

闭经的辨证论治与子宫内膜厚度相关性的探讨 ——附 84 例临床观察

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摘要 通过对 84 例功能性继发闭经患者临床观察发现,子宫内膜厚度(EM) < 0.5cm 的患者多表现为虚证,EM > 0.5cm 的患者多表现为实证。按“虚则补之,实则通之”的原则治疗,获得良好的疗效。说明闭经的辨证论治与子宫内膜厚度有密切的相关性。

主题词 闭经/中药疗法 子宫内膜/药物作用 辨证论治

闭经的中医辨证“不外虚实两端”^[1]。实者,气血瘀滞,冲任不通,经血不得下行;虚者,精亏血少,血枯经闭。临床发现子宫内膜厚度(EM)这一客观检查指标与中医闭经的辨证论治有非常密切的关系,EM 直接反映着月经周期不同阶段的动态变化情况,可以说是中医望诊的延伸和客观化。正常情况下,EM 可变动在 0.05~0.5cm 之间,最厚可达 1.6cm^[1]。当 EM ≥ 0.5cm 时,其厚度介于正常月经周期的增殖期和分泌期之间,说明子宫内膜已有一定的雌激素准备,也即中医的血海充盈,系因各种原因导致冲任脉络不通,出现闭经,此时患者多表现为气滞血瘀、痰湿阻滞等实证;如 EM < 0.5cm,相当于月经末期和增殖早期,说明雌激素水平不高,也即冲任亏虚,血海不能按时满盈,患者此时多出现肝肾不足,气血虚弱的虚证。笔者按 EM 辨治继发性闭经 84 例,报告如下。

1 临床资料

共收集门诊病例 84 例,年龄 18~41 岁,其中青春期 18~24 岁 24 例,育龄期 25~40 岁 57 例,41 岁 3 例。闭经时间 3~18 个月,均为继发闭经,排除妊娠及器质性病变。治疗前均做 B 超检查,了解子宫内膜厚度并排除其它病变。

中医辨证分型参照中华人民共和国卫生部 1993 年制定颁布的“中药新药治疗闭经的临床研究指导原则”及《中医妇科学》的辨证标准,将 B 超检查 EM 情况纳入传统中医辨证中,结合临床症状,将 84 例患者分为虚实 5 型、A、B 两组。

虚证:肝肾不足型(22 例),经闭伴腰膝酸软,形寒

肢冷或五心烦热,脉沉两尺弱或弦细。气血虚弱型(8 例),经闭伴气短乏力,面色苍白,纳呆食少,舌淡,脉沉细无力。

实证:气滞血瘀型(28 例),经闭伴心烦易怒,乳房胀痛,面色晦暗,舌暗瘀斑,脉弦涩。痰湿寒凝型(13 例),经闭伴胸满体肿,四肢沉重,腹冷下坠,舌胖,脉弦滑。

无症状型(13 例):经闭无其它症状,舌脉如常人。

按 EM 分为两组:A 组 53 例,EM < 0.5cm,其中肝肾不足型 19 例,气血虚弱型 8 例,气滞血瘀型 10 例,痰湿寒凝型 6 例,无症状型 10 例。B 组 31 例,EM ≥ 0.5cm,其中肝肾不足型 3 例,气滞血瘀型 18 例,痰湿寒凝型 7 例,无症状型 3 例。A 组中以虚证患者为主共 27 例,B 组中以实证患者为主共 25 例,两组中 EM 与中医辨证相吻合者 52 例,占总例数的 61.9%。不吻合者 19 例,占总例数的 22.6%。无症状者 13 例,占总例数的 15.5%。

