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定坤丹联合益母草冲剂治疗孕妇流产后月经失调的临床效果分析

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摘要 目的:探讨定坤丹联合益母草冲剂治疗孕妇流产后月经失调的临床效果。**方法:**选取 2016 年 1 月 -2016 年 12 月我院接受药物流产终止妊娠的妇女 120 例为研究对象,根据数字随机表法将其随机分为研究组和对照组,每组 60 例。研究组在妊娠囊排出宫腔后开始服益母草冲剂,1 包 / 次,3 次 / 日,服用 2 周后加服定坤丹,1 丸 / 次,2 次 / 日,持续服用到月经恢复正常。对照组在同一时间段期间服用益母草冲剂。对比两组患者腹痛消失时间和月经恢复正常时间、恢复正常月经后月经周期、月经量以及治疗有效率。**结果:**对照组和研究组腹痛消失时间分别为 7.62± 1.33 d、3.17± 0.76 d,月经恢复正常时间分别为 69.62± 8.45 d、43.21 ± 6.65 d,研究组均显著短于对照组(P<0.05)。患者月经恢复后,对照组中有 42 例正常,研究组有 54 例正常,研究组月经周期时间正常率显著高于对照组(P<0.05)。对照组中月经量有 45 例正常,研究组中月经量有 54 例正常,两组月经量比较,研究组月经量正常率显著高于对照组(P<0.05)。对照组中痊愈 39 例,研究组中痊愈 51 例,研究组治疗有效率显著高于对照组(P<0.05)。**结论:**定坤丹联合益母草冲剂治疗孕妇流产后月经失调临床疗效明显优于单用益母草冲剂治疗。

关键词:定坤丹;益母草冲剂;流产;月经失调;临床效果

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Therapeutic Effect of Bolus for Woman Diseases Combined with Motherwort Infusion on the Pregnant Women after Miscarriage

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ABSTRACT Objective: To investigate the therapeutic effect of bolus for woman diseases combined with motherwort infusion on the pregnant women after miscarriage. **Methods:** 120 cases of pregnant women receiving medical abortion to terminate the pregnancy in our hospital from January 2016 to December 2016 were selected and randomly divided into the research group and the control group according to the digital random table method, with 60 cases in each group. The research group was given motherwort infusion after the discharge of gestational sac from the uterine cavity, bolus for woman diseases, 1 bag/time, 3 times/day, bolus for woman diseases was given after 2 weeks, 1 pill/time, 2 times/day until the menstruation returned to normal. The control group was given motherwort infusion alone during the same time period. The abdominal pain and normal menstrual cycle, menstrual cycle, menstrual cycle and treatment efficiency were compared between two groups. **Results:** The abdominal pain disappearance time of two groups were 7.62± 1.33 d and 3.17 ± 0.76 d, the returned to normal menstrual time were 69.62± 8.45 d and 43.21± 6.65 d, which were obviously shorter in the control group than those of the control group (P<0.05); the rate of gravid with normal menstruation in research group was higher than that of the control group (P<0.05). In the control group, there were 45 normal periods of menstruation. In the study group, 54 cases were normal, and the normal rate of research group was higher than control group (P<0.05). The percentage of normal menstrual amount in the research group was higher than that of the control group (P<0.05). **Conclusions:** The clinical curative effect of bolus for woman diseases combined with compound motherwort medicine was better than compound motherwort medicine alone in the treatment of post-abortion of pregnant women.

Key words: Bolus for woman diseases; Abortion; Motherwort infusion; Menstrual disorder; Clinical effect

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前言

孕妇在妊娠终止时采用药物流产是目前最常用的方式之一[1],具有价格便宜、操作方便、安全性能高等优势[2,3]。但是药物流产过程中会产生子宫收缩,引起妇女的腹部不同程度的疼痛[4-6],给女性的身体带来极大的痛苦和伤害。同时,患者还可能出现大出血、长期腹部疼痛、阴道长期出血、月经失调、月经量不正常等等现象[7-9],其中月经不调是药物流产后的常见现象[10,11]。常规的方法难以短时间内缓解患者疼痛和调节患者月经不调。

