

名医经验

诸方受教授治疗颈椎病经验

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摘要 本文介绍了 提项旋转法、雷公藤方内治法、药枕垫颈法、“颈托”支架法、功能锻炼法等五种治疗颈椎病的方法。

关键词 颈椎病 中医疗法

颈椎病亦称颈椎综合症,可引起颈、肩、臂痛或眩晕、瘫痪等各种症状,中医综合治疗能使症状得到缓解或基本治愈。诸方受教授根据多年临床治疗经验总结出治疗颈椎病五法,以动静结合、内外兼治的特点为非手术治疗颈椎病的方法增添了新的内容。本人师承学习,兹加以初步整理如下。

1. 提项旋转法 具体操作分为准备手法与治疗手法两步:患者取坐位,术者立于患者背后,嘱其放松颈部肌肉,先作准备手法,以大、小鱼际肌分别自两侧颈根部由下而上作擦法,一般持续5分钟,疏筋活络放松颈部肌肉,后以两手拇指分别加压两侧风池穴点按作镇定手法,力量先由轻到重,再由重到轻,约1~2分钟。提项旋转法则以一手托住患者下颌,一手托住后枕部,让患者头部呈自然位,先轻轻左右摇晃,然后托提头部向上并逐渐加大转动范围,先向一侧旋转,当旋转至接近限度时,再以适当力量继续旋5~10°,一般可听到颈后小关节弹响声,患者多有一种解除交锁的轻松感。对侧亦以同样方式提项旋转,手法即告完成。

颈椎病人颈部因头颅重压,在上提时,颈部前、后纵韧带、黄韧带、关节突间韧带等,可获得生理范围内的松解状态,椎间隙、椎间孔相应增宽,此时缓慢转动不会因局部受压而影响损伤颈神经和颈髓,临床运用效果良好。在实际操作中,要注意尽可能让患者肌肉放松,旋转动作不宜太快,并掌握旋转度数。诸氏强调一定要在上提力量的基础上作颈项旋转动作,以避免椎管内组织及神经根的损伤。

2. 雷公藤方内治法 药物组成:雷公藤10g

制南星10g 粉葛根12g 片姜黄10g 丹参10g 当归10g 川桂枝6g 蜈蚣1条 炒苍术12g 宣木瓜15g 白茯苓12g 生甘草6g。全方具有祛风化痰、活血通络之功效。适用于临床常见的落枕型、痹证型颈椎病,临床可根据症状偏重酌情加减变化。痿证型可去桂枝、苍术、姜黄、蜈蚣,加绵芪、党参、肉苁蓉、巴戟天等补养气血;眩晕型则去南星、桂枝、姜黄、木瓜,加明天麻、杭菊、杜仲、枸杞子、钩藤等益肾平肝,有利于症状的缓解和改善。

方中雷公藤近年来临床应用治疗类风湿性关节炎所取得的确切疗效而受到推广^[1],多取其抗炎止痛及免疫抑制作用,应用已较广泛。诸氏在辨证与辨病结合治疗颈椎病实践运用中,认为类风湿性关节炎与颈椎病在病因病理方面虽有所不同,但二者临床症状中医辨证均为痹痛范围,审证求因皆有风、寒、湿三气杂至,合而作祟的因素。依据这一观点,从提高疗效出发,在原来治疗颈椎病方药中加用雷公藤以增强祛风宣痹、通络止痛的效果。对雷公藤的常用剂量为10g,不需单味先煎,与其它药物同煎,多年来未见有毒副作用增加的情况,也不影响疗效^[2]。

3. 药枕垫颈法 颈椎病人的X片,除了退化性改变外,常同时有颈椎生理弧度的异常,或变平浅、或平直,甚至呈反弓状。此项异常既与颈背酸痛、肌肉痉挛有关,估计也与睡眠姿势有关。临床上多数病人反映低枕较舒服,少数病人则习惯于用高枕,部分病人反映在垫高颈后部时症状可以缓解。我们用灯芯绒为面料,制成长38cm,直径10cm的长圆形药枕,嘱病人于睡眠时将药枕垫于颈后部,病人使用后,反

