

醒脑开窍配合化痰祛瘀通络针刺法治疗风痰瘀阻证中风病恢复期 66 例

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摘要 目的 观察醒脑开窍配合化痰祛瘀通络法治疗中风病恢复期的临床疗效。方法 根据《中药新药临床研究指导原则(试行)》中医证候诊断标准 结合中风诊断要点及辨证取穴 采用醒脑开窍针法配合化痰祛瘀通络针刺法治疗风痰瘀阻证中风病恢复期条件的中风病患者 66 例 每周治疗 2 次 3 个月为 1 疗程。结果 (1)患者性别与发病年龄、病情轻重程度分布未呈现明显相关 未见显著性差异($P>0.05$) 年龄与病情轻重分布未见明显相关 未见显著性差异($P>0.05$)。(2)两个疗程的临床症状治愈率明显高于一个疗程的 有显著性差异($P<0.01$) 患者性别与疗效相关性不显著 治疗后患者的生活能力较治疗前明显改善 有显著性差异($P<0.01$) 经 3 个月治疗的中风患者 临床症状基本治愈率达 75.8% 经 6 个月治疗的患者 临床症状基本治愈率达 98.5%。结论 醒脑开窍配合化痰祛瘀通络针刺法治疗中风风痰瘀阻证有确切疗效 且疗程越长 疗效越佳 为临床治疗风痰瘀阻证中风病恢复期辨证、取穴提供了依据。

关键词 :中风 ;风痰瘀阻 ;醒脑开窍 ;化痰祛瘀

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Acupuncture Treatment on 66 Cases of Stroke Patients with Resuscitation of Brain Cum Eliminating of Phlegm & Blood Stasis

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ABSTRACT Objective: To investigate the efficacy rate of resuscitation of brain cum eliminating of phlegm & blood stasis to stroke patients. **Methods:** Guided by the diagnosis standard of Traditional Chinese Medicine (TCM) theory of "Clinical Study Theory of Chinese Medicine and New Medicine (trial version)". Co-reference with key Stroke diagnosis symptoms and TCM theory of 'Syndrome Differentiation and Treatment'. Apply acupuncture treatment thru resuscitation of brain cum eliminating of phlegm & blood stasis to treat 66 Stroke patients who caused under the condition of Phlegm & Blood Stasis, twice per week, 3 months per Session. **Results:** (1) There was no significant difference on distribution of Age Group and Degree of illness between Male and Female Group ($P>0.05$). However, there was no significant correlation on Age Group and Degree of illness ($P>0.05$). (2)There was relationship between the Length of Treatment and Efficacy Rate. The efficacy rate of 2 sessions of acupuncture treatment was higher than that of 1 session, which had a significant difference ($P<0.01$); The relationship between gender and Treatment and Efficacy Rate was not significant. The patients' Activities of Daily Living had improved significantly after acupuncture treatment compared with those before treatment, which had a significant difference ($P<0.01$); The Efficacy Rate on clinical symptoms of stroke patients who underwent 3 months of treatment reached 75.8%, The Efficacy Rate on clinical symptoms of stroke patients who underwent 6 months of treatment, reached 98.5%. **Conclusion:** Apply acupuncture treatment thru Resuscitation of Brain cum Dispersing of Phlegm & Blood Stasis to Stroke patients who have caused under the condition of Phlegm & Blood Stasis have shown significant improvement. And the longer treatment session apply, the higher Efficiency Rate achieved, the analysis has provided guidance on clinical categorisation and acupuncture treatment to stroke patients who caused under the condition of phlegm & blood stasis.

