

• 临床论著 •

三阴交埋线促排卵初步报道

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内容提要 本文介绍 1974 年以来对 24 例不排卵患者取三阴交穴位埋羊肠线治疗, 效果良好。随访 22 例, 其中 18 例排卵, 16 例妊娠, 4 例无效, 此 4 例为继发闭经患者。三阴交埋线除能诱导排卵外, 对多囊卵巢综合征亦有治疗作用。有克罗米芬诱导排卵相类似的作用, 而无其副作用及过度刺激的危险。一次埋线长期调节卵巢功能。临床观察认为是一种理想的促排卵的方法。

因不排卵引起月经失调及不孕是妇科常见的病症。近年来不孕妇女因卵巢功能障碍似较生殖器器质性病变为多。目前临床常用诱导排卵的方法有化学性及内分泌性药物及手术。化学药物如克罗米芬 (Clomiphene)^[1], 麦角隐亭 (CB₁₅₄)^[2]。内分泌药物有促性腺释放激素 (LHRH)^[3,4], 人绝经期促性腺素 (HMG)^[5], 双醋环烷 (Cyclofenil)^[6], 它莫西芬 (Tamoxifen)^[7], 雌三醇甲醚 (Epimestrol)^[8] 等都有不同的效果。祖国医学有“三阴交治妇人久不成孕”之说, 据此我们取三阴交穴位埋羊肠线促使排卵, 效果良好。

临床资料

1974 年以来应用于 18 例不孕 (结婚三年不孕者), 其中 17 例为原发不孕, 1 例为继发性不孕; 及 6 例继发性闭经要求治疗的患者共 24 例 (年龄 24~35 岁)。24 例中 15 例测定基础体温 (连续测量三个月以上) 皆呈单相。23 例于经前二天作子宫内膜活检, 1 例未作内膜活检但基础体温呈单相。23 例内膜活检中 22 例为子宫内膜增殖型, 1 例为子宫内膜萎缩型。确诊不排卵后用羊肠线作穴位埋线治疗。

妇科检查: 子宫正常大 22 例, 2 例继发性闭经子宫小于正常。3 例发现一侧附件有 < 5 cm 直径大小的囊性肿块, 其中 2 例经气腹造影确诊为多囊卵巢综合征。

治疗方法: 一般在月经干净后 3~7 天, 闭

经患者在确诊不排卵后, 取二侧三阴交穴位, 用带针芯的穿刺针, 抽出针芯约 2 cm, 用“0”号羊肠线 2 cm 插入穿刺针内 (从针尖插入)。在内踝上三寸, 取准三阴交穴位, 局部消毒, 穿刺针直刺三阴交 (不需局部麻醉), 深约一寸, 得气后推针芯将羊肠线埋入其内, 取出穿刺针。

埋线后基础体温双相而显示黄体功能不足者, 于下次月经后用绒毛膜促性腺素 (HCG) 1,000 u 肌注一周二次, 基础体温上升后每日用 1,000u, 共四天, 以维持黄体功能。

结果分析

一、月经情况: 治疗前大多数病例有月经失调, 11 例月经周期延长, 一般是 45~60 天一周。6 例闭经 (在三个月以上), 其中 2 例为多囊卵巢综合征, 1 例因精神创伤后继发闭经, 1 例服避孕药后闭经, 2 例为继发性闭经。2 例月经不规则。5 例月经正常。治疗后除 2 例未随访到及 2 例闭经 (精神创伤后及服避孕药后闭经) 外, 20 例月经周期正常。

二、排卵与妊娠: 见附表。

24 例病人中经治疗后 18 例有排卵, 4 例无排卵, 2 例未随访。随访 22 例中 16 例妊娠。8 例未孕病例继续测量基础体温, 4 例基础体温呈双相; 4 例仍为单相, 此 4 例皆为继发性闭经。其中一例因服避孕药后长期闭经, 曾作人工周期, 月经仍未来潮, 子宫内膜病检呈萎缩

附表 治疗效果

病 种	病例数	排卵例数	妊娠例数	流产例数	无效	未随访
原发不孕	17	15	13	3		2
继发不孕	1	1	1			
多囊卵巢综合征	2	2	2			
继发性闭经	3				3	
服避孕药后闭经	1				1	
合 计	24	18	16	3	4	2

型。一例因精神受刺激后长期闭经。另2例不用人工周期，月经正常来潮，但基础体温单相，说明仍无排卵。

16例妊娠者，妊娠时间最短于埋线后第一个月即停经，共4例。最长于2年后妊娠（因夫妻分居两地），其中3例自然流产，2例已第二次妊娠并做人工流产，2例多囊卵巢综合征月经周期恢复正常且已妊娠分娩。2例有排卵而未妊娠，经进一步检查证实为输卵管病理性阻塞。

治疗后从基础体温看，有显示黄体功能不足者（黄体期少于12天），加用HCG效果更好。24例中10例未用HCG，16例妊娠者有7例未用HCG，说明此7例妊娠与外源性HCG无关。14例用HCG者，其中2例于埋线前多次用HCG未能使排卵。

