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自拟柴芍护膜汤联合莫沙必利治疗反流性食管炎的临床效果观察*

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摘要 目的:研究自拟柴芍护膜汤联合莫沙必利治疗反流性食管炎的临床效果和可能机制。**方法:**选择 2015 年 12 月~2018 年 12 月我院内科杂病门诊治疗的 70 例反流性食管炎患者,将其随机分为两组。对照组服用莫沙必利,每次 5 mg,每天 3 次;观察组联合服用自拟柴芍护膜汤以及莫沙必利。比较两组患者治疗后的临床治疗效果,治疗前后泛酸、烧心、脘腹胀满、嗳气、呃逆、情志抑郁、善太息、食欲不振以及嘈杂等临床症状的严重程度、血浆胃动素和血清胃泌素水平的变化。**结果:**治疗后,观察组的有效率为 91.43%,明显高于对照组(71.43%, $P<0.05$)。两组治疗后的泛酸、烧心、脘腹胀满、嗳气、呃逆、情志抑郁、善太息、食欲不振以及嘈杂评分均较治疗前明显降低($P<0.05$),且观察组的上述症状评分明显低于对照组($P<0.05$);两组治疗后的血浆胃动素和血清胃泌素水平均较治疗前明显升高($P<0.05$),且观察组以上指标均明显高于对照组($P<0.05$)。**结论:**自拟柴芍护膜汤联合莫沙必利能有效改善反流性食管炎的临床症状,其作用机制可能与提高血浆胃动素和血清胃泌素水平有关。

关键词:拟柴芍护膜汤;莫沙必利;临床症状;反流性食管炎

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Observation on the Clinical Effect of Chaishao Humo Decoction Combined with Mosapride in the Treatment of Reflux Esophagitis*

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ABSTRACT Objective: To investigate the clinical effects and possible mechanisms of Chaishao Humo Decoction combined with mosapride in the treatment of reflux esophagitis. **Methods:** Selected 70 cases of patients with reflux esophagitis who were treated in our hospital from December 2016 to December 2018, and divided into two groups randomly. The control group was treated with mosapride, 5 mg each time, tid; the observation group was treated with Chaishao humo Decoction and mosapride. The clinical effect after treatment, the severity of pantothenic acid, heartburn, abdominal distention, belching, hiccup, depression, good rest, loss of appetite and noise and the changes of the levels of plasma motilin and serum gastrin before and after treatment were compared between two groups. **Results:** After treatment, the effective rate in the observation group was 91.43%, significantly higher than that in the control group (71.43%, $P<0.05$). After treatment, the scores of pantothenic acid, heartburn, abdominal distention, belching, hiccup, depression, good rest, loss of appetite and noise in both groups were significantly reduced compared with before treatment ($P<0.05$). The scores of the above symptoms in the observation group were significantly lower than those in the control group ($P<0.05$). The levels of plasma motilin and serum gastrin in both groups were significantly increased after treatment compared with before treatment ($P<0.05$), and the levels of above indicators in the observation group were significantly higher than those in the control group ($P<0.05$). **Conclusion:** Chaishao humo Decoction combined with mosapride can effectively improve the symptoms of reflux esophagitis. Its mechanism may be related to increasing the expression of plasma motilin and serum gastrin.

Key words: Chaishao Humo Decoction; Mosapride; Clinical Symptoms; Reflux Esophagitis

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前言

反流性食管炎主要表现为反酸烧心、胸骨后疼痛、恶心反胃、咽部不适等症状,显著降低了患者的生活质量^[1-3]。如果长期治疗不愈,则极易引发食管穿孔或出血、Barrett 食管和食管狭窄等并发症。研究显示食管体部功能紊乱、下食管括约肌压力降低、胃十二指肠功能紊乱以及胃排空延缓等均能引发反流性食管炎^[4-6]。西医治疗反流性食管炎常常采用质子泵抑制剂以对胃酸分泌进行抑制,虽然可以取得一定的治疗效果,但疗程较长,复发率较高,总体疗效欠佳^[7-9]。中医学根据反流性食管炎患者的症状,认为该病主要与肝胃郁热、胃失和降等相关。近年来,随着中医药临床研究的不断深入,采取中药治疗反流性食管炎的报道也逐渐增多,且在改善患者症状方面具有独到的优势。本研究主要探讨了自拟柴芍护膜汤辨证治疗反流性食管炎的临床治疗效果,并分析了其可能机制。

