

· 中医药 · 中西医结合 ·

悬灸联合自拟筋骨止痛膏对 膝骨性关节炎的疗效

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摘要: **目的** 探究悬灸联合自拟筋骨止痛膏对膝骨性关节炎(KOA)的疗效。**方法** 筛选2019年5月到2021年5月安徽中医药大学第二附属医院符合标准的KOA患者70例,随机分为对照组(常规治疗)和观察组(悬灸联合自拟筋骨止痛膏治疗),各35例,对照组脱落1例,最终纳入对照组34例,观察组35例。比较两组干预前后西安大略和麦克马斯特大学骨关节炎指数(WOMAC)评分、C反应蛋白(CRP)水平、抑郁自评量表(SDS)评分、焦虑自评量表(SAS)评分、生存质量测定量表简表(QOL-BREF)评分变化情况。**结果** 干预后,两组WOMAC评分、血CRP、SDS评分、SAS评分、QOL-BREF评分均较干预前改善($P<0.05$),且观察组改善优于对照组($P<0.05$)。**结论** 悬灸联合自拟筋骨止痛膏干预膝骨性关节炎患者疗效确切,可改善患者负性情绪,提高生存质量。

关键词: 悬灸; 自拟筋骨止痛膏; 膝骨性关节炎; 负性情绪; 生活质量

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Suspended moxibustion plus self-made Jingu Zhitong Ointment in patients with knee osteoarthritis

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Abstract: Objective To explore the effect of suspended moxibustion plus self-made Jingu Zhitong Ointment on the patients with knee osteoarthritis(KOA). **Methods** Seventy KOA patients admitted to the Second Affiliated Hospital of Anhui University of Chinese Medicine from May 2019 to May 2021 were selected and randomly divided into control group [treated with routine treatment, $n=34$ (one case fell off)] and observation group (treated with suspension moxibustion plus self-made Jingu Zhitong Ointment, $n=35$). The changes of Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), blood C-reactive protein (CRP) levels, self-rating depression scale (SDS), self-rating anxiety scale (SAS) and Quality of Life Assessment Instrument Brief Version (QOL-BREF) scales were observed and statistically compared between two groups before and after intervention. **Results** After intervention, WOMAC score, blood CRP level, SDS, SAS and QOL-BREF scores significantly improved compared with those before intervention in both groups ($P<0.05$). In observation group, the improvement of the above indexes was superior to those in control group ($P<0.05$). **Conclusion** Suspension moxibustion combined with self-made Jingu Zhitong Ointment has a definite effect on patients with knee osteoarthritis, which can relieve the patient's negative mood and improve their quality of life.

Keywords: Suspended moxibustion; Self-made Jingu Zhitong Ointment; Knee osteoarthritis; Negative emotions; Quality of life

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膝骨性关节炎(knee osteoarthritis, KOA)是一种慢性致残性骨关节疾病^[1],临床以膝关节疼痛、僵硬、肿胀及功能和活动范围受限为主要表现,多见于中老年患者,女性高于男性,发病率呈逐年上升趋势^[2-3]。KOA属祖国医学“痹症”、“骨痹”范畴,其主要病机为风寒痹阻、肝肾亏虚、筋脉不通^[4],具有反复发作、病程迁延的特点^[5]。KOA病程较长,关节的严重疼痛、僵硬、行走困难对患者的情绪状态及生活质量造成不良影响^[6]。研究显示KOA患者普遍存在与疼痛相关的不同程度的焦虑与抑郁情绪^[7-8]。这些负性情绪易阻碍疾病症状的缓解,对生活质量产生影响^[9]。治疗KOA目前尚无明确的特效药,治疗方案包括非甾体类抗炎药口服、推拿、针灸及玻璃酸钠关节腔注射等方法,主要通过缓解疼痛及僵硬改善患者活动^[10]。非甾体类抗炎药物等长期服用易造成胃肠道不适等不良反应^[11]。艾灸、中药外敷等中医疗法具有温经通络、止痛的确切疗效,且安全性较高,可促进患者病情改善^[12]。本研究采用悬灸联合院内自制膏剂筋骨止痛膏外敷治疗KOA,疗效明显。现报道如下。

