

充血性心力衰竭患者证候的临床研究

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内容提要 对65例充血性心力衰竭(CHF)患者证候进行了临床研究。结果发现心气虚是发生CHF的根本原因,同时表现出心阴虚证向心阳虚证转化加重的规律和兼夹证逐渐增多的倾向。心阴虚组除血浆醛固酮(pALD)外($P>0.05$),血浆心钠素(pANP)和血浆血管紧张素II(pAII)均较对照组增高($P<0.05\sim 0.001$)。心阳虚组pANP和pALD较心阴虚组增高($P<0.05\sim 0.005$),pAII降低($P<0.05$)。随心衰加重pANP与pALD呈正相关($r=0.48, P<0.005$),pAII与pANP、pALD呈负相关($r=-0.53, P<0.001$)。还就心阴与心阳、心与肾的病理生理学基础进行了讨论。

关键词 心气虚证 心阴虚证 心阳虚证 心钠素 醛固酮 血管紧张素II 充血性心力衰竭

笔者在临床观察的基础上,总结了充血性心力衰竭(CHF)患者的证候衍变规律及病理特点,并进一步采用放射免疫分析法,检测了血浆心钠素(pANP),血浆醛固酮(pALD)和血浆血管紧张素II(pAII)的水平,探讨了心阴虚证与心阳虚证、心与肾在体液调控机制中的实质,结果报告如下。

资料与方法

一、资料:按1986年5月郑州会议制订的全国“中医虚证辨证标准”⁽¹⁾、《中医证候鉴别诊断学》⁽²⁾和《临床疾病诊断依据治愈好转标准》⁽³⁾建立病证结合双重诊断。心功能分级按NYHA标准。65例均为住院患者,男39例,女26例;年龄29~82岁,平均42.38岁。分为心阴虚证组31例,心阳虚证组34例,全部患者均表现出心气虚证。现代医学诊断:肺心病23例,高心病1例,风心病14例,扩张型心肌病13例,冠心病10例,尿毒症2例,病毒性心肌炎2例。合并病患者以主要病种计:左心衰6例,右心衰43例,全心衰16例。

对照组是哈尔滨中心血站提供的32例健康献血员,男15例,女17例;年龄31~42岁,平均年龄35.29岁。

二、研究方法:CHF患者及正常人对照组均于清晨6~7时平卧半小时后空腹静脉抽血,4℃分离血浆,-20℃低温保存待测。ANP、ALD和AII均采用放射免疫法。ANP药盒由中国人民解放军301医院中心试验室提供并协助检测。AII和ALD药盒由中国同位素公司北方研究所提供,我院同位素室协助检测。所有样品均同批双管测定。

结 果

一、心阴虚组、心阳虚组与心功能分级情况:心阴虚组心功能II级者20例,III级者11例,无IV级者;心阳虚组心功能II级者3例,III级者9例,IV级者22例。经 χ^2 检验,两组与心功能构成比例显著相关($P<0.001$),提示早期或轻度CHF患者以气阴两虚证为主,晚期或重度CHF患者以阳气虚竭证为主,随心衰加重呈现出心阴虚向心阳虚转化加重的趋势。

二、全部病例中血瘀证患者36例,肾水泛滥证34例,痰湿证22例。心阴虚组各证出现率依次为:22.22%、9.68%和12.90%;心阳虚组各证出现率依次为:82.35%、91.18%和52.94%。可见心阴虚证患者合并证较少,病理单纯;而心阳虚证患者多痰、瘀、水证并见,病理改变复杂。

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三、口渴和水肿是CHF患者水液代谢紊乱主要的具有特征性的症状体征,其出现率为:心阴虚组依次为100%和9.68%;心阳虚组依次为14.71%和92.17%。

四、检测结果:各组 pANP、pALD 及 pA II 含量比较:见附表。

pANP、pALD 和 pA II 三者间相关分析:经直线相关检验, pANP 与 pALD 间呈显著正相关($r=0.48, P<0.005$); pA II 与 pANP 间呈显著负相关($r=-0.53, P<0.001$)。

附表 各组 pANP、pALD 和 pA II 含量比较 (pg/ml, $\bar{x}\pm S$)

组别	pANP	pALD	pA II
对照	2080.14 ± 412.71	180.30 ± 47.30	84.92 ± 26.11
心阴虚	3042.76 $\pm 299.30^*$	173.60 ± 71.26	232.70 $\pm 103.17^{**}$
心阳虚	4296.17 $\pm 863.37^{\Delta\Delta}$	232.95 $\pm 96.70^{\Delta}$	130.75 $\pm 38.53^{**\Delta}$

注:与对照组比较* $P<0.05$, ** $P<0.001$;与心阴虚组比较 $\Delta P<0.05$, $\Delta\Delta P<0.005$

讨 论

一、CHF 患者证候的衍变规律:本结果证实,全部 CHF 患者均表现有心气虚证,同时心阴虚证、心阳虚证与心功能分级间显著相关。早期或病情轻的 CHF 患者以气阴两虚为主,兼夹证少,病理单纯。晚期或重度 CHF 患者以阳气虚竭为主,多合并瘀、水、痰证,病理复杂多变。心功能 III 级相当于中期或中度患者各证出现例数基本均衡,属于心阴虚向心阳虚转化的过渡阶段。以上说明心气虚是发生 CHF 的根本原因。随心衰加重,心阴虚向心阳虚转化,阴损及阳,最终导致阳气竭脱,血脉瘀阻,肾水泛滥,痰湿内生,阴阳决离的重病状态。

