

固肠胶囊治疗慢性非特异性溃疡性结肠炎 临床与实验研究

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摘要 固肠胶囊采用温中祛寒、清热坚肠、推陈除积、调理气血、固涩止泻治法,对本病的临床有效率为98.0%,近期治愈率为45.5%。实验提示,本药作用机理为解痉止痛,消炎,提高机体免疫功能,改善微循环和血液流变学指标,促进慢性炎症愈合。

主题词 结肠炎,溃疡性/中医药疗法 @ 固肠胶囊

慢性非特异性溃疡性结肠炎(以下简称慢性结肠炎)以泄泻症状为主,中医治疗常有效果,但患者难于长期坚持服用汤剂,因此我们研制了固肠胶囊治疗本病,临床获较好效果,并进行了实验研究,现报告如下:

1 临床资料

1.1 病例选择及一般资料:本组病例50例患者均有持续或反复发作腹痛、腹泻、腹胀,大便带有粘液或脓血,经内窥镜检查有慢性炎症表现,大便培养除外细菌性或阿米巴痢疾、慢性血吸虫病、肠结核等感染性结肠炎、结肠癌等疾病,诊断为慢性非特异性溃疡性结肠炎者,作为观察对象。

50例中男22例,女28例。年龄19~65岁。病程<1年11例,1~5年17例,5~10年8例,>10年14例。

1.2 治疗方法:固肠胶囊是施奠邦主任医师,博采众方之长,结合临床经验,根据慢性结肠炎最常见寒湿证、肝气乘脾证、脾胃虚弱证的临床表现,研制成固肠胶囊。该药由赤石脂、黄连、厚朴、神曲、川椒、乌梅、川芎、干姜、牡蛎等组成。以上药物经提取后制成胶囊,每粒0.4g,每日3次,每次4粒,饭前服。治疗期间忌食生冷、瓜果

及油腻食物。4周为1个疗程,共治疗2个疗程。

1.3 疗效分析:

1.3.1 疗效标准:根据卫生部药政局1988年《新药(中药)治疗泄泻病的临床研究指导原则》,拟定以下疗效标准。

近期治愈:泄泻症状消失,大便每日1~2次成形便,主症、次症大部分消失,舌苔基本恢复正常,内窥镜检查确有显著效果者;显效:大便每日2~3次,近似成形便,或便溏而每日仅1次者,主次症状改善程度在2级以上,疾病的客观检查已接近正常;好转:显效中第1~3项指标均有好转;无效:症状无改善或有加重者。

1.3.2 治疗结果:34例患者经1个疗程治疗,显效32例,好转1例,无效1例;16例经2个疗程治疗,显效12例,好转2例。总有效率98.0%。经治疗后,患者泄泻、腹胀、腹痛、粘液或脓血、溏便、纳差、乏力等症状明显改善,各项症状改善率平均为92.07%。经观察固肠胶囊的疗效与病程似无明显关系。有22例行纤维结肠镜复查,获临床治愈10例(1个疗程7例,2个疗程3例),好转10例(1个疗程8例,2个疗程2例),无效2例(均系2个疗程)。50例按中医辨证,属脾胃虚弱证40例,肝气乘脾证6例,寒湿证2例,肾阳虚衰证2例。经分析除肾阳虚衰证疗效较差外,其他各证疗效相似。

2 实验研究

固肠胶囊在临床有较好效果,我们又开展了固肠胶囊对肠管吸收功能,对实验性慢性结肠炎的促愈合作用、抗炎、肠管解痉、小肠推进运动、体液及细胞免疫、微循环及血液流变学等药理药效学实验研究,因资料甚多,仅简略介绍于下:

2.1 对兔肠管吸收功能的影响:取家兔行腹腔

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麻醉后开腹,取出小肠,排空内容物,结扎两端,注入台氏液 10ml,关闭腹腔后 1 小时抽出所注液体,测定容量及氯离子浓度。同法交替注入 2.5% 固肠台氏液(与台氏液总氯相等)和台氏液,按上法测定。结果示,注台氏液后肠内液体吸出量为 4.37 ± 1.793 ml,注固肠台氏液为 2.796 ± 1.785 ml;台氏液组抽出液中氯离子浓度为 1575.24 ± 546.6 ml,固肠胶囊组抽出液为 1083.0 ± 421.98 ml,均有显著性差异($P < 0.01$)。表明固肠胶囊可促进肠管吸收功能。

