中西药物治疗妊娠高血压综合征的疗效分析

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内容提要 125例妊娠高血压综合征、妊娠高血压及妊娠水肿患者，分为用药组50例，对照组75例。结果：分娩期高血压、水肿消失者用药组为22例(44%)，对照组为20例(26.7%)，P<0.05；分娩期妊高征用药组由31例减为24例，对照组则由26例增加到34例。妊高征、妊高肿评分指数：用药组治疗前(6.32±2.41、1.68±0.89)与分娩期(6.94±5.25 1.84±0.89)相比，P>0.05；对照组治疗前与分娩期(4.29±1.70、1.83±1.30与9.38±6.20、6.50±6.76)相比，P<0.01。上述表明，用药组经中西药物治疗病情基本稳定，且中药组疗效优于西药组。

本文对1984年在我院门诊产前检查的妊娠高血压综合征(妊高征)及妊娠高血压、妊娠水肿(妊高肿)患者进行中西药物治疗，并选择同期未用药物治疗的病例分娩期情况作回顾性对照，现将结果报告如下。

临床资料

一、一般资料：本组病例全部系门诊检查3次以上，于1984年内分娩者。诊断按1985年全国妊高征流行病学调查协作组南宁会议通过的分类诊断标准，同时依据1983年全国妊高征协作组制定的标准评分[1]。50例患者(妊高征31例，妊高肿19例)为用药组，分为中药组24例，西药组26例；选择同期门诊孕妇75例(妊高征26例，妊高肿49例)为对照组。用药组除妊高征评分高于对照组(P<0.001)，及妊高肿检查次数多于对照组(P<0.02)外，其余各组在年龄、产次、发病孕周、产前检查次数、疗前评分等项中均无显著差异(P>0.05～0.50)，各组临床特征对比见附表。

二、观察项目：各组患者均取左侧卧位休息，定期产前检查。必要时作雌三醇(E_3)、雌三醇/肌酐(E_3/C)比值测定，实时超声显像检查，胎儿电子监护等观察胎盘功能，胎儿在宫内的安危情况。若病势发展加重或临产则收住院，用解痉、扩容、镇静、降压等综合治疗，必要时终止妊娠。

附表 各组临床特征对比 (M±SD)

组别		年龄	产次	孕周	产前检查(次)	评分(分)
妊高征	中药	27.31±3.36	1.06±0.25	33.29±2.74	19.19±10.39	5.78±2.60
	西药	28.27±2.74	1.13±0.35	33.64±3.71	30.67±26.50	6.90±2.12
	对照	27.92±2.98	1.00	35.71±2.78	6.81±2.61	4.29±1.70
妊高肿	中药	30.25±2.66	1.13±0.35	34.66±4.41	8.75±1.49	1.37±0.74
	西药	26.63±3.96	1.00	33.68±2.99	8.27±2.33	1.91±0.94
	对照	27.22±2.75	1.02±0.14	34.09±3.57	7.00±2.33	1.84±3.04

治疗方法

一、中药组

1.脾肾气虚血瘀型。治则：补益脾肾、扶正保胎、佐以活血化瘀。方1：党参、赤芍、茯苓、生地各30g，丹参60g，菟丝子、续断各20g，黄芪、藿香、黄芩、麦冬各15g。

2.肝肾阴虚型。治则：滋补肝肾、活血化瘀。方2：丹参60g，生地、黄芩各30g，杜仲、菟丝子、赤芍各20g，麦冬、藿香各15g。

中药每日1剂，水煎分3次口服。妊高征最多用药43剂，最少7剂，平均19.19±10.34(M±SD，下同)剂。妊高肿最多服21剂，最少10剂，平均13.88±2.13剂。服方1者共13例，

方 2 者 8 例，由方 1 改服方 2 者 3 例。

二、西药组：选用异丙嗪 25mg，舒喘灵 2.4～4.8mg，叶酸 10mg，维生素 E10mg 和维生素 C200mg，均 1 日 3 次口服。妊高征最多用药 91 天，最少用药 7 天，平均用药 30.67±26.50 天。妊高肿者最多用药 49 天，最少 14 天，平均 24.55±12.56 天。两组均同时采取左侧卧位休息。

