

临床研究

清心安神方治疗中老年冠心病室性早搏
107 例临床观察贾钰华¹ 孙学刚¹ 贾满盈² 崔志英¹ 李崇信²

摘要 根据中老年冠心病室性早搏以痰、热、瘀、虚并见为多的病理特点,确立清心安神为治疗原则,自拟中药复方清心安神方治疗中老年冠心病室性早搏 107 例,并与美西律加复方丹参片对照组比较。结果显示,清心安神组显效率 85.1%,总有效率 96.3%,疗效优于对照组。并有较好的降低血压、血脂和改善微循环、改善临床症状的作用。

主题词 心动过速,室性/中医药疗法 冠状动脉疾病/中医药疗法 @ 清心安神方

室性早搏在中老年冠心病中极为常见,我们在临床治疗观察中发现,痰、热、瘀、虚并见为中老年冠心病室性早搏的病机特点,四者互为因果、合而为患,扰乱心神而使心动惊悸不安。故确立清心安神为治疗原则,自拟中药复方清心安神方治疗中老年冠心病室性早搏。从 1993 年 1 月~1998 年 10 月,共收集资料完整者 164 例,报告如下。

1 临床资料

本病患者 164 例,均为第一军医大学附属南方医院心律失常专科门诊患者,按 1979 年全国中西医结合防治冠心病、心绞痛、心律失常研究座谈会修订的冠心病诊断标准^[1],并经 2 次以上平静心电图或者 24 小时动态心电图检查确诊,随机分为治疗组和对照组。治疗组 107 例,含频发室性早搏 105 例(其中伴并行心律和完全性右束支传导阻滞各 1 例,合并房性早搏 3 例)、偶发室性早搏 2 例。年龄 45~85 岁(61.04±8.34),男 58 例,女 49 例。其中冠心病 46 例(含心肌梗塞 2 例)、冠心病合并高脂血症 33 例(含可疑冠心病 4 例),冠心病合并高血压 17 例,冠心病合并高脂血症和高血压 11 例。中医辨证多属虚中挟实证。参照 1994 年国家中医药管理局颁发的《中医病证诊断疗效标准》进行辨证^[1],痰瘀互结 68 例(63.6%),气虚血瘀 21 例(19.6%),心虚胆怯 7 例(6.5%),阴虚火旺 11 例(10.3%)。对照组 57 例,含频发室性早搏 55 例、频发

室性早搏合并房性早搏 2 例。年龄 45~79 岁(59.9±8.4),男 19 例,女 8 例。其中冠心病 30 例、冠心病合并高脂血症 12 例(含可疑冠心病 2 例)、冠心病合并高血压 14 例、冠心病合并高脂血症和高血压 1 例。中医辨证属痰瘀互结 34 例(59.6%),气虚血瘀 11 例(19.3%),心虚胆怯 5 例(8.8%),阴虚火旺 7 例(12.3%)。

2 治疗及观察方法

2.1 治疗方法:治疗组给予清心安神方,每日 1 剂,水煎服。方剂组成:苦参、黄连、酸枣仁各 10~20g,茯苓、党参、灵芝、丹参、赤芍、瓜蒌各 10~15g,三七 3~6g。对照组,美西律片每次 100mg,复方丹参片每次 2~3 片,肌苷片每次 0.2g,1 日 3 次,温开水送服。服药期间忌辛辣食品,忌烈酒。以 30 日为 1 疗程。服药前 1 周起均停药其它抗心律失常药。满 1 疗程后复查心电图、总胆固醇(Tch)、甘油三酯(TG)、极低密度脂蛋白(VLDL-C)、低密度脂蛋白(LDL-C)、高密度脂蛋白(HDL-C)、血压及甲皱微循环,记录症状变化。

2.2 统计学处理:疗效比较采用 Ridit 分析,症状变化比较采用卡方检验,其它均采用 *t* 检验。

3 结果

3.1 疗效标准:参照 1979 年全国中西医结合防治冠心病、心绞痛、心律失常研究座谈会修订的标准而制订^[1]。疗效标准是:显效:用药后早搏消失;有效:用药后早搏次数较原有减少 50%以上或减轻 1 度者(即重度减为中度,或中度减为轻度);无效:用药后无变化;恶化:用药后发作次数较原有增加 50%以上。

表 1 两组总疗效比较

组别	例数	显效例(%)	有效例(%)	无效例(%)
治疗组	107	91(85.1)	12(11.2)	4(3.7)
对照组	57	31(54.4)	12(21.1)	14(24.5)

3.2 两组总疗效比较:治疗组显效率为 85.1%,总有效率为 96.3%,对照组分别为 54.4%、75.5%,两组比较差异有显著性($P<0.01$)。见表 1。

3.3 两组临床症状改善情况比较:从冠心病室性早搏

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表2 两组冠心病室性早搏患者治疗前后
主要症状改善情况比较

