

化瘀通腑法治疗子宫内膜异位症

王大增* 王祖倩* 俞超芹*

摘要 用生大黄、鳖甲、桃仁霜为主药的内异II号丸治疗子宫内膜异位症48例,经治疗3个月,对痛经、性交痛、肛门坠痛、子宫肌瘤、卵巢囊肿、盆腔结节等有效率均很高,不孕患者妊娠率亦达26.67%。治疗后患者经期血浆PGF_{2α}、PGE₂水平显著下降,6-酮-PGF_{1α}显著升高,β-Ep、HYP水平显著升高。

主题词 子宫内膜异位/中医药疗法 子宫肿瘤/中医药疗法 活血化瘀

子宫内膜异位症(简称内异症)为妇科的常见病、多发病,且其发病率呈逐年升高趋势,严重地影响妇女的健康^[1~4]。祖国医学中无此病名,根据内异症的症状和体征应属中医的痛经、症瘕、不孕范畴。内异症的本质属中医的血瘀症,且其病变所处部位主要在盆腔范围,属中医的下焦。因之立化瘀通腑法进行治疗,并作治疗前后观察对比,现报告如下:

1 临床资料

观察对象共48例,均为我院妇科内异症专科门诊的病例。要求均为近半年内未服用过丹那唑等西药,治疗满1个疗程以上,具有治疗前后对照的病例。病程最短3个月,最长14年,平均4.9年。年龄最小26岁,最大44岁,平均35.73岁,其中30~39岁32例,占66.67%。已婚45例(93.75%),未婚3例(6.25%),有人流史25例(55.56%),放环史18例(占已婚者40.0%)。痛经47例(97.9%),性交痛13例(27.08%),肛门坠痛26例(54.17%),腰痠40例(83.33%),不孕15例(33.3%),子宫肌瘤12例(25.0%),卵巢囊性增大28例(58.33%),盆腔结节24例(50.0%)。

2 治疗方法

全部病例均给予内异II号丸(生大黄、鳖甲、桃仁霜等组成)口服,每日7g,分2次服,3个月为1疗程。服丸药同时结合辨证加用扶正祛邪方药。例如对体质偏虚者平时加服十全大补汤、当归补血汤(素庵医要方)之类。有热加服红藤、败酱草、蒲公英等;痛甚加用五灵脂、乳香、没药、元胡、川楝子;经期加服桃红四物汤加肉桂、吴茱萸,或少腹逐瘀汤出入等。

3 观察方法及疗效分析

3.1 观察项目及方法:临床观察内容包括症状体征变化,月经周期的同一时间行妇科检查、B超检查妇科体征变化。实验室检查经期血浆前列腺素变化,项目有PGF_{2α}、PGE₂、6-酮-PGF_{1α}和TXB₂;测定经期血浆β-内啡肽(β-Ep)、非经期血浆羟脯氨酸(HYP)。

3.2 临床症状体征变化情况:经1疗程治疗,痛经有效率(42/47例)89.36%,性交痛有效率(10/13例)76.93%,肛门坠痛有效率(25/26例)96.15%,腰痠有效率(22/40例)55.0%,不孕患者妊娠率(4/15例)26.67%,子宫肌瘤有效率(8/12例)66.67%,卵巢囊肿有效率(20/28例)71.43%,盆腔结节有效率(15/24例)62.50%。

3.3 生化指标变化情况:前列腺素四项检测结果表明,内异症患者前列腺素较正常人均有显著性升高($P<0.05$)。治疗后患者经期血浆PGF_{2α}、PGE₂水平显著下降($P<0.01$),TXB₂有所上升,6-酮-PGF_{1α}显著升高($P<0.05$),6-酮-PGF_{1α}/TXB₂比值升高,但无统计意义。见表1。

表2示,经期血浆β-Ep显著低于正常妇女;治疗后β-Ep水平显著升高。非经期血浆

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表 1 正常妇女与内异症患者治疗前后经期血浆 PGS 水平比较

	PGF _{2α} pg/ml	PGE ₂ pg/ml	TXB ₂ pg/ml	6-酮-PGF _{1α} pg/ml	6-酮-PGF _{1α} /TXB ₂
正常妇女	240.64±111.29(11)	842.82±301.70(11)	6.97±2.56(11)	39.82±24.01(11)	5.91±3.15(11)
治疗前	458.18±321.32(33)*	1582.11±1009.98(36)*	56.28±55.54(27)**	99.87±40.73(27)***	3.50±3.38(27)*
治疗后	266.52±157.99(33) ^Δ	986.86±729.74(36) ^Δ	59.32±63.20(27)	152.29±92.82(27) ^Δ	5.56±6.30(27)

注：表中数据为均值±标准差(例数)，下表同。与正常人比* $P<0.05$ ，** $P<0.01$ ，*** $P<0.001$ ，与治疗前比^Δ $P<0.01$

