

黄芪保心汤治疗冠心病无症状性心肌缺血患者 24 例临床观察

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摘要 48 例冠心病无症状性心肌缺血患者随机分为 2 组。治疗组 24 例用自拟方黄芪保心汤治疗。对照组 24 例用西药硝酸异山梨酯(消心痛)治疗。结果:治疗组药后疗效及停药后 6 个月疗效明显优于对照组($P<0.01$);在减少 ST 段下降次数及缩短下降持续总时间方面,治疗组优于对照组($P<0.01$);神疲乏力、少气懒言、自汗、舌胖有齿印等中医四诊症状的疗效治疗组有效率为 90.34%,对照组为 43.8%($P<0.01$)。

主题词 冠状动脉疾病/中医药疗法 心肌缺血/中医药疗法

@ 黄芪保心汤

无症状性心肌缺血(SMI)在冠心病人群中十分常见,有资料统计约占冠心病总数的 2/3 以上^[1]。但由于存在心绞痛报警系统的缺陷而易被忽视,因此其预后可能比有症状性心肌缺血更差^[2]。近年来已引起国内外医学界的高度重视,成为冠心病研究的新领域。然对本病如何治疗迄今尚无明确认识^[3]。笔者根据其病机及临床特点,以益气化瘀蠲浊立法的自拟方黄芪保心汤治疗 24 例,与西药治疗 24 例作对照观察,取得一定疗效,现报告如下。

1 临床资料

1.1 病例选择:48 例冠心病患者诊断符合 WHO 标准,并排除束支传导阻滞、预激综合征、心室肥厚、心脏瓣膜病以及洋地黄、奎尼丁等药物所致 ST 段改变者。Holter 对无症状性心肌缺血的诊断标准参照美国专门委员会讨论后简化的“1×1×1 规则”(即 ST 段水平型或下垂型下降 $\geq 1\text{mm}$;持续 ≥ 1 分钟;两次缺血之间至少相隔 1 分钟);或 ST 段有缺血性改变,但病人可不感觉到心绞痛^[4]。

1.2 一般资料:48 例中男 32 例,女 16 例;年龄 41~69 岁,平均 51.3 岁。随机分为两组,单数入治疗组,双数入对照组。治疗组 24 例按中医辨证均属气虚证^[5]。根据 Cohn's(1988 年)分型标准:I 型 9 例;II 型 11 例;III 型 4 例。病程 3 月~5.4 年。对照组 24 例在分型、病程、中医辨证等方面与治疗组相比无明显差异($P>0.05$)。全部患者的肝功能、肾功能、血常规、血电解质均正常。

2 治疗及观察方法

治疗组用黄芪保心汤,生黄芪 50g,三七粉 4g(冲),水蛭粉 3g(冲),丹参 30g,白芥子 10g,制南星 6g,鹿角片 10g,山楂 15g,生蒲黄 15g。每日 1 剂,水煎 2 次兑匀,早晚分服。对照组以硝酸异山梨酯(消心痛)治疗,每次 10mg,每日 3 次,口服。在治疗前 2 周停用一切与本病有关的其他药物。每组药物治疗均以 3 个月为 1 个疗程。两组均在治疗前、治疗末及停药后 3 个月、6 个月时各做 Holter 观察统计。

3 治疗结果

3.1 疗效标准:鉴于国内尚无统一标准,参照国外疗效判定准则按以下标准判定疗效。显效:Holter 复查,缺血性 ST 段改变消失,动态心电图结果正常。有效:Holter 复查,心肌缺血频率减少 50%,或下降 ST 段回升 0.5mm 以上,但未达到正常者。无效:Holter 复查较治疗前无变化。恶化:治疗后发作频率反而增加,或 ST 段下降幅度加大。

3.2 统计学方法:所得数据作方差齐性检验后,再行配对资料 t 检验。

3.3 结果

3.3.1 两组动态心电图疗效比较:表 1 示,用药后治疗组总有效率为 87.5%,对照组为 58.33%;治疗组停药 6 个月总有效率为 79.17%,对照组为 41.67%。两组比较差异均有显著性($P<0.05$)。

3.3.2 两组药物对心肌缺血的影响:表 2 示,治疗期间两组 ST 段下降次数及下降持续总时间均有减少,然治疗组明显优于对照组。经统计学处理两组间差异有显著性($P<0.01$)。停药后 6 个月随访情况表明,治疗组疗效维持好,ST 段下降次数和下降持续总时间较治疗后增长不明显,对照组则反跳现象明显。经统计学处理差异有显著性($P<0.01$)。