Key words: Stroke; Phlegm & blood stasis; Resuscitation of brain; Eliminating of phlegm & blood stasis

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前言

中风又名脑卒中 是临床常见的因心脑血管硬化病变而导致的疾病。中医认为它是由于阴阳失调、气血逆乱、上犯于脑所

引起的突然昏仆、不省人事或半身不遂。《素问·玉机真脏论》篇描述中风为 " 忽眩冒而颠疾 "。张仲景《金匱要略·中风历节篇》云 " 邪入于腑不识人 邪入于脏舌即难言 口吐涎。" 两者均认为中风的发病部位在头部。大量临床研究报道显示 醒脑开窍针法治疗中风病具有良好的疗 笔者在临床实践中采用醒脑开窍针法配合祛瘀通络法治疗风痰瘀阻证中风病恢复期 66 例取得了满意疗效。

1 材料方法

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1.1 临床资料

随机抽取 2007 年至 2010 年新加坡广惠肇留医院及新加坡中华医院 66 例符合风痰瘀阻证中风病恢复期病例。其中男性 32 例,女性 34 例,年龄介于 44-86 岁,平均年龄 61 岁。病程 2 个月至 6 个月,平均病程少于 3 个月。病候诊断分型:轻型 2 例,普通型 14 例,重型 50 例。

1.2 诊断标准、纳入标准、疗效评定分级标准及排除标准

依据《中药新药临床研究指导原则(试行)》^[1]及《中风病诊断与疗效评定标准(试行)》^[2]中的中风病病类诊断标准^[2]进行临床资料评定。

1.2.1 中医证候诊断标准 风痰瘀阻证:主症:半身不遂,口舌歪斜,言语謇涩或不语,感觉减退或消失。兼症:头晕目眩,痰多而粘,舌质暗淡,舌苔薄白或白腻,脉弦滑。

1.2.2 诊断要点 起病特点:急性起病,发病前多有诱因,常有先兆症状。发病年龄:多在 40 岁以上。

具备 2 个主症以上,或 1 个主症 2 个次症,结合起病、诱因、先兆症状、年龄即可确诊;不具备上述条件,结合影象检查结果亦可确诊。

1.2.3 疾病分期标准 (1)急性期 发病 2 周以内,中脏腑最长至 1 个月。(2)恢复期 发病 2 周至 6 个月。(3)后遗症期 发病 6 个月以后。

1.2.4 纳入标准 (1)符合中风病西医诊断标准;(2)符合风痰瘀阻证中风病恢复期中医诊断标准;(3)年龄 90 岁以下;(4)病人或其家属签署知情同意书接受本临床试验者。

1.2.5 疗效评定标准 采用治疗前评分与治疗后评分百分数折算法:[(治疗前积分 - 治疗后积分)÷ 治疗前积分]× 100%,以百分数表示。(1)基本痊愈(基本恢复):症状及体征消失,基本能独立生活,病类评分≥ 81%,积分在 6 分以下;(2)显效(显著进步):症状及体征明显好转,基本生活能自理,介于 56%~80%;(3)有效(进步):症状及体征好转,介于 36%~55%,能扶拐行动或肢体、语言功能改善;(4)稍进步:介于 11%~35%;(5)无效(无变化):症状及体征无变化,病类评分<11%;(6)恶化(包括死亡)负值。

1.2.6 排除标准 (1)短暂性脑缺血发作;(2)检查证实由脑肿

瘤、脑外伤、脑寄生虫病、代谢障碍、风湿性心脏病、冠心病及其他心脏病合并房颤引起脑栓塞者;(3)合并有肝、肾、造血系统和内分泌系统等严重原发性疾病、精神病患者。

1.2.7 病例剔除、脱落及中止试验标准 病例剔除及脱落标准:

(1)纳入后发现不符合纳入标准,或未按试验方案规定治疗的病例,需予剔除;(2)纳入病例发生严重不良事件、出现并发症不宜继续接受试验,盲法试验中被破盲的病例,自行退出或未完成整个疗程而影响疗效或安全性判断的病例,均应视为脱落。中止试验标准:(1)临床试验中出现严重不良反应者中止试验;(2)出现严重并发症或病情迅速恶化者中止试验。

