

针灸经络

温针灸阴经、阳经穴治疗中风后关节痉挛的对比研究

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摘要 目的:对比观察温针灸阴经、阳经穴为主治疗中风后关节痉挛的临床效果。方法:取30例中风患者作治疗组,以其痉挛的肘、腕、膝和踝关节周围的阴经穴位为主,施以温针灸疗法;同时设30例患者作对照组,以其痉挛的肘、腕、膝和踝关节周围的阳经穴位为主,施以温针灸疗法。设计评定方案,观察比较治疗前后4个关节痉挛度的改变,并作 t 检验。结果:治疗组治疗前后关节痉挛度的改善明显优于对照组($P<0.01$)。结论:温针灸痉挛关节周围的阴经穴位能有效地柔筋舒经、活血通络、缓除关节部的肌腱、韧带的痉挛,从而改善关节活动度。

主题词 中风/并发症 关节强直/针灸疗法 温针疗法

关节痉挛是中风后遗症的主要临床表现之一,严重影响着患者的日常生活。笔者自1996年以来,采用温针灸治疗中风后关节痉挛取得了良好的临床效果,并经统计学检验证明温针灸对中风后遗症患者的关节痉挛程度的改善有非常显著的作用,其中尤以温针灸阴经穴为主治疗效果更佳。现将临床资料报告如下。

1 临床资料

中风后遗症患者关节痉挛程度的评价方法:(1)肘关节:以肱骨与桡骨处在同一直线上的位置为基准位,患者前臂内收痉挛时桡骨与肱骨之间的夹角即为其肘关节内收痉挛度。(2)腕关节:以桡骨与第二掌骨处在同一直线上的位置为基准位,患者腕关节掌屈痉挛时第二掌骨与桡骨之间的夹角即为其掌屈痉挛度。(3)膝关节:以股骨与腓骨处在垂直位上的位置为基准位,患者尽力屈膝时腓骨与基准位之间的夹角即为其膝关节僵直痉挛度(健康人屈膝应为 130° 左右,超过 90° ,而中风后遗症患者则表现为僵直痉挛,屈膝动作难以完成)。(4)踝关节:患者仰卧,以外踝处与床面的垂线为基准线,患者足底面与基准线之间的夹角即为其跖屈痉挛度(亦即足下垂度)。

60例中风后遗症患者依就诊次序随机分成两组。治疗组30例,男17例,女13例;年龄46~71岁;病程3~18个月。对照组30例,男15例,女15例;年龄45~65岁;病程3~17个月。两组患者性别、年龄、病程

及关节痉挛度具备可比性($P>0.05$)。

2 治疗及观察方法

2.1 温针灸法:按常规^[1]进针得气后,剪取长1.5~2cm的市售药艾条,点燃一端并在此端中心戳一小孔(注意勿穿过另端),将点燃端套置于针柄尾部。患部皮肤铺阻燃物以防灸灰掉落烫伤。每日1次,留针30分钟。

2.2 治疗组取穴:肘关节处取尺泽、少海;腕关节处取内关、大陵、阳溪透阳谷;膝关节处取血海、委中、阴陵泉;踝关节处取三阴交、太溪;配穴:阳陵泉。

2.3 对照组取穴:肘关节处取曲池、手三里;腕关节处取外关、合谷、阳溪;膝关节处取梁丘、犊鼻、足三里;踝关节处取悬钟、解溪、丰隆;配穴:阳陵泉。

3 治疗结果

两组治疗前后关节痉挛度比较:两组分别治疗3个月后重新评定其关节痉挛度。附表示,治疗组与对照组治疗前后的关节痉挛度之间的差异均有非常显著的统计学意义($P<0.01$),这说明温针灸阴经穴为主与温针灸阳经穴为主对中风后关节痉挛症状均有良好的疗效。

两组治疗后关节痉挛度比较:治疗组与对照组治疗后的关节痉挛度之间的差异亦有非常显著的统计学意义($P<0.01$),治疗组的关节痉挛度明显小于对照组,这说明温针灸阴经穴为主疗效明显优于温针灸阳经穴。

4 讨论

针灸对中风后关节痉挛的疗效已经得到了众多临床医师的公认。笔者选择观察温针灸治疗中风后关节痉挛并设计方案评定其关节痉挛度,目的在于用实验的方法来证实温针灸治疗中风后关节痉挛确有良效。过去很多临床医师在治疗中风后遗症时多遵从“治痿独取阳明”的古训,选穴多限于阳明经。笔者受“阴可柔筋”的启示,选用关节周围的阴经穴位,收到了柔筋、舒经的功效,且温针灸的疗效明显优于毫针刺^[2]。

本文的研究则表明,温针灸施术时选择阴经穴为主的疗效又优于选择阳经穴为主。这是因为,关节周围的阴经穴位深层的血管、神经及屈肌肌腱的密集程度

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附表 两组治疗前后关节痉挛度比较($\bar{x} \pm s$)

