

中医治疗慢性萎缩性胃炎88例疗效观察

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内容提要 88例慢性萎缩性胃炎均经胃镜和活组织检查确诊,按中医辨证分四型,脾胃虚寒型治以黄芪建中汤合良附丸加减,肝胃不和型治以柴胡疏肝散合黄芩丹加减,胃阴不足型用沙参麦冬汤加减,脾胃湿热型用三仁汤合藿朴夏苓汤加减。临床总有效率为97.7%,胃镜总有效率为47.7%,病理总有效率为61.4%。伴发肠上皮化生42例中消失11例,减轻14例,总有效率为59.9%,伴不典型增生27例中消失17例,减轻1例,总有效率66.7%,提示肠化和不典型增生仍可逆转。认为中医疗效比较满意。

慢性萎缩性胃炎(以下简称CAG),是常见而难治的胃病之一。兰州地区中西医结合治疗CAG协作组自1983年1月~1984年12月止,收治88例,疗效比较满意,现报告如下。

临床资料

一、观察对象:按1982年重庆会议制定的《慢性胃炎的分类、纤维胃镜诊断标准及萎缩性胃炎的病理诊断标准》(试行草案),88例CAG患者均经纤维胃镜及病理活检确诊。男69例,女19例。年龄22~61岁,平均43岁,30岁以下者7例,31~40岁29例,41~50岁28例,51岁以上者24例,31~61岁者占92%。病程4月~35年,平均10.6年。

二、观察方法:入院时均作胃镜、病理检查、胃酸功能(五肽胃泌素刺激法)、壁细胞抗体、T细胞酯酶测定、E-玫瑰花结、免疫球蛋白测定等项检查,按规定方案辨证分型,汤剂每日一剂,3个月为一疗程。一个疗程结束,进行各项复查,分别判断临床、胃镜及病理疗效。

中医分型和治疗

一、脾胃虚寒型(包括脾胃气虚型)50例,占56.8%。胃脘隐痛或胀痛,有三喜症状(喜按、喜热敷、喜热饮),胃纳减少,体重减轻,大便稀溏或黎明泻,下午腹胀,畏寒肢冷,舌苔薄白或白腻,舌质淡红,舌体胖大边缘有齿痕,脉沉细、弱或弦细。治以温补脾胃法,用黄芪建中汤合良附丸加减,黄芪15~30g 桂枝9g 白芍18g 干、良姜各9g 香附12g 党参10~15g 茯苓15g 白术10g 丹参30g 砂仁6~9g 炙草9g。肝郁加柴胡10g 青皮10g,寒甚加附片6~9g,腹胀加木香6g 厚朴9g。

二、肝胃不和型:23例,占26.1%。胃脘胀痛,连及两胁,嗳气,反酸或恶心,口干苦,急躁易怒,情志不舒时诱发,舌苔薄黄、黄腻或黄燥,舌质红,脉弦或弦数。治以疏肝和胃法,用柴胡疏肝散合黄芩丹加减,柴胡10~15g 白芍15g 枳实(或枳壳)6~10g 黄连6g 香附10g 半夏10g 陈皮10g 丹参15g 元胡10g 生草6g 便干者加炒大黄3~9g。

三、胃阴不足型:8例,占9.1%。胃脘灼热或隐痛,纳食减少,消瘦,食后饱胀,口干不多饮,大便干燥,舌苔少或中央剥脱无苔,舌

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质红少津，脉细、弱或弦细。治以滋养胃阴法，用沙参麦冬汤加减。沙参15~30g 麦冬10g 花粉10g 竹茹10g 山药15~20g 生麦芽18g 丹参15~30g 香橼皮9g 陈皮9g 郁李仁6~9g 生草6g。

