

中药综合疗法治疗宫外孕的临床疗效观察与探讨

梅 丹 红*

摘要 以活血祛瘀、消症杀胚为治则,汤药、成药内服,肌注丹参注射液,外敷及保留灌肠同步进行。治疗输卵管妊娠 25 例,24 例经 15~64 天治疗而痊愈,仅 1 例中转手术治疗。

主题词 妊娠,异位/中医药疗法 中草药/投药和剂量

宫外孕是妇科最常见的急腹症,是早孕妇女死亡的最主要原因。目前由于腹腔镜、B 超的广泛应用,使本病的早期诊断率大大提高,同时非手术治疗的比率升高了。为了提高本病的治疗效果,笔者近 5 年来采用中药综合疗法,多途径给药治疗收到显著的疗效,现介绍如下。

1 临床资料

列入本组病例观察治疗的条件为:凡需要保持恢复生育机能的亚急性出血型和陈旧性宫外孕的患者。有以下情况者均宜手术治疗:(1)病情危急,休克难以纠正;(2)内出血量增加,疗效不佳;(3)反复发作者,需要绝育或并发阑尾炎者以及停经月份较大,胚胎不死者;(4)自觉有妊娠反应或妊娠试验多次阳性,疑腹腔妊娠或宫角间质部妊娠者。

1988 年 1 月~1992 年 12 月,我科共收治输卵管妊娠 78 例,其中符合上述观察治疗条件者 25 例,年龄 20~49 岁,平均年龄 34.5 岁。本组病例中属亚急性出血型者 15 例,陈旧性宫外孕者 10 例,本组病例均有典型的临床症状,经 B 超及尿 HCG 测定,或诊刮证实宫外孕。

2 治疗方法

采用综合疗法,以活血祛瘀,消症杀胚为治疗原则。(1)内服药:桃仁 12g,红花 10g,当归 10g,川芎 9g,血竭 9g,三棱 9g,莪术 9g,丹参 20g,穿心莲 15g,蜈蚣 9g,枳实 15g,大黄 10g,

川朴 15g,花粉 15g。每日 1 剂,水煎服。(2)肌注丹参注射液,每次 4ml,每日 2 次。(3)配合口服通瘀 1 号中成药(由三棱 15g,莪术 15g 制成)每次 6g,每日 3 次。(4)双柏散以麝香为药芯外敷患侧腹部。4 小时换 1 次,以促进血肿吸收。双柏散组成:侧柏叶 60g,黄柏 30g,大黄 60g,薄荷 30g,泽兰 30g。(5)Ⅱ号灌肠液(丹参 50g,毛冬青 50g),浓缩为 100ml,保留灌肠 30 分钟,以达到活血化瘀消症作用。每天 1 次。

3 疗效标准及结果

治愈:临床症状消失,HCG 稀释定量下降至正常或尿妊娠试验阴性,妇检及 B 超检查包块消失;有效:临床症状基本消失,HCG 稀释定量值有所下降,妇检及 B 超检查包块较治疗前缩小 2/3;无效:症状和体征均无好转。

本组经治疗 15~64 天,25 例病人中 24 例症状均消失,妇检及 B 超包块完全吸收,妊娠试验阴性。另 1 例经保守治疗而临床症状和体征无好转,B 超提示内出血范围扩大,中转手术。本组治愈率 96%。本组病例中陈旧性宫外孕血肿大者疗程较长些,平均疗程 1~2 个月。

4 典型病例

黄×,28 岁,已婚,住院号 0002354,初诊时间 1991 年 7 月 6 日。

患者末次月经 1991 年 5 月 16 日,量中等。停经后无早孕反应,妊娠酶(+),6 月 30 日出现少许阴道流血,呈咖啡色。7 月 5 日出现腹痛,阴道流血如经量,并排出一组织物,于 7 月 6 日收入院。入院时患者面色苍白,左下腹疼痛明显。妇检:子宫颈举摆痛明显,宫体后位略胀,活动受限,左侧包块 8cm×7cm×7cm,压痛。右侧附件增厚,后穹窿饱满,B 超示,子宫大小形态正常,左侧附件混合性包块,考虑为左输卵管壶腹部妊娠,渗出性包裹物。排出物病检结果为蜕膜组织。诊断:左侧输卵管妊娠。使用上述综

* 广东省中医院妇科,广州市大德路 111 号 (510120)

