

中药胃宝方加减治疗慢性胃炎 100 例疗效观察

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内容提要 对胃镜检查确诊为慢性浅表性胃炎或浅表萎缩性胃炎 100 例, 经中医辨证分为脾胃虚寒、肝郁气滞、脾胃阴虚三型。分别用中药胃宝 1、2、3 号进行治疗(治疗组), 胃宝 4 号用于对照观察(对照组)。3~6 个月治疗组症状疗效为 87.5%~91.6%, 对照组 62.1%, $P < 0.01$, 有显著差异。全部病例进行胃镜病理复查, 治疗组病理疗效为 66.2%, 对照组 44.8%, 疗效明显优于对照组。提示中药治疗慢性胃炎疗效是肯定的。

我们从 1983 年 3 月~1984 年 12 月用中药胃宝方加减对 100 例慢性胃炎患者进行了治疗观察, 报告如下:

临床资料

一、一般资料: 慢性胃炎 100 例, 男 78 例, 女 22 例。年龄 22~30 岁 10 例, 31~40 岁 18 例, 41~50 岁 36 例, 51~60 岁 30 例, 61~71 岁 6 例, 40 岁以下 28 例占 28%, 40 岁以上 72 例占 72%。病程 3 个月~1 年者 17 例, 1~5 年者 26 例, 6~10 年者 22 例, 10~30 年者 35 例。病程 5 年以下者 43 例占 43%, 5 年以上者 57 例占 57%。

二、病例选择: 本组经胃镜观察及病理活检证实为慢性浅表性胃炎 81 例, 浅表萎缩性胃炎 19 例。同时伴有十二指肠炎者 25 例。诊断根据全国胃炎会议拟定的标准进行确诊(1978 年南京会议及 1982 年四川会议制订)。所选病例均不合并溃疡病及肝病等其他器质性疾患, 肝功能及乙型肝炎表面抗原阴性。患者均坚持服药三个月以上。

辨证论治及观察方法

一、辨证分型标准: (1)脾胃虚寒型: 胃脘部隐痛、喜暖、喜按, 便溏, 舌胖大有齿痕、

苔薄白, 脉沉细。(2)肝郁气滞型: 胃脘及两胁胀痛, 嗳气, 大便时干时稀, 舌暗红, 苔黄厚, 脉弦滑。(3)脾胃阴虚型: 胃脘灼痛, 口苦干喜冷饮, 便干, 舌瘦、舌尖红, 少苔或细裂, 脉细数。

本组 100 例中治疗组 71 例, 对照组 29 例。脾胃虚寒型 41 例, 肝郁气滞型 41 例, 脾胃阴虚型 18 例。三型的治疗组分别为 32 例、27 例、12 例, 对照组分别为 9 例、14 例、6 例。

二、治疗方法: 胃宝方由珍珠粉(或象皮粉)、泽泻、青黛、乌梅、白芨、生甘草、三七面、大黄面、琥珀(或乳香)等组成。胃宝 1 号加生黄芪、党参, 用于脾胃虚寒型; 胃宝 2 号加郁金、丹参、川朴, 主治肝郁气滞型; 胃宝 3 号加石斛、元参、白芍, 用于脾胃阴虚型; 胃宝 4 号为少量焦三仙制成, 用作对照组治疗。以上均制成膏剂, 每日 3 次, 每次一勺(约 15g)温开水冲服。

三、观察方法: (1)对所经治患者根据上述辨证标准分型相应列入各组, 前三名分别应用胃宝 1、2、3 号, 第四名不管属于哪一型归入对照组。然后第五、六、七、八名依此类推。观察组及对照组均随机分配, 不考虑胃镜所见病变的轻重。不遵医嘱坚持服药者, 不列入统计, 故对照组略高于计划数。(2)患者治疗前及疗程结束后二周内复查胃镜进行对比, 胃镜诊断标准统一, 做胃镜的医师基本固定专人,

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活体取材部位及块数统一，分别在胃体、胃窦、胃大、小弯病变明显处各取一块共四块送病理检查。(3)疗程为3~6个月。

疗效分析

一、疗效标准：主要根据慢性胃炎的临床症状、胃镜肉眼所见及病理活检结果综合评定。(1)明显好转：症状基本消失，胃镜检查出血、糜烂、浅溃疡消失，充血、水肿范围明显缩小，或仅在胃窦区小范围炎症。(2)好转：2~3个主要症状消失或一定程度减轻，胃镜检查炎症范围缩小，病变减轻。(3)无效：症状时好时坏，胃镜检查病变范围程度均无明显变化，或症状及胃镜复查病变范围扩大程度加重。

