

生精冲剂对精索静脉曲张不育症患者术后精子形态的影响

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摘要 46例精索静脉曲张不育症患者,进行单纯手术与手术加中药治疗后精子形态学变化的对照观察。结果显示,治疗后两组患者的精子形态均有改善,手术加中药组的正常形态精子率显著高于单纯手术组($P<0.01$),尖头精子、不定型精子率显著低于单纯手术组($P<0.01$)。

主题词 精索静脉曲张/并发症 不育,男(雄)性/中医药疗法 @ 生精冲剂

精索静脉曲张是引起男性不育的常见原因,WHO在不育的研究中将精索静脉曲张不育列为首位^[1]。外科手术是治疗精索静脉曲张的有效方法,但手术后精液改善率和受孕率报道不一^[2]。我们曾开展了手术配合中药治疗精索静脉曲张不育症的研究,取得了较好的临床效果^[3]。为进一步探讨其作用机制,又进行了其对精子形态影响的观察,结果如下。

1 临床资料

1990年6月~1996年12月收治精索静脉曲张不育症患者46例。年龄23~36岁,平均27.6岁。双侧曲张2例,左侧曲张44例。用Valsalva检查法判定,轻度曲张5例,中度曲张34例,重度曲张7例。婚后不育年限2~8年。女方经妇科检查无明显异常。将病人随机分为单纯手术组23例和手术加中药组23例。单纯手术组的23例中,轻度曲张2例,中度17例,重度3例;手术加中药组的23例中,分别为3例、15例和4例;双侧曲张两组各1例。

2 标本采集与分析

患者于术前及术后6个月时,先禁欲4~7天。用手淫法取精液,液化后取10~15 μ l涂片,空气干燥后置95%酒精中固定5~15分钟,用

改良巴氏法染色,置光学显微镜用 $\times 100$ 油镜观察200个精子,对精子形态进行分析。

3 治疗方法

单纯手术组:采用内环处精索内静脉结扎术。取腹股沟旁斜切口,切开腹外斜肌腱膜后分离精索,在腹股沟管内环处高位结扎精索内静脉及其分支。

手术加中药组:先行上述手术,术后服用中药生精冲剂。主要成分:枸杞子、菟丝子、丹参、当归、熟地黄、黄芪、桃仁、红花、覆盆子、党参、五味子、桑椹子、牛膝、陈皮等。由我院制剂室提供,每次1袋(含生药15g),每日3次口服,连服6个月。

4 结果

两组病人治疗前后精子形态分类情况见表1、表2。经T检验比较,两组各观察指标治疗前差异均无显著性($P>0.05$)。治疗后畸形精子率均有不同程度的下降,其中尖头精子、不定型精子手术加中药组明显低于单纯手术组($P<0.01$),正常形态精子率均有提高,但手术加中药组明显高于单纯手术组($P<0.01$)。治疗后两组病人的畸形精子例数均有减少。

5 讨论

精索静脉曲张形成后,由于局部血液淤滞和高位静脉血液返流,造成睾丸缺血、缺氧,并受到毒性物质的作用,使其生精功能受到损害,引起男性不育。其生精障碍的主要特征为少精子症、弱精子症和畸形精子增多。研究证实,精索静脉曲张患者的正常形态精子百分率显著低于正常生育男子。形态学上主要表现为尖头、不定型及小头、大头精子比例均值增高。本组病人术前精子形态分析结果与文献报告基本一致,畸形精子率明显高于WHO正常标准。^[4]

目前,治疗精索静脉曲张的主要方法是外

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表1 治疗前后两组精子形态分类(%)比较($\bar{X} \pm S$)

精子形态分类	单纯手术组(23例)		手术加中药组(23例)	
	治疗前	治疗后	治疗前	治疗后
正常精子	51.4±17.6	56.7±18.4	52.3±16.4	69.7±10.7*
大头精子	3.7±4.2	3.8±2.1	4.7±4.0	3.5±2.6
小头精子	9.8±8.3	7.8±6.7	10.2±7.5	6.2±5.4
尖头精子	11.3±11.6	10.5±9.8	12.6±11.3	5.6±6.8*
梨状头精子	2.8±2.4	2.8±2.1	3.0±3.1	3.4±3.1
双头精子	3.0±2.1	2.0±1.8	2.4±2.1	2.0±1.2
不定型精子	12.9±10.6	9.5±9.8	12.4±11.2	4.9±6.3*
尾部畸形精子	10.3±9.6	9.4±6.9	10.9±10.5	7.4±6.1

* 两组间比较 $P < 0.01$

表2 治疗前后两组精子形态分类计数比较

精子形态分类	单纯手术组(23例)		手术加中药组(23例)	
	治疗前例(%)	治疗后例(%)	治疗前例(%)	治疗后例(%)
正常精子	23 100	23 100	23 100	23 100
大头精子	8 34.8	7 30.4	7 30.4	6 26.1
小头精子	20 87.0	18 78.3	20 87.0	14 60.9
尖头精子	10 43.5	8 34.8	12 52.2	8 34.8
梨状头精子	8 34.8	10 43.5	7 30.4	7 30.4
双头精子	5 21.7	5 21.7	7 30.4	5 21.7
不定型精子	18 78.3	19 82.6	16 69.6	13 56.2
尾部畸形精子	18 78.3	17 73.9	15 65.2	14 60.9

