

溃疡性结肠炎 25 例中西医结合治疗 临床观察

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溃疡性结肠炎仅侵犯结肠的粘膜和粘膜下层, 并有糜烂和浅表溃疡, 系一种原发的, 非特异性肠道炎症疾患。西欧各国成年人发病率每年为 0.5~8/10 万。国内发病率一般低于国外^[1], 病情也较轻。近年来其发病率有所增长。

我院近五年 (1976~1980 年) 住院明确诊断者 25 例, 采用中西医结合治疗, 初步取得较好的疗效, 报道如下:

病 例 选 择

本组 25 例以长期反复腹泻、脓血和粘液便、腹痛, 里急后重为主要症状。均经三次以上粪常规检查及培养除外菌痢及阿米巴病。全部病例均经乙状结肠镜观察活检及 X 线钡灌肠检查证实为本病。

临 床 资 料

男 19 例, 女 6 例。年龄 18~72 岁。其中 30~50 岁 17 例 (68%)。

病程 2~4 月 3 例, 1~2 年 13 例, 3~5 年 3 例, 6~10 年 6 例。发病初期均有原因不明的腹泻, 大便 76% 带脓血和粘液。开始均为轻腹泻, 后渐加重, 脓血增多, 反复发作, 每日 3~10 次, 甚至 20~30 次, 劳累、受凉、饮食不当可加重。腹痛为持续性隐痛, 多在左中下腹, 或脐周, 便后加剧。约半数伴有里急后重。4 例以便血为主, 每次出血量多少不等, 反复出血均可引起不同程度的贫血。10 例伴发热, 一般在 37.5~38°C, 其中 1 例起病较急, 发烧高达 38.5~39°C, 腹泻、腹痛、腹胀严重, 有大量脓血便, 电解质紊乱和低血钾, 并发酸中毒。无 1 例并发感染、中毒性休克等。

本组患者常伴有多种肠道外表现, 如肝功损害 11 例, 均有血清谷丙转氨酶升高; 1 例肝功能显著异常; 伴发眼部病者 2 例; 另 1 例有眼结膜充血及出血; 近半数病例伴有植物神经功能失调的症状。这些伴有肠道外表现的患者, 病情均较严重。本组病例有 25% 患者伴有轻度贫血, 20% 血沉轻度增快。个别病例 γ 球蛋白轻度增高。

乙状结肠镜检查 (下称乙肠镜) 和钡剂灌肠结果见附表。

附表 乙肠镜及钡剂灌肠所见

| 乙肠镜所见 | | 钡剂灌肠所见 | |
|--------|----------|--------|------------|
| 病变特点 | 例数 (%) | X 线表现 | 例数 (%) |
| 粘膜充血水肿 | 24 (96%) | 粘膜粗乱 | 23 例 (92%) |
| 粘膜易出血 | 20 (80%) | 结肠袋消失 | 3 例 (12%) |
| 多发性溃疡 | 18 (72%) | 边缘毛刺 | 6 例 (24%) |
| 粘膜颗粒状 | 8 (32%) | 肠管狭窄痉挛 | 5 例 (20%) |
| 肠痉挛狭窄 | 7 (28%) | 阴性 | 3 (12%) |
| 正常所见 | 2 (8%) | | |

治 疗

一、治疗方法: 本组均采用中医中药、皮质激素、柳氮磺胺吡啶 (Salicylazosulfapyridine) 简称为 SASP 等中西药结合治疗。

1. 中医中药: 在祖国医学文献中“大肠泄”“大瘕泄”及“腹泄”以描述的征象与本病类同, 这类病症主要是湿热或寒湿侵犯肠道所致。本组患者辨证以湿热型多见 (计 23 例), 故治则为清热利湿、瀉肠止泻。基本方剂: 黄连、白芍、秦皮、诃子肉、莲肉、赤石脂、乌梅、罂粟壳、白芨、地榆炭、全当归、焦山楂、制半夏, 水煎服一日一剂。如有脾气虚可加党参、白术、山药以健脾益气; 若久泻而脾阳虚损者可加附子、干姜以温补脾阳; 腹胀者加木香、香附。疗程 14~20 日。

2. 激素: 用于急性发作的患者可增强 (SASP) 的疗效, 促进病情迅速缓解, 但其本身不能完全控制病情。激素对不同病人的反应有很大差异性, 同一病人不同时期激素的疗效也不一样, 病程愈长反应愈差。对重症急性发作者激素以短程应用为宜。我们用强的松 30mg/日, 一月为一疗程。

