

苦参碱注射液对急性病毒性心肌炎的治疗作用

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摘要 目的:观察苦参碱注射液治疗急性病毒性心肌炎(AVM)的临床疗效。方法:将AVM患者120例随机分为治疗组63例及对照组57例,对照组采用常规疗法,治疗组在对照组基础上给予苦参碱注射液治疗,连用2周。观察临床疗效。结果:治疗组总有效率90.5%,对照组总有效率73.7%,两组比较有显著性差异。治疗组治疗后血清肌酸磷酸激酶(CPK)、天冬氨酸转氨酶(AST)及血清乳酸脱氢酶(LDH)较对照组治疗后明显降低,差异有统计学意义($P<0.05$)。结论:苦参碱对急性心肌炎有良好疗效。

关键词 心肌炎;苦参碱注射液

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Matrine Injection for Acute Viral Myocarditis

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ABSTRACT Objective: To observe the effect of matrine injection in the treatment of patients with acute viral myocarditis(AVM).

Methods: A total of 120 patients with AVN were randomly divided into treatment group ($n=63$) and control group ($n=57$). The control group was given the conventional therapy;the treatment group, matrine injection plus the conventional therapy for two weeks.The clinical treatments of the two groups were observed. **Results:** The total effective rate of the treatment group was 90.5%; The total effective rate of the control group was 73.7%. Serum creatine phosphokinase (CPK), aspartate aminotransferase (AST) and serum lactate dehydrogenase (LDH) were reduced in the treatment group compared with the control group. There was significant difference between the two groups ($P<0.05$). **Conclusion:** Matrine has a good effect on acute myocarditis.

Key words: Myocarditis; Matrine injection

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急性病毒性心肌炎是临床上较为常见的心血管疾病之一,引起心肌炎的病毒以柯萨奇病毒乙组最常见^[1,2],但确切的发病机制目前尚不完全清楚。可能是由嗜心肌性病毒感染引起的以心肌细胞炎性浸润、变形坏死或间质水肿为主,伴有明显的心肌代谢障碍和心功能改变的心血管疾病,目前认为病毒除直接侵害心肌细胞外,还诱导心肌氧化应激及免疫损伤^[3,4]。临床无特殊治疗方法,治疗对策是综合措施,包括中西医结合抗病毒、保护心肌、营养心肌、免疫调节^[5,6]。笔者于临床工作中发现苦参碱对病毒性心肌炎有很好治疗作用,现报道如下。

1 临床资料

1.1 一般资料

收集2007年1月至2010年12月住院急性病毒性心肌炎患者120例,均符合2001年成人病毒性心肌炎诊断标准。随机分为分为治疗组和对照组,治疗组63例,男31例,女32例,年龄25~57岁,平均34.53岁,病程2d至1年。对照组57例,男26例,女31例,年龄24岁~55岁,平均34.85岁,病程3d至1年。两个组在年龄、病程、病情轻重等方面比较无统计学意义($P>0.05$),具有可比性。

1.2 治疗方法

均予综合治疗,包括休息、常规抗病毒、改善心肌营养、调节免疫等治疗,心律失常者给予抗心律失常治疗。治疗组在此治疗基础上同时给予苦参碱注射液150毫克加入10%葡萄糖注射液500毫升中滴注,每天1次(苦参碱注射液山西泰盛制药,国药准字:H20059335)。治疗2周。

1.3 观察指标

观察治疗前后的主要症状、体征、心肌酶谱、抗心肌肌球蛋白抗体(AMA)及心电图的改变。

1.4 疗效评价标准

在疗程结束后进行疗效评定。显效:临床症状完全消失,心电图正常,心肌酶谱正常;有效:临床症状好转,心电图改善,但未恢复正常,心肌酶谱正常;无效:临床症状及心电图、心肌酶谱无改善或恶化。

1.5 统计学方法

采用SPSS 12.0软件进行卡方检验。

2 结果

2.1 临床疗效比较

治疗组显效36例,有效21例,无效6例,总有效率为90.5%,对照组显效24例,有效18例,无效15例,总有效率为73.7%。治疗组与对照组比较,差异有统计学意义($P<0.05$)。

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表 1 两组临床疗效比较
Tab.1 The comparison of curative effect

Group	n	Marked effectiveness	Effectiveness	Failure	Effective rate case(%)
Control	63	36	21	6	57(90.5)
Treatment	57	24	18	15	42(73.7)

