

中药治疗幽门螺旋杆菌阳性消化性溃疡分析

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摘要 用中药与西药对比治疗幽门螺旋杆菌阳性消化性溃疡 34 例,结果表明,中药组总有效率 94.12%,明显高于西药组的 73.53% ($P < 0.05$);幽门螺旋杆菌清除率 70.59%,根除率 64.71%,亦明显高于对照组的 32.35% 及 5.88% (P 均 < 0.01)。

主题词 消化性溃疡/微生物学 消化性溃疡/中医药疗法 幽门螺旋杆菌

1 一般资料

本组 68 例患者均符合以下条件:(1)治疗前均经胃镜诊断为胃或十二指肠溃疡;(2)取十二指肠或幽门前胃窦部粘膜标本培养出幽门螺旋杆菌(HP),尿素酶试验阳性;(3)近半个月未服抗溃疡药和抗生素;(4)肝肾功能正常。

68 例患者随机分为两组。中药组 34 例,男 21 例,女 13 例;年龄 18~62 岁;胃溃疡 13 例,十二指肠溃疡 21 例,溃疡灶直径 0.3~1.3cm。对照组 34 例,男 23 例,女 11 例;年龄 17~63 岁;胃溃疡 14 例,十二指肠溃疡 20 例,溃疡灶直径 0.3~1.2cm。

2 治疗方法

中药组:治疗原则以抑菌消肿、解毒止痛、健脾补气、活血祛瘀、托疮生肌中药治疗为主。临床采用寒热证分治,随证加减。热证方:黄连 10g,蒲公英 15g,仙人掌 15g,黄芪 20g,三七 5g(冲),桑叶 10g。寒证方:白芍 15g,桂枝 10g,砂仁 5g,黄芪 20g,三七 5g(冲),干姜 10g。每日 1 剂,加水 400ml,文火煎至 120~150ml,分 2 次口服,4 周为一个疗程。

对照组:以国产雷尼替丁 150mg,一日 3 次口服,4 周为一个疗程。

3 治疗结果

3.1 疗效标准:治疗 4 周后再行胃镜检查 and 取

十二指肠或幽门前胃窦粘膜标本作尿素酶试验、HP 培养及 W-S 染色,若 3 项检查全部阴性为 HP 清除,6 个月后复查 HP 仍阴性为根除。溃疡灶愈合或仅留疤痕为治愈,溃疡灶愈合 $\geq 50\%$ 为好转,溃疡灶愈合 $< 50\%$ 为无效。

3.2 治疗结果:中药组治愈 21 例(61.76%),好转 11 例(32.35%),总有效率为 94.12%。对照组治愈 13 例(38.47%),好转 12 例(35.29%),总有效率为 73.53%。两组比较,中药组明显高于对照组 ($P < 0.05$)。

3.3 对幽门螺旋杆菌的疗效:治疗后经尿素酶试验、HP 培养及 W-S 染色检查,中药组 4 周后示 HP 清除 24 例(70.59%),6 个月后复查示 HP 根除 22 例(64.71%),对照组分别为 11 例(32.35%)、6 例(5.88%)。两组比较,中药组 HP 清除率和根除率明显高于对照组,经统计学处理有非常显著性差异 ($P < 0.01$)。

3.4 溃疡复发情况:在治疗结束后 6 个月的追踪观察中,中药组复发 3 例,复发率为 14.29%;对照组复发 8 例,复发率为 61.54%。中药组的复发率明显低于对照组,经统计学处理有非常显著性差异 ($P < 0.01$)。

4 讨论

据国内外文献^[1]报道 HP 与消化性溃疡的发病密切相关,已被同道者理解,但溃疡复发问题仍是临床攻克的重要课题。为探索治疗和复发的有效方法,作者根据黄连、蒲公英、仙人掌有抑菌、清热解毒之功能;白芍、桂枝抑菌、镇静止痛作用;三七有活血祛瘀、消肿止痛之奇效;砂仁抑菌、行气宽中、健胃消食功能;黄芪补气固表、托疮生肌效能;桑叶疏风清热功用。以辨别寒热,分证用中药与雷尼替丁作对照进行观察,结果中药组溃疡愈合率为 61.76%,总有效率 94.12%,明显高于对照组的 38.76% 与 73.53% ($P < 0.05$);中药组 HP 清除率为 70.

