Eighty Cases of Chronic Cholecystitis Treated by Oral Administration of Dan An Tang

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Objective: To evaluate the clinical therapeutic effects of Dan An Tang (胆安汤 Chronic-Cholecystitis-Relieving Decoction) for chronic cholecystitis. Methods: The 160 cases of chronic cholecystitis were randomly divided into the treatment group (80 cases) and the control group (80 cases). The former was treated by oral administration of Dan An Tang (胆安汤 Chronic-Cholecystitis-Relieving Decoction), and the latter by oral administration of Xiao Yan Li Dan Pian (消炎利胆片 Bile-Draining Anti-Inflammatory Tablet). Results: The total effective rate of the treatment group and the control group was 95% and 80% respectively, showing a significant difference (P<0.05). Conclusion: Dan An Tang (胆安汤 Chronic-Cholecystitis-Relieving Decoction) was obviously effective for chronic cholecystitis.

Dan An Tang (胆安汤 Chronic-Cholecystitis-Relieving Decoction) is a experiential effective recipe of professor ZHANG Wu (张武), a nationally famous veteran doctor of TCM. The authors have treated 80 cases of chronic cholecystitis by this recipe during studying under professor ZHANG, and obtained markedly therapeutic effects as reported in the following.

CLINICAL MATERIALS

Diagnostic Criteria
Diagnostic criteria were made according to the criteria for chronic cholecystitis set in Surgery published from People's Medical Publishing House. The diagnosis was established on: 1) repeated pain in right upper quadrant or persistent dull pain and distending pain, accompanied by pain radiating to right shoulder and back; 2) fever, nausea, vomiting, anorexia, bitterness in the mouth, and so on; 3) positive Murphy’s sign; 4) compatible B-mode ultrasonographic or cholecystographic feature of cholecystitis.

Exclusion Criteria
The patients with acute pyogenic cholecystitis, tumor of gallbladder, and viral hepatitis, those complicated by cardiac, hepatic, and renal diseases, or diseases of hemopoietic system, pregnant or lactation women, and those with temperature getting above 38.5℃ and needed antibiotic treatment were excluded from this series.

General Data
The 160 cases were all outpatients with chronic cholecystitis in Department of Internal Medicine, TCM Hospital of the Ningxia Hui Autonomous Region. They were randomly divided into the treatment group and the control group. Among the 80 cases in the treatment group, 45 were male and 35 female, ranging in age from 25 to 66 years (a mean of 42.3 years), and the shortest duration of disease was 1 year and the longest 12 years. In the treatment group, 30 cases were complicated by gallstones, 62 cases were precipitated by eating fat foods, 15 cases had improper meals and liquor, and 20 cases had abnormal emotion. Among the 80 cases in the control
group, 43 were male and 37 female, ranging in age from 26 to 60 years (a mean of 41.6 years), and the shortest duration of disease was 1 year and the longest 10.5 years. In the control group, 31 cases were complicated by gallstones, 60 cases were induced by eating fat foods, 15 cases had improper meals and liquor, and 21 cases had abnormal emotion. The differences in age, sex, duration of disease, and cause of the disease between the two groups were not significant statistically (P>0.05), with a comparability.

METHODS

For Treatment Group

The patients in the treatment group were treated by oral administration of Dan An Tang (胆安汤 Chronic-Cholecystitis-Relieving Decoction) made of Chao Chai Hu (炒柴胡 stir-fried Radix Bupleuri) 10g, Huang Qin (黄芩 Radix Scutellariae) 10g, Yin Chen (茵陈 Herba Artemisiae Scopariae) 30g, Pu Gong Ying (蒲公英 Herba Taraxaci) 30g, Yu Jin (郁金 Radix Curcumae) 15g, Yuan Hu (元胡 Rhizoma Corydalis) 15g, Nei Jin (内金 Endothelium Corneum Gigeriae Galli) 15g, Sheng Da Huang (生大黄 Radix et Rhizoma Rhei) 6g, Zhu Ye (栀子 Zhi Shi Fructus Aurantii Immaturus) 12g, and Jin Qian Cao (金钱草 Herba Lysimachiae) 30g. Zhu Ye was added for the patient with yellow urine, Dang Shen (党参 Radix Codonopsis), Gan Jiang (干姜 Rhizoma Zingiberis), Fu Ling (茯苓 Poria), and Sha Ren (砂仁 Fructus Amomi) were added for the patient with the spleen insufficiency, and Ze Xie (泽泻 Rhizoma Alismatis), Zhi Zi (枳子 Fructus Gardeniae), and Che Qian Zi (车前子 Semen Plantaginis) were added for the patient accompanied with jaundice. The drugs above-mentioned were decocted in water, and the decoction was taken at one dose per day in 2 equally divided doses taken respectively in the morning and evening.

