

川芎嗪治疗妊娠高血压综合征临床分析

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内容提要 将75例妊娠高血压综合征(妊高征)病人随机分为二组,对照组用硫酸镁20~25g/日治疗,治疗组用川芎嗪120~160mg/日治疗。结果:治疗组总有效率82.9%,明显优于对照组, $P < 0.01$; MAP明显下降 $P < 0.01$; 水肿和蛋白尿明显减轻, $P < 0.05$; 血液流变性改变,特别是红细胞压积显著下降, $P < 0.001$; 但胎儿NST阳性率和Apgar评分与对照组比较无显著性差异。说明川芎嗪治疗妊高征的主要机理是扩张血管、改善肾功能和改善血液流变性。

关键词 川芎嗪 硫酸镁 妊娠高血压综合征

川芎嗪是从川芎中提取的有效成份——四甲基吡嗪,其对动脉有解痉作用,能对抗肾上腺素收缩血管作用,增加冠脉流量,降低动脉阻力,降低血小板聚集性。根据该药特点,我们对75例妊娠高血压综合征(妊高征)病人随机分组,分别以川芎嗪或硫酸镁治疗,观察临床和生化指标及对胎儿的影响,现报道如下。

临床资料

自1986年元月至1988年12月,对我院住院的75例妊高征患者采用随机抽样的方法将75例患者分为两组,其年龄(22~30岁),孕周(35~40周),胎次(第一~第二胎)基本相同。川芎嗪治疗组41例,重度16例,中度25例。硫酸镁对照组34例,重度20例,中度14例。妊高征分类采用全国高等医药院校统一教材中的分类方法^①。

治疗方法

治疗组用川芎嗪注射液120~160mg加入5%葡萄糖500~1000ml静脉滴注,每日1次,24小时量 $< 200\text{mg}$,对照组用硫酸镁20~25g/日,快速静脉滴注5g,维持静脉滴注15~20g。每组病例如舒张压 $\geq 110\text{mmHg}$ (14.63kPa),可加安定20mg肌肉注射。

结果

一、疗效判断标准:凡收缩压下降20mm-

Hg(2.66kPa)或舒张压下降10mmHg(1.33kPa)加上蛋白尿、水肿及血液流变学三项指标中的2~3项改善为显效(蛋白尿、水肿减轻“+”为改善);1项改善为有效;均无改变为无效。此外我们还观察了两组病人的分娩方式、羊水性状及新生儿Apgar评分,以判断川芎嗪对胎儿的影响。

二、治疗效果:川芎嗪治疗组41例,34例有效,疗效为82.9%,其中显效占38.2%,对照组34例中15例有效占44.1%,两组比较 $P < 0.01$ 。

三、两组用药前后平均动脉压的比较:平均动脉压(MAP)=舒张压+1/3脉压,两组病人每日测血压3~6次,严重者测血压10次以上,取平均值。两组用药前后MAP的比较见表1。

表1 两组用药前后MAP比较表 ($\bar{x} \pm S$)

组别	分类	例数	用药前(kPa)	用药后(kPa)	P 值
治疗	中度	25	15.01 $\pm$ 1.04	13.58 $\pm$ 1.27	< 0.01
	重度	16	16.00 $\pm$ 1.50	13.56 $\pm$ 1.25	< 0.01
对照	中度	14	15.14 $\pm$ 1.08	16.38 $\pm$ 1.44	< 0.01
	重度	20	16.90 $\pm$ 2.03	17.17 $\pm$ 1.82	> 0.05

四、治疗前后两组水肿、蛋白尿改善情况:治疗组37例水肿,有36例改善;29例蛋白尿,有20例改善。对照组中31例水肿;有12例改善;29例蛋白尿,有13例改善。两组两项比较 $P < 0.01$ 。

五、两组用药前后血液流变学指标:见表

2。 而对照组则未见明显变化，两组血粘度均无明显改变。

表2 两组用药前后血液流变学测值比较 ($\bar{x} \pm S$)

分 组	红细胞压积 (%)	全血粘度 (mPa·s)	血浆粘度 (mPa·s)	还 原 粘 度
治 疗	38.40±5.6818(23)	4.16±7.0600(13)	1.91±0.3983(13)	7.92±3.0869(13)
	33.36±4.8739(23)△	3.88±6.6801(12)	1.77±0.2564(12)	6.36±1.9458(12)
对 照	36.80±3.7832(25)	4.37±6.0880(19)	2.07±1.0089(19)	6.99±1.7513(19)
	34.36±5.2471(25)	4.01±6.0840(22)	1.82±0.1894(22)	6.95±1.5484(22)

注：每组上行为治疗前，下行为治疗后；()内为所测例数；与治疗前比 $\Delta P < 0.001$

六、两组分娩方式：治疗组41例，顺产13例(31.71%)，手术产28例；对照组34例，顺产5例(14.71%)，手术产29例，二者比较 $P < 0.01$ ，以妊高征作手术指征的治疗组7例(17.07%)，对照组24例(70.59%)， $P < 0.01$ 。

七、对母婴的影响：两组孕妇的产程、胎心音、心肝肾功能、羊水性状、产后出血及NST(无宫缩时胎心监护)阳性率，胎心监护及新生儿Apgar评分，均无明显差异($P > 0.05$)。