1.3 治疗方法

采用"醒脑开窍"化痰祛瘀通络针法治疗^[3]。(1)"醒脑开窍"头针主穴选用人中(督脉)、上星(督脉)、百会(督脉)、四神聪(经外奇穴)、印堂(经外奇穴)、偏瘫侧头针运动区和感觉区,操作:患者取卧位,患侧穴位局部皮肤消毒后,选用 25 号 1.5 寸-2 寸毫针,针与头皮呈 30°。左右夹角快速将针刺入头皮下,当针到达帽状腱膜下层时,使针与头皮平行继续捻转进针,根据不同穴区可刺入 0.5 寸-1.5 寸,留针 30 分钟;(2)体针主穴选用双侧内关(手厥阴心包经)、双侧足三里、双侧三阴交(足太阴脾经)、双侧血海,操作:患侧穴位局部皮肤消毒后,选用 25 号 1.5 寸-2 寸毫针(一次性无菌针灸针)针刺,快速进针,行平补平泻法,得气后,留针 30 分钟;体针配穴选用血海、丰隆、四关穴(即双侧合谷穴、双侧太冲穴),行提插泻法。"醒脑开窍"针刺法与体针联合使用,每周治疗 2 次,3 个月为 1 疗程。

1.4 统计学处理

用 SPSS 统计分析软件包进行分析,计量资料采用 t 检验,计数资料采用 χ^2 检验,等级计数资料用秩和检验,以 $P<0.05$ 为具有显著性差异的标准。

2 结果

2.1 针灸治疗前临床资料分析

2.1.1 66 例风痰瘀阻证中风患者的性别与年龄比较 结果显示,患者性别与发病年龄分布未呈现明显相关,未见显著性差异($P>0.05$)(表 1)。

表 1 66 例风痰瘀阻证中风患者的性别与年龄比较

Table 1 The correlation between gender and patients' age of 66 cases stroke patients with syndrome of stagnation of Wind phlegm

Gender	Cases	Age groups			
		≤ 50	51-60	61-70	>70
Male	32	3 (9.4%)	18 (56.3%)	10(31.3%)	1(3.1%)
Female	34	1(2.9%)	13 (38.2%)	12(35.3%)	8(23.5%)

注: $\chi^2=7.379a$ $P=0.061$ 。

Note: $\chi^2=7.379a$ $P=0.061$ 。

2.1.2 66 例风痰瘀阻证中风患者的性别与病情轻重比较 结果显示,男女两组患者病情轻重程度的病例分布,未见显著性差异($P>0.05$),具有可比性;患者性别与病情轻重分布相关性不明显,未见显著性差异($P>0.05$)(表 2)。

2.1.3 66 例风痰瘀阻证中风患者的年龄与病情轻重比较 结果

显示,各年龄层患者均以重型病居多,病情轻重程度无明显不同,未见显著性差异($P>0.05$)(表 3)。

2.2 针灸治疗后临床症状分析

2.2.1 疗程与临床症状治愈率比较 结果显示,两个疗程的临床症状治愈率明显高于一个疗程的,有显著性差异($P<0.01$)(表 4)。

表 2 66 例风痰瘀阻证中风患者的性别与病情轻重比较

Table 2 The correlation between gender and patients' condition of 66 cases stroke patients with syndrome of stagnation of Wind phlegm

Gender	Cases	Score(1~10)	Score(11~20)	Score(21~30)	Score(31~40)	Score >40
		Light	Normal	Serious	More serious	Extremely serious
Male	32	1(3.1%)	8(25.0%)	23(71.9%)	0(0.0%)	0(0.0%)
Female	34	1(2.9%)	6(17.6%)	27(79.4%)	0(0.0%)	0(0.0%)

注 $\chi^2=0.546a$ $P=0.761$ 。
Note : $\chi^2=0.546a$ $P=0.761$.

