

通下丸对阑尾炎术后患者胃肠功能的影响及对几种急腹症的疗效观察

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内容提要 本文介绍用同位素示踪方法观察通下丸对阑尾炎术后患者胃肠功能的影响,结果表明:该药有明显的通下作用,可增强胃肠蠕动,对术后胃肠功能的恢复有明显的促进作用,与对照组相比,差异有显著性, $P < 0.001$ 。另外还用于急性肠梗阻、胆道蛔虫症、急性胆道感染等疾病,疗效也均优于对照组。

我们从1975年8月开始,根据中医“通里攻下”的理论,拟定了“通下丸”方治疗急性阑尾炎。在初步取得疗效的基础上,采用了同位素示踪方法对该药进行了临床研究及疗效观察,现将结果报告于下。

阑尾炎术后同位素示踪研究

一、对象及方法:将60例阑尾切除术后患者随机分为通下丸组及对照组各30例。通下丸组患者于术后4小时服用通下丸(巴豆40mg,大黄粉600mg,赤芍、木香各300mg,上药共研末分装入3个1号胶囊,3粒为1次剂量)1次;对照组术后不用药,观察其胃肠功能的自然恢复情况,部分病例配合术后电针足三里、天枢及大横穴,促进、调整胃肠功能的恢复。

两组患者均于术后4小时服同位素胶囊(将 ^{131}I 碘化钠 $3\mu\text{Ci}$ 封在一个约 $0.2 \times 0.3 \times 0.6\text{cm}$ 的带吸水棉纸的胶皮小囊内,将小囊置于一个胃溶胶囊内备用)1粒,过4小时,用便携式DPX-IB定标器和50mm铅准直器,观测同位素胶囊在腹部的投影部位,并记录于腹部模式图上,以确定同位素胶囊在胃肠的位置。

二、观察结果:选择同位素胶囊通过回盲部、横结肠中点、排出体外及首次排便时间作为观测指标,结果表明通下丸能促进术后胃肠功能的恢复,并有明显的通下作用,与对照组比较,差异有非常显著性意义(见表1)。

表1 同位素示踪观测结果(小时) ($M \pm SD$)

	回盲部	横结肠中点	胶囊排出	首次排便
通下丸组	9.48 ± 3.90	13.40 ± 5.80	21.86 ± 10.88	20.12 ± 11.32
对 照 组	24.70 ± 14.51	42.37 ± 24.51	49.43 ± 25.09	48.27 ± 24.35
t 值	5.60	6.80	5.53	5.74
P 值	<0.001	<0.001	<0.001	<0.001

临床疗效观察

由于通下丸有较为明显可靠的促进胃肠运动及通下作用,近年来应用于各种常见急腹症的治疗中,可以单纯作为攻下剂应用,也可配合其它疗法加速中药的通腑作用,均获得较好疗效。

一、急性阑尾炎:本病采用中西医结合非手术治疗,能否通下是决定继续治疗的关键条

表2 急性阑尾炎用通下丸排便情况对照

	用药组 100例 (例 %)		未用组 50例 (例 %)		X^2	P 值
	<4小时	>4小时	<4小时	>4小时		
瘀滞期	40(70.2)	17(29.8)	5(20.8)	19(79.2)	16.65	<0.001
蕴热期	30(75.0)	10(25.0)	5(22.7)	17(77.3)	15.77	<0.001
毒热期*	3	—	1	3		

*毒热期病例少,用精确概率法 $P=11.42$

件之一，我们在常规辨证论治^①的同时，加用通下丸，对100例患者观察服药后排便情况，并与50例未用通下丸组进行了比较（见表2）该药使患者大便通畅，痛随利减，症状缓解，减少了中转手术率。

二、急性肠梗阻：80例中以急性粘连性肠梗阻为主，采用中西医结合非手术治疗。辨证用药^①同时加用通下丸者50例，未用者30例。结果加用通下丸组4小时内排便者33例，未用组4小时内排便者9例，两组经统计学处理， $X^2=9.744$ ， $P<0.005$ ，差异有显著性。

三、急性胆道感染、胆石症：治疗观察60例，除辨证用药^①外，加用通下丸组30例（气郁型16例，湿热型14例），未用组30例（气郁型14例，湿热型16例）。结果：（1）4小时内排便者气郁型用药组为15例，未用组为6例（ $P<0.005$ ）；湿热型用药组为13例，未用组为9例（ $P<0.05$ ）。（2）24小时内疼痛减轻情况：气郁型用药组为16例，未用组为4例（ $P<0.05$ ）；湿热型用药组为13例，未用组为4例（ $P<0.005$ ）。两组对比均有显著性差异。

四、胆道蛔虫症：本病的病机为蛔虫滞塞，腑气不通，治以通利腑气、安蛔排虫。60例除辨证用药外^①，加用通下丸组30例（蛔滞型20例，蛔热型10例）；未用组30例（蛔滞型23例，蛔热型7例）。结果：（1）4小时内排便者蛔滞型用药组18例，未用组14例（ $P<0.05$ ）；蛔热型用药组7例，未用组1例（ $P<0.05$ ）。（2）24小时内疼痛减轻者，蛔滞型用药组17例，未用组10例（ $P<0.005$ ）；蛔热型用药组8例，未用组1例（ $P<0.01$ ）。两组对比均有显著性差异。