症 状	治疗组(107例)		对照组(57例)	
	治疗前	治疗后	治疗前	治疗后
胸闷胸痛	98	6	51	28
心 悸	59	13	49	27
头 晕	75	29	37	29
乏 力	73	32	37	31
恶 心	25	4	13	30
心 烦	71	4	37	30
失 眠	91	5	39	32
腹 胀	51	3	26	25
便 秘	52	3	27	22

患者常见的胸闷胸痛、心悸、心烦等症状的改善来看,也明显优于对照组。见表2。

3.4 两组治疗前后血脂、血压变化比较:表3示,治疗组 Tch、TG、LDL-C 值治疗后下降明显($P<0.01$),两组治疗后比较,治疗组 Tch 值明显低于对照组($P<0.05$)。治疗组与对照组治疗前后分别测血压 29 例与 15 例,结果治疗组治疗前后收缩压均值分别为 $22.67 \pm 1.29\text{kPa}$ 、 $20.37 \pm 0.54\text{kPa}$,舒张压分别为 $13.24 \pm 0.94\text{kPa}$ 、 $11.92 \pm 0.62\text{kPa}$;对照组治疗前后收缩压均值分别为 $21.49 \pm 1.66\text{kPa}$ 、 $21.21 \pm 1.70\text{kPa}$,舒张压分别为 $12.62 \pm 0.43\text{kPa}$ 、 $12.48 \pm 0.44\text{kPa}$ 。治疗组治疗前后收缩压、舒张压均值比较,差异有显著性($P<0.01$),治疗后两组间比较差异亦有显著性,治疗组降压作用明显优于对照组($P<0.05$)。

表3 两组患者治疗前后血脂变化比较(mmol/L , $\bar{x} \pm s$)

项 目	治疗组(44例)		对照组(13例)	
	治疗前	治疗后	治疗前	治疗后
Tch	6.38 ± 0.37	$6.07 \pm 0.40^{* \Delta}$	6.42 ± 0.38	6.38 ± 0.37
TG	2.20 ± 0.56	$1.95 \pm 0.31^{*}$	2.12 ± 0.26	2.09 ± 0.26
VLDL-C	1.89 ± 0.21	1.82 ± 0.25	1.85 ± 0.12	1.85 ± 0.12
LDL-C	3.93 ± 0.24	$3.66 \pm 0.23^{*}$	3.78 ± 0.51	3.84 ± 0.52
HDL-C	0.60 ± 0.19	0.63 ± 0.18	0.75 ± 0.16	0.74 ± 0.15

与治疗前比较, $*P<0.01$; 与治疗后对照组比较, $\Delta P<0.05$

3.5 对微循环的影响:对治疗组 56 例、对照组 24 例冠心病室性早搏患者进行甲皱微循环观测,按田牛积分法测其总积分分别为,治疗组治疗前 4.21 ± 0.78 ,治疗后 2.85 ± 0.69 ;对照组治疗前 4.00 ± 0.46 ,治疗后 3.56 ± 0.53 。两组治疗前后均有显著性差异($P<0.01$),两组治疗后比较差异亦有显著性($P<0.01$),表明清心安神方有较好的改善微循环作用。

4 讨论

冠心病属于中医“胸痹”“心痛”范畴,多因邪痹心

络、气血不畅所致,其证多为本虚标实。而室性早搏属于中医“心悸”范畴,多因心失所养或邪扰心神致心跳异常,有心虚胆怯、心脾两虚、阴虚火旺、心血瘀阻等诸证。从我们临床观察看,中老年冠心病室性早搏多具有虚实夹杂、寒热错杂、病程较长的病理特点。心血瘀阻、痰浊内阻可以相互影响而成痰瘀互结之证,这是冠心病室性早搏最常见的证型。在我们所观察的 164 例中,虚实夹杂、以实为主的(痰瘀互结、阴虚火旺)占 73.2%,以虚为主的(气虚血瘀、心虚胆怯)占 26.8%。且后者以 70 岁以上者为主。

痰瘀郁结久之可化热耗气,形成心虚胆怯、阴虚火旺诸证。而或缘于先天禀赋不足,或缘于外感内伤耗气损阴,气虚而导致血瘀、痰阻,阴亏而引起火热内生,扰乱心神,致使心动惊悸不安。故我们在治疗中老年冠心病室性早搏时抓住痰、热、瘀、虚四大病理特点,组成了清心安神的方药,方内以入心肝之经之苦参、黄连为主药,苦寒清热泻火宁心;以酸枣仁、茯苓、党参、灵芝为辅药,益气宁心安神;以丹参、三七、赤芍、瓜蒌为佐使药,祛瘀化痰。诸药合而共奏清心安神之功。上述临床治疗观察结果显示,治疗组的疗效明显高于对照组。并且能明显改善中老年冠心病室性早搏患者的胸闷胸痛、心悸、头晕、乏力、恶心、心烦、失眠、腹胀、便秘等临床症状,并能较好地降低血脂、血压和改善微循环。表明清心安神法能较好地对中老年冠心病室性早搏起到综合治疗作用。