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合疗法治疗 7 天, HCG 稀释定量 $< 312 \text{ u/L}$ (正常值 $\text{HCG} < 312 \text{ u/L}$), 病情已稳定。继续治疗, 第 14 天复查 B 超和妇检, 左附件包块已完全吸收而痊愈。

5 讨论

宫外孕发病率国内外均逐年上升, 复发率也颇高, 因此宫外孕的非手术治疗日益受到关注, 它不仅可保留生育功能, 且可防止因切除输卵管而引起月经紊乱、肥胖、早衰、高血压等神经内分泌症状。输卵管妊娠的早期诊断尤为重要, 为本病使用保守治疗提供先决条件。近年来以 $\beta\text{-HCG}$ 检测, 配合 B 超和腹腔镜的检查, 使宫外孕的早期诊断率大大提高。

曾有一例 3 次宫外孕患者, 经 2 次中药保守治疗后再次宫外孕, 要求手术, 术中探查发现, 仅见输卵管有疤痕, 腹腔内无粘连及未机化之血块。有报道, 活血化瘀药能使病变局部血管

扩张, 改善微循环, 增加血容量, 改善组织缺氧状态, 减少胶原纤维合成并促进胶原酶活性提高纤溶酶活性, 促进纤溶系统, 使机化组织变软, 易于吸收, 促进组织的修复再生。丹参、桃仁、三棱、莪术、当归、红花等活血化瘀、消症散结药物都有改善微循环作用, 并且有促进增生性病变不同程度的软化 and 吸收作用; 而血竭、穿心莲、蜈蚣、花粉则起到杀胚作用。

多途径用药是提高本病非手术治疗疗效的关键, 除采用内服药外, 还配合外敷、理疗等方法, 这是根据直肠上动脉与盆腔脏器周围血管相吻合的解剖特点, 以增加局部药物浓度, 改善局部血液循环, 促进血肿吸收。内服和保留灌肠等活血祛瘀药物的联合治疗, 起到互补互促的效果。本组病例除使用活血祛瘀药外还适当加入消症杀胚药, 使存活的胚胎死亡、坏死并吸收, 提高了疗效和缩短了疗程。

大营煎在妇科临床的应用

刘 洪 英*

大营煎, 方出自《景岳全书》, 笔者在临床上治疗闭经、月经后期量少、不孕症等疾病, 取得较好的效果。

1 不孕症

郝某, 女, 26 岁, 职工。患者婚后 3 年, 于 2 年前怀孕 3 个月时自然流产。产后休息欠佳。而致身体虚弱。平素感觉小腹部发凉, 双下肢亦有冷感, 腰膝酸软, 畏寒怕冷。近期情绪不好, 食欲尚可, 两便正常。患者 16 岁月经初潮, 月经规律, 4/28~32 天, 量很少, 色淡红, 无腹痛。自然流产后 2 年, 至今未孕。舌淡红、苔薄白, 脉沉。妇科常规检查无异常。证属肾气虚弱, 冲任失养, 寒凝胞中, 而致宫寒不孕。治宜补肾暖宫, 调养冲任。处方: 熟地 10g, 牛膝 10g, 肉桂 10g, 当归 10g, 枸杞子 15g, 杜仲 15g, 仙灵脾 30g, 首乌 15g, 鸡血藤 30g, 川断 15g, 川椒 6g, 甘草 6g, 6 剂水煎服。并嘱患者测基础体温。患者服药后感到小腹部凉感减轻, 双下肢已无冷感, 腰膝酸软较前减轻, 舌脉同前。基础体温呈低温相。

上方加吴茱萸 6g, 白芍 15g 继服 15 剂。服药后, 患者症状消失。月经逾期未至, 基础体温呈双相。停经 50 天时, 查尿妊娠试验为“阳性”, 诊为早孕。后顺产一女。

