

中西医分组治疗胆汁返流性胃炎 54 例

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内容提要 本文报告 54 例胆汁返流性胃炎分 4 组进行近期疗效观察, 结果中药配针刺组与中西药合用组疗效较单纯中药组与单纯西药组好, 显效率分别为 92.3% 及 66.6%。

胆汁返流性胃炎又名碱性返流性胃炎。因碱性肠液, 其中主要是胆汁经幽门向胃内返流, 破坏胃粘膜屏障而使胃粘膜发炎, 一般多属于浅表性炎症。此病国外报道多发生于胃切除术后, 而本文仅有 2 例发生于术后。兹将我们从 1978 年 11 月~1984 年 12 月住院治疗的 54 例, 根据治疗方法不同而分组进行近期疗效分析, 结果报道如下。

临 床 资 料

一、病例选择: 全部病例均经纤维内窥镜确诊。胃镜下所见: 胆汁返流量多, 幽门口松弛、关闭不全, 胃窦部蠕动较弱而慢, 胃粘膜充血水肿, 尤以窦部明显。部分还可见: 皱襞肿胀、胆汁沉着和粘膜糜烂及小出血点等。

二、一般资料: 男性 43 例, 女性 11 例。年龄 11~51 岁, 平均为 30 岁。病程最短 1 个月, 最长者 22 年, 其中 1 年以内 17 例, 1~5 年 28 例, 6 年以上 9 例。

三、临床表现: 症状: 上腹痛(胀痛、隐痛、灼痛), 进食后加重者 54 例; 纳差 42 例; 乏力 35 例; 体重减轻 35 例; 恶心口苦 32 例; 嗝气 26 例; 胁痛 14 例。体征: 上腹部有不同程度压痛者 48 例。作胃液分析 20 例, 其中胃酸低者 10 例, 正常 9 例, 偏高者 1 例。有合并症者 30 例, 其中胆道感染 14 例, 十二指肠炎 13 例, 胃溃疡 2 例, 上消化道出血 1 例。另外有 2 例胃切除术后。

治 疗 方 法

本组 54 例中, 分 4 组治疗, 疗程均为 1 个月。

一、西药组: 胃复安 10mg, 谷维素 10mg 各一日三次, 适当对症治疗。

二、中药组: 以疏肝理气、健脾和胃为治则拟定基本方药为: 柴胡 9g 枳壳 12g 郁金 12g 木香 10g 党参 15g 白术 12g 山药 30g 白芍 15g 炙甘草 6g 焦三仙各 12g。随证略有加减, 热证加连翘、大黄; 寒证加干姜、桂枝; 瘀血证加丹参、当归; 有恶心嗝气者加半夏、代赭石等。每日一剂。

三、中西药合用组: 上述中西药同用。

四、中药配针刺组: 上述中药配针刺足三里(双侧)。每日针一次, 每次留针 30 分钟。

治 疗 结 果

一、疗效标准: 显效: 自觉症状消除, 胃镜复查胆汁返流消失, 胃炎明显好转。好转: 自觉症状改善, 胃镜复查胆汁返流减少, 胃炎减轻。无效: 部分症状改善, 但胃镜所见胆汁返流无变化, 胃炎无好转者。

二、治疗结果: 1 疗程完后复查胃镜 54 例, 胆汁返流消失, 胃炎明显好转者 35 例; 胆汁返流减少, 胃炎减轻者 16 例; 无变化者 3 例。详见附表。胃液分析复查 20 例, 其中胃酸正常者 16 例, 偏低者 3 例, 偏高者 1 例。

附表 4 组疗效对比

	例数	显效	好转	无效	显效率%
(1)西药组	8	3	5	—	37.5
(2)中药组	18	10	5	3	55.5
(3)中西药合用组	15	10	5	—	66.6
(4)中药配针刺组	13	12	1	—	92.3

经 X^2 校正测验：(4)组与(1)、(2)组相比，差异非常显著($P < 0.01$)；(4)组与(3)组相比，差异不显著($P > 0.05$)。

讨 论

胆汁返流性胃炎的病机，国外学者已有较多研究^①。近年来也被国内的基础与临床工作者所重视。南京江扬青等认为脾胃气虚，升降失常，胆经虚火上逆，胃气不降，可能是本病的主要病理基础^②。李康等则认为本病重点在于肝失疏泄这个病理环节^③。我们根据辨证求因，本病均有不同程度之胃脘疼痛、纳差、乏力、消瘦，舌体胖淡等脾胃气虚之表现，又常伴有胁痛、恶心、暖气、口苦，脉弦细等肝气郁结之证。在临床上两者往往互为因果，不易截然分开。故我们认为本病发生与下列二因素有关，一是幽门机能不全，胃排空能力低下。这可能就是脾胃气虚之故。二是十二指肠内压力增高，这可能与肝气郁结有关。本文54例中合并胆道感染与十二指肠炎就有27例，占半数。由于炎症激惹引起十二指肠内压力增高，故使胆汁返流。这与中医所说的肝气郁结，横逆犯胃或邪在胆，逆在胃的说法是一致的。据此病机，我们拟疏肝理气，健脾和胃之法，随证略

