

# 584 例胆囊结石排石疗效对比分析

陈伟民<sup>1</sup> 庞晓霞<sup>2</sup> 朱玮华<sup>1</sup>

**摘要** 为探讨胆囊结石的排石疗效,将 584 例胆囊结石分设西药、中药、中药加推按运经仪综合疗法 3 组进行对比观察,西药组口服舒胆通、爱活胆通片;中药组用自拟方四金排石汤煎服加口服肝胆结石片;综合组煎服四金排石汤加推按运经仪。结果以综合组排石疗效最为显著,其排净率、总排石率、总有效率分别为 16.84%、49.27%、84.82%;中药组次之,3 项指标分别为 11.29%、37.10%、67.7%,西药组疗效最差,3 项指标分别为 2.41%、7.32%、43.90%。3 组间排净率比较差异有显著( $P < 0.05$ ),总排石率与总有效率比较差异均有显著性( $P < 0.01$ ),表明综合疗法是目前临床治疗横径  $< 1.0\text{cm}$  中小结石的较好方法。

**主题词** 胆结石/中药疗法

我们自 1994 年 1 月~2000 年 4 月共收治胆囊结石 700 余例,并分设为西药、中药、中药加推按运经仪综合疗法 3 组进行临床排石疗效观察,现将有完整资料的 584 例作回顾性分析,报告如下。

## 1 临床资料

本组资料共 584 例,其中住院病人 68 例,专科门诊病人 516 例;男 211 例,女 373 例;年龄  $< 30$  岁 123 例、31~50 岁 290 例、 $> 51$  岁 171 例;所有病人均经腹部 B 超(日立 EUB450 型、美国 GEa200 型)检查 2 次以上或再作 X 线平片、CT、胆囊造影检查而确诊,报告为团块状单个结石 155 例,颗粒状多个结石 169 例,泥沙样结石 260 例。所有患者分组及结石大小分类情况,表 1 示,3 组结石大小差异无显著性( $P > 0.05$ )。

表 1 584 例胆囊结石大小比较 [例(%)]

| 组别  | 例数  | 结石横径(cm)   |                  |            |
|-----|-----|------------|------------------|------------|
|     |     | $\leq 0.5$ | $> 0.5 \sim 0.8$ | $> 0.8$    |
| 西药组 | 41  | 13(31.71)  | 18(43.90)        | 10(24.39)  |
| 中药组 | 62  | 19(30.65)  | 28(45.16)        | 15(24.19)  |
| 综合组 | 481 | 110(22.87) | 246(51.14)       | 125(25.99) |

## 2 治疗方法

2.1 西药组:口服舒胆通片,浙江嘉兴药业公司生产,浙卫药准字(1996)第 178907 号,每次 1 片(40mg),化学名为三乙氧苯酰丙酸;爱活胆通片,德国汉堡爱活大

药厂研制,中国进口药品注册证号:Z980042,每次 1~2 片,主要成分为常青藤浸膏及向日葵籽油,均 1 日 3 次,饭后服用。

2.2 中药组:以自拟四金排石汤为基础方,每日 1 剂,水煎服,晚上口服肝胆结石片,四川旭华制药有限公司研制,川卫药准字(1995)第 011208 号,主要成分为牛胆汁、硝石、鸡内金、枳壳、青皮、香附、木香、延胡索、黄连、焦白术、吴茱萸、高良姜、山楂、神曲等 14 味中药。每次 5~6 片。四金排石汤组成:四川大叶金钱草 30~50g,鸡内金 10~12g,海金沙 12~15g,郁金 15~20g,枳壳 15~20g,青皮 15~20g,三棱 12~15g,莪术 12~15g,赤芍 20~30g,生黄芪 20~30g,柴胡 9~12g,黄芩 12~15g,木香 9~12g,适用于结石呈团块状或颗粒状其直径  $< 0.8\text{cm}$  者,力求排石。对于泥沙样结石或直径  $> 0.8\text{cm}$  的大块状结石,则在前方中去柴胡、黄芩、木香、生黄芪,易用威灵仙 30~40g,芒硝 10~12g,海浮石 12~15g,鸡内金加大剂量至 15~20g,主要起溶石、消石作用。两组均连续服药 30 天为 1 个疗程。