3.3.3 中医四诊症状疗效:48 例患者有神疲乏力症状者 43 例,少气懒言者 21 例,自汗者 38 例,舌胖有齿印者 40 例,脉细者 39 例。其中治疗组对上述四诊症状的有效率为 90.34%,对照组有效率为 43.8%,两组差异有显著性($P<0.01$)。

4 讨论

无症状性心肌缺血是指在冠心病患者中,有短暂

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表 1 两组动态心电图疗效比较

分组	例数	显效 用药后	有效 停药 6 月	有效 用药后	有效 停药 6 月	无效 用药后	无效 停药 6 月	恶化 用药后	恶化 停药 6 月
治疗组	24	8	5	13	14	3	5	0	0
对照组	24	4	2	10	8	9	11	1	3

表 2 两组药物对 ST 段影响($\bar{x} \pm s$)

项 目	治 疗 组(24 例)			对 照 组(24 例)		
	治疗前	治疗后	停药 6 个月	治疗前	治疗后	停药 6 个月
ST 段下降次数	113.5 $\pm$ 1.5	20.4 $\pm$ 1.2*	27.6 $\pm$ 0.8*	109.7 $\pm$ 1.2	42.5 $\pm$ 1.7	63.5 $\pm$ 9.4
ST 段下降持续总时间(min/24h)	294.8 $\pm$ 45.5	51.7 $\pm$ 13.4*	68.6 $\pm$ 37.7*	279.3 $\pm$ 48.3	109.1 $\pm$ 25.5	156.9 $\pm$ 41.7

* 两组间比较, $P < 0.01$

的心肌灌注不足及电生理异常,而不伴有心绞痛或其他心肌缺血的临床表现。因患者早期无症状,不易发现,也不易预防与控制,故危险性明显高于有症状者,其危害性已引起高度重视。由于近年来动态心电图技术广泛应用于临床,使无症状性心肌缺血的冠心病患者检出率明显升高,为心肌梗塞的早期预防和治疗提供了可能。故而如何有效解决本病的治疗问题,无疑是十分重要的。

中医界通过多年来对冠心病的临床研究,认为本病主要病理为本虚标实。笔者经临床观察发现,本病患者虽无典型冠心病症状,但所观察患者都存在不同程度的神疲乏力、少气懒言、自汗、舌胖有齿印、脉细等气虚症状。中医学认为,气为血帅,气有推动血液运行的作用。据此认为,脏气虚衰,气血津液代谢紊乱,导致血瘀痰浊凝聚,血行不畅,心脉失养,是引发本病的病机。故以益气补虚,化瘀祛浊之品组合成标本兼治之黄芪保心汤治疗本病。

黄芪保心汤以黄芪益气为君,《医学衷中参西录》言其“善治胸中大气”,大气者,宗气也,主贯心脉,宗气盛则心脉流畅。辅以水蛭破瘀,三七逐瘀,丹参化瘀,蒲黄消瘀,山楂行瘀,诸药合用,能消血脉之瘀滞。白芥子利气豁痰,且“开导虽速,而不甚耗气”;南星燥湿化痰,

兼利胸膈,两药合力,蠲除脉中之痰浊。《本草经疏》曰鹿角“味咸气温,咸能入血软坚,温能通行散邪”,又为血肉有情峻补之品,佐诸药扶正驱邪。现代药理研究表明,黄芪、三七、丹参、山楂、蒲黄均有不同程度的加强心脏收缩,扩张冠状动脉,减少心肌耗氧量的作用。动物实验证明,黄芪保心汤具有明显缩小因左冠状动脉结扎所致心肌缺血损伤范围,保护血管内皮细胞及心肌细胞的作用,为临床治疗冠心病心肌缺血提供了实验依据。经临床观察,黄芪保心汤对 SMI 的疗效优于消心痛,且体现了中药无明显毒副作用的优点,值得临床进一步推广。

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供三十年之受用。可见阳常有余,阴常不足。”患者已越八八,年衰精竭而阴虚,阴虚而无气,阴虚而致瘀。肾主水,司二便,气化不力,血脉瘀滞,必致小便不利而癃闭。守上法酸甘化阴以补其真阴不足,佐赤芍、川断、乌药、木通等活血祛瘀、理气消结之品以通利小便。

