

中西医结合治疗妊娠中毒症117例

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内容提要 本文分析中西医结合治疗妊娠中毒症 117 例。中医中药控制症状较为满意，对降压、退肿、蛋白尿治疗有一定疗效，未发现对胎动有影响，尿E₃值上升，子宫增长正常，妊毒症合并胎儿宫内生长受阻改善。提示中医中药辨证论治，初步观察能改善胎儿—胎盘功能，从而降低妊毒症的围产儿死亡率。

妊娠中毒症(妊毒症)是妊娠特有疾病，祖国医学中妊毒症属于子肿、子烦、子痫范围，本院 1979 年 1 月至 1980 年 9 月中西医结合治疗妊毒症 117 例，临床疗效观察如下。

资料和方法

一、对象：妊娠 28 周至 38⁺ 周妊娠中毒症患者，轻度 44 例(妊娠水肿 28 例，妊娠高血压 16 例)，中度 53 例，重度妊毒症先兆子痫 20 例；平均年龄 28.7 岁，最大 39 岁，最小 24 岁；初产 91 例，经产 26 例。

二、辨证分型和治疗：1. 根据临床出现症状，按中医辨证，西医辨病，将妊毒症分 4 型。

(1) 肝肾阴虚、肝阳上亢型：头痛、头晕、目花畏光、心烦失眠、脘胀胁痛、咽喉干燥、血压增高，或有蛋白尿、腰酸肢软、手麻，舌苔黄或微剥，边尖有红刺或瘀点，脉弦而数。治则：滋养肝肾，平肝潜阳。基本方：六味地黄汤合天麻钩藤饮加减。

(2) 肝阳上亢、脾虚湿阻型：头痛、头晕、目花畏光或泛恶、心烦易怒、血压偏高或高，或有蛋白尿、面浮黄色、肢肿、胸膈满闷、纳食不佳、四肢倦怠、尿少、便溏或先硬后溏，舌质胖而淡、暗黑、时有红刺瘀斑，苔薄腻微黄或厚腻，脉弦滑。治则：平肝潜阳，健脾利湿。基本方：天麻钩藤饮合茯苓导水汤加减。

(3) 气滞湿阻型：面浮肢肿，身重足肿，行动不便，胸闷胁胀难卧，小便不利，舌质淡，苔薄白，脉弦滑。治则：和脾肺利水湿。基本方：茯苓导水汤加减。

(4) 脾肾阳虚型：下肢浮肿或面部亦浮肿、阴户坠滞、倦怠乏力、纳食不振、胸闷气促、面色晄白、大便溏薄、小便频数清长、背冷或肢冷嗜卧，舌质胖有齿印、暗黑，苔薄白，脉缓滑。治则：温阳利水。基本方：真武汤合全生白术散加减。

随症加减：气虚加党参，气滞加槟榔、枳壳，血虚加当归、熟地，血瘀加赤芍、丹参、当归、淮牛膝，阴虚加玄参、麦冬，肝阳上亢甚者加羚羊角粉 0.3~0.6g 吞服或钩藤 60g 煎服。

2. 用药方法：(1) 每日服药 1 剂，日服 2 次。(2) 先兆子痫或中度妊娠中毒症病情较重者，可日服 2 剂，或服 1 剂加用钩藤 60g 煎服，每 6 小时服 1 次，2~3 天后改每日服 1 剂。(3) 先兆子痫患者，血压波动在 150~180/100~110mmHg，即用 25% 硫酸镁 20~40ml 加入 10% 葡萄糖液 500ml 或用低分子右旋糖酐 500ml 加丹参 8 支(16ml 含丹参粉 16g) 静脉滴注/每日 1 次。连用 2~3 天停用，中药维持。117 例中 5 例先兆子痫给予中西药结合治疗，余皆单用中药治疗。全部 117 例患者均住院观察治疗，67 例治疗中即分娩或引产，50 例治疗后出院，20 例因出院停药，病情有反复，曾断续门诊中药治疗。

