

# 21例自发性及变异性心绞痛的 中医证候特点分析

江苏省中医药研究所内科(南京 210037) 何燕廷 丁惠玲 姜 彬

**内容摘要** 通过对21例自发性、变异性心绞痛与147例劳力性心绞痛的对比分析,结果认为前者有三个中医证候特点:寒凝标实证型较多(42.86%:3.40%),阳虚本证较多(33.33%:6.12%),气虚本证较少(33.33%:72.11%);自发与变异两型心绞痛间证型无明显差异;寒凝型心绞痛的本证以阳虚与阴虚为多。文中对以上发生机理进行讨论,同时,还提出寒凝型心绞痛的辨证标准补充修改意见及该证型在临床上的重要意义。

**关键词** 心绞痛 自发性及变异性 寒凝证型 阳虚证型 气虚证型

冠心病心绞痛的中医临床类型文献屡见报道,但自发性及变异性心绞痛之证候分型报告甚少。作者就所见21例自发性、变异性心绞痛进行证型分析,旨在探求其有关特点,从而有助于冠心病辨证规律的进一步探讨和临床治疗的指导。

## 资料与方法

### 一、研究对象及一般资料

1. 自发性及变异性心绞痛组:共21例,自发性8例,变异性13例,均系住院患者,全部为男性。年龄38~77岁(平均 $55.90 \pm 9.59$ 岁,  $\bar{x} \pm S$ )。干部13例,工人8例。冠心病心绞痛病程: <6个月12例,6个月~1年4例,1~5年2例,5~10年3例。合并症:高血压病8例,高脂血症7例,心律失常6例,胆石症1例,有劳力型心绞痛史8例。发作病史:均无诱因,于夜间或凌晨发作(不伴气急)15例次,晨起或上午发作7例次,晚间4例次;7例兼有劳累、情绪因素,1例伴排尿诱发,2例兼因寒冷偶发;发作持续<15min 16例,15~30min 4例,30~60min 1例;发作频率最多1~3次/昼夜,最少1次/月。缓解方式:自行缓解3例,含服硝酸甘油或心痛定缓解17例,注射杜冷丁缓解1例。住院期间静息发作疼痛性质:压榨性绞痛或剧痛11例,隐痛或闷痛10例。发作时心电图特点:13例ST段抬高

[前、侧壁( $V_1 \sim V_6$ )或高侧壁(I、aVL)9例,下壁(II、III、aVF)3例,前、下壁1例],各导联ST段上抬0.05~0.9mV不等,伴QRS增宽1例,T波直立对称、高耸、呈冠状T倒置各1例,U波浅倒1例,频发及多源性室性早搏各1例;ST段水平下移6例(位于前、侧壁或高侧壁3例,下壁1例,前、下壁2例),下移0.025~0.3mV,伴T波变尖、双相、深倒置各1例,U波倒置2例,室早1例;2例无ST段改变。鉴于该2例未见变异性心绞痛的特征性ST段抬高表现,故归属于自发性心绞痛。

2. 劳力性心绞痛组(对照组):共147例,系同期住院患者。其中男108例,女39例,年龄42~78岁(平均 $58.12 \pm 7.28$ 岁,  $\bar{x} \pm S$ )。干部96例,工人51例。冠心病心绞痛病程:<6个月16例,6个月~1年17例,1~5年65例,5~10年34例,10~15年10例,15~20年5例。

以上两组病例均符合1979年全国冠心病诊断参考标准<sup>(1)</sup>和WHO缺血性心脏病有关心绞痛命名及诊断标准<sup>(2)</sup>。

### 二、辨证及研究内容

1. 参照1980年全国冠心病中医辨证试行标准<sup>(3)</sup>,对各组病例进行辨证分型。除单一证型外,标实证可有2或3种同时存在之兼证,本虚证之兼证符合全国中医虚证辨证参考标准所规定的兼证范围和类型<sup>(4)</sup>。本文对寒凝型标

准作如下补充修改：胸痛剧烈，痛时面色白，手足冷及汗出（3项体征必备2项或以上），或遇寒即发，苔薄白。

2. 对静息性心绞痛与劳力性心绞痛证型进行比较，同时对自发性与变异性心绞痛之证型对比，并观察某些标证与本证之间可能存在的联系。

### 三、统计学方法

相应采用 $\chi^2$ 或精确概率检验法进行组间显著性差异检验。

## 结 果

一、自发性、变异性心绞痛中医证型特点分析：见附表。21例自发性、变异性心绞痛本证证型为：气虚1例、阴虚7例、气阴两虚6例、阳虚5例、阴阳两虚2例；147例劳力性则依次为：49例、29例、57例、8例、1例，无虚证3例。为便于统计及分析，无论本虚或标实证，均将兼证分属各单一证型中进行比较（下同）。

