

自拟二白汤加钙剂肠腔内滴注治疗溃疡性结肠炎 50 例临床观察

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摘要 目的:探讨二白汤加钙剂肠腔内滴注治疗溃疡性结肠炎的疗效。方法:将符合诊断标准的 98 例溃疡性结肠炎患者随机分治疗组 50 例,对照组 48 例。治疗组以二白汤肠腔内滴注治疗,对照组给予二白汤内服。结果:治疗组总有效率 88%;高于对照组总有效率 72.92%。两组主要临床症状、体征及纤维结肠镜复查积分变化比较差异有显著性($P < 0.05$ 或 $P < 0.01$)。治疗组血清 IgM、IgG 有明显改善。结论:二白汤能够清热燥湿,通腑泻浊,解除泄泻,缓解腹痛、腹胀,阻止结肠粘膜损伤,促进溃疡修复,增强机体免疫调节机能,作用优于单纯内服治疗。

主题词 结肠炎,溃疡性/中西医结合疗法 @ 二白汤 @ 钙剂

溃疡性结肠炎(UC)是结肠、直肠慢性非特异性炎症,最常发生的部位是左降结肠,表现为局部炎症、溃疡。我科自 1998 年 1 月~2002 年 8 月,以自拟二白汤肠腔内滴注,直接作用病灶局部治疗 UC,对其治疗规律开展了临床研究,报告如下。

1 临床资料

本组纳入病例及排除病例标准均参照《中药新药临床研究指导原则》^[1]制定。病例均来源于我院中医科住院患者。纤维结肠镜检查以治疗前及治疗后半月内为准。98 例患者均符合以下标准:腹泻,腹痛,腹胀,便中夹带粘液或脓血,纤维结肠镜检查受累结肠粘膜呈现多发性浅表溃疡、充血、水肿、糜烂或覆盖有脓性分泌物,似一层薄苔附着。排除细菌性痢疾、阿米巴痢疾、血吸虫病、肠结核等特异性感染性结肠炎。98 例患者随机分为治疗组 50 例,对照组 48 例。治疗组:男 28 例,女 22 例;年龄 19~72 岁,平均为 53.5 岁;病程 3 月~10 年,其中 3~6 月 18 例,6+月~1 年 14 例,1+~5 年 10 例,5+~10 年 8 例;湿热壅滞型 31 例,气血瘀滞型 11 例,脾肾阳虚型 8 例。对照组:男 27 例,女 21 例;年龄 20~72 岁,平均 54 岁;病程 3 月~11 年,其中 3~6 月 15 例,6+月~1 年 13 例,1+~5 年 11 例,5+~11 年 9 例;湿热壅滞型 29 例,气血瘀滞型 11 例,脾肾阳虚型 8 例。两组性别、年龄、病程、分型比较,差异无显著性($P > 0.05$),具可比性。

2 治疗及观察方法

2.1 治疗方法:治疗组予以自拟二白汤。二白汤由白头翁 45~60g、炒白术 20~30g、制大黄 6~12g 组成。湿热壅滞,便臭,肛门灼热者,加白芍、白及、乌梅;气血瘀滞,便夹脓血者,加秦皮、蒲黄、五灵脂;脾肾阳虚泄泻,腹部隐痛,去大黄加干姜、肉桂、肉豆蔻。上药混合后加清水 800ml,浸泡 1 小时,首煎用武火煮沸,改文火浓煎取汁 150ml;二煎加清水 500ml,煎取汁 150ml,二汁相混再用文火浓煎取汁 100ml。温度至 38~40℃,加 10%葡萄糖酸钙注射液 10ml 摇匀。嘱患者排便后,取左侧卧位,垫高臀部 10cm,经肛导管入肛门 15~25cm,将药液高位缓慢滴入,每分钟 60~80 滴,静卧 2~4 小时,15 天为 1 个疗程,可 2 个疗程连续使用。对照组予以二白汤(白头翁 12~30g,炒白术 9~15g,制大黄 3~9g)口服。随症加减同上。水煎内服,每日 2 次。15 天为 1 个疗程。两组患者治疗期间均要求忌食油腻、生冷刺激之品。

