

中医药治疗中晚期胃癌 102 例临床疗效分析

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摘要 为了探讨温寒化痰、健脾降胃、解毒抗癌的中药在治疗中晚期胃癌中的作用。将 102 例中、晚期胃癌患者分为两组,单纯中药组以温寒化痰、健脾降胃、解毒抗癌法治疗 69 例,中药加化疗组治疗 33 例,两组进行比较。结果:单纯中药组中 50 例经随访 1、3、5 年生存率分别为 84%、56.4%、45.4%,中位生存期为 2.45 年,而中药加化疗组经随访 30 例中,1、3、5 年生存率分别为 76.7%、53.3%、43.3%,中位生存期为 1.73 年。临床单纯中药组优于中药加化疗组,但无统计学意义。表明中药能改善症状,提高疗效,增加机体免疫功能,同时能减轻化疗病人的毒副反应、防治术后复发、降低转移率、延长远期生存率、改善生活质量。

主题词 胃肿瘤/中医药疗法 肿瘤分期

胃癌是我国消化道常见的恶性肿瘤之一,除手术、化学药物治疗外,中医药治疗也是一种有效方法,从 1992~1997 年,我科对 69 例中晚期胃癌患者单纯用温寒化痰、健脾降胃、解毒抗癌中药治疗,取得了满意效果,并与同期中药加化疗组 33 例进行比较,以探讨中医药对治疗中晚期胃癌的作用机理。现将结果报告如下。

1 临床资料

性别与年龄:本组病例中男性 63 例(61.8%),女性 39 例(38.2%),年龄 34~79 岁,平均 56.1 岁。

手术方式与病变部位:本组病例中作根治性手术 44 例(43.1%),次全切除术 17 例(16.7%),姑息性手术 10 例(9.8%),无手术指征 32 例(31.4%)。其中贲门癌 22 例(21.6%),胃体部癌 31 例(30.4%),胃窦部癌 33 例(32.4%),胃小弯癌 16 例(15.6%)。

临床分期与病理组织学分类:102 例病例均有病理细胞学证实为各期胃癌,分期按 TNM 法,Ⅰ期 13 例,Ⅱ期 49 例,Ⅳ期 40 例。其中溃疡型腺癌 21 例,浸润型腺癌 22 例,乳头状腺癌 6 例,低分化腺癌 33 例,印戒细胞癌 2 例,粘液性腺癌 18 例。

将 102 例患者分单纯中药组和中药加化疗组两组,其病理分型、临床分期两组相似有可比性,基本情况:单纯中药组 69 例,男 46 例,女 23 例;年龄 34~79 岁;KPS 积分 30~70,临床分期Ⅰ期 10 例,Ⅱ期 31

例,Ⅳ期 28 例;手术例数 44 例,未手术 20 例;中药加化疗组 33 例,男 17 例,女 16 例;年龄 36~77 岁,KPS 积分 50~80;临床分期Ⅰ期 3 例,Ⅱ期 19 例,Ⅳ期 11 例;手术 27 例,未手术 11 例。

2 治疗及观察方法

2.1 治疗方法:单纯中药组以温寒化痰、健脾降胃、解毒抗癌为基本治法。基本药物有黄药子 15~30g,肉桂 10g,干姜 10g,生黄芪 30g,党参 15g,川续断 15g,沙苑子 15g,陈皮 10g,赭石 30g,藤梨根 30g,白花蛇舌草 30g,槟榔 20g,莪术 10g,生姜 5g,大枣 10g。随病症加减:气阴亏损加太子参 30g,黄精 10g,熟地黄 18g;大便干结加生大黄 10g,番泻叶 6g;痛甚加蜈蚣 3 条,全蝎 5g;恶心呕吐加炒竹茹 15g,姜半夏 10g;食不消化加神曲 15g,莱菔子 15~30g,谷芽 30g;中阳虚甚加附子 10g,高良姜 10g,佛手 10g。

