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温针灸联合中药湿热敷治疗脑中风后肢体痉挛的疗效 及对患者肢体运动、日常活动能力的影响*

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摘要 目的:研究温针灸联合中药湿热敷治疗脑中风后肢体痉挛的疗效及对患者肢体运动、日常活动功能的影响。**方法:**选取 2017 年 3 月到 2018 年 4 月在长春中医药大学附属医院接受脑中风后肢体痉挛治疗患者 60 例,按照随机数字表法将所有患者分为观察组和对照组各 30 例,对照组在常规处理的基础上给予温针灸治疗,观察组在对照组的基础上给予中药湿热敷治疗,采用改良 Ashworth 量表对比患者治疗前后肢体痉挛改善程度,通过 Barthel 指数评分对比患者治疗前后的日常活动能力,采用 Fugl-Meyer 评分对两组患者肢体运动能力进行评定。**结果:**两组治疗 15 d 和治疗 30 d 后的上、下肢体痉挛评分与治疗前比较均明显降低, Fugl-Meyer 评分与治疗前比较均明显升高($P<0.05$),且治疗 30 d 后 Fugl-Meyer 评分与治疗 15 d 比较明显升高($P<0.05$)。治疗 15 d、治疗 30 d 后,观察组上、下肢体痉挛评分均明显低于对照组, Fugl-Meyer 评分均高于对照组($P<0.05$)。两组治疗 30 d 后 Barthel 指数评分较治疗前均有上升,且观察组评分显著高于对照组($P<0.05$)。**结论:**温针灸联合中药湿热敷治疗对脑中风后肢体痉挛有较好的疗效,能有效恢复患者脑中中风后肢体运动功能,改善患者日常活动能力。

关键词:温针灸;中药湿热敷;脑中风;肢体痉挛;肢体运动;日常活动能力

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Effect of Warming Acupuncture Combined with Chinese Herbal Hot Compress on Limb Spasticity after Stroke and Its Influence on Limb Movement and Daily Activity*

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ABSTRACT Objective: To study the effect of warming acupuncture combined with Chinese herbal hot compress on limb spasticity after stroke and its influence on limb movement and daily activity. **Methods:** A total of 60 patients with limb spasticity after stroke, who were treated in Affiliated Hospital of Changchun University of Traditional Chinese Medicine from March 2017 to April 2018, were selected and were randomly divided into observation group($n=30$) and control group ($n=30$). The control group was given warm acupuncture treatment on the basis of routine treatment, the observation group was given traditional Chinese herbal hot compress treatment on the basis of the control group's therapy. The degree of spasticity improvement before and after treatment was compared by the improved Ashworth scale, the daily activity of the patients before and after treatment was evaluated by the Barthel index score, and the physical performance of the two groups was assessed by Fugl-Meyer scores. **Results:** The scores of upper and lower limbs spasticity in the two groups 15 d and 30 d after treatment decreased significantly compared with those before treatment, and the Fugl-Meyer scores were significantly higher than that before treatment ($P<0.05$), and the Fugl-Meyer score 30 d after treatment was significantly higher than that 15 d after treatment ($P<0.05$). The scores of upper and lower limb spasm in the observation group 15 d and 30 d after treatment were significantly lower than those in the control group ($P<0.05$). After 30d of treatment, the Barthel index scores of the two groups were higher than those before treatment, and the score of the observation group was significantly higher than that of the control group ($P<0.05$). **Conclusion:** Warming acupuncture combined with Chinese herbal hot compress treatment has a better effect on limb spasticity after stroke, it can ef-

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fectively promote the recovery of limb motor function after stroke and improve the daily activities and quality of life.

Key words: Warm acupuncture; Chinese herbal hot compress; Stroke; Limb spasm; Limb movements; Daily activities

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前言

脑中风又称脑血管意外或脑卒中,是一种发病率、病死率、致残率及复发率极高的以脑部缺血及出血性损伤症状为主要临床表现的神经内科疾病^[1-3]。发病人群多为60岁以上老年人,近年来随着人口老龄化进程加快,脑中风的发病率也随之增长^[4,5]。据相关数据研究表明脑中风后患者出现肢体痉挛状态高达80%以上,而肢体痉挛可导致患者上肢肘关节屈曲以及下肢膝关节僵硬或强直,若不对病情加以控制可导致患者畸形,对患者的肢体运动能力造成严重的影响,且疾病发展到末期可致偏瘫,直接影响患者独立生活能力和生活质量^[6-8]。如何有效改善患者肢体痉挛状态、提高患者日常生活能力已成为临床上治疗脑中风后肢体痉挛患者的重中之重^[9,10]。本研究旨在探讨温针灸联合中药湿热敷治疗脑中风后肢体痉挛的疗效及对患者肢体运动、日常活动能力的影响,报道如下。

