

# 锡类散治疗消化性溃疡 86 例疗效分析

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我们从 1979 年 2 月~1981 年 6 月,应用锡类散治疗消化性溃疡住院患者 86 例,其近期疗效显著。兹介绍如下:

## 临床资料

一、性别与年龄:本组 86 例中男性 79 例,女性 7 例。年龄 21~30 岁者 26 例,31~40 岁者 29 例,41~50 岁者 17 例,51 岁以上者 14 例,年龄最大者 66 岁,青壮年较多。

二、病程:3 个月~2 年者 25 例,2<sup>+</sup>~5 年者 23 例,5<sup>+</sup>~10 年者 22 例,10<sup>+</sup>~20 年者 16 例。

三、主要症状和体征:胃脘疼痛 84 例,疼痛多于食后半小时至四小时开始,有 13 例在夜间疼痛发作;反酸 52 例;暖气 47 例;恶心 24 例;呕吐 13 例;有呕血、黑粪者 11 例。上腹部压痛者 81 例。

四、纤维胃镜检查:86 例均经纤维胃镜检查,诊断胃溃疡者 70 例,其中胃多发性溃疡 14 例,胃小弯溃疡 43 例,幽门管溃疡 8 例,胃窦前壁溃疡 4 例,胃窦后壁溃疡 1 例。诊断十二指肠球部溃疡 15 例,其中包括球部多发性溃疡 1 例,吻合口边缘溃疡 1 例。

溃疡形态:70 例胃溃疡之形态以圆形或椭圆形为多,少数为线形或不整形。边缘清晰、锐利,与周围粘膜相平或仅轻微隆起,少数病例周围粘膜充血水肿较明显。底面平滑,被有白色、灰色或灰黄色苔状物。部分病例由于瘢痕收缩可见皱壁集中象。1 例吻合口边缘溃疡为椭圆形。15 例十二指肠溃疡亦多为圆形和椭圆形,只有 2 例是不整形。

溃疡大小:70 例胃溃疡中,溃疡直径在 0.5~2.0cm 者 69 例,只有一例溃疡直径为 3.0cm。1 例吻合口边缘溃疡直径为 1.5cm。15 例十二指肠溃疡,其直径为 0.5~1.0cm。

五、活检病理:70 例胃溃疡和 1 例吻合口边缘溃疡均经活检病理证实为良性溃疡。一般取活检 2~6 块。病理报告为胃溃疡 31 例,胃粘膜慢性炎症 40 例,部分病例有腺体轻、中度不典型增生或肠上皮化生。

15 例十二指肠溃疡,仅 2 例作活检,病理报告为慢性炎症,其余病例未作活检。

六、伴发病:70 例胃溃疡伴浅表性胃炎 47 例,萎缩性胃炎 8 例,浅表萎缩性胃炎 4 例;十二指肠球炎 19 例;胃粘膜脱垂 1 例。1 例吻合口边缘溃疡伴浅表性胃炎。15 例十二指肠溃疡伴浅表性胃炎 8 例,萎缩性胃炎 2 例,十二指肠球炎 5 例。

## 中医辨证分型和治疗

一、肝胃不和型:胃脘胀痛或痛连于胁,暖气频繁,泛酸嘈杂,心烦易怒。舌红脉弦。

二、肝郁脾虚型:胃脘时痛,或痛连于背,暖气吞酸,大便干结,喜暖喜按,体倦乏力。舌质淡,脉沉弦。

三、脾胃虚寒型:胃脘隐隐作痛,吐清水或酸水,素喜热饮,喜暖喜按,畏食生冷,肢末发凉,体倦乏力。面色不华或白,舌质淡,舌边有齿印,脉迟或沉细无力。

上述三型全部给予锡类散治疗。方法:锡类散 600mg,每日 2 次口服,空腹服药,服药时间一般为早 5 时,晚 9 时。一个月为一疗程。纤维胃镜定于服药一个月左右复查一次。

