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承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻的疗效 及对胃肠功能和血清炎性因子的影响*

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摘要 目的:探讨承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻的疗效及对胃肠功能和血清炎性因子的影响。**方法:**选取 2018 年 2 月到 2020 年 7 月期间于我院接受诊治的粘连性肠梗阻患者 60 例。分组方法采用随机数字表法, 将入选患者分为对照组 (n=30, 常规治疗)、研究组 (n=30, 对照组的基础上给予承气活血通腑汤联合穴位贴敷治疗), 对比两组疗效、胃肠功能、炎性因子、住院时间、住院费用、临床症状评分。**结果:**研究组的临床总有效率较对照组高 ($P<0.05$)。两组治疗 12d 后血清降钙素原 (PCT)、C 反应蛋白 (CRP) 水平较治疗前降低, 且研究组较对照组低 ($P<0.05$)。两组治疗 12d 后腹部胀痛、排便排气、恶心呕吐、口苦口干评分较治疗前降低, 且研究组较对照组低 ($P<0.05$)。研究组胃管拔除时间、恢复正常饮食时间均短于对照组 ($P<0.05$)。研究组住院时间短于对照组, 住院费用少于对照组 ($P<0.05$)。**结论:**承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻的疗效确切, 可改善患者临床症状和胃肠功能, 促进患者早日恢复, 减少住院费用, 降低机体炎性因子水平。

关键词:承气活血通腑汤; 穴位贴敷; 粘连性肠梗阻; 疗效; 胃肠功能; 炎性因子

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Curative Effect of Chengqi Huoxue Tongfu Decoction Combined with Acupoint Application on Adhesive Intestinal Obstruction and Its Influence on Gastrointestinal Function and Serum Inflammatory Factors*

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ABSTRACT Objective: To investigate the curative effect of Chengqi Huoxue Tongfu decoction combined with acupoint application on adhesive intestinal obstruction and its influence on gastrointestinal function and serum inflammatory factors. **Methods:** From February 2018 to July 2020, 60 patients with adhesive intestinal obstruction who received in our hospital were selected. Random number table method was used for grouping, the selected patients were divided into the control group (n=30, routine treatment) and the study group (n=30, on the basis of the control group, Chengqi Huoxue Tongfu decoction combined with acupoint application treatment). The curative effect, gastrointestinal function, inflammatory factors, hospitalization time, hospitalization expenses and clinical symptom scores of the two groups were compared. **Results:** The clinical total effective rate of the study group was higher than that of the control group ($P<0.05$). The levels of serum procalcitonin (PCT) and C-reactive protein (CRP) of the two groups at 12d after treatment were lower than those before treatment, and the study group was lower than the control group ($P<0.05$). 12d after treatment, the scores of abdominal distension pain, defecation and exhaust, nausea and vomiting, bitter mouth and dry mouth of the two groups were lower than those before treatment, and the study group was lower than control group ($P<0.05$). The extubation time of gastric tube and return to normal diet time of the study group were shorter than those of the control group ($P<0.05$). The hospitalization time of the study group was shorter than that of the control group, and the hospitalization expenses were less than that of the control group ($P<0.05$). **Conclusion:** Chengqi Huoxue Tongfu decoction combined with Acupoint Application in the treatment of adhesive intestinal obstruction is effective, can improve the clinical symptoms and gastrointestinal function of patients, promote the early recovery of patients, reduce hospitalization expenses, reduce the level of inflammatory factors.

Key words: Chengqi Huoxue Tongfu decoction; Acupoint application; Adhesive intestinal obstruction; Curative effect; Gastrointestinal function; Inflammatory factors

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前言

粘连性肠梗阻是一种脾胃科常见的急腹症,主要是指腹腔内粘连或肠粘连引起的肠梗阻,临床主要表现为腹痛、腹胀、恶心呕吐等症状,随着疾病的进展,可引起肠坏死,威胁患者生命^[1,2]。目前有关粘连性肠梗阻的治疗无统一方案,以往常用的对症治疗总体疗效欠佳,易出现再次梗阻,或出现肠痿、重症感染等严重并发症^[3-5]。近年来,临床尝试将中医药应用于粘连性肠梗阻的治疗中,获得了较好的效果。中医认为粘连性肠梗阻的发病根本在于气血瘀滞,故中医的治疗原则主张“通里攻下、行气止痛、活血化瘀”^[6,7]。穴位贴敷是在经络学说指导下,将药物贴敷在人体穴位上的一种疗法^[8]。承气活血通腑汤起源于大承气汤,改善粘连性肠梗阻气滞血瘀证候的效果显著^[9]。本研究采用承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻,疗效确切,阐述结果如下。

