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三黄健齿汤联合牙周局部治疗对慢性牙周炎临床疗效及炎症因子的影响 *

杨靖靖¹ 韩晓虹² 蒋声果³ 张爱娟³ 吴迎涛^{2Δ}

(1 潍坊医学院 山东 潍坊 261053; 2 青岛市口腔医院牙周科 山东 青岛 266001;

3 青岛市口腔医院中医科 山东 青岛 266001)

摘要 目的:研究三黄健齿汤联合牙周局部治疗慢性牙周炎的临床疗效,并观察其对炎症因子的影响,为临床诊疗提供依据。**方法:**选取 2015 年 10 月到 2016 年 3 月我院收治慢性牙周炎患者 130 例,按照随机数字表法将患者分为治疗组和对照组,每组 65 例,对照组给予洁治和龈下刮治、根面平整等,治疗组在对照组的基础上给予三黄健齿汤治疗,比较治疗前和治疗后牙周探诊深度(PD)、牙龈出血指数(BI)、牙龈沟液白介素-1 β (IL-1 β)、白介素-6(IL-6)水平变化,并比较中医证候评分。**结果:**治疗后两组 PD 和 BI 均显著降低,差异有统计学意义($P<0.05$),但两组间比较差异无统计学意义($P>0.05$);治疗后两组 IL-1 β 和 IL-6 均显著降低,且治疗组低于对照组,差异有统计学意义($P<0.05$);治疗后两组中医主证候群和次证候评分均显著降低($P<0.05$),两组主证候群评分比较差异无统计学意义($P>0.05$),治疗组次证候评分显著低于对照组($P<0.05$)。**结论:**三黄健齿汤联合牙周局部治疗对慢性牙周炎具有较好疗效,能有效降低炎症因子,改善次证候评分。

关键词:三黄健齿汤;局部治疗;慢性牙周炎;疗效

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Influence of Clinical Effect and Inflammatory Factors of Sanhuang Decoction Combined with Tooth Periodontal Local in Treatment on Chronic Periodontitis*

YANG Jing-jing¹, HAN Xiao-hong², JIANG Sheng-guo³, ZHANG Ai-juan³, WU Ying-tao^{2Δ}

(1 Weifang Medical University, Weifang, Shandong, 261053, China; 2 Department of Periodontology, Qingdao Stomatological Hospital, Qingdao, Shandong, 266001, China; 3 Department of Traditional Chinese Medicine, Qingdao Stomatological Hospital, Qingdao, Shandong, 266001, China)

ABSTRACT Objective: To study the clinical effect of Sanhuang Decoction Combined with tooth periodontal local in treatment on chronic periodontitis, and to observe its influence on inflammatory factors, to provide the basis for clinical diagnosis and treatment. **Methods:** 130 cases of patients with chronic periodontitis from May 2014 to May 2016 in our hospital were selected, there were divided into treatment group and control group according to the random number table method, 65 cases in each group, the control group was given scaling and subgingival scaling and root planing etc, the treatment group was given Sanhuang Decoction on the basis of the control group, periodontal probing depth (PD), gingival bleeding index (BI), gingival crevicular fluid interleukin -1 beta (IL-1 beta) and interleukin -6 (IL-6) level change before treatment and after treatment were compared, and compared TCM syndrome score. **Results:** PD and BI were significantly decreased in the two groups after treatment, the difference was statistically significant ($P<0.05$), but there was no significant difference between the two groups ($P>0.05$); IL-1 β and IL-6 were significantly decreased in the two groups after treatment, and the treatment group was lower than the control group, the difference was statistically significant ($P<0.05$); Syndrome and syndrome of traditional Chinese Medicine were significantly decreased in the two groups after treatment ($P<0.05$), there was no significant difference of primary syndrome score in the two groups ($P>0.05$), the syndrome score in the treatment group was significantly lower than the control group ($P<0.05$). **Conclusion:** Sanhuang Decoction Combined with tooth periodontal local treatment has good curative effect on chronic periodontitis, can effectively reduce the inflammatory factor, improve the secondary syndrome score.