二、ANP、A II 的相互拮抗与心阴、心阳平衡:ANP 是近些年发现的由心脏分泌的一种多肽类激素^[4],具有强大的利尿、利钠和舒张血管的作用,主要在心房组织内合成,其分泌和释放受心房充盈压的调节,可在肾素、A II

和 ALD 等多环节与 RAA 系统发生拮抗^[5],在脑内可抑制 A II 诱导的口渴及饮水行为^[6]。

本结果证实,心阴、心阳的对立平衡与 ANP、A II 间的竞争抑制作用可能有密切关系。(1)心阴虚组患者 pANP 水平较心阳虚组患者显著降低, pA II 水平显著增高,说明心阴虚患者整个体液调控机制中 A II 的活性增强,机体主要通过 A II 收缩血管,刺激口渴中枢诱导饮水来代偿性增加因心搏量下降导致的有效循环血量。而 pANP 虽然高于正常人,但却不能有效地抑制 A II 的作用,“合力”使早期或轻度 CHF 患者表现出心阴虚证水液不足的症状和体征。(2)心阳虚组 pANP 水平较心阴虚组显著增高, pA II 水平显著降低,口渴出现率也降低,水肿出现率增高。原因可能是高水平 pANP 抑制了 A II 的分泌释放及其作用;高浓度 pALD 负反馈抑制了 A II,新的“合力”使晚期或重度 CHF 患者表现出一种特定的心阳虚证体液过剩的状态。

三、心与肾“水火相济”理论的实质:心阳虚组 pALD 水平较心阴虚组增高, pA II 显著降低,水肿、肾水泛滥证出现率也明显增高,由于 ALD 产生于肾脏, A II 由心、肝、肺、肾参与产生^[7],根据本结果初步推测, A II 与 ALD 的正负反馈机制与中医学“心阳下温肾水”、“水气凌心”的理论之间可能有某种联系。

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Observation on Treatment of Breast Proliferation-Disease with Modified Xiao Yao San(逍遥散)and Er Chen Decoction(二陈汤)

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The authors report the 3 months' treatment of 51 cases of breast proliferation disease with modified Xiao Yao San and Er Chen decoction, an effective rate being 96.1%. In each patient before and after treatment, saliva estradiol (SE₂), saliva progesterone (SP), saliva testosterone (ST) and plasma prolactin (PRL) concentrations were monitored and breast molybdenum-target X-ray films were taken. The results showed that after treatment, SE₂ concentrations declined very significantly ($P < 0.001$); SP concentrations declined significantly ($P < 0.05$); PRL concentrations declined very significantly ($P < 0.005$), but ST concentrations did not change significantly. Breast molybdenum-target X-ray films showed absorption of proliferation masses in 21 cases. These indicated that the medicine could regulate endocrine system, perhaps through suppressing secretion of PRL, decreasing prolactin antagonist action to follicular stimulating hormone so as to restore follicle function, and could regulate pituitary-follicle axis and make the axis normal.

Key Words breast proliferation disease, estradiol, progesterone, testosterone, prolactin, Xiao Yao San, Er Chen decoction

(Original article on page 400)

Effect of Moxibustion on the Antibody-Dependent Cell-Mediated Cytotoxicity Activity in Peripheral Blood of Patients with Hashimoto's Thyroiditis

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To investigate the immune regulating effect of moxibustion on the patients with Hashimoto's thyroiditis, 35 patients were treated by moxibustion and the changes of antibody-dependent cell-mediated cytotoxicity (ADCC) activity in the peripheral blood of the patients and their relationship with thyroid microsomal antibody (MCA) before and after treatment were observed. It was found that the activity of ADCC and the combining rate of MCA were higher than normal and they were closely related to each other. After treatment, both of them declined remarkably and the relationship between them remained the same. The result indicated that the treatment of Hashimoto's thyroiditis by moxibustion might well be related to its effect of decreasing the activity of ADCC and the titer of anti-thyroid antibodies.

Key Words moxibustion, Hashimoto's thyroiditis, antibody-dependent cell-mediated cytotoxicity

(Original article on page 403)

Clinical Study on Symptoms Complex of TCM in Patients with Congestive Heart Failure

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This paper have carried out clinical study on 65 cases of congestive heart failure (CHF). (1) The insufficiency of Heart-Qi(气) was the main cause of invasion of CHF. Along with aggravation of CHF, the Heart Yin(阴) deficiency developed into the Heart Yang(阳) deficiency and accompanying symptoms multiplied gradually. (2) Except plasma aldosterone (pALD) ($P > 0.05$), the levels of plasma atrial natriuretic polypeptide (pANP) and plasma angiotensin II (pAII) in the Heart Yin deficiency group was increased obviously compared with healthy persons ($P < 0.05 \sim 0.001$). In the Heart Yang deficiency group, the levels of pANP and pALD was increased markedly ($P < 0.05 \sim 0.005$), the level of pAII was decreased obviously ($P < 0.05$), as compared with the Heart Yin deficiency group. (3) There were positive correlations between pANP and pALD ($P < 0.005$), negative correla