

加味枳术汤通便作用的临床观察与实验研究

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摘要 应用加味枳术汤治疗慢性便秘 50 例, 结果有效 49 例(98%), 其中服药 1 次有效者 46 例, 服药 2 次有效者 3 例, 服药至排便时间平均为 11.3 小时; 1 例服药 2 次无效(2%)。实验研究表明, 加味枳术汤能使家兔回肠肌张力升高, 收缩幅度加大; 能增强小鼠小肠的推进运动。而对肾上腺以及氯化钡、乙酰胆碱所致的肠肌影响则表现为双向调节作用, 即能对抗肾上腺所致的家兔回肠肌抑制; 对抗氯化钡、乙酰胆碱所致的家兔回肠肌的强直性收缩。

主题词 枳术丸/药理学 @ 加味枳术汤

我院名老中医应用加味枳术汤治疗慢性顽固性便秘有良好效果, 现将我们验证的 50 例病人以及部分实验报告如下:

1 临床观察

1.1 临床资料: 本组病例 50 例, 其中男 19 例, 女 31 例。年龄最小 4 岁, 最大 79 岁。在原发病因中计有大便习惯不良者 28 例, 慢性结肠炎者 10 例, 药物所致者 3 例, 痔疮术后、腰椎间盘突出及脑卒中所致者各 2 例, 结肠癌、食物缺乏纤维、长期卧床者各 1 例。按中医辨证属于气虚者 39 例, 血虚者 6 例, 阴虚者 3 例, 痰热气滞者 2 例。患者多数为多年顽固性便秘, 靠食物调节(多食蔬菜、蜂蜜、香蕉、番薯等)无法解决, 而须借助药物(牛黄解毒丸、果导片、大黄片、番泻叶、开塞露等)排便。服加味枳术汤前, 所有病例均 2 天以上(平均 4 天)未解大便。除 12 例住院病人外, 其余 38 例病人均在专科门诊观察。

1.2 药物制备及服用方法: 加味枳术汤由枳术汤加肉苁蓉组成。生白术、枳壳、肉苁蓉 3 药均由广州市药材公司购入。制备时加常水浸过药面, 反复煎煮 3 次, 合并 3 次药液, 用 4 层纱布滤过, 将药液浓缩至 100ml, pH 值为 5.5, 瓶装

置冰箱冷藏备用。

每日 1 次, 成人每次 100ml, 2 例 4 岁儿童每次 30ml, 夜睡前服。

1.3 治疗效果: 50 例病人中, 49 例(98.0%)服药后通便有效, 其中服药 1 次获效者 46 例, 服药 2 次获效者 3 例。统计开始服药至第 1 次排便的时间: 最短者半小时, 最长者 24 小时, 平均 11.3 小时。有 1 例病人因 3 次痔疮手术, 术后引起顽固性便秘, 长期靠清泻丸通便, 服加味枳术汤 2 次无效。

在有效病例中, 药后首次排出的粪便, 8 例硬结, 4 例稀烂, 其余均为先硬后软。停药 1 个月大部分病人仍然保持每天或隔天大便 1 次。除通便作用外, 病人普遍反映药后精神好转, 胃纳增加。有 1 例男性病人原夜尿 3 次, 药后减至 1 次。1 例病人药后感腹部微胀, 但无口干, 无腹痛, 无腹泻等象。

2 实验研究

2.1 对家兔离体回肠的影响: 取体重 1.5kg 左右的健康家兔 9 只, 雌雄不拘, 禁食 24 小时后, 用击头致死法处死, 按药理实验方法学^[1]制备离体回肠标本, 并进行实验。水浴槽中盛放 37℃ 台氏液 50ml, 并缓慢注入氧气, 用双鼓电动记纹仪记录正常离体回肠平滑肌的运动曲线, 分别记录于浴槽中加入 1×10^{-4} 乙酰胆碱(Ach) 0.2ml, 10% 氯化钡(BaCl_2) 0.2ml, 1×10^{-4} 肾上腺素(Adr) 0.2ml 后回肠平滑肌的运动曲线。然后于浴槽中加入加味枳术汤, 观察其对上述 4 组回肠平滑肌的影响。