2.2 观察内容及方法:(1)临床症状:采用统一表格于用药前记录患者腹泻、腹痛、腹胀,粘液便或脓血便、纳差、乏力、舌质、舌苔、脉象等临床表现及体征,按轻、中、重,分别记为 1 分、2 分、3 分,以后每间隔 1 周记录 1 次,均有专人负责,至疗程结束。(2)纤维结肠镜检查:主要观察结肠粘膜的水肿、充血、糜烂、溃疡等,按其结肠粘膜无水肿、充血、糜烂、溃疡记 0 分;轻度充血、水肿,无或者有轻糜烂,溃疡散在分布,数量 3~5 个,周边轻度红肿记 1 分;中等度水肿、充血,中等度糜烂或出血,溃疡散在分布 > 5 个,周边明显红肿记 3 分;重度充血、水肿,重度糜烂,溃疡分布多,表里布满脓苔,周边显著红肿记 5 分。(3)血清免疫球蛋白 IgA、IgM、IgG 含量测定。

2.3 统计学处理:采用 t 检验、方差分析进行统计。

3 治疗结果

3.1 疗效判定标准:参考《中药新药临床研究指导原则》^[1]评定疗效。治愈:临床症状及体征完全消失或纤维结肠镜复查较治疗前粘膜康复愈合 80%者;显效:临床症状及体征基本消失或纤维结肠镜复查较治疗前粘膜康复愈合 60%以上;有效:临床症状及体征有改善或纤维结肠镜复查较治疗前粘膜康复愈合 30%以

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表 1 两组患者治疗前后症状积分变化比较($\bar{x} \pm s$)

组别	例数	腹泻	腹痛	腹胀	粘液、脓血便	纳差	乏力
治疗组	50	2.09±0.78(42)	2.15±0.80(40)	1.50±0.50(24)	1.88±0.81(35)	1.95±0.75(21)	1.76±0.97(17)
疗后	50	0.79±0.95(42)**	1.17±0.72(40)**	0.75±0.67(24)**	1.06±0.76(35)**	1.35±0.87(21)*	0.15±0.77(17)**
对照组	48	1.96±0.81(38)	1.93±0.88(36)	1.34±0.59(20)	1.93±0.71(28)	1.95±0.71(19)	1.71±0.87(13)
疗后	48	1.59±0.98(38)	1.29±0.99(36)**	0.92±0.51(20)*	1.42±0.90(28)*	1.74±0.94(19)	1.47±0.94(13)

与本组治疗前比较, * $P < 0.05$, ** $P < 0.01$ 。表中括号内为例数, 下表同

表 2 两组患者治疗前后结肠镜检查积分变化比较($\bar{x} \pm s$)

组别	例数	湿热壅滞	气血瘀滞	脾肾阳虚
治疗组	50	1.83±0.76(31)	1.82±0.81(11)	1.71±0.69(8)
疗后	50	1.05±0.89(31)**	1.06±0.92(11)*	1.44±0.89(8)
对照组	48	2.09±0.85(29)	1.78±0.99(11)	1.63±0.72(8)
疗后	48	1.30±1.07(29)**	1.28±0.88(11)	1.38±0.73(8)

表 3 两组治疗前后血清免疫球蛋白含量比较(g/L, $\bar{x} \pm s$)

组别	例数	IgA	IgG	IgM
治疗组	50	2.92±0.58	15.54±1.64	2.76±0.68
疗后	50	2.88±0.48	13.05±1.34**	1.84±0.44**
对照组	48	2.85±0.52	15.09±1.17	2.76±0.61
疗后	48	2.66±0.49	13.14±0.98**	2.40±0.57

