

中药防己黄芪胶囊配合西药治疗痰浊中阻型原发性高血压 34 例临床观察

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摘要 目的:探讨防己黄芪胶囊对痰浊中阻型原发性高血压病(EH)患者的血尿酸(BUA)及降压效果的影响。方法:痰浊中阻型高血压患者 61 例,分为治疗组(防己黄芪胶囊加络活喜)34 例和对照组(络活喜)27 例,治疗 6 周。监测血尿酸、降压效果及中医临床症状的改善。结果:治疗组与对照组比较,前者血尿酸水平有明显降低,动态血压的谷峰比值增高,中医临床症状积分显著降低,差异显著(P 均 <0.05)。结论:防己黄芪胶囊能有效改善痰浊中阻型 EH 患者的血尿酸代谢,确保平稳降压,并明显改善临床症状。

主题词 高血压/中医药疗法 @ 防己黄芪胶囊

近来发现原发性高血压病(EH)常伴有高尿酸血症^[1,2]。血尿酸(BUA)是嘌呤代谢产物,血管内皮细胞亦合成分泌血尿酸^[3],高尿酸血症(HUA)促进高血压病的发生发展。随着 EH 患者 HUA 的改善,心血管事件随之降低^[3]。我们应用防己黄芪胶囊配合络活喜治疗痰浊中阻型 EH 患者,现将结果报告如下。

1 临床资料

61 例痰浊中阻型 EH 患者,中医症见:眩晕头痛、头重如蒙,胸闷恶心,纳呆痰多,或神疲乏力,苔白腻,脉濡滑。所有患者均符合 ICD-Ⅲ 中关于 EH 和 HUA 的诊断标准,排除肾功能不全。将患者随机分为治疗组和对照组,治疗组 34 例,男 18 例,女 16 例;年龄 57.2 ± 8.2 岁, EH 病程 4.1 ± 1.2 年,平均血压水平 124.7 ± 11.3 mmHg。对照组 27 例,男 13 例,女 14 例;年龄 58.9 ± 7.9 岁; EH 病程 4.9 ± 1.7 年,平均血压水平 127.9 ± 12.4 mmHg。两组性别、年龄、病程和平均血压水平比较无统计学差异($P>0.05$)。

2 治疗及观察方法

治疗组:可用防己黄芪胶囊(防己、黄芪、白术、甘草组成),每次 3 粒,每日 3 次加络活喜(Amlodipine Beaylate,无锡华瑞制药生产),络活喜每日总量 5~10mg 口服;对照组:每日 3 次,每日络活喜 5~10mg 口服,两组均使用 6 周。所有患者根据血压变化情况可加用卡托普利,但不使用利尿剂、降低血尿酸的药物以及其他影响血尿酸代谢的药物。

观察项目:治疗前和治疗后均检查 BUA、24h 尿中尿酸(UUA)及动态血压,包括平均收缩压/平均舒张压(SBP/DBP)、平均血压、谷峰比值。记录两组药物的不良反应、肝功能和肾功能变化,以排除其毒副作用。

统计学方法:记数资料用 χ^2 检验,计量资料用 t 检验,参数相关性采用直线与回归相关分析。

3 治疗结果

3.1 中医症状疗效评定标准:显效:治疗后积分下降 ≥ 2 者。有效:治疗后积分下降在 1~2 之间者。无效:治疗后积分下降 <1 者。中医评分标准:0 分为无症状;1 分为稍有症状,程度轻微;2 分为经常有症状;3 分为明显症状,影响工作或生活质量。

3.2 两组中医临床症状疗效比较:两组治疗后中医症状积分值较治疗前差异均有显著性($P<0.01$)。治疗后组间比较差异亦有显著性,优于对照组($P<0.01$)。见表 1。治疗组治疗 2 周后症状渐趋缓解,治疗后舌苔 82% 趋于正常,而对照组仅有 43%,组间比较差异有显著性($P<0.05$)。

表 1 两组治疗前后中医症状积分比较($\bar{x} \pm s$)

症状	治疗组(34 例)		对照组(27 例)	
	治疗前	治疗后	治疗前	治疗后
眩晕头痛	2.0 ± 0.6	$1.0 \pm 0.3^{*} \#$	1.9 ± 0.8	$1.4 \pm 0.1^{*}$
头重如蒙	3.1 ± 1.3	$1.7 \pm 0.7^{*} \#$	3.3 ± 0.9	$2.0 \pm 0.4^{*}$
纳呆痰多	1.8 ± 0.4	$0.9 \pm 0.1^{*} \#$	1.9 ± 0.5	$1.4 \pm 0.3^{*}$
神疲乏力	2.3 ± 0.5	$1.1 \pm 0.4^{*} \#$	2.2 ± 0.6	$1.7 \pm 0.5^{*}$

