

doi: 10.13241/j.cnki.pmb.2020.19.031

穴位埋线联合益肾化痰方对多囊卵巢综合征患者 T、E₂、LH 水平影响 *

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摘要 目的:探讨穴位埋线联合益肾化痰方对多囊卵巢综合征患者睾酮(testosterone, T)、雌二醇(estradiol, E₂)、黄体生成素(luteinizing hormone, LH)水平影响。**方法:**选取 2018 年 1 月至 2019 年 6 月我院收治的 120 例多囊卵巢综合征患者作为研究对象,随机将其分为两组,对照组 60 例,给予益肾化痰方治疗,研究组 60 例,在对照组的基础上联合穴位埋线治疗。观察两组治疗后的疗效及不良反应率,检测两组治疗后子宫内膜厚度、成熟卵泡数以及治疗前后 T、E₂、LH 水平变化情况。**结果:**研究组治疗的总有效率为 98.33 %,显著高于对照组治疗的总有效率(85.0 %, $P < 0.05$)。两组治疗后子宫内膜厚度及成熟卵泡数比较,研究组明显高于对照组($P < 0.05$)。两组治疗前 T、E₂、LH 水平指标比较差异无统计学意义($P > 0.05$);两组治疗后 T、E₂、LH 水平指标比较差异有统计学意义($P < 0.05$)。对照组头痛 3 例,恶心 4 例,不良反应率为 11.67 %;研究组头痛 1 例,不良反应率为 1.67 %,两组患者不良反应率比较有统计学意义($P < 0.05$)。**结论:**埋线联合益肾化痰方治疗多囊卵巢综合征患者,能有效的提高治疗疗效,改善患者 T、E₂、LH 水平,促进排卵,安全可靠,值得临床推广和应用。

关键词:穴位埋线;益肾化痰方;多囊卵巢综合征

中图分类号:R711.75;R271.9;R245.9 文献标识码:A 文章编号:1673-6273(2020)19-3745-04

Effect of Acupoint Catgut Embedding Combined with Yishen Huatan Recipe on T, E₂ and LH Levels in Patients with Polycystic Ovary Syndrome*

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ABSTRACT Objective: To investigate the effect of acupoint catgut embedding combined with Yishen Huatan Recipe on T, E₂ and LH levels in patients with polycystic ovary syndrome. **Methods:** A total of 120 patients with polycystic ovary syndrome admitted in our hospital from January 2018 to June 2019 were selected as the research object. They were randomly divided into two groups, a control group of 60 patients, and treated with Yishen Huatan Recipe. 60 cases were combined with acupoint embedding therapy on the basis of the control group. Observe the efficacy and adverse reaction rate of the two groups of patients after treatment, and detect the endometrial thickness mature follicle number, and the changes of T, E₂ and LH levels before and after treatment in the two groups. **Results:** The total effective rate of treatment in the study group was 98.33 %, which was significantly higher than the total effective rate of treatment in the control group (85.0 %, $P < 0.05$). After treatment, the endometrial thickness and the number of mature follicles in the two groups were significantly higher in the study group than in the control group ($P < 0.05$). There was no significant difference in T, E₂ and LH level indexes between the two groups before treatment ($P > 0.05$), there was a statistically significant difference in T, E₂ and LH level indexes between the two groups after treatment ($P < 0.05$). In the control group, there were 3 headaches and 4 nauseas, and the adverse reaction rate was 11.67 %, in the study group, there was 1 headache and the adverse reaction rate was 1.67 % ($P < 0.05$). **Conclusion:** Catgut embedding combined with Yishen Huatan Recipe in the treatment of patients with polycystic ovary syndrome can effectively improve the therapeutic effect, improve the T, E₂, LH levels of patients, promote ovulation, safe and reliable, and worthy of clinical promotion and application.