1 资料与方法

1.1 一般资料

选择 2015 年 12 月~2018 年 12 月我院内科杂病门诊治疗的 70 例反流性食管炎患者,均符合 2010 年我国《胃食管反流病中西医结合诊疗共识意见》及中华医学会消化病分会制定的中国胃食管反流病共识意见及 1994 年洛杉矶内镜下分级标准。纳入标准:可以按医嘱服药,经胃镜检查确诊,无胃部手术史,无严重的泌尿系统、循环系统和神经系统等原发性疾病,对本研究中采用的莫沙必利以及自拟柴芍护膜汤不过敏。排除标准:合并有内分泌疾病、糖尿病、结缔组织病者;胆、肝、胃、胰、肠道出现器质性病变者;近 1 月服用胃肠动力药物者;合并严重焦虑、抑郁状态;合并艾滋病或恶性肿瘤者。观察组 35 例,男 21 例,女 14 例;年龄 19~73 岁,平均 (37.82 ± 15.41) 岁;病程 0.7~42 个月,平均 (13.92 ± 1.48) 个月。对照组 35 例,男 20 例,女 15 例;年龄 19~74 岁,平均 (38.14 ± 16.27) 岁;病程 0.7~43 个月,平均 (14.13 ± 1.37) 个月。两组的基线资料比较差异均无统计学意义,具有可比性。

1.2 治疗方法

两组患者均忌辛辣食物并戒烟戒酒,并给予质子泵抑制剂奥美拉唑(批号:国药准字 H20044871,山东新时代药业有限公司)进行治疗,20 mg/次,2 次/d。对照组:服用莫沙必利(批号:国药准字 H19990317,生产厂家:鲁南贝特制药),每次 5 mg,每

天 3 次;观察组:联合服用自拟柴芍护膜汤,主治:反流性食管炎之肝气郁结、胃失和降证,基本方组成如下:柴胡 10 g,枳实 10 g,白芍 15 g,茯苓 10 g,党参 10 g,白术 10 g,郁金 10 g,清半夏 10 g,黄连 3 g,陈皮 6 g,吴茱萸 3 g,甘草 6 g。如果患者出现胃中嘈杂以及口淡食少等临床症状,则可以加用砂仁 6 g,干姜 6 g;如果患者出现比较显著的嗝气吞酸以及胸脘痞闷等临床症状,则可以加用乌贼骨 10 g。每天 1 剂,煎取汁约 300 mL,分早中晚 3 次温服。两组均连续服药治疗 8 周。所有患者均完成治疗,无脱落病例。

1.3 观察指标

比较两组治疗反流性食管炎的效果,参照中华医学会消化病分会制定的中国胃食管反流病共识意见中的标准进行判断:

① 治愈:患者恢复正常饮食,症状基本消失,食管黏膜基本恢复正常,胃镜检查无发红、糜烂和融合,未发现胆汁反流现象;② 显效:患者症状明显改善,食管黏膜炎症明显缓解,胃镜检查发现轻微的胆汁反流现象;③ 有效:患者的饮食、症状和胃镜下胆汁反流与治疗前相比均出现一定程度的改善;④ 无效:患者的症状以及食管黏膜炎症出现加重,胃镜检查发现病变广泛的发红、糜烂和融合。

