

# 强心汤治疗慢性充血性心力衰竭 46 例临床观察

卢健棋

中图分类号:R541.6+1 文献标识码:B 文章编号:1004-745X(2004)06-0343-02

**【摘要】** 目的 观察强心汤治疗慢性充血性心力衰竭(CHF)的疗效。方法 将 92 例患者随机分为两组,对照组在积极治疗原发病基础上予常规西医治疗,治疗组在对照组治疗基础上加用强心汤。疗程均为 14d。结果 治疗组显效率、总有效率均高于对照组,其左室射血分数、左室短轴缩短率、每搏量、心排血量、心排血指数明显提高。结论 强心汤能明显增强 CHF 患者的心脏收缩功能、增加心排血量,改善心功能,提高临床疗效。

**【关键词】** 充血性心力衰竭 中西医结合 强心汤 疗效观察

慢性充血性心力衰竭(CHF)是临床上极为常见的综合征之一,是多数器质性心脏病几乎不可避免的结局,是各种病因引起的心血管疾病的严重或终末阶段。CHF 至今仍是内科领域的疑难重症,因而其治疗研究一直受到普遍重视。我们 2000 年 9 月~2003 年 3 月应用强心汤治疗 CHF 患者 46 例,并与单用西医常规治疗者比较疗效。现报告如下。

## 1 资料与方法

1.1 一般资料 92 例均为我院住院患者,均符合文献<sup>[1]</sup>相关诊断标准,且排除由肝、肾等重要脏器功能衰竭导致 CHF 者;合并有肝、肾严重原发性疾病或肝、肾功能严重损害者;精神病患者;严重感染、风湿活动、重度心律失常、不稳定型心绞痛、严重脑血管病病变患者;急性左心衰竭和心源性休克者;心房纤颤者。92 例随机分为两组。治疗组 46 例,男性 26 例,女性 20 例;年龄 49~76 岁,平均(63.33±9.54)岁;病程 1~10 年,平均(5.42±3.23)年;原发病为冠心病 29 例,高血压病 9 例,风心病 2 例,扩张型心肌病 6 例;心功能 II 级 10 例、III 级 27 例、IV 级 9 例。对照组 46 例,男性 24 例,女性 22 例;年龄 42~80 岁,平均(65.10±10.51)岁;病程 1~12 年,平均(6.22±2.82)年;原发病为冠心病 27 例,高血压病 12 例,风心病 2 例,扩张型心肌病 5 例;心功能 II 级 12 例、III 级 24 例、IV 级 10 例。两组上述资料差异无显著性( $P > 0.05$ ),具有可比性。

1.2 治疗方法 (1)对照组:在积极治疗原发病的基础上,吸氧、卧床休息、低钠饮食,给予西医常规治疗(包括洋地黄制剂、利尿剂、血管紧张素转换酶抑制剂、

$\beta$ 受体阻滞剂等,必要时应用硝酸酯类制剂),合并心律失常者配合使用抗心律失常药物(主要用乙胺碘呋酮片),合并感染者予抗生素,同时注意纠正酸碱失衡及电解质紊乱。(2)治疗组:在对照组治疗的基础上加用强心汤[黄芪 30g,党参 15g,熟附子 10g(先煎),桂枝 10g,川芎 10g,丹参 10g,葶苈子 10g,茯苓 30g,白术 10g,柏子仁 12g(打),玉竹 10g,炙甘草 6g],每日 1 剂,水煎取汁分 2 次服。两组疗程均为 14d。

1.3 观察方法 (1)每日定时观察和记录患者 CHF 症状、体征的变化;酌情作心电图、胸正侧位片、血生化等检查。(2)采用心脏多普勒彩色超声仪,由专人操作,治疗前后测定心功能指标,即左室射血分数(LVEF)、左室短轴缩短率(FS)、每搏量(SV)、心排血量(CO)、心排血指数(CI)。

1.4 统计学处理 数据以( $\bar{x} \pm s$ )表示,采用  $t$  检验及  $\chi^2$  检验。

1.5 疗效标准 参照文献<sup>[1]</sup>相关标准拟订。临床治愈:心功能纠正至 I 级,症状、体征基本消失,各项检查基本恢复正常。显效:心功能进步 2 级以上但未达到 I 级,症状、体征及各项检查明显改善。有效:心功能进步 1 级但未达到 I 级,症状、体征及各项检查有所改善。无效:心功能无明显变化,或病情加重,甚或死亡。

## 2 结果

2.1 两组疗效比较 见表 1。结果示治疗组疗效优于对照组( $P < 0.05$ )。

2.2 两组治疗前后心功能检测结果比较 见表 2。结果示两组治疗后各项指标均有提高,而以治疗组改善情况为优( $P < 0.05$  或  $0.01$ )。

表 1 两组疗效比较 n(%)

