

临床报道

软坚散结法治疗慢性萎缩性胃炎
伴胃粘膜异型增生及肠化的对比观察

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摘要 用软坚散结方药治疗萎缩性胃炎伴不典型增生和肠化,在临床症状改善的同时,胃镜病理亦获明显改善,较西药组疗效为优。实验表明,该方药能预防和治疗化学致癌物诱发的胃粘膜不典型增生的病理变化。
主题词 胃炎,萎缩性/中医药疗法 软坚散结 胃粘膜/病理学

胃粘膜上皮不典型增生(ATP)及肠上皮化生(IM)已被世界卫生组织列为胃癌前期损害。因此,积极开展治疗这类病变,对降低胃癌的发生有重要意义,然而现代医学对此尚缺乏有效的治疗方法。自1991年起,我们对本病进行了详细的临床观察,针对其痰瘀互结、胃络不畅的病理特点,研制了具有软坚散结、活血化瘀的方药。现将145例胃粘膜不典型增生及肠上皮化生患者的临床疗效观察报告如下。

1 一般资料

145例中男性95例,女性50例。年龄最小26岁,最大者72岁。病程最短者1年,最长30年。其中治疗组115例,对照组30例。

本病临床症状多为非特异的上消化道症状及全身表现,如上腹疼痛、胀满、嗝气、返酸、食欲不振、便秘或腹泻、恶心、呕吐或呕血、黑便、神疲乏力、失眠、消瘦等。

经统计学处理,两组年龄、病程和病理类型及病变程度均无明显差异,具有可比性。

2 治疗及观察方法

治疗组予软坚散结方剂(三棱、莪术、山慈菇、九香虫、皂刺、花粉、生麦芽、鸡内金),方中

三棱、莪术、山慈菇化瘀通络,软坚散结;九香虫温通散结,行气止痛;皂刺化痰结,花粉润燥结;生麦芽、鸡内金运脾化滞。制成煎剂,每次150ml,每日2次。对照组采用维酶素为主,并同时服相应的对症治疗西药。

两组均3个月为一疗程,两组患者大多连续服药1个疗程,其中15例服药2个疗程。治疗期间,治疗组停服其他治疗胃病的药物,对照组为常规西药治疗。治疗前和治疗过程中,详细观察症状和体征变化,记入临床观察表。治疗前及治疗后均做胃镜及病理检查。胃粘膜活组织病理标本采取部位固定在胃窦部距幽门2cm处。大弯、小弯、后壁及病变明显处,由专人做胃镜。

3 疗效分析

3.1 疗效判断标准:分为病理和临床症状两项标准。病理疗效判断标准,参照1983年全国胃炎诊治座谈会纪要标准。显效:病理活检肠上皮化生或不典型增生消失,或由重度转为轻度;好转:病理组织检查肠上皮化生或不典型增生程度减轻;无效:病理活检肠上皮化生或不典型增生无改善或见加重。临床症状疗效判断标准分为三级。显效:主要症状大部分消失或明显减轻;好转:部分症状有改善;无效:症状无改变。

3.2 两组治疗前后症状变化比较:经治疗后两组患者症状均获不同程度的改善,胃脘疼痛治疗组总有效率为94.9%,对照组为72.0%;胃脘胀满治疗组为80.1%,对照组为70.4%;嗝气治疗组为84.4%,对照组为68.8%;纳呆治疗组为94.4%,对照组为70.0%;神疲乏力治疗组为89.4%,对照组为56.3%。经统计学处

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理,除暖气外其余 4 项症状治疗组疗效优于对照组($P<0.05\sim0.01$)。

3.3 两组胃镜病理改善情况比较:治疗组 115 例中获显效 51 例,有效 33 例,无效 31 例,总有效率 73.0%;对照组 30 例,显效 6 例,有效 7 例,无效 17 例,总有效率 43.3%。两组病理疗效有显著差异($P<0.01$)。

3.4 两组总治疗结果:治疗后治疗组 115 例中获显效 100 例(87.0%),好转 13 例(11.3%),无效 2 例(1.7%),总有效率为 98.3%;对照组 30 例中,显效 7 例(23.3%),好转 19 例(63.3%),无效 4 例(13.3%),总有效率为 86.7%。经统计学处理,治疗组疗效明显优于对照组($P<0.05$)。附表示,治疗组胃粘膜不典型增生 15 例,总有效率 66.7%,肠上皮化生 64 例,总有效率为 73.4%,不典型增生伴肠上皮化生 36 例,总有效率 75.0%。治疗组按辨证分为 5 型,各型间疗效无显著性差异($P>0.05$)。

附表 治疗组不同病理变化与疗程的关系

病 理	例数	显效 例	有效 例	无效 例
不典型增生	64	35	12	17
肠上皮化生	15	6	4	5
不典型增生 伴肠上皮化生	36	10	17	9

4 讨论

4.1 有关本病治法用药的研讨:本病多由于长期饮食不节,或情志失调所致,与脾胃素虚之体质亦有一定关系。饮食失节,饥饱无度,损伤脾胃,或脾胃素虚,以致中焦运化失司,水谷不化精微,反生痰浊,痰湿内蕴,壅塞气机,脾胃升降失常;或忧思抑郁,中焦气结,脾胃不振;或恼怒伤肝,肝气郁结,横逆犯胃,肝胃不调,均可导致痰湿内结,气机滞塞,痰气交阻于胃络,使血液运行不畅,聚结日久而为本病。结合微观辨证,即胃粘膜不典型增生及肠化在纤维胃镜下呈粘膜表面凹凸不平,结节状过形成状态。从我们临床观察的治疗组病例分析,我们是根据患者主要症状、主要证型加以确定,分为 5 种证型。我

