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凉血止痢汤与锡类散保留灌肠治疗溃疡性结肠炎的疗效对比

易 满¹ 刘金辉² 黄 凤¹ 王军省¹ 潘芳杰¹

(1 新疆医科大学附属中医医院肛肠一科 新疆 乌鲁木齐 830000; 2 新疆医科大学附属中医医院康复科 新疆 乌鲁木齐 830000)

摘要 目的:观察凉血止痢汤与锡类散保留灌肠治疗溃疡性结肠炎的疗效。**方法:**选取 80 例溃疡性结肠炎患者,按随机数字表法分为两组,对照组(39 例)给予锡类散治疗,观察组给予凉血止痢汤治疗,观察两组治疗后的疗效,腹痛、腹泻、脓血便消失时间,治疗前后 C 反应蛋白、白细胞、血红蛋白数目及治疗期间不良反应情况。**结果:**治疗后,两组治疗有效率比较无明显差别($P>0.05$),观察组患者腹痛、腹泻、脓血便消失时间均短于对照组($P<0.05$),两组组白细胞数目、C 反应蛋白水平均较治疗前显著下降且观察组上述指标较对照组更低($P<0.05$)。两组血红蛋白数目均较治疗前显著上升且观察组较对照组更高($P<0.05$)。两组治疗期间均无肝肾功能异常、胃肠道异常等不良反应发生。**结论:**凉血止痢汤与锡类散联合对溃疡性结肠炎均具有较好的治疗效果,能更快消退溃疡性结肠炎症状,且安全性高。

关键词:凉血止痢汤;锡类散;中药保留灌肠;溃疡性结肠炎

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Comparison of Liangxue Zhili Soup and Tin Powder with Retention Enema in the Treatment of Ulcerative Colitis

YI Man¹, LIU Jin-hui², HUANG Feng¹, WANG Jun-sheng¹, PAN Fang-jie¹

(1 Department of Anorectal, Chinese Medicine Hospital Affiliated to Xinjiang Medical University, Urumchi, Xinjiang, 830000, China;

2 Department of Physiatry, Chinese Medicine Hospital Affiliated to Xinjiang Medical University, Urumchi, Xinjiang, 830000, China)

ABSTRACT Objective: To compare Liangxue Zhili Soup and Tin powder with retention edema in the treatment of ulcerative colitis.

Methods: 80 patients with ulcerative colitis were selected and randomly divided into two groups. The control group (39 cases) was given Tin pounder. The observation group (41 cases) was given Liangxue Zhili Soup, the efficacy, disappeared time of abdominal pain, diarrhea, blood and pus stool, C reactive protein, white blood cells, hemoglobin and adverse reactions during the treatment were observed and compared between two groups. **Results:** After treatment, there was no statistical significance in the effective rate between two groups ($P>0.05$). The disappeared time of abdominal pain, diarrhea, blood and pus stool of observation group were shorter than those of the control group ($P<0.05$). The white blood cells, C reactive protein were decreased in both groups. These indexes of observation group were lower than those of the control group ($P<0.05$). The hemoglobin levels were increased in two groups and was higher in the observation group than that of the control group ($P<0.05$). During treatment, there was no liver and kidney dysfunction, gastrointestinal abnormalities occurred in two groups. **Conclusion:** Liangxue Zhili Soup and Tin powder had good therapeutic effect on ulcerative colitis, which could vanish the symptoms of ulcerative colitis fast with high safety.

Key words: Liangxue Zhili Soup; Tin Powder; Retention enema; Ulcerative colitis

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前言

溃疡性结肠炎又称慢性非特异性溃疡性结肠炎,病因至今未明,有研究显示该病的发生可能与机体免疫反应异常有关。溃疡性结肠炎病发时可累及直肠和结肠的黏膜层及黏膜下层,临床表现为腹泻、腹痛及脓血便等^[1,2]。以往单纯口服柳氮磺胺嘧啶、美沙拉嗪等药物治疗溃疡性结肠炎,复发率较高,疗效不理想。中医研究认为溃疡性结肠炎属本虚标实之症,虚乃脾肾亏虚,实乃湿、热、瘀、毒壅滞大肠,故治疗可采用温肾阳健脾胃的方法^[3,4]。药物保留灌肠是目前公认的适用于病变部位位于乙

状结肠及直肠的治疗方法,能将药物直接投放到肠道炎症部位,减少全身不良反应,提高疗效。为了对比我院自拟凉血止痢汤与锡类散的疗效,本研究回顾性分析了 80 例来我院治疗的溃疡性结肠炎患者,现报道如下:

1 资料与方法

1.1 病例资料

选取溃疡性结肠炎患者 80 例,年限:2012 年 8 月-2016 年 3 月,纳入标准:①符合溃疡性结肠炎的诊断标准^[5];②肠镜检查下发现病变部位均局限于直肠;③经本院伦理委员会同意,治疗前患者均签署书面知情同意书。排除标准:肝肾功能异常、肠穿孔、肠道肿瘤患者。按随机数字表法将患者分为两组,对照组(39 例)患者给予锡类散治疗,其中,男 25 例,女 14 例,平均