4 体会

《医述·医学溯源》云:“治虚之要:凡阴虚多热者,最嫌辛燥,恐助阳邪也。尤忌苦寒,恐伐生气也。惟喜纯甘壮水之剂。”徐老认为施以甘味,是治虚之本,但难

见速效,若合以能收能固之酸味,可治其虚脱、滑遗之标,酸甘合用,标本兼治。方中以五味子、石莲子酸甘养阴生津、益肾固精为君,白芍、乌梅、诃子、五倍子补阴生津、收敛固涩为臣,白蒺藜、龙骨、牡蛎既能软坚散结,又可清消虚热而为佐,甘草缓急解毒,调和诸药。合之可用于阴虚所致之白淫、精浊、癃闭等病,症见尿涩黄、尿末滴白,遗精滑精、阳痿早泄、午后烦热、口干纳呆、失眠健忘、头昏乏力、腰酸脚弱、舌红苔少、脉细带数等,效果尚佳。但是,酸甘之品腻滞易敛邪,临证当详察虚实,明辨寒热,不可仅以一法而统治。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on Treatment 54 Cases of Chronic Uric-acid Nephropathy of Blood Stasis Type with Drugs for Purging Turbid, Resolving Dampness and Dispelling Phlegm

Wu Xinlin, Li Junbiao, Zhou Ying

A self-prescribed recipe of drug for purging turbid, Resolving Dampness and Dispelling Phlegm was employed in the treatment group (N=54) with combination of allopurinol, and compared its effect with that in the control group (N=36) only with allopurinol. The total effective rate in the treatment group (92.59%) was significantly higher ($P<0.01$) than that of the control group (63.89%). The levels of uric acid in the blood, urinary protein, microproteins after treatment demonstrated that renal function, lipid metabolism and hyperviscosity were also significantly improved ($P<0.01$). The authors concluded that this therapeutic principle is effective.

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Key words: nephropathy/TCM treatment retention of damp-turbid@ uric acid

(Original article on page 532)

Clinical Observation of 24 Cases of Coronary Disease with Asymptomatic Myocardial Ischemia Treated by Huang Qi Bao Xin Tang

Shang Yun

A self-prescribed Huang Qi Bao Xin Tang was used in the treatment group (N=24) and its effect was compared with the control group (N=24) in which isosorbide dinitrate was administered in cases of asymptomatic myocardial ischemia. The therapeutic effect of the treatment group was significantly better than that of the control after termination of the treatment and 6 months thereafter ($P<0.01$), including the number of decreased ST segment and its duration. The effective rate in the cardinal symptoms and signs in TCM, namely, lassitude, deficiency of qi and disinclination to talk, spontaneous perspiration and teeth-printed corpulent tongue was 90.34%, while in the control group, 43.8% only ($P<0.01$).

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Key words: coronary diseases/TCM treatment myocardial ischemia/TCM treatment @Huang Qi Bao Xin Tang

(Original article on page 538)

Treatment of 40 Cases of Hyperhyaluronemia due to Liver Cirrhosis by Combination of Drugs for Heat-reducing,

Purgation, Resolving and Tonification

Yang Hongzhi, Yang Yaowu, Shen Weisheng, et al.

Patients of liver cirrhosis with high blood hyaluronic acid level (>800 ng/L) and elevated NO content were enrolled to study the efficacy of treatment with a combination of drugs for heat-reducing, purgation, resolving and tonification for 6 months to 2 years. The symptoms and signs were markedly ameliorated: the level of GPT, GOT, globulin, albumin and bilirubin contents restored to normal level. In B-ultrasonographic examination, a decrease the width of the portal vein and the spleen was found in 50% of the patients. The authors concluded that the combined use of drugs for heat-reducing, purgation, resolving and tonification was effective in treating hyperhyaluronemia due to liver cirrhosis. The ingredient rhemannia root may play the key role in its actions of expelling toxic materials, normalizing the functions of the viscera and discharge of bile, and removing the stagnated heat.

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Key words: liver cirrhosis/TCM treatment hyaluronic acid/metabolism therapy

(Original article on page 543)

Correlation Study on ET, CGRP and NO Levels in Vascular Dementia of Blood Stasis Type

Cai Jing, Du Jian

Patients of vascular dementia (VD) without severe damage in cardinal organs were divided into group VD 1 (mild dementia) and VD 2 (severe dementia) according to the Kasagawa's dementia scale and compared their blood stasis score, endothelin (ET), calcitonin gene-related peptide (CGRP) and NO content with normal subjects. It was found that the blood stasis score and ET in VD were higher than that of the normal subjects and that in VD2 were higher than in VD 1 ($P<0.01$). In contrary, the content of CGRP and NO were significantly lower (all $P<0.01$). ET in VD was negatively correlated with CGRP and NO; while the CGRP is positively correlated with the NO ($P<0.01$). The blood stasis score was positively correlated with the ET, but negatively with the CGRP and NO ($P<0.01$). The authors concluded that the blood stasis in VD is of excess in superficiality and the imbalance in ET, CGRP and NO is an important factor in occurrence and development of VD.

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Key words: dementia, vascular/blood, blood stasis syndrome/blood

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