组别	例数	肘关节	腕关节	膝关节	踝关节
治疗组	治疗前	30	51.47±11.07	37.67±8.93	57.63±8.33
	治疗后	30	13.37±5.77* Δ	10.83±3.27* Δ	19.77±5.59* Δ
对照组	治疗前	30	48.10±9.95	34.80±5.46	57.83±7.09
	治疗后	30	24.23±3.63*	18.10±3.17*	26.50±3.49*

* 与同组治疗前比较, $P < 0.01$; Δ 与对照组治疗后比较, $P < 0.01$

明显高于阳经穴位者, 艾灸的热效应通过针体传入肌肉深层, 直达肌腱、韧带局部, 有效地缓除其痉挛; 同时这种热效应有效地扩张了局部血管, 加速了局部血液循环, 为关节恢复正常活动度提供了充足的营养。此外笔者认为, 温针灸的热效应有助于促使神经再通, 从而

加速病变关节的康复。

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黄斑部出血的辨证论治体会

张 健* 张湘晖* 张明亮*

黄斑部出血, 可严重影响视功能, 治疗比较棘手, 现将我们采用辨证论治的体会介绍如下。

1 心脾两虚

血液在脉内循行, 既赖心气的推动, 又靠脾气的统摄, 使血液循经运行而不溢于脉外。若思虑劳神过度, 心血耗伤, 脾虚失于统摄, 则可致眼内血不循经而行于脉外。

严某, 女, 32 岁。右眼视力急剧下降 3 天。矫正视力: 右眼 0.2, 左眼 1.0。右眼用 -15D 可见黄斑部暗红色出血斑。眼底荧光血管造影见右眼黄斑部有 1PD 大小荧光遮蔽。患者素有高度近视, 伴心悸健忘, 少寐, 面色萎黄, 食少, 便溏, 舌淡苔白, 脉细弱。西医诊断右眼黄斑部出血(高度近视性)。中医辨证为心脾两亏, 气不摄血。治宜益气补血, 健脾养心。方用归脾汤加减: 党参、白术、茯苓、黄芪、当归、龙眼肉、炒酸枣仁、生地黄、女贞子、旱莲草各 10g, 木香、远志、炙甘草、大枣各 5g。服药 10 剂, 诸症好转, 原方去生地黄, 加熟地黄、丹参、枸杞子、菊花等, 服 64 剂后, 右眼底出血吸收, 矫正视力为 0.8, 全身症状基本消失。改服归脾丸以善后。

2 肝肾阴虚型

肝藏血, 肾藏精, 精血相互滋生。情志内伤, 久则耗阴, 肝肾阴虚, 虚火上炎, 则迫血妄行而导致眼内出血。

谭某, 男, 56 岁。左眼前暗影, 视力剧降 5 天。视力: 右眼 0.8, 左眼 0.3。左眼黄斑部暗红色出血斑并伴玻璃膜疣。眼底血管荧光造影见黄斑部 1.5PD 大出血性荧光遮蔽。患者素有头晕, 口干舌燥, 手心发热。舌红苔少, 脉细数。西医诊断为左眼黄斑部出血(湿性老年黄斑变性)。中医辨证为肝肾阴虚, 虚火上炎。治宜滋阴降火, 凉血止血。方用知柏地黄汤加减: 生地黄 24g, 山茱萸、山药各 12g, 牡丹皮、茯苓、泽泻、知母、黄柏、女贞

子、旱莲草、桑椹子各 10g。服药 14 剂, 自觉视物较明, 全身症状亦有好转, 原方去生地黄、知母、黄柏, 加熟地黄、玄参、丹参、牛膝、陈皮、木香、党参、黄芪等, 治疗 3 个月, 左眼视力 0.5, 黄斑部出血吸收, 全身症状亦愈。改服六味地黄丸以善后。

3 胃火炽盛

脾胃为机体升降出入之枢纽, 若过食辛热之品, 胃中积热, 与郁火并行, 循经上炎, 灼伤血络, 血溢络外而致黄斑部出血。

程某, 男, 38 岁。左眼前黑影, 视力骤降 4 天。视力: 右眼 1.2, 左眼 0.2。左眼黄斑部有黄白色渗出病灶并伴有出血斑。眼底血管荧光造影可见黄斑部有 1PD 大小出血性荧光遮蔽。伴有牙龈肿痛, 口臭, 口干咽燥, 舌质红少苔, 脉数。西医诊断为左眼黄斑部出血(中心性渗出性脉络膜视网膜炎)。中医辨证为胃火炽盛。治宜清胃降火。方用清胃散合玉女煎加减: 黄连 5g, 生石膏、生地黄各 20g, 黄芩、牡丹皮、沙参、牛膝、大黄各 10g, 升麻 3g。服药 7 剂, 牙龈肿痛、口臭已除, 余同前, 原方加丹参 15g, 三七粉 3g(吞服), 14 剂。三诊时查左眼视力 0.3, 上方去大黄、黄芩, 加陈皮 6g, 法半夏 10g。治疗 2 个月, 左眼视力为 0.6, 黄斑部出血基本吸收。