组别	n	显效	有效	无效	总有效
治疗组	46	25(54.35) <sup>△</sup>	17(36.95)	4(8.70)	42(91.30) <sup>△</sup>
对照组	46	14(30.44)	19(41.30)	13(28.26)	33(71.74)

与对照组比较,  $\Delta P < 0.05$

表 2 两组治疗前后心功能检测结果比较 ( $\bar{x} \pm s$ )

组别	SV (ml/min)	CO (L/min)	CI (L/min·cm <sup>2</sup> )	LVEF	FS (%)
治疗组					
治疗前	40.83±8.46	3.50±0.69	1.58±0.23	0.47±0.08	21.62±5.15
(n=46) 治疗后	58.65±9.96 <sup>***△△</sup>	4.19±0.89 <sup>**△</sup>	2.30±0.50 <sup>**</sup>	0.57±0.07 <sup>**△△</sup>	28.48±5.07 <sup>**△</sup>
对照组					
治疗前	41.66±8.95	3.52±0.73	1.61±0.25	0.46±0.07	22.05±5.03
(n=46) 治疗后	48.69±9.54 <sup>**</sup>	3.84±0.68 <sup>*</sup>	2.20±0.48 <sup>**</sup>	0.52±0.08 <sup>**</sup>	26.16±4.68 <sup>**</sup>

与本组治疗前比较, \*  $P < 0.05$ , \*\*  $P < 0.01$ ; 与对照组治疗后比较,  $\Delta P < 0.05$ ,  $\Delta\Delta P < 0.01$

### 3 讨论

随着我国人口的老龄化,以及高血压病、冠心病患者寿命延长等原因,CHF 的发病率近年来有上升趋势,死亡率甚高,因此,其防治研究越来越受到重视。在现代医学对 CHF 治疗取得显著进展的同时,中医学界亦十分关注其防治,近年来中医药在包括对顽固性 CHF 的治疗方面也取得了很好的疗效<sup>[2]</sup>。

CHF 属于中医学“心痹”、“怔忡”、“咳喘”、“支饮”、“水肿”、“虚劳”等范畴,乃因心系疾病日久不愈,反复发作,迁延而致心气亏虚、心阳虚衰,心气亏虚则失于帅血,故血行迟缓而成血瘀;心阳虚衰则失于温煦气化故津液停贮而成水停,最终形成气虚阳衰、瘀阻水停的本虚标实、虚实错杂之证。因此,本病的治疗应以益气温阳、活血利水为法,使患者心气复、心阳旺、瘀血去、水湿行而病愈。强心汤以黄芪补气,熟附子温阳,二者共为君药。党参、桂枝助黄芪、熟附子益气温阳而为臣(血瘀水停乃因气虚阳衰所致,故重用益气温阳之

品)。玉竹、茯苓以配党参,乃取“人参得葳蕤而益力,葳蕤得人参而鼓勇”(《本草新编》)及“茯苓为(人参)之使”(《本草经集注》)之意,而以茯苓配黄芪乃取“茯苓为(黄芪)之使”(《药对》)之意,以增强黄芪、党参补气之力而治其本,此外,茯苓尚能利水渗湿,玉竹尚可防过利伤阴,故用之甚妥;佐以白术、甘草健脾益气,助心气行血;丹参、川芎行气活血祛瘀,使经脉得通,血液畅行,而瘀滞可消;心主血脉的功能与心神安宁与否有密切关系,故佐柏子仁养心安神;再配以葶苈子泻肺利水;此外,桂枝配茯苓可化气行水而消肿,桂枝配甘草能扶心阳以去浊阴。甘草调和药性以为使。诸药共奏益气温阳、活血利水之功效。药理研究表明,熟附子、人参、黄芪、茯苓、葶苈子、玉竹可增强心肌收缩力;丹参、川芎则可扩张血管,减轻心脏后负荷;而黄芪、桂枝、茯苓具有利尿、降低心脏前负荷等作用<sup>[3-5]</sup>。本观察显示,强心汤合西医常规治疗者显效率、总有效率均高于单用常规西药治疗者,且其改善患者心功能的作用亦更佳,表明该方法疗效满意,值得进一步研究。