四、脾胃湿热型：7例，占7.9%。脘腹痞满，胀闷，口中粘腻或发涩，大便粘滞不爽，或肛门灼热，舌苔黄厚腻，舌质偏红或淡红，脉弦滑或滑数。治以清化湿热法，用三仁汤合藿朴夏苓汤加减，杏仁10g 薏苡仁30g 厚朴10g 黄连6g 半夏10g 茯苓15g 藿香10g 佩兰10g 滑石20g 竹叶6g 二丑6~9g。

疗效标准及结果

一、疗效标准

1. 临床：显效：临床症状和体征基本消失，食欲恢复正常。有效：临床症状和体征减轻，食欲增加。无效：临床症状和体征无任何改善。恶化：症状加重或增多。

2. 胃镜：显效：(1)粘膜颜色基本恢复正常，或灰白、灰黄基本消失，或灰色小凹基本消失。(2)粘膜颗粒状增生基本消失。(3)血管透见不清楚(具备一项者即为显效)。有效：上述三项中任何一项减轻或病变范围缩小。无效：胃镜象无变化。恶化：胃镜所见加重或病变范围扩大。

3. 病理：显效：(1)胃粘膜腺体萎缩由重度转为轻度，或由中度转为轻度。(2)肠上皮细胞化生由重度转为轻度。(3)不典型增生由重度转为中度，或由中度转为轻度。(4)炎性细胞浸润消失。上述四项中有第(1)项者为显效，或第(2)(3)(4)项中占两项者亦为显效(即病变程度降两级)。有效：(1)胃粘膜腺体萎缩由重度转为中度，或由中度转为轻度，或由轻度转为轻度。(2)肠上皮细胞化生由重度转为中度，或由中度转为轻度，或轻度转为消失。(3)不典型增生由中度转为轻度，或轻度转为消失。(4)炎性细胞浸润减轻。以上四项具备一项者即为有效(即病变程度降一级)。无

效：上述各项均无变化。恶化：胃粘膜腺体萎缩、肠化、不典型增生或炎性细胞浸润等，有一项较原来加重者。

二、疗效结果

附表 88例CAG临床、胃镜及病理疗效结果

	例数	显效	有效	无效	恶化	总有效率(%)
临床	88	47	39	2	—	97.7
胃镜	88	12	30	34	12	47.7
病理	88	22	32	24	10	61.4

从上表可以看出，88例CAG中临床总有效率为97.7%，提示临床疗效比较理想。病理总有效率为61.4%，其中显效者22例，占25.0%，故病理疗效亦比较满意。唯胃镜疗效较差，总有效率47.7%。

本组伴肠上皮化生者42例(47.7%)，其中轻度13例，中度20例，重度9例。治疗后肠化消失者11例，减轻者14例，总有效率59.5%。伴不典型增生者27例(30.7%)，轻度19例，中度8例。治疗后不典型增生消失者17例，减轻者1例，总有效率66.7%。

作胃液分析者36例，其中29例为低酸。治疗后胃酸有不同程度提高者18例，有效率62.1%。

测定T细胞酯酶者61例，其中26例(42.6%)低于正常值($70 \pm 19.8\%$)，治疗后提高至正常或有所提高者22例，总有效率84.6%。测定E-玫瑰花结者29例，其中低于正常值($45 \pm 7\%$)者18例(62.1%)，治疗后提高至正常或有所提高者15例，总有效率83.3%。测定免疫球蛋白IgG、IgM、IgA者72例，未观察到有明显的规律性。

讨 论

CAG患者的主要临床症状为胃胀、胃痛、纳差、大便失调。伴有消瘦、贫血时，多为病程长，病变较重的表现。本组88例患者中，以脾胃虚寒型和肝胃不和型较多，尤以脾胃虚寒型占多数，我们考虑这与兰州地区地处西北，

气候偏于寒凉有关。

近年来中医或中西医结合治疗CAG的临床疗效约为 87~97.1%^(1~5)，病理疗效为 63.6%⁽²⁾，本组 88 例的疗效，与此相一致。但胃镜疗效则偏低。对肠上皮化生，治疗后消失及减轻者占 59.5%。对不典型增生，治疗后消失及减轻者占 66.7%，提示肠化和不典型增生仍可逆转。对胃酸偏低者也有一定的恢复作用。

