

64例急性心肌梗塞出院后中医治疗的远期疗效观察

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内容提要 本文报告对64例急性心肌梗塞出院后病人,进行以中药为主的随诊治疗,其绝对生存率达93.8%,相对生存率达96.9%,5年累积病死率为1.6%;心电图总有效率、心绞痛和胸闷气短等症状的显效率分别为88.3%、76.9%、和50.9%。认为坚持长时间的中医药治疗,是改善本病预后的有效措施之一。

急性心肌梗塞是严重危害人民健康的心血管疾病之一,病死率较高,但由于近年来诊疗技术的提高,中西医结合治疗的普遍开展,各种抢救措施日臻完善,使急性期的死亡率显著下降,治愈率逐渐提高,可是部分患者出院后,由于调治失宜,再次由心血管疾病而死亡。故此,对急性心肌梗塞的远期预后,已引起医界的重视,为了寻找改善急性心肌梗塞预后的有效措施,找出影响预后的原因,我们于1970年开始,对我院急性心肌梗塞病人出院后进行了以中医为主的随诊治疗观察,现将坚持较长时间治疗的64例小结如下。

一般资料

本组患者中,男性62例,女性2例,均为干部。年龄:50~59岁15例,60~69岁38例,70岁以上者11例。梗塞部位:前壁14例,前间壁6例,下壁19例,两处以上梗塞者20例,心内膜下梗塞4例,小灶性梗塞1例。梗塞次数:1次梗塞者52例,再次梗塞者12例。随诊时间:1年以内者5例,1~2年者6例,3~4年者14例,5~9年者30例,10年以上者9例。并发症:高血压32例,糖尿病9例,脑血管疾病6例。

随诊方法和治疗措施

本组患者,均采用每周进行一次门诊随诊的方法。治疗原则,采用辨病与辨证相结合的

辩证论治方法,以益气强心,活血通脉为主,结合辨证灵活加减。一般情况,3年以内以汤药为主,后视情况,可冬季服汤剂,夏季服中成药,或汤剂和中成药、西药兼服的方法,常用的汤剂及中成药如下。

主方:黄芪15g 太子参15g 麦冬10g 五味子9g 丹参15g 赤芍15g 红花10g 仙灵脾10g 川芎15g 石菖蒲15g 三七粉1.8g(冲服)。心阳不足者酌加熟附片9g 桂枝9g 刺五加15g 人参6g(或人参叶12g) 黄精15g 白术12g;心阴不足者酌加玉竹15g 女贞子15g 百合15g 生地10g 白芍15g;心绞痛频发者酌加玄胡9g 乳香6g 没药6g 蒲黄9g(包) 五灵脂9g(包) 罂粟壳9g;心律不齐者(以快速心律失常为主)酌加珍珠母30g(先下) 炒枣仁15g 万年青9g 甘松9g 穿山龙15g;血压高者酌加桑寄生15g 钩藤15g(后下) 天麻9g 生龙骨15g(先下) 生牡蛎15g(先下) 菊花15g 决明子15g。中成药:(1)舒心散I号(赤芍 郁金 三七 乳酸心可定);(2)舒心散II号(刺五加 赤芍);(3)五加参强心片(刺五加 葛根);(4)丹七片(市售);(5)冠心苏合丸(市售)。以上根据病情和药源随症选用一种。

本组病例一般不用西药,个别患者,根据病情酌服复方硝酸甘油、消心痛、潘生丁等中的一种。

疗 效

生存率：本组 64 例患者，在随诊过程中，共死亡 4 例，绝对生存率为 93.8%，相对生存率（在死亡的 4 例中，死于直肠癌与膀胱癌各 1 例）为 96.9%。

心电图疗效：60 例生存者中，梗塞区的坏死 Q 波消失或有明显缩小者 17 例，占 28.3%，供血情况（ST—T）有不同程度改善者 36 例，占 60%，心电图的总有效率为 88.3%，

症状疗效：在 60 例生存者中，经过 3~6 个月治疗，疗前有心绞痛 52 例，疗后有 40 例心绞痛消失，显效率为 76.9%，疗前有胸闷气短 55 例，疗后有 28 例消失，显效率为 50.9%。

讨论与分析

一、本组病例观察，年龄和梗塞部位与预后关系不明显，但梗塞的面积与预后关系甚密，如两例死于本病者，均系两处以上梗塞者。1 例为前间壁、下壁、侧壁同时梗塞者，生存了 9 个月，另 1 例是前间壁、高侧壁、心内膜下梗塞者，生存了 8 年，最后死于心脏破裂。不同梗塞部位患者生存年数见附表。

附表 不同梗塞部位患者生存年数

梗塞部位	总例数	生存年数					死亡数	病死率%
		<1	1~	3~	5~	10~		
前壁	14	1	1	3	6	3	—	—
前间壁	6	—	—	—	3	3	1	16.67
下壁	19	—	—	—	12	7	—	—
两处以上	20	1	2	6	8	3	3	15.00
其它	5	1	1	1	2	—	—	—

注：(1)其它指心内膜下梗塞 4 例，小灶性梗塞 1 例。(2) 4 例死亡中，死于直肠癌 1 例，生存 7 年多，死于膀胱 1 例，生存 5 年多，2 例死于本病。

二、病程与预后的关系：本组 2 例死于心肌再梗塞者，1 例生存了 9 个月，另 1 例生存了 8 年多，10 年以后无 1 例死亡，因例数太少，尚无法说明病程与预后有何关系。但根据北京地区冠心病协作组⁽¹⁾，对 1,342 例心肌梗塞的随

