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针刺足阳明胃经经穴治疗腰椎间盘突出症的临床研究*

陈臻¹ 马立新^{1△} 刘兰² 张茜³ 马晓光³

(1 北京中医药大学东直门医院针灸科 北京 100700; 2 北京市丰台区老年人协会莲花池康复医院中医科 北京 100161;

3 北京中西医结合医院针灸科 北京 100038)

摘要 目的:探讨针刺足阳明胃经经穴治疗腰椎间盘突出症的临床疗效。**方法:**选取 2019 年 3 月至 2019 年 12 月北京中医药大学东直门医院针灸科门诊收治的腰椎间盘突出症患者 60 例,随机分为对照组与观察组,每组 30 例。对照组采用常规针刺法治疗,取肾俞、大肠俞、腰夹脊穴、阿是穴(均为双侧),观察组采用针刺足阳明胃经经穴治疗,取滑肉门、天枢、太乙、气冲、髀关、足三里、公孙、冲阳(均为双侧)。两组针刺手法均平补平泻,每次留针 15 分钟,每周扎 2 次,4 次为 1 个疗程,共治疗 3 个疗程。考察临床疗效,治疗前以及全部疗程结束后对比两组患者的日本骨科协会评估治疗分数(JOA)、Oswestry 功能障碍指数问卷表(ODI)评分,分别在治疗前、每次疗程结束后测评视觉模拟评分(VAS)。**结果:**治疗后,观察组愈显率为 83.33%,对照组愈显率为 60.00%,观察组愈显率高于对照组($P<0.05$),观察组 JOA 评分、ODI 评分优于对照组($P<0.05$)。观察组第 1 疗程结束后的 VAS 评分略高于对照组,但是无统计学差异($P>0.05$),第 3 疗程结束后的 VAS 评分低于对照组($P<0.05$)。**结论:**针刺足阳明胃经经穴治疗腰椎间盘突出症的临床疗效优于常规针刺法,尤其在改善腰椎功能、减少疼痛等方面的效果更佳。

关键词:针刺;足阳明胃经;腰椎间盘突出症;临床疗效

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Clinical Study on Acupuncture at Acupoints of Foot Yangming Stomach Meridian in the Treatment of Lumbar Disc Herniation*

CHEN Zhen¹, MA Li-xin^{1△}, LIU Lan², ZHANG Qian³, MA Xiao-guang³

(1 Department of Acupuncture, Dongzhimen Hospital of Beijing University of traditional Chinese Medicine, Beijing, 100700, China;

2 Department of Traditional Chinese Medicine, Lianhuachi Rehabilitation Hospital of Beijing Fengtai District Elderly Association,

Beijing, 100161, China; 3 Department of Acupuncture, Beijing Integrated Traditional Chinese and Western Medicine Hospital,

Beijing, 100038, China)

ABSTRACT Objective: To explore the clinical effect of acupuncture at the acupoints of Foot Yangming stomach meridian in the treatment of lumbar disc herniation. **Methods:** 60 patients with lumbar disc herniation who were treated in the Acupuncture Department of Dongzhimen Hospital of Beijing University of traditional Chinese medicine from March 2019 to December 2019 were selected, and they were randomly divided into control group and observation group, with 30 cases in each group. The control group was treated with conventional acupuncture, taking Shenshu, Dachangshu, yaojiagi points and Ashi points (both sides). The observation group was treated with acupuncture at the acupoints of Foot Yangming stomach meridian, taking sliding meat gate, Tianshu, Taiyi, Qichong, Biguan, Zusanli, Gongsun and Chongyang(both sides). The acupuncture manipulation of the two groups were flat tonic and flat diarrhea. The needles were kept for 15 minutes each time, pricked twice a week, 4 times as a course of treatment, a total of 3 courses of treatment. The clinical efficacy was investigated. Before treatment and after all courses of treatment, the Japanese Orthopaedic Association Evaluative Treatment Score (JOA), the Oswestry Disability Index (ODI) score of the two groups were compared. The visual analog score (VAS) was evaluated before treatment and after each course of treatment. **Results:** After treatment, the effective rate of the observation group was 83.3%, and that of the control group was 60%, the effective rate of the observation group was higher than that of the control group ($P<0.05$). The JOA score and ODI score of the observation group were better than those of the control group ($P<0.05$). The VAS score of the observation group at the first course after treatment was slightly higher than that of the control group, but there was no significant difference ($P>0.05$), and the VAS score at the third course after treatment was lower than that of the control group ($P<0.05$). **Conclusion:** The clinical effect of acupuncture at the acupoints of Foot Yangming stomach meridian in the treatment of lumbar disc herniation is better than that of conventional acupuncture, especially in terms of improving lumbar function and reducing pain.

