

清肺利痰法为主治疗慢性肺原性 心脏病急性发作期辨证论治探讨

——240 例病例分析

中医研究院西苑医院呼吸病研究室

许建中 张貽芳 张元隆 陈曼虹 靖旭荔 史庆敦 沈帼男

内容提要 以中医清肺利痰法为主辨证论治肺心病急性发作期患者 240 例 (505 例次), 其中轻症患者单用中药治疗, 中、重症患者采用中西医结合方法取得较好疗效, 总有效率按例次计 86.73%。

慢性肺原性心脏病(以下简称肺心病), 在中医医籍中属于“咳喘”、“痰饮”、“水气”、“心悸”、“怔忡”等范畴。

我室 1973~1983 年共收肺心病住院患者 240 例 (505 例次), 采取中医清肺利痰法为主辨证论治, 对其中病情中度或重度患者结合西药治疗取得较好的疗效, 现报道如下。

临 床 资 料

一、一般资料: 男 121 例, 女 119 例。年龄在 40 岁以下者 14 例, 40~49 岁者 25 例, 50~59 岁者 78 例, 60~69 岁者 86 例, 70 岁以上者 37 例, 50 岁以上患者共 201 例占 83.75%。其原发病绝大部分为慢性支气管炎合并肺气肿, 与国内多数报道相符。自原发病确诊至肺心病确诊年限 5~40 年不等。本组病人入院时并有呼吸衰竭者 230 例占 95.83%, 其中因呼吸衰竭住院 2 次者 94 例, 住院次数最多者 10 次仅 1 例, 而住院 7、6、5、4、3 次者分别为 8、11、8、6 及 21 例。

病情轻、中、重度者分别为 70 例占 29.17%, 60 例占 25.0% 及 110 例占 45.83%。

二、诊断标准及分型标准: 按 1977 年全国第二次肺心病专业会议(大连)修订的诊断标准及中西医结合诊断分型方案。

1. 肺肾气虚外感型 85 例 (呼衰并支气管感染); 2. 心脾肾阳虚水泛型 54 例 (呼衰并心衰); 3. 痰浊蔽窍型 55 例 (呼衰并肺性脑病); 4. 元阳欲绝型 23 例 (呼衰并感染性休克); 5. 热瘀伤络型 23 例 (呼衰并弥漫性血管内凝血或因低氧血症、二氧化碳潴留而导致的胃肠粘膜糜烂而消化道出血者)。以上分型以住院期间各个病人病情最严重阶段的证型为准。

三、主要并发症及伴发病: 并发肺性脑病者 55 例占 22.92%; 感染性休克 23 例占 9.58%; 各种心律失常 50 例占 20.83%; 消化道出血 23 例占 9.58% (其中包括弥漫性血管内凝血 12 例占 5%), 肾功能衰竭 5 例占 2.08%。伴发病高血压病 40 例占 16.67%; 冠心病 70 例占 29.17%。

四、酸碱平衡失调类型: 本组有血液气体分析测定者 145 例, 计有: 1. 失代偿性呼吸性酸中毒 42 例占 28.97%; 2. 代偿性呼吸性酸中毒 64 例占 44.14%; 3. 呼吸性酸中毒合并代谢性碱中毒 26 例占 17.93%; 4. 呼吸性酸中毒合并代谢性酸中毒 7 例占 4.82%; 5. 代谢性碱中毒 6 例占 4.14%。

本组中代谢性碱中毒及呼吸性酸中毒合并代谢性碱中毒二者较北京医学院第一附属医院许广润⁽¹⁾及阜外医院检验科⁽²⁾所报告者为低。

治疗与结果

一、治疗方法。轻度患者用中医辨证论治,同时全部加用中药清肺注射液⁽³⁾(含黄连、黄芩、黄柏、栀子、大黄)50~80ml加入5%葡萄糖注射液500ml静脉滴注,1日1次,10天为1个疗程,一般一个疗程。中度及重度患者在中医辨证论治的基础上加用抗生素、呼吸兴奋剂、支气管扩张剂等综合措施,必要时作气管插管、气管切开连接人工呼吸装置,待支气管感染基本控制后再单用中医辨证论治。