2.3 中药加推按运经仪综合疗法:中药汤剂同中药组,下午及晚上分两次煎服。上午加用推按运经仪(IID-89-VB 型、IID-92-VB 型,均由北京宏波科技发展有限公司生产)并配合简化总攻疗法。方法步骤是:8:00 口服 33%硫酸镁溶液 20~30ml,8:15 嘱患者食脂肪餐(油煎鸡蛋 2~3 只或猪蹄 1~2 个),8:30 开机总攻,用手柄电极推按排石,持续 15 分钟结束。连续治疗 15 天为 1 个疗程。对于伴有胆囊炎的病例,则使用推按运经仪的程序循环法先作消炎、疏通经络治疗 7~10 天,使胆囊功能恢复正常或基本正常后,再行推按总攻排石疗法。

以上 3 组连续治疗 1 个疗程结束后,均嘱患者休息 5~7 天后进入第 2 疗程,第 2 个疗程的药物剂量均酌情加大。

## 3 结果

3.1 疗效标准:采用全国统一的诊断及疗效判断标准<sup>[1]</sup>。治愈:症状、体征消失,原有结石全部排出;显效:症状、体征明显减轻,结石减少或缩小 1/2 以上;有效:症状、体征有所减轻,结石减少或缩小在 1/2 以内;无效:症状、体征无改善,结石无减少或缩小。以下统计分析所称的排净率即治愈率,排石率即显效率,总排石率

1 浙江省天台县人民医院,浙江省天台县城关劳动路 63 号 (317200)

2 浙江省天台县疗养院

收稿日期:2000-08-07;修回日期:2000-10-08

系治愈、显效的合计率。3 组病人均在治疗 2 个疗程后作影像学复查 2 次以上评定疗效。

3.2 治疗结果:表 2 示,3 组的排净率经卡方检验( $\chi^2=6.92, P<0.05$ )差异有显著性;3 组的排石率与总排石率比较( $\chi^2$  分别为 14.24、28.63,  $P$  均  $<0.01$ )差异有显著性。3 组间的疗效(总有效率)比较:西药组与中药组比较( $\chi^2=5.77, P<0.05$ )差异有显著性;西药组与综合组比较( $\chi^2=42.15, P<0.01$ )差异有显著性;中药组与综合组比较( $\chi^2=11.29, P<0.01$ )差异亦有显著性。

表 2 3 组胆囊结石疗效比较 [例(%)]

| 组别  | 例数  | 治愈        | 显效         | 有效         | 无效        |
|-----|-----|-----------|------------|------------|-----------|
| 西药组 | 41  | 1(2.44)   | 2(4.88)    | 15(36.59)  | 23(56.09) |
| 中药组 | 62  | 7(11.29)  | 16(25.81)  | 19(30.65)  | 20(32.25) |
| 综合组 | 481 | 81(16.84) | 165(32.43) | 162(33.68) | 73(17.05) |

#### 4 讨论

根据对本研究 3 组不同排石治疗所采用的方法、疗程、结果等因素综合分析,可见以综合疗法组疗效最为显著,且治疗时间仅为其余两组的 1/2,因此,该方法具有疗效高、疗程短的突出优点,值得临床推广,特别适用于较大结石排石治疗;缺点是患者接受仪器治疗较费时间,工作生活的随意性受限。中药组排石疗效位居第二,与西药组比较差异有显著性,可见中药组除同样具有较好疗效外,还具有方便、廉价的优点。而西药组疗效较差,且费用较高,因此临床上用于排石的范围会受到局限。

