

先兆流产的中医辨证论治

——62 例临床分析

上海中医学院附属岳阳医院妇科 黄含英 乐秀珍 陈雪芬

内容提要 62 例先兆流产采用中医辨证论治, 结果疗效良佳者 57 例 (91.9%), 无效而流产者 5 例 (8.1%)。其中属脾肾阳虚型者疗效较佳, 因而认为辨证分型对先兆流产的防治及决定保胎的适应症有一定的临床实用价值。

妊娠早期出现阴道出血, 淋漓不断者, 中医学称为胎漏; 伴有下腹胀坠及腰酸者称为胎动不安; 仅有下腹疼痛者称为妊娠腹痛。以上表现均属先兆流产范畴。它是中医妇科领域中常见病之一。我院近 4 年来对 62 例先兆流产住院病人采用了中医辨证论治, 取得了较好的疗效, 为了进一步探讨其疗效机理实质, 特将该资料分析于下。

材料与方法

一、病人来源: 本组 62 例系本院自 1979 年 7 月~1983 年 3 月妇科住院的先兆流产病人中, 随机(非选择性)采用中医辨证论治而连续收集的病例。本组病例的诊断标准为停经后有阴道出血、腰酸、下腹胀坠、腹痛、妊娠试验阳性及/或超声波检查证实为妊娠者。

1. 年龄: 本组年龄为 25~38 岁。其中 25~30 岁者 43 例 (占 69.4%), 31~35 岁者 16 例 (占 25.8%), >35 岁者 3 例 (占 4.8%)。

2. 既往流产史: 62 例中, 以往有流产史者 33 例 (53.2%)。其中有 1 次流产者 20 例, 2 次流产者 11 例, 3 次流产者 2 例。在此 33 例中, 脾肾阳虚型者占 60.6%。

3. 出现先兆流产距上次流产时的间期: 在以往有流产史的 33 例中, 出现先兆流产距上次流产时的间期在 6 个月内者有 16 例 (占 48.5%); 6~9 个月之间者有 9 例 (占 27.3%); 9~12 个月之间者有 3 例 (占 9.1%); 1 年以上者有 5 例 (占

15.2%)。上述间期在 1 年内者有 28 例 (占 84.8%), 其中属脾肾阳虚型者有 17 例 (占 60.7%)。

二、辨证分型及治法:

1. 脾肾阳虚型 (31 例), 主证: 阴道见红、量少、色淡, 腰酸, 肢冷, 大便溏薄; 面目虚浮, 少腹隐痛。苔白腻或薄腻, 质偏淡而胖; 脉沉细滑, 尺脉弱。治则为益气健脾, 固肾安胎: 党参、黄芪、当归、白芍、白术、寄生、菟丝子、黄芩、川断、山药、糯米。

2. 肝肾阴虚型 (28 例), 主证: 阴道见红、量少、色褐, 腰酸, 头晕, 耳鸣, 夜寐不安, 少腹隐痛, 唇红, 口干, 大便干结。苔薄腻, 质红、少津; 脉细滑带数, 尺脉尤弱。治则为滋阴清热, 养血安胎: 生地、太子参、丹皮、黄芩、女贞子、旱莲草、白芍、川断、阿胶、苧麻根。

3. 气血虚弱型 (3 例), 主证: 阴道见红、量少、色淡, 腰酸, 心悸, 面色萎黄或㿔白, 少腹坠胀, 绵绵作痛, 神疲肢倦。苔薄, 舌质淡; 脉细滑无力。治则为益气养血、固肾安胎: 党参、当归、白芍、熟地、白术、陈皮、炙甘草、桑椹子、川断、寄生。

结果与分析

本组 62 例中经辨证论治后有 57 例 (占 91.9%) 病情迅速得到控制, 随访均足月分娩; 余 5 例 (8.1%) 则因阴道出血、腰酸、腹痛未

见好转而终于流产。治疗后主要临床表现的变化及其与分型关系如下:

1. 阴道出血: 本组中治疗前有阴道出血者60例(96.8%)。其中阴道出血发生于停经后40~45天者14例, 46~50天者22例, 51~55天者13例, 55天以上者11例。出血持续时间为1~5天者35例; 6~10天者20例; 11~15天者4例; 15天以上者1例。在31例脾肾阳虚型中, 28例为少量出血3~4天, 服药4~5天后出血停止; 3例中量出血1~2天, 服药后3~4天血止。在肝肾阴虚型中, 有22例少量出血4~5天, 服药5~6天后血止; 4例中量出血3~4天, 服药5~10天后出血仍未控制, 最后流产。在3例气血虚弱型者中, 2例少量出血2~3天, 服药4~5天后血止; 1例中量出血3~4天, 服药9天仍未控制而流产。

