

克面痛散搐鼻治疗三叉神经痛临床观察

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摘要 用中药复方克面痛散于患侧鼻孔搐鼻,治疗原发性三叉神经痛 62 例,并随机设对照组 42 例进行对照观察。结果显示:治疗组总有效率为 91.9%,尤以Ⅰ、Ⅱ支者疗效为好,总有效率达 100%,与以双料喉风散为安慰剂的对照组(总有效率 26.2%)相比,有显著差异。而且,在疼痛得以缓解的同时,三叉神经分布区域皮肤痛阈也相应提高。

主题词 三叉神经痛/中医药疗法 搐鼻 @ 克面痛散

三叉神经痛是一种原因未明的面部三叉神经分布区域内反复发作的、短暂的、阵发性剧痛。目前,该病的治疗主要以缓解疼痛为目标,应用解痉药与针刺配合,甚者采用神经阻滞或手术治疗,中药内服虽也有一定疗效,但缓解率仍较低,也多复发。为此,笔者在研究传统中药理论中,总结出一组搐鼻制剂用来治疗三叉神经痛。应用 8 年来,取得了显著疗效,并对其治疗作用产生的原理进行了初步探讨。

1 临床资料

本组 104 例均为门诊病人,其中男性 26 例,女性 78 例;年龄最大者 54 岁,最小者 37 岁,平均 42.6 岁。全部病例均为确诊原发性三叉神经痛,经用解痉药配合针刺治疗无效者。104 例随机分为试验组(62 例)和对照组(42 例)。均行单盲法观察。

2 治疗与观察方法

2.1 治疗方法:全部病例均采用搐鼻疗法。试验组用克面痛散。其由芫荽、木鳖子、藿香、冰片,按照 5:5:3:1 的比例组成。方中芫荽、藿香漂洗烘干(80℃),木鳖子去壳存仁。四药混合精研约 1 小时,过 180 目筛。贮瓶备用。应用时,

将火柴头大体积(约 0.05g)的克面痛散置纸折中,痛侧鼻孔对准药散,利用鼻孔吸气的力量将药粉吸入。首次应用在痛时吸入,隔 10 分钟再吸,以后隔 3 小时 1 次,每日 4 次。嘱患者吸力不可太大,以免吸至咽喉部而影响疗效。对照组以双料喉风散(广东梅州制药厂出品)为安慰剂于痛侧鼻孔吸入,应用方法同试验组。

治疗期间停用其他一切治疗。两组病例均用药 4 天,然后停药观察。

2.2 痛阈测定观察:以 WQ-9E 痛阈测量仪(北京海淀电子医疗仪器厂出品),应用 K⁺ 镇痛法于给药前和给药后 10、20、30、60、120、180、240 分钟测定三叉神经分布区域的皮肤痛阈。无关电极置前臂下 1/5 与上 4/5 交界处内侧皮肤区域固定,刺激电极按痛支置于相应的固定皮肤部位。痛阈测量仪置 5mA 档量程,以小阶梯步升。每个时间连测 3 次取平均值。以给药后的痛阈值减去给药前的痛阈值为痛阈变化值,观察给药后两组的痛阈变化情况。在初治时,每位患者均接受 1 次长时间的痛阈观察,以了解痛阈随时间迁移的变化情况。

3 疗效分析

3.1 疗效判定标准:用药后疼痛未再发作或无其他不适感出现,停药后 30 日无复发者,评为完全缓解;用药后疼痛无发作,停药后 30 日内复发,再次用药仍可控制者,评为显效;用药后疼痛消失缓慢,仍偶有发作,但痛势显著减轻,发作次数减少者评为有效;用药 4 日,疼痛无任何变化,或虽痛势减轻,但发作次数不减者评为无效。

3.2 两组疗效观察比较:表 1 示试验组总有效率为 91.9%,和对照组的总有效率(26.2%)相比差别极为显著($P < 0.01$),完全缓解例数试验组为 44 例,对照组仅 1 例,差别也极显著($P < 0.01$)。

