

针灸经络

穴位敷贴治疗过敏性哮喘 209 例疗效分析

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摘要 对 209 例过敏性哮喘患者随机分别采用传统天灸和辨证贴药两种疗法治疗,观察比较各自的远近期临床疗效,并进一步分析了两种贴药方法的临床疗效和中医辨证分型的关系。结果辨证贴药法的近期总有效率高于天灸法,且其临床疗效与辨证分型密切相关,肺热型的近期疗效最高,而肾阳虚型最差。

关键词 哮喘/穴位疗法 穴位贴敷法

过敏性哮喘属中医“哮证”、“喘证”范畴,近年研究发现慢性气道变应性炎症为其主要病理机制。中医穴位敷贴是通过针灸、中药内外并举而取效的,通过多年的临床应用,证明其疗效较好^[1]。本研究对 209 例过敏性哮喘进行了辨证贴药与三伏天灸的疗效对比观察,现报告如下。

1 临床资料

自 1997 年 4~9 月在广州医学院变态反应科和广州中医药大学针灸门诊共观察过敏性哮喘 209 例。其中男 101 例,女 108 例。病变分期:发作期 80 例,缓解期 129 例;病变分度:轻度 79 例,中度 78 例,重度 52 例;辨证分型:肺热 34 例,肺寒 44 例,肺气虚 47 例,肾阳虚 46 例,肾阴虚 38 例。所有病人治疗前 1 个月未用过皮质激素和免疫抑制剂,24 小时内未用过支气管扩张剂,全部患者治疗前均作吸入性、食物性、细菌性共 63 种抗原皮试(药液由广州医学院二附院变态反应科提供),其中两项以上阳性者纳入观察。诊断标准按中华医学会 1992 年制订的《支气管哮喘的定义、诊断、严重度分级及疗效判断标准》(修正方案)^[2]。

中医辨证分型参照《中医内科学》五版教材

并结合临床实际分为以下 5 型:肺热型:共 34 例,表现为气粗息涌,喉中痰鸣如吼,胸高肋胀,咳呛阵作,咳痰色黄或白,粘浊稠厚,排吐不利,烦闷不安,汗出面赤,口苦,口渴喜饮,不恶寒,舌质红苔黄腻,脉滑数或弦滑。肺寒型:共 44 例,临床表现为呼吸急促,喉中哮鸣有声,胸膈满闷如塞,咳不甚,痰少咯吐不爽,面色晦滞带青,口不渴,或渴喜热饮,天冷或受寒易发,形寒怕冷,舌苔白滑,脉弦紧或浮紧。肺气虚型:共 47 例,临床见症为自汗,怕风,常易感冒,每因气候变化而诱发,发前打嚏,鼻塞流清涕,气短声低,咳痰清稀色白,面色㿠白,舌苔薄白,质淡,脉细弱或虚大。肾阳虚型:共 46 例,症见喘促日久,动则更甚,呼多吸少,气不得续,形瘦神疲,跗肿,汗出肢冷,面青唇紫,舌苔淡白或黑润,脉微或沉弱。肾阴虚型:共 38 例,症见喘促日久,劳累后加重,面红烦躁,口咽干燥,足冷,汗出如油,舌红少津,脉细数。

2 治疗方法

采用随机抽样的方法,将以上 209 例病例分别以两种贴药法治疗。其中天灸组 121 例,辨证贴药组 88 例。

天灸组:药物组成:麻黄 20g,细辛 10g,甘遂 20g,延胡索 20g,白芥子(生)30g。贴法:以上各药分别研末,临用前以老姜汁和蜂蜜混以 3/1000 的氮酮为糊状,切成等大(1cm×1cm)的小方块,用四方形胶布固定在所需穴位。穴位选择:发作期选肺俞,风门,定喘;缓解期选肺俞,膏肓,肾俞。贴药时间:夏季的初、中、末伏的第 1 天,各贴 1 次,每次据病人耐受程度贴 4~8 小时,3 次为 1 疗程。

