

高利教授中西医结合诊治脑血管狭窄的思路

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【摘要】 随着人口的老齡化, 脑血管疾病的发生率明显增高。西医对轻中度脑血管狭窄多以他汀类、阿司匹林及降压类药物对症治疗; 对于重度脑血管狭窄多用介入技术并配合前药巩固治疗。治疗过程中, 出现的西药过敏、肝功能损害现象临床并不少见, 单纯药物治疗效果不佳或血管内支架植入术后短期再狭窄者亦不少见。首都医科大学宣武医院神经内科高利教授将脑血管狭窄的现代医学理论与中医理论相结合, 根据患者临床表现及影像学 and 超声学检查结果, 将脑血管狭窄分为痰阻血瘀型(内中膜增厚为主)、气滞化火型(斑块为主)及混合型(膜增厚和斑块兼有)3个证型, 分别采用健脾化湿、涤痰逐瘀; 疏肝解郁, 清热化痰, 凉血活血法以及二者合方加减进行治疗, 同时加用相关西药, 取得较好疗效。

【关键词】 脑血管狭窄; 中西医结合; 诊疗思路

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Professor Gao Li's thoughts on diagnosis and treatment of cerebrovascular stenosis with integrated traditional Chinese and Western medicine

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【Abstract】 With the aging of the population, the incidence of cerebrovascular diseases has increased significantly. In Western medicine, statins, aspirin and antihypertensive drugs are often used to treat mild and moderate cerebrovascular stenosis. For severe cerebrovascular stenosis, interventional technique and drug therapy are often used. In the course of treatment, it is not rare to see the side effects such as hypersensitivity of western medicine and damage of liver function, and it is not rare to see the patients with poor effect of drug therapy alone or short-term restenosis after intravascular stent implantation. Professor Gao Li, in Department of Neurology, Xuanwu Hospital of Capital Medical University, combined the modern medical theory of cerebral vascular stenosis with the theory of traditional Chinese medicine. According to the clinical manifestations, imaging and ultrasonic examination results of patients, cerebral vascular stenosis was divided into three syndrome types, such as phlegm obstruction and blood stasis type (mainly thickening of inner and middle membrane), qi stagnation and fire melting type (mainly plaque) and mixed type (both membrane thickening and plaque). The methods of invigorating spleen and removing dampness, clearing phlegm and removing blood stasis, soothing liver and relieving depression, clearing away heat and resolving phlegm, cooling blood and activating blood circulation, and the combination of two prescriptions were used for treatment of cerebral vascular stenosis, respectively. Meanwhile, the related Western medicine was added at the same time, which achieved better effect.

【Key words】 Cerebral vascular stenosis; Integrated traditional Chinese and Western medicine; Diagnosis and treatment thought

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目前,我国脑动脉硬化患者比例高,脑血管狭窄和支架植入术后再狭窄的检出率很高。现代医学认为,动脉粥样硬化是体内多种参与免疫反应的细胞和炎症细胞因子共同作用的结果^[1-2]。内皮细胞、巨噬细胞、平滑肌细胞、淋巴细胞等在动脉粥样硬化的病理过程中起着极为重要的作用,炎症反应贯穿于动脉粥样硬化的起始、病变进展、斑块破裂及血栓形成的全过程^[3-4]。目前临床上多采用抗血小板、他汀类、抗氧化剂及血管紧张素转化酶抑制剂(ACEI)等药物治疗,临床显示在稳定动脉粥样硬化斑块方面有一定的疗效,但由于药物抵抗或耐受等原因限制了其在临床的使用。

1 脑卒中与胃肠道疾病的关系密切

高利教授通过大量临床病例观察发现,脑卒中患者大多有胃肠道疾病。研究显示,我国脑卒中患者胃肠道疾病的发生率可达90%以上^[5-6]。发生这种情况的原因是什么,消化道疾病和脑血管病有什么关系?《内经·上古天真论》曰:“……女子五七,面始焦,发始堕……。”提示国人到35~40岁

时,胃肠道功能就开始出现生理性功能衰退。高利教授将种族特点、地理环境、饮食结构、生活方式等因素与脑血管狭窄的关系进行综合分析认为,东、西方人在漫长的进化过程中体现出不同体貌、行为与性格、人体各系统结构和功能的差异,国人的胃较西方人脆弱,肠道较西方人长且皱褶较多,以吸收更多营养物质满足人体生长需要。但在现代社会,人们的饮食结构发生了质的改变,由营养缺乏转变为营养过剩,营养物质吸收过多导致代谢障碍出现了肥胖症(痰证体型)。从另一个角度而言,大量排泄物在肠道堆积(邪气)会因肠道过长而不易排出,肠道毒素不断被吸收,肠道内环境的变化使菌群发生紊乱又加重了胃肠道负担。结合中医“中焦受气取汁,变化而赤是谓血”和“胃寒则血薄,胃热则血浊”的理论,高利教授认为血液、血管发生的病变均与胃肠道疾病密切相关。