Key words: Acupuncture; Foot Yangming stomach meridian; Lumbar Disc Herniation; Clinical efficacy

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作者简介:陈臻(1994-),女,硕士,住院医师,从事针灸方向的研究,E-mail: chenzenyx819@163.com

△ 通讯作者:马立新(1967-),女,硕士,副主任医师,从事针灸方向研究,E-mail: malixin7600@sina.com

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前言

腰椎间盘突出症是椎管类疾病发病率最高的一种疾患^[1,2],其常见症状为腰痛。目前对于腰椎间盘突出症的西医治疗方法尚缺乏有效的治疗方案,主要是卧床休息、功能锻炼和手术治疗,获得的临床疗效一般^[3]。腰椎间盘突出症归属中医“腰痛”、“痹证”等病名范畴^[4]。《三因极一病证方论》曰:“夫腰痛,虽属肾虚……在外则脏腑经络受邪,在内则忧思恐怒,以至房劳坠堕,皆能致之”^[5],即肾虚是腰痛之本,风、寒、湿、热邪以及外伤致血瘀是腰痛之标。足阳明胃经乃多气多血之经,针刺胃经之穴,从后天之本补气活血,强后天以实先天,从根本治疗腰椎间盘突出症,本研究采用针刺足阳明胃经经穴治疗腰椎间盘突出症,疗效满意,现报道如下。

1 资料与方法

1.1 一般资料

选取2019年3月至2019年12月于北京中医药大学东直门医院针灸科门诊治疗的腰椎间盘突出症患者,共60例,按随机数字表法分为观察组与对照组。观察组30例,其中男16例,女14例;年龄在22-63岁之间,平均年龄为(40.33±13.54)岁;病程分布在5-72个月之间,平均病程为(23.20±14.79)个月。对照组30例,其中男13例,女17例;年龄分布在21-63岁之间,平均年龄为(42.00±11.83)岁;病程分布在6-48个月之间,平均病程为(20.37±10.89)个月。两组患者性别、年龄、病程等方面比较无显著差异($P>0.05$),具有可比性。

1.2 纳入和排除标准

纳入标准:符合《中医病证诊断疗效标准》^[6]和《腰椎间盘突出症诊疗指南》^[7]关于腰椎间盘突出症的诊断标准:有腰部外伤、慢性劳损、受寒湿史,常表现为各种急慢性腰痛病史;常发生于青壮年人群中;腰痛,常伴随向臀部、下肢的放射痛,做咳嗽、打喷嚏等增加腹压的动作时可加重疼痛;下肢皮肤发生感觉障碍,膝腱反射及跟腱反射可出现减弱;X线、CT、MRI检查可指明椎间盘突出的部位、方向及严重程度。排除标准:(1)曾行腰椎间盘突出症手术或有腰椎骨折史;(2)妊娠或哺乳期妇女;(3)严重视力、听力、智力障碍;(4)因腰椎间盘突出症正在接受其他治疗方法者,如使用镇痛药等;(5)精神疾病患者、恶性肿瘤者以及合并有心、脑血管、肝、肾、造血系统等严重疾病者。