讨 论

一、川芎嗪的作用机制：川芎嗪为活血化瘀中药川芎的有效成份。通过实验发现其有对抗肾上腺收缩血管的作用，并有血小板解聚作用^[2]。临床研究也观察到川芎嗪可以扩张血管，增加心输出量、肾血流量，改善血液流变性，降低血小板聚集性，增强红细胞变形能力，缓解高凝状态^[3]。我们的治疗观察也印证了川芎嗪的上述疗效机制。川芎嗪治疗后患者的红细胞压积明显降低($P < 0.01$)而全血粘度、血浆粘度及还原粘度等则降低不明显($P < 0.05$)，与沈迪安^[4]报道红细胞压积改变为最敏感指标相符。

二、从分娩方式观察用药效果：分娩方式

与病人治疗后病情密切相关，用川芎嗪治疗组的顺产率较硫酸镁对照组为高($P < 0.05$)，而手术产率则低($P < 0.01$)，而且由于妊高征而手术的病人比率治疗组较低($P < 0.01$)。这可能与硫酸镁组重度的比例稍高有关。

三、对母婴影响：川芎嗪与硫酸镁对母婴影响无明显差异，说明其可与硫酸镁并同，且川芎嗪无副作用，患者易接受。

据此，我们认为川芎为中医学良药之一，川芎嗪治疗妊高征可扩张血管、降低红细胞压积、疏通微循环、改善血液流变性，从而达到降压、改善肾功能的作用，是硫酸镁、心痛定、低分子右旋糖酐等所不及的，而且该药对孕产妇、胎儿均无副作用，值得推广运用。

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· 简 讯 ·

1991年5月18~19日，黑龙江省中西医结合学会组织有关专家到五常县进行了为期两天的义诊支农活动。专家们为五常县425名患者进行义诊、咨询，还为县一院、二院、中医院住院的疑难患者进行了会诊，解决了当地医生无法解决的技术难题，深受当地群众的欢迎。参加这次义诊活动的有哈尔滨医科大学第一

附属医院、省人民医院及哈尔滨市中医医院的张亭栋、葛茂振、张君燕、荣福祥、姜涛、杨熙平、杨书兴、王凤阁同志。这次活动是由黑龙江省中西医结合农村基层工作委员会主任刘广财具体组织的。

(韩志杰、杨书兴)

and TXB_2 content were reduced in endometriotic cell, and the TXB_2 contents were reduced in endometrial cell in situ ($P < 0.01$). These results indicate that endometriotic cell and endometrial cell in situ can produce more PGI_2 and TXB_2 — at least in vitro, which perhaps may provide an explanation for the puzzling clinical phenomenon of endometriosis. Gossypol acetate, progesterone and danazol inhibit PGI_2 and TXB_2 content in endometrial cell of patients with endometriosis. It is pertinent to ask whether these drugs can be used to improve endometriosis-associated infertility or dysmenorrhea as well.

Key Words gossypol acetate, gonadotrophin releasing hormone agonist, endometriosis, prostaglandins

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Prediction and Prevention of Hypertension Syndrome of Pregnancy

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Analysis of mean artery pressure (MAP-2) according to the differentiation of symptom complex of TCM can predict the occurrence of hypertension syndrome of pregnancy (HSP) at patients' first visit to hospital during their middle gestational period (< 24 pregnant weeks). 424 pregnant women (MAP-2 $\geq 12\text{kPa}$) were divided into 4 groups and given preventive treatment as follows: (1) The control group, 122 women, no drugs were given; (2) the Theragan group, 102 women; (3) the TCM (A) group, 100 women, those with Liver-Kidney deficiency of Yin(阴) or no apparent signs were given Qiju Dihuang Wan(枸菊地黄丸), and those with Spleen-Kidney deficiency of Yang(阳) were given Shenqiwan(肾气丸); (4) the TCM(B) group, 100 women, were given *Salvia miltiorrhiza* plus (A) group's drugs. The results of prediction: (1) The occurrence rate of HSP in the MAP-2 $< 12\text{kPa}$ group was 10.5%; in the MAP-2 $\geq 12\text{kPa}$ group, 49.2%. The difference was significant. (2) The rate of deficiency of Yin in the MAP-2 $\geq 12\text{kPa}$ was significantly higher than in the MAP-2 $< 12\text{kPa}$. The rate of HSP in the deficiency of Yin was higher than in the nondeficiency of Yin. The rate of HSP increased to 70.7% in the MAP-2 $\geq 12\text{kPa}$ with deficiency of Yin. The results of prevention: (1) The occurrence rates of HSP in 4 groups were 49.2%, 30.4%, 15% and 14% respectively. (2) There was no side effect for mother and infant after preventive treatment. No eclampsia occurred.

Key Words hypertension syndrome of pregnancy, mean artery pressure in middle gestational period, Liver-Kidney deficiency of Yin

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Observation on Treatment of Hypertension Syndrome of Pregnancy with Ligustrazine

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75 patients with hypertension syndrome of pregnancy (HSP) were randomly designed to 2 groups: the control group treated with magnesium sulfate (20~25g/d) and the Ligustrazine (120~160mg/d) group. The results of Ligustrazine group compared with the control group were as follows: (1) Mean arterial pressure was significantly decreased ($P < 0.01$). (2) Edema and proteinuria was lowered ($P < 0.05$). (3) The condition of rheology was improved, especially, hematocrit was significantly decreased ($P < 0.001$). (4) The positive rate of NST and Apgar's score were not different between the 2 groups. Clinical monitoring showed Ligustrazine without side effects in the group. Mechanisms of Ligustrazine in HSP were (1) dilating blood vessel; (2) improving kidney function; (3) improving microcirculatory and rheology.

Key Words Ligustrazine, magnesium sulfate, hypertension syndrome of pregnancy

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