

中西医结合治疗过剩抑制综合征临床观察

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摘要 以中医辨证用药配合使用克罗米芬、黄体酮治疗过剩抑制综合征所致不孕68例,并与单纯西药及中药加黄体酮进行比较,疗效明显优于后者,妊娠率达到57.4%。

主题词 避孕药,女用/副作用 闭经/化学诱导 闭经/中医药疗法

过剩抑制综合征所致之不孕,临床较为常见。1985年10月至1990年10月间,笔者随机以中西医结合辨证分型治疗本征68例,同时与西药治疗34例、中药加黄体酮(以下简称中黄组)治疗32例进行对照,结果治疗组在症状缓解、受孕率等方面均显示一定优势,兹整理报告如下。

1 临床资料

3组病例年龄均23~35岁,病程3~6个月。治疗组平均年龄 27.6 ± 4.3 岁;西药组 27.9 ± 2.8 岁;中黄组 28.1 ± 2.7 岁。治疗组平均病程 4.05 ± 0.81 个月;西药组 4.10 ± 0.87 个月;中黄组 4.11 ± 0.91 个月。3个组之间有可比性(P 均 >0.05)。

各组临床表现主要为恶心欲吐,四肢乏力,纳谷欠馨,胸闷胁痛,乳房胀痛或溢乳,皮肤色素沉着、黄褐斑,下肢痠痛,带下量多及闭经。

本组病例选择均为服避孕药之前月经周期正常,服药以后出现上述临床主证,停药避孕药超过3个月仍闭经或月经稀少,月经周期明显不规则,B超检查卵巢变小,类似绝经期卵巢,卵泡发育不成熟,无黄体形成。基础体温单相。若因不孕就诊者,选择男方性功能及有关化验检查均正常者。凡发生闭经一溢乳者,均检查肾上腺皮质功能、甲状腺功能及作X线

蝶鞍摄影等检查,以排除肾上腺和甲状腺及垂体肿瘤所引起的闭经。治疗组41例、西药组19例、中黄组20例作孕二醇(P_2)检查,部分患者测定黄体生成素等。

治疗组中医辨证分为3型。脾气虚弱型28例,证见纳谷欠馨,四肢乏力,面色不华,头晕,恶心欲吐,颜面色素沉着,带下清稀量多,月经甚少,色淡红,舌质淡,苔薄白,脉细弱。肝气郁结型23例,证见精神抑郁,胸闷不舒,乳房胀痛,遇怒加重,或见溢乳,颜面色素沉着,黄褐斑,月经愆期或闭经,经色紫暗,经行腹痛,舌质暗红,或见瘀斑,苔薄白,脉弦细或弦紧。肾精亏损型17例,证见头晕耳鸣,腰膝痠软,性欲低下,月经初潮较迟,精神疲惫,健忘,或形寒肢冷,闭经或月经稀发,经量极少,色淡红,颜面色素沉着,黄褐斑较多,舌质淡,苔薄白,脉沉弱。

2 治疗方法

治疗组分3型辨证治疗,脾气虚弱型药用红参、白术、怀山药、茯苓、佩兰叶、陈皮、麦芽、山楂、熟地、鹿角霜、菟丝子、仙灵脾等。肝气郁结型药用柴胡、香附、白芍、赤芍、丹参、乌药、女贞子、枸杞子、泽兰叶、巴戟天、仙灵脾、香橼皮等。肾精亏损型药用紫石英、鹿角霜、山萸肉、制香附、白芍、熟地、桑椹子、仙灵脾、何首乌、菟丝子等。随证适当加减,从月经周期第5天服至第16天,共12剂,之后服丸药。脾气虚弱型服人参健脾丸,肝气郁结型服逍遥丸,肾精亏损型服乌鸡白凤丸,均按常规量服,至下一次月经来潮。于月经周期第5天口服克罗米芬,每日1次,每次100mg,连服5天;闭经者于第22天肌注黄体酮,每日1次,每次20mg,连用3天。下一周期重复上述用法。

