单味大黄治疗三种消化道急症 1,000 例的临床小结

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五年多来，我们在用现代医学明确诊断的前提下，以病理学与药理学为依据进行辨证论治，不断精简复方药味，终于取得了用单味大黄治疗急性上消化道出血(肝硬化引起者除外)、急性胰腺炎(水肿型)与急性胆囊炎共1000例的较好疗效，符合"廉、简、验、便"的原则。现小结如下：

资 料 分 析

一、急性上消化道出血：共890例，年龄13～84岁，其中50岁以上者279例(31%)，49岁以下者611例(69%)。男707例(79%)，女183例(21%)。以十二指肠球部溃疡合并出血最多(57%)，胃炎占24%，胃溃疡占6.4%，胃癌占4%……等20种病因。大多数从胃镜、胃肠道钡餐摄片检查或手术证实，个别进行了尸体解剖。属大量出血者[1]75例(8%)，其余均属一般量出血。用单味大黄粉(片或糖浆)止血，每次3g，每日3次，直至大便隐血试验转为阴性或弱阳性。治疗期间停用其它一切止血药物。出血量较大者配合静脉滴注葡萄糖(或葡萄糖盐水)，必要时输入中分子右旋糖酐或输血，血止后根据临床出现不同程度的"瘀"、"湿"、"虚"、"热"等辨证特点应用不同复方中药，以巩固止血疗效。890例中868例达到止血目的，止血有效率为97%，平均止血时间2天，平均大黄用量18g。本组患者治疗过程中有98%出现大便前脐周疼痛，7%伴有恶心呕吐，除个别外毋需处理。有2例出现皮疹，在继续用大黄的同时加用扑尔敏后皮疹消退。为了验证疗效改革剂型及配合止血单体的分离，故作了单味大黄与西药或中药复方(表1)及六种不同单味大黄制剂止血疗效的比较(表2)。

表1 单味大黄与辨证复方及西药组止血疗效的比较

组别	治疗方法	例数	有效率(%)	止血天数 $\bar{x}\pm S_{\bar{x}}$	吸收热天数 $\bar{x}\pm S_{\bar{x}}$
	单味大黄	30	100	1.50±0.16	2.38±0.25
I	复方组*	30	93	6.90±1.26	4.70±0.64
	P		>0.05	<0.01	<0.05
	单味大黄糖	20	100	2.70±0.38	1.50±0.55
II	浆复方组*	20	100	4.60±0.69	1.35±0.58
	P		>0.05	<0.05	>0.05
	单味大黄片	30	96.50	1.20±0.22	2.00±0.37
III	辨证复方△	30	86.70	3.43±0.63	2.20±0.40
	P		>0.05	<0.01	>0.05

* 口服镁铝合剂100ml加去甲肾上腺素8mg，10ml/次，3次/日，肌肉注射安络血5mg，2次/日，凝血酸0.6(或止血敏1g)加10%葡萄糖500ml，静脉滴注2次/日。

△ 分脾虚气弱，肝胆胃热、气滞血瘀、气血亏损等9型。患者入院后分型论治，每日服固定复方一剂(分2次)。

以上三组的治疗病例均按金正均所著《医学试验设计原理》一书规定的随机分配表格进行随机选择。

二、急性胰腺炎与急性胆囊炎：100例急性胰腺炎中男39例，女61例。年龄自17～77岁，50岁以上者68例。平均发病2天入院。舌诊：94例为黄腻苔，2例为光剥苔，1例黑苔，3例黄兼黑苔。脉象大多为弦数脉，也有滑、紧、细、沉、涩等脉象出现。100%有腹痛，伴恶心呕吐者73例，伴发热74例，伴黄疸8例，谷丙转氨酶增高6例，白细胞总数1万以上54例(其中有11例在2万以上)，尿淀粉酶大于1,024u(温氏法)51例，512u～1024u者28例，在128～512u之间者21例。主要合并症共有29例：胆囊炎、胆石症12例，胆道蛔虫症16例，肺炎3例，腹膜

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表2　6种单味大黄制剂止血疗效的比较

制剂		生大黄粉*	制大黄粉**	生大黄片(甲)*	生大黄片(乙)**	大黄醇提片△	大黄糖浆△△
总例数		220	110	110	110	150	50
总有效率(%)		98.60	95.50	98.10	96.40	96.60	94
一般量出血	例数	190	106	93	99	140	47
	有效率(%)	100	99.05	100	100	99.28	100
大量出血	例数	30	4	17	11	10	3
	有效率(%)	90	0	88.20	54.54	60	0
平均止血时间(小时)		35.80	39	31	32	42	69
平均大黄用量(g)		11	19	21	22	7	32