本组有部分病例胃痛,反酸较著者选用普鲁本辛、胃疡平和胃舒平等配合治疗。

## 疗效观察

### 一、疗效判定标准

治愈:症状和体征消失。纤维胃镜复查溃疡消失或形成瘢痕。

好转：症状明显减轻或基本消失。纤维胃镜复查溃疡缩小(为原来的 1/2 以上)。

无效：症状和体征无变化。纤维胃镜复查溃疡无变化或反而扩大者。

## 二、治疗结果(见表 1)

表 1 锡类散治疗 86 例消化性溃疡疗效统计

疗 程 (日)	例 数	治 愈	好 转	无 效
胃 溃 疡: 15~20	6	6		
21~30	52	44	61	5
31~60	12	11		1
十二指肠溃疡: 21~30	15	15		
吻合口溃疡: 28	1	1		
合 计	86	77	5	4

本组患者经治疗 15~60 日, 治愈 77 例, 占 89.5%; 好转 5 例, 占 5.8%; 无效 4 例, 占 4.6%。有效率 95.4%。

按溃疡部位分析: 胃溃疡 70 例, 治愈 61 例, 占 87.1%; 好转 5 例, 占 7.1%; 无效 4 例, 占 5.7%。有效率占 94.3%。十二指肠溃疡 15 例, 全部治愈, 治愈率为 100.0%。因此, 锡类散对十二指肠溃疡的疗效似较胃溃疡更佳。

按中医辨证分型分析: 十二指肠溃疡 15 例中, 肝胃不和型 8 例, 肝郁脾虚型 4 例, 脾胃虚寒型 3 例, 均治愈, 故各型的治愈率无差异。胃溃疡 70 例, 其中肝胃不和型 39 例, 均治愈; 肝郁脾虚型 18 例, 治愈 14 例, 好转 3 例, 无效 1 例; 脾胃虚寒型 13 例, 治愈 8 例, 好转 2 例, 无效 3 例。经统计学处理, 三型有效率无显著差异( $X^2=9.34$ ,  $P>0.05$ )。

按溃疡和疼痛消失时间分析: 本组胃溃疡 70 例, 治愈 61 例, 其溃疡消失天数为 15~60 天, 平均 31.4 天。其疼痛消失天数为 3~45 天, 平均 17.5 天。十二指肠溃疡 15 例, 全部治愈, 其溃疡消失天数为 21~30 天, 平均 28 天。疼痛消失天数为 5~22 天, 平均 14.3 天。

## 讨 论

本组应用锡类散治疗消化性溃疡 86 例, 治愈率为 89.5%, 显著地高于中医辨证施治的治愈率(69.7%)(1)。本组胃溃疡治愈平均 31.4

天, 胃脘疼痛消失平均 17.5 天。十二指肠溃疡治愈平均 28 天, 胃脘疼痛消失平均 14.3 天。优于其他五种(2)治疗消化性溃疡的疗法(见表 2)。

表 2 锡类散与其他五种疗法的疗效比较  
(X 线或内窥镜检查)

疗 法	例 数	溃疡或愈影消失天数	疼痛消失天数
锡 类 散	胃 溃 疡 61	31.4	17.5
	十二指肠溃疡 15	28.0	14.3
一 般 疗 法	45	37.5	33.6
乌 贝 散	57	42.2	24.2
甘 草 制 剂	19	49.2	31.1
利 疡 散	29	53.7	41.4
封 闭 疗 法	85	50.6	37.4

从表 2 可以看出, 锡类散是目前治疗消化性溃疡的最佳药品。

锡类散系清朝尤在泾治疗烂喉痧方(3), 含珍珠、象牙屑、青黛、牛黄、冰片、人指甲、壁钱炭等成分。当时用治疫喉、乳蛾、牙疳、舌糜烂等病, 有清热解毒, 生肌止痛, 收敛创面作用。近年来用于口腔溃疡和特发性溃疡性结肠炎有良好效果。而锡类散用于试治消化性溃疡始于 1971 年, 当时因用法不当, 剂量过小而无效。1973 年以来以锡类散 600mg, 并用氢氧化铝胶、颠茄合剂, 晚 9 点服, 而取得明显疗效(2)。1975 年开始荐用。我们以锡类散 600mg, 每日二次口服(强调早晨空腹和晚饭后胃排空后服药, 并要求服药前后不进食水), 疗效显著。由于该药有生肌和收敛创面等作用, 所以对各型均有较好疗效。如果脾胃虚寒型服药后有不适者, 可加用理中丸治疗。