2 治疗方法

遵“虚则补之,实则通之”的原则,自拟增膜汤和脱膜汤。虚证患者用增膜汤,基本方:黄芪 15g,熟地黄 15g,当归 15g,紫河车 12g,女贞子 15g,旱莲草 20g,制首乌 20g,菟丝子 10g。根据不同证型随症加减,肾虚者加川续断、肉苁蓉、淫羊藿、巴戟天、杜仲等;阴虚血燥者加瓜石汤、两地汤等;气血虚弱者加八珍汤等。实证患者用脱膜汤,基本方:赤芍 15g,当归 15g,川芎 10g,桃仁 12g,红花 10g,牛膝 30g,益母草 30g,生蒲黄 10g,五灵脂 10g。肝郁者加柴胡、香附、郁金;寒凝者加桂枝、干姜、紫石英;痰湿者加二陈汤、苍术、白术等。经治疗月经来潮者,再用中药连续治疗 3 个月,停药后随访 3 个月。无症状者,根据 EM 辨证治疗。对少数证与 EM 不符合者,舍证从 EM,仍按上法治疗。

3 结果

疗效判定标准根据中华人民共和国卫生部“中药新药治疗闭经的临床研究指导原则”。A 组 53 例,分两个阶段判定疗效,第 1 阶段服增膜汤 20 剂后,EM 增长 ≥ 0.5cm,各型伴随症状减轻者共 32 例。经第 2 阶段继服脱膜汤 6~10 剂后,月经来潮,评为痊愈。A 组

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收稿日期:2000-01-17;修回日期:2000-05-06

虚证 27 例中痊愈 10 例,有效 8 例,无效 9 例;实证 16 例中痊愈 14 例,有效 2 例;无症状 10 例中痊愈 8 例,有效 2 例。B 组 31 例,服脱膜汤 6~10 剂,均痊愈。84 例中,痊愈 63 例,痊愈率 75%,总有效 75 例,总有效率 89.29%。

4 讨论

闭经辨治应分清血枯和血滞:古人曰:“血枯……欲其不枯,无如养营。欲以通之,无如充之……奈何今之为治者,不论有滞无滞,多兼开导之药,其有甚者,则专以桃仁、红花之类通利为事,岂知血滞者可通,血枯者不可通也。血既枯矣,而复通之,则枯者愈枯……”(《景岳全书·妇人规血枯经闭》)当 $EM < 0.5\text{cm}$ 时,相当于中医的血海亏虚,血亏无以下,用补肾养血,滋养内膜的方法治之;当 $EM \geq 0.5\text{cm}$ 时相当于中医的血海充盈,但血滞不得下,用活血化瘀通经之法治之。将 EM 这一量化的客观指标纳入闭经的中医辨证中,使诊断明确,疗程缩短,疗效提高,符合当今中医辨证规范化、客观化的要求。

中医所说肾精—天癸—胞宫与下丘脑—垂体—卵巢轴之间关系密切:《素问·上古天真论》:“女子七岁肾气盛……二七而天癸至……月事以时下”,“天癸者,阴精也,盖肾属水,癸亦属水,由先天之气蓄极而生,故谓阴精为天癸也。”说明“天癸”是人体生长发育和生殖的一种阴精,肾精充足,精血互化,而成为月经的物质基础。因而 A 组患者 $EM < 0.5\text{cm}$,用补肾养阴,滋养内膜的药物治之,使 EM 增长,53 例中 32 例痊愈,痊愈率 60.4%。验证了中医肾精—天癸—胞宫之间相关的理论。说明补肾阴的中药能够作用在性腺轴上,使雌激素分泌增加,EM 增生。

月经呈现一个周期性的动态过程,EM 也呈现周期性的变化。患者的伴随症状也会呈现动态的变化,EM 薄的 A 组中,有虚中挟实或假实证者,EM 厚的 B 组中也有实中挟虚者,本组观察以 EM 的动态变化作为诊断、用药及疗效判定的参考标准,取得较好疗效。

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燮枢止汗汤治疗顽固性盗汗

巫庆初*

笔者从调肝和脾入手,自拟燮枢止汗汤治疗顽固性盗汗,疗效满意,介绍如下。

1 方药组成

生白芍 15~20g,炒白术 9~12g,钩藤 9~12g,生龙骨(先煎)25~30g,生牡蛎(先煎)25~30g,太子参 25~30g,熟地黄 25~30g,麦冬 9~12g。每日 1 剂,水煎,白天、睡前各服 1 次。服药期间切忌浓茶、烟酒、辛辣、暴怒等。

