

重镇安神法为主治疗心房纤颤 42 例

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摘要 在辨证论治的基础上重用重镇安神法治疗各种原因引起的心房纤颤 42 例,结果心电图恢复正常,临床症状消失评为显效者 6 例,总有效率 93%。

主题词 心房纤颤/中医药疗法 @ 重镇安神法

笔者师从李介鸣老先生,善于在辨证论治的基础上,以经方化裁,重用重镇安神之法,治疗心房纤颤,效果良好,现介绍临床 42 例的观察情况于后。

1 临床资料

本组病例为我院过去 10 年间中医病房收治的心房纤颤患者,共 42 例。年龄在 40~60 岁,平均年龄 54 岁。其中男性 21 例,女性 21 例。心房纤颤发作病史,最短半个月,最长 20 年,其中 1 年以下 5 例,1~2 年 10 例,2~3 年 5 例,3~5 年 3 例,5~10 年 15 例,10 年以上 4 例。44 例心房纤颤患者中,有病因诊断者 31 例(其中冠心病 5 例,风湿性心脏病 19 例,心肌病 2 例,高血压动脉硬化性心脏病 4 例,病态窦房结综合征 1 例),无病因诊断者 11 例。

本组患者均符合如下诊断标准。心率 100~140 次/分,心律绝对不齐,心音强弱不等;心电图检查示,P 波消失,代之以大小不等、形态不一的颤动波,R—R 间隔不等。

2 治疗方法

非病因诊断的心房纤颤,临床症状以心悸不安为主,治以宁心重镇。此类患者为中老年阵发性心房纤颤,其主要症状为心悸,常伴有难眠易醒、寐少梦多、恍惚不安等心神不宁症状。药用生龙牡各 24g(先入),紫石英、紫贝齿各 18g(先入),琥珀末 3g(分冲),朱砂末 1g(分冲),炒枣仁 12g,当归 18g,柏子仁 20g,首乌藤 24g,

远志 12g,合欢皮 20g,炙百合 20g,丹参 15g,鸡血藤 24g。

有病因诊断的应以辨证为主,如风心病患者,临床多以心悸阵作、气短、活动后尤甚、尿少、下肢肿、口干舌红为主症,辨证多为心气阴两虚,法当益气养阴,兼以利水,方用生脉散、炙甘草汤、桂枝龙骨牡蛎汤、葶苈大枣泻肺汤、五苓散加减化裁。常用药:炙黄芪 20g,沙参 18g,麦冬 10g,五味子 10g,玉竹 15g,葶苈子 12g,猪茯苓各 30g,车前子 30g,冬瓜子皮各 20g,桂枝 10g,当归 18g,仙鹤草 18g,地锦草 15g,琥珀粉 2g(临睡前服)。高血压动脉硬化性心脏病所致心房纤颤,临床辨证多为肝肾阴虚,肝阳上亢,法当滋补肝肾,平肝潜阳。药用:桑寄生 24g,枸杞子 12g,制首乌 12g,当归 18g,黄芩 12g,夏枯草 30g,菊花 10g,灵磁石 20g(先下),生龙牡各 24g(先下),珍珠母 30g(先下)。冠心病所致的心房纤颤,临床辨证多为心气虚,脉络瘀阻,法当益气和络。药用:炙黄芪 20g,沙参 18g,麦冬 10g,五味子 10g,赤白芍各 15g,丹参 18g,鸡血藤 24g,煅龙牡各 24g(先下),紫石英、紫贝齿各 18g(先下),当归 18g,檀香 10g,川楝子 12g,元胡 10g,三七粉 3g(分冲)。疗程 1~3 个月。

3 疗效标准及效果

心电图恢复正常,临床症状消失评为显效者 6 例;心电图、心室率减慢至 90 次/分以下或复律后不稳定,临床症状明显改善评为有效者 33 例;治疗前后变化不明显,评为无效者 3 例。总有效率 92.9%。

其中有病因诊断者 31 例,显效 3 例,有效 25 例,无效 3 例;无病因诊断者 11 例,显效 3 例,有效 8 例。两者比较经统计学处理无显著性差异($P>0.05$)。