益母草冲剂可以增强子宫收缩力，起到兴奋子宫的作用,被运用于治疗药物流产后腹痛、经闭、调经等方面[12-14]。定坤丸

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具有补气养血、舒郁调经的效果[15-17],可以治疗月经不调、经期紊乱、行经腹痛等症状。国内外开展了益母草冲剂联合当归丸缓解患者流产后疼痛的研究[18-20],但是未见定坤丹联合益母草冲剂在孕妇流产后月经失调的效果研究相关报道。本研究选取2016年接受药物流产终止妊娠的妇女120例为研究对象,观察定坤丹联合益母草冲剂在孕妇流产后月经失调的治疗效果,现做报道如下:

1 材料与方法

1.1 一般材料

选取2016年1月-2016年12月我院接受药物流产终止妊娠的妇女120例为研究对象,根据数字随机表法将其随机分为研究组和对照组,每组60例。所有患者平时均月经正常身体健康、,通过B超和验血检测均确诊为宫内妊娠,排除具有血栓性疾病、严重心肝肾功能异常、血液病、内分泌疾病患者。研究组患者年龄21-35岁,平均年龄为26.55± 4.31岁,妊娠时间为28-56天,平均妊娠时间为42.51± 6.38天。对照组患者年龄22-36岁,平均年龄为26.12± 3.87岁,妊娠时间为31-57天,平均妊娠时间为43.22± 6.49天。两组患者在年龄、妊娠时间等基础资料方面差异均无统计学意义(P>0.05),具有可比性。

1.2 治疗方法

两组患者均通过米索前列醇联合米非司酮终止妊娠。研究组在妊娠囊排出宫腔后开始服益母草冲剂(陕西盘龙制药集团有限公司,国药准字Z61021660,规格:15 g× 10包),1包/次,3次/日,服用2周后加服定坤丹(广誉远国药,国药准字Z20059003,规格:每瓶装7 g),1丸/次,2次/日,持续服用到月经恢复正常。

1.3 观察指标

① 观察记录两组患者腹痛消失和月经恢复正常时间、恢复正常月经后月经周期、月经量。② 观察两组患者的疗效,按照痊愈、有效、无效三个标准来进行评价,痊愈:患者的疼痛完全消失,月经周期和月经量均正常,身体恢复非常好;有效:患者疼痛明显下降,月经周期和月经量均比较正常;无效:患者的疼痛和月经量、月经周期均无明显改善。治疗有效率=痊愈率+有效率。

1.4 统计学分析

应用SPSS 19.0软件进行数据整理,计量数据以平均数标准差($\bar{x}$± s)表示,组间比较采用t检验;计数数据以例数和百分比[n(%)]表示,组间比较采用x^2比较,以P<0.05为差异具有统计学意义。

2 结果

2.1 两组腹痛消失和月经恢复正常时间对比

对照组和研究组的腹痛消失时间分别为7.62± 1.33 d、3.17± 0.76 d,月经恢复正常时间分别为69.62± 8.45 d、43.21± 6.65 d,研究组腹痛消失和月经恢复正常时间均明显短语对照组,差异具有统计学意义(P<0.05)。

表1 两组患者腹痛消失和月经恢复正常时间比较($\bar{x}$± s)

Table 1 Comparison of the abdominal pain disappeared and menstruation normal time between two groups($\bar{x}$± s)

Groups	Cases	Abdominal pain disappeared time(d)	Menstruation Normal time(d)
Control group	60	7.62± 1.33	69.62± 8.45
Study group	60	3.17± 0.76*	43.21± 6.65*

Note: compared with the control group, *P<0.05.

2.2 两组患者月经周期时间对比

患者月经恢复后,对照组中有6例延长、12例缩短、42例正常;研究组有2例延长、4例缩短、54例正常;研究组月经周期时间正常率显著高于对照组,差异有统计学意义(P<0.05),见表2。

表2 两组患者月经周期时间对比[例(%)]

Table 2 Comparison of the menstrual cycle time between the two groups[n(%)]

Groups	Cases	Prolong	Normal	Shorten
Control group	60	6(10.0)	42(70.0)	12(20.0)
Study group	60	2(3.33)*	54(90.0)*	4(6.67)*

Note: compared with the control group, *P<0.05.