1.3 治疗方法

对照组采用常规针刺法治疗,主穴:取双侧的肾俞、大肠俞、腰夹脊及阿是穴,伴有下肢疼痛或麻木者,刺患侧风市、阳陵泉、环跳、委中。操作步骤:患者取俯卧位,穴周常规消毒后选用0.18×25 mm的毫针针刺夹脊穴,深度0.5寸,选用0.25×40 mm的毫针针刺肾俞、肠俞、阿是穴,直刺1寸,风市、阳陵泉、委中穴直刺1.0-1.5寸,选用0.35×75 mm环跳直刺2-3寸,得气后留针15 min。观察组采用针刺足阳明胃经经穴治疗,主穴:取双侧的滑肉门、天枢、太乙、气冲、髀关、足三里、公孙、冲阳。伴有下肢疼痛或麻木者,刺患侧风市、阳陵泉、环跳、委

中。操作步骤:患者先取仰卧位,常规消毒后选用0.25×40 mm的毫针,髀关45°角斜刺入皮肤表面进针后,斜向气冲继续进针1.5寸,其余主穴及患侧风市、阳陵泉,以90°角进针,针刺深度为1-1.5寸;捻转提插手法得气后留针15 min;拔针后,患者换俯卧位;常规消毒后选用0.35×75 mm的毫针针刺环跳,针刺深度2-3寸,0.25×40 mm的毫针针刺委中,针刺深度为1-1.5寸;②捻转提插手法得气后留针15 min。两组均每周扎2次,4次为1个疗程,共治疗3个疗程。

1.4 疗效判定标准

根据治疗前后日本骨科协会评估治疗分数(JOA)^[8]得分计算改善率:改善率=[(疗程结束评分-治疗前评分)/(满分29-治疗前评分)]×100%。改善率分为四级评定:无效:改善率≤25%;有效:25%<改善率≤59%;显效:59%<改善率≤89%;治愈:改善率>89%。愈显率=(治愈+显效)/n×100%,总有效率=(治愈+显效+有效)/n×100%。

1.5 观察指标

治疗前以及全部疗程结束后采用JOA、Oswestry功能障碍指数问卷表(ODI)评分评估腰椎功能。于治疗前、每次疗程结束后采用视觉模拟评分法(VAS)评估疼痛。JOA^[8]:满分共29分,分别从主观症状、体征、日常生活受限以及膀胱功能四方面进行评估,分数越高表明患者的腰椎功能越好。ODI^[9]:共由10题构成,每1个问题各有6个可供选择的小项,分数分别是0、1、2、3、4、5。如果完成10题,记分方法是:实际得分/50×100%。如果完成9题,则记分方法是:实际得分/45×100%,依次类推。本项目分数越高表明患者的腰椎功能障碍越严重。VAS^[10]:由患者根据自己主观疼痛程度进行打分,0分:无痛;0分-3分:轻微疼痛可忍受,不影响日常活动;4分-6分:疼痛可影响睡眠、饮食等日常活动,但尚可忍受;7分-10分:疼痛渐强烈,难以忍受,严重影响睡眠及饮食。

1.6 统计学方法

所有数据采用SPSS 23.0统计软件处理。计数资料以率表示,采用卡方检验。计量资料用($\bar{x} \pm s$)表示,采用配对t检验比较组内治疗前后的差异,采用独立样本t检验比较组间数据的差异, $P<0.05$ 为差异有统计学意义。

2 结果

2.1 临床疗效

观察组愈显率为83.33%,对照组愈显率为60.00%,两组比较差异有统计学意义($P<0.05$),两组总有效率比较无明显差异($P>0.05$)。见表1。

2.2 两组JOA评分和ODI评分比较

治疗前两组JOA评分和ODI评分比较无统计学差异($P>0.05$),治疗后两组JOA评分均升高,ODI评分下降,且观察组JOA评分和ODI评分优于对照组,差异均有统计学意义($P<0.05$)。见表2。

2.3 疼痛改善情况

两组各疗程结束后VAS评分与治疗前相比均下降($P<$

0.05)。两组第 1、2 疗程结束后 VAS 评分无显著性差异 ($P>0.05$),但是观察组第 1 疗程结束后的 VAS 评分略高于对照组。观察组第 3 疗程结束后 VAS 评分低于对照组,差异有统计学意义($P<0.05$)。见表 3。

表 1 两组临床疗效比较 [例(%)]
Table 1 Comparison of clinical efficacy between the two groups [n(%)]