4 讨论

现代医学认为,心房纤颤是房性折返性快

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速型心律失常,发生率仅次于室性早搏和房性早搏,老年人发病率较高,据统计老年人心律失常以心房纤颤占首位。心房纤颤患者其症状多为心动悸、脉结代,是心阴阳两虚证的主要表现,故用炙甘草汤治之,但又见气短、怔忡、胸闷、胸痛、心中懊恼,活动时加重,脉象多呈结代或细弦而促,舌色暗尤为常见,日久则见气短、自汗、动则益甚,当以益气养心,安神定惊为主,其中最具有代表性的方当推桂枝龙骨牡蛎汤,正所谓“损其心者,调其营卫”,但这也必须建立在辨证论治的基础之上。我们体会无论心房纤颤

有无病因诊断,应结合中医辨证,重镇安神法要贯穿始终。正如李介鸣老师主张,重用金石介质之品以重镇安神,特别是心悸伴有虚汗者,此类药最宜,既可安神又可潜敛浮越之心阳。药用龙牡、紫石英、琥珀末、朱砂等,方中仙鹤草、地锦草二药之应用,是李师之临床经验,两药相伍对于快速型心律失常疗效卓著。

对于有病因诊断的心房纤颤,应辨证辨病相结合,在根据其原发病的特点,辨证组方的基础上,重镇之品亦不可少。总之我们认为治疗心房纤颤,重镇安神之法应贯穿治疗的全过程中。

中西医结合治疗妊娠剧吐 105 例

李月芳* 曹秀英*

笔者于1982~1992年,用旋复代赈汤加减治疗妊娠剧吐105例,均取得非常满意的疗效。

1 一般资料

本组105例均妊娠6~8周,年龄22~38岁。病程3~5天62例,5~10天38例,>10天5例。重度呕吐(持续呕吐不止,伴有重度脱水酸中毒症状,甚至循环功能障碍者)47例,中度呕吐(呕吐频繁,稍进食即吐,或不进食也吐,伴有中度脱水,甚至出现酸中毒症状)38例,轻度呕吐(反复多次恶心呕吐,进食后较为严重,无明显脱水,不伴酸中毒症状者)20例。按中医辨证分为肝热型48例(重度呕吐37例,中度呕吐7例,轻度呕吐4例),胃虚型67例(重度呕吐10例,中度呕吐31例,轻度呕吐16例)。

2 治疗方法

本组病例轻度呕吐均门诊治疗,中、重度呕吐者收住院治疗,配合输液疗法,以纠正脱水酸中毒。中药基本方:旋复花(包)9g,代赈石、制半夏、茯苓各12g,生姜4片。胃虚型加党参15g,白术、陈皮各9g。肝热型加白芍、生地各12g,黄芩9g,柴胡6g。对中、重度呕吐者配合输液治疗,一般用10%葡萄糖加5%葡萄糖盐水静脉点滴,根据病情24小时内输入2000~3000ml,内加维生素C500~1000mg。有明显酸中毒者可加5%碳酸氢钠适量静滴,根据生化检查来调整电解质紊乱。如服药时有恶心,即用食指重按摩内关穴,能使恶心减轻

或消失。如仍恶心即停止服药,继续按摩内关穴约15~30分钟,至恶心消失后服药,或停30分钟后加温药液再服。如上法无效服药仍吐者,则在服中药前半小时服冬眠灵25mg,1次即可。如口服冬眠灵后呕吐,不能达到镇静止吐,可改用肌注冬眠灵25mg,用冬眠灵约需静卧30~60分钟再服中药,切忌突然坐起,以免引起体位性低血压。105例患者经上述方法均能将中药服下,凡服药液停留胃内1小时以上者均能获效。

3 治疗结果

按1986年11月中医妇科病证诊断疗效标准,经服药3~6剂,最多9剂,本组105例均获治愈。其中6例因饮食不节或精神刺激而于愈后1~2天复发,重复治疗又愈。全部患者孕期无不良反应,未见先兆流产及流产等现象,追踪随访小儿生长发育智力无异常。

