

生大黄粉、甲氰咪胍对上消化道出血疗效的对比观察

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内容提要 为对比生大黄粉与甲氰咪胍对上消化道出血的临床止血效果,观察分析140例住院病人,患者随机分组。生大黄粉组65例有效率88%,甲氰咪胍组75例有效率93%,两组疗效无显著性差异($P>0.05$)。两药疗效相似,临床可根据病人不同情况选择使用。

急性上消化道出血临床颇为常见,采用生大黄粉或甲氰咪胍治疗均有一定疗效。为了对比两药对上消化道出血的临床止血效果,我们于1982年6月至1983年5月对140例上消化道出血的住院病人进行对照观察,分析于下。

材料和方法

一、一般资料:本组男88例,女52例。年龄18~83岁,平均45岁。出血的病因诊断均经钡餐X线检查、纤维胃镜检查或手术证实。其中十二指肠球部溃疡67例,胃溃疡9例,复合性溃疡4例,慢性胃炎39例,其他(包括十二指肠憩室、十二指肠球炎、食管炎、胃癌)21例。

二、分组:本组病例均按入院次序随机选用生大黄粉或甲氰咪胍治疗。生大黄粉治疗组65例,平均出血时间1.7天。甲氰咪胍治疗组75例,平均出血时间为1.5天。140例中符合大出血标准者⁽¹⁾55例,其中生大黄粉组24例,甲氰咪胍组31例。

三、给药方法:生大黄粉组:每次3g,每日二次,口服。甲氰咪胍组:每次0.4g加入5%葡萄糖液500ml中静脉滴注,每日二次;0.2g肌肉注射,每晚一次。治疗期间除根据病情适当输液、输血外,不使用其他止血药。

四、疗效评定:所有病例均密切观察大便次数、数量、色泽、血压、脉搏,定期检查血常规和大便隐血试验。(1)有效:用药48小时内病情逐渐稳定。(2)无效:用药48小时内

病情不能控制而加用或改用其他止血药或手术者。

结 果

生大黄粉组65例中57例止血有效,有效率87.7%,甲氰咪胍组75例中70例止血有效,有效率93.3%,两者无显著差异($P>0.05$)。

大出血患者中生大黄粉组24例,16例得到有效止血,有效率为66.7%,甲氰咪胍组31例中有效26例,有效率83.8%,两组亦无显著差异($P>0.05$)。

有效病例中,入院治疗到粪便转黄(大便隐血试验阴性或弱阳性)的平均天数,生大黄粉为1.65天,甲氰咪胍组为3.59天,两者有显著性差异($P<0.01$);但治疗后至大便转黄的平均排便次数生大黄粉组为4.28次,甲氰咪胍组为3.91次,两组无显著差异($P>0.05$)。

讨 论

甲氰咪胍是组织胺 H_2 受体阻断剂,具有抑制基础胃酸分泌、五肽胃泌素及食物等引起的胃酸分泌的作用⁽²⁾,因而有利于上消化道出血患者的止血及促进溃疡面的修复。国内文献报道该药对上消化道出血的有效率为88.6~89.1%^(3,4),大出血29例25例得以控制(86.1%)⁽⁴⁾。本组有效率为93%,大出血有效率为83.8%。

生大黄味苦性寒,中医传统认为有泻火凉血,活血化瘀等功能。经现代医学研究,生大黄有止血功能,其机制为多方面^(5~9)。文献报

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道生大黄用于上消化道出血的有效率为95%~98.1%^(5~8)，大出血病例有效率为50%~80%⁽⁹⁾。本组总有效率为88%，大出血病例的有效率为66.7%。

本组生大黄粉与甲氧咪胍的疗效与国内文献报道的基本相似。生大黄粉与甲氧咪胍两组的有效率对比无显著差异。虽然生大黄粉组患者大便转黄的天数少于甲氧咪胍组($P<0.01$)，但从两组治疗后大便转黄的次数来看并无显著差异($P>0.05$)，此与生大黄粉有轻泻作用有关(我们的资料服药后每日排便2~5次)。所以从总的疗效来看，我们认为两药用于上消化道出血的疗效基本相似。生大黄粉具有价廉、给药方便等特点，但轻泻作用使患者消耗体力。临床上可根据病人的不同情况选择使用。

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中西医结合治疗小儿肺炎 100 例

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临床资料 本组男52例, 女48例。2~12个月26例, 13个月~2岁38例, 3~4岁18例, 5~8岁17例, 12岁1例。患儿均有发烧, 咳嗽, 两肺可闻干湿性罗音。X线显示一侧或两侧有点片状阴影。实验室检查: WBC15000~23000, PN70~98%。

辨证论治 风热犯肺型14例: 发热, 恶寒, 干咳, 痰不易咳出, 烦躁不安, 面红舌赤, 苔白或微黄, 脉浮数。宜辛凉解表, 清热宣肺。选麻杏石甘汤合银翘散加减: 麻黄3g 杏仁6g 生石膏12g 甘草6g 知母6g 银花12g 连翘9g 芦根15g 桔梗9g 牛蒡子9g 黄芩9g 板蓝根9g 前胡9g 桑皮9g。痰热阻肺型62例: 高热不退, 汗出口干, 烦躁不安, 痰鸣气促面赤唇红, 舌红, 苔黄, 少津, 脉急数。宜清热解毒凉血, 滋阴平喘化痰。选清营汤加减: 生地9g 丹参3g 元参9g 麦冬9g 银花12g 连翘9g 黄连粉1.5g 黄芩9g 鱼腥草9~15g 栀子6~9g 板蓝根9g 浙贝6g 竹卷心3g 犀角粉1.5g。肺肾两虚型20例: 干咳, 久咳, 无痰, 喘憋, 舌红, 无苔少津, 脉细数。宜养阴清肺, 润肺化痰平

