

急泻停治疗轮状病毒性肠炎的临床研究

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摘要 为探讨急泻停治疗人轮状病毒(HRV)性肠炎的临床疗效,将180例HRV性肠炎分为治疗组和对照组,治疗组用自拟方急泻停,对照组用葛根黄芩黄连汤,疗程3天。观察HRV性肠炎的临床治愈率、HRV抗原的转阴率、血清Na⁺、粪Na⁺、粪糖的影响及与中医证型的关系。治疗组治愈率为80.0%,有效率为96.7%,对照组治愈率为48.9%,有效率为87.8%,治疗组治愈率显著优于对照组($P<0.01$)。治疗组HRV抗原转阴率显著优于对照组($P<0.01$),对降低粪Na⁺、粪糖含量亦显著优于对照组。在中医分型中湿热证占78.3%。

主题词 轮状病毒感染/中医药疗法 肠炎/微生物学 @ 急泻停

大学南方医院中医内科及儿科门诊和住院病人,随机分为治疗组和对照组。治疗组90例,男性56例,女性34例,年龄<2岁66例,2~10岁9例,10~18岁4例,>18岁11例。病程13~71小时,平均 31.7 ± 15.1 小时,轻型68例,重型22例。中医辨证湿热证71例,寒湿证19例。两型中夹食滞者13例,兼脾胃虚弱者4例。对照组90例,男性53例,女性37例。年龄<2岁72例,2~10岁4例,10~18岁5例,>18岁9例。病程12~70小时,平均 30.9 ± 14.5 小时。轻型73例,重型17例。中医辨证湿热证70例,寒湿证20例。其中夹食滞者12例,兼脾胃虚弱者5例。

2 治疗及观察方法

治疗组服用急泻停煎剂,由黄连、黄芩、藿香、白芍、茯苓、番石榴叶等组成。对照组服用葛根黄芩黄连汤:葛根、黄连、黄芩、甘草。均为每日1剂,水煎分2次温服。有脱水者,可酌情予以口服或静脉补液。观察过程未加用其它治疗药物和手段。疗程3天。在治疗前和治疗后24、48、72小时分别记录有关症状及体征,于治疗前后作血、尿、粪三大常规检查,粪便细菌培养、粪便HRV抗原检测、肝肾功能、心电图等检查,血清Na⁺、大便Na⁺、糖的检测。

统计方法采用美国SPSS8.0统计软件,作 t 检验和 χ^2 检验,进行显著性分析。

3 治疗结果

3.1 疗效判定标准:按《中药新药治疗泄泻临床研究指导原则》分为4级。痊愈:泄泻症状消失,大便成形,每日1~2次;中医证候的主症、次症消失,舌苔基本恢复正常,异常生化指标恢复正常,粪HRV检测阴性。显效:大便次数每日2~3次,近似成形或便溏而每日仅1次,中医证候的主症、次症改善在2级以上,生化指标接近正常,HRV检测弱阳性。有效:大便次数减少至治疗前的1/2,性状好转,主要症状改善。无效:症状无改善或加重,异常的生化指标无改善,粪HRV检测阳性。

3.2 临床疗效:治疗组痊愈72例,显效9例,有效6例,无效3例,总有效率为96.7%。对照组痊愈44例,显效19例,有效16例,无效11例,总有效率为87.8%,治疗组明显优于对照组($P<0.05$)。治疗组止泻时间为 27.6 ± 15.6 小时,对照组 43.9 ± 20.4 小时,

人轮状病毒(Human Rotavirus, HRV)是引起感染性腹泻的主要病原体^[1,2]。目前尚无特异西药治疗。我们用自拟方急泻停治疗HRV性肠炎收到较好的疗效。现报道如下。

1 临床资料

1.1 诊断与排除标准:HRV性肠炎诊断标准按照中华人民共和国卫生部1993年发布的《中药新药临床研究指导原则》^[3], (1)病程在3天以内,大便呈水样,伴有或不伴有急性上呼吸道感染症状,大便细菌培养阴性。(2)HRV抗原检测阳性。检测方法:ELISA法。试剂盒由本校珠江医院生物高科技中心提供。中医辨证标准:参照卫生部发布的《中药新药治疗泄泻的临床研究指导原则》^[3]的有关内容辨证分为湿热证(泄泻腹痛,泻下急迫,或泻而不爽,粪色黄褐,气味臭秽,肛门灼热,烦热口渴,小便短黄,苔黄腻,脉滑数或濡数)和寒湿证(泄泻清稀,甚如水样,腹痛肠鸣,脘闷食少,苔白腻,脉濡缓)。两型中有夹食滞和兼脾胃虚弱者。纳入标准:符合HRV性肠炎的诊断标准及中医辨证标准,病程在3天以内。排除标准:(1)患有HRV性肠炎以外的其他全身性疾病,正在药物治疗者;(2)合并有心血管、肝、肾和造血系统严重疾病者;(3)孕妇及腹部手术在30天以内者;(4)非HRV感染的其他腹泻者;(5)不符合纳入标准者。