辨证贴药组:1 号方:麻黄 10g,细辛 10g,荆芥 10g,杏仁 10g,五味子 10g,延胡索 10g,甘

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遂 10g, 白芥子 30g。Ⅱ号方: 鱼腥草 10g, 柴胡 10g, 地龙 10g, 冰片 10g, 葶苈子 10g, 黄芩 10g, 斑蝥 30g。Ⅲ号方: 淫羊藿 10g, 补骨脂 10g, 黄精 10g, 黄芪 10g, 山药 10g, 川芎 10g, 法半夏 10g, 白芥子 30g。肺寒、肺热分别予以Ⅰ号方、Ⅱ号方, 肺气虚、肾阳虚和肾阴虚均以Ⅲ号方为基础辨证加减。穴位选择及贴法同天灸组。贴药时间: 每周 1 次, 每次 4~8 小时, 4 周为 1 疗程。

3 疗效标准及结果

3.1 疗效判断标准按参考文献^[2]分为临床控制、显效、好转、无效。近期疗效, 指 1 个疗程结束后; 远期疗效, 指 1 个疗程结束的半年后。

3.2 两组疗效比较: 近期疗效天灸组临床控制 21 例, 显效 31 例, 好转 27 例, 无效 42 例, 总有效率 65.3%; 辨证贴药组临床控制 21 例, 显效 30 例, 好转 22 例, 无效 15 例, 总有效率 83.0%。两组近期疗效比较, 辨证贴药组明显优于天灸组($P < 0.05$)。

能完成远期疗效观察的患者天灸组 95 例, 辨证贴药组 74 例。远期疗效天灸组临床控制 16 例, 显效 22 例, 好转 20 例, 无效 37 例, 总有效率 61.1%; 辨证贴药组临床控制 13 例, 显效 19 例, 好转 13 例, 无效 29 例, 总有效率 60.8%。两组远期疗效比较差异无显著性($P > 0.05$)。

3.3 两组不同证型的近期疗效比较: 对于肺热型和肾阴虚型患者, 采用辨证贴药疗效显著高于天灸($P < 0.01$); 而其它各型间疗效差异无显著性($P > 0.05$)。各型总有效率比较辨证贴药组肺热型疗效最好, 肾阳虚型疗效最差, 两型显效以上率比较差异有显著性($P < 0.05$); 天灸组肺寒型疗效最好, 与肺热型和肾阴虚型疗效相比差异均有显著性(P 均 < 0.05)。见附表。

4 讨论

研究发现辨证贴药近期疗效与中医分型存在一定关系, 即肺热型近期疗效最高, 其余次之, 肾阳虚型最差。辨证贴药和天灸两种方法对不同证型的哮喘近期疗效有所差异, 其中肺热和肾阴虚型其近期有效率以辨证贴药为高, 其

附表 两组中医分型与近期疗效的关系

辨证分型	辨证贴药组(例)				天灸组(例)			
	临床控制	显效	好转	无效	临床控制	显效	好转	无效
肺热	5	7	2	1	2	4	4	9
肺寒	4	6	4	2	8	11	5	4
肺气虚	5	6	5	4	6	5	8	8
肾阳虚	3	6	6	6	3	6	7	9
肾阴虚	4	5	5	2	2	5	3	12

它 3 型采用两种方法的疗效无显著性差异。两种贴药方法的远期疗效(1 个疗程结束的半年后)无显著性差异, 但近期疗效以辨证贴药为优($P < 0.05$)。

辨证论治是中医治病理论的精髓, 中药组方或针灸补泻都必须建立在辨证立法的基础上, 才能取得理想的疗效。哮喘病总属本虚标实, 本虚主要指肾虚, 标实重点指肺实, 故其病变之脏当以肺肾为要。发作期以邪实为主, 治疗须分清寒热, 缓解期以正虚为主, 当辨明及何脏, 尤其是脏腑阴阳的盛衰。本研究结果表明, 分肺热、肺寒、肺气虚、肾阳虚、肾阴虚 5 型论治, 疗效较好。与天灸相比, 本疗法的最大优势在于对肺热、肾阴虚型患者的疗效显著提高, 因传统的天灸疗法多是据《张氏医通》中的白芥子涂法化裁而来, 而张氏用此法的原意是治疗虚寒性哮喘。