* 统庄大黄(优质品商品名称)。 **青海大黄(次质品商品名称)。
生大黄(Rheum palmatum)用乙醇浸提而得。 △△ 生大黄用酒精提取物的水溶液加糖制成。

炎2例，糖尿病2例，冠心病2例，先天性心脏病1例，气管炎1例。10例胆囊炎中，女7例，男3例。平均47岁。平均发病1天半入院。全部病人均有右上腹阵发性疼痛，6例伴恶心呕吐，7例伴畏寒发热，2例伴黄疸。属急性胆囊炎4例，慢性胆囊炎急性发作6例。

急性胰腺炎与急性胆囊炎的治疗方法相同，除重症患者外均不用胃肠减压，不禁食（个别呕吐严重者则禁食1～2天），酌情输液。首先用单味生大黄煎剂，每次煎30～60g，每1～2小时服一次，直至腹痛等症状减轻，尿淀粉酶与白细胞下降后才逐渐减量。如无大便或大便次数少，则增加大黄用量。如呕吐或腹痛严重则加用大黄煎剂灌肠，或加用杜冷丁肌注。如发热在39°C以上或白细胞总数在2万以上或伴有其它感染时才酌情加用抗菌素(共有17例加用氯霉素等抗菌素)，基本治愈后改用生大黄片每次3g，每日2次作巩固治疗。治疗结果，全部病例均有效。平均2天后尿淀粉酶恢复正常，平均3天后腹痛及腹部体征基本消失，5天后黄疸及发热消退，6天后谷丙转氨酶恢复正常。平均每例大黄用量为450g，100例中有5例用单味大黄醇提片治疗，平均每例用量为58g。10例急性胆囊炎患者全部有效，平均2.3天后腹痛及腹部体征基本消失，2天后体温恢复正常，3.4天后白细胞恢复正常。每例平均用生大黄煎剂248g。

为了验证疗效，曾不加选择地抽取了卢湾区中心医院1973～1975年的住院患者病史中，用口服清胰汤(柴胡、黄芩、白芍、大黄、胡黄连、木香、元胡、芒硝8味药所组成)或清胰汤加抗菌素(用于发热在38.5°C以上或白细胞总数在1.5万以上的患者）共20例，以及用西医常规治疗（禁食、补液、酌情采用胃肠减压、肌注抑肽酶，并用氯霉素或庆大霉素加青霉素注射）20例。其病情相似，故进行了历史回顾性的对比(见表3)。

表3　单味大黄与清胰汤、西药治疗急性胰腺炎的比较

组别	清胰汤	西药	单味大黄	P值
例数	20	20	20	
尿淀粉酶恢复正常日数	4.30	4.62	2.10	<0.005
腹痛消失日数	4.87	3.52	4.05	>0.05
发热消失日数	4.30	3.30	3.13	>0.05
平均住院日数	19.15	17.10	11.60	<0.05
平均药费(元)	24.78	31.45	5.42	

小结与讨论

一、单味生大黄治疗上消化道出血与西药组止血相比较(见表1)，具有止血时间短（P<0.01），吸收热消退快（P<0.05），健康恢复快，价廉、方便、药源丰富、有利于推广应用等特点。而与辨证复方中药比较也具有止血时间短（P<0.05）等特点。但在使用大黄时应注意大黄的质量与剂型。若要取得同样的止血疗效，生大黄片的用量较生大黄粉大一倍，同时对大出血的止血疗效也以生大黄粉为优(见表2)。单味大黄治疗急性胰腺炎与中药辨证复方和西药组治疗相比较(见表3)，则单味大黄具有使尿淀粉酶恢复正常时间缩短（P<0.05），加速康复，价廉，方便、利于推广等优点。单味大黄治疗急性胆囊炎也见到可喜苗头，但例数尚少，需进一步证实。急性胰腺炎不属细菌感染性疾病，当发热超过39°C，白细胞总数在2万以上时一般均伴有胆囊炎或肺炎等细菌感染性疾病，因此

对17例加用氯霉素等抗菌素以治疗合并或继发的感染性疾病。

二、大黄止血的机制可能与以下因素有关：（1）大黄内含有较多鞣质[2]，故有局部收涩止血作用。（2）根据我们实验结果表明，大黄可使胃肠道局部血管收缩而有助于止血。同时大黄对胃蛋白酶有抑制作用，故对溃疡(或炎症)本身的愈合有益。

实验证明单味大黄对胰蛋白酶、胰脂肪酶、胰淀粉酶的活性具有明显抑制作用，这可能就是单味大黄治疗急性胰腺炎的主要机制[3]。大黄有较强的利胆、驱虫、降胆固醇及广谱抗菌消炎等功能[2]，这可能就是单味大黄治疗急性胆囊炎的主要机制。

