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活血通络汤联合卧位平衡手法治疗椎动脉型颈椎病的疗效 及对动脉血流速度的影响

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摘要 目的:研究活血通络汤联合卧位平衡手法治疗椎动脉型颈椎病(CSA)的疗效及对动脉血流速度的影响。**方法:**选取 2015 年 10 月 -2017 年 6 月佛山市中医院推拿科收治的 CSA 患者 105 例作为研究对象。将其以随机抽签原则分成观察组(n=53)以及对照组(n=52)。对照组予以盐酸氟桂利嗪胶囊口服治疗,观察组则在对照组的基础上予以活血通络汤联合卧位平衡手法治疗,两组均进行为期 4 周的治疗。比较两组临床疗效、治疗前后临床症状与颈椎功能变化情况、动脉血流速度以及颈椎屈伸活动情况。**结果:**观察组治疗总有效率为 98.11%,高于对照组的 88.46%,差异有统计学意义($P<0.05$)。治疗后两组患者临床症状以及颈椎功能各项评分均高于治疗前,且观察组高于对照组,差异有统计学意义($P<0.05$)。治疗后两组患者左椎动脉、右椎动脉的舒张期血流速度(Vd)、收缩期血流速度(Vs)均高于治疗前,且观察组高于对照组,差异有统计学意义($P<0.05$)。治疗后两组患者颈椎曲度、颈椎屈伸活动度均高于治疗前,且观察组高于对照组,差异有统计学意义($P<0.05$)。**结论:**活血通络汤联合卧位平衡手法治疗 CSA 的疗效较好,有利于缓解患者临床症状,改善动脉血流速度以及颈椎病理状况。

关键词:椎动脉型颈椎病;活血通络汤;卧位平衡手法;动脉血流速度;临床症状

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Effect of Huoxue Tongluo Decoction Combined with Horizontal Balance Technique in the Treatment of Cervical Spondylosis of Vertebral Artery Type and Its Influence on the Artery Blood Flow Velocity

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ABSTRACT Objective: To study the effect of Huoxue Tongluo decoction combined with horizontal balance technique in the treatment of cervical spondylosis of vertebral artery type (CSA) and its influence on the artery blood flow velocity. **Methods:** 105 patients with CSA who were treated in the department of massage of the Foshan Hospital of traditional Chinese Medicine from October 2015 to June 2017 were selected as the research object. The patients were divided into the observation group (n=53) and the control group (n=52) by the random draw principle. The control group was received Flunarizine Hydrochloride Capsules oral treatment, the observation group was given Huoxue Tongluo decoction combined with horizontal balance technique on the basis of control group. The patients in two groups were treated for 4 weeks. The clinical efficacy, the changes of clinical symptoms and function of cervical vertebra, arterial blood flow velocity and flexion and extension activity of the cervical spine of the two groups before and after treatment were compared. **Results:** The total effective rate of treatment in the observation group was 98.11%, which was higher than 88.46% of the control group, and the difference was statistically significant ($P<0.05$). After treatment, the clinical symptoms and cervical function scores of the two groups were all higher than those before treatment, and the observation group was higher than that of the control group, the difference was statistically significant ($P<0.05$). After treatment, the diastolic blood flow velocity (Vd) and systolic blood flow velocity (Vs) of the left vertebral artery and right vertebral artery in the two groups were all higher than those before treatment, and the observation group was higher than that in the control group, the difference was statistically significant ($P<0.05$). After treatment, the cervical curvature and flexion and extension activity of the two groups were higher than those before the treatment, and the observation group was higher than the control group, the difference was statistically significant ($P<0.05$). **Conclusion:** The curative effect of Huoxue Tongluo decoction combined with horizontal balance technique in the treatment of CSA is better, and it is beneficial to relieve the clinical symptoms, improve the arterial blood flow velocity and the pathological condition of the cervical vertebra.

Key words: Cervical spondylosis of vertebral artery type; Huoxue Tongluo decoction; Horizontal balance technique; Arterial blood flow velocity; Clinical symptoms

