

中药治疗肝内胆管结石合并肝内胆汁淤积 56 例疗效观察

林志智¹ 林哲宏² 陈玲玲¹

摘要 目的:观察肝内胆管结石合并肝内胆汁淤积中医治疗的临床疗效。方法:治疗组 56 例用中药赤芍、栀子、大黄、郁金、枳壳、木香、牛膝、茵陈、金钱草、茯苓、生地黄、鸡内金治疗,并与西医内科治疗 35 例作对照观察。结果:治疗组中治愈 29 例,好转 19 例,无效 8 例,总有效率为 85.71%,对照组总有效率为 28.57%,两组比较差异非常显著($P < 0.01$),治疗组治疗前后结果比较,差异非常显著($P < 0.01$),治疗过程中,无出现明显不良反应。结论:中医药治疗肝内胆管结石合并肝内胆汁淤积疗效显著,无明显不良反应。

主题词 胆总管结石/并发症 胆汁郁积,肝内/中医药疗法

肝内胆管结石,临床相当多见,合并肝内胆汁淤积的病例较少。近年来,采用内镜下胆道取石术取得了新进展,但操作复杂,有一定危险性,临床运用尚未普遍开展。手术治疗的效果不理想,清除不容易彻底。深藏在二级肝胆管及以上结石,有时须切开肝实质才能取出。有的因结石嵌塞引起肝萎缩或脓肿形成,或由于继发感染而引起肝内胆管狭窄^[1],既妨碍自然排石,也限制手术或内窥镜下取石。结石再发生机率高,对于肝内胆管多发性结石,临床颇为棘手。我们从中医的角度对 56 例肝内胆管结石合并肝内胆汁淤积患者进行中医治疗临床观察,并与 35 例西医内科治疗组进行对照,结果表明,中医治疗疗效满意,与对照组比较差异非常显著($P < 0.01$)。

1 临床资料

对象为我院 1997 年 1 月~2000 年 11 月住院病例,全部病例均经 B 超、CT 和实验室检查证实,按 1979 年旅大全国中西医结合治疗胆系疾病会议制定的胆道感染、胆石病中西医结合诊疗标准^[2],并参照 1983 年重庆全国肝胆结石专题会议规定的肝胆疾病命名及诊断标准^[3]诊断。中医治疗组 56 例,男性 48 例,女性 8 例,年龄 28~45 岁,平均 35.2 岁,其中肝内胆管多发性结石 42 例,右肝管结石 10 例,左肝管结石 4 例,结石大小为 0.6cm×0.2cm~1.4cm×0.6cm,并发胆管感染 8 例。中医辨证^[2]均属湿热型。对照组 35 例,男性 31 例,女性 4 例,年龄 26~47 岁,平均 36.6 岁。其中肝内胆管多发性结石 27 例,结石大小为

0.3cm×0.3cm~1.4cm×0.4cm,左、右肝管结石 8 例。并发胆道感染 4 例。两组病例胆红素(TBIL)升高,直接胆红素(DBIL)超过总胆红素 50%,碱性磷酸酶(AKP)、 γ -谷氨酰胺转氨酶(γ -GT)升高,胆固醇(CHOL)、丙氨酸氨基转移酶(ALT)轻度增高,尿胆红素(BIL)强阳性,尿胆原(UBG)减少。临床表现为肝区不适或隐痛、黄疸、皮肤瘙痒,大便颜色变浅,尿色深黄。舌质红,苔黄腻,脉弦滑。治疗组与对照组病例临床资料经统计学处理差异无显著性($P > 0.05$),具有可比性。

2 治疗及观察方法

2.1 治疗组治疗方法:中药选用:赤芍 15g,栀子 15g,大黄 10g(1 周后改为 6g),郁金 10g,枳壳 10g,木香 10g,牛膝 15g,茵陈 15g,金钱草 30g,茯苓 30g,生地黄 15g,鸡内金 10g,水煎服,每日 1 次,服中药 90 分钟后将 25%硫酸镁注射液(江苏无锡第七制药厂生产,生产批号 9609123)10ml 加 10%葡萄糖注射液 500ml 静脉滴注,5 天为 1 个疗程,每周进行 1 疗程,6 个疗程后评定疗效。