从附表可见，在标实见证中，气滞、痰阻、血瘀两组间均无明显差异（ $P>0.05$ ），而寒凝型以静息性心绞痛组为多，与劳力性心绞痛组比较，差异非常显著（ $P<0.001$ ）。本虚见证中，无虚证及阴虚证型两组间差异均不显著（ $P>0.05$ ），气虚及阳虚见证两组之间差异均非常显著（ $P<0.001$ ）。前者劳力性多于自发性、变异性，后者则自发性、变异性多于劳力性。

二、自发性心绞痛与变异性心绞痛间证型对比

为了进一步分析静息型心绞痛不同类别的

中医证型是否存在差异，本文对发作时ST段下移的自发性6例与ST段抬高之变异性13例证型进行比较，其结果：自发性与变异性之标实见证中，气滞、痰阻、血瘀、寒凝分别为：自发性组2、3、5、3例，变异性组6、3、10、6例；本虚见证中，气虚、阴虚、阳虚分别为：自发性组3、5、2例，变异性组4、8、4例。两组间各种标证、本证见证均无明显差异， $P>0.05$ 。

三、自发性、变异性心绞痛寒凝标证与本虚证之间关系分析

鉴于寒凝证型在自发性、变异性心绞痛中所占比重相对较大，我们对9例寒凝标证与其本证关系进行分析。该9例所见本证为阴虚3例、气阴两虚1例、阳虚4例、阴阳两虚1例。兼证分属单一证型后，则为气虚见证1例、阴虚见证5例、阳虚见证5例。因此可见寒凝型静息性心绞痛，其本证主要为阳虚与阴虚，无一例为单纯气虚。

## 讨 论

一、本文分析结果表明，自发性、变异性心绞痛的中医证候明显有别于劳力性心绞痛，其特点有三：（1）寒凝标实型较多（42.86%）。（2）阳虚本证较多（33.33%）。（3）气虚本证较少（33.33%）。鉴于自发性及变异性心绞痛均以冠脉自发性痉挛<sup>(5,6)</sup>，心肌供血绝对减少为主要机理，故其疼痛较一般心绞痛剧烈<sup>(2)</sup>。本组疼痛呈压榨性绞痛或剧痛占半数，因痛剧而出现面色苍白，四肢冷及出冷汗者可达42.86%，个别甚者需杜冷丁缓解，故而表现寒凝型较多。在冠心病植物神经功能失调的研究工作中，有

附表 自发性及变异性心绞痛与劳力性心绞痛中医证型比较 [例(%)]

| 心绞痛类型  | 例数  | 标 实 见 证   |           |            |           | 本 虚 见 证 |            |           |           |
|--------|-----|-----------|-----------|------------|-----------|---------|------------|-----------|-----------|
|        |     | 气滞        | 痰阻        | 血瘀         | 寒凝        | 无       | 气虚         | 阴虚        | 阳虚        |
| 自发及变异性 | 21  | 10(47.62) | 6(28.57)  | 15(71.43)  | 9(42.86)* | 0       | 7(33.33)*  | 15(71.43) | 7(33.33)* |
| 劳力性    | 147 | 53(36.05) | 58(39.46) | 104(70.75) | 5(3.40)   | 3(2.04) | 106(72.11) | 87(59.18) | 9(6.12)   |

注：与劳力性比较，\* $P<0.001$

人发现,冠心病阳虚者多以副交感神经功能偏亢为主<sup>(7)</sup>。副交感神经功能亢进可间接刺激交感神经而导致大冠状动脉收缩<sup>(8)</sup>。故阳虚与自发性、变异性心绞痛存在一定联系。已知劳力性心绞痛主因冠状动脉粥样硬化性狭窄,心肌长期供血不足,随病程之延长,每多出现不同程度左心功能不全而表现气虚证候。本文资料亦表明,劳力性心绞痛72.11%有气虚症状。自发性及变异性心绞痛,冠状动脉造影虽多有固定性阻塞病变,然而部分患者可显示正常;据报道,变异性心绞痛可以有54%患者冠状动脉造影正常<sup>(9)</sup>。本文患者无造影资料,但从两组冠心病病程来看,静息性心绞痛显著短于劳力性( $P<0.05$ ),故自发性、变异性心绞痛气虚较少,推测与病程较短,部分患者病情相对较轻,甚或并无明显冠状动脉粥样硬化性病变,而系单纯痉挛所致有关。

二、自发性与变异性心绞痛同属静息心绞痛,所不同者,前者于发作时心电图ST段下移(提示心内膜下或小片心肌缺血),后者ST段抬高(提示心外膜下或穿壁性心肌缺血)<sup>(6,10,11)</sup>。本组曾多次记录心绞痛发作时心电图者9例,除1例ST段在相同导联上有抬高、下移交替而诊为变异性外,余均无交替移位现象,故所见ST段抬高、下移者可分属变异性或自发性心绞痛。本文通过对比分析发现,变异性心绞痛与自发性心绞痛各中医证型并无显著差异。从而提示,从中医辨证角度出发,静息性心绞痛可作一特殊类型,发作时心电图ST段的移位方向及缺血部位、范围,与辨证分型并无明显关系。

