

丹栀逍遥散合耳穴贴压治疗视神经萎缩 51 例临床研究

杨海燕*

摘要 目的:观察丹栀逍遥散合耳穴贴压治疗视神经萎缩的临床疗效。方法:对服用丹栀逍遥散合耳穴贴压法的治疗组 51 例(58 眼)与单纯服用西药之对照组 43 例(49 眼)的视力、视野进行观察,共 3 个疗程。结果:从视力变化分析,治疗组有效率 79.3%,对照组 44.89%。从视野变化分析,治疗组有效率 61.9%,对照组 22.6%,治疗组疗效均优于对照组(P 均 <0.05)。结论:丹栀逍遥散配合耳穴贴压法治疗视神经萎缩,对增进视力,改善视功能有较好的作用。

主题词 视神经萎缩/穴位疗法 视神经萎缩/中医药疗法 丹栀逍遥散/治疗应用

视神经萎缩是常见的致盲原因之一,也是眼科的难治病症。为了探索简便易行、疗效可靠的治疗方法,笔者于 1993~2000 年 12 月用丹栀逍遥散内服配合耳穴贴压法治疗本病 51 例(58 眼)进行临床观察,取得了较好的疗效,现报告如下。

1 临床资料

本组 94 例 107 眼为在我院就诊的患者。按随机分配卡分为治疗组和对照组。其中治疗组 51 例(58 眼),男 24 例,女 27 例;年龄 6~65 岁,平均 31 岁;病程 3 个月~10 年,平均 12 个月;按病因分:视神经炎后 18 例(18 眼),外伤后 9 例(9 眼),血循环障碍 13 例(19 眼),压迫性 5 例(5 眼),青光眼 4 例(5 眼),不明原因 2 例(2 眼)。

对照组 43 例(49 眼),男 29 例,女 14 例;年龄 8~60 岁,平均 30 岁;病程 5 个月~8 年,平均 11 个月。按病因分:视神经炎后 10 例(10 眼),外伤后 12 例(12 眼),血循环障碍 5 例(7 眼),压迫性 5 例(5 眼),青光眼 7 例(9 眼),不明原因 4 例(6 眼)。两组病例在年龄、病种、病程、病情轻重程度等方面,经卡方检验,差异无显著性($P>0.05$),具有可比性。

2 治疗及观察方法

治疗组:本组 51 例患者用丹栀逍遥散内服配合耳穴贴压法。(1)中药组方:牡丹皮、炒栀子、当归、红花、柴胡、炒白术、薄荷(后下)、石斛、枳壳各 10g,枸杞子、茺蔚子、女贞子各 15g,炒白芍 18g,石决明(先煎)24g,每日 1 剂,煎汤内服,日服 2 次。20 天为 1 个疗程,共

服 3 个疗程。(2)耳压治疗:取穴:眼、目₁、目₂、肝、脾、肾、皮质下、内分泌。操作:先将耳部用 75%酒精消毒,以探棒找阳性反应点,然后将准备好的带有王不留行的胶布,准确贴于阳性反应点处,手指按压,使耳部有发热胀感。每日 4~6 次,每次 5 分钟。3 天换药 1 次,左右耳交替。10 次为 1 个疗程,共治疗 2 个疗程。

对照组:本组 43 例给予维脑路通 0.2g、肌苷 0.2g、地巴唑 10mg、维生素 B₁10mg,每日 3 次口服。20 天为 1 疗程,共服 3 个疗程。

3 治疗结果

3.1 疗效标准:依据《中医病证诊断疗效标准》^[1]及《中药新药临床研究指导原则》^[2]而定。显效:(1)视力进步大于或等于 4 行,视野扩大大于或等于 15°。(2)0.1 以下视力,或眼前手动增至 0.04 以上,或 33cm 指数增至 0.08 以上,或 0.02 增至 0.1 以上,或 0.03~0.05 增至 0.2 以上,或 0.06~0.08 增至 0.4 以上。有效:(1)视力进步大于或等于 2 行,视野扩大大于或等于 5°。(2)0.1 以下视力,或眼前手动增至 0.02 以上,或 33cm 指数增至 0.04 以上,或 0.02 增至 0.06 以上,或 0.03~0.05 增至 0.08 以上,或 0.06~0.08 增至 0.2 以上。无效:视力、视野无改善或退步。

3.2 视力分析:按对数视力表检查治疗前后视力情况。治疗组 51 例 58 眼,显效 2 眼,有效 44 眼,无效 12 眼,有效率 79.3%。对照组 43 例 49 眼,显效 1 眼,有效 21 眼,有效率 44.8%,无效 27 眼。两组有效率比较,差异有显著性($P<0.05$),说明治疗组疗效好于对照组。治疗前后视力分布:表 1 示,治疗组治疗前视力多集中于 0.2 以下,治疗后视力分布较集中于 0.25~1.0 段;对照组治疗前后视力分布变化不大。

