中国骨伤 1996 年第 9 卷第 4 期

经验交流

手法治疗颈椎性心律失常的疗效观察

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心律失常（或称心律不齐）在临床上是常见的多发病，从 1984 年 1 月～1993 年 12 月，我们诊治的 1230 例颈椎病患者中，有 89 例伴有心慌、心跳、心律不整，对这种类型的心律不齐，暂命名为“颈椎性心律失常”，应用单纯手法扳动颈椎的治疗，收到较为满意的疗效。

临床资料

1. 在 89 例中，女 54 例，男 35 例；年龄 18～62 岁；病程最短 28 天，最长 7 年。

2. 临床表现：(1) 症状：心慌、心跳、头晕、头痛、失眠多梦、颈部酸累胀痛、颈活动不甚灵活，胸部有胀闷或压榨感；有的伴有耳鸣、食欲不振、咽部有异物感。(2) 体征：1) 颈活动度受限，患者难以低头或后伸，触摸颈椎棘突发现有 2～4 个不等的病理性棘突偏歪，项韧带在颈椎棘突上触之呈滑动样的条索状；胸椎上段可摸到 1～2 个病理性棘突偏歪伴有稍后突。2) 心脏听诊时，各瓣膜区无病理性杂音，但可听到心律较快或较慢或期前收缩。3) 血液常规检查未发现异常，血清 K、Na、Ca、Cl 均在正常范围内；血三脂、血沉均无特殊。4) 心电图检查可描记出心律失常图形，如期前收缩（室性多见）或二联律、三联律或有 P－R 间期缩短或延长、Q－T 间期缩短或延长，以单项多见。5) 脑血流图：血管紧张度增高（鲜有降低者），脑血流量左右侧不对称（超过正常范围）。6) 颈椎 X 线片：示颈曲变直或略有反张（以中段多见）或颈曲加深；有双边征或双突征（颈 3、4、5）；钩突变尖或钝，钩椎关节左右不对称；环枢关节有半脱位象征。7) 眼底检查无异常发现。

3. 诊断：诊断依据：(1) 有心慌、心跳、胸闷、失眠多梦等，伴有颈部酸累、疼、胀或不适感或颈活动受限，伴有“落枕”反复发作者。(2) 心脏瓣膜区听诊无病理性杂音，但可听到心率快或慢或心律不整等；血液检查无特殊。(3) 颈部触诊发现有病理性棘突偏歪（棘突偏离后正中线；偏离侧在轻压时有下述四种中之一种：疼痛感或麻木感或酸胀或不适感；偏离侧有钝厚感或饱满感）。(4) 颈椎 X 线片示：颈曲变直或略有反张（以中段多见）或颈曲加深，伴有环枢关节半脱位或钩椎关节左右不对称。(5) 心电图检查有心律失常图形（如期前收缩、二联律、三联律等），但无器质性改变的图形。(6) 脑血流图示脑血管紧张度增高。(7) 经鉴别诊断，宜排除风湿性心脏病、冠心病、内分泌性疾病（如甲亢）、发热性疾病等。

治疗方法

1. 单人颈椎定点旋转复位法（具体做法从略），4～5 日做 1 次，6～8 次为 1 疗程，一般做 1～2 个疗程。如颈活动受限过于严重或颈部疼痛较剧，可在颈后侧行市售米醋加热外敷，借助醋离子的渗透作用，使局部炎症消退及止痛、解痉，经几次上法外敷后，再行手法以纠正发生位移的颈椎。

2. 用膝顶胸椎棘突压肩法，纠正发生位移的胸椎（具体做法从略）。

3. 分筋理筋法在复位后的颈、胸椎棘突上及两侧行之。

治疗结果

1. 疗效评定标准：优——经上述手法治疗后，症状完全消失，心电图检查无异常者；良——心律失常明显改善，但当情绪激动或劳累后，有轻微的症状出现，稍经休息则消失者；可——心律失常有改善，但尚有部分症状出现者；差——经手法治疗后，其颈部症状有所减轻，但心律失常无改善者。

