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经筋推拿治疗颈源性头痛的疗效及对颈椎活动度的影响*

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摘要 目的:探讨经筋推拿治疗颈源性头痛(CEH)的临床疗效,分析其对患者颈椎活动度的影响。**方法:**选取2017年3月至2017年6月山东省中医院收治的70例CEH患者,按照随机数字表法分为推拿组36例和针刺组34例,推拿组给予经筋推拿治疗,针刺组给予针刺治疗。观察两组治疗前后的疼痛视觉模拟(VAS)评分、头痛积分及颈椎活动度评分,比较两组临床总有效率。**结果:**推拿组患者治疗后总有效率为97.22%,显著高于针刺组患者82.35%($P<0.05$)。两组治疗1个疗程后、治疗后1个月的VAS评分、头痛积分、颈椎活动度评分均较治疗前降低,且推拿组低于针刺组($P<0.05$)。**结论:**经筋推拿治疗CEH能够缓解疼痛和改善颈椎功能,疗效显著,值得临床推广应用。

关键词:颈源性头痛;经筋推拿;针刺;疗效;颈椎活动度

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Effect of Meridian Tendon Massage on Cervix Headache and Its Effect on Cervical Vertebra Activity*

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ABSTRACT Objective: To investigate the clinical efficacy of meridian tendon massage in treating cervical headache (CEH) and analyze its effect on cervical vertebra activity. **Methods:** A total of 70 patients with CEH, who were treated in Shandong Province Hospital of Traditional Chinese Medicine from March 2017 to June 2017, were selected and were randomly divided into massage group ($n=36$) and acupuncture group ($n=34$). The massage group was treated with meridian tendon massage, and the acupuncture group was treated with acupuncture. The visual analogue scale (VAS) scores, headache scores and cervical vertebra activity scores of the two groups before and after treatment were observed, and the clinical total effective rate of the two groups were compared. **Results:** The total effective rate of the massage group after treatment was 97.22%, which was significantly higher than 82.35% of the acupuncture group ($P<0.05$). After 1 course of treatment and 1 month after treatment, the VAS scores, headache scores and cervical vertebra activity scores were lower than those before treatment, and the indexes in the massage group was lower than those in the acupuncture group ($P<0.05$). **Conclusion:** The therapeutic effect of meridian tendon massage for CEH is significant. It can relieve pain and improve the function of cervical vertebra, which is worthy of clinical application.

Key words: Cervicogenic Headache; Meridian tendon massage; Acupuncture; Curative effect; Cervical vertebra activity

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前言

颈源性头痛(cervicogenic headache, CEH)是指由颈椎和(或)颈部软组织病损所引起的一种临床疼痛诊疗的常见病,通常表现为单侧、慢性头痛,头痛持续时间长,治疗较为困难^[1-3]。CEH为牵涉性疼痛,一般起于枕部,逐渐放射至患者的额颞、眶部等部位,给患者日常生活带来严重影响^[4-6]。国际疼痛协会流行病学调查发现头痛患者中15~20%为CEH^[7]。既往认为此

类头痛是头部的神经、血管在致病因素的共同作用下产生,治疗方法主要为口服非甾体抗炎药、针灸、理疗等,然而相当一部分患者经过治疗后疗效一般或者疗效不持久^[8-10]。临床研究表明推拿治疗CEH疗效可靠,具有一定优势^[11,12]。目前CEH研究多为临床综合治疗,缺乏单纯的手法治疗报道及随机对照研究^[13]。故本研究采用随机对照的方法,观察经筋推拿治疗CEH的临床疗效,以期为临床治疗提供参考。

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1 临床资料

1.1 一般资料

选取 2017 年 3 月至 2017 年 6 月山东省中医院收治的 70 例 CEH 患者,纳入标准:(1)所有患者均符合 CEH 相关诊断标准^[14];(2)所有患者 X 线片可见上位颈椎移位、齿状突轴心偏移等;(3)年龄 18~65 岁;(4)患者及其家属知情本研究并签署同

意书。排除标准:(1)因颅脑器质性病变、颈部肿瘤、五官科疾病等引起的头痛者;(2)合并心、肝、肾等脏器功能障碍者;(3)伴有严重心血管疾病不能耐受治疗者;(4)伴有精神疾病不能配合研究者。按照随机数字表法分为推拿组 36 例和针刺组 34 例。两组患者一般资料比较,差异无统计学意义($P>0.05$),详情见表 1。本次研究经我院伦理委员会批准同意。

