

• 临床论著 •

冠心病中医辨证分型与冠状动脉
及左室造影所见的联系

上海第二医科大学附属仁济医院内科心血管研究室

鲍延熙 郑 义 陆惠华 俞国瑞 郑道声

内容提要 本文观察了 43 例冠心病患者中医辨证分型与冠脉造影结果的关系。结果以血瘀型为主的患者，94%有冠脉狭窄阻塞病变，6%有冠脉痉挛；以气虚气滞型为主的患者，12%有冠脉痉挛，32%有冠脉狭窄阻塞病变，56%为冠脉正常或阻塞管腔直径在50%以下。同时，对左心室射血分数、血小板聚集度、超声心动图等也作了观察与分析。

为进一步探索冠心病中医辨证分型的实质，对我院1986年5月~1988年2月，临床诊断为冠心病，经选择性冠状动脉造影的43例患者，进行辨证分型与病情及各项检查关系的分析，报告如下。

临 床 资 料

本组43例患者冠心病的诊断，根据1985年修订的冠心病心绞痛中医辨证试行标准（1980年全国冠心病辨证施治研究座谈会订，以下简称辨证标准）。其中男31例，女12例；年龄40~68岁。43例中，陈旧性心肌梗塞11例（前壁6例中2例有室壁瘤，下壁5例）；劳累性心绞痛17例（陈旧性心肌梗塞者10例）；自发性心绞痛12例（心肌梗塞者1例）；劳累合并自发性心绞痛5例；不典型心绞痛9例，

中医辨证分型

一、血瘀证（血证）为主者18例。其中（1）血瘀型9例，证见劳累及（或）休息时出现胸骨后压榨性疼痛，痛有定处，或疼痛发作与饱餐、情绪激动有关；舌质暗紫有瘀点（斑），脉细涩。（2）血瘀气虚型5例，证见劳累及（或）休息时胸闷痛，痛有定处，气促，嗜睡；舌质淡胖瘀紫，齿痕深。（3）血瘀气阴两虚型2例，证见劳累时胸痛有定处，气短乏力；舌质暗紫红绛，苔少而剥，齿痕明显。（4）血瘀阴虚夹湿型2例，

证见劳累及（或）休息时发生绞窄性胸痛，痛有定处，腰酸痛，肢麻；舌紫暗红，苔白腻。

二、气虚气滞证（气证）为主者25例。其中（1）气虚型5例，证见胸闷痛发作无规律，一般与劳累无关，气短乏力，心悸心慌，腰膝酸软，眩晕扑倒，筋惕肉瞤；舌淡胖，齿痕明显或舌淡，舌面有丝状裂纹。（2）气滞型13例，证见胸闷胀不适，与劳累无关，深吸气或频频拍胸或就地走动则舒，胸闷痛走窜不定；舌质淡，无齿痕，苔薄。（3）气虚血瘀型4例，证见劳累及（或）休息时出现胸闷、气短、心悸，有失眠、便溏证；舌质淡胖暗紫，齿痕明显。（4）心阳虚型1例，证见奔跑后胸部针刺样痛，阴天胸痛，怕冷，卧不安；舌质淡胖嫩，脉沉细。（5）气阴两虚型2例，证见胸闷痛、气短（午后多发），便溏或秘、纳差、失眠；舌质红绛，苔光剥，有齿痕。

观 察 方 法

一、冠状动脉造影：采用 Judkin's 方法观察冠状动脉病变累及支数和程度，以冠状动脉主要分支的病变累及管腔直径 $\geq 50\%$ 为狭窄；整支或部分管腔变细，经静脉推注硝酸甘油0.5mg后，细狭的管腔增粗者为痉挛；管腔无狭窄、痉挛或狭窄管腔直径 $< 50\%$ 者属正常。

二、左室造影：观察左室射血分数（EF），

EF<55%为左室功能障碍。

三、血小板聚集试验(PAgT): 仪器应用英国Coulter公司制造的 Aggrometer 335型仪器, 采血分离富含血小板血浆(PRP)和贫血小板血浆(PPP)。以1.0μg/ml肾上腺素及0.6μM二磷酸腺苷为最终浓度作诱导剂, 算出最大聚集率≥60%为异常。

四、超声心动图(UCG): 应用美国Diaso-nic公司仪器, 在M型及二维扇型超声心动图检测显示, 以室壁活动呈节段性运动失调为主, 结合室壁、室间隔以及主动脉根部活动幅度及速度降低等为异常。

结 果

43例患者中医辨证分型与冠状动脉造影、EF、PAgT、UCG异常的关系, 见附表。

附表 两组不同证型冠心病患者冠脉造影及其他参数的比较 (例数)

分 组	例 数	冠脉造影			EF		UCG
		狭窄	痉挛	正常	<55%	>60%	
血 证	18	17(94)	1(6)	—	7(39)	15(83)	14(78)
气 证	25	8(32)	3(12)	14(56)	22(88)	17(68)	14(56)
P值		<0.0001			<0.002		>0.05

一、辨证分型与冠状动脉病变的关系: 冠状动脉狭窄(>50%)病变在血证组中明显多于气证组, 而冠状动脉正常或痉挛者, 气证组明显多于血证组, P均<0.0001。而冠脉狭窄支数在两组间未见明显差异, 血证组为43支/17例, 气证组为18支/8例, 每例分别为2.5支和2.25支。

