

# 参附注射液抢救危重病人的临床应用

解放军总医院中医科 赵冠英 王发渭

为了提高和加强中药的疗效及速效作用, 更好的应用于临床急症及危重病人的抢救, 在我院制剂室的协助下, 配制了参附注射液, 首先应用于急性心肌梗塞所致的休克及低血压状态的抢救, 继则应用于感染性、创伤性、中毒性休克及慢性病晚期极度衰竭等的抢救, 均取得较好疗效, 未见明显副作用, 现将资料较完整的 51 例小结如下:

## 一般资料

一、性别和年龄: 男性 31 例, 女性 20 例。年龄在 31~40 岁 7 例, 41~50 岁 10 例, 51~60 岁 13 例, 61~70 岁 12 例, 71 岁以上者 9 例。

二、危重疾病的类别及例数: 见表 1。

表 1 危重疾病的类别及例数

疾 病 类 别	休克	低血压状态	全身极度衰竭
急性心肌梗塞	10	14	—
风湿性心脏病	—	1	—
先天性心脏病术后	2	—	—
脑手术后	1	—	—
创伤性	1	—	—
恶性肿瘤	1	6	—
药物及敌敌畏中毒	1	3	—
各种感染	4	—	—
慢性病后期	—	2	5
合 计	20	26	5

低血压状态系指: 1. 血压虽低于 90/60mmHg, 但无明显休克之临床表现。2. 血压虽在 90/60mmHg 左右, 但有四肢凉、末稍循环差等临床表现。

## 配方和用量

1. 参附注射液的配方和含生药量:

红参(一等品)	93.75g
黑附片	156.25g
丹参	156.25g

制成

1000 ml

2. 用药方法:

一般用量为 40~100ml 加入 10% 葡萄糖 250~500ml 内缓慢静脉点滴, 每日用量 80~200ml, 使用时间 1~7 天不等, 个别患者用至 10~20 天。

## 观察项目与结果

于用药前后观察患者的精神状态、血压、心率、末稍循环变化和副作用等项目, 部分病例还观察了舌象、脉象的变化。

一、参附注射液对血压的影响: 见表 2。

表 2 参附注射液对患者血压的影响

血 压	例数	平均值(mmHg)			t 值	P 值
		疗前	疗后 2 小时	提高		
收缩压其中在 90 mmHg 以下	51	95.45	111.53	16.06	5.961	<0.001
	20	74.20	105.40	31.20	7.374	<0.001
舒张压其中在 60 mmHg 以下	51	61.41	72.94	11.53	3.823	<0.001
	19	41.79	62.63	20.84	3.009	<0.001

应用参附液后, 收缩压均有升高, 与用药前比较有显著差异( $P<0.001$ ), 尤其是血压低于 90mmHg 者提高的更显著。舒张压升高亦非常显著( $P<0.001$ ), 其中低于 60mmHg 者 19 例, 血压升高的更明显, 平均升高 20.84mmHg, 有显著临床意义。在 46 例休克及低血压状态的患者中, 应用参附注射液后, 有 40 例恢复正常, 有效率为 86.5%。

二、对末稍循环的影响: 以温度和颜色两项做指标, 用药前四肢发凉者 36 例, 药后 28 例转温 ( $P<0.01$ ) 有显著差异。药前有末稍紫绀者 26 例, 药后 19 例紫绀消失或基本消失 ( $P<0.01$ ) 差异性亦很显著。以上两项变化, 一般在用药后 1~2 小时后出现, 经过以上观察, 初步说明参附液有改善末稍循环的作用。

三、对心率脉搏的影响: 在 51 例中, 有心率记

录者 47 例, 其中 33 例心率较快者, 药后均有不同程度的减慢, 一般减慢 10~30 次/分, 其中心率超过 100 次/分以上者减慢最显著。16 例心率平均值 115.9 次/分, 药后平均降至 81.6 次/分。2 例心率 40~60 次/分者, 药后 30 分钟, 心率增至 70~80 次/分。12 例心率正常者, 药后无变化, 初步说明参附液对心率有调整作用。从 51 例脉搏的搏动强弱看, 药后均有不同程度的增强。