CAG 患者的细胞免疫多数认为偏低。本组 T 细胞酯酶及 E-玫瑰花结测定结果，偏低者多属于脾胃虚寒型，治疗后提高者分别占 84.6%、83.3%，说明温补脾胃或益气健脾中药对提高 CAG 患者细胞免疫有显著的作用。88 例患者中有合并症者 55 例(62.5%)，多为十二指肠炎、胆汁反流及溃疡病。对疗效有一定的影响。因此，今后如何研究同时治疗合并症是提高 CAG 疗效的重要环节之一。

通过 88 例 CAG 的治疗经验，我们体会到采用中医辨证和西医辨病相结合的方法治疗时，

鉴于 CAG 患者胃粘膜的血管扭曲，血管壁增厚和管腔狭窄是病理组织学基础⁽⁶⁾，属于中医瘀血证的变化，故在辨证用药过程中普遍加入了较大剂量的丹参、赤芍等活血化瘀药和脾胃虚寒型中重用黄芪补气，对于改善病灶处循环障碍，消除炎性细胞浸润，促进萎缩的腺体恢复及提高机体的免疫机能可能起到了良好的作用。

本文癌细胞抗体的测定由兰州军区总医院提供，各医院的有关住院医师也参与了疗效观察工作，特此致谢。

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复方五倍子散治婴幼儿腹泻

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1979 年来用复方五倍子散外敷肚脐，治疗婴幼儿腹泻 18 例，使用方便，效果好。

一般资料 本组男 11 例，女 7 例，全部为门诊农村患者。2~6 月 7 例，6~12 月 10 例，2 岁 1 例。病程 5 天内 3 例，5~10 天 4 例，10~20 天 7 例，20 天以上 4 例，最长 34 天。临床表现精神萎靡，不欲饮食，面色灰白，皮肤弹性差，便稀多泡沫，黄绿色或蛋花水样，常夹有不消化食物，每日 4~10 余次。11 例大便镜检有少许白细胞及/或脂肪球。14 例用过小儿土霉素、庆大霉素、小儿胺无效。

治疗方法 五倍子 9g，生姜、吴茱萸各 6g，白胡椒 7 粒，葱白一段，将葱白、生姜捣烂如糊泥状，余药碾碎成细粉，食醋 20~25ml 加热 50~60℃ 与上药搅拌如粘稀糊状，以手试不甚热烫，脐部先用凡士林涂擦一遍，趁热敷肚脐部约 6×6cm²，厚约 0.3~0.5cm，外盖塑料纸、纱布，绷带包扎，每日来门诊换药一次。4 例迁延性腹泻敷药 5 次后，配合三

棱针刺四缝穴每日一次。治疗中要少食，口服复合维生素 B，口服自配 5% 糖盐水。

疗效观察 治愈：症状及体征消失，大便形状正常，每日 1~3 次。好转：症状及体征消失，大便基本正常，每日 4~5 次。无效：连续治疗一周症状体征同前。治疗 2~10 次治愈 15 例，1 例治疗 10 次，好转 3 例，一般 3~6 次好转或治愈。

体会 临床婴幼儿腹泻原因甚多，患儿多以感受寒湿、饮食不节、治不及时或不得法，菌群失调、胃肠功能紊乱、营养吸收不良，导致病程迁延难愈。白胡椒温中散寒止痛；葱白辛温，解表散寒通阳；五倍子含五倍子鞣酸，涩肠止泻；吴茱萸温中理气止痛；生姜含辛辣素、姜油，能促进血液循环。本方具有散寒补脾，酸涩收敛作用，适用寒湿、饮食不节引起的虚寒泻；轻、中型或迁延性腹泻效果好，重型湿热泻不宜采用。

Closed Thoracic Trauma Treated with TCM-WM Therapy

— A Clinical Analysis of 150 Cases

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This paper reports 150 cases of closed thoracic trauma caused mainly by direct violence. Statistics showed that the injury was common in young men and adults. Among these patients, simple tissue contusion was seen in 52 cases, ribs fracture in 98 and 40 of them were severely damaged, including hemothorax, pneumothorax, hemo-pneumothorax, flail chest and multiple organic injury, they were 7, 9, 16, 3, and 5 cases respectively.