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3.3 不同分支疼痛缓解情况观察:表2示试验组Ⅱ、Ⅲ支疼痛的总有效率为100%。而第Ⅰ支疼痛的总有效率为77.8%,与Ⅱ、Ⅲ支相比较有显著差异($P<0.01$)。完全缓解率在不同分支间亦有同样的规律($P<0.01$)。

表1 两组疗效观察比较

组别	例数	完全缓解例(%)	显效例(%)	有效例(%)	无效例(%)
试验组	62	44(71.0)	8(12.9)	5(8.0)	5(8.0)
对照组	42	1(2.3)	4(9.5)	6(14.3)	3(73.8)

表2 不同分支疼痛缓解情况

支别	例数	完全缓解例(%)	显效例(%)	有效例(%)	无效例(%)
I	9	2(22.2)	3(33.4)	2(22.2)	2(22.2)
II	33	27(81.8)	3(9.1)	3(9.1)	0
III	20	15(75.0)	1(5.0)	4(20.0)	0

3.4 克面痛散搐鼻对三叉神经痛患者面部皮肤痛阈影响的观察:在经治的104例患者中,试验组治疗后,痛阈提高例次占该组测试例次的93.2%,对照组痛阈提高例次仅占该组测试例次的11.9%,两者差异极为显著($P<0.01$)。表明克面痛散搐鼻可显著提高三叉神经分布区域皮肤痛阈。而且,痛阈变化与临床疗效关系密切。完全缓解和显效者,痛阈提高显著;有效或无效者,痛阈无显著提高或反见降低。并且不同分支间皮肤痛阈的提高与镇痛疗效呈正相关关系。痛阈测定的 K^+ 刺激在个别患者可诱发三叉神经痛,但不影响痛阈测定和组间比较。

试验组与对照组的痛阈提高幅度亦有差异。在用药后10分钟,试验组痛阈提高 1.3 ± 1.021 (均值±标准差,下同)mA,对照组痛阈提高 0.3 ± 0.282 mA,差异显著($P<0.05$)。对照组痛阈提高后持续时间短暂,试验组痛阈提高后有一个相对稳定的平台期,约持续120分钟左右,随后缓慢下降,如表3所示。当痛阈开始下降时,再次给药,对照组皮肤痛阈总体上不再升高(个别病例稍有上升),而试验组均能再次升高,且升高迅速。对照组痛阈升高可能与药物的刺激反应有关,而试验组则可能具有影响

三叉神经痛病理过程的作用。

表3 两组皮肤痛阈(mA)变化情况

给药后时间(分)	试验组62例	对照组42例
10	1.3 ± 1.02	0.3 ± 0.28
20	2.5 ± 0.81	0.4 ± 0.36
30	2.8 ± 0.64	0.5 ± 0.44
60	3.1 ± 0.73	0.3 ± 0.32
120	3.1 ± 0.54	-0.2 ± 0.63
180	2.9 ± 0.97	-0.4 ± 0.57
240	2.1 ± 0.41	-0.4 ± 0.38

表中数字为均值±标准差

3.5 随访情况:在经克面痛散搐鼻治疗后完全缓解的44例中,取得随访3~8年完整资料者38例,其中复发3例,复发率为7.9%。

4 讨论

三叉神经痛在治疗上当以宣泄阳明经郁热为主,佐以解毒散火之法。荜茇、木鳖子辛香走窜,善于宣散阳明郁火,藿香辛散发郁,冰片解毒散火,四药研粉搐鼻能够影响手足阳明经气血而达治疗目的。

在制剂上,精研时间也是影响疗效的重要因素。研磨时要边研边嗅,当研至有穿鼻窍气味时,吸之顿觉面部清凉。此时疗效最佳,一般约需1个小时。

双料喉风散作为安慰剂进行对照治疗,主要用来比较鼻腔给药的刺激作用与治疗三叉神经痛的关系。结果表明,克面痛散搐鼻的镇痛作用中,局部刺激作用不占有重要地位。

克面痛散在有效地缓解三叉神经疼痛的同时,还能够显著提高相应分布区域的皮肤痛阈,持续时间远长于常用的粘膜浸润麻醉。所以,克面痛散搐鼻的镇痛作用不是麻醉作用,而是通过从根本上影响三叉神经痛的病理过程发挥作用的。

