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针刺人迎穴在改善颈性眩晕症状的临床疗效分析*

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摘要 目的:探究针刺人迎穴在改善颈性眩晕症状的临床疗效。**方法:**选取 2012 年 3 月到 2013 年 6 月在我院门诊的颈性眩晕患者 130 例,随机分为对照组与观察组,其中对照组 50 例,采取常规针刺方法,观察组 80 例采用毫针针刺人迎穴。将两组患者的眩晕改善时间,眩晕持续时间,临床有效率,显效率等数据进行分析。**结果:**观察组在平均眩晕改善时间为 2.3 ± 1.3 天优于对照组的 3.7 ± 1.6 天($P < 0.05$)。在眩晕平均持续时间、有效率、显效率方面与对照组均无明显差异。**结论:**针刺人迎穴具有改善颈性眩晕的效果,与传统针刺方法疗效相当,而且在眩晕改善时间的方面较传统针法更具优势,具有临床推广意义。

关键词:针刺;人迎穴;颈性眩晕;临床效果

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Clinical Analysis of Acupuncture Renying Point in Improving the Symptoms of Cervical Vertigo*

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ABSTRACT Objective: To evaluate the clinical effect of acupuncture renying point in improving the symptoms of cervical vertigo. **Methods:** 130 cervical vertigo outpatients treated in our hospital during March 2012 to June 2013 were randomly divided into control group and observation group, the control group (50 cases) was treated by the conventional method with acupuncture, and the observation group (80 cases) was treated by using filiform needle to acupuncture renying point. The improvement, duration time of vertigo, and clinical efficiency of both groups were analyzed. **Results:** The average improvement time of observation group (2.3 ± 1.3 days) was significantly better than that of control group (3.7 ± 1.6 days) ($P < 0.05$). There were no significant differences in average duration, effectiveness and significant efficacy of both groups. **Conclusion:** Acupuncture renying point can decrease the symptoms of cervical vertigo is sure. Compared with traditional acupuncture methods, it has more advantages and it's worthy of promotion.

Keywords: Acupuncture; Renying point; Cervical vertigo; Clinical effects

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前言

人迎穴位于颈部喉结旁 1.5 寸,胸锁乳突肌前缘,颈动脉搏动处,为足少阳胆经和足阳明胃经的交会穴,其解剖位置有较为密集的血管和神经分布^[1,2]。针刺人迎穴具有宽胸降逆,利咽化痰等功效,在临床上常用于治疗头痛,眩晕;咽喉肿痛,喘证;无脉症及癰气等症,并对血压具有双向调节的作用,可以用于高血压,低血压的治疗^[3,4]。探究针刺人迎穴对于改善颈性眩晕症状的临床效果,对颈性眩晕的治疗有着积极的意义。

1 材料与方法

1.1 材料

选取 2012 年 3 月至 2013 年 6 月在我院求诊的颈性眩晕的患者 130 例,随机分为对照组和观察组,其中对照组 50 例,

采取常规针刺方法进行治疗,观察组 80 例采用针刺人迎穴的方法进行治疗。两组患者在年龄、性别、导致眩晕的基础疾病分布方面均无明显差异($P > 0.05$),符合统计学相关标准,具有可比性。治疗所选毫针为华佗牌 25 mm 毫针,直径为 0.3 mm。具体数据见表一。

1.2 方法

对于对照组的颈性眩晕的患者,针刺风池(双侧),百会,颈夹脊,列缺等为主穴,肝肾阴虚者加太溪(双),三阴交(双),肝俞(双),肾俞(双),痰盛者加足三里(双),丰隆(双),中脘;血瘀者加膈腧(双),肝俞(双),血海(双);气血虚弱者加足三里(双),心俞(双),脾俞(双);并根据辨证论治的原则,虚则补之,实则泻之给予相应的补泻手法。留针时间为 30 分钟,每日针刺一次,为期一周。观察组针刺人迎穴,避开颈总动脉,直刺 0.2-0.6 寸,不进行手法操作,留针 30 分钟,为期一周。治疗结束

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表 1 两组患者基本情况对比
Table 1 Basic information of two group

