

消胃炎散治疗胃粘膜腺体肠上皮化生和不典型增生的临床研究

青岛市中西医结合医院(山东 266002)

刘宣然 韩文谦 孙德荣 陈景康 王永汉
唐文英 王忠贵 阎世明 宋恩荣 韩 枚

内容提要 本文报告应用消胃炎散治疗胃粘膜肠化和不典型增生的临床研究结果。随机分为治疗组和对照组。结果:治疗组对肠化的总有效率为91.30%,对不典型增生的总有效率为92.16%;而对照组对肠化和不典型增生的有效率分别为21.23%和14.46%。治疗组疗效显著优于对照组($P < 0.01$)。

关键词 消胃炎散 肠上皮化生 不典型增生 慢性胃炎

我院自1988年6月~1990年12月应用消胃炎散治疗胃粘膜腺体肠上皮化生(以下简称肠化)138例和不典型增生104例,现将总结报道如下。

资料与方法

一、临床资料 全部病例均选择慢性浅表性胃炎和慢性萎缩性胃炎并发肠化和不典型增生者为研究对象,并均以胃窦部定位活检的病理学诊断为准。患者随机分组:治疗组肠化138例(男100例,女38例),不典型增生104例(男86例,女18例);对照组肠化146例(男104例,女42例),不典型增生97例(男83例,女14例)。治疗组和对照组年龄21~72岁,平均分别为51岁和49岁。两组年龄、性别和病情相仿,经统计学处理无显著差异($P > 0.05$),具有可比性。

二、治疗方法 消胃炎散以土茯苓、白花蛇舌草、蒲公英、苏梗、白芍、香附、白及、甘草等中药制成粉剂。每日3次,每次5~7g,饭后2h冲服。2~4个月为1个疗程。对照组均以胃得安、盖胃平等(常规量)进行治疗,疗程同上。

三、观察方法 两组患者均于服药后1/2~1个月复诊1次,并记录症状和体征变化情况及副作用;服药后2~4个月复查纤维胃镜1

次,并于胃窦部的大、小弯侧及前、后壁距幽门口约1cm的正中位各取活检1块,以进行镜下和病理学对比观察。

四、药物毒性试验 治疗组患者均于服药前和疗程后期检查尿常规、血常规和肝功能各1次。急性毒性试验,给10只小白鼠服药7天;长期毒性试验,给160只大白鼠服药6个月。于用药前、后,各组动物均检查心电图、血常规及肝肾功能,并于处死后取心、肝、脾、肺、肾、胃及十二指肠等组织进行病理组织学检查,观察用药后的组织学改变。

五、疗效判定标准 (1)治愈:治疗后肠化或不典型增生完全消失。(2)好转:由重度转为中度或轻度,或由中度转为轻度。(3)无效:肠化或不典型增生治疗后无改变。(4)加重:由轻度转为中度或重度,或由中度转为重度。

结 果

一、治疗后肠化的变化 结果见表1。治疗组治愈86例中,2个月治愈者8例,3个月治愈者43例,4个月者35例;对照组治愈25例,疗程均在3个月以上。两组治愈率和有效率比较,差别均有非常显著性意义($P < 0.01$)。

二、治疗后不典型增生的变化 结果见表2。治疗组治愈的82例中,2个月治愈者6例,

表1 服药后肠化的变化情况 (例(%))

	分度	例数	治愈	好转	无效	加重	有效率%
治疗组	轻度	45	40(88.9)	—	5(11.1)	—	88.9
	中度	85	41(48.2)	37(43.5)	7(8.2)	—	91.8
	重度	8	5(62.5)	3(37.5)	—	—	100.0
	合计	138	86(62.3)	40(29.0)	12(8.7)	—	91.3
对照组	轻度	94	24(25.5)	—	54(57.5)	16(17.0)	25.5
	中度	50	1(2.0)	6(12.0)	37(74.0)	6(12.0)	14.0
	重度	2	—	—	2(100.0)	—	—
	合计	146	25(17.1)	6(4.1)	93(63.7)	22(15.1)	21.2

表2 服药后不典型增生的变化情况 (例(%))

