

溃疡清丹治疗十二指肠球部溃疡 80 例观察

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内容提要 将 80 例十二指肠球部溃疡患者分为实热证溃疡和虚寒证溃疡两组, 用中药溃疡清丹治疗观察, 并与胃铋治片治疗 32 例作比较。结果, 实热证溃疡组疗效优于对照组, 治愈率 91.5%, 有效率 97.9% ($P < 0.05$); 虚寒证溃疡组疗效不及对照组。

关键词 十二指肠溃疡 实热证 虚寒证 溃疡清丹

自 1989 年以来, 我们应用自己研制的溃疡清丹治疗观察十二指肠球部溃疡 80 例, 获得满意疗效。现报道如下。

临 床 资 料

一、病例选择 治疗观察的对象为我院门诊患者, 系采用日本 Olympus GIF-P₃ 胃镜检查, 参照有关标准(周岱云, 等. 上消化道纤维内窥镜临床应用. 第 1 版. 上海: 上海科技出版社, 1980: 84) 确诊为十二指肠球部溃疡者, 共 112 例。

二、临床分组 112 例随机分为治疗组 80 例与对照组 32 例, 再将 80 例治疗观察对象按照中医辨证分成实热证组与虚寒证组。具有胃脘胀满, 灼痛, 泛酸, 嗳气, 呕吐, 大便不爽或干燥, 舌苔厚腻, 脉滑或弦数为实热证, 共 47 例, 男 40 例, 女 7 例。表现为面色苍白或灰黯, 胃痛隐隐, 泛吐清水, 喜暖喜按, 甚至手足不温, 大便稀溏, 舌质色淡, 舌体胖大, 脉濡弱为虚寒证, 共 33 例, 男 28 例, 女 5 例。对照组 32 例, 男 29 例, 女 3 例, 年龄 18~46 岁。3 组平均年龄依次为 32.5 岁、34.0 岁、33.7 岁; 病程 3 个月~24 年, 各组平均病程依次为 4.9 年、5.3 年、4.7 年。

治 疗 方 法

一、实热证组与虚寒证组 均用溃疡清丹(由大黄、黄芩、枯矾、五倍子、延胡索 5 味药组成) 治疗, 每次服 2~3 g, 每日 2 次, 于早饭前和晚睡前 1 h 各以白开水送服。

二、对照组 应用国产胃铋治片, 每次服

2 片, 每日 3 次, 于餐后白开水送服。

以上 3 组均治疗 0.5 个月为 1 个疗程, 2 个疗程后复查胃镜。治疗期间停用其他药物, 禁忌刺激性食物, 避免过劳。观察记录自觉症状变化情况及用药反应。

结 果

一、疗效评定标准 临床治愈: 自觉症状消失, 溃疡面愈合, 胃粘膜正常; 显效: 自觉症状明显减轻或消失, 溃疡面显著缩小、变浅, 被苔变薄或大部分脱落; 有效: 自觉症状改善, 溃疡面略缩小或变浅; 无效: 自觉症状无改善, 溃疡面与治疗前比较相同或扩大。

二、治疗结果 实热证组 47 例, 临床治愈 43 例, 治愈率 91.5%; 显效 3 例, 无效 1 例, 总有效率 97.9%。虚寒证组 33 例, 临床治愈 5 例, 治愈率 15.2%; 显效 15 例, 有效 9 例, 无效 4 例, 总有效率 87.9%。对照组 32 例, 临床治愈 23 例, 治愈率 71.9%; 显效 3 例, 有效 1 例, 无效 5 例, 总有效率 84.4%。实热证组的治愈率高于对照组, 经统计学处理, $\chi^2 = 4.028$, $P < 0.05$, 有显著差异。虚寒证组治愈率明显低于对照组。治愈者主要症状变化情况, 见附表。

附表 各组治愈者症状消失时间比较 (天, $\bar{x} \pm S$)

组别	例数	上腹痛	嗳气泛酸	恶心呕吐
实热	43	7.0 \pm 2.1*	4.0 \pm 0.3*	7.0 \pm 1.5*
虚寒	5	10.0 \pm 0.5*	6.0 \pm 2.0*	10.0 \pm 5.0*
对照	23	11.0 \pm 3.2	9.0 \pm 3.0	12.0 \pm 2.0

注: 与对照组比较, * $P < 0.05$

讨 论

溃疡清丹的主要成分有大黄、黄芩、枯矾、五倍子、延胡索,现代药理研究证明前4味药对多种细菌都有不同程度的杀菌或抑菌作用,可能与溃疡有关的幽门螺旋杆菌对其也有敏感性。五倍子、枯矾、大黄能凝固溃疡表面的蛋白质,形成一层被膜,而呈收敛作用;同时小血管被压迫收缩,血液凝结而奏止血功效。因此也能阻止或减少胃酸等攻击因子对溃

疡面的刺激。中医认为消化性溃疡的病机是脾运化失职,湿热内蕴,腐灼胃络,邪气聚结,气滞血瘀,脉络阻涩,久凝久痛而化腐。大黄不仅能荡涤胃肠内的积滞,清除湿热,改善胃肠道环境,而且与延胡索相伍加强活血化瘀之功,促进血液循环,消除病灶充血水肿,改善局部营养供应,利于溃疡愈合。虚寒证体质虚弱,元气不足,不能耐受药物的苦寒或泻下药力作用,使自身免疫功能下降,从而影响机体对病灶的修复能力,所以疗效欠佳。

· 病例报告 ·

双黄连粉针剂过敏反应2例报告

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我院于1990~1993年应用双黄连粉针剂治疗病毒和细菌感染性疾病2000余例,其中2例发生过敏反应。现报告如下。