浓度为 1.8×10^{-2} 、 2.7×10^{-2} 、 3.5×10^{-2} g/ml 的加味枳术汤可使家兔离体回肠肌的张力增高(6/9 只、5/9 只、5/9 只), 节律存在, 收缩幅度加大(48%、75%、71%), 但无强直性收缩。剂量减少作用减弱, 剂量加大作用未见相应增加。

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加味枳术汤对 3×10^{-7} Ach 引起的肠肌强直性收缩有明显的对抗作用,表现为张力逐渐下降,收缩幅度逐渐加大,在张力下降至接近正常时,收缩幅度亦恢复正常,有时收缩幅度较给药前为大,而收缩节律较给药前为慢,其中以浓度为 3.5×10^{-2} 、 5.1×10^{-2} g/ml 时作用最强。浓度低于 2.7×10^{-2} g/ml 时,作用不显著,加大浓度作用未见加强,反稍减弱。

加味枳术汤对于由 4×10^{-4} BaCl₂ 引起的肠肌强直性收缩亦有对抗作用,但作用稍弱而且不规则,其中以浓度为 3.5×10^{-2} 、 5×10^{-2} 时作用稍强,升高浓度未见加强。

加味枳术汤对于由 3×10^{-7} Adr 引起的肠肌抑制有明显拮抗作用,表现为收缩幅度增加,甚至较给药前为大,但无强直收缩,而收缩节律较给药前为慢,其中以浓度为 3.5×10^{-2} 、 5.1×10^{-2} g/ml 时作用最强,浓度降低作用不显著,浓度加大作用未见加强。

2.2 对小白鼠小肠推进运动的影响:取体重 18~22g 的健康小白鼠 30 只,雌雄兼用,禁食 12 小时,随机分成 3 组(生理盐水组、果导组、加味枳术汤组),每组 10 只。然后分别按每 10g 体重灌服生理盐水—墨汁混合液 0.3ml,果导—墨汁混合液 0.3ml(内含果导 4×10^{-4} g),加味枳术汤—墨汁混合液 0.3ml(内含原生药 1.8×10^{-1} g)。给药后 15 分钟将小鼠处死,立即剖腹,将消化道自贲门至直肠末端完整地摘出,不加牵引,平铺于玻璃板上,测量其长度,并记录其墨汁前沿到幽门的距离,计算其与胃肠道全长的百分比。

小肠推进率,生理盐水组为 53.30%,果导组为 73.30%,加味枳术汤为 96.80%,加味枳术汤对于小白鼠的小肠推进运动比果导和生理盐水为强($P < 0.05$)。

3 讨论

枳术汤首见于《金匱要略》,方用枳实七枚、白术二两,用以治疗水饮停积在胃,“心下坚大如盘,边如旋盘”。张洁古本仲景之意而立枳术丸,方用枳实一两,白术二两,用以治疗脾胃虚弱,饮食停滞,腹胀痞满。两方均用枳术,但剂量

殊异,仲景重用枳实,以枳为君,以术为臣,意在以消为主,消中兼补;洁古重用白术,以术为君,以枳为臣,意在以补为主,补中兼消。名老中医立补益通便之治则,以治慢性之便秘,选用枳术汤其意与洁古同,洁古用术 2 倍于枳,以健脾消痞;名老中医用术 6 倍于枳,以运脾通便。

白术治疗便秘,早在汉代就有记载,《伤寒论·辨太阳病脉证并治法下篇》在记述桂枝附子汤证时指出:“若其人大便硬,小便自利者,去桂枝加白术汤主之。”部分注家只知白术有健脾止泻之功,而不解白术也有健脾通便之用,因而在注解时把原文的“大便硬”修改为“大便溏”以自圆其说^[2]。实践证明,白术确有通便作用^[3~4],加味枳术汤是以白术为主药组成的小复方,经临床观察亦证明具有良好的通便作用,在 50 例慢性便秘中,有 49 例(98%)服药 1~2 次,即能获通便之效。

