

中风病合并假性球麻痹 50 例的临床观察

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摘要 以自拟佛手益气活血汤加减,重用岷当归,治疗中风合并假性球麻痹 50 例,对构音不全总有效率 98%,显效以上率 58%;对吞咽呛咳总有效率 98%,显效以上率 94% 的良好疗效。

主题词 中风(中医)/并发症 麻痹,延髓性/中医药疗法

我院心脑科自 1986 年 6 月至 1991 年 6 月,应用益气活血法治疗中风病合并假性球麻痹 50 例,取得较好疗效。

1 临床资料

本组中风病合并假性球麻痹者 50 例。男 34 例,女 16 例。年龄最大 80 岁,最小 54 岁,平均年龄 64 岁。住院治疗 41 例,门诊治疗 9 例,平均治疗日数 41 日。病程在 1 个月以内者 5 例,1~6 个月 14 例,6+月~1 年 11 例,1+~5 年 16 例,5+~10 年 2 例,10+~15 年 2 例,发病至来我院治疗时间平均为 2 年。本组属后遗症者 31 例,占总例数 62%。全部病例均合并假性球麻痹,表现有不同程度的构音不全和呛咳吞咽困难。前者呈一般表达、命名不能者 16 例,说话成句而表达不全者 11 例,只能说单词词组者 12 例,语言不能或基本不能者 11 例;后者表现为饮食(水)多有呛咳但进食(水)尚较顺利者 16 例,每次饮食(水)多有呛咳而仍可勉强进食(水)者 20 例,饮食(水)不能或极度困难,每次饮食(水)必呛咳甚至需用鼻饲者 14 例。50 例中舌淡红 1 例,红黯 31 例,淡黯 18 例;舌苔白 21 例,白腻 5 例,苔黄 15 例,黄腻 8 例,少苔 1 例。脉弦 20 例,细 12 例,弦细 7 例,沉细 4 例,沉弦 4 例,弦大 2 例,代脉 1 例。

本组病例治疗前均做心电图检查,检查结果心肌供血不足 26 例,左前半阻滞 1 例,完全

性右束支传导阻滞 1 例,房颤 1 例。32 例做了脑 CT 检查,示有脑梗塞 6 例,多发性脑梗塞 19 例,脑梗塞合并脑萎缩 4 例,脑出血合并脑梗塞 1 例,橄榄体脑桥小脑萎缩 2 例。西医诊断为脑血栓形成 9 例,多发性梗塞 31 例,腔隙卒中 3 例,脑出血 4 例,脑出血合并脑梗塞 1 例,橄榄体脑桥小脑变性 2 例。本组中并发有震颤麻痹 1 例,高血压病 12 例,高血压心脏病 2 例,冠心病 25 例。

2 治疗方法

本组病例的证候特点为半身不遂或四肢瘫痪,偏身或四肢麻木,口舌歪斜,言语謇涩或不能,饮食呛咳不止,口流涎,自汗出,心悸便溏,手足肿胀,或伴记忆衰减,痴呆不明,舌质暗,苔薄白或白腻,脉细或弦。按中医辨证均属气虚血瘀证型,应用益气活血法,以自拟的佛手益气活血汤加减治疗。处方:岷当归 60~100g,川芎 9~15g,黄芪 15g,赤芍 15g,水蛭 9g,伸筋草 15g,白芷 9g,甘草 5g。痴呆者加枸杞子 9g、黄精 20g;痰盛者加胆南星 15g、半夏 15g、茯苓 15g;呛咳重者加白芍 15g、麝香 0.1g(冲服);头晕沉重者加菊花 9g;舌红者加连翘 15g;苔腻者加薏苡仁 15g、砂仁 9g。水煎服,每日 1 剂。30 天为一疗程,可进行 1~2 个疗程。

