

秦皮止泻汤肛门滴入治疗慢性腹泻 98 例

钟 凤 英*

摘要 对慢性细菌性痢疾和慢性非特异性溃疡性结肠炎腹泻患者 98 例,自拟秦皮止泻汤随症加减,采用肛门滴入法给药,治愈 79 例,治愈率为 80.6%;好转 18 例,好转率 18.4%;总有效率达 99%。

主题词 腹泻/中医药疗法 投药,直肠 @ 秦皮止泻汤

本人自 1986 年以来,自拟秦皮止泻汤随症加减,采用肛门滴入法(简称肛滴法)给药,治疗慢性腹泻 98 例,取得良好效果,兹报道如下。

1 一般资料

98 例中,男 47 例,女 51 例。年龄最大 65 岁,最小 15 岁,平均 38 岁。病程最长 10 年,最短 50 天。均经大便培养或纤维肠镜检,确诊为慢性细菌性痢疾 18 例,慢性非特异性溃疡性结肠炎 80 例。大便次数 3~5 次/日 63 例,6 次/日以上 35 例,且都有不同程度的脓血便史。慢性菌痢患者均是长期应用抗生素和口服中药无效者。

2 治疗方法

以秦皮止泻汤基本方为基础,辨证分为 3 型加减用药。

秦皮止泻汤基本组方:秦皮 20g,败酱草 30g,黄柏 15g,黄连 10g,石榴皮 20g,蒲公英 30g,银花 30g。根据患者症状,辨证加减。

脾胃湿热型:证见腹痛迫泻,里急后重,大便红白粘液,肛门灼热,心烦口渴,小便短赤,舌红苔黄腻,脉滑而数。治以清热利湿,基本方加白头翁 30g,马齿苋 30g。

脾胃虚弱:证见久泻久痢,稍有饮食不慎,大便次数显著增加,大便时溏时泻,夹不消化物,下腹部隐痛,腹胀纳差,面色淡黄少华,神疲乏力,舌淡苔白,脉微弱。治以补脾运中,基本方

去黄连合参苓白术散。

肾阳虚:病程已久,多在受凉或黎明腹泻,脐下隐痛,完谷不化,腹痛喜温,时有作胀,食欲不振,伴有腰膝酸软,形寒肢冷,舌淡苔白,脉沉细。治以基本方合四神丸。

每剂药加水煎两次,共浓缩药液约 200ml。药液温度在 37~40℃ 之间,太凉对肠壁刺激大,易引起腹泻,太热可引起局部充血水肿,甚至烫伤肠壁使溃疡扩大。药液置于输液瓶内,连接输液管,其末端接无菌导尿管并涂石蜡油。将患者臀部垫高,导尿管插入肛门内约 35cm 为宜。插得太浅,药液不能进入肠管深处,影响疗效;太深则对肠壁刺激太大,患者自觉不适而产生排便感。滴入速度控制在 60 滴/分钟左右,约 70 分钟滴完。一边滴入一边用手轻揉腹部,使药液能均匀地分布整个肠腔,切忌沿用旧式灌肠法或滴入太快。滴完后平卧休息 2 小时。一日滴 1 次。

3 疗效分析

3.1 疗效标准:临床治愈:症状消失,饮食正常,大便常规正常,大便培养阴性或纤维肠镜检正常。好转:症状基本消失,饮食基本正常,大便不超过 2 次/日,大便常规正常或接近正常,纤维肠镜检仍有轻度充血水肿,但范围明显缩小或局限。无效:症状虽有缓解,但大便培养及大便常规或纤维肠镜检无好转。

3.2 治疗效果:98 例中临床治愈 79 例,其中慢性细菌性痢疾 18 例,非特异性结肠炎 61 例,治愈率为 80.6%;好转 18 例(18.4%);1 例无效(1.0%);总有效率达 99.0%。5 天内治愈 8 例,6~10 天治愈 14 例,11~20 天治愈 20 例,21~30 天治愈 22 例,超过 1 月治愈 15 例。病程越长则疗程越长。

3.3 典型病例:例 1:徐某,男,64 岁。住院号 31887,1986 年 8 月 11 日入院。腹痛腹泻,里急

* 江苏省徐州市第三人民医院,江苏省徐州市环城路(221005)