1.2 一般资料:180例HRV性肠炎患者系第一军医

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治疗组止泻快于对照组($P<0.01$)。提示急泻停可提高 HRV 性肠炎的疗效和缩短病程。

3.3 两组不同中医证型疗效比较:180 例 HRV 性肠炎患者中湿热证 141 例占 78.3%。两组 HRV 性肠炎中医湿热证、寒湿证的痊愈率差别均有显著性($P<0.05$ 或 $P<0.01$)。见表 1。

表 1 两组不同中医证型疗效比较

组别	证型	痊愈	显效	有效	无效
治疗组	湿热证	60	7	3	1
	寒湿证	12	2	3	2
对照组	湿热证	42	15	10	3
	寒湿证	2	4	6	8

表 2 两组治疗前后血 Na^+ 、粪 Na^+ 及糖的情况比较($\bar{x}\pm s$)

组别	例数	血 Na^+ (mmol/L)	粪 Na^+ (mmol/L)	粪糖 (mmol/L)
治疗组				
治疗前	30	147.1 $\pm$ 8.4	28.3 $\pm$ 4.6	0.83 $\pm$ 0.27
治疗后	30	140.1 $\pm$ 7.1*	18.3 $\pm$ 3.5**	0.22 $\pm$ 0.14**
对照组				
治疗前	30	147.5 $\pm$ 8.6	28.7 $\pm$ 5.1	0.85 $\pm$ 0.28
治疗后	30	144.5 $\pm$ 7.8	26.1 $\pm$ 4.6	0.76 $\pm$ 0.31

与治疗前比较, * $P<0.01$, ** $P<0.01$

3.4 对血清 Na^+ 、粪 Na^+ 、粪糖的影响:两组治疗后,血清 Na^+ 均无明显改善(P 均 >0.05),粪 Na^+ 与粪糖治疗组明显回降(P 均 <0.01),对照组改善不明显,见表 2。提示急泻停有促进 HRV 肠炎患者肠道对 Na^+ 、糖的吸收作用。

3.5 粪 HRV 抗原检测:治疗前两组大便 HRV 抗原检测全部阳性,治疗 3 天后,治疗组转阴 72 例,弱阳性 9 例,阳性 9 例;对照组转阴 44 例,弱阳性 19 例,阳性 27 例。两组粪 HRV 抗原的转阴率比较差异有显著性($P<0.01$),提示急泻停有促进患者大便中 HRV 转阴的作用。

4 讨论

本项研究表明,急泻停治疗 HRV 性肠炎,有止泻快、病程短,降低大便中 Na^+ 、糖浓度和促进患者便中 HRV 抗原转阴的作用,与葛根黄芩黄连汤作对照,均优于对照组。本文收集 180 例 HRV 性肠炎中湿热证占 141 例(78.3%)。因此我们认为在广东 HRV 性肠炎以湿热证居多。古人云:“无湿不成泻”、“暴注下迫,皆属于热”。湿热蕴结,困阻脾土,脾失健运,运化失常,则清浊不分,水谷混杂而下,并走大肠则成泄泻。或感受寒湿之邪,困阻脾土,清浊不分,水谷混杂而下发生泄泻。故用黄连清热燥湿,解毒止泻。《本经疏证》谓

“湿热中阻,与黄连为耦,……黄连能治湿生热,不能治热生湿,……故黄芩协黄连,能解热生之湿也”。故黄芩辅黄连为治湿热之要药;藿香芳香化湿,醒脾和胃,恢复脾土运化功能。黄芩、藿香共为臣药。白芍缓急止痛,治泄泻腹痛,番石榴叶收敛涩肠止泻以治其标,可加强连芩止泻之效,而共为佐药,茯苓引诸药入脾与小肠,能健脾和胃,利水渗湿,分利小便而实大便,而为使药。诸药共奏清热燥湿,解毒止泻之功。急泻停由葛根黄芩黄连汤去葛根、甘草加藿香、茯苓、番石榴叶、白芍而成。临床观察 HRV 性肠炎的痊愈率不论是湿热证还是寒湿证,治疗组均明显优于对照组。其原因可能是葛根黄芩黄连汤虽然清热作用强,而祛湿醒脾作用不足,而急泻停在上述清热之品的基础上加藿香、茯苓醒脾和胃,广东民间草药番石榴叶健脾祛湿止泻。

HRV 肠炎发病机理系病毒侵入小肠上皮细胞并引起损伤,使小肠绒毛缩短、绒毛细胞破坏,病变肠粘膜细胞双糖酶活性降低、钠转运受损,导致糖、电解质吸收障碍而引起腹泻^[4]。用急泻停治疗后,粪 Na^+ 、糖含量明显回降,推测急泻停对 HRV 性肠炎肠粘膜损伤有修复作用,恢复了小肠的吸收功能。

