

# 中西药分组治疗上消化道出血330例 疗效观察

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**内容提要** 为评价大黄白芨粉、四黄汤、甲氰咪胍和止血芳酸对上消化道出血的临床疗效及剂型的优劣,本文观察了住院患者330例,并随机分为四组。其结果四组有效率无差异 ( $P>0.05$ ),均为有效的治疗药物,但在便隐血转阴平均天数中,两中药组优于两西药组,且有非常明显差异 ( $P<0.01$ )。两中药组中,汤剂和粉剂无差异。四组对胃癌出血和食道静脉破裂出血病例均无效。

上消化道出血为内科常见急症,为比较中西药物的疗效及剂型的优劣,我们于1979~1985年共收治330例上消化道出血患者,随机分为四组:大黄白芨粉组、四黄汤组、甲氰咪胍组和止血芳酸组,分别进行对照观察。现报道如下。

## 临床资料

本组330例,男282例,女48例;年龄15~76岁,平均年龄  $39.16 \pm 14.14$  岁;出血病因:胃溃疡(胃溃)40例、十二指肠溃疡(指溃)179例、慢性胃炎89例、胃癌10例、食道静脉曲张破裂2例、胃粘膜脱垂1例、原因不明9例;出血量:重度 ( $>1000\text{ml}$ )53例、中度 ( $500 \sim 1000\text{ml}$ )97例、轻度 ( $<500\text{ml}$ )180例。

本组病例均按入院次序随机分组治疗。大黄白芨粉组70例,男55例,女15例,年龄20~50岁51例,50岁以上19例。四黄汤组100例,男85例,女15例;年龄小于20岁6例,20~50岁83例,50岁以上11例。甲氰咪胍组91例,男80例,女11例;年龄20~50岁75例,50岁以上16例。止血芳酸组69例,男62例,女7例,年龄20~50岁55例,50岁以上14例(因药源供应不齐和收治时间交叉,故四组人数不等)。四组在性别和年龄上差异不大。

四组出血病因:大黄白芨粉组:慢性胃炎7例,胃溃疡10例,指溃51例,胃癌2例;四黄

汤组:慢性胃炎19例,胃溃疡12例,指溃54例,胃癌3例,食道静脉曲张破裂2例,胃粘膜脱垂症1例,原因不明9例;甲氰咪胍组:慢性胃炎38例,胃溃疡8例,指溃44例,胃癌1例;止血芳酸组:慢性胃炎25例,胃溃疡10例,指溃30例,胃癌4例。各组之间无显著性差异 ( $X^2=5.36, P>0.05$ )。

四组出血量分级:大黄白芨粉组:重度10例,中度24例,轻度36例;四黄汤组:重度16例,中度34例,轻度50例;甲氰咪胍组:重度15例,中度21例,轻度55例;止血芳酸组:重度12例,中度18例,轻度39例。各组之间无显著性差异 ( $X^2=4.88, P>0.05$ )。

## 治疗方法

各组均使用固定药物,出血量大者酌情给予输液或少量输血。服药期间一般不禁食,先流质后普食。治疗期间严密观察病情变化,逐日记载观察项目。

大黄白芨粉组:生大黄和白芨剂量比例为1:3,研细、过筛,混合制成粉剂备用。每次2g,每日3~4次。便隐血三次转阴即停药。

四黄汤组:生大黄、黄连、生地黄、生黄芪、生甘草剂量比例为5:3:10:5:2,研细,过筛,混和,每包30g分装备用。每日1包,加水200ml,煮沸,过滤去渣制成汤剂,分2