二、总疗效分析：(1)症状疗效：三型患者治疗组共71例有效者63例，有效率88.7%。对照组29例有效者18例，有效率62.1%。经统计学处理 P 值 <0.01 ，有显著差异。(2)病理疗效：治疗组71例中，有效者47例，有效率66.2%。对照组29例中，有效者13例，有效率44.8%。 P 值 <0.05 ，亦有显著差异。

上述结果表明“胃宝”中药膏剂消除症状疗效显著。但约有22.5%的患者，病理改变并没有与症状并行地好转。一定程度反映了中医学主要是根据临床症状辨证选药组方的，而针对病理改变有效的中药被选用的相应较少甚或注意不够，提示在今后的研究中应引起重视。

三、症状疗效分析：脾胃虚寒型41例，其中治疗组32例，明显好转及好转者分别为17、11例，有效率87.5%；肝郁气滞型共41例，其中治疗组27例，明显好转10例，好转14例，有效率88.8%；脾胃阴虚型18例，其中治疗组12例，明显好转8例，好转3例，有效率91.7%。三型分别与对照组的有效率62.1%相比，以脾胃阴虚型疗效最好。这组中药主要是滋阴补气为主佐以健脾，这与西药治胃炎只重视肠胃症状有所不同，故注意改善全身状况是治疗胃炎值得重视的一个重要方面。

四、病理疗效分析：治疗组脾胃虚寒型32

例中，明显好转及好转者共20例，有效率为62.5%；肝郁气滞型27例，明显好转6例，好转者13例，有效率70.4%；脾胃阴虚型12例明显好转者2例，好转者6例，有效率66.6%。三组与对照组有效率44.8%比较， P 值 <0.05 。中药治疗慢性胃炎的病理疗效，虽然较症状疗效为低，统计学上也有显著差异，反映中药对病理好转是有影响的。本文100例慢性胃炎的病理疗效分型统计在62.5~70.4%之间。胃镜检查结果，慢性胃炎的炎症病变如出血、充血、糜烂、水肿等经治疗后大多都有不同程度的减轻，病变范围也见缩小。本文有2例治疗前经胃镜及病理活检为慢性浅表性胃炎，治疗6个月后进行胃镜复查，肉眼下炎症病变基本消失，已接近正常范围，但病理活检仍可见轻度慢性炎症。有6例肠上皮化生有好转，但萎缩性病变恢复较慢，只有一例有所减轻，25例同时伴有浅表性十二指肠炎患者中有8例其炎症也明显减轻或基本消退。

讨 论

一、中药治疗慢性胃炎确有较好的治疗效果。不仅可使临床症状得到恢复，而且通过治疗前后胃镜和病理活检的复查资料对比分析，证实慢性胃炎的病理形态变化和活动性炎症都能得到一定程度的好转，尤其是急性炎症如充血、水肿、糜烂、出血等的改善较为明显。

二、在中药治疗中，是采用辨证分型论治，还是运用相应的固定方药，抑或以固定方药为主而随证加减的方法好，值得进一步认真分析。我们的体会是治疗慢性胃炎，缓解与消除症状有效并不等于基本病理改变好转或痊愈。因此寻找对病理改变有效的方剂，对巩固胃炎的临床疗效是十分重要的。而有利于病理好转的药物不一定对解除症状也是十分有效的药物。因此研究胃炎的治疗方法中，目前应该侧重于寻找有利病理改变好转的药物。

实践中还体会到，慢性胃炎的一般症状恢复较快，而要改善病理形态变化，没有一个相对稳定而持续的治疗阶段则难以达到。因此治

疗慢性胃炎的方药应相对固定不宜仅根据一些症状的改变而经常变换药味过频,这样不利于寻找纠正病理改变有效的药物。

三、有作者提出肝郁气滞型大致相当慢性胃炎的早期,或以胃肠功能紊乱为主要表现者;胃阴不足型相当于该病的急性发作期,急性炎症如充血、水肿、溃疡比较明显;脾胃虚寒型相当于病的慢性期,或急性发作消退期,或有明显的萎缩性病变。从本文资料来看,脾胃阴虚型的好转率较高,肝郁气滞型次之,脾胃虚寒型则较差,似乎符合上述看法。因为一般慢性