三、对照组：仅采用左侧卧位休息，平均观察天数妊高征28.04±23.53天，妊高肿35.12±30.00天。

结　果

一、住院情况：用药组因病情发展而住院治疗者 5 例(中药组 2 例、西药组 3 例)占10%，对照组有 22 例占 29.33%，两组对比 P＜0.025。而中药组与西药组相比则无显著性意义。

二、妊高征评分指数的变化

1. 用药组与对照组妊高征评分指数[1]的变化：妊高征、妊高肿治疗前与分娩期评分指数，用药组分别为 6.32±2.41、1.68±0.89与6.94±5.25、1.84±0.89，两者相比P值均＞0.05；而对照组分别为 4.29± 1.70、1.83±1.30与9.38±6.20、6.50±6.76，两者相比P值均＜0.01。

2. 中药组与西药组评分指数的变化：中药组妊高征治疗前评分指数 (5.78±2.60) 与分娩期(3.84±3.37)相比 P＞0.20，表明临产后病情基本稳定；妊高肿治疗前(1.37±0.74)与分娩期(0.63±1.41) 相比 P＜0.005。西药组妊高征疗前(6.90±2.12)与分娩期指数(9.93±5.24)相比 P＜0.01；妊高肿治疗前与分娩期评分指数相比，差异无显著性意义。

中药组与西药组治前评分指数，两组差异并无显著性意义，见附表。而两组分娩期评分指数(3.84±3.37、9.93±5.24)对比P＜0.02。

三、临床表现的变化

1. 用药组分娩期高血压、水肿消失者22例(44%)，高于对照组20 例(26.7%)，差异有显著性意义 (P＜0.05)；用药组妊高征治疗前 31 例，分娩期为 24 例，对照组则由 26 例增加到34例，表明用药组治疗妊高征的疗效优于对照组。

2. 中药组分娩期高血压、水肿消失者与西药组对比 P＞0.1。中药组妊高征由治疗前16例(66.67%)减少到分娩期11例 (45.83%)，西药组由15例(57.69%)减少到14例(53.85%)，两组比较P＞0.5。但是中药组的中、重度妊高征由治疗前 4 例减到分娩期 2 例，西药组则由 3 例增加到 8 例。

3. 高血压恢复情况：125例患者出院时116例血压正常，9 例(西药组 4 例、对照组 5 例)出院时收缩压正常，仅舒张压 90mmHg。1 年后随访全部恢复正常。

四、产妇预后：各组产妇均无死亡。对照组发生 1 例产后子痫，抽搐 1 次，无胎盘早剥。用药组剖腹产共17/50例(34%)，对照组28/75例(37.33%)，两组对比P＜0.05。

五、围产儿预后：用药组与对照组足月儿平均体重、胎儿宫内发育迟缓、早产儿、胎儿窘迫、新生儿窒息等的发生率相比P均＞0.05。对照组 1 例孕龄39^{+2}周产妇，新生儿因肺透明膜病伴肺出血死亡。用药组无死亡。

讨　论

近年来提出左侧卧位休息，有预防和治疗妊高征及慢性高血压合并妊高征的作用，并能降低围产儿死亡率，改善胎儿的预后[2]。其生理作用 Zuspan 等有所阐述[2,3]。我院妇产科门诊对于妊娠水肿患者未用利尿剂，429/545 (78.72%) 例经左侧卧位休息好转或基本稳定。但由于仍有部分的妊娠水肿患者经左侧卧位休息无效，发展为妊高征，因此应寻求适合门诊应用的药物。过去曾用口服利血平降压，据中山道男报道[4]，有一定的缺点，而且降压药使血压下降并不能改变本病病理生理进程。我院曾见到用降压药使血压下降而胎死宫内的病例。大剂量镇静剂在门诊使用不便观察，特别是冬眠灵类药可使血压骤降，亦可使原已减少的肾血流量及胎盘灌注量下降，加重胎儿宫内缺氧，因而不宜在门诊使用。本组50例妊高征及妊高肿所用药物中无直接利尿或重镇之药，