讨 论

三阴交埋线诱导排卵作用机理尚不明了，因限于条件无法作内分泌测定，但从临床上看它有克罗米芬诱导排卵相类似的作用，但无克罗米芬的副作用。初步推理可能三阴交埋羊肠线作为一个长期刺激，使下丘脑中心释放促性腺素释放因子，指挥垂体促性腺素活动，再作用于卵巢促使卵泡成熟排卵。其特点是一次埋线，较长期的纠正下丘脑、垂体、卵巢之间内分泌平衡失调。仅在个别病例埋线后连续8个月基础体温双相，8个月后基础体温又呈单相，故再作第二次埋线，又出现双相基础体温。另一病例埋线后基础体温双相，但显示黄体功能不

足，因未怀孕半年后再次埋线即妊娠已娩。

本组资料表明除4例继发性闭经外其他病例埋线后皆有排卵，说明不孕及多囊卵巢综合征患者丘脑—垂体—卵巢轴有一定的功能，卵巢分泌一定量的雌激素（病检证实子宫内膜皆呈增生型）。埋线后促使其排卵，月经周期恢复正常，说明排卵与内在性雌激素有关。

文献报道^[6,7]克罗米芬、双醋环烷、它莫西芬总的排卵率为70~85%，受孕率为30~44.6%，各药疗效不一。服以上三种药物，10%的患者有副反应，如恶心、呕吐、头晕、头痛、神经紧张、下腹痛及卵巢增大。本组病例皆无以上副作用。据报道应用克罗米芬多胎发生率为7%^[6]，本组16例妊娠无一例发生多胎。有人认为月经周期正常而不孕者用克罗米芬治疗无效^[6]，本组5例月经周期正常者治疗后皆有效。

三阴交埋线是一个较理想的促排卵的方法。方法简便，经济，无需特殊设备及特殊药物，无副作用及过度刺激的危险。一次埋线长期调节卵巢功能。除能调整月经，促使排卵治疗不排卵性不孕外，对多囊卵巢综合征亦有疗效。尤其对用药物促排卵失效者值得试用此法。但其作用机制尚待进一步探讨。

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Abstracts of Original Articles

A Preliminary Study of Catgut Embedding at Point Sanyinjiao (三阴交) to Induce Ovulation

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This paper presents 24 cases under our treatment since 1974, among which 18 are classified as functional sterility, the other 6 as amenorrhoea secondary. Through regular measurement of basal body temperature and endometrial biopsy, it was found out that all these 24 patients suffered from anovulation. We tried the therapy of catgut embedding at point Sanyinjiao and the therapeutic effect turned out to be satisfactory. Of the 22 cases that were followed up 18 came to ovulate, and 16 became pregnant. The treatment of another 4 cases with amenorrhoea proved of no effect. Catgut embedding at point Sanyinjiao not only induced ovulation, but also showed therapeutic effect on polycystic ovarian disease. It has an action similar of Clomiphene in inducing ovulation, but no side effects to that of the latter. Owing to the limited number of cases the rates of ovulation and pregnancy cannot be worked out at present, but clinical observation shows that catgut embedding at point Sanyinjiao is an ideal therapy to induce ovulation. It is simple and handy, with no side effect or danger of over-stimulation. Catgut embedding can regulate the function of ovary for a long period of time, but the mechanism awaits further study. (Original article on page 521)

Clinical Observations on 36 Cases of Viral Myocarditis Treated with *Epimedium grandiflorum* Moor and Vitamin C

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PLA 205 Hospital

This article reports clinical observations on 36 cases of viral myocarditis treated with *Epimedium grandiflorum* Moor (EGM) and Vitamin C. The effective rate of this therapy is 69.44%, significantly greater than that of 25 controls which is found to be 40.0%. The possible mechanism is discussed briefly.

(Original article on page 532)

Treatment of Acute Bacillary Dysentery with TCM and WM Combined

An Analysis of 117 Cases

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Forty-one cases were treated with SMZ co in combination with herbal medicine which has the action of regulating the flow of vital energy and blood, promoting digestion and removing dampness and heat. At the same time, a number of cases were treated with routine western medicine or traditional Chinese medicine exclusively as control. Totally 117 cases were studied in this paper.

An analysis based on both clinical observation and bacteriological study shows that the group treated with combined medicine gave better results than either of the other two control groups ($P < 0.05$).

The western drugs have strong bacteriostatic and antiphlogistic action which often leads to disproportionate population of intestinal bacteria and dysfunction of the stomach and intestine. On the contrary, traditional Chinese medicine is not only free of such side effects, it can increase the defence mechanism of the human body by enhancing immunological factors, phagocytosis of reticulo-endothelial system (RES), and by activating kinase system, increasing the amount of bacteriophages in acute bacillary dysentery. Therefore the combined method is superior to the method employed in the two control groups.

(Original article on page 525)

Effect of Single and Coupled Chinese Drugs on Hemopoietic Cells-CFU-D

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Twelve pairs of drugs which are the main components of Datusizi yin (Major Dodder Seed Decoction) and Shisiwei Jianzhong Tang (Decoction with 14 Ingredients to Reinforce Middle Jiao) have been proved clinically effective in treating aplastic anemia. The drugs are paired according to their properties known in the traditional Chinese medicine, and tested for their effect on the granulocytic progenitors CFU-D with diffusion chamber technique. Six pairs of them were shown to be able to promote proliferation of CFU-D.