

遗尿停治疗遗尿症的临床观察

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摘要 以前瞻性研究方法观察治疗小儿遗尿症 64 例,其中治疗组 42 例口服遗尿停胶囊,对照组 22 例口服尿多灵片。结果:治疗组总有效率 81%,显效率 62%;对照组分别为 50%、32%,两组疗效差异显著($P < 0.01$)。

主题词 遗尿/中医药疗法 @ 遗尿停

遗尿是小儿常见多发病之一,严重影响患儿的身心健康与生长。我们根据全国著名儿科专家王伯岳研究员生前传授的经验方二黄五子汤,研制成胶囊,进行治疗观察,并与尿多灵片作对照,收到较为满意的疗效。现报告如下。

1 临床资料

本文观察的 64 例均系原发性遗尿者,年龄最小 3 岁,最大 12 岁,平均 6.92 岁。其中治疗组 42 例,对照组 22 例。有家族史者,治疗组 9 例,对照组 10 例。观察病例均排除因泌尿道感染、畸形、蛲虫病、脊髓炎、脊髓损伤、癫痫、大脑发育不全等原因引起的遗尿。对伴有脊柱隐裂的遗尿者仍作为观察病例,其中治疗组 4 例,对照组 2 例,所有观察病例,均系门诊患儿。

治疗前按每晚遗尿次数的多少及兼证,将病情分为轻、中、重三度:每周尿床少于 2 次,尿量少,易觉醒,或尿出一点后即醒;中度:每周尿床 1~3 次,尿出量中等,有时尿出后能觉醒;重度:每日尿床多于 1 次,尿出量多,不易觉醒,呼之不醒,午睡也可尿床,白天小便亦频。治疗组轻度 3 例,中度 5 例,重度 34 例;对照组中度 3 例,重度 19 例。

按中医辨证分为三型。肺脾气虚型:尿频而量多,面色少华,神疲乏力,食欲不振,大便溏

薄,脉沉无力;脾肾阳虚型:尿量多,尿色清,寐深不易呼醒,面色白,精神不振,形寒肢冷,舌质淡,苔薄白,脉沉缓无力;心肾失交型:梦中尿出如白天小便状,白天多动少静,或夜间精神高度紧张,记忆力差。胆小怕事,易哭易惊,睡前害怕尿床而惊惕不安。病程已长,脉沉细无力。治疗组肺脾气虚型 32 例,脾肾阳虚型 6 例,心肾失交型 4 例;对照组未分型。

2 治疗方法

治疗组服用遗尿停。遗尿停由黄芪、炙麻黄、家韭子、菟丝子、五味子、桑螵蛸、生栀子等组成。将生黄芪碾成粉末,过 100 目筛,其余诸药制成浸膏,与黄芪粉拌匀,烘干,研粉,过 100 目筛,装入 1 号胶囊中,每粒 0.5g。3~6 岁每次 1.5g;7~9 岁,每次 2g;10~12 岁,每次 2.5g。1 日 3 次,饭后服,吞药困难的小儿也可将胶囊内的药粉倒出调水服下。以 7 天为 1 疗程,可连服 2~4 个疗程。

对照组服尿多灵(dityopan),学名为氟化羟丁宁,由美国马利安药厂制。剂量按 0.25mg/kg/日计算,分 2 次服。疗程同治疗组。

3 疗效标准及结果

治疗期间遗尿消失 1 个月以上者为临床痊愈;偶尔遗尿,或遗尿次数较治前减少 2/3 者为显效;遗尿次数较治前减少 1/3 以上者为好转;遗尿次数未减少或减少次数不足治前 1/3 者为无效。治疗组 42 例,治疗后获临床痊愈 18 例(42.9%)、显效 11 例(26.2%)、好转 5 例(11.9%)、无效 8 例(19%),总有效率为 81%;对照组 22 例治疗后分别为 2 例(9.1%)、5 例(22.7%)、4 例(18.2%)、11 例(50%),总有效率为 50%。治疗组疗效高于对照组,经统计学处理有显著性差异($P < 0.05$)。附表显示,治疗组疗效与中医辨证、病情轻重均无明显关系。