胃炎的急性发作期容易消退,功能紊乱性改变也比较容易纠正。而萎缩性病变则非短期治疗即能奏效,需要比较长的时间的治疗观察。但是从三型患者的胃镜与病理检查所见来分析,并不能区分出早期或晚期以及发作期或缓解期。因此辨证分型只有利于我们通过症状改善到药物方剂中去寻找对病理改变有效的药物。中医辨证分型与慢性胃炎的病程分期并不一致。三型的病理改变大致还是相近的。此尚有待于今后进一步探讨。

雷公藤治疗天疱疮11例疗效观察

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我们在中西医结合治疗皮肤病的过程中,发现中草药雷公藤对天疱疮有效,现将1982年2月~1983年3月治疗的11例报告如下。

一般资料 11例中,男性9例,女性2例。年龄最小16岁,最大73岁,以中老年为多(>40岁者9例,占81.8%)。病程最短3月,最长6年,其中6个月以内、3年以上者各3例。红斑性天疱疮6例,寻常性天疱疮4例,增殖性天疱疮1例。

治疗方法 本组所用雷公藤系福建产,去皮根茎制成糖浆(本院自制,每毫升含生药1g)。一般10~15ml,每日3次口服,少数每日达60~80ml。1月为1疗程,有效续服,依病情酌情增减用量。患者分2组进行观察:(1)未经治疗者或已用其它药物无效者停用该药,单独应用雷公藤,共5例;(2)原已用皮质激素的患者(相当于强的松10~55mg,平均为37mg)病情仍处于波动阶段,激素原剂量不变,加用雷公藤,获效后逐渐递减激素至最低维持量,共6例。

疗效观察 (1)疗效标准:显效:大疱性损害全部消退或仅遗留少数结痂性损害;有效:原有损害消退1/2以上或残留少数大疱此退彼发;无效:服药1月原有损害无改善或好转不多。(2)治疗结果:全部有效。雷公藤组5例,显效3例,有效2例;激素加雷公藤组6例,显效3例,有效3例,两组显效6例。于治疗后3~14天见效,多数在3~5天。观察3月~1年不等,观察期间病情稳定。6例合并应用激素(平均强的松37mg)者,经治疗后激素全部递减,平均每人递减数相当于强的松18.5mg。

讨论与体会 (1)疗效考察:6例合并激素者,

其中4例病情较重,皮损遍及全身,伴有粘膜损害,而且在较长期、大剂量激素(相当强的松40~55mg)治疗病情仍不够稳定的情况下,加服雷公藤平均5~7天内病情获得控制,以后逐步递减了激素用量。为证实此组病例中雷公藤的治疗作用,其中2例在递减部分激素病情稳定情况下,停用雷公藤维持原剂量激素,3~7天内病情又加重,出现新损害,重用雷公藤不但病情又获好转,而且进一步递减了激素的用量。单纯雷公藤组治疗的5例均系红斑性天疱疮,其中1例是在激素、氮苯砷疗效不好情况下改用雷公藤治疗而获效的。(2)关于药物的剂量与药效和毒性关系:雷公藤糖浆常用剂量是每日30~45ml。本组有些病例剂量增加至每日60~80ml时才见疗效。提示疗效与剂量有一定关系。雷公藤有一定毒性。曾遇1例口服雷公藤糖浆过量(80ml,日三次)二天后出现中毒反应。本组病例副反应轻微,仅1例服药初期有胃部嘈杂感,经几天适应后症状消退,不影响治疗。这可能与剂量不大(最高剂量是此中毒病例的1/3)有关。至于对雷公藤无毒性反应的最高剂量多少有待今后进一步摸索。(3)关于药物作用原理:雷公藤有效成分——雷公藤总甙有抗炎及免疫抑制作用,适用于变态反应性疾病、自身免疫性疾病和发病机制可能与变态反应有关的疾病。适应症与皮质激素相似,但却无皮质激素的副作用,故可用于某些对皮质激素有依赖、抗药及禁忌的患者。本组病例用雷公藤有效并能较顺利地逐步递减激素的机理可能也在于此。由此提示此药对大疱性疾病有效,可单独用于轻型病例(如红斑性天疱疮),或用于增强激素的疗效,减少其用药剂量。

Abstracts of Original Articles

The Application of Wei Chang Fu Yuan Tang (胃肠复元汤) for the Postoperation of Abdomen — An Observation on Its Clinical Effects and Experimental Study