组别 Group	例数 Cases	性别 Gender		年龄 Age	导致颈性眩晕的疾病		
		男 Male	女 Female		椎动脉型 Vertebral artery type	交感神经型 Sympathetic type	其他 Others
对照组 Control group	50	31	19	(56± 3.6)岁	29	15	6
观察组 Observation group	80	48	32	(57± 2.8)岁	47	24	9
χ^2			0.05		0	0	0.02
p			0.8		0.93	1	0.9
t				1.67			
p				0.09			

注:P<0.05 具有统计学意义

Note:P<0.05 means with statistical significant

后对两组患者的眩晕持续时间、眩晕程度,有效率,显效率等方面进行比较分析。

1.3 诊断标准^[5]

颈性眩晕最主要症状为旋转、晃动感。眩晕发作与颈部活动和一定头位偏向有关。它具有发作时间一般较短(数秒至数分钟),伴恶心呕吐或视力障碍如复视,视力减退,闪辉性或水平线性光幻觉,甚至暂时性观测偏盲等;耳鸣、耳聋较少;呈发作性跳痛的头痛发生;意识障碍,1/4 伴普遍性肌张力降低;;颈部检查有颈椎病变,颈部 X 线检查有阳性表现;颈扭转试验阳性;前庭功能大多正常;脑血流检查颈扭转时椎 - 基底动脉血流减低的特点。

1.4 排除标准^[6]

第一、其他疾病引起的眩晕。第二、严重的颈性眩晕的患者,需要手术治疗或者需要紧急需要其他治疗的患者。第三、颈性眩晕,患者拒绝针灸治疗的患者。第四,颈性眩晕合并其他疾

病,需要对其他疾病进行治疗者。

1.5 观察指标

治疗时记录患者的眩晕改善时间,眩晕持续时间,眩晕程度,有效率(总体有效率 = 有效率 + 显效率)。

1.6 统计学方法

在对结果数据的分析中,应用统计学软件 spss15.0 中文版,计量资料采用 t 检验;计数资料采取百分制比较,差异性检验采用卡方检验。P<0.05 具有统计学意义。

2 结果

2.1 治疗后观察组与对照组患者眩晕时间改善与平均眩晕时间的比较

其中观察组改善眩晕时间的平均水平和眩晕时间的平均水平都要明显优于对照组,且 P=0.00 均小于 0.05,差异具有统计学意义。

表 2 治疗后两组患者两组患者眩晕改善时间及眩晕持续时间对比
Table 2 Comparison of stun improvement time and the duration of patients after treatment

组别 Group	例数 Cases	平均眩晕改善时间 Average improvement time of stun	平均眩晕持续时间 Average stun duration
对照组 control group	50	2.3± 1.3	2.5± 1.7
观察组 observation group	80	3.7± 1.6	2.7± 1.2
t		5.2	2.91
p		0	0

2.2 两组患者在治疗后总体有效率的差异性对比

观察组有效例数为 76 例,有效率为 95%,对照组总有效例数为 47 例,有效率为 94%,观察组有效率高于对照组 1%,观察

组的样本量高于对照组 30 例,差异不具有统计学意义, P=0.81,远大于 0.05。

表 3 两组患者在治疗后总体有效率的差异性对比

Table 3 Comparison of total effective rate for two group patients after treatment

组别 Group	例数 Cases	无效 Inefficient	有效 Efficient	显效 Significantly efficient	总体有效率 Total effective rate
对照组 Control group	50	3	30	17	47(94%)
观察组 Observation group	80	4	49	27	76(95%)
χ^2					0.6
p					0.81

3 讨论

颈性眩晕是继发于多种颈部疾病的一组临床症状,在头颈转动或体位发生改变时会出现眩晕、呕吐、恶心、视物不清等表现,严重者可能发生猝倒,其发生与椎动脉机械性狭窄或交感神经受刺激有关。另外,颈椎失稳也是导致颈性眩晕的重要因素之一^[7,8]。颈性眩晕严重地影响患者的日常生活,及时有效的治疗对于改善患者的临床症状,提高患者的生活治疗有着非常重要的意义。目前,对颈性眩晕的治疗可以分为保守治疗和手术治疗两种方式。保守治疗无效的患者可以选择手术治疗,或者对于症状比较严重且符合手术治疗适应症的患者,也可以直接选择手术治疗,但保守治疗依然是治疗颈性眩晕的首选也是最主要的治疗方式^[9,10]。

