

中药配合尼群地平治疗高血压降压后综合征 44 例临床观察

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摘要 观察补气补血中药合尼群地平治疗高血压降压后综合征临床疗效。将 83 例高血压病患者分为治疗组和尼群地平对照组,治疗前后分别测定心功能、血糖、血清胰岛素定量,24 小时动态血压(ABPM)。并就临床主要症状按轻重评分累计判定,用以判定疗效与副反应,结果治疗组改善临床症状明显,累计积分较对照组差异有非常显著性($P < 0.01$);两组均能改善胰岛素抵抗;治疗组治疗后射血分数(EF)及舒张早期减速度(DC)显著提高($P < 0.01$ 或 $P < 0.05$),等容舒张时间(IRT)则显著降低;治疗组改善收缩压(SBP)负荷较对照组差异有非常显著性($P < 0.01$)。证明中药与尼群地平合用有防治、降压后综合征的作用,且无明显毒副作用。

主题词 高血压/中西医结合疗法 @ 降压后综合征

一部分高血压(EH)病人应用降压药后,虽然用药量不大,而且血压也在正常人上限,但病人即感头昏、头晕、疲乏无力等,我们称之为降压后综合征。自 1996 年开始,我们应用补气补血中药合尼群地平对 83 例 EH 患者进行治疗,并观察其疗效,现将结果报道如下。

1 临床资料

病例选择标准:诊断标准依据《1993 年 WHO/ISH 轻型高血压处理准则》^[1],基本心律为窦性,心率稳定在 60~100 次/分之间,停药降压药 2 周以上。将 83 例 EH 患者随机分成治疗组与对照组,治疗组 44 例,其中男 25 例,女 19 例,平均年龄 59.6 ± 9.3 岁,Ⅰ期 EH 5 例,Ⅱ期 EH 32 例,Ⅲ期 EH 7 例,其中合并高血压心脏病 10 例,冠心病 11 例,脑动脉硬化 10 例,糖尿病 4 例,治疗前基础血压 $167.8 \pm 20.7/101.4 \pm 11.6$ mmHg (1 mmHg = 0.133 kPa);对照组 39 例,其中男 19 例,女 20 例,平均年龄 59.15 ± 8.8 岁,Ⅰ期 EH 8 例,Ⅱ期 EH 28 例,Ⅲ期 EH 3 例,其中合并高血压心脏病 17 例,冠心病 8 例,脑动脉硬化 7 例,糖尿病 3 例,治前基础血压 $166.3 \pm 17.4/98.7 \pm 16.3$ mmHg,两组经齐同性检验具有可比性($P > 0.05$)。

2 治疗及观察方法

2.1 用药方法:治疗组用复降 1 号(由福建省人民医院药剂科加工,内含尼群地平加党参、黄芪、当归、白

芍、丹参、甘草等补气补血中药,每粒胶囊内含尼群地平 2mg 和常规用量中药)用量为 3~5 粒/次,3 次/日,疗程 1 个月;对照组用复降 2 号(由福建省人民医院药剂科加工)内含尼群地平 2mg/粒,用量为 3~5 粒/次,3 次/日,疗程为 1 个月。均内服。

2.2 观察方法:入选前停用降压药 2 周以上,停药期间服用安慰剂,每周随访 3 次(非同日),随访时测定坐位血压 2 次,取平均值,同时测心率,心律,以第 2 周 3 次随访时血压平均值作为治疗前基础血压。治疗开始后每周仍随访 3 次(非同日)以治疗开始后第 4 周第 3 次随访时血压平均值作为治疗后血压。用药前后分别观察两组的临床主要症状。两组患者各取 15 例以日本 Collin 公司的无创性便携式 ABPM-630 型监测仪进行监测。采用美国 Acuson-128XP 彩超根据 ISFC 和 WHO 推荐方法测定心脏收缩与舒张功能^[2]。采用美国 Acuson-128XP 彩超进行颈动脉超声检测。空腹血清胰岛素用放免法检测,血糖用美国 Backman 全能生化分析仪测定。胰岛素指数以空腹血糖和胰岛素定量乘积倒数计。

3 治疗结果

3.1 疗效判定标准:参照 1979 年全国心血管流行病学及人群防治座谈会制定的标准^[2]。

3.2 两组临床症状总积分比较:表 1 示,两组治疗前后症状积分均有显著改善,且治疗组治疗后积分较对照组有明显改善($P < 0.05$)。

表 1 两组临床症状总积分比较($\bar{x} \pm s$)

分 组	例 数	治 前	治 后
治疗组	44	12.3 ± 4.3	$3.6 \pm 2.1^{* \Delta}$
对照组	39	10.7 ± 5.2	$4.9 \pm 3.8^{*}$

与对照组比较, $\Delta P < 0.05$; 治疗前后比较, $* P < 0.01$

3.3 两组糖代谢改善情况比较:表 2 示,两组均能显著改善胰岛素指数,但组间差异不显著。

3.4 两组 24 小时动态血压(ABPM)监测结果比较:表 3 示,治疗组治疗后 24 小时、白天及夜间收缩压(SBP)水平显著降低,对照组白天 SBP 及舒张压(DBP)显著降低,但两组对比差异无显著性。治疗组 SBP 负荷下降较对照组明显($P < 0.01$)。

