

电热针为主治疗女阴营养不良

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内容提要 本文报告用电热针为主治疗女阴营养不良156例。结果：肝肾不足型81例，治愈率为82.72%，好转率17.28%；湿热下注型31例，治愈率83.86%，好转率16.13%；肝肾不足兼湿热下注型44例，治愈率72.73%，好转率27.27%。其中湿热下注型治愈率较高。说明电热针为主治疗女阴营养不良，是一种有效的方法。

女阴营养不良是妇科常见的慢性疾病，根据中医针灸“淬刺”的理论，开展用电热针为主治疗女阴营养不良的临床观察，现将结果报道如下。

临 床 资 料

1985年3月~1986年9月，共收治本病患者156例。年龄16~73岁，以22~35岁发病最多。病程1个月~25年。诊断标准采用1976年国际外阴疾病研究协会通过的女阴营养不良的命名与分类标准^{〔1,2〕}。根据病理诊断标准^{〔3,4〕}，诊断为增生性营养不良53例，萎缩性69例，混合型34例。全部病例中医辨证分型为：

一、肝肾不足型：外阴搔痒干燥，夜间加重，甚至萎缩皲裂，月经量少或无。头晕目眩，双目干涩，腰酸痛无力。舌淡红，脉弦无力或沉细。共81例，占51.92%。

二、湿热下注型：外阴搔痒，红肿疼痛或外阴肥厚，带下色黄，质粘有味。胸闷，口苦而腻，心烦少寐。舌质红，苔黄腻，脉滑数或弦数。共31例，占19.87%。

三、肝肾不足兼湿热下注型：外阴刺痒或萎缩，带下量多色黄，质粘有味。头晕目眩，口苦或口中粘腻，腰酸痛无力，脉弦细数或沉细滑。共44例，占28.20%。

既往做过绝育手术者9例，外阴侧切者12

例，绝经后17例，霉菌性阴道炎8例，滴虫性阴道炎22例。送病理切片电镜检查28例。

对其中46例住院患者按中医辨证分型，进行了外阴微循环观察，方法：患者仰卧位，在白色区边缘，用生理盐水擦洗后，加1滴香柏油，用生物显微镜放大80倍，观察直径为1.0cm以内，选可见之血管处血管祥缘，并记录。

治 疗 方 法

一、中药坐浴：电热针治疗前按中医分型使用中药方剂，以清洁皮肤，清热利湿止痒。主方：蛇床子30g 石菖蒲15g 桑叶30g 红花20g 紫草20g。湿热下注型：主方加黄柏15g 白头翁25g。肝肾不足型：主方加肉苁蓉30g 艾叶20g。肝肾不足兼湿热下注型：主方加防风20g 皂刺15g 乳香20g 没药20g。水煎每日坐浴15分钟，15日为1个疗程。

二、电热针治疗：采用我院自制DRZ-1型电热针仪。以2%碘酒及75%酒精消毒针具15分钟备用，用半导体点温计测治疗前后温度，针刺病变处（也可从健康皮肤进针直达病变区），电流量为55~110Am，行针30分钟。同时配合针会阴、曲骨、中极穴位治疗。每日或隔日1次，15次为1个疗程。个别患者针刺前用0.2%利多卡因表面麻醉。针法：对增生型以浅刺为宜，萎缩型以深刺为宜。

三、外用药：病变局部涂紫草油，能保护皮肤，预防皲裂。制法：紫草10g洗净晾干，放

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入香油或胡麻油 100ml, 浸泡 7 天, 取出消毒后使用。

四、汤剂: 对非典型增生型用山慈姑 30g 山豆根 30g、半枝莲 25g 鹿角霜 15g 蜂房 15g, 每日 1 次, 水煎服, 15 日为 1 个疗程。

结 果

一、疗效判断标准: (1) 治愈: 症状和体征全部消失, 外阴皮肤自身比色正常, 微循环血管像增多, 组织切片炎症消失, 纤维母细胞增多, 弹力丝及胶原纤维增多, 血管丰富。(2) 好转: 症状或体征全部消失或明显减轻, 外阴皮色接近正常或改变不明显, 微循环血管部分增多, 自身比色不明显, 组织切片有血管增多, 炎症大部吸收或消退。(3) 无效: 症状、体征、病理、微循环及自身比色均无变化。