参照 2010 年我国《胃食管反流病中西医结合诊疗共识意见》评估两组的泛酸、烧心、脘腹胀满、嗝气、呃逆、情志抑郁、善太息、食欲不振以及嘈杂等症状的严重程度,判断标准:6 分:表示反流性食管炎的上述症状明显或持续出现,4 分:表示反流性食管炎的上述症状间断出现,2 分:表示反流性食管炎的上述症状较轻或偶尔出现,0 分:表示无反流性食管炎的上述症状。

分别于治疗前后空腹抽取 5 mL 的静脉血,采取放射免疫法检测两组患者的血浆胃动素和血清胃泌素水平,试剂盒购自上海朝瑞生物公司。

1.4 统计学分析

采用 SPSS22.0 对数据进行统计学分析,计数资料以率(%)表示,组间比较行卡方检验,计量资料以 $(\bar{x} \pm s)$ 表示,组间比较行 t 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组临床疗效的比较

治疗后,观察组总有效率为 91.43%,明显高于对照组(71.43%, $P < 0.05$),见表 1。

表 1 两组临床疗效比较[例(%)]

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

Groups	n	Cure	Effective	Valid	Invalid	The total effect rate
Control group	35	10(28.57)	8(22.86)	7 (20.00)	10 (28.57)	25(71.43)
Observation group	35	16 (45.71)	10(28.57)	6 (17.14)	3 (8.57)	32(91.43)*

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

2.2 两组治疗前后中医症候评分的比较

两组治疗后的泛酸、烧心、脘腹胀满、嗝气、呃逆、情志抑郁、善太息、食欲不振以及嘈杂评分均较治疗前明显降低,且观察组明显低于对照组($P < 0.05$),见表 2。

2.3 两组治疗前后血浆胃动素和胃泌素水平变化的比较

两组治疗后的血浆胃动素和血清胃泌素水平均较治疗前明显升高,且观察组明显高于对照组($P < 0.05$),见表 3。

表 2 两组治疗前后中医症候评分的比较($\bar{x} \pm s$, 分)

Table 2 Comparisons of the TCM Syndrome Scores between the two groups before and after treatment($\bar{x} \pm s$, score)

Symptom	Control group(n=35)		Observation group(n=35)	
	Before treatment	After treatment	Before treatment	After treatment
Pantothenic acid	3.72 ± 0.69	2.84 ± 0.56 [#]	3.74 ± 0.82	1.13 ± 0.35* [#]
Heartburn	3.92 ± 0.87	2.74 ± 0.63 [#]	3.91 ± 0.88	1.09 ± 0.24* [#]
Epigastric	3.54 ± 0.73	2.23 ± 0.41 [#]	3.56 ± 0.69	0.93 ± 0.22* [#]
Fullness	3.62 ± 0.79	2.14 ± 0.58 [#]	3.61 ± 0.83	0.85 ± 0.23* [#]
Belching	3.69 ± 0.84	1.93 ± 0.54 [#]	3.70 ± 0.72	0.72 ± 0.23* [#]
Hiccup	3.71 ± 0.49	2.03 ± 0.45 [#]	3.72 ± 0.56	0.99 ± 0.27* [#]
Depression	3.82 ± 0.54	1.97 ± 0.61 [#]	3.81 ± 0.59	0.82 ± 0.26* [#]
Restlessness	3.78 ± 0.62	1.73 ± 0.42 [#]	3.75 ± 0.68	0.79 ± 0.23* [#]
Loss of appetite	3.75 ± 0.46	1.63 ± 0.25 [#]	3.74 ± 0.45	0.63 ± 0.18* [#]
Noise	3.64 ± 0.75	1.42 ± 0.38 [#]	3.65 ± 0.73	0.59 ± 0.13* [#]

Note: Compared with the control group, * $P < 0.05$; compared with before treatment, [#] $P < 0.05$.

