

桂枝茯苓丸加味治疗卵巢囊肿临床观察

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摘要 以活血祛瘀、化痰散结为治则,选用桂枝茯苓丸加减,配合服用大黄廑虫丸治疗卵巢囊肿 300 例,结果表明,经连续治疗 3 个月后,痊愈 255 例,好转 30 例,无效 15 例,总有效率为 95%。

主题词 桂枝茯苓丸/治疗作用 卵巢囊肿/中医药疗法

笔者通过数年临证摸索,根据卵巢囊肿的临床表现,拟定了活血祛瘀、化痰散结治疗原则,选方用药,取得了较好的临床疗效。

1 一般资料

本组 300 例中,发病年龄 25~50 岁,平均 37 岁。患者早期均无特殊自觉症状,仅有腰酸或小腹下坠感,亦有伴月经及白带改变者,大多数患者是在健康普查中或以不孕症来诊时发现,因此多数患者病程不易明确。

本组病例均经妇科检查和 B 超检查而确诊,并排除恶性病变。囊肿大小在 8cm×8cm 以内,大于此者建议采用手术治疗。囊肿蒂扭转的急诊病例,亦不在本文观察范围。

2 治疗方法

全部病例均以桂枝茯苓丸加味治疗,药用:桂枝 15g,茯苓 15g,丹皮 15g,赤芍 15g,桃仁 15g,黄药子 30g,鸡内金 15g,水蛭 15g(焙干研末装胶囊冲服),荔枝核 15g,乌药 15g。每日 1 剂,水煎分 4 次服。另在服汤药的同时,加服大黄廑虫丸 1 丸,早晚各 1 次。

一般以服药 3 月为一疗程,少数病例加服 1 个疗程。

3 治疗结果

3.1 疗效标准:痊愈:临床症状消失,妇科检查及 B 超证实囊肿消失;有效:临床症状消失

或明显缓解,妇科检查及 B 超证实囊肿缩小一半以上;无效:临床症状缓解不明显,妇科检查及 B 超证实囊肿缩小不及一半或囊肿增大。

3.2 治疗结果:本组 300 例经 1~2 个疗程治疗后,痊愈 255 例(85%),好转 30 例(10%),无效 15 例(5%),总有效率为 95%。所有病例在服药过程中未出现明显副作用。

4 典型病例

胥××,女,28 岁。1993 年 2 月 19 日初诊。患者曾因右下腹包块迅速长大,在当地西医医院就诊,确诊为“右侧卵巢囊肿”,于月前行手术摘除术。近 1 月来,患者自觉左下腹出现包块,伴腰酸、小腹坠胀、月经量减少。妇科检查:左侧附件扪及包块,活动,无压痛,表面光滑;B 超提示“左侧卵巢区 4.2×7.1cm² 囊性占位”。舌质淡,苔白腻,脉沉细。诊为卵巢囊肿(症瘕)。予桂枝茯苓丸加味如上法,并早晚各服大黄廑虫丸 1 丸。共服药 30 剂,腰酸、小腹下坠等症状完全消失,妇科检查双侧附件未扪及异常改变,B 超检查未探及特殊回声,遂停药。鉴于患者平素体质较弱,嘱服成药归脾丸、金鸡片、补中益气丸以调养扶正,巩固疗效。

5 讨论

卵巢囊肿近年来发病率增高,已成为妇科临床常见病之一。本病在中医古籍中无明确记载,一般概括地归入“症瘕”范畴中。经查阅中医古典文献,表明本病与《灵枢·水胀篇》中的“肠覃”之病较相似,“肠覃如何?……寒气客于肠外,与卫气相搏,气不得荣,因有所系,癖而内著,恶气乃起,息肉乃生。其始生者,大如鸡卵,稍以益大,至其成也,如怀子之状,久者离岁,按之则坚,推之则移”。这段论述与卵巢囊肿的临床表现,甚为合拍。从临床观察所见,本病的病因病机,多为经期或产后风冷所乘,致血遇寒则凝;或七情内伤,脏腑虚弱,气血失调,阳不化