2 组方原则

早年临床上常遇盗汗之疾,以益气固表、调和营卫、清热祛湿等法治疗,收效甚微。经反复思量及翻阅有关书籍,发现盗汗日久亦常影响脏腑气血功能,据临床表现发现顽固性盗汗,其肝常有余,而脾常不足。一次有幸阅读清代名医沈金鳌之著其说:“肝和则生气发育万物,为诸脏之生化,若衰与亢则能为诸脏之残贼。”乃恍然大悟。故以调肝和脾为主,佐以补养肝肾、固涩止汗之法。以《内经·五脏生成篇》“肝欲酸,脾欲甘”为据,以白芍苦酸柔肝敛阴,平抑肝阳,佐以钩藤甘寒平肝息风,生龙骨、生牡蛎咸寒平肝潜阳、镇静安神,而抑肝之有余;且龙骨、牡蛎还具固涩止汗之功。以炒白术甘温健脾益气止汗,太子参甘平健脾生津,共补脾之不足;以熟地黄补肾养肝。因盗汗日久,营阴受损,所以在太子参和熟地黄养阴的基础上,再佐麦冬清热养阴生津,使全方共奏调肝和脾、补肾益肝、养阴止汗之功。

3 随症加减

临床上若伴心悸、少寐、多梦者,因母病及子,常加五味子、西洋参、浮小麦等;若伴脘痞、胀闷、纳差者,加麦芽、建曲、砂仁、鸡内金等;若伴口苦、烦闷、苔黄腻者,因脾失健运,湿热内生,故去熟地黄、麦冬、牡蛎加龙胆草、茵陈、栀子、厚朴等;若伴腰膝酸软、五心烦热者,加知母、黄柏、鳖甲、龟甲等;若伴大便秘结者,加郁李仁、火麻仁等。

4 验案举隅

李某某,男,54 岁,初诊日期 1993 年 5 月 8 日。自云从 1992 年 8 月中旬始,睡醒后颈以上汗出湿枕,在当地诊所服西药后(药物不详),汗出稍好,过半个月后,睡即汗出,以上半身为主,汗出浸衣,醒后即止,后渐加重,转辗几家医院经中、西医治疗效果均不理想。现近半个月来,睡即全身汗大出,常每晚要换 1~2 次睡衣,少寐多梦,食纳不佳,心胸烦闷;神疲乏力,少气懒言,面色苍白;脉虚弦,舌质淡、苔薄白。X 线检查未发现肺实质性病变。辨证:肝脾不和,气血虚衰。治法:调肝和脾,益气养血,固涩止汗。处方:燮枢止汗汤加减:生白芍 20g,炒白术 10g,生龙骨(先煎)30g,生牡蛎(先煎)30g,熟地黄 30g,钩藤 10g,当归身 9g,麦冬 10g,浮小麦 12g,3 剂。

5 月 13 日二诊:服上药后汗出已衰其大半,精神好转,脸色转润,唯纳差未除。上方加砂仁 9g,续进 4 剂。

5 月 18 日三诊:盗汗已止,精神转好,夜寐已安,食欲已启,唯时有呃逆。二诊方去熟地黄,加旋覆花(布包)10g,姜半夏 12g。3 剂而愈,随访未复发。

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收稿日期:2000-04-07

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Study on Sputum—Removing Action of Tan Jing Nebulization Liquid

Peng Zhaolin, Peng Wenjuan

103 children of respiratory tract infection were treated with ultrasonic aerosol inhalation of Tan Jing Nebulization Liquid in order to study mechanisms of sputum—removing action in pharyngeal portion. Clinical results indicated that Tang Jing Nebulization Liquid in sputum—removing action and reduction of sputum sound was superior to the control group ($P < 0.01$). Results in the experiment of animal showed that the drug promoted obviously ciliary motion in air passage as compared with the control group ($P < 0.05$ or 0.01). Electron microscopy indicated that chain of sputum shortened, loosened and dispersed.

