中药熏蒸联合针刺和透明质酸钠关节腔注射治疗骨关节炎30例

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[摘要]**目的** 观察中西医结合疗法治疗骨关节炎的疗效。**方法** 将60例骨关节炎患者随机分为对照组(透明质酸钠关节腔注射)和试验组(透明质酸钠关节腔注射联合中药熏蒸和针刺治疗),每组30例。治疗5周后,采用视觉模拟评分法(visual analogue scale, VAS)测定关节疼痛程度,采用美国纽约特种外科医院膝关节评分(Hospital for Special Surgery Knee Score,HSS)评价关节功能。**结果** 试验组临床疗效优于对照组,但差异无统计学意义($P>0.05$);治疗后两组VAS评分均显著下降($P<0.05$),HSS评分均显著升高($P<0.05$),试验组VAS评分下降值和HSS评分升高值显著大于对照组($P<0.05$)。**结论** 在透明质酸钠关节腔注射治疗基础上,联合中药熏蒸和针刺治疗有利于改善关节功能,减轻疼痛。

[关键词]骨关节炎;关节腔注射;中药熏蒸;针刺;透明质酸钠

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骨关节炎属于退行性关节病变,以膝关节为多发部位,发病人群以中老年人为主[1]。患者症状表现为关节疼痛、活动障碍,X线检查可见关节间隙缩小,骨质发生囊性改变,边缘形成骨赘等。临床采用针刺、中药等手段治疗骨关节炎,疗效确切。笔者采用中药熏蒸联合针刺和透明质酸钠关节腔注射治疗30例骨关节炎,疗效满意,报告如下。

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1 临床资料

1.1 诊断标准 参照《中医病证诊断疗效评定标准》[2]。①膝关节疼痛、肿胀,伴关节弹响、局部压痛;②关节僵硬,活动受限;③X线摄片、CT检查可见关节退变,关节间隙狭窄,骨赘形成等改变。

1.2 纳入标准 ①符合上述诊断标准;②且年龄为

Clinical Effect of Shisanwei Hezhong Pill Combined with Acupuncture in Treatment of Functional Dyspepsia of Incoordination between Liver and Stomach

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[**Abstract**] **Objective** To investigate the clinical effect of Shisanwei Hezhong Pill combined with acupuncture in the treatment of functional dyspepsia (FD) of incoordination between liver and stomach. **Methods** A total of 60 patients with FD of incoordination between liver and stomach were enrolled and randomly divided into treatment group and control group, with 30 patients in each group. The patients in the treatment group were given Shisanwei Hezhong Pill combined with acupuncture, and those in the control group were treated with oral domperidone. The course of treatment was 4 weeks for both groups. **Results** After 4 weeks of treatment, the treatment group had a significantly better clinical outcome than the control group ($P<0.05$). Both groups had significant improvements in clinical symptoms, and compared with the control group, the treatment group had significantly better improvements in stomach distension, stomachache, deep sigh, poor appetite, early satiety, upper abdominal burning sensation, scurrying pain in the lateral thorax, and discomforts in defecation ($P<0.05$). Immediately and at 1 month after 4-week treatment, both groups had a significant increase in SF-36 score ($P<0.05$), and the treatment group had a significantly higher SF-36 score than the control group ($P<0.05$). **Conclusion** Shisanwei Hezhong Pill combined with acupuncture can significantly improve the clinical symptoms of patients with FD of incoordination between liver and stomach and improve their quality of life.

[**Key words**] Functional dyspepsia; Incoordination between liver and stomach; Shisanwei Hezhong Pill; Acupuncture

40～80岁；③且自愿参与研究，并签署知情同意书。

1.3 排除标准 ①合并有关节肿瘤、关节结核、化脓性关节炎、关节风湿病等膝关节疼痛性疾病者；②或关节手术，严重关节畸形者；③或合并造血系统、内分泌系统、心血管、脑血管、肝、肾等严重原发疾病者。

1.4 一般资料 研究对象为安徽省第二人民医院中医科2013年1月至2016年12月期间收治的骨关节炎病例，共60例。按照随机数字表法，将其分成对照组和试验组，每组30例。对照组：男12例，女18例；年龄42～76岁，平均年龄(56.5±2.2)岁；发病部位：左膝10例，右膝14例，双膝6例。试验组：男11例，女19例；年龄44～78岁，平均年龄(55.3±2.6)岁；发病部位：左膝13例、右膝13例，双膝4例。两组患者性别、年龄、发病部位比较，差异均无统计学意义(性别：$\chi^2=0.071$，$P=0.791$；年龄：$t=1.930$，$P=0.058$；发病部位：$\chi^2=0.828$，$P=0.661$)，具有可比性。

2 方法

2.1 治疗方法

2.1.1 对照组 单纯实施透明质酸钠关节腔注射治疗，患者取坐卧位，膝关节屈曲90°，首先使用碘伏进行无菌操作，然后穿刺进入关节腔内。若患者存在关节积液，则先将积液吸除，再注射5 mL透明质酸钠，拔针后使用无菌棉球按压针眼，嘱患者适当活动膝关节。每周注射1次，共治疗5周。

2.1.2 试验组 在对照组疗法的基础上加用中药熏蒸、针刺治疗。自拟熏蒸方组成：乳香、没药各10 g，制草乌、制川乌各12 g，川芎、红花、牛膝、花椒、艾叶、威灵仙、鸡血藤、伸筋草、羌活、独活各15 g。将药物装进纱布袋，凉水浸泡后煮沸，先使用蒸汽熏蒸关节，然后将药袋敷贴在关节上，每日2次，每次30 min，治疗时间为5周。针刺治疗：取局部经穴、阿是穴、膝眼、犊鼻、肾俞、腰阳关，留针30 min，隔日1次，共治疗5周。

