

补肾加针刺治疗多囊卵巢综合征 35 例临床观察

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摘要 以补肾加针刺方法治疗多囊卵巢综合征 35 例(治疗组),按肾虚兼血瘀痰阻和肝胆郁热的不同证型,及月经周期的不同时间,分别服用补肾活血胶囊 I 号、II 号、III 号、IV 号,在月经第 12 天进行针刺促排卵治疗。结果治愈率 48.6%,总有效率 91.4%。克罗米芬对照组治愈率 33.3%,总有效率 80.0%。治疗组排卵率 82.9%,妊娠率 42.9%,对照组排卵率 80.0%,妊娠率 26.7%。治疗组月经周期恢复正常率 94.3%,对照组为 80.0%。治疗组在临床疗效、妊娠率、月经周期恢复正常率等方面均明显优于对照组($P<0.05$ 或 $P<0.01$)。

主题词 多囊卵巢综合征/中医药疗法

多囊卵巢综合征是女性不孕症的原因之一,临床上以月经稀发、闭经、不孕为主,自 1992 年我们开始用补肾加针刺的方法治疗本病,疗效满意,现报告如下。

1 临床资料

本组 56 例均来自我院 1994~1998 年门诊及住院患者。西医诊断采用国际标准^[1,2]和《妇产科理论与实践》^[3]的诊断标准。中医诊断参照 1994 年全国中医病证诊断疗效标准。肾虚型(I 型):月经量少或闭经、不孕,腰酸腿软或仅有月经不调,舌质淡红,脉沉。肾虚兼血瘀痰阻型(II 型):除肾虚症状外兼见形体肥胖,胸闷泛恶,舌苔白腻,脉滑,或月经色紫暗,腹痛,舌质暗有瘀点,脉沉涩。肾虚兼肝胆郁热型(III 型):除肾虚症状外兼见精神抑郁,烦躁易怒,胸胁胀满,口苦或大便干,舌质暗,脉沉弦。

将 75 例多囊卵巢综合征患者随机分为两组。治疗组 45 例,年龄 23~38 岁,平均 31.43 ± 3.92 岁($\bar{x}\pm s$,下同);病程 1~10 年,平均 3.24 ± 2.33 年;轻型(病程 5 年以内)25 例,重型(病程 5 年以上)20 例;月经稀发 17 例,闭经 18 例,月经先后不定期 10 例;B 超示双侧卵巢卵泡数 >10 个 28 例,单侧卵巢卵泡数 >10 个 17 例;双侧卵巢增大 25 例,正常大小 20 例;肾虚 I 型 15 例,肾虚 II 型 17 例,肾虚 III 型 13 例。对照组 30 例,年龄 24~36 岁,平均 30.40 ± 4.21 岁;病程 1~10 年,平均 3.51 ± 2.91 年;轻型 17 例,重型 13 例;月经稀发 10 例,闭经 13 例,月经先后不定期 7 例;B 超示双侧卵巢卵泡数 >10 个 20 例,单侧卵巢卵泡数 >10 个 10

例;双侧卵巢增大 18 例,正常大小 12 例;肾虚 I 型 9 例,肾虚 II 型 13 例,肾虚 III 型 8 例。以上临床资料两组比较差异无显著性($P>0.05$)。

2 治疗方法

治疗组用纯中药制剂补肾活血胶囊 I 号、II 号、III 号、IV 号(以下简称 I 号、II 号、III 号、IV 号胶囊)加针刺治疗。具体用法:月经周期前 12 天用 I 号胶囊,月经周期后 16 天用 II 号胶囊。根据分型不同肾虚 I 型只用 I 号、II 号胶囊,肾虚 II 型、III 型均在使用 I 号、II 号胶囊的基础上分别加用 III 号和 IV 号胶囊,服用方法均每日 3 次,每次 6 粒。在月经周期第 12 天取关元、中极、子宫(双)、三阴交(双)穴位进行针刺促排卵治疗。每日 1 次,连续 5 天。月经周期为 28~30 天,对于月经稀发和月经先后不定期的病人,从最近的 1 次月经算起,即月经第 1 天为月经周期第 1 天,对于月经稀发、后期及闭经的病人,可肌注黄体酮,行经第 1 天开始计算月经周期,服药期间无论月经先期、后期还是停经,始终以开始计算的日期为准,以 28~30 天即 1 个月经周期为 1 个用药计算单位,重复上述用药方法。以上中药均由我院制剂室生产, I 号胶囊主要由淫羊藿、鹿角胶、羊外肾、紫河车等组成; II 号胶囊主要由肉苁蓉、巴戟天、龟甲、女贞子、菟丝子、怀牛膝、羌活子等组成; III 号胶囊主要由穿山甲、皂角刺、昆布、海藻等组成; IV 号胶囊主要由柴胡、夏枯草、大黄、生地黄等组成。