2. 腰酸、下腹胀坠: 本组中治疗前有腰酸、下腹胀坠者58例(93.5%)。其中30例属脾肾阳虚型者, 治疗后24例症状消失, 6例仍有轻度症状; 25例属肝肾阴虚型者中, 10例症状消失, 11例仍有轻度症状, 4例无效而流产; 3例气血虚弱型者, 2例症状消失, 1例无效而流产。

3. 腹痛: 本组有腹痛52例(83.9%), 其中属脾肾阳虚型者21例, 治疗后症状消失者20例, 减轻1例; 肝肾阴虚型者28例, 治疗后症状消失者16例, 仍有轻度症状者8例, 无效而流产者4例; 气血虚弱型者3例, 治疗后症状消失者2例, 无效而流产者1例。

4. 舌象、脉象改变。

(1) 脉象: 本组31例脾肾阳虚型者中, 治疗前显示脉滑无力者25例, 细滑尺脉弱者6例。治疗后除2例仍有尺脉弱外, 余均为细滑脉; 28例肝肾阴虚型中, 治疗前示细滑尺脉弱者8例, 弦滑尺脉弱者20例, 治疗后除4例仍为弦细外, 余16例为弦滑, 8例为细滑; 3例气血虚弱型者, 治疗前均为细滑尺脉弱, 治疗后1例无改变, 2例转为细滑。以上5例脉象无改变者终于流产。

(2) 舌象: 在31例脾肾阳虚型中, 治疗前示

舌质淡边有齿痕、苔薄腻者19例, 质淡胖、苔白腻者12例; 治疗后14例转正常, 17例仍示舌质淡边有齿痕及薄腻苔。28例肝肾阴虚型者, 治疗前舌质红、苔白腻者26例, 治疗后有14例转为黄腻或薄腻苔; 质暗、苔黄腻者2例, 治疗后无改变。3例气血虚弱型者, 治疗前舌质淡边有齿痕、苔白腻, 治疗后2例转为薄白苔。

5. 妇科检查: 本组中治疗前妇科检查, 示子宫大小与孕周符合者54例(占87.1%), 与孕周不符合者8例(占12.9%)。在后8例中属脾肾阳虚型1例, 于治疗后子宫增大与孕周相符; 肝肾阴虚型4例, 治疗后均无改变, 终于出现流产; 气血虚弱型3例, 治疗后2例子宫增大与孕周相符, 1例无改变者, 终于流产。

6. 超声波检查: 本组中有52例于孕8周作A型超声波检查, 有7例未见胎心及胎动。后者经B型超声波复查, 见有胎心及胎动者2例; 未见胎心及胎动者5例, 此5例即为上述治疗无效而流产者。

讨 论

一、先兆流产的防治。

中医学文献中, 没有先兆流产的记载, 而散见于“胎漏”、“妊娠腹痛”、“胎动不安”、“堕胎”、“小产”等篇章中^[1,2]。凡是禀赋素弱, 孕育过密, 产后出血, 房事不节等均可造成肾阳虚弱, 肾阴亏耗。若肾阳不足, 命门火衰, 不能温脾生土, 则脾气亏损, 生化之源不足, 胎失所养, 致胎动不安或堕胎; 若肾阴亏损, 肝失濡养, 阴虚阳亢, 虚焰为患, 耗灼营阴, 内扰冲任, 胎失充营, 胎儿供养为艰, 则胎动不安或堕胎。本组62例中, 有50%属脾肾阳虚型, 45.2%为肝肾阴虚型, 4.8%为气血虚弱型。在既往有流产史的33例中, 有28例(84.8%)为流产后一年内再次受孕者。其中以脾肾阳虚型者为主(60.7%)。提示脾肾阳虚型者于一次流产后再次流产率甚高, 且一年内再次受孕而出现先兆流产的发生率亦较高。虽然有些系由于染色体异变的自然淘汰所致; 但尚有一部分病例系由上述因素所导致, 因此在流产后的复元

期中, 必须重视以下防治事项: (1) 注意避孕, 再次受孕需在流产后一年以上, 以使身体充分复元; (2) 注意节制房事; (3) 避免精神、情绪过度紧张; (4) 如属习惯性流产者, 则夫妇双方均应进行染色体检查, 追查其原因, 以预测是否适于再次受孕。