	分度	例数	治愈	好转	无效	加重	有效率%
治疗组	轻度	75	71(94.7)	—	4(5.3)	—	94.7
	中度	22	11(50.0)	7(31.8)	4(18.2)	—	81.8
	重度	—	—	7(100.0)	—	—	100.0
	合计	104	82(78.9)	14(13.5)	8(7.7)	—	92.3
对照组	轻度	61	13(21.3)	—	41(67.2)	7(11.5)	21.3
	中度	30	—	—	27(90.0)	3(10.0)	—
	重度	6	—	—	6(100.0)	—	—
	合计	97	13(13.4)	—	74(76.3)	10(10.3)	13.4

3个月治愈者41例, 4个月治愈者35例; 对照组治愈13例疗程均在3个月以上。两组治愈率和有效率比较, 差别均有非常显著性意义($P < 0.01$)。

三、治疗后症状改变情况 治疗组242例中治愈、好转、无效[例(%)]分别为161(66.53)、57(23.55)及24(9.92), 有效率为90.1%; 对照组227例分别为153(67.4)、52(22.9)及22(9.7), 有效率为90.3%。两组差别无显著性意义($P > 0.05$)。

四、药物毒性实验结果 本方经急性和长期毒性动物试验均无毒性反应。实验室检查包括血常规、尿常规及肝功能试验等亦无异常发现。临床应用除少数患者服后上腹部不适或口干外, 余无其他不良反应。

讨 论

胃粘膜肠化和不典型增生(中度以上)均为胃癌前期病变, 其发病率在慢性胃部疾病中均很高^[1~3], 因此积极探索其有效治疗具有极

重要意义。

我院于1988年在往年临床试用的基础上, 并吸取其他省市经验报道^[4,5], 制定出消胃炎散方, 经2年多的临床应用, 取得了满意的疗效。

本文报告结果, 治疗组的治愈率和总有效率均明显高于对照组($P < 0.01$)。虽肠化治疗组以中度为主, 而其对照组以轻度为主, 但其总疗效前组仍明显优于后组。另外, 治疗组肠化和不典型增生无1例加重, 而对照组加重率分别为15.07%和10.31%, 两者差异显著($P < 0.01$), 表明本方对肠化和不典型增生均有显著的疗效。服药后两组症状改善虽然相似, 但病理学改善治疗组优于对照组。

从表1和表2中可见, 肠化和不典型增生在轻度阶段进行治疗, 其治愈率分别为62.3%和78.8%。疗效显著。因此应提倡从轻度时就开始治疗, 以防止其进一步发展。

本方经动物毒性实验和实验室试验以及临床应用观察, 均未发现毒性反应, 为临床应用提供了安全保证。

慢性胃炎尤其慢性萎缩性胃炎多数病例属于肝胆郁热犯胃、络损瘀滞, 日久伐及脾运, 遂致脾胃升降失调, 生化无权, 气阴营血俱虚, 于是引起腺体萎缩或肠化。因此, 中医治疗应和胃清热解毒、健脾调肝、活血化瘀。消胃炎散即是据这一理论原则组方。土茯苓、白花蛇舌草、蒲公英等能清热解毒; 苏梗配香附能活血化瘀, 疏肝理气, 和胃止痛; 白芍配甘草能养血敛阴, 柔肝缓急安中; 甘草和白及能保护胃粘膜, 以促进再生, 并能止血。关于其药理作用和作用机理尚需进一步研究探讨。

参 考 文 献

1. 汪鸿志, 等。慢性胃炎。第1版。北京: 人民卫生出版社, 1985: 286—299。
2. 徐采朴, 等。慢性胃炎、肠化及不典型增生的随访观察。中华消化杂志 1984; 4(1): 10。
3. 鲁重英, 等。应用DNA定量方法探讨胃粘膜不同类型肠化与胃癌发生的关系。中华医学杂志 1988; 68(6): 310。
4. 张文尧, 等。中医治疗萎缩性胃炎伴胃腺异型增生45例临床报道。辽宁中医杂志 1987; 11(3): 15。
5. 陈云芝。异消平治疗慢性胃炎肠上皮化生、不典型增生。陕西中医 1987; 8(7): 299。

