

几种促进母乳分泌方法的效果观察

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内容提要 本文对 144 例授乳母亲, 采用穴位注射维生素 B₁₂、按摩、服用中药、叶酸、多酶片等方法, 观察其泌乳效果。结果表明: 穴位注射、按摩、中药组均有明显的催乳作用($P < 0.001$), 治疗 3 个月后随访, 泌乳量不足或无奶者, 三组分别为 10%、20% 及 15%。使用叶酸、多酶片等药物组增乳量不显著($P > 0.05$)。

母乳是 6 个月以内婴儿最合适的食物, 据调查柞水县山区农村 6 个月以内婴儿母乳不足或无奶者, 占婴儿总数的 22.2%, 缺奶者发生时间以 3 个月后为最常见(中华儿科杂志 1983; 21(4):198)。为促进乳汁分泌, 改善母乳不足的状况, 探求适用于农村促进母乳分泌的方法, 我们于 1984 年 9 月~12 月, 采用多种促进母乳分泌的方法, 进行观察比较, 现将其结果报告如下。

对象及方法

一、对象: 以身体健康, 乳房发育正常, 食欲良好, 6 个月以内的婴儿授乳母亲为对象。

二、促进母乳分泌的方法及分组: 将授乳母亲分为 6 个组进行试验观察。(1)穴位注射组: 取乳根、膻中两穴, 针刺得气后, 两穴分别注射维生素 B₁₂ 各 50 μ g, 不留针, 每日一次, 连续注射 5 天。(2)叶酸片组: 每日口服叶酸 30mg, 分三次, 连服 5 天。(3)中药组: 采用民间验方, 炒王不留行 50g 与豆腐一斤共煮, 喝汤吃豆腐, 1~2 日用完, 5 日后观察结果。(4)按摩组: 根据民间常用手法, 运用捏、摩、揉、揉等不同按摩手法, 对双乳进行全面按摩, 每日按摩 4~5 次, 每次 10 分钟左右。(5)多酶片组: 多酶片每日 3 次, 每次 0.9g, 连服 5 天。(6)对照组: 本组不采用任何治疗措施, 同样观察 5 天。各组的一般情况见表 1。

表 1 各组观察对象的一般情况

组别	例数	乳母年龄			胎次		哺乳婴儿月龄	
		~20	21~	30~	1~2	>3	1~3	4~6
穴位注射	30	6	23	1	28	2	13	17
按摩	21	2	16	3	18	3	5	16
中药	20	1	15	4	15	5	8	12
叶酸片	27	1	20	6	21	6	11	16
多酶片	26	1	16	9	25	1	12	14
对照	20	—	18	2	16	4	11	9
合计	144	11	108	25	123	21	60	84

上述各组在治疗前及治疗 5 天后, 观察其日间 12 小时内的泌乳量。用特制杠杆称(感量 5g), 称量喂奶前后每次婴儿体重, 其差数的总和即为婴儿的日间食乳量。日间一般哺乳 4~7 次, 其食乳量即为乳母日间 12 小时内的泌乳量。

结 果

一、各组泌乳量变化的比较: 见表 2。

表 2 各组泌乳量变化的比较(M \pm SD)

组别	例数	泌乳量(g)		t	P
		观察前	观察后		
穴位注射	30	322.9 \pm 42.71	410.0 \pm 52.51	87.6	<0.001
按摩	21	375.8 \pm 75.60	475.2 \pm 74.40	3.82	<0.001
中药	20	338.0 \pm 46.96	455.5 \pm 40.44	6.52	<0.001
叶酸片	27	311.1 \pm 37.01	354.5 \pm 31.65	1.01	>0.05
多酶片	26	349.7 \pm 41.36	366.9 \pm 45.77	1.44	>0.05
对照	20	302.0 \pm 65.18	301.3 \pm 62.22	—	—