Key words: Sanhuang Decoction; Local treatment; Chronic periodontitis; Curative effect

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前言

慢性牙周炎是临床上常见疾病,以牙龈肿痛、出血、牙齿松

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作者简介:杨靖靖(1989-),女,硕士研究生,从事牙周病防治方面的研究, E-mail: yangjinjin20198@sina.com

Δ 通讯作者:吴迎涛(1968-),女,硕士,主任医师,从事牙周病中西医结合治疗方面的研究

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动为主要临床表现,给患者生活质量带来较大影响^[1]。现代研究显示,慢性牙周炎是因细菌侵袭引起,导致宿主防御和细菌之间的平衡失调引起慢性感染^[2]。同时,慢性牙周炎也会存在全身性因素,比如:内分泌紊乱、免疫功能缺陷等。慢性牙周炎会出现病情逐渐加重,最终拔除牙齿^[3]。治疗上以龈上洁治、龈下洁治、根面平整等为主,针对细菌的局部治疗,使牙石和感染组织去除,修整根面,预防菌斑再次形成。这些治疗方式可以改善牙周情况,但是对机体整体状态未作调整^[4]。中医学上认为,慢性牙周病属于"牙宣"、"齿动摇"的范畴。肝肾亏虚和脾胃失为常见病因,肾主骨,肝肾虚则牙齿动摇,脾胃是后天之本,脾胃失和则运化失司,导致机体亏虚,引起牙齿动摇。治疗以调节免疫、补肾固齿为主,以补肾养阴清火为治疗原则^[5]。可以从整体上调理机体,改善失衡状态。本研究旨在分析三黄健齿汤联合牙周局部治疗对慢性牙周炎临床疗效,并观察其对炎症因子的影响,为临床诊疗提供依据。

1 资料与方法

1.1 一般资料

选取2015年10月到2016年3月我院收治慢性牙周炎患者130例,纳入标准:所有患者均符合广泛型中重度慢性牙周炎的诊断标准^[6],中医证型为肝肾亏虚或脾胃失和型,均知情同意并签署知情同意书。排除标准:患严重高血压、糖尿病者;近3个月内应有中药治疗者;存在严重血液系统疾病者。按照随机数字表法将患者分为治疗组和对照组,治疗组65例,男性34例,女性31例,年龄介于49-75岁,平均年龄为(56.2±1.5)岁,病程介于1-12个月,平均病程为(5.4±0.5)个月,肝肾亏虚型35例,脾胃失和型30例,对照组65例,男性33例,女性32例,年龄介于48-75岁,平均年龄为(55.9±2.1)岁,病程介于1-12个月,平均病程为(5.2±0.5)个月,肝肾亏虚型34例,脾胃失和型31例,两组年龄、性别、病程和中医分型比较差异无统

计学意义($P>0.05$),具有可比性。

1.2 方法

对照组:给予基线临床检查和基础治疗,并采集牙龈沟液,行龈上洁治,龈下刮治及根面平整术,连续治疗2~3周后1个月、3个月再次进行牙周指标检查及牙周维护治疗。治疗组:临床检查及治疗方法同对照组,基础治疗后口服三黄健齿汤,连服3个月。具体药物组成有:熟地黄24g、黄柏6g、大黄6g、山药12g、牡丹皮9g、泽泻9g、知母6g、茯苓9g,水煎服,每日1剂。

1.3 观察指标

比较两组治疗前和治疗后(对照组为局部治疗后3个月,治疗组为局部治疗联合中药治疗3个月)牙周探诊深度(PD)、牙龈出血指数(BI),BI包括:0表示牙龈健康,无出血和炎症;1表示牙龈存在炎性改变,无出血;2表示探诊存在点状出血;3表示出血沿着牙龈扩散;4表示出血流满且溢出龈沟;5表示自动出血^[6]。应用酶联免疫吸附法测量牙龈沟液白介素-1 β (IL-1 β)、白介素-6(IL-6)水平变化,并比较中医证候评分,中医证候评分包括:主症候群和次症候群,主症候群包括牙龈松软、咀嚼无力、牙龈出血和牙齿松动;次症候群包括耳鸣、腰膝酸软和神疲乏力,每个症状分0分、1-3分、4-6分和7-9分四个等级,总评分越低表示情况越好^[7]。

1.4 统计学方法

应用SPSS17.0软件分析数据,计量资料用($\bar{x}\pm s$)表示,应用t检验,计数资料应用 χ^2 检验,以 $P<0.05$ 表示有统计学意义。

2 结果

2.1 PD和BI比较

两组治疗前PD和BI比较差异无统计学意义($P>0.05$),治疗后两组PD和BI均显著降低($P<0.05$),两组间比较差异无统计学意义($P>0.05$)。见表1。

表1 两组治疗前和治疗后PD和BI比较

Table 1 Comparison of PD and BI of two groups before and after treatment

Groups	n	Time	PD (mm)	BI
Treatment group	65	Before treatment	4.23±0.23	3.09±0.08
		After treatment	2.45±0.19 ^a	1.49±0.21 ^a
Control group	65	Before treatment	4.24±0.31	3.08±0.08
		After treatment	2.46±0.08 ^a	1.54±0.22 ^a

Note: compared with before treatment, ^a $P<0.05$.

