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益胃胶囊四联疗法对幽门螺旋杆菌致消化性溃疡的临床效果*

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摘要 目的:探讨益胃胶囊四联疗法治疗幽门螺旋杆菌相关性消化性溃疡的临床疗效。**方法:**治疗组给予兰索拉唑+阿莫西林+克拉霉素+益胃胶囊治疗,对照组给予兰索拉唑+阿莫西林+克拉霉素治疗,对比分析两组患者的临床疗效。**结果:**治疗组总有效率高于对照组,差异具有统计学意义($P<0.05$);治疗组 HP 清除率高于对照组,差异具有统计学意义($P<0.05$)。**结论:**益胃胶囊四联疗法治疗幽门螺旋杆菌相关性消化性溃疡的临床疗效优于常规西医三联疗法治疗幽门螺旋杆菌相关性消化性溃疡。

关键词:消化性溃疡;益胃胶囊;幽门螺旋杆菌;四联疗法

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Study on the Clinical Efficacy of YiWei Capsules Quadruple Therapy in *H. pylori* Associated Peptic Ulcer*YI Rui^{1,2}, CHANG Juan¹, LIU Xiao-yan^{1△}, HAO Nan³

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ABSTRACT Objective: To investigate the clinical efficacy of Yiwei capsules joint therapy in *H. pylori* associated peptic ulcer. **Methods:** The treatment group received lansoprazole + amoxicillin + clarithromycin + Yiwei capsule, and the control group received lansoprazole + amoxicillin + clarithromycin. The clinical efficacy of the two groups were compared and analyzed. **Results:** The total effective rate in treatment group was significantly higher than that of the control group with statistically significant difference between the two groups ($P<0.05$); The HP clear rate of the treatment group was significantly higher than that of the control group, with statistically significant difference between the two groups ($P<0.05$). **Conclusion:** The clinical efficacy of combination therapy of Yiwei capsules is superior to conventional Western medicine Triple therapy in treating *H. pylori* associated peptic ulcer.

Key words: Peptic ulcers; Yiwei capsules; *H. pylori*; Quadruple therapy

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前言

消化性溃疡是一种常见病、多发病,同时又是一种易复发的慢性疾病,严重影响人们的身心健康^[1-3]。消化性溃疡以消化道侵袭因素的增强重合防御修复因素的减弱为主要发生机制,而胃酸及胃蛋白酶的作用是导致胃十二指肠黏膜损害的主要因素^[4]。幽门螺杆菌(HP)作为一种革兰阴性微量需氧、弯曲性杆状细菌,能够产生大量尿素酶,同时诱发胃粘膜局部炎症,导致胃十二指肠溃疡,是消化性溃疡发病和复发的重要因素之一^[5-7]。我们通过对比常规治疗与治疗组治疗前后1个月后症状、内镜下溃疡的愈合程度、快速尿素酶试验法(RUT)。现报道如下:

1 资料与方法

1.1 临床资料

治疗组:采用兰索拉唑+阿莫西林+克拉霉素+益胃胶囊

治疗,共50例,其中男28例,女22例;年龄25~70岁,平均(30.5±20.5)岁。对照组:采用兰索拉唑+阿莫西林+克拉霉素治疗,共50例,其中男30例,女20例;年龄22~68岁,平均(32.5±19)岁。所有病例均胃镜检查确诊为消化性溃疡,并取胃窦部黏膜HP检测(采用活检标本快速尿素酶试验法)。近半月内未使用抗溃疡药和抗生素,无严重心脑血管基础疾病,治疗期间忌饮酒。排除标准:(1)癌性溃疡;(2)急性上消化道大出血。

1.2 治疗方法

所有患者经内镜检查并观察记录溃疡部位、面积,并行快速尿素酶试验法(RUT)检查为HP感染者。对照组口服兰索拉唑30 mg bid、克拉霉素250 mg bid、阿莫西林500 mg bid。治疗组:在前组治疗基础上加用益胃胶囊,益胃胶囊组成:白术30 g、枯矾10 g、瓦楞子12 g、海螵蛸12 g、橡皮12 g、田七12 g、白芷9 g、白芨12 g、元胡15 g、贝母10 g、石斛10 g、鸡内金6 g、甘草6 g,粉碎加工胶囊,每粒0.5 g,每次4粒,3次/天,1周

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后两组停用克拉霉素、阿莫西林,对照组口服兰索拉唑 30 mg Qd,疗程 3 周,治疗组口服兰索拉唑 30 mg Qd,加用益胃胶囊,每次 4 粒,3 次/天,疗程 3 周。

1.3 疗效标准

1.3.1 中医证候疗效判断标准 治愈:无恶心呕吐、泛酸嗳气等。显效:病情明显改善;有效:病情轻度改善;无效:病情无明显改善。总有效 = 治愈 + 显效 + 有效。

1.3.2 胃镜疗效判断标准 治愈:溃疡完全消失,局部可有轻度充血,无明显水肿。显效:溃疡基本消失,仍有明显炎症。有效:溃疡基本消失,仍有明显炎症或溃疡面积缩小 50%以上。无效:溃疡面积无变化或增大;缩小不到 50%;原溃疡已愈合,但出现新的活动性溃疡病灶。总有效 = 治愈 + 显效 + 有效。

表 1 两组患者治疗的总有效率比较

Table 1 Comparison of the total efficacy

Group	Case	Excellent	Effective	Invalid	In total
Treatment group	50	21	26	3	92.5%▲
Control group	50	17	23	10	75.0%

Note: compared with control group, ▲P<0.05.