急泻停治疗 HRV 肠炎 3 天后,HRV 转阴率为 80%,较对照组转阴率明显增高,比文献报道排毒时间为 9~21 天^[5]明显缩短。我们进行药效学研究发现急泻停能拮抗新斯的明引起的小肠运动亢进,促进小肠对水分及 Cl^- 吸收。能减少大黄冷浸液引起的排便增多,急泻停体外对 HRV 感染的 MA104 细胞具有保护作用。能抑制 HRV 在细胞中的复制和繁殖,使病毒颗粒的外壳内核破坏。能提高小鼠的痛阈值,具有镇痛作用。明显降低毛细血管的通透性,抑制炎症反应^[6]。结果表明,急泻停是治疗 HRV 性肠炎的有效药物。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Studies on Chronic Obstructive Pulmonary Diseases Treated by Fufang Xiebai Capsule. Report of 36 cases

Xi Zhaoqing, Jiang Meng, Ju Wenzheng, et al

Thirty — six cases were treated with Fufang Xiebai (FX) capsule and compared with control group. There was significant difference ($P < 0.05$) in the amelioration of signs and symptoms such as coughing, asthma, and wheezing rales, the total effective rate being 91.7%. It also improved the ventilation of the lungs and lowered the pulmonary arterial pressure. Animal experiments revealed that FX increased the contents of plasma PGI_2 , inhibit TXA_2 in rats. When compared with the control group treated with nifedipine, it markedly improved the re — organization of pulmonary vessels and decreased the pathology of right heart hypertrophy, indicating that the methods of communicating Yang and eliminating Bi — syndrome yielded actions of antitussive and depressing cough, releasing spasm and eliminating asthma, and lowering pulmonary hypertension.

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Key words: pulmonary disease, obstructive/TCM therapy @ Fufang Xiebai capsule

(Original article on page 218)

Seventy — two Cases of Ankylosing Spondylitis Treated with Puduluo Capsule

Huang Guoping, Tian Changyan, Yan Ti, et al

Self — control method was adopted with a dosage of 2 — 4 capsule q. d. or b. i. d. for a course of 8 weeks. Results showed that 9 clinical indices of the 12 had obvious amelioration before and after treatment ($P < 0.01$), while the other 3 indices, viz. the occipital — parietal distance, digital — ground distance, schober test didn't have improvement before and after the treatment ($P > 0.05$). In the 12 lab indices, only platelets, ESR, γ — globulin, revealed statistical significance before and after the treatment ($P < 0.01$). 5 cases were clinically cured (6.94%), 31 (43.06%) markedly effective, 36 cases (50.0%) effective, the total effective rate being 100%. Experiments showed that Puduluo capsule in different dosages revealed very significant anti — inflammatory, analgesic actions in arthritis mice models, and, obviously inhibited the cellular immune function. It regulated biphasically the immunity in human body, lowered CD_4/CD_8 ratio. The analgesic and anti — inflammatory action was greater than that in the positive control group treated with indomethacin.

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Key words: spondylitis, ankylosing/TCM @ Puduluo capsule
(Original article on page 221)

Post — hypotensive Syndrome after Hypertension Treated by Nipendipine Concerted with Chinese Traditional Drugs. observation on 44 cases

Guan Dongmei, Lin Xiaozheng, Li Qiyu, et al

The clinical effect of nitrendipine on "post — hypotensive syndrome" concerted with Chinese medicines of invigorating — qi and nourishing blood was observed, with nitrendipine alone as control. The heart function, blood sugar, serum insulin, 24 — hour ABPM were estimated for evaluation of its effect and side — effects before and after treatment. Results showed that the treatment group had obvious improvement in symptoms and accumulated scores with very significant difference when compared with that of the control group ($P < 0.01$); insulin — resistance was improved in both groups. The treatment group had marked elevation of DC, EF ($P < 0.05$, $P < 0.01$ respectively). The SBP negative load in treatment group was very significantly different as compared with the control group ($P < 0.01$), demonstrating that the combined use of both drugs yielded action of prevention and treatment in post — hypotensive syndrome without obvious side effects.

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Key words: post — hypertension/treatment of integrated Chinese and western medicine hypotensive syndrome

(Original article on page 224)

Clinical Investigation on Rotaviral Enteritis Treated with Jixieting

Wei Lianbo, Luan Tu, Chen Baotian

One hundred eighty cases of human rotaviral (HRV) enteritis were assigned to 2 groups. The treatment group was administered Jixieting, while the control group Huangqin Huanglian Tang, with a course of 3 days. The relationship between TCM typing and the negative response of HRV antigen, serum Na^+ , fecal Na^+ , fecalose, and clinical cured rate were observed. The cured rate and effective rate in the treatment group and control group were 80.0%, 96.7% and 48.9%, 87.8% respectively. The results of treatment group was markedly superior to the control group ($P < 0.01$), the lowering of fecal Na^+ , fecalose, was markedly superior in the treatment group. For TCM typing, damp — heat type accounted for 78.3% of the total cases.

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Key words: rotavirus infection/TCM therapy enteritic/microbiology @ Jixieting

(Original article on page 226)