治疗过程中治疗组未发现副反应。对照组

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1例发生荨麻疹,3例面色潮红,如酒醉状,停药后即迅速消失;副反应出现率为18.2%。据报道,尿多灵服后有口干、排尿困难等副作用,对照组本次观察均未出现。

附表 遗尿停治疗组的疗效分析

疗 效	总例数	中医辨证			发病程度		
		肺脾气虚	脾肾阳虚	心肾失交	轻度	中度	重度
临床痊愈	18	16	1	1	1	2	15
显 效	11	6	4	1	2	2	7
好 转	5	4	1	0	0	0	5
无 效	8	6	0	2	0	1	7
合 计	42	32	6	4	3	5	34

4 典型病例

罗×,女,5岁。1991年4月10日初诊。患儿反复感冒,白天小便次数较多,夜间尿床,每晚约2次以上,呼之能醒,但往往呼醒时已尿出。其父幼时有相同病史。尿常规未见异常,血常规提示轻度贫血;骨盆X线片未见脊柱隐裂;舌淡红、苔花剥如地图舌,脉数不整。中医辨证属肺脾气虚,病情重。用遗尿停胶囊治疗,每次1.5g,1日3次。1周后白天小便次数明显减少,夜间尿床次数也明显减少,有时主动起床小便,或呼家长小便。2周后遗尿未作,继服6周,随访1年未复发。

5 讨论

遗尿病儿大多睡眠较深,不易呼醒,失去对排尿的警觉,这与“心主神明”有关,治当使睡眠变浅,易觉醒。以往常用菖蒲、远志等开窍醒神药,疗效不著,本组方系根据王伯岳研究员的经验,选用麻黄,临床观察该药有醒脑而不失眠之妙。麻黄入肺与膀胱经,其性辛温,能通阳化气,且宣降肺气,通调水道,可使膀胱气化得以恢复,开合有度,遗尿便止。现代药理研究证实麻黄具有较强的兴奋作用,与国外的“警铃条件反射装置”相似。而遗尿是由于大脑皮质缺乏夜间排尿的警觉性,因而在温肾固涩的处方中加麻黄以醒脑开窍,可明显提高疗效。药理研究认为麻黄中所含麻黄素为拟肾上腺素药,有 α 、 β 受体兴奋作用,口服易吸收,并可通过血脑屏障,

故中枢作用较明显,能提高大脑皮质的兴奋性,使睡眠深度减弱。当患儿受到膀胱充盈刺激时容易自醒,或易被呼醒,从而避免了遗尿。这是本方与其他治遗尿症处方不同的特点之一。

方中黄芪补气升提,提高机体的抗病能力,改善体质,以治其本;麻黄通阳化气,利水醒神以治其标;家韭子、菟丝子、五味子、桑螵蛸温肾缩泉,恢复肾主开合之功能。由于小儿易虚易实,故处方中少佐清热利湿之山栀,使本方呈温而不燥,固而不闭,收中有散,温中寓清之妙。

本次观察中大部分顽固不愈的病例皆伴有脊柱隐裂,说明脊柱隐裂与遗尿,特别是与顽固性遗尿及成年后仍遗尿者密切相关。遗尿病儿中约30%的患儿有反复呼吸道感染的病史,有的并发哮喘。因肺气虚弱,卫外不固,上虚不能制下,故遗尿频频。由于遗尿停胶囊上能开宣肺气,下能固涩肾气,故能起到良好的治疗作用。服后不但遗尿得以控制,而且呼吸道感染明显减少。体质改善,可谓治本之策。

遗尿停胶囊的疗程宜掌握在7~28天,一般3天后即可出现明显疗效。最迟在2周内起效,若2周内无效往往难治。经分析,服遗尿停患儿的疗效,与病情轻重、中医辨证分型无明显关系。尿多灵起效迅速,常当天见效,但作用消失亦快,一旦停药,又复如故。远期疗效较差。

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ABSTRACTS OF ORIGINAL ARTICLES

Comparative Study on 100 Cases of Chronic Hepatitis B Treated with Chinese Traditional and Western Drugs

Zhang Jing, Kuang Yunshan, Rong Yaqiu, et al.