们发现除胃络瘀血型外,其他 4 型共 96 例,其中有 56 例兼有舌质色暗或瘀斑,占 58.3%。可见瘀血阻络,痰气壅结是本病的基本病机,故治疗以软坚散结,活血化瘀为大法。

4.2 关于本病的疗效评价:软坚散结治疗慢性萎缩性胃炎伴胃粘膜异型增生、肠化,之所以能够获得较好的疗效,这与本病的病程及病理特点密切相关。我们在长期临床实践中发现本病的病机关键在于瘀血阻络,痰气壅结,本次研究中治疗组病例有 65.2%是胃络瘀血型及其他证型兼瘀者,亦证实了这一观点。软坚散结方中又配有温通、化痰、润燥之品。故而对本病各种证型均有较好的治疗作用。

胃粘膜异型增生和肠化往往与其他胃粘膜损伤并存,其临床表现复杂多样,多为非特异的消化道症状,如胃脘胀满、疼痛、返酸、嘈杂、大便不调等,甚至部分患者无任何症状。因此仅辨证施治有一定的局限性,辨病与辨证结合则弥补了这方面的不足。我们是在基本方上针对病人的临床表现,随证加上 2~3 味药,如果肝胃不和者加苏梗、木香;脾胃虚寒者加桂枝、良姜;胃阴不足者加麦冬、沙参、百合;脾胃湿热者加茵陈、黄芩;瘀血阻络者合丹参饮。

为准确评估软坚散结方治疗萎缩性胃炎伴不典型增生和肠化的疗效,我们以 N-甲基-N-硝基-亚硝基胍(MNNG)为化学致癌物,喂饲 Wistar 雄性大鼠,结果造模组 100% 出现不典型增生,其重度 6 只,中度 4 只,轻度 3 只,而预防给软坚散结方组大鼠重度 2 只,中度 3 只,轻度 9 只,无病变 1 只。给予软坚散结方的治疗组,7 只动物均为轻度,无中、重度病变大鼠。实验观察到,造模大鼠胃粘膜及增殖带厚度随造模时间延长,病变程度逐渐加重,增厚,而预防组和给药组则接近正常组。超微结构的观察表明,胃粘膜的中、重度不典型增生病变中,某些细胞的形态已接近恶性肿瘤细胞的形态,亦表明该方药能较有效地预防癌前病变的发生,而且能够改善或逆转不同程度的癌前病理变化。从临床和动物试验来看,软坚散结方治疗本组病变疗效是比较好的。

ABSTRACTS OF ORIGINAL ARTICLES

My Personal Opinion on the Method of Antipyresis by Drugs of Sweet and Warm Nature.

Cui Wencheng

In responding to febrile syndrome of Qi—deficiency and exuberant poisoning due to exogenous causes. Li Dongyuan of the Jin Dynasty proposed the method of antipyretic method with drugs of sweet and warm nature, embodying the treating principle of supporting body resistance and anti—poisoning. Thus, he established the principles of invigorating the interior, ascending the Yang—principle and reducing fire by formulating a series of celebrated recipes including Decoction of Invigorating Qi and Nourishing Interior, Decoction of Bloodtonic with Radix Angelica Sinensis, demonstrating the treating principle varied on the concrete condition of body—pathogen conflict, warning the use of attacking methods in febrile disease regardless of whatever the conditions.

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Key Words: Drugs of Sweet—warm nature antipyresis (heat clearing) @ antipyresis with drugs of sweet—warm nature

(Original article on page 460)

Comparative Observation on Chronic Atrophic Gastritis Complicated with Atypical Hyperplasia and Intestinalization Treated by the Method of Lump—softening and Mass—Dissipating.

Wang Wenzhong, Chen Daquan, Zhao Junhong, et al.
During this therapy, both clinical symptoms and pathology in gastroscopic exams were all improved. The results were better than the control group treated with western drugs. Experiments revealed that this therapy yielded an action of treating and preventing the pathological changes of atypical hyperplasia of gastric mucous membrane induced by carcinogenic chemical agents.

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Key Words: Gastritis, chronic/TCM therapy Lump—softening and mass—dissipating mucous membrane of stomach/pathology

(Original article on page 477)

Eighteen Cases of Lung Carcinoma Complicated with

Superior Vena Caval Syndrome (SVCS).

He Yonghe

All the cases were treated with the major principles of eliminating phlegm, removing blood stasis, dispersing lung to facilitate water excretion, supporting body resistance for anti—cancer purpose. Eleven cases were markedly ameliorated in symptoms and signs, 4 of them subsided. Except 1 case, the remaining 17 cases had an average survival period of 116.4 days, with a 62 days mid—survival rate.

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

Key Words: Tumor of lung/complications Vena cava, Superior Syndrome

(Original article on page 479)

Chronic Renal Failure Treated by Hemodialysis Coordinated with Yanshen Decoction.

Li Yuying, Ren Xiufen, Yang Guiying

Results showed that the total effective rate for the treating and control groups were 92.9% and 60% respectively, demonstrating that the former is superior to the latter.

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Key Words: Renal failure, chronic/therapy Dialysis

(Original article on page 483)

Textual Research on Bian Que's Writings.

Cao Dongyi, Guo Shuanggeng, Wang Zhenrui, et al.

The authors advocate that Bian Que lived in the end of Spring—Autumn Period. Although personal writing first appeared in the Warring States, there were medical officials in all the States, the achievements of whom were examined by their the authority based on their own original records. Moreover, Chang Sangjun, Bian Que's tutor, "left all his secret books on recipes to Bian Que". Hence, the likelihood of appearance of medical monographs in Bian Que's age is very high. His discussions on morbid pulse and normal pulse were also inherited and developed.

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Key Words: Bian Que Textual Research Literatures of TCM

(Original article on page 496)