3. 柳氮磺胺吡啶 (SASP): 一般用量: 1g 一日三次, 口服。本组病例均用 SASP, 一月为一疗程。

服后多发生厌食、恶心、呕吐，2例被迫停药，1例口服二月无效。

4. 局部用药：本组8例患者，口服以上药物，疗效缓慢，因而加用保留灌肠，取得较好的疗效。处方为：柳氮磺胺吡啶2g，淀粉5g，普鲁卡因粉0.3g，白芨粉5g，氢化考地松50mg，加水200ml。每晚保留灌肠一次，2周为一疗程，一般用2~4疗程，未发现副作用。

二、疗效判定：1. 显效：腹泻停止，腹痛消失，大便成形无脓血或粘液，粪便常规检查正常，乙状结肠镜检查粘膜充血、水肿减轻、出血、糜烂、溃疡消失，钡灌肠检查粘膜病变表现基本消失。2. 有效：症状改善，粪便成形，每日1~2次或者带有少量粘液，无脓血，腹痛缓解，乙状结肠镜或钡灌肠复查肠粘膜病变明显好转。3. 无效：临床表现与有关检查均无改善。

三、结果：显效10例，占40%；有效13例，占52%；无效2例，占8%；总有效率为92%。

讨 论

一、对于溃疡性结肠炎的治疗，首先要针对疾病的原因，到目前为止，该病的病因还不清楚，众说纷纭，如细菌或病毒感染、自身免疫、食物因素、精神因素等。近年来重视免疫异常与本病发病的关系^①，发现在部分患者的血清中含有抗结肠上皮细胞抗体。结肠抗原为一种脂多糖，抗结肠抗体主要为IgM，亦

可为IgG和IgA，它是一种自身免疫抗体。造成本病粘膜损伤的病因，是抗结肠抗体与大肠杆菌O₁₄型的脂多糖原呈交叉反应，提示这一自身抗体与细菌感染有密切关系。关于精神因素亦应重视，溃疡性结肠炎患者有神经衰弱者半数以上，情绪常不稳定，因而在治疗过程中强调精神疗法亦为重要。

二、为了达到疗效目的，必须抓住疾病的主要矛盾，近期文献报道控制自身免疫和控制合并感染乃是治疗的关键。有的学者把该病称之为自身免疫性疾病，一般采用激素或与抗菌素联合应用。本组采用激素、SASP加中药三联疗法，部分(8例)患者加用局部灌肠，取得满意效果，总有效率达92%。

祖国医学对“大肠泄”有不少良方验方，陆氏^②所荐泄泻不论新旧，不论病因如何都是脾的病变，因而治疗上要紧紧抓住治脾的环节，并调理胃、肝、肾等脏腑。本组病人治疗也注意到了调理脾胃的治则。我们体会中药还有调节结肠功能的重要作用，而且许多药物具有抑制肠道细菌，止泻和收敛的作用。在临床实践工作中体会到加用中药，患者腹痛、腹泻、腹胀、食欲等好转较为满意。因此我们认为中西医结合治疗溃疡性结肠炎提高疗效很有希望。

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中药酸枣仁和复方酸枣仁 的镇静催眠作用(摘要)

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作者多年来在临床上用复方酸枣仁汤治疗以失眠、烦躁不安为主症的神经衰弱患者129例，病程自一月至五年以上不等，服药3~50剂，炒酸枣仁每剂18~90g，加滋肾养肝、镇惊安神药品，取得较满意效果。另外，用枣仁甘草合剂治疗失眠症60例(分三组，酸枣仁分为炒熟捣碎、半生半炒捣碎和生用捣碎各20例，用量每剂45g，均加甘草4.5g)，水煎约150ml，睡前顿服。另外20例，用炒枣仁粉6g，每晚睡前一小时冲服。结果煎剂和粉剂对多数病人有一定镇静安眠的短期疗效，但对其它状如头痛、头

晕、烦躁……，均无明显效果，两种制剂均无明显毒副作用。作者将酸枣仁水溶性提取物，对动物作镇静催眠的药理学观察，初步证实酸枣仁水溶性提取物对中枢神经系统有一定的镇静催眠作用(同戊巴比妥钠合用时，比对照组睡眠时间有明显延长；用酸枣仁水溶性提取物灌胃后的小白鼠自发活动与被动活动均有明显的降低，并能对抗小剂量咖啡因引起的兴奋活动……)，生、炒酸枣仁作用相同，均无明显毒副作用。该提取物主要含有黄酮类物质，酸枣仁的镇静催眠作用可能与此物质有关。