穴位注射组、按摩组、中药组均有明显的促进母乳分泌的作用。观察前后日间增乳量均

值在 87.1~107.5g 之间, 观察前后泌乳量经统计学处理, 有显著差异。而使用叶酸、多酶片者则不显著。对穴位注射、按摩及中药组的增乳量按不同哺乳月龄进行比较, 经统计学处理, 未见明显差异(见表 3)。

表 3 促乳分泌组的不同月龄增乳量比较(M±SD)

组别	增乳量(g)				t	P
	例数	1~3个月	例数	4~6个月		
穴位注射	13	86.92±48.88	17	86.65±36.60	0.12	>0.05
按摩	5	52.50±85.0	16	55.88±49.60	0.118	>0.05
中药	8	118.83±30.59	12	133.88±45.56	0.65	>0.05

二、随访情况: 经 3 个月随访, 各组出现泌乳量不足或无奶者, 穴位注射组 4 例, 占 13.3%; 按摩组 4 例, 占 19.0%; 中药组 3 例, 占 15.0%; 多酶片组 7 例, 占 27.0%; 叶酸片组 9 例, 占 33.3%。中药组、按摩组、穴位注射组缺奶或无奶者较其它两组为少。

讨 论

母乳喂养有利于儿童健康成长, 因此研究促进母乳分泌和提高乳质有重要的现实意义。

母乳分泌受精神、饮食、疾病等因素影响, 为尽量减少其它因素的影响, 我们选择身体健康, 乳房发育正常, 食欲良好, 6 个月以内的婴儿授乳母亲 144 例为对象, 使用不同方法观察其促进母乳分泌的效果, 结果以穴位注射、中药口服及乳房按摩效果较好。

母乳的分泌是受神经—内分泌系统调节的。有作者认为, 乳房按摩可能和婴儿吸吮乳头的刺激相类似, 该种刺激通过神经传到下丘脑, 下丘脑的活动促进脑垂体分泌催乳激素, 同时由于脑垂体分泌具有促进乳腺管收缩的催产素, 加速乳汁排出, 通过上述机理, 从而促进了母乳乳汁分泌增多。泌乳机理较复杂, 本文穴位注射及中药的催乳作用是否通过神经—内分泌系统调节而起作用, 应进一步研究。加强泌乳机理的研究, 寻求合理的促进母乳分泌方法是今后的重要课题。从本组随访的情况可以看出, 按摩、中药及穴位注射对促进母乳分泌有一定作用, 可减少缺奶的发生。以上几种方法简便、有效, 适合于广大农村推广使用。

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读者·作者·编者

关于乌鸡白凤丸治疗血小板减少症的几点说明

编辑同志:

拙文“乌鸡白凤丸治疗血小板减少症 22 例临床观察”在贵刊 1986 年第 6 卷第 4 期 240 页上发表后, 陆续收到全国各地许多患者及其家属来信询问有关治疗方面的问题, 虽然已作了解答, 但限于时间等方面的困难, 特借贵刊一角将共同的有关几个问题做如下说明:

一、用法与用量: 乌鸡白凤丸成人若血小板 < 5 万, 每日可服二次, 每次 1 丸; 若血小板 < 10 万 > 5 万者, 每日一次, 每次 1 丸; 儿童可日服一次, 每次一丸, 白开水服下。若临床出血严重可每日加服一次, 每次一丸。1 岁以下幼儿每日 2 次, 每次半丸, 温开水搅拌溶化后喂或放入奶瓶中吸吮。

二、服药疗程: 一般应在 4 个月以上, 由于该药作用缓慢, 长期服用效果更佳。

三、有无副作用: 根据我们临床观察, 长期服用并无明显副作用。

四、服药期间有无禁忌: 在服药期间一般不加服其他西药, 如有大出血发生仍应以西医抢救为好, 以免贻误病情。此药对原因不明性血小板减少症疗效好, 有诱因者应去除病因后可辅助治疗。在服药期间应增加动植物蛋白和维生素食物, 避免接触放射性元素和影响血小板的药物。儿童预防注射可正常进行。