二、治疗结果: 肝肾不足型 81 例, 治愈 67 例, 占 82.72%; 好转 14 例, 占 17.28%。湿热下注型 31 例, 治愈 26 例, 占 83.87%; 好转 5 例, 占 16.13%。肝肾不足兼湿热下注型 44 例, 治愈 32 例, 占 72.73%; 好转 12 例, 占 27.27%。三型全部有效, 以湿热下注型疗效最好。

外阴微循环观察结果: 治疗后各型均比治疗前有明显改变, 血管形态由异常变为正常, 血管影象由不清楚变为清晰, 血管祥由稀疏到增多密集。说明电热针可改善微循环, 改善局部营养状况, 促进病变恢复。

电镜观察可见治疗后均有角化层变薄, 个

别病例在治疗后有线粒体增多。这说明电热针可能对组织有产生能量及增加分解代谢的作用, 尚待研究。此外, 在粗面内质网及光面内质网均有扩张及水肿, 均受电波刺激作用。在核膜上可见核膜清晰, 能否保持遗传信息及表达信息的感受, 尚待进一步研究。

讨 论

一、国内文献报道, 本病癌变率约 2~4%。本组有 2 例非典型增生一级, 经过治疗后严密观察, 无 1 例癌变, 说明非典型增生是可逆的。

二、根据电热针具有疏通经络, 调整气血, 将热效应直接引入病灶, 其散热途径由深部到浅表的优点, 采用局部针刺并配合其他穴位进行治疗, 收到良好效果。主要配穴会阴为冲、任、督之脉的交会, 可调理冲任, 调和阴阳。曲骨、中极均属任脉, 刺之可通调冲任气血, 改善微循环及局部营养状态。

(本文承内蒙古大学电镜室吴碧华、关力学协助, 谨谢)

参 考 文 献

1. Gardner HL, et al. The vulvar dystrophies atypias and carcinoma in situ. J Reprod Med 1976; 17(3): 133.
2. Friedrich J, et al. International society for the study of vulvar disease: New nomenclature for vulvar disease. Obstet and Gynec 1976; 47(1): 122.
3. 邱丙寿. 皮肤组织病理学. 上海: 上海科学技术出版社, 1981: 60—61.
4. 苏晓萍, 等. 外阴白色病变临床探讨. 中华妇产科杂志 1984; 19(4): 197.

“全国中西医结合病历书写规范化研讨会”征稿

随着中西医结合临床工作的开展, 统一中西医结合病历书写格式与内容, 已成为当前各地中西医结合医院和科室迫切需要解决的一个问题。为此, 由中国中西医结合研究会湖南分会牵头, 联合衡阳市、青岛市、杭州市、武汉市、成都市、南昌市、云南省、福州市中西医结合医院, 湖南中医学院附属一院, 湖南医学院附属一、二院, 天津南开医院等单位, 联合筹备举办“全国中西医结合病历书写规范化研讨会”, 以期综合出一份基本可行的中西医结合病历书写规范方案。欢迎踊跃投稿。

一、征稿内容: (1) 中西医结合病历设计的指导

思想和基本要求。(2) 从中西医病证结合诊治的临床思维特点, 探讨中西医结合病历书写的格式与内容。(3) 中西医结合内科病历的格式与内容(包括住院和门诊病历、各项记录以及书写示例)。(4) 中西医结合外、妇、儿、五官等专科病历的格式与内容。(5) 中医辨证分析的具体内容及其书写的规范化探讨。(6) 现行中西医结合病历的优缺点评介。(7) 中西医病证结合论治的思路与方法。