中药加化疗组:中药仍以温寒化痰、健脾降胃、解毒抗癌为治法,基本药物及加减方法同上组。对 Karnofsky 积分>50 分,进行常规化疗(FAM),丝裂霉素 4~6mg,第 1 周 1 次,5-氟脲嘧啶 400~600mg,每周 1 次,阿霉素 30~40mg,第 1、4 周各 1 次,6~8 周为 1 个疗程。部分病人采用口服氟脲嘧啶,每日 300mg,分 3 次服用,总量为 10~15g。

2.2 观察方法:本组中期疗效在治疗 3~6 个月后观察症状缓解情况、生存质量,化疗后病人在化疗结束 3 周后进行检测,远期疗效主要进行生存时间的调查。

症状缓解情况:中晚期胃癌常出现体倦乏力、面色不华、食欲减退、大便不调、食后饱胀、恶心呕吐等症状,根据这些症状表现程度不同记分,并计算积分值,治疗后症状平均积分值比治疗前下降 1/3 以上者均为改善。

生存质量:以体力状况评分 Karnofsky 标准进行评定,提高 10 分以上为提高,而下降 10 分为下降,治疗前后变化小于 10 分为不变。

3 结果

3.1 症状缓解情况:表 1 示,单纯中药组对常见体倦乏力、面色不华及食欲减退症状作用优于中药加化疗组($P<0.05$ 或 $P<0.01$)。这与化疗所引起脾胃虚寒和气血不足有关,但化疗后毒副反应程度大大减轻。

3.2 生存质量:表 2 示,Karnofsky 评分结果提示,单

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表 1 临床症状缓解情况

组 别	例数	体倦乏力	面色不华	大便不调	食后饱胀	恶心呕吐	食欲减退
单纯中药组	69	60/66	57/62	57/65	50/54	40/42	59/65
中药加化疗组	33	23/33	20/30	25/28	26/31	24/33	20/31

表中数据为缓解例数/症状例数

表 2 生存质量变化情况〔例(%)〕

组 别	例数	上升	稳定	下降
单纯中药组	69	25(36.3)	33(47.8)	11(15.9)
中药加化疗组	33	10(30.3)	13(39.4)	10(30.3)

纯中药组生存质量保持稳定,略有提高,稳定例数稍优于中药加化疗组,但差异无显著性($P < 0.05$)。

3.3 生存率和中位生存期:获得随访病人 80 例,从治疗到死亡或失访为止,并计算累积生存率。单纯中药组 50 例,其中生存 > 0.5 年 47 例(85.4%), > 1 年 42 例(84%), > 3 年 31 例(56.4%), > 5 年 25 例(45.4%),中位生存期为 2.45 年。中药加化疗组 30 例,其中生存 > 0.5 年 25 例(83.3%), > 1 年 23 例(76.7%), > 3 年 16 例(53.3%), > 5 年 13 例(43.3%),中位生存期 1.73 年。临床单纯中药组优于中药加化疗组,二者虽有不同,但无统计学意义($P > 0.05$)。

4 讨论

提高恶性肿瘤术后的长期生存率,防治复发和转移,是恶性肿瘤术后治疗的根本目的。中晚期胃癌患者中有三分之一病人已失去手术机会,而部分肿瘤病人手术后又进行化疗,并出现毒副反应,导致机体损害、体质虚衰、免疫功能下降等因素。而术后采用中医中药治疗,也是一种较有效和适宜的治疗方法,也同样具有防治术后复发和转移的作用。范忠泽等观察 99 例胃癌术后患者,中药组 49 例,服用枸桔李、青皮、生白术、石见穿、白花蛇舌草、生薏苡仁、八月札、莪莢等药,对照组 50 例用 FAM 化疗,治后中药组生存质量提高为 84.8%,对照组为 36.67%,中药组 10 年生存率 10.2%,对照组无一例生存 10 年^[1]。说明中药可以起到提高机体免疫功能、改善症状、减轻化疗毒副反应作用,提高癌症病人生活质量、延长生存期,部分病人还可以达到带瘤生存的目的。据张殿生等报道,胃癌普通根治术后 5 年生存率为 33.3%^[2];蒋益兰用健脾、化瘀解毒法治疗 52 例晚期胃癌,治疗后 1、3、5 年生存率分别为 84.6%、53.5%、34%^[3]。本组 102 例中晚期胃癌术后经中药和中药加化疗治疗,临床结果显示,1、3、5 年生存率分别为 82.0%、56.4%、45.4%和 76.6%、53.3%、43.3%,提示中药治疗术后患者有助于提高远期生存率。

