

Clinical Observation of Integrated Traditional Chinese and Western Medicine in the Treatment of Chronic Ulcerative Rectitis

Yujiao Xue¹, Yi Li^{2*}, Hui Zhang¹, Changan Zhou¹

¹Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi Province, China

²The Affiliated Hospital of Shaanxi University of Chinese Medicine, Xianyang 712000, Shaanxi Province, China

*Corresponding author: Yi Li, 184697086@qq.com

Abstract: Objective: To observe and compare whether the combination of traditional Chinese and Western medicine can achieve more satisfactory results in the treatment of patients with chronic ulcerative rectitis (UR). **Methods:** 70 cases of chronic ulcerative rectitis were selected in all hospitals of our hospital for comparison. Observation and control were set up. The number of people was the same, but there were differences in methods. The control group retained enema, and the observation group was treated with traditional Chinese medicine. Rectal mucosa scores after different treatments were compared to evaluate the effect of intervention. **Results:** It was found that the observation group scored lower ($P < 0.05$), and the effect was better. **Conclusion:** For the treatment of patients with chronic ulcerative rectitis, the combination of traditional Chinese and Western medicine will help to promote the prognosis of the disease, improve the problem of ulcer, promote the improvement of gastrointestinal function and bring a more positive impact.

Keywords: Combination of traditional Chinese and Western medicine; Chronic ulcerative rectitis; Treatment; Analysis

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1. Introduction

Ulcerative rectitis is a relatively common chronic nonspecific inflammation in clinic ^[1]. The main location is the rectal mucosa and the lower layer of rectal mucosa. At present, there is no accurate conclusion on the causes of this symptom. This phenomenon also makes it difficult to take a more accurate way in specific treatment, which makes it have certain difficulty, test and challenge ^[2-4]. The main clinical manifestations of patients with this disease are abdominal pain and the feeling of falling and swelling in the lower abdomen, accompanied by tenesmus, mucus, mucopurulent bloody stool, and discomfort around the anus and rectum. This disease presents the characteristics of progressive aggravation and recurrence, which is further easy to lead to a certain degree of threat and adverse impact on the patient's overall health and quality of life. Therefore, active treatment is critical. From the perspective of traditional Chinese medicine, this kind of disease is highly correlated with a series of reasons leading to abnormal transportation of spleen and stomach ^[5]. Therefore, the main scheme of treatment is to regulate spleen and stomach, regulate qi and dredge collaterals. Based on this, this study observed the effect of the treatment of integrated traditional Chinese and Western medicine.

2. Materials and methods

2.1. General information

70 patients with UR were randomly divided into two groups ($n = 35$). The age is mainly 22-64 years old,

with an average of (43.25 ± 7.21) years. From the onset of the disease to now, it is 4 months to 5 years, with an average of (2.31 ± 0.72) years. The main clinical manifestations are: There was abdominal pain and the feeling of falling and swelling in the lower abdomen, accompanied by mucopurulent bloody stool, which was not the first attack, met the requirements of diagnostic criteria, and was assisted by stool routine examination and rectal endoscopy [6]. The patients were in good health in the past, without serious chronic diseases, malignant tumors, mental disorders, coagulation disorders, immune disorders and other problems. They were highly close to each other ($P > 0.05$), which met the principle and standard requirements of the control test. They can be observed and compared to evaluate the clinical application effect.

2.2. Methods

The control group used ornidazole sodium chloride for retention enema, twice a day, each time was 100ml. In strict accordance with the requirements of relevant standards, the treatment can be carried out only after the patient's urine and stool are emptied. During the treatment, the patient should choose to lie down in the left lying position, fully lubricate the front end of the pipeline, insert it into the anus for about 5-10cm, keep the knee chest lying position for 5min after pouring the drug solution, and then select the lateral lying position to ensure that the drug solution is stably in the focus position for treatment, as well as keep for at least 3h [7]. The other group needs to be treated with oral Shenling Baizhu Powder Decoction. The composition of the decoction mainly includes 30g Semen Coicis, 20g Poria cocos and Radix Paeoniae Alba, 15g fried hizoma Dioscoreae, 12g Rhizoma Atractylodis Macrocephalae, fried Semen Dalichoris Album and Radix Codonopsis, 10g agastache rugosa, Fructus Amomi Villosi, Radix Aucklandiae and Radix Platycodonis, in addition, 6g Radix Glycyrrhizae is needed [8]. All drugs are combined into one prescription and dialectically add and subtract. Before decocting the medicine, it was soaked in cold water for 30min, then the water and medicine was put in the decocting device to decoct the medicine liquid, 200ml of the medicine liquid was taken, and then divided into two equal parts, once a day. Patients should take it after warming twice in the morning and evening, and continue the treatment for two weeks [9, 10].

2.3. Observation indexes

The rectal mucosa score of the two groups under enteroscopy after treatment was observed, and the total score was 3 points. If there was no edema, ulceration and other problems, it was 0 points. If there was mild edema with blurred lines, but there was no bleeding and ulceration, it was 1 point. If there was moderate edema, granular changes and erosion of mucosa after treatment, it was recorded as 2 points. If it is severe hyperemia accompanied by erosion, palpation accompanied by significant hemorrhagic changes, it was recorded as 3 points.

2.4. Statistical methods

SPSS. 20.0 is used to process the data, when $p < 0.05$, the difference is significant and has a certain significance.

3. Results

The results showed that the score of the observation group was lower ($P < 0.05$), and the intervention effect was more satisfactory. The comparison of rectal mucosal scores between the two groups after intervention is shown in **Table 1**.

Table 1. The comparison of rectal mucosal scores between the two groups after intervention

Group	Number of cases	Scoring results
Observation group	35 cases	1.01±0.31
Control group	35 cases	2.04±0.76
P	/	< 0.05

4. Conclusions

In the current research, the pathogenesis and causes of this kind of disease are not completely clear, but from the perspective of traditional Chinese medicine, it belongs to the category of intestinal wind and intestinal obstruction, which is highly related to improper diet, internal injury due to emotional disorder and impassability of meridians. Therefore, it is also based on promoting blood circulation to remove meridian obstruction, strengthening stomach and benefiting spleen. The clinical treatment effect of Western medicine is limited, and after combined treatment with traditional Chinese medicine, the overall effect can be optimized and improved. They can treat together, achieve more satisfactory clinical treatment intervention effect, and promote the prognosis and optimization of patients' health and clinical symptoms. As mentioned above, in the treatment of clinical chronic ulcerative rectitis, the treatment method of integrated traditional Chinese and Western medicine is selected. After the intervention, the overall treatment effect is relatively more satisfactory and has a positive impact on the patient's disease recovery. Therefore, under the theory of syndrome differentiation, corresponding intervention and treatment can be carried out according to the patient's specific symptoms and other aspects.

Disclosure statement

The authors declare no conflict of interest.

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