

# 消糜栓治疗子宫颈糜烂542例临床观察

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**内容提要** 本文报道了消糜栓治疗子宫颈糜烂542例的临床疗效观察,有效率94%,治愈率60.1%。本栓剂具有消炎、活血、止血、去腐生肌等作用,无副作用,可重复使用,便于患者自行上药,是治疗宫颈糜烂的一种安全有效的外用中药剂型。

宫颈糜烂是女性外生殖器官炎症中最常见的一种疾患。根据我省历年妇女普查资料,发病率达50%以上<sup>①</sup>,与全国其它地区的普查情况相比,结果大致相同<sup>②~④</sup>。据北京、上海等地防癌普查报告<sup>②~⑤</sup>,患有宫颈糜烂妇女的宫颈癌发病率是未患病的2倍以上;此外,有人<sup>⑥</sup>观察了子宫颈糜烂与宫颈癌的关系,描述了宫颈糜烂演变为早期癌的形态学变化过程。可见宫颈糜烂与宫颈癌的发生有一定关系。因此对宫颈糜烂的防治受到各方的重视。我们自1966年以来,采用中药配方制成粉剂,治疗宫颈糜烂,取得一定效果<sup>⑦</sup>。但该粉剂放置在阴道深部病变部位,需要在医院上药,不便于患者。1983年以来,我们将原粉剂改制成栓剂,并比较了栓剂和粉剂的治疗效果,报告如下。

## 临床资料

一、病例来源:542例患者来源于妇女普查和门诊。其中轻度162例,中度254例,重度126例。另外,我们对普查中发现的宫颈糜烂患者(不包括上述门诊病例),按不同年龄分组,比较了宫颈糜烂的发病与年龄的关系,发现30岁以上组,重度患者所占的比例较30岁以下组高,前者是该年龄组总例数的20%,后者是10%。在治疗前为排除宫颈癌或癌前病变进行宫颈刮片检查,亦发现30岁以上组核异质的比例较高,为5%,而30岁以下组为1%。

二、诊断依据和临床分型:主要根据临床症状(包括白带增多,为粘稠或脓性,偶带血丝或少量血液;外阴不适,阴痒或疼痛;接触性出血,下腹部、腰骶部疼痛以及继发引起的泌

尿系统炎症等),内诊检查,宫颈刮片,必要时做病理切片检查,确定诊断。分型按《实用妇科学》标准<sup>⑦</sup>。

## 治疗方法

一、药物组成:消糜栓由太原第二制药厂提供,主要成分有硼砂、蛇床子、川椒、枯矾和血竭等,按一定比例经消毒、加工后制成,贮存在硬质塑料盒内,每粒重1.5g。本栓剂具有消炎、活血、燥湿、止血、去腐生肌等作用。

二、用法:上药前先清洗外阴,将栓剂放置在阴道深部靠近宫颈部位。药物可被逐渐溶化,能在较长时间起作用。放置时间最好是在临睡前。

三、用量和疗程:隔日一次,每次一粒,5~8次为一疗程(根据糜烂面大小,轻度者5次,重度者8次)。判定疗效以1~2个疗程为标准。

四、注意事项:(1)月经前后3~4日和经期、妊娠期停止上药。(2)治疗期间注意外阴卫生,禁止性生活。(3)如患有外阴阴道炎症,宫颈息肉,月经过频,月经过多者,先行治疗后再上药。(4)治疗期间常会有膜样碎片状物脱出,为正常现象,不影响继续治疗。

五、疗效标准:经1~2个疗程后,根据糜烂面愈合情况,宫颈表面所见,宫颈刮片检查和自觉症状的消失情况等确定治疗效果。治愈:糜烂面完全愈合,宫颈表面光滑,自觉症状消失,宫颈刮片检查恢复正常。好转:糜烂面缩小1/2以下,病变深度变浅,自觉症状消