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Key words: respiratory tract infection / TCM therapy, Chinese herb steam inhalation, @ Tan Jing Nebulization Liquid

(Original article on page 216)

Comparative Analysis of Therapeutic Effects in Removing Stone in 584 Cases of Cholelithiasis

Chen Weimin, Pang Xiaoxia, Zhu Weihua

581 cases of cholelithiasis were assigned to Western medicine group, Chinese herb group and Combined treatment group. The Western medicine group received oral administration of Trepibutone, Ai Hou Dan Tong Tablet; The Chinese herb group were orally administrated self—formulated prescription Si Jin Pai Shi Decoction and Gan Dan Jie Shi Tablet; The combined treatment group were orally administrated Si Jin Pai Shi Decoction and received treatment with Tui An Yun Jing Instrument. Results showed that the therapeutic effect in the combined treatment group was the best, the all—stone ejection rate, total lithecbole rate and the total effective rate being 16.84%, 49.27%, 84.82%, respectively; in the Chinese herb group was next, the three indexes being 11.29%, 37.10% and 67.7%, respectively; in the Western medicine group was the worst, the three indexes being 2.44%, 7.32% and 13.90%, respectively. There were significantly differences in the all—stone ejection rate ($P < 0.05$), total lithecbole rate ($P < 0.01$) and the total effective rate ($P < 0.01$) among the three groups. It is suggested that the combined treatment is a better method for clinical treatment of middle and small stone with transverse diameter less than 1.0cm at present.

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Key words: cholelithiasis/Chinese herb therapy

(Original article on page 218)

Approach to Correlativity of Treatment of Amenia Based on Difference of Syndromes with Endometrial Thickness—Clinical Observation of 84 Cases

Han Xiaofang, Wang Pujing

It was found in clinical observation of 84 cases of functional secondary amenia that the patient with endometrial thickness of less than 0.5 cm manifested most as deficiency syndrome and the patient with endometrial thickness of more than 0.5 cm manifested most as excess syndrome. Based on the therapeutic principle "illness of deficiency type should be treated by tonifying method and excess syndrome should be treated with the method of purgation and reduction", a good therapeutic effect was attained. It is indicated that treatment of amenia based on differentiation of syndromes and the endometrial thickness have close correlativity.

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Key words: amenia/ Chinese herb therapy, endometrium, medical action, treatment based on differentiation of symptoms and signs

(Original article on page 220)

Study on Correlativity of HLA—DQA1 Allelic Gene with Varied TCM Constitution Types in Acute Cerebral Infarction

Shen Naiying, Yan Zheng, Jin Yu'an, et al

Varied TCM constitutions in the patient of acute cerebral infarction were classified by using HLA—DQA1 allelic gene to analyze hereditary susceptibility of constitution types and relation among constitution, syndrome and treatment. PCR—SSP technique was used for classification of Yin—deficiency, Yang—deficiency, Qi—deficiency, phlegm—dampness and blood stasis constitution in 103 cases of acute cerebral infarction and HLA—DQA1 allelic gene was used for gene classification in 99 cases of normal constitution. Results indicated that HLA—DQA1 * 0501 gene type in Yin—deficiency constitution was significant higher than that of normal constitution ($P < 0.01$); HLA—DQA1 * 0301 gene type in Qi—deficiency, phlegm—dampness and blood stasis constitution all was higher than normal constitution ($P < 0.01$). It is suggested that HLA—DQA1 * 0501 gene is correlated with Yin—deficiency in the patient of acute cerebral infarction. Thus, genetical background of relation of constitution with syndrome, and constitution with "treating the same disease with different methods" are explained from view of point of molecular biology.

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Key words: cerebral infarction/ genetics

(Original article on page 237)