

doi: 10.13241/j.cnki.pmb.2014.20.033

参苓白术散与诺氟沙星治疗慢性肠炎的临床疗效比较研究*

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摘要 目的:比较中药参苓白术散与西药诺氟沙星治疗慢性肠炎的临床疗效。**方法:**收集 100 例确诊为慢性肠炎的患者,将其随机分为诺氟沙星治疗组(对照组)与参苓白术散治疗组(治疗组)。对照组口服诺氟沙星,治疗组口服参苓白术散加减,治疗两个疗程(10 天为一疗程),采用统计学方法观察两组疗效与半年复发率。**结果:**对照组总有效率为 84%,治疗组总有效率为 92%,差异显著($P<0.05$);对照组半年复发率为 50%,治疗组半年复发率为 10%,差异极显著($P<0.01$)。**结论:**采用参苓白术散治疗慢性肠炎的临床疗效要优于诺氟沙星,且不易复发,建议在临床上优先选择参苓白术散治疗慢性肠炎。

关键词:参苓白术散;诺氟沙星;慢性肠炎;中西药临床疗效比较

中图分类号:R516.1 **文献标识码:**A **文章编号:**1673-6273(2014)20-3925-03

Comparison of the Clinical Efficacy of Shenlingbaizhu Powder and Norfloxacin in the Treatment of Chronic Enteritis*

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ABSTRACT Objective: To compare the clinical efficacy of shenlingbaizhu powder(Chinese medicine) with norfloxacin in the treatment of chronic enteritis. **Methods:** 100 patients who were diagnosed as chronic enteritis were divided into two groups randomly. One group, as control group, took norfloxacin orally. Another group, as treatment group, took shenlingbaizhu powder orally. They were both treated for two courses (10 days for a course of treatment). Statistical methods were used to compare their curative effects and recurrence rate in half a year. **Results:** The total effective rate of the control group was 84%, the total effective rate of the treatment group was 92%, and the difference between them was significant ($P<0.05$); The recurrence rate in half a year of the control group was 50%, the recurrence rate in half a year of the treatment group was 10%, and the difference between them was highly significant ($P<0.01$). **Conclusion:** The clinical efficacy of shenlingbaizhu powder in the treatment was better than norfloxacin, and it is not easy to relapse. So we insist that shenlingbaizhu powder was the optimization selection for the treatment of chronic enteritis.

Key words: Shenlingbaizhu powder; Norfloxacin; Chronic enteritis; Comparison of clinical efficacy between Chinese medicine and western medicine

Chinese Library Classification(CLC): R516.1 **Document code:** A

Article ID: 1673-6273(2014)20-3925-03

前言

慢性肠炎广义上指肠道的慢性炎症性疾病,包括慢性细菌性肠炎与慢性菌痢,为临床常见病,病情迁延日久,缠绵难愈^[1]。其病因较多,通常分为两类:一为细菌、病毒等微生物感染,二为过敏反应、变态反应等。本病病程一般为 2 个月以上。过度精神紧张、长期过度疲劳、情绪激动与营养不良等都可能成为该病的诱因^[2-4]。另外,该病也可能继发于胃大部切除术后、胃酸缺乏、咀嚼障碍、与肠道寄生虫病等疾患。症状常为间断性腹痛、腹泻,粥状稀便或粘液便,急性发作时呈水样便,或粘液脓血便,多有便前腹痛或里急后重,属中医“泄泻”、“痢疾”范畴^[5,6]。临床上一般可以根据症状、体格检查、大便常规检查、X 线钡餐

检查和结肠镜检查等对该病进行确诊。治疗该病的药物一般包括中药与西药,常用的中药为参苓白术散^[7,8],常用的西药为诺氟沙星。其中参苓白术散是一种中药复方,它的主要功能是补脾胃,益肺气,常常用于治疗脾胃虚弱,食少便溏,气短咳嗽,肢倦乏力等症。诺氟沙星是一种治疗由大肠埃希菌、肺炎克雷伯菌等细菌所引起的炎症性疾病的西药。到目前为止有关这两种药物治疗慢性肠炎的疗效对比试验研究甚少,因此本研究以 100 例患者为实验对象,对相对常见的两种治疗慢性肠炎的中药参苓白术散与西药诺氟沙星,进行了疗效分析,结果显示中药参苓白术散治疗慢性肠炎的效果较好,现报告如下:

1 资料与方法

* 基金项目:国家自然科学基金项目(81100599)

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(收稿日期:2013-11-24 接受日期:2013-12-22)

1.1 临床资料

选择于 2010.1 月~2013.1 月期间在我院接受治疗的 100 例慢性肠炎患者作为实验研究对象,然后将 100 例患者随机分为 2 组,即诺氟沙星治疗组(对照组)与参苓白术散治疗组(治疗组)。其中对照组 50 例,男性 27 例,女性 23 例;年龄为 18~31 岁,平均年龄为(22.7±1.47)岁;病程为 2 个月~48 个月。治疗组 50 例,男性 28 例,女性 22 例;年龄为 17~33 岁,平均年龄为(22.9±1.49)岁;病程为 3 个月~48 个月。

1.2 方法

1.2.1 各组实验对象均衡性检验分析 采用均衡性 χ^2 对各组实验对象的性别比例、年龄分布及病程长短共 3 个因素进行均衡性分析。

1.2.2 治疗方法 对照组(n=50)给予口服诺氟沙星(康美药业股份有限公司,国药准字 H44024123),每次服用 0.4 g,每日 2 次。治疗组(n=50)给予口服参苓白术散(主要成分包括白扁豆、白术、茯苓、甘草、桔梗、莲子、人参、砂仁、山药、薏苡仁,且各中药均购于药材市场)加减治疗,每天 1 剂,水煎,早晚各服 1 次,观察疗效与半年复发率。以上剂量均按照药物说明书进行。两组均治疗 2 个疗程,10 d 为 1 个疗程。在治疗期间均忌生冷辛

辣油腻类食物。并且在服药期间每 3 d 复诊 1 次或电话随访,结束后均复查肠镜。

1.2.3 疗效与半年复发率判定标准 依据国家医药管理局有关《中医病证诊断疗效标准》规定^[9],判定标准如下:治愈,即自觉症状消失,饮食、大便正常,肠镜或钡剂灌肠检查无明显肠炎病理现象,且半年内无复发者;显效即自觉症状消失,半年内无明显反复,但相关检查仍有结肠炎病理特征存在;有效即自觉症状明显减轻,但每有反复,且检查病理特征无明显变化者;无效即症状无改善或有改善但不明显,且反复性较大者。总有效率是治愈率、显效率与有效率的总和。半年复发率指的是在治疗后半年以内复发的病例数与总病例数的比值。

1.3 统计学方法

采用 SPSS17.0 统计软件对数据进行分析处理。

2 结果

2.1 均衡性检验结果

两组患者的性别构成、年龄分布以及病程的长短等变量经统计学分析后结果见表 1,从表 1 可以看出其无显著差异($P>0.05$),所以该实验中实验对象的选取是可靠的。

表 1 两组患者均衡性检验结果

Table 1 Results of balance test of two groups of patients

因素 (Factors)	对照组人数 (Control group)	治疗组人数 (Treatment group)	χ^2 值 (χ^2 value)	P 值 (P value)
性别(sex)	男(male)	27	0.005	1.00
	女(female)	23		
年龄(age)	15~20 岁(years)	10	0.022	1.00
	21~25 岁(years)	22		
	26~30 岁(years)	14		
	>30 岁(years)	4		
	<12 个月(months)	14		
病程(progress)	12~24 个月(months)	14	0.003	1.00
	24~36 个月(months)	12		
	36~48 个月(months)	10		

2.2 两种治疗方法临床疗效比较结果

两组患者分别通过不同的方法治疗后,临床疗效结果见表 2,半年复发率结果见表 3。从表 2 中可以看出,对照组总有效率为 84%,治疗组总有效率为 92%,差异显著,说明参苓白术散

治疗慢性肠炎效果要优于诺氟沙星治疗效果。从表 3 可以看出,对照组半年复发率为 50%,治疗组半年复发率为 10%,差异极显著,说明参苓白术散治疗慢性肠炎的半年后复发率要明显低于诺氟沙星。