仅杜仲据报道有降压作用，但杜仲用量小，降压作用弱。本文疗效观察表明：用药组患者临产后病情基本稳定，而对照组单纯休息则不能控制病情。中药组妊高征与妊高肿患者，分娩期评分指数均下降表明病情好转；西药组妊高征分娩期评分指数增高，病情有所发展，但仍在中度妊高征范围内，西药对妊高肿患者亦能基本控制病情。中药组分娩时评分指数低于西药组，故疗效较西药组更好。此外妊高征治疗前与分娩期临床表现的变化亦反映中药疗效优于西药，尤其是中药无不良反应，且改善母婴预后，值得推广。

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371例小儿急性肾炎的治疗分析

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我科于1979～1986年应用中西医结合方法治疗小儿急性肾炎371例，取得一定效果，现报道如下。

一般资料　371例住院患者全部符合1979年全国儿科肾脏病科研协作组关于小儿肾小球疾病临床分类和治疗的建议标准。随机分中西医结合组190例，男101例、女89例；年龄$2\frac{3}{12}$～$11\frac{5}{12}$岁，平均$7\frac{1}{12}$岁；病程13～48天。西医组181例，男94例、女87例，年龄$1\frac{1}{12}$～12岁，平均$6\frac{3}{12}$岁；病程16～54天。两组浮肿、高血压、血尿分别为：178、163，124、120，186、175例。

中西医结合组根据中医辨证分3型：（1）风寒型60例。主证：恶寒发热，无汗，咳嗽，全身浮肿，头面部为著，尿少，舌质淡苔薄白；血压偏高，尿常规镜下血尿。（2）风热型74例。主证：面部浮肿，尿少，部分病例发热或咽部红肿，舌质红苔薄黄；肉眼血尿，尿常规红细胞＋＋＋～＋＋＋＋。（3）湿热型56例。全身浮肿重，尿少，皮肤有感染灶，舌红苔黄或黄腻；部分病例肉眼血尿，尿常规红细胞及管型多。

治疗方法　1.西医组：青霉素40～80万u，肌肉注射，每日2次，共2周。过敏者用红霉素静脉点滴或口服。浮肿用双氢克尿噻每日2 mg/kg，分2次口服。少尿或无尿者加用速尿。高血压用利血平每次0.07mg/kg，肌肉注射或口服。

2.中西医结合组：（1）肾炎一号方适用于风寒、风热型。组成：麻黄、蝉蜕各3～5g，银花、白茅根各15～30g，连翘10g，石膏15g。风寒型者麻黄加到5～7g，石膏减到7g；风热型者石膏加到25～30g，去麻黄或减到3g；血尿明显者加生地10g。（2）肾炎二号方适用于湿热型。组成：野菊花10～15g，银花15～30g，蒲公英、丹皮、山栀、滑石（包煎）各10g，大小蓟、旱莲草、鲜茅根各30g，蒲黄炭15g（包煎）。肾炎恢复期进行善后调理用肾炎三号方：蝉蜕5g，白茅根10～15g，黄芪15g，连翘、生地、白术各10g。持续蛋白尿及镜下血尿者用肾炎四号方：生地、丹皮泽泻、全当归、赤小豆、旱莲草各10g，茯苓15g，淮山药30g。每日1剂，水煎服，两周为1个疗程。本组有18例患者用过青霉素，1例心衰者用过西地兰，均为常规剂量。

疗效分析　疗效判定标准：（1）治愈：症状、体征消失，尿常规及Addis计数正常。（2）好转：症状、体征好转，尿常规仍有少量蛋白及红细胞，Addis计数异常。（3）无效：治疗两周症状、体征及尿常规改变不明显。

结果：中西医结合组治愈138例，好转52例，治愈率72.6%，西医组治愈103例，好转78例，治愈率为56.9%，两组对比差异有非常显著性意义（$X^2=10.07$，$P<0.001$）。

讨　论　小儿急性肾炎一般预后良好，但严重病例仍可危及患儿生命。为了探索中西医结合的治疗效果，我们分组进行治疗比较。结果中西医结合组治愈率明显高于西医组（$P<0.001$）。根据中医理论将小儿急性肾炎分为3型。风寒型和风热型拟用肾炎一号方散风清热、宣肺行水。湿热型者多伴有皮肤疮毒选用肾炎二号方清热利湿、凉血解毒。后期由于患儿正气损伤当施以调理，选用肾炎三号方或四号方。我们认为小儿急性肾炎按分型拟方符合中医辨证论治的原则，这可能是取得较好疗效的原因之一。

remove stasis, but also replenish the Qi(气); it could not only lower the hyper-viscosity of blood in NS, but also enhance the therapeutical effects of NS by improving the hemorheological parameters.