克面痛散搐鼻后,皮肤痛阈的提高和回落有一个比较严格的时间过程,以此确定每日(白天)吸入4次疗效最理想。

总之,克面痛散搐鼻能够显著缓解三叉神经痛并提高三叉神经分布区域皮肤痛阈,复发率低,未发现毒副作用。

ABSTRACTS OF ORIGINAL ARTICLES

Impact of Injection of Radix Salviae Miltiorrhizae on the Prognosis of Acute Myocardial Infarction

Wang Shouyi, Dai Ruihong, Fan Weihu

In 1350 cases of AMI admitted in 10 major hospitals in Shanghai during 1985—1989, it has been proved the mortality rate decreased almost 33% due to pumping failure in 388 cases of male patient. However, no obvious effect was revealed in female victims.

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Key Words: Myocardial infarction/TCM therapy Injection of Radix Salviae Miltiorrhizae/therapeutic application prognosis

(Original article on page 29)

Trigeminal Neuralgia Treated by Kemiantong (Antifacial Pain) Powder Snuffling

Li Pengtao, Wang Xinyue, Yuan Jun, et al.

By snuffling kemiantong through the impaired side nostril, 62 cases of primary trigeminal neuralgia were treated with another 42 cases randomly grouped for control. Results showed the total effective rate for the treating group was 91.9%. It's especially effective for the involved II, IV branches of the nerve, the rate being 100%. When compared with the 26.2% total effective rate of the control group treated by Shuanliao Houfeng Powder as placebo, the difference was significant. The pain threshold of the innervated area was also raised at the same time.

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Key Words: Trigeminal nerve pain/TCM therapy snuffling @ Kemiantong Powder

(Original article on page 35)

Diabetic Retinopathy Treated by Chinese Materia Medica

Liu Jing

Altogether 74 cases with 144 eyes were treated with a total effective rate of 89%. It was proved clinically that Chinese traditional drugs yields early prevention and therapeutic actions on diabetic retinopathy. Explorations were also made on its pathogenicity and mechanism.

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Key words: Diabetic retinopathy/TCM therapy

(Original article on page 38)

Anti-Endometrial Antibodies Treated by Yikangning

Huang Qiuchao, Huang Yufeng, Wu Jianguo, et al.

84 cases of female sterility with positive serum EmAb were treated with Yikangning, a Chinese traditional compound. Results revealed that 15 cases with endometriosis had their EmAb turned negative. 2 of them were conceived. 65 cases of 69 with idiopathic sterility revealed negative serum EmAb with 2 of them became pregnant. 8 of them had delivery of normal foetus. 87.5% of the cases had clinical symptoms ameliorated.

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Key Words: endometriosis/TCM therapy @ Yikangning

(Original article on page 40)

Diagnostic Significance of TCM Tongue Diagnosis in Contrast with Enteroscopic Exam in Lower GI Tract Diseases

Dai Weizheng, Dai Haoliang, Zhang Jianwei, et al.

From the data of lingual picture and fibroptic colonoscopy in 235 cases of lower GI tract diseases, it was demonstrated that the structural ratio of lingual fur, changes in tongue proper and enteroscopic diagnosis revealed marked difference ($P < 0.05$, $P < 0.01$). In all the groups, most cases had yellow fur, amounting to 79% in the inflammatory group. The tongue proper were mostly darkish red, bluish purple. For cases of cancer, it was greenish purple, revealing marked difference ($P < 0.01$) when compared with the normal group, demonstrating that TCM tongue diagnosis was very significant in enteroscopic diagnosis.

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Key Words: Tongue diagnosis Diseases of GI tract/diagnosis colonoscopy

(Original article on page 43)