表 2 正常妇女与内异症患者治疗前后 β -Ep、HYP 水平比较

	β -Ep(pg/ml)	HYP(μ g/ml)
正常妇女	51.90±24.68(14)	10.20±6.06(14)
治疗前	33.10±28.77(37)*	17.98±20.20(24)
治疗后	52.65±41.42(37) ^Δ	38.85±22.27(24) ^{ΔΔ}

注：与正常人比* $P<0.05$ ；

与治疗前比 ^Δ $P<0.05$ ^{ΔΔ} $P<0.01$

羟脯氨酸(HYP)测定示内异症患者血浆羟脯氨酸水平虽高于正常妇女，但无显著性差异。患者治疗后血浆羟脯氨酸水平显著升高。

4 讨论

内异症属中医血瘀证范畴。异位的子宫内膜受性激素的影响，出现周期性的出血，中医称之为离经之血(即瘀血)。由于反复出血刺激引起局部组织的充血、水肿、炎症、粘连、结缔组织增生以及结节和包块的形成，影响局部气血运行和腑气的通畅。临床上则出现痛经、盆腔痛、性交痛、肛门胀痛、大便不畅、腰痠腹痛等症。根据辨证，本病属里属实属瘀，且病变部位在下焦，故立化瘀通腑法。

内异II号丸由生大黄、桃仁霜、鳖甲等组成，主药为大黄。大黄生用有化瘀通腑的作用，《神农本草经》谓大黄味苦寒，主下瘀，血闭寒热，破症瘕积聚。桃仁亦为化瘀常用药物，常与大黄同用。鳖甲乃厥阴肝经血分之药。根据现代药理研究，鳖甲有抑制结缔组织增生，提高血浆蛋白、消肿块作用^[6]。诸药相配共奏化瘀软坚消症通腑之功，瘀去腑通，气流畅，病症亦消。做成丸剂便于服用，治疗效果亦较满意。以内异症的主症痛经为例，有效率达

89.36%。本丸服后除大便多行以及个别感胃中不适以外，无其他副作用。对胃不适可加服香砂六君子丸。

内异症的临床主症为痛经，中医辨证本病的本质属血瘀，瘀阻不通则痛。西医认为痛经与前列腺素水平异常有关，因此，在应用内异II号丸治疗同时我们检测了患者经期血浆中的前列腺素，并作了治疗前后以及与健康妇女的对比。通过对比内异症患者经期血浆中PGF_{2α}与PGE₂水平显著高于健康妇女，治疗后PGF_{2α}与PGE₂均显著下降，且与临床痛经症状的改善情况相符合，说明痛经与PGF_{2α}、PGE₂升高有关，内异II号丸有降低PGF_{2α}与PGE₂的作用。

内异症患者经期血浆TXB₂、6-酮-PGF_{1α}水平显著高于健康妇女，6-酮-PGF_{1α}/TXB₂比值显著低于健康妇女。TXB₂与6-酮-PGF_{1α}为TXA₂与PGI₂的代谢产物，在正常情况下两者保持着一定的平衡。内异症患者由于TXA₂、PGI₂水平升高，比例失调而致子宫及血管舒缩平衡失调，子宫强烈收缩引起子宫缺血、血小板聚集性增高，血瘀加重而引起痛经。治疗后6-酮-PGF_{1α}水平显著升高，6-酮-PGF_{1α}/TXB₂比值升高，临床上痛经症状减轻，说明内异II号丸能提高6-酮-PGF_{1α}水平，改善6-酮-PGF_{1α}与TXB₂的比例关系，使子宫及血管的舒缩功能趋于协调，痛经得到缓解消失。

关于 β -内啡肽与内异症关系，根据1987~1991年计算机检索，国内外尚无这方面报道。 β -内啡肽为鸦片肽类神经递质，与痛觉密切相关。本文通过经期血浆 β -内啡肽测定示，内异症患者 β -内啡肽含量低于健康妇女，中重度

痛经者 β -内腓肽含量低于轻度痛经者但无统计意义。治疗后 β -内腓肽水平显著升高,可能提示 β -内腓肽与镇痛有密切关系。内异II号丸能改善痛经,除了与部分前列腺素有关外, β -内腓肽也参与了这一作用。

内异症中常见盆腔组织粘连,纤维组织增生,结节形成。内异II号丸中含有桃仁霜,根据王玉润教授报道^[6],桃仁霜能够促进胶原蛋白的代谢,具有抗纤维化的作用。羟脯氨酸(HYP)为胶原蛋白的代谢产物,因而测定血浆中羟脯氨酸含量可反映胶原蛋白的代谢情况。通过检测非经期血浆中羟脯氨酸含量,发现内异症患者血浆中羟脯氨酸水平高于正常妇女,但无显著性差异。治疗后与治疗前比较,羟脯氨酸水平显著升高,说明内异II号丸可能有促进胶原蛋白代谢,抗纤维化的作用,有利

于内异症患者盆腔粘连的松解消除、结节的缩小、体征的改善。

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注: 本文内异症的诊断、分期、疗效标准参照中国中西医结合妇产科专业委员会第二届学术会议制定标准(1986昆明), 见中西医结合杂志 1987; 7(5): 317.