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前言

颈椎病属于骨科临床最为常见的疾病之一,其中主要包括神经根型、椎动脉型、交感型、脊髓型以及混合型^[1,2]。椎动脉型颈椎病(cervical spondylosis of vertebral artery type, CSA)是最为常见的颈椎病,该病主要是由颈椎退行性病变,继而对椎动脉产生刺激以及压迫作用,进一步导致椎-基底动脉供血缺乏,从而引发头痛、头晕以及颈肩部的一系列症候群^[3,4]。针对CSA的临床治疗,西医主要采用口服抗动脉硬化类药物以及血管扩张类药物进行治疗,但治疗效果较为缓慢,且复发率较高^[6,7]。近年来随着中医治疗在临床上的应用日益广泛,中医药与中医手法治疗开始被应用于颈椎病的治疗中,且取得较明显的效果^[8]。活血通络汤是由黄芪、葛根、威灵仙、赤芍、桂枝、川芎、桃仁、丹参、钩藤、天麻、甘草等多种中草药制成,具有活血祛瘀、温通血脉、通络止痛的功效^[9]。卧位平衡手法可有效放松颈部肌群,改善颈部肌肉以及筋膜的紧张以及痉挛状态^[10]。鉴于此,本文通过研究活血通络汤联合卧位平衡手法治疗CSA的疗效及对动脉血流速度的影响,旨在为临床治疗CSA提供一种较佳的治疗方式,现作以下报道。

1 资料与方法

1.1 一般资料

选取2015年10月-2017年6月佛山市中医院推拿科收治的CSA患者105例作为研究对象。诊断标准^[11]:(1)具有长期低头伏案工作或慢性劳损史者;(2)反复发作恶心、视物模糊、偏头痛以及眩晕等症状,在体位变化或颈部异常活动时上述症状加剧者;(3)触摸可感觉到颈部肌肉僵硬,呈现结节状或条索状,压痛感明显者;(4)X线片结果显示颈椎曲度异常、钩椎关节增生以及骨赘增生等;经颅CT结果显示存在椎基底动脉供血不足或椎动脉狭窄者。纳入标准:(1)所有患者均符合上述诊断标准;(2)年龄在30-60岁之间;(3)病程在5年以内;(4)治疗依从性较好;(5)入院前未接受过其它治疗者。排除标准:(1)接受过保守治疗方案者;(2)合并颈椎、椎管内以及脑部占位性病变者;(3)伴有心、脑相关疾病者;(4)存在精神疾病或交流沟通障碍者;(5)妊娠期或哺乳期妇女。将所有患者以随机抽签原则分成观察组(n=53)以及对照组(n=52)。其中观察组男21例,女32例,年龄33-57岁,平均(45.63±6.14)岁;病程10个月-4年,平均(2.13±1.31)年;合并基础疾病:糖尿病9例,高血压21例,冠心病11例,血脂异常20例。对照组男23例,女29例,年龄32-58岁,平均(45.71±6.20)岁;病程9个月-4年,平均(2.12±1.33)年;合并基础疾病:糖尿病10例,高血压19例,冠心病12例,血脂异常20例。两组性别、年龄、病程以及合并基础疾病等情况比较,差异均无统计学意义($P>0.05$),存在可比性。两组患者均签署了知情同意书,本研究经佛山市中医院伦理委员会批准同意。

1.2 研究方法

对照组予以盐酸氟桂利嗪胶囊(西安杨森制药有限公司,

国药准字H10930003,规格:5mg)口服治疗,使用剂量为5mg/次,1次/d。观察组则在对照组的基础上予以活血通络汤联合卧位平衡手法治疗,具体方式如下:(1)活血通络汤方药组成包括甘草6g;葛根、天麻各10g;丹参、钩藤、威灵仙、桃仁、赤芍、红花、桂枝、当归以及川芎各15g;黄芪30g。将上述方药加水煎服,1剂/d,取汁300mL分别于早、晚各服用1次。(2)卧位平衡手法治疗:取患者俯卧位,自然放松颈部,综合其临床症状以及颈部组织张力进行定位诊断,采用一指禅推法、揉法以及弹拨法帮助患者充分放松颈肩部肌肉,随后采用弹拨法按摩枕部以及颈部,直至患者感觉到酸麻胀痛感为止。随后让患者全身放松,医生则坐在患者前面围绕颈间头面部予以手法治疗,手法包括开天门、推坎宫、运气血、拿肩颈、醒神,15min/次,3次/周,以4周为1个疗程。两组均进行为期4周的治疗。

1.3 观察指标

比较两组临床疗效、治疗前后临床症状与颈椎功能变化情况、动脉血流速度以及颈椎屈伸活动度情况。临床症状与颈椎功能变化情况根据《颈性眩晕症状与功能评估量表》进行评估,包括眩晕16分,颈肩部4分,头痛2分,日常工作和生活14分,心理和社会适应8分,得分越高表示患者临床症状越轻微,颈椎功能越佳^[12]。治疗前后采用迈瑞DC-N2S型彩色多普勒超声系统分别测定左椎动脉与右椎动脉的舒张期血流速度(diastolic velocity, Vd)、收缩期血流速度(systolic velocity, Vs)变化情况。分别于治疗前后采用颈部X线进行测量,分析患者颈椎曲度以及颈椎屈伸活动情况。