对照组用克罗米芬,于月经第 5~9 天服用,每次 50mg,每日 1 次。

治疗 3 个月为 1 个疗程,以 1~2 个疗程为限。观察方法以 B 超监测为主,配合观察基础体温(BBT),宫颈粘液结晶,血液内分泌激素测定及月经改善情况。

3 治疗结果

3.1 疗效判定标准:参考国内外标准^[1~3]及全国中医病证诊断疗效标准拟定。治愈:治疗 1~2 个疗程或停药后 6 个月内,出现排卵连续 2 个月经周期以上,月经规则连续 3 个月经周期以上或受孕者。有效:1~2 个疗程,月经规则 3 个周期以上,偶有排卵,但不到 4 个周期病情又复发者。无效:治疗 1~3 个疗程,虽然月经失调有改善,但月经周期恢复正常不到 3 个周期又复发者,和排卵功能未恢复者。

3.2 两组疗效比较:治疗组 45 例,治愈 26 例,有效

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收稿日期:1999-09-13;修回日期:2000-03-01

16 例,无效 3 例,总有效率 93.3%;对照组 30 例,治愈 9 例,有效 14 例,无效 7 例,总有效率 76.7%。治疗组优于对照组($P<0.01$)。

3.3 两组促排卵、妊娠情况比较:治疗组 45 例,排卵 37 例,妊娠 22 例,排卵率为 82.2%,妊娠率 48.8%;对照组 30 例,排卵 24 例,妊娠 7 例,排卵率为 80.0%,妊娠率 23.3%,经卡方检验,两组排卵率比较差异无显著性($P>0.05$),两组妊娠率比较差异有显著性,治疗组妊娠率明显高于对照组($P<0.05$)。

3.4 两组月经周期情况比较:治疗组 45 例中,月经周期恢复正常者 42 例,未恢复 3 例,恢复正常率 95.5%;对照组 30 例中,恢复正常者 23 例,未恢复 7 例,恢复正常率 76.6%,经卡方检验,两组比较差异有显著性,治疗组明显优于对照组($P<0.05$)。治疗组轻型 25 例中治愈 16 例,有效 8 例,无效 1 例;重型 20 例中治愈 10 例,有效 8 例,无效 2 例。轻型与重型之间疗效比较差异无显著性($P>0.05$)。治疗组肾虚 I 型 15 例,治愈 9 例,有效 5 例,无效 1 例;肾虚 II 型 17 例,治愈 10 例,有效 6 例,无效 1 例;肾虚 III 型 13 例,治愈 7 例,有效 5 例,无效 1 例。肾虚各型间疗效比较差异无显著性($P>0.05$)。

4 讨论

治疗多囊卵巢综合征重在促排卵,而促排卵的关键在补肾。根据月经周期卵泡发育的不同阶段,采取促进卵泡成熟和排卵两个主要步骤,排卵前期即在月经周期前 12 天,以补肾阳为主,肾中之阴精需要在肾中之阳气的作用下逐渐充盈,促进卵泡发育成熟。补肾不嫌滋腻,Ⅰ号胶囊用淫羊藿、鹿角胶、肉苁蓉等厚味之品补肾阳,取其温肾助阳,补益命门之意,即所谓阳中求阴,稍佐滋阴药鳖甲,以防助阳太过。排卵期及排卵后即在月经周期后 16 天,卵泡逐渐成熟,是肾中阴阳气血化生之时,以阴阳双补为主,并加活血,进一步促进卵泡成熟和排卵,并引血下行。Ⅱ号方中既有补肾助阳的紫石英、肉苁蓉等,又有补精血的龟甲、菟丝子等,达到益阴而能固阳,守而能走,阴阳俱补,益肾填精即所谓阴中求阳,阳中求阴,阴阳平衡,生化无穷。方中加活血药茺蔚子、怀牛膝、桃仁等。牛膝走而能补,引诸药下行入肾,诸药活血通经以助补肾之功效的充分发挥,恢复月经周期的阴阳消长转化。补肾需活血,因为肾虚必有瘀,近代研究已证实,补肾加活血可提高排卵率^[7]。

治疗本病常见的兼证血瘀痰阻及肝胆郁热,采用活血祛瘀,化痰通络和清除肝胆之热的治疗方法。因为肝肾同源,肾虚不滋肝木,肝失条达则郁,郁而化热、有

肝郁则肾亦郁之说^[8],治疗应补肾疏肝清热。许多专家发现补肾加疏肝亦能改善黄体功能,增加受孕率^[8]。另肝郁则肝木不疏脾土,脾失健运,痰湿中阻,肝郁则气滞血瘀,经脉不通,故活血通络化痰也是治疗本病兼证的另一重要方法。

排卵期配合针刺,增其填补肾精,调冲任气血,滋养胞宫之功,以达调整机体阴阳气血平衡,使肾—天癸—冲任轴功能正常运行,恢复正常的排卵功能,与中药促排卵有协调作用。现代研究证实,针刺可引起脑内某些核团反应和递质变化,调整下丘脑功能而促进排卵,提高形成黄体生成素的峰值^[10]。

经药理实验证明,补肾活血胶囊具有改善排卵的周期性调节,使排卵的内分泌变化趋于正常,未发现任何毒副作用,避免了西药的卵巢过度刺激综合征(OHSS)等并发症和各种不良反应,无对照组的高排卵率、低妊娠率之弊,疗效肯定,服用方便,避免了汤剂煎煮不便和不易坚持长期服用的缺点。