我们还体会到,癌症晚期正败邪逼、生命垂危、中药攻邪难以在短期内取效。此时配用化疗药口服,可助中药控制邪气之蔓延,以挽救一线之真阳。胃癌手术表现之临床证候,以脾肾阳虚之寒瘀毒结证最多见,因此,我们在治疗上常用升脾阳以疏肝气,温胃降胃以利胆气,而解毒抗癌通畅六腑血脉是关键。所以本组病例分析结果提示,中晚期胃癌术后经中医药治疗也是一种可行的方法,而且取得较好疗效。防癌治癌的中药,如枸杞子、猪苓、黄芪、菟丝子以及六味地黄丸、小柴胡汤等,这类药物对抑制肿瘤基因、诱导细胞分化的防癌研究具有重要意义^[1],值得我们去研究和开拓。

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• 书 讯 •

●《清宫医案研究》498.00 元(免邮资)。由中国中医研究院与中国第一历史档案馆有关专家通力合作,历时数载完成的这部巨著,首次对我国现存极其珍贵的清代宫廷医药档案,上自顺、康,下迄光、宣,作了系统整理研究,不仅展示了清代历朝帝后、妃嫔及王公大臣之病情医事,名医国手之辨治经验,以及某些视为禁脔之宫廷药治,供临床借鉴,更可贵的是编者还撰著了高质量的系列论文,揭示了清代宫廷医学之成就及独特经验,于医史都具有极高的参考价值。

●《临床中医内科学》由中国中医药学会内科学会组织编写。荣获“第二届国家图书提名奖”。参加本书编写工作的有全国各地的专家、学者和医师近 300 名。本书从酝酿筹备至专家组审定稿件,历时 5 个春秋。全书分为总论、各论和附篇三大部分。各论又分为上篇(中医病证)、中篇(西医疾病辨证论治)、下篇(现代研究进展)三篇,共收载中医病证 156 种,西医疾病 163 种,是现今收载病种最多的中医内科专著。本书对各种疾病的编写体例分为病名(或证名)、定义、范围、历史沿革、证候学特征、病因病机、临证思路、诊断与鉴别、辨证与治疗、转归与预后、护理与调摄、康复、预防、古今医论选粹等 14 项,内容既各自独立,又相互联系,蔚成一体。全书计 2587 页,400 余万字,16 开,精装,上下册,每套 230.00 元(免收邮资)。以上书价除特别注明外均已含邮资,欲购者请汇款至北京东直门内北新仓 18 号中医杂志社医海林音像书店图书部收,邮编:100700。电话:(010)64035632,请写清所购书名、数量及邮编。备有详细书目函索即寄。

ABSTRACTS FROM ORIGINAL ARTICLES

A Clinical Observation on 30 Cases with Angina Pectoris Treated with Refined Xue Fu Capsules

Wang Wei, Ma Xiaochang, Wang Xiaofang, et al.

In addition to Routine Remedy for Angina Pectoris for all the patients, Refined Xue Fu Capsules and Xue Fu Capsules were prescribed for the first group (N=30) and the second group (N=34). The third group (N=27) received only routine remedy as control in this single-blinded clinical trial. The total effective rate in these three groups were 96.6%, 73.5% and 70.4%. The effect in the first group was significantly higher than the rest two groups ($P < 0.05$). On EEG examination, it was 73.3%, 41.2% and 37.0%, which favored the first group than the rest two ($P < 0.05$). Significant or very significant difference in serum endothelin-1 content was found between the first two ($P < 0.05$) or between the first two vs. the third group ($P < 0.01$). Addition of Refined Xue Fu Capsules could produce much better therapeutic effects than with addition of Xue Fu Capsules or treated with routine remedy only.