1 资料与方法

1.1 一般资料

选取2017年3月到2018年4月在长春中医药大学附属医院接受脑中风后肢体痉挛治疗患者60例。纳入标准:(1)经CT或MRI等影像学确诊,且符合脑中风相关诊断标准^[11],肢体痉挛也是由脑中风所致;(2)所有患者病程在1年以内;(3)所有年龄<75岁;(4)所有患者肢体均出现不同程度肌痉挛;(5)患者及家属积极配合治疗并签署知情同意书。排除标准:(1)临床资料不全者;(2)生命体征不稳定者;(3)伴有严重的肝肾合并症者;(4)合并严重心肌梗死者;(5)合并重症感染、智力障碍、关节挛缩者。依据随机数字表法分为观察组和对照组。观察组30例,男18例,女12例,年龄46-75岁,平均 (59.25 ± 8.32) 岁,头颅CT或MRI诊断为脑梗死13例,脑出血17例,肌张力I、II、III级者分别为12、10、8例。对照组30例,男16例,女14例,年龄45-76岁,平均 (58.06 ± 9.62) 岁,头颅CT或MRI诊断为脑梗死12例,脑出血18例,肌张力I、II、III级者分别为13例、10例、7例。两组一般资料无统计学差异($P>0.05$),均衡可比。我院伦理委员会已允许实施本次研究。

1.2 方法

两组均给予神经内科常规处理、推拿等康复治疗来缓解患者肢体痉挛症状。对照组在常规处理的基础上给予温针灸治疗,操作如下:取患者上肢手曲池、内关、合谷、三里等穴位,下肢环跳、太冲、阳陵泉、血海等穴位,采用30号规格1.5-2.5寸不锈钢毫针刺入0.5-1.5寸,捻转大约2 min后,在针尾固定一位置燃艾柱,温度根据患者耐受程度适当调整,每个穴位灸3柱,1次/d,10次为一疗程,共治疗3个疗程。观察组在对照组的基础上给予中药湿热敷治疗,具体操作如下:将艾叶、杜枝、红花各15 g,草乌、川乌、桑枝、虎杖各20 g,穿山龙、路路通、伸

筋草、透骨草各30 g混合装进布袋并扎紧袋口,放置盛有3000 mL水量的大锅内浸泡后大火煮沸,而后在锅内放入2条毛巾用温火持续煮30 min左右,待锅内温度降至55度左右将毛巾捞起拧到半干,患者去仰卧位,敷于患肢上并用橡胶单包裹外面,持续30-40 min,期间更换毛巾3-4次,为不影响药效,叮嘱患者2 h以内不得清洗患肢,2次/d,10天为一个疗程,共治疗3个疗程。在给予中药湿热敷时,应对患者湿热敷处的皮肤状况进行密切观察,防止出现肿、红、痛、痒或皮疹等过敏现象,如患者过敏症状严重应停止治疗,应叮嘱患者多喝水防止过程中大量出汗出现脱水性休克,湿热敷纱布应注意温度谨防烫伤。

1.3 观察指标

(1)采用改良Ashworth量表^[12]对比患者治疗前、治疗15 d后、治疗30 d后肢体痉挛改善程度,0分:肌张力没有增加,肢体被动活动不受限;1分:肌张力有少许增加,被动活动时,出现轻微阻力或突然卡住;2分:肌张力有所增加,活动范围内阻力较小;3分:肌张力明显增加,被动活动时,大部分仍有阻力;4分:肌张力严重增高,被动活动比较困难;5分:被动活动非常困难,肢体呈僵直状态,受累部位无法屈伸。(2)采用Barthel指数^[13]评分对比患者治疗前、治疗30 d后的日常活动能力,满分为100分,分数越高,日常活动能力越优。(3)采用Fugl-Meyer评分^[14]对两组患者治疗前、治疗15 d后、治疗30 d后肢体运动能力进行评定,总分100分,分数越高,肢体运动能力越好。

1.4 统计学方法

采用SPSS19.0进行统计分析,上、下肢体痉挛评分等计量资料以均值 $\pm$ 标准差($\bar{x} \pm s$)表示,实施t检验,计数资料以率表示,实施卡方检验,检验水准 $\alpha=0.05$ 。

2 结果

2.1 两组患者上、下肢体痉挛评分比较

治疗前,两组的上、下肢体痉挛评分比较无统计学差异($P>0.05$)。两组治疗15 d和治疗30 d后的上、下肢体痉挛评分与治疗前比较均明显降低($P<0.05$),治疗30 d后的上、下肢体痉挛评分低于治疗15 d后,但无统计学差异($P>0.05$)。观察组治疗15 d及治疗30 d后的上、下肢体痉挛评分均明显低于对照组($P<0.05$)。见表1。

2.2 治疗前后两组患者 Barthel 指数评分比较

两组Barthel指数评分在治疗前无显著性差异($P>0.05$),而治疗30 d后均明显上升,且观察组治疗后的Barthel指数评分高于对照组($P<0.05$)。见表2。

2.3 两组患者 Fugl-Meyer 评分对比

两组治疗前的Fugl-Meyer评分无统计学差异($P>0.05$),而治疗15 d和30 d后均明显升高,治疗30 d后肢体Fugl-Meyer评分明显高于治疗15 d后($P<0.05$),观察组治疗15 d、治疗30 d后的Fugl-Meyer评分均高于对照组($P<0.05$)。见表3。

