

不稳定型心绞痛41例的中西医结合治疗

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不稳定型心绞痛是介于稳定型心绞痛和心肌梗塞之间的一种临床综合征。以往对此症候群的认识不甚一致,有多种不同名称,如梗塞前综合征、濒临心肌梗塞、急性冠状动脉机能不全、中间症候群以及不稳定型心绞痛等。七十年代以来,多数作者趋向于应用不稳定型心绞痛这一名称。1979年国际心脏病学会和协会/WHO,提出用新近发生的心绞痛、增剧性心绞痛及自发性心绞痛(包括变异性心绞痛)^①。近年来,国外对不稳定型心绞痛作了大量的诊断和治疗的研究,冠脉造影证实多数的不稳定型心绞痛病人有阻塞性冠脉病变,并有痉挛因素而引起^②。因此,不稳定型心绞痛是一组具有可能发生急性心肌梗塞和死亡危险的情况。我室近年来应用中西医结合治疗不稳定型心绞痛41例,获得较好疗效,减少了早期心肌梗塞的发病率和病死率,现介绍如下。

诊断标准

根据1979年上海中西医结合治疗冠心病心绞痛、心律失常座谈会制定的诊断标准进行诊断。

参考1979年国际心脏病学会和协会/WHO的命名,变异性心绞痛亦属于不稳定型心绞痛范围。故将1例变异性心绞痛也归入本组一起分析。

一般资料

41例全部系我院心血管病研究室病房自1973年11月至1980年10月七年间所收治入院的患者。其中:男性32例,女性9例。年龄:39岁1例,40~49岁7例,50~59岁14例,60~69岁12例,70~79岁6例,80岁1例。职业:工人9例,干部(包括职员)22例,科教工作者6例,家务4例。病程<1月3例,1~3月4例,4~12月7例,1年以上~5年11例,6~10年7例,11~15年7例,16~20年2例。合并病:有高血压病史25例,陈旧性心肌梗塞8例,高血脂症11例。

脉象:弦13例,沉弦3例,弦细8例,弦滑6

例,沉细7例,细数1例,结、代3例。

舌质:黯36例(其中淡黯4例,黯17例;黯红7例,黯紫5例,黯胖3例),红1例,淡红3例,淡胖1例。

舌苔:腻苔19例,薄白、薄黄、少苔共22例。

心电图改变:全部患者均有ST-T改变,其中8例除ST-T改变外兼有陈旧性心肌梗塞图型。

诊断类型:根据上述诊断标准,本组41例不稳定型心绞痛中,进行性心绞痛23例,中间综合征15例,新近的心绞痛1例,心肌梗塞后心绞痛1例,变异性心绞痛1例。

中医辨证(表1):根据入院时症状辨证,分标证和本证两大类。

表1 41例不稳定型心绞痛辨证所见

证 候	标 证		本 证								
	血瘀 痰浊	浊阻 血瘀	心气 脾虚	心阳 脾虚	气阴 虚	肝阴 肾虚	阴阳 虚亢	阴两 阳虚	心阳 肾虚	肝 郁	
共 计	22	2	17	20	3	6	2	1	1	6	2

标证以血瘀多见,共39例,部分夹痰浊,本证以心脾肾虚损多见,肝郁是诱发及加重本病之因素。

治疗方法

患者住院后均密切观察。部分病人入监测病室观察,及时进行心电图及血清酶检查以排除急性心肌梗塞。经辨证后用口服中药及静脉滴注中药治疗。除部分患者在院外原服西药(如硝酸甘油及消心痛),入院后继续服用外,一般不再加用其他西药。

中医治则和方药如下:1.针对标证的治疗:首先针对心绞痛发作,解除心绞痛,防止发展为急性心肌梗塞。入院后立即休息,严重者吸氧。辨证血瘀者,治以活血化瘀通脉,静脉用冠心Ⅱ号注射液(丹参、

赤芍、川芎、红花、降香)、川芎总碱注射液、丹参注射液、活血化瘀注射液(丹参、赤芍、郁金)等。口服中药为:元胡、丹参、川芎、赤芍、当归、鸡血藤、三七、乳香、没药、三棱、莪术、良姜、草拨等。即刻止痛药为:宽胸丸、宽胸气雾剂、心痛丸、丁桂香丸(丁香、肉桂、沉香)等。

血瘀兼气虚:生脉液加冠心Ⅱ号注射液,或用益气活血(抗心梗合剂)注射液(黄芪、人参、黄精、丹参、赤芍、郁金)。

血瘀夹痰浊:除用以上活血化瘀针剂或药物外,兼用方药有:瓜蒌薤白半夏汤、温胆汤及胆星、叩仁、霍香、竹茹等。

2. 针对本证的治疗:心脾气虚:常用党参、黄芪、人参。心脾阳虚:选用理中汤。心肾阳虚:选用二仙汤。气阴两虚:用黄芪、党参、沙参、黄精、玉竹。肝肾阴虚:用钩藤、菊花、草决明、生地、麦冬、白芍、萸肉、枸杞子等。阴虚阳亢:用黄芩、牛膝、草决明、生龙牡、珍珠母、生石决等。肝郁:用柴胡、白芍、郁金、枳壳。

