

60 例急性心肌梗塞舌象分析

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内容提要 本文报告60例急性心肌梗塞的舌象分析, 初步说明有一定的特征及演变规律, 一般舌苔由薄→腻→黄→黑为逆, 由黑→黄→腻→薄为顺。薄白苔多见于急性心肌梗塞的早期或恢复期, 如见黄腻苔持续不退, 病情多有恶化可能, 而往往伴有便秘, 故应该重视化浊通腑药物的应用, 以助急性心肌梗塞的修复。

舌诊是祖国医学望诊之一, 通过对病人舌苔及舌质的观察, 可以从中获得有关病人脏腑气血病变的信息, 为辨证治疗提供依据。今将近几年我院收入住院的急性心肌梗塞病人60例舌诊演变情况分析报告如下。

一 般 资 料

性别: 男47例, 女13例。年龄: 40~49岁8例, 50~59岁21例, 60~69岁22例, 70~79岁6例, 80岁以上3例。梗塞部位以前壁和下壁为多。前壁17例, 前间壁8例, 前壁加高侧壁1例, 前壁加下壁4例, 前壁加下壁加后壁1例, 前壁加后侧壁1例, 前壁加正后侧壁4例, 正后壁3例, 下壁17例, 心内膜下4例。

合并病: 脑血栓形成2例, 感染(肺部感染为主)17例, 高血压病32例。并发症: 以心律失常和心衰占首位, 分别为33例及18例, 占55%和21.6%, 休克6例, 低血压状态1例, 乳头肌功能失调4例, 室间隔穿孔1例, 心脏骤停4例。中医辨证: 气虚30例, 气阴两虚7例, 阴虚2例, 气虚阳脱5例, 气虚阳衰16例; 其中夹血瘀17例, 夹痰浊12例, 夹气滞2例, 夹血瘀痰浊29例。

舌象观察与治疗

一、舌苔与急性心肌梗塞发病时间的关

系。60例中发病后24小时以内入院者为53例, 其中以薄白苔为首位(22例), 为心气虚的表现; 其次为白腻苔(15例)和黄腻苔(12例), 为湿浊表现; 余薄黄苔4例。

二、舌苔所见与并发症的关系。出现心律失常33例中, 黄腻苔最多, 为17例, 薄白苔仅5例。梗塞后第一天发生心律失常共19例, 黄腻苔占1/2, 呈薄白苔者均为偶发性房早或室早, 黄腻苔者则为频发性房早和室早及房室传导阻滞, 病情较重。出现心衰18例中, 白腻苔居多, 为10例, 薄白苔仅1例。梗塞后第一天心衰者13例, 白腻苔为8例, 多为II°以上心衰。出现休克共6例, 其中白腻苔4例, 黄腻苔2例。以上提示, 出现黄腻苔时, 要密切注意心律失常的发展; 见白腻苔时, 则要注意心衰的表现。

三、急性心肌梗塞急性期舌苔演变情况, 见附表。

附表 急性心肌梗塞的舌苔演变情况

	薄白	白腻	薄黄	黄腻	黑	光净	合
	例数 %	例数 %	例数 %	例数 %	例数 %	例数 %	计
入院第一天	22 36.7	15 25	6 10	16 26.7	—	1 1.6	60
入院第三天	7 11.7	22 36.7	8 13.3	22 36.7	—	1 1.6	60
入院一周时	19 31.7	13 21.7	5 8.3	20 33.3	1 1.6	2 3.3	60
入院二周时	32 53.3	9 15	6 10	10 16.7	1 1.6	2 3.3	60

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由附表可见, 本组 60 例急性心肌梗塞的各种舌苔演变情况。梗塞后第一天, 以薄白苔占首位, 为 22 例 (36.7%), 随着病情好转, 第二周为 32 例 (53.3%)。白腻苔: 第三天占首位, 为 22 例 (36.7%), 随着病情恢复, 白腻苔逐渐减退, 第 2 周时仅 9 例 (15%)。薄黄苔: 第三天时为 8 例 (13.3%)。黄腻苔: 梗塞后第一天为 16 例 (26.7%), 随着病情发展, 第三天及一周时逐渐增多, 分别为 22 例 (36.7%) 及 20 例 (33.3%); 黑苔仅 1 例, 随着病情恶化, 一周及二周后出现。由此可见, 在急性心肌梗塞演变中, 随病情变化, 可出现不同的舌苔, 并有一定的规律。