All patients in this group were treated with TCM-WM therapy. Patients suffering from tissue contusion, ribs fracture and hemopneumothorax in mild degree were treated according to their syndrome differentiation. Two secret prescription handed down from ancestors, namely "Xing Qi San" (行气散) and "Shang Yao Fen" (伤药粉), were given to the patients by oral administration and external application respectively. The ear acupuncture therapy was also very satisfactory in relieving the pain. While in flail chest and hemopneumothorax in medium degree, the patients usually complicated with severe respiratory and circulatory insufficiency and were in emergency condition. In those critical conditions, first-aid treatment such as clearing the airway, sufficient oxygen supply, controlling the paradoxical respiration and anti-shock measures, were made within a short period of time. Thoracotomy and thoracocentesis was also performed in order to remove the gas and blood rapidly from thoracic cavity. TCM was then administered for promoting healing as soon as the patient's conditions were somewhat improved.

With TCM-WM treatment, 133 patients (88.7%) were cured, 15 (10%) were effective, while 2 (1.3%) had no change at all. The total effective rate was 98.7%.

Traditional Chinese Medicine possesses the advantage of promoting the healing process by means of differentiating the Qi and blood condition of the patients, while western medicine was effective in the management of severe thoracic injury patients. Combining these two methods into one comprehensive therapy showed satisfactory results, short period of hospitalization and less expense for the patients. At present, the author presumes, it is an ideal method in the treatment of closed chest injury.

(Original article on page 339)

Observation of Therapeutic Effect on TCM Treatment of

88 Cases of Chronic Atrophic Gastritis

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This paper reports an observation on TCM treatment of 88 chronic atrophic gastritis (CAG) cases with satisfactory results. According to the principle of "treat the patient according to syndrome differentiation", 88 cases are grouped into Pi Wei Xu Han (脾胃虚寒, deficiency and cold of spleen and stomach), Gan Wei Bu He (肝胃不和, disharmony of liver and stomach), Wei Yin Bu Zu (胃阴不足, deficiency of stomach Yin), and Pi Wei Shi Re (脾胃湿热, dampness and heat accumulated in stomach and spleen). All the patients were hospitalized for three months and treated with different decoctions. By means of fibro-gastroscopy and pathological biopsy, a definite diagnosis was made. Meanwhile, some tests including analysis of gastric juice with pentapeptide gastrin, as well as parietal cell antibody determination, rosette test and immunoglobulin determination were also done. All the above-mentioned examinations were checked after treatment.

Results showed that the clinical effective rate was 97.7%, the biopsy improvement was 61.4%, and 47.7% improved gastroscopically. It seems that for CAG, "treat the patient according to syndrome differentiation" has satisfactory efficacy with negligible side-effects. It exerts beneficial action on the recovery of the lesions provided a large doses of drugs for "promoting the blood circulation and relieving the stasis" and "reinforcing the vital energy" were added to a given decoction. 42 cases out of the present series were associated with intestinal metaplasia, which disappeared or reduced after treatment in 25 cases, the total effective rate was 59.5%. The atypical hyperplasia vanished or alleviated after medication in 18 cases, their total effective rate was 66.7%. The results showed that the reversibility of intestinal metaplasia and atypical hyperplasia was possible. It also confirmed that TCM treatment plays a certain role in restoring gastric acidity, and that the drugs for warming and invigorating the spleen have an obvious effect in increasing the cell-mediated immunity. We consider that TCM-WM treatment of CAG will become one of the methods with better immediate efficacy and brilliant prospect.

(Original article on page 342)