

益气活血途径随机分组治疗急性心肌梗塞268例疗效观察

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我院采用中西医结合治疗急性心肌梗塞已十余年。由于急性心肌梗塞病情复杂、影响急性期预后的因素较多,既往中药治疗的方、药及方法不统一,也缺乏对照比较,故评价其疗效较困难。为进一步探讨益气活血途径的治疗作用,本组设计随机分组对照方法进行观察,其结果如下:

临 床 资 料

一、病例选择与分组:本组病例为1979年1月至1982年4月我院收治的发病72小时内入院、经临床、心电图及酶学检查确诊的急性心肌梗塞268例,其中男性172例,女性96例,男与女之比为1.8:1。患者入院后先按梗塞部位分为前壁组(包括广泛前壁、前间壁、前侧壁及前壁并其它部位梗塞者)为138例,与非前壁组(包括下壁、正后壁、高侧壁、心内膜下及小灶梗塞者)为130例。每组再各自按入院时间先后顺序,随机分为中西医结合组133例(前壁组66例,非前壁组67例)与单纯西药组135例(前壁组72例,非前壁组63例)。此外有4例最初分入中西医结合组3例,西药组1例,但于入院后0.5~2小时内死亡,抢救时无法按分组设计的治疗措施进行,故未统计在本组内。268例中入院时有完整中医辨证分型资料的为149例,其中有血瘀证征的在中西医结合组为70例,单纯西药组为61例。

二、治疗前情况对比:1.性别及年龄的患病分布:本组男性172例中前壁组94例(中西组49例、西药组45例),非前壁组78例(中西组42例、西药组36例)。女性96例中前壁组44例(中西组17例、西药组27例),非前壁组52例(中西组25例,西药组27例)。年

龄在60岁以下的122例中前壁组62例(中西组28例,西药组34例),非前壁组60例(中西组29例,西药组31例)。60岁以上的146例中前壁组76例(中西与西药组各38例),非前壁组70例(中西组38例,西药组32例)。性别、年龄分布,分组对比均无显著差异。

2.合并病:既往合并高血压病的共190例,其中前壁组97例(中西组42例,西药组55例),非前壁组93例(中西组47例,西药组46例)。合并糖尿病的共32例,其中前壁组20例(中西组5例,西药组15例),非前壁组12例(中西组5例,西药组7例)。合并脑血管意外的共37例,其中前壁组27例(中西组10例,西药组17例),非前壁组10例(中西组8例,西药组2例)。有陈旧性心肌梗塞的共77例,其中前壁组41例(中西组17例,西药组24例),非前壁组36例(中西组21例,西药组15例)。在上述合并病中仅糖尿病在前壁西药组明显多于中西医结合组外,其余各项分组对比均无统计学差异。

3.发病距入院时间:发病在12小时内入院的在前壁中西医结合组66例中有56例(84.4%),西药组72例中有52例(72.2%),前者虽多于后者,但无明显差异。在非前壁中西医结合组67例中有48例(71.6%)与西药组63例中有45例(71.5%)相似。

4.梗塞部位:在前壁中西医结合组66例与西药组72例中梗塞部位分别为:广泛前壁是21例与26例,前间壁是25例与22例,前壁并其它部位是20例与24例。在非前壁中西医结合组67例及西药组63例中梗塞部位分别为:下壁为36例及33例,心内膜下为10例及16例,其它部位为21例及14例。梗塞部位

分布的分组对比也无明显差异。

5. 并发症：急性心肌梗塞的病情轻、重及预后与治疗前并发低血压、休克、心衰及严重心律失常四种主要并发症关系密切，但因本组中有的并发症发生率较低，分散到各组后病例数较少，为便于统计分析，故在中西医结合组与西药组两组中均分别将前壁与非前壁组合并后进行比较。结果，治疗前中西组结合组上述四种并发症的并存率均较西药组为多，但经统计学处理差异均无显著意义，如仍按前壁与非前壁组分别对比结果与此相似（见表1）。