1 资料与方法

1.1 一般资料 纳入安徽中医药大学第二附属医院2019年5月到2021年5月收治符合标准的KOA患者70例,采用随机不透光信封隐藏分配方法,SPSS 23.0软件产生随机序列号将纳入病例分为对照组和观察组各35例,对照组脱落1例。最终对照组34例,男7例,女27例,年龄(62.21±12.27)岁,病程(3.50±2.43)年;观察组35例,男8例,女27例,年龄(58.40±13.06)岁,病程(3.84±2.84)年。两组性别、年龄差异无统计学意义($P>0.05$)。数据整理分析及盲法监督均由第三方人员完成。实施人员均进行统一培训。所有参与患者均知情同意。

1.2 纳入与排除标准 诊断标准符合《骨关节炎诊治指南》^[13]。纳入标准:(1)符合诊断标准者且知情同意;(2)沟通正常无障碍;(3)生命体征平稳。排除标准:(1)经、孕、产期女性;(2)伴有感染或出凝血疾病或严重肝肾功能损害;(3)伴有感知觉障碍或其他膝关节疾病。脱落标准:(1)不愿配合治疗;(2)出现严重不良事件。

1.3 方法 对照组予健康教育、心理护理等常规护理的基础上实施针刺治疗配合TDP灯照射30 min;针刺选穴:患侧犊鼻穴、阴陵泉、阳陵泉、鹤顶穴等。观察组:在常规护理的基础上予以悬灸联合院内自制

筋骨止痛膏外敷干预。筋骨止痛膏药由本院药剂科制作,组成包括:伸筋草、丹参、路路通、狗脊、麻黄、皂角刺、没药、乳香、红花、杜仲、花椒、威灵仙、全蝎、白芍、独活、赤芍、黄芪、醋玄胡、川芎、雷公藤、当归尾、桂枝、桑枝、木瓜、怀牛膝。悬灸艾条长度(200±1)mm,直径17.0 mm,产品标准:YZB 沪 0859-27-2005。患者仰卧位,床上铺治疗巾,膝关节曲而取穴,取患侧膝部鹤顶穴、犊鼻穴、足三里、阴陵泉、阳陵泉。取压舌板于患处局部均匀涂抹药物,厚约2 mm,所取穴位处留一个硬币大小空白予以施灸定穴。药物涂抹均匀后施以悬灸(温和灸、雀啄灸、回旋灸),每种灸法每穴灸2~3 min,以皮肤出现红晕为度。施灸毕,用一次性压舌板将药膏揩下,纸巾擦拭,注意保暖。两组均每周干预6 d,住院及门诊随访共干预8周。

1.4 观察指标 (1)膝关节功能评价。采用西安大略和麦克玛斯特大学骨关节炎指数(WOMAC)评价,WOMAC评分标准包含3个项目(膝关节疼痛、活动功能及僵硬),以症状从无到很重分五个等级计0~4分,共96分。病情严重程度与得分呈正比。(2)实验室炎症指标。由检验科在干预前和疗程结束后对患者血C反应蛋白(CRP)进行测定。(3)心理状况评价。采用抑郁自评量表(SDS)评分、焦虑自评量表(SAS)评价,两个量表均含20个项目,使用4级评分法。各项得分相加得粗分,粗分乘以5/4后取整数部分得标准分,超过50分表明患者存在抑郁或焦虑情绪,分数与严重程度呈正比。(4)生活质量评价。采用生存质量测定量表简表(QOL-BREF)评价,每个问题从低到高(分别记为1~5分)记录患者的恢复情况,记录的分数与生活质量呈正相关。

1.5 统计学方法 采用SPSS 23.0软件进行统计分析。计量资料符合正态分布用 $\bar{x}\pm s$ 表示,采用 t 检验,不符合正态分布以 $M(P_{25}, P_{75})$ 表示,采用秩和检验,计数资料用 χ^2 检验。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 WOMAC评分比较 两组干预前WOMAC各项评分比较差异无统计学意义($P>0.05$)。干预后两组患者的WOMAC各项评分及总分均较前降低,且观察组低于对照组($P<0.05$)。见表1。

2.2 CRP、SDS、SAS评分比较 两组干预前CRP水平、SDS、SAS评分比较差异无统计学意义($P>0.05$),干预后两组患者CRP水平、SDS、SAS评分均较前降低,且观察组低于对照组($P<0.05$)。见表2。

2.3 QOL-BREF 评分比较 两组干预前 QOL-BREF 患者的 QOL-BREF 各项评分及总分均较前增加,且评分比较差异无统计学意义 ($P>0.05$), 干预后两组观察组高于对照组 ($P<0.05$)。见表 3。

表 1 两组干预前后 WOMAC 评分比较 (分, $\bar{x}\pm s$)