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Vaginal Bleeding During Pregnancy, Habitual Abortion and Threatened Abortion Treated by the Methods of Activating Blood Circulation and Eliminating Blood Stasis: Report of 41 Cases

Jiang Jian

All the cases fell into the category of blood stasis in 4 types, i. e. Qi-deficiency, Qi-stasis, cold congelation and heat deposition and were treated with the methods of activating blood circulation and eliminating blood stasis. Results showed that 34 cases were effective, with an effective rate of 82.9%. There was no significant difference between threatened abortion and habitual abortion of all syndrome types. The hemorrheological indices and serum HCG level were all improved in different degrees. 28 follow-up cases revealed normal delivery. Their new born babies showed no difference when compared with normal ones.

Authors' address: Guanganmen Hospital, Beijing 100053, Beijing

Key words: Abortion, threatened/TCM therapy. Blood stasis/TCM therapy. Activating blood circulation and eliminating blood stasis.

(Original article on page 30)

Ectopic Endometrium Treated with the Methods of Activating Blood Circulation and Catharsis

Wang Dazeng Wang Zuqian Yu Chaoqin

48 cases of ectopic endometrium were treated with *Neiyi* (ectopic endometrium) No. 2 pills composed of fresh *Radix Rhei*, *Carapax Trionycis*, powdered *Semen Persicae*. The effective rate for ameliorating, after 3 months of treatment, menorrhagia, pain during coitus, anal bearing pain, myoma of uterus, ovarian cyst, tubercles with pelvic cavity showed very high effective rate, with the rate of pregnancy for sterility reaching as high as 26.67%. After treatment, the levels of plasma PGF_1 , PGE_2 markedly dropped, and that of 6-ketone- $PGF_1 \alpha$, β -Ep, HYP all markedly elevated.

Authors' address: Longhua Hospital, Shanghai College of TCM, Shanghai 200032, PR China

Key words: Ectopic endometrium/TCM therapy. Tumor of uterus/TCM therapy. Activating blood circulation and eliminating blood stasis.

(Original article on page 33)

Osteoporosis Treated with Chinese Kidney Nourishing Medicaments

Liang Li Jiang Zhengyu Liu Zhonghou, et al.

By applying the scoring method of symptoms of kidney deficiency and estimation of osteodensity as indices for judging the therapeutic efficacy, we have proposed the medicaments of nourishing kidney for the treatment of osteoporosis with rather satisfactory results. These medicaments not only ameliorates clinical symptoms, but also delays the developing process of osteo-

porosis and proves the traditional theory of "kidney nourishing the marrow" to be correct.

Authors' address: Sino-Japanese Friendship Hospital, Beijing 100029, China

Key words: Osteoporosis/TCM therapy. Kidney Nourishing Medicament/therapeutic application.

(Original article on page 38)

Comprehensive Treatment of Vitiligo with *Kebailing* (Vitiligo Subduing Agent): Report of 1350 cases

Xue Changlian

The 1350 cases were treated with *Kebailing* with 2 random groups treated with *Bailing* Tablet and *Minbailing* as control. Results revealed that the cured rate of *Kebailing* was 36.53%, the total effective rate being 95.67%, with very significant difference as compared with the results of the controlled groups ($P < 0.01$).

Author's address: No. 401 Hospital of PLA, Qingdao, Shandong Province, 266000, China

Key words: Vitiligo/TCM therapy

① *Kebailing* comprehensive treatment

(Original article on page 40)

Kidney Function in TCM Interpreted on the Basis of Laboratory Examination in Nephropathy

Wang Jingxian Gong Li Li Zhenzhen, et al.

135 cases of various kidney diseases, diagnosed as kidney deficiency in TCM, were examined with modern scientific measures for the traditional theory that "kidney opens its orifice at the ear", "the hairs reflect the essence of the kidney", thus providing a firm basis for the diagnosis and treatment of kidney diseases.

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Key words: Kidney disease/pathophysiology. Kidney (TCM)/physiology

(Original article on page 45)

Some Important Problems in the Treatment Based on Differential Diagnosis of Syndromes in Hepatitis

Chen Lihua

The following problems were investigated clinically: the features of treatment based on differential diagnosis of syndromes in hepatitis, treatment based on differential diagnosis of syndromes and based on type grouping, differentiation of primary and secondary symptoms in hepatitis, several syndromes of liver (gallbladder) spleen (stomach) and the problem of so-called "no syndromes to be diagnosed".

Author's address: Xiyuan Hospital, China Academy of TCM, Beijing, 100091, China

Key words: Hepatitis, viral, man/TCM therapy. Treatment based on differential diagnosis of syndromes.

(Original article on page 51)