2.3 两组患者月经量对比

患者月经恢复后,对照组中月经量有9例增加、6例减少、45例正常;研究组中月经量有4例增加、2例减少、54例正常;研究组月经量正常率明显高于对照组,差异有统计学意义(P<0.05),见表3。

表3 两组患者月经量对比[例(%)]

Table 3 comparison of the menstrual flow between two groups of patients[n(%)]

Groups	Cases	Increased	Normal	Decreased
Control group	60	9(15.0)	45(75.0)	6(10.0)
Study group	60	4(6.67)*	54(90.0)*	2(3.33)*

Note: compared with the control group, *P<0.05.

2.4 两组患者治疗效果对比

对照组中，痊愈 39 例、有效 4 例、无效 17 例；研究组中，痊愈 51 例、有效 5 例、无效 4 例。研究组治疗有效率明显高于对照组，差异有统计学意义(P<0.05)，见表 4。

表 4 两组患者治疗效果对比[例(%)]

Table 4 Comparison of the treatment effect between the two groups[n(%)]

Groups	Cases	Recovery	Efficacy	Invalid	Efficacy rate
Control group	60	39(65.0)	4(6.67)	17(28.3)	43(71.67)
Study group	60	51(85.0)	5(8.33)	4(6.67)	56(93.33)*

Note: compared with the control group, *P<0.05.

3 讨论

孕妇在妊娠终止时常用的流产方式有药物流产和手术流产[21]，药物流产是通过服用米索前列醇联合米非司酮片药物的方式终止妊娠，该药物可以让孕妇的孕酮活力下降，引起子宫收缩，从而让胚胎排出体外[22,23]。目前，该方式对于妊娠初期妇女是常见的方法之一，相对于手术方式，该方法操作方便，同时免去手术过程中的痛苦和身体伤害，避免了各种并发症的产生[24-26]。但是采用药物流产过程中由于子宫收缩，会引起妇女的腹部疼痛，同时还可能出现大出血、阴道长期出血、月经失调、月经量不正常等等现象，其中月经不调是药物流程后的最常见的表现。

益母草是妇产科疾病治疗中的最具代表性的药物之一，主要成分为益母草，其味苦，可利尿消肿，行血养血，养血的同时不滞瘀血，同时具有祛瘀生新、活血调经的功效，通常在月经量少、产后腹痛、月经不调等患中使用[27,28]。定坤丹是著名补血养血调经药，定坤丹对妇女身体虚弱，气血瘀滞，经期腹胀腹痛，月经不定期，经血量过多或过少，子宫寒冷、崩漏不止以及食欲不振等症均具有良好功效[29,30]。益母草冲剂、定坤丹相结合，能够起到事半功倍的疗效。

本研究选取将 120 例患者随机分为研究组和对照组，研究组在妊娠囊排出宫腔后开始服益母草冲剂，对照组在同一时间段期间服用益母草冲剂。结果显示对照组腹痛消失时间、月经恢复正常时间均叫研究组显著延长。患者月经恢复后，研究组月经周期时间、月经量正常率均较对照组显著升高。究其原因：益母草具有行血养血、行血而不伤新血的功效，在治疗月经量少和月经不调中效果好，定坤丹具有补血活血、调经止痛功效，两者联用起到了更好的效果。同时，研究还显示对照组中痊愈 39 例，研究组中痊愈 51 例，研究组治疗有效率相比对照组显著升高，进一步表明药物流产后服用益母草冲剂、定坤丹可以有效缓解腹痛症状和月经不调的症状，促进子宫修复，提高治疗有效率。

综上所述，定坤丹联合益母草冲剂在孕妇流产后腹痛、月经失调等方面临床疗效好，可有效缩短腹痛时间、提高月经周期恢复时间。

参 考 文 献(References)

[1] Andersen K, Fjerstad M, Basnett I, et al. Determination of medical abortion eligibility by women and community health volunteers in Nepal: a toolkit evaluation[J]. PLoS One, 2017, 12(9): e0178248