作者简介:易满(1977-),男,硕士研究生,主治医师,研究方向:肛肠,电话:13639963853, E-mail: yiman_197712@medicinepaper.com.cn (收稿日期:2016-10-24 接受日期:2016-11-20)

年龄(58.9 ± 9.7)岁,平均病程(2.9 ± 0.4)年;观察组(41例)患者给予凉血止痢汤治疗,其中,男27例,女14例,平均年龄(56.6 ± 8.8)岁,平均病程(2.7 ± 0.5)年;两组患者病例资料具有可比性($P > 0.05$)。

1.2 给药方法

中药保留灌肠方法:保留灌肠前,嘱患者排便,清洁肠道,便于药物吸收。嘱患者保持卧位,臀下垫一次性治疗巾,将温度适宜的药液倒入灌肠筒或输液瓶内,少许液体石蜡润滑肛管,将肛管轻轻插入肛门内15-20 cm处,缓慢滴入药液与肠道内,并根据患者耐受情况调节滴速,使药液与病变部位充分接触。对照组:锡类散,1.0 g加入0.9%生理盐水100 mL搅匀,保留灌肠,每晚临睡前1次,灌肠保留时间3-4 h,连用3周,休息1周,以1个月为1个疗程。

观察组:凉血止痢汤组方为仙鹤草30 g,败酱草15 g,党参15 g,当归15 g,茯苓15 g,黄芩15 g,黄连30 g,槐花炭15 g,地榆炭15 g,白及15 g,白芷15 g,升麻15 g,麸炒枳壳15 g,黄芪30 g,盐橘核6 g,赤芍12 g。水煎,灌肠,灌肠保留时间1-2 h,200 mL/次,2次/日。

1.3 观察指标

① 疗效:评价标准,显效:临床症状完全消失,大便常规检查阴性,结肠镜检查黏膜正常,无水肿、糜烂和溃疡;有效:临床症状减轻,大便次数明显减少,减少至2-3次/d,结肠镜检查黏膜存在轻度炎症反应,水肿、糜烂和溃疡明显好转;无效:症状未见明显改善或加重;② 临床症状消失情况:观察并记录两组患者腹痛、腹泻、脓血便消失时间;③ 观察并记录两组患者治疗前后C反应蛋白,白细胞、血红蛋白数目;④ 不良反应:治疗期间,观察两组患者不良反应的发生情况。

1.4 统计学分析

采用SPSS 17.0统计软件分析,数据以 $\bar{x} \pm s$ 表示,组内治疗前与治疗后相比采用配对t检验,组间比较采用两独立样本t检验,计数资料采用卡方检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组疗效比较

治疗后,观察组有效率为92.7%,对照组有效率为87.2%,两组治疗有效率无明显差别($P > 0.05$),见表1。

表1 两组疗效对比[例(%)]

Table 1 Comparison of the efficacy between two groups [n(%)]

Groups	n	Markedly effective	Effective	Ineffective	Effective rate
Observation group	41	28	10	3	92.7%*
Control group	39	25	9	5	87.2%

Note: compared with the control group, * $P < 0.05$.

2.2 两组临床症状消失情况比较

治疗后,观察组患者腹痛、腹泻、脓血便消失时间均明显短

于对照组($P < 0.05$),见表2。

表2 两组临床症状消失情况对比($\bar{x} \pm s$)

Table 2 Comparison of the disappearance of clinical symptoms between two groups ($\bar{x} \pm s$)

		Diarrhea disappeared time	Blood and pus disappeared time	Abdominal pain disappeared time
Observation group	41	$4.12 \pm 2.23^*$	$4.27 \pm 1.02^*$	$2.47 \pm 0.39^*$
Control group	39	6.38 ± 3.15	6.52 ± 1.78	5.18 ± 0.56

Note: compared with the control group, * $P < 0.05$.

2.3 两组治疗前后白细胞、C反应蛋白、血红蛋白水平比较

治疗前,两组C反应蛋白、白细胞、血红蛋白数目相比,无统计学差异($P > 0.05$)。治疗后,两组组白细胞数目、C反应蛋白

水平均下降且观察组上述指标更低($P < 0.05$)。两组血红蛋白数目均上升且观察组值更高($P < 0.05$),见表3。

表3 两组治疗前后白细胞、C反应蛋白、血红蛋白指标对比($\bar{x} \pm s$)

Table 3 Comparison of the white blood cell, C reactive protein, hemoglobin between two groups before and after treatment($\bar{x} \pm s$)

		White blood cell ($10^9/L$)	C reactive protein (mg/L)	Hemoglobin (mg/L)
Observation group	Before treatment	9.28 ± 1.27	15.27 ± 5.34	9.47 ± 1.64
	After treatment	$4.27 \pm 0.97^{**}$	$5.68 \pm 1.24^{**}$	$13.88 \pm 2.01^{**}$
Control group	Before treatment	9.23 ± 1.16	15.16 ± 7.28	9.51 ± 1.37
	After treatment	$6.40 \pm 1.03^*$	$8.67 \pm 1.29^*$	$11.24 \pm 1.74^*$

Note: compared with the value before treatment, * $P < 0.05$; compared with the control group, ** $P < 0.05$.