上;无效:临床症状及体征无明显改善,或纤维结肠镜复查较治疗前康复愈合 30% 以下者。

3.2 结果

3.2.1 两组总疗效比较:治疗组 50 例,治愈 21 例(42.00%),显效 14 例(28.00%),有效 9 例(18.00%),无效 6 例(12.00%),总有效率为 88%;对照组 48 例,治愈 14 例(29.17%),显效 12 例(25.00%),有效 9 例(18.75%),无效 13 例(27.08%),总有效率为 72.92%,治疗组临床总有效率高于对照组,但差异无显著性意义。

3.2.2 两组治疗前后临床症状与体征积分比较:表 1 示,治疗组治疗后各症状积分均显著降低($P < 0.05$ 或 $P < 0.01$),对照组治疗后腹泻、粘液脓血便、纳差、乏力等症积分降低,但除腹痛、腹胀、粘液脓血便外其余症状积分差异均无显著性($P > 0.05$);治疗组与对照组治疗后比较,腹痛、腹胀、粘液、脓血便积分差异无显著性($P > 0.05$)。

3.2.3 两组纤维结肠镜检查检查结果比较:表 2 示,两组治疗前不同证型的结肠镜检查积分差异无显著性。治疗组前两型治疗后较治疗前积分明显降低($P < 0.05$ 或 $P < 0.01$),对照组治疗后较治疗前积分降低以湿热壅滞型较明显($P < 0.01$),而后两型积分降低不明显($P > 0.05$)。

3.2.4 两组治疗前后血清免疫球蛋白含量变化:表 3 示,治疗组治疗后免疫球蛋白 IgA、IgG 均有显著改变

($P < 0.01$);对照组仅 IgG 有显著改变($P < 0.01$)。

4 讨论

UC 是结肠、直肠慢性非特异性炎症,迄今原因未明。临床以腹泻、腹痛、粘液血便为特征,易复发。中医学认为,本病属于“泄泻”、“肠癖”、“痢疾”、“滞下”、“肠风”、“脏毒”等范畴,病因与六淫邪袭,尤其是湿热壅滞、饮食所伤、情志郁结及禀赋不足等有关。病机是本虚标实、虚实夹杂,病初发作期多实,久病缓解期多虚。本虚责之于脾、肾气虚或阳虚,标实责之于湿壅热滞,肝气郁结或气滞血瘀^[2]。

UC 最常发生的部位是左降结肠,表现为粘膜充血、水肿、溃疡、糜烂。中医药治疗 UC 的方法有多种,如内服、灌肠、针灸等,疗效肯定。据此我们以自拟二白汤进行治疗,内服、外用(灌肠)与辨证论治结合。白头翁味苦性寒,入胃、大肠经,外用 45~60g,以清热解毒,凉血止痢为君药^[3]。白术味甘苦气温,入脾、胃经,擅健脾燥湿为臣使药。大黄味苦性寒,入胃、大肠、肝、心包经。功专泻热毒,荡积滞,行瘀血,虽泻下,但走而不守为佐药,遵“通因通用”之法。现代药理研究表明,大黄能改善循环、清除胃肠内细菌和毒素,并有防治细菌易位的作用^[4]。诸药合用共奏清热解毒,健脾燥湿,通腑泻浊之功。加钙剂可减缓药物的刺激及抗过敏性,使药物保留在肠腔内的时间延长。

本研究结果表明,二白汤肠腔内滴注治疗 UC,治疗后组间比较表明,腹泻、粘液、脓血便的积分均有显著性降低;纤维结肠镜检查结果表明,治疗组患者治疗后较治疗前总积分显著降低。二白汤通过清热燥湿,通腑泻浊,改善肠道粘膜的血流灌注,缓解其缺血、缺氧状态,有利于肠道粘膜损伤的修复。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Studies on Treatment of Bronchial Asthma with Pingchuan No. 2

Zhang Qingjun, Zhai Chengkai, Lu Hua, et al.