2.2 对照组治疗方法:甘利欣(主要成分:甘草酸二铵,10ml 含量 50mg/支,江苏连云港正大天晴制药有限公司生产,生产批号 199701012)200mg, L-门冬氨酸钾镁注射液(主要成分 L-门冬氨酸、氧化镁、氢氧化钾,每毫升含钾 10.6~12.2mg、镁 3.9~4.5mg,浙江瑞安制药厂生产,生产批号 960803)10ml 加入 10%葡萄糖注射液 500ml 静脉滴注,每日 1 次。苯巴比妥(30mg/片,江苏南通制药总厂生产,生产批号 960915)30mg,每日 3 次口服,消炎利胆片(主要成分:穿心莲、溪黄草、苦木等,广东康宝药业有限公司生产,生产批号 960210)每次 6 片,每日 3 次,口服。7 天为 1 个疗程,6 个疗程后评定疗效。

2.3 对症治疗:治疗组与对照组对症处理方法相同,并发感染使用头孢唑林钠(0.5g/瓶,河北石家庄第一制药厂生产,生产批号 960120-2)2.0g,加入 10%葡萄糖注射液 250ml 静脉滴注,每天 2 次,血象恢复正常后停止用药。右上腹疼痛患者用 25%硫酸镁注射液 10ml 加入 10%葡萄糖注射液静脉滴注,疼痛缓解后停止使用。

2.4 观察方法:两组病例均于治疗前进行 B 超、CT

1 福建省永春县医院,福建省永春县城关环城路 98 号(362600)

2 福建省泉州市中医院

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和实验室检查。治疗期间每 2 周进行 1 次 B 超和实验室检查,结合临床表现观察比较治疗结果。实验室检查主要项目有总胆酸(TBA)、TBIL、DBIL、AKP、 γ -GT、ALT、CHOL、BIL、UBG 等。B 超、CT 检查观察结石大小、部位,以及肝内胆管梗阻或扩张情况。同时严密注视患者有否并发胆道出血、休克等情况发生。

2.5 统计学方法:计量资料用 $\bar{x} \pm s$ 表示, t 检验,两样本均数比较用 χ^2 检验。

3 治疗结果

3.1 疗效标准^[2,4]:治愈:症状体征消失,经大便排出结石或造影证实胆道内结石阴影消失者,黄疸消退,其他症状消失,实验室指标正常;好转:症状体征减轻,或排出部分结石者,黄疸及其他症状减轻、胆红素正常或降低,其他实验室指标好转;无效(未愈):症状体征不变,未排结石,黄疸不退或加深,其他症状及实验室指标无改善。

3.2 B 超、CT 检查情况:中医治疗组治疗后结石全部排出 29 例,其中肝内胆管多发性结石 16 例,右肝管结石 10 例,左肝管结石 3 例。肝内胆管结石部分排出或下移患者 19 例。结石远端扩张、胆囊不充盈 56 例,治疗后扩张消失或部分改善、胆囊充盈 48 例,未改变 8 例。对照组治疗后仅 1 例右肝管结石排出,9 例肝内胆管多发性结石部分排出,结石远端肝内胆管扩张部分改善,25 例未改变。治疗组与对照组比较差异有非常显著性($P < 0.01$)。

3.3 两组治疗前后实验检查变化情况:将 TBIL、AKP、 γ -GT、ALT 4 项作为两组治疗前后观察比较指标,两组治疗后组间比较,4 项指标差异均有显著性意义(P 均 < 0.01),治疗组优于对照组。两组治疗前后比较,4 项指标差异也有显著性意义(P 均 < 0.01),治疗后优于治疗前。结果见附表。

附表 两组治疗前后实验室检查变化比较($\bar{x} \pm s$)

组别	例数	TBIL ($\mu\text{mol/L}$)	AKP (U/L)	γ -GT (U/L)	ALT (U/L)
治疗组 56	疗前	46.5 $\pm$ 10.5	589 $\pm$ 101	135.9 $\pm$ 35.6	100.2 $\pm$ 26.1
	疗后	20.2 $\pm$ 8.3* Δ	40.1 $\pm$ 11.2* Δ	36.2 $\pm$ 9.6* Δ	48.7 $\pm$ 11.5* Δ
对照组 35	疗前	44.8 $\pm$ 11.1	561 $\pm$ 97	140.2 $\pm$ 36.1	110.4 $\pm$ 28.2
	疗后	36.4 $\pm$ 10.2*	420 $\pm$ 81*	106.3 $\pm$ 28.1*	86.1 $\pm$ 18.8*