映普遍良好，尤以颈型、神经根型常可明显减轻症状。药枕方主要由：侧柏叶、艾叶、桑叶、野菊花、夏枯草、晚蚕砂、稽豆衣、仙灵脾、通草、薄荷、苏梗、苍术等药组成，按一定比例配制。另以丁香、官桂、毕菝、冰片等芳香挥发性药物混匀粉碎，另包置于药枕内。

诸氏认为药枕之良好疗效，其一是机械作用，使头部处于轻度后仰，形成头与躯干的对抗牵引状态，此种牵引力固然较枕颌牵引的牵引力为轻，但由于睡眠时间肯定长于枕颌牵引时间，故同样具有牵引的治疗效果，并可直接地缓慢恢复颈椎的生理弧度，使紊乱的小关节得以复位。其二是药物作用，根据“闻香治病”的理论，药枕处方既有芳香开窍之品，亦有活血舒筋、宣痹和络诸药，具有加强血液循环，旺盛新陈代谢，促进局部水肿的吸收及损伤组织的修复，松解肌肉紧张和痉挛，使疼痛麻木等症状逐步缓解。

4. “颈托”支架法 诸氏研制的“支撑式可活动颈托”⁽⁹⁾（以下简称可动颈托），枕颌牵引治疗颈椎病，疗效是肯定的，主要缺点是牵引时病人身体是固定的，不能随意走动，影响工作和生活。在80年代，国内外出现各种“携带式颈椎牵引器”、“固定颈托”等，使病人从牵引架上得以解脱，但颈部都是固定的，颈部肌肉得不到锻炼。

可动颈托分作前托及后托，共有三个可以调节的弹力柱，在0~5kg范围内均可以任意调节。可动颈托总重量约为0.5kg，灵活轻便。佩戴后具有支撑颈椎，固托头颅的“静”的作用；又可以在轻度抗阻力下转动和侧弯颈部，使颈肌得到锻炼，具有“动”的效果，是中医“动静结合”理论指导下的产物，也是对颈部医疗器械的补充和发展。

通过临床使用与X片对照观察，其临床疗效优良率占39.66%，有效率达99.14%，颈椎病人使用可有颈托治疗前后X片结果表明，总有效率达90%。分析可动颈托的作用机制是：(1)

支撑颈椎，增大椎间隙及椎间孔，伸张已扭曲的椎动脉，改善增生组织与颈脊神经根、椎动脉等的关系，解除颈部肌肉痉挛，缓冲颈椎间盘向周围的外突力。(2) 固托头颅，支撑头颅重量，减轻颈椎负荷。(3) 锻炼颈肌，增强颈椎外平衡，间接代偿颈椎的内平衡。(4) 调整颈椎机械性紊乱，恢复颈椎正常生理弧度。药枕与可动颈托可以分别使用，也可综合应用，增强疗效。

5. 功能锻炼法 诸氏在诊治颈椎病的过程中，既引导病人以太极拳、广播操等方式作全身锻炼，更鼓励病人作颈部的导引练功，主要有“与项争力”、“往后观看”、“前伸探海”、“回头望月”等，方法简便易学，使病员颈部在尽可能的低头、后仰、左右旋转、左右侧弯的动作中，保持颈部的活动功能，滑利关节，流畅血行，增强局部肌力，防止关节囊挛缩，松解滑膜粘连，缓解症状。持久锻炼，可使病变有所好转，颈部肌力增强，加强了颈部的外平衡，间接代偿颈椎内平衡，可见功能锻炼是重要的防治手段，持之以恒，将成为降低复发率的重要因素。