Groups	n	Cure	Remarkable effect	Effective	Invalid	Effective rate	Total effective rate
Observation group	30	4	21	5	0	83.33	100.00
Control group	30	1	17	12	0	60.00	100.00
χ^2						4.022	0.000
P						0.044	1.000

表 2 两组患者 JOA 评分和 ODI 评分对比($\bar{x}\pm s$,分)
Table 2 Comparison of JOA score and ODI score between the two groups($\bar{x}\pm s$, scores)

Groups	n	JOA score		ODI score	
		Before treatment	After treatment	Before treatment	After treatment
Observation group	30	10.97 $\pm$ 3.14	23.90 $\pm$ 2.67 ^a	27.70 $\pm$ 7.02	2.73 $\pm$ 2.43 ^a
Control group	30	11.10 $\pm$ 3.10	22.16 $\pm$ 2.32 ^a	27.20 $\pm$ 8.58	5.20 $\pm$ 2.66 ^a
t		-0.171	2.683	0.247	-4.402
P		0.872	0.009	0.806	0.000

Note: compared with before treatment, ^a $P<0.05$.

表 3 两组各疗程结束后 VAS 评分对比($\bar{x}\pm s$,分)
Table 3 Comparison of VAS score between the two groups after each course of treatment($\bar{x}\pm s$, scores)

Groups	n	Before treatment	First course after treatment	Second course after treatment	Third course after treatment
Observation group	30	7.08 $\pm$ 0.69	4.38 $\pm$ 1.06 ^a	2.33 $\pm$ 1.02 ^a	0.59 $\pm$ 0.69 ^a
Control group	30	6.78 $\pm$ 0.69	4.24 $\pm$ 0.66 ^a	2.67 $\pm$ 0.67 ^a	1.15 $\pm$ 0.60 ^a
t		1.714	0.615	-1.561	-3.357
P		0.093	0.541	0.124	0.000

Note: compared with before treatment, ^a $P<0.05$.

3 讨论

中医古籍针刺治疗腰椎间盘突出症取穴多集中在足太阳膀胱经、足少阴肾经、足少阳胆经和足阳明胃经,临床取穴亦有此规律^[1]。《素问·阴阳应象大论篇》曰:"阴病治阳,阳病治阴。""阳病治阴,阴病治阳"乃基本的治疗原则^[12]。《黄帝内经》中有多处以此为基本原则的治疗思路,如《素问·五常政大论》"病在上,取之下"^[13]。又有"背为阳,腹为阴",由此可见腰背之病位属阳,可从腹部取穴治疗腰痛。"后病前治"理论是在"阳病治阴"基础上进一步发展出来的交叉刺法,基于任脉与督脉同出于胞宫,循行于人体前后正中,线,相互对应。彭静山《针灸秘验与绝招》对"后病前治"理论进一步阐释和应用:他认为不仅仅是任督二脉,人体躯干部经络都是前后相应的关系,足少阴肾经、足阳明胃经分别对应夹脊穴、膀胱经第一侧线,足厥阴肝经、足太阴脾经对膀胱经第二侧线,所以他治疗腰痛多是前后取穴^[14]。近年亦有研究者发现,腰痛患者多可在腹部找到阳性反应点^[15,16]。王懿娜^[17]的研究显示试验组选取腰部最明显的压痛点 2~3 个,直刺其垂直对应于腹部的位点,对照组采用常

规取穴直刺,对比两组治疗效果,观察组疗效显著优于对照组。临床上亦有多位医师探索了由腹治腰的临床思路^[18]。

本研究从《素问·痿论》篇中"阳明者……主润宗筋,宗筋主束骨而利机关"出发,选取足阳明胃经穴位治疗腰椎间盘突出症,包括滑肉门、天枢、太乙、气冲、髀关、足三里、冲阳以及公孙。从临床流行病学调查结果^[9]来看,腰椎间盘突出症患者多发焦虑、抑郁情感状态。《针灸甲乙经》中记载太乙、滑肉门治"狂癫疾"可宁心安神,故选太乙、滑肉门,可安神止痛缓解不良情绪;天枢乃手阳明大肠经募穴,针刺天枢穴,可清上畅下。临床上有医家推天枢穴或深刺天枢穴以治疗腰痛,皆因可调气理血止痛^[20]。《针灸大成》记载气冲"腰痛不得俯仰";髀关"主腰痛,足麻木";三里"腰痛不得俯仰",描述症状与腰椎间盘突出症伴坐骨神经痛相似。气冲乃胃经与冲脉交会穴,冲脉并肾经上行,针刺气冲穴可调补冲脉、肾经气血;公孙乃脾经络穴,冲阳乃胃经原穴,二穴原络配伍,可调整脾胃功能,使经气通达上下,得以充养肌肉^[21]。