### 典型病例

罗××, 男, 63 岁, 工人。因心前区痛 6 小时在当地门诊部就诊, 血压 90/0mmHg, 心电图提示急性下壁心肌梗塞及频发室性早搏, 并一度出现室颤。经用升压药阿拉明、多巴胺后, 血压上升而送来本院。查体: 血压 114/86mmHg, 烦躁不安, 心尖部第一心音稍弱, 律齐, 心率 98 次/分, 双肺清晰, 四肢发凉, 脉细而弱。入院 7 小时后血压下降至 70/0~80/50mmHg, 加用阿拉明后, 血压仍在 70/0mmHg 左右, 末稍紫绀, 烦躁不安, 四肢厥冷。次日用参附液 100ml 静脉点滴, 一小时后, 四肢转温, 紫绀消失, 病人可安静休息, 血压维持在 130/90mmHg, 心电图示波, 心律匀齐, 期前收缩消失。少量升压药用至 6 天停用, 参附液用至第 9 日停止, 病情稳定, 恢复较快, 8 周治愈出院。

### 讨 论

一、参附注射液的适应症: 根据我们数年的临床应用和该药的药理作用, 参附注射液适用于下列病症: 1. 心源性休克或低血压状态; 2. 休克患者在应用升压药抢救疗效不好时; 3. 当升压药产生依赖性, 为了给停减升压药提供条件时; 4. 各种慢性疾病后期全身功能衰竭时。

二、参附注射液的作用和机理: 在本组 51 例中, 11 例病情较轻的低血压状态者: 单独应用参附注射液治疗有效。其余 40 例因病情较重, 均曾使用阿拉明、多巴胺, 个别用了异丙基肾上腺素及肾上腺皮质激素后, 在血压仍不能回升, 有的当升压药用量略减时血

压又下降等情况下加用参附注射液的。虽未另设对照组, 而通过用药前后对照, 亦可肯定参附注射液的治疗作用。

在参附注射液中, 人参、附子两药, 具有益气回阳, 生津固脱作用, 丹参有活血宁心之效, 三药相伍, 可使血得气而行, 气得血而生。根据现代药理研究, 人参、附子具有强心镇痛, 兴奋垂体—肾上腺皮质系统等作用; 丹参有扩张冠状动脉, 增加冠状血流量和加强心脏收缩功能的作用。根据以上药理机理, 此药是抢救心源性休克较理想的药物, 初步临床实践也证明其疗效较好。其特点为:

1. 参附注射液和阿拉明、多巴胺等升压药同用, 可加强升压作用及减少对升压药的依赖性。本组 40 例休克或低血压状态患者, 在应用了多巴胺、阿拉明等药物后, 血压仍不能维持时, 加用参附注射液后血压即逐渐平稳。当血压恢复后在停减升压药时又出现血压下降者, 予用参附注射液后再停减升压药时, 血压即可维持和稳定。参附注射液已经临床使用较久, 尚未发现产生依赖性的现象。

2. 参附注射液的升压作用稳固温和, 有效率为 86.5%, 效果较好, 使用安全。本组 51 例患者, 无一例发生不良反应, 对肝肾功能亦未见不良影响。参附注射液的另一个特点是, 当血压回升到正常后血压即不再上升, 无血压升得太高之虑。

3. 参附注射液除有稳固的回升血压作用外, 还有改善末梢循环, 增强心脏的功能, 调整心率、镇静止痛、改善全身机能状态的作用。除适用于阳气暴脱的休克和低血压状态外, 还可用于久病所致周身功能衰竭者的支持疗法。

三、药理实验: 本院药理实验室动物实验结果表明, 参附注射液的毒性低, 安全范围较大, 不论体外和体内, 均未发现溶血现象。热源实验, 符合《中国药典(1963 年版)》要求。本注射液还有非常显著的改善动脉血流量及对垂体后叶素引起的急性心肌缺血有对抗作用, 对周围血管有较明显扩张作用等。综上所述药理的初步实验, 进一步说明, 本注射剂, 使用安全, 疗效可靠。

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感于邪, 内舍于肾。……脉痹不已, 复感于邪, 内舍于心。……”“诸痹不已, 亦益内也”, 而形成所谓“五脏痹”。似与本例所见心、肾二脏病理改变相符。

(本例承上海中医学院病理教研组进行病理解剖, 并蒙贾锡生副教授指正, 谨此致谢)

更正 本刊 1982 年第 2 卷第 1 期 38 页, 讨论部分第八行, “……一管送胆汁培养, 结果均细菌生长……”应改为“……一管送胆汁培养, 结果均无细菌生长……。”特此更正

