

功能性子宫出血 100 例疗效分析

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内容提要 本文对 100 例功能性子宫出血病人分二组进行临床观察, 中药组 60 例, 中西医结合组 40 例。通过对血常规、基础体温、宫颈粘液检查以及止血时间、月经周期恢复情况判定疗效, 结果两组均收到了明显的止血效果和恢复正常月经周期作用, 其中中西医结合组促进正常月经周期作用优于中药组。

我们通过组间对照, 观察治疗了 100 例功能性子宫出血(简称功血)病人, 其中中西医结合组 40 例, 中药组 60 例, 收到了明显的止血效果; 中西医结合组在恢复月经周期, 诱发排卵方面疗效较明显。

临 床 资 料

一、一般情况: 病例来源于住院病人 49 例, 门诊 51 例。年龄 13~53 岁。青春期 (<18 岁) 18 例, 生育期 (19~45 岁) 57 例, 更年期 (>46 岁) 25 例。未婚 29 例, 已婚 71 例。病程 3 个月~14 年, 2 年以上 32 例。

二、诊断: 排除全身性疾病及生殖器官器质性病变引起的子宫出血。临床表现为子宫不规则出血, 月经过频, 月经量过多, 月经中间期出血及更年期子宫出血。

1. 中医分型: 实热型 23 例: 子宫突然大量下血或淋漓不断, 血色深红或鲜红, 头晕目赤, 口干喜饮, 小腹拒按, 瘀块排出后疼痛减轻, 舌质红, 舌苔黄, 脉弦数或滑数。虚寒型 77 例: 子宫出血色淡质稀无块, 面色觥白, 形寒肢冷, 气短懒言, 腰酸肢软, 身体倦怠, 面浮肢肿, 大便溏, 小便清长, 舌体胖嫩, 舌质淡, 舌苔白, 脉沉细或虚缓无力。

2. 西医分型: 无排卵型 89 例, 有排卵型 11 例。

三、观察方法: 中药组 60 例, 中西医结合组 40 例, 两组一般情况大致相同, 治疗前后进行妇科内诊检查, 血常规, 血小板, 出凝血时间, 肝功能, 束臂试验, 宫颈粘液, 基础体温 (BBT), 激情素水平等内分泌以及子宫内膜病理检查。

1. 方药: 止血丹(按比例, 下同): 女贞子 1.5 旱莲草 1.0 当归 1.0 丹参 0.5 香附炭 0.5 黄柏炭 0.5 蒲黄炭 1.0 侧柏炭 1.0 丹皮 1.5 生地 1.5。

止血丸: 女贞子 1.5 旱莲草 1.0 当归 1.0 丹参 0.5 侧柏炭 1.0 黄柏炭 0.5 蒲黄炭 1.0 香附炭 0.5 党参 1.5 白术 1.5。

女宝丹: 仙茅 2.5 淫羊藿 2.5 女贞子 0.5 菟丝子 0.5 旱莲草 1.0 枸杞子 1.0 阿胶 2.0。

女宝丸: 何首乌 1.0 桑椹子 1.0 女贞子 2.0 旱莲草 2.0 淫羊藿 1.0 生地 1.0 阿胶 2.0。

以上均由我所药厂制成丸剂, 每丸 10g。

2. 方法: 中药组: 流血期间实热型用止血丹; 虚寒型用止血丸, 每日 3 次, 每次 1 丸, 流血量多时加服 1 丸, 血止停药。血止后有肾阳虚见证者服女宝丹; 肾阴虚见证者服女宝丸, 用法同上。中西医结合组: 流血期间及血止后所用中药与中药组同, 但在血止后, 依据西医分型, 无排卵型在周期第 5 天开始服克罗米酚, 每日 1 次, 每次 50mg, 连服 5 天停

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药, 按此法连续3个月经周期。排卵型在周期第12天开始用绒毛膜促性腺激素1,000u, 每日1次, 连用5天停药, 按此法连续3个月经周期。