治疗结果

经过治疗,41例中,有39例获得缓解,2例发生急性心肌梗塞,其中1例在住院期间因治疗无效死于心跳骤停。

41例中,27例于3天内开始缓解,而大多数(38例)患者均于入院后一周内开始好转。中间综合征15例,除1例于入院第2天证实发生急性前间壁心肌梗塞外,有13例在3天内心绞痛症状开始减轻,有的病例心绞痛完全消失。新近发生心绞痛和梗塞后心绞痛各1例,均于3天内缓解。

若按治疗4周作为一个疗程评定疗效(疗效标准用1979年冠心病心绞痛、心律失常座谈会冠心病心绞痛疗效评定标准),结果如表2、表3所见。

表2 心绞痛治疗四周的疗效

分型	显效	有效	无效	发生心肌梗塞
进行型	11	11	—	1
中间综合征	13	1	—	1
新近发生心绞痛	1	—	—	—
梗塞后心绞痛	1	—	—	—
变异型心绞痛	—	1	—	—
共 计	26(占63.4%)	13	0	2

心电图疗效为显效6例,有效14例,有效率为48.7%。

表3 心电图治疗四周的疗效

分型	显效	好转	无改变	加重	发生急性心梗	共计
进行型	3*	7	10	1	1	22
中间综合征	2	7	3	2	1	15
新近发生心绞痛	1	—	—	—	—	1
梗塞后心绞痛	—	—	1	—	—	1
变异型心绞痛	—	—	1	—	—	1
共 计	6	14	15	3	2	40

* 1例进行性心绞痛平时心电图正常,心绞痛发作时有ST—T改变,未统计在内。

典型病例

例1. 黄××, 男性, 52岁, 干部。病历号13245。患者于8年前开始有心前区疼痛史, 于1975年7月入院, 两周来胸骨后疼痛加重, 近日发作频繁, 每日达20余次, 痛时整气出汗, 每日用硝酸甘油20余片, 入院当天胸骨后疼痛持续不缓解, 诊断为梗塞前综合征。入院时STAVL、V2~V5抬高0.1~0.4mv, STII、III、AVF下降。SGOT正常范围。ESR正常。血脂正常。舌质黯, 脉弦滑。入院后诊断梗塞前综合征, 急性心肌梗塞不能除外, 中医诊断: 心痛, 证属气虚血瘀, 住院后立即卧床休息, 吸氧, 川芎总碱静点, 口服益气活血抗心梗合剂、生脉散。针灸止痛, 舌下硝酸甘油继续含服。治疗第二天心绞痛症状开始缓解, 由20余次减为10余次, 疼痛时间缩短, 第三天心绞痛发作3次, 疼痛程度明显减轻, 心电图亦好转, 治疗一周时心绞痛每日发作1~3次, 每次2~5分钟, 疼痛程度轻, 病情一直稳定, 一个月后心电图正常。

例2. 罗××, 男性, 61岁, 教师, 住院号17677。因心前区频发闷痛二月余, 十天来加重, 每天发作5~7次。走路、大便时即诱发心绞痛, 胸闷、心悸、气短、头晕。心电图STII、III、AVF下降0.15mv, STV3~V6下降0.2mv, TV3、V6倒置, 心绞痛发作时上述改变更加重。舌质黯舌尖红少津, 脉弦细数。诊断: 冠心病, 不稳定型心绞痛, 进行型。辨证属气阴两虚夹血瘀。治疗用冠心Ⅱ号注射液加生脉液静脉点滴, 口服瓜蒌薤白桂枝汤, 人参丸, 血竭丸, 西药长效硝酸甘油(原在院外长期服用)。即刻止痛用宽胸气雾剂、硝酸甘油。治疗三天心绞痛减为每日发作1次, 治疗一周时心绞痛每日1次, 疼痛时间由每次5分钟减为2分钟左右, 改服野菊花汤剂(野菊花一味煎服), 二周后心绞痛偶发, 一月内发作3次, 轻度疼痛, 停用硝酸甘油。心电图亦明显好转, STV3、V6已接近基线, TII、III、V5、V6变直立。

例3. 患者史××, 男性, 43岁, 工人。住院号15495, 于1977年11月×日心前区疼痛两年入院。入院当日心前区刀割样疼痛反复发作已7小时, 每次发作持续6~20分钟, 伴胸闷气短畏寒。舌质稍黯, 脉弦。心电图为TII、III、AVL、AVF V5、V6低平或平坦。诊断: 梗塞前综合征。入院后心电图示波监