当腰椎发生椎间盘退行性病变和生物力学改变,核心肌群内多为慢收肌纤维,尤其是腹横肌纤维,此肌群若收缩力较弱

或出现肌力不平衡,便可导致腰曲改变,脊椎侧弯等一系列腰椎间盘突出症常见体征^[22-24]。实验研究发现,针刺可以加强骨骼肌收缩蛋白的组装、合成促进收缩结构的恢复^[25,26],同时还可以提高静息状态下的肌张力^[27,28]。故理论上,针刺足阳明胃经经穴,可以刺激腹部肌群收缩和兴奋,增强核心肌群收缩能力,从而保护和增强脊柱稳定性。现代物质生活丰富,生活水平较以前提高,人们的饮食口味较以往丰富,嗜嗜辛辣、油腻、饮酒、冷饮等生活习惯,积食生痰,损伤脾胃,脾胃功能受损,正常饮食不能化为人体的必需精微物质,全身的肌肉筋骨得不到濡养,自然无力稳固腰椎,关节失稳。白亚平^[29]调查了150例腰椎间盘突出症患者与150例非腰椎间盘突出症患者,发现腰椎间盘突出症患者体质分型多集中于阳虚质、血瘀质与痰湿质。针刺足阳明胃经经穴,足阳明经乃后天之本,亦为多气多血之经,针刺此经,可调理脾胃,令气血健旺,肌肉亦气血充实而壮,亦可理脾燥湿,湿消而痹去。本研究结果显示两组的临床疗效、VAS评分、JOA评分、ODI评分较治疗前均有明显改善,且观察组优于对照组,证实了针刺足阳明胃经经穴治疗腰椎间盘突出症可改善患者的疼痛和腰椎功能。

综上所述,针刺足阳明胃经经穴治疗腰椎间盘突出症的临床疗效显著,可改善腰椎功能、减少疼痛,但本试验样本量较少,对于二者结合的长期疗效及复发率有待进一步研究。

参考文献(References)