疗效

一、疗效标准：1. 显效：治疗后 7 天内血压恢复到 120/80mmHg 以下或恢复到基础血压，浮肿消退，蛋白尿转阴，主诉症状消失。

2. 有效: (1) 血压恢复到正常或维持在 130/15mmHg。 (2) 浮肿消退或严重程度由++++、+++至+或±。 (3) 蛋白尿转±或转阴。3项中有2项达到上述标准, 或伴有主诉症状好转或消失者为有效。3. 无效: 未达到有效标准者均属无效。

二、疗效与分型关系:

117例中显效34.19%, 有效47.01%, 无效18.80%。各型中均有显效, 气滞湿阻型、脾肾阳虚型均有效。治疗中未出现子痫。见附表。

附表 妊毒症各型疗效

类 型	例数	显 效		有 效		无 效	
		例	%	例	%	例	%
中医分型	肝阳上亢、脾虚湿阻	55	15 27.27	27 49.09	13 23.64		
	肝肾阴虚、肝阳上亢	42	13 30.95	20 47.62	9 21.43		
	气滞湿阻	16	11 68.75	5 31.25			
	脾肾阳虚	4	1 25.00	3 75.00			
西医分类	轻度 { 妊娠水肿	28	16 57.14	12 42.86			
	{ 妊娠高血压	16	8 50.00	6 37.50	2 12.50		
	中度	53	12 22.64	25 47.17	16 30.19		
	重度、先兆子痫	20	4 20.00	12 60.00	4 20.00		
	合 计	117	40 34.19	55 47.01	22 18.80		

中医辨证分型与西医分类关系: 肝肾阴虚肝阳上亢型见于妊娠高血压或血压增高为主的中度妊毒症及先兆子痫。肝阳上亢脾虚湿阻型以浮肿明显、血压中度增高的中度妊毒症及先兆子痫为多。气滞湿阻型、脾肾阳虚型均见于妊娠水肿, 临床上以气滞湿阻型为多见。

三、症状与体征观察:

1. 先兆子痫伴头痛、头晕、眼睑沉重, 畏光者20例, 治疗后上述症状消失者17例, 治愈率85%。

2. 观察妊娠高血压、中度妊毒症、重度妊毒症、先兆子痫血压75例, 其中 $>150/100$ mmHg者治疗前为16例, 治疗后仅4例; $130\sim150/90\sim100$ mmHg者治疗前为59例, 治疗后有15例; 治愈率为74.66% (血压恢复到 $130/90$ mmHg以下, 或与基础血压相比, 收缩压升高小于30mmHg, 舒张压升高小于

15mmHg)。

3. 观察妊娠水肿、中度妊毒症、先兆子痫有浮肿者共95例, 治前浮肿程度++++、+++、++、+者分别为9例、39例、34例及13例, 治疗后分别为0例、0例、6例及10例; 治愈率83.15%。

4. 117例妊毒症有蛋白尿34例, 治疗前尿蛋白++++、+++、++者分别为1例、20例及13例, 治愈后分别为0例、5例及6例; 治愈率67.64%。

四、 E_3 测定: 用Brown和coyle法测定24小时尿雌三醇值, 117例中测定 E_3 值68例, 治疗前测定55例正常值, 13例低值 (指 E_3 低于70%可信限下限), 每隔4~7天测1次, 共测184次, 治疗后 E_3 55例正常值组, 其中2例37周和41周转低值即分娩, 胎儿正常。13例 E_3 低值组治疗后, 8例 E_3 值转正常, 3例正常后于39周、41周、42周又转向低值即分娩, 2例尿 E_3 值不升于39周、40周分娩, 胎儿均正常。这68例均未发现有死胎或死产。

五、子宫高度测定: 每周测宫高 (即耻骨联合上缘及宫底, 用卷皮尺测量二者间距1次, 共测187例次, 117例中测量宫高83例, 除一例在第十百分位数以下, 余均随着孕周数增加而相应增加。