测, 心绞痛发作时 ST_{V1~V3}抬高 0.3~0.8mv, 呈单向曲线, 确诊为变异型心绞痛。入院后以益气活血法治疗, 静点益气活血注射液及冠心 II 号, 服芳香温通中药宽胸丸, 心痛丸, 心绞痛发作次数住院一周时已减为 4~7 次/日, 疼痛时间及程度均减轻, 但仍于夜间定时发作。患者有乏力、畏寒、喜暖及夜间定时发作特点, 为阳气虚弱之证, 改用大剂温通方药, 以四逆汤合当归四逆汤加减 (附子、干姜、甘叶、肉桂、黄芪、当归、细辛、薤白、赤芍、乳香、没药、苏合), 宽胸丸每日三次, 每次 3 丸。治疗第二天心绞痛未再发作。连续 20 多天观察, 仅偶有心前区轻痛或左上肢不适感, 可自行缓解, 不需口含硝酸甘油。精神好转, 活动量增加。

讨 论

70 年代以来, 由于加强对不稳定型心绞痛的内外科治疗, 心肌梗塞之发病率及病死率均已明显降低。1970 年以前有报道不稳定型心绞痛心肌梗塞发生率为 21~80%, 病死率 1~60%。近几年已明显下降, 为 7~15% 及 1~2%⁽³⁾。国外还报道了对不稳定型心绞痛进行内科药物治疗与外科手术治疗疗效对比, 结果两组心肌梗塞发病率为 8% 和 17%, 病死率为 3% 和 5%, 统计学上无显著差别, 认为加强内科

治疗可以控制心绞痛, 减少心肌梗塞发病率和早期病死率, 不稳定型心绞痛可以被稳定⁽⁴⁾。本文总结 41 例不稳定型心绞痛患者, 用中医中药治疗能迅速控制心绞痛急性发作, 院内心肌梗塞发生率为 4.9%, 死亡率 2.4%, 值得进一步研究。

不稳定型心绞痛属中医心痛、胸痹范畴。从标本进行辨证, 患者均以严重心绞痛发作住院, 标证心绞痛多见血瘀痰浊, 均重点抓住标证进行治疗, 标证缓解后, 兼顾本证。由于患者病情比一般心绞痛急重, 故改进中药剂型, 从静脉给药, 用川芎总碱、冠心 II 号注射液、丹参注射液等针剂, 起到了迅速行气活血缓解心绞痛作用。

治疗上既要注意共同特点, 也要针对个别病例具体情况, 分别用药, 如 1 例变异型心绞痛虽用活血化瘀法症状有所改变, 但并未消失, 进一步分析其特点, 患者有心肾阳虚之征, 而改用大剂温阳药治疗其本取得显效, 提示我们治疗要注意“标本兼治、治病求本”, 也体现了辨证论治的优越性。此外, 我们对个别患者亦与辨病治疗相结合, 如例 2, 试用单味野菊花辨病治疗取得较好效果。

参 考 文 献

1. Report of the joint international society and federation of cardiology of WHO task force on standardization of clinical nomenclature: Nomenclature and criteria for diagnosis of ischemic heart disease, Circulation 59(3):607, 1979
2. Plotnick GD: Medical management of the patient with unstable angina. JAMA 239(9):860, 1978
3. John AC et al: Unstable angina pectoris. Amer Heart J 92(3):373, 1976
4. National Cooperative Study Group: Unstable angina pectoris. Amer J of Cardiology 42(5):839, 1978

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伴以恶寒肢冷、身软无力、体质偏弱。舌苔薄腻。脉沉无力等。用细辛 3~10g 生石膏 15~60g 水煎服。应用本法者 7 例, 6 例治愈, 1 例无效。

附: 外治法: 用于病程过久, 偏寒证之三叉神经痛, 或疼痛较甚, 上述诸法难以控制疼痛发作者, 或用于疼痛发作前 10~20 分钟。药用细辛 10g 胡椒或川椒 10g 干姜 3g 白酒 15~30ml, 加水适量。煮沸后, 用一喇叭形纸筒, 一端罩在药锅上, 另一端接近患者

鼻孔, 吸入药气。每次 10 分钟, 每日二次。用时防止药气烫伤, 更要防止纸罩药锅端过大, 连同火气、煤气一起吸入之弊。

随访情况: 20 例中 1 例来诊两次服药无效, 随转做手术。8 例未做随访。另 11 例分别随访 18 天、1 个月、9 个月、15 个月、16 年者各 1 例, 2 个月、7 个月、10 个月者各 2 例, 均治愈 (服药一周, 疼痛及压痛点消失未再复发)。