失或减轻, 宫颈刮片检查有明显好转。无效: 用药两个疗程后, 局部变化不明显者。

## 结 果

依据上述标准, 对两年来采用消糜栓治疗的 542 例患者加以判定, 结果有效率 94%, 治愈率 60.1%。见附表。

附表 消糜栓治疗 542 例宫颈糜烂结果

| 临床分型 | 例数  | 治愈  | 好转  | 无效 | 有效率% |
|------|-----|-----|-----|----|------|
| 轻度   | 162 | 105 | 55  | 2  | 99   |
| 中度   | 254 | 163 | 79  | 12 | 95   |
| 重度   | 126 | 58  | 50  | 18 | 86   |
| 合计   | 542 | 326 | 184 | 32 | 94   |

为了观察远期疗效, 我们曾对 135 例治愈患者在治愈后 3~6 个月进行复查, 其中原轻度 33 例, 中度 50 例, 重度 52 例。结果: 轻度无一例复发, 中度 3 个月复发 1 例, 6 个月 3 例; 重度 3 个月复发 3 例, 6 个月复发 4 例。分析复发原因, 其中 6 例原核异质阳性者, 内诊宫颈外观正常, 宫颈刮片巴氏染色 II 级。另 2 例是人流后, 1 例上环后。上述 11 例复发患者中, 阴道分泌物培养和镜检, 霉菌阳性 1 例, 细菌 1 例, 滴虫 2 例。以上原因都有形成宫颈糜烂的可能, 因此复发例数中可能有非复发的阳性结果或假阳性结果。

从治疗结果分析: 用药时间长短与病程长短及病变程度有一定关系。病程较长, 病变损害较深, 治疗所需的时间也较长; 病变较轻者, 所需时间短, 治愈率也高。表中 162 例轻度患者, 治愈率 64.8%; 126 例重度患者, 治愈率 46.0%。

此栓剂是在原粉剂基础上加工制成的。1970 年以前, 采用粉剂治疗 1242 例宫颈糜烂患者, 有效率 90%, 治愈率 41.1%; 以后适当修改了原处方, 改进了上药方法, 根据 1979 年对 384 例的疗效分析, 有效率 96.6%, 治愈率 61.2%。由以上看出栓剂与粉剂的治疗效果基本相同。特别是栓剂由患者自行上药亦能取得较为满意的效果。我们通过二十年的临床观察,

未发现任何明显的副作用或不良反应。

## 讨 论

一般认为, 宫颈糜烂可由多种致病因素作用, 导致宫颈外口的多层鳞状上皮破坏脱落, 由颈管的柱状上皮向外生长覆盖创面, 形成宫颈外口周围的细颗粒和潮红区域, 即宫颈糜烂。

依据中医辨证, 我们认为宫颈糜烂根据病史, 临床症状和局部改变, 属下焦湿热, 血瘀症。治疗应着重改善局部机能状态, 即活血、去瘀、解毒、止血、去腐生肌等。目的是破坏糜烂面覆盖的柱状上皮, 减少炎性分泌物, 促使宫颈口周围鳞状上皮新生, 覆盖创面而得到治愈。为此目的, 在消糜栓组方中所选用的中药, 按其药理性质, 具有活血、去瘀, 改善局部循环(如血竭), 解毒、燥湿(如硼砂、蛇床子), 去腐、生肌、止血, 减少炎症性分泌物(如枯矾、血竭)等作用。根据本文中的疗效分析, 用消糜栓治疗宫颈糜烂, 达到了上述预期效果。

本方剂从粉剂到栓剂, 在长期的临床应用中, 未发现患者对该药产生明显的抗药性, 对复发病例, 如非其它原因, 复发后再用消糜栓治疗仍有效, 效果与初次治疗时基本相同。故消糜栓重复使用仍有效。