3 治疗结果

本组病例按假性球麻痹的二大主症,构音不全及呛咳吞咽困难,分别判断疗效。我们对构音不全症状的疗效系参照国家中医药管理局批准的《中风病中医诊断疗效评定标准》中有关语言表达项进行判定。该《标准》以语言表达正常为 4 分,一般表达和命名不能为 3 分,说话成句而表达不全为 2 分,只能说单词词组为 1 分,语言不能或基本不能为 0 分。本组病例的疗效判定以治疗后语言恢复正常,打分为 4 分者为痊

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愈,本组共 17 例(34%);语言显著进步,治疗后得分增长 2 分以上(含 2 分)者为显效,本组共 12 例(24%);语言有进步,治疗后得分增长 1 分者为有效,本组共 20 例(40%);治疗后语言无进步,得分无增长者为无效,本组仅 1 例(2%)。本组病例对构音不全症状的显效以上率为 58%,总有效率为 98%。

对呛咳吞咽困难症状的疗效判定,我们以治疗后呛咳吞咽困难症状消失者为痊愈,本组共 43 例(86%);呛咳吞咽困难症状明显好转仅偶有发生者为显效,本组共 4 例(8%);呛咳吞咽困难症状好转但仍时有发生者为有效,本组共 2 例(4%);治疗后呛咳吞咽困难症状无进步者为无效,本组共 1 例(2%)。本组病例对呛咳吞咽困难症状的显效以上率为 94%,总有效率为 98%。

4 讨论

假性球麻痹属中风病的常见合并症,属中风范畴。本组 50 例,辨证均为气虚血瘀,夹痰夹湿是最多的兼证。中风至此阶段,均已病程绵长,精气大耗。气不充则不利,导致气滞血瘀,经络阻遏而语蹇不畅;气不顺达,上逆则为呛咳。治疗必求其本,补精血之衰耗,化虚邪之壅滞,

为本病的治疗重点。佛手益气活血汤是在“佛手散”基础上,重用甘肃特产药材岷当归加減而成。方中当归、川芎、赤芍养血和血,黄芪益气,水蛭化瘀行滞,伸筋草祛风通络,白芷化浊开窍,甘草和诸药。全方攻补兼施,共奏养血和血、化瘀祛浊、通络开窍之功。本组兼证最多者为痰浊,加用南星、二陈类方颇为适宜。呛咳重者,重用白芍并酌加麝香常显桴鼓之效。甘肃岷县所产当归是当归中的上品,据研究含 104 种化学成分。经临床及药理实验证明,岷当归大剂量应用并无毒副作用^[1,2]。

假性球麻痹属上运动神经元损害,临床有两大主症,即构音不全和呛咳吞咽困难。本文疗效判定亦按此两大主症进行,两症总有效率均达 98%,但究其显效以上之疗效,差别颇大。呛咳吞咽困难症状的显效以上率为 94%,而构音不全者仅为 58%。究其机理我们认为,吞咽动作作为本能活动,语言是人类独有的,它与偏瘫病人的手指功能恢复较慢当属于同一机制。

5 参考文献

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化瘀止痛汤灌肠治疗慢性盆腔炎 172 例

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我院自 1986~1990 年用自拟化瘀止痛汤灌肠治疗慢性盆腔炎 172 例,现报道如下。

1 临床资料

172 例中年龄 23~30 岁者 48 例,31~40 岁者 108 例,40~45 岁者 16 例。诱因为产后、流产后、放环后感染,或有经期同房史者 124 例,经腹手术史者 12 例,无明显诱因者 36 例。症状见腹痛 172 例,白带多 108 例,肛坠 48 例,月经不调 28 例,发烧 12 例。

2 治疗方法

方药组成:当归 15g,赤芍 12g,蒲公英 15g,银花

15g,败酱草 30g,三棱 10g,莪术 10g,丹参 15g,红花 10g,红藤 15g,野菊花 20g。将上药水煎至 100ml,温度 37℃时,让病人左侧卧位,用导尿管插入直肠内 14cm 以上,15 分钟内灌完。卧床不动,尽量延长中药在肠道中的时间。每晚 1 次,15 天为一疗程,疗程间休息 10 天,月经期暂停灌肠。3 个疗程后统计疗效。慢性盆腔炎急性发作者以抗生素控制症状后,再予灌肠治疗。