科手术。通过手术治疗,能够确切解除精索静脉曲张所造成的血液返流与淤积,消除致病因素对睾丸的继续作用,可使睾丸的生精功能获得不同程度的恢复。其术后病人精液质量的改善程度和受孕率各家报道不一。有作者曾提出可试用手术配合药物的方法进行治疗^[5],可能会促进睾丸功能的恢复。

中药治疗男性不育症有悠久的历史和良好的效果,治疗精索静脉曲张不育症已有不少临床报道。为了促进该病患者手术后睾丸生精功能的恢复,我们自1987年起采用手术后加用中药的方法治疗精索静脉曲张不育症,经比较证实,精子密度、活动率的改善和患者的受孕率均明显高于单纯手术组^[3]。提示精索静脉曲张不育症患者术后服用中药治疗,有利于促进患者

睾丸生精功能的恢复。本组进一步对精子形态学进行分析、对比,结果显示,手术加中药治疗后各类畸形精子均有不同程度的改善,对尖头精子和不定型精子的改善程度明显优于单纯手术组,总正常形态精子率的提高明显优于单纯手术组。提示手术后加中药治疗,对正常形态精子率的提高优于单纯手术疗法,该作用可能是临床受孕率增高的机制之一。

中医学认为,男子生育功能主要与肾气的盛衰有关。《素问·上古天真论》曰:“丈夫八岁肾气实,……二八肾气盛,天癸至,精气溢泻,阴阳和,故能有子。”精索静脉曲张按其临床特征,应属中医“筋瘤”范畴,为血瘀之症。如王清任言:“青筋暴露,非筋也,现于皮肤者血管也,血管青者,内有瘀血也。”由此可见,精索静脉曲张

引起不育的基本机理是血瘀和肾虚。由于先天禀赋不足,肾气亏虚,气血失和致血流不畅而瘀滞于阴部脉络,瘀血积滞。旧血不去,则新血不能输布,肾失濡养,日久使其生精功能受到损害,引起生精异常而不育。故治疗当以祛除瘀血为本,辅活血化瘀以助生新血,补肾益气以助肾之生精。本组方中枸杞子、菟丝子、熟地、黄芪、党参、覆盆子、五味子、桑椹子等,益气养血,补肾填精;丹参、当归、桃仁、红花等活血化瘀。全方具有补肾活血之功效。现代研究证实,很多补肾中药能够提高精子成活率、精子活动率和精子密度,活血化瘀中药具有改善血液循环作用,对组织缺血、缺氧有保护作用。该方剂由我们多年治疗原发性男性不育的有效方加活血化瘀药而成。经临床观察证实,对促进精索静脉曲张不

育症患者术后睾丸生精功能的恢复有较好作用,制成冲剂更便于长期服用,其作用机理还有待进一步深入研究。

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逍遥散合六味地黄汤治验举隅

胡 秀 润*

逍遥散、六味地黄汤分别为调理肝脾和填补阴精之剂。二方合用即可疏肝健脾和胃,又能补肾滋阴养血,使后天得健,先天得养,精血充足,气血调和,则顽疾得除。笔者在临床上,对证属肝郁脾虚血虚、胃气不和者,以二方合用灵活加减,取得了较好的疗效,现择举数例,以供同道参考。

1 脓疱型痤疮

耿某某,女,26岁,1986年10月30日初诊。颜面肤色潮红,丘疹、结节和脓疱布满整个面部,且非常密集。西医诊为脓疱型痤疮。数年来内服外用,多方求治,不见好转。并诉月经自初潮至今,经期或前或后,或数月不行,经来量少不畅,胸胁满闷,面部痤疮加重。且每遇情绪紧张则诸症更甚。诊见患者性格内向,少言寡语,舌红苔少,脉弦细。证属肝郁肾虚,冲任不调,阴火气血搏结而致。治宜疏肝解郁,滋补肾精,调和冲任。药用逍遥散合六味地黄汤加减:柴胡 10g,当归 10g,白芍 10g,生地 20g,山药 12g,枸杞子 12g,白术 10g,茯苓 10g,泽泻 10g,丹皮 10g,川楝子 10g,薄荷 3g(后入)。自月经干净 3 天后开始,每日 1 剂,水煎服。15 天后改用

下方:柴胡 10g,赤芍 10g,当归 10g,白术 10g,茯苓 10g,泽泻 10g,丹皮 10g,生大黄 10g(后入),川楝子 10g。每日 1 剂,服至下次月经来潮的第 2 天停止。