Tab. 1 Comparison of WOMAC scores between two groups before and after intervention (point, $\bar{x}\pm s$)

组别	例数	膝关节疼痛		僵硬		活动功能		总分	
		干预前	干预后	干预前	干预后	干预前	干预后	干预前	干预后
对照组	34	13.44±3.61	6.47±2.42 ^a	12.26±2.35	8.15±1.74 ^a	16.65±3.54	10.18±3.20 ^a	42.35±7.92	24.79±5.78 ^a
观察组	35	13.63±4.00	5.03±2.41 ^a	11.69±2.72	4.40±1.79 ^a	15.69±3.67	6.26±2.60 ^a	41.00±9.26	15.69±5.27 ^a
<i>t</i> 值		0.207	2.476	0.930	8.821	1.105	5.592	0.650	6.837
<i>P</i> 值		0.837	0.016	0.356	<0.001	0.273	<0.001	0.518	<0.001

注:与干预前比较,^a $P<0.05$ 。

表 2 两组干预前后 CRP 值、SAS、SDS 评分比较

Tab. 2 Comparison of CRP values, SAS and SDS scores between two groups before and after intervention

组别	例数	CRP [mg/L, $M(P_{25}, P_{75})$]		SDS (分, $\bar{x}\pm s$)		SAS (分, $\bar{x}\pm s$)	
		干预前	干预后	干预前	干预后	干预前	干预后
对照组	34	1.81 (0.58, 4.92)	0.53 (0.12, 1.06)	50.06±15.74	39.24±12.18	50.03±14.65	31.82±7.65
观察组	35	2.42 (1.04, 6.89)	0.31 (0.09, 0.50) ^a	52.03±11.61	29.97±6.76 ^a	49.66±14.34	27.09±6.80 ^a
<i>t</i> 值		1.134	2.186	0.593	3.893	0.106	2.716
<i>P</i> 值		0.257	0.029	0.555	<0.001	0.916	0.008

注:与干预前比较,^a $P<0.05$ 。

表 3 两组干预前后 QOL-BREF 评分比较 (分, $\bar{x}\pm s$)

Tab. 3 Comparison of QOL-BREF scores between two groups before and after intervention (point, $\bar{x}\pm s$)

组别	例数	时间	生理领域	心理领域	社会关系领域	环境领域	总分
对照组	34	干预前	11.59±2.27	11.76±1.84	11.50±1.56	11.53±1.56	46.38±4.40
	34	干预后	16.65±2.45	16.24±2.02	16.56±1.73	14.88±1.72	64.32±4.49
<i>t</i> 值			8.834	9.560	12.666	8.412	16.640
<i>P</i> 值			<0.001	<0.001	<0.001	<0.001	<0.001
观察组	35	干预前	12.37±2.24	12.29±2.20	12.29±2.01	11.94±1.71	48.89±4.59
	35	干预后	18.46±1.93 ^a	18.54±1.67 ^a	17.91±1.69 ^a	17.26±1.72 ^a	72.17±4.44 ^a
<i>t</i> 值			12.185	13.387	12.661	12.977	21.567
<i>P</i> 值			<0.001	<0.001	<0.001	<0.001	<0.001

注:与对照组比较,^a $P<0.05$ 。

3 讨论

KOA 发病人群以中老年人居多,但在我国 KOA 的发病逐渐呈现年轻化趋势,且整体发病率逐年上升^[14]。KOA 初期可无症状或间断性膝关节隐痛,活动或遇寒冷潮湿环境加重,休息后减轻,中期可步行及日常生活能力受影响,晚期可出现夜间疼痛或持续性疼痛,严重的功能障碍和膝关节畸形,甚至增加患者的全因死亡率^[15]。晚期关节畸形有效的治疗手段是全膝关节置换,增加患者及社会经济负担。中医方法在早、中期 KOA 干预中疗效及优势突出。

KOA 是一种以膝关节疼痛、肿胀、僵硬继而出现关节活动受限的一种慢性进行性疾病,可引起抑郁、焦虑等负性心理,对患者生活质量造成严重影响^[16-17]。《张氏医通》指出肝肾亏虚、筋髓失养为本,外受湿邪风寒、痰湿阻络、气血运行不畅,久则成痹^[18]。KOA 病机