2. 治疗结果：89 例中，优 22 例，良 47 例，可 17 例，差 3 例，总有效率为 96.6%。

3. 随访情况：89 例均行随访，其中 62 例无何不适，均未复发；24 例偶有轻度症状出现，但经休息或服用 1～2 次镇静药则会消失；差的 3 例维持原状。

讨 论

1. 心律失常在临床上较常见，本组病例所发生的心律失常是由于颈椎的正常位置发生位移后而导致的，故暂命名为颈椎性心律失常。

2. 支配心脏的传出神经有心交感神经和心迷走神经。心交感神经的节前神经元位于脊髓胸段的第 1～5 节侧角内，其轴突在椎旁交感神经链中向上行，在颈部交感神经节（简称交感节，可分为颈上、中、下交感节）内换神经元，发出的节后纤维分别形成心上、中、下神经，并共同组成心丛，从丛中发出分支，依次分布到窦房结、心房肌、房室交界、房室束、左右束支、浦

肯野氏纤维、心室肌，从而使心脏有节奏而规律的舒缩。当心交感神经兴奋时，其节后纤维末梢释放去甲肾上腺素能递质，能与心肌细胞膜上的肾上腺素 β_1 受体结合，从而使心率加快，心肌收缩力增强，心输出量增加。心迷走神经的节前神经元位于延髓的迷走神经背核和疑核区域，其轴突在迷走神经干内下行到胸腔后，这些纤维与心交感神经一起组成心丛，换神经元后，发出的节后纤维分支支配窦房结、心房肌、房室交界、房室束、左右束支，只有少许纤维分布到心室肌。心迷走神经兴奋时，其节后纤维末梢释放乙酰胆碱能递质，能与心肌细胞上的 M 受体结合，从而使心率减慢，心肌收缩力减弱，心输出量减少。颈部的三对交感节分别位于颈$_{2,3}$（或到颈$_4$）、颈$_6$、颈$_7$横突的前面，神经节与横突之间仅隔着薄的颈长肌。

3. 人在正常情况下，心肌的冲动自窦房结开始（因其冲动最频繁，是心脏的起搏点）冲动从窦房结发出后，很快就传到心房肌并使之收缩，然后抵达房室交界、通过房室束、左右束支及其分支，最后传到心室内广泛分布的浦肯野氏纤维，从而使心室肌收缩，故正常人的窦性节律有节奏而规律。成年人在安静状态下，心率为 70～80 次/分（运动员可为 50～60 次/分），如过快（超过 100 次/分）或过慢（低于 60 次/分）或不规则，即为心律失常，其原因可是冲动起源上的异常，称为窦性心律失常（如窦性心动过速或过缓、窦性心律不齐等）；其原因亦可是冲动传导上的异常，称传导阻滞。

4. 颈椎性心律失常的形成，从有关应用解剖生理功能去理解，颈部的交感节均发支至心脏，参与心脏的舒缩活动，而颈部的交感节与颈椎横突有很密切的毗邻关系；当某种原因（如长期低头工作、高枕睡眠、头颈部外伤等），使颈椎的正常位置发生偏移，达到一定程度及持续一定时间后，症状始慢慢出现，初期是轻微的、偶发的，随着时间的推移，偏移的程度逐渐加大，症状也逐渐加重；初期药物尚能有效地控制，随后则逐渐难以收效，此乃是颈部交感节受到偏移的颈椎横突刺激（压迫及牵拉）而非心脏本身的原因所致：（1）由于颈椎正常位置发生偏移（特别是颈$_{2,3}$或颈$_4$），其横突可压迫或牵拉颈交感节，使其发出的节后纤维兴奋性增高，从而使脑血管及心脏冠状动脉舒缩功能发生平衡失调，使血管管腔相对较正常缩小，造成供血不足而致缺血、缺氧，因而出现头晕、头痛、心慌、心跳或心律不齐等；如偏移的颈椎得不到及时而有效的纠正到正常的解剖位置上，则对颈交感节的刺激会愈加重，局部的无菌性炎症会增加，缺血、缺氧更加重，因而症状也就加重。当给予手法治疗而纠正其位移，回复到正常解剖位置上后，则颈交感节受刺激的原因解除，节后纤维的兴奋性降低，其末稍释放的神经递质亦减少，恢复了植物神经的功能平衡，故收到较满意的效果；（2）心胸神经主要由胸$_{2\sim4}$（或到胸$_5$）发出的节后纤维至心深丛及肺丛，当胸椎$_{3\sim5}$发生偏移后，可压迫或牵拉胸$_{2\sim4}$的交感节，从而使其节后纤维兴奋性增高，因而也会出现心率发生改变及出现胸闷、胸部有压榨感，若将相应的胸椎予以复正后，症状得以消除。