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59%, HP 根除率 64.71%, 显著高于西药组的 32.35% 及 5.88% ($P < 0.01$); 治疗结束后 6 个月复发率为 14.29%, 亦显著低于西药组的 61.53% ($P < 0.01$)。

综上观察分析, 本文中药治疗消化性溃疡治愈率和总有效率与文献^[2,3]相近, HP 清除率及根除率高于文献^[4]报道的 60% 的清除率; 治疗结束后 6 个月溃疡复发率, 明显低于文献^[5]报道的 31.19%。临床验证中药黄连、白芍、蒲公英等不仅有抑菌作用, 也有杀灭 HP 的功能。虽然本文例数不多, 难以作一结论, 但揭示了中

药治疗消化性溃疡和遏制溃疡复发的研究具有重要的临床意义。

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钟启良治疗鞘膜积液的经验

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业师钟启良, 为我省老中医专家, 行医近 40 载, 学验俱丰, 临床辨证精细, 治杂病尤有独到之处。其治疗鞘膜积液, 疗效卓著, 兹总结如下。

1 通补兼施, 治有三法: 鞘膜积液, 中医属“水疝”范畴, 多以疏肝利湿为主治疗, 疗效欠佳, 易于复发。钟老认为, 本病发于阴器, 责之脾肾, 乃脾失健运, 水湿不化; 水脏之肾, 气化开合失宜, 先天及后天之水积于阴器, 发为“水疝”。其本在脾虚与肾虚, 其标为水湿, 系本虚标实证。治之以攻补兼施为大法, 具体有利水(澄源)、健脾(塞流)、益肾(固本)3 法, 并依次分为 3 个阶段施治。钟老用此法论治本病 78 例, 均获显著效果。

2 通淋利水以澄源: 鞘膜积液, 钟老认为, 水之已成, 积而不散, 必先通利而化之, 澄清已成之水源, 采用通淋利水法, 称之为“澄源”, 此乃治疗之第一阶段。拟用“水疝澄源方”(猪苓 6g, 茯苓 15g, 泽泻 10g, 桂枝 6g, 白术 10g, 赤小豆 15g), 本方即五苓散加赤小豆而成, 一则澄清积水; 二则兼有健脾助运, 于通利中防止水湿再积, 断其水源。

3 健脾升提以塞流: 鞘膜积液施治中, 当所积水湿已去大半, 阴囊肿胀诸症明显减轻, 此时若继续“澄源”, 则通利太过, 物极必反, 损及脾肾。钟老认为, 此时当进入第二阶段治疗, 其间脾失健运、升降失和、水道不畅为关键的病变本质, 故运用健脾升提法, 使脾得健运、

气机升降复常, 水循常道, 堵塞其水液的异常流向, 不致下积阴器, 此法名之为“塞流”。拟用“水疝塞流方”(党参 30g, 白术 10g, 黄芪 30g, 升麻 5g, 柴胡 5g, 当归 9g, 陈皮 9g, 车前子 6g, 赤小豆 15g)。本方为补中益气汤加味而成, 以健脾升提为主, 佐以通利水湿, 既能塞流, 又能继续使已积之水尽去, 塞流中寓有澄源之意。

4 养肝益肾以固本: 若鞘膜积液已去, 阴囊肿胀诸症已消, 此时标实已解, 脾气渐复, 运化复常。然鞘膜为一层浆膜, 有分泌与吸收功能, 而分泌与吸收维持相对平衡, 有待肾气的开合与气化, 若肾之气化开合失常, 则其平衡失调, 分泌过多则水积成水疝, 故易于复发。钟老认为此时当进入第三阶段治疗, 采取养肝益肾法, 使肾气得充, 气化开合如常, 使肝经调畅, 防其复发。肾为先天之本, 临床观察表明, 最后治其本才不致复发, 故此法名之为“固本”。拟用“水疝固本方”(熟地 10g, 怀山 15g, 山萸肉 6g, 丹皮 9g, 茯苓 15g, 泽泻 10g, 芡实 10g, 枸杞 10g, 破故纸 9g)。本方为六味地黄汤加味而成, 具有滋补肝肾、固涩收敛之功, 对防止鞘膜积液复发, 效果显著。