本组有 4 例治疗无效, 其中 3 例治疗 1 个月, 1 例治疗 2 个月, 其无效原因可能与疗程短有关。

## 参 考 文 献

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## Analysis of the Therapeutic Effects of Xi Lei Powder ( 锡类散 ) in 86 cases of Peptic Ulcer

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86 cases with peptic ulcer were treated with Xi Lei Powder with a dosage of 600 mg administered orally twice per day. The course of treatment lasted 15-60 days. The cure rate was 89.5%, the markedly effective rate was 5.8% and the ineffective rate 4.6%. Thus, the total effective rate was 95.4%. The average duration was 31.4 days for the cure of gastric ulcer and 28 days for the cure of duodenal ulcer. To conclude, treatment of peptic ulcer with Xi Lei Powder has better therapeutic effects; therefore, it is a good therapeutic drug for ulcer.

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## Effect of *Salvia Miltiorrhiza* on Experimental Hepatic Regeneration

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Acute and chronic hepatitis respond experimentally and clinically to drugs serving to activate blood circulation and disperse blood stasis, such as *Salvia miltiorrhiza* (SM) etc. In order to study the mechanism, the effects of some drugs (*Salvia miltiorrhiza*, *Carthamus tinctorius*, *Angelica sinensis*, *Prunus persica*) on hepatic regeneration were observed. Albino rats with their middle and left lobes of the liver removed were divided into 5 groups, one control group and 4 drug groups, and the drugs were given twice postoperatively. 48 hours after operation all rats were sacrificed, with a piece of liver tissue taken from each animal for histological survey and serum isolated for biochemical tests. In histological sections, the number of mitotic cells in the liver was much bigger and the degree of regeneration was higher in SM group than in the control group. Serum AFP of rats in the normal and hepatectomy control groups was negative, but was identified in the SM group. These results indicate that SM may accelerate hepatic regeneration. *Carthamus tinctorius* and *Angelica sinensis* have certain effects on hepatic regeneration too, but *prunus persica* does not react. The reaction of SM mechanism on hepatic regeneration may be attributed to the improvement of hepatic circulation.

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## Advances in Research of the Action of Components Isolated from *Fructus Schizandrae Chinensis* on Animal Livers

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*Fructus Schizandrae*, a traditional Chinese tonic, has been shown to be able to lower the elevated serum glutamic pyruvic transaminase (SGPT) levels of patients with chronic virus hepatitis, and to decrease the hepatotoxicity of carbon tetrachloride (CCl<sub>4</sub>) in animals with some of its components. The results of our investigation indicate that Schizandrin B (Sin B), Schizandrin C (Sin C), Schizandrol B (Sol B), Schizandrer A (Ser A) and Schizandrer B (Ser B) were all able to inhibit CCl<sub>4</sub> induced lipid peroxidation of liver microsomes from mice and <sup>14</sup>CCl<sub>4</sub> covalent binding to lipids. These compounds also decreased CO production and cofactor (NADPH and oxygen) utilization during CCl<sub>4</sub> metabolism by liver microsomes *in Vitro*. It may be postulated, therefore, that the protective action of certain components from *Fructus Schizandrae* on hepatotoxicity is due to the inhibition of microsomal lipid peroxidation induced by CCl<sub>4</sub> and of CCl<sub>4</sub> metabolites covalent binding to lipids of microsomes.

In addition, SinB, SinC and SolB significantly increased rat liver cytochrome P-450 concentration, NADPH-cytochrome C reductase, benzphetamine and aminopyrine demethylase activities. The three compounds also markedly stimulated proliferation of smooth endoplasmic reticulum of liver cells of rats. Metirapone, a diagnostic inhibitor of phenobarbital-induced cytochrome P-450, inhibited the activity of aminopyrine demethylase of microsomes from rats treated with Sin B, Sin C and Sol B. Moreover, the microsomes of livers from rats induced by Sin B, Sin C or Sol B modified the pattern of the reactive metabolites of (G-<sup>3</sup>H)-benzo(a)pyrene covalent binding to DNA *in Vitro*, and inhibited the mutagenicity of benzo(a)pyrene, a chemical carcinogen in Ames test. These data suggest that certain components isolated from *fructus Schizandrae* have an inducing effect on liver microsomal cytochrome P-450; as a result, the detoxicating ability of liver increased.

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