表 3 两组治疗前后血浆胃动素和血清胃泌素水平的比较($\bar{x} \pm s$)

Table 3 Comparisons of levels of plasma motilin and serum gastrin between the two groups before and after treatment($\bar{x} \pm s$)

Groups	Plasma motilin (ng/L)	Serum gastrin (pg/mL)
Control group(n=35)	Before treatment	238.13 ± 44.65
	After treatment	114.25 ± 16.92
Observation group(n=35)	Before treatment	126.58 ± 22.74 [#]
	After treatment	115.68 ± 17.23
		324.56 ± 57.48* [#]
		167.69 ± 24.21* [#]

Note: Compared with the control group, * $P < 0.05$; compared with before treatment, [#] $P < 0.05$.

3 讨论

目前,西医治疗反流性食管炎主要以改善症状、药物治疗、生活方式、外科手术和内镜下介入疗法等手段为主^[10-12]。莫沙必利临床主要用于治疗功能性消化不良和反流性食管炎等胃肠疾病,可提高患者的胃肠道运动功能、促进胃排空,从而改善患者的胃肠功能障碍^[13-15]。此外,莫沙必利可以促进机体的副交感神经末梢大量分泌乙酰胆碱,从而产生促进胃肠道运动的药理作用,加强胃排空,促进胃肠的蠕动^[16-18]。且其可以有效缓解功能性消化不良患者的上腹胀、胃灼热以及嗝气等胃肠道症状,抑制炎症反应,保护胃黏膜^[19,20]。但是单独采用莫沙必利治疗反流性食管炎的效果往往并不佳。

中医认为脾胃为气机升降之枢纽,胃腑以通为顺、以降为和,胃失和降是胃系疾病发生所共有的基本病机。反流性食管炎属于“嘈杂”、“胃反”、“吞酸”等范畴,其发病机制主要为痰瘀互结、肝气不舒、肝胃郁热等原因导致胃失和降,治宜散瘀化痰、疏肝理气、和胃降逆^[21]。柴芍护膜汤是由四逆散和小柴胡汤及左金丸加减而成,燥润相济,升降有序,寒热平调。方中柴胡具有升发阳气、疏肝解郁的功效;枳实具有理气解郁、泄热破结的功效,二者一升一降,起升清降浊的作用;白芍具有养阴柔肝、调和气血的功效,可减低柴胡升散伤阴耗血之弊;党参、茯苓、白术具有健脾益气化痰湿作用;清半夏降逆止呕、陈皮健脾

和胃、行气宽中二者配伍降逆化痰的作用;郁金具有活血止痛,行气解郁,走血分而清郁热;黄连吴茱萸配伍为左金丸,其中黄连具有清肝火的作用,可减轻横逆犯胃诸症,还能清胃火,降浊气;少佐吴茱萸,可助黄连降逆,并可制约黄连苦寒伤中;甘草具有清热和胃的效果,并可调和诸药。诸药合用,共奏疏肝和胃、清热降逆之功效。本研究结果显示观察组的有效率明显高于对照组,表明将自拟柴芍护膜汤与莫沙必利联合应用能提高反流性食管炎的疗效。

反流性食管炎患者大多伴有食管黏膜氧化应激以及胃肠激素异常特征^[22,24]。胃泌素能加速小肠、胃和结肠的蠕动,促进胆囊收缩,加速胆汁排泄,从而有助于协调胃十二指肠功能和促进胃排空,改善反流性食管炎患者的症状^[25-27]。胃动素可有效刺激胃、小肠肌纤维和食管下括约肌收缩,从而避免胃内容物反流至食管^[28-30]。本研究结果显示两组治疗后的血浆胃动素和血清胃泌素水平均明显升高,且观察组明显更高,提示自拟柴芍护膜汤与莫沙必利联合可显著改善患者的胃肠激素水平。

综上所述,自拟柴芍护膜汤联合莫沙必利能有效改善反流性食管炎的症状,其作用机制可能与其可提高血浆胃动素和血清胃泌素等胃肠激素的表达水平有关。

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