3 治疗结果

症状消失,妇科检查(包括子宫、附件压痛,子宫活动度受限,附件增厚,炎性包块等)体征消失评为基本治愈 124 例;症状部分消失,妇科检查炎性包块缩小,子宫、附件区粘连及压痛减轻评为好转 48 例。总有效率为 100%。另外,6 例继发不孕患者治疗后 3 例妊娠。

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ABSTRACTS OF ORIGINAL ARTICLES

Observation on the Therapeutic Effect of Refractory Aplastic Anemia Treated by Differentiation of Symptom in Contrast to Western Medicaments

Chen Bo Gu Deyuan

Through careful selection of empirical recipes, the best ones were selected and the TCM type of manifestations of refractory aplastic anemia were worked out. Open sequential tests were made with Stanazolol. Results showed the short term cured effect were 5/20 cases, demonstrating that the empirical treatment was far superior to Stanazolol.

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Key Words: Anemia, aplastic / TCM therapy Treatment based on Differentiation of Symptom

(Original article on page 225)

50 Cases of Apoplexy Complicated with Pseudo—Bulbar Paralysis

Xia Yongchao Li Yanyi Han Yan, et al.

The self—formulated modified " Blood—activating and Qi —benefitting Decoction of Fructus Citri Sarcodactylis " with heavy dose of Radix Angelica Sinensis was applied for the treatment of 50 cases of apoplexy complicated with pseudo—Bulbar paralysis. The total effective rate of dysathria was 98% with a 58% above marked effect rate, while the total effective rate for choking and coughing was 98%, with a 94% above markedly effective rate.

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Key Words: Apoplexy (TCM) / complications Paralysis, medullar / TCM therapy

(Original article on page 227)

Observation on the Therapeutic Effect of Chronic Idiopathic Thrombocytopenic Purpura: Report of 64 Cases

Wang Weizhong

The cases were randomly divided into 2 groups, each 32 cases. The results were: for the Chinese drug group, 13 cases were markedly effective, 15 cases with rather good effect, 2 cases improved, 2 cases ineffective. For the control group, the figures were 5, 13, 11,

3 respectively. The total effective rate was similar for the 2 groups, but the markedly effective rate for the former is higher than the latter ($P < 0.05$), while the improvement of the experimental indices were also better in the former group.

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Key Words: Purpura, thrombocytopenic / TCM therapy
(Original article on page 229)

Observation on the Constitution of Damp — phlegm Type of Simple Obesity Improved with Qingjian (Nimble) Capsule

Qiao Yanfang Wang Qi

Formulated with pure Chinese materia medica in compound form, Qingjian capsule possesses the actions of dispersing damp — phlegm, activating Qi, eliminating stasis, dissipating fat to lose weight, resulting in the improvement of physical constitution of damp—phlegm nature in simple obesity. Through 40 cases of simple obesity with damp — phlegm constitution, the effective rate for losing weight is 75%. It also lowers blood lipids, improves the apoprotein, and decreases subcutaneous fats.

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Key Words: Obese / TCM therapy @ Damp—phlegm physical constitution @ Qingjian capsule

(Original article page 232)

48 Cases of Infantile Acute Renal Failure Treated by Enema of Rhei Mixture

Liu Guangcai Yang Shuqing Liu Lianhua, et al.

Retention enema with Rhei mixture was applied for the treatment of acute renal failure in 48 cases. After 7 days of therapy, the total effective rate was 85.4%. A control group of 34 cases were treated with non—dialysis western method with a total effective rate of 73.6%. The result of the test group is obviously superior to the control group. ($P < 0.01$)

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Key Word: Renal failure, acute / TCM therapy Medication, rectal / @ Rhei mixture

(Original article on page 237)