六、胎动计数: 每日固定时间早、中、晚由孕妇自己计算胎动数, 一日3次, 所测得胎动数相加乘4, 作为12小时胎动数。正常为1小时所测得胎动数不低于3次, 12小时测胎动数不低于20次。117例中观察胎动98例, 12小时胎动数均在20次以上, 最高达296次, 此例为孕39⁺周妊娠高血压。最低32次, 孕35⁺周至38周合并先兆子痫。

七、117例妊毒症并发胎儿宫内生长受阻 (IUGR) 5例, 诊断标准: (1) 子宫高度测量连续2次 (间隔一周) 测量均小于第十百分位数 (按本院孕期宫高曲线)。 (2) 孕妇3次产前检查体重不增加。 (3) 尿 E_3 低于同孕周正常值, 凡有上述第一项或伴有二项之一者, 5例IUGR妊娠高血压1例, 中度妊毒症2例, 先兆子痫

2例。治疗后4例 E_s 低值转正常。宫高1例先兆子痫(E_s 低值)在第十百分位数以下,于38周分娩,胎重1,830g。Apgar评分7'~10',4例宫高均在第十百分位数以上,足月分娩,Apgar评分10',体重在2,790~3,050g,5例胎动均正常。

体 会

117例临床疗效分析,中医中药辨证论治对妊毒症症状控制较为满意,对先兆子痫如头痛、目花畏光、眼睑沉重,经平肝潜阳等法加减,一般第1天症状好转,第3天消失。也有第2天消失,即使血压在140~150/90~100mmHg,服药期间往往主诉症状不明显。

妊娠水肿,按型治疗,浮肿明显消退是显效患者,未因利尿而出现明显倦怠、乏力,相反自觉轻便。2例顽固性水肿,用真武汤温阳利水,浮肿消退。

中医中药对降压、蛋白尿有一定疗效,但

对血压过高或临产先兆患者快速降压尚有困难,117例中有5例先兆子痫,先用25%硫酸镁20~40ml加入葡萄糖液500ml或用低分子右旋糖酐500ml加丹参8支静脉滴注,每日1次,持续2~3天后停用,再用中药维持,取得较好疗效。另外,中西药合用,可适当减少镇静剂用量,使患者易于接受,与医生配合,坚持治疗,使胎龄增长,减少围产儿死亡。妊毒症发病早,胎儿小或伴有肝功能损害者可酌情增加中药剂量,减少镇静剂用量,减少对胎儿的抑制。

98例胎动观察,均在正常范围,中药对胎动无影响。

13例 E_s 低值,治疗后11例好转;5例妊毒症伴有IUGR,治疗后4例宫底高上升达第十百分位数以上,提示中医中药辨证论治,能平衡机体改善妊毒症血管痉挛,以至肾血流量,胎盘血流量增加,促使胎儿继续在宫内发育生长。

慢性肺心病及慢性支气管炎与皮肤白斑关系的观察

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近年来,在防治慢性肺心病及慢性支气管炎的临床实践中,我们常常发现患者躯干有皮肤白斑,而且出现率很高。大多数出现在躯干部,尤其是胸背部最常见,小至米粒,大至大豆,多在2~5mm之间,数量不等,为散在性色素脱失性斑点。形状近似圆形,边缘清楚,其色泽如白癜风样皮肤。为了弄清楚它与肺心病和慢性支气管炎的内在联系,几年来,我们对门诊、住院病人及某厂职工共626人作了观察。其中男403例,女223例,年龄均在31岁以上。共分三组:慢支组175例,男104例,女71例;肺心病组224例,男151例,女73例;正常健康对照组227例,男148例,女79例。全部观察对象均在自然光线下

