

中药锥切疗法治疗早期宫颈癌远期疗效观察

杨学志[△] 李衡友[△] 李诚信[△] 金大勇^{*}
 廖彩森^{**} 郑顺姣[△] 廖坤云^{*} 邓克华[△]
 许吉林^{***} 钟传庆[△] 陈贻训[△] 郭润鉴^{*}
 张平林^{***} 钟礼美[△] 熊楠华[△] 张莉萍[△] 陈福香^{*}

近年来,我们用中药锥切疗法治疗早期宫颈癌,取得了较好的疗效⁽¹⁾。现将1972年6月~1982年3月用本疗法治疗早期宫颈癌患者190例的远期疗效观察分析如下。

临床资料

一、年龄:最小者27岁,最大者70岁,其中40~49岁88例,占46.3%。

二、病理所见:宫颈原位癌71例,宫颈原位癌累及腺体50例,宫颈原位癌早期浸润可疑16例,宫颈鳞癌早期浸润53例。

三、临床分期:宫颈鳞癌Ia期53例(其中1例合并早孕),0期137例。

治疗方法

主要是用中药“三品”饼、杆锥切疗法。“三品”是先将白砒与明矾混合锻制(即炼丹法),经药化检验合格,加雄黄、没药压制成饼、杆型,用紫外线消毒后备用。治疗时将饼或杆敷贴于宫颈或插入宫颈管。辅助药物有“双紫粉”(紫草30g 紫花地丁30g 草河车30g 黄柏30g 旱莲草30g 冰片3g 共研细末,高压消毒后外用)或鹤酱粉(仙鹤草30g 败酱草30g 金银花30g 黄柏30g 苦参30g 冰片3g 共研细末,高压消毒后外用)。

通过十多年来五组病例的实践,我们建立了本疗法的一整套检查、诊断、治疗、观察方

法⁽¹⁾。本疗法主要适用于宫颈原位癌(包括累及腺体)、鳞癌Ia期(浸润深度在3毫米以内)患者的治疗。此外,对宫颈重度间变(非典型增生)、宫颈赘生物、多发性宫颈息肉,久治不愈的肥大性宫颈炎等也收到良好的效果。

禁忌症有早期浸润癌灶汇合或融合者;淋巴管、血管内有癌栓存在者;宫颈高度萎缩;单纯颈管癌;伴有急性传染病或严重内脏疾患者。并用75%铬酸液涂布试验或阴道镜检查排除阴道原位癌的存在。

观察项目

一、中间检查及出院前鉴定的病理所见:135例行中间检查者,109例未见癌;190例行出院前鉴定者,189例为慢性宫颈炎或未见癌,1例间变I级。

二、缩复后颈管刮术:从1977年5月起,曾对44例患者于出院后2~3个月行缩复后颈管刮术,均未见癌残存。

三、尿砷测定:为了解“三品”局部治疗时体内砷的吸收和排泄情况,通过61例96人次,513天/24小时的尿砷测定,尿砷含量:波动在0.016~0.49mg/L,均未超过0.5mg/L,上药后1~4天尿砷含量达高峰,第5天明显下降,第9天基本降到上药前正常含量。提示“三品”药物局部治疗早期宫颈癌,砷在体内似无蓄积作用,9天左右上一次“三品”饼、杆是安全的⁽²⁾。

四、心电图及肝肾功能检查:为观察“三品”对重要脏器功能的影响,我们对多数病例在治疗前进行了心电图检查,其中对26例进

[△] 江西省妇女保健院妇产科学研究所宫颈癌研究室。

^{*} 江西中医学院红旗制药厂

^{**} 江西省肿瘤防治办公室

^{***} 江西省靖安县宫颈癌防治研究所

行治疗前后心电图对比, 23 例治疗前后均正常, 其余 3 例中, 1 例高血压病人治疗前心电图大致正常, 治疗后出现频发室性早搏; 1 例治疗前心电图完全性右束支传导阻滞, 治疗后大致正常; 1 例治疗前心电图心肌损害, 治疗后为右心室肥厚合并劳损。治疗前绝大部分病例进行了肝肾功能检查, 其中对 32 例进行治疗前后肝功能对比检查, 对 8 例进行治疗中肝功能检查, 均属正常。对 32 例进行治疗前后肾功能对比检查, 对 4 例进行治疗中肾功能检查, 均属正常。