三、冠心病系本虚标实病证。本组9例寒凝型之本虚见证,以阳虚及阴虚最多,各占5例,气虚见证仅见1例,提示阳虚、阴虚在寒凝型的发病学上均具有一定意义。阴虚与寒凝发病相关,可能因阴虚型冠心病患者多有交感神经功能偏亢<sup>(7)</sup>,后者通过兴奋冠状动脉 $\alpha$ 受体,导致冠脉收缩<sup>(8)</sup>,从而促进寒凝型心绞痛发作。

四、寒凝型心绞痛的诊断标准的补充修改

及其意义:1980年全国试行标准规定,寒凝型标准为“胸痛甚,遇寒即发,舌质淡,脉沉弦或迟(前两者为必备条件)”。我们在临床中发现,寒凝型心绞痛患者舌质可红,可淡,其舌质颜色可能并非该标实证表现,而常系本虚证的主要症征。胸痛甚,虽属重要诊断条件,但过于笼统,不易准确掌握。故我们根据“血凝而不充于肤,故皮色苍白;血凝而阳气不能布,故四肢不温”的理论,以及痛甚可通过反射性交感神经兴奋,汗腺分泌增加,皮肤血管收缩导致面色白、四肢冷、出冷汗的病理生理,建议寒凝型标准,除遇寒即发的病因学外,补充发作时该三症征的出现为剧痛指征。这不仅是表达疼痛程度的定性指标,且易为人们掌握实行。

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## Abstracts of Original Articles

### Study on the Relationship Between TCM Differentiation of Syndromes and HBV Antigen, HBV DNA in Serum and Liver Tissues and Pathological Changes in Chronic Hepatitis B

Liu Ke-zhou(刘克洲), et al

*Institute of Infectious Diseases, Zhejiang Medical University, Hangzhou (310003)*

TCM differentiation of syndrome in 131 cases of chronic hepatitis B has been studied with molecular-biological and immuno-histological techniques. The results showed that 94.6% cases of Gan-Yu Pi-Xu(肝郁脾虚, stagnancy in the liver leading to diminished function of the spleen) type belonged to chronic persistent hepatitis (CPH), whose coincidence rate of pathology of the liver biopsies with CPH was 69.2%; the positive rate of HBeAg and/or HBV DNA in sera was 61.5%, and the positive rates of HBsAg and HBV DNA in liver tissues were 69.2% (of which 44.4% appeared diffuse pattern morphologically) and 33.3% respectively. 75.5% cases of Gan-Shen Yin-Xu(肝肾阴虚, deficiency of Yin of the liver and kidney) type belonged to chronic active hepatitis (CAH) and 88.5% of the cases were pathologically described as CAH, the positive rates of HBeAg and/or HBV DNA in serum and HBsAg in liver tissues were all 80.8%, among which the diffuse pattern of HBsAg accounted for 85.7%, which was higher than that in Gan-Yu Pi-Xu type ( $P < 0.05$ ), the positive rates of HBeAg and HBV DNA in liver tissues were 34.6% (of which 55.6% appeared cytoplasmic pattern) and 63.2% respectively, which was higher than that in Gan-Yu Pi-Xu type ( $P < 0.05$ ). 75.0% cases of Qi-Zhi Xue-Yu(气滞血瘀, stagnation of vital energy and stasis of blood) type belonged to CAH with early state cirrhosis, its pathological changes in liver tissues were obvious, replication levels of HBV corresponded to the cases of Gan-Yu Pi-Xu type.

**Key Words** chronic hepatitis B, hepatitis B surface antigen, hepatitis B core antigen, hepatitis B virus, deoxyribonucleic acid, differentiation of syndromes of traditional Chinese medicine

(Original article on page 11)

### The Characteristics of TCM Syndromes in Both Spontaneous and Variant Angina —An Analysis of 21 Cases

He Xi-yan(何熹延), Ding Hui-ling(丁惠玲), Lou Bin(娄彬)

*Dept. of Internal Medicine, Jiangsu Provincial Institute of TCM and CMM, Nanjing (210037)*

An analysis of TCM syndromes is reported in 21 cases with both spontaneous and variant angina as compared with 147 cases with effort angina. The results showed that 3 characteristic features were present, which were as follows: the Biao-Shi(标实) syndrome of cold condensation was more than that of the control group in ratio of 42.86% to 3.40%; the Ben-Xu(本虚) syndrome of Yang(阳) deficiency was more and that of Qi(气) deficiency less than those in the control group, and they were in ratio of 33.33% to 6.12% and 33.33% to 72.11% respectively. An absolute reduction of blood supply resulted from coronary spontaneous spasm in both spontaneous and variant angina causes severe chest pain during attacks as a cold condensation type. Hyperfunction of parasympathetic nerves often occurring in coronary heart disease with Yang deficiency is liable to vasoconstriction of the large coronary arteries leading to episodes of both spontaneous and variant angina. The presence of less Qi deficiency type may be related to the less impairment of cardiac function resulted from the short course in these cases and only relatively mild state of an illness, even no marked lesion in