- [1] 孙文琳,苏晓勇,刘洋,等.温针灸联合腰部核心肌力训练对腰椎间盘突出症患者康复效果、生活质量以及血清炎症因子的影响[J].现代生物医学进展,2020,20(22):4307-4310,4400
- [2] DuoJun W, Hui Z, ZaiJun L, et al. Enhanced recovery after surgery pathway reduces the length of hospital stay without additional complications in lumbar disc herniation treated by percutaneous endoscopic transforaminal discectomy[J]. J Orthop Surg Res, 2021, 16(1): 461
- [3] Yoo BR, Son S, Lee SG, et al. Factors Predicting the Clinical Outcome After Trans-sacral Epiduroscopic Laser Decompression for Lumbar Disc Herniation[J]. Neurospine, 2021, 18(2): 336-343
- [4] 丛林,李振华,石明鹏,等.腰椎间盘突出症中医综合治疗方案的临床研究[J].吉林中医药,2021,41(4):485-487
- [5] 罗容,章薇,石文英,等.古代文献中针灸治疗腰痛的首选穴规律分析[J].中医药导报,2021,27(4):126-130
- [6] 国家中医药管理局.中医病证诊断疗效标准[M].南京:南京大学出版社,1994:69-70
- [7] 中华医学会骨科学分会脊柱外科学组,中华医学会骨科学分会骨科康复学组.腰椎间盘突出症诊疗指南[J].中华骨科杂志,2020,40(8):477-487
- [8] Kuribayashi M, Takahashi KA, Fujioka M, et al. Reliability and validity of the Japanese Orthopaedic Association hip score [J]. J Orthop Sci, 2010, 15(4): 452-458
- [9] 俞红,白跃宏.简式中文版 Oswestry 功能障碍指数评定下背痛患者的信度及效度分析[J].中华物理医学与康复杂志,2010,32(2):125-127
- [10] Faiz KW. VAS--visual analog scale [J]. Tidsskr Nor Laegeforen, 2014, 134(3): 323
- [11] 秦莉芳,李文杰,仝俐功,等.查经取穴治疗腰椎间盘突出症临床观察[J].针灸临床杂志,2015,31(2):54-56
- [12] 湛子诺,陶春晖.《素问·阴阳应象大论》"阴阳寒热""形气肿痛"探析[J].长春中医药大学学报,2017,33(1):1-3
- [13] 郝宇,贺娟.对中医阴阳内涵的反思[J].北京中医药大学学报,2017,40(12):973-977
- [14] 彭静山,费久治.针灸秘验与绝招[M].辽宁:辽宁科学技术出版社,2008:198
- [15] 胡洪铭,张文韬,乔丽君,等.切诊阳性反应点在中医临床诊断中的价值和应用[J].中医杂志,2017,58(10):889-891
- [16] 贺阿利,王晓霞,伦奕,等.针刺腹部阳性反应点(物)治疗腰三横突综合征临床观察[J].陕西中医药大学学报,2020,43(06):76-79
- [17] 王懿娜,赵征宇.针刺腹部对应点治疗下腰痛32例临床观察[J].浙江中医杂志,2013,48(11):830-831
- [18] 顾川川,颜运涛,左广,等.腹部推拿治疗腰椎间盘突出症的探讨[J].河北中医药学报,2019,34(6):58-61
- [19] Mu W, Shang Y, Zhang C, et al. Analysis of the depression and anxiety status and related risk factors in patients with lumbar disc herniation[J]. Pak J Med Sci, 2019, 35(3): 658-662
- [20] 李明妍.深刺天枢穴治疗腰痛[J].山东中医杂志,2015,34(5):35
- [21] 赖宇阳,李楠.基于《黄帝内经》探讨骨骼肌归属范畴[J].北京中医药大学学报,2021,44(6):491-495
- [22] Wei FL, Zhou CP, Zhu KL, et al. Comparison of Different Operative Approaches for Lumbar Disc Herniation: A Network Meta-Analysis and Systematic Review[J]. Pain Physician, 2021, 24(4): E381-E392
- [23] Song QC, Zhao Y, Li D, et al. Percutaneous endoscopic transforaminal discectomy for the treatment of L5-S1 lumbar disc herniation and the influence of iliac crest height on its clinical effects [J]. Exp Ther Med, 2021, 22(2): 866
- [24] Manchikanti L, Knezevic E, Knezevic NN, et al. The role of percutaneous neurolysis in lumbar disc herniation: systematic review and meta-analysis[J]. Korean J Pain, 2021, 34(3): 346-368
- [25] Zhong X, Liu J, Wang Y, et al. Which of the acupuncture treatment regimen for lumbar disc herniation is more effective and safer: A protocol for systematic review and network meta-analysis [J]. Medicine (Baltimore), 2021, 100(12): e25199
- [26] Wang M, Zheng B, Wu C, et al. The efficacy and safety of fire needle for the treatment of lumbar disc herniation: A protocol for systematic review and meta-analysis [J]. Medicine (Baltimore), 2020, 99(50): e23751
- [27] Shen Y, Zhou Q, Zhang L, et al. Electroacupuncture for lumbar disc herniation: A protocol for systematic review and meta-analysis [J]. Medicine (Baltimore), 2020, 99(17): e19867
- [28] Li T, Wang S, Zhang S, et al. Evaluation of clinical efficacy of silver-needle warm acupuncture in treating adults with acute low back pain due to lumbosacral disc herniation: study protocol for a randomized controlled trial[J]. Trials, 2019, 20(1): 470
- [29] 白亚平,王俊杰.腰椎间盘突出症中医体质与相关影响因素的研究[J].中国中医急症,2014,23(9):1662-1664