3.3 视野分析:治疗组接受视野检查的 39 例(42 眼)中 16 眼周边向心性视野缺损扩大 10°。8 眼中心性暗点缩小,弓形视野缺损缩小 2 眼,有效率 61.9%。

对照组接受视野检查的 27 例(31 眼)中,5 眼周边向心性视野缺损扩大 10°,2 眼中心暗点缩小。有效率 22.6%。经统计学处理($P<0.05$),说明治疗组疗效优于对照组。

3.4 致病因素与疗效的关系:表 2 示,治疗组有效眼数高于对照组,有效眼且以血循环障碍、外伤后、视神经炎后效果较好,压迫性及青光眼性疗效不佳。

* 徐州市中医院,江苏省徐州市中山南路 169 号(221003)

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表 1 两组治疗前后视力分布

组别		眼数	光感~3.7	3.8~4.0	4.1~4.3	4.4~4.5	4.6~4.8	4.9	5.0
治疗组	治疗前	58	11	14	20	7	5	1	0
	治疗后	58	3	8	10	15	14	6	2
对照组	治疗前	49	9	21	14	3	1	1	0
	治疗后	49	7	14	17	7	3	1	0

表 2 不同原因视神经萎缩疗效比较

致病原因	治疗组(58 眼)			对照组(49 眼)		
	显效	有效	无效	显效	有效	无效
视神经炎后	1	14	3	0	4	6
外伤后	0	8	1	0	9	3
血循障碍	1	17	1	1	2	4
压迫性	0	2	3	0	2	3
青光眼性	0	2	3	0	3	6
不明原因	0	1	1	0	1	5

4 讨论

视神经萎缩属中医学“青盲”范畴。其病因由七情内伤或外伤所致。诸多因素均可导致阴阳失调,气血失和,脏腑功能紊乱,气机疏泄不利,精血不能荣养目窍,目之玄府闭塞,神光泯灭,盲无所见,发为“青盲”。故治疗上“以达之之药发之,无有不应”^[3]。本病病程较长,多有肝郁的表现,“气郁化热”故选用丹栀逍遥散清热疏肝,行气活血。柴胡疏肝解郁,当归、白芍养血调肝,白术健脾益气,薄荷发散郁热,牡丹皮、栀子清肝泻热。同时加用枸杞子、女贞子、石斛、石决明滋补肝肾。既防苦寒伤阴,也可促进视功能恢复。枳壳、红花、茺蔚子行气活血散瘀明目。诸药合用,使得气机畅达,目养有源,复明有望。

在治疗组中还采用耳穴贴压方法,《内经》曰:“耳者宗脉所聚也,五脏六腑十二经络有终于耳者。”通过耳压可以疏通经络,调节和治疗相应的脏腑功能与疾

病。现代医学表明,耳廓上有丰富的神经血管淋巴分布,并相互交织成丛。利用耳压刺激,通过耳廓神经体液途径与机体各部发生联系,改善器官功能,推动气血运行,从而疏通经络,扶正祛邪,调整脏腑功能,达到防病治病目的^[4],所选眼、目₁、目₂、肝、脾、肾、皮质下、交感等穴具有增视明目之功。

近代名中医陆南山在《眼科临证录·视神经病》曰:基于视神经萎缩乳头色淡或苍白,视网膜血管变细,辨证为血虚不能养目,而目得血而能视。现代医学认为,视神经萎缩的发生与轴浆流阻滞有关^[5]。本研究表明,耳穴贴压局部刺激,配合丹栀逍遥散内服以疏肝清热,行气活血可以扩张血管,改善血行,以营养神经。从视力分析以及从不同的致病原因治疗效果来看,治疗组疗效明显优于对照组,说明丹栀逍遥散内服配合耳穴贴压,内外合治,畅行气血,目系得养,神光自复。对治疗视神经萎缩,改善视功能,恢复视力有较好的临床效果。

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重用党参、黄芪养心益气为君; 辅以葛根、川芎、丹参、赤芍、山楂、降香活血脉为臣, 君臣相配, 旨在益气活血, 俾气足则助血行, 血行则血瘀除; 佐以微寒之决明子, 既可防君臣之药辛燥太过, 又取其力薄气浮之性, 疏通上下气机, 以增活血之力; 使以菖蒲引诸药入心, 开窍通络。诸药合用, 共奏益气养心、行气活血、祛瘀止痛之功, 用于冠心病、心肌梗塞、心肌炎等病, 颇多治

验。如治徐某, 男, 52 岁, 胸痹有年, 胸痛隐隐, 劳则更剧, 频繁发作, 心悸怔忡, 胸闷气短, 神萎乏力, 动则自汗, 舌质胖紫, 苔薄白, 脉弦细无力。证属气虚血瘀, 心脉失养, 治当益气养心, 活血化瘀, 方用益心汤。药用: 黄芪 15g, 党参 10g, 葛根 9g, 川芎 6g, 丹参 12g, 赤芍 10g, 山楂 10g, 石菖蒲 6g, 决明子 30g, 降香 4.5g。服药 14 剂, 胸痛明显减轻, 活动耐量增加, 自汗亦减, 上方长期服用, 以固本清源。

