

化瘀通降法治疗胃脘痛(瘀血证)

32例临床观察

刘 敏* 指导 董建华

摘要 用化瘀通降法治疗胃脘痛(瘀血证)32例,予化瘀煎冲剂并配以汤剂,结果,1周内止痛者21例,1~2周止痛者9例,2周以上止痛者2例,2周内止痛率为93.75%。

主题词 胃脘痛/中医药疗法 活血祛瘀

①化瘀通降

胃脘痛在临床是一种常见病、多发病,以胃脘部发生经常性的或突发性的疼痛为主证,常伴有其他消化道症状。其发病多因情志不调、饮食不节及感受外邪,从而导致胃、脾、肝等脏腑功能失调,气血失和,血脉瘀阻,不通则痛。董建华教授积50余年丰富的临床经验,治疗胃病有其独到之处,他以化瘀通降法治疗胃脘痛(瘀血证),创立了化瘀煎方。经临床反复运用,疗效显著,报告如下。

1 临床资料

选择胃脘痛(瘀血证)患者32例,均为住院病人。其中男22例,女10例。年龄为23~56岁,平均37岁。病程1~30年,平均9.3年。常见诱因有情志内伤者20例,饮食不节者18例,感受外邪者14例。入院时经纤维胃镜及活检病理诊断胃及十二指肠溃疡14例,慢性浅表及萎缩性胃炎32例,胆汁返流性胃炎4例,糜烂性胃炎2例,十二指肠球炎4例,胃内良性增生2例,非典型增生4例,肠上皮化生2例。

诊断标准 参照1983年全国中医学会内科学会胃脘痛诊断、疗效评定标准及1986年第二届全国活血化瘀研究学术会议修订的血瘀证

诊断标准判定。

主证:胃痛拒按,痛处不移,如刺如割,痛时持久,舌暗或有瘀点、瘀斑,脉涩、沉迟、弦。兼气滞者脘痛连胁,恼怒诱发或加重,嗳气频作,得嗳气或矢气后痛减,舌紫暗、苔薄白。兼寒热错杂者胃痛喜暖,得温痛减,肠鸣便溏,烧心、泛酸,舌暗红、苔黄。兼阴虚者胃痛隐隐,饥不欲食,口干不欲饮,舌暗红少津或有裂纹、少苔或花剥苔。

具有主证两项以上(疼痛、舌质、脉象),或具有主证一项和胃镜检查、活检病理诊断者均可确诊。

疼痛分级参考1984年全国急证胃痛协作组北京会议商定标准。轻度:胃脘痛较轻,疼痛可以忍受,无痛苦面容,压痛(+),共20例。中度:胃脘痛较重,有痛苦面容,但无坐立不安,压痛(++),共9例。重度:胃脘痛重,剧痛难忍,坐立不安,压痛(+++),共3例。

2 治疗方法

32例患者均给予化瘀煎冲剂,每次1袋(每袋为20g),一日2次。化瘀煎方组成:炙刺猬皮6g,炒九香虫6g,炒五灵脂10g,元胡6g,乳没各1.5g,金铃子10g等。兼证根据董老临床经验,配以相应之汤剂。兼气滞者用枳壳、大腹皮、香附、元胡、香橼皮、佛手、陈皮。兼寒热错杂者用黄芩、黄连、半夏、党参、干姜、吴茱萸、白术、砂仁、枳壳、陈皮等。兼阴虚者用沙参、麦冬、石斛、白芍、甘草、乌梅等。

3 疗效标准及结果

胃脘痛在1周内消失,兼证消除,舌质、脉象明显改善,其他检查好转为显效;胃脘痛在1~2周内消失或减轻1个级度,兼证基本

* 北京中医学院附属东直门医院,北京市东城区海运仓5号(100700)

