

照组 30 例, 其中男 13 例、女 17 例, 年龄 30—76 岁, 平均 56±10.1 岁; 治疗组 53 例, 其中男 20 例、女 33 例, 年龄 28—82 岁, 平均 55 ±9.8 岁。两组年龄、性别、基础疾病无显著差异。

1.2 方法

对照组 静滴利巴韦林 1.0g、每日 1 次、甲钴胺胶囊 500mg、每日 3 次, 疗程 10 日。外用阿昔洛韦乳膏、每日 4 次。口服抗病毒冲剂、每次 1 袋、每日 3 次。治疗组采用紫外线照射, 用布单盖好正常皮肤, 每日两次, 每次 15 分钟。蜈蚣 3 条、雄黄粉 9.0g 研细面和香油为糊状, 每日涂 4 次、维生素 B1 及 B12 注射液肌注, 每日 1 次、疗程 7 天。在治疗后的第二天三、四、七、十五、一月、二月随访, 前 7 日住院观察, 以后电话随访。记录结痂止痛愈合时间, 以及 PHN 恢复时间、重点询问后遗神经痛的持续时间。

1.3 统计方法

采用 SPSS17.0 进行统计分析。两组治疗方法从出疮、结痂、止痛、愈合时间。PHN 发生率均有显著差异。

表 1 两组疗效对比

组别	例数	止疱	结痂	止痛	愈合时间
对照组	30	4.0±1.2	6.1±1.23	14.4±7.2	12.0±11.7
治疗组	53	2.89±1.12	4.1±1.02	6.2±2.73	7.13±4.32

2. 结果

2.1 治疗组与对照组止疱、结痂时间经 t 检验 P<0.5, 有显著性差异 (见表 1)。PHN 发生治疗更优于对照组, 神经痛消失时间、痊愈时间在 2 周左右。而对照组都在 7 周以上, 尤以老年人 PHN 有长达半年之久。

2.2 不良反应

两组均无特殊不良反应。紫外线照射一定要保护好正常皮肤, 每次

不可超过 20 分钟, 时间过长会引起烧伤。只要确定诊断, 可在起疱前照射就可以终止起疱。

3. 讨论

有资料显示 (1) 年龄增长是带状疱疹诱发的主要因素, 并与 PHN 的严重程度有关。也有报道, 老年人群中的发病率可达 3.6%—14.2%, 多以皮肤疼痛或疱疹而就诊。近年随着生活工作节奏增快, 压力增加亚健康人群扩大, 导致抵抗力下降, 加之许多基础疾病引起的免疫功能降低, 使带状疱疹的发病趋于年轻化。

紫外线穿透力弱, 可杀灭病毒, 减少渗出, 从而缩短病程, 迅速止疱, 维生素 B12 可用于治疗巨幼红细胞性贫血和周围神经炎, 与 B1 合用可减少带状疱疹病毒感染新致神经损害, 促进受损神经组织恢复活力。甲氧咪胍主要用于治疗消化道溃疡, 也有报道甲氧咪胍具有抗病毒作用, 目前尚不清楚其对带状疱疹的药理作用, 但确有止疱、结痂和良好的止痛效果。蜈蚣雄黄乳膏具有息风止痉、燥湿祛痰之效, 二者常用于神经炎的治疗。雄黄也常用于疱、痛、湿疹等, 最主要的是极大的缩短了止疱、结痂及愈合时间, 尤其是老年患者的后遗神经痛能得到及时控制, 避免了单纯西药治疗带状疱疹的不足之处且简单易行。

经笔者临床观察通过以上中西医结合治疗均能在 4 天左右结痂止痛, 一周左右疱疹愈合, 要比单纯西医药治疗效果更佳, 尤其是 PHN 的持续时间都在三周以内显得更为突出。

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思密达联合合生元益生菌治疗小儿非感染性腹泻疗效分析

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【摘要】目的 探究思密达联合合生元益生菌制剂在治疗小儿非感染性腹泻时的疗效, 进行分析评价。**方法** 随机抽取 2011 年 1 月—2012 年 1 月在我院进行医治的确诊为非细菌性感染性小儿腹泻的住院患儿 86 例, 患儿年龄均在 0—3 岁之间, 将这些患儿随机分为对照组和观察组两组, 两组采用不同的治疗方法, 观察组采用合生元益生菌制剂与思密达联合对患儿进行治疗, 而对照组进行传统的常规方法进行治疗。**结果** 对照组与观察组两组患儿进行治疗后在治疗显效率方面有显著的差异性 (P<0.05)。观察组的患儿治疗显效率明显高于对照组。**结论** 益生菌联合思密达在应用于治疗 0—3 岁非细菌性感染性小儿腹泻疾病中具有显著的治疗效果, 值得临床推广和应用。