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A prospective clinical study was carried on 406 patients after abdominal operation. The treated group (203 cases) were administered randomly with the electuary of Wei Chang Fu Yuan Tang (to recover gastrointestinal function) supplied by the drugstore "Tong Ren Tang" (同仁堂) in Beijing. Each patient took a dosage of 25~50 gm diluted with water given orally or infused through the nasogastric tube 2~4 times a day for about 3 days. The other 203 cases received the same routine treatment and a dosage of saline as control. The main kinds of operation included subtotal gastrectomy, intestine resection and biliary operation. The purpose of the study was to observe the effects of the electuary on the recovery of gastrointestinal dysfunction during postoperation period. It was demonstrated that the presentation of bowel sounds, flatus and bowel wind were significantly earlier in the treated group than the control. The duration of therapeutic process of gastric aspiration and intravenous infusion was shorter too. About half of the patients in the treated group did not take any gastric aspiration. In this study, 40 cases were measured with intestinophonography. It seemed that the frequency and amplitude of bowel sounds were both high in the treated group. Differences in the recovery of intestinal activity between the two groups were significant statistically. According to a series of experimental studies performed in SD rate.

It has been shown that the decoction of Wei Chang Fu Yuan Tang has marvelous recovering effect on various gastrointestinal functions, such as the emptying motility of stomach; the propulsion action of small intestine; the action potential and frequency of spike burst generation in the stomach and duodenum; the secretion of pancreatic amylase; the absorption of water and glucose in the small intestine; and the blood flow in the portal vein, mesenteric circulation and gastroduodenum tissues. All of them were enhanced by the decoction infusion. This suggests that Wei Chang Fu Yuan Tang not only has an effect on the motility, but also on the secretion, absorption and blood supply of gastrointestinal.

(Original article on page 139)

Clinical Analysis of the Tongue Picture in 130 Patients with Primary Liver Carcinoma

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By observing changes of the tongue picture during pre- and post-operative period and before and after treatment with Chinese herbal medicine and chemotherapeutic agents in 130 patients with diagnoses of primary liver carcinoma confirmed, the author found that the tongue picture is of great significance in making diagnosis and predicting prognosis of the disease. Color changes mainly appeared at both sides of the tongue, i.e., at the hepato-biliary zone. Discoloration was chiefly of bluish purple and deep reddish purple type. Various manifestations, such as the presence or absence of color changes, the appearance of petechiae and striae, the number of papillae, the degree of discoloration and the extent of the venule varicosity, all of which may reflect the severity of the underlying disease. Bluish purple or deep reddish purple tongue indicates that the tumor is most likely to be greater than 5 cm or about half the total size of the liver and there is more intrahepatic dissemination. A red tongue or a tongue whose sides are of red color indicates that the tumor is most probably less than 5 cm and there is generally no intrahepatic dissemination. In the presence of a bluish purple or deep reddish purple tongue, the possibility of tumor resection is low, whereas in the presence of a pinkish tongue or a tongue with reddish sides, the possibility of tumor resection is high. Furthermore, in the former cases, even if the tumor can be resected, the post-operative incidence for α -fetoprotein to be converted to negative is low; and even though it is converted to negative, the tumor is liable to recurrence within a short period and leads to death rapidly. In the latter cases, the incidence for α -fetoprotein to be converted to negative is higher, time for recurrence is longer, and even with recurrence, chances for second or third time resection are higher and prognoses are better.

(Original article on page 143)

Observations of 100 Cases of Chronic Gastritis Treated with Chinese Herbal Medicine

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The efficiency of the herbal medicine in the treatment of 100 cases of chronic gastritis is reported. The diagnosis of gastritis was based of the principle approved by National Gastritis Meetings (1978 in Nanjing and 1982 in Sichuan). All the cases was confirmed by the gastroscopic exam and biopsy before and after treatment. According to the TCM theory it was differentiated into three clinical types: Pi Wei Xu Han (脾胃虚寒, hypofunction of the spleen and stomach with cold manifestations), Gan Yu Qi Zhi (肝郁气滞, stagnancy in the liver leading to stoppage of the flow of Qi), Pi Wei Yin Xu (脾胃阴虚, deficiency of vital essence in spleen and stomach), and used Wei Bao (胃宝) Extract No.1, No.2 and No.3 respectively. The basic components of Wei Bao Extract are: Margarita,