收稿日期:1991-08-29;修回日期:1992-07-20

消除,舌质、脉象改善,其他检查好转为有效;胃脘痛在2周以后消失,兼证、舌质、脉象及其它检查无变化为无效。以上标准参考1983年中华全国中医学会内科学会胃脘痛诊断、疗效评定标准。

本组服药后1周内止痛者21例(65.63%),其中轻度15例,中度6例;1~2周内止痛者9例(28.12%),其中轻度5例,中度3例,重度1例;2周以上止痛者2例(6.25%),重度2例。2周内止痛率为93.75%。

各证型间止痛效果无明显差异。根据对疼痛、舌质、脉象、原发病灶、血液流变指标等的观察表明,本组显效24例,有效8例,显效率75%,总有效率100%。各证型间疗效无显著差异。

4 讨论

胃为多气多血之腑,易被邪气侵犯而致气血失调,胃失和降。32例患者大都有情志内伤、饮食不节、感受外邪等方面的诱因。如失治误治,日久可由气分及血分,由经入络,导致胃脘血脉瘀阻,不通则痛。胃脘痛(瘀血证)患者大都有较长的病史,反复发作,缠绵难愈。32例患者中病程长者30年,短则1年。

血遇寒则凝。寒邪犯胃,胃阳被遏,气闭热自内生,但寒邪未尽,复又传脾,从阴寒化,成为寒热错杂之证。热邪侵犯,血受熏灼则易于凝结瘀塞,导致胃脘血脉瘀阻,不通则痛。从而形成瘀血兼阴虚证。

瘀血的形成,不但使血液失其本身原有的营养、濡润功能,而且妨碍正常气血的新生和营运,使经脉不通,局部组织失养,导致溃疡、炎症及组织的增生和萎缩。

胃为水谷之腑,以通为用,以降为顺。因而在临床治疗,着重疏通气机,则寒热自除、阴阳调和。化瘀煎是以炙刺猬皮、炒九香虫为主药。刺猬皮味苦性平,无毒,入胃与大肠二经,有逐瘀滞、疏逆气的作用,能祛瘀止痛,活血止血。九香虫味咸,性温,无毒,能通滞气,壮元阳,对肝胃气滞疼痛及痞满胀痛均有良效。再配以五灵脂、金铃子、元胡、乳香、没药等

行气活血、化瘀止痛之品,从而加强疗效。

疼痛是瘀血证的一个重要症状,“不通则痛”。根据现代部分实验室研究认为,活血化瘀药可通过改善血循环和微循环而达到“通则不痛”的治疗目的。

由于各种病因均可导致瘀血证,而临床单纯的“瘀血证”较少见,多伴有其他兼证。所以在临床观察中,我们将32例患者按标准分为瘀血兼气滞证、瘀血兼寒热错杂证、瘀血兼阴虚证三组,分别观察其镇痛和治疗效果。结果显示,化瘀通降法适用于治疗各种兼证的胃脘痛(瘀血证)。通过对全血粘度、血浆粘度、红细胞压积、纤维蛋白原、血脂等项治疗前后的自身对照观察,表明化瘀通降法对胃脘痛(瘀血证)者的血液的浓、粘、凝、聚性有程度不同的改善,使血脉流通,微循环障碍得到不同程度的纠正。

胃脘痛(瘀血证)除给予积极的中医治疗外,还应重视调理,如调情志,节饮食,慎起居,戒烟酒等,以预防本病的复发。

安徽省高校科技联合培训部 中医函授部招生

选用全国统编高校函授教材,由有关专家教授针对中医自学高考进行辅导。凡初中以上文化程度的中医爱好者均可报名。来函至230001安徽省合肥市阜阳路48号安徽省高校联合培训部即寄简章。

· 简 讯 ·

★ 全国首届特种针法学术交流大会于1992年8月24~27日在辽宁省大连市召开。近千名国内代表出席了会议,并有7个国家50余名学者列席。本次大会共收到国内外学者的论文1600余篇。与会代表对特种针法的针具、手法、疗效及临床运用进行了探讨和交流,部分学者并现场表演了各种独特的针法。