西药组于月经周期第5天口服乙蔗酚,每

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日1次,每次0.5 mg(晚饭后服,恶心重者加服维生素B₆),连用16天;周期第5天口服克罗米芬,每日1次,每次100 mg,连用5天;闭经者周期第22天肌注黄体酮,每日1次,每次20 mg,连用3天。下一周期重复上述用药方法。

中黄组除不服用克罗米芬外,辨证分型用药(包括丸药)、闭经者肌注黄体酮均与治疗组相同。下一周期重复上述用药方法。

3个组均在治疗3个月经周期后50天统计疗效。

3 疗效标准及结果

疗效标准:(1)治疗后月经周期正常,主要症状消失,B超、化验或妇查证实妊娠;(2)雌激素、孕激素、促黄体生成素或促卵泡生成素在正常范围;(3)月经中期出现LH(促黄体生成激素)高峰及LH峰距下次月经来潮>11天;基础体温双相,尿P₂>3 mg/24 h(或血清P₀>5 ng/ml),经期子宫内膜呈内分泌改变。符合上述之一者为痊愈;月经周期明显改善,主要症状消失,内分泌检查好转者为有效;闭经或主要症状无缓解,内分泌检查无改善者为无效。

治疗结果:治疗组痊愈52例,有效11例,无效5例,总有效率92.6%;西药组痊愈19例,有效6例,无效9例,总有效率73.5%;中黄组痊愈18例,有效5例,无效9例,总有效率91.9%。治疗组明显优于西药组和中黄组(P 均<0.05)。治疗组妊娠39例(57.4%);西药组11例(32.4%);中黄组11例(34.4%)。治疗组亦明显优于西药组和中黄组(P 均<0.05)。

治疗组和中黄组在缓解主要症状方面显示出明显优势。其中对恶心呕吐、肢体乏力及纳呆等症状缓解较快,优于西药组。3个组对色素异常的改善均较差,治疗组有效率为55.6%,西药组为31.6%,中黄组为52.6%,治疗组和中黄组治疗前后症状自身比较有显著差异(P <0.01)。见表1。

3个组治疗前后查P₂值者共80例(凡治疗

表1 主要症状缓解情况

主要症状	治疗组	西药组	中黄组
恶心呕吐	33/0	18/5	16/0
肢乏纳呆	51/1	24/8	22/0
胸闷胁胀	24/2	15/6	16/0
溢乳乳胀	41/0	18/1	16/0
色素异常	36/16	19/13	19/8
下肢疼痛	27/1	15/2	12/0
带下量多	22/1	17/1	11/0
闭经	47/2	23/3	21/2

注:表内数据为治疗前例数/治疗后例数

表2 三组部分患者治疗前后P₂值

组别	例数	治疗前 均值±标准差	治疗后 均值±标准差
治疗组	41	1.28±0.55	5.75±0.68
西药组	19	1.29±0.61	5.74±0.63
中黄组	20	1.23±0.48	5.65±0.58

注:表内数据为mg/24小时

后妊娠者未做内分泌复查),表明这些患者的P₂值与临床主要症状的缓解基本是同步的,各组治疗前后自身比较均有非常显著性差异(P <0.01),3个组间比较无显著差异(P 均>0.05)。见表2。

3个组未达到有效标准者,治疗组4例、西药组7例、中黄组6例,均用治疗组方案,继续治疗3个月经周期。结果除中黄组1例(未系统治疗)未见好转外,其他患者均达到治愈或有效标准。

4 讨论

过剩抑制综合征,又名口服避孕药后排卵停止综合征^[1]。由于避孕药物主要作用为抑制排卵,通过改变宫颈粘液的粘稠度,并使子宫内膜出现非典型分泌相,破坏精卵结合和着床。大部分口服避孕药者,停药半年以内即可恢复其正常的排卵功能,但服药时间较长或受其他方面因素的影响,诸如体质、精神、环境等,抑制体征仍不消失,生理机能不易迅速恢复,往往伴有脏腑、冲任、胞宫等功能失调脉证,出现一系列酷似脾气虚弱、肝气郁结和肾精亏损等证候。根据中医辨证原则组方施治,在分

