

# 中药海黄散治疗上消化道出血 50 例疗效观察

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**内容提要** 本文报告由海螵蛸、生大黄制成海黄散治疗上消化道出血 50 例，平均止血时间 26.1 小时，与西药治疗对比 (50.6 小时) 有显著差异 ( $P < 0.001$ )。本文还对海黄散的止血机理进行了探讨。

上消化道出血是内外科急诊中的常见病之一。二年来，我们应用中药海螵蛸、生大黄二味制成散剂取名海黄散，口服治疗上消化道出血（肝硬化引起食道或胃底静脉曲张出血除外）50 例，现总结报告如下。

## 临床资料

50 例中 40 例系住院患者，10 例门诊患者。男性 40 例，女性 10 例。年龄  $< 20$  岁 4 例，21~40 岁 24 例，41~60 岁 15 例， $> 60$  岁 7 例。全部病例均有黑便，兼有呕血者 15 例。出血诱因：由于劳累者 10 例，饮食不节者 12 例，劳累加饮食不节者 18 例，精神因素 3 例，药物或激素 3 例，不明原因 4 例。其中首次出血者 30 例，出血二次以上者 20 例。有胃病史，病程在 1 年以内者 10 例，2~3 年 15 例，3~9 年 5 例，10 年以上者 10 例，无胃病史 10 例。全部病例均经过 X 线钡餐造影或纤维胃镜检查，确诊为十二指肠球部溃疡 20 例，胃溃疡 8 例，慢性胃炎 10 例，胃窦炎 6 例，胃癌 5 例，胰头癌 1 例。出血程度分级根据全国消化系疾病 1978 年杭州会议讨论纪要<sup>①</sup>。50 例中重度 12 例，中度 22 例，轻度 16 例。为了比较海黄散的止血效果，我们随机抽取了我院内科住院的上消化道出血 50 例，进行统计学处理比较。在西药组 50 例中，男性 35 例，女性 15 例。年龄在 18~74 岁。首次出血者 28 例，第二次以上出血者 22 例。有胃病史、病程在 1 年以内者 9 例，2~3 年者 15 例，3~9 年者 5 例，10 年以上者 12 例，无明显胃

病史者 9 例。单有黑便者 34 例，黑便兼呕血者 16 例。经 X 线钡餐造影或纤维胃镜检查诊断为十二指肠球部溃疡 18 例，胃溃疡 8 例，胃炎 11 例，胃窦炎 8 例，胃癌 3 例，十二指肠炎症 2 例。

## 治疗方法

取海螵蛸、生大黄各研细粉，用 100 目过筛去粗渣，将细粉各等量拌匀装入胶囊备用。每次服用 4~6 粒（每粒含生药 0.5g），每 4~6 小时一次，凉开水送服。服药后观察每次大便颜色，每天作大便隐血试验，待血止后再服 1~2 天。治疗观察期间，一般不禁食，给予流汁饮食，有呕血者暂禁食 1~3 天，有呕吐反应者，肌注胃复安或阿托品，在禁食期间或出血量较多者，给予适当输液，个别大出血伴有休克者，则予以输血，极少数合用西药止血药。所有病例在止血后 2~3 天停服海黄散，而给予八珍汤或归脾汤加减，补虚调理。

西药组的治疗，在出血期间常规应用 10% 葡萄糖溶液与 5% 葡萄糖生理盐水加甲氧咪胍 0.6g、抗血纤溶芳酸 0.3g 静脉滴注，有 29 例再加输血，有 4 例加用冰水与去甲肾上腺素液口服。

## 治疗结果

50 例经服海黄散后止血（以大便颜色不见黑色，或大便隐血试验转阴为指标）49 例，无效 1 例，有效率为 98%。止血时间最短为 12 小

时,最长为72小时,平均为26.1小时。无效的1例,曾在服药后第3天见大便颜色转棕褐色,后复又大出血,经胃镜检查见到胃溃疡病灶中有活动性小动脉出血,后转外科手术治疗。另有3例胃癌患者,均在止血后转外科手术治疗。西药组50例经治疗后止血者48例,有效率96%,止血最短时间24小时,最长者7天,1例并发心肌梗塞自动出院,有4例转外科手术治疗,止血平均为50.6小时。两组比较经统计学处理有显著性差别(见附表)。

附表 海黄散组与西药组止血疗效比较 (M±SD)

	海 黄 散 组		西 药 组		t	P
	例数	止血时间(小时)	例数	止血时间(小时)		
重	12	34.1±17.09	10	78.4±50.00	2.89	<0.01
中	22	24.0±7.67	23	45.0±24.28	3.88	<0.001
轻	16	23.1±8.87	17	42.8±17.82	3.99	<0.001
合计	50	26.1±11.64	50	50.6±31.49	5.15	<0.001

海黄散组:重:中  $t=2.38$   $P<0.05$

中:轻  $t=0.35$   $P>0.50$

西药组:重:中  $t=2.60$   $P<0.02$

中:轻  $t=0.32$   $P>0.50$

从附表说明海黄散对上消化道出血的止血疗效,无论是重度出血、中度出血或轻度出血,均比西药组为佳,差别非常显著。海黄散组和西药组的中度和轻度出血的止血疗效,均显著高于重度出血,而中度与轻度出血两组之间的止血疗效则无显著差别。

## 讨 论

根据中医学的理论,凡出血后离经之血便是瘀血,故上消化道出血的病理实质是属于瘀血留滞,治疗首当祛瘀止血。海黄散中的大黄有泻热通便祛瘀的功效,近几年来用大黄粉治疗上消化道出血取得确实疗效屡见报道<sup>(2~4)</sup>。根据现代药理学研究,大黄的主要成分含蒽醌类及游离蒽醌衍生物、鞣质等,除了刺激肠壁、增加肠的蠕动、减少水分吸收、产生缓泻作用