中医学认为肺、脾、肾是人体水液代谢的重要器官,且以中焦脾胃为枢纽,胃肠功能障碍或疾病既可导致血液生成

受阻,又能使水液代谢紊乱,水聚成湿,湿聚成痰,痰阻血瘀,痰瘀互结,这不但会影响患者的血液流变性,还可导致血管壁发生变化。根据这一推测与临床实践,高利教授在数年前就揭示了其内涵,并发表了胃肠道疾病可能是国人卒中危险因素的文章^[7-8]。

现代医学研究表明,胃肠道功能障碍或疾病可使叶酸和维生素 B12 吸收不良,导致血清同型半胱氨酸(Hcy)代谢障碍而升高;还易导致幽门螺旋杆菌(HP)滋生,从而造成血中氧自由基水平升高而损伤血管内皮,导致血中脂质过氧化物、白细胞计数、纤维蛋白原(Fib)等增高^[9-10]。目前,免疫反应、炎症反应、HP 感染和高 Hcy 血症等均是脑动脉硬化发生发展的重要因素已成为共识。肠道菌群与脑血管病的相关性正成为研究的热点,为胃肠道疾病与脑血管病的关系提供了有力佐证。

目前由于人们饮食结构的改变,生活工作压力的增加或饮食不节等因素常可使脾胃失和,肝失疏泄等,诸多因素均可致气机紊乱而出现血行不畅,脾虚则湿生,湿聚则成痰,痰瘀便生热,湿、痰、热 3 邪与血搏则血浊,蓄结日久则致血管内、中膜增厚;肝郁则易化火,火与浊血相搏则致血管内斑块形成,损伤脉络形成动脉粥样硬化,进一步发展则可致脑血管狭窄。

2 脑动脉狭窄的中西医结合分型

中医有“脾为生痰之源”和“痰生百病”的理论。可见痰邪在脑血管狭窄的发生发展中有重要的地位。结合这一理论,高利教授还根据患者体质观察了脑血管狭窄的现象,结果发现,血管超声可见内膜或中膜增厚患者多有痰证的临床表现,如口中黏腻、大便黏滞、尿中带泡沫,部分患者还出现血清嗜酸细胞增高现象。血管超声以斑块为主者多有情志抑郁,临床多表现为热证,如心烦不寐、口苦便干等症状,血液生化检查多见血脂增高。血管超声既有内、中膜增厚,又有多发斑块者,临床多有痰热证加情志抑郁的表现。故高利教授从中西医结合角度将脑血管狭窄分为痰阻血瘀型(内中膜增厚为主)、气滞化火型(斑块为主)及混合型(膜增厚和斑块兼有)3 型。痰阻血瘀型治以健脾化湿、涤痰逐瘀,气滞化火型治以疏肝解郁、清热化痰、凉血活血,混合型则二法合用辨证加减药物,对于长期口服他汀类药物导致的肝功能受损,高利教授多嘱患者停用他汀类药物而以中成药加中药汤剂治疗为主,以上方法均收到理想效果,使 2 例原发性颈内动脉闭塞的患者获得再通,1 例大脑中动脉支架术后 6 个月内闭塞患者获得再通,一批全脑大中血管中重度狭窄者变为中轻度,各类血管狭窄患者的临床表现获得不同程度减轻,大部分患者经治疗后面色及舌色转佳^[11]。

3 脑动脉狭窄的中西医结合治疗

根据高利教授提出的脑血管狭窄分型和治法发现,在临床应结合危险因素、体质和证候特点分析不同患者脑血管狭窄的成因而采取综合治疗,在使用西药抗血小板、调节血脂、降压、降糖等对症治疗的同时,辨证选用中药脉康胶囊或脑血康胶囊活血化痰,松龄血脉康胶囊调节代谢、改善内环境,愈风宁心滴丸舒缓血管、改善循环,藿香正气软

胶囊健脾化湿,舒肝丸或加味逍遥丸疏肝解郁,还根据辨证同时加用相关自拟院内协定中药汤剂处方“痰火方”“痰湿方”“气虚方”“开窍方”或“健胃醒脾方”等加减综合治疗,根据患者体质和病情进行饮食结构指导。

高利教授认为,任何疾病都是多因素的,单纯降脂、抗血小板和改善血循环药物均不能获得理想疗效的原因,其根本就是忽视了疾病的整体性和个体差异,故临床多根据患者的主诉和证候特点,结合血管超声、影像学 and 血液实验室指标综合分析,在辨证用药同时对每例患者均进行饮食、生活、情绪和运动指导,并根据不同患者病情给出相应的禁忌;对于血管狭窄明显的患者,高利教授还要求患者每天要主动“找乐”,边聊天边哈哈大笑,笑的满脸通红周身发热最佳。

正是这种综合治疗方法获得了明显优于单纯西药治疗的效果,同时也展示了高利教授认识疾病和治疗疾病的综合思路,这确实可称为是中国特色医学的典范。

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