

复方丹参注射液对脑梗塞患者 脑循环动力学的影响

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摘要 对 50 例脑梗塞早期患者分别于复方丹参治疗前后进行了 CVA 检测,并与对照组及正常组进行比较。结果:脑梗塞患者早期 CVA 各项指标与正常组比较均有显著性差异($P < 0.05$ 或 $P < 0.01$),复方丹参治疗组除 DR 外,其余指标在治疗后均有显著改变($P < 0.05$ 或 $P < 0.01$),两组治疗后比较,Vmin、W 及 CP 有显著性差异($P < 0.05$ 或 $P < 0.01$)。结论:脑梗塞早期 CVA 检测为诊断提供了依据,复方丹参治疗对加快脑循环流速,改善血管壁弹性及降低血粘度等方面起重要作用。

主题词 脑梗塞/中医药疗法 脑/血液供给 丹参注射液/治疗应用

本文用复方丹参注射液治疗急性脑梗塞患者 50 例,并于治疗前后观察了患者脑循环动力学(CVA)检测指标的改变,现报告如下。

1 一般资料

共观察急性脑梗塞住院患者 100 例,随机分为两组,复方丹参治疗组 50 例,男 28 例,女 22 例,平均年龄 59 ± 9 岁,上述两组诊断均符合全国第二次脑血管疾病会议修订的诊断标准,且均经颅脑 CT 或 MRI 证实。正常组 100 例,男 51 例,女 49 例,平均年龄 55 ± 5 岁,均系健康体检者,无心、肝、肾等疾病。

2 治疗及观察方法

两组病人均于发病早期未进行药物治疗前行 CVA 检测,然后治疗组给予四川升和制药有限公司生产的复方丹参注射液 30ml 加入 5% 葡萄糖 250ml 或生理盐水 50ml 中静脉滴注,每日 1 次,连用 14 天,同时根据病情适当给予甘露醇降颅压及降血糖、调整血压等药物治疗,未用抗凝、溶栓及扩张血管药物。对照组病

人除复方丹参以外,其它药物治疗均与治疗组相同。2 周后,重复进行 CVA 检测,使用仪器为上海仁和医疗设备公司研制的 CVALH-450 型检测仪,经用超声多普勒探头及压力探头,对两侧颈总动脉进行检查,测定能直接反映脑血管功能的定量指标,主要有最小血流速度(Vmin)、最小血流量(Qmin)、外周阻力(R)、特性阻抗(Zc)、管壁弹性波波速(W)、动态阻力(DR)、临界压力(CP)。并对检测结果进行了统计学处理,采用 u 检验方法。

3 结果

3.1 3 组治疗前 CVA 各项指标检测结果比较:表 1 示,治疗组与对照组 CVA 指标与正常组比较均有显著性差异($P < 0.05$ 或 $P < 0.01$),而治疗组与对照组之间比较 CVA 各项指标间差异无显著性($P > 0.05$)。

3.2 两组患者治疗前后 CVA 变化比较:表 2 示,经复方丹参治疗后,除 DR 无显著性差异外,其余 CVA 检测指标均较治疗前有显著性改善($P < 0.05$ 或 $P < 0.01$),而对照组患者,CVA 指标 Vmin、R、CP 较治疗前有显著性差异($P < 0.05$),但不如治疗组明显,Zc、W 较治疗前有所好转,但无统计学意义($P > 0.05$),两组治疗后 CVA 检测结果比较 Vmin、W 及 CP 有显著性差异($P < 0.05$ 或 $P < 0.01$)。

4 讨论

脑血管血液动力学异常在脑梗塞临床研究中愈来愈受到重视。CVA 检测可以帮助我们了解脑梗塞时脑血管功能变化的某些定量指标如血流量、血流速度、外周阻力及血管弹性等的改变,对脑梗塞的早期诊断、治疗效果监测及判断预后有重要意义。文献报道绝大多数脑梗塞患者的 CVA 参数均有改变,阳性率为 88.6%^[1],有人观察到病情越重,病程越短,CVA 变化越

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表 1 3 组治疗前 CVA 检测结果比较($\bar{X} \pm S$)

	治疗组(50 例)	对照组(50 例)	正常组(100 例)
Vmin	10.87±2.15**	10.30±2.01**	13.32±2.16
Qmin	3.91±1.82*	4.11±1.67	4.52±1.02
R	2021±328.9**	1958±286.7**	1395±236
Zc	488.9±123.4**	503.7±145.6**	273±58.0
W	21.91±4.25**	21.83±3.97**	16.5±3.56
DR	591.2±172.1**	552±136.4**	379.5±69
CP	7.76±1.85*	7.64±1.27*	7.15±1.32

与正常组比较, * $P < 0.05$, ** $P < 0.01$

表 2 两组患者治疗前后 CVA 变化比较($\bar{X} \pm S$)

	治疗组(50 例)		对照组(50 例)	
	治疗前	治疗后	治疗前	治疗后
Vmin	10.87±2.15	12.98±2.34***#	10.30±2.01	11.39±2.67*
Qmin	3.91±1.82	4.19±0.87*	4.11±1.67	4.68±1.12*
R	2021±328.9	1823±224**	1958±286.7	1846±203.4*
Zc	488.9±123.4	406.5±204.3*	503.7±145.6	474.2±198.7
W	21.91±4.25	19.17±3.15**	21.83±3.97	20.63±3.84
DR	591.2±172.1	547.3±196.4	552±136.4	510.8±186.5
CP	7.76±1.85	6.14±2.03***#	7.64±1.27	6.96±1.94*