表 3 66 例风痰瘀阻证中风患者的年龄与病情轻重比较

Table 3 The correlation between patients' condition and age of stroke patients with syndrome of stagnation of Wind phlegm

Age Groups	Cases	Score(1~10)	Score(11~20)	Score(21~30)	Score(31~40)	Score >40
		Light	Normal	Serious	More serious	Extremely serious
≤ 50	4	0(0.0%)	0(0.0%)	4(100.0%)	0(0.0%)	0(0.0%)
51-60	31	2(6.5%)	7(22.6%)	22(71.0%)	0(0.0%)	0(0.0%)
61-70	22	0(0.0%)	5(22.7%)	17(77.3%)	0(0.0%)	0(0.0%)
>70	9	0(0.0%)	2(22.2%)	7(77.8%)	0(0.0%)	0(0.0%)

注 $\chi^2=3.578a$ $P=0.734$ 。
Note : $\chi^2=3.578a$ $P=0.734$.

表 4 疗程与临床症状治愈率比较

Table 4 The correlation between treatment course and clinical curative rate

Course of treatment	≥ 81%	56%~80%excellence	36%~55%improved	11%~35%	<11%invalid
	Basic recovery			Little progress	
One course	50(75.8%)	16(24.2%)	0(0%)	0(0%)	0(0%)
Two courses	65(98.5%)	1(1.5%)	0(0%)	0(0%)	0(0%)

注 $\chi^2=15.192a$ $P=0.000$
Note : $\chi^2=15.192a$ $P=0.000$

2.2.2 疗程、性别与临床症状治愈率比较 结果显示 ,疗程、性别与临床症状治愈率比较 ,患者性别与疗效相关性不显著 ,但疗程与疗效比较 ,两个疗程的疗效明显高于一个疗程 ,有显著性差异($P<0.01$)(表 5)。

表 5 疗程、性别与临床症状治愈率比较

Table 5 The correlation among treatment course, gender and clinical curative rate

Course of treatment	Gender	cases	≥ 81%	56%~80%	36%~55%	11%~35%	<11%invalid
			Basic recovery	excellence	improved	Little progress	
One course	Male	32	22(68.8%)	10(31.3%)	0(0.0%)	0(0.0%)	0(0.0%)
Two courses			31(96.9%)	1(3.1%)	0(0.0%)	0(0.0%)	0(0.0%)
One course	Female	34	28(82.4%)	6(17.6%)	0(0.0%)	0(0.0%)	0(0.0%)
Two courses			34(100.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)

注 $\chi^2=18.054a$ $P=0.000$ 。
Note : $\chi^2=18.054a$ $P=0.000$.

2.2.3 风痰瘀阻证中风病残程度评分观察 结果显示 ,风痰瘀阻证中风病残程度治疗后较治疗前明显改善 ,有显著性差异($P<0.01$)(表 6)。

3 讨论

现代医学认为中风病主要是脑组织代谢、功能、形态等多层次、多方面发生了损害 ,从而导致神志障碍和肢体瘫痪^[4]。中

风病经 2 周至 6 个月治疗后仍未痊愈 ,称为中风恢复期 ,一般留有以半身不遂、语言不利、口眼歪斜、共济失调等为主要表现的病证^[2]。中医理论认为中风的病位在脑 ,病因病机主要是 " 窍闭神匿 " ,痰瘀阻滞脉络 ,气血运行不畅 ,血不上荣 ,脑窍失濡则闭塞 ,脑窍闭塞则神无所附 ,肢无所用 ,表现为半身不遂、语言不利、口眼歪斜等症^[5]。

中风为本虚标实证 ,「本虚」指脾、肾、肝三脏虚损 ,「标实」

則指痰浊和瘀血内阻。据中医理论记载,肝藏血,主疏泄。若肝气郁滞、疏泄失常、脉道不畅、則瘀痰自生。针刺治疗中风病除了能改善病灶周围脑组织细胞缺血缺氧状况,还能促进侧支循环的建立及血肿的吸收^[6]。中风病早期针刺治疗,可遏制病情继