次口服。重症每日2包，分4次服，5日为一疗程，便隐血转阴停用。

甲氰咪胍组：甲氰咪胍0.8~1.2g/日，分两次静脉滴注。7日为一疗程，便隐血转阴即停用。

止血芳酸组：止血芳酸0.3~0.5g/日，分两次静脉滴注，加用止血敏2~3g/日，分两次静脉滴注。7日为一疗程，便隐血转阴即停用。

以上四组在治疗期间便隐血3次不转阴，临床表现不改善或恶化者，改用其他疗法。

## 结 果

疗效判定以一周内临床症状及体征改善，十日内消失，连续三次便隐血试验转阴为有效，并计算便隐血转阴天数( $M \pm SD$ )。各组疗效比较见附表。

附表 各组疗效比较

组 别	例数	有效例	(%)	便隐血转阴平均天数
大黄白芨粉	70	68	(97.1)	$4.13 \pm 3.00$
四 黄 汤	100	90	(90.0)	$3.51 \pm 1.54$
甲 氰 咪 胍	91	90	(98.9)	$7.58 \pm 4.75$
止 血 芳 酸	69	65	(94.2)	$6.66 \pm 3.79$

从表中可见四组有效率在90~98.9%之间。经统计学处理各组有效率之间无明显差异( $P > 0.05$ )，说明四组药物均为治疗上消化道出血的有效药物。

有效例数中，各组便隐血转阴平均天数比较，经统计学处理：甲氰咪胍组与止血芳酸组之间无明显差异( $t=1.34$ ,  $P > 0.05$ )；大黄白芨粉组与四黄汤组之间无明显差异( $t=1.59$ ,  $P > 0.05$ )；两中药组与两西药组之间存在非常显著性差异，大黄白芨粉组与甲氰咪胍组、止血芳酸组之间分别为： $t=5.60$ 、 $P < 0.01$ ， $t=1.28$ 、 $P < 0.01$ ，四黄汤组与甲氰咪胍组、止血芳酸组之间分别为： $t=7.77$ 、 $P < 0.01$ ， $t=6.37$ 、 $P < 0.01$ ，说明中药组效果优于西药组。

无效病例中，大黄白芨粉组2例晚期胃癌并发出血，无效死亡；四黄汤组3例为晚期胃癌并发出血，无效死亡，2例食道静脉曲张破裂出

血，无效改用其他疗法，3例指溃、1例胃溃疡和1例胃炎均为高龄患者合并全身动脉硬化，无效后改用综合疗法；甲氰咪胍组1例和止血芳酸组4例，均为胃癌并发出血。说明四组药物对胃癌、食道静脉曲张和高龄动脉硬化者效果均不好。

## 讨 论

甲氰咪胍系组织胺  $H_2$  受体拮抗剂，临床用于治疗消化性溃疡，也用于治疗上消化道出血。近年来国内外文献报告甲氰咪胍的止血作用并不优于其他西药止血剂<sup>[1,2]</sup>，我们的治疗结果也支持这种观点。

中药组采用“急则治其标”见血止血的原则，先服用止血的协定处方，待出血停止后，再根据原发疾病进行辨证施治，取得满意疗效。中药白芨止血机理可能是，内含粘液质能在创面上覆盖形成薄膜达到止血目的<sup>[3]</sup>。大黄止血机理一般认为大黄鞣质能收敛创面而止血，钱氏通过大黄对兔及人体离体血管活动影响试验，推测大黄止血可能与兴奋胃肠道局部血管有关<sup>[4]</sup>。大黄具有轻泻作用，可免除血液瘀结肠道而产生吸收热，大黄白芨粉组9例出现轻度腹泻，四黄汤组31例出现轻度腹泻，药停辄止，未见吸收热。四黄汤中大黄清热祛瘀血，黄连、地黄既加强清热作用又可凉血。且黄芪和甘草补气摄血，又防大黄、黄连寒凉太过之弊，配伍合理。

大黄白芨粉组采用粉剂口服，四黄汤组采用汤剂口服，两组有效率及便隐血转阴平均天数无显著性差异，两者均可以选择使用。

## 参 考 文 献

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## Observation of Electrogastrogram at Chen Shi(辰时)and You Shi(酉时) before and after Meal on 36 Healthy Persons

