

• 临床论著 •

清解片、化瘀片、巴黄片治疗急性 阑尾炎 150 例疗效报告

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内容提要 用清解片、化瘀片、巴黄片治疗急性单纯性阑尾炎和轻型化脓性阑尾炎等 150 例, 治愈率 92.7%, 取得了较为满意的临床疗效。本文具体地介绍了治疗方法、药物的组成以及对治疗原理的探讨。

我所急腹症临床研究室和药物研究室 1978 年共同研制了中西医结合治疗急性阑尾炎的新剂型即清解片、化瘀片、巴黄片(简称三片)并用于临床, 现将 150 例治疗结果报告如下。

临 床 资 料

一、一般资料

本组男 112 例, 女 38 例。年龄 14~73 岁。其中 20 岁以下 13 例, 21~30 岁 66 例, 31~40 岁 41 例, 41~50 岁 15 例, 51~60 岁 11 例, 61 岁以上 4 例。本组急性单纯性阑尾炎 71 例, 轻型化脓性阑尾炎 60 例, 急性复发性阑尾炎 9 例, 妊娠合并阑尾炎 6 例, 合并局限性腹膜炎 3 例, 阑尾脓肿 1 例。按中医辨证分期, 属瘀滞期有 50 例, 蕴热期 99 例, 毒热期 1 例。入院时体温: 37°C 以下有 69 例, 37~38°C 有 71 例, 38°C 以上有 10 例。入院时白细胞数: 9 000 以下有 14 例, 9 000~12 000 有 25 例, 12 000 以上者有 111 例。

二、治疗方法

本组病例均单纯用三片治疗, 未加用抗生素及中药汤剂。治疗不见好转改为汤剂治疗的算为片剂治疗失败。

1. 适应症的选择: (1) 急性单纯性阑尾炎。(2) 轻型化脓性阑尾炎。(3) 急性阑尾炎合并局限性腹膜炎(炎性渗出性腹膜炎)。

2. 三片组成: 所有片剂系本院药物研究室

提煉制做: 清解片: 金银花、野菊花、败酱草、白花蛇舌草、黄连、黄芩、甘草。化瘀片: 红藤、丹皮、赤芍、元胡、川楝子。巴黄片: 巴豆霜、生大黄、大黄提取物。根据药物不同成份的特性, 采用不同的提取方法。药物提取后再混合制成颗粒, 压片, 每片重 0.35g。

3. 三片用法: 患者入院后首服清解片 8 片, 巴黄片 2 片, 以后连服即改为清解片 4 片, 每日三次。一般服巴黄片后大都在 24 小时内开始排便, 如果大便仍未通下, 转天可再给巴黄片 2~3 片, 达到大便通下, 腹痛减轻为止。

待患者症状缓解, 热象已退, 可将清解片改为化瘀片 2~4 片, 每日三次, 至痊愈。三片经临床应用以来, 未见有毒性及过敏等反应。只有个别患者有腹部绞痛, 但排便后立即缓解。服巴黄片后虽然腹泻次数多, 但不影响食欲。

三、疗效分析

全组 150 例, 治愈 139 例, 治愈率 92.7%。好转 9 例, 好转率 6.0%。总有效率 98.7%。全组仅有 2 例治疗无效改用汤剂, 并配合穿刺抽脓而愈。平均住院日数为 7.05 天。

服药后腹痛缓解情况: 1 天内缓解 46 例, 2 天 54 例, 3 天 27 例, 4 天 14 例, 5 天以上 9 例。服药后腹部压痛消失情况: 1 天消失的有 8 例, 2 天 27 例, 3 天 36 例, 4 天 33 例, 5 天 23 例, 6 天 13 例, 7 天以上 10 例。

在治疗成功的 148 例中, 有 127 例占 85.8% 腹疼在 3 日内消失或明显缓解。右下腹压痛消失在 5 日内的有 127 例, 占 85.8%。在 136 例

白细胞升高的病例中,除2例未降外,余者下降至正常平均日数为2.5天,服药后有94%的患者在24小时内出现腹泻,腹泻次数少者每日2~3次,多者可达20余次,一般为4~8次,在治疗成功的病例中98%以上的病例体温在3日之内降至正常。