五、免疫试验: 为观察本疗法与病人免疫功能的关系, 采用 E- 玫瑰花环试验、淋巴细胞转化试验和白细胞趋化性试验, 对用本疗法的 19 例早期宫颈癌病人的免疫状态, 进行了治疗前、中、后比较观察, 发现早期宫颈癌病人的淋巴细胞反应和白细胞的趋化性, 治疗前后无明显改变。对用本疗法治疗的 20 例早期宫颈癌患者, 进行了治疗前、中、后巨噬细胞吞噬功能检查, 证明用“三品”治疗对患者巨噬细胞吞噬功能无明显影响。从而提示了中药“三品”对病人的免疫功能无损害。

六、疗程及上药反应: 平均疗程 96.6 天, (近几年缩短为 2 个半月左右)。上药次数共 1,936 次, 轻度反应(一过性恶心、下腹胀或轻微腹痛、轻微头晕)452 次(23.4%), 重度反应(呕吐、头晕、下腹胀痛)38 次(1.9%)。

疗 效

一、手术验证: 对 5 例(宫颈原位癌 3 例, 鳞癌 Ia 期 2 例)经本法治疗达到近期治愈的患者, 进行扩大的筋膜外子宫切除术(阴道壁切除 2~3 cm)或次广泛根治术(Wertheim 手术), 手术摘除标本, 经病理亚连续切片检查, 均未见癌残存。

二、远期疗效: 对 190 例患者, 全部进行了严密的定期随访复查, 除 1 例在 3 年后死于慢性肾炎尿毒症, 1 例在 $4\frac{1}{2}$ 年后死于脑溢血外, 188 例均健存均未见复发。截至 1982 年 3 月止, 随访 3~5 年者 50 例(原位癌 36 例、宫

颈鳞癌 Ia 期 14 例), 均获 3 年治愈率; 随访 5~9 年者 98 例(原位癌 69 例、宫颈鳞癌 Ia 期 29 例), 均获 5 年治愈率。其中有 3 例宫颈鳞癌 Ia 期患者, 分别在近期治愈后 1、 $1\frac{1}{2}$ 、4 年, 各足月妊娠经阴道正常分娩一次, 母子均健。

三、随访复查的病理学检查: 在随访复查时, 除全身检查、盆腔检查和阴道细胞学检查外, 对 79 例行颈管刮术活检, 结果: 为鳞状上皮者 47 例、柱状上皮 17 例、慢性颈管炎 8 例、血块纤维素 3 例、宫颈间变 I 级 2 例, II、III 级各 1 例, 对间变患者已及时给予补充治疗(上“三品”杆一次), 经再行颈管刮术, 均未见间变存在。

讨 论

目前, 早期宫颈癌手术切除范围有逐渐缩小的趋势, 多以扩大的筋膜外子宫全切术为常规。对于需保留生育能力的年轻患者, 有人采用宫颈锥形切除术, 但术后很多报道在宫颈上仍残留有原位癌, 其发生率为 19~60%(2)。实践证实, 中药“三品”饼、杆制剂敷贴于宫颈表面或插入宫颈管内, 可使宫颈组织凝固坏死、自溶脱落, 宫颈阴道部完全消失, 宫颈管形成纵深 25mm, 横深 7 mm 的圆锥形一筒状缺损。Fennell(3)、Przybora(4)和山边彻(5)等测量原位癌手术标本, 癌灶从鳞柱交界向颈管粘膜扩展度的最大长度为 16~20mm, 累腺深度一般不超过 5 mm。杨学志等(6)根据 172 例早期宫颈癌手术标本的病理检查, 测量原位癌、早期间质浸润的癌灶长度分别为 3.4 ± 2.5 mm 和 8.7 ± 4.5 mm。因此中药锥切疗法对于宫颈原位癌和早期间质浸润癌的局部病灶是可以根治的。但要达此目的, 必须严格按照规定的治疗程序, 即治疗前澄清、中间检查、出院前鉴定、缩复后宫颈管刮术和定期随访复查五个步骤进行治疗, 才能确保远期疗效。

本疗法在严格掌握适应症和禁忌症的基础上, 按照规定进行治疗, 是完全有效的。特别是近年来制药方法改进, 药物质量提高, 一般

病人无特殊反应，本组病例经3~9年的长期随访，均无异常发现，绝大部分患者在出院后不久就能恢复到患病前的劳动能力。对于年轻患者，治疗后能保存正常的生理功能和生育能力，受孕后能够正常足月经阴道分娩。这是手术治疗和放射治疗无法比拟的。

本疗法费用低廉，便于基层医院开展使用。如江西省靖安县以本疗法为主开展连续8年（两年为一轮）的宫颈癌普查普治，已就地用本疗法治愈早期宫颈癌91例；宫颈癌死亡率1980年较1973年~1975年下降了85%；三、四轮未见晚期宫颈癌出现，控制了晚期宫颈癌的发生。