有加减，而收到良好效果。

本文采用的西药：胃复安以加强胃窦收缩，加速胃的排空；谷维素以调整胃肠植物神经之功能。中药重点在理气以治标，健脾以固本；针刺足三里，有理脾胃，调中气，消滞化湿，强健体质等多种功效。联合应用，可能起到协同作用。总之，以达增强胃张力，降低肠张力，使胆汁循常道而行之目的。

从临床实践来说，1978年起先用西药治疗，效果不够满意，而加用中药后疗效有所提高，后单用中药治疗，效果也不理想，而加用针刺，疗效较为明显。从4组疗效统计来看，凡用中药的组均比西药组为优，但经统计学处理，单用中药组疗效确实不够理想，而选择中药配针刺疗法较为理想，或者采取中西药合用为好。不过病例尚少，有待进一步验证。因此设想今后采取中西药同用，再配合针灸，是否疗效更佳，还有待进一步观察探讨。

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书 讯

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significantly higher than those of another 19 patients without BS syndrome (43.67 ± 23.46 ng/ml vs 15.89 ± 4.52 ng/ml and 20.46 ± 14.09 ng/ml vs 5.32 ± 4.25 ng/ml respectively, $P < 0.001$). It is demonstrated that elevation of β TG and PF₄ in CHD patients is closely related with the BS syndrome. Furthermore, BS syndrome was differentiated in AMI group as much as 89% (8/9), while only 51% (19/37) was found in another group, the difference was significant ($P < 0.05$). It also indicated that a greater proportion of BS syndrome cases accounted for the higher levels of β TG and PF₄ in CHD patients. The results also confirmed that there was no relation between elevation of β TG and PF₄ and Qi-Yang (气阳) deficiency or Qi-Yin (气阴) deficiency syndrome. It showed that β TG and PF₄ can be used as the fairly specific parameters for the BS syndrome in TCM.

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Clinical and Experimental Study on Treatment of Angina Pectoris with Kuo Guan (扩冠) Granule

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According to the standard of diagnosis issued by WHO and the difference between the angina pectoris patients, 59 cases were coupled and divided into observation and control groups randomly. In the former group those who had deficiency of Qi (气) and Yang (阳) were treated with "Kuo Guan (Coronary dilating) Granule I" (KG I) and the others who had deficiency of Yin were treated with "Kuo Guan granule II" (KG II), while the patients in the control group were treated with "CH (Coronary Heart) II" orally. With double-blinded method, the above-mentioned three remedies of TCM were made into medicines with identical appearance. The patients were re-examined one month later. The results showed that all these three remedies were able to reduce the level of plasma TXB₂ and increase the plasma 6-keto-PGF_{1 α} level. Using "KG II", the mean reduction of plasma TXB₂ and S.D. was 119.49 ± 8.618 pg/ml, while "CH II" was 109.42 ± 20.3 pg/ml, which reduced more significantly than that of applying "KG I" (26.52 ± 4.99 pg/ml). In "KG I" group, the mean increase of 6-keto-PGF_{1 α} \pm S.D. was 81.25 ± 14.5 pg/ml, which was more significant than that of "KG II" (15.58 ± 3.76 pg/ml) and "CH II" (15.91 ± 6.4 pg/ml). The reduction of TXB₂/6-keto-PGF_{1 α} ratio in "KG II" group was 1.09, which was more remarkable than that of "KG I" (0.65) and "CH II" (0.8). T test showed that in the observation group 6-keto-PGF_{1 α} was elevated to 46.5 ± 3.51 pg/ml and in the control group, only 15.91 ± 6.46 pg/ml, $P < 0.01$. As for TXB₂ it was lowered to 73 ± 27.98 pg/ml in the observation group, and the corresponding value of the control group was 109.42 ± 20.3 pg/ml, $P < 0.01$.

These medicines have the function of improving the arterial blood flow and microcirculation. "KG II" was the best choice in improving the arterial blood flow, and "CH II" was the best in improving microcirculation. All of the three drugs were able to improve the hemorheology, "KG I" being the most remarkable one. The results showed that the effective rate of KG granule in treating angina pectoris in observation group was 90.15%, and that in the control group 86.1%. The ECG effective rates in both groups were 83.4% and 75.86% respectively. The three drugs lowered TXB₂/6-keto-PGF_{1 α} ratio, and their actions were bi-directional regulation, but differed in the extent of improving various indexes. So according to the syndrome differentiation of TCM and objective examination, the best formula will be chosen.

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A Comparative Study of 54 Cases of Retrograde Biliary

Gastritis Treated with TCM-WM

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Fifty-four cases of retrograde biliary gastritis diagnosed by gastrointestinal fibroendoscope were divided into 4 groups randomly for a comparative study of the short term effect of a one-month treatment. Group A was treated with Western medicine *paspertinum* and *oryzanolum*; Group B, with Chinese traditional medicine, a decoction consisting mainly of *Bupleurum chinense*, *Citrus aurantium*, *Curcuma aromatica*, *Codonopsis pilosula*, *Atractylodes macrocephala*, *Dioscorea opposita*, *Paeonia alba* and baked *Glycyrrhiza* etc.; Group C, with a combination of the same Chinese and Western drugs used in the former two groups, and Group D, with a combination of Chinese herbs used in Group A and acupuncture applied on Tsusanli point. The effective rate from Group A to Group D were indicated as follows: 3/8 (37.5%), 10/18 (55.5%), 10/15 (66.6%) and 12/13 (92.3%) respectively. The difference of the results between Group D and Group A or