This preparation is also applicable to all types of chronic bronchitis simple or asthmatic either at the acute episode or at the dwelling phase ($P>0.05$); therefore, its therapeutic usage is wide-ranged, however, it is less effective to those complicated with emphysema. Preliminary pharmacological experiments performed on mice showed that Ketanmin inhibited the cough induced by vapour of boiling ammonia. Phenol red tests revealed marked expectorant action in mice. In guinea pigs, the new preparation showed evident spasmolytic action on tracheal spasm induced with histamine, both *in vitro* and *in vivo*. The LD₅₀ of the toxicity tests was 2775.5 ± 3.8 mg/kg; clinically, there was no apparent toxic side effect. This drug can easily be processed from herbs and chemicals with rich resources and further tests and study on this drug, Ketanmin, will be worthwhile.

(Original article on page 27)

Therapeutic Discussion of 98 Cases of Third-Phase 2-3 Stage of Thromboangiitis Obliterans

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This paper reports the results of 98 cases in which the authors have mainly adopted Chinese medicine and herbs combined with western medicine in the treatment of thromboangiitis obliterans at the third-phase 2-3 stage. These cases are divided into four groups and summarized as follows:

1. 17 patients were treated by "decoction of improving circulation and warming channels" (活血温经汤). The therapeutic principle is "warming channels and relieving cold" and "improving circulation and relieving stagnation". As a result of the treatment, the percentages of the good therapeutic effect and the high level amputation of lower limbs are 59.9% and 5% respectively;

2. 34 patients were treated by "Si Gu decoction" (四顾汤). It means that the therapeutic principle is "reinforcing vital energy and blood" and "nourishing Yin and eliminating the toxin". The percentages are 91.2% and 2.7% respectively;

3. 18 patients were treated by "Ba Wei mixture" (八味合剂), i.e., it is both "reinforcing vital energy and blood" and "nourishing Yin and cleaning the internal heat". The former percentage is 83.3% and the latter 1.4%;

4. 29 patients were treated by "No.1 Tong Se Mai" (通塞脉 I 号). The therapeutic principle and the composition of herbs are the same as the third group. But the herbs were processed into pills. The percentages are 96.6% and 1% respectively.

The therapeutic effects of the four groups as mentioned above have proved that the therapeutic principles of "reinforcing vital energy and blood" and "nourishing Yin, cleaning the internal heat and eliminating the toxin" are better than the rest. And the effect of No.1 Tong Se Mai is the best. It has been further proved that changing the preparation of Chinese herbs is indeed one of the ways to raise the therapeutic effects.

This paper introduces the experiences dealing with the gangrene of lower limbs. Through the anatomical observation of the specimens of amputations, the authors are the first in our country to propose that the vascular variation of lower limbs is one of the causes leading to the high percentage of high level amputation.

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41 Cases of Unstable Angina Pectoris Treated with a Combination of TCM-WM

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Differential diagnosis of 41 cases of unstable angina pectoris revealed progressive angina pectoris (23 cases), intermediate syndrome (15 cases), latest angina pectoris (1 case), post-infarction angina pectoris (1 case) and variant angina pectoris (1 case).

The differential diagnosis in TCM was divided into two categories: "Biao-Zheng" (标证, the outward signs of illness) and "Ben-Zheng" (本证, illness that has attacked vital organs of the human body). The category of Biao-Zheng consisted of 37 cases and were complicated into turbid sputum. Many patients manifested the signs of blood stasis (血瘀, Xue-Yu) in TCM. The category of Ben-Zheng showed weakness of the heart, spleen, or kidney (心、脾、肾虚: Xin, Pi, Shen-Xu)*.

The patients were given decoctions according to the traditional differential diagnosis of "Biao-Shi" (标实) and "Ben-Xu" (本虚). The results showed that remission occurred in 39 cases with 2 cases progressing to cardiac infarction of which one died. After a treatment period of 3 days the anginal pain in 27 out of 39 cases began to ease. After one week better results with relief of anginal pain were obtained in 38 out of 39 patients. The anginal pains in 13 out of 15 cases of intermediate syndrome were eased 3 days after admission. One case had an acute anterior septal cardiac infarction 2 days after admission, and the other case obtained no relief.

The results of treatment proved that TCM had beneficial effects on unstable angina pectoris. It can control anginal pain rapidly and decrease the incidence of cardiac infarction. Further clinical studies should be continued.

*Xin-Xu, Pi-Xu, Shen-Xu (weakness of the heart, spleen, and kidney respectively) are frequent syndromes in TCM, marked by fatigue, palpitation, dyspnea, dyspepsia, abdominal fullness, Diarrhea, emaciation, feeble pulse, lumbago, etc.

(Original article on page 32)