,辨证为胃阴虚证。通过

观察发现:术后胃阴虚证常发生于术后 3~7 天,胆汁引流量越多,出现胃阴虚证的时间越早。用益胃汤化裁治疗术后胃阴虚证,有效率为 94.6%,改善了病人的症状,减轻了病人的痛苦。而未治疗组随着时间的推移,仅有 1 例自行好转,说明益胃汤化裁治疗术后胃阴虚证取得了较好的疗效。但我们发现,临床上无一例能完全消除胃阴虚证的症状,分析其原因可能是因为持续的胆汁外引流这个引起胃阴虚证的根本原因尚未解除,故而达不到真正治愈的目标。我们还发现临床上未经治疗的病人待拔除“T”型管后,胃阴虚证的症状均能在数天内自行完全解除,这也提示胆汁的丢失是引起术后胃阴虚证的根本原因。

行胆囊切除+胆总管探查引流术者,术后有 3 例未出现胃阴虚证,其平均每天引流的胆汁 $< 150\text{ml}$,所以可能与胆汁丢失较少有关。术后胃阴虚证经中药治疗后有 2 例无效,其胆汁引流量平均每日大于 500ml ,所以可能与胆汁的大量丢失有关。未治疗组有 1 例自行好转,其胆汁引流量初起较多,随着时间的推移逐渐减少至平均每日 $< 200\text{ml}$,所以可能与胆汁丢失少有关。由此推测,术后胃阴虚证发生与否,以及治疗效果如何,均与胆汁的引流量有关,胆汁丢失越少,胃阴虚证出现的可能性越小,治疗效果亦越好,反之亦然。

首次中国民间骨病研究学术交流征文通知

本会是经国家中医药管理局批准并主管的,由国家民政部注册登记的学术团体,本会决定于 1998 年 4 月中旬在京九铁路十大站场之一、全国农村中医工作先进市、著名的骨髓炎专科医院所在地的湖北省麻城市召开“首次中国民间骨病研究学术交流会”特征文如下:

1. 征文对象及要求:各级医疗单位中的骨病专科技术人员、乡村医生、民间医生、个体医生中的有骨病技术专长者及社会上的骨病研究及爱好者均可投稿。每篇论文限 3000 字以内,另附 600 字以内的论文摘要和 200 字以内的作者简介,要求字迹清楚,用方格稿纸抄写或打印。

2. 有关事宜:(1)经评选后凡入选者均可通知参加会议,并由本会发给“中国民间中医骨病研究学术成果证书”和论文证书、继续教育学分证书。(2)会议印发《中国民间中医骨病研究学术成果简介》和有卫生部领导题词的《会议资料汇编》等。(3)凡入选者均授予“优秀中国民间骨病中医师”及荣誉证书。(4)会议协商成立“中国民间中医医药研究开发协会骨病研究专业委员会筹委会”和举行“中国民间中医医药研究开发协会骨病研究治疗中心”成立的挂牌仪式。(5)会议聘请著名中医骨病专家教授作专题学术讲座。(6)会议组织考察麻城市骨髓炎专科医院和长江三峡等。(7)会议代表名额为 80 名,按工作表现、论文质量、投稿先后等择优通知参加。

3. 投稿地点:稿件请寄:湖北省麻城市岐亭镇市骨髓炎专科医院王宜天、汪芳记院长收,邮编:431609,联系电话:(0713)2091031。在信封上注明“骨病会征文”每稿请邮汇审稿费 30 元。截止日期:1998 年 3 月 20 日

中国民间中医医药研究开发协会学术部

ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Yin — deficiency of Stomach After Explorative Drainage of Common Bile Duct

Wu Yazu

It was found that, in patients with operation of bile duct, 93.6% of those cases receiving cholecystectomy plus explorative drainage of common bile duct suffered Yin — deficiency of the stomach, apparently higher than those cases receiving simple cholecystectomy plus choledochoduodenostomy and choledochojunostomy ($P < 0.01$). This suggests that the loss of bile is the foot cause of Yin — deficiency of the stomach which can be treated with modified Yiwei Decoction, with an effective rate of 94.6%.

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Key Words: Yin — deficiency of the stomach/surgical operation drainage choledochostomy

(Original article on page 25)

Forty — eight Cases of Acute Cerebral Hemorrhage Treated with Xijiao Dihuang Decoction with Additives

Li Guogin, Qi Wensheng, Xiong Kangmei, et al

The Decoction was applied for the treatment of acute cerebral hemorrhage, and randomly compared with the result of a control group treated by western conservative therapy. Results showed the total effective rate was 87.5%; marked effective rate 64.6%, mortality rate 8.3%, the hematoma under CT were completely or mostly absorbed in 84.1%. For the control group, the total effective rate was 61.2%, markedly effective rate 26.5%, mortality rate 14.3%, total and most absorption rate was 45.2%. The treatment group was markedly superior to the control group, suggesting that traditional remedies can increase the efficacy and survival quality, decrease the mortality rate through its unique action.

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Key words: Cerebral hemorrhage/TCM therapy @ Xijiao Dihuang Decoction

(Original article on page 27)

Studies on Damp — heat Syndrome of Liver — Gallbladder

Li Jiabang, Chen Zeqi, Zhang Xiang et al

Multi — parametric Studies were made on damp — heat

syndrome of the liver — gallbladder by the method of combination of TCM — syndrome and diseases, and correspondence between recipes and syndromes. The results reveals that such patients were in the state of stress, with rather severe inflammation and ischemia, the liberation of free radicals of the pathological products of peroxidation of lipids were increased and the blood vessels were in a state of dilatation, the permeability of capillaries was also increased.

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Key words: Damp — heat of the liver — gallbladder/TCM therapy

(Original article on page 44)

The Mechanism of Formation and Transformation of Deficient Kidney and Deficient Spleen

Sun Aihua, Li Jinying, Zhang Jinfang et al

The results of this study showed that no deficiency of the spleen or kidney were seen in the normal control group animal. About 1/3 of the anemic — rat control group revealed, earlier or later, spleen deficiency, without kidney deficiency. For the group of rats with iron deficiency, deficiency of the kidney appeared after 17 days, with many rats suffered from spleen deficiency, in which 43% of the animals changed from deficiency of the spleen to deficiency of both spleen — kidney or kidney deficiency alone. The difference between the iron — deficiency group and anemic control group of spleen deficiency was that the serum iron was markedly lower in the former group, whereas the serum iron in the deficiency of both the kidney and spleen — kidney rats was even lower than the spleen deficiency group. When deficiency of the kidney was induced by iron deficiency, the abnormality in the membranous protein of RBC is even more serious. Conclusion: Iron might be one of the crucial biochemical basis of the relations between the kidney and spleen.

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Key words: Deficiency of the spleen / pathophysiology deficiency of the kidney / pathophysiology

(Original article on page 47)