

补肾祛瘀法治疗子宫内膜异位症的临床研究

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摘要 用补肾祛瘀法治疗子宫内膜异位症 258 例,结果痛经有效率 92.64%,不孕治愈率 62.39%,包块缩小率 75.31%。实验室检查表明,子宫内膜异位症患者在血液流变学、内分泌功能、体液免疫等方面存在异常,经治疗后这些异常指标均得到显著改善。

主题词 子宫内膜异位症/中医药疗法 补肾 祛瘀

我们自 1992 年 1 月~1994 年 10 月临床观察了 258 例子宫内膜异位症患者,采用补肾祛瘀法治疗取得了满意疗效,并在治疗前后检测了血液流变学、内分泌、体液免疫等指标,现报告如下。

1 临床资料

本组 258 例,均符合 1990 年中国中西医结合学会妇产科专业委员会第 3 届学术会议修订的子宫内膜异位症诊断标准。病员来自 1992 年 1 月~1994 年 10 月上海中医药大学附属龙华医院专科门诊和苏州妇幼保健院内膜异位症专科门诊,规定患者半年内未用过丹哪唑及其他治疗子宫内膜异位症的药物。

本组子宫内膜异位症 258 例中年龄最小者 22 岁,最大者 54 岁,平均年龄 33.7 岁。已婚 246 例,未婚 12 例。原发不孕 34 例,继发不孕 75 例。病程最短 2 个月,最长 25 年,以 2~5 年者为多,共 132 例(51.2%)。伴有痛经者 163 例(63.2%),少腹痛 123 例(47.3%),性交痛 34 例(13.2%),月经过多 65 例(23.2%),经期过长 20 例(7.8%),腰酸 185 例(71.7%)。妇检时有明显触痛结节 117 例(45.4%),B 超诊断提示子宫肌瘤 26 例(10.1%),卵巢巧克力囊肿 81 例(31.4%)。

2 治疗方法及实验室指标

用补肾祛瘀法,采用自拟内异消方,方由三棱、莪术、水蛭、地鳖虫、穿山甲、菟丝子、仙灵脾等组成。内异消方药由上海中医药大学附属龙华医院药剂科制成口服液,口服液每次 35ml,每日 2 次,3 个月为一疗程,经期停药。疗效标准仍参照中国中西医结合学会妇产科专业委员会第 3 届学术会议修订标准。

血液流变学指标:用 NX³-血粘细胞电泳自动计时仪(上海医科大学生物物理教研室制造);血清内分泌激素含量测定:用放免法测定排卵期(经期第 14 天)血清卵泡刺激素(FSH)、黄体生成素(LH)、雌二醇(E₂)、孕酮(P)、睾酮(T)、泌乳素(PRL)含量(放免药盒由天津九鼎生物制品有限公司提供);体液免疫水平测定:用放射浊度法测定血清 IgG、IgA、IgM、C₃、C₄ 的含量。

3 结果

3.1 临床疗效标准与结果:本组 258 例中痛经 163 例,治疗后痛经、少腹痛、性交痛等消失或明显好转,原服止痛片者现停药,月经过多、经期延长等恢复正常,或经量减少 1/2 以上,腰酸症状消失或基本消失,评为显效者 99 例;上述诸症减轻或有改善,评为有效者 52 例;上述诸症状无改变评为无效者 12 例。总有效率为 92.64%。其中少腹痛 123 例,获显效 84 例,有效 25 例,无效 14 例,有效率 88.62%;性交痛有效率为 88.24%;经期延长有效率为 83.53%;腰酸有效率为 94.05%。不孕 109 例,治愈 68 例(62.39%)。体检有结节者,消失与缩小率分别为 17.09%和 69.23%。子宫肌瘤消失率与缩小率分别为 11.54%和 76.92%。卵巢巧克力囊肿消失率与缩小率分别为 16.45%和 75.31%。

3.2 实验检查结果:84 例患者血液流变学指标除高切全血比粘度外,治疗前比正常值明显

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增高($P<0.05$),而治疗后又高于治疗前外,其余均获显著改善($P<0.01$),见表1。