访小结看，6 年中共死亡 53 例，其中 3 年内死亡 46 例，占死亡人数的 86.7%，说明病程越短，再梗塞和死亡率越高，此期间应抓紧随诊和治疗，对预后有很大关系。

三、中医随诊治疗与预后的关系：1975 年我院⁽²⁾西医随访了 84 例急性心肌梗塞后出院的患者，5 年累积病死率为 36.51%。本组 64 例急性心肌梗塞后出院的患者中，5 年累计病死率为 1.6%，两组相比，有明显差别。其原因，主要是本组患者，进行了长时间的以中医辨证论治为主的中西医结合治疗观察。由此可以说明，急性心肌梗塞后，倘若能长时间的坚持中医药的治疗，对心肌梗塞的预后至关重要。

四、立法用药的体会：中医认为，“心为阳中之阳，在性为火，主动”，“气为血帅，气行血行，气滞血瘀”，“心主血脉”。结合我们多年对冠心病治疗的体会认为，冠心病患者，都有程度不同的胸阳不振和气滞血瘀，当心肌梗塞后，使心阳进一步虚损，心主血脉，心阳不足，必致血瘀，“血为气母，生气者血”，心脉瘀阻，心失所养，必会进一步使心阳虚损。另外，从本组患者的临床症状表现，都有程度不同的心绞痛、胸闷气短、乏力易汗，心悸头晕，脉沉细或结、代等气虚血瘀症，因此认为，陈旧性心肌梗塞的病机是，心阳虚损，血瘀脉阻。治则按《素问·标本病传论》“知标本者，万举万当”之理，立法以益气强心，活血通脉，然后再结合个体素质和症脉进行辨证加减，即辨证求本，法从于本，药依法选，守中有变，变依辨证。根据我们多年的临床观察，这种治则，既便于临床观察，又行之有效，是对急性心肌梗塞出院后改善预后的有效措施之一。

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Abstracts of Original Articles

Effect of Qingxintong (青心酮) on Exercise ECG Mapping and Cardiac Function in Patients with Angina of Effort

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The effect of Qingxintong (3,4-Dihydroxyacetophenone, QXT), one of active components of Tumaodongqing (秃毛冬青, *Ilex pubescens* Hook. et Arn. Var *glabra* Chang) on exercise tolerance and cardiac function was compared with placebo in a randomized, single-blind study involving 12 patients with angina of effort. Multistage exercise tests (MET) were chosen and precordial ECG mapping, STI and Rheokinetocardiogram were made during MET. The results showed a greater improvement in exercise time after taking QXT than placebo with a mean rise of 3.7 minutes ($P < 0.01$). After taking QXT, mean values of Σ ST and NST of ECG mapping decreased significantly compared with those after taking placebo ($P < 0.01$). No significant differences were found in STI, SV and CO, whereas TPR descended slightly after taking QXT ($P < 0.05$).

These results suggest that QXT is useful for improving exercise tolerance and reducing myocardial oxygen demand in patients with angina of effort. (Original article on page 262)

A Preliminary Study on the Relationship Between Phlegm-Stagnant Type Coronary Heart Disease and Serum Lipid Levels

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In this paper, the relationship between phlegm-stagnant type coronary heart disease and serum lipid levels has been investigated. The results show that the levels of TG, LDL-C and TC in patients with this disease are higher than those in non-phlegm-stagnant and normal controls ($P < 0.001$). Assessment of the rank correlation reveals that the degrees of phlegm stagnation of the two subtypes, the phlegm-damp and the phlegm-heat, positively correlate with serum TG levels. Thus, TG contents have been confirmed to be the essential biochemical material basis of phlegm stagnation, and LDL-C levels may have been involved as well.

It is possible that the decrease of serum HDL-C and increase of AI are relevant to the diagnosis of kidney-asthenic type coronary disease to some extent. Functional disturbances of the digestive system, such as obesity, epigastric fullness, and greasy fur, are the main manifestations in phlegm stagnation, the secondary manifestations comprising sweet and greasy taste, shortness of breath, palpitation, dizziness, nausea etc. Moreover, according to the paper the pathogenesis of phlegm stagnation is the work of improper diet as an exogenous factor through endogenous factors of the spleen and kidney. Finally, the paper presents with the mechanism of correlation between phlegm-stagnant type coronary heart disease with Yin Xu or essence deficiency and sudden death caused by it.

(Original article on page 265)

Long Term Effect of TCM Therapy on 64 Cases of Discharged AMI Patients

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Since 1970 sixty-four cases of myocardial infarction have been given follow-up treatment predominantly with TCM, employing the methods of "disease identification" and "manifestation identification" in combination. Generally, in the first three years herbal decoction was used. Then, according to the patients' response, herbal decoction was given in winter and patent herb preparations were used in summer. The action of both the decoction and pills was to invigorate the energy and heart action and to promote blood circulation. The results were as follows: four of these 64 patients died, two because of myocardial infarction and the other two because of some other condition. The absolute survival rate was 93.8% and the relative rate was 96.9%. All patients showed improvement of angina pectoris, palpitation, shortness of breath and tightness in the chest. The ECG improvements include disappearance or reduction of amplitude of Q wave in 17 cases (28.3%) and shortening of ST-T segment in 36 cases (60%), totalling to 88.3%.