

临床研究

心宁汤配合黄芪注射液治疗病毒性心肌炎 30 例临床观察

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摘要 目的:探讨心宁汤配合黄芪注射液治疗病毒性心肌炎的临床疗效。方法:将 60 例入选病例按随机原则分为治疗组与对照组,每组各 30 例,分别给予心宁汤合黄芪注射液、常规西药治疗,并观察其主要症状、体征、心肌酶谱及心电图的改变。结果:治疗组对主要症状、体征、心肌酶谱及心电图的改善均明显优于对照组($P < 0.05$ 或 $P < 0.01$)。结论:心宁汤配合黄芪注射液治疗病毒性心肌炎具有较好的疗效。

主题词 病毒性疾病/中医药疗法 心肌炎/中医药疗法 黄芪注射液/治疗应用

近年来病毒性心肌炎的发病有增高趋势,并且有不少患者在患病后出现后遗症心律失常。而目前临床上尚未有公认的有效治疗药物。我科自 1999 年 3 月~2001 年 9 月用自拟心宁汤配合黄芪注射液治疗病毒性心肌炎患者 30 例,取得较好疗效,现将临床结果报告如下。

1 临床资料

60 例患者均系我院内科门诊和住院病人,均符合 1992 年 2 月卫生部制订的《病种质量控制标准》中病毒性心肌炎的诊断标准^[1]。并除外甲状腺机能亢进、风湿病、中毒等因素引起的心肌炎。按随机原则分为治疗组和对照组。治疗组 30 例,男 14 例,女 16 例;年龄 16~45 岁,平均 28.7 ± 3.9 岁;病程 3~12 天,平均 7.0 ± 1.8 天;其中发病前有上呼吸道感染史者 21 例,有腹泻症状者 5 例,无明显诱因者 4 例;心电图(ECG)检查均有不同程度的异常,其中 I 度房室传导阻滞 10 例,频发房性早搏 6 例,2 个以上导联 S-T 段呈水平型下移 $\geq 0.05\text{mV}$ 6 例,2 个以上以 R 波为主导联 T 波倒置、平坦 4 例,室性早搏 21 例。对照组 30 例,男 13 例,女 17 例;年龄 16~48 岁,平均 19.1 ± 4.2 岁;病程 3~12 天,平均 6.8 ± 1.9 天;其中发病前有上呼吸道感染史者 20 例,有腹泻症状者 5 例,无明显诱因者 5 例;ECG 检查均有不同程度的心电图异常,其中 I 度房室传导阻滞 9 例,频发房性早搏 6 例,2 个以上导联 S-T 段呈水平型下移 $\geq 0.05\text{mV}$ 7 例,2 个以上以 R 波

为主导联 T 波倒置、平坦 5 例,室性早搏 20 例。两组间一般资料分布经统计学检验无显著性差异($P > 0.05$),具有可比性。

2 治疗及观察方法

2.1 治疗方法

治疗组:口服中药心宁汤。处方:生黄芪 30g,黄连 5g,天花粉 10g,丹参 20g,川芎 10g,连翘 10g,生地黄 15g,赤芍 10g。热毒炽盛者加板蓝根 30g,玄参 30g,金银花 10g;气阴两虚者加太子参 15g,麦冬 10g;气滞血瘀者加牡丹皮 10g,桃仁 10g。水煎服,每日 1 剂,分 2 次服。配合黄芪注射液(成都地奥制药集团公司产品,批号 0107091)40ml 加入到 5%葡萄糖溶液 300ml 中静脉滴注,每日 1 次。

对照组:常规应用西药治疗,静脉滴注能量合剂(10%葡萄糖溶液 500ml、辅酶 A 100U,三磷酸腺苷 20mg,肌苷 0.4g,维生素 C 3.0g),每日 1 次。美西律(上海九福药业公司产品,批号 000701)0.1g,口服,每日 3 次。辅酶 Q10 20mg,口服,每日 3 次。

两组患者治疗期间均卧床休息,合并感染者予氨苄青霉素静脉滴注,病情严重者加用糖皮质激素。均以 4 周为 1 个疗程,1 个疗程后判定疗效。

2.2 观察指标:观察治疗前后的主要症状、体征、心肌酶谱及心电图的改变。

2.3 统计学分析:计数资料用 χ^2 检验或 Ridit 分析,计量资料用 t 检验。

3 治疗结果

3.1 疗效判断标准:参照《新药(中药)治疗病毒性心肌炎临床研究指导原则》^[2]制定。临床治愈:临床症状、体征消失,心电图、实验室检查恢复正常;显效:临床症状、体征基本消失,心电图、实验室检查基本恢复正常;有效:临床症状、体征有所改善,心电图、实验室检查各

表 1 两组主要症状及体征消失情况(例)

组别	例数	胸闷	胸痛	心悸	乏力	早搏
治疗组	治疗前	30	25	30	29	27
	治疗后	30	3	1	8	4
对照组	治疗前	30	27	30	25	26
	治疗后	30	10	12	11	10