表1 84例患者治疗前后血液流变指标比较

项 目	正常人 (35例)	子宫内膜异位症(84例)	
		治疗前	治疗后
红细胞压积	38.0±1.98	44.3±3.43*	41.1±2.12△
血粘度			
高切	5.30±0.56	5.38±1.02	5.42±0.88
低切	6.99±1.15	8.26±1.68*	7.01±1.43△
红细胞聚集指数	1.31±0.16	1.68±0.29*	1.35±0.22△
血沉(mm/h)	17.1±9.60	21.7±11.6*	18.4±10.5△
血沉方程K值	60.9±21.6	69.6±14.9*	63.4±15.0△
血浆比粘度	1.71±0.07	1.76±0.18*	1.69±0.22△

*与正常值比较 $P<0.05$

△与治疗前比较 $P<0.05$

本组109例患者存在内分泌失调即PRL升高,LH、E₂低下,与正常相比有显著差异($P<0.05$),经内异消方治疗后PRL下降,LH、E₂升高,与治疗前相比差异明显($P<0.05$)。

治疗前后分别测定89例患者的体液免疫,结果发现患者C₃、C₄增高,而IgA、IgM、IgG则无改变,治疗后C₃、C₄水平显著低下($P<0.05$),见表2。

表2 内分泌及体液免疫水平治疗前后比较

例 数	正常值 均值±标准差	治 前 均值±标准差	治 后 均值±标准差
FSH 109	32.1±4.8	31.5±5.1	31.5±2.9
LH 109	93.5±10.6	48.0±13*	84.6±17△△
PRL 109	17.0±2.7	32.8±21*	18±3.8△
E ₂ 109	1057±156	812±203*	1027±281△
P 109	7.9±0.3	6.9±5.2	8.1±4.9
T 109	0.89±0.11	0.94±0.3	0.99±0.3
IgG 89	123±2.58	12.2±1.4	12.1±2.5
IgA 89	1678±490	1640±127	1732±502
IgM 89	1522±432	1570±450	1609±477
C ₃ 89	1021±336	770±116*	785±283△
C ₄ 89	406±147	285±67*	269±130△

与正常值比较 * $P<0.05$

与治前比较 △ $P<0.05$; △△ $P<0.01$

4 讨论

我们根据中医精亏血瘀,肾主生殖等理论,进行用药及机理探讨,认为内膜异位症病机属“肾虚血瘀”。肾是生殖发育的物质基础,五脏六腑之精皆藏于肾,精又化血,“精血同源”,如肾精充足,冲任胞脉得以濡养,血海会依时满盈,月经会依时而下,经血通畅,会受孕有子。如肾亏精少则冲任胞脉失于濡养,冲任气血不足,气血易滞而瘀阻,瘀阻使血不归经会出现月经不调,瘀阻使精卵不能结合而不孕。故采用补肾祛瘀法来治疗内膜异位症临床效果较满意,与单纯活血化瘀药相比不仅临床症状得以改善,且受孕率显著提高。本组109例不孕症患者,68例受孕,其治愈率达62.39%。

补肾祛瘀法主要由补肾药和活血祛瘀药组成,药用三棱、莪术、水蛭、地鳖虫、菟丝子、仙灵脾等。现代药理研究证明活血化瘀药具有改善血液流变学作用。本研究亦证实了这一点。内膜异位症患者存在高凝状态,经治疗血流变指标得到明显改善($P<0.05$),其中三棱、莪术、水蛭比一般活血药力量更甚,可促使局部粘连及结缔组织的松解,加快血瘀的吸收,因此临床症状和体征都明显改善。本研究还发现补肾祛瘀法对内膜异位症患者表现出的内分泌紊乱具有很好的调节作用,PRL的高水平得以下降,低下的LH、E₂水平得以恢复,起到双相调节作用,这可能与补肾益精之菟丝子、仙灵脾等药能调节卵巢—垂体—性腺轴作用有关。它可提高卵巢功能,促使排卵、提高受孕率。有研究表明内膜异位症患者存在体液免疫改变。我们的研究从测试结果分析原先增高的C₃、C₄得以显著性降低($P<0.05$),由此说明补肾祛瘀法还具有调整免疫的功能。