参考文献

1. 江西省妇女保健院等：中药药物锥切治疗早期宫颈癌 附162例分析。中华妇产科杂志 14(4):262, 1979
2. 王淑贞主编：妇产科理论与实践，第一版，第514页，上海科学技术出版社，1981
3. Fennell RH, et al: Carcinoma in situ of cervix with early invasive changes. Cancer 8:302, 1955
4. Przybors LA, et al: Histological topography of carcinoma in situ of the cervix uteri. Cancer 12(2):263, 1956
5. 山边徳，他：子宫颈部上皮内癌及よび微小浸润癌に関する临床病理学的研究。癌の临床 18(7):377, 1972
6. 杨学志等：宫颈管储备细胞癌变过程的动态研究。中华医学会全国肿瘤基础理论专题学术会议资料，1982

葶苈生脉五苓散治疗慢性充血性心力衰竭（摘要）

石家庄市中医院 邢月朋

1981年1月至8月，我们单纯应用葶苈生脉五苓散加减治疗慢性充血性心力衰竭25例，取得了满意效果，报告如下。

临床资料 25例中男性12例，女性13例，年龄最大78岁，最小40岁，平均56岁。风心病心衰8例，冠心病心衰12例，肺心病心衰3例，先心病心衰2例。心衰病史最长者10年，最短者半年，多数在1~5年以上。心衰程度属Ⅰ级者2例，Ⅱ级者20例，Ⅲ级者3例。

方药组成及用法 葶苈子5~10g 台党参15~30g 麦冬12g 五味子10g 茯苓15~30g 猪苓10g 泽泻30g 白术12g 车前子30g。气虚自汗者加黄芪30g；阳虚者加川附片10g、桂枝10g；水肿较重加郁李仁30g；大腹胀满加水菖蒲15~30g；阴虚水肿去白术加女贞子15~30g、白茅根30g、西瓜皮30g；下焦湿热者加苦参12g；血瘀者加丹参15~30g、桃仁10g、赤芍15g、红花10g；血虚者加当归15g、熟地15g、阿胶10g；合并一般感染者加银花30g、连翘15g、板兰根30g、半枝莲30g、黄芩15g。每日一剂，水煎服。一般服3~7剂即见效，连服2~3周即可控制心衰，心衰复发时可继服该方加减。

疗效观察 显效（症状基本消失、一般体征改善，

由长期休息而恢复一般工作）12例；好转（症状减轻、一般体征改善，但未能恢复工作）11例；无效和死亡各1例。有效率92%。

典型病例 梁××，女，40岁，工人，1971年因心悸、气短、浮肿经某医学院确诊为风心病，二尖瓣狭窄兼关闭不全并心衰，经住院治疗三周病情控制出院。此后心衰反复发作五次住院治疗。1981年6月4日病情加重来我院就诊。

患者心悸、气短、憋满而喘，不得平卧。全身浮肿，膝下按之没指。两下肢逆冷，大腹胀满。纳差，稍进食则脘肋攻痛。小便1~2次/日，量少。肝大肋下四指，压痛。脉细数，100次/分。舌质淡，苔薄白。

听诊：心律整，心率100次/分，心尖区闻及双期杂音，三尖瓣区闻收缩期吹风样杂音，吸气时增强，肺动脉瓣区第二音亢进。两肺底闻湿性罗音。胸透：心脏呈梨形向两侧扩大。心电图提示：左心室肥厚兼劳损。诊断：风湿性心脏病，二尖瓣狭窄兼关闭不全合并心衰Ⅲ°。中医辨证：心肺肾阳虚，水湿泛滥，上凌心肺。治则：强心健脾补肾、助阳利水。方药：葶苈生脉五苓散加减（葶苈子10g 台党参20g 麦冬10g 五味子10g 白术15g 茯苓30g 猪苓10g 泽泻30g 桂枝10g 川附片10g 车前子30g 水菖蒲15g）水煎服，每日一剂。服3剂后，小便增多，脘肋攻痛消失，憋满减轻，脉细缓，80次/分。服10剂后，水肿全消，已能平卧，精神振奋，饮食、二便正常。脉细缓，76次/分，两肺湿罗音消失，肝肋下2指。患者能在20分钟内行走一公里。又服3剂，心衰控制，轻微运动已无不适而停药，恢复一般工作。随访两个月未见复发。

