

经验交流

腰椎间盘突出髓核突出症的中医辨证施治

上海市香山中医医院 (200025) 吴云定 施维智

摘要 本文介绍作者以中医辨证为主,运用中药内服、外敷配合骨盆牵引治疗腰椎间盘突出髓核突出症281例。结果:痊愈96例;显效:178例;无效7例。总有效率达97.4%。

关键词 腰椎间盘突出症 中医药疗法 辨证施治

我院自1986年10月至1990年10月,以中医辨证,运用中药内服、外敷,配合骨盆牵引,治疗腰椎间盘突出髓核突出症281例,取得了较满意的疗效,现报导如下。

临床资料

281例中,男180例,女101例;20~35岁发病为69例,36~50岁发病为146例,51~60岁发病者50例,60岁以上16例;最长疗程为124天,最短21天,平均疗程88天;体征:脊柱侧弯者199例;单侧下肢放射痛256例,双侧下肢放射痛25例,直腿高抬试验在40°以下者276例,拉氏试验(+)281例;拇趾背伸肌力下降252例,四头肌或腓肠肌萎缩149例,跟反射减弱78例。X线平片示:椎间隙变狭者198例,有不同程度的唇状骨质增生者249例;CT检查证实腰椎间盘突出症者78例。

治疗方法

根据患者临床表现和体质差异,进行分型辨证治疗。

1. 急性期: (1) 瘀血型: 急性扭伤,筋脉受损,肌肉拘急,离经之血溢于脉外,阻塞络脉,气滞瘀结,不通则痛,治宜化瘀通络。处方: 当归尾9g 京赤芍9g 大川芎5g 桃仁泥9g 藏红花5g 炙乳没各5g 留行子9g 五加皮9g 落得打9g 玄胡索9g 川牛膝9g 广陈皮5g。(2) 风寒型: 因宿伤或劳损兼受风寒,诱发腰腿疼痛。中医理论认为:“腰为肾之外候,腰部受伤,必内损于肾,病延日久,肾气亦虚,复受风寒或外力,势必宿伤复发”。治宜散寒疏风,活血止痛。处方: 净麻黄3g 羌

独活各5g 防风己各9g 威灵仙9g 宣木瓜9g 川地龙9g 秦艽5g 鸡血藤9g 京赤芍5g 大川芎9g 三七末各2g 川牛膝5g 广陈皮5g。疼痛剧烈者加制川乌5g。

2. 缓解期: 腰腿部疼痛已较急性期缓解,但隐隐作痛尚存,此时,气血未和,风寒虽去而未尽,治宜疏风活血,和营通络。处方: 防风5g 川独活5g 左秦艽5g 全当归9g 京赤芍5g 大川芎5g 威灵仙9g 五加皮9g 川牛膝9g 汉防己9g 桑寄生9g 川续断9g 炒杜仲9g 广陈皮5g。

3. 康复期: 疼痛症状基本消失,唯感腰腿酸软无力,不耐久坐久立。多因肝肾亏虚,气血不足所致,临床上分阳虚和阴虚两型。(1) 阳虚型: 面色晄白,下肢畏寒,皮肤清冷,精神萎靡,自汗,舌淡白,脉虚软,治宜温补肾阳,养血健腰。处方: 炒熟地9g 淮山药9g 山萸肉9g 枸杞子9g 全当归9g 抚川芎5g 白芍9g 巴戟肉9g 甜苁蓉9g 秦艽5g 千年健9g 金狗脊9g 淮牛膝9g。(2) 阴虚型: 颧红潮热,烦躁易怒,失眠盗汗,咽干溲黄,舌质红,脉细数,治宜滋肾养血固腰。处方: 大生地9g 淮山药9g 枸杞子9g 炙龟板9g 大白芍9g 炒丹皮6g 全当归9g 抚川芎5g 川续断9g 炒杜仲9g 威灵仙9g 鸡血藤9g 淮牛膝9g。

4. 外敷药的应用: 急性血瘀型外贴施氏新伤膏。风寒型外贴施氏宿伤膏。如患者外贴伤膏,有皮肤过敏反应者,可改用舒筋活血散热敷,配合红外线照射治疗。缓解期改贴施氏宿伤膏。