★ 日本第九届和汉医药学会学术大会于1992年8月15~16日在日本东京都市中心召开,到会代表为全日本从事和汉医药研究和临床工作者,尚有少数大陆和台湾的代表。大会分为4个会场和1个展示室,所交流的内容涉及呼吸、消化、内分泌、癌症等方面。

ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on 30 Cases of Acute Episode of Chronic Cor Pulmonale Treated with *Feixin Ling*

Liu Wenzhao, Yang Runping

In addition to the treating group of 30 cases, another 30 cases were treated with western drug as control. Results showed the effect of *Feixin Ling* on individual symptoms, including coughing, shortness of breath, sputum, edema, heart and respiratory failures, as well as its comprehensive effect were all superior to the controlled group. Rheological study showed that *Feixin Ling* improves the circulatory function to certain extent.

Author's Address: Guanganmen Hospital, China Academy of TCM, Beijing 100053, PRC

Key Words: Cor Pulmonale/TCM Therapy

① *Feixin Ling*, Chronic Disease

(Original article on page 26)

Late Stage of Senile Cor Pulmonale Treated with Traditional Chinese Drugs

Lian Nan Yan Qingming Cao Jungao, et al.

92 cases of late stage of cor pulmonale were randomly and equally divided into 2 groups, the observation group and controlled group. The former was treated with Chinese traditional drugs of clearing heat, eliminating phlegm, stopping cough, dispersing the Lung, benefitting Qi and nourishing Yin, while the latter exclude the drugs for benefitting Qi and nourishing Yin. Results revealed that the remission effect for symptoms in the observation group was superior to the controlled group especially good at controlling palpitation and shortness of breath.

Author's Address: Dept. of TCM, General Hospital of Chengdu Military Area, PLA, Chengdu, Sichuan Province 610083, PRC

Key Words: Cor Pulmonale/TCM Therapy, Elderly

(Original article on page 29)

Epigastric Pain(Blood Stasis Syndrome)Treated by Stasis-Eliminating and Descending-Dredging Methods: Observation of 32 Cases

Liu Min

This treating remedy was given in powder

form as Drink of Eliminating Blood Stasis associated with other decoctions. Results showed that 21 cases had pain stopped within 1 week, 9 cases within 1-2 weeks, 2 cases over 2 weeks. The rate of stopping pain within 2 weeks was 93.75%.

Author's Address: Dongzhimen Hospital, Beijing College of TCM, Beijing 100700, PRC

Key Words: Epigastric Pain/TCM Therapy, Activating blood to eliminate stasis

② Method of Eliminating stasis, Descending-dredging

(Original article on page 34)

Observation on Serum Thyroid Hormone in 124 Cases of Liver Diseases in TCM Context

Huang Hui

In these cases of liver diseases(in TCM context), five types of syndromes were distinguished with their serum thyroid hormone determined. Results revealed that in all the cases the said hormone was disturbed more or less. Preliminary analysis maintained that the disturbance of the thyroid hormone constitutes one of the pathological basis of liver disease in TCM sense, reflecting, to a certain degree, the functional state of "the liver is responsible for dispersing function of the body"

Author's Address: Jiangxi College of TCM, Nanchang 330006, Jiangxi Province PRC

Key Words: Lung disease (TCM)/Blood, Thyroid hormone/blood

(Original article on page 40)

Some supplementary Idea on "Programme of Standardization of Auricular Point"

Zhou Liquan

To precisely locate the auricular points, the basic landmarks, including the inner margin of helix, crest of antihelix, scaphoid fossa, antihelixscaphoid margin, antihelix-concha margin, triangular fossa of antihelix, the folding line of concha, antitragus-concha margin, upper line of ear lobe, anterior line of tragus, were discussed.

Author's Address: Beijing 100015, PRC

Key Words: Auricular points, standards of reference

(Original article on page 48)