1 资料与方法

1.1 一般资料

选取2018年2月到2020年7月期间于我院接受诊治的60例粘连性肠梗阻患者。西医诊断标准参考《临床疾病诊断与疗效判断标准》^[10]:患者多有腹腔手术、感染或创伤病史;暴饮暴食后突发呕吐、腹痛腹胀症状;绞痛发作时听诊可听到气过水声或金属音;站立位X线片检查表现为充气、扩大,并有阶梯状液体平面;白细胞计数升高,血钠、钾、氯化物水平降低。中医诊断标准参考《中医病症诊断疗效标准》^[11],中医辨证分型为气滞血瘀型;主证:痛有定处、拒按、脉络淤血、皮下淤斑,舌质紫暗、舌脉粗张,无脉、脉涩或沉弦、弦迟;次证:肢体麻木、烦躁、局部感觉异常、肌肤甲错。符合主证2项或主证1项、次证2项即可确诊。纳入标准:(1)符合中西医诊断标准;(2)对本研究治疗方案耐受者;(3)年龄>18岁;(4)患者及其家属知情本次研究方案且签署了同意书。排除标准:(1)由非粘连引起的各种肠梗阻;(2)急性心、肝、肾功能衰竭者;(3)合并肠道其他疾病者,或合并严重并发症者;(4)精神疾病或意识障碍者;(5)近期有使用促进胃肠功能恢复药物治疗的患者。

根据随机数字表法将患者分为研究组、对照组,其中对照组30例,女13例,男17例,年龄22~63岁,平均(38.92±6.41)岁;病程6h~3d,平均(1.96±0.35)d。研究组30例,女12例,男18例,年龄23~61岁,平均(38.51±7.36)岁;病程8h~3d,平均(1.91±0.43)d。两组一般资料均衡可比($P>0.05$)。本研究获得医院伦理委员会的批准。

1.2 方法

对照组:禁食,置入胃管进行胃肠减压,待肛门有排气排便

时,症状稍有缓解,则停用胃肠减压,拔除胃管,给予开塞露灌肠、鼻饲石蜡油、肠外营养支持等常规治疗。治疗12d。研究组:在对照组的基础上给予承气活血通腑汤联合穴位贴敷治疗,其中承气活血通腑汤药方组成如下:生大黄、生黄连、炒枳实各10g,火麻仁、木香、郁李仁、炒厚朴各15g,当归20g,焦槟榔30g。上述药材由我院中药房代煎,150 mL/袋,2袋/d,胃管注入或口服,早晚服用。穴位贴敷:取穴神阙穴,穴位贴敷大黄芒硝贴,炒厚朴30g、大黄20g、芒硝10g、炒枳实30g,将这4味药物研成粉末,用食醋调成糊状,敷贴在相应穴位。每天贴敷1次,一次持续4~6h。治疗12d。

1.3 疗效

具体如下:体征、临床症状未见改善甚至加重且腹部影像学表现未见改善为无效;体征、临床症状、腹部影像学表现有所改善为有效;临床症状、体征明显改善,可关闭胃管观察,腹部影像学表现明显改善为显效;临床症状、体征消失,拔出胃管,腹部影像学表现恢复正常为治愈^[12]。总有效率=治愈率+显效率+有效率。

1.4 观察指标

(1)于患者入院次日清晨及治疗12d后的清晨分别抽取肘静脉血6 mL,以离心半径为13.5 cm,3200 r/min的转速离心12 min,留取上清液置于冰箱中待测。采用酶联免疫吸附法检测炎症因子指标:降钙素原(Procalcitonin,PCT)、C反应蛋白(C-reactive protein,CRP)。CRP试剂盒由北京九强生物技术股份有限公司提供,PCT试剂盒由南京基蛋生物科技有限公司提供。(2)记录两组住院时间、住院费用,胃肠功能指标:胃管拔除时间和恢复正常饮食时间。(3)观察两组患者临床症状:恶心呕吐、排便排气、腹部胀痛、口苦口干的变化情况,根据病情严重程度记为0~3分,分数越高症状越严重^[12]。