【关键词】 益生菌 思密达 非感染性小儿腹泻

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小儿患腹泻疾病大多是由很多种病因素引起的, 在临床上患儿一般表现为腹泻、呕吐, 最主要的表现就是患儿的电解质平衡紊乱, 严重时会影响患儿的身体健康。一般在 0—3 岁之间的儿童比较常见, 由于饮食原因、气候原因和过敏因素等而导致的患儿腹泻都称为非感染性腹泻^[1]。近几年来, 由于传统常规方法治疗小儿非感染性腹泻效果的不明显, 人们开始研究思密达用于在临床治疗小儿非感染性腹泻, 从治疗结果来看, 思密达对于治疗小儿非感染性腹泻具有很好的疗效作用, 效果极佳^[2]。小儿肠道的微生态环境正在完善健全之中, 一旦小儿患上腹泻时, 其肠道内的微生态环境会被破坏, 这就更加重了患儿的病情, 严重影响患儿的身体健康, 不利于小儿的康复^[3]。本次治疗研究拟在对患儿进行常规治疗的基础上联合观察思密达与益生菌联合的治疗效果, 并进行对治疗结果的分析评价, 报告如下。

1 资料与方法

1.1 研究对象

随机选取 2011 年 1 月—2012 年 1 月在我院进行医治的确诊为非细菌性感染性小儿腹泻的住院患儿 86 例, 患儿治疗前临床表现为腹泻、呕吐、脱水等症状, 患儿年龄均在 0—3 岁之间。将以上患儿随机分为 2 组, 观察组和对照组, 两组患儿都为 43 例。

1.2 方法

两组采用不同的治疗方法观察组采用合生元益生菌制剂与思密达联合对患儿进行治疗, 而对照组进行传统的常规方法进行治疗。在接诊后给患儿进行正常的进食, 但要进行一定的预防和及时纠正患儿脱水, 维持其电解质的平衡。对照组给予患儿服用思密达, 0—1 岁之间患儿每次 1/3 包, 1—3 岁患儿每次 1/2 包, 都是 1 日 3 次, 服用时将药粉放于 5ml 温水中搅拌均匀, 疗程为 3 天, 治疗无效时停用。观察组在对照组的治疗基础上加服合生元益生菌制剂, 0—1 岁之间患儿每次 1/3 包, 1 日 3 次, 1—2 岁患儿每次 1/2 包, 1 日 2 次, 2—3 岁患儿每次 1 包, 1 日 3 次, 服用时将药粉放于 2ml 温水中搅拌均匀服下。

1.3 统计学分析

采用先进的 SPSS18.0 统计软件, 计数资料应用 χ^2 检验, P<0.05 为差异有统计学意义。

2 结果

以上 2 种治疗方案中均没有出现不良反应症状, 观察组 43 例儿童中有 30 例患儿治疗显效, 9 例治疗有效, 4 例治疗无效, 总的治疗有效率为 90.69%。观察组中治疗显效的 21 例, 治疗有效的 6 例, 治疗无效的 16 例, 总的治疗有效率为 62.79%。两组显效率经统计学分析, 差异有统计学意义 (P<0.05)。

3 讨论

由于 0—3 岁小儿的胃肠功能比较弱, 体内消化酶的活性差, 抵抗力比较差, 常常因进食不当, 食物、气候等因素极容易引起非感染性腹泻。在临床上患儿一般表现为腹泻、呕吐, 最主要的表现就是患儿的电解质平衡紊乱, 严重时会影响患儿的身体健康。合生元儿童益生菌制剂对治疗小儿非感染性腹泻效果极佳, 它含有嗜酸乳杆菌、婴儿双歧杆菌、两歧双歧杆菌等益生菌可以补充小儿正常生理细菌, 保护患儿的肠道, 提升免疫力^[4]。

因此, 在治疗小儿非感染性腹泻时, 采取思密达联合合生元益生菌的治疗方法具有很好的治疗效果, 患儿易于接受, 值得临床推荐和应用。

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The Efficacy Analysis of the Combination of Smecta and BIOSTIME Probiotics in the Treatment of non-infectious Diarrhea in Children

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[Abstract]:

Objectives: To explore the efficacy of Smecta combined with BIOSTIME probiotics in the treatment of non-infectious diarrhea in children.