二、中医辨证论治规律。

1. 肺肾气虚外感型:久病膈间有伏饮,肺气虚表阳不固,易受外邪侵袭肌表,外邪与伏饮相搏结,喘咳复发,气机受损,肺失宣降,影响升降清浊,咳久致肾气虚不能纳气,气短气促,动则益甚,且肾虚不能温养脾阳,致脾虚不能运化,水谷不能化津,而凝结成痰,痰涎壅塞胸膈,郁久化热,故痰热壅肺之证成为本病急性发作的共同特点。“证”现本虚标实,脉象弦数或滑数,舌质淡胖舌尖红,时见瘀斑,苔薄白或薄黄,取清肺利痰法,用麻杏石甘汤为主方,如痰黄不易咯出,身热不爽,方内加入下列诸药2~3味:银花、连翘、板蓝根、鱼腥草、虎杖、柴胡、黄连、黄芩、栀子、山豆根、蒲公英。如以上组方仍不能控制病情加用清肺注射液,汤药一般连服4周,每日1剂,以下同。

2. 心脾肾阳虚水泛型:本型仍见肺热证象而兼见心脾肾阳虚,水停心下,下肢水肿,胁下痞块(肝肿大),甚至胸水腹水,故以清肺利痰为主兼用健脾利湿,或温阳利水的真武汤、五皮饮或苓桂术甘汤等方药。据现代药物学研究这些利水的中药有较多含量的钾盐,从而减少电解质的丢失,也必然避免或减少代谢性碱中毒的发生。

3. 痰浊蔽窍型:本型是肺热炽盛已入营分。脉象滑数或沉缓,舌质暗紫或紫绛。痰热壅肺、热扰神明,蒙蔽心窍,致神昏谵妄、嗜睡、神志朦胧,甚至陷入昏迷。我们在清肺利

痰法的基础上加用芳香开窍、化浊降浊之剂,给病人水煎服或鼻饲,常用安宫牛黄丸或“清开灵”注射液8ml加入5%葡萄糖500ml静脉点滴,每日一次。

4. 元阳欲绝型:由于肺内热毒炽盛,灼伤阴液,兼之肺气虚衰,肾气不足致气阴两伤,四肢厥逆,面苍白,自汗出,舌质淡,苔白少津,脉微欲绝,或沉细无力,呈元阳欲绝之危势,我们在清肺利痰法的基础上加用益气养阴的生脉散静脉滴注,常见血压回升,咯痰有力;若仍未见转机,加用参附汤鼻饲,常见四肢转温,病情好转。

5. 热瘀伤络型:肺内热邪已入血分,使血热妄行于脉外,其中12例实验室证实为弥漫性血管内凝血,其余11例属低氧血症及高碳酸血症所致的胃肠粘膜糜烂出血,此型患者经实验室血液流变学检验证明全血比粘度明显增高,红血球流速减慢,因此我们在清肺利痰法基础上加用活血化瘀药物如红花、丹参、降香、桃仁、当归尾、赤芍、刘寄奴、乳香、没药、血竭等,神志不清的患者常滴注活血Ⅱ号,或川芎嗪注射液。属DIC的3例转危为安,好转出院。未证实为DIC而有热瘀伤络的出血患者11例好转出院。

以上各型治疗好转出院后给予固本片⁽⁴⁾进行缓解期治疗,并定期门诊观察。

三、治疗结果。疗效判定按1977年全国肺心病会议制订的肺心病急发期判断标准⁽⁵⁾。240例505例次病人,显效271例次占53.66%,好转167例次占33.07%,有效率86.73%,无效17例次占3.37%。住院死亡50例占9.9%。

讨 论

从中医角度分析本病急性发作期的病机,各型皆有痰热壅肺的证候,故见肺失宣降、气为痰阻,临床上示气短、气喘之候,因此各型证治皆以清肺利痰为主辨证论治,是辨证与辨病相结合的治疗方式。

本病病程长,病因病机复杂,是一个以肺、心为主的多脏器疾病,又易引起酸碱平衡失调

和电解质紊乱,可见本病是内科领域中防治难度较大的疾病之一,除病情轻度患者单用中医辨证论治取效外,病情属中度或重度者仍应采取中西医结合措施较为稳妥,其中包括抗生素的联合使用,呼吸兴奋剂,电解质和液体的调节,多发季节监护室的建立(包括心电监护、呼吸监护、血液气体分析监测等),合理的给氧、气道的湿化(雾化吸入),必要时的气管插管或气管切开连接人工呼吸器辅助呼吸等等。此外医护人员的服务态度,细腻而科学的护理技术都是不可缺少的,必须是一个全面的综合治疗措施才能取得较为满意的疗效。