与治疗前比较, * $P < 0.05$, ** $P < 0.01$; 与治疗前后对照组比较, # $P < 0.05$, ## $P < 0.01$

明显^[2], 本研究发现, 脑梗塞早期患者 CVA 指标均有异常, 可能与病情相对较重及检测时间早有关, 治疗组病例经过复方丹参治疗后, CVA 多数指标较治疗前明显改善, 尤其是脑血流速度, 管壁弹性波波速以及临界压力, 与对照组比较有显著性差异, 说明复方丹参在加快脑循环流速, 改善脑血管壁弹性及降低血液粘度方面有重要作用。临界压力是推动血液在脑血管内运动所需要的最小压力, 它的升高往往与血液粘度增高及颅内压升高等有关。复方丹参可以抑制血液凝固, 促进纤维蛋白元溶解, 使血细胞淤积改善, 从而降低血液粘稠度, 加快微循环流速, 并能促进机体对氧的利用^[3]。研究表明, 丹参可以抑制血管平滑肌细胞增殖和 DNA 合成, 能够抑制血管平滑肌从收缩表型向合成表型的转变, 从而抑制血管平滑肌的增生和胶原分泌, 使血管壁的胶原含量下降^[4], 因而丹参有防治动脉粥样硬化的作用。本研究中特性阻抗, 管壁弹性波波速是反映血管壁弹性的定量指标, 经治疗后此两项指标降低, 特别是治疗组管壁弹性波波速降低, 治疗后与对照组比较差异有显著性($P < 0.05$), 为用丹参防止动脉硬化从脑血

液动力学角度提供了一个有力的证据。

5 参考文献

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• 书 讯 •

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ABSTRACTS FROM ORIGINAL ARTICLES

Observation on Rate of Remission in 68 Cases of Acute Promyelocytic Leukemia Treated with All-trans-retinoic Acid Concerted with TCM Therapy

Han Xingzhe, Dong Zhe, Guo Shaoquan

TCM principle of cooling blood and supporting resistance as a concerted therapy with all-trans-retinoic acid were applied in our hospital from 1992-1997 for 68 cases of promyelocytic leukemia. The rate of remission was 94.1% (in 64 cases) with a duration of remission lasting 35-49 days. No obvious toxic and side effects and complications were observed. The duration of remission in the treatment group was obviously shorter and the remission rate was obviously higher than those of the group treated with alone. The side effect of increasing leukocytes of which can also be ameliorated by the treatment.

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Key words: Leukemia promyelocytic acute/TCM therapy

(Original article on page 535)

Clinical Observation on 30 Cases of Asthenic-yang Type Aplastic Anemia Treated Mainly with Bushen Compound

Qiu Zhongchuan, Chen Pei, Wang Yunlu, et al.

Thirty cases were treated. Of them, 2 were basically cure, 8 remitted, 14 remarkably ameliorated, 6 cases ineffective, the total effective rate being 80%. Changes in signs and symptoms revealed that the rate of amelioration was over 75%. After the therapy, the values of CD₃, CD₄, and CD₄/CD₈ were all markedly increased, CD₈ markedly lowered with significant statistic difference ($P < 0.05$), indicating that this method is an effective therapy for aplastic anemia.

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Key words: anemia aplastic/TCM therapy

(Original article on page 537)

Influence of Compound Salvia Injection on Cerebral Vascular Dynamics in Cerebral Infarction

Li Xiaohong, Guan Yuqing, Bing Shuli

50 cases of early cerebral infarction were treated with

compound salvia injection and their CVA were examined before and after the treatment and compared with the control group. Results showed the changes of CVA indices in patient with early cerebral infarction were significantly different as compared with the control group ($P < 0.05$ or $P < 0.01$). All indices but DR in the treatment group after the treatment were all significantly changed ($P < 0.05$ or $P < 0.01$). Comparison of the 2 groups after treatment showed that V_{min}, W, CP showed significant difference ($P < 0.05$ or $P < 0.01$). Conclusion: Early exam of CVA in cerebral infarction provide a basis for its diagnosis. This treatment accelerate the cerebral vascular circulation, improve the elasticity of vascular wall, and lower the blood viscosity.

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Key words: cerebral infarction/TCM therapy brain/blood injection of salviae/therapeutic action

(Original article on page 543)

Clinical Significance of Thrombo Molecular Markers in Blood-stasis Syndrome in Diabetes Mellitus

Shi Zhiyun, Shi Saizhu, Chen Jianqiu, et al.

By applying the thrombo pre molecular markers, including plasmal GMP-140, tPA, PAI-I, TAT, PAP, ET, their correlation with blood stasis type diabetes were explored. Results showed that, the diabetic with blood-stasis type revealed the activation of platelets, injury of endothelial cells, changes of fibrinolysin. Their plasmal GMP-140, TAT, PAP, ET were all higher than that of the control group, indicating that the activation of platelets, injury of endothelial cells, and changes in the balance of blood coagulation/fibrinolysis are likely to benefit the incidence of blood stasis. The pathophysiological mechanism in blood stasis type diabetes is related to the changes in platelet, endothelial cells, blood coagulation and fibrinolysis.

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Key words: Diabetes mellitus/diagnosis blood stasis/diagnosis@thrombo molecular markers

(Original article on page 554)