2.4 两组不良反应发生情况比较

治疗期间,两组均无肝肾功能异常、胃肠道异常等不良反应发生。

3 讨论

溃疡性结肠炎是一种临床常见的非特异性炎症性疾病,发病原因尚不明确。随着我国老龄化人口速度加剧,溃疡性结肠

炎患者逐年增加^[6,7]。中医理论认为溃疡性结肠炎多与外邪入体、饮食不节、情致失调、脾胃虚弱、肾阳虚衰等因素相关,临床表现为腹痛、腹泻和脓血便,病程较长,易复发,迁延难愈,容易造成患者体内水、电解质及酸碱平衡紊乱,增加了患者的痛苦^[8,9]。采用抗生素、糖皮质激素等西药治疗溃疡性结肠炎患者,虽然疗效确切,但副作用较大,病情容易出现复发,患者依从性较差^[10]。中医采用中药保留灌肠治疗溃疡性结肠具有疗效高、复发率低,无不良反应特点,且价格低廉^[11,12],主要原因在于中药保留灌肠几乎无毒副作用,给药剂量偏大,在病灶部位的药物浓度高,再加上肠壁部位吸收药物的速度比内服药快,起效快,效果直接^[13,14]。

常用的中药保留灌肠方有锡类散、溃结清等。锡类散是中药制剂,为《卫生部药品标准》收录的品种,其中药成分包括珍珠、青黛、牛黄、象牙屑、冰片,具有解毒化腐、收敛生肌的功效^[15,16]。中医治疗讲究辩证治疗,选方上需做到标本兼顾。本病多属于正虚邪实,虚实夹杂,主要以湿热邪实为主。在此中医理论指导下,我院自拟方剂凉血止痢汤,具有调和气血、化湿和益气健脾的功效^[17]。组方中,仙鹤草具有败毒抗癌、凉血止血、补虚止痢之功效;败酱草具有清热解毒、祛瘀排脓之功效,党参味甘而温,能健脾补中,振脾阳而化湿浊;当归、茯苓均属于补益气血的药材;黄连有抗炎和促进组织愈合作用等;故凉血止痢汤用于治疗溃疡性结肠炎,可以起到促进溃疡愈合,缓解腹痛,清热解毒的作用^[18]。

本研究中,两组治疗有效率无明显差别。康敏等^[19]研究发现采用锡类散与美沙拉嗪肠溶片分别治疗溃疡性结肠炎,治疗有效率分别为 95.0%和 97.5%。锡类散的治疗有效率略高于本研究锡类散的治疗有效率达,但与本研究中凉血止痢汤治疗有效率相近,提示自拟方凉血止痢汤对溃疡性结肠炎具有较好的疗效,与锡类散治疗效果相当。倪广婷^[20]采用锡类散灌肠联合美沙拉嗪肠溶片口服治疗溃疡性结肠炎,治疗后患者腹痛、腹泻、脓血便消失时间均短于单用美沙拉嗪肠溶片治疗的患者,说明了锡类散可以加快溃疡性结肠炎症状消失。本研究中,观察组患者治疗后腹痛、腹泻、脓血便消失时间均短于对照组,说明凉血止痢汤消退溃疡性结肠炎的症状快于锡类散。两组患者治疗后白细胞数目、C 反应蛋白水平均下降且观察组上述指标更低。白细胞和 C 反应蛋白均能有效地反映出患者体内炎症程度,白细胞数目和 C 反应蛋白水平下降提示患者体内炎症减轻。溃疡性结肠炎较严重时,患者体内血红蛋白处于较低水平,治疗后患者血浆中各种蛋白比例逐渐恢复正常,血红蛋白水平增加。两组血红蛋白数目均上升且观察组值更高。治疗期间,两组均未出现肝肾功能异常、胃肠道异常等不良反应,说明凉血止痢汤和锡类散治疗溃疡性结肠炎具有等效的安全性。

综上所述,凉血止痢汤与锡类散联合对溃疡性结肠炎均具有较好的治疗效果,能更快消退溃疡性结肠炎症状,且安全性高。

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够直接表明急性胰腺炎的严重程度及治疗效果^[20]。我们研究显示,与对照组相比,试验组 TNF- α 、IL-1、IL-6、IL-8 水平较低,试验组 AMY、ALT 以及 Cr 水平较低。证实大剂量乌司他丁应用于急性胰腺炎较正常剂量相比,能够降低 TNF- α 、IL-1、IL-6、IL-8 等炎症因子水平,降低血淀粉酶值并改善肝肾功能,优化血清炎症因子水平。

综上所述,大剂量乌司他丁应用于急性胰腺炎的治疗安全有效,较正常剂量相比,能够缩短治疗时间,降低 TNF- α 、IL-1、IL-6、IL-8 等炎症因子水平,值得临床应用推广。

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