### 参 考 文 献

- 1 中华人民共和国卫生部. 中药新药临床研究指导原则(第 1 辑)[S]. 1993 323~324
- 2 梁君昭,夏均青,刘文胜,等. 充血性心力衰竭的中西医结合研究进展[J]. 陕西中医, 2002, 23(2): 581
- 3 钱学贤,戴玉华,孔华宇. 现代心血管病学[M]. 北京:人民军医出版社, 1999 655
- 4 赵卫. 正性肌力作用的单味中药实验研究近况[J]. 中国中西医结合杂志, 1995, 15(7): 443
- 5 江苏新医学院. 中药大辞典[M]. 上海:上海科学技术出版社, 1986 32

(收稿日期 2003-09-08)

## 《中医研究》杂志征订、征稿启事

《中医研究》杂志 2004 年改版,由国家中医药管理局主管、中华中医药学会主办,为国家级中医药学术期刊。秉承科学性、先进性、实用性、新颖性的作风,着重报道中医药最新进展等。设有学术探讨、发展论坛、经典研究、临床研究、实验研究、药学研究、临床经验、针灸经络等栏目。热忱欢迎新老作者与读者赐稿、订阅。国内统一刊号:CN 41-1124/R; 邮发代号:36-130。漏订者可与编辑部联系。地址:郑州市城北路 7 号, 邮编 450004; 电话:0371-6322705; 电子信箱:zgzyyj@tom.com 或 zgzyyj@yahoo.com.cn。

《中医研究》杂志编辑部

# ABSTRACTS OF ORIGINAL ARTICLES

## Probe on the Prevention and Treatment of SARS by *Combining TCM and WM* Feng Chonglian(冯崇廉)

The thesis introduced the experience of prevention and treatment of SARS by *Combining TCM and WM*, which included the usual treatment of WM and the therapy of TCM. The author was of the opinion that the preventive measure included *Protecting the Primordial Qi, Avoiding the Pathogenic Factor and Prevention with Herbal Medicine*.

**Key words:** SARS, *Combining TCM and WM*, prevention and treatment

(Original article on page 339)

## Clinical Observation on 46 Patients with CHF Treated by *Qiangxin Decoction* (强心汤)

Lu Jianqi(卢健棋)

**Objective:** To observe the clinical effect of *Qiangxin Decoction*(QXT, 强心汤) for CHF. **Methods:** 92 patients were divided into the treatment group ( $n=46$ ) and the controlled group ( $n=46$ ) randomly. Patients in both groups received the usual treatment of WM, and those in the treatment group have taken QXT in addition. The treatment has been performed for 14 days. The standards for judgement that the changes on symptoms, examination, and to determine the functions of heart by colorful Doppler echocardiography. **Results:** The total clinical effect of the treatment group is better than that of the controlled group. The functions of heart on ejection fraction (EF), FS, stroke volume heart (SV), cardiac output (CO), cardiac index (CI) of the patients in the treatment group were superior to those in the controlled group. **Conclusion:** QXT has the effect on improving the functions of heart myocardial contractility and cardiac output.

**Key words:** CHF, *the Therapy of Combined TCM and WM, Qiangxin Decoction*(强心汤)

(Original article on page 343)

## Clinical Observation on Prophylactic Effect of Rhubarb and Sucralfate Suspension for Respiratory Failure Occurring with Gastrointestinal Bleeding Induced by Stress Ulcer

Lei Shu(雷澍), et al

**Objective:** To evaluate the prophylactic effect of rhubarb and sucralfate suspension for respiratory failure occurring with gastrointestinal bleeding induced by stress ulcer. **Methods:** 55 patients were divided randomly into the treatment group and the controlled group. Patients in the treatment groups receiving rhubarb and sucralfate suspension through stomach tube, while those in the controlled group received ranitidine through intravenous drip. The influence of the two methods on gastrointestinal bleeding induced by stress ulcer, morbidity of early ventilator associated pneumonia (VAP), later VAP and total VAP were observed. **Results:** There was no significant difference in morbidity of gastrointestinal bleeding induced by stress ulcer, early VAP and total VAP between the two groups. The morbidity of later VAP of patients in the treatment group was significantly lower than that in the controlled group. **Conclusion:** The prophylactic effect of the two methods on gastrointestinal bleeding induced by stress ulcer is similar, but rhubarb and sucralfate suspension can decrease the morbidity of later VAP in respiratory failure patients who require mechanical ventilation.

**Key words:** Respiratory failure, Stress ulcer, VIP, rhubarb, sucralfate suspension

(Original article on page 358)

## Approach to Administrator Method on Patients with Hypertention, from the Viewpoint of Theory of *Time - Medicine of TCM*(中医时间医学)

Wei Ling(危玲), et al

From the viewpoint of the theory of *Time - Medicine of TCM*(中医时间医学), it is emphasized that the suitable time of treatment and administration should be chosen according to the regular change at disease. For the blood pressure is obvious fluctuated from day and night, suitable treatment and administration time should be adopted on the basis of regular change of hypertension.