分别进行观察,以五处以上为阳性。

观察结果:发现正常组227例中30例阳性,占13.2%;慢支组175例中阳性78例,占44.6%;肺心病组224例中阳性182例,占81.3%。以肺心病组皮肤白斑出现率最高。三组比较,经统计学处理有非常显著性差异。另外,三组白斑出现率随年龄增长而提高,且男性多于女性。从以上观察情况可见,皮肤白斑与慢支、肺心病发病似有一定的必然联系。中医学认为肺主气、主皮毛,肺气充足、卫气旺盛,就能宣发输精以养皮毛。故推测皮肤白斑的出现乃是肺气虚衰的结果,其产生的机理有待今后进一步研究、探讨。

The total effective rate was 87.2% in Group A, and 71.4% in Group B ($P < 0.05$). The effective rate of comatose cases was 90% (18/20) in Group A and only 16.7% (2/12) in Group B ($P < 0.01$). Therefore, the combined treatment proved more effective than treatment with WM exclusively for sporadic encephalitis.

(Original article on page 467)

Treatment of Toxemia of Pregnancy with TCM-WM

— A Review of 117 Cases

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From Jan. 1979 to Sept. 1980, one hundred and seventeen cases of toxemia of pregnancy were treated with traditional Chinese and western medicine combined. The patients were classified into 4 types: (1) Liver - kidney "Yin" deficiency with liver "Yang" hyperactivity type. Plan of treatment: nourishing the liver and kidney and suppressing liver hyperactivity. (2) Liver "Yang" hyperactivity and spleen deficiency with accumulation of abnormal fluid type. Plan of treatment: tonifying the spleen and facilitating fluid excretion. (3) Qi and fluid stagnation type. Plan of treatment: regulating the spleen and lung function and facilitating fluid excretion. (4) Spleen-kidney "Yang" insufficiency. Plan of treatment: warming-up "Yang" and facilitating fluid excretion.

According to the standards stated in the paper good results were obtained in 34.19% of the 117 cases studied and fair results in 47.01%, while 18.80% failed to improve. It is shown by the results that TCM is effective in the treatment of toxemia of pregnancy. The herbs used had no adverse effects on the fetus. On the contrary the urinary estriol level had a general tendency to rise, the height of the uterine fundus increased, IUGR associated with toxemia of pregnancy improved. Chinese traditional medicine with its principle of symptom-sign differentiation seems to be able to improve fetal-placental function and thus reduce perinatal mortality due to toxemia of pregnancy.

(Original article on page 469)

"Zhi Chou San" (Anticonvulsive Powder) in the Treatment of Preeclampsia

— A Report of 100 Cases

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From March 1979 to March 1983, 100 cases of Preeclampsia were treated with "Zhi Chou San" in our hospital, the results were as follows: (1) An average drop of blood pressure: systolic 13.66 mmHg, diastolic 4.3 mmHg was observed. Marked improvement was also found in oedema, proteinuria and general condition of the patient. (2) Incidence of prolonged labour and postpartum uterine bleeding reduced greatly in comparison with that of the group treated with western medicine, $P < 0.01$. (3) There was no mortality of fetus or newborn in the group treated with "Zhi Chou San"; The rate of fetal asphyxia was 20.21%, while that of the group treated with western medicine was as high as 39.16%.

Four cases of asphyxia of the newborn were observed, which also showed marked decrease in comparison with the group treated with western medicine, $P < 0.01$.

Pharmacological tests: Intraperitoneal injection or oral administration of "Zhi Chou San" to the mice caused obvious drop of blood pressure and sedation, a result similar to that observed in human in clinical practice. Oral administration of "Zhi Chou San" to mice with a dosage of 15g/kg each time would cause neither death nor harm.

(Original article on page 472)

Preliminary Study of the Effect of "Tonifying the Kidney" on Ovarian Function

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Fifty-six patients with functional hemorrhage of uterus were treated, all were under 40 years of age. Diagnosed according to traditional Chinese medicine, most of the patients under 20 were deficient in kidney Yang and most of the patients above 30 deficient in kidney Yin. Forty-one cases were treated with traditional Chinese medicine with the method of tonifying the kidney, while the remaining