喘。选养阴清肺汤合泻白散加减: 生地9g 丹皮6g 沙参9g 麦冬9g 元参9g 川贝粉1.5g 白芍9g 桑白皮9g 地骨皮9g 甘草6g 地龙9g 苏梗9g 莱菔子9g 青黛1.5g 大青叶6g 知母6g 黄柏9g。若痰多加瓜蒌6~9g 天竺黄6~9g。热重加鱼腥草9~15g。肺脾两虚型4例: 咳嗽痰多, 久咳不愈, 不发热, 稍热食呆, 纳少恶心便溏, 舌质淡, 体大, 苔白润, 脉滑, 指纹淡红。宜健脾利湿, 滋阴清热, 化痰平喘。选六君子汤加味: 党参9g 白术6g 茯苓6g 甘草6g 陈皮9g 半夏1.5~3g 黄柏9g 地骨皮9g 川贝粉1.5g 苍术6g 扁豆9g 炒山药9g 黄芪9g。以上中药均每日一剂, 水煎服。本组合用青霉素9例, 青、链霉素4例, 庆大霉素1例, 磺胺嘧啶2例。

结 果 本组经用上述中药2~6剂加抗生素(16例)治疗后, 86例痊愈(症状、体征消失, X线检查阴性, 血象正常), 14例好转(症状、体征消失, X线检查阴影大部分吸收, 血象正常), 疗效满意。

Abstracts of Original Articles

Clinical Effect and Experimental Study on Folium Sennae in Acute Gastroduodenal Hemorrhage

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Effects of the Folium Sennae on acute gastroduodenal hemorrhage in 340 cases were observed. The results showed that the Folium Sennae administered orally was effective in hemostasis. The total effective rate reached 94%; average hemostatic time 2.68 days, which was more effective than control groups (conventional medicine, Cimetidine and *Rheum officinale* group).

The Folium Sennae glycoside was isolated from its leaves, extraction rate 4%, and its marked hemostatic effect was fully demonstrated by animal experiment. According to the determination of bleeding and coagulation parameters, after this drug was given orally, the result suggests that the Folium Sennae glycoside can increase platelet and fibrinogen quantitatively, coagulation time, thromboplastin time and clot retraction time were shortened, which will benefit the hemostatic effect. The Folium Sennae glycoside promotes not only intracoagulative and antifibrinolytic effect in acute gastroduodenal hemorrhage but also local hemostatic function. It can play a role in stopping the bleeding by removing the intra-intestinal blood stasis through promoting the colon peristalsis. This drug does not irritate stomach, duodenum and small intestine and do no harm to the lesion of bleeding. The above results suggest that this satisfactory hemostatic effect may be due to the removing of blood stasis.

(Original article on page 455)

Clinical Evaluation of Crude Rhubarb Powder and Cimetidine in Upper Gastrointestinal Tract Bleeding

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The purpose of this study was to compare the effective hemostatic rate of upper gastrointestinal tract bleeding in patients receiving rhubarb powder with those administering Cimetidine. 140 in-patients were selected for randomization. The effective rate of Cimetidine and rhubarb powder were 93% and 88% respectively. The difference is not statistically significant ($P > 0.05$).

(Original article on page 458)

Short-Term Effect of Yu Kui Lin (愈溃灵) in Treating Peptic Ulcer

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The purpose of this article was to compare the symptomatic relief and curing rate of active peptic ulcer in patients receiving Yu Kui Lin with those applying Cimetidine and Wei De Ning (胃得宁). 250 Patients with peptic ulcers confirmed by endoscopy were selected for randomization. After a 4-week course of treatment, the ulcers of 64.8% of the patients treated with Yu Kui Lin were healed and 18.4% showed reduction of the size of ulcer, giving an overall effective rate of 83.2%. In the group treated with Cimetidine, the figures were 69.23%, 16.48% and 85.71% respectively. But this difference is not statistically significant ($P > 0.05$). While in the Wei De Ning group, the overall effective rate was 64.7%. This difference is statistically significant ($P < 0.05$). Relief of pain was observed in 61.12% of the Yu Kui Lin group, 66.67% of the Cimetidine group and 52.94% of the Wei De Ning group. This difference is not statistically significant ($P > 0.05$). In the Yu Kui Lin group, no side effect was observed.

(Original article on Page 460)

Observation on Efficacy of Upper Digestive Tract Bleeding with Radix Boehmeriae Extract

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This paper reports 85 cases of acute upper digestive tract bleeding that were admitted from Dec. 1981 to May 1984 with traditional Chinese medicine or Western medicine exclusively. Among these, 63 were male and 22 were female, aged 14 to 76 years (mean 37.5). The diagnoses were confirmed by means of