**Key words:** *Time - Medicine of TCM*(中医时间医学), choosing suitable time of administration, hypertension

(Original article on page 373)

## Experimental Study on Intervention Effect of *Jianxin Oral Liquid*(健心口服液)

## on Gene Expression of iNOS of Myocardium in Rabbits with CHF

Zhao Haibin(赵海滨), et al

**Objective:** To observe the correlation between gene expression of iNOS in rabbits with CHF and cardiac function and the effect of *Jianxin Oral Liquid*(健心口服液). **Methods:** 30 rabbits were randomly divided into 3 groups (the normal group, the model group and the *Jianxin Oral Liquid* group). After the heart failure models were established by injection of vein with ADM, the trial group was treated by *Jianxin Oral Liquid*, and the model normal saline. After 24 hours the two groups were treated for the last time, left ventricular functions and gene expression of iNOS in ventricular muscle tissues of all the groups were determined. **Results:** Compared with the normal group, the expression quantity of iNOSmRNA in ventricular muscle tissues of the model group increased markedly, and there was significant negative correlation between the expression quantity of iNOSmRNA and stroke volume (SV), ejection fraction (EF), cardiac index (CI); compared with the model group, the expression quantity of iNOSmRNA in ventricular muscle tissues of the trial group decreased markedly, and SV, CO, EF, FS and CI of the trial group increased markedly. **Conclusion:** The expression quantity of iNOSmRNA in ventricular muscle tissues of the CHF model rabbits increased markedly, and there was significant negative correlation between the expression quantity of iNOSmRNA and cardiac function. *Jianxin Oral Liquid* can lower the expression of iNOSmRNA and relieve the negative action of NO to myocardial so as to improve cardiac function.

**Key words:** CHF, iNOSmRNA, gene expression, cardiac function, *Jianxin Oral Liquid*(健心口服液)

(Original article on page 377)

## Preliminary Result of Angiogenesis Induced by *Congganzhixin Prescription*(从肝治心组方) on Experimental Myocardial Infarction

Liu Xiaoyu(刘小雨), et al

**Objective:** To study the effect of *Congganzhixin Prescription*(从肝治心组方, CGZXP) on myocardial microvessel density(MVD) and vascular endothelial growth factor(VEGF) of rats with acute myocardial infarction(AMI). **Methods:** All of AMI model rats were divided into CGZXP group and normal saline(NS) group randomly. 1 and 2 weeks after therapeutics, dispart the border and center of infarcted myocardium, MVD and Average O. D. of VEGF were assayed by Alkaline phosphatase (ALP) histochemical methods and Immunohistochemical stain using digital analysis system, the infarcted area was compared at the same time. **Results:** Both time MVD and the expression of VEGF of CGZXP were increased significantly than those of the controlled group, and myocardial infarct area was significantly decreased in CGZXP group. **Conclusion:** CGZXP could promote angiogenesis and decrease myocardial infarct area, upregulation of VEGF protein might be a potential mechanism of CGZXP in protection of infarcted myocardium.

**Key words:** *Congganzhixin Prescription*(从肝治心方), myocardial infarction, microvessel density(MVD), rat, VEGF

(Original article on page 379)

## Influence of *Shenfu Injection*(参附注射液) on NO, MDA and SOD in Cerebral Tissue after Focal Cerebral Ischemia - Reperfusion in Rats

Wan Jingzhi(万敬枝), et al

**Objective:** To investigate the influences of *Shenfu Injection*(参附注射液) on the content of nitric oxide (NO) and malondialdehyde (MDA) and on the activity of superoxidatase (SOD) in cerebral tissue after focal cerebral ischemia - reperfusion in rats, to find the mechanism of *Shenfu Injection*'s protecting rats from damage. **Methods:** Focal cerebral ischemia was carried out in rats with modified Longa's model. Wistar rats were randomly divided into the sham operated group, the focal cerebral ischemia - reperfusion group and the pretreatment with *Shenfu Injection* group (20ml/kg). Then the contents of NO, MDA and the activity of SOD in cerebral were detected respectively. **Results:** The content of NO, MDA in cerebral increased and the activity of SOD decreased in focal cerebral ischemia - reperfusion group; but it reversed in *Shenfu Injection* group. **Conclusion:** *Shenfu Injection* could protect the cerebra of rats from focal cerebral ischemia - reperfusion injury on decreasing the content of NO, MDA and increasing the activity of SOD.

**Key words:** *Shenfu Injection*(参附注射液), cerebral ischemia - reperfusion, nitric Oxide, malondialdehyde, superoxidatase

(Original article on page 381)