应用药枕及内服药物的病人，固然强调功能锻炼，佩用可动颈托的病人，卸下可动颈托仍需配合功能锻炼，因佩用颈托时颈部肌肉锻炼的活动度有一定限制，而功能锻炼能作最大范围的颈部伸屈旋转。对矮胖体型及长期位于不良姿势工作引发颈型、神经根型症状者功能锻炼的效果明显。对眩晕为主症的椎动脉型颈椎病患者，开始功能锻炼时动作宜慢，动作范围不宜过大，通过循序渐进的操练，逐步适应并加大活动度，可避免不良影响的出现。

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Abstracts of Original Articles

Advance in studying of fracture treated with integration of traditional Chinese and western medicine

Gu Yun-wu(顾云伍), Han Hui(韩慧), Shang Tian-yu(尚天裕)

Tianjin Institute of Fracture treated by integration of Traditional Chinese and Western Medicine(300021)

The author discussed a new advance in treating fracture with integration of traditional Chinese and western medicine, including fracture reduction and external fixator instruments, Chinese herbs in treating fracture, basic theoretical studies and researches in future etc

Key Words Fracture, integration of traditional Chinese and western medicine
(Original article on page 5)

The effect of experimental fracture healing treated by Bu Gu Su

(Observations on osteoblast RNA and studies on blood biochemistry)

Lin Yan-ping(林燕萍), Wang He-ming(王和鸣) et al

Fujian Institute of Orthopaedics and Traumatology, College of TCM(350003)

Thirty rabbits which had standard fracture between mid and lower 1/3 of the radius doubly, were fed with Bu Gu Su(BGS) and physiological saline respectively. The histochemical and blood biochemical methods were used to detect the effect of BGS on the experimental fracture healing. The results show that BGS can not only promote the RNA synthesis of the osteoblast, strengthen the activity of the osteoblast, stimulate the growth and mature of osteoblast but also provide a favourable environment for calcification. So we consider that the BGS is an effective drug for fracture healing

Key Words Bu Gu Su, fracture, experiment, animal

(Original article on page 8)

Pathological observations on experimental radiculoneuritis treated by Lumbago No.1

Miao Yan-ling(苗燕玲), et al

Institute of Orthopaedics and Traumatology, China Academy of Traditional Chinese Medicine(100700)

The results of pathologico-histological changes of Lumbago No.1 in treating experimental rat radiculoneuritis indicate that it can alleviate the inflammation,

promote restoration of the degenerative nerve fibres, decrease proliferation of glia cells and collagenous fibres, alleviate cicatriciation and compression of the peripheral nerve tissue from the scar.

Key Words Lumbago No. 1, radiculoneuritis, pathology

(Original article on page 11)

Eexperiences of Prof. Zhu Fang-shou in treating cervical spondylosis

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In this article, elevation of neck rotation method, Lei Gong Teng prescription orally administering, medical pillow supporting the neck method, cervical supportor method, functional exercises five therapeutic methods in treating cervical spondylosis were introduced.

Key Words Cervical spondylosis, traditional Chinese medicine therapy

(Original article on page 13)

Clinical study on osteoporosis caused by senile rheumatoid arthritis treated with traditional Chinese medicine

Liu Chuan-zhen (刘传珍), et al

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Senile osteoporotic patients caused by rheumatoid arthritis were divided into three types. They are deficiency of Spleen and Kidney Yang type treated with a prescription which bears the action of tonifying the Kidney and warming Yan, invigorate the Spleen and removes dampnes by diuresis; deficiency of the Kidney essence with blood stasis type treated by the prescription of nourishing the Kidney and removing stasis, recovering paralysis and activating collaterals; Yindeficiency in both the Liver and Kidney, treated by prescription of nourishing the liver, fulfilling the marrow, promoting collaterals and clearing away the fire. The total effective rate was 93.1% and that of the control group being 80.0%. There are significant difference ($P < 0.05$) statistically.

The statistical data indicates that Chinesemedicine treatment has improved bony tissue's density, ESR, RF, protein electrophoresis, Ig, C3, CIC, morning rigidity, griping strength, 20m walking time, pain, arthroncus, tiredness of the joints and function of them.

Key Words Osteoporosis, senile, rheumatoid arthritis, traditional Chinese medicine therapy

(Original article on page 17)