

复方葶苈注射液治疗肺心病肺动脉高压症临床观察

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摘要 观察了 54 例肺心病肺动脉高压症病例,中药组血二氧化碳分压(PaCO_2)明显减低,血氧分压(PaO_2)和动脉血氧饱和度(SaO_2)升高,心率(HR)、心输出量(CO)、肺动脉平均压(mPAP)和肺血管阻力(PVR)降低($P<0.05$)。中、西药组比较,mPAP、PVR 差异无显著性($P>0.05$),体循环收缩压(SBP)差异有显著性($P<0.05$)。临床观察表明,复方葶苈注射液具有降低 mPAP,改善动脉血气分析指标的作用,且对体循环压力无影响。经过一个疗程的治疗后,患者的症状、体征较治疗前好转,中药组有效率 89.3%。

主题词 肺心病/中医药疗法 @ 复方葶苈注射液 @ 肺动脉高压症

我们采用中药复方葶苈注射液治疗肺心病肺动脉高压症 28 例,并与西药对照组作对比观察,疗效满意,现报告如下。

1. 临床资料

参照 1980 年全国第三次肺心病专业会议修订的诊断标准^[1]选择病例,共 54 例,全部住院治疗。经心电图、胸片、超声心动图、肺功能及有关生化检查,排除高血压性心脏病、冠心病、风湿性心脏病。其中男性 36 例,女性 18 例。平均年龄 65 ± 9 岁,平均病程 21.2 年。将病人随机分为中药治疗组和西药对照组。其中中药治疗组 28 例,男性 18 例,女性 10 例;西药对照组 26 例,男性 18 例,女性 8 例。

2 治疗及观察方法

中药治疗组病人选用复方葶苈注射液 40ml,将药加入 5%葡萄糖或 0.9%生理盐水 500ml 中静脉滴注,每日 1 次,连续使用 7 天。西药对照组病人选用酚妥拉明 5mg 加入 5%葡

萄糖或 0.9%生理盐水 500ml 中静脉滴注,每日 1 次,连续使用 7 天。其他对症处理两组相同,如使用抗生素、纠正电解质紊乱等药物,但不应用血管活性药及利尿药。

观察指标:动脉血气分析;治疗前后各采血测定 1 次。mPAP、CO,使用美国惠普公司彩色多普勒超声测定仪,根据肺动脉瓣、三尖瓣返流情况测定。肺血管阻力(PVR)= $\text{肺动脉平均压(mPAP)}/\text{心输出量(CO)}\times 60$ 。

3 结果

3.1 两组动脉血气分析比较:表 1 示,与治疗前比较,中药组 PaCO_2 明显下降, PaO_2 和 SaO_2 明显升高,经统计学处理差异有显著性($P<0.05$ 或 $P<0.01$);西药组动脉血气分析无明显改变。两组比较 SaO_2 差异有显著性($P<0.01$)。

3.2 两组血液动力学变化比较:表 2 示,与治疗前比较,中药组 HR、mPAP、PVR 明显下降,CO 明显上升。西药组 mPAP、PVR、SBP 明显下降,CO 明显上升。经统计学处理,差异均有显著性($P<0.05$ 或 $P<0.01$)。两组间比较,除 SBP 外,其余指标差异无显著性($P>0.05$)。

3.3 两组疗效比较:疗效标准参照 1980 年全国第三届肺心病会议制订标准,中药组 28 例,显效 16 例(57.1%),好转 9 例(32.1%),无效 3 例(10.7%),总有效率为 89.3%。西药组 26 例,显效 13 例(50.0%),好转 9 例(34.6%),无效 4 例(15.4%),总有效率为 84.6%。两组疗效比较差异无显著性($P>0.05$)。

4 讨论

中医理论认为,肺心病肺动脉高压症多为本虚标实,病情多变,以水气血瘀贯穿于疾病始终。结合现代医学对肺动脉高压症的研究及本科的长期临床实践,我们认为,泻肺活血是治疗

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表1 两组治疗前后动脉血气分析变化比较($\bar{X} \pm S$)