## 参 考 文 献

1. 山西省中医研究所, 全国中草药新医疗法展览会资料选编, 1971: 341。
2. 北京市子宫颈癌普查协作组, 北京市 15 个医院子宫颈癌普查结果初步报告, 中华医学杂志 1973; 53(9): 514。
3. 上海第一医学院, 子宫颈癌普查普治的实践, 上海市参加全国防治宫颈癌学习班资料 1973: 6。
4. 北京市子宫颈癌防治协作组, 北京市 25 万妇女子宫颈癌普查普治总结分析, 中华妇产科杂志 1979; 14(1): 1。
5. 重庆市卫生局肿瘤普查队, 重庆市区部分厂矿、农村子宫颈癌普查报告, 重庆医药 1973; 4: 21。
6. 李 琰, 等, 宫颈糜烂与宫颈癌前病变及糜烂型癌的关系, 中华妇产科杂志 1965; 11(3): 221。
7. 山东省人民医院, 等, 实用妇科学, 第 1 版, 山东: 科学技术出版社, 1980: 173—174。

## Clinical Observation on Xiaomishuan's (消糜栓) Effect of 542 Cervical Erosion Patients

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The Xiaomishuan (anti-erosion suppository), which consists of Borax, *Cnidium monnieri*, *Zanthoxylum bungeanum*, *Alumen ustum* and *Daemonorops drace*, etc., was made by processing and sterilizing the original powder-form of drug. The clinical efficacy of Xiaomishuan for external application in 542 cases of cervical erosion has been summarized in this paper. The results showed that effective rate was 94% and the rate of cure was 60.1%, which were about the same effects compared with the original powder. It was an advantage that the patients could administer this suppository themselves at home and did not have to go to hospital. This study indicates that the Xiaomishuan for external application in the treatment of cervical erosion is an effective and convenient means. (Original article on page 280)

## Combined TCM-WM Therapy in Treating Cervical Spondylosis — A Clinical Analysis of 104 Cases

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This paper reports 104 cases of cervical spondylosis treated with TCM-WM. According to the clinical symptoms and signs the patients were divided into 3 types: nerve root type 78 cases, vertebral arterial type 23 cases and mixed type 3 cases. The various types of cervical spondylosis were mainly treated with manual manipulation as well as combined therapy (traction, block therapy, collar protection therapy, traditional Chinese drugs and physical exercise). Pre- and post-manipulatorily, the change of wave pattern, of dirotic wave and the difference between amplitudes of both sides measured with vertebral arterial blood flow oscillogram on 26 cases was observed,  $t=6.25$ ,  $P<0.005$ , the difference being significant. The result obtained after manipulation was much better than that of pre-manipulation. The total effective rate was 88.46% after follow-up for 1.5 to 6 years. The typing and pathogenesis of cervical spondylosis were discussed. (Original article on page 282)

## Clinical Analysis on 530 Cases of Mastoplasia Treated with Traditional Remedy "Ru Zeng Ning" (乳增宁)

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Based on the theoretical system of TCM and WM, and the clinical experiences, a prescription called "Ru Zeng Ning" was formulated which was composed of *Artemisia argyi*, *Asparagus cochinchinensis*, *Epimedium brevicornum*, *Bupleurum chinensis* and *Melia toosendan*. It bears the functions of replenishing the kidney and warming the channel, dispersing the depressed liver and relieving the stagnation of Qi (气), and regulating the Chong (冲) and Ren (任) channels. In 1980 ~ 1986, 530 mastoplasia patients were treated with Ru Zeng Ning. Among them, 128 were cured, 176 markedly improved, 177 effective. The total effective rate was 90.76%. In the control group treated with Ru Kang tablet (乳康片), 7 out of 125 patients were cured (5.6%), 31 markedly improved (24.8%), 47 effective (37.6%). The total effective rate was 68.0%. Between these two groups, the difference was very significant statistically,  $P<0.01$ . This prescription has been proved to be safe, without any side effect, reliable in effectiveness, convenient in use and also quite cheap in price by means of pharmacochemistry analysis, toxicological test, quality control and other examinations. (Original article on page 285)