结 果

一、疗效判定标准参考全国功血科研规划疗效评定标准, 连续观察3个月经周期后判定。

1. 止血疗效: 显效: 出血持续7天以内, 月经量正常。好转: 出血持续10天以内, 月经量减少 $\frac{1}{2}$ ~ $\frac{3}{4}$ 。无效: 出血持续10天以上。

2. 总疗效: 痊愈: 各期出血持续7天以内, 月经量正常, 青春期曾建立周期者恢复正常周期, 未建立周期者周期22天以上; 生育期恢复原周期或周期22~28天, 或BBT双相; 更年期周期22天以上或稀发至闭经。好转: 各期出血持续10天以内, 月经量减少 $\frac{1}{2}$ ~ $\frac{3}{4}$, 青春期周期变化有1~2个正常月经周期; 生育期周期22天以上(1~2个正常月经周期)。无效: 各期出血持续10天以上, 经量如前, 青春期、更年期周期变化少于22天, 生育期无改善。

二、疗效

1. 止血疗效: 显效65例, 好转20例, 无效15例, 有效率85%。两组间对比 $P>0.05$, 差异不显著。

2. 总疗效: 中西医结合组痊愈30例, 好转6例, 无效4例, 有效率90%; 中药组痊愈29例, 有效10例, 无效21例, 有效率65%。两组比较 $P<0.01$, 差异非常显著。说明中西医结合组疗效高于中药组。

3. 症状疗效: 100例中头晕、乏力、腰酸、腹部不适者分别为32、40、34、30例; 治后为2、3、6、4例。说明有明显减轻临床症状作用。

4. 血常规变化: 中药组治前的红细胞、血红蛋白、白细胞分类中的淋巴细胞平均数分别为395万、11.5g、34%; 治后为409万、12.9g、25%。中西医结合组治前平均数分别为381万、9.25g、37%; 治后为420万、11.6g、29%。两

组各项t检验均 $P<0.01$, 差异非常显著。说明有明显的纠正贫血及减轻慢性炎症作用。

5. BBT变化: 中西医结合组治疗前单项37例, 双相3例; 治疗后单项14例, 双相26例。中药组治疗前单项52例, 双相8例; 治疗后单项38例, 双相22例。两组均有促进月经周期恢复和诱发排卵作用; 组间比较 $P<0.01$, 差异非常显著, 说明中西医结合组作用优于中药组。

6. 宫颈粘液变化: 中西医结合组治疗前无周期变化37例, 有周期变化3例; 治疗后无周期变化14例, 由无周期变化转为有周期变化23例。中药组(查50例)治前无周期变化42例, 有周期变化8例; 治疗后无周期变化27例, 由无周期变化转为有周期变化15例。两组比较 $P<0.05$, 差异显著。说明中西医结合组促进月经周期恢复和诱发排卵作用优于中药组。

7. 激情素水平变化: 两组治疗前后均无明显变化。

讨 论

功血属于祖国医学崩漏等病范畴, 我们体会在治疗上应重视平阴阳、固冲任、止血调经。本文止血丹、止血丸具有止血作用, 血止后投女宝丹、女宝丸补肾阴阳, 调整月经周期, 促排进卵。止血丹、止血丸均以二至丸加当归、丹参、炭剂等具有止血作用, 但前者又加丹皮、生地偏于凉血止血; 后者又加党参、白术偏于温补脾阳。女宝丹是以二仙汤加菟丝子、枸杞子、阿胶温补肾阳, 女宝丸以二至丸加何首乌、桑椹子、生地滋补肾阴。中西医结合组加克罗米酚或绒毛膜促性腺激素促进了无排卵型功血的诱发排卵作用; 补充了有排卵型功血的黄体功能不足, 使其黄体期延长, 从而增强了调整周期作用, 因而疗效优于中药组。总之, 我们在观察治疗功血当中, 根据祖国医学理论, 结合现代医学知识, 收到了中西医结合治疗功血的较好疗效。

Analysis of 100 Cases of Functional Uterine Bleeding

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100 cases of functional uterine bleeding treated in contrasting groups are reported. Of the 100 cases, 18 patients are in puberty, 57 in maturity, 25 in climacteric; 71 are married and 29 unmarried. The course of disease varies from three months to fourteen years, and 32 cases have a history of more than two years.