1.5 统计学处理

研究中所有数据均采用SPSS24.0软件录入及统计分析。性别比例、疗效等计数资料以比或率(%)表示,比较采用 χ^2 检验。炎症因子水平、临床症状评分等计量资料以($\bar{x}\pm s$)表示,组内比较采用配对t检验,组间比较采用成组t检验。 $P<0.05$ 表示差异有统计学意义。

2 结果

2.1 两组疗效对比

研究组的临床总有效率较对照组升高($P<0.05$),详见表1。

2.2 两组血清炎症因子指标对比

两组治疗前血清PCT、CRP对比差异无统计学意义($P>0.05$),两组治疗12d后血清CRP、PCT水平均较治疗前降低,且研究组较对照组低($P<0.05$),详见表2。

表1 两组疗效对比【例(%)】

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

Groups	Cure	Remarkable effect	Effective	Invalid	Total effective rate
Control group(n=30)	3(10.00)	7(23.33)	6(20.00)	14(46.67)	16(53.33)
Study group(n=30)	6(20.00)	12(40.00)	9(30.00)	3(10.00)	27(90.00)
χ^2					9.932
P					0.002

表 2 两组血清炎症因子指标水平对比($\bar{x} \pm s$)Table 2 Comparison of serum inflammatory factors between the two groups($\bar{x} \pm s$)

Groups	PCT(pg/mL)		CRP(mg/L)	
	Before treatment	12d after treatment	Before treatment	12d after treatment
Control group(n=30)	208.09±23.02	148.10±22.77*	9.06±1.14	6.98±0.84*
Study group(n=30)	207.38±25.11	86.57±19.86*	9.11±1.25	4.31±0.72*
t	0.114	11.154	0.149	12.354
P	0.910	0.000	0.882	0.000

2.3 两组住院时间、住院费用及胃肠功能指标对比

研究组住院时间短于对照组,住院费用少于对照组($P<0.05$),详见表 3。

05);研究组胃管拔除时间、恢复正常饮食时间均短于对照组

表 3 两组住院时间、住院费用及胃肠功能指标对比($\bar{x} \pm s$)Table 3 Comparison of hospitalization time, hospitalization expenses and gastrointestinal function index between the two groups($\bar{x} \pm s$)

Groups	Hospitalization time(d)	Hospitalization expenses	The extubation time of	Return to normal diet time (h)
		(yuan)	gastric tube(h)	
Control group(n=30)	15.89±1.26	9361.07±105.89	125.36±14.85	96.31±12.54
Study group(n=30)	13.40±1.11	7161.85±96.42	103.62±12.71	34.47±4.66
t	8.122	34.111	8.416	9.715
P	0.000	0.000	0.000	0.000

2.4 两组临床症状评分对比

两组治疗前腹部胀痛、排便排气、恶心呕吐、口苦口干评分对比差异无统计学意义($P>0.05$),两组治疗 12d 后腹部胀痛、

排便排气、恶心呕吐、口苦口干评分均较治疗前降低,且研究组较对照组低($P<0.05$),详见表 4。

表 4 两组临床症状评分对比($\bar{x} \pm s$,分)Table 4 Comparison of clinical symptom scores between the two groups($\bar{x} \pm s$, scores)

Groups	Abdominal distension pain		Defecation and exhaust		Nausea and vomiting		Bitter mouth and dry mouth	
	Before treatment	12d after treatment	Before treatment	12d after treatment	Before treatment	12d after treatment	Before treatment	12d after treatment
Control group(n=30)	2.29±0.26	1.71±0.23*	2.21±0.19	1.63±0.16*	2.26±0.21	1.59±0.24*	2.04±0.19	1.59±0.22*
Study group(n=30)	2.24±0.19	1.38±0.17*	2.17±0.25	1.22±0.13*	2.21±0.23	1.26±0.19*	2.08±0.27	1.14±0.17*
t	0.850	6.320	0.698	10.893	0.879	5.905	0.664	8.865
P	0.399	0.000	0.488	0.000	0.383	0.000	0.510	0.000

