

经验交流

从痰论治外伤性顽固性肢体肿胀的体会

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摘要: 本文介绍根据中医理论对外伤引起的顽固性肢体肿胀采用从痰论治的方法, 收到良好的效果, 共治疗 36 例, 结果全部治愈。本文详细阐述了“从痰论治”的理论基础和治疗的依据。

关键词: 肢体肿胀 中医药疗法

外伤引起的肢体肿胀, 多从气血而论, 但对顽固性肢体肿胀则难以奏效。自 1989~1991 年, 我们对 36 例顽固性肢体肿胀患者, 采用从痰论治, 收到良好效果, 总结报告如下。

一般资料

本组 36 例中, 女 11 例, 男 25 例; 年龄 19~52 岁; 均为四肢长骨闭合骨折, 其中单纯股骨干骨折 18 例, 胫腓骨干骨折 8 例; 同侧股骨干、胫腓骨干骨折 7 例, 肱骨干骨折 3 例; 患肢肢体周径较健侧大 11cm 以上者 28 例; 服药时间均在伤后 1.5~2.5 个月不等, 服药最少 23 剂, 最多 66 剂。

此类患者以青壮年体型略胖者发病率较高, 患肢肿甚, 多有酸、痛、胀、麻、木或板硬发痒等感觉。皮温稍高或略低, 皮色紫暗或发亮, 触之厚韧, 如触皮革之感, 压之深陷旋而复起或深陷欠复。远端肢体动脉搏动减弱, 趾(指)端血液充盈。

辨证用药方

基本方: 胆星 12g 地龙 12g 丹参 15g 枳壳 12g 陈皮 15g 桃红各 6g 蜈蚣 9g 薏苡仁 12g 乳香 9g 没药 9g 甘草 6g。

2. 方解: 方中蜈蚣、地龙豁痰散结, 专开痰瘀化聚之处; 丹参、桃红破瘀血, 行血活血; 南星、薏苡仁涤化痰涎, 松坚散结, 功专力强; 枳壳、陈皮理气化痰, 通行十二经络, 佐乳香、没药以助祛瘀活血, 并防痰瘀交凝; 陈皮、薏苡仁尚可健脾, 益脾运化水湿。诸药同用, 既可解痰瘀互结之全, 又可消痰祛瘀, 使邪无遁处, 经络通, 肿胀自消。

本方应用时必须首辨寒热虚实, 脉证合

参, 灵活运用。偏于寒者, 加附子 12g 半夏 12g 以壮阳化痰; 偏于热者, 加桂枝 12g 生地 15g 丹皮 15g; 虚热者重用熟地、地骨皮等滋阴清热药。上肢者, 桂枝一味引经尤佳; 下肢者, 重用牛膝, 本方每日 1 剂, 水煎, 早晚分服, 服药期间忌腥辣之品。

典型病例

刘×, 男, 33 岁。车祸致右股骨干中上段粉碎骨折, 在我院行股骨髁上牵引, 结合手法复位小夹板外固定术, 住院 6 周出院, 于 1990 年 9 月 12 日来门诊复诊, 查绑带松紧度适宜。患肢肿甚, 小腿及足背皮肤色略暗发亮, 按之深陷旋复, 足背动脉搏动较健侧减弱, 伴纳呆脘腹胀满, 大便不爽, 舌淡, 苔薄腻, 脉弦滑。X 片示骨折处对位对线好, 骨痂中量。按常规治法给用本院自拟骨伤复元汤: 穿山甲 12g 桃仁 12g 红花 12g 大黄 9g 黄芪 15g 柴胡 6g 当归 9g 甘草 6g。10 剂后肿胀不减, 考虑系痰瘀互结, 阳气闭阻鼓动气血无力所致遂投地龙 12g 丹参 30g 枳壳 12g 陈皮 15g 桃红各 9g 附子 12g 先煎 半夏 15g 牛膝 15g 蜈蚣 9g 象贝 9g 甘草 9g。8 剂后肿胀始减, 小腿板硬之感明显减轻, 守上方服药 36 剂, 肿胀消失。

