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短篇报道 ·

颈源性头痛的治疗观察

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1996-2002 年采用针灸、牵引、按摩综合治疗 154 例颈源性头痛, 疗效满意, 现报道如下。

1 临床资料

本组 154 例, 男 65 例, 女 89 例; 年龄 10~67 岁。病史最长 23 年, 最短 1 年; 本组病例经过颈椎 X 线片检查, 有生理曲度异常的 38 例, 符合颈椎病诊断的 72 例, X 线片检查无异常的 44 例。症状: 疼痛部位以颈枕部为主, 也可扩展到前额、颞部、顶部。颈部劳累可诱发或加重头痛, 常伴有头晕、上肢麻木、无力等。

2 治疗方法

2.1 针灸 取 0.35 mm × 50 mm 型毫针同时刺激颈部双侧天柱穴、风池穴、完骨穴, 采用快速捻转的方法使每穴都有明显的针感, 每穴捻转时间为 3~5 min, 做完捻转手法后, 于两侧风池穴上用电针持续刺激 20 min, 其余穴位留针 20 min。每天 1 次, 10 d 为一疗程。

2.2 牵引 针刺后, 颈部持续牵引 20 分钟, 牵引力为 5~10 kg, 以患者舒适为度。每天 1 次, 10 d 为一疗程。

2.3 按摩 牵引后, 用北京翔云电子设备厂生产的 K8832-T 型电脑中频电疗仪自动按摩颈部肌群, 每天 1 次, 每次 20 min, 10 d 为一疗程。

对于头痛剧烈的患者, 口服双氯灭痛片, 每次 2 片, 3 次/日; 氯唑沙宗片, 每次 2 片, 3 次/日; 以上药物均在饭后服用。

3 治疗结果

疗效评定标准, 治愈: 连续治疗 2 个疗程, 头痛消失, 随访 1 年无复发。好转: 连续治疗 2 个疗程, 头痛明显减轻, 随访 1 年偶有加重。无效: 治疗后头痛加重, 因此中断治疗, 或连续治疗 2 个疗程, 头痛无明显减轻。结果 治愈 97 例, 好转 45 例, 无效 12 例。

4 讨论

针刺颈部双侧天柱穴、风池穴、完骨穴, 可有效解除颈部肌群的痉挛; 牵引可使前屈颈椎体向后牵拉, 使韧带肌肉松弛, 解除对颈神经根的压迫。用中频脉冲电刺激自动按摩, 消除间盘及其周围组织细胞膜的极化现象, 使离子的浓度及分布发生变化, 从而使组织的生理代谢发生改变。

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