ABSTRACTS FROM ORIGINAL ARTICLES

Effects of electroacupuncture on learning and memory and the producing system of free radicals in brain tissue in the rat of vascular dementia

Wang Li, Tang Chunzhi

Objective: To observe regulative action of electroacupuncture (EA) on learning and memory and the producing system of free radicals in the rat of experimental vascular dementia (VD). **Methods:** In the 4-VO model rat of vascular dementia (VD), learning and memory were detected by morris's water maze, and nitric oxide (NO), malondialdehyde (MDA) contents, nitric oxide synthase (NOS), superoxide dismutase (SOD) and glutathione peroxidase (GSH-Px) activities in the brain were determined. **Results:** The model rat had obvious learning and memory disorder, and had significantly longer escape latency in the orientation navigation experiment as compared with that of false operation group; and the running over platform times in the original platform quadrant were not significantly higher than other 3 quadrants in the space exploration test. While in the EA group, the escape latency was shortened; the running over platform times in the original platform quadrant were significantly more than other 3 quadrants, with no significant difference to the false operation group. NOS activity, NO and MDA contents in the brain tissue in the model group increased significantly, SOD, GSH-Px activities decreased significantly with significant differences as compared with that of the false operation group, EA group and Nimotop group ($P < 0.05$ or $P < 0.01$). It is indicated that NO, MDA contents and NOS activity decrease in the EA group and the Nimotop group, and SOD and GSH-Px activities increase in varying degrees in the brain tissue. **Conclusion:** EA can regulate the balance of production and elimination of free radicals, and can relieve lesion of nervous cells of the brain due to ischemia, so as to improve learning and memory in the rat of VD.

Authors' address: College of Acupuncture & Massage, Guangzhou University of TCM, Guangzhou 510405

Key words: Dementia, vascular/acup - moxibustion therapy electroacupuncture memory/acup eff

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Clinical study on combination of Dan Zhi Xiao Yao Powder with ear point taping and pressing therapy for treatment of 51 cases of optic nerve atrophy

Yang Haiyan

Objective: To observe clinical therapeutic effect of combination of Dan Zhi Xiao Yao Powder with ear point taping and pressing therapy on optic nerve atrophy. **Methods:** In the treatment group (51 cases, 58 eyes) treated with combination of Dan Zhi

Xiao Yao Powder with ear point taping and pressing therapy, and in the control group treated with simple Western medicine (43 cases, 49 eyes), vision and visual field were observed for 3 therapeutic courses. **Results:** The effective rate for vision was 79.3% in the treatment group, and 44.89% in the control group; and the effective rate for visual field was 59.2% in the treatment group and 22.6% in the control group, the therapeutic effect in the treatment group being superior to that of the control group ($P < 0.05$). **Conclusion:** Combination of Dan Zhi Xiao Yao powder with ear point taping and pressing therapy can increase vision and improve optic function for optic nerve atrophy.

Author's address: Xuzhuo Municipal Hospital of TCM, Jiangsu 221003

Key words: Optic nerve atrophy/acupoint therapy optic nerve atrophy/TCM therapy: Dan Zhi Xiao Yao Powder/treatment application

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Effects of Da Huang Zhe Chong Pill on VII factor correlative antigen and fibrinogen in the patient of non-insulin dependent diabetic nephropathy at stage IV

Wei Lianbo, Li Delin, Ye Rengao, et al.

Objective: To probe into the action of Da Huang Zhe Chong Pill on VII factor correlative antigen (vWF:Ag) and fibrinogen (Fbg) in the patient of non-insulin dependent diabetic nephropathy (DN) at stage IV. **Methods:** 60 cases of DN at stage IV were randomly divided into treatment group and control group, and vWF:Ag and Fbg changes were detected with automatic coagulation instrument. The treatment group were treated with Da Huang Zhe Chong Pill and the control group with persantine. The effects of Da Huang Zhe Chong Pill on vWF:Ag and Fbg in the patient of DN at stage IV were investigated. **Results:** The blood vWF:Ag, Fbg contents in the patient of DN at stage IV increased as compared with that of the normal control group ($P < 0.01$); after treatment with Da Huang Zhe Chong Pill, vWF:Ag and Fbg contents decreased significantly ($P < 0.05$ or $P < 0.01$), superior to that of the persantine. **Conclusion:** Da Huang Zhe Chong Pill can significantly decrease blood vWF:Ag and Fbg contents and improve hypercoagulable state in the patient of DN at stage IV.

Authors' address: Nanfang Hospital of The First Military Medical University, Guangzhou 510515;

Key words: Diabetes, non-insulin dependence/TCM therapy Da Huang Zhe Cong/treatment application diabetic nephropathy/blood

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