A Clinical Study on the Treatment of Endometriosis with Quyujiedu Therapy

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Keywords: Quyujiedu; Endometriosis; Hemorheological indexes

Abstract. Objective: To analyze the application effect of Quyujiedu on the treatment of patients with endometriosis. Methodology: In this paper, 64 patients with endometriosis admitted to our hospital from March 2016 to June 2017 were selected randomly as research objects. Using a convenient grouping method, they were divided into the control group (32 patients) and the observation group (32 patients) evenly and administrated Xuefuzhuyu and Quyujiedu respectively. The curative effect, three items of internal secretion and hemorheological indexes of the patients were observed. Results: The total response rate of patients in the observation group was significantly higher than that of the control group (P<0.05). The difference between two groups in PRL was statistically significant (P<0.05). The differences in P and E2 and hemorheological indexes were not statistically significant (P>0.05). Conclusion: Treating patients with endometriosis using Quyujiedu therapy can effectively improve the outcome of patients and eliminate dysmenorrhea, hypermenorrhea and other clinical symptoms. The clinical value is extremely high.

1. Introduction

As one of the common diseases in clinical gynecology, the occurrence of endometriosis has brought some interference to the normal pregnancy and life of female patients [1]. Conventional methods have a poor curative effect on endometriosis. In this paper, we use Quyujiedu for clinical treatment and achieve a good effect. Below the treatment of 64 patients with endometriosis will be reported:

1.1. Data and Methods

In this paper, patients with endometriosis admitted to our hospital from March 2016 to June 2017 were selected randomly as research objects. Using a convenient grouping method, they were divided into the control group (32 patients) and the observation group (32 patients) evenly. The inclusion criteria were: (1) to meet the clinical diagnostic criteria for endometriosis. (2) aged 22-40. The exclusion criteria were: (1) to rule out patients with other serious diseases and complications; (2) to rule out patients who didn't cooperate with the treatment. General data of two groups of patients with endometriosis are shown in Tab. 1.The difference between two groups was not statistically significant (P>0.05).

Tab. 1 General Data of Patients with Endometriosis

Group	No. of Patients	Age (Year)	Duration of Pain (Month)
Control Group	32	31.2±6.8	16.0±3.2
Observation Group	32	30.4±2.9	15.6±2.5
t	-	0.33	0.41
P	-	＞0.05	＞0.05

1.2 Methods

1.2.1 Treatment method

Xuefuzhuyu capsules were administered to patients with endometriosis in the control group. The specific method was: 7 days before the menstrual cycle, patients with endometriosis took Xuefuzhuyu capsules per os, 3 capsules each time, 3 times per day, for 3 consecutive months.

Quyujiedu was administered to patients in the observation group. The specific method was: patients took Quyujiedu granules (free from decoction) composed of rose, sargent gloryvine, red paeony root and other TCM materials after they were dissolved in warm boiled water, one dose per day, for 3 consecutive months.

1.2.2 Examination method

The blood of patients with endometriosis was sampled between the 22nd and 25th days of the menstrual cycle before and after treatment. Three items of internal secretion, PRL, P and E2 of patients were measured using radioimmunoassay.

1.3 Observation indexes

The curative effect on patients with endometriosis was observed. The assessment items included ineffective, effective, significantly effective and cured.

Three items of internal secretion of patients with endometriosis were observed. The assessment items included PRL, P and E2.

The hemorheological indexes of patients with endometriosis were observed. The assessment items included hematocrit (HCT), whole blood viscosity with low shear rates (WBV(L)) and whole blood viscosity with high shear rates (WBV(H)).

1.4 Curative effect criteria

Ineffective: The clinical symptoms of patients with endometriosis, such as dysmenorrhea and hypermenorrhea, didn't change significantly and were even exacerbated. Effective: The clinical symptoms of patients with endometriosis were improved to a certain degree. The pelvic mass shrank or didn't grow. Significantly effective: The clinical symptoms of patients, such as anal bulge and dysmenorrhea, basically disappeared. The pelvic mass obviously shrank. Cured: The clinical symptoms of patients, such as hypermenorrhea and dyspareunia, completely disappeared. The pelvic mass completely disappeared. The calculation method for the total response rate of endometriosis was: total response rate= effective rate + significantly effective rate + cure rate.

1.5 Statistical method

In this paper, data about 64 patients with endometriosis were tallied using SPSS20.0 software. Using χ^2 test, the curative effect data between two groups were compared. The internal secretion and hemorheological indexes data between patients were compared using t-test. When $P<0.05$, it can be judged that the difference between two groups of patients was statistically significant.

2. Results

2.1 The curative effect on patients with endometriosis

The total response rate of patients with endometriosis in the control group was 75.00%, significantly lower than that of the observation group, 93.75%. The difference between two groups was statistically significant ($P<0.05$). The results are shown in Tab. 2.

Tab. 2 The Curative Effect on Patients with Endometriosis

Group	No. of Patients	Ineffective (n/%)	Effective (n/%)	Significantly Effective (n/%)	Cured (n/%)
Control Group	32	8 (25.00)	14 (43.75)	6 (18.75)	4 (12.50)
Observation Group	32	2 (6.25)	6 (18.75)	9 (28.13)	15 (46.88)
χ^2	-	5.35	7.66	3.07	10.88
P	-	＜0.05	＜0.05	＜0.05	0.05

2.2 Three items of internal secretion of patients with endometriosis

Comparing three items of internal secretion between two groups, only the difference in PRL was statistically significant (P<0.05). The results are shown in Tab. 3.

Tab. 3 Three Items of Internal Secretion of Patients with Endometriosis

Group	No. of Patients	PRL (ng/L)	P (ng/L)	E2 (pg/L)
Control Group	32	15.1±3.2	11.7±2.6	90.6±29.1
Observation Group	32	11.0±2.1	11.9±2.3	92.0±3.0
t	-	4.23	0.62	0.55
P	-	＜0.05	＞0.05	＞0.05

2.3 The hemorheological indexes of patients with endometriosis

Comparing the hemorheological indexes of patients with endometriosis between two groups, the difference was not statistically significant (P>0.05). The results are shown in Tab. 4.

Tab. 4 The Hemorheological Indexes of Patients with Endometriosis

Group	No. of Patients	HCT (Hct, %)	WBV(L) (mpa • s)	WBV(H) (mps • s)
Control Group	32	37.9±5.6	5.4±1.4	6.2±1.0
Observation Group	32	38.8±3.6	6.0±1.8	6.8±1.3
t	-	0.46	0.54	0.66
P	-	＞0.05	＞0.05	＞0.05

3. Discussion

The occurrence of endometriosis has brought some pressure and burden to the physiology and psychology of female patients. Quyujiedu formula is composed of rose, sargent gloryvine, red paeony root and other TCM materials. Among them, the rose can dredge qi and blood, condition blood and remove stasis. The sargent gloryvine can promote blood circulation, remove stasis and ameliorate channels. The red paeony root can cool blood, remove stasis, clear heat, detoxify and promote the normal circulation of patient’s blood [2].

The above study shows that treating patients with endometriosis using Quyujiedu clinically can effectively relieve the clinical symptoms of patients, such as anal bulge and hypermenorrhea, etc., increase the total response rate of patients and improve their PRL. The difference with Xuefuzhuyu therapy was statistically significant (P<0.05).

Conclusion: Hospitals can provide Quyujiedu therapy for patients with endometriosis, to increase the pregnancy rate of infertile patients due to endometriosis.

Acknowledgements

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