2 闭经

吴某, 女, 21 岁, 工人。患者月经 16 岁初潮, 每 30 天一至, 量不多, 色紫红, 无血块, 经期无腹痛, 小腹有冷感。后因经期受凉, 月经逐渐延至 3~4 月 1 次, 有时需服药物方才行经。19 岁开始已 2 年月经未潮。无腰腹痛, 有时头晕乏力, 饮食、两便正常。舌淡红、苔薄白, 脉沉细。肛诊: 子宫后位, 约为正常 1/2 大小, 阴道脱落细胞涂片, 雌激素水平轻度影响。证属肾气虚衰, 冲任失养, 血海空虚。治宜补肾养血, 温养冲任。处方: 杜仲 10g, 枸杞子 15g, 当归 12g, 熟地 15g, 牛膝 15g, 肉桂 6g, 川芎 10g, 香附 10g, 红花 12g, 党参 10g, 黄芪 18g, 卷柏 12g, 仙灵脾 18g, 生枣仁 5g, 鹿角胶 12g (烊化)。患者服上方 6 剂, 药后无不适, 继服上方 20 余剂, 头晕乏力消失, 小腹微胀痛, 舌淡红、苔薄白, 脉细略滑。阴道涂片: 雌激素水平呈中度影响。上方加椿实子 15g, 泽兰 10g, 服药 6 剂后, 月经来潮, 经后仍按上方继服, 连服 2 个周期, 月经按期而至。病告痊愈。

* 山东平度市中医医院, 山东省平度市红旗路 110 号(262800)

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ABSTRACTS OF ORIGINAL ARTICLES

Exploration on the Clinical Implication of the Theory "The Liver Works for Dispersion"

Xu Zhenghai

This paper deals with the physiological function of "liver works for dispersion" and the pathological changes of its dysfunction, exploring its influence on the form, viscera and function of storing blood and the developmental law of from Qi to blood and from blood to Yin. It also expounds the significance of treatment at the stage of primordial location at the Qi level and abnormal dispersion.

Author's Address: Fanchuan District Hospital, Jiangdu County, Jiangsu Province, 225251

Key Words: Liver/physiology Liver diseases (TCM)/pathophysiology

(Original article on page 136)

Probing the Law of Treatment of Carcinoma of Stomach by Integrated Traditional and Western Medicine

Pan Mingji, Pan Yuanzhi, Li Yonghui, et al.

Ruan Tingqiang, Lin Jie, Fan Yuanfang, Ge Zhenhua, Wang Ruoyu, Wan Jijin. One hundred and three cases of carcinoma of the stomach were treated by integrated therapeutic method of supporting body resistance and regulating physiological function at pre- and post-operative, chemotherapeutic, and posttherapeutic stages, with operative-chemotherapeutic cases without integrated therapy as control. Results showed that the effect of tested group was markedly superior to the control group. Experiments also showed that the main recipe in the tested group, Fuzheng Jianpi (Body resistance supporting, Spleen-strengthening) Decoction possessed the dual actions of supporting the body resistance and inhibiting tumor growth.

Authors' Address: First Municipal Hospital of Fuzhou, Fuzhou, Fujian 350009

Key Words: Tumor of stomach/therapy of integrated traditional and western medicine adenoma/therapy of integrated traditional and western medicine carcinoma, mucous/therapy of integrated traditional and western medicine

(Original article on page 159)

Observation and Exploration on Clinical Effect of Ectopic Pregnancy Treated by Herbal Comprehensive Therapy

Mei Danhong

Simultaneous administration of therapies, including blood-stasis eliminating, lump dissipating, and foetus-killing method with oral therapy of decoction or patent drugs, intramuscular injection of *Radix Salviae Miltiorrhizae*, topical application of herbal drugs and retention enema. Twenty cases of Falopian tube pregnancy were treated. Of them, 24 were cured within 15-64 days with only 1 case received surgical operation.

Authors' Address: Department of Gynecology, Guangdong Provincial Hospital of TCM, Guangzhou 510120

Key Words: Pregnancy, ectopic/TCM therapy herbals/drug administration and dosage

(Original article on page 165)

Relationship Between Senile Kidney Deficiency and Sympathetic Nervous Function

Zhang Yunru, Wu Zhongxuan, Hua Ruicheng, Li Baozhu et al.

Estimation of peripheral plasmal NE, DA, platelet MAO activity, serum DBH activity and maximal combined capacity of lymphocytic BAR were made in senile and presenile deficiencies of kidney Yang and Kidney Yin. Results revealed that the former 3 items were all markedly higher than that of youths, while that of the latter 2 were lower than the youth group. The results of all 5 items were higher in the Yin-deficiency group than that of the Yang deficiency group. After receiving traditional remedies of nourishing kidney Yin or warming kidney Yang, all the above indexes revealed corresponding changes as the symptoms were abated, indicating that there exist a relationship between kidney Yin-Yang and the adrenergic function of sympathetic nervous system.

Authors' Address: Department of Gerontology, Guangmen Hospital, China Academy of TCM, 100053, Beijing

Key Words: Kidney deficiency/pathophysiology Sympathetic nervous system

(Original article on page 169)