与本组疗前比较,* $P < 0.05$;与对照组疗后比较, $\Delta P < 0.01$

3.4 两组疗效情况:治疗组 56 例,治愈 29 例(51.72%),好转 19 例(33.93%),无效 8 例(14.29%),总有效率为 85.71%;对照组 35 例,治愈 1 例(2.86%),好转 9 例(25.71%),无效 25 例(71.43%),总有效率为 28.57%;治疗组与对照组疗

效比较,差异有非常显著性($P < 0.01$)。

3.5 药物不良反应及并发症观察:治疗组用大黄 1 个疗程后,出现轻微腹泻 31 例,剂量减至 6g 后腹泻消失。两组均未出现胆道出血、胆管源性肝脓肿、肝叶萎缩、休克等并发症。

4 讨论

肝内胆管结石合并肝内胆汁淤积与结石梗阻有关。肝内胆管结石造成肝内胆管局限性狭窄伴远端扩张^[6],胆管内压升高,进而累及胆小管及毛细胆管,胆汁成分经由血胆屏障进入血流是肝内胆汁淤积发生的重要原因。有的病变由于梗阻仅限于肝的一叶,胆汁淤积也仅局限于一叶,黄疸或高胆红素血症不很明显,证实了这一认识。肝内胆管结石合并肝内胆汁淤积与并发胆管炎也有直接联系,有资料表明,通过纤维胆镜观察到肝内胆管结石全部有胆管炎发生,电镜表现为毛细胆管、小胆管扩张、增厚,有的管腔狭窄或闭塞^[5]。

促使肝内胆管结石排出,解除梗阻,使胆汁排泄畅通,控制感染以及恢复肝细胞内的正常代谢纠正毛细胆管膜改变都是治疗的重点。中医的观点与这一认识基本吻合。中医认为,胆石症(包括肝内胆管结石)、胆汁淤积症属于“胁痛”、“黄疸”的辨证范畴,它的形成与湿热蕴结,熏蒸肝胆,肝郁气滞,肝胆失于疏泄,胆汁淤积,湿热煎熬形成沙石,肝胆失于疏泄,胆汁不循常道,外溢肌肤,下流膀胱而发黄疸。治疗以清利湿热,疏肝解郁,利胆退黄,通瘀导滞排石为主。治疗方药中茵陈、栀子、大黄、茯苓清利肝胆湿热;郁金、枳壳、木香疏肝理气导滞;茵陈、金钱草、郁金、栀子利胆退黄;大黄、赤芍、枳壳、牛膝祛瘀导滞通下,促进结石下行排出。生地、黄芩凉血养肝,以促进肝细胞内代谢正常并预防因过度利胆出现“肝性疲劳”而影响疗效。中药组通过消除炎症,改善肝微循环,疏通胆小管及微小胆管内胆汁淤积,促进胆汁排泄下行,并通过松弛胆管,胆汁下行冲刷等作用,达到治疗目的。

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ABSTRACTS FROM ORIGINAL ARTICLES

Effect of acupuncture on immunologic cytokines, insulin sensitivity index and blood coagulation index in the patient of type II diabetes

Chen Jianfei, Ma Yaling, Ding Ping, et al.

In order to investigate the effect of acupuncture on immunologic cytokines, insulin sensitivity and high blood coagulation state in the patient of type II diabetes mellitus, the patients were divided into control group (50 cases) treated with routine drugs and combined acupuncture group (52 cases) treated with acupuncture combined with routine drugs. Tumor necrosis factor- α (TNF- α) and interleukin-6 (IL-6) contents were determined with RIA, at the same time, changes of in vitro thrombosis length, platelet agglutination rate, fibrinogen, activated partial thromboplastin time, prothrombin time, fasting blood glucose were observed before and after treatment. Results indicated that in the combined acupuncture group, immunologic cytokines and the contents of blood coagulation indexes decreased significantly, and the levels of insulin sensitivity indexes increased ($P < 0.05$ and $P < 0.01$), with statistically significant differences compared with the control group ($P < 0.05$ and $P < 0.01$). It is suggested that mechanisms of acupuncture treating type II diabetes are possibly related with regulation of cytokines, reduction of insulin resistance, increase of insulin sensitivity and improvement of microcirculation.