1.4 疗效评价

判定标准如下^[13]:(1)治愈:治疗后患者主要临床症状完全消失,日常工作以及活动不受限;(2)有效:治疗后患者主要临床症状明显消失,在天气变化或过度劳累后会出现轻微症状;(3)好转:治疗后患者主要临床症状有所好转,从事重劳动时会出现症状;(4)无效:治疗后患者临床症状无好转,甚至加重。总有效率=(治愈人数+有效人数+好转人数)/总人数×100%。

1.5 统计学方法

采用SPSS20.0软件进行统计分析,计数资料以率表示,采用 χ^2 检验,计量资料以($\bar{x}\pm s$)表示,采用t检验, $P<0.05$ 表明差异具有统计学意义。

2 结果

2.1 两组患者临床疗效对比

观察组患者总有效率为98.11%,高于对照组的88.46%,差异有统计学意义($P<0.05$),见表1。

2.2 治疗前后两组患者临床症状以及颈椎功能对比

治疗前两组患者临床症状以及颈椎功能各项评分比较差异无统计学意义($P>0.05$),治疗后两组患者临床症状以及颈椎功能各项评分均高于治疗前,而观察组高于对照组,差异有统计学意义($P<0.05$),见表2。

2.3 治疗前后两组患者动脉血流速度对比

治疗前两组患者左椎动脉、右椎动脉的Vd、Vs比较差异

无统计学意义($P>0.05$),治疗后两组患者左椎动脉、右椎动脉 意义($P<0.05$),见表 3。
的 Vd、Vs 均高于治疗前,且观察组高于对照组,差异有统计学

表 1 两组患者临床疗效对比[n(%)]
Table 1 Comparison of curative effects of two groups[n(%)]

Groups	n	Cure	Effective	Improve	Invalid	Total effective rate
Observation group	53	33(62.26)	18(33.96)	2(3.77)	1(1.89)	52(98.11)
Control group	52	30(57.69)	11(21.15)	5(9.62)	6(11.54)	46(88.46)
χ^2	-					3.930
P	-					0.047

表 2 治疗前后两组患者临床症状以及颈椎功能对比(分, $\bar{x} \pm s$)

Table 2 Comparison of the clinical symptoms and the improvement of the function of the cervical vertebra in the two group(score, $\bar{x} \pm s$)

Groups	n	Time	Circumgyration	Neck and shoulder pain	Headache	Daily life and work	Psychological and social adaptation
Observation group	53	Before treatment	4.98± 0.52	2.93± 0.30	1.43± 0.14	9.70± 2.10	4.70± 0.77
		After treatment	13.44± 1.38**	3.85± 0.54**	1.96± 0.21**	13.04± 3.47**	7.50± 1.32**
Control group	52	Before treatment	5.00± 0.51	2.91± 0.31	1.44± 0.15	9.68± 2.09	4.71± 0.73
		After treatment	11.70± 1.08 [#]	3.36± 0.40 [#]	1.72± 0.20 [#]	11.50± 3.01 [#]	6.44± 1.10 [#]

Note: compared with before treatment, [#] $P<0.05$, compared with control group, * $P<0.05$.

表 3 治疗前后两组患者动脉血流速度对比(m/s, $\bar{x} \pm s$)

Table 3 Comparison of arterial blood flow velocity two groups of before and after treatment(m/s, $\bar{x} \pm s$)

Groups	n	Time	Left vertebral artery		Right vertebral artery	
			Vd	Vs	Vd	Vs
Observation group	53	Before treatment	13.02± 2.50	27.97± 3.31	13.10± 2.30	28.05± 3.22
		After treatment	22.08± 3.08**	36.72± 4.33**	23.55± 3.27**	36.17± 3.59**
Control group	52	Before treatment	13.01± 2.47	28.01± 3.29	13.12± 2.33	28.07± 3.25
		After treatment	17.08± 2.52 [#]	32.08± 3.51 [#]	18.01± 3.07 [#]	32.11± 3.20 [#]

Note: compared with before treatment, [#] $P<0.05$, compared with control group, * $P<0.05$.

2.4 治疗前后两组患者颈椎屈伸活动情况对比

度均高于治疗前,且观察组高于对照组,差异有统计学意义($P<$

治疗前两组患者颈椎曲度、颈椎屈伸活动度对比差异无统
计学意义($P>0.05$),治疗后两组患者颈椎曲度、颈椎屈伸活动

0.05),见表 4。

表 4 治疗前后两组患者颈椎屈伸活动情况对比($\bar{x} \pm s$)

Table 4 Comparison of flexion and extension activities of cervical vertebrae between the two groups before and after treatment($\bar{x} \pm s$)

Groups	n	Cervical curvature(cm)		Flexion and extension activity of cervical vertebra(°)	
		Before treatment	After treatment	Before treatment	After treatment
Observation group	53	7.64± 1.33	9.07± 1.12 [#]	56.43± 9.44	69.30± 10.44 [#]
Control group	52	7.65± 1.34	8.52± 1.33 [#]	56.40± 9.45	65.41± 9.12 [#]
t	-	0.038	2.294	0.016	2.032
P	-	0.970	0.024	0.987	0.045

Note: compared with before treatment, [#] $P<0.05$.

