

# 恶性葡萄胎、绒癌化疗严重副作用的 中西医结合治疗

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我院 1972~1980 年对恶性葡萄胎、绒癌等恶性滋养细胞肿瘤病人采用化疗 393 例, 其中 297 例(75.5%) 出现化疗副作用。15 例出现严重化疗副作用者, 经中西医结合治疗收到较好效果, 报告如下。

## 治 疗 方 法

一、恶心呕吐: 证见恶心呕吐, 胃脘烧灼, 头昏眼花, 神疲肢乏, 手足麻痹, 脉弦滑, 舌质淡, 苔白腻。此为化疗药物之毒性伤及脾胃, 痰湿内生, 化热伤阴。治则: 健脾降逆、兼养胃阴。方药: 白术 10g 山药 10g 竹茹 10g 苏梗 10g 石斛 10g 北沙参 15g 每日一剂, 水煎内服。并针刺内关穴。

西医治疗: 可用灭吐灵、维生素 B<sub>6</sub>, 严重者则注意输液。

二、腹痛腹泻: 证见腹痛腹泻, 粪质多有食物残渣或水样便, 腹痛绵绵或呈阵发性, 排便后腹痛减轻。小便短赤。脉弦滑而数, 舌苔微黄而腻。此为化疗药物毒性伤脾, 痰湿内阻, 若痰湿与热结, 或热凝毒聚, 下走肠间。治则: 健脾利湿、清热解毒。方药: 鲜地锦草、马齿苋各 30g 白术 10g 山药 15g 防风 4g 陈皮 6g 白芍 10g 每日一剂, 水煎内服。必要时用 1~5% 大蒜液 30ml 灌肠或大蒜液 30~90 mg 静脉滴注。

西医治疗: 口服表飞鸣, 必要时服复方樟脑酊, 次碳酸铋。严重腹泻应预防脱水, 及时纠正电解失衡, 特别注意缺钾。

三、口腔粘膜溃烂: 轻者口唇周围干裂或溃烂, 严重者波及全口腔、舌根、舌边、咽部

等, 伴有口涎自流, 咽疼难咽, 声音嘶哑, 皮肤干涩、色泽晦黯, 出现树根状色素沉着。尿短赤, 舌干无苔或剥脱苔如地图状, 脉弦数。此为化疗药物毒性伤阴。治则: 滋阴清热解毒。方药: 玄参、知母、石斛、北沙参、连翘、银花各 15g 每日一剂, 水煎内服。局部涂冰硼散或锡类散。

西医治疗: 保持口腔清洁, 用多贝氏液或 3% 硼酸水漱口。如合并霉菌感染则应用制霉菌素或克咪唑; 合并细菌感染要及时处理。

四、造血功能障碍: 化疗药物毒性损伤脾胃生化之源, 抑制骨髓造血功能, 导致白细胞或血小板减少。如未合并其他毒性反应, 虽正虚而未衰, 病人仍食欲正常, 二便如常, 脉细, 舌苔薄白。治则: 补血活血, 以活血药对抗化疗药物对骨髓的抑制, 促进骨髓再生功能。方药: 红孩儿 15g 虎杖 15g 鸡血藤 15g 红花 9g 茜草 15g 丹皮 15g 每日一剂, 水煎内服。气虚者加黄芪 12g 太子参 30~60g; 阴虚者加生地 30~60g 玄参 15g。

西医治疗: 可输少量新鲜血, 增强机体防御机能。

五、败血症: 证见高烧不退, 白细胞急骤下降, 尤以中性白细胞下降明显。神疲欲绝, 气短目呆, 小便短赤, 脉细微欲绝, 舌面光剥。此乃热毒凝聚、阴津枯竭、气衰欲绝之象, 属化疗药物毒性反应的严重并发症。治则: 清热凉血养阴兼佐补气。方药: 犀角 2g 大青叶 20g 生地 30g 北沙参 30g 太子参 30g 麦冬 10g 五味子 6g 每日一剂, 水煎内服。