2.2 疗效观察指标

2.2.1 临床疗效标准[2] 治愈：关节疼痛消失、活动正常，能够恢复正常的工作和生活；好转：关节疼痛减轻，活动程度明显改善，生活可以自理；无效：治疗后关节疼痛和活动程度无明显变化。

2.2.2 关节疼痛程度和关节功能测评 采用视觉模拟评分法(visual analogue scale，VAS)测定关节疼痛程度，得分为0～10分，得分越高，疼痛越严重。采用美国纽约特种外科医院膝关节评分(Hospital for Special Surgery Knee Score，HSS)[3]评价关节功能，包括疼痛、功能、肌力、活动度、稳定性、屈曲畸形6项内容，满分为100分，得分越高，关节功能越好。

2.3 统计学方法 采用SPSS 18.0进行统计学分析。连续型变量采用“均数±标准差($\bar{x}\pm s$)”进行统计学描述。两组疗效分布比较采用Mann-Whitney U检验；同组治疗前后均数比较采用配对t检验，两组治疗前后差值比较采用Mann-Whitney U检验。$P<0.05$表示差异有统计学意义。

3 结果

3.1 两组临床疗效比较 两组临床疗效的分布比较，差异无统计学意义($P>0.05$)。见表1。

表1 两组临床疗效比较

组别	n	治愈/例	好转/例	无效/例	平均秩次	Z值	P值
对照	30	11	13	6	34.08	−1.749	0.080
试验	30	16	13	1	26.92		

3.2 两组治疗前后关节VAS和HSS评分比较 治疗前两组关节VAS和HSS评分比较，差异均无统计学意义($P>0.05$)；两组治疗后VAS评分均显著下降($P<0.05$)，HSS评分均显著提高($P<0.05$)，试验组VAS评分降低值和HSS评分升高值明显优于对照组($P<0.05$)。见表2。

表2 两组治疗前后关节VAS和HSS评分比较($\bar{x}\pm s$)

组别	n	VAS评分			HSS评分		
		治疗前	治疗后	差值	治疗前	治疗后	差值
对照	30	7.5±2.1	4.3±1.3*	3.2±0.8	61.4±5.2	72.3±6.5*	10.9±1.3
试验	30	7.8±2.7	3.4±1.0*	4.4±1.7#	60.5±4.7	88.4±7.1*	27.9±2.4#

注：与本组治疗前比较，* $P<0.05$；与对照组差值比较，# $P<0.05$。

4 讨论

骨关节炎的发生，主要是关节长期劳损引起的，导致关节内发生组织水肿、炎性渗出、内压增高等，进一步引起骨质硬化、增生。在治疗上，向关节腔内注射透明质酸钠比较常用，具有润滑作用，能够减少组织之间的摩擦力，抑制炎性反应，控制炎性因子对关节软骨的损害，从而起到保护作用，达到治疗效果[4]。

骨关节炎属于中医学“痹证”范畴，是在正气不足的基础上遭受风寒湿邪的侵袭，致使气滞血瘀，因

此表现出关节肿痛、活动受限的现象。在中药熏蒸方中，乳香、没药、红花、牛膝、川芎具有散瘀止痛、消肿生肌的功效；制草乌祛风除湿，制川乌止痛，花椒温中止痛；艾叶温经、止血、散寒，威灵仙、羌活、独活祛风湿、通经络；鸡血藤和伸筋草合用，起到舒筋活络、续筋接骨的作用[5]。研究表明，熏蒸关节有利于药力直达病灶，扩张毛细血管，加快血液循环，有效消除炎性水肿，促进关节功能的恢复。针刺肾俞、腰阳关，益火之源，振奋阳气而祛寒；针刺膝眼、犊鼻，疏风散寒、通利关节；针刺病痛局部穴位，可疏通经络气血，调和营卫，使风寒之邪无所依附。针药合用，共奏祛风除湿镇痛之功。

综上所述，对于骨关节炎患者，在透明质酸钠关节腔注射治疗的同时，联合中药熏蒸加针刺，可明显缓解疼痛，有利于改善关节功能。因未进行长期随访，故本疗法治疗骨关节炎的远期疗效及复发率尚需进一步观察。

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Clinical Effect of Traditional Chinese Medicine Fumigation Combined with Acupuncture and Articular Injection of Hyaluronic Acid in Treatment of Osteoarthritis: An Analysis of 30 Cases

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[**Abstract**]**Objective** To investigate the clinical effect of integrated traditional Chinese and Western medicine therapy in the treatment of osteoarthritis. **Methods** A total of 60 patients with osteoarthritis were randomly divided into control group (articular injection of hyaluronic acid) and experimental group (articular injection of hyaluronic acid combined with traditional Chinese medicine fumigation and acupuncture), with 30 patients in each group. After five weeks of treatment, the Visual Analogue Scale (VAS) was used to measure the degree of joint pain, and the Hospital for Special Surgery Knee Score (HSS) was used to evaluate joint function. **Results** The experimental group had a better clinical outcome than the control group, but there was no significant difference between the two groups ($P>0.05$). Both groups had a significant reduction in VAS score and a significant increase in HSS score after treatment ($P<0.05$), and the experimental group had significantly greater reduction and increase than the control group ($P<0.05$). **Conclusion** Articular injection of hyaluronic acid combined with traditional Chinese medicine fumigation and acupuncture helps to improve joint function and alleviate the pain.

[**Key words**] Osteoarthritis; Articular injection; Traditional Chinese medicine fumigation; Acupuncture; Hyaluronic acid