失败病例分析:一例入院时诊为急性单纯性阑尾炎,入院后服三片治疗。大便通下后症状体温均见好转,但两天后右下腹出现索状肿块,以后肿块日渐增大,达7×7cm大小,超声检查有液性平段,穿刺抽10ml脓液,后改服汤剂而愈。

一例为化脓性阑尾炎,三片治疗后症状有好转,但体温未降到正常,右下腹出现肿块,穿刺抽出脓液19ml,服汤剂而愈。

从治疗过程看三片治疗后均有一定效果,但对脓肿的发展未能控制。因此对有肿块的病例应用三片时要密切观察,发现疗效不佳时可及时改用汤剂或加用抗生素。必要时还可以配合穿刺抽脓。

实验研究

一、清解片对大肠杆菌、变形杆菌、绿脓杆菌等均有体外抗菌作用。应用鲎试剂测定,清解片在体外对大肠杆菌内毒素有直接解毒作用。

二、清解片、化瘀片对小白鼠吞噬功能的影响:清解片可使小白鼠腹腔巨噬细胞的吞噬百分率、吞噬指数显著增加。化瘀片对小鼠腹腔巨噬细胞的吞噬百分率明显提高,对小鼠血液中性白细胞吞噬百分率也有明显的提高。说明清解片、化瘀片能提高机体对病原菌的非特异性免疫能力,增强吞噬细胞的吞噬作用,加速炎症的消散。

三、化瘀片对肠血流量的影响:化瘀片能明显增加肠壁血流量,改善肠壁的血液循环,同时化瘀片能抑制棉球肉芽肿的形成,有抗炎作用。在血液流变学的实验中我们还观察到化瘀片对大鼠全血粘度有降低趋势,并有降低家兔血浆纤维蛋白原作用,从而有利于炎症的吸

收及粘连的减轻。

四、化瘀片对小肠粘膜上皮细胞更新的影响:我们用同位素放射自显影的方法,观察到化瘀片可促进小鼠小肠粘膜上皮细胞加快更新速度,这对增加小肠吸收功能,增加分化多种酶的能力,提高抗体的免疫力可能具有十分积极的意义。

五、泻下作用:我们对甘遂、大黄、巴豆霜等几种泻下药进行了泻下作用的观察,从中发现大黄提取物和巴豆霜组成的巴黄片泻下作用为最强,除增强肠蠕动外,还对大肠杆菌、变形杆菌、绿脓杆菌、金黄色葡萄球菌、链球菌有抗菌作用。

讨 论

一、通过三片治疗急性阑尾炎的临床疗效总结,我们体会:中医现代化和中药剂型改革不能脱离中医中药学的传统理论,否则就不能谈中西医结合而达到融汇贯通,我们应用的三片基本上是按清热解毒、活血化瘀、通里攻下等中医法则进行研究的,经临床实践证明这一指导思想是正确的。

二、在开展中西医结合治疗急腹症的多年实践中,我们深感汤剂十分不便,并且煎药的质量,药材的品种,甚至药材的产地等都和临床疗效有着重要的关系,因此水煎剂的质量是不够稳定的。而我们应用的三片就克服了上述缺点,能够保持药物质量的稳定性。

三、我们以往曾进行过多次剂型改革,但均不十分满意,有的破坏了药性,有的药片崩解度差,有的剂型量过大不便口服,而三片是采用提取有效成份或部位,既保持了各个药品的有效成份,又缩小了体积,如巴黄片一般一天口服一次,2片剂量仅0.7g,即可达到理想的攻下作用。

四、当前有些中药材短缺的现象还是很严重的,剂型改革成功可以节约大量药材,降低人们的医疗费用,有利于推广普及。三片治疗急性阑尾炎的成功,也为今后腹腔炎性疾病的研究奠定了一定的基础。

Abstracts of Original Articles

Three Kinds of Herbal Tablets in the Treatment of Acute Appendicitis: Result of 150 Cases