疗效观察

281例中, 96例腰腿部症状完全消失, 恢复正常工作; 178例腰部疼痛基本消失, 直腿抬高在60°左右, 腰部活动正常, 但臀部小腿部外侧有轻微疼痛, 趾端残留麻木感, 恢复工作; 无效者7例; 总有效率为97.4%。

典型病例

张××, 男, 56岁。入院日期1990年10月23日, 住院号5059, X线号16243。患者已有数十年腰腿痛病史, 时发时愈, 曾摄片有腰椎肥大。近一周来因工作繁忙, 腰部疼痛发作, 身躯歪斜, 俯仰欠利, 并伴有左下肢放射性疼痛, 步行时小腿足趾麻木更甚, 临床体征符合腰椎间盘突出髓核突出症。CT诊断为腰L₃₋₄、L₅-S₁, 椎间盘突出伴椎管狭窄, 采用上述中医辨证施治2个月, 症状消失, 于12月24日痊愈出院, 随访至今未复发。

体 会

我们采用辨证分型治疗腰椎间盘突出, 是根据祖国医学“急则治其标, 缓则治其本”的原则, 以及腰腿痛与瘀血、风寒、肝肾等相互之间的因果关系等制订治则。急性发作初期, 可以有二种因素: 其一, 有明显的扭伤

病史, 好发于青壮年。发病急, 来势凶。这是由于扭伤后, 瘀血阻滞经络, 不通则痛之故。采用化瘀通络法。其二, 发病时, 无明显外伤病史, 或仅有轻微的诱因, 卒然而发, 此伤痛多见于中老年, 往往有宿伤和慢性劳损性腰痛存在。中年以后, 肝肾不足, 精血亏损, 筋骨失于濡养而萎弱。符合现代医学退行性病变的理论。

经云: “正气存内, 邪不可干”, “邪之所凑, 其气必虚”, 风寒湿邪乘虚而入, 留恋经络, 侵袭骨节, 出现疼痛, 麻木等痹症。正如巢元方《诸病源候论》“卒腰痛候”说: “夫伤之人, 肾气虚损, 而肾主腰脚, 其经贯肾络脊, 风邪乘虚, 卒入肾经, 故卒然而患腰痛”。又“腰脚疼痛候”说: “肾气不足, 受风邪之所为也, 劳伤则肾虚, 虚则受于风冷, 风冷与其气交争, 故腰脚痛”。此是肾虚为本, 而外邪为标, 依据急则治其标的原则, 我们采用疏风散寒, 活血止痛治法。

缓解期, 拟再用疏风活血, 和营通络法。而在康复期, 从补益肝肾, 养血固腰着手治疗, 以期巩固疗效。

43例浮膝损伤的治疗体会

河南省洛阳正骨医院 (471013) 邢增修

浮膝损伤^{〔1〕}是指同侧股骨和胫骨同时发生的骨折, 我院从1984年至1989年共收治43例, 分析如下。

临床资料

本组43例, 男, 33例, 女, 10例; 年龄3~64岁; 车祸致伤19例, 重物压砸伤7例, 高空坠落伤6例, 骑摩托车摔伤8例, 打伤3例; 合并症: 颅脑挫裂伤2例, 神经损伤2例, 脂肪栓塞综合征2例, 严重血管损伤3例, 多发肋骨骨折4例, 创伤性休克7例, 其它部位骨折4例; 开放性骨折8例 (股骨8个, 胫腓骨8个), 闭合性骨折35例 (股骨40个, 胫腓骨37), 新鲜骨

折36例, 陈旧性骨折7例。

骨折分类: I型: 股骨髁部加胫骨踝部同时骨折7例; II型: 股骨干中1/3以下加胫(腓)骨干中1/3以上骨折21例; III型: 股骨髁部加胫(腓)骨中1/3以上骨折5例; IV型: 胫(腓)骨上端加股骨中下1/3骨折10例。

治疗方法

1. 股骨和胫骨同时切开复位内固定12例。其中股骨用梅花型髓内针固定4例, 普通钢板固定7例, 加压钢板固定1例; 胫骨用普通钢板固定10例, 双克氏针交叉固定2例。术后均以单髓人字石膏外固定。