Key words: Embedding at acupoints; Yishen Huatan Recipe; Polycystic ovary syndrome

Chinese Library Classification(CLC): R711.75; R271.9; R245.9 **Document code:** A

Article ID: 1673-6273(2020)19-3745-04

前言

多囊卵巢综合征(polycystic ovary syndrome, PCOS)在我国临床上是比较常见的女性内分泌疾病,近些年该病的病发率呈

逐年上升的趋势,引起人们的高度重视^[1,2]。目前,PCOS 的发病机制并没有明确的说法,主要特征为高雄性激素、卵巢多囊肿样改变、不排卵等,患病人群多以育龄期妇女为主,患者常表现为闭经、肥胖、体表多毛、月经不调等,严重的还会引起不孕甚至

* 基金项目:广东省中医药局科研项目(20201334);佛山市卫生和计生局医学科研项目立项(20180084)

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(收稿日期:2020-04-05 接受日期:2020-04-29)

糖尿病、高血压及心血管类疾病,严重的危害着患者的身体健康及生活质量^[3,4]。临床经验表明,对于 PCOS 的治疗,西医药物存在副作用大、停药反弹的缺点^[5]。因此,很多学者将视线转移到中医中药的治疗方法上,发现中医药在 PCOS 的治疗上具有一定的确切疗效,对于患者的调经助孕方面优势显著^[6-8]。所以,本研究选取 2018 年 1 月至 2019 年 6 月我院收治的 120 例多囊卵巢综合征患者,探讨穴位埋线联合益肾化痰方对多囊卵巢综合征患者 T、E₂、LH 水平影响。现将研究结果报告如下。

1 资料与方法

1.1 一般资料

选取我院 2018 年 1 月至 2019 年 6 月收治的 120 例多囊卵巢综合征患者,将其随机分为两组,对照组 60 例,年龄 22~35 岁,平均(28.28±4.04)岁;病程 3~9 年,平均(5.21±3.14)年。研究组 60 例,年龄 21~34 岁,平均(27.38±4.36)岁;病程 2~9 年,平均(6.01±4.25)年。经比较,两组的性别、年龄、体重等一般资料比较差异无统计学意义($P>0.05$),具有可比性。

1.2 纳入与排除标准

纳入标准^[9,10]:(1)无排卵或稀发排卵;(2)闭经或月经紊乱;(3)高雄性激素血症;(4)患者及家属均知情并签署了同意书。

排除标准:(1)子宫器质性病变引起的闭经;(2)卵巢早衰或肿瘤的患者;(3)其他疾病导致子宫不能受孕的患者;(4)近一个月服用过激素类药物的患者;(5)有心、肾、肝等疾病的患者;(6)有相关药物过敏史的患者;(7)有精神类疾病、依从性比较差的患者。

1.3 治疗方法

对照组:给予益肾化痰方治疗,组成:熟地 10 g、菟丝子 10 g、当归 10 g、肉苁蓉 15 g、黄芪 15 g、淫羊藿 10 g、白术 10 g、香附 10 g、茯苓 15 g、姜半夏 6 g、陈皮 5 g、甘草 10 g,由佛山市中

医院统一代煎,每日一剂,煎取 400 mL,200 mL/袋,早晚温服各一袋,经期停药。

研究组在对照组的基础上给予穴位埋线治疗。穴位选取关元、天枢、水道、三阴、中脘、带脉等。埋线套管选用医用 7 号一次性注射器针头。取患者仰卧位,做好常规消毒,将医用 3-0 可吸收线置入埋线针内,尽量靠于前端,在所选的穴位处,将针快速刺入表皮,缓慢将针推进,待到针到达皮下组织和肌肉间时,将针管慢慢退出,将医用线留在穴位内。拔出针头后,把针口处消毒,用创口贴按压片刻,防止出血,然后将针口处固定包扎好。每 2 周一次,连续治疗 3 月。

1.4 评价标准

显效:月经周期恢复正常,连续 3 个月正常排卵、多毛等体征明显改善;有效:月经周期在 1-1.5 个月,3 个月内出现过排卵现象,多毛等体征有所改善;无效:月经、排卵、多毛等体征均无明显变化甚至加重^[11,12]。