由于本病急发期患者的病理生理在不断的变化,临床上在其不同阶段呈现不同的特点,因此在中西医结合治疗时要有所侧重,此阶段

侧重中药,彼阶段则侧重西药,扬长避短,发挥各自的优势。为了进一步提高本病的疗效有待深入探讨。

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中西医结合治愈足慢性溃疡、骨髓炎、踝皮肤皮革样变 1 例报告

四川涪陵地区医院骨科 许 文 张建华

患者张××,男,51岁,住院号18273。在抗美援朝战斗中,右下肢机枪伤,继之足部烫伤。30年来,足底溃口一直流脓不愈,不能行走。1982年12月22日,以右足慢性溃疡、骨髓炎入我院治疗。

入院检查:一般状况好,心肺未见异常。右小腿肌容较左小4cm,右踝关节呈90°,被动活动10°~15°,足背A清楚扪及,皮温较健侧低0.5°~1.0°C,右踝除内侧有3×5cm²皮肤接近正常外,其它皮肤感觉丧失,皮革样变,呈萎缩的陈旧疤痕,黑褐色色素沉着,干燥、发亮、发硬与足骨紧贴,推之不动,足底皮肤脂肪垫消失,角化增厚,足底中、后前2/3处有慢性溃疡4×4.5cm²和3.5×3cm²,溃疡边缘整齐,中低周高,肉芽坚硬、干燥、有脓性分泌物,无明显臭味,触之不易出血。1~5趾萎缩僵硬。摄片:右跟、第5跖趾骨骨髓炎。病检:足底溃疡边缘皮肤组织棘细胞增生,并见炎性坏死组织。

治 疗:一、患足行深重度按摩,表面抚摩、揉捏等手法,反复交替进行,每日6~8小时,并加热敷,红外线照射,内服舒筋活血片和三七片,溃疡面更换无菌敷料,并用快刀切剥增厚角化物,整个治疗历时5周,其踝皮革样变逐渐消失,皮肤恢复接近正常,足底溃疡脓性分泌物明显减少。二、在持续硬膜外麻醉下行右足底慢性溃疡切除,右跟、跖、趾骨髓炎

病灶清除,足底无皮创面约16×5cm²,予行前臂皮瓣17×5.5cm²移植,在显微镜5倍下于踝关节附近皮瓣桡A与受区胫后A吻接,伴行V相接,头V吻接大隐V,历时16小时,手术顺利。考虑骨髓炎渗出多,足跟外后侧行2cm“人”字形创口引流,其它创口一期缝合。术后卧床休息,红、氯霉素抗感染,口服阿斯匹林、潘生丁、罂粟硷、维生素B₁和中成药丹参片,局部灯烤保温25~30°C,术后两周受、供区创口愈合拆缝线,皮瓣全部存活,所留“人”字形引流口4周后无渗液自行闭合。术后5周锻炼行走,术后3月患足踝皮肤感觉恢复,弃拐行走3华里无不适,供区右上肢无功能障碍和不适。术后7月随访,患足情况良好,山区短距离行走无不适。

讨 论:一、我们予重(力量)长(时间)按摩配以热疗,内服舒筋活血药,仅历时5周,便使足踝皮肤疤痕皮革样变恢复接近正常,它为皮瓣移植成功打下了基础。我们临床体会此法对类似病患确是有效易行的方法。

二、目前国内外足底慢性溃疡切除,前臂皮瓣移植修复创面虽有报告,但为数不多,该皮瓣血管恒定,口径适中,易成功,虽前臂留下疤痕,如此能换来有用肢体和解除痛苦,我们认为还是一种可行方法。

Effects of Shen Mai San (生脉散) on the Left Ventricular Performance in Patients with Deficiency of Heart-Vital Energy in Coronary Heart Disease

Wang Yuzhong (王毓钟), *Liao Jiazhen (廖家桢), et al
Department of Physiology, Central Laboratory, Academy of TCM;
* Dong Zhi Men Hospital, Beijing College of TCM, Beijing

Systolic time intervals (STI) were used to examine the left ventricular performance in 20 patients with deficiency of heart-vital energy in the coronary heart disease and 20 normal healthy subjects.