体 会

1. 在《正体类要》中已有“湿痰作痛”之专条描述。《伤科汇纂》亦将“湿痰”列为 30 个病症之一, 而李时珍更明确提出了“痰涎……入于经络, 则麻痹疼痛”的观点。

痰, 古作淡, 淡和澹通, 澹是水潺潺之流动, 故历代均以痰为津液之异名。《医碥》说“痰

本吾身之津液，随气而平，气若和平，津液流布，百骸受其润泽”，也就是说痰只有“气血调和则流行不聚”（《医学入门》），发挥其润养肢体，滑利关节之功能。损伤之后，营卫不贯，气血壅滞，痰由“荣卫不清，气血败浊，凝聚而成”（《三因方》），或“才有壅滞，津液凝积，郁而成热，痰隧生焉”（《玉机微义》）。因此“痰”可以认为是外伤后继发于气滞血瘀的一个重要致病因素，而所生之痰又极易与瘀血交凝，形成痰瘀互结之垒，瘀阻经络，日久不散使症情顽笃。正如唐容川所言“瘀血既久，化为痰水”，“痰夹瘀血，遂成窠囊”（《血证论》），故治疗时，当从痰论治。

2. 对早期外伤性肢体肿胀，单用活血药治疗，肿胀消退慢且肿消后软组织变硬，变板，而配合理气通络祛湿药肿胀消退快，肿消后软组织柔软。理气通络祛湿之药用得最多的是枳

壳、陈皮、苍术、地龙等，而这些药都具有化痰散结之功。《开宝本草》说枳壳能消痰积，散留结；陈皮理气化痰且助引血；《本草正义》言苍术“彻上彻下，燥湿而宣化痰饮”，地龙豁痰散结。从临床分析中我们也认为配伍这些药，主要目的是取其开痰瘀之功。以地龙为例，地龙散^{〔1〕}治疗早期骨折瘀热疼痛效果甚佳，而教科书上认为地龙其功能是清热、平喘、通络，虽所治之患无不与痰热有关，但用于瘀热作痛，大多数人认为是地龙清热之功效，其实不然，我们认为主要是其豁痰散结之效而非清热之功，其他清热药亦均无此功效，这足以佐证了化痰药在治疗外伤性肿胀中的作用。

总之，在临床上我们应该痰瘀并治，祛瘀勿忘化痰，化痰勿忘活血，单从一方面治疗是片面的。

〔1〕注：地龙散系洛阳骨伤研究所之经验方。

髌关节中心性脱位双向牵引治疗一例报告

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髌关节中心性脱位并不少见，1993年初，我们收治一例，现报告如下。

××，女，17岁。因被车撞伤半小时，致下腹部、臀部及双大腿疼痛，血尿，于1993年2月23日急诊入院。

检查：血压8/4kPa，神清，面色苍白，四肢厥冷。下腹部压痛明显，骨盆挤压试验阳性，左粗隆处肿胀压痛明显，右下肢短缩畸形，拍骨盆前后位片示：骨盆粉碎性骨折，左粗隆间骨折，右髌关节中心性脱位。诊断：1. 出血性休克，2. 内脏损伤（膀胱、尿道破裂）？3. 同X诊断。

治疗：1. 抢救休克。2. 剖腹探查、尿道修补，病情稳定后，行右粗隆间骨折切开复位三翼钉加螺丝钉固定，同时行左股骨髁上骨牵引，重量从6kg加至12kg，超重100%，维持牵引10天仍未能复位，后采用双向

牵引，即在局麻下取左粗隆处纵行切开一小口，显露粗隆，在粗隆下方前侧股骨中点向后垂直钻一小孔。用1.2mm钢丝串入骨孔内绕出粗隆皮外向外牵引，重量5kg，股骨髁上牵引减为4kg，总牵引重量为9kg。牵引期间在垫高床尾的同时垫高患侧床头，高度为床尾的二分之一，以符合自身体重与粗隆牵引的反向力，牵引一周拍片示已复位，分别减至维持牵引重量为2kg和3kg，8周后解除牵引，逐步进行功能锻炼。半年后复查，关节功能尚可，步态基本正常。