表1 治疗前两组并发症比较

	总例数	低血压		休 克		心 衰		严重心律失常*	
		例数	%	例数	%	例数	%	例数	%
中 西 组	133	7	5.3	4	3.0	22	16.5	21	15.8
西 药 组	135	4	3.0	2	1.5	13	9.6	11	8.1

* 指危险性异位心律、快速性室上性及室性心律失常，Ⅱ～Ⅲ度房室传导阻滞，窦性静止，完全性左、右束支传导阻滞或双支阻滞。

治 疗 方 法

中西医结合组除用中药外，其它治疗与西药组相同。中药治疗是于入院后即开始静脉滴注益气活血注射剂（人参、麦冬、当归、黄芪、丹参，部分患者加用红花）每日一次，七天后改服中药煎剂（基本方为黄芪、丹参、当归、赤芍、川芎，部分患者加用血竭粉或根据辨证加减）每日一剂，服4～5周。单纯西药组住院8周内不用任何中药。但本组中西医结合治疗的前壁组66例中有2例未用活血注射剂而只用参麦注射剂。在随机分为西药治疗的前壁组72例中也有4例于临终抢救的情况下曾用参麦、枳实注射剂，在非前壁组63例中还有2例住院期间曾服过中药（1例因呃逆不止用旋覆代赭石汤及柿蒂汤，1例是自服过少量人参汤）。

结 果

一、病死率：全组中西医结合治疗的133例中死亡17例，病死率12.8%，西药治疗的135例中死亡13例，病死率9.6%。前壁中西

结合组66例与西药组72例中分别死亡9例（13.6%）与11例（15.3%）。非前壁中西医结合组67例与西药组63例中分别死亡8例（11.9%）与2例（3.2%）。上述结果看出中西医结合治疗总的病死率及非前壁组病死率均较西药组为高，而前壁组则相反，但经统计学处理差异均无显著性（ $p>0.05$ ）。

二、死亡时间与死亡原因：本组共死亡30例，于入院后6小时内死亡的仅1例，属非前壁中西医结合组。其余病例的死亡时间分布各组间比较无显著差异。30例死亡原因的分组对比也无明显差异，见表2。

表2 分组死亡原因

死亡原因	前 壁 组		非 前 壁 组	
	中 西 组	西 药 组	中 西 组	西 药 组
破 裂	4	4	3	1
心源性休克	2	3	3	1
室 颤	1	3	1	
停 搏	2			
心外因素*		1	1	
共 计	9	11	8	2

* 其中1例脑栓塞，1例肾动脉栓塞。

表3 治疗后两组并发症比较

组 别	低 血 压			休 克			心 衰			严重心律失常		
	总例数	发生例数	%	总例数	发生例数	%	总例数	发生例数	%	总例数	发生例数	%
中西组	126	12	9.5	129	4	3.1	111	14	12.6	112	47	42.0
西药组	131	23	17.6	133	4	3.0	122	20	16.4	124	56	45.2

为治疗前总数减去治疗前已有该并发症的例数的总和。

三、并发症（见表3）：按治疗前的四种主要并发症统计，治疗后新发生的该四种并发症中，低血压和心衰两种并发症的发生率中西医结合组较西药组为低，但无统计学差异。

四、康复情况：本组268例中急性期后存活238例，中西医结合组与西药组分别为116例与122例。住院期间梗塞扩展的中西医结合组与西药组分别为4例（3.4%）与9例（7.9%），

出院时有心绞痛症状的分别为24例(20.7%)与29例(23.8%),出院时有心功能不全的分别为12例(10.3%)与14例(11.5%),出院后随诊过程中再次发生心肌梗塞的分别为5例(4.3%)与13例(10.7%),出院后死亡的前者8例(6.9%),后者11例(9.0%)。就上述康复情况的五项对比,中西医结合组均较西药组发生例数少,但经统计学处理,其差异无显著意义。