型的前提下,均加入补肾益精之品,以冀通过肾-冲任-天癸-胞宫而起到解除卵巢抑制,促进排卵功能的作用。这一治法,与改善下丘脑-垂体-卵巢轴功能相似^[2],可明显改善患者过度抑制的现象。

通过健运脾胃、疏肝解郁和益肾填精为基础组方治疗,可明显改善脏腑、冲任、胞宫的综合功能,促进卵泡发育成熟、精卵结合和着床。脾胃为后天之本,气血生化之源,脾气虚弱精血则源竭枯涸;肝主疏泄,调节气血和谐情志,肝气郁结每易导致气血瘀滞,孕育功能失常;肾藏精,与冲任胞宫关系密切,是维持生殖之主,肾精亏耗则卵泡难于成熟。脾、肝、肾等脏功能诸和,冲任功能正常,孕育功能即可恢复。中西医结合法对缓解主症、促进卵泡发育、提高受孕率均有明显的优势。因本征之主要矛盾为排卵障碍,故在各型治疗方剂中佐以促进卵泡发育成熟之品,同时佐以活血化瘀药物,以调理冲任气血。诸如熟地、菟丝子、枸杞子、仙灵脾、紫河车、紫石英、女贞子、丹参、赤芍等药,适量配入方中,可提高雌激素和孕激素水平,对提高疗效大有裨益。同时,加服国内外公认的诱发排卵剂克罗米芬^[3,4],但克罗米芬排卵率高而受孕率低^[5],中西药合

用则相得益彰,受孕率明显提高,本文临床研究证明了这一点。

在治疗过程中临床主症有时出现变化,临床可根据脉证主次调整药物用量,切忌一方不变。当症状基本消失后,应重用补肾填精之品^[6]。对3周期未效者,进行再治疗时应系统观察,包括基础体温、P₂等,也可利用B超观测卵泡发育情况,防止久用克罗米芬引起过刺激综合征。之外,凡基础体温典型双相、P₂值或P₀值达到正常时,或月经中期出现LH高峰及LH峰距下次月经来潮>11天,或B超观察到>20 mm卵泡者,克罗米芬即停止使用。

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消疔解毒灵治疗小儿疔疮及痄子感染 91 例

李俊彪* 彭靖欧*

1 临床资料

本组为1987~1990年观察病例。123例随机分为中药组91例,西药组32例。年龄7个月~12岁;病程2天~4个月。其中中药组8例,西药组5例连续发病2~3年。临床表现以头面部疔疮及痄子感染为主,少则3~5个,多则数十个,小如绿豆,大如蚕豆,伴神疲倦怠、纳差汗多、夜卧不宁、性情急躁。

2 治疗方法

消疔解毒灵组成:黄芪、白术、当归、川芎、银

花、连翘、皂角刺、荆芥、公英、地丁、甘草。暑热甚选加青蒿、香薷、扁豆花、夏枯草。烦躁不宁加钩藤、蝉衣、竹叶。中药组用消疔解毒灵每日1剂,水煎第1次口服,第2次外洗。西药组口服先锋霉素IV、维生素C、B₆或肌注青霉素G及对症治疗。

3 疗效标准及结果分析

疗效标准:症状消失、3~6个月未复发为治愈;症状消失、停药后有复发为好转;治疗3周症状无改善为无效。治疗结果:中药组治愈72例,好转9例,无效10例,有效率为88.9%;西药组治愈13例,好转18例,无效1例,有效率93.75%。中药组平均治疗天数12.7天,西药组8.5天。

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ABSTRACTS OF ORIGINAL ARTICLES

A Clinical Study on Cancer Pain Treated with "Analgesic Powder for Cancer"

Yang Genglu, Liu Jingcai, Xie Jian, et al

Composed of some 20 kinds of Chinese materia medica, this powder is applied topically in 91 cases of various cancers with pain. The results were markedly effective 42 cases; fairly effective, 22 cases; effective, 22 cases; non-effective, 5 cases; the total rate of efficacy being 94.43%. Animal experiments showed that local application of the remedy at femoral arterial of mice markedly, lowered the pain threshold as compared with the control group without remedy application.