本虚标实为寒湿、肾虚、瘀血,对其干预应注重温阳散寒通经络为原则。艾灸祛寒除痹、温补肾阳、温经通络的作用与其相合^[19]。我院自拟筋骨止痛膏具有祛风除痹、活血行气止痛、散寒通络功效。药膏中醋玄胡、威灵仙为君药,桑枝、木瓜为臣药,能活血祛湿祛痹通利关节;全蝎、雷公藤、路路通、皂角刺、伸筋草祛风除湿、通利关节;麻黄、花椒、桂枝散寒通滞;归尾、黄芪、丹参、赤芍、川芎、白芍、乳香、没药、活血化瘀、行气止痛;怀牛膝、狗脊、独活、杜仲补益肝肾、强筋骨。课题组前期研究已证实其可改善原发性 KOA 患者的 Lysbolm 评分和血清炎症因子白介素 10 水平^[20]。本研究采用悬灸疗法联合自拟筋骨止痛膏外敷干预 KOA,灸疗在发挥其温经通络化瘀作用的同时可将药物通过腧穴刺激更好的作用于机体,减轻 KOA 患者症状。

综上所述,悬灸联合自拟筋骨止痛膏外敷能够协

同增效,治疗 KOA 患者效果确切。本研究尚存不足之处,纳入病例数较少,院内自拟筋骨止痛膏的应用虽前期课题组有大量研究但应用范围尚局限,后期需多中心、大规模的进一步随机对照研究验证其疗效。

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· 中医药 · 中西医结合 ·

超声引导下椎旁阻滞联合中药 治疗带状疱疹后神经痛

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摘要: **目的** 观察对带状疱疹后神经痛采用超声引导下椎旁阻滞联合中药治疗的临床疗效。**方法** 选取2017年1月至2021年1月于南京中医药大学附属医院就诊的胸段带状疱疹后神经痛患者60例,随机分为观察组30例(超声引导下椎旁阻滞联合血府逐瘀汤加减口服治疗)和对照组30例(加巴喷丁胶囊口服治疗)。治疗前、治疗后1周、2周、1个月、2个月和3个月分别使用视觉模拟评分量表(VAS)和匹兹堡睡眠指数评分量表(PSQI)评估临床疗效,并记录治疗期间患者的不良反应。**结果** 治疗后1周、2周、1个月、2个月和3个月,两组患者VAS、PSQI评分均降低,且观察组显著低于对照组($P<0.05$);观察组眩晕、嗜睡等不良反应发生率低于对照组($P<0.01$)。观察组总有效率(96.7% vs 73.3%, $P<0.01$)和显效率(90.0% vs 56.7%, $P<0.05$)均高于对照组,差异有统计学意义。**结论** 超声引导下椎旁阻滞联合中药治疗带状疱疹后神经痛起效快,镇痛效果显著,副作用小,中西医结合效果显著。

关键词: 带状疱疹后神经痛; 超声引导下椎旁阻滞; 血府逐瘀汤; 加巴喷丁

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Ultrasound-guided thoracic paravertebral block combined with traditional Chinese medicine for the treatment of postherpetic neuralgia

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Abstract: Objective To investigate the clinical efficacy of ultrasound-guided paravertebral block combined traditional Chinese medicine in patients with postherpetic neuralgia. **Methods** A total of 60 patients with thoracic postherpetic neuralgia who were treated in the Affiliated Hospital of Nanjing University of Traditional Chinese Medicine from January 2017 to January 2021 were selected and randomly divided into observation group ($n = 30$, ultrasound-guided paravertebral block combined with Xuefu Zhuyu Decoction) and control group ($n = 30$, oral treatment with Gabapentin Capsules). Before treatment, 1 week, 2 weeks, 1 month, 2 months and 3 months after treatment, the visual analog scale (VAS) and Pittsburgh Sleep Index (PSQI) were used to evaluate the clinical efficacy, and the adverse reactions of patients during treatment was recorded. **Results** One week, 2 weeks, 1 month, 2 months and 3 months after treatment, the VAS and PSQI scores of the two groups were decreased, and the observation group was significantly lower than the control group ($P<0.05$). The incidence of dizziness, drowsiness and other adverse reactions in the observation group was lower than that in the control group ($P<0.01$). The total effective rate (96.7% vs 73.3%, $P<0.01$) and markedly effective rate (90.0% vs 56.7%, $P<0.05$) of the observation group were higher than those of the control group, and the difference was statistically significant. **Conclusion** Ultrasound-guided paravertebral block combined with traditional Chinese medicine in the treatment of postherpetic neuralgia has a rapid onset, significant analgesic effect, and small side effects.

Keywords: Postherpetic neuralgia; Ultrasound-guided paravertebral block; Xuefu Zhuyu Decoction; Gabapentin

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