2.2 对大鼠实验性慢性结肠炎的影响:应用大鼠结肠粘膜,加佛氏佐剂免疫家兔,再用兔抗鼠血清免疫大鼠,再加结肠局部刺激,制成病理模型。结果示,结肠损伤计分,给水组为 30.10 ± 12.64 分,柳氮磺胺嘧啶组为 13.90 ± 5.45 分,固肠胶囊 1g/kg 中剂量组为 6.47 ± 5.84 分,2g/kg 大剂量组为 6.75 ± 6.53 分,其效果明显优于给水组和柳氮磺胺嘧啶组(P 均 < 0.01)。病理观察结果与损伤计分一致,即固肠胶囊中、大剂量组肠粘膜损伤率低于空白对照和西药组。

2.3 抗炎作用:抗炎试验选用大鼠棉球肉芽肿小鼠二甲苯耳廓致炎,大鼠甲醛致足跖肿胀 3 项试验,均设给水对照组、阿斯匹林对照组和固肠胶囊中、大剂量组。实验结果示,固肠胶囊两剂量组对棉球湿重、干重、肉芽肿净重,对二甲苯所致鼠耳炎症反应、甲醛引起的大鼠足跖肿胀反应与阿斯匹林有相似抑制作用。

2.4 对离体兔肠管的解痉作用:分别取兔肠管 4~5cm,麦氏浴槽台氏液中,与记纹鼓相连,分别加入不同药物,观测记录波形。结果示,乙酰胆碱对离体兔肠管有明显致痉作用,固肠胶囊和阿托品均明显改变肠管紧张度,另外,氯化钡对离体肠管有明显致痉作用,固肠胶囊可明显缓解,但阿托品却不能缓解氯化钡的致痉状态。

2.5 对小鼠小肠推进运动的影响:取瑞士种小鼠,随机分组两次给药后,经口予炭末溶液,处死动物,测量胃肠道全长及贲门至炭末末端长度,计算炭末在肠道推进的相对长度。结果示,

固肠胶囊有类似阿托品抑制小肠推进作用,生理盐水组炭末肠道推进的相对长度为 $71.91 \pm 9.33\%$,大剂量固肠胶囊组为 $57.79 \pm 12.16\%$,中剂量为 $59.17 \pm 10.19\%$,小剂量为 $59.97 \pm 6.10\%$,阿托品组为 $62.02 \pm 15.44\%$,新斯的明组为 $77.98 \pm 9.36\%$ 。

3 讨论

3.1 慢性非特异性溃疡性结肠炎,是原因不明的慢性炎症改变,目前认为免疫因素在本病发生中起重要作用,在我国以症状较轻、反复发作、累及左半结肠者最为常见。在治疗方面,国内外多采用激素及柳氮磺胺嘧啶类药,有一定疗效,但副作用也较多。本病属“泻泄”“久痢”范畴,其病因病机如清·张璐曰:“下痢积年不瘥,必然正气虚寒”“痢久滑脱不止,必有冷热宿滞纠结于中”。故本病寒热错杂,虚实互见。

3.2 固肠胶囊组方特点,以椒、姜温中祛寒,黄连清热坚肠,厚朴、建曲消积除满,川芎和血行气开郁以止痛,赤石脂之温涩,乌梅之酸涩,牡蛎助赤石脂收涩下利之滑脱。患者服药后症状显著改善,其改善率为 92.07% ,体现了本方具有温中祛寒、清热坚肠、推陈除积、调理气血、固涩止泻之功,其对身体的强壮作用,更是中药独到之处。