4 讨论

古今文献有关于妊娠慎用代赈石,忌用半夏的记载。但对于代赈石也有安胎的记载,如《日华子本草》认为该药可安胎健脾。本组病例在治疗过程及妊娠间均无先兆流产现象。笔者认为妊娠剧吐完全能够用代赈石,并应视为主药。但要剂量适当,不要剂量过大。笔者通过临床观察,认为代赈石用量12g足以奏效。张完素认为半夏虽然“孕妇忌之,用生姜则无害”。笔者在配方中将生姜合半夏同用,临床观察亦无动胎之兆。从本组治疗结果看旋复代赈汤加减治疗本病效果确切,故能否服下中药则成为关键问题。解除病人的紧张心理,并采取按压内关穴或小剂量冬眠灵后,一般都能将中药服下,一次小剂量使用冬眠灵也是安全的。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Stroke of Deficient—Kidney Stagnant—Phlegm Type Treated by Bushen Tongmai (Kidney—replenishing Channel—dredging) Tablet

Zhang Muhu

202 cases were treated with Bushen Tongmai and another 70 cases treated with western drug as control. Both were assessed for its efficacy on the basis of the standard set up by National Coordinated Group of Stroke. Results showed that the total effective rate of treating group was 92.08%, that of control group, 87.11% ($P=0.05$). For total marked effective rate, the treating group was 60.40%, that of control group, 37.14% ($P<0.01$). The total marked effective rates for the acute stage and convalescent stage in treating groups were all superior to that of control group ($P<0.01$). The recovery of functions of speaking and affected shoulder and hip joints in treating group was superior to that of control group.

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Key Words: Stroke (TCM)/TCM therapy Kidney deficiency/TCM therapy @ Bu—Shen Tongmai Tablet

(Original article on page 668)

Forty—two Cases of Auricular Fibrillation Treated Mainly by Tranquilizing Method with Mineral Drugs

Qu Jiazhen

The causes of 42 cases of auricular fibrillation were varied. All the cases were treated on the basis of differential diagnosis of syndromes. Results revealed normal ECG. The total effective rate was 93% with 6 cases revealing marked effective rate of symptom subsidence.

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Key Words: Auricular fibrillation/TCM therapy

(Original article on page 671)

Clinical Study on Chronic Renal Failure Treated by Kang—shen—868. Wei Jianglei

Tang Youchun

As a severely hazardous disorder, CRF is a refractory disease. This author holds that it is a disease characterized by deficiency, blood stasis, evil wind which should be treated by the methods of kidney—replenishing, channel—dredging, wind—expelling. On the basis of ancient recipes formulated in Synopsis of Gold—

en Chamber, associated with clinical experience. Kang—Shen—868 was formulated and applied for comparative analysis with control treated by Man—Shen—bao. Results showed that the efficacy in treating group excelled control group both in clinical manifestations and lab indexes, which were coincided with clinical integration.

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Key Words: Renal failure, chronic/TCM therapy

(Original article on page 674)

Analysis on 106 Cases of Eye Manifestations in Bechet's Disease Treated by Xu—Jin Mixture

Wu Kunda, Xu Fugui, He Shuping

106 cases of eye manifestations in Bechet's disease were treated by Xu—Jin Mixture since 1972. Most cases were young and middle—aged patients and the eye complications include uveitis lesions of retinal blood vessel (77.68%). The short—term and marked effective rate were 86.79% and 57.55% respectively, while that of long—term persistent therapy was 93.44%. The rate of marked effectiveness was 75.41% and rate of blindness, 3.28%. The difference was significant as compared with the group of drug interruption.

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Key Words: Bechet's syndrome/TCM therapy eye diseases/TCM therapy @ Xu—Jin Mixture

(Original article on page 677)

Influence of Qushang Tablet on Hemorrheology in Rat Model of Traumatic Blood—stasis

Xiang Weihong, Qu Changan, Zhou Chongguang

The tablet consists of Rhizoma Paridis, Herba Desmodii Triquetri, and Radix Illicis Pubescentis. Experimental study demonstrated that the tablet yielded distinct effect on the hemorrheology of such animal models. It improved the concentrated, viscous, aggregated and coagulated status of the blood, hence, it is effective for blood activation and stasis elimination.

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Key Words: blood stasis/pathophysiology hemorrheology @ Qushang Tablet

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