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Since 1978, three kinds of herbal tablets, namely, Qing Jie (清解) tablet, Hua Yu (化瘀) tablet and Ba Huang (巴黄) tablet, have been prepared and used clinically in this institute in the treatment of acute appendicitis. 150 cases of acute simple appendicitis and mild suppurative appendicitis were reviewed, of which, 139 patients (92.7%) were cured, 9 were improved, with an overall effective rate of 98.7%. The mean hospitalization was 7.05 days. The herbal tablets are advantageous in their simplicity in application, rapid and satisfactory effects, and in saving large amounts of herbs. The three kinds of tablets correspond to three principles of treatment based on the theory of traditional Chinese medicine, i.e., Antipyrexia with detoxication, activation of blood circulation with dispersing stasis, and purgation to end stasis. Thus treatment on the basis of differentiating syndromes can be efficiently given with new preparations of herbal medicine, the effective components of which are extracted by scientific methods. Pharmacological studies demonstrated that Qing Jie tablets were bacteriostatic in vitro to *E. coli* and *Pseudomonas aeruginosa*; Hua Yu tablets could increase the blood flow of rat intestinal wall and inhibit the formation of cotton granulation; Ba Huang tablets could markedly enhance the intestinal peristalsis, hence a potent purgation.

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The Treatment of Leucopenia with Inspissated Granula of *Epimedium Sagittatum* and Its Effects on Serum Zn, Cu and Mg

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Chronic leucopenia of unknown etiology was treated with inspissated granula of *Epimedium sagittatum* (15 g b.i.d. ~ t.i.d. for 30~45 days) and changes of serum contents of Cu, Zn and Mg were evaluated with atomic absorption spectroscopy method before and after treatment. The therapeutic results of 14 cases are: 3 cured, 4 very effective, 4 effective and 3 of no effect. Before treatment, the determination of Cu, Zn, Mg and Cu/Zn ($M \pm SD$) contents for 22 cases of leucopenia and 36 cases of normal for control are 86 ± 13 , 77 ± 11 , 2230 ± 183 , 1.1264 ± 0.21 and 137 ± 22 , 124 ± 21 , 2300 ± 172 , 1.1297 ± 0.22 respectively. The contents of Cu and Zn decreased very remarkably ($P < 0.001$), but that of Mg and Cu/Zn are not very significant. For the 14 experimental cases, the Cu, Zn, Mg and Cu/Zn ($M \pm SE$) are 85.4 ± 3.29 , 77.8 ± 2.63 , 2293 ± 44.9 , 1.09 ± 0.04 and 82.5 ± 2.80 , 65.7 ± 4.97 , 2103 ± 40.5 , 1.28 ± 0.09 before and after treatment respectively. The Zn and Mg are significantly decreased ($P < 0.05$) and Cu/Zn is significantly elevated ($P < 0.05$).

The authors consider that there may be some relationships between Zn and Mg changes and the pathogenesis of leucopenia and differentiation of symptoms. The therapeutic effect of inspissated granula of *Epimedium sagittatum* may be closely related to the utilization of serum Zn and Mg. It is not simply due to a supplement of Zn and Mg but rather due to the balance of Yin and Yang regulation of the body.

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Typology of Acute Leukemia According to Symptom Differentiation and Observation on Its Relation to Blood, Bone Marrow and Cyclic Nucleotides in Serum and Urine

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Acute leukemia was classified into three types according to symptom differentiation: (1) Heat toxins with stagnant blood, (2) Aggregation of phlegm and heat, (3) Deficiency of both Qi and Yin. The blood, bone marrow and cyclic nucleotides in serum and urine in the 59 patients were observed. The experiment has proved that all indices in each type are significantly different from that of the control, but present differences among one another. The hemoglobin and platelet were higher in aggregation of phlegm and heat than in other two types. The ratio of white cell/red cell of marrow was lower in deficiency of both Qi and Yin than in other two types. The cGMP in serum and urine were also reduced greatly than heat toxins with stagnant blood. However the ratio of cAMP/cGMP was higher than the first group. The change between pretreatment and post treatment in 32 patients was further observed. The percentage of remission was higher in deficiency of both Qi and Yin, but lower in heat toxins with stagnant blood. The experiment has indicated that the typology of acute leukemia into three types according to Chinese traditional medicine could serve as the base of molecular pathology.

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