Fifty Cases of chronic B—hepatitis were treated with TCM based on differentiation of syndromes and compared with a control group of 50 cases treated with western remedies. Results showed that for the treating group, the rate of negative return of HBeAg was 64%, and the rate of positive return of HBe was 48%, while that of the control group were 20% and 10% respectively.

Authors'Address: Dahua Hospital, Shanghai, 200031

Key Words: Hepatitis B/treatment of integrated traditional Chinese with western medicine

(Original article on page 409)

Preliminary Exploration on Treating Gallbladder for Viral Hepatitis. Clinical Observation on 60 Cases.

Shen Qiming, Jia Wentao, Fan Jinhua, et al.

The viewpoint of treating gallbladder and combined treatment of liver and gallbladder for liver disease is proposed and the therapeutic project of intravenous drip of Mixture of Radix Bupleuri plus Radix Salviae Miltiorrhizae is formulated. Sixty cases of chronic hepatitis of damp—heat of liver—gallbladder with blockage of collaterals by stagnant blood were thus treated. Results revealed the relief of jaundice, decrease of enzyme and inhibition of viral replication in treating group are all better than the western drug control group.

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Key Words: Hepatitis, viral, human/TCM therapy

(Original article on page 411)

Effect of Massotherapy on the In Vivo Free Radicals Metabolism in Prolapse of Intervertebral Disc and Cervical Spondylopathy.

Li Zongmin, Liu Jingwei, Wu Yinhua, et al.

The endogenous free radical clearing agent SOD and blood CAT in the blood and urine of 2 groups of prolapse of intervertebral disc and cervical spondylopathy were all lower than that of the healthy control group, while the —SH reflecting the metabolic disturbance of free radical was higher. After massotherapy, blood SOD, CAT were increased, while LPO, —SH in urine

were all decreased, demonstrating that there is a distinct parallel relationship existing in the changes of these enzyme in blood and urine.

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Key Words: Displacement of intervertebral disc/massotherapy osteophytosis, vertebral/massotherapy free radicals

(Original article on page 416)

Observation on the Effect of Zhitong (analgesic) Solution on Dilatation of Uterus in Artificial Abortion.

Lian Fang, Liu Jingjun, Zhang Xiyun, et al.

Two hundred cases of early pregnant women to receive artificial abortion were randomly divided into 4 groups, viz. analgesic solution, dicaine, normal saline, and blank control groups of which the action on dilatation of uterus and of mitigating the comprehensive reactions to artificial abortion were observed. Results revealed that the analgesic solution and dicaine groups had better effect on dilatation of uterus and ameliorating the reactions of artificial abortion, analgesic solution was especially good at mitigating the comprehensive reactions to artificial abortion than the dicaine group.

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Key Words: abortion, artificial cervix/drug action

(Original article on page 419)

Clinical Observation on Enuresis Treated by Yi'niaoting (Stopping Enuresis).

Yu Jingmao, Zhou Suzhen, Wang Guangli

Prospective observation was made on 64 cases of infantile enuresis. Among them, 42 received Yi'niaoting capsule the other 22 cases were administered Niao Duo Ling tablet. Results: for the treating group the total effective rate was 80.95%, marked effective rate 61.95%, while that for the control group were 50.00% and 31.82% respectively. There was significant difference between the 2 groups ($P < 0.01$).

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Key Words: Enuresis/TCM therapy @ Yi'niaoting

(Original article on page 421)