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

3 讨论

粘连性肠梗阻多因腹部手术后的腹腔粘连所致,现临床有关该病的具体发生机制尚未明确,现代研究理论认为^[13-15],人体在手术后的粘连多为组织缺血、机械损伤、外源性物质植入、腹腔炎症等因素导致,其发生的机制涉及到各种细胞的迁移和增生、纤维蛋白溶解机制的丧失或减弱、各种细胞因素和生长因子的参与等。而一旦形成粘连性肠梗阻,随着疾病的进展,粘连性肠梗阻一侧的肠管可出现缺血水肿,引发吸收功能障碍、肠黏膜屏障作用受损,最终胃肠功能遭到严重破坏,肠道内细菌易位、内毒素吸收,进而发生肠坏死、中毒性休克等一系列危急并发症^[16-18]。目前对于该病通常选择保守治疗,包括禁食、禁水、开塞露灌肠、胃肠减压、鼻饲石蜡油等,但是治愈率低,且极易复发,导致疾病迁延不愈^[19]。

近年来中医学在治疗粘连性肠梗阻方面取得了一定的进展。中医学认为粘连性肠梗阻可归属于“腹胀”“肠结”“腹痛”范畴。粘连性肠梗阻患者既往有腹腔炎或手术病史,大病之后,气血损伤,六腑功能失司,气滞血瘀,脏腑不通,体内浊物壅塞于肠道,最终出现“痛、胀、呕、闭”四大症状,故认为治疗粘连性肠梗阻应以“理气活血、化瘀通腑”为主要治则^[20]。承气活血通腑汤以理气、行气、活血、导滞、祛瘀为主,方中以生大黄为君药,炒厚朴、炒枳实为臣药,君臣共用可荡涤脏腑,行气宽中、消积导滞、活血化瘀之功;生黄连、火麻仁、郁李仁、当归、焦槟榔功擅润燥、润肺滑肠、清热利湿,为佐药;木香温中行气,调和诸药,使全方共奏活血化瘀、行气导滞、润肠通便、消胀止痛之效^[9]。已有研究证实^[21],承气活血通腑汤用于粘连性肠梗阻,可促进患者症状改善,疗效较好。穴位贴敷是灸法的延伸,中医学上属于外治法,操作简单,效果好且无毒副作用,本研究中穴位

贴敷选取的神阙穴为经络之总枢,齐通百脉,布五脏六腑,其周围血管丰富,皮肤角质层薄,利于药物吸收。在此穴位通过透皮给药的方式循经透药,可达到调和脏腑气血阴阳的目的^[22]。

本次研究结果显示,在常规西医治疗的基础上给予承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻,可促进患者临床症状缓解,进一步提高治疗效果,使其早日康复并减少住院费用。承气活血通腑汤、穴位贴敷两种治疗方式均充分体现中医学“辨证论治”以及“整体观念”的临床思维,具有协同作用,共奏行气止痛、通里攻下、活血化瘀之功效。粘连性肠梗阻在发病过程中,因肠壁水肿可引起CRP、PCT等炎症因子大量分泌,导致肠道黏膜通透性增加,发生胃肠功能障碍^[23-25]。因此,在治疗期间关注且及时清除炎症因子,改善胃肠功能对于提高患者治疗效果具有积极的促进作用。本研究中两组患者的炎症因子指标、胃肠功能指标均有所改善,且研究组的改善效果更佳。表明承气活血通腑汤联合穴位贴敷治疗可改善患者胃肠道功能状况,缓解机体炎症反应。现代药理研究结果显示^[26,27]:大黄萃取物可降低炎症细胞因子分泌,同时大黄的有效成分蒽醌衍生物能促进胃肠蠕动;枳实的有效成分辛弗林能明显降低肠梗阻炎症细胞分子的分泌;厚朴对支气管平滑肌有兴奋作用,火麻仁可兴奋胃肠道平滑肌,两者均可增加胃肠蠕动,进而发挥润肠缓下作用。而穴位贴敷也可通过穴位刺激和局部作用,有效刺激肠道运动,从而缓解梗阻症状^[28]。本次研究样本量仅有60例,尚属小样本量研究,数据准确性尚有提升空间,后续将开展多中心、大样本量,并增加随访观察患者远期预后的相关研究。

综上所述,承气活血通腑汤联合穴位贴敷治疗粘连性肠梗阻的疗效满意,可改善患者临床症状,促进患者早日康复,降低机体炎症因子水平,促进胃肠功能改善。

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