续发展,增强神经系统的修复与代偿能力促进机体自然恢复过程,缩短病程,为功能恢复奠定基础^[7]。故采用醒脑开窍针法以开窍醒神,配合化痰祛瘀通络法有助加强通利血脉,促进血液循环。

表 6 风痰瘀阻证中风病残程度评分观察

Table 6 The observation on Degree of disability of stroke with syndrome of stagnation of Wind phlegm

The total life capacity of patients (when the degree of disability assessed)	Score	Before treatment	After treatment
Able to resume work or housework, return to premorbid state	0	0(0.0%)	0(0.0%)
Self-care, independent living and part of the work	1	0(0.0%)	0(0.0%)
Basically independent living, less people need help	2	0(0.0%)	0(0.0%)
Part people can take care of the life activities themselves, most people need help	3	0(0.0%)	0(0.0%)
Stand to walk, but need someone to take care anytime	4	12(18.2%)	0(0.0%)
To bed, to sit, need someone to take care of all of his living	5	2(3.0%)	0(0.0%)
To bed, some awareness activities, can be fed	6	52(78.8%)	0(0.0%)
To be a plant man	7	0(0.0%)	0(0.0%)
Total		66	3

注 $\chi^2=69.000a$ $P=0.000$ 。
Note : $\chi^2=69.000a$ $P=0.000$ 。

醒脑开窍针法乃石学敏院士于 1972 年创立的针刺疗法,其处方的特色主要依据中风病 " 窍闭神匿、神不导气 " 的基本病机^[8],又因本病的发病与 " 肺、脾、肾、肝 " 关系密切,故在选穴上多选用阴经和督脉穴位为主以调和阴阳,开窍醒神^[9]。大量研究发现醒脑开窍针刺可舒张脑血管,增加脑血流量,改善脑血供,减轻脑缺氧,对抗脑缺血后炎症反应,改善神经细胞功能缺损,促进基因重新表达,重建神经网络,从而发挥即刻护脑作用,使脑细胞的形态和功能损害减轻,促进本病康复^[10-16]。

化痰祛瘀通络主要选取合谷、太冲、血海、丰隆等穴。方中合谷和太冲同用,称为 " 开四关 ", 两穴一阴一阳,位于手与足相应的位置,传统认为本处方具有熄风止颤、行气止痛、活血通络等作用。丰隆穴是足阳明胃经之络穴,有疏通脾、胃表里两经的气血阻滞,促进水液代谢的作用,降痰浊、化瘀血,泄热通腑,又足阳明经为多气多血之经,根据经脉所过、主治所及的治疗原则,丰隆穴可治疗足阳明经线上的疼痛性疾病,肌肉关节运动障碍或非疼痛性疾病,故针刺本穴可疏通本经气血阻滞,进而治疗其循经线上的病症,因此也可治疗痰浊瘀阻经络而致的风痰瘀阻证之中风。

临床观察结果表明,风痰瘀阻证男女两组间各年龄层的病例分布差异不显著,具有可比性,患者不论男女,发病年龄多介于 50 岁 -70 岁,且病情多属重型病,推测主要与过食高胆固醇、高糖食物或机体本身内在脂代谢失调而导致痰瘀内阻、气血运行不畅有关。针刺治疗 6 个月后,患者体质日趋正常,临床症状如善忘语迟、思维迟钝、痴呆嗜睡、头胀眩晕等症状也随之好转或消除,肢体运动功能障碍,神经功能受损程度,日常生活能力状态、中风病残程度等也取得改善,提示醒脑开窍配合化痰祛瘀通络针刺法可明显改善中风风痰瘀阻证的临床症候,疗

效确切。
结论 醒脑开窍配合化痰祛瘀通络针刺法治疗中风风痰瘀阻证有确切疗效,且疗程越长,疗效越佳,为临床治疗风痰瘀阻证中风病恢复期辨证、取穴提供了依据。

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