四、舌质所见。入院时舌质紫暗者 48 例, 红绛者 8 例, 肥胖者 3 例, 正常者 1 例 (其中紫暗舌质舌体胖者 3 例, 夹瘀斑 1 例, 治疗后紫暗舌 34 例, 红绛舌 6 例, 余均无改变, 表明急性心肌梗塞急性期多有瘀血现象, 治疗后随着瘀血证的好转, 紫暗舌亦见减轻。

五、治法。1. 薄白苔: 急性心肌梗塞出现薄白苔兼紫暗舌, 多为气虚血瘀所致, 属本虚标实, 此时合并症较少, 治宜益气活血法, 选用抗心梗合剂治疗 (由黄芪、党参、黄精、丹参、红花、赤芍组成的复方) 治疗。

2. 白腻苔: 急性心肌梗塞出现白腻苔, 多为气虚血瘀夹痰湿, 或气虚阳衰, 治宜益气活血, 佐以化浊之品。一般选用抗心梗合剂加藿香正气丸, 或参苓白术散或温胆汤等方加减。

3. 黄腻苔: 急性心肌梗塞出现黄腻苔, 多为气虚血瘀夹痰浊, 或心阳衰脱, 湿热痰浊内阻。其合并症甚多, 绝大多数患者有大便秘结, 治宜泻热化浊, 佐以益气之品, 一般选用调胃承气汤, 或黄龙汤, 或加味保和丸, 或木香槟榔丸, 或沉香化滞丸加减。

4. 薄黄苔: 急性心肌梗塞中出现薄黄苔, 多为邪热不重, 胸阳痹阻, 合并症少。也有大

便秘结者, 宜通阳宣痹、泻热和胃法治疗, 多选用小陷胸汤加味。

5. 黑苔: 急性心肌梗塞出现黑苔, 多为脏腑气衰、阴阳离决, 多合并严重心律失常或心衰, 宜用回阳救逆法治疗。一般选用四逆汤, 保元汤加味。

6. 无苔质净: 急性心肌梗塞中出现无苔质红, 示阴液不足, 宜滋阴降火, 生津止渴, 选用养胃汤、一贯煎、玉女煎等类方剂。

60 例中, 凡示白腻苔和黄腻苔者均有大便不通或干燥现象。其中本组死亡 4 例 (死亡率为 6.7%), 而危重病例则需合并西药抢救。

讨 论

急性心肌梗塞舌象改变有一定的特征及演变规律, 一般由薄→腻→黄→黑为逆, 由黑→黄→腻→薄为顺。薄白苔多见于急性心肌梗塞早期或恢复期。病程中始终为薄白苔者, 一般病情轻, 合并症少, 预后较好。如舌苔黄腻持续不退, 病情多有恶化的可能。

急性心肌梗塞入院第一天并有心律失常者, 多见黄腻苔, 并心衰, 则以白腻苔为多见, 故入院第一天出现黄腻苔应警惕严重心律失常的发生。

急性心肌梗塞常表现为本虚标实, 本虚为脏腑功能低下, 常以气虚为主, 由气及阳, 亦可产生阳虚, 若阳虚失其温煦, 气化不利。水湿不化, 湿浊内生, 湿久也可化热。故白腻苔及黄腻苔在急性心肌梗塞中不少见, 并常有便秘证。本文有一例急性广泛前壁心肌梗塞病人, 入院四天后虽心衰, 休克有所控制, 但因大便不通, 在解大使用力时发生心脏骤停而死亡, 当时舌苔所见为黄厚垢腻。可见心肌梗塞第一周, 应特别重视通腑。为使通腑而不损正, 可于益气活血方中佐以化浊通腑之品, 以保持大便通畅, 有助急性心肌梗塞的修复。