5. 对心律失常的患者，如应用药物等方法治疗收效甚微时，可考虑是否由于颈、胸椎的正常位置发生偏移引起。应用颈椎、胸椎的复位法纠正偏移的颈、胸椎，是治疗该种心律失常的另一条途径；只要掌握好适应症，用力适当，把握好火候，疗效是可靠的，切忌运用猛力、暴力、毫无目的乱扳乱扭。

6. 为了避免复发，要求病人勿高枕睡眠，其枕头的高度以自己握拳竖放的高度为宜，且枕头宜松软；宜避免长时间的低头工作，应工作 1 小时左右抬头看高处或远处，并适当活动颈部片刻或用手轻揉颈后部 1～2 分钟；颈椎病患者，宜早晚各做颈操一次。

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（收稿：1994－11－14；修回：1996－01－23）

改良 REVERDIN 手术治疗重度拇外翻

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1988 年～1994 年对 43 例重度典型拇外翻患者，应用改良 REVERDIN 手术[1]方式进行治疗，取得较为满意的疗效，现报道如下。

English Abstract

Clinical study of non—operative treatment of lumbar disc herniation **Jin Liaosha et al** *Second Clinical Medical Collge, Xi'an Medical University* (710004)

In this article, the method of treating the lumbar disc herniation by manipulation under general anesthesia in 469 cases were introduced. The result of CT scanning, SEP and vessel B ultrasound before and after treatment in 59 cases were observed and compared. Through the study, a new point of viev was suggested in the mechanism of manipulation. The manipulation did not reduce or rupture the prolapsed disc. But it can gain an active treatment by affecting the deep tissue, changing the blood circulation around the protruded mass, lossening the adhesion between the compressed nerve root and surrounding tissue.

Key words Lumbar disc herniation Tuina

(Original article page 3)

Study on 3—D movement of whole lumbar spine in rotatory chiropractic

Hou xiao — kui et al *Ninth People's Hospital, Shanghai Second Medical University* (200011)

For the purpose of observing 3—D movement of the whole lumbar spine in rotatory chiropractic, the experimental specimen from segmental lumbar movement was changed to L1—L5 whole lumbar spine, thereby a parallel spinal 3—D movement measurement system was designed by the authors. The loading method was reormed so as to improve imifation of the chorpractic mameiuer of the spine. Seven definite lumbar spinal points were set and the image developments so observed over these points were inputted into the computer system. Calculation of the quantitative 3—D movement in imitation chiropractic loading of the lumbar spine and it's posterior elements was made by rigidity transform mathematic theory of the mechanics of engineering system. According to the result of 3—D movement of whole lumbar spine in right rotation, we found the rotatory chiropractic applied on left lying position. the right facet joint process that contituted the inner wall of nerve root canal developed directional displacement. Although it may be different in separate individual segment, the displacement in the main movement axis could directly enlarge the nerve root canal, or drawing and tightening the capsule ligament of facet joint and ligament flavium in order to enlarge the nerve root canal.