现代医学认为,胆结石形成的机制十分复杂,尚未彻底明了。据目前所知,胆固醇结石的形成主要与胆汁中胆固醇的过饱和、胆盐量的减少及成分的改变有关。胆色素结石的形成主要与胆汁中非结合胆红素增多有关。胆囊或胆管本身的病理改变、糖蛋白的含量增加和感染等诸多因素在结石的形成中也起到重要作用<sup>[1]</sup>。中医学认为,胆结石的形成多因过食肥甘、痰湿壅盛、情志忧郁、复因外邪入侵、蛔虫上扰,造成肝郁气滞、胆汁郁阻、气血瘀结、湿热内生,致使湿、热、瘀三者搏结瘀滞,日久沉积结为砂石。因此,治当疏肝行气,利胆导滞,活血化瘀,软坚散结,排石消石。我们所拟用的协定基础方四金排石汤即以此为组方原则。方中四川大叶金钱草、鸡内金、芒硝、海金沙均为排石、消石的主要药物;鸡内金(生用研末为佳)既可消溶结石,又能健胃消导,防止它药苦寒或攻伐伤胃;枳壳、青皮、木香均善于理气,疏利肝胆经气;三棱、莪术、威灵仙破瘀止痛、软坚散结,为治疗有形坚积之要药;郁金活血行气,赤芍

活血祛瘀,两药善走血脉、直达病所;柴胡、黄芩为疏畅气机、和解清热之对药;海浮石化痰消瘀、软坚散结;生黄芪补益正气,推动结石排出,且能防止祛瘀诸药破血伤正。上述药物据有关文献报道,用于治疗胆囊结石具有(1)增加胆汁分泌量与流量,使胆囊内流体静压增高;(2)加强胆囊胆管蠕动功能,促进胆囊收缩;(3)减少胆汁中的粘稠质和固形物,使含水量增加,有利于胆汁流动;(4)调节动物血清及胆汁中的总胆红素、结合胆红素、游离胆红素的浓度和比例,明显抑制游离胆红素;(5)显著抑制动物血清、胆汁中的胆固醇含量,升高胆酸盐含量,恢复胆酸三级正常比例;(6)舒张胆管下段括约肌,有利于胆汁排泄;(7)消炎,控制感染等药理作用<sup>[1~7]</sup>。本临床观察表明,我们拟用的协定处方四金排石汤具有良好的排石功效。

应该注意的是,以金钱草作为药名,全国各地异物同名甚多。我们体会治胆石症以四川大叶金钱草(报春花科)效果最佳,浙江地区又将大叶金钱草称为对座草,除前者外还包括点腺过路黄,疗效亦佳,因这两种均具有较好的利胆作用。而主产于广东、广西的大叶金钱草即广金钱草为豆科植物山绿豆属,功用长于利尿通淋,用治尿路结石为佳。

**志谢** 本文统计学处理由天台县卫生防疫站陈书山副主任医师完成,在此致谢。

#### 参考文献

- 1 沈明兴主编.肝胆肾结石与溶石疗法.上海:上海医科大学出版社,1999:54-55,18,120-175.
- 2 王浴生主编.中药药理与应用.第6版.北京:人民卫生出版社,1983:696.
- 3 徐淑云.国内胆石病药物治疗概况.安徽医学院学报,1987,4:46-49.
- 4 黄锦旋,张柏和.茵陈胆道汤对胆汁有形成分影响的临床研究.中西医结合杂志,1986,6(3):154-155.
- 5 宋浦春.中药防治胆石症的实验研究近况.上海中医药杂志,1991,(9):30-31.
- 6 郑显理.我国胆石病的治疗策略——排、溶、碎、取并举.中国中西医结合杂志,1992,12(11):47-49.
- 7 安新,史美媛,郭振武.中药制剂对胆石病患者胆汁成分的影响.中国中西医结合杂志,1994,14(9):525-527.

**热烈祝贺**

**河北巨鹿县痔瘻专科培训学校**

**建校 16 周年**

**1985.5~2001.5**

招生电话:(0319)4333842,4338495,4332207

## ABSTRACTS FROM ORIGINAL ARTICLES

### **Clinical and Experimental Study on Sputum—Removing Action of Tan Jing Nebulization Liquid**

*Peng Zhaolin, Peng Wenjuan*

103 children of respiratory tract infection were treated with ultrasonic aerosol inhalation of Tan Jing Nebulization Liquid in order to study mechanisms of sputum—removing action in pharyngeal portion. Clinical results indicated that Tang Jing Nebulization Liquid in sputum—removing action and reduction of sputum sound was superior to the control group ( $P < 0.01$ ). Results in the experiment of animal showed that the drug promoted obviously ciliary motion in air passage as compared with the control group ( $P < 0.05$  or  $0.01$ ). Electron microscopy indicated that chain of sputum shortened, loosened and dispersed.