众所周知,白术为止泻良药,为何又能通便?因白术具有良好的健脾作用,而脾主运化,脾虚则水湿停滞,便溏腹泻;脾虚则大肠传送无力,大便艰涩难通。脾一健运,则腹泻可止,便秘可通。我们对单味白术的实验研究以及有关资料表明^[5~6],白术对肠肌具有双向调节作用,为白术治疗脾虚腹泻及脾虚便秘提供了科学依据。加味枳术汤对肠肌的影响与单味白术相似,但作用较之为强,其原因可能和枳实对肠肌的节律收缩亦有增强作用有关。

加味枳术汤通便作用确实,没有一般通便药物的副作用,而且还有健脾补益作用,最适宜于年老体衰、儿童虚弱、产后脾虚便秘之用。

4 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Observation on the Effect of Treatment of Advanced Stage of Cancer of Colon by Integrated Chinese and Western Medicine: Report of 260 Cases

Pan Mingji, Li Yonghui, Liu Jingrong, et al.

Conventional therapy was given to 260 cases of advanced stage of cancer of colon during the period of 1975—1988. Radical operation, palliative resection or changing bowel passage were selected according to the condition of the lesions. Post operative chemo — therapy with integrated Chinese and western medicine were given, or with radiotherapy in some of the cases. Results showed that the 5—year survival rates of II, III, IV stages were 80. 5%, 56. 12%, 21. 73% respectively, the mean 5—year survival rate being 52. 78%, 45 cases with liver metastasis were also treated with integrated medicine with a 5—year survival rate of 22. 2%. The above figures of therapeutic effect and survival rates were all superior to that in cases treated by western medicine alone as reported by domestic exponent units.

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Key Words: Tumor of colon/therapy of integrated Chinese and western medicine, division of stages of tumor

(Original article on page 218)

Clinical Observation and Experimental Study on Cathartic Action of Zhizhu Decoction with Additives

Huang Chunlin, Zhang Beiquan, HuangJianghong, et al.

Fifty cases of chronic constipation were treated with Zhizhu Decoction with additives, with a therapeutic effect of 98% (49 cases). Among them, 46 cases were effective with only one potion, 3 cases with 2 potions. The time from taking the Decoction to bowel movements was 11. 3 hours in average. One case (2%) was ineffective after 2 potions of Decoction were administered. Experimental study revealed that this recipe increased the muscular tone of ileum and its contraction amplitude in rabbit, strengthened the pushing peristalsis of small intestine in mice. It yielded a biphasic regulation action on intestinal muscle under the influence of adrenalin, barium chloride, acetylcholine, viz. it resisted the inhibition action of adrenalin on rabbit's ileum, resisted the contraction in

rabbit's ileum induced by barium chloride and acetylcholine.

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Key Words: Zhizhu Pill/pharmacology @ Zhizhu Decoction with additives

(Original article on page 221)

Report of 20 Cases of Dengue Fever Treated by TCM *Zhai Hong*

Decoction of dispersing poison, dissipating dampness, clearing Ying and colling blood (heat) was associated with muscular injection of isatis root for the treatment of 20 cases of Dengue fever. All the cases were cured with body temperature turned normal within 8 hours, 64 hours at the latest. 20 cases had their temperature turned normal in 24 hours.

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Key Words: Dengue fever/TCM therapy

(Original article on page 233)

Determination of Platelet — Granular Membranous Protein and Endothelin in Blood Stasis Patient

Shi Zhiyun, Shi Saizhu, Chen Jianqiu, et al.

Platelet α -GMP—140, ET were used as indices of activation of platelet, functional injury to endothelial cells. Cardiovascular diseases, nephropathy and II type diabetes were selected for observation. Results showed that the plasmal GMP—140 and ET were all markedly higher than that of the controlled group ($P < 0.01$ and < 0.001), demonstrating that there are injuries to the activation of platelet and vascular endothelial cells. It was also found that inpatients with blood—stasis syndrome in the above 3 kinds of diseases, the increase of GMP—140, ET values were even more conspicuous, with markedly increased values as compared with that of patients without blood stasis.

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Key Words: blood stasis/blood platelet membranous glucoprotein/metabolism endothelins/metabolism

(Original article on page 239)