Authors' address: Zhuhai TCM Hospital Affiliated to Guangzhou University of TCM, Zhuhai 519015

Key words: Diabetes, non-insulin dependence/acup ther immunity, cellular/acup eff Insulin/acup eff

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Clinical observation on 53 cases of rheumatoid arthritis treated with Feng Shi Xian Dan

Shen Yujie, Qu Qunwei

Feng Shi Xian Dan was used for treatment of 53 cases of rheumatoid arthritis (RA), and indomethacin was used for treatment of 53 cases as control. Results showed that the markedly effective rate and the total effective rate were 54.7% and 92.4% in the treatment group, and 26.4% and 66.0% in the control group, respectively, with a significant difference between the two groups in the therapeutic effect ($P < 0.01$). The improvement extent of the clinical main symptoms and signs, except joint numbers of pain, in the treatment group was superior to that in the control group ($P < 0.05$ or $P < 0.01$): blood sedimentation rate, rheumatoid factor (RF), C-response protein (CRP), immunoglobins (Ig), T-lymphocyte subpopulations, microcirculation of nail fold, and red blood cell (RBC) and hemoglobin in the patient of anemia were

significantly superior to that in the control group ($P < 0.05$ or $P < 0.01$); there were significant differences in the two group in superoxide dismutase (SOD) activity and lipid hyperoxide (LPO) level before treatment as compared with the normal group ($P < 0.05$ or $P < 0.01$), and after treatment SOD activity and LPO level tended significantly to normal ($P < 0.05$ or $P < 0.01$) in the treatment group, and the lowering amplitude of LPO in the treatment group was significantly superior to that in the control group ($P < 0.01$); the treatment group had no adverse reaction except less cases had symptom in digestive tract. It is indicated that Feng Shi Xian Dan has an obvious therapeutic effect on RA.

Authors' address: The First Municipal Hospital of Danjiangkou, Hubei 442700

Key words: Arthritis, rheumatoid/TCM ther @Feng Shi Xian Dan

(Original article on page 33)

Observation on the therapeutic effect of Chinese drugs on 56 cases of calculi of biliary duct complicated by bile stasis in the liver

Lin Zhizhi, Lin Zhehong, Chen Lingling

Objective: To observe the therapeutic effect of TCM treatment on calculi of biliary duct complicated by bile stasis in the liver. **Methods:** The treatment group (56 cases) were treated with Chi Shao (Radix Paeoniae Rubra), Zhi Zi (Fructus Gardeniae), Da Huang (Radix et Rhizoma Rhei), Yu Jin (Radix Curcumae), Zhi Qiao (Fructus Aurantii), Mu Xiang (Radix Aucklandiae), Niu Xi (Radix Achyranthis Bidentatae), Yin Chen (Herba Artemisiae Capillaris), Jin Qian Cao (Herba Lysimachiae), Fuling (Poria), Sheng Di Huang (Radix Rehmanniae), Ji Nei Jin (Endothelium Corneum Gigeriae Galli), and the control group (35 cases) were treated with western medicine. Results indicated that 29 cases were cured, 19 cases improved and 8 cases were ineffective, with a total effective rate of 85.71% in the treatment group; and the total effective rate was 28.57% in the control group, with a significant difference between the two groups ($P < 0.01$); and in treatment group there was a significant difference in the therapeutic effect before and after treatment ($P < 0.01$), and obvious adverse reaction was not found in the treatment group. **Conclusion:** The therapy has an obvious therapeutic effect on calculi of biliary duct complicated by bile stasis in the liver without obvious adverse reaction.

Authors' address: Yongchun County Hospital, Fujian Province 362600

Key words: Calculus of total bile duct/complication bile stasis, in liver/TCM therapy

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