表 1 两组患者一般资料比较

Table 1 Comparison of general data of the two groups

Groups	Gender(n)		Age(years old)	Course of disease (months)
	Male	Female		
Acupuncture group(n=34)	24	10	33.73± 5.03	25.48± 11.38
Massage group(n=36)	23	13	32.10± 4.26	26.33± 11.54
χ^2/t	0.356		1.459	0.310
P	0.551		0.149	0.757

1.2 诊断标准

参照国际颈源性头痛研究会的诊断标准^[14]:① 颈部活动和(或)头部处于非正常体位时,头痛侧的枕肩部或上颈部遭受按压可增加头痛症状;② 颈部活动不灵活;③ 同侧的上肢或颈肩呈非根性疼痛,或偶有上臂的根性痛症状。符合① 即可确诊;仅有② 或③ ,不足以确诊;同时出现② 和③ ,可明确诊断。

1.3 治疗方法

推拿组:① 皮部推拿:患者取俯卧位。术者行膊运法约 2 min,在其肩背部环形摩动;患者取坐位,术者行搔法、抹法、拘抹法约 1 min,分别施术于其头顶、前额、头颞部。② 松筋推拿:患者取坐位。术者以拿法作用于其颈肩部的斜方肌、骶棘肌等肌束,并弹拨其颈项部的竖脊肌、斜方肌、冈下肌等,后在颈肩部行揉法,共 6 min 左右。③ 经穴点按:患者取端坐位。术者点按太阳、百会、四神聪、头维、完骨、角孙、翳风、风池、肩井、天宗、颈夹脊穴、阿是穴等头颈部经穴,约 2 min,以局部酸胀感为度。④ 经络推拿:患者取坐位,术者沿患者颞侧胆经三线行扫散法约 1 min,并抓拿其头顶部督脉、膀胱经及胆经约 1 min,行拿五经。患者取俯卧位,术者以掌揉法作用于其肩部及背部膀胱经约 2 min。⑤ 筋骨推拿:患者取仰卧位,术者以仰卧位颈椎拔伸法、仰卧位颈椎旋转扳法作用于颈椎以理筋整复,约 3 min。⑥ 结束手法:患者取俯卧位。术者以擦法作用于其颈肩部,以局部透热为度;最后行拍法,双掌交替击打肩背部,约 2 min。每次约 20 min,隔日 1 次,疗程 7 次,共治疗 1 个疗程。

针刺组:以颈夹脊穴、天柱、风池、百会、头维、太阳、率谷为主,配以远道取穴(列缺、合谷)。患者取卧位或俯伏坐位,常规消毒后,选用 0.30× 25 mm 的华佗牌一次性无菌针灸针进行针刺。得气后行平补平泻法,留针 30 min。隔日 1 次,疗程 7 次,共治疗 1 个疗程。

1.4 疗效评价

总体疗效评定标准参照国家中医药管理局制定的《中医病证诊断疗效标准》及相关文献制定^[15]。头痛 VAS 评分改善率的计算采用尼莫地平法,公式:(治疗前平均 VAS 评分 - 治疗后平均 VAS 评分)/ 治疗前平均 VAS 评分 *100%。治愈:头痛 VAS

评分改善率≥ 90%;显效:50%≤ 头痛 VAS 评分改善率<90%;好转:20%≤ 头痛 VAS 评分改善率<50%;无效:头痛 VAS 评分改善率<20%。总有效率 = 治愈率 + 显效率 + 好转率。

1.5 观察指标

1.5.1 视觉模拟评分(VAS) 于治疗前、治疗 1 个疗程后、治疗后 1 个月采用 VAS 评分测定两组患者的疼痛。0 分:0 cm,无痛。2 分:1~3 cm,轻度疼痛,对日常生活工作无影响。4 分:4~6 cm,中度疼痛,对日常生活工作无影响,但是对工作有影响。6 分:7~10 cm,重度疼痛,对日常生活工作有影响。

1.5.2 头痛积分 于治疗前、治疗 1 个疗程后、治疗后 1 个月参照《中医病证诊断疗效标准》以及国家中医药管理局全国脑病急症协作组制定的计分法^[16],主要包括头痛程度、每次疼痛持续时间以及每周头痛频率三项,总分为三项评分之和,分值越大,头痛程度越严重。

1.5.3 颈椎活动度评分 于治疗前、治疗 1 个疗程后、治疗后 1 个月参照颈椎活动度评分标准及相关文献^[17],具体评分标准如下:活动自如,对日常生活无影响,计 1 分;有一定影响,限制颈部活动范围、程度,计 2 分;影响很大,活动费力、僵硬,计 3 分;基本不能活动,计 4 分。

1.6 统计学方法

采用 SPSS 20.0 软件进行数据分析。计数资料采用%表示,行 检验;计量资料以($\bar{x} \pm s$)表示,行 t 检验。检验标准设置为 $\alpha=0.05$ 。