西医治疗: 1. 应用大剂量氨基苄青霉素静滴或肌注。2. 合并霉菌感染者, 应在用广谱抗菌素同时给予制霉菌素或克咪唑等。3. 高热者

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补液，并用少量地塞米松。

六、伪膜性肠炎：证见腹泻，粪便为米汤状或海水样，浮有白色伪膜，频频自流，并出现严重中毒、脱水及电解质紊乱等症状。甚至导致死亡。此为肠道合并金黄色葡萄球菌感染，中医属气衰阴竭，热毒凝聚。治则：养阴清热解毒、固涩止泻护阴。方药：马齿苋 30g 地锦草 30g 乌梅 15g 五味子 8g 石榴皮 10g 地榆 12g 黄芩 10g 茶叶一撮 每日一剂，水煎内服或灌肠。并静滴大蒜注射液。

西医治疗：及时补液以纠正脱水及电解质紊乱，口服复方樟脑酊或鸦片酊。

七、各种化疗严重副作用恢复阶段，病人常出现头昏，四肢乏力，舌质淡红，脉细等。则用八珍汤加减治疗以善其后。

## 疗 效

本资料 15 例严重化疗副作用有恶心呕吐、腹痛腹泻、口腔粘膜溃烂、造血功能障碍、败血症及无发生伪膜性肠炎者，经中西医结合治疗均获愈。其中恶心呕吐，一般治疗 3~5 天即愈；腹痛腹泻一般治疗 6 天即可消除，仅 1 例治疗 10 天方愈；口腔粘膜溃烂者，一般 10 天左右粘膜愈合正常，仅 1 例经治疗 24 天才痊愈；造血功能障碍、白细胞下降者，治疗一周左右恢复正常；败血症一般治疗 3~7 天，高烧即逐渐下降至正常。

## 讨 论

一、固护病人阴液是防治化疗毒性反应的重要环节。现代医学治疗恶瘤、绒癌所用化

疗、放疗、手术等疗法，似属于中医之祛邪方法。化疗在杀伤癌细胞同时，对人体正常增殖细胞也同样杀伤，损伤机体，甚至因药物中毒而死亡或中断治疗。虽然化疗药物按其毒性强弱、作用部位、时间的不同及病人体质不同，所出现的毒性反应也不同，但病人均出现头昏，纳差，神疲乏力，胃脘灼热，口干咽燥，舌光无苔或舌苔光剥，皮肤干涩等气阴两虚见证。因此，化疗药物是一种伤气耗阴之品，而以耗阴为主。此现象提示：要预防和治疗化疗药物毒性反应，必须注意固护病人之阴液。我们常在化疗开始即服养阴清热解毒中药（大青叶 15g 北沙参 15g 玄参 10g 石斛 10g 连翘 10g 银花 10g 山豆根 15g），对减少或减轻化疗副反应取得较好成效。

二、注意化疗副作用产生的关键时期，早期治疗。1. 口腔粘膜溃烂合并白细胞下降、腹泻等，很容易继发感染导致败血症。因此，如见咽喉潮红，咽痛声哑，舌质淡红，干而无苔等，即应给予清热解毒、凉血养阴之中药，防止口腔粘膜溃烂。2. 腹泻者应及时采取中西医结合治疗，杜绝伪膜性肠炎的发生。3. 由于化疗后病人正常细胞亦受到杀伤或抑制，体质虚弱，白细胞减少，免疫力受到抑制，尤其是口腔粘膜溃烂、腹泻者，很容易导致霉菌感染。本组病例，均为先有霉菌感染，再合并细菌感染。当双重感染时，以大蒜注射液及制霉菌素等治疗霉菌感染；以氨基苄青霉素及养阴清热解毒中药控制细菌感染；以少量输血提高机体抵抗力，并及时纠正电解质紊乱等，积极采取中西医结合治疗措施。

## · 消息 ·

### 猪苓多糖实验研究与临床研究通过鉴定

中医研究院中药研究所“猪苓多糖实验研究与临床研究”的科研成果于 1983 年 1 月 25 日通过鉴定。鉴定委员会认为，这是一项中西医结合的具有国内先进水平的科研成果。

猪苓多糖是从常用中药猪苓中提取出来的。通过六年多来大量的实验研究，证明猪苓多糖对几种实验动物模型具有明显的抗肿瘤作用。预防性给药对移植性肿瘤的生长也有一定抑制作用。在临床验证中，猪苓多糖单用或伍用化疗治疗晚期原发性肺癌（鳞癌为主）共 200 余例、急性白血病近 40 例、肝癌和鼻咽癌等 68 例，均证明该药能提高机体细胞免疫功能，改善患者症状和减轻化疗的毒副作用。通过几年临床验证，尚未发现该药有毒副作用，临床使用安全可靠。