组别	例数	pH	PaCO ₂ (mmHg)	PaO ₂ (mmHg)	HCO ₃ ⁻ (mmol/L)	BE (mmol/L)	SaO ₂ (%)
中药组疗前	28	7.37±0.05	62.80±11.59	58.51±11.57	37.02±8.81	10.18±8.23	86.76±7.49
疗后	28	7.39±0.08	54.36±13.40 ^{##}	64.80±14.79 [#]	35.12±8.47	10.03±8.34	91.41±3.80 ^{##△}
西药组疗前	26	7.40±0.08	64.64±17.84	59.08±13.49	38.37±9.74	12.90±8.29	86.75±5.16
疗后	26	7.39±0.06	61.18±18.93	58.81±18.08	39.21±8.60	12.30±6.65	88.41±4.16

与治疗前比较, # $P < 0.05$, ## $P < 0.01$; 两组间比较 $\Delta P < 0.01$

表2 两组治疗前后血液动力学变化比较($\bar{X} \pm S$)

组别	例数	HR (次/分)	CO (L/分)	mPAP (mmHg)	PVR (kPa·S/L)	SBP (mmHg)
中药组疗前	21	83.94±9.67	2.81±1.34	36.05±8.39	102.49±34.71	137.79±22.43
疗后	21	78.14±10.71 [#]	3.79±1.97 [#]	27.45±9.06 ^{##}	81.32±27.16 [#]	132.58±21.27 ^{##△}
西药组疗前	18	83.76±12.14	2.76±1.41	37.17±9.02	104.58±36.75	138.81±23.61
疗后	18	86.73±9.61	3.82±1.83 [#]	25.41±10.31 ^{##}	80.17±21.74 [#]	120.72±21.68 [#]

与治疗前比较, # $P < 0.05$, ## $P < 0.01$; 两组间比较 $\Delta P < 0.05$

此症的良法之一,故选葶苈子、川芎为主制成复方葶苈注射液,在临床治疗上取得一定效果。

动脉血气分析能客观反映肺呼吸功能,了解肺功能损害的性质和程度,以及酸碱平衡失调程度,对指导氧疗、机械通气各种参数调节,补充酸碱缓冲药物和电解质,以及评估预后均有重要价值^[2]。临床表明,中药组治疗前后比较血氧分压明显提高,血二氧化碳分压明显降低;西药组治疗前后比较动脉血气分析无明显改变。其作用机理可能为:(1)川芎、葶苈子除扩张肺血管,改善肺血液循环外,还对支气管平滑肌有解痉作用,从而改善患者的有效肺泡通气量,促进恢复正常的通气/血流比值,改善肺的通气和换气功能;(2)低氧肺泡区通气的改善及气道痉挛的缓解;(3)心输出量增加,微循环改善与疏通使组织、器官氧供增加或改善等。

临床表明,肺心病的左心功能也有明确损害,在失代偿期较为显著^[3,4]。肺心病人左心功能下降的原因主要为右心病变直接影响左心功能,因左、右心室肌在解剖上是连续的,具有共同的室间隔,一侧心室的压力、容量变化可以直接影响上述作用。本组结果表明,中药组和西药组均可降低 mPAP、PVR,增加 CO。中药组 HR

下降,对 SBP 无明显影响。西药组 HR 加快,SBP 降低,易引起低血压。肺动脉高压症可明显影响肺心病患者的病程和预后,所以及早诊断和控制肺动脉高压症具有一定的临床意义。中药和西药相比具有同样的降低肺动脉高压、减少肺循环阻力的作用,且心率呈一定的负性作用,减少心肌耗氧量,亦有利于肺动脉高压症的改善。