3.5 两组心功能变化情况比较:表 4 示,治疗后两组

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表 2 两组糖代谢指标变化比较($\bar{x} \pm s$)

项 目	对照组(39 例)		治疗组(44 例)	
	治 前	治 后	治 前	治 后
血糖(mmol/L)	5.94±1.72	5.63±0.6	5.67±1.49	5.37±0.65
胰岛素(mU/L)	26.56±1.59	17.99±9.52**	25.95±9.89	14.91±3.73**
胰岛素指数	0.0099±0.0079	0.0127±0.0067*	0.0092±0.0058	0.0147±0.0047**

治疗前后自身比较, * $P < 0.05$, ** $P < 0.01$

表 3 两组治疗后血压(mmHg)及负荷降低结果比较

分 组	例 数	24h 平均血压		白天平均血压		夜间平均血压		SBP 负荷(%)			DBP 负荷(%)		
		SBP	DBP	SBP	DBP	SBP	DBP	24h	白天	夜间	24h	白天	夜间
治疗组	15	8.7	4.8	8.4	5.7	10.3	5.3	22.7	20.6	31.7	17.6	18	20.7
对照组	15	7.8	6.9	9.3	5.9	6.2	3.4	9.9	10.3	11.3	17.6	21.2	10.9

表 4 两组治疗前后心功能变化比较($\bar{x} \pm s$)

项 目	对照组(21 例)		治疗组(23 例)	
	治 前	治 后	治 前	治 后
LVDS(cm)	3.83±0.67	3.6±0.5**	3.63±0.53	3.41±0.48**
EF(%)	62.82±8.8	66.39±10.02	63.11±8.64	68.91±8.85**
心肌收缩性	42.66±15.68	35.92±10.66*	43.39±22.81	34.99±11.7*
ESS(dyne/cm ²)	1589.59±1010.2	1305.8±751.3**	1356.4±808.5	1154.8±620.3**
1/3EF(%)	9.51±3.41	9.57±2.72	10.67±3.06	10.42±2.52*
DC(m/s ²)	384.26±89.55	394.8±132.8	390.4±59.59	429.2±59.4*
IRT(s)	0.1094±0.03	0.1065±0.03	0.1175±0.02	0.1104±0.01**

治疗前后自身比较, * $P < 0.05$, ** $P < 0.01$

表 5 两组患者治疗前后颈动脉、肱动脉彩超检测功能变化比较($\bar{x} \pm s$)

分 组		壁—腔比值	D 值	CD	S	前臂压迫试验(LX 秒)
治疗组	治前	0.2346±0.0002	0.688±0.0210	0.057±0.004	914.7042±24.002	0.2393±0.005
	治后	0.2214±0.0404	0.6914±0.0124	0.0624±0.0002	979.5±10.00	0.29±0.061*
对照组	治前	0.1639±0.01	0.7132±0.0984	0.1027±0.0001	926.92±180.00	0.2424±0.1288
	治后	0.1469±0.0001	0.6972±0.018	0.0769±0.0001	838.03±0.0001	0.2424±0.0104△

同组内治疗前后比较, * $P < 0.01$; 两组间比较, △ $P < 0.01$

病人的左室收缩末内径(LVDS)、心肌收缩性及左室收缩末期室壁应力(ESS)均有显著降低($P < 0.05$ 或 $P < 0.01$)。且治疗组治疗后射血分数(EF)及舒张早期减速度(DC)显著提高, 等容舒张时间(IRT)显著降低($P < 0.01$)。

3.6 治疗前后两组患者颈动脉彩超与肱动脉压迫试验变化比较: 表 5 示, 壁—腔比值, 血管直径(D 值), 每搏血管内径(CD)或血管僵硬(S)两组患者治疗前后或组间变化均不大, 仅肱动脉加压后放松瞬间血流量治疗组治疗后增加明显, 且与对照组对比差异有非常显著性($P < 0.01$)。

4 讨论

我们试用尼群地平与补气补血中药合用进行临床治疗, 收效明显。结果表明, 两组药物均可作用于胰岛素抵抗, 提高胰岛素敏感性, 改善糖代谢的异常, 心功能观察结果表明, 治疗组左心收缩功能、舒张功能得以提高。另从颈动脉、肱动脉彩超检测及前臂压迫试验看, 复降 1 号有提高松压后肱动脉瞬间血流量, 亦即提

示复降 1 号有扩张中、小血管, 改善微循环作用, 从实验指标上说明补气补血中药有防治降压后综合征的作用。该方以四君子汤加当归补血汤化裁, 与尼群地平合用, 达到既降压又改善微循环的效果, 使Ⅱ、Ⅲ期 EH 病人合并脏器血管硬化者, 不因降压而影响脏器血液循环, 尤其脑的血液循环, 其结果尚有待于研究。