3 讨论

颈椎病主要是指由颈椎间盘退行性变、颈部损伤以及颈椎
肥厚增生导致颈椎骨质增生进而引发头痛、头晕等一系列临床
症状的一种综合征^[14,15]。CSA 是指椎动脉由于受机械性和动力

性因素产生压迫,从而形成狭窄以及曲折的血管,以基底动脉
系统供血不足为主要特点的颈椎病。该病患者主要临床症状
包括头痛、眩晕以及猝倒等,如未得到及时有效的治疗,将严重
影响患者生活质量^[16-18]。随着人们生活水平的不断提高以及生
活节奏的逐渐加快,CSA 的发病率正呈逐年上升趋势,且发病

年龄趋于年轻化。另由研究报道显示:CSA 患者普遍存在椎动脉血流速度异常,而椎基底动脉属于脑重要供血动脉之一,因此当椎基底动脉系统血流速度发生异常时,患者出现一系列脑缺血症状^[19-21]。由此,在临床治疗中如何有效改善患者椎基底动脉血流速度显得尤为重要。中医认为:CSA 属“眩晕”范畴,主要病机为机体肝肾亏虚、饮食不节或情志不舒等导致筋骨失养所致。治疗原则当以益气活血、化瘀通络为主要目标^[22]。

本研究结果显示,观察组治疗总有效率高于对照组 ($P < 0.05$),这与黄青等人的研究报道相一致^[23],提示了活血通络汤联合卧位平衡手法治疗 CSA 具有显著疗效。究其原因,笔者认为活血通络汤中黄芪具有温通血脉的功效,葛根和威灵仙则有止痛的功效,赤芍和桂枝具有活血祛瘀、温经通络的功效,川芎、丹参、桃仁具有活血行气、破血行瘀的功效,钩藤与天麻具有息风止痉定眩的功效,并且甘草具有调和上述诸药的作用^[24]。全方使用可发挥益气活血、通络止痛、止痉定眩的作用,从而有效提高临床治疗效果。与此同时,卧位平衡手法有效调整椎间异位以及关节紊乱,进一步达到改善血液循环,接触局部高应力病理状况的目的。此外,治疗后两组患者临床症状以及颈椎功能各项评分均高于治疗前,且观察组高于对照组 ($P < 0.05$),这表明了活血通络汤联合卧位平衡手法治疗 CSA 可显著缓解患者临床症状。其中主要原因在于黄芪具有增强心肌收缩力的作用,有利于扩张血管、改善微循环,且川芎则具有镇痛、镇静、改善微循环的作用,从而有利于缓解临床症状^[25]。而卧位平衡手法主要是通过缓解肌肉痉挛,调整颈椎骨性关节结构,从而有效促进颈椎内外力学平衡的恢复,减轻对交感神经以及椎动脉的压迫,进一步有效改善椎基底动脉供血,为患者早日康复创造了有利条件^[26]。另外,治疗后两组患者左椎动脉、右椎动脉的 Vd、Vs 均高于治疗前,且观察组高于对照组 ($P < 0.05$),这表明了活血通络汤联合卧位平衡手法治疗 CSA 可有效改善患者动脉血流速度。分析原因,我们认为卧位平衡手法治疗可有效减少周围组织的刺激以及压迫,从而促进椎 - 基底动脉的血供,进一步改善局部微循环。而现代药理学证实,葛根主要成分包括多种异黄酮,有利于扩张血管,增加脑血流量,进一步有效减少血管阻力,达到改善脑血循环的功效^[27]。本研究结果还显示,治疗后两组患者颈椎曲度、颈椎屈伸活动度均高于治疗前,且观察组高于对照组 ($P < 0.05$),这再次证实了观察组治疗措施对患者颈椎症状的改善效果更好。其中主要原因在于卧位平衡手法治疗可有效调整胸椎、腰椎以及骶髂关节的错位,从而有利于双下肢长度的恢复,纠正颈椎失稳的过矫正效应。

综上所述,活血通络汤与卧位平衡手法联合应用于 CSA 的治疗中可显著提高临床疗效,改善动脉血流速度、临床症状以及颈椎功能,具有较高的临床推广应用价值。

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