客观评价两种贴药法的优劣, 辨证贴药近期疗效较高, 充分兼用了中医、中药和针灸的多重优势; 而天灸法则侧重于针灸调节的单纯作用, 而冬病夏治的择时治疗在一定程度上又增强了这种作用。故其对阳虚、肺寒及慢性顽固性哮喘患者疗效较好, 对二法的远期疗效未发现明显差异, 尚有待今后进一步长时间观察。贴药疗效与辨证分型存在一定关系^[3], 这方面的研究也正在进行中。

5 参考文献

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ABSTRACTS FROM ORIGINAL ARTICLES

Analysis on Therapeutic Effects of 209 Cases of Allergic Asthma Treated with Acupoint Application

Lai Xinsheng¹, Li Yuemei², Fan Zhaojin¹, et al.

209 cases of allergic asthma were randomly divided into two groups, which received respectively traditional medicinal vesiculation and drug application based on syndrome differentiation, and their short-term and long-term therapeutic effects were investigated and compared, and the relation between the clinical therapeutic effects of the two application therapies and classification of TCM syndrome differentiation was further analysed. Results show that the total effective rate of the short-term of drug application based on syndrome differentiation is higher than that of medicinal vesiculation, and the clinical therapeutic effect is closely related to classification of syndrome differentiation, the therapeutic effect of the short-term is the highest for lung-heat type and the worst for Yang-deficiency of kidney.

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Key words: asthma/acupoint therapy, acupoint application

(Original article on page 663)

Effects of Acupuncture on Humoral Immunity and Trace Elements in 20 Cases of Behcet's Disease

Yu Peng, Bai Hua, Zhang Weilin, et al

In the present paper, it was found that acupuncture therapy increased the K value of light chain of IgM in the patient of Behcet's disease tending to normal, and at the same time, made the lower level of trace element Zn tend to normal, with statistically significant difference before and after treatment. It is suggested that acupuncture therapy increases humoral immunity and promotes metabolism of trace element.

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Key words: production of antibody/acupuncture effect, trace elements, acupuncture therapy

(Original article on page 665)

Clinical and Experimental Studies on Treatment of Precancerous Lesion of Atrophic Gastritis by Wei Suo Kang Granules

Yao Baotai¹, Wang Lei², Wang Hongjing, et al.

100 patients were diagnosed definitely to have atrophic gastritis (AG) with moderate-severe intestinal metaplasia (IM) and/or atypical hyperplasia (ATP) by gastroscopy and pathological examination. They were assigned at random to Wei Suo Kang treatment group and Wei Mei Su control group, 50 cases in each group. Results showed that after one therapeutic course, the markedly effective rates in the two groups were 42% and 8% respectively; the total effective rates 90% and 40% (all $P < 0.05$). In addition, 114 Wistar rats were randomly divided into 6 groups, who taken 50mg/ml of methyl nitro-nitrosoguanidine (MNNG) solution and standard granulated feed containing 0.01% of ranitidine for development of model of precancerous lesion, and they received treatment of Wei Suo Kang and Wei Mei Su respectively. Results indicated that inflammatory cell infiltration of gastric mucosa, simple hyperplasia, IM, ATP and incidence rate of gastric carcinoma in the treatment group were lower than those in the model group and the control group (all $P < 0.05$). Scanning electron microscopy revealed that the cellular form in the treatment group was similar to that in the blank group, with significant difference as compared with the model group and the control group. The content of DNA in nuclei, incidence rate of heteroploid, and the perimeter and the area of nuclei, and heteromorphic index of body of gland in the treatment group were significantly lower than those in the model group and the control group (all $P < 0.05$).

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Key words: gastritis, atrophic/TCM therapy, precancerous state/TCM therapy, Wei Suo Kang Granules

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