Simultaneous ECG (lead II), phonocardiogram (PCG), carotid pulse tracing and apexcardiogram were recorded for the measurement of STI in conventional manner. At the same time, the signals were recorded on an analogic tape recorder. Then it was fed into the computer and processed by the specific triggered average program. The processed waveform was copied by an X-Y plotter and presented on a CRT display. The data of STI was read out on CRT or by a printer.

The heart rate (HR), the electromechanical time (EMT), left ventricular ejection time (LVET), mechanical systole time (MST), isovolumic contraction time (ICT), isovolumic relaxation time (IRT), pre-ejection period (PEP), EMT index, PEP index, LVET index, PEP/LVET, PEPI/LVET and LVET/ICT were measured.

Recordings were obtained 1hr before and after intravenous injection of Shen Mai San (consisting of three Chinese herbal medicines). The results of our study showed that the left ventricular function in patients with deficiency of heart-vital energy in the coronary heart disease was decreased or impaired to a certain degree. After intravenous injection of Shen Mai San, there was a significant decrease in HR, PEP, ICT, IRT and PEP/LVET and a significant increase in LVET statistically. It indicates that the left ventricular function was improved by intravenous injection of Shen Mai San. (Original article on page 223)

A Preliminary Study on the Acute Phase of Cor Pulmonale with Main Phlegm-Resolving Method with Cold Properties and Determination of the Treatment According to Different Symptom Complexes

— An Analysis of 240 Cases

Xu Jianzhong (许建中), et al

Department of Respiratory, Xiyuan Hospital, Academy of TCM, Beijing

An investigation of TCM-WM treatment of the acute phase of cor pulmonale in 240 clinically diagnosed cases was carried out in 1973~1984.

The chief characteristic of acute phase of cor pulmonale is that the fundamental aspect is infection and bronchial spasm, so the main key to appropriate therapy is to control the bronchial infection. We not only used mainly phlegm-resolving drugs with cold properties but also to give the decoction that the determination of treatment according to different condition. In principle, mild patients were treated with TCM. Moderate and severe patients were treated with combination of TCM and WM

The results indicate that the application of the phlegm-resolving drugs with cold properties and determination of the treatment according to different symptom complexes are effective. After treatment 53.66% showed marked improvement and 33.07% showed improvement, the ineffective rate was 13.27%. (Original article on page 226)

A Preliminary Observation on the Relationship Between Asthenia-Syndrome of Rheumatism and Levels of Some Blood Trace Elements

Xu Zhengfu (徐正福), et al

Longhua Hospital Affiliated to Shanghai TCM College, Shanghai

This article reports that blood trace elements (Zn, Cu, Zn/Cu, Pb, Cd) were determined by SVA-1 type oscillographic volampere apparatus in 35 normal subjects for control and 43 patients with rheumatism (26 Yin-deficiency type and 17 Yang-deficiency type).

The values in the normal controls were as follows: Zn $255.0 \pm 83.5 \mu\text{g/dl}$, Cu $160.0 \pm 42.7 \mu\text{g/dl}$, Zn/Cu 1.6 ± 0.5 , Pb $34.3 \pm 22.7 \mu\text{g/dl}$, but Cd was imponderable in this experiment. The Zn and Zn/Cu values in the patients of the Yin-deficiency group were lower and the Cu value was higher than those in the controls. The values were statistically significant ($P < 0.001$).

The Zn value and the Zn/Cu value were strikingly higher ($P < 0.001$) and the Cu value was lower ($P < 0.05$) in the Yang-deficiency rheumatism than those in the controls. The Pb value varied with no statistical significance in all groups ($P > 0.05$). The values of Zn, Cu and Zn/Cu in the Yin-deficiency group differed significantly from those in the Yang-deficiency group. The results indicate that changes in the values of the blood Zn, Cu and Zn/Cu, may be used as an index of the differentiation of asthenia-syndrome of rheumatism.

The biochemical mechanism of the blood trace elements Zn, Cu, Zn/Cu suggests that their levels are associated with the hypothalamus-pituitary-adrenal axis as well as sex hormones in patients of both Yin-deficiency and Yang-deficiency types, which is a reaction to the complicated variations of the body. (Original article on page 229)