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征文: 为了继续办好《中医杂志》“专题笔谈”栏, 欢迎广大作者、读者踊跃投稿。现预征 2000 年以后稿件, 具体药名如下: 徐长卿、马鞭草、豨莶草、苍耳草、土茯苓、黄药子、穿山甲、乌梅、补骨脂。以上药物请任选某味介绍, 要有别于教科书, 确为家传师授或有人在临床实践中积累的经验, 老药新用, 发前人所未发, 重点介绍个人独到的心得和体会。要求每药篇幅限千字以内, 各药独立成篇, 以便于分检归类。稿件择优录用, 恕不退稿。来稿请于 2000 年 4 月 30 日前寄至北京东直门内北新仓 18 号中医杂志编辑部 2 号编辑收, 邮编: 100700。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Studies on Chronic Obstructive Pulmonary Diseases Treated by Fufang Xiebai Capsule. Report of 36 cases

Xi Zhaoqing, Jiang Meng, Ju Wenzheng, et al

Thirty — six cases were treated with Fufang Xiebai (FX) capsule and compared with control group. There was significant difference ($P < 0.05$) in the amelioration of signs and symptoms such as coughing, asthma, and wheezing rales, the total effective rate being 91.7%. It also improved the ventilation of the lungs and lowered the pulmonary arterial pressure. Animal experiments revealed that FX increased the contents of plasma PGI_2 , inhibit TXA_2 in rats. When compared with the control group treated with nifedipine, it markedly improved the re-organization of pulmonary vessels and decreased the pathology of right heart hypertrophy, indicating that the methods of communicating Yang and eliminating Bi — syndrome yielded actions of antitussive and depressing cough, releasing spasm and eliminating asthma, and lowering pulmonary hypertension.

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Key words: pulmonary disease, obstructive/TCM therapy @ Fufang Xiebai capsule

(Original article on page 218)

Seventy — two Cases of Ankylosing Spondylitis Treated with Puduluo Capsule

Huang Guoping, Tian Changyan, Yan Ti, et al

Self — control method was adopted with a dosage of 2 — 4 capsule q. d. or b. i. d. for a course of 8 weeks. Results showed that 9 clinical indices of the 12 had obvious amelioration before and after treatment ($P < 0.01$), while the other 3 indices, viz. the occipital — parietal distance, digital — ground distance, schober test didn't have improvement before and after the treatment ($P > 0.05$). In the 12 lab indices, only platelets, ESR, γ — globulin, revealed statistical significance before and after the treatment ($P < 0.01$). 5 cases were clinically cured (6.94%), 31 (43.06%) markedly effective, 36 cases (50.0%) effective, the total effective rate being 100%. Experiments showed that Puduluo capsule in different dosages revealed very significant anti — inflammatory, analgesic actions in arthritis mice models, and, obviously inhibited the cellular immune function. It regulated biphasically the immunity in human body, lowered CD_4/CD_8 ratio. The analgesic and anti — inflammatory action was greater than that in the positive control group treated with indomethacin.

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Key words: spondylitis, ankylosing/TCM @ Puduluo capsule
(Original article on page 221)

Post — hypotensive Syndrome after Hypertension Treated by Nipendipine Concerted with Chinese Traditional Drugs. observation on 44 cases

Guan Dongmei, Lin Xiaozheng, Li Qiyu, et al

The clinical effect of nitrendipine on "post — hypotensive syndrome" concerted with Chinese medicines of invigorating — qi and nourishing blood was observed, with nitrendipine alone as control. The heart function, blood sugar, serum insulin, 24 — hour ABPM were estimated for evaluation of its effect and side — effects before and after treatment. Results showed that the treatment group had obvious improvement in symptoms and accumulated scores with very significant difference when compared with that of the control group ($P < 0.01$); insulin — resistance was improved in both groups. The treatment group had marked elevation of DC, EF ($P < 0.05$, $P < 0.01$ respectively). The SBP negative load in treatment group was very significantly different as compared with the control group ($P < 0.01$), demonstrating that the combined use of both drugs yielded action of prevention and treatment in post — hypotensive syndrome without obvious side effects.

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Key words: post — hypertension/treatment of integrated Chinese and western medicine hypotensive syndrome

(Original article on page 224)

Clinical Investigation on Rotaviral Enteritis Treated with Jixieting

Wei Lianbo, Luan Tu, Chen Baotian

One hundred eighty cases of human rotaviral (HRV) enteritis were assigned to 2 groups. The treatment group was administered Jixieting, while the control group Huangqin Huanglian Tang, with a course of 3 days. The relationship between TCM typing and the negative response of HRV antigen, serum Na^+ , fecal Na^+ , fecalose, and clinical cured rate were observed. The cured rate and effective rate in the treatment group and control group were 80.0%, 96.7% and 48.9%, 87.8% respectively. The results of treatment group was markedly superior to the control group ($P < 0.01$), the lowering of fecal Na^+ , fecalose, was markedly superior in the treatment group. For TCM typing, damp — heat type accounted for 78.3% of the total cases.

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Key words: rotavirus infection/TCM therapy enteritic/microbiology @ Jixieting

(Original article on page 226)