Pharmaco-Conization with Chinese Traditional Drugs for the Treatment of Early Carcinoma of the Cervix Uteri—Observation of Remote Results

Yang Xuezhi (杨学志), et al
Jiangxi Provincial Health Centre for Women, Nanchang

The main contents of this article are concerned with the observation of the remote results of early carcinoma of the cervix uteri (ECCU), 0 and 1a stages, paying special attention to the theoretical justification and practical implication of the radical treatment by pharmaco-conization (FC) with Chinese traditional drugs (CTD). Its therapy is to apply san-pin(三品) cake to the cervical surface or insert san-pin rod into the cervical canal to have a homogeneous infiltration of the drugs. Hence, it causes local coagulation necrosis. After autolysis and detachment, a cylindrical cone-shaped defect is formed and the vaginal portion of the cervix becomes disappeared. Thus, the aim of radical treatment of ECCU is achieved. Prescription of san-pin drugs consists of white arsenic, alum, pulv realgar and commiphorine.

Patients who have been under this therapy and who have finished one course of the treatment amount to 190 cases, with 0 stage being 137 cases (72.1%), and 1a stage 53 cases (27.9%) respectively. For those patients who have received PC with CTD, a combination of both clinical and pathological diagnostic methods is used to make a reliable diagnosis. During the course of the PC treatment, five steps of the technical methods should be well handled. The pre-treatment, mid-treatment and post-treatment of the clinical evidences have all shown that PC with CTD has no harmful effect on the normal liver, kidney and heart. The urinary arsenic reached the highest level in 1-4 days after the application of drugs, but never passed beyond the normal limit and dropped down as before. The side effect of the drug was nil or mild as all the cases were treated with PC, all reached the requirement of "primary cure", and all had strict follow-ups and check-ups. Cancerous remanence, or recurrence was not found. By strict observation and follow-up, 98 cases were checked up for more than 5 years, and classified as the "5-year cured".

(Original article on page 156)

TCM-WM Treatment of Serious Side-Effects in Chemotherapy of Malignant Mole and Choriocarcinoma: A Report of 15 Cases

Fu Xingsheng (傅兴生), et al
Research Group of Choriocarcinoma, Jiangxi Women's Health Hospital

15 cases of malignant mole and or choriocarcinoma with serious side-effects due to chemotherapy, such as (1) nausea and vomiting; (2) abdominal pain and diarrhea; (3) ulceration of oral mucous membrane; (4) hindrance in hemopoiesis; (5) septicemia and (6) pseudomembranous enteritis were treated by TCM-WM method with good results. The important points in prophylaxis of side-effects of chemotherapy are: (1) to reinforce yin-fluid by traditional Chinese medicine; (2) early treatment on side-effects of chemotherapy; (3) attention should be paid to the critical moment in the development of side-effects, namely, i. ulceration of oral mucous membrane; ii. abdominal pain and diarrhea; iii. differential diagnosis between double infections and treatment.

(Original article on page 159)

Effect of Biphenyl Dicarbosylate in Treating Some of the Abnormal Laboratory Findings in Patients with Chronic Hepatitis and Liver Cirrhosis

Yu Huiqin (于惠钦), Zhang Yuxuan (张育轩)
Capital Hospital, Chinese Academy of Medical Sciences, Beijing

This paper is a preliminary report of the effect of biphenyl dicarbosylate on treating the abnormalities of serum protein electrophoresis, α -FP and bilirubin in patients with chronic persistent hepatitis, chronic active hepatitis and liver cirrhosis. A control group treated with western drugs of liver-protection nature was also installed. The result showed that the biphenyl dicarbosylate was not only effective in lowering down the raised serum GPT but also quite effective in putting right the electrophoretic changes of serum protein, α -FP as well as bilirubin. The average value of albumin changed from 49.9% before treatment to 53.99% after treatment ($P < 0.01$). In case of α -FP the pretreatment value was 89.06 ng/ml and the post treatment value was 19.22 ng/ml ($P < 0.001$), while in the control group values of serum protein and α -FP before and after the treatment did not reveal much difference. As to the effect of biphenyl dicarbosylate on bilirubin, it was found among a series of 20 cases 80% was markedly effective, 5% was improving and 15% was noneffective. This apparently explains biphenyl dicarbosylate was also effective in bringing down the elevated serum bilirubin. All the results observed support our original viewpoint regarding the action mechanism of biphenyl dicarbosylate, that is, in addition to inhibiting the elevation of serum GPT, it also exerts a protective function on liver and contributes to the recovery of the damaged liver cells.

(Original article on page 163)