Analysis of 60 Cases of AMI Tongue Feature

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This paper expounds the analysis of 60 cases of acute myocardial infarction (AMI) tongue feature. Preliminary results showed that AMI tongue feature has certain characteristics and developing patterns. In general, the tongue coats which developed from flimsy→thick→yellow→black indicated unfavourable prognosis, while those developed from black→yellow→thick→flimsy indicated favourable prognosis. The thin white coats usually appeared in the early and recovery stage of AMI. Among the 60 cases, we observed there were 22 cases (36.7%) of thin white coats on the first day of admission and 32 cases (53.4%) in the second week after admission. If the thin white coats appeared during the whole course of AMI, the case condition would not be considered serious, complications would be less and the prognosis would be better. There were 16 cases (26.7%) with yellow slimy coats on the first day of admission. Along with the AMI development, the yellow slimy coats increased to 22 cases (36.7%) and 20 cases (33.4%) on the third day and in one week after admission respectively. If the yellow slimy coats appeared continuously, the prognosis would probably turn worse.

Furthermore, AMI patients with yellow slimy coats were usually accompanied with constipation, therefore the herbs for cleaning phlegm-dampness and relaxing bowel should be given so as to help repair AMI.

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Correlation Between Color of the Tongue Substance and Hemodynamics, Hormones of Adrenal Cortex and Medulla in Hypertensive Patients

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Inspecting the substance of the tongue is an important means for diagnosis and treatment in traditional Chinese medicine. 101 cases of hypertensive patients were studied with the substance of the tongue observed and hemodynamic and biochemical indices determined at the same time for contrasting.

1. The 101 hypertensives were divided into four groups according to the color of their tongue substance as the group with red tongue, light red tongue, pale tongue, and dark red tongue, and designated as Group A, B, C and D respectively.

2. The heart rate (HR) of Group A (75.70 ± 11.26 per minute) (mean \pm SD) was the highest, while that of Group C (69.54 ± 7.59 per minute) was the lowest. Cardia index (CI) of Group A (4.22 ± 1.20) was the highest, while that of Group C (3.40 ± 0.92) was the lowest. And CI of Group B (4.14 ± 1.45) was higher than that of Group C and Group D (3.56 ± 1.40). SBP of Group D (167.64 ± 19.82 mmHg) was the highest while that of Group C (158.62 ± 17.63 mmHg) was the lowest. TPR of Group D (1927.40 ± 193.41 dyn/sec/cm⁻⁵) was the highest while that of Group A (1443.93 ± 436.59 dyn/sec/cm⁻⁵) was the lowest. PEP/LVET of Group D (0.3854 ± 0.0756) was the highest while that of Group A (0.3462 ± 0.0741) the lowest.

3. VMA, 17-OH, 17-KT of Group A are 10.95 ± 6.43 mg per day, 9.74 ± 5.84 mg per day, 8.61 ± 2.82 mg per day respectively, all being the highest of the four groups while those of Group C are 5.45 ± 2.71 , 5.42 ± 2.82 , and 7.01 ± 2.77 all being the lowest except 17-KT.

4. These findings indicated that the red tongue group reflects increasing cardiac output while the pale tongue group reflects increasing total peripheral resistance, and that the sympatho-adrenergic system activity and hypothalamic-pituitary-adrenal axis activity are found greater in red tongue group than in pale tongue group. Therefore, this observation suggests that hypertensive patients with different colors of substance of the tongue reveal different pathogenetic patterns.

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A Study on the Relations of Cyanotic Tongue to Prostaglandins

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The plasma PGA₂, PGE₁ and PGF_{2α} levels in patients with cyanotic tongue were studied by radio-immunoassay. The results showed that plasma PGA₂ levels in patients with blood stasis were lower than normal subjects. This indicates that the measurement of plasma PGA₂ may be of significance for judging the degree of blood stasis and the effects of treatment.

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