清心安神方的主要药物为苦参、黄连、酸枣仁等。苦参中主含的苦参碱和氧化苦参碱具有中枢性抗心律失常的作用,而所含苦参总黄酮又能直接减慢心肌细胞的自发搏动频率。黄连中主含有小檗碱具有心脏正性肌力和负性频率作用,具有 α 肾上腺素能受体阻滞的作用^[2,3]。酸枣仁中主含有酸枣仁总皂甙(A 和 B)的心血管效应则是多方面的,已有实验证实其有抗心律失常和心肌缺血作用^[4]。我们进行了多项动物实验,也表明清心安神方对乌头碱、心肌缺血及再灌注诱发的大鼠快速性心律失常有较好的拮抗作用^[5]。其作用机理有待今后进一步加以研究。

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ABSTRACTS FROM ORIGINAL ARTICLES

Action of Acupuncture on Ventromedial Nucleus of Hypothalamus in the Rat of Obesity

Liu Zhucheng, Sun Fengmin, Su Jing, et al.

Effects of acupuncture on spontaneous discharges of nerve cells in ventromedial nucleus of hypothalamus (VNH) and levels of monoamine neurotransmitters in rats of obesity were observed. Results indicated that levels of tyrosine (Tyr) and dopamine (DA) were decreased, and the levels of 5-hydroxytryptamine (5-HT) and 5-hydroxyindole acetic acid (5-HIAA) increased in VNH; The frequency of spontaneous discharges of nerve cells in VNH lowered significantly in the obesity group as compared with those in the normal group; When acupuncture attained effect of weight reduction, the frequency of spontaneous discharges of nerve cells in the VMH increased obviously; the levels of Tyr, DA, tryptamine, and 5-HT/5-HIAA increased, and 5-HT level decreased in VMH tissue. It is suggested that the benign regulative action of acupuncture on VNH is possibly one of the crucial factors for acupuncture in reducing body weight.

Author's address: Nanjing University of TCM, Nanjing 210029

Key words: Hypothalamus/acupuncture effect, Obesity/acupuncture therapy

(Original article on page 25)

Clinical Observation on 107 Cases of Middle-Age and Old Patients of Coronary Heart Disease with Ventricular Premature Beat Treated by Qing Xin An Shen Prescription

Jia Yuhua, Sun Xuegang, Jia Manying, et al.

According to the pathological characteristics that simultaneous occurrence of phlegm, heat, blood stasis and deficiency are commonly seen in middle-age and old patients of coronary heart disease with ventricular premature beat, the principles of clearing away the heart-fire and tranquillizing were adopted, and 107 middle-age and old patients of coronary heart disease with ventricular premature beat were treated by self-formulated compound Qing Xin An Shen Prescription and the results were compared with that of the control group treated by mexitil plus compound Dan Shen Tablet. Results showed that the markedly effective rate was 85.1% and the total effective rate was 96.3% in the Qing Xin An Shen group, which were superior to those in the control group; And Qing Xin An Shen Prescription had better actions of reducing blood pressure, blood lipid and improving microcirculation and clinical symptoms.

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Key words: Tachycardia, ventricular/TCM therapy, Coronary

artery disease/TCM therapy, @Clearing away the heart-fire and tranquillizing method

(Original article on page 27)

Clinical and Experimental Studies on 180 Cases of Male Infertility Treated with Shou Wu Huan Jing Capsule

Zeng Jinxiang, Dai Xihu, Yang Jiahui, et al.

In order to further probe into the therapeutic effect and mechanisms of Shou Wu Huan Jing Capsule for treatment of male infertility, 180 patients were investigated. Results showed that the prescription had reliable therapeutic effect with no side-effect, and the effective rate was 93.89%. Effects of Shou Wu Huan Jing Capsule on human sperm moment velocity, index of vitality, capillary penetrativity test and sperm hypotonic expansion test were analysed for the application in improving the seminal quality of male infertility patients in culture of human sperm with extract of Shou Wu Huan Jing Capsule. The results revealed that it could promote motor ability and membrane function of sperm. Thus, it is of potential application value for treatment of male infertility and in auxiliary fertility technique as extrinsic additive.

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Key words: Infertility, Male/TCM therapy, @Shou Wu Huan Jing Capsule

(Original article on page 33)

Characteristics of Syndromes of Diabetic with Different Duration of Disease

Xu Zhengzheng

Preliminary analysis of TCM syndromes in the various groups indicated that pathogenic dampness (internal retention) Zheng was universal in the A group (who were just diagnosed with no treatment), B group (5-6 years after diagnosed without good control) and C group (over 10 years after diagnosed without good control). It is suggested that internal retention of pathogenic dampness is greatly related with protracted course of diabetes; Yin-deficiency in patients at early stage are universal; Blood stasis is commonly seen in the patient with over 10 years duration of illness and no good control. It is indicated that it is necessary in TCM treatment of diabetes to pay close attention to removing pathogenic dampness at any time, and to nourishing Yin and protecting Yin at the early stage, and to removing blood stasis for over 10 years duration of illness.

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Key words: Diabetes/Diagnosis, Syndrome

(Original article on page 44)