二、先兆流产保胎的适应症。

当前我国号召每对夫妇只生一个子女。由于独生子女的身体健壮及智力优良与进一步提高及保证优良的民族素质密切相关。因此, 对先兆流产的保胎亦应有明确的适应症, 才能符合优生学的要求。根据本组病例辨证论治结果, 有效而能继续正常妊娠及分娩者有 57 例 (91.9%); 而在无效终于流产的 5 例 (8.1%) 中, 4 例为肝肾阴虚型, 1 例为气血虚弱型。在论治前其阴道出血均中量, 伴有不同程度腰酸及腹痛; 脉象 4 例细弦尺脉弱, 1 例为细软尺脉弱; 子宫均小于孕周, 于治疗后症状未见减轻; 子宫增大不明显; B 型超声波检查亦未见胎心及胎动。以上提示脾肾阳虚型者治疗效应较良佳; 而在其它两型中, 如阴道出血中量、持续时间长、脉象不滑利以及子宫小于孕周者, 则胚胎存活机会较少。据此, 我们初步认为: (1) 如先兆流产发生于 8 周内者, 阴道出血少量、持续时间短, 脉象细滑或弦滑, 而子宫增大与孕

周相符合, 则按中医辨证论治保胎。于治疗 4~6 天后, 如阴道出血未止, 腹痛频繁, 脉象不滑利者, 不适于继续保胎; (2) 凡阴道出血中量、持续 2~3 天, 脉象滑利, 子宫小于孕周者, 如其孕周在 8 周内者, 不适于保胎; 在 8 周以上者, 则应作超声波检查, 若显示有胎心及胎动者, 应进行保胎治疗, 如 3~4 天后症状无改善, 且脉象转为不滑利者, 则不宜继续保胎; (3) 对于无阴道出血, 但有腰酸及腹痛者, 也不可忽视, 因此类患者常在症状出现不久即发生阴道出血, 一有出血则增加治疗的复杂性。《景岳全书》“妇人肾以系胞, 而腰为肾之腑, 故胎妊之妇, 最虑腰痛, 痛甚则坠, 不可不防”⁽³⁾, 故亦应及时按辨证论治进行保胎; 但若病情尚未全面分析及研究时, 切勿滥用黄体酮及中药治疗, 以免导致过期流产、继发感染、胎儿畸形或出生低能儿, 以致影响母体身心健康和不符合优生学的要求。

参 考 文 献

1. 陈自明. 医部全录. 妇人胎前门. 第 385 卷. 第 15 期. 会文堂新记书局, 1926:121.
2. 赵 佑. 圣济总录. 妊娠腹痛. 第 155 卷. 北京: 人民卫生出版社, 1962:2552.
3. 张介宾. 景岳全书. 妇人规上. 第 38 卷. 上海: 上海卫生出版社, 1958:657.

《中医函授通讯》征订启事

《中医函授通讯》是全国统编中医教材的辅导刊物, 配合全国各地中医函授教学。自创刊三年以来, 深受读者欢迎。普遍认为: 它具有自学入门的连贯性; 广泛的临床实用性; 较强的针对性; 丰富的知识性。以侧重普及辅导自学为主, 注重基础兼顾临床为特色。长期订阅本刊, 将会使您走自学中医成才的捷径。本刊双月 10 日出版, 定价 0.30 元, 全年 1.80 元, 本刊代号 8—182, 全国各地邮局 (所) 均可办理 1985 年订阅手续。敞开发行, 欢迎订阅。本刊不办理邮购业务。

《中医函授通讯》编委会

治疗急性脑血栓形成新药赤芍 801

(商品名通脉酯) 通过鉴定

本药是赤芍有效成分的结构改造物, 治疗急性脑血栓形成 263 例总有效率 92.01%, 基本痊愈率 40.30%, 高于低分子右旋糖酐 (总有效率 82.27%, 基本痊愈率 20.54%)。药理研究提示其能抗花生四烯酸引起的动物死亡, 抗血小板聚集, 对血栓素 B₂ 合成有抑制作用, 改善微循环, 对心肌缺血损伤有保护作用。毒理实验提示其无致突变、致癌、致畸胎作用。1984 年 9 月 28 日在吉林召开鉴定会, 13 名有关专家组成的鉴定委员会认为, 该药疗效确实, 使用安全, 生产工艺成熟, 成本低廉, 无三废污染, 是一种国内治疗急性脑血栓形成的新药物, 建议作为部级或省级科研成果。

(北京西苑医院基础研究室分子医学组)

The Role of Laparoscopy in the Non-Operative Treatment of Ectopic Pregnancy by TCM-WM

Yang Saimei (杨赛梅), Li Guowei (李国维)

International Peace Maternity and Child Health Hospital of China Welfare Institute, Shanghai

From 1980 ~ 1983, of 202 cases of suspected ectopic pregnancy examined by laparoscopy, 133 proved to be early ectopic with or without hematomas. Laparoscopy clearly showed the site of ectopic pregnancy as well as the stage of development of the disease which helped much in the clinical staging and planning of the treatment regime. All the cases that received the treatment were cured.