1.5 观察指标

观察两组患者治疗后的疗效及不良反应率,检测两组治疗后子宫内膜厚度和成熟卵泡数及治疗前后 T、E₂、LH 水平变化情况。

1.6 统计学方法

应用 SPSS 22.0,计量资料以($\bar{x} \pm s$)表示,采用独立样本 t 检验;计数资料用(%)表示,采用卡方检验(χ^2), $P<0.05$ 有统计学意义。

2 结果

2.1 两组疗效比较

研究组治疗的总有效率为 98.33%,对照组治疗的总有效率为 85.0%,两组总有效率比较,研究组显著高于对照组($P<0.05$),见表 1。

表 1 两组疗效比较(例,%)

Table 1 Comparison of efficacy between two groups (n,%)

Groups	n	Marked effect	Effective	Invalid	Total effective rate(%)
Research group	60	54(90.0)	5(8.33)	1(1.67)	59(98.33)*
Control group	60	39(65.0)	12(20.0)	9(15.0)	51(85.0)

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

2.2 两组排卵疗效指标比较

两组治疗后子宫内膜厚度及成熟卵泡数比较,研究组明显

高于对照组,差异有统计学意义($P<0.05$),如表 2。

表 2 两组排卵疗效指标比较($\bar{x} \pm s$)

Table 2 Comparison of ovulation efficacy indexes of two groups ($\bar{x} \pm s$)

Groups	n	Endometrial thickness(mm)	Number of mature follicles
Research group	60	6.76±1.32*	2.11±0.69*
Control group	60	9.42±1.39	2.58±0.53

2.3 两组 T、E₂、LH 水平指标比较

两组治疗前 T、E₂、LH 水平指标比较差异无统计学意义($P>0.05$);两组治疗后 T、E₂、LH 水平指标比较差异有统计学意义($P<0.05$),如表 3。

2.4 两组不良反应率对比

对照组患者头痛 3 例,恶心 4 例,不良反应率为 11.67%(7/60);研究组患者头痛 1 例,不良反应率为 1.67%(1/60),两组不良反应率比较有统计学意义($P<0.05$)。

表 3 两组 T、E₂、LH 水平指标比较($\bar{x} \pm s$)Table 3 Comparison of T, E₂ and LH levels the two groups ($\bar{x} \pm s$)

Group	n	T(ng/mL)		E ₂ (ng/L)		LH(U/L)	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Research group	60	83.35± 17.21	64.46± 16.31 ^{*#}	68.85± 15.94	62.17± 12.18 ^{*#}	11.89± 3.55	9.38± 2.46 ^{*#}
Control group	60	83.19± 17.16	44.35± 13.17 [*]	67.56± 14.32	50.11± 10.03 [*]	11.56± 3.46	5.25± 1.52 [*]

Note: Compared with the before treatment, ^{*}P<0.05, Compared with the control group, [#]P<0.05.

3 讨论

多囊卵巢综合征是目前临床上比较常见且危害性比较大的妇女内分泌性疾病,发病人群主要集中在育龄期妇女^[13,14]。随着经济的发展、人们生活节奏的加快,女性朋友们的生活及工作压力不断增加,导致机体免疫力低下,多囊卵巢综合征的发病率也在不断增高,极大的降低了女性朋友们^[15-17]。目前,对于多囊卵巢综合征的发病机制还未有明确的阐述,其主要临床表现为月经紊乱、闭经、排卵少或是无排卵、体毛加重等现象,如不及时治疗还会导致不孕,远期并发子宫内膜癌、糖尿病、代谢综合征等,严重危害着患者的身心健康,已经受到国内外临床专家的高度重视^[18-20]。

多囊卵巢综合征运用中医学理论阐述多是由于患者肾精亏损、肾虚所致。先天禀赋或是早产等原因都会导致患者肾精不足、精亏血少、血海不充,致使患者出现闭经、经期延后等现象;冲任血虚,无法摄精成孕,最终导致不孕^[21,22];长期肾虚,温润不足,导致机体主水功能异常,患者就会出现痰、瘀等现场,阻滞冲任,同时也会导致患者不孕、闭经等^[23]。故从中医角度给予多囊卵巢综合征治疗要以补肾、调理冲任为主,激活肾功能并调理生殖系统,使经血畅通,冲任充盈,改善病理状态^[24]。