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表2 两组治疗前后 CPK、AST 及 LDH 比较(U/L, $\bar{x} \pm s$)

组别		例数	CPK	AST	LDH
治疗组	治疗前	30	201.83±53.57	56.22±19.28	219.50±78.35
	治疗后	30	172.48±30.39 *	44.94±13.26 *	175.83±45.52 *
对照组	治疗前	30	205.72±56.21	55.18±19.54	218.44±75.63
	治疗后	30	191.43±38.09	52.67±14.20	201.27±48.71

与本组治疗前比较 * $P < 0.05$

项指标有一定改善;无效:临床症状、体征及心电图、实验室检查均无改善。

3.2 两组临床疗效比较:治疗组临床治愈 19 例,显效 6 例,有效 3 例,无效 2 例,总有效率为 93.33%;对照组临床治愈 12 例,显效 5 例,有效 6 例,无效 7 例,总有效率为 76.67%,两组组间比较,差异具有显著性($P < 0.05$)。

3.3 两组主要症状及体征改善情况比较:表 1 示,治疗组主要症状及体征改善情况明显优于对照组,尤以胸闷、胸痛、心悸的消失率更为显著($P < 0.05$ 或 $P < 0.01$)。提示心宁汤配合黄芪注射液治疗病毒性心肌炎,对症状及体征的改善优于常规西药治疗。

3.4 两组治疗前后心肌酶谱比较:表 2 示,治疗组治疗后血清肌酸磷酸激酶(CPK)、天冬氨酸转氨酶(AST)及血清乳酸脱氢酶(LDH)较治疗前明显降低($P < 0.05$);而对照组 CPK、AST 及 LDH 治疗前后比较差异均无显著性($P > 0.05$)。

3.5 两组治疗前后心电图比较:治疗组心电图完全恢复正常 26 例,占 86.67%,对照组心电图完全恢复正常 17 例,占 56.67%。两组相比,差异具有非常显著性($P < 0.01$)。

4 讨论

病毒性心肌炎是感染性心肌疾病中最主要的一种疾病,相当于中医的“心痹”、“心悸”等,其发病与病毒的溶细胞作用及机体的自身免疫有关,目前尚无针对性的有效治疗药物,主要是通过对症处理、控制症状、

营养心肌等来促进病情的好转。

中医学认为,病毒性心肌炎系由于热毒之邪侵袭入里,蕴结于心,耗气伤阴,甚至毒邪与气血相搏结,气滞血瘀所致。因此,治疗宜清热解毒,佐以益气养阴、活血化瘀。笔者根据中医学的基础理论和多年来的临床经验,组方心宁汤,用于病毒性心肌炎的治疗,结果疗效较好。全方由生黄芪、黄连、天花粉等药物组成,方中黄连、天花粉、连翘清热解毒,生黄芪、生地黄益气养阴,丹参、川芎、赤芍行气活血,生地黄、赤芍兼清热凉血之功,诸药配伍,切中其病因病机,共奏清热解毒,益气养阴,行气活血之功;因此临床应用取得了可靠的疗效。

现代药理研究证明^[3],黄芪对病毒性心肌炎所致病变有明显保护作用,能增强心肌的抗病毒能力。川芎、丹参具有改善微循环、增强心肌供血供氧的作用,从而有利于清除患者局部毒性代谢产物和增强心肌的抗病毒功能。因此,心宁汤配合黄芪注射液治疗病毒性心肌炎可能系通过提高免疫功能、抗病毒、改善微循环而达到促进损伤心肌细胞恢复的目的,其作用机理尚有待于进一步研究。

参考文献

- 1 中华人民共和国卫生部. 病种质量控制标准. 北京:人民卫生出版社, 1992:82.
- 2 王净净,龙俊杰. 中医临床病证诊断疗效标准. 长沙:湖南科学技术出版社,1993:328.
- 3 夏运岳. 黄芪的心血管药理与临床研究进展. 中草药,1996,27:246-247.

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痰浊上蒙。药用:天麻 10g,白蒺藜 15g,葛根 15g,法半夏 10g,炒苍术 10g,茯苓 10g,泽泻 10g,枸杞子 10g,功劳叶 10g,桑寄生 15g,楮实子 10g,菟丝子 10g,14 剂。

二诊:头昏减轻,但头脑不清,仍站立不稳,乏力,苔薄腻,脉细涩。辨证为气虚血瘀,痰浊上蒙,清阳不展。药用:生黄芪 15g,当归 10g,制黄精 12g,炙甘草 3g,僵蚕 10g,楮实子 10g,枸杞子 10g,葛根 15g,桑寄生 15g,炒杜仲 10g,天麻 10g,沙苑子 10g,白蒺藜

10g,28 剂。

三诊:患者头昏减轻,站立时有坐舟车感,腰酸腿软,尿频,苔薄黄腻,质暗红,脉细。辨证为肝肾不足,下虚高摇,风痰上扰。药用:天麻 10g,白蒺藜 12g,葛根 15g,法半夏 10g,炒苍术、白术各 10g,茯苓 10g,泽泻 10g,枸杞子 10g,楮实子 10g,桑寄生 15g,菟丝子 15g,续断 15g,狗脊 15g,14 剂。

四诊:患者诸症明显减轻,继以平补肝肾、化痰熄风活血之剂间断调养,病情缓解平稳。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on 50 Cases of Acute and Chronic Bronchitis Treated with Ke Chuan Tu Mo Ji

Liao Jun, Tang Yunhua, Liao Jie, et al.