[2] Li C L, Song L P, Tang S Y, et al. Efficacy, Safety, and acceptability of low-dose mifepristone and self-administered misoprostol for ultra-early medical abortion: a randomized controlled trial [J]. Reprod Sci, 2017, 24(5): 731-737

[3] Shen Q, Shu L, Luo H, et al. The use of mifepristone in abortion associated with an increased risk of uterine leiomyomas [J]. Medicine (Baltimore), 2017, 96(17): e6680

[4] Thiebaut M, Firquet A, Pintiaux A, et al. Retrospective assessment of the influence of gestational age on the first trimester medical abortion efficiency[J]. Rev Med Liege, 2017, 72(4): 193-198

[5] Louie K S, Chong E, Tsereteli T, et al. Second trimester medical abortion with mifepristone followed by unlimited dosing of buccal misoprostol in Armenia[J]. Eur J Contracept Reprod Health Care, 2017, 22 (1): 76-80

[6] Norman W V, Soon J A. Requiring physicians to dispense mifepristone: an unnecessary limit on safety and access to medicalabortion[J]. CMAJ, 2016, 188(17-18): E429-E430

[7] Bettahar K, Pinton A, Boisramé T, et al. Medical induced abortion[J]. J Gynecol Obstet Biol Reprod (Paris), 2016, 45(10): 1490-1514

[8] Ohannessian A, Jamin C. Post-abortion contraception [J]. J Gynecol Obstet Biol Reprod (Paris), 2016, 45(10): 1568-1576

[9] Dragoman M V, Grossman D, Kapp N, et al. Two prophylactic medication approaches in addition to a pain control regimen for early medicalabortion < 63 days' gestation with mifepristone and misoprostol: study protocol for a randomized, controlled trial [J]. Reprod Health, 2016, 13(1): 132

[10] Upadhyay U D, Johns N E, Combellick S L, et al. Comparison of outcomes before and after Ohio's law mandating use of the FDA-approved protocol for medication abortion: a retrospective cohort study [J]. PLoS Med, 2016, 13(8): e1002110

[11] Piras M, Delbon P, Bin P, et al. Voluntary termination of pregnancy (medical or surgical abortion): forensic medicine issues[J]. Open Med (Wars), 2016, 11(1): 321-326

[12] Yang X, Xiao Y, Wang X, et al. Expression of a novel small antimicrobial protein from the seeds of Motherwort (Leonurus japonicus) confers disease resistance in tobacco [J]. Applied and Environmental Microbiology, 2007, 73(3): 939-946

[13] Yi S S, Hwang E, Baek H K, et al. Application of bioactive natural materials-based products on five women's diseases [J]. Journal of Menopausal Medicine, 2015, 21(3): 121-125

[14] Miao M, Tian S, Bai M, et al. Effect of Motherwort total alkaloids on the prostate hyperplasia mice model of pathological changes of related tissue morphology induced by the fetal urogenital sinus implants[J]. Saudi Pharm J, 2017, 25(4): 601-606

[15] Kang X H, Zhang J H, Wang L. Treatment of cryptogenic organizing

pneumonia by heat clearing, blood activating qi benefiting, and yin nourishing method: a case report of two cases[J]. Zhongguo Zhong Xi Yi Jie He Za Zhi, 2015, 35(1): 114-116

[16] Chen C P, Piao L, Chen X, et al. Expression of interferon-γ by decidual cells and natural killer cells at the human implantation site: implications for preeclampsia, spontaneous abortion, and intrauterine growth restriction[J]. Reprod Sci, 2015, 22(11): 1461-1467

[17] Huang G C,Chen SY, Tsai B W, et al. Effects of Dang-Gui-Bu-Xue-Tang, an herbal decoction, on iron uptake in iron-deficient anemia [J]. Drug Des Devel Ther, 2016, 9(10): 949-957

[18] Filipiak S A, Kurzawa M, Szłyk E, et al. Determination of mycotoxins, alkaloids, phytochemicals, antioxidants and cytotoxicity in Asiatic ginseng (Ashwagandha, Dong quai, Panax ginseng) [J]. Chemicke Zvesti, 2017, 71(6): 1073-1082