Author's Address: The No. 211 Hospital of PLA, Heilongjiang, 150080, PRC.

Key Words: Tumor/Complication Pain/TCM therapy Analgesic (Chinese materia medica)/Therapeutic application

(Original article on page 30)

Clinical Observation on Excess-inhibition Syndrome Treated by Integrated Chinese and Western Medicine

Wang Zhongmin

By treating 68 cases of sterility due to excess-inhibition syndrome with Chinese materia medica on syndrome-differentiated basis combined with progesterone and clomiphene, and by comparing it with simple Western drug and Chinese materia medica combined with progesterone, it was found that the efficacy is much higher than the latter, with a pregnant rate of 57.4%.

Author's Address: Gulou Hospital of Xuzhou City, Jiangshu, 221005, PRC.

Key Words: Contraceptive, for female/Side effect Amenorrhea/Induced by chemical Amenorrhea/TCM therapy

(Original article on page 34)

Relations between Syndrome-typing in TCM and the Levels of PGE₂ and PGF_{2α} in Blood and Urine in Diseases of Stomach and Duodenum

Jin Jingshan, Zhao Ronglai, Wei Beihai, et al

In patients of deficient spleen, the blood PGE₂ is markedly elevated, whereas PGF_{2α}, markedly lowered. That of urine PGE₂ and PGE₂/PGF_{2α} markedly increased. In deficient spleen treated with "Jianpi Yiqi" (Spleenstrengthening and Qi-benefit) Syrup and Disharmony of Liver and Stomach treated with "Qizhi Weiteng" (Stagnant Qi and Stomachache) Powder, there were no obvi-

ous changes in PGE₂ and PGF_{2α} before and after treatment. Comparison of the PG contents between patients of deficient Spleen and experimental deficient Spleen rats revealed PGF_{2α}, lowering in both groups, while FGE₂ increased in patients and lowered in rats, suggesting that there are differences as well as similarities in both groups, and this corresponds to the TCM assessment of animal models.

Author's Address: Beijing Institute of Traditional Chinese Med., Beijing, 100010, PRC.

Key Words: Stomach disease/Blood Duodenal disease/Blood Prostaglandin E/Blood

(Original articles on page 43)

Comparison on the Effect of Yang-benefitting and Yin-nourishing Drugs on Castrated Cock

Wu Zhikui, Li Chengjun, Chen Shuanghou, et al

Good effects were observed in the development of sexual characters of castrated cock. When compound recipes of drugs with nourishing Kidney Yin and warmly benefitting Kidney Yang were applied. Persistent and marked effects on main indexes showed the former group of drugs to be stronger in action, whereas the levels of hormones revealed a difference between the recipes.

Author's Address: Guang Anmen Hospital Affiliated to China Academy of TCM, Beijing, 100053, PRC.

Key Words: Yin-nourishing Yang-benefitting Sexual disturbance/TCM therapy

(Original article on page 46)

Biochemical Study on the Influence of Food on Formation of Body Constitution

Zhang Weirong, Kuang Tiaoyuan, Shen Yan, et al

When normal Wister male rats were fed with spiced food and ice-cream respectively, the rats in the former group revealed a constitution of hot nature with Na⁺-K⁺-ATPase activity, serum T₃, T₄ levels all increased, while rats in the other group revealed constitution of cold nature with lowered levels of the indices, the difference being statistically significant. For serum T₃, the control group revealed the highest level, while that of ice-cream group, the lowest, again the difference being significant. (P<0.05)

Author's Address: Shanghai College of Traditional Chinese Med., Shanghai, 200032, PRC.

Key Words: Constitution Dietary therapy

(Original article on page 49)