

105例溃疡病、慢性胃炎(肝郁脾虚型)临床观察

湖南医学院第一附属医院中医基础理论研究室

潘其民 李家邦 陈泽奇 汤清明
李 伟 向跃前 陈国林 石林阶

内容提要 舒肝健脾汤治疗溃疡病、慢性胃炎(肝郁脾虚型)65例,有效率分别为81.4%及81.8%,并对方中药物作用机制进行了初步讨论。

本文报道1982~1984年应用舒肝健脾汤治疗溃疡病、慢性胃炎(肝郁脾虚型)65例,另设对照组40例,比较其疗效。

对象与方法

对象: 本组男88例,女17例,年龄18~61岁。105例患者均经胃镜或钡餐检查确诊。其中溃疡病66例(胃溃疡12例,十二指肠溃疡47例,复合性溃疡7例),慢性胃炎39例(慢性浅表性胃炎37例,慢性萎缩性胃炎2例)。病程最长30年,最短2个月。

辨证标准: 所有患者均按本室制定的肝郁脾虚标准^①进行辨证,并经二名以上医生共同评定。

治疗方法与分组: 患者按入院次序随机分成治疗组与对照组。治疗组用舒肝健脾汤: 柴胡10g 郁金10g 香附10g 党参10g 扁豆10g 水煎服,每日一剂。随证加减: 痛剧加白芍、甘草或延胡索; 酸多加海螵蛸、凤凰衣; 热重加黄芩。对照组: 用胃舒平2片、维生素B₁20mg, 每日各三次。疗程为40天。

疗效标准: 根据全国消化系统疾病学术会

1978年制定标准^②。

中医疗效标准: 按肝郁脾虚主证次证积分减少情况进行评定^③。记分方法为肝郁或脾虚主证按一个“+”记1分,“±”记0.5分; 次证按每一个次证记0.5分,“±”号不记分。治疗后记分总和较治疗前减少2/3以上者为有效,反之为无效。

结 果

一、66例溃疡病疗效分析: 治疗组43例,有效35例(81.4%),无效8例(18.6%); 对照组23例,有效12例(52.2%),无效11例(47.8%)。治疗组疗效优于对照组,统计学处理有显著性差异。

二、39例慢性胃炎疗效分析: 治疗组22例,有效18例(81.8%),无效4例(18.2%); 对照组17例,有效6例(35.3%),无效11例(64.7%),经统计学处理,治疗组优于对照组,二者比较有显著性差异。

三、105例溃疡病、慢性胃炎上腹部痛治疗前后比较见表1。

从表1可见,在疼痛消失和减轻方面治疗

表1 105例溃疡病、慢性胃炎上腹部痛疗效比较

	例数	治 疗 前		治 疗 后							
		例	%	消失例	%	减轻例	%	无效例	%	恶化例	%
治 疗 组	65	64	98.5	39	60.9	23	35.9	2	3.1	0	—
对 照 组	40	39	97.5	8	20.5	15	38.5	14	35.9	2	5.1

组优于对照组($P < 0.05$)。

四、105例肝郁脾虚患者治疗后证候的积分比较见表2。

表2 105例肝郁脾虚患者治疗组与对照组
治疗后积分比较 ($M \pm SE$)

例数	肝郁证候	P值	脾虚证候	P值
治疗组 65	1.653 \pm 0.979		0.915 \pm 0.146	
		<0.01		<0.01
对照组 40	2.65 \pm 0.255		1.9 \pm 0.263	

由表2可见两组治疗后相比,治疗组明显优于对照组,经统计学处理,两组有显著性差异。

五、实验室检查

1. 治疗前后木糖排泄率的变化:经用舒肝健脾汤治疗后,尿木糖排泄率有明显升高,与治疗前比较有明显差异($P < 0.01$);对照组治疗后尿木糖排泄率升高不明显。

2. 环核苷酸的变化:治疗组经治疗后血浆cAMP水平较治疗前明显升高($P < 0.05$),cGMP水平较治疗前下降,cAMP/cGMP比值较治疗前上升;而对照组治疗后cAMP水平无明显升高,cAMP/cGMP比值反较治疗前略有下降。

3. 血液流变学的变化:经用舒肝健脾汤治疗后,血液粘度较治疗前有明显的下降;而对照组则无明显变化。

4. 植物神经功能检查:57例患者(治疗组29例,对照组28例)作了治疗前后植物神经功能检查。结果发现治疗组治疗后植物神经功能异常情况有明显改善($P < 0.05$);而对照组治疗前后比较无统计学意义($P > 0.05$)。

讨 论

本组患者经用舒肝健脾汤治疗后,溃疡病疗效为81.4%,胃炎的疗效为81.8%;对照组溃疡病的疗效为52.2%,胃炎为35.3%,治疗组明显优于对照组。治疗组中溃疡病,慢性胃炎的疗效相近,表明中医异病同治之法,在此亦得到了某些验证。

本组选用舒肝健脾方治疗肝郁脾虚证是根据本科多年的临床经验,并集中省内一些名老中医的意见而组方的。本方药中多为平和之药,故不燥不湿,适宜一切肝郁脾虚之证。药理学研究证明,柴胡有镇静和镇痛作用^[3],香附有镇痛作用^[4],党参对中枢神经有兴奋作用,临床用来治疗神经官能症^[5]。本组观察到肝郁脾虚患者中大多数表现有植物神经功能异常,环核苷酸变化cAMP下降,cGMP上升,cAMP/cGMP比值下降,血液粘度增加及尿木糖排泄率下降。经用本方治疗后上述指标均有好转。本方有调节植物神经功能的作用;环核苷酸的变化也得到改善;cAMP水平及cAMP/cGMP比值上升,cGMP水平下降;血液粘度下降;木糖排泄率升高,小肠吸收功能得到改善。因而提示中医舒肝健脾的作用与现代医学调节神经系统功能、促进胃肠功能似有一定关系。从本组患者的疗效及动物实验结果^[6]表明,本方有促进溃疡愈合的作用,其作用机制也可能与调整神经系统功能、改善肠胃功能,从而加速了溃疡的修复有关。