复诊:月经已过,面部脓疱结痂,丘疹颜色变浅,部分消失。因煎药不便,故改用成药逍遥丸合六味地黄丸,各服 8 粒,一日 3 次,月经来潮后停服六味地黄丸,至经行通畅再停服逍遥丸。

三诊:月经正常,颜面痤疮全部消失,为巩固疗效,续用逍遥丸合六味地黄丸 1 个月,后随访未见复发。

2 复发性口腔溃疡

李某某,女,56岁,1989年2月26日初诊。患者反复发作性口腔溃疡病数年,每服消炎、清热解毒、维生素之类而愈。1年前因丈夫病故,伤心过度而复发,用前方无效。就诊时唇颊上腭、舌面等处有散在的如黄豆或绿豆大小的溃烂面,其表面灰白,周围粘膜颜色淡红,吃饭、喝水甚感痛苦。伴头晕目眩,腰酸腿痛,心烦易怒,胃脘不舒,口干欲饮,大便不实,舌红少苔,脉弦细数。初诊予知柏地黄丸,但治疗效果不佳。辨证审因,患者除阴虚肾亏之外,尚有肝郁脾虚之证,故治应疏肝健脾、滋阴补肾。改用浓缩逍遥丸和六味地黄丸,一日 3 次,每次各服 8 粒。

复诊:溃烂面全部消失,余证大减,续用上药巩固调理月余,诸症皆愈,后访无复发。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Study on Vascular Dementia Treated with Naoxue Shutong Oral Solution

Xu Baoyu

Twenty seven cases of vascular dementia were treated with Naoxue Shutong oral solution based on Qi — invigorating, blood — activating and stasis — eliminating method with another 24 cases treated with Duxil, an intelligence — promoting agent. Results showed that both remedies had similar total effectiveness. The therapeutic effect of cases of asthenic — Qi blood — stasis type was superior to other types, and the results of per cranial Dopler test and hemorrhheological indices in treatment group showed that Naoxue Shutong was superior to the control group.

Authors' add: Xiyuan Hospital, China academy of TCM, Beijing 100091

Key words: Dementia vascular/TCM therapy @ Naoxue Shutong oral solution

(Original article on page 340)

Long — term Observation on Effect of Methods of Kidney — benefitting, Qi — invigorating, Blood — cooling, and Detoxification on Liver — Fibrosis

Yang Hongzhi, Chen Yanbi, Xu Ruiyun, et al.

Forty — eight cases of liver fibrosis due to B — hepatitis were treated with this principle for over 2 years. It improved symptoms remarkably with normal ALT and recovery of normal serum bilirubin in most cases. After a course of 1/2 year therapy, the mean values of HA, PC III and circulated immunocomplex were all decreased as compared with that before the treatment, and all recovered to normal after 2 years of treatment. 82% of the cases revealed normal calibre of the widened portal vessels, and there was a tendency of decrease in size of the enlarged spleen.

Authors' add: Third Affiliated Hospital, Zhongshan Hospital, Guangzhou 510630

Key words: Liver/pathology Hepatitis, B type/TCM therapy

(Original article on page 343)

Effects of Shengjing — Infusion on Sperm Morphology in Sterility Cases with Varicocele

An Liwen, Wang Shulin, Bai Guilin, et al.

Comparative observation was made between 46 such cases received simple operation and that with

additional treatment of Chinese materia medica. Results revealed that, after treatment, the morphology of sperm in both groups were all improved, but the percentage of those in the Chinese materia medica group was higher than the simple operation group ($P < 0.01$). The rate of spear — head sperm and sperm with uncertain shape was much lower than those of the simple operative group ($P < 0.01$).

Authors' add: First Affiliated Hospital of Heilongjiang University of TCM, Harbin 150040

Key words: Varicocele/complication Sterility/TCM therapy

(Original article on page 349)

Infantile Rickets Treated with Bugu Solution

Yang Zhixin, Yan Tianyu, Li Li

Altogether 70 cases were treated, with another 30 cases treated with calcium gluconate as control. The 3 — month rate of amelioration was 68.6% in the treatment group and 46.7% in the control group, with significant difference ($P < 0.05$). Recovery of pavor nocturnus and skeleton X — ray changes were all better in the treatment group. Hence, Bugu solution can be served as a satisfactory agent for the treatment and prevention of infantile rickets and to decrease the application of Vit. D, so as to prevent its intoxication.

Authors' add: Beijing Friendship Hospital, Capital Medical University, Beijing 100050

Key words: Ricket/TCM therapy @ Bugu Solution

(Original article on page 353)

Symptoms in Opiate Quitting Treated with Dongtang duke Capsule. Observation of 32 Cases

Zhang Guoen, Li Qing, Hou Juncai, et al.

Clinical cases were randomly divided into Dongtang duke capsule and clonidine groups, both revealing efficacy without significant statistical difference ($P > 0.05$) after 3 days of treatment. After 5 — 10 days of treatment, the therapeutic effect of treatment group was obviously superior to the control group.

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Key words: withdrawal syndrome/TCM therapy opium @ Dongtang duke capsule

(Original article on page 357)