肺心病血瘀证的形成与气虚、阳虚鼓动无力,痰浊壅塞,肺气不利有关。或肺气虚衰,卫外不固,病邪乘虚而入;或久病体虚,肺有宿疾,病邪则迅速入里化热。葶苈子味辛、苦,性大寒,归肺、膀胱经,有泻肺平喘,利水消肿的功能。川芎味辛性温,归肝胆、心包经,有行气活血、祛风止痛的功能,二药为主制成复方葶苈注射液,使用方便,起效迅速,值得推广。

5 参考文献

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ABSTRACTS FROM ORIGINAL ARTICLES

One—hundred and Thirteen Cases of Unstable Angina Pectoris (Blood Stasis Syndrome) Treated with Shen—yuan—dan Decoction

Liu Hongxu, Jin Mei, Wang Zhenyu, et al.

This therapy, with a total effective rate of 90%, was satisfactory for all syndromes and various kinds of UA. Those cases with plasmal NO and t—PA lower than normal recovered to certain extent after the treatment. But there was no effect on plasmal ET after treatment, indicating that the mechanism of Shen—yuan—dan may be partially due to the repair of vessel endothelium, lowering of vessel tension, decrease of unstable thrombus through the regulation of plasma NO, t—PA level, hence, the improvement of coronary blood supply.

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Key words: Angina pectoris, unstable/TCM therapy
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Long—term Observation on the Delay of Exacerbation of Chronic Renal Failure by Fuzhengjiangzhuo Decoction

Wang Jinxue, Li Xinyong, Wu Dahong

Long—term observation for 3—57 months revealed that Fuzhengjiangzhuo Decoction can effectively delay the developmental process of CRF, with a significant difference of 1/Scr and therapeutic process (month) linear regression oblique rate *b* before and after the treatment. It decreased 46.15% of the rate of threatening of terminal renal failure within 3 years, and markedly improved the nutritional condition at the same time, marked increase of albumin, proper A/G ratio, decrease of triglyceride, marked increase of high density lipoprotein and marked decrease of blood phosphorus, indicating that the important approach of the decoction may lie on its useful regulation on the metabolism of protein, lipids and calcium—phosphorus.

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Key words: Renal failure, chronic/TCM therapy @ Fuzhengjiangzhuo Decoction

(Original article on page 222)

Hypertensive Cor Pulmonale Treated with Lipidium Co. Injection

Jing Hua, Xiong Xudong

In 54 cases of pulmonary hypertension, the PaCO₂ was markedly lowered, PaO₂ and SaO₂ elevated, HR, CO and mPAP, PVR all lowered in the treatment group ($P < 0.05$). When compared with the group treated by western drugs, there was no difference in mPAP, PVR ($P > 0.05$), but SBP was significantly different ($P < 0.05$). Clinically, the Lipidium Co. Injection yielded the actions of lowering mPAP, improving arterial gas analysis, with no effect on general circulation. Patients' signs, symptoms, were all improved after 1 month treatment, with an effective rate of 89.29% for the TCM group.

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Key words: Cor pulmonale/TCM therapy
(Original article on page 225)

Preliminary Study on HL—60 Cellular Wither Induced by Chloroform Extract of Yisuiling

Chen Xinyi, Shao Debin, Zhao Liye, et al.

The experiment was conducted on the actions of 5 kinds of reagents on HL—60 cellular wither, viz. Yisuiling chloroform extract, rabbit serum chloroform extract, rabbit liver paste chloroform extract, Etoposide, and normal rabbit serum. Results revealed that after fluid incubation for a short period, the HL—60 cultured cells showed no wither in the former 4 groups under microscope and flowing cytometer. Among them, action was strongest in rabbit liver paste of Yisuiling extract group, similar to the positive control of Etoposide. Followed by rabbit serum, and the action was weak in Yisuiling chloroform extract. There was no obvious action of induced wither by normal rabbit serum. The mechanism of induced wither is still under investigation.

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Key words: Yisuiling cell culture cell wither dephagocytosis/drug action magakaryocyte/drug action @ Yisuiling chloroform extract

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