**Authors' address:** Wuhan Municipal Children's Hospital, Hubei Province 430016

**Key words:** respiratory tract infection / TCM therapy, Chinese herb steam inhalation, @ Tan Jing Nebulization Liquid

(Original article on page 216)

### **Comparative Analysis of Therapeutic Effects in Removing Stone in 584 Cases of Cholelithiasis**

*Chen Weimin, Pang Xiaoxia, Zhu Weihua*

581 cases of cholelithiasis were assigned to Western medicine group, Chinese herb group and Combined treatment group. The Western medicine group received oral administration of Trepibutone, Ai Hou Dan Tong Tablet; The Chinese herb group were orally administrated self—formulated prescription Si Jin Pai Shi Decoction and Gan Dan Jie Shi Tablet; The combined treatment group were orally administrated Si Jin Pai Shi Decoction and received treatment with Tui An Yun Jing Instrument. Results showed that the therapeutic effect in the combined treatment group was the best, the all—stone ejection rate, total lithecbole rate and the total effective rate being 16.84%, 49.27%, 84.82%, respectively; in the Chinese herb group was next, the three indexes being 11.29%, 37.10% and 67.7%, respectively; in the Western medicine group was the worst, the three indexes being 2.44%, 7.32% and 13.90%, respectively. There were significantly differences in the all—stone ejection rate ( $P < 0.05$ ), total lithecbole rate ( $P < 0.01$ ) and the total effective rate ( $P < 0.01$ ) among the three groups. It is suggested that the combined treatment is a better method for clinical treatment of middle and small stone with transverse diameter less than 1.0cm at present.

**Authors' address:** Zhejiang Tiantai County People's Hospital, Zhejiang Province 317200

**Key words:** cholelithiasis/Chinese herb therapy

(Original article on page 218)

### **Approach to Correlativity of Treatment of Amenia Based on Difference of Syndromes with Endometrial Thickness—Clinical Observation of 84 Cases**

*Han Xiaofang, Wang Pujing*

It was found in clinical observation of 84 cases of functional secondary amenia that the patient with endometrial thickness of less than 0.5 cm manifested most as deficiency syndrome and the patient with endometrial thickness of more than 0.5 cm manifested most as excess syndrome. Based on the therapeutic principle "illness of deficiency type should be treated by tonifying method and excess syndrome should be treated with the method of purgation and reduction", a good therapeutic effect was attained. It is indicated that treatment of amenia based on differentiation of syndromes and the endometrial thickness have close correlativity.

**Authors' address:** Staff and Workers' Hospital, Beijing Yanshan Petrochemical Industry Company, Beijing 102500

**Key words:** amenia/ Chinese herb therapy, endometrium, medical action, treatment based on differentiation of symptoms and signs

(Original article on page 220)

### **Study on Correlativity of HLA—DQA1 Allelic Gene with Varied TCM Constitution Types in Acute Cerebral Infarction**

*Shen Naiying, Yan Zheng, Jin Yu'an, et al*

Varied TCM constitutions in the patient of acute cerebral infarction were classified by using HLA—DQA1 allelic gene to analyze hereditary susceptibility of constitution types and relation among constitution, syndrome and treatment. PCR—SSP technique was used for classification of Yin—deficiency, Yang—deficiency, Qi—deficiency, phlegm—dampness and blood stasis constitution in 103 cases of acute cerebral infarction and HLA—DQA1 allelic gene was used for gene classification in 99 cases of normal constitution. Results indicated that HLA—DQA1 \* 0501 gene type in Yin—deficiency constitution was significant higher than that of normal constitution ( $P < 0.01$ ); HLA—DQA1 \* 0301 gene type in Qi—deficiency, phlegm—dampness and blood stasis constitution all was higher than normal constitution ( $P < 0.01$ ). It is suggested that HLA—DQA1 \* 0501 gene is correlated with Yin—deficiency in the patient of acute cerebral infarction. Thus, genetical background of relation of constitution with syndrome, and constitution with "treating the same disease with different methods" are explained from view of point of molecular biology.

**Authors' address:** Huguosi Hospital of TCM, Beijing University of TCM, Beijing 100035

**Key words:** cerebral infarction/ genetics

(Original article on page 237)