

Clinical Observation on the Effects of Modified Liuwei Dihuang Decoction on 32 Climacteric Syndrome Patients

Sun Lizhen

(Hangzhou Hospital of Traditional Chinese Medicine, Zhejiang Province, HZ 310006)

Abstract: The results of the clinical observation on the effects of modified Liuwei Dihuang decoction on 32 climacteric syndrome patients showed that: these patients' clinical symptoms have been significantly eased, with Kupperman scores dropped from 26.58 ± 8.96 to 13.57 ± 6.07 and $P < 0.01$ two months later after they took the decoction. Pre-treatment serum FSH and LH values were respectively 46.76 ± 14.26 IU/L and 47.21 ± 15.31 IU/L, while post-treatment serum FSH and LH values were respectively 34.49 ± 12.56 IU/L and 36.76 ± 25.26 IU/L, with $P < 0.05$. The urinary Ca/Cr ratio before treatment was 0.11 ± 0.05 , while that after treatment was 0.082 ± 0.03 , with $P < 0.05$. All of these prove that, modified Dihuang decoction has a good effect on climacteric syndrome.

Keywords: Dihuang decoction, climacteric syndrome, Chinese medicine treatment

2. Observation Indicators

Climacteric syndrome is of a common disease for women before and after menopause, seriously affecting the quality of patients' life and work. In recent 2 years, I have applied Dihuang decoction to the treatment of climacteric syndrome, and has achieved good efficacy. And, I hereby report the results as follows.

1. Objects and Methods

1.1 Objects: 32 patients selected from our outpatients, at an average age of 48.5, including 25 postmenopausal patients, 6 menstrual disorder patients and 1 patient with normal menstrual cycle. Main Symptoms: hectic fever, polyhidrosis, palpitation, insomnia, morosity, arthralgia, hypaphrodisia, etc. Results of Gynecologic Examination: no one in organic disease.

1.2

Therapeutic Method: All these selected patients administered 50ml modified oral Dihuang decoction prepared by our Preparation Room of TCM, twice a day, and two months a course, with all drugs affecting the curative effect of the decoction stopped during the observation period. Ingredients of the Decoction: 15g radix rehmanniae, 10g dogwood, 10g cortex moutan, 12g tuckahoe, 12g psorale, 30g gynostemmatis pentaphylli and 15g dodder.

Table 1 Kupperman Scores Respectively for Climacteric syndrome Before and After the Treatment ($\bar{X} \pm S$)

Symptom	Pre-Treatment	Post-Treatment	P
hectic fever	7.84±3.94	2.87±2.94	
perspiration	3.73±2.01	1.20±1.36	
insomnia	2.97±1.92	1.59±1.49	
fatigue	1.25±0.94	0.64±0.65	
paresthesia	0.95±1.01	0.54±0.87	
headache	0.73±0.80	0.40±0.61	
dizziness	1.31±0.82	0.48±0.72	
depression	1.39±0.63	0.79±0.64	
dysthesia	1.37±0.72	0.85±0.52	
irritability	1.07±0.73	0.7±0.59	
arthralgia	1.22±0.82	0.77±0.61	
hypaphrodisia	2.75±0.49	2.74±0.42	
Total	26.58±8.96	13.57±6.07	<0.01

Clinical symptoms were marked by the clinical manifestation and severity, such as hectic fever, perspiration, insomnia, etc., and based on the Kupperman Scoring. The highest score is 54. The more severe a symptom is, the higher the score will be. In addition, it requires to keep the score once respectively before and after administering the decoction, to perform a before-after comparison, and to carry out fasting examinations before and after the administering, such as biochemical analysis of blood and urine and radioimmunoassay. Luteinizing hormone (LH), follicle stimulating hormone (FSH) and estradiol (E_2) were measured with radioimmunoassay, while urine calcium (Ca) and urine creatinine (Cr) were determined with the biochemical method.

3. Results

3.1 Changes of Menopausal Symptom: After administering the modified Dihuang decoction for 2 months, 32 climacteric syndrome patients had their clinical symptoms significantly eased, with their Kupperman scores dropped from 26.58 ± 8.96 ($\bar{X} \pm S$) before the treatment to 13.57 ± 6.07 after the treatment, and statistical result $P < 0.01$. It is a significant effort to mark different symptoms by the Kupperman Scoring and to compare differences in symptoms before and after the treatment ($P < 0.01$), shown in Table 1.

3.2 The serum FSH and LH values before the treatment were respectively 46.76 ± 14.26 IU/L and 47.21 ± 15.31 IU/L, while those after the treatment were 34.49 ± 12.56 IU/L and 36.76 ± 25.26 IU/L, with statistical result $P < 0.05$. The urinary Ca/Cr ratio before the treatment was 0.11 ± 0.05 , while that after the treatment was 0.082 ± 0.03 , with $P < 0.05$.

Table 2 Changes in the FSH, LH and Urinary Ca/Cr ratio Before and After the Treatment

FSH (IU/L)	LH (IU/L)	Ratio of Urine Ca to Cr

Before treatment	46.76±14.26	47.21±15.31	0.11±0.05
After treatment	34.49±12.56	36.76±25.26	0.082±0.03
P	<0.05	<0.05	<0.05

4. Discussion

Zhang Jingyue considered that, the insufficiency of “true yin” was an important mechanism for elderly females’ aging; and, once a woman was over 49, she might be down with climacteric syndrome, such as hectic fever, perspiration, etc., due to deficiency of kidney-essence and hyperactivity of fire arising from yin deficiency. The prescription contains fresh rehmannia root, dogwood and dodder, which replenish liver and kidney, psoralea tonifying the kidney and supporting yang, gynostemmatis pentaphylli and cortex moutan, which relieve irascibility, and tuckahoe fortifying the spleen and disinhibiting dampness. The mistura can replenish liver and nourish kidney, so it has a good curative effect on climacteric syndrome.

In addition, due to women’s lower estrogen level at the climacteric change of life, they have poorer inhibiting effect on hypothalamus and pituitary feedback, with their serum FSH and LH increased. The observable objects of this group had their serum FSH and LH concentration dropped after the treatment, which indicated, through conditioning Yin and Yang, the modified Dihuang decoction had a regulating action on cerebral cortex and every link of the hypothalamus-pituitary-adrenal gland (ovary) axis. Furthermore, the fasting urinary Ca/Cr ratio dropped after the administering the decoction, which indicated bone resorption suppression, bone mass preservation and the oral modified Dihuang decoction having preventative effects on osteoporosis.

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