讨 论

一、本组设计按心肌梗塞部位随机分组对照治疗,以进一步评价中西医结合治疗急性心肌梗塞的效益。这种方法从主观上是希望尽量使中西医结合组与西药组能等同配对,力求对比条件相等。经过三年多的努力虽然积累了268例,尽管随机分组对比结果,治疗前中西医结合组与西药组的基本情况无明显差异,有可比性,但实践中仍存在许多困难与问题。不仅急性心肌梗塞病情衍变个体差异悬殊,而且入院后短时间内死亡者,于抢救中选择随机分组也难以执行。故本组分析时只能将入院2小时内死亡者删除,这显然是不理想的。但对急性心肌梗塞如何作到既合理又符合实际的随机分组对照,我们认为还有待进一步商榷。

二、本组治疗结果,中西医结合组总的病死率与非前壁组病死率均略高于西药组,而前壁组病死率则较西药组为低,经统计学处理,其

差异均无显著意义,本组资料未能提示中西医结合治疗对降低病死率有效益。从临床实践中体会,急性心肌梗塞的转归的确受多种因素影响,由于目前平均病死率已降至15%以下,预计不容易再降低很多,当临床上不能采用满意的估计梗塞面积的指标时,若仅以病死率作为评价疗效的唯一指标,就需要数以千计的样本,否则不易得出结论。本组资料虽然未能显示出中西医结合治疗对降低急性心肌梗塞病死率较单纯西药治疗优越,但因随机病例数不够的因素,不能就此否定中西医结合治疗对急性心肌梗塞的作用,或就此结束中西医结合治疗的研究。

三、本组中西医结合治疗后低血压、心衰两种并发症发生率均较单纯西药治疗为低,尤以低血压发生率降低更明显。中医理论认为急性心肌梗塞并发低血压、心衰的病机属于心气不足,气虚血瘀范畴,因而益气活血中药有可能减少低血压,心衰并发症的发生率,是可以理解的。但上述差异经统计学处理无显著性,考虑不排除受随机病例数少的影响。今后尚需进一步实践证实。

四、本组中西医结合治疗后存活者,出院后再次发生心肌梗塞或死亡的例数均较单纯西药治疗为少,但无统计学差异,是否也与样本小有关。益气活血中药是否对心肌梗塞的康复与远期预后有益?也有待今后更多的实践探索证实。

致读者、作者

《中西医结合杂志》自1981年7月创刊,至今年6月已公开发刊两周年了。两年来在全国各地广大读者和作者的热情支持关怀下,使本刊成为广大中西医结合工作者开展学术交流的良好园地,活跃了中西医结合学术空气,推动了中西医结合临床、科研、预防、教学等方面的经验交流和学术活动。并受到了中、西医界广大医药卫生工作者的欢迎。在国际上也引起了许多国家的学者的重视、纷纷订阅本刊。《中西医结合杂志》能够取得这些成绩,与广大读者、作者的热情支持是分不开的,在此,我们向大家致以衷心感谢!

今年年初,卫生部崔月犁部长,为本刊撰写了《总结经验 提高认识 开创中西医结合工作的新局

面》文章,鼓励我们广大中西医结合工作者,要“继续发扬祖国医药学,搞好中西医结合工作,开创中西医结合工作新局面”。并指出:“中西医结合工作的成绩,确已显示出它强大的生命力和广阔前途,实践充分证明了我们党制定的中西医结合方针是适合我国国情,符合医学科学发展规律的正确方针”。崔月犁部长在文章中还指出:“《中西医结合杂志》从一九八三年起由季刊改为双月刊。这表明中西医结合的事业在不断发展,广大读者对中西医结合的学术交流十分关心,这是值得高兴的事”。让我们在党的正确的中西医结合方针指引下,团结起来,共同努力,把《中西医结合杂志》办得更好,为开创中西医结合事业的新局面做出贡献!