Objective: To observe the therapeutic effect of Pingchuan No. 2 on bronchial asthma and to explore the mechanism. Methods: 100 cases of asthma were randomly divided into a Pingchuan No. 2 group (treatment group) and a Guilong Kechuan Ning group (control group). Changes of symptoms and signs of asthma, pulmonary function, peripheral eosinocyte counts (EOS) and IgE after treatment were investigated, and animal experiments were carried out. Results: The clinically control rate, effective rate and improvement of pulmonary function in treatment group were higher than those in control group ($P < 0.05$). EOS and IgE level were significantly decreased in control group ($P < 0.05$ or $P < 0.01$). Pingchuan No. 2 decreased plasma thromboxane (TXB₂), endothelin (ET) contents and increased serum nitric oxide (NO), plasma 6-keto-prostaglandin contents. Conclusion: Pingchuan No. 2 has obvious therapeutic effect on bronchial asthma, which is related with regulation of immune function, antiallergic action and antagonising inflammatory media.

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Key Words: Asthma/TCM therapy; @Pingchuan No. 2

(Original article on page 106)

Clinical Observation on 50 Cases of Ulcerative Colitis Treated by Intestinal Drip of Erbai Decoction Plus Calcium Agent

Li Ruiqiang, Liu Xiangqin, Zhu Zhongsen, et al.

Objective: To explore the therapeutic effect of intestinal drip of Erbai Decoction plus calcium agent on ulcerative colitis. Methods: 98 cases of ulcerative colitis were randomly divided into two groups. Treatment group ($n = 50$) was treated by intestinal drip of Erbai Decoction, and control group ($n = 48$) was given oral administration of Erbai Decoction. Results: Total effective rate was 88% in treatment group, which was higher than 72.92% in control group. There were significant differences in changes of main clinical symptoms, physical signs and cumulative scores for examination of fiber-colonoscopy ($P < 0.05$ or $P < 0.01$) between two groups. Serum IgM and IgG level was significantly improved in treatment group. Conclusion: Erbai Decoction can clear away heat and eliminate dampness, relax the bowels and remove turbid, eliminate diarrhea, relieve abdominal pain and distention, arrest lesion of colic mucosa, promote repair of the ulcer, strengthen immune regulative

function. The therapeutic effect of intraintestinal drip was better than that of oral administration.

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Key Words: Colitis, ulcerative/integrated therapy of TCM and WM; @Erbai Decoction; @Calcium agent

(Original article on page 116)

Relationship between Brain-Imaging Alterations and TCM Syndromes in Patients with Cognitive Impairment after Stroke

Tian Jinzhou, Sheng Tong, Liu Huan, et al.

Objective: To investigate the relationship between distribution of TCM syndromes and changes of cerebral image in patients with cognition disturbance after stroke and determine clinical assay values for cognitive impairment so as to provide basis for interfering TCM risk factors of cognitive impairment after stroke and for treatment based on syndrome differentiation. Methods: Inpatients of apoplexy were assessed by neuropsychology and skull CT examination, and assessment of scores for TCM syndromes and analysis of correlativity were conducted. Results: The occurrence rate of the syndromes in patients of cognitive disturbance after stroke in the order of the probability was as following, i. e. deficiency of kidney-essence, retention of phlegm in orifices, stagnation of blood stasis in collaterals, hyperactivity of liver-Yang, retention of indigested food in the bowels, excessive pathogenic heat in the interior and deficiency of Qi and blood. Retention of turbid in bowels for cognitive impairment after basal ganglion infarction, excessive pathogenic heat in the interior for cognitive impairment after infarction accompanied by encephalatrophy, deficiency of kidney-essence for cognitive impairment after left hemisphere or bilateral infarction had higher relative risk, but the effect of deficiency of Qi and blood on cognitive impairment after infarction in corona radiata showed negative correlation. Conclusion: There is significant correlativity of image alterations of apoplexy position and property of apoplexy with TCM syndromes, suggesting that kidney deficiency, phlegm turbid, blood stasis and retention in bowels and pathogenic heat are possibly risk factors of cognitive impairment after stroke, but it is not closely related to deficiency of Qi and blood.

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Key Words: Stroke/radiophotography; Syndrome differentiation; @Cerebral image

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