2.2 炎症因子比较

两组治疗前IL-1 β 和IL-6比较差异无统计学意义($P>$

0.05),治疗后两组IL-1 β 和IL-6均显著降低($P<0.05$),且治疗组低于对照组($P<0.05$)。见表2

表2 两组治疗前和治疗后炎症因子比较

Table 2 Comparison of inflammatory factor of two groups before and after treatment

Groups	n	Time	IL-1 β (pg/mL)	IL-6 (pg/mL)
Treatment group	65	Before treatment	8.92±0.92	8.42±1.08
		After treatment	4.24±0.21 ^{ab}	5.09±0.52 ^{ab}
Control group	65	Before treatment	8.93±0.16	8.43±0.79
		After treatment	6.27±0.23 ^a	6.56±0.09 ^a

Note: compared with before treatment, ^a $P<0.05$; Compared with the control group, ^b $P<0.05$.

2.3 中医证候评分比较

治疗前两组中医主证候群和次证候评分比较差异无统计学意义($P>0.05$),治疗后两组中医主证候群和次证候评分均

显著降低($P<0.05$),两组主证候群评分比较差异无统计学意义($P>0.05$),治疗组次证候评分显著低于对照组($P<0.05$)。见表3。

表3 两组治疗前和治疗后中医证候评分比较(分)

Table 3 Comparison of TCM syndrome score of two groups before and after treatment(point)

Groups	n	Time	Primary syndrome	Sub syndrome
Treatment group	65	Before treatment	6.74± 0.34	6.78± 0.62
		After treatment	3.42± 0.58 ^a	1.62± 0.53 ^{ab}
Control group	65	Before treatment	6.75± 0.23	6.73± 0.24
		After treatment	3.28± 0.32 ^a	6.45± 0.61 ^a

Note: compared with before treatment, ^a $P<0.05$; Compared with the control group, ^b $P<0.05$.

3 讨论

牙周基础治疗可以将牙周的局部刺激因子去除,使牙周光滑、生物相容性根面形成,有利于牙周附着^[8]。经过治疗2-4周以后牙龈红肿会消退,牙周袋也会变浅,附着面明显增加。本研究观察牙周局部治疗和局部治疗联合中药治疗对慢性牙周炎的影响,研究显示,治疗后两组PD和BI均显著降低,两组间比较差异无统计学意义,与其他研究结果具有相似性^[9,10],说明局部治疗和局部治疗联合三黄健齿汤治疗对改善牙周症状效果相当,分析其原因为^[11]:经过牙周刮治、根面平整等局部治疗,为牙周附着创造条件,因此治疗后PD和BI会明显降低,但是两组治疗后PD和BI无统计学意义,说明牙周局部治疗对牙周症状改善方面起着主导作用,局部治疗有利于牙周症状缓解。笔者以往的研究发现,本院接诊的牙周炎患者多为肝肾亏虚和脾胃失和两类,中药治疗可以从整体上调理,改善机体失衡状态,提高患者机能^[12],故配合应用三黄健齿汤可以发挥调节免疫、补肾固齿的作用^[13]。

IL-1 β 是慢性牙周炎患者牙龈沟液主要炎性介质,与免疫应答存在较大关系,在牙槽吸收、结缔组织破坏等过程中发挥重要作用^[14,15]。IL-6是一种多细胞效应炎性因子,可以诱导B淋巴细胞分裂,对纤维细胞生长具有抑制作用,与骨吸收也存在较大关系^[16]。有研究证实^[17],牙龈沟液中IL-1 β 和IL-6水平与牙周炎的病情存在正相关关系,对患者免疫功能也有评价作用。本研究显示,治疗后两组IL-1 β 和IL-6均显著降低,且治疗组低于对照组,与其他研究结果具有相似性^[18,19],说明三黄健齿汤联合局部治疗能有效改善牙周炎炎症反应,改善患者免疫功能,分析其原因为:三黄健齿汤可以改善全身免疫功能,整体调理,使牙周免疫功能和血液循环得到改善,促使牙槽骨代谢平衡,降低炎症反应,因此牙周液炎性因子会明显降低。本研究同时观察治疗前后中医证候评分变化情况,并将中医证候评分分成主证候群和次证候群,进行全方位、多方面观察。本研究显示,治疗后两组中医主证候群和次证候评分均显著降低,两组主证候群之间无差异,次证候群存在差异,与其他研究结果具有相似性^[20],说明三黄健齿汤联合牙周局部治疗能明显改善次证候群评分,分析其原因为:主证候群主要以牙周症状为主,而次证候群以全身症状为主,局部治疗对牙周症状起主要作用,但是辅助中药治疗可以改善整体情况,全身调理,因此治疗后主症状群无明显差异,但是次症状群存在较大差异。

综上所述,三黄健齿汤联合牙周局部治疗对慢性牙周炎具有较好效果,能明显降低炎症反应,改善全身机体症状。

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