针灸在我国有着悠久的历史,通过针刺艾灸等方式刺激穴位经络而达到治疗疾病的目的。现在最常使用的是毫针刺法,其可以治疗多种疾病^[9]。颈性眩晕在中医里属于“颈痹”的范畴,就其临床表现来看亦可将其归为“眩晕”的范畴,但在石学敏主编的新世纪第二版针灸中,并没有将“颈性眩晕”纳入“眩晕”的范畴之内,故在此次临床疗效观察中,将对照组针刺的穴位增加风池,颈夹脊等穴位,以增强其“近治作用”^[11]。

从中医角度“眩晕”的发生与胃(脾)、胆(肝),有着非常密切的关系,针刺人迎穴可以调节胃经和胆经的经气运行,因胃与脾相表里,胆与肝相表里,肝经和脾经的经气运行也可以得到适当的调节,从而改善颈性眩晕的临床症状^[14,15]。人迎穴深处分布着交感神经,而“颈性眩晕”又与交感神经受刺激有关,在针刺人迎穴时可能刺激到交感神经,可能导致“颈性眩晕”的刺激失效,而针刺刺激使得交感神经兴奋,血压升高,椎动脉的血运得以改善,从而使得大脑的供血重新恢复正常^[16-18]。

与传统针刺方法治疗颈性眩晕相比较,针刺人迎穴治疗颈性眩晕的有效率和显效率等数据方面并无明显差异。虽然传统的针刺疗法和针刺人迎穴均可以改善“颈性眩晕”的症状,其治疗效果也都值得肯定,但针刺人迎穴起效更快,可以更加有效的减轻眩晕持续时间,这可能与刺激交感神经、调节血压以及椎动脉的血运情况的改善等有关,其具体作用尚不明确,依然需要进一步研究^[9]。在使用针刺人迎穴疗法治疗“颈性眩晕”的时候,应该认真掌握在颈部的穴位的针刺角度和深度,防止刺伤动脉引起出血,同时,也应选择合适的体位,以仰卧位为佳,这可以防止晕针的发生^[20]。另外,人迎穴解剖位置下有比较丰富的血管神经分布,不宜进行提插捻转的操作,留针时间应该进行严格的控制。

本次临床观察的结果表明:传统的针刺方法和针刺人迎穴的方法对治疗“颈性眩晕”的效果都值得肯定,但与传统针刺疗法相比,针刺人迎穴治疗“颈性眩晕”起效更快,选穴更少,操作也更加简便,具有临床推广意义。

参考文献(References)

- [1] 沈雅婷,刘广霞,唐巍.针灸治疗颈性眩晕近5年研究进展[J].中医药导报,2012,18(3):107-109
- Shen Ya-ting, Liu Guang-xia, Tang Wei. Acupuncture in the treatment of cervical vertigo with nearly 5 years of research progress [J]. Guiding Journal of Traditional Chinese Medicine and Pharmacy,