with transmission electron microscope was observed for their intracellular structure. It was found that the CSAG and CAG I of Spleen QYD amounted to 165 cases (66.8%), and CAG II and III of Spleen-Stomach YD amounted to 34 cases (64.2%). It denoted that the Spleen QYD belonged to mild case, while the Spleen-Stomach YD belonged to severe case. The mitochondria of all kinds of gastric antrum mucosa cells showed retrograded degeneration, the pathologic basis of Spleen Deficiency of CAG, those of Spleen-Stomach QD had sparse broken and swollen mitochondria (82.3%), while the 53.3% of Spleen-Stomach YD displayed vacuolation as its predominant change. The different severity of retrograde degeneration and damage of mitochondria yielded various stage in atrophy of gastric mucosa which was the basis of Syndromes evolution from Defi. to QYD and then YD. Inflammatory change of the gastric mucosa was predominant in Spleen-Stomach YD (45.3%), and far less in QYD (27.1%), $P < 0.01$.

Key Words CAG, Spleen-Stomach Deficiency, patho-histology ultramicrostructure

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Clinical Study on Treatment of Chronic Gastritis with Traditional

Chinese Medicine---Yingwei Tablet (营胃片)

Zhang Zhi-ming(张志明), Yu Ya-tao(于亚涛), et al

Chaoyang No.2 Hospital, Liaoning (122000)

A prospective controlled study on the treatment of 60 cases chronic gastritis with TCM Yingwei tablet as well as Sucrafati and Doperidone tablets from Oct. 1990 to Sep. 1991 were done. 30 patients in each group. The cases in treated group took Yingwei tablet while that in control group took Sucrafati and Doperidone tablets. Before and after treatment, the patients were examined by gastroscope, pathology and Helicobacter pylori. The results showed that total effective rate, the gastroscopically effective rate, the pathological cure rate, the cure rate of gastric mucosa atrophy and the effective rate for bacteriocidal effect against Helicobacter pylori in treated group and control group was 96.7% and 73.3%; 80% and 70%; 36.7% and 20%; 38% and 9%; 60% and 23.0%, respectively, all of the above-mentioned differences between the two groups was significant ($P < 0.05-0.01$). Therefore Yingwei tablet is an effective drug for various kind of chronic gastritis.

Key Words chronic gastritis, TCM, Yingwei table

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Clinical Study on Treatment of Intestinal Metaplasia and Atypical Hyperplasia of Gastric Mucosa with Xiao Wei Yan Powder(消胃炎散)

Liu Xuan-ran(刘宣然), Han Wen-qian(韩文谦), Sun De-rong(孙德荣), et al

The Qingdao TCM-WM Hospital, Qingdao (266002)

138 cases of intestinal metaplasia (IM) and 104 cases of atypical hyperplasia (AH) of the gastric mucosa of chronic gastritis treated with Xiao Wei Yan Powder (XWYP) were reported. The diagnoses were based on the pathological examination of gastric antrum biopsy specimens. The cases were randomly divided into treated group and control group. The XWYP contained *Smilax glabrae*, *Hedyotis diffusae*, *Taraxacum mongolicum*, *Caesalpinia sappan*, *Paeonia alba*, *Cyperus rotundus*, *Bletilla striata*, *Glycyrrhiza uralensis* etc., and was prepared in powder form, taken orally 5-7g tid. After 2-4 months of administration, gastroscopic and pathological examinations were repeated. Results: In treated group, the total effective rate of IM was 91.3% and that of the AH was 92.16%, while in control group, they were 21.3% and 14.46% respectively ($P < 0.01$). It denoted that XWYP had marked therapeutic effects for IM and AH. The animal experiments revealed no toxic effect, so safety guarantee was provided for its clinical application.

Key Words Xiao Wei Yan Powder, chronic gastritis, atypical hyperplasia, intestinal metaplasia

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Clinical Study on Treatment of Esophageal Precancerous Lesion with Cang Dou Pill(苍豆丸)