5 病例介绍: 林某某, 男, 21 岁, 1988 年 1 月 2 日就疹。患鞘膜积液 3 年, 于 1983 年 1 月行外科手术治疗。近 1 月鞘膜积液复发, 阴囊坠胀, 下腹不适, 活动不便, 查阴囊卵圆形肿大, 透光试验阳性, 阴茎隐缩, 舌淡苔薄白, 脉沉滑。诊为“水疝”, 按法施治。先用“水疝澄源方”6 剂, 阴囊坠胀大减; 再予“水疝塞流方”12 剂, 诸症消失; 最后以“水疝固本方”调理 30 剂, 病愈。随访 5 年未再复发。

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ABSTRACTS OF ORIGINAL ARTICLES

Analysis on Peptic Ulcer with Positive Helicobacter Pylori Treated with Chinese Medicaments.

Chen Yushu, Chen Yang

34 cases of peptic ulcer with positive Helicobacter Pylori were treated by traditional and western drugs separately for comparison. Results revealed that the total effective rate for the group of traditional drug was 94.12%, markedly higher than 73.53% of the group of western drug ($P < 0.05$). The rates of elimination of Helicobacter pylori in the group of traditional was 70.59%, that of radical elimination, 64.71%, also higher than 32.35% and 5.88% respectively in the group of western drug ($P < 0.01$).

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Key Words: Peptic ulcer/microbiology peptic ulcer/TCM therapy Helicobacter pylori

(Original article on page 222)

Prospective Observation on Apoplexy Hitting Viscera Treated Mainly by Injection of Chinese Materia Medica.

Zhao Jinhua, Li Xiuyun, Li Wenyong, et al

Twenty-one cases of apoplexy hitting viscera contraindicated for operation were divided randomly into the following groups for prospective observation, viz. injection of Radix Acanthopanax Senticosi and Radix Salviae Miltiorrhizae, and western drugs. Results showed that the 9 cases in treating group were all effective, superior to the control group.

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Key Words: TCM therapy Radix Acanthopanax Senticosi/therapeutic action Radix Salviae Miltiorrhiza/therapeutic action

(Original article on page 226)

Thirty Cases of IgA Nephropathy Treated by Differential Diagnosis of Syndromes in TCM.

Xie Tianzhong, Zhang Lei

Thirty cases diagnosed as IgA nephropathy by kidney biopsy were treated based on differential diagnosis of syndromes. The cases were divided into several stages, viz. lesion in the lung-kidney (initial stage), lesion in the spleen-kidney (stable stage) and lesion in the liver-kidney (advanced stage) and relaps-

ing stage, and were treated by Chinese medicaments accordingly. The results revealed that 10 cases were totally mitigated; 13 cases, markedly alleviated; 4 cases, ameliorated, with only 3 cases ineffective. The total effective rate was 90%.

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Key Words: Glomerulo-nephritis, Ig A/TCM therapy

(Original article on page 228)

Influence of Gujing (Consolidating Menstruation) Granules on Relationship Between Exfoliative Vaginal and Tongue Cells in Massive and Dripping Uterine Hemorrhage.

Ma Kun, Zhuang Shenrong

Observation was made on the changes of exfoliative tongue cells before and after treatment in 49 cases of massive and dribbling uterine bleeding. Meanwhile, the mature index of vaginal exfoliative cells was also evaluated. Results showed that all the exfoliative cells from both were regulated by female sex hormone with synchronous changing rules.

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Key Words: Massive and dripping uterine hemorrhage/diagnosis Lingual coat/pathology vaginal smear

(Original article on page 235)

Study on Lipid-lowering Action of Guanxinke on Hyperlipemia in Animal Model.

Liu Deqiang, Zhao Guoxin

The impact of Guanxinke on hyperlipemia in mice and rabbit models was observed. It was shown that Guanxinke markedly lowered the serum cholesterol and triglyceride. However, no effect can be observed on high density lipoprotein. It also decreased the size of atherosclerotic lesion in the aorta, suggesting that Guanxinke may be indicated for the treatment of coronary heart disease and hyperlipemia.

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Key Words: hyperlipemia/TCM therapy @ Guanxinke

(Original article on page 237)