2.2 两组患者治疗前后溃疡面积比较

对治疗组及对照组进行治疗前后溃疡面积比较,治疗组明

1.4 统计学方法

采用 SPSS17.0 软件进行数据处理,计量资料采用 t 检验,疗效分析采用 χ^2 检验,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者的临床疗效比较

治疗组和对照组显效病例分别为 10 例(25%)和 7 例(17.5%);有效病例分别为 27 例(67.5%)和 23 例(57.5%);无效病例分别为 3 例(7.5%)和 10 例(25%);总有效率分别为 92.5%和 75%。治疗组疗效显著高于对照组,差异具有统计学意义($P<0.05$)。见表 1。

显优于对照组,差异具有统计学意义($P<0.05$)。见表 2。

表 2 两组患者治疗前后溃疡面积比较

Table 2 Comparison of ulcer acreage between the two groups before and after the treatment

Group	Case	Before the treatment(mm ²)	After the treatment(mm ²)
Treatment group	50	6.04± 1.04	2.16± 0.87▲●
Control group	50	6.09± 1.01	3.67± 0.81▲

Note: ▲Compared with the control group, $P<0.05$; ●compared with before, $P<0.05$.

2.3 两组患者幽门螺旋杆菌清除率比较

治疗组 HP 清除率为 70%,对照组为 50%,治疗组优于对

照组,差异具有统计学意义($P<0.05$)。见表 3。

表 3 治疗组与对照组治疗后幽门螺旋杆菌阳性率比较

Table 3 Comparison of HP after the treatment between the two groups

Group	Case	HP(+)	HP(-)	Clearance rate
Treatment group	50	15	35	70%▲
Control group	50	25	25	50%

Note: ▲P<0.05.

3 讨论

在中医疗法中消化性溃疡属“胃脘痛”范畴。作为中医脾胃学说中的重要内容,胃脘痛的论治历史源远流长。在二千多年前战国时期,著名医学论著《黄帝内经》中对胃脘痛就有“胃者,五藏六府之海也,水谷皆入于胃,五藏六府皆禀气于胃”、“五谷入于胃也,其糟粕,津液,宗气分三隧。故宗气积于胸中,出于喉咙,以贯心脉,而行呼吸焉。营气者,泌其津液,注之于脉,化以为血,以荣四末,内注五藏六府等论述,胃脘痛的发病机理多与饮食不洁,七情内伤,身体虚弱导致脾胃受损、脾胃气虚,运化无力,脾胃功能紊乱,气血运行失常,气滞血瘀、瘀则伤阴,

阴虚则胃络失养发生疼痛,若饮食不节,胃生湿热,热郁血瘀而做痛,为本虚标实之证,其病在脾胃,基本病机为脾胃虚弱,治则益气健脾,制酸止痛^[10-14]。益胃胶囊由纯中药制剂组成,含白术、枯矾、瓦楞子、海螵蛸、橡皮、田七、白芷、白芨、元胡、贝母、石斛、鸡内金、甘草。方中重用白术益气健脾,因脾虚是溃疡发病、转归、愈合及复发的关键因素,脾虚则气血生化乏源,使机体抗病能力下降,且局部防御因子减弱,胃黏膜屏障功能低下,易招致外邪入侵而形成溃疡病灶^[15-17]。故所谓健脾益气的根基实际上就是提高机体免疫功能,保护胃黏膜屏障,从而抵御各种损伤因素的侵袭;枯矾、瓦楞子、海螵蛸、橡皮、田七、白芷、白芨、元胡共奏制酸止痛,活血升肌之功;贝母、石斛滋阴养胃;鸡

内金、甘草加强白术之益气健脾之效^[18-20]。全方组方合理精妙,经临床证实疗效可靠,副作用少,并且可以减少溃疡复发。

综上所述,本研究采用中西医结合疗法治疗消化性溃疡,对比常规西药组与西药组加益胃胶囊组治疗消化性溃疡的临床疗效对比,发现益胃胶囊四联疗法在前后1个月后症状、内镜下溃疡的愈合程度、HP清除率上都优于常规西药组,表明中西医结合疗法治疗消化性溃疡效果更好,其作用机理有待进一步研究。

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