三、单味大黄治疗上述三种急症的初见成效，是中西医结合的成果之一。如1,700多年前，张仲景就提出了“血自下，下者愈”的理论，此后又有人提出“见血休止血，首当祛瘀”的论述。而国外最近在治疗上消化道出血时才改变了过去保留胃内瘀血，使其起到压迫止血作用的观点，积极主张首先要插入胃管抽出胃内瘀血，然后再进行局部止血[4]，所以在首当祛瘀的观点上已不谋而合。又如西医在治疗急性胰腺炎时要常规禁食与胃肠减压，并加用抗菌素，而祖国医学在1,700年前张仲景就提出：“发汗不解，腹满痛者急下之，宜大承气汤。”消化道乃是从口腔开始，肛门终止的空腔器官，西医用胃肠减压从口腔通过减压，排除胰腺炎的病理产物及咽入的空气[5]。而祖国医学则用泻下法从肛门通过排便而排出病理产物及气体。同时，单味大黄不仅有通里攻下作用而且还有利胆、抑制胰酶及抗菌消炎等多方面作用，所以这又是不谋而合。

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丹栀逍遥汤治疗功能性低热45例

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功能性低热，多见于青年女性，体温一般不超过38°C，一天内的温差在0.5°C左右，并有植物神经系统功能紊乱症状。目前对此类低热患者，尚无特殊治疗方法。我们曾用丹栀逍遥汤加减治疗功能性低热45例，皆获良效，现简介如下。

一般资料：45例中女性34例，男性11例。年龄23～45岁。病程在2年以上者15例，1～2年者30例。职业：纺织工人28例，职员6例，一般工人11例。

诊断依据：本组病人用中药治疗之前，均经本厂医务室和各医院用西药多方治疗无效，均除外慢性感染性疾病、链球菌感染等感染后低热，以及风湿、结核、甲亢等非感染性疾病引起的低热。

方剂组成：用疏肝、养血、清热之丹栀逍遥散化裁：柴胡15g　当归15g　白芍15g　炒白术15g　云苓15g　薄荷10g　生姜10g　丹参30g　丹皮10g　栀子15g　炙甘草5g

疗效：经服上药后，本组45例低热均治愈。其中4～6个月治愈者9例，2～4个月治愈者12例，1～2个月治愈者24例。服药最多为90剂上下，最少者仅10余剂。

典型病例：王×，女，24岁，未婚，纺织厂工人，门诊病志号：5—6147。1978年4月5日初诊时，低热已14个月，腋下体温37.3～37.5°C，乏力、多汗、心悸、多梦、睡眠不实，曾服多种消炎药但低热不去。查体无阳性体征所见，脉细数，舌苔薄微黄。末梢血象、胸透、血沉、抗链“O”等均正常。

本患者为青年女性，纺织工人，夜班工作较频，加之婚前准备紧张，过度疲劳而伤气血，故气血俱虚，又加情志不畅，致肝郁化火，采用疏肝、养血、清热之法。在一诊时，曾在上方中加入黄芪15g，二诊和三诊均服上方无加减，共服药11剂，约半月左右，热退，诸症悉除。近访二个月，病未再发。

Abstracts of Original Articles

The Clinical Significance and Exploration of the Nature of the Theory "The Lung and the Large Intestine are Interior-exteriorly Related" in TCM

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The two terms lung and large intestine as described by the traditional Chinese medicine are identically the lung and the intestinal tract as those in the modern medicine. In order to disclose the mystery and to search the essence of a TCM theory: The lung and the large intestine are mutually related in the process of human disease, clinical cases of pulmonary damages with the complication of severe dysfunctions of the intestinal tract were assembled and analysed. Experimental research was also understken. They are briefly reported as following: 48 cases of ARDS of various etiologies were collected from January 1978 to 1981. They had no acute or chronic pulmonary disorders prior to the present illness. Of these 48 cases, 25 cases had severe dysfunctions of the intestinal tract just before the onset of the ARDS. Sud den onset of acute respiratory failure occurred in all of these 25 patients 1-3 days after they had developed severe dysfunctions of the intestinal tract. It is strongly suggested that ARDS could be induced by severe dysfunctions of the intestinal tract. Two typical cases were presented for illustration.

(Original article on page 77)

A Report of 400 Cases of Viral Pneumonia in Children Treated with TCM-WM

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An investigation of TCM-WM treatment of viral pneumonia in 400 clinically diagnosed cases was carried out in 1976-1978. Specimens of throat swabs and paired sera were obtained from 242 out of the 400 cases. Viral agents were demonstrated with viral isolation and/or serodiagnosis in 138 of the 242 cases, which included 53 cases of respiratory syncytial virus infection, 41 cases of adenovirus infection, 9 cases of influenza infection, 6 cases of parainfluenza infection, and 25 cases with an increase in antibodies of 4-fold or over against two or more viruses in paired sera.