4 体会

黄斑部出血, 不外乎火热熏灼, 迫血妄行; 或气不摄血, 血溢脉外。火有实火虚火, 实火多为胃火、肝火, 选用寒凉之品, 以泻其火, 常用黄芩、黄柏、生石膏、牡丹皮之类, 但寒凉切忌太过, 否则反损脾胃, 招致寒凝血滞, 血不归经, 病情反复, 缠绵难愈, 形成瘢痕, 影响视力。因此, 可于方中加陈皮、法半夏以和胃。虚火多从肝肾入手, 常用生地黄、知母、玄参、牛膝。然滋腻之品, 久服伤胃, 故稍佐陈皮、木香、黄芪、党参之类, 以顾胃气。气虚不能摄血, 则调补脾胃, 脾胃健旺, 生化有源, 统摄有权, 常用黄芪、党参、白术、茯苓、龙眼肉。总之, 黄斑部出血, 不能单纯止血, 而应结合全身情况, 四诊合参, 分辨虚实, 补泻得宜, 方能收到预期的效果。

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ABSTRACTS FROM ORIGINAL ARTICLES

Comparative study on warm needling and Moxibustion at acupoints of Yin and Yang Channels for treatment of articular spasm after apoplexy

Liu Aoshuang

Objective: To compare clinical effects of warm needling at acupoints of Yin and Yang Channels as main for treatment of articular spasm after apoplexy. **Methods:** The treatment group (30 cases) were treated with warm needling at acupoints of Yin Channel surrounding the spasmodic elbow, wrist, knee and ankle joints as main points, and the control group (30 cases) were treated with the same method at acupoints of Yang Channel, and the spasm extents of the 4 joints before and after treatment were observed. **Results:** The improvement of spasm extent of the joint after treatment in the treatment group was significantly superior to that in the control group ($P < 0.01$). **Conclusion:** Warm needling at acupoints of the Yin Channel surrounding the spasmodic joints can relieve effectively spasm of muscle tendon and ligament in the joint region to improve mobility of joints.

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Key words: apoplexy/complication ankylosis/acup — mox therapy warm needling therapy

(Original article on page 181)

Clinical observation on treatment of 45 cases of hemorrhagic apoplexy at acute stage treated mainly with promoting blood circulation and removing blood stasis method

Sun Guozhu

In order to explore therapeutic effect of promoting blood circulation and removing blood stasis method on hemorrhagic apoplexy at acute stage, effects of drugs for promoting blood circulation and removing blood stasis on state of consciousness and motor function of the patient were observed, and the control group treated with routine western drugs were compared. Results indicated that the effective rate was 82.2% in the treatment group (45 cases) and 60% in the control group (40 cases), with a significant difference between the two groups ($P < 0.05$); and the score of state of consciousness and motor function after treatment in the treatment group increased significantly ($P < 0.01$), showing that the effect of drugs for promoting blood circulation and removing blood stasis on hemorrhagic apoplexy at acute stage is significantly superior to that of routine western drugs.

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Key words: apoplexy/TCM therapy cerebral hemorrhage/TCM therapy promoting blood circulation to remove blood stasis

(Original article on page 185)

Clinical study on treatment of 21 cases of senile hyperthyroidism with modified Er Dong Decoction combined with western drugs

Fu Baojun, Jiang Wei, Xing Mei, et al.

Objective: To probe clinical therapeutic effect of modified Er Dong Decoction combined with western medicine on senile hyperthyroidism. **Methods:** 41 cases were randomly divided into treatment group treated with Er Dong Decoction combined with small dose of PTU and control group treated with PTU of routine dose. The treatment was given for 10 weeks. **Results:** The total effective rate was 85.7% in the treatment group and 85.0% in the control group with no significant difference ($P > 0.05$). There was no significant difference between the two group after treatment in serum thyroid hormone level ($P > 0.05$). Improvement of insomnia and dreaminess, poor appetite, dry mouth and throat, tiredness and weakness in the treatment group was superior to that in the control group ($P < 0.05$). **Conclusion:** Modified Er Dong Decoction combined with western medicine has a better clinical therapeutic effect on senile hyperthyroidism.

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Key words: hyperthyroidism/integrated TCM and WM therapy @Er Dong Decoction

(Original article on page 196)

Effects of some drugs for resolving phlegm on blood rheological property in rats

Jiang Wenyue, Yang Yu, Li Yanyan, et al.

In order to study on the theory of "phlegm and blood stasis having same source" and effects of drugs for resolving phlegm on blood rheology, effects of Ban Xia, Gua Lou, Zhe Bei Mu and Shi Chang Pu on whole blood viscosity, erythrocyte deformation index and plasma fibrinogen content in normal rats. Results indicated that the drugs for resolving phlegm had functions of decreasing whole blood viscosity, inhibiting hemoagglutination (except Gua Lou) and increasing capability of erythrocyte deformation; at high shearing rate, Shi Chang Pu and Zhe Bei Mu could slightly increase whole blood viscosity; Shi Chang Pu increased slightly plasma fibrinogen content. It is suggested that resolving phlegm also can removing blood stasis, and the mechanism of the drug for resolving phlegm in decreasing blood viscosity is related with decrease of blood lipids and anti-oxidation of lipids.

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Key words: drugs for resolving phlegm (Chinese drug)/pharmacology blood rheology /drug action

(Original article on page 215)