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• 征 文 •

由中国中医药学会主办,中医杂志社和河南省中医院承办的“全国中医药科研成果与临床应用学术交流会”定于 2000 年 8 月下旬在大连市召开,征文如下。

1. 征文内容:有关中医药科研与临床的理论探讨、中医四诊的临床与实验研究、有关“证”或“症”的临床与实验研究、单味中药的临床与实验研究、临床经验总结、综述与展望、老中医经验总结、病例讨论、护理体会等。2. 要求:来稿字数在 1500 字左右,并加盖单位公章。凡论文入选者将被邀请参加大会交流,中国中医药学会颁发证书,论文择优入编《中医杂志》,其他论文入编大会论文集。无论论文者也可参加会议。稿件请于 2000 年 7 月 31 日前寄至河南省郑州市东风路 6 号河南省中医院医学科 张文学收。邮编:450002,电话:(0371)377733177,3733197,传真:(0371)3733140。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Studies on Treatment of 82 Cases of Premature Beat with Zao Bo Ling

Li Shuqing, Niu Chengzao, Mu Ling

Zao Bo Ling was adopted for treatment of 82 cases of premature beat (treatment group) and Rythmol and Isoptin were used as control groups. At same time, animal experiment was carried out. Results showed that premature beat was effectively controled and palpitation, chest distress and other symptoms were relieved obviously in the treatment group. Zao Bo Ling also could treat severe heart failure and did not have toxic side-effects. The total effective rate was 78.0% with significant difference as compared with that of the Rythmol group and the Isoptin group respectively ($P < 0.05$), and the animal experiment proved that it could strengthen myocardial contractive power. It is suggested that Zao Bo Ling has reliable therapeutic effect for premature beat.

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Key words: Extra Systole/TCM therapy @Zao Bo Ling
(Original article on page 410)

Clinical Observation on 35 Cases of Polycystic Ovary Syndrome Treated with Tonifying the Kidney Plus Acupuncture Sang Haili

Tonifying the kidney plus acupuncture method was used for treatment of 35 cases of polycystic ovary syndrome (treatment group). Bu Shen Huo Xue Capsules No. I, II, III and IV were respectively administrated according to different syndrome types such as kidney deficiency accompanied with blood stasis and stagnation of phlegm and retention of heat in liver and gallbladder, and different time of menstrual cycle. Acupuncture treatment for promoting ovulation was carried out on the 12th day of menstruation. Results indicated that the cured rate was 48.6% and 33.3%, the total effective rate was 91.4% and 80.0%, the ovulation rate was 82.9% and 80.0%, the pregnancy rate was 42.9% and 26.7%, recovering-normal rate of menstrual cycle was 94.3% and 80.8% in the treatment group and the Clomiphene control group respectively. The treatment group in the clinical therapeutic effect, the pregnancy rate, recovering-normal rate of menstruation was significantly superior to those of the control group ($P < 0.05$ or $P < 0.01$).

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Key words: Polycystic ovary syndrome/TCM therapy
(Original article on page 412)

Investigation on Picture of the Tongue Before and After Transplantation of Hemopoietic Stem Cells in 44 Cases of Malignant Hematopathy

Li Haiyan, Feng Sizhou, Qian Linsheng, et al.

Picture of the tongue was observed in 44 cases of malignant hematopathy before and after transplantation of hemopoietic stem cells. Results showed that before transplantation, 28/44 cases were thin fur and after transplantation the picture of the tongue had obvious change, at the early stage 29/44 cases were thick and greasy fur, 14/44 cases were dark-purplish proper of tongue, and at the late stage of transplantation 15/44 cases were thick and greasy fur, and 14/44 cases were brown, grey or black fur. From the point of view of traditional Chinese medicine, this therapy has effect on the organism in the series of patients and has a certain directive significance for clinical treatment based on differentiation of symptoms and signs.

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Key words: Hematopathy/surgical operation Hemopoietic stem cell

(Original article on page 422)

Study on Correlatively of Interleukin-1 and Other Cellular Factors with Essence of Deficiency of the Lung-yin

Shen Weizi, Sun Yan, Zhang Shuren, et al.

The relations between of interleukin-1 β (IL-1 β), interleukin-6 (IL-6), tumor necrosis factor (TNF α) and lung yin-deficiency syndrome were studied by means of immunohistachemical method. Results indicated that expression levels of IL-1 β and TNF α in macrophages and other non-tumor cells were correlated with lung yin-deficiency syndrome, expression levels of IL-1 β and TNF α in non-tumor cells of lung yin-deficiency syndrome group were higher than those of normal control group and patient control group; the IL-1 β /IL-6 ratio and TNF α /IL-6 ratio in non-tumor cells were closely related with lung yin-deficiency syndrome, IL-1 β /IL-6 ratio and TNF α /IL-6 ratio in non-tumor cells of lung yin-deficiency group were higher those of the normal control group and the patient control group. The authors hold that IL-1 β and TNF α cellular factors are essence of yin-deficiency.

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Key words: Deficiency of the Lung-yin/immunology
(Original article on page 423)