The 400 patients with viral pneumonia were mostly infants and young children and were treated with traditional Chinese therapy and western symptomatic therapy, such as sedation, oxygenation and adequate fluid intaking . Antibiotics were not used in most patients. The result of the combined therapy in viral pneumonia proved to be effective.

(1) 60 cases of adenovirus pneumonia were treated with drugs for ventilating and smoothing a troubled lung and for removing toxic heat at the initial acute stage of the disease, with diagnosis and treatment based on an overall analysis of symptoms and signs at the intermediate stage, and with the method of consolidating the constitution at the critical stage so as to strengthen the patients' resistance against collapse and shock. 55 of them recovered and 5 died, the mortality being 8.3%.

(2) Among 269 cases of pneumonia due to other respiratory viruses, 63 cases were caused by RS virus, 12 by influenza virus, and 9 by parainfluenza virus, the etiological agents of the rest being undemonstrable. All patients recovered under the treatment with the traditional Chinese medicine. During 1976-1977, 131 cases were treated with the methods of ventilating and smoothing a troubled lung and removing toxic heat and activating the blood circulation to eliminate blood stasis. The results showed that 111 cases recovered completely, 13 cases improved significantly , and 7 cases were cured by a change to antibiotics when complications with bacterial infections occurred. During 1977-1978, two groups of patients were treated with two different traditional Chinese methods. The method of removing toxic heat and activating the blood circulation to eliminate blood stasis was used in the first group (59 cases), whereas the method of removing toxic heat and resolving phlegm and relieving cough was used in the second group (45 cases). It was evident that chest signs disappeared more rapidly in the second group than in the first group. Injectio of Tiarasma Quassioides Benn Alkaloid prepared from Arbor Tiarasma Quassioides and Injectio of Linalor prepared from Flos Lonicerae were each used in 17 cases. Both showed satisfactory results.

(3) 71 cases of bronchiolitis were treated with traditional Chinese medicine. It was more effective to use Shegan Mahuang Tang (射干麻黄汤, Belamcanda Rhizome and Ephedra Decoction) in the treatment of patients with cold symptoms in the exterior and to use Ma Xing Shi Gan Tang (麻杏石甘汤, Ephedra-Almond-Gypsum-Liquorice Decoction) in the treatment of patients with heat symptom-complex, such as a yellowish coating on the reddened tongue.

(Original article on page 82)

Réumé of 1,000 Emergency Cases of Three Kinds of Digestive Tract Diseases Treated with A Single Recipe of Rhubarb

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During the recent five years, a single recipe of rhubarb was used in the treatment of 1,000 cases of acute upper digestive tract bleeding (excluding cirrhosis of the liver), pancreatitis (edematous type) and cholecystitis.

1. Acute upper digestive tract bleeding: 890 cases (79% male) in all. 57% were duodenal ulcer complicated by bleeding. The rest was 20 other diseases including gastritis. Profuse bleeding occurred in 8%. After admission no patient was allowed any hemostat, except fluid replacement or blood transfusion in cases with profuse bleeding. A single recipe of rhubarb in powder, tablets or syrup was given in a dose of 3g 3 times per day until bleeding ceased in an average period of two days, which resulted in an effective rate of 97%. A random comparison was also tried between the use of rhubarb singly and the combined treatment of western medicine and Chinese medicinal herbs. Furthermore, the therapeutic effect in hemostatic process among six different preparations of rhubarb was also observed. The results showed that the use of rhubarb singly took the shortest time for arresting bleeding and absorption fever. It also had the merits of being cheap, convenient, and quick to recover. Owing to the differences in varieties and preparations of rhubarb, different therapeutic effects and side effects were also observed. At present it is assumed that the hemostatic mechanism of rhubarb may be due to its local astringent of the tannic acid content and the constriction in local blood vessels.

2. Acute pancreatitis and cholecystitis: In 100 cases of acute pancreatitis of which 61% are female, abdominal pain was found in all cases, nausea and vomiting in 73 cases, fever in 74 cases, and jaundice in 8 cases, WBC count above 10,000 in 54 cases (of which 11 cases above 20,000), urine amylase over 1024u in 51 cases, and complication with other diseases in 29 cases. During the treatment, decompression of the gastrointestinal tract and fasting were not used, but a reasonable replacememt of fluid by infusion was allowed. A decoction of raw rhubarb singly of 30-60g each time and 5-10 times per day was given until recovery. In 17 cases of high fever above 39°C or a white blood cell count over 20,000 or other complications, chloromycetin or