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To research the different time-relevant pattern of gastric electricity could provide evidence to utilize it better in diagnosing and treating diseases, and to lay a foundation for exploring "Zi Wu Liu Zhu"(子午流注, to select certain acupoints in matching with "Heavenly stem and earthly branch"). The electrogastrogram (EGG) of gastric corpus and antrum of 36 healthy young students have been observed by means of checking from body's surface both at "Chen Shi" (CS, from 7 to 9 am) and "You Shi" (YS, from 5 to 7 pm), before and after meal. The results were: Before meal, the parameter of gastric electricity at CS was lower than that at YS, but only the amplitude had a significant difference ( $P < 0.001$ ); and after meal, the variation of amplitude of gastric electricity at CS was smaller than that at YS, the difference was also remarkable ( $P < 0.05$ ). While the variation of frequency at CS was greater than that at YS, but there was no statistic significance ( $P > 0.05$ ). The above-mentioned results indicated that the gastric electricity level at CS and YS before meal was different, thus the extent of immediate response to the stimulation of food was also different. It was suggested that in clinical practice, when the EGG was used to make the diagnosis of gastric diseases and evaluate the therapeutic effect, the various time of examination may exert influence on the parameters of gastric electricity. Furthermore, this result to a certain degree also provides us with an objective evidence indirectly for "Zi Wu Liu Zhu" of acupuncture and for the time character of Qi (气) and blood circulation in stomach channel.

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## Observation of TCM and WM Therapy in Treating 330 Cases of Upper GI Tract Bleeding

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In order to evaluate effects of *Rheum officinale*—*Bleilla striata* powder (RBP), Sihuang decoction (四黄汤 *Rheum officinale*, *Rehmannia glutinosa*, *Coptis chinensis* and *Astragalus membranaceus*), cimetidine and PAMBA, 330 patients with upper GI tract hemorrhage randomized into four groups were observed. The effective rate and the average time of negative conversion of occult blood in feces of RBP, Sihuang decoction, cimetidine and PAMBA were 97.1% (68/70) and  $4.13 \pm 3.0$  days, 90% (90/100) and  $3.51 \pm 1.54$  days, 98.9% (90/91) and  $7.58 \pm 4.75$  days, and 94.2% (65/69) and  $6.66 \pm 3.79$  days respectively. The differences in effective rates among 4 groups were not statistically significant ( $P > 0.05$ ). The differences of the time of negative conversion of occult blood between the two TCM groups (RBP and Sihuang decoction) or between the two WM groups (cimetidine and PAMBA) were also not statistically significant ( $P > 0.05$ ), but between TCM and WM groups, the differences were statistically significant ( $P < 0.01$ ). The effective rate of TCM groups were better than that of WM groups, and the side effect of the TCM therapy was fewer. Therefore these Chinese herbs could be used to treat upper GI tract bleeding, but when the GI bleeding was caused by gastric cancer, esophageal varix of liver cirrhosis and arteriosclerosis, etc. it should be treated carefully.

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## Alcohol Extract Preparation of *Leontopodium* in Treating 45 Chronic Nephritis Patients

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The alcohol extracted *Leontopodium* was used to treat chronic nephritis. The oral dose of 600mg per day was equivalent to *Leontopodium* 50.8 g. The clearance rate of urine protein was 87%, and the recovery rate of renal function was 53~58%. The hematuria recovered to normal. Three-year follow-up showed that the total effective rate was 77.8%, including the marked effective rate 17.8% and the effective rate 60%. The pharmacological study indicated that the active ingredients were protocatechuic aldehyde, 3, 4-dihydroxycinnamic acid and vanillic acid, etc. The principal effects were anti-allergic and anti-inflammatory action, inhibition of emigration of polymorphous leucocyte, lysosome, histamine, 5-HT induced inflammatory reaction and capillary permeability.

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