Abstracts of Original Articles

Experimental study on prolapsed lumbar intervertebral disc treated by Ban Ti manipulation

Zhang Xian-song(张显崧)et al

Guangzhou First Army University of Medical Science(510515)

Drew on the experience of Nachemson's method, and mimicing Ban Ti manipulation, the changes of nuclear pressure of the intact fresh cadaver were measured in motion. The results of experiment indicated that there were an increasing tendency of the internuclear pressure during the process of manipulation between L₃₋₄ and L₄₋₅, and a decreasing of the internuclear pressure between L_{5-S₁}. The author realized that the Ban Di manipulation couldn't restore the prolapsed nucleus, but it could probably change the relation between the position of the prolapsed nucleus and the compressed nerve root.

Key words Prolapse of lumbar intervertebral disc Manipulation of bone setting Biomechanics Experimental study

(Original article on page 5)

Experimental study on Shang Tong Yi Cha Ling in treating soft tissue injury

Jiang Meng-liang(蒋孟良)et al

Institute of Exploitation of Chinese Medicine, Hunan College of Traditional Chinese Medicine (410007)

In this article, observation was made on the animal experimental muscle injury, and proved that Shang Tong Yi Cha Ling bore the effect of alleviation of the degree of muscular necrosis, decreasing the scar. And it explored the mechanism of treating trauma via semi-quantitative analysis of the pathology and plasma fibrinogen contents and pH value of the traumatic muscles.

Key words Shang Tong Yi Cha Ling Soft tissue injury Pharmacology Experimental study

(Original article on page 7)

Biomechanical tests on the adjustment fixator and knee joint functional frame

Shi Yi-jian(师宜健)et al

Institute of Orthopaedics, Tianjin Hospital (300211)

Better clinical results had been obtained with the adjustment fixator and knee joint functional frame in treating intercondylar fracture of the femur designed by

the Department of Traumatology, Tianjin Hospital. In this Paper, clinical biomechanical measurements were made, the results indicated that the traction force of the external and internal supporter were 5.5kg and 6.8kg respectively, the pressure force underneath the pressing cushion was about 4.5kg. Results of the motive measurement indicated that the pressure value of all parts bore a fluctuation around 10-20%. It accorded with the theory of elastic fixation of fracture treatment.

Key words Fracture fixator Biomechanics Experimental study

(Original article on page 9)

Prolapsed lumbar intervertebral disc treated with traditional Chinese medicine based on syndrome-differentiation

Wu Yun-ding (吴云定), Shi Wei-zhi (施维智)

Xiang Shan Hospital of traditional Chinese medicine, Shanghai (200025)

In this article, the author applied traditional Chinese medicine with syndrome-differentiation, such as Chinese medication orally as well as external application, combined with pelvic traction in treating 281 cases of prolapsed lumbar intervertebral disc. The results were cured, 96 cases; markedly effective, 178 cases; ineffective, 7 cases; with a total effective rate of 97.4%.

Key words Prolapse of lumbar intervertebral disc traditional Chinese medicinal therapy treated by syndrome-differentiation

(Original article on page 11)

Protrusion of lumbar intervertebral disc and tumor of cauda equina

Jiang wei-da(江伟达) Zheng Xiao-wen(郑效文)

Affiliated Yueyang Hospital, Shanghai College of Traditional Chinese Medicine (200031)

There are plenty of similarities among clinical manifestations between tumor of cauda equina and protrusion of lumbar intervertebral disc, so they are easily to be mixed. Through clinical analysis of 17 cases of surgical proved tumor of cauda equina, the author realizes that the ailment has an evident characteristics of waist and leg pain, negative in Laseque's sign, tenderness over the paravertebral space, less than half of them with parasthesia around the saddle area. positive CSF protein content qualitatively, elevation of the protein content quantitatively, a large cup-like defect in the myelography, early X-ray film showed flattening of the pedicle of vertebral arch, rarely there is broadening between the distance within these pedicles. CT scanning and MRI examination can't be relied on. Early operation is recommended.

Key words Tumor of cauda equina Protrusion of lumbar intervertebral disc Differential diagnosis Operative therapy

(Original article on page 28)