参 考 文 献

1. 陈国桢. 肝郁脾虚证的本质探讨. 见本期732.
2. 广西医学科学情报研究所汇编. 疾病诊疗标准. 第1版. 广西: 广西人民出版社, 1983: 280—282.
3. 江苏新医学院编. 中药大辞典. 下册. 上海: 上海人民出版社, 1977: 1832—1837.
4. 同3, 1672—1674.
5. 中国医学科学院药物研究所, 等编. 中药志. (第二册). 第2版. 北京: 人民卫生出版社, 1982: 164—172.
6. 李惠明, 等. 舒肝健脾汤对大白鼠慢性实验性胃溃疡促进愈合作用的观察. 湖南医学院学报 1984; 9(4): 379.

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0.5821, whereas the other is 0.4117, $u=2.6871$, $P<0.01$. The result, having very significant difference in statistics, has shown that the treatment of cor pulmonale at the acute attack stage with TCM-WM does improve the curative effect. It is worth doing further research. Our study has analysed changes in symptoms, signs and varieties of laboratory examinations before and after the treatment in detail, discussed the possible mechanism, and searched for the principles of diagnosis and treatment of traditional Chinese medicine. (Original article on page 728)

Clinical Observation on 105 Cases of Peptic Ulcer and Chronic Gastritis (Gan Yu Pi Xu Type 肝郁脾虚型)

Pan Qimin (潘其民), Li Jiabang (李家邦), et al

Research Section of TCM Basic Theory, The First Affiliated Hospital, Hunan Medical College, Changsha

This paper reports clinical observation on the symptom-complex "Gan Yu Pi Xu" (肝郁脾虚), which includes 66 patients with peptic ulcer and 39 patients with chronic gastritis. 65 patients were treated with Shugan Jianpi decoction (舒肝健脾汤, *Radix Bupleuri*, *Curcuma aromatica*, *Cyperus rotundus*, *Dolichos lablab*, *Codonopsis pilosula*), other 40 patients with gastropine as the control group. After the course of treatment for 40 days, the average rate of efficiency of the Chinese medicine group is 81.60% (peptic ulcer 81.39%, chronic gastritis 81.81%), whereas that of the control group is only 43.73% (peptic ulcer 52.17%, chronic gastritis 35.29%). There are significant differences between the groups ($P<0.05$). In addition, the Chinese medicine group is better than the control group on improving the function of vegetative nervous system and small intestine absorption, decreasing blood viscosity and raising cAMP level of plasma. (Original article on page 730)

Study on the Nature of the Symptom-Complex "Stagnancy of the Liver and Function Deficiency of the Spleen"

Chen Guozhen (陈国桢), et al

Research Section of TCM Basic Theory, The First Affiliated Hospital, Hunan Medical College, Changsha

More than 300 cases of patients suffering from the symptom-complex of stagnancy of the liver and function deficiency of the spleen (SLDS) have had a series of modern examinations. The result suggests that SLDS is a symptom-complex including several important internal changes, i.e. (1) The disturbance of autonomic nervous system: Among 226 patients with SLDS, 205 cases (90.71%) showed imbalance of this system; (2) Radioimmunoassay of plasma cyclic nucleotides in 311 cases, compared with the healthy control group, showed that the ratio of cAMP/cGMP decreased significantly ($P<0.001$); (3) Hemorheological study of 344 cases showed that there was 50% increase of blood relative viscosity, and that electrophoretic migration time of the red blood cells prolonged, (4) 281 out of 389 cases showed decreased excretion rate of xylose in urine, which indicated the malabsorption of small intestine in 72.23%. The rate of synchronous appearance of the four kinds of changes reached 65%. This is an indication of the close relationship between neurohumoral system and digestive system in SLDS; and is also an indirect indication of the close relationship between 'Liver' and 'Spleen' in traditional Chinese medicine.

After treatment with Chinese drugs of "soothing the liver and strengthening the spleen", the clinical efficiency was 78.3% and the laboratory findings got markedly improved. Therefore, the authors suggest that making diagnosis and treatment by the integration of the symptoms and signs of traditional Chinese medicine and the internal pathophysiological changes will be helpful in clinical practice. (Original article on page 732)

The Base of Histological Study on the Chinese Ligation Method of Hemorrhoid

Xia Zubao (夏祖宝)

Shanghai College of TCM, Shanghai

The Chinese operation of hemorrhoid is rather convenient, less painful, with few complications, and quick elimination of symptoms. The course of the treatment is short, and it is cheap and reasonable. The histological study here follows Wen Mao Kong's (闻茂康) treatment by means of Chinese operation of hemorrhoid or autopsy. This leads to the revelation of the following: (1) No difference exists between piles and human anal canal. (2) No difference exists between the human fetal anal canal and those of adults of different ages. (3) The anal mucosa of adults is laxer than that of the fetal, and partial bulges exist in the lumens. With regard to the theories of pathogenesis of hemorrhoid based on the difference existing between the morphology of the lining anal mucosa, vascular, connective tissue, smooth muscles and anal glands and also the clinical data, we support the epithelial sliding theory and the old medical classic's "the lax of fascia and vessels lead to colonic hemorrhage and piles", which is more reasonable and recommendable, and is consistent with the Chinese operation of hemorrhoid. (Original article on page 736)