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后重,脓血便5~10次/日,经多种抗生素治疗50天无效。体温38℃,面色红,形体胖,倦怠无力,恶心呕吐,食后腹痛迫泻,大便脓血,舌红苔黄而腻,脉滑。大便常规:脓血便,脓细胞++,红细胞满视野。大便培养:弗氏痢疾杆菌。对青霉素、氯霉素、新霉素、红霉素、庆大霉素、卡那霉素、复方新诺明均不敏感。西医诊断为慢性细菌性痢疾,中医为湿热型痢疾。治以清利湿热,基本方加白头翁30g,马齿苋30g。肛滴5剂后大便次数减少,诸症逐减,大便常规及大便培养均无异常。以上方连续治疗15天,复查大便常规及大便培养3次均正常,治愈出院,随访1年未复发。

例2:张某,女,18岁,住院号56990,1989年8月入院。曾在某部队医院纤维肠镜检诊为慢性非特异性溃疡性结肠炎,经中西药治疗无效。大便粘液或不消化样便5~6次/日,每逢受凉或食生冷诱发,下腹隐隐作痛,喜温喜按,大便溏薄,夹有脓血,无里急后重,周身乏力,舌质淡嫩,舌边有齿印,苔白腻,脉滑。大便常规:粘液便,脓细胞++,红细胞20~30个/HP,大便培养无细菌生长。系脾胃虚弱,治以基本方合参苓白术散:秦皮30g,党参30g,砂仁10g,石榴皮20g,茯苓30g,银花30g,山药30g,白术15g,蒲公英30g。肛滴6次后症状明显减轻,腹痛消失,大便成形,2~3次/日,大便常规正常。继上方肛滴20剂后症状完全消失,复查大

便常规,4次均正常,纤维肠镜检亦无异常,治愈出院,随访4年未复发。

4 体会

肛滴法与沿用的灌肠法有别。灌肠法在短期内连续灌注较多的药液,对肠壁刺激大,促其短时间内或立即排便,这样药物未能充分吸收就被排出体外,达不到治疗目的。肛滴法则使药液缓缓进入肠道以减少刺激,因而使较多的药液较长时间保留于肠道,对溃疡面起到保护作用,又能充分吸收。

肛滴法与口服给药相比,有独到之处。治疗腹泻多有苦寒之品,从脾胃论的观点看,“苦寒伤脾胃”,长期服用苦寒之品会影响正常运化功能。有些患者口服苦寒药后,胃脘部不适而至呕吐。有些患者则不愿口服中药。从现代观点看,中药口服,在胃内消化液的作用下可能使某些有效成分破坏而降低疗效。肛滴法克服了上述弊端,给临床治疗带来了方便。

本组病例均为久泻久痢,具有不同程度的脓血便史,系中医泄泻及痢疾范畴,西医则诊为慢性菌痢及非特异性结肠炎。其中慢性菌痢均经多种抗生素治疗及长期口服中药治疗无效。非特异性溃疡性结肠炎病因目前尚不完全清楚,亦无特效疗法。本人在辨证论治的基础上,以扶正祛邪为宗旨,自拟秦皮止泻汤,并采用肛门滴入法给药,治疗慢性腹泻效果显著,无任何副作用,比抗生素治疗及中药口服等疗法优越。

95' 国际针灸推拿学术研讨会征文

为了加强针灸与推拿学术的国际合作与交流,促进针灸和推拿学的发展,中国中医研究院将于1995年10月在北京举办“95'国际针灸推拿学术研讨会”。现将会议具体事项通知如下:

1. 会议主题包括:(1)经络、穴位研究;(2)针灸、推拿作用机理研究;(3)针灸、推拿的临床研究;(4)针刺麻醉研究;(5)针灸、推拿在养生、美容方面的应用研究;(6)针法、灸法、推拿手法研究;(7)针灸、推拿的医史文献研究;(8)新型技术(如电、光、磁、声等)与针灸、推拿按摩器材的研制开发;(9)世界针灸、推拿的研究现状;(10)针灸、推拿教育;立法与边缘学科。
2. 论文摘要和论文要求:(1)论文必须是尚未公开发表,也未在各种会议上宣读过的,有新内容、新见解;(2)英文论文(包括图表)一般不超过3万个字符。中文论文一般不超过5千字。与会者提交中文摘要600~800字,英文摘要1600~2000字,各一式三份。

论文及论文摘要应注明作者及工作单位。会议期间出版论文摘要汇编。

3. 送交日期:1995年5月31日之前。

4. 通讯处:100700,北京市东直门内北新仓18号,中国中医研究院科技合作中心宋娜小姐收。

电话:4075193 4013827 传真:4013827

ABSTRACTS OF ORIGINAL ARTICLES

Therapeutic Effect of Drug Partition — Moxibustion For Chronic Diarrhea and Its Immunological Mechanism.