Methods: 86 hospitalized children who were diagnosed with non-infectious diarrhea in our hospital between January 2011 and January 2012 were randomly selected. These children, aged between 0 to 3 years, were divided randomly into control group and intervention group. Different therapies were applied to these two groups: the children in the intervention group were treated with Smecta and BIOSTIME probiotics, while the children in the control group were treated with conventional method.

Results: There was a significant difference ($P < 0.05$) between the two groups in the aspect of effective rate after the treatments. The effective rate of the intervention group was significantly higher than that of the control group. **Conclusion:** The application of BIOSTIME probiotics combined with Smecta in the treatment of non-infectious diarrhea in children of 0 to 3 years old has a significant efficacy and it is worthy of promotion and clinical application.

[Keywords]: probiotics, Smecta, non-infectious diarrhea

The diarrhea in children is caused by a variety of risk factors. The general symptoms are diarrhea and vomiting and the main symptom is electrolyte imbalance. The health of children could be seriously affected in severe cases. The common age is between 0 and 3 years. The diarrhea caused by food, climate problems and other allergic reactions is called non-infectious diarrhea [1]. In recent years, due to the ineffectiveness of the conventional therapies on non-infectious diarrhea, people began to investigate the clinical application of Smecta in the treatment of pediatric non-infectious diarrhea. According to the efficacy of treatment, Smecta is markedly effective in the treatment of pediatric non-infectious diarrhea [2]. For the children, their intestinal microflora environment is still under development. Once a child

suffers from diarrhea, the intestinal microflora environment will be destroyed, the illness will aggravate and the child's health is seriously affected, which is not good for the recovery [3]. The purpose of this study is to observe the efficacy of combination use of Smecta and BIOSTIME probiotics supplemented to conventional therapy, and to analyze and evaluate the results of therapy. The study is reported as follows:

1. Materials and Methods

1.1. Subjects

86 hospitalized children who were diagnosed with non-infectious diarrhea in our hospital between January 2011 and January 2012 were randomly selected. The clinical manifestations were diarrhea, vomiting, dehydration etc. before treatment. All children were in the age of 0 to 3 years. These children were randomly divided into two groups: intervention group and control group, 43 children in each group.

1.2. Methods

Different treatments were applied to these two groups: children in the intervention group were treated with Smecta and BIOSTIME probiotics, while children in the control group were treated with conventional therapies. After recruiting, the children were provided with normal meals, but some actions were taken to prevent of dehydration or to hydrate the children when dehydration occurs so as to keep the balance of electrolytes. Children in the control group took Smecta orally. Children under 1 year, took 1/3 bag each time, 3 times a day; 1 to 3 years old children, took 1/2 bag each time, 3 times a day. When giving Smecta, 5 ~ 8 ml warm water was added to Smecta and stirred to dissolve. The treatment period was 3 days. The medication was discontinued if it showed ineffective. In the treatment group, in addition to Smecta, BIOSTIME probiotics was supplemented. Children under 1 year old, 1/3 bag was given each time, 3 times a day; 1 to 2 years old children took 1/2 bag each time, twice a day; 2 to 3 years old children took 1 bag each time, 3 times a day. BIOSTIME probiotics was prepared with 2 ml warm water.

1.3. Statistical Analysis

The analysis was conducted using SPSS 18.0 statistical software. The count data was analyzed by χ^2 test. $P < 0.05$ was considered statistically significant.

2. Results

There was no adverse reaction observed in either of the two groups. Among 43 cases in the intervention group, there were 30 markedly effective cases, 9 effective cases, 4

ineffective cases and the total effective rate was 90.69%. Among 43 cases in the control group, there were 21 markedly effective cases, 6 effective cases, 16 ineffective cases and the total effective rate was 62.79%. The difference of effective rate of these two groups was statistically significant ($P < 0.05$).

3. Discussion

For infants under 3 years old, due to the following reasons: weak function of intestines and stomach, the low activity of the enzymes secreted in stomach and the weak immunity, they are prone to pediatric non-infectious diarrhea caused by factors such as improper eating, food, climate and so on. In clinic, the manifestations are diarrhea, vomiting and the most important symptom is electrolyte imbalance. In severe cases, this could seriously affect the health of children. BIOSTIME probiotics (children formulation) is very effective in the treatment of pediatric non-infectious diarrhea. It contains probiotic bacteria: *Lactobacillus acidophilus*, *Bifidobacterium infantis*, *Bifidobacterium bifidum*. It can supplement normal physiological bacteria in children, protect the gut and promote the immunity of children [4]. Therefore, the therapy of combination of Smecta and BIOSTIME probiotics is markedly effective in the treatment of pediatric non-infectious diarrhea. In addition, this treatment is easy to be accepted by children and is worthy of clinical recommendation and application.

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