二、辨证分型与EF的关系: EF异常者, 在血证组中明显少于气证组, P<0.002。

三、两组辨证分型与PAgT、UCG异常数间无明显差异, P均>0.05。

四、冠心病诊断分类⁽¹⁾与辨证分型的关系: 陈旧性心肌梗塞, 劳累性心绞痛患者在血证组中分别占50%和66%, 明显多于气证组; 而自发性心绞痛, 不典型心绞痛患者在气证组

中均分别占36%, 明显多于血证组, P<0.001。

讨 论

本组以血瘀证为主的冠心病患者, 以现代医学的陈旧性心肌梗塞, 劳累性心绞痛多见, 冠脉造影显示94%的患者有较为显著的冠脉狭窄病变, 6%的患者为冠脉痉挛, 无冠脉正常者。气虚气滞辨证为主的冠心病患者, 为现代医学中自发性心绞痛或以神经官能症为主的不典型心绞痛患者多见。樊氏曾报道⁽²⁾, 心气阴两虚的冠心病患者, 血清多巴胺-β-羟化酶(与植物神经功能状态有关)均有异常。作者曾论述冠心病气虚型患者临床表现与副交感神经功能偏亢有关; 冠心病阴虚型患者临床表现与交感神经功能偏亢有关。这与本文观察结果相符。本文观察到气虚气滞型为主的冠心病患者冠脉造影结果, 多数患者无明显冠脉粥样斑块阻塞, 少数患者发现冠脉痉挛。现代医学已明确, 机体副交感神经(迷走神经)功能偏亢, 可促使冠脉痉挛。而另一部分造影证实冠脉显示正常的患者有不典型的胸闷胸痛证, 这也正符合机体植物神经功能紊乱可出现一系列的神经官能性症状的临床表现。EF的异常改变, 在气证组患者中明显, 而在血证组中少见, 这和我们过去的研究结果一致⁽³⁾, 即认为气虚型冠心病的主要病理生理变化在于血液动力学方面。本文观察结果, 对进一步认识中医辨证论治理论体系的现代医学实质, 提供了一个有力的客观依据。

(本文统计工作由本室陈铭生、谢秀兰完成, 特此致谢)

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Abstracts of Original Articles

The Relationship between the Patterns of Syndrom Differentiation and the Features of Coronary and Left Ventricular Angiocardiology in the CHD

Bao Yanxi(鲍延熙), et al

Research Laboratory of Cardiology, Renji Hospital,

Shanghai Second Medical University, Shanghai

From 1986~1988, 43 CHD patients were analyzed on the relationship between the patterns of syndrome differentiation and the features of coronary and left ventricular angiocardiology. There were 17/18 cases (94.41%) with fixed stenotic lesions of coronary arteries in the pattern of blood stasis; 1/18 cases (5.5%) had coronary spasm; none was normal. The cases with blood stasis pattern were mostly of old myocardial infarction, effort angina and effort coexisting with spontaneous angina. They complained a fixed squeezing substernal pain provoked by physical exertion. In 14/25 cases (56%) of syndrome differentiation with Qi (气) deficiency and Qi stagnation, the coronary arteries were normal. 3/25 cases (12%) had coronary arterial spasm and 8/25 cases (32%) had stenotic lesions in coronary artery. The cases of Qi deficiency and Qi stagnation were mostly of spontaneous and atypical angina. They complained precordial distress or pain with indefinite location associated with shortness of breath and fatigue. The distress was relieved by a deep breath.

Abnormal ejection fraction was seen mostly in the pattern of Qi symptoms and signs but less in the pattern of blood stasis ($P < 0.002$). There was no significant difference in platelet aggregation test and echocardiogram between the two patterns.

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Power Spectral Analysis of Heart Rate on Qi(气)Deficiency and Both Qi and Yin (阴) Deficiency in Patients with Coronary Heart Disease

Chen Yaoqing(陈耀青), Chen Keji(陈可冀),*Sun Fuli (孙福立), et al

*Dept. of Cardiology and*Dept. of Geriatrics, Xiyuan Hospital,*

China Academy of TCM, Beijing

Qi deficiency(QD) and both Qi and Yin deficiency(QYD) are most common in TCM classification of CHD patients with insufficiency syndrome. The authors used the power spectrum of spontaneous heart rate fluctuation(PSHF) to analyze the function of cardiac regulation in 30 QD patients and 27 QYD patients with CHD and compare with the control group of 30 cases for discussing the association between different TCM syndrome patterns and the function of cardiac nerve regulation. The main results were as follows: (1) Low-frequency areas of PSHF in QYD ($34.15 \pm 11.60\%$) were significantly higher than those in QD group ($26.24 \pm 11.57\%$) and the control group ($27.80 \pm 11.65\%$). The L/H ratio in QYD (1.78 ± 0.96) was significantly higher than those in QD (0.91 ± 0.64) and the control group (0.98 ± 0.58). The changes of PSHF in QYD could have some relations with the increasing of the activity of sympathetic nervous system. (2) The change in body posture was used as a load test to study cardiovascular regulation in different TCM patterns of insufficiency syndrome with CHD. In control group the L/H ratio increased with the change of body posture from 0.98 ± 0.58 to 4.29 ± 0.89 ($P < 0.001$), while in QD group and QYD group increased from 0.91 ± 0.64 to 1.67 ± 0.83 ($P < 0.05$) and 1.78 ± 0.96 to 1.85 ± 0.87 ($P > 0.2$) respectively. The results suggested that cardiovascular baroreceptor reflex was decreased in CHD patients, and QYD group was inferior to DQ group.

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