Purpose: To observe clinical therapeutic effect of Ke Chuan Tu Mo Ji on acute and chronic bronchitis. **Methods:** The patients of acute and chronic bronchitis were randomly divided into treatment group, Chinese patent medicine control group and western medicine control group, and they were treated respectively. **Results:** The total effective rate was 98.00% in the treatment group, 85.11% in the Chinese patent medicine group and 98.04% in the western medicine control group. There was no significant difference between the treatment group and the western medicine control group in the cured rate, the markedly effective rate and the total effective rate ($P > 0.05$), but there was a significant difference between the treatment group and the Chinese patent medicine control group ($P < 0.01$). **Conclusion:** Ke Chuan Tu Mo Ji has a better therapeutic effect on acute and chronic bronchitis, which is better than that of commonly-used Chinese patent medicine, and similar to that of commonly-used western medicine with less side-effects.

Authors' address: Chengdu University of TCM, Chengdu 610075

Key words: Bronchitis/TCM therapy, @Ke Chuan Tu Mo Ji
(Original article on page 584)

Clinical observation on treatment of 30 cases of viral myocarditis by Xin Ning Decoction combined with Huang Qi Injectio

Zhou Jing

Purpose: To approach the clinical therapeutic effect of Xin Ning Decoction combined with Huang Qi Injectio on viral myocarditis. **Methods:** 60 cases of viral myocarditis were randomly divided into treatment group and control group, 30 cases in each group. They were treated by Xin Ning Decoction combined with Huang Qi injectio and routine western medicine respectively, and changes of their main symptoms and signs, myocardiac enzymogram and electrocardiogram (ECG) were investigated. **Results:** The treatment group in improvement of main symptoms, signs, myocardiac enzymogram and ECG was significantly superior to the control group ($P < 0.05$ or $P < 0.01$). **Conclusion:** Xin Ning Decoction combined with Huang Qi Injectio has a better therapeutic effect on viral myocarditis.

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Key words: Viral diseases/TCM therapy, myocarditis/TCM therapy, Huang Qi Injectio/treatment application

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Clinical observation on 40 cases of primary glomerular hematuria treated with Xue Niao Tai

Wei Lianbo, Ma Zhigang, Luan Tu, et al.

Purpose: To explore clinical therapeutic effect of Xue Niao Tai on primary glomerular hematuria. **Methods:** 80 cases of primary glomerular hematuria were randomly divided into the treatment group treated with Xue Nao Tai, and the control group treated with Mai Shi Bao, acertil, vitamine E and persantine. Both the treatments were given for 6 months and clinical therapeutic results were assessed. **Results:** The clinically cured rate and the effective rate were 72.5% and 97.5% in the treatment group, and 0 and 37.5% in the control group, respectively, with significant differences between the two groups in both the clinically cured rate and the effective rate ($P < 0.01$). **Conclusion:** Xue Niao Tai is an effective drug for treatment of primary glomerular hematuria.

Authors' address: Nanfang Hospital of The First Military Medical University, Guangzhou 510515

Key words: Glomerular nephritis/TCM therapy, hematuria/TCM therapy, @Xue Niao Tai

(Original article on page 599)

Observation on therapeutic effect of arsenous acid injectio combined with Ke Liu Yin in 25 cases of superficial lymph node metastatic tumor

Jin Shuwen, Zhang Yonghong

Purpose: To explore treatment methods of Chinese drugs for superficial solid tumor. **Methods:** In the treatment group (25 cases), Chinese drug preparation arsenous acid (As_2O_3) was warmed to 50°C and then injected, and at the same time Ke Liu Yin was administrated. The control group (25 cases) were treated by intervenous injection isophosphamide, fluorouracil and mitomycin. Three months later, the therapeutic effects were observed and assessed. **Results:** The complete remission rate, the partial remission rate and the total effective rate were 16%, 76% and 92% in the treatment group, and 4%, 56% and 60% in the control group, respectively, the treatment group being superior to the control group ($P < 0.01$). **Conclusion:** Arsenous acid injectio combined with Ke Liu Yin has obvious therapeutic effect on superficial lymph node metastatic tumor with a little side-effects.

Authors' address: Yancheng Municipal Fourth People's Hospital, Jiangsu Province 224003

Key words: Tumor/integrated TCM and WM therapy, lymphatic metastasis/integrated TCM and WM therapy, @Ke Liu Yin

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