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本刊编辑部

Abstracts of Original Articles

Observations on Efficiency of Retinal Vein Treated by "Huo Xue Hua Yu" (活血化瘀) Method

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Recently in the field of clinical ophthalmology, good results have been obtained in the treatment of retinal vein occlusion (RVO) by means of TCM's "invigorating blood circulation and eliminating venous stasis", but a systematic observation and study of its mechanism is needed. In this paper the comparative results of 56 cases of RVO are reported, which were divided into two groups randomly and treated by traditional Chinese medicine and urokinase (a well-known effective fibrinolytic agent) respectively. The vision of 56 cases before and after treatment was statistically different ($P < 0.01$). The rate of efficiency was 89.7% in TCM group and 81.5% in urokinase group. But there was no significant difference in the therapeutic effects between the control and the group under treatment ($P > 0.05$). This suggests that the TCM group was no less effective than the urokinase group. As compared with the references it is shown that the efficiency of traditional Chinese medicine is not a result of natural course. Lastly, ways to select traditional Chinese medicines and experiences gained in treatment are introduced.

(Original article on page 140)

Clinical Effect of "Yi Qi Huo Xue" (益气活血) Medicinal Herbs in Acute Myocardial Infarction: A Randomized Controlled Study

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A total of 268 patients with acute myocardial infarction (AMI) hospitalized within 72 hours after onset were divided into two groups: infarction of anterior wall (138 cases) and of other sites (130 cases). In each group the odd number cases were treated with combined traditional Chinese medicine (TCM) using YiQi HuoXue (YQHX) drugs and western medicine (WM) (133 cases), and even number cases were treated with WM only (135 cases). The age range, sex distribution, the time interval between onset of symptoms and hospitalization, and the incidence of major complications (hypotension, cardiogenic shock, heart failure and severe arrhythmia) were very similar in both groups during admission. The YQHX drugs included *Panax Ginseng*, *Liriope Spicata*, *Astragalus Membranaceus*, *Salvia Miltiorrhiza* and *Angelica Sinensis*. It was administered in solution by intravenous drip in the first 7 days, and then in decoction form by oral route for 4-5 weeks. The hospital mortality of the TCM-WM groups was slightly higher than WM group (12.8%:9.6%, $p > 0.05$), but the incidences of hypotension and congestive heart failure during the acute phase and recurrent myocardial infarction after one to two years follow-up were lower in the former, although the differences were not statistically significant ($p > 0.05$). The results suggest that no benefit was obtained by adding the above-mentioned herbs in the treatment of AMI, but the number of cases studied was too small to warrant a definite conclusion.

(Original article on page 146)

A Study of Relationships between Differentiation of Symptom Complexes of AMI and Plasma Cyclic Adenosine and Sex Hormone levels

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In this paper differentiation of symptom complexes of 40 cases of acute myocardial infarction (AMI) is presented and their relationships with plasma cyclic adenosine and sex hormone levels are analysed. The chief characteristic of AMI is that the fundamental aspect is insufficient and the acute aspect is excessive. When Yin and Yang are taken as a basic principle, these patients mainly belong to "Yang Xu" (including "Qi Xu"); when organs are considered, it is mainly heart and kidney that are involved. The measurement of cyclic adenosine has once again revealed that the increase of plasma cyclic guanosine monophosphate (cGMP) level in AMI was more significant and persisted longer than that of cyclic adenosine monophosphate (cAMP). Therefore, the ratio of cAMP/cGMP was kept at a lower level and it gradually became normal as the patient has turned better. This rule is consistent with the evolution of "Yang Xu" in these patients.

The measurement of sex hormone has revealed that the average plasma testosterone level of AMI patients decreased significantly, whereas the ratio of estradiol and testosterone (E_2/T) increased. It has also been found that the decrease of cAMP/cGMP ratio occurred in patients with the symptom of "Yang Xu", whereas the increase of E_2/T ratio occurred in patients with the symptom of "deficiency in kidney".

(Original article on page 149)