2.2 两组治疗后心肌酶谱比较
见表 2，治疗组和对照组治疗前心肌酶谱比较无明显差异，治疗组治疗后血清肌酸磷酸激酶(CPK)、天门冬氨酸氨基转

移酶(AST)及血清乳酸脱氢酶(LDH)较对照组治疗后明显降低，差异有统计学意义(P< 0.05)。

表 2 两组治疗后 CPK、AST、LDH 比较
Tab.2 The comparison of content of CPK, AST and LDH

Group		CPK	AST	LDH
Control	Prior treatment	185.43± 31.92	67.51± 11.62	368.32± 69.95
	Post treatment	137.83± 24.25	55.42± 10.53	287.56± 54.37
Treatment	Prior treatment	189.34± 30.37	69.25± 12.08	356.37± 69.28
	Post treatment	105.42± 19.83*	42.27± 7.24*	203.45± 38.16*

Note: *P<0.05 vs control post treatment

3 讨论

病毒性心肌炎是由柯萨奇病毒、艾柯病毒、腺病毒等多种病毒侵犯机体后，产生免疫复合物与心肌细胞紧密结合，造成心肌细胞损伤的一种常见的心脏疾病^[7,8]。病毒性心肌炎的发病机制被认为与病毒及其毒素侵犯心肌及心肌自身免疫反应有关，其作用共同结果是自由基引发细胞膜脂质过氧化损伤，使心肌细胞缺血和炎胞浸润时又产生大量自由基，产生脂质过氧化物，使细胞通透性增加，钙离子大量内流，细胞内钙超载致死^[9,10]。同时膜电位异常，出现心律失常和心电图 ST 改变。病程较长，对患者日常生活有不同程度影响，有的甚至发展为心肌病，影响以后的工作和生活，且病毒性心肌炎的主要死因为严重心律失常和心力衰竭。传统的中医里没有“病毒性心肌炎”之病名，以其临床表现来看，当属心悸、怔忡、胸痛、虚劳、温毒、猝死等范畴^[11]。国家标准《中医临床诊疗术语》中将其定名为“心悸”。程志清将本病分三种证型进行论治。邪毒犯肺型：多见于发病早期，采用宣透法，逐邪于外，选用桑菊饮、银翘散化裁。邪毒侵心型：以心脏症状为主兼有呼吸道症状，常选用陆芷青先生的清心饮加宣肺解表、清热解毒之品，标本兼顾。气阴两虚型：多见于本期辨治的最后阶段，唯现心脏症状，常采用补气养阴、宁心定悸之法，选用清心饮化裁^[12]。目前，对于病毒性心肌炎单纯的西医治疗尚无理想方法。一般采用综合治疗，包括休息、抗感染、能量合剂、心律失常及调节免疫。中西医结合治疗仍是努力探索的方向。苦参是药用豆科槐属植物苦参 *Sophora flavescens* Ait 的干燥根，性寒味苦，始载于我国最早的药学文献《神农本草经》。据《本草纲目》记载，苦参，苦、寒，无毒，具有清热解毒、祛风燥湿、杀虫利尿等功效。有多方面的药理作用和功效，如抗菌、抗炎、抗风湿、抗肿瘤、抗过敏、抗病毒、

抗寄生虫、抗心律失常、消肿利尿、免疫及生物反应调节作用等^[13,14]。超敏 C 反应蛋白(hs-CRP) 是一种敏感的炎症指标，在通常情况下，血浆中有微量的 hs-CRP，当机体受到创伤及伴有发热和各种炎症时可明显升高^[15,16]。hs-CRP 与病毒性心肌炎的密切关系愈发受到重视^[17,18]，常规 CRP 检测不能很好地反映出低水平 CRP 浓度的变化，随着检验技术的发展，临床实验室采用高敏感的检测技术，目前可测定出 CRP 更低、更精确的浓度，即高敏 C 反应蛋白 (hs-CRP)。本研究通过观本研究发现，在西医常规治疗的基础上加用苦参碱注射液能有效地降低心肌酶谱，降低血清 hs-CRP 含量，说明苦参碱能有效治疗病毒性心肌炎，其药理机制可能与苦参碱的清热解毒和抗病毒、抗炎作用有关，值得临床推广应用。

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(上接第 2736 页)

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