五、对胆囊摘除术后的通下作用：胆囊摘除术后患者的胃肠蠕动功能恢复常受影响。观察60例，用通下丸组30例，用扶正理气汤组30例。通下丸组中有15例，术后第1、2天即服药3粒，3~12小时即排便。另15例为术后4~7天未排气、排便者，服通下丸后3~12小时即排气排便。用扶正理气汤者多在1~2日始排便。说明通下丸的通下作用较快而显著，能使术后患者较早地恢复胃肠蠕动功能。

讨 论

一、通下丸组成为巴豆、大黄粉、赤芍、木香。巴豆辛热峻下，开通闭塞；大黄荡涤肠胃实热积滞，二药合用，既可发挥两药峻下之功，又可拮抗巴豆的热性，用于清除寒热积滞。佐以赤芍，清热活血，祛瘀止痛；木香行气止痛，调和脾胃，缓解峻下药对胃肠的刺激。诸药协同，共奏通里攻下之效，使腑气通畅。临床观察也证实，通下丸确实能促进术后胃肠功能恢复，提高了中西医结合非手术治疗的效果。

二、为了验证腹部模式图记录的¹²⁵碘化钠胶囊所在位置的准确性，对5例患者进行了术前、术中观察。术前半小时内进行最后一次观测，记录下胶囊所在位置，术中进行验证。结果术中所见与术前记录位置完全符合。

三、通下丸为胶囊，较中药煎剂服用方便，患者易于接受，便于推广使用。

参 考 文 献

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野芹菜治疗银屑病5例

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5例银屑病患者，男3例，女2例；年龄最大82岁，最小16岁；病史最长28年，最短2个月。其中进行期1例，静止期4例。

野芹菜，学名毛茛（*Ranunculus japonicus Thunb.*），味辛，微苦，温，祛湿，有轻微毒性，一般

以外用为主。用新采来的野芹菜茎和叶揉搓成团，在皮肤患处反复揉擦，使揉搓出的药汁完全湿染患处，每日早晚各一次，每次擦2~3分钟。进行期患者不宜直接擦用，可将茎、叶捣出的汁涂于患处。结果5例均在10天内治愈，分别经过1~3年随访，无复发。

kidney Yin deficiency patient, the value of urinary 17-ketosteroid output was lowered (male 8.92 ± 2.81 , female 6.43 ± 1.31), and was elevated after treatment (male 16.02 ± 2.56 , female 10.82 ± 0.18); while in spleen deficiency patient, the amount of saliva secretion (4.48 ± 0.90) was greater than that of the healthy subjects, their serum cholinesterase increased (9.27 ± 4.76), and was markedly reduced, 2.76 ± 0.35 and 1.41 ± 1.03 respectively after treatment. The difference between pre- and post-treatment was significant statistically ($P < 0.01$). This contributed to the clinical practice.

Clinical observation on symptoms showed that during the hyperfunction of sympathetic nerve, the basic body temperature tended to elevate, four limbs were wet and hot, heat sensation felt in the chest, palms and soles, thirsty with dry throat, little amount of condensed saliva, urinary 17-ketosteroid tended to lower, these were all conformed to the kidney Yin deficiency; but during the hyperfunction of parasympathetic nerve, the clinical manifestation was just in opposite, especially the patients displayed large amount of diluted saliva, pale and swollen tongue, with teeth marks and white or greasy fur, the serum cholinesterase was tended to increase, these were all conformed to the spleen deficiency as mentioned in this article.

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A Preliminary Study of Kidney and Threshold of Hearing in Middle Aged People of Tu (土)—Nationality in Qinghai Province

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Double-blinded test for Kidney, differentiated according to TCM, and the threshold of hearing in the middle aged people of Tu-nationality in Huzhu (互助) Prefecture in Qinghai province was used. The relationship between the Kidney and the hearing function was investigated. Then the characteristics of reduction of hearing among 47 cases of the middle aged people with the Kidney deficiency was summarized. It was found that the reduction of hearing in the middle aged people with Kidney deficiency was, in fact, due to the early declining of labyrinth function.

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Effect of Tongxia Capsule (通下丸) on GI Function of Postoperative Patients with Appendicitis and Observation on Therapeutic Effect of Acute Abdominal Diseases

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Tongxia capsule, a new preparation of purgation was introduced. It consists of 4 components, namely, croton seed, rhubarb, red peony root and Sausurea lappa. 1/3 of its conventional dosis is sufficient to induce purgation. It has the advantage of being simple in production, convenient and cheap. Radioisotope observation showed that Tongxia capsule increased the peristalsis of gastro-intestinal (GI) tract, then purgation effected. Clinical trial indicated that it was effective in treating acute appendicitis, acute intestinal obstruction, acute cholangitis, cholelithiasis, biliary ascariasis and postoperative dysfunction of GI tract. In comparing with the control group, the action of Tongxia capsule showed to be effective, which has been treated statistically. It promoted the peristalsis of GI tract and shortened the time for defecation, evacuated the intestinal gases and relieved the symptoms of abdominal pain. Hence, Tongxia capsule is a drug for different kinds of acute abdominal diseases.

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Further Exploration on Effect of Some Chinese Anti-arrhythmics for Cardiac Conductive System

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The effect of five kinds of Chinese medicinal herbs, i. e. Strobal No. 1, Jian Xin (健心) injection, Changrolin (常咯啉), extracts from *Adonis amurensis* Regel and Radd (EAARR), *Panax Ginseng* on electrophysiology of cardiac conductive system were further studied in animal experiments. Under the condition of a fixed heart rate of experimental dogs with an artificial cardiac pacing, the effect of marked