外,还能减低毛细血管的通透性和改善其脆性,减少创面体液外渗,有增加血小板,使血凝时间缩短,促进血液凝固,并具有明显的血管收缩作用<sup>(5)</sup>。海螵蛸的成分主要含碳酸钙、甲壳质,并含有少量磷酸钙、氯化钠及镁盐,有收敛、止血、制酸的功能,适用于胃和十二指肠溃疡病、胃酸过多及胃出血<sup>(6)</sup>。所以,我们选用了此二药制成散剂,对上消化道出血的治疗更为理想。我们认为海黄散治疗上消化道出血能获得很好的效果,主要是通过其所含的有效成分蒽醌类衍生物、鞣质及钙离子等协同作用,尤其应用散剂,对局部粘膜的炎症、溃疡、出血的病灶有更好的直接作用,充分发挥其止血功效。

服用海黄散后,均能在较短的时间内排便,一日大便3~5次,较客观地反映出血、止血情况,既不掩盖矛盾,可及时发现再出血,又能准确判断止血时间,更好地为临床治疗提供了依据。据临床观察,在服药过程中副作用较少,部分患者在大便前有脐周疼痛,排便后疼痛消失。少数患者有恶心呕吐,可用胃复安或阿托品肌注。

总之,海黄散的药源广泛,加工简便,价格低廉,病员经济负担又少,止血时间快,疗效显著,不受年龄、病情或病种的限制,很适于基层及广大农村医疗单位的应用。

(参加治疗观察工作的尚有金恒荣医师,特此致谢)

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### **A Complex Therapy of Electricity and Traditional Chinese Medicinal Hot Pack for Extremity Pain —Analysis of 6734 Cases**

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In this paper, we report the effect of the complex therapy of electricity and traditional Chinese medicinal hot pack in 6734 patients. The therapeutic effect rate was 94.58% and the remarkable effect rate was 39.35%. The result showed this therapy might reduce the pain and improve the blood circulation in soft tissue of extremity and its effect was better than galvanization or traditional Chinese medicinal hot pack alone. This therapy is a combined method of traditional Chinese and western medicine in physiotherapy, and provides complex effect of traditional Chinese medicine, heat and low frequency electricity. The technique of this therapy and preliminary experimental investigation of its therapeutic effect are also described.

(Original article on page 659)

### **Studies on Tongue Pictures in Acute Abdominal Diseases**

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The tongue pictures in 614 cases of 5 groups of acute abdominal diseases were studied, i.e., acute appendicitis, acute gastric and duodenal perforation, acute gallbladder diseases (acute cholecystitis and cholelithiasis), acute intestinal obstruction and acute pancreatitis. The diagnosis of all these cases was confirmed by operation and biopsy. As a result of study, the chief manifestations of the changes in tongue picture during the course of these diseases were defined. Concerning the changes in the tongue picture, there were some general characters which were common to all of these diseases as well as some specific characters which were specific to each disease itself. Tongue picture can be used not only as a reliable means of physical diagnosis but also as a sensitive criterion for the prognosis of disease.

For the purpose of comparison, 1600 healthy persons were included in this study as control group. In the 614 cases of acute abdominal diseases, the incidence of changes in the tongue proper and tongue coating were 70.68% and 85.67% respectively. In contrast to this, that of the control group were 13.94% and 17.88% respectively. The difference is very significant statistically ( $P < 0.005$ ).

The mechanism of changes in tongue picture has been discussed. This may give a clue to further study on the interrelationship between tongue picture and diseases of mankind. (Original article on page 662)

### **Treatment of Hemorrhage in Upper Gastro-Intestinal Tract with Chinese Drug Hai Huang San (海黄散)**

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This paper reports 50 patients with hemorrhage in upper GI tract treated by a Chinese herbal drug called Hai Huang San (海黄散, Powder of Sepium and Rhubarb) in our hospital during the period of 1984 to 1985. There were melena in all cases and hematemesis in 15 cases. The major causes of the bleeding were indiscretion on food taking and fatigue. There were 20 cases of duodenal ulcer, 8 cases of gastric ulcer, 10 chronic gastritis, 6 antral gastritis, 5 gastric cancer, 1 carcinoma of pancreatic head diagnosed by roentgenographic examination of GI series or gastroendoscopy. Among them, 12 cases had massive bleeding, 22 medium and 16 mild. After treating the bleeding was stopped in 49 cases, only one case failed, the effective rate of hemostasis was 98%. The range of hemostatic time was between 12~72 hours, with 26.1 hrs. in average. In comparing with the control group (50 cases) treated with para-aminomethyl benzoic acid and cimetidine intravenously given, the range of hemostatic time was between 24 hrs. to 7 days, with an average of 50.6 hrs., its effective rate was 96%. The difference between two groups was very significant ( $P < 0.01$ ).

The mechanism of this beneficial effect of hemostasis obtained by applying Hai Huang San is probably the coordinating action of anthraquinone derivative, tannic acid and calcium ion which are released from the drug. It is emphasized that powder of Hai Huang San has optimal effect on mucosal lesion of inflammation, ulcer and hemorrhage in upper GI tract.

The resource of Hai Huang San is abundant, its processing is simple, the price is cheap, in addition it has the advantage of rapid hemostatic effect, and is not limited by age and condition of disease. Therefore this method is worth further popularizing. (Original article on page 665)