本刊编辑部

other antibiotics was added. The therapeutic effect was 100%. On the average the urine amylase was lowered down to normal in 2 days, the abdominal pain disappeared in 3 days, and jaundice and fever in 5 days. The average dose of rhubarb was altogether 450g for each case. It was reported that rhubarb has inhibitive effects on trypsin, lipase and amylase. This may be the chief mechanism in the treatment of acute pancreatitis. The same is also true of the treatment of acute cholecystitis in 10 cases. On the average it took 3 days to achieve basic recovery. In the literature rhubarb is known to have chologogic antiphlogistic and other effects. This may be its chief mechanism in the treatment of acute cholecystitis.

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### **The Use of Shen Fu (参附) Injection in Rescuing Emergency Patients**

Zhao Guanying(赵冠英), Wang Fawei (王发渭)

*Department of TCM, General Hospital of PLA, Beijing*

Shen Fu injection preparation was made with *Panax ginseng*, *Aconitum carmichaeli*, *Salvia miltiorrhiza* and was used on 46 emergency patients suffering from shocks and hypotension due to acute myocardial infarction, severe injuries, operations, toxicosis, etc. and in 5 cases of general debility at the later stage of various chronic diseases. This resulted in an effective rate of 86.5%. The advantages of this preparation are: (1) Its effect is stable and mild, without side effect. (2) It may be used together with common hypertensors possessing some synergic action and the development of dependence on them would be prevented. (3) It acts to improve peripheral circulation, strengthen the cardiovascular system, regulate the cardiac rate, tranquilize and abate the pain, and improve the function of the body as a whole. Based upon these observations, it may be suggested that this preparation is of some value in the following conditions: (1) Cardiogenic shock or hypotensive state; (2) emergency treatment of patients under shock when the hypertensors is not effective; (3) supportive treatment of general debility in late-stage chronic diseases.

Pharmacologic studies have revealed that this preparation is of low toxicity with a wide range of safety and that there is no hemolytic effect both in vivo and in vitro. Study proved that it is in agreement with the requirements of "Chinese pharmaceuticals" (1963). In addition it has also been found that it manifests resisting effect to acute cardiac ischemia caused by the secretion of posterior pituitary gland, and it acts to dilate peripheral blood vessels.

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### **A Clinical Application of Purgation Method in Acute Infections**

Zhao Shuying(赵淑颖), Zhang Shuwen(张淑文), et al

*Beijing Friendship Hospital, Beijing*

Purgation method is used to dispel the invading pathogenic factors and bring down the fever in acute infections by means of a purgative mixture of Rhubarb, Merabillite, Scrophularia and Glycyrrhiza. This was carried out in acute pneumonia (57 cases), upper respiratory infections (9 cases), acute bacillary dysentery (33 cases), acute pancreatitis (30 cases), urinary tract infections (7 cases), staphylococcal sepsis (30 cases) and ARDS (18 cases), when the patients showed excessiveness symptom-complex.

In 87.4% of the patients, the body temperature was reduced to normal in 3 days after the administration of the mixture, while 30.7% in 24 hours. Meanwhile, in some cases such as staphylococcal sepsis, general symptoms and toxic reactions were relieved to some extent. At the early stage of ARDS, purgation method helped reduce the respiratory distress. Thus, purgation method is very useful in the treatment of acute infections, especially at the early stage.

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### **10 Cases of Acute Aplastic Anemia with TCM-WM Treatment**

Huang Shilin (黄世林), Wang Qiu'er (王秋娥), et al

*210 Army Hospital, Dalian*

At present, effective methods in the treatment of acute or severe aplastic anemia are rarely reported home and abroad. The mortality of 61.5% reported by Ma Lanfang et al. is quite high. According to the clinical manifestations and pathological features of the acute aplastic anemia and clinical practice, the whole course of the disease was divided into three stages, i.e., (1) the acute stage, (2) the stable stage, and (3) the remission stage. Then the disease was treated with the combined method of Chinese and western medicine, good results were achieved with five cases under basic recovery and remission and the other five markedly improved. There was not a single case of death. Emphasis has been laid on the clinical significance of treating acute aplastic anemia according to its different stages; the appropriate combination of Chinese and western medicines; and the importance of keeping explosive cases in rigid isolation. The value and the possible mechanism of LU-RONG (gervus) injection and cortisol in the treatment of acute aplastic anemia have also been discussed.

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