表 1 治疗前后两组患者上、下肢体痉挛评分比较(分, $\bar{x} \pm s$)Table 1 Comparison of scores of upper and lower limb spasm before and after treatment between two groups (scores, $\bar{x} \pm s$)

Groups	n	Scores of upper limb spasm			Scores of lower limb spasm		
		Before treatment	15 d after treatment	30 d after treatment	Before treatment	15 d after treatment	30 d after treatment
Observation group	30	4.30± 0.71	2.50± 0.91*	2.23± 0.78*	3.57± 0.79	2.06± 0.65*	1.93± 0.70*
Control group	30	4.33± 0.81	3.13± 0.79*	3.05± 0.83*	3.60± 0.82	2.70± 0.70*	2.45± 0.73*
t		0.153	2.863	3.943	0.144	3.670	2.816
P		0.879	0.005	0.000	0.886	0.000	0.006

Note: Compared with before treatment, *P<0.05.

表 2 治疗前后两组患者 Barthel 指数评分比较(分, $\bar{x} \pm s$)Table 2 Comparison of Barthel index scores before and after treatment between two groups (scores, $\bar{x} \pm s$)

Groups	n	Before treatment	30 d after treatment
Observation group	30	24.67± 7.31	67.68± 7.36*
Control group	30	24.51± 7.23	53.81± 6.89*
t		0.852	7.535
P		0.932	0.000

Note: Compared with before treatment, *P<0.05.

表 3 治疗前后两组患者 Fugl-Meyer 评分比较(分, $\bar{x} \pm s$)Table 3 Comparison of Fugl-Meyer scores before and after treatment between two groups (scores, $\bar{x} \pm s$)

Groups	n	Before treatment	15 d after treatment	30 d after treatment
Observation group	30	30.02± 4.01	42.53± 3.87*	64.37± 5.45*#
Control group	30	29.78± 3.98	39.02± 3.79*	55.70± 4.38*#
t		0.233	3.549	6.792
P		0.817	0.000	0.000

Note: Compared with before treatment, *P<0.05; Compared with 15d after treatment, #P<0.05.

3 讨论

中风有外风和内风之风,属中医“风劳鼓膈”四大顽证之一,脑中风属于内风,是目前人类死亡率最高的三大疾病之一,好发于中老年人群^[15,16]。据相关数据研究表明^[17,18],每年全球大约 460 万人死于脑中风,其中中国有大约 160 万人死于脑中风,严重危害人类生命健康,即使患者幸存下来,脑中风后肢体痉挛所导致的异常运动模式、关节僵硬及畸形等运动障碍将严重影响患者后期生存质量,给患者及家属带来巨大的精神痛苦^[19,20]。临床常用运动疗法、药物治疗和局部药物注射、物理疗法、外科手术以及针灸推拿等常规康复治疗来缓解脑中风后肢体痉挛程度^[21-23],虽有一定疗效,但效果不理想,治疗不当还可能延误病情,导致患者远期预后效果更差,所以如何更有效缓解脑中风后肢体痉挛、提高患者日常活动能力成为临床临床医学者的研究重点^[24,25]。

中医学认为,肢体痉挛属于“痉病”范畴,其主要病理机制包括气滞血瘀而导致的阴虚血少、经脉失养、脉络闭阻等^[26]。中药湿热敷是药物功效联合温热效应作用而达到治疗目的,桑枝通利血脉,川乌胜湿通痹止痛,红花活血生新,路路通舒筋活络^[27]。药物结合起到散瘀通络、消肿止痛等效果。毋庸置疑,热

敷能快速增加局部皮肤温度,促进血管扩张,加快周围血液循环,改善新陈代谢,进而缓解肌肉及其韧带的痉挛程度,肢体功能在一定程度上得以恢复^[28,29]。本研究显示,两组患者治疗后肢体痉挛状态较治疗前明显改善,日常活动能力评分较治疗前均有上升,肢体运动能力较治疗前明显好转(P<0.05),且治疗后观察组上、下肢体痉挛、Barthel 指数及 Fugl-Meyer 运动功能三项评分均优于对照组(P<0.05),说明两组治疗方法均能一定程度缓解脑中风后肢体痉挛状态,改善患者肢体运动及日常活动能力,但温针灸联合中药湿热敷疗效效果更为显著。刘欣^[30]等人的研究显示,在常规治疗的基础上增加中药湿热敷可显著改善痉挛程度及日常生活能力。温针灸联合中药湿热敷疗法是将艾灸药力、湿热疗、针疗三效合一,从而达到治疗脑中风后肢体痉挛的目的,通过艾灸药力、湿热效应、针刺镇痛等作用于患者痉挛肢体上的神经血管,可有效改善患肢血液循环,降低患肢处神经兴奋状态,促进局部组织代谢,从而达到散瘀通脉、舒筋通络及通痹止痛的效果,缓解肢体肌肉、肌腱及韧带痉挛状态,借助物理热力、中药药性、疏通经络的协同作用,提高大脑对肢体运动功能的调节作用,提高患者日常活动能力。

综上所述,温针灸联合中药湿热敷治疗能有效缓解脑中风后肢体痉挛状态,促进肢体运动功能恢复,提高患者日常活动能力。

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