Wu Huang, Chen Hanping, Hua Xuegui, et al.

In this series, 24 cases of ulcerative colitis and 23 cases of chronic colitis were treated with drug partition — moxibustion with total effective rates of 95.83% and 95.65% respectively, markedly excelled that of control group treated with western medicine. Comparison made on the results of the 15 cases of ulcerative colitis before and after treatment showed that drug partition — moxibustion inhibits humoral immunity and strengthens cellular immunity. It is suggested that the mechanism might lie on the adjustment on the abnormal ratio between T-lymphocytes subgroups, hence the self-immune state in the patient can be checked and the mucosal lesion in the intestine corrected.

Authors' Address: Shanghai Institute of Channel and Acumoxibustion, Shanghai, 200030

Key Words: Diarrhea/Acu — moxibustion Therapy
Chronic disease indirect moxibustion

(Original article on page 25)

Ninety-eight Cases of Chronic Diarrhea Treated with Qinqi Zhixie Decoction Through Anal Dripping.

Zhong Fengying

98 cases of chronic bacillary dysentery and non-specific chronic colitis were treated with self-formulated Qinqi Zhixie Decoction, modified with different syndromes, through anal dripping. 79 cases were cured, the cured rate being 80.6%; 18 cases, representing 18.4%, were improved. The total effective rate was 99%.

Author's Address: The Third People's Hospital of Xuzhou, Xuzhou, Jiangsu Province 221001

Key Words: Diarrhea/TCM therapy medication/rectum @ Qinqi Zhixie Decoction

(Original article on page 35)

Experimental Study on the Protective Action of Weitongling on Gastric Mucosa.

Yan Shunqin, Feng Liangyuan, Su Yinghao, et al.

Atrophic gastritis and gastric ulcer in rat models were induced with liquid ammonium and acetic acid respec-

tively. Observation was made on the protective action of Weitongling on gastric mucosa. Quantitative observation was made on the regenerated mucosa of healing gastric ulcer by mucous histochemical staining, Ag-NoR staining, immuno-histo-chemical staining, and Forii Akira method in models induced by rubbing of glacial acetic acid. Comparison was also made between the above models after treated with Weitongling and that of natural healing mucosa. Further observations were made by density counting of acute and chronic inflammatory cells in atrophic gastritis in rats, length of glands in the fundus, as well as thickness of PAS (+) layer in mucosa of gastric fundus. Results showed that Weitongling yields satisfactory results of protecting the gastric mucosa.

Authors' Address: Anhui College of TCM, Hefei, Anhui Province, 230038

Key Words: Gastritis, atrophic/TCM therapy gastric mucosa, actions of drug @ Weitongling

(Original article on page 44)

Study on Non Insulin Resistance. A Must in the Treatment of Non Insulin — dependent Diabetes Mellitus (NIDDM) Treated by TCM.

Xiong Manqi, Zhu Zhangzhi

This author holds that the final goal of the treatment for NIDDM is the reversion or amelioration of insulin resistance. To screen out a remedy for this reversion is an urgent task. Moreover, to establish indices for the comprehensive assessment and to set up a model combining disease with TCM Zheng are the bases and premise for studying insulin resistance. The therapeutic principles and stress points include to insist a major systemic treatment through multiple approach in different stages, so as to deepen the therapeutic and diagnostic system based on TCM differential diagnosis, to improve the efficacy of specific methods, specific recipe and specific drug. The focus of study should also be put on the application of non-drug therapy.

Authors' Address: Guangzhou College of TCM, Guangzhou 510407

Key Words: Diabetes Mellitus, non insulin — dependent type/TCM therapy receptor insulin

(Original article on page 47)