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气,湿浊内蕴,酿成痰浊,癖而内著。因此,在治疗时,笔者以活血祛瘀、化痰散结为治疗原则,选用桂枝茯苓丸为主方进行加味,配合成药大黄蛰虫丸治疗本病,取得了较好的临床疗效。

桂枝茯苓丸在《金匱要略》中为治“妇人宿有症块”而设,但临床实践中,单用本方以消瘀化症治疗卵巢囊肿,其力稍逊,疗效亦不著。故笔者在原方的基础上,加入既能攻逐瘀血、又能通行水道的水蛭;通血消瘀散结的鸡内金;温经散寒、活血行气、入肝经引药入病所荔枝核、乌药;软坚化痰散结的黄药子。全方药力攻专,既能破血行气、散瘀消症,又能软坚化痰、散结除湿,配合大黄蛰虫丸,相得益彰,疗效显著。

需提出讨论的一点是水蛭的用量。水蛭在本方中用量达每剂 15g,大大超过常规用量。这是笔者在临床上逐渐摸索出来的,首先以小剂量开始,渐增至目前这个剂量。而且在使用过程中,将水蛭文火焙干研细,装入胶囊,随药汁冲服。这样既可避免水蛭对上消化道的刺激作用,且较水蛭入煎剂中药量更大,并易于控制和调整剂量,以充分发挥水蛭的逐瘀攻坚的作用。实际上,笔者不仅本病如此应用,临床上还用于治疗肝硬化、前列腺炎以及心、脑血管疾病,水蛭用量常在 15~30g 之间,疗效亦相当不错。有的患者出现矢气多、肠鸣、大便次数增多的现象,勿需特殊处理。

穴位信息肿瘤诊断机早期诊断肿瘤的使用报告

钱肇鄂* 杨德启*

穴位诊断法是盖国才教授在经络学基础上创立的一种中西医结合的新诊断方法。他以穴位反应为依据,结合现代医疗仪器来分析、诊断疾病,利用两组穴位能在 20 分钟内判别出病人有无肿瘤,良性或恶性,这对于肿瘤诊断,特别是对癌症的早期诊断有重要意义。

1991 年 6~8 月我院肿瘤科与发明人盖国才、盖华合作,并在其亲自操作下,使用穴位信息肿瘤诊断机,对本院门诊及住院病人 160 例进行了测试,其中乳腺疾患 50 例,甲状腺疾患 7 例,肺部疾患 8 例,病人最大年龄 80 岁,最小年龄 23 岁。

我们的病人全部来自本院门诊及住院病人。检查测试的病人我们采用盲测法,即检测医生在不知病人患了什么病,是那一科疾病,不询问病情的前提下,依靠肿瘤诊断机的客观反应,做出诊断。首先依靠仪器鉴别出病人是否有肿瘤,再区分出病人所患的肿瘤是良性或恶性,最后进一步确定肿瘤部位。

160 例被检测的病人中临床诊断非肿瘤者 71 例(为溃疡病、胆囊炎、乳腺增生、乳腺癌术后、前列腺等疾病),无病者 15 例,有肿瘤者 74 例。我们把病理结果及其他检测方法的结果与肿瘤诊断机的结果对照,为判

定准确率的标准。有肿瘤的 74 例病人中 60 例有病理依据及其他检测结果,另 14 例中 11 例为良性肿瘤,有 3 例为恶性肿瘤,但未能随访。

盖氏肿瘤诊断机对 60 例肿瘤准确性的 52 例,符合率 86.6%;准确确定肿瘤部位 60 例,符合率 100%;定性误诊 8 例,误诊率 13.3%;假阳性者 7 例,假阳性率 11.6%;假阴性者 1 例,假阴性率 1.7%(这 8 例病人有 4 例为甲状腺疾患,其中 2 例为甲状腺炎,1 例为结节性甲状腺肿,1 例为甲状腺瘤,1 例为乙状结肠腺瘤,1 例为支气管乳头瘤,1 例为乳腺癌术后腋下肿物病理证实无转移;1 例假阴性病人,该病人在入院前已在院外行肿物切除,术后病理为乳癌,在行穴位诊断时已没有肿物)。