讨 论

髌关节中心性脱位是由外来力量使股骨头冲破髌臼，突入盆腔，致头、颈部被两折端紧紧卡住，用双向牵引，符合股骨颈干角的生物力学，使严重的髌关节中心性脱位卡嵌现象，在双向牵引下解除了秤钩状的卡嵌状态，取得复位。

Abstract of Original Articles

A motive study of the capillary permeability during wound healing — First session of research program on “leaning on the pus to promote regeneration”

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Improved Saba capillary permeability experiment method was adopted in studying the mechanism of external application of Chinese herbs based on the theory of “leaning of the pus to promote regeneration” over the wound surface. The result of experiment indicated that external application of the Chinese herb could enhance local capillary permeability of the wound surface. There was significant difference ($P < 0.05$) between external application of the Chinese herb group and the control group during middle stage of healing of the wound surface with local fluorescent concentration method. But there was no significant difference ($P < 0.05$) between them with local plasma fluorescent clearance rate method and urinary excretion rat. It suggested that external application of the Chinese herb did not influence the capillary permeability of the body as a whole. It bears prominent regulating action of local capillary permeability.

Key words Capillary permeability External application of Chinese herb
Healing of the wound surface

(Original article on page 5)

Influence of experimental adhesion of flexor tendon treated with Injection Chuanxiongqin (CXQ)

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In this article, the influence of Injection CXQ in the treatment of adhesion of chicken deep flexor tendon model was observed and it was compared with antiadhesive action of dimethicone and normal saline. The results showed that sliding function of the CXQ and dimethicone group was better in small adhesion surface of the injured tendon. There were significant difference ($P < 0.05, P < 0.01$) as compared with normal saline group. But in aspect of repairment of the tendon, the CXQ group was superior than the dimethicone group. It indicated that locally application of injection CXQ within the sheath of the tendon bears both the action of alleviation of the peri-tendoneous adhesion and doesn't influence of healing process of the tendon itself.

Key words Injection Chuanxiongqin Adhesion of flexor tendon
Prophylactic and treatment

(Original article on page 8)

Electrophysiological study on rabbit sciatic nerve after clamp injury

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In this article, the results of electrophysiological study on rabbit sciatic nerve after clamp injury indicated that firstly there were prolongation of insertion potential of EMG ten days after injury of the nerve, the duration shortened gradually along with regeneration of the nerve. Secondly, regeneration small potentials could be recorded at 20 days post-traumatically. Thirdly, induced muscular contraction potentials could be recorded 30 days after nerve injury. Fourthly, the average standard nerve regeneration velocity was 2.93mm/day, the utmost being 4mm/day. The aim of study is to offer a clinical criteria of nerve regeneration and a reference of related researches.

Key words Sciatic nerve Electromyography
Nerve regeneration Rabbit

(Original article on page 11)

A comment on treatment of traumatic obstinate swollen of the limb based on the theory of phlegm

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In this article, treatment of traumatic obstinate swollen of the limb based on TCM theory of phlegm obtained good results. Thirty six caese were treated and cured copmletely. The theoretical basis and foundation of treatment based on the theory of phylegm were discussed in detail.

Key words Swollen of limb Traditional Chinese medicinal therapy

(Original article on page 13)

A preliminary exploration of biomechanics on fracture of tibial plateau treated with prize-poke reduction method

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Ten cases of fracture of tibial plateau treated by prize-poke reduction method with bone fracture round mail. Two nails were applied simultaneously in 4 cases of which the degree of cave in excessed more than 10mm. The remote therapeutic results after reduction were good in 7 cases; 3, fair. Analysis of the principle based on biomechanics of reduction with the prize-poke method, fixation and physical exercise were performed, it is realized that it coincides with the principle of biomechanics.

Key words Fracture of tibial plateau Prize-poke method Biomechanics

(Original article on page 31)