Key words Lumbar spine 3—D movement Manipulation

(Original article page 5)

Effect of Bushen Jiangu Tang on oxygen free radiCAl metabolism of patients with osteoarthritis of knee joint

Shen Lin et al *Xiehe Hospital, Tongji Medical University, Wuhan* (430022)

Fifty eight cases of osteoarthritis (OA) of knee joint were treated by oral taken Bushen Jiangu Tang (BSJGT). Before and after treatment the observation of oxygen free radical metabolism have been taken through the activity of superoxide dismutase (SOD) of RBC and the content of lipid peroxide (LPO) of serum. The results showed that before treatment SOD activity decreased significantly and LPO content increased markedly in patients with OA than tha in controls ($P<0.01$). After treatment with BSJGT by oral administration parameter of SOD and LPO had been shown relevent improvement in the remission patients and that in the obvious effective cases returned to normal ($P>0.05$) and that in ineffective cases remained abnormal ($P<0.01$). This preiminary study suggested that

oxygen free radical might take part in the pathological process of OA and one of therapeutic mechanism of BSJGT is probably due to improving metabolic disorder of the oxygen free radical in patients with OA of knee joint.

Key words Bushen Jiangu Tang Osteoarthritis Superoxide dismutase Lipid peroxide Oxygen free radical

(Original article page8)

Reconstructed model and biochemical indices of periarthritis humeroscapularis of rabbits

Xiong Chang—yuan et al *Hubei College of TCM*(430061)

In this study, a model of periarthritis humeroscapularis in rabbits was established by constant mechanical strain and appliation of ice bag, and biochemical indices related to the model was measured. It shows that the level of hyperoxyproline, DNA and protein to the perimental tendon is higher than that of the normal, and all have apparent difference. It indicates that the model is similar to human periarthritis humeroscapularis. The authors think that the method is approximate to the cause of human periarthritis humeroscapularis.

Key words Animal experiment Rabbit Periarthritis humeroscapularis

(original articla Page 10)

Therapeutic effect of manipulation in the treatment of cervical arrhythmia

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Arrhythmia is a common syndrome, some patients can't turn to normal after taking various drugs. We used manoreduction of revolving cervical vertebrae and knee pressing thoracic vertebrae in accompany with hands pressing shoulder to correct anatomic displacment of cervical and thoracic vertebrae, which removed stimulation to cervical and thoracic sympathetic ganglia, restored the function of vegetative ner ous system, recovered arrhythmia and brought satisfactory reslt, therefore we called this kind of arrhythmia as cervical arrhythmia. From January 1984 to December 1993, 89 cases were observed, with 22 cases recovered; 47 marked improved, 17 improved, and 3 ineffective. The total effective rate was 96. 6%. The results remained now—a—days, esspecially the recovery cases. The resons for it are reposition of anatomic displacement, persistent cervical exercise by the patients themselves and alteration of their improper living habits (such as using high pillow and swinging head inadvertently).

Key words Manipulation Arrhythmia Deviation of spinous process

(Original article page 14)

Anterior dislocation of shoulder with fracture of humeral neck treated by close reduction

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Anterior dislocaton of shoulder with fracture of humeral neck is rare and severe injury. The cases in which treated successfully by close reduction were minor in the literature. In this paper 10 cases are reported. Among them, 8 cases are treated successfully by close reduction and the results are satisfaction. Based on the analysis of the mechanism, traumatic anatomy and in the operative findings, the author realzes that the key to successful close reduction is to reopen the original pathway of dislocation, thus humeral head is reduced easily from the pathway. Traction, if opplied, would certainly shut up the pathway and rander reduction more difficulty. Contrary to general opinion, successful close reduction can be accomplished without the use of any traction. The functional recovery of all cases in which dislocation had been reduced by close reduction were good and excellent.

Key words Anterior dislocation of shoulder Fracture of humeral neck Close reduction

(Oirginal article page 39)