与本组治疗前比较, * $P<0.01$; 治疗后组间比较, # $P<0.05$,

$P<0.01$

3.3 两组治疗前后 BUA 水平变化比较:治疗前后各组患者 BUA 水平的下降与 UUA 水平的变化无相关性($r=0.09$, $P>0.05$)。治疗后两组 BUA 水平均降低,与治疗前比较,差异有显著性($P<0.01$);治疗后组间比较,差异亦有显著性($P<0.01$),治疗组优于对照组。24h UUA 治疗组治疗后有明显降低($P<0.01$),对照组则不明显($P>0.05$)。见表 2。

3.4 两组降压效果比较:治疗中治疗组与对照组加用卡托普利分别为 8.9% 与 11.1%,无显著差异。治疗 6 周后,24h 动态血压监测示,治疗组平均 SBP/DBP 下降 13.1 ± 6.7 mmHg/ 9.9 ± 5.1 mmHg,平均血压水平

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表2 两组治疗前后 BUA 水平变化比较($\bar{x} \pm s$)

项 目	治疗组(34 例)		对照组(27 例)	
	治疗前	治疗后	治疗前	治疗后
BUA($\mu\text{mol/L}$)	540.6 $\pm$ 56.8	332.8 $\pm$ 31.4* [#]	523.6 $\pm$ 82.3	409.3 $\pm$ 36.6*
24h UUA($\mu\text{mol/L}$)	2313.8 $\pm$ 439.1	1863.7 $\pm$ 652.4*	2002.7 $\pm$ 452.4	1794 $\pm$ 502.1

与治疗前比较, * $P < 0.01$; 治疗后组间比较, $\# P < 0.01$

110 $\pm$ 20.1mmHg; 对照组平均 SBP/DBP 下降 11.4 $\pm$ 7.6mmHg/8.9 $\pm$ 6.6mmHg, 平均血压水平 160 $\pm$ 18.9mmHg, 两组比较差异均无显著性($P > 0.05$)。但谷峰比值分别 58.7%、31.3%, 治疗组优于对照组($P < 0.05$), 提示防己黄芪胶囊能促进平稳降压, 保证降压效果。

4 讨论

近年医学研究发现, HUA 常常发生在未治疗的无并发症的 EH 患者, 而与个人或家族痛风史无关^[4]。BUA 是循环中嘌呤代谢的终末产物, 在体内形成后, 经肾小球滤过, 90% 被肾小管重吸收, 在近曲肾小管远端或近曲小管又有 40%~44% 被吸收(分泌后再吸收), 最终仅有 6%~12% 滤过的尿酸随尿液排泄出体外。EH 患者的 BUA 水平往往高于血压正常者, 10.4%~27.3% 的 EH 患者伴有 HUA。另有报道^[5], 男性 BUA 水平提高 3mg/dl, 发展轻度高血压的可能性为 87%。HUA 促进 EH 的发生发展。如果患者 HUA 和 EH 同时存在, 发生冠心病或心血管事件的危险性是正常血尿酸伴高血压患者的 3~5 倍^[6]应引起临床工作者的重视。

血管内皮细胞是体内活跃的内分泌器官, 合成释放血管舒张因子和收缩活性物质, 也是人体心血管系统产生血尿酸的主要部位之一^[1]。EH 引起大血管病变, 造成微血管损害, 损伤血管内皮细胞, 可伴随有血尿酸合成分泌增加。尿酸盐结晶可在血管壁内膜沉积, 诱发、加重动脉粥样硬化^[7~9]。

尿酸盐是炎性物质, 激活淋巴细胞和补体, 进一步加重内皮细胞受损; 激活内皮细胞功能, 合成与释放缩血管物质增加, 与之拮抗的血管舒张因子减少, 血管平滑肌强烈收缩。防己黄芪胶囊联合络活喜治疗痰浊中阻型 EH, 能显著改善血尿酸的代谢。将临床结果进一步分析发现, 虽然治疗后血尿酸水平降低, 但 24 小时尿尿酸浓度无显著性降低, 尿酸的排泄量并未增加, 提示治疗组患者治疗后血尿酸水平下降与 24 小时尿尿酸水平的变化不存在相关性。这与 Favved 等^[7]报道不同, 他们认为, ACE-I 药物降低 EH 患者 HUA 水平, 在于 ACE-I 改善肾功能, 抑制肾小管对尿酸的重吸收。防己黄芪胶囊调节血尿酸机制尚不明确, 推测