表 2 两种不同治疗方法临床疗效比较

Table 2 Results of clinical curative effect comparison of two kinds of therapeutic methods

组别 Groups	患者数量(n) Patients(n)	治愈率% (Cure rates)	显效率% (Efficiency rate)	有效率% (Effective rate)	无效率% (Inefficiency rate)	总有效率% (Total effective rate)
对照组(control group)	50	48%	27%	9%	16%	84%
治疗组(treatment group)	50	58%	32%	2%	8%	92%
χ^2 值(χ^2 value)						7.1782
P 值(P value)						<0.05

注:P<0.05 表示具有统计学意义,差异显著。

Note: P<0.05 showed statistically significant difference.

表3 两种不同治疗方法半年复发率比较

Table 3 Comparison of recurrence rate after the treatment for half a year

组别 Groups	患者数量(n) Patients(n)	复发数(n) Number of recurrence	半年复发率% (The recurrence rate in half a year)
对照组(Control group)	50	25	50%
治疗组(Treatment group)	50	5	10%
χ^2 值(χ^2 value)			25.1973
P 值(P value)			<0.01

注:P<0.01 表示具有统计学意义,差异极显著。

Note: P<0.01 showed statistically highly significant difference.

2.3 不良反应观察结果

在用药期间,通过认真观察发现每组的患者均未发生药物不良反应,从而可以证明每组所用药物安全可靠。

3 讨论

在现代医学研究中,总有效率被作为判断药物疗效的一个重要指标,药物对患者的总有效率高可以说明其疗效好。半年复发率是用来评价药物疗效高低的一个辅助指标,某药物的半年复发率越低,说明该药物可以从根上治疗某种疾病。本实验中结果显示,采用参苓白术散治疗慢性肠炎的总有效率高达92%,显著高于诺氟沙星,且采用参苓白术散治疗慢性肠炎的半年复发率仅仅为10%,极显著低于诺氟沙星,这就说明了采用参苓白术散治疗慢性肠炎疗效好,且复发率很低,这就大大增加了彻底根除慢性肠炎的概率。

首先,资料显示,李晓明曾分别采用参苓白术散与柳氮磺吡啶肠溶片对224例慢性肠炎患者进行了临床治疗疗效比较,结果发现参苓白术散治疗慢性肠炎,疗效显著,复发率低,能够彻底根除慢性肠炎^[9]。

其次,从中医理论来讲,慢性肠炎属于“濡泄”、“泄泻”、“飧泻”等范畴,该病的性质为虚寒并发,病程一般较长,且病情甚为复杂,其病机一般是以湿盛困脾、脾失运化为主要方面,因此治疗慢性肠炎时,必须同时抓住湿困和脾虚两个方面进行全面治疗^[10-11]。而中药复方治疗强调的是从整体出发的观点,通过对机体所有脏腑进行调整,从而达到治愈的目的。而参苓白术散复方中的党参、白术、茯苓搭配使用可以起到提升脾胃之气的作用;白扁豆、苡仁、山药三者合用可以产生健脾、渗湿、止泻的作用;砂仁与神曲可以醒脾开胃消导;莲子肉可以补脾、益肾、养心;桔梗可以提升清气、疏通胃肠。这就可以看出采用参苓白术散治疗慢性肠炎是从根上进行治疗。而诺氟沙星属于西药,西药虽然具有见效快等优点,但是采用西药治疗该病,只能达到只治标不治本的结果,且西医治疗慢性肠炎,多采用抗生素,但使用日久,易产生耐药,疗效不佳,且有导致肠道菌群失调之弊,导致临床有的患者用药后症状减轻,停药后又复发,或者因受凉或饮食不当时发作。与西药相比,中药虽然,有时候见效较慢^[12-15],但是其毒副作用小、作用全面、善于从根上治疗疾病,药残小,且廉价。

所以,采用参苓白术散治疗慢性肠炎要优于诺氟沙星,进一步可以认为中药治疗慢性肠炎的疗效要优于西药。

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