3.3 固肠胶囊治疗慢性结肠炎有效率为 98.0% ,近期治愈率 45.5% ,未发现任何毒副作用。

3.4 应用免疫加结肠局部刺激的方法,制作慢性结肠炎模型,其病理特点为肠粘膜损伤,小溃疡形成,以淋巴细胞浸润为主,少量白细胞浸润,杯状细胞减少与患者结肠病变相近似,本实验模型重复性、实用性较好,宜用于药效学试验。

实验研究提示,固肠胶囊的疗效机理在于促进肠吸收功能,解痉止痛,抑制小肠推进运动而止泻消炎提高机体免疫功能,改善微循环和血液流变学状态,疏通血脉,祛瘀通滞,有利于慢性结肠炎的修复与痊愈。

有关固肠胶囊的远期疗效,尚属满意,因病例数较少,仍在继续追访观察。

ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Chronic Heart Failure Treated by Modified Shengmai (Pulsogenic) Powder Plus Western Drugs

Mo Zhenzhao, Zhuang Rixi, Xu Xiaoping

Eighteen cases of chronic heart failure were treated by integrated TCM and WM method, including pulso-genic powder plus *Os Draconis*, *Conchae Ostrea*, with another group of 20 cases treated by western drug alone as control. The total effective rate for the amelioration of cardiac function in the treating group was 88.9%. Nuclide cardiac function test revealing marked improvement in Sv, EF, ER, RCO, with significant difference as compared with the western drug control group ($P < 0.05$).

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Key Words: Congestive heart failure/ Integrated TCM and WM therapy Shengmai (pulsogenic) powder/therapeutic application

(Original article on page 87)

Exploration on Non-ulcerative Dyspepsia Treated on the Basis of Differentiation of Zheng: Analysis of 62 Cases

Yu Lifang, Lian Xinchong

Based on clinical manifestations, non-ulcerative dyspepsia was divided into five types, viz. type of liver—depression and Qi—stagnation, type of liver—depression and stomach—heat, type of liver—depression and damp—impediment, type of liver—depression and spleen—deficiency, type of liver—depression and Yin—deficiency. In principle, the treatment include clearing, moistening, dredging and descending methods. Results showed 12 cases (19.4%) to be cured, 32 cases (51.6%) markedly effective, 15 cases (24.2%) effective, 3 cases (4.8%) failed, the total effective rate being 95.2%.

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Key Words: Dyspepsia/ TCM therapy @ non-ulcerative dyspepsia

(Original article on page 89)

Clinical and Experimental Studies on Chronic Non—

specific Ulcerative Colitis Treated with Guchang (Intestine—consolidated) Capsule.

Ge Wenjin, Gan Yulin, Chen Yu, et al.

The capsule is composed on the treating principles of warming the interior, eliminating cold, clearing heat, consolidating the intestine, removing old accumulation, regulating Qi and blood, stopping diarrhea by astringency, with a total effective rate of 98%, and short—term cured rate of 45.5%. Experiments showed that the mechanism of this remedy include anti—spasmodic, analgesic, anti—inflammation, enhancing immunity, improving microcirculation and hemorheologic indexes, and exciting the healing of chronic inflammation.

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Key Words: Colitis, ulcerative/ TCM therapy @ Intestine—consolidated capsule

(Original article on page 92)

Study on Primary Dysmenorrhea Treated by Modified Mojie (Commiphora Myrrha and Resina Draconis) Decoction and Its Influence on Prostaglandin and Relevant Factors

Zhu Nansun, Huang Hui, Chen Huilin

Sixty—three cases were treated with another group of 32 cases treated with indomethacin as control, the short—term cured rate of which after 3 months were 41.3% and 15.6% respectively, with significant difference ($P < 0.05$). Modified Mojie Decoction decreased substantially the blood contents and its ratio of $\text{PGF}_2\alpha$, PGE_2 , markedly lowered the content of medium—phase E2 of corpus luteum in peripheral blood but markedly increased the contents of late—phase corpus luteum. A positive correlation existed between the severity of dysmenorrhea and $\text{PGF}_2\alpha$, PGE_2 contents in menstrual blood.

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Key Words: Dysmenorrhea/ TCM therapy @ Mojie (Commiphora Myrrha and Resina Draconis) Decoction Prostaglandin/blood

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