For Control Group

The patients in the control group were treated by oral administration of Xiao Yan Li Dan Pian (消炎利胆片 Bile-Draining Anti-Inflammatory Tablet) with batch number of 081107 produced by Jilin Zixin Pharmaceutical Industrial Co., Ltd. The tablet was orally administered to the patients at a dose of 6 tablets three times daily.

The patients in both groups were treated for 14 successive days (a therapeutic course), and then the therapeutic effects were evaluated.

RESULTS

The criteria for therapeutic effects were made based on the criteria for the therapeutic effects on chronic cholecystitis set in Guiding Principles for Clinical Study of New Chinese Medicines. Clinically cured: Clinical symptoms and signs disappeared with no abnormal finding in imaging examination of gallbladder. Relieved: Clinical symptoms and signs basically disappeared with a marked improvement in abnormal findings in imaging examination of gallbladder. Improved: Clinical symptoms and signs subsided with an improvement in abnormal findings in imaging examination of gallbladder. Failed: No improvement in clinical symptoms and signs, and abnormal findings in imaging examination of gallbladder.

Of the 80 cases in the treatment group, 26 were cured, 45 relieved, 8 improved, and 4 failed, with a total effective rate of 95%. Of the 80 cases in the control group, 28 were cured, 32 relieved, 14 improved, and 16 failed, with a total effective rate of 80%. The difference in therapeutic effect between the two groups was significant statistically (P<0.05).

Adverse effects were not noted in the two groups during the treatment.

DISCUSSION

As far as the location of pain is concerned, chronic cholecystitis belongs to category of hypochondriac pain in traditional Chinese medicine. The 25th chapter of Jingyue's Complete Works (景岳全书 • 胁痛) says: “The meridians of the liver and gallbladder are mainly responsible for hypochondriac pain for the
reason that they run along hypochondriac region”. From here we can see that diseased parts of hypochondriac pain mainly are the liver and gallbladder. The treatise on meridians in *Spiritual Pivot* (灵枢・经脉) states: “The abnormality of meridian of Foot-Shaoyang of the gallbladder is marked by bitterness in the mouth, frequent sighing, and thoracic and hypochondriac pain with failure in side turning”. It is pointed out in the treatise on hypochondriac pain in *A Medical Reference of Ancient and Modern* (古今医鉴・胁痛) that “qi stagnation due to anger or mental depression, excessive food and drink, hot and cold maladjustment, injury from tumbling down, and phlegm-coagulation and blood-stagnation can lead to hypochondriac pain, hence it should be treated with a predominance of removing obstruction and regulating qi, and resolving phlegm and activating blood”. These states show that hypochondriac pain is caused mainly by the liver qi stagnation due to mental depression or anger, or invasion of exogenous pathogen, or improper diet. Dysfunction of the liver and gallbladder in governing normal flow of qi is the main pathogenesis of hypochondriac pain. As transformation of depressed qi into heat due to the liver and gallbladder losing their smoothly moving state and failing to maintain the normal flow of qi, types of qi stagnation due to depression of the liver and dampness-heat in the liver and gallbladder are commonly encountered in clinical practice. In this recipe, Chao Chai Hu (炒柴胡 stir-fried Radix Bupleuri), Chuan Lian Zi (川楝子 Fructus Toosendan), Mu Xiang (木香 Radix Aucklandiae), and Zhi Shi (枳实 Fructus Aurantii Immaturus) exert the effects of soothing the liver and regulating qi, and relieving distension. Yin Chen (茵陈 Herba Artemisiae Scopariae), Huang Qin (黄芩 Radix Scutellariae), Pu Gong Ying (蒲公英 Herba Taraxaci), and Jin Qian Cao (金钱草 Herba Lysimachiae) possess the effects of clearing away heat, dispersing accumulation of pathogen, and promoting the function of the gallbladder, and exert marked bacteriostasis effect. Yu Jin (郁金 Radix Curcumae), Yuan Hu (元胡 Rhizoma Corydalis), and Chuan Lian Zi (川楝子 Fructus Toosendan) can regulate the qi to alleviate pain. Sheng Da Huang (生大黄 Radix et Rhizoma Rhei) can clear heat and relieve food stagnation and Zhu Ye (竹叶 Herba Lophatheri) sooth the liver and promote the expulsion of heat from urine, and combined use of the two drugs can expel dampness and heat from urine and stool. Jin Qian Cao (金钱草 Herba Lysimachiae) has been shown in pharmacological researches to promote bile secretion and exert antiinflammatory effect, and Da Huang (大黄 Radix et Rhizoma Rhei) to exert analgesic and antiinflammatory effects, relax the bowels, protect liver, promote bile secretion and remit spasm of biliary tract smooth muscle. Combined use of these drugs in the recipe can exert the satisfactory effects of clearing heat and draining damp, and regulating the qi to alleviate pain. We conclude that *Dan An Tang* (胆安汤 Chronic-Cholecystitis-Relieving Decoction) has an excellent therapeutic effect for chronic cholecystitis and is cheap, simple in use and safe, and is worthy to recommend its clinical use.

REFERENCES


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