- 2023,18(3):107-109
- [2] 段希栋,汪健.针刺配合脊柱微调手法治疗颈性眩晕临床观察[J].中国中医药信息杂志,2012,19(6):68-69
- Duan Xi-dong, Wang Jian. Clinical observation of acupuncture combined with spine fine adjusting manipulation in the treatment of cervical vertigo [J]. Chinese Journal of Information on Traditional Chinese Medicine, 2012,19(6):68-69
- [3] 刘基伟.人迎穴临床研究综述[J].内蒙古中医药,2012,31(24):110
- Liu Ji-wei. Clinical research on Renying point[J]. Nei Mongol Journal of Traditional Chinese Medicine, 2012,31(24):110
- [4] WANG Ai-ping. Research Progress of Acupuncture in Treating Cervical Vertigo[J]. J Acupunct Tuina Sci, 2004, 2(1):57-60
- [5] Ribbons T, Bell S. Neck pain and minor trauma: normal radiographs do not always exclude serious pathology [J]. Emerg Med J, 2008, 25(9):609-610
- [6] 张玥,王舒,石学敏.人迎穴临床应用研究进展[J].上海针灸杂志,2010,29(10):677-679
- Zhang Yue, Wang Shu, Shi Xue-min. Clinical application survey on Renying point research [J]. Shanghai Journal of Acupuncture and Moxibustion, 2010, 29(10):677-679
- [7] Li Xiao-qing, Zhou Wei-guang. Treatment of 100 Cases of Cervical Spondylotic Radiculopathy by Electroacupuncture of Jiaji(Ex-B2)plus Oblique Needling Ashi Point [J]. J Acupunct Tuina Sci, 2006, 4(1):54-55
- [8] 王雷.颈性眩晕的诊断与治疗分析[J].中国社区医师(医学专业),2013,15(10):149,150
- Wang Lei. Analysis of diagnosis and treatment for cervical vertigo [J]. China Community Doctor(Medical Professionals), 2013, 15(10):149:150
- [9] Monckeberg JE, Tome CV, Matias A, et al. CT scan study of atlantoaxial rotatory mobility in asymptomatic adult subjects: a basis for better understanding C1-C2 rotatory fixation and subluxation. Spine, 2009, 34(12):1292-1295
- [10] 顾春蕾.止晕三针治疗颈性眩晕临床观察及机理初探[J].辽宁中医杂志,2013,40(5):989-991
- Gu Chun-lei. Comparative Study of 3 vertigo-stopping needles for treatment of cervical vertigo and discussion on mechanism [J]. Liaoning Journal of Traditional Chinese Medicine, 2013, 40(5):989-991
- [11] Bogduk N, Govind J. Gervignie headache: an assessment of the evidence on clinical of the evidence on clinical diagnosis, invasive tests, and treatment[J]. Lancet Neurol, 2009, 8(10):959-968
- [12] Foster CA, Jabbour P. Barre-Lieou syndrome and the problem of the obsolete eponym[J]. J Laryngol Otol, 2007, 21(7):680-683
- [13] 夏秋芳.人迎穴考证及现代临床研究进展[J].针灸临床杂志,2010,26(6):80,84
- Xia Qiu-fang. The textual research and the progress of clinical modern research on Renying point [J]. Journal of Clinical Acupuncture and Moxibustion, 2010, 26(6):80, 84
- [14] 黄素芳,王朝亮,葛庆玲,等.颈性眩晕与颈椎椎体旋转及椎动脉血流变化的关系[J].中华物理医学与康复杂志,2012,34(12):942-944

- 2013,93(44):3523-3525
- [11] Smorenburg CH, de Groot SM, van Leeuwen-Stok AE, et al. A randomized phase III study comparing pegylated liposomal doxorubicin with capecitabine as first-line chemotherapy in elderly patients with metastatic breast cancer: results of the OMEGA study of the Dutch Breast Cancer Research Group BOOG [J]. *Ann Oncol*, 2014,25(3):599-605
- [12] Liuu E, Canouir-Poitaine F, Tournigand C, et al. Accuracy of the G-8 geriatric-oncology screening tool for identifying vulnerable elderly patients with cancer according to tumour site: the ELCAPA-02 study [J]. *J Geriatr Oncol*, 2014,5(1):11-19
- [13] Nilsson MP, Hartman L, Idvall I, et al. Long-term prognosis of early-onset breast cancer in a population-based cohort with a known BRCA1/2 mutation status [J]. *Breast Cancer Res Treat*, 2014,144(1):133-142
- [14] Vahdat LT, Vrdoljak E, Gómez H, et al. Efficacy and safety of ixabepilone plus capecitabine in elderly patients with anthracycline- and taxane-pretreated metastatic breast cancer [J]. *J Geriatr Oncol*, 2013,4(4):346-352
- [15] Basso U, Roma A, Brunello A, et al. Bi-weekly liposomal doxorubicin for advanced breast cancer in elderly women (≥ 70 years)[J]. *J Geriatr Oncol*, 2013,4(4):340-345
- [16] Tsai HT, Isaacs C, Fu AZ, et al. Risk of cardiovascular adverse events from trastuzumab (Herceptin(?)) in elderly persons with breast cancer: a population-based study.[J]. *Breast Cancer Res Treat*, 2014,144(1):163-170
- [17] Boonlikit S. Comparison of mammography in combination with breast ultrasonography versus mammography alone for breast cancer screening in asymptomatic women[J]. *Asian Pac J Cancer Prev*, 2013,14(12):7731-7736
- [18] Inal A, Akman T, Yaman S, et al. Pathologic and clinical characteristics of elderly patients with breast cancer: a retrospective analysis of a multicenter study (anatolian society of medical oncology)[J]. *Int Surg*, 2014,99(1):2-7
- [19] Okishiro M, Egawa C, Kusama H, et al. Analysis of elderly breast cancer patients aged 90 years and older [J]. *Gan To Kagaku Ryoho*, 2013,40(12):2402-2404
- [20] Dutra MC, Rezende MA, Andrade VP, et al. Immunophenotype and evolution of breast carcinomas: a comparison between very young and postmenopausal women[J]. *Rev Bras Ginecol Obstet*, 2009,31(2):54-60