鉴定委员会经过认真讨论通过了鉴定书，并建议这一成果列为部级成果。

（本刊讯）



## Pharmaco-Conization with Chinese Traditional Drugs for the Treatment of Early Carcinoma of the Cervix Uteri—Observation of Remote Results

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The main contents of this article are concerned with the observation of the remote results of early carcinoma of the cervix uteri (ECCU), 0 and 1a stages, paying special attention to the theoretical justification and practical implication of the radical treatment by pharmaco-conization (FC) with Chinese traditional drugs (CTD). Its therapy is to apply san-pin( 三品 ) cake to the cervical surface or insert san-pin rod into the cervical canal to have a homogeneous infiltration of the drugs. Hence, it causes local coagulation necrosis. After autolysis and detachment, a cylindrical cone-shaped defect is formed and the vaginal portion of the cervix becomes disappeared. Thus, the aim of radical treatment of ECCU is achieved. Prescription of san-pin drugs consists of white arsenic, alum, pulv realgar and commiphorine.

Patients who have been under this therapy and who have finished one course of the treatment amount to 190 cases, with 0 stage being 137 cases (72.1%), and 1a stage 53 cases (27.9%) respectively. For those patients who have received PC with CTD, a combination of both clinical and pathological diagnostic methods is used to make a reliable diagnosis. During the course of the PC treatment, five steps of the technical methods should be well handled. The pre-treatment, mid-treatment and post-treatment of the clinical evidences have all shown that PC with CTD has no harmful effect on the normal liver, kidney and heart. The urinary arsenic reached the highest level in 1-4 days after the application of drugs, but never passed beyond the normal limit and dropped down as before. The side effect of the drug was nil or mild as all the cases were treated with PC, all reached the requirement of "primary cure", and all had strict follow-ups and check-ups. Cancerous remanence, or recurrence was not found. By strict observation and follow-up, 98 cases were checked up for more than 5 years, and classified as the "5-year cured".

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## TCM-WM Treatment of Serious Side-Effects in Chemotherapy of Malignant Mole and Choriocarcinoma: A Report of 15 Cases

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15 cases of malignant mole and or choriocarcinoma with serious side-effects due to chemotherapy, such as (1) nausea and vomiting; (2) abdominal pain and diarrhea; (3) ulceration of oral mucous membrane; (4) hindrance in hemopoiesis; (5) septicemia and (6) pseudomembranous enteritis were treated by TCM-WM method with good results. The important points in prophylaxis of side-effects of chemotherapy are: (1) to reinforce yin-fluid by traditional Chinese medicine; (2) early treatment on side-effects of chemotherapy; (3) attention should be paid to the critical moment in the development of side-effects, namely, i. ulceration of oral mucous membrane; ii. abdominal pain and diarrhea; iii. differential diagnosis between double infections and treatment.

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## Effect of Biphenyl Dicarbosylate in Treating Some of the Abnormal Laboratory Findings in Patients with Chronic Hepatitis and Liver Cirrhosis

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This paper is a preliminary report of the effect of biphenyl dicarbosylate on treating the abnormalities of serum protein electrophoresis,  $\alpha$ -FP and bilirubin in patients with chronic persistent hepatitis, chronic active hepatitis and liver cirrhosis. A control group treated with western drugs of liver-protection nature was also installed. The result showed that the biphenyl dicarbosylate was not only effective in lowering down the raised serum GPT but also quite effective in putting right the electrophoretic changes of serum protein,  $\alpha$ -FP as well as bilirubin. The average value of albumin changed from 49.9% before treatment to 53.99% after treatment ( $P < 0.01$ ). In case of  $\alpha$ -FP the pretreatment value was 89.06 ng/ml and the post treatment value was 19.22 ng/ml ( $P < 0.001$ ), while in the control group values of serum protein and  $\alpha$ -FP before and after the treatment did not reveal much difference. As to the effect of biphenyl dicarbosylate on bilirubin, it was found among a series of 20 cases 80% was markedly effective, 5% was improving and 15% was noneffective. This apparently explains biphenyl dicarbosylate was also effective in bringing down the elevated serum bilirubin. All the results observed support our original viewpoint regarding the action mechanism of biphenyl dicarbosylate, that is, in addition to inhibiting the elevation of serum GPT, it also exerts a protective function on liver and contributes to the recovery of the damaged liver cells.

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