[19] Hong J, Chen X, Huang J, et al. Danggui Buxue Decoction, a classical formula of traditional Chinese medicine, fails to prevent myelosuppression in breast cancer patients treated with adjuvant chemotherapy: a prospective study[J]. Integr Cancer Ther, 2017, 16(3): 406-413

[20] Cheng B, Zheng H, Wu F, et al. Metabolomics analysis of Danggui Sini decoction on treatment of collagen-induced arthritis in rats [J]. J Chromatogr B Analyt Technol Biomed Life Sci, 2017, 16(1061-1062): 282-291

[21] Raymond E G, Grossman D, Wiebe E, et al. Reaching women where they are: eliminating the initial in-person medical abortion visit [J]. Contraception, 2015, 92(3): 190-193

[22] Abbas D, Chong E, Raymond EG. Outpatient medical abortion is safe and effective through 70 days gestation [J]. Contraception, 2015, 92 (3): 197-199

[23] Gold M, Chong E. If we can do it for misoprostol, why not for mifepristone? The case for taking mifepristone out of the office in medical abortion[J]. Contraception, 2015, 92(3): 194-196

[24] Grossman D, White K, Harris L, et al. Continuing pregnancy after mifepristone and "reversal" of first-trimester medical abortion: a systematic review[J]. Contraception, 2015, 92(3): 206-211

[25] Ramesh S, Roston A, Zimmerman L, et al. Misoprostol 1 to 3 h preprocedure vs. overnight osmotic dilators prior to early second-trimester surgical abortion [J]. Contraception, 2015, 92 (3): 234-240

[26] Harvey P. Medical abortion: the hidden revolution [J]. J Fam Plann Reprod Health Care, 2015, 41(3): 193-196

[27] Yao D, Wang Z, Miao L, et al. Effects of extracts and isolated compounds from safflower on some index of promoting blood circulation and regulating menstruation [J]. J Ethnopharmacol, 2016, 38(191): 264-272

[28] Gong A G W, Wang H Y, Dong T T X, et al. Danggui Buxue Tang, a simple Chinese formula containing Astragali Radix and Angelicae Sinensis Radix, stimulates the expressions of neurotrophic factors in cultured SH-SY5Y cells[J]. Chin Med, 2017, 22(12): 24

[29] Zhang R, Li J, Huang T, et al. Danggui buxue tang suppresses high glucose-induced proliferation and extracellular matrix accumulation of mesangial cells via inhibiting lncRNA PVT1 [J]. Am J Transl Res, 2017, 9(8): 3732-3740

[30] Liu M, Qiang QH, Ling Q, et al. Effects of Danggui Sini decoction on neuropathic pain: experimental studies and clinical pharmacological significance of inhibiting glial activation and proinflammatory cytokines in the spinal cord [J]. Int J Clin Pharmacol Ther, 2017, 55(5): 453-464

·重要信息·

《现代生物医学进展》2018 年封面设计说明

本次封面设计使用了两张图片并做了切割处理，照片其一是参照意大利艺术家达芬奇的著名素描作品《维特鲁威人》所做的人体骨骼和形态示意图，图中的人体形态与时钟有相似之处，图二为时钟与人脑的组合，这两幅图片都在强调人体与时间的联系。长久以来人们便认识到：包括人类在内的生物有一个内部生物钟，能帮助生物预测和适应外界节奏规律。当外部环境和内部生物钟出现不不匹配，就会出现相应紊乱，并增加许多疾病的风险。2017 年 10 月 2 日，诺贝尔生理学或医学奖授予了美国生物学家 Jeffrey C. Hall，MichaelRosbash 和 Michael W. Young，以奖励他们在发现 " 昼夜节律控制分子机制 " 方面的贡献。他们找到了一个能控制日常生物节律的基因，这种基因所编码的蛋白在细胞中会随时间变化，就像是细胞内部生物节律时钟的发条。本年度的杂志封面选择生物节律为主题，凸显了《现代生物医学进展》随时关注着生物医学发展的脚步，时刻保持在该研究领域的前沿。