For observation the cases are divided into two groups -- group A consisting of 60 cases treated with Chinese medicine; group B consisting of 40 cases treated with traditional Chinese and western medicine combined. During bleeding, the most important thing is to stop the bleeding. For cases of excess heat type Zhi Xue Dan (止血丹) is used; for cases of deficiency-cold in spleen and kidney type, Zhi Xue Wan (止血丸) is used. When hemorrhage is stopped, menstrual cycle should be adjusted and ovulation promoted. For cases with deficiency of kidney Yang, Nü Bao Dan (女宝丹) is used; for cases with deficiency of kidney Yin, Nü Bao Wan (女宝丸) is used. Clomiphene or chorionic gonadotropic hormone is given at the same time to patients in group B. The curative effect is assessed through observation of menstrual cycles.

The result proves that the effect of stopping bleeding and regulating menstrual cycle is marked, $P < 0.01$. The ratio of effectiveness between group A and group B is $P < 0.01$, that is, treatment of group B is superior to that of group A. The function of correcting anemia, improving hormone level, promoting ovulation and regulating the menstrual cycle can be seen clearly through further contrasting observation of routine blood test, hormone level, basal temperature and mucus of cervix uteri in group B. (Original article on page 205)

Vulval Dystrophy Classified and Treated with TCM-WM

—Clinical Analysis of 101 Cases

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A series of 101 cases with vulval dystrophy were classified and treated with a special combined regime of western medicine and Chinese traditional medicine. The patients were classified into 3 categories according to clinical observation, biopsy of the vulva and the Chinese traditional medical diagnostic system: (1) stagnancy of liver energy (hypertrophy, atrophy, mixed, anaplasia); (2) deficiency in both the heart and the spleen (hypertrophy, atrophy, mixed); (3) Insufficiency of Yang of the spleen and the kidney (hypertrophy, atrophy, mixed, anaplasia). The regime was able to improve the cellular nutrition of the involved tissues, activate cellular growth, promote cellular metabolism and normalize pigmentation. After treatment, no case in this series became malignant and patients with moderate and mild anaplasia had a total recovery of the cellular changes. Fiftythree out of 101 patients were cured (52.8%); 47 improved (46.53%); one patient failed to respond. Total effect rate was 99.01%. One of the cured patients relapsed 4 years after the treatment. (Original article on page 207)

A Study of the Pathobiochemical Basis of Yang-and Yin-Deficiency in Patients with Chronic Nephritis by Urinalysis

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Based on the current theories of nutrition and metabolism, the contents of urinary creatinine (Cr), urea (Ur), potassium (K), inorganic phosphorus (P) and magnesium (Mg) of Yang-deficiency and Yin-deficiency patients with chronic nephritis were compared. Results showed that contents of urinary Cr, Ur, K, P and Mg of the Yang-deficiency patients were significantly lower than those of the Yin-deficiency patients and normal. The contents of urinary K, P and Mg of the Yin-deficiency patients were normal, the urinary Ur was subnormal, but the urinary Cr was higher than normal. In addition, the content of urinary Cr showed an evident positive correlation with the creatinine clearance (Ccr) and urinary Ur. With the same value of Ccr or urinary Ur, the content of urinary Cr in the Yang-deficiency patients was markedly lower than that in the Yin-deficiency patients. These findings suggested that the pathobiochemical basis of Yang-deficiency and Yin-deficiency may be explained as a morbid condition caused by disorders of nutrition and metabolism of the body. Yang-deficiency is a syndrome in patients with malnutrition and low metabolism, while Yin-deficiency is a syndrome in patients with normal or subnormal nutrition and high metabolism. (Original article on page 209)