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- Huang Su-fang, Wang Chao-liang, Ge Qingling, et al. Cervical vertigo and vertebral rotation relation of vertebral arterial blood flow [J]. *Chinese Journal of Physical Medicine and Rehabilitation*, 2012,34(12):942-944
- [15] 曹庭欣. 针刺加中药穴位贴敷治疗颈性眩晕疗效观察[J]. *针灸临床杂志*, 2011,27(8):20,21
- Cao Ting-xin. Clinical efficacy of acupuncture and Chinese drugs at the acupoint in the treatment of cervical vertigo[J]. *Journal of Clinical Acupuncture and Moxibustion*, 2011,27(8):20,21
- [16] 赖卉岚, 叶丹宁, 华润莲. 电针结合超激光理疗治疗颈性眩晕 45 例疗效观察[J]. *中医药导报*, 2013,19(7):57-58
- Lai Hui-lan, Ye Dan-ning, Hua Run-lian. Curative efficacy of electric acupuncture combined with super laser therapy on cervical vertigo: A clinical observation of 45 cases [J]. *Guiding Journal of Traditional Chinese Medicine and Pharmacy*, 2013,19(7):57-58
- [17] 左金良, 韩建龙, 邱思强, 等. 临床分型在颈性眩晕治疗中的意义[J]. *中国矫形外科杂志*, 2011,19(23):1961-1963
- Zuo Jin-liang, Han Jian-long, Qiu Si-qiang, et al. Significance of the clinical classification on the treatment of cervical vertigo [J]. *Orthopedic Journal of China*, 2011,9(23):1961-1963
- [18] 房连强, 谭朝坚, 古利花, 等. 以斜方肌起止点为针刺主要靶点治疗颈性眩晕临床观察[J]. *中国中医药信息杂志*, 2012,19(10):64-65
- Fang Lian-qiang, Tan Chao-jian, Gu Li-hua, et al. Observation of cervical vertigo treated by cowl - muscle insertions with blade suture needling [J]. *Chinese Journal of Information on Traditional Chinese Medicine*, 2012,19(10):64-65
- [19] 张运来. 针刺配合天麻注射液治疗颈性眩晕临床观察[J]. *实用中医药杂志*, 2013,29(10):815,816
- Zhang Yun-lai. Observation of acupuncture and gastrodin injection in the treatment of cervical vertigo [J]. *Practical Journal of Traditional Chinese medicine*, 2013,29(10):815,816
- [20] 梁晟. 针刺推拿并用治疗颈性眩晕的临床疗效观察[J]. *中国实用医药*, 2012,7(26):230
- Liang Sheng. Clinical efficacy of acupuncture and manipulation in the treatment of cervical vertigo [J]. *China Practical Medicine*, 2012,7(26):230