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Clinical Observation and Experimental Study on Synovitis Granules in Treating Genual Hydroarthrosis

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The genual hydroarthrosis and synovitis are commonly seen in sport injuries and orthopedical diseases. Chronic inflammation usually results from malpractice at the acute stage and may cause chondromalacia patellae and genual osteoarthritis. At present, its treatment still remains unsolved. The synovitis granules is a granular drug composed of Chinese medicinal herbs, which is based on the clinical experience and basic theory of TCM. From 1979 to 1985, 290 cases were treated, the rate of cure was 62.41%, and the total effective rate was 97.23%. This drug has no side-effect and untoward effect. It consists of *Spica Prunellae vulgaris, Ligusticum lucidum, Mahonia fortunei, Salvia miltiorrhiza, Stephania tetrandrae, Coix lacryma-jobs, Achyranthes bidentatae* and *Astragalus membranaceus,* etc. The granule could clear up the heat and eliminate the dampness, activate the blood circulation and remove the blood stasis, it had the sedative and analgesic effect, and it also had the anti-inflammatory effect. This drug was able to treat all types of effusion of the knee joint, such as traumatic synovitis, rheumatic synovitis etc. It had wonderful effect for effusion of knee joint due to sport injuries. The result of animal experiment showed that the inflammation was less severe in the test group as compared with the control, and had less mucin in the effusion fluid as well. Both in the animal experiment and clinical practice the effect was markedly significant.

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Clinical Analysis of Hypertensive Disorder in Pregnancy Treated with TCM-WM

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125 cases of hypertensive disorder in pregnancy, gestational hypertension and gestational edema treated at the out-patient department in 1984 were reported. 50 of them received drug treatment and were advised to take bed rest by lying on their left side. 75 patients were advised to comply with the same bed rest program but were not treated with drugs. To compare the pregnancy outcomes of the two groups, criteria were established for scoring and classification. No difference was found between these two groups in age, parity, gestational weeks at onset of disorders, etc. The score of the medicated group (with two subgroups) was significantly higher than that of the non-medicated group. In the first sub-group of the medicated group, based upon the theory of TCM, the principles of replenishing the Kidney and reinforcing the vitality, nourishing both the Kidney and Liver Yin(阴), and activating the blood circulation and relieving the stasis were followed. *Salvia miltiorrhiza, Cuscuta chinensis, Rehmannia glutinosa, Paeonia rubra, Agastachis rugosus, Scutellaria baicalensis, Ophiopogonis japonis* were taken as basic recipe, added with *Codonopsis pilosula, Astragalus membranaceus, Poria cocos* and *Dipsaci asper* as recipe No.1, and added with *Eucommia ulmoides* as recipe No.2. In the second sub-group, phenergan, salbutamol, folic acid, vitamin E and C were prescribed. Data collected at the time of delivery showed that 5 cases (10%) in the medicated group and 22 cases (29.23%) in the control were admitted because of exacerbation of the disease. 44% of the patients in the medicated group no longer had either hypertension or edema, being significantly higher than that (26.7%) in the non-medicated group. The scores of the pregnancy outcomes of the TCM group (3.84±3.37) and WM group (9.93±5.24) showed statistically significant difference ($P<0.02$). At the termination of pregnancy patients with the hypertensive disorder of pregnancy decreased from 31 to 24 in the medicated group; whereas in the non-medicated group the number of the same disorder increased from 26 to 34. In the TCM group the moderate and severe patients decreased from 4 to 2; while in the WM group it increased from 3 to 8. It revealed that the drug treatment was more effective than the control, and TCM treatment was more effective than WM treatment. No maternal death was recorded. One case in the control developed postpartum eclampsia. No recurrence of hypertension was noted in 1-year follow-up examination. There was one perinatal death (8‰) from the non-medicated group.

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