可能是防己黄芪胶囊健脾益气、利水祛湿改善痰浊中阻型 EH 患者血管内皮细胞功能, 使受损的内皮细胞恢复, 从而血尿酸合成分泌减少。

研究发现, 痰浊证型的代谢特征有血脂、纤维蛋白原、血尿酸等升高和胰岛素抵抗。痰浊中阻是 EH 的常见证型之一^[10], 其病机为年老气虚或饮食失调, 脾失健运, 聚湿生痰, 痰浊中阻, 则清阳不升、浊阴不降, 引起眩晕、头重等症。防己黄芪汤出自《金匱要略》, 主治表虚不固之风水、风湿, 其中黄芪、白术、甘草健运中气, 防己、白术渗湿利水。四药合用, 共奏益气健脾、利水祛湿之效。本院将其制成防己黄芪胶囊用来治疗高血压。本研究的观察结果显示, 防己黄芪胶囊能有效改善痰浊中阻型高血压患者的临床症状, 治疗效果显著优于单纯服用络活喜降压治疗。有趣的是 24 小时动态血压监测提示, 治疗组与对照组比较, 虽然降压幅度相似, 无统计学差别, 但前者能明显提高动态血压的谷峰比值, 从而确保平稳降压。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical observation on treatment of 34 cases of primary hypertension of type of stagnation of phlegm with Fang Ji Huang Qi Capsules combined with western drug

Xiao Yan, Wen Wangxiu, Cheng Kanglin, et al.

Objective: To investigate effects of Fang Ji Huang Qi Capsules on the level of blood uric acid and blood pressure in the patient of primary hypertension of type of stagnation of phlegm.

Methods: 61 patients were divided into the treatment group (34 cases) treated with Fang Ji Huang Qi Capsules plus Norvasc and the control group (27 cases) treated with Norvasc. They were treated for 6 weeks and blood uric acid level, dynamic blood pressure and TCM clinical symptoms were observed. **Results:** The blood uric acid level decreased significantly, the valley to peak ratio of dynamic blood pressure increased and cumulative score of TCM clinical symptoms decreased significantly in the treatment group as compared with the control group ($P < 0.05$). **Conclusion:** Fang Ji Huang Qi Capsules can effectively improve blood uric acid level, decrease blood pressure and improve clinical symptoms for the patient of primary hypertension of the type of stagnation of phlegm.

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Key words: Hypertension/TCM therapy, @Fang Ji Huang Qi Capsules

(Original article on page 271)

Clinical study on modified Wei Er Fang for treatment of 30 cases of gastric precancerous lesion

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For observation on clinical therapeutic effect of modified Wei Er Fang on gastric precancerous lesion (GPL), 90 cases of GPL were divided into 3 groups, the treatment group treated with modified Wei Er Fang, the control group I treated with Wei Fu Chuan and the control group II with Bismuth subcitrate, 30 cases each group. Results indicated that the total effective rate for clinical symptoms was 96.67% in the treatment group which was significant different from 60.00% in the control group I ($P < 0.05$). There was no significant difference among the 3 groups in pathological therapeutic effect of gastroscopy ($P > 0.05$), but the therapeutic effect on heterotypic proliferation in the treatment group was superior to those in the two control groups. It is showed that modified Wei Er Fang has a better action of reversing gastric precancerous lesion.

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Key words: Gastric tumor/TCM therapy, precancerous state, / TCM therapy. @Wei Er Fang

(Original article on page 275)

Clinical study on changes of blood LPO, SOD, GSH — Px and $\text{Na}^+ - \text{K}^+ - \text{ATPase}$ in red blood cell membrane in the patient of blood — heat syndrome

Fang Bangjiang, Zhou Shuang, Chen Ruquan

In order to study on pathological essence of blood — heat syndrome and changes of anti — oxidation system of the organism with blood — heat syndrome, blood LPO content, SOD and GSH — Px activities and activity of $\text{Na}^+ - \text{K}^+ - \text{ATPase}$ in red blood cell membrane in 30 cases of blood — heat syndrome were observed and the normal group were used as control. Results indicated that LPO content increased very significantly ($P < 0.01$), SOD and GSH — Px and $\text{Na}^+ - \text{K}^+ - \text{ATPase}$ activities decreased significantly ($P < 0.05$) in the patient of blood — heat syndrome. It is suggested that defense function of the antioxidation system decreases and lipid peroxidation strengthens in blood — heat syndrome.

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Key words: Blood heat/zymology

(Original article on page 287)

Research on the relation between kidney deficiency senility and oxidized injury of mitochondrial DNA

Wang Xuemei, Fu Hong, Liu Gengxin

The relation between mitochondrial DNA (mtDNA) deletions, respiratory chain complex enzymes and kidney deficiency syndrome in the senility was studied by using polymerase chain reaction (PCR) and enzyme kinetic technique. Results indicated that the mtDNA deletion increased significantly and the activities of mitochondrial respiratory chain complex enzyme I, IV in the senile kidney deficiency group decreased significantly as compared with the youth group and the senile control group. Wu Zi Yan Zong Pill, a prescription for tonifying the kidney, could reduce the mtDNA deletion and raise the activities of mitochondrial respiratory chain complex enzyme I, IV in the senile kidney deficiency group. It is suggested that the oxidized injury of mtDNA can be regarded as one of the important reasons in kidney deficiency syndrome.

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Key words: Kidney — deficiency syndrome/genetics, mitochondrial DNA/genetics

(Original article on page 294)