多囊卵巢综合征的治疗方法从西医角度出发,主要是运用药物抑制雄激素分泌,调整月经周期,促进排卵,但是效果并不理想,而且长期用药可能影响肝肾代谢,存在卵巢过度刺激风险^[25,26]。近些年,随着我国中医药的发展壮大,越来越多的中医治疗方法及中药被应用于临床^[27]。大量实验证明中医针刺方法具有很好的促排卵作用,进而延伸出穴位埋线法。穴位埋线法是在中医经络及针灸的理论指导下,利用可吸收线埋入疾病对应的穴位,达到疏通经络、调和气血等作用^[28,29]。研究表明,中药益肾化痰方有很好的补肾益气、调经活血、祛湿化痰的功效,主要药物有黄芪、淫羊藿、菟丝子、当归、白术等,对多囊卵巢综合征的患者有一定的疗效,配合穴位埋线效果更显著^[30]。

本研究,应用埋线联合益肾化痰方治疗多囊卵巢综合征患者,结果显示研究组总有效率为 98.33%,显著高于对照组总有效率 85.0%,与姜梅芳^[31]等学者的研究类似,探究穴位埋线结合中药治疗对多囊卵巢综合征,结果显示治疗组总有效率为 89.19%,显著高于对照组的 66.67%,证明埋线联合益肾化痰方具有很好的临床疗效,分析其原因为穴位埋线可通过可吸收的羊肠线体对针刺穴位产生持续有效的刺激作用达到治疗的作用,联合益肾化痰方,补益肝脾肾,温扶元阳,调和气血,为促排暖及受孕创造有利的条件。两组治疗后子宫内膜厚度及成熟卵泡数比较,研究组明显高于对照组,与吴家满^[32]等学者的研

究类似,探究调任通督针刺法配合穴位埋线治疗多囊卵巢综合征不孕症,结果显示治疗过程中治疗组的最大子宫内膜厚度优于对照组。分析其原因为益肾化痰方中含有中药菟丝子、淫羊藿具有补益肾气、壮阳、强筋骨的作用,同时能使血液粘稠度及血脂降低,增强机体免疫力;黄芪、当归具有补血、调经、止痛的作用;白术、陈皮具有燥湿、利水、化痰的作,联合穴位埋线可以补肾益精、调理充任、诱发排卵。两组治疗前 T、E₂、LH 水平指标比较无统计学意义;两组治疗后 T、E₂、LH 水平指标比较有统计学意义,与张连娣^[33]等学者的研究类似,膈下逐瘀汤联合穴位埋线治疗肥胖型多囊卵巢综合征不孕症患者,分析对糖脂代谢、排卵、妊娠情况的影响,结果显示治疗后两组外周血清 LH、E₂、T 均较治疗前有所降低,且观察组低于对照组,同时该学者也发现观察组的排卵率及其临床妊娠率均高于对照组。本研究结果表明穴位埋线可以直接作用于穴位,调节经络、气血,改善卵巢功能,促进卵泡发育,促进雌激素的分泌,抑制氧化应激水平,使 T、E₂、LH 水平大幅度下降。同时,对于关元、天枢、水道、三阴、中脘等穴位进行埋线,起到补肾填精、祛痰化湿的作用,调和机体气血,使冲任畅通、胞宫功能恢复正常,最终达到治疗的目的。研究组不良反应率明显低于对照组,彭仙^[34]等学者的研究也显示加味苍附导痰丸联合穴位埋线治疗肥胖型多囊卵巢综合征不会增加不良反应发生率,表明埋线联合益肾化痰方更安全可靠,易被患者接纳,使患者满意,具有一定的临床意义。

综上所述,埋线联合益肾化痰方用于多囊卵巢综合征患者的治疗,疗效较好,可确切改善患者 T、E₂、LH 水平,提高排卵率,并且患者不良反应少,安全可靠,值得临床推广和应用。

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