例1 男,59岁,于1991年3月26日以急性支气管炎收入院。入院后应用青霉素800万u静脉滴注治疗6日无好转,4月2日改用双黄连粉针剂(每瓶600mg,相当于生药10g,哈尔滨中药二厂生产,批号:900908,有效期2年)3.0g,加10%葡萄糖溶液300ml,30滴/min静脉滴注。用药5min后患者出现呼吸困难、心悸、头晕、全身皮肤瘙痒。查体:血压10.7/6.7kPa,呼吸27次/min,大汗、皮肤潮红、口唇指甲发绀、球结膜充血、烦躁不安,双肺布满哮鸣音,心音不清,脉细弱。II导联心电图监测示:窦性心律,心率142~156次/min。诊断为药物过敏。立即停药,给予吸氧、静脉注射地塞米松10mg、0.1%肾上腺素0.33ml、10%葡萄糖酸钙10ml,后以10%葡萄糖溶液500ml加维生素C2.5g静脉滴注。15min后心悸、呼吸困难、皮肤瘙痒减轻,血压13.3/9.3kPa,呼吸21次/min,双肺哮鸣音减轻;1h后上述诸项症状消失,血压稳定。剩余药物经药品检验所检验均符合核准,同一批号在我院应用的患者无此类现象发生。

例2 女,21岁。于1993年5月23日以散发性脑炎收入院。入院后给予10%葡萄糖溶液400ml加

青霉素800万u、双黄连粉针剂2.4g(每瓶600mg,相当于生药10g,哈尔滨中药二厂生产,批号930110,有效期2年),40滴/min静脉滴注,每日1次。26日在开始滴注20min时,在静脉穿刺侧的上肢开始出现数个高出皮表、大小不等的鲜红色斑丘疹。疹间皮肤潮红、瘙痒,以后延及全身。查体:血压14.7/10.6kPa,呼吸19次/min,心率92次/min,心肺听诊正常。考虑药物过敏致皮疹。停止输液,给予10%葡萄糖酸钙10ml静脉注射,扑尔敏10mg肌肉注射,息斯敏10mg口服。用药1.5h后皮疹消失。27日在严密观察下再次静脉滴注同一批号双黄连粉针剂2.4g加10%葡萄糖溶液40ml,20滴/min滴速,25min时再次于滴注侧上肢出现皮疹,3min后迅速延及全身,其皮疹特征同上,同时伴有恶心、呕吐。立即停药,经同前抗过敏治疗1.5h后症状缓解。28日改用青霉素800万u静脉滴注,治疗后未见任何不良反应。双黄连粉针剂同批号应用患者未见此类反应。

讨 论 双黄连为金银花、黄芩、连翘提取物制成的无菌粉剂,有抗病毒和细菌的作用。我院近3年来应用其针剂治疗患者2000余例,遇上述2例过敏反应。提示双黄连粉针剂可导致过敏性休克、皮疹等反应,其反应可以在第1次用药或数次用药后发生。所以在应用双黄连粉针剂时要严密观察,以防意外。

TCM-WM revealed better results than WM alone. Follow-up was done after six months, the recurrence rates of the two groups were 9.10% (2/22) and 43.75% (7/16) respectively, the difference was significant ($P < 0.05$). There was no side effect in combined therapy and the therapy was convenient for use.

Key words verrucous gastritis, helicobacter pylori, combined TCM-WM therapy

(Original article on page 150)

Clinical Observation on 80 Cases with Duodenal Bulbar Ulcer

Treated with Kuiyangqing Pill (溃疡清丹)

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80 patients with duodenal bulbar ulcer were divided into two groups: one was the group of ulcer with Excess-Heat Syndrome (EHS); the other was that with Deficiency-Cold Syndrome (DCS). Both groups of patients were treated with Kuiyangqing Pill (KYQP) for observation, 32 cases treated with bismuth aluminate tablets as control. Results: The therapeutical effect of EHS was better than that of the control. The recovery rate was 91.5%. The effective rate was 97.9% ($P < 0.05$). While the curative effect of DCS group was not so good as that of the control.

Key words duodenal bulbar ulcer, Excess-Heat Syndrome, Deficiency-Cold Syndrome, Kuiyangqing pill

(Original article on page 152)

Study of Bone Mineral Content Change in Kidney Deficiency Patients

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Bone mineral determination (BMD) of ulna and radius in 184 patients with and without Kidney Deficiency (KD) were assayed. Result: (BMD) in KD patients was apparently lower than that without KD as well as normal group, no difference between the patients without KD and the normal group, but there was a significant difference between the patients who had same disease with and without KD. The study indicated that BMD in patients with KD had characteristic change. It revealed also the objectivity of Syndrome in TCM.

Key words bone mineral determination, Kidney-Deficiency

(Original article on page 154)

Study on Gastroelectric Activity and Gastric Motility

in Experimental Spleen Deficiency Rats

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Using electrode and highly sensitive strain sensor to record alterations of gastroelectric activity and gastric motility, during experimental Spleen Deficiency (SD) rats was conducted. As compared with control, frequency of slow wave (time/3 min) did not obviously change (11.71 ± 0.71 and 12.50 ± 0.55 , $P < 0.05$), but amplitude (mV) of which reduced significantly (0.14 ± 0.05 and 0.37 ± 0.04 , $P < 0.01$), while that of fast wave also decreased. In self-recovered group, the amplitude of slow wave recovered slightly (0.22 ± 0.08 and 0.37 ± 0.04 , $P > 0.005$). After treatment with modified Sijunzi Tang (四君子汤), the gastric activities of SD rats elevated to levels of control ($P > 0.05$), but gastric motility remained weak in SD group. Although the motility of self-recovered group improved to a certain degree, however, the main indices had no significant difference from SD group ($P > 0.05$). It suggested that there were significant changes of gastric activity in SD and Chinese herbs could improve the