五、药物产地: 以北京同仁堂制药厂出品的乌鸡白凤丸 10 粒装为好。目前由于各地产品较多, 药丸处方组成不尽相同在补益理血方面各有所侧重, 有可能影响临床疗效。

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Observation and Analysis of Nailfold Microcirculation in 61 Cases of Uterine Myoma

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According to recent reports, blood stasis syndrome was relevant to disturbance of nailfold microcirculation. This paper reports the 9 indices of the changes of nailfold capillary bed in 61 cases with uterine myoma. 6 indices appeared markedly abnormal. Among them, the rate of abnormal capillary loops occurred more than 30% in all the patients. 96.7% of the outline of the capillary loops appeared blurred. 91.8% of the nailfold capillary beds were in disorder. The color was abnormal in 98.3%. And in 83.6% of the cases, there was blood stasis in the tips of the capillary loops. Also in 73.7% the speed of the capillary blood flow slowed down. All these proved that the above mentioned disorders of nailfold microcirculation were one of the important pathologic changes in the course of uterine myoma. Therefore the nailfold microcirculation examination should be considered as an observation parameter of blood stasis in uterine myoma and a criterion of promoting the blood circulation and relieving the stasis. In addition we compared the relationship of the nailfold microcirculation change to the patients' quality and quantity of menstruation, their age and the size of myoma before and after treatment. Finally the mechanism of appearance of nailfold microcirculation abnormalities was analysed, the explanation on the cause of no obvious improvement in 16 patients' nailfold microcirculation during follow-up was explored, and some factors relevant to the rate of appearance of abnormal nailfold microcirculation were discussed.

(Original article on page 86)

Observation on Effect of Various Methods in Promoting Secretion of Breast Milk

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Amounts of breast milk of 144 healthy nursing mothers were measured during daytime before and after treatment. Age of the babies they fed ranged from 1~6 months. They were divided into six groups. 20 were taken as control, and various methods were used in remaining persons for 5 days to promote their milk secretion: Vitamin B₁₂ acupoint injection, oral administration of folic acid, multi-enzyme tablet per os, Chinese herbal decoction of *Vaccaria segetalis* with bean curd, and the massage of both breasts. The results showed that acupoint injection group, massage group and Chinese drug group had marked promoting effect on milk secretion, the amount of milk increased after treatment was 87.1~107.5 g in average and the difference was significant statistically ($p < 0.001$). The follow-up after treatment for three months showed that the insufficiency and absence of breast milk in the above groups would have obvious promoting effect on milk secretion in 10, 20 and 15% respectively. However the control group and the folic acid and multi-enzyme tablet group showed no such effect.

(Original article on page 89)

Long-Term Observation on Clinical Curative Effects of Couch-Netting of Cataract

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Twenty-five patients with 30 eyes of cataract operated on by couch-netting have been followed up regularly for 3~10 years. Result: Twenty-five eyes had vision corrected by 1.0 or more. Two eyes had vision corrected by 0.9. Three eyes had vision corrected by 0.8, 0.7 and 0.5 respectively. Five patients with binocular cataracts were operated on in different ways, 5 eyes operated on by couch-netting regained vision 1.0 or better. But only two of the 5 cataract eyes operated on by intracapsular extraction reached that standard. The author did follow up the patients not only for visual acuity but also for such complications as vitreous opacity, broken lens, lens fallen into vitreous body, loss of the vitreous body, hyphema, etc. No serious untoward effects on the operated eyes were found. Finally advantages and disadvantages were discussed of couch-netting of the cataract. Although there is the disadvantage of possible loss of vitreous body during operation, it causes no damage to the anterior segment of the eye, and therefore is free from a series of complications which may result from escape of vitreous body caused by corneoscleral limbus incision. The correction of visual acuity by couch-netting of cataract is better than extraction of lens.

(Original article on page 91)