综上所述,补肾祛瘀是多效应的,其作用可能是通过纠正子宫内膜异位症患者血液高凝状态,调节内分泌,调整免疫功能,从而抑制异位内膜的生长,达到治疗目的,因而可以说补肾祛瘀法是治疗子宫内膜异位症的有效途径之一。

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ABSTRACTS OF ORIGINAL ARTICLES

Comparative Study Between Heavy Dosage and Conventional Dosage Herba Asari for Treatment of Late Stage Severe Rheumatoid Arthritis

Gao Jiajun, Zhu Lulai, Wang Hemin

As a regular remedy for stubborn Bi — syndrome (arthritis). Herba Asari is traditionally applied in a dosage not exceeding 1 qian. We applied a heavy dose of Herba Asari for the treatment of 40 cases of late severe rheumatoid arthritis (RA) with another group of 30 cases treated by regular dosage as control for comparison. Results showed that the total effective rate and markedly effective rate for the treatment group were 90% and 45% respectively, while that for the control group, 73.3% and 26.7% respectively. The 8 indices, including time of morning stiffness, total number and index of joint pain, total number and index of joint swelling, holding force of both hands, 20-meter walking speed, joint functional index in the treatment group were all superior to the control group ($P < 0.01$). No obvious side reactions were found.

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Key words: Herba Asari/drug administering and dosage

(Original article on page 283)

Effect of Yiqi — Huoxue (Qi — strengthening Blood — activating) Method on Hemorheological Indexes in Senile Convalescent Apoplexy and Its Sequelae

Gao Pu, Cui Ling, Li Yuehua, et al

One hundred sixty cases were randomly divided into 2 groups, the treatment group and control group, and treated for 8 weeks by single blind administering method. Results revealed that the total effective rate (89.5%) for clinical symptoms in the treatment group was far superior to that of control group (54.2%). So was its effect on nervous functional defect. The total blood viscosity, plasmal comparative viscosity, platelet adhesion, thrombic elastic figure, in vitro length of thrombus, were markedly improved ($P < 0.01$), while that of the control group remained unchanged.

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Key words: Sequelae of apoplexy/TCM therapy Hemorheology/Yiqi — Huoxue method

(Original article on page 286)

Clinical Investigation on Treatment of Endometriosis by Bushen Queyu (Kidney — tonifying Blood — stasis — removing) Method

Li Xianyun, Liu Jian, Hu Xiaomei, et al

Two hundred fifty eight cases were treated by this method. The effective rate for dysmenorrhea was 92.64%; cured rate for sterility, 62.39%; rate of shrinkage of masses, 75.31%. Laboratory exam showed that there were abnormal hemorheology, endocrine function, humoral function which were markedly improved after treatment.

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Key words: Endometriosis/TCM therapy Bushen (Kidney tonifying) Queyu (Blood stasis eliminating)

(Original article on page 292)

clinical Study on Relationship Between Gastro — enteric Hormones and TCM syndrome Types

Feng Wujin, Su Juanping, Li Yulian, et al

Through radio — immunological exams, it was shown that GAS (gastrin) is the lowest in Spleen — hypofunction (SH) type MTL (motilin) are all significantly higher in all three syndrome types than normal control group ($P < 0.01$), while SP (substance P) is the lowest in the stomach — liver disharmony (SLD) type, and the highest in the Colon — damp heat (CDH) type. It is thus claimed that SH manifests itself as 2 — high — 1 — low type, viz. low GAS, SP, and high MTL; that of CDH is some what similar to the SH, with markedly low SP, while all 3 hormones are all elevated in CDH, especially the SP. All the above disorders, viz. GAS, SP in SH type, MTL in SLD type, and SP in CDH type markedly recovered after treated with traditional drugs.

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Key words: Gastro — enteric diseases/immunology gastro — enteric hormones/metabolism syndrome types

(Original article on page 298)