A Clinical Observation on 25 Cases of Gravis Colitis with TCM-WM Treatment

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In this report 25 cases of gravis colitis are described to have been treated with the combined method of TCM-WM. All the cases were confirmed by sigmoidoscopy, biopsy and roentgenoscopy with barium enema. Clinical expressions of abdominal pain and colonic diarrhea were common to all patients. On the basis of oral intake of salicylazosulfapyridinum and prednisone, the patients in this series were given Chinese herbs or treated with enema according to the difference in their condition and physical state. The authors have found that the curative effect of the combined method being 92% was encouragingly better than that of merely giving SASP and prednisone. Their preliminary experience in studying the onset and treatment of this illness has also been discussed.

(Original article on page 96)

The Relation between Changes of Circadian Rhythm of Urinary 17-hydroxycorticosteroids and the Brain Function in "Yin-Xu" (阴虚) Patients with Coronary Heart Disease

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The values of diurnal, over-night and 24 hrs total urinary 17-hydroxycorticosteroids (17-OHCS) in mg/100 kg of body weight were determined for patients with CHD and male normal subjects. These values might display the functional level of the hypothalamus-hypophysis-adrenocortical system under the regulating power of circadian rhythm in relevant parts of the brain. By excluding the age-sex factor, it is discovered that compared with the normal group, there is a significant increase of the value of 24 hrs urinary 17-OHCS for the "Yin-Xu" patients in the over-night samples, rather than in the diurnal ones. These results might reflect the hyperfunction of this endocrinal system and disturbance of regulating power of circadian rhythm of the CRF-ACTH-glucocorticoids in the brain. After two months of TCM treatment resulting in the amelioration of the clinical signs and symptoms of the "Yin-Xu" patients, the abnormal values of over-night and 24 hrs urinary 17-OHCS were brought to a stop. There was no obvious change in every aspect of urinary 17-OHCS values for the "Yang-Xu" (阳虚) patients before and after the treatment. The significance of the result has been discussed and a hypothesis proposed—the signs and symptoms of "Yin-Xu" syndrome of the patients might be, at least partly, a result of the imbalance of some biochemical processes involved and the decrease of inhibitory function in some parts of the brain.

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Diagnostic Implications of the TCM Inspection of the Tongue with Reference to Chronic Gastric Diseases: A Gastrofiberscopic Study of 644 Patients

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According to the TCM theory "The tongue is the exterior sign of the spleen", the authors made a study of the relationship between tongue sign and gastric mucosal lesions in patients with chronic gastric diseases. The method for the observation of the tongue sign was performed by visualization at the beginning, and then, by an eight-diameter magnifying glass. Apart from gastrofiberscopic examination, diagnosis of gastric mucosal lesions was chiefly based on the pathological finding from the biopsy of gastric mucosa.

The results showed that, on the base of tongue were found bright red tongue in most cases of chronic superficial gastritis and brown-spot tongue in nearly all cases of chronic atrophic gastritis. Dark red tongue was obviously increased to a considerable percentage in the patients with gastric ulcer, although brown-spot tongue was still dominating. Brown-spot tongue and petechia tongue were equal in cases of gastric cancer. There was a very significant difference ($p < 0.01$) on the base of tongue in gastric mucosal lesions according to Ridit test, but not in atrophic gastritis and gastric ulcer.

There was a yellow, thin and dirt tongue-coating without significant difference in the patients, but a white, thick and dirt coating was mostly found in patients with gastric cancer, the difference being very significant as compared with gastric ulcer and chronic gastritis ($p < 0.05$ and $p < 0.01$). The percentage of other appearances of tongue was small in these gastric diseases. The authors have noted that the base of tongue is more important in the TCM inspection of the tongue. Tongue-coating, especially yellow-coating, seems to be associated with the inflammation of the stomach. However, other appearances of tongue do not manifest clinical implications.

According to the observation by magnifying glass, the authors have found that part of petechia tongue was in fact brown-spot tongue, a phenomenon of Xu of the kidney (肾虚), rather than stasis of blood (血瘀). In this paper, matters about the specificity of tongue base, tongue coating and other appearance of the tongue, as well as inspection of the tongue were discussed. Finally, the authors came to the conclusion that the TCM inspection of the tongue has a certain degree of regularity for the diagnosis of certain diseases. It is an important parameter in clinical diagnosis in conjunction with the study of case history, symptoms and other physical examinations of various diseases.

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