Twenty cases were given a follow-up examination 3 or more months after treatment. It was found that sub-acute cases of bleeding gave better results than those with hematocele — the majority of the cases showing normal pelvic findings with patent tubes belonged to the subacute cases, while all the hydrosalpinx found resulted from the cases with hematoma formation ($P < 0.01$).

Mild or filmy adhesions were separated during the laparoscopic procedure. Pregnancy followed in quite a few cases. The results showed that early diagnosis and prompt adequate treatment gave the best results. It was concluded that in a conservative treatment of ectopic pregnancy using TCM-WM, laparoscopy played a very important role: it enabled the attending gynecologist to establish the diagnosis at a very early stage of the disease, provided clear and concise documentation, helped proper treatment and protocol planning and thus gave very good prognoses to complication of pregnancy, which is sometimes very dangerous.

For those who require tuboplasty, laparoscopic assessment prior to surgery is essential. With the accumulation of more cases it is hoped that laparoscopy will also help to clarify the etiological factors of extra-uterine pregnancy.

(Original article on page 211)

TCM Treatment of Threatened Abortion — A Clinical Analysis of 62 Cases

Huang Hanying (黄含英), et al

Department of Gynecology, Yueyang Hospital, Shanghai TCM College, Shanghai

This paper reports the planned treatment of threatened abortion based on TCM diagnosis. Of the 62 cases under discussion, including 33 who had had case histories of abortion (28 cases of which got conceived again within one year after abortion), 31 came under the category of Pi Shen Yang Xu (PSYX 脾肾阳虚, deficiency of vital energy in the spleen and kidney), 28 under the category of Gan Shen Yin Xu (GSYX 肝肾阴虚, deficiency of essence in the liver and kidney), and 3 under the category of Qi Xue Liang Xu (QXLX 气血两虚, deficiency of both energy and blood).

As a result of the treatment, 57 cases (91.9%) proved to be successful, while 5 (8.1%) were failures. A gynecological examination disclosed that patients under the category of PSYX recovered completely or showed definite signs of recovery, with such symptoms as vaginal bleeding, lumbodynia, tenesmus, abdominal pain, abnormal pulse-manifestation and coating on the tongue either vanishing or clearly indicating a turn for the better. Furthermore, the patients in question were found without exception to have maintained their ability of normal pregnancy and delivery. The results, however, were not so satisfactory for the categories of GSYX and QXLX. In spite of the treatment, 4 (14.3%) of the 28 cases under the former category and 1 (33.3%) of the latter category met with failure, resulting unfortunately in spontaneous abortion.

The authors of this paper hold, therefore, that the planned treatment based on TCM diagnosis for threatened abortion has theoretical as well as practical value to the prophylaxis and treatment of threatened abortion and the determination of the indication of continuing pregnancy. Some suggestions were also made by the authors.

(Original article on page 214)

Evaluation of Clinical Efficacy of Aconitic Injection in Asthenia Patients Suffering from Sick Sinus Syndrome and Its Mechanism

Zhu Boqing (朱伯卿), et al

Department of Internal Medicine, Huashan Hospital, Shanghai First Medical College, Shanghai

Clinical efficacy and the mechanism of Aconitic injection were evaluated in 13 asthenia patients suffering from sick sinus syndrome. Aconitic intravenous injection was administrated at a dose of 12g per day for 2 to 4 weeks. Clinical symptoms of both cardiac and cerebral ischemia were found improved after therapy, and the severity of arrhythmias was relieved as well by EKG monitoring. The heart rate at rest increased from 51 ± 5 to 56 ± 4 beats/min ($P < 0.05$), whereas during exercise, it increased from 60 ± 7 to 74 ± 7 beats/min ($P < 0.001$).

The sinus node recovery time (SNRT) was assessed by transesophageal atrial pacing. The maximum SNRT was significantly shortened from $3,138 \pm 1,139$ ms to $2,149 \pm 988$ ms ($P < 0.05$) after therapy. The maximum SNRT after sympathetic and parasympathetic blocking was also significantly shortened from $3,352 \pm 1,196$ ms to $2,135 \pm 947$ ms ($P < 0.01$). The shortening value of patients with Yang deficiency was significantly larger than those with Ying deficiency (648 ± 408 ms vs 310 ± 159 ms, $P < 0.001$).

The value of PEP/LVET was found decreased from 0.320 ± 0.026 to 0.297 ± 0.024 ($P < 0.001$) by the measurement of STI. The results indicate that the so called warming Yang Chinese herb Aconitum appears to improve the functions of sinus node and cardiac performance in asthenia patients with sick sinus syndrome, and the stimulation of beta adrenergic receptor was considered one of the mechanisms of action.

(Original article on page 219)