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Key words: coronary diseases/TCM therapy angina pectoris/TCM therapy

(Original article on page 471)

Effect of Recipe for Supplementing Qi, Nourishing Yin and Expelling Turbid Pathogens on Cellular Immunity in Treatment of 30 Cases with Chronic Renal Failure of Deficiency of both Qi and Yin Type

Xu Limei

To determine the effect of TCM drugs on cellular immunity of patients with chronic renal failure of deficiency of both qi and yin type, the lymphocyte subsets, NK cells and sIL-2R were evaluated. A significant decrease in CD₃, CD₄, CD₄/CD₈ ratio and the NK cells ($P < 0.01$), a significant increase in CD₈ ($P < 0.05$) and a very significant increase in sIL-2R ($P < 0.01$) than the normal control group was found in the determination. CD₄/CD₈ ratio and the amount of NK cells were negatively correlated with sIL-2R. Scr and CD₈ were positively correlated with sIL-2R and negatively correlated with CD₄/CD₈ ratio and the amount of NK cells. The increase of CD₃, CD₄, CD₄/CD₈ ratio and the NK cells and decrease in CD₈ and sIL-2R suggested that this recipe could adjust the disturbed cellular immunity and was indicated for cases with chronic renal failure of deficiency of both qi and yin type.

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Key words: renal failure, chronic/TCM therapy deficiency of both qi and yin/TCM therapy

(Original article on page 474)

An Analysis of Efficacy of TCM Drugs in Treating 102 Patients with Gastric Carcinoma in Middle and Late Stages

Yang Jiquan, Zhang Binbin

Drugs for expelling pathogenic cold to resolving stasis, descending the stomach-fire by invigorating the spleen and treating cancer by detoxifying were used in the controlled clinical trial. The one-year, three-year and five-year survival rates in the treatment group (N=69) were 84%, 56.4% and 45.4%, respectively (median, 2.45 years). In comparison with the control group with TCM drugs plus chemotherapy (N=30) it was 76.7%, 53.3% and 43.3%, (median, 1.73 years) respectively. Clinical observation favored the treatment group in improving the symptoms, prolong the survival period, less toxic, less recurrence and metastasis, however, the difference was not significant in statistical analysis.

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Key words: tumors of stomach/TCM therapy stages of tumors
(Original article on page 483)

Correlation of Typing Based on Differentiation of Symptoms and Signs in Chronic Gastritis and Its Significance

Zheng Jiagang, Lu Lingeng, Duan Yanxia, et al.

Correlation between TCM typing of chronic gastritis and the findings about the mucosa in gastroscopic examination was analyzed. In GLM and DUNCAN analyses, the sufferers of insufficiency of both the spleen and stomach were much older than of the damp-heat in the spleen and the stomach ($P < 0.05$), while the latter were much younger than blood stasis in stomach-collaterals ($P < 0.05$). Chronic gastritis caused by *Helicobacter pylori* was irrelevant with its types in TCM. Correspondence and scatter diagram analyses showed that chronic superficial gastritis was in correspondence with the types of damp-heat in the spleen and the stomach and that of incoordination between the liver and the spleen, while atrophic gastritis with proliferation and intestinal metaplasia were in correspondence with the types of insufficiency of both the spleen and stomach, blood stasis in stomach-collaterals and insufficiency of stomach yin. Findings in gastroscopy support the nature of chronic gastritis in TCM that the initial stage is often manifested in excess or heat syndromes. Lingering of the disease is bound to be of deficiency or invasion of heat into the collaterals, or impairment of yin.

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Key words: gastritis/diagnosis gastroscopy/TCM tying

(Original article on page 490)