二、截稿日期: 1988年3月31日, 以邮戳为准。来稿请寄“湖南省衡阳市中西医结合医院, 黄蜀明收”。会议时间、地点及有关事宜另行通知。

中国中西医结合研究会湖南分会

Clinical Study on Anti-Aging Effect of "Antisenility I"

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From June 1984 to June 1986, the anti-aging effects of "Antisenility I" was observed, which is composed of *Panax ginseng*, *Trichosanthis kirilowii*, Vitamin E, Zinc Sulfate, etc., on 513 cases of middle and old aged persons divided randomly into groups, 306 cases were the treated group and 207 cases were the control group, and double-blind method was used. The former group was treated with "Antisenility I", and the latter one Vitamin E respectively. After a treatment course of three months the results of comparison between the two groups showed that "Antisenility I" possessed the effects of improving the symptoms of aging as well as the visual acuity and audition, increasing vital capacity, promoting memory, regulating the sexual and endocrine functions, etc., especially it was able to reduce the ratio of plasma E_2/T of the males. The difference between the two groups was significant statistically ($P < 0.01$).

In this paper, the total curative effect was evaluated by pluralistic regression and the declining rate of functional age. The results showed that the total effective rate of the treated group was 64.38%, and the control group was 46.38%. The difference was significant statistically ($P < 0.01$). The clinical study has proved that "Antisenility I" could achieve the aim of improving life efficiency.

(Original article on page 21)

Clinical and Experimental Investigation of Shuxinning (舒心宁) in Treating the Coronary Heart Disease

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62 coronary heart disease (CHD) patients were divided into two groups at random. Shuxinning (SXN, a complex prescription of TCM) was administered to the treated group, while brown sugar to the control group. The results: The symptom of angina pectoris was relieved in both treated and control groups, the rates of which were 96.5% and 27.6% respectively. The ECG improvement rates were 46.1% and 14.3% respectively. The experimental animals were also treated with SXN, and it showed that the SXN could yield the following effects: The area of myocardial infarction in rabbits became smaller, and the protection from pituitrin-induced myocardial ischemia in rats, the increase of blood flow in isolate heart of guinea pigs, the elevation of ^{86}Rb uptake rate of mice's heart, the rise of anoxia tolerance in mice, and the anti-agglutination of platelets were significant. Both clinical and toxicological tests showed that SXN was non-toxic and had few side-effects. Therefore this paper provides a scientific basis for the use of SXN in treating CHD.

(Original article on page 24)

Treatment of Vulvar Dystrophy Mainly with Electrothermo-Acupuncture

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Vulvar dystrophy used to be considered as a precancerous lesion, but now it is considered to be malignant only when atypical hyperplasia was accompanied. This disease has been much expounded in the literature of TCM, which holds that the disease was due to the deficiency of both the Liver and Kidney Yin (阴), the blood deficiency-caused wind and dryness pathogenic factor, and also due to the blood failing to nourish the skin. Electrothermo-acupuncture (ETA) could adjust the state of Qi (气) and blood, dredge the channels and collaterals, and promote the blood circulation and relieve the stasis in clinical practice. It could also introduce the heat effect into the lesion directly. In our research, the new nomenclature and classification of ISSVD was used for diagnosis, and 156 cases were treated with ETA. The results of the three types are: (1) 82.72% of the deficiency of Liver and Kidney Yin patients were cured, 17.28% improved. (2) Dampness-heat type: 83.87% were cured and 16.13% improved. (3) The mixed type: 72.73% were cured and 27.27% improved. The ETA could introduce the heat into the interior of the tissue directly, and make the heat-radiation from interior exteriorwards, and from deep tissue to superficial tissue. The distribution of the heat is even and the temperature is adjustable, hence beneficial to the improvement of microcirculation, the dilatation of capillaries and the increase of blood flow. This could also alleviate inflammation, reduce swelling, cease pain and itching and promote skin regeneration. It is a good therapy for vulvar dystrophy.

(Original article on page 27)