在临床诊断非肿瘤的 20 例病人中有 2 例肿瘤诊断机诊断为肿瘤,其中 1 例为腹痛待查的病人,诊为结肠癌,另 1 例女性病人系绝经后功能出血,诊为子宫癌。我们正在随访中。

我们认为该机对鉴别诊断良恶性肿瘤符合率较高。且方便、快速、无痛、无创伤、无副作用、价廉,为我国早期诊断肿瘤工作提供了一种重要的技术手段,有利于肿瘤的普查工作。该机性能稳定,易于操作,适于各医院使用。但我们也发现该机对甲状腺肿物与颅脑肿瘤的诊断有待于进一步探讨,并希望能将操作方法简化和更进一步计算机化。

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ABSTRACTS OF ORIGINAL ARTICLES

Ovarian cyst treated by Pill of Ramulus Cinnamoni and Poria with additives.

Wang Huilan

This Pill was selected on the basis of the treating principles of bloodactivation, stasis elimination, phlegm dissipation and lump—removal, concerted with Pill of Rhei and Eupolyphaga sinensis. A total of 300 cases were treated for 3 successive months. Of them, 255 were cured, 30 alleviated, 15 ineffective, the total effective rate being 95%.

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Key Words: Pill of Ramulus Cinnamomi and Poria/therapeutic action ovarian cyst/TCM therapy

(Original article on page 355)

Clinical study on prevention and treatment of postmenopausal osteoporosis with Chinese bone—protection mixture.

Chen Darong, Tang Xianzhu, Zheng Kunyu, et al.

This mixture yielded the actions of lowering urine calcium (Ca^{++}), urine HYP, Ca^{++}/Cr , HYP/Cr in primary postmenopausal osteoporosis, regulating the level of estradiol (E_2). It also prevented the bone from further damage, stimulated osteogenesis and increased the quantity of bone tissue. It was effective for amelioration of symptoms in kidney deficiency, with an effective rate of 98% in which 80% were markedly effective. It was superior to the control group of neo—estradiol and without side—effect

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Key Words: Osteoporosis/prevention and control menopause @ Bone—protection mixture

(Original article on page 359)

Investigation on simple obesity treated with Xiao—bu Slimming Tablet.

Li Chunsheng, Wang Wenchun, Chen Kai, et al.

121 cases of simple obesity were treated with self—formulated Xiao—bu Slimming Tablet, with Fangfeng Tongsheng Powder and Yuejiancao oil pill as control. Results showed that the therapeutic effect, body weight index of Slimming tablet were all remarkable and superior to the control one. It not only reduced body weight and fat tissue deposits in the body, re—

versed the triglyceride level in the blood towards normal, but also improved the scoring of obesity relevant symptoms. Drug administration didn't affect patients' appetite and activities, though the bowels revealed a little bit frequent.

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Key words: obesity/TCM therapy

(Original article on page 362)

Special tongue picture in acute myocardial infarction.

Gao Xiumei, Zhang Boli, Xu Zongpei, et al.

In the early stage of AMI, there are special manifestations on the tongue, including red oval or triangular or rectangular area 2.5 cm in size at the same level as the tongue surface on which few fur can be observed, appeared dry and sharply demarcated. About 43.48% of the cases showed this picture 24 hours after onset. As the disorder proceeds, the incidence of the picture decreases. This manifestation is helpful to its early diagnosis.

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Key Words: Myocardial infarction/diagnosis diagnosis of the tongue lingual picture

(Original article on page 365)

Observation on Renin—angiotensin—aldosterone system (RAAS) in patients of Yin—deficiency of heart.

Qu Songbai, Zhang Xiaoping

The functional condition of RAAS in 33 cases of Yin—deficiency of the heart with different cardiac disorders were observed. It was found that the activity of RAAS in such patients were increased, demonstrating high level of these 3 hormones as compared with normal cases ($P < 0.05$ or $P < 0.01$). This suggests that such patients present marked functional disturbance of neuro—humoral regulation. The rule of activity changes of RAAS in Yin—deficiency of the heart is similar to that of Qi—deficiency of the heart, though the pathological factors influencing them might be different.

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Key Words: Yin—deficiency of the heart/blood Angiotensins/blood Aldosterone/blood

(Original article on page 366)