2 结果

2.1 两组患者疗效比较

推拿组患者治疗后总有效率为 97.22%(35/36),高于针刺组患者的 82.35%(28/34)($P<0.05$),见表 2。

2.2 两组患者治疗前后 VAS 评分比较

两组患者治疗前 VAS 评分比较,差异无统计学意义 ($P>0.05$)。两组治疗 1 个疗程后、治疗后 1 个月 VAS 评分均较治疗前降低,且推拿组低于针刺组($P<0.05$)。见表 3。

表 2 两组临床疗效比较[n(%)]

Table 2 Comparison of the clinical efficacy of the two groups[n(%)]

Groups	n	Cure	Excellence	Effective	Invalid	Total effective rate
Massage group	36	11	20	4	1	35(97.22)
Acupuncture group	34	4	15	9	6	28(82.35)
χ^2						4.296
P						0.038

表 3 两组治疗前后 VAS 评分比较($\bar{x} \pm s$, 分)Table 3 Comparison of VAS scores before and after treatment of the two groups($\bar{x} \pm s$, scores)

Groups	n	Before treatment	After 1 course of treatment	1 month after treatment
Massage group	36	4.45 $\pm$ 1.66	2.23 $\pm$ 1.63*	1.25 $\pm$ 0.99*
Acupuncture group	34	4.60 $\pm$ 1.41	3.25 $\pm$ 1.68*	2.12 $\pm$ 1.56*
t		0.406	3.589	2.802
P		0.686	0.001	0.007

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

2.3 两组患者治疗前后头痛积分比较

两组患者治疗前头痛积分比较, 差异无统计学意义 ($P > 0.05$)。两组治疗 1 个疗程后、治疗后 1 个月头痛积分均较治疗前降低, 且推拿组低于针刺组($P < 0.05$)。见表 4。表 4 两组治疗前后头痛积分比较($\bar{x} \pm s$, 分)Table 4 Comparison of headache scores before and after treatment of the two groups($\bar{x} \pm s$, scores)

Groups	n	Before treatment	After 1 course of treatment	1 month after treatment
Massage group	36	.90 $\pm$ 1.99	.25 $\pm$ 2.68*	.09 $\pm$ 1.53*
Acupuncture group	34	.16 $\pm$ 1.49	.25 $\pm$ 2.12*	.05 $\pm$ 2.53*
t	-	0.616	3.450	3.947
P	-	0.540	0.001	0.000

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

2.4 两组患者治疗前后颈椎活动度评分比较

两组患者治疗前颈椎活动度评分比较差异无统计学意义

($P > 0.05$)。两组治疗 1 个疗程后、治疗后 1 个月颈椎活动度评分均较治疗前降低, 且推拿组低于针刺组($P < 0.05$)。见表 5。表 5 两组治疗前后颈椎活动度评分比较($\bar{x} \pm s$, 分)Table 5 Comparison of cervical vertebra activity scores before and after treatment of the two groups ($\bar{x} \pm s$, scores)

Groups	n	Before treatment	After 1 course of treatment	1 month after treatment
Massage group	36	.81 $\pm$ 0.75	1.21 $\pm$ 0.52*	.09 $\pm$ 0.29*
Acupuncture group	34	.74 $\pm$ 0.67	.51 $\pm$ 0.50*	.30 $\pm$ 0.50*
t	-	0.411	2.458	2.164
P	-	0.682	0.017	0.034

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

3 讨论

CEH 主要是由于颈椎关节突关节的增生伴紊乱、颈部软组织的急慢性损伤直接刺激或造成炎症因子堆积, 刺激或压迫相关神经纤维, 引起高位颈神经(C1~C4)的痛觉传入, 支配头部的神经和高位颈神经在中枢通过会聚而产生的一种牵涉痛^[18-20]。中医学将 CEH 归为 "痹症" 经筋病的范畴, 《素问·长刺节论》谓之 "病在筋, 筋挛节痛, 不可行, 名曰筋痹", 说明其病

机为颈部 "经筋" 失调, 气血瘀阻, 经络不畅, 不通则痛; 气血不能上承下受, 筋脉、关节失于濡养, 不荣则痛^[21]。

经筋推拿是在传统推拿手法的基础上, 结合 CEH 的发病机制, 提出的一套手法轻柔、针对性强的经络推拿手法, 主要包括皮部手法、松筋推拿、经穴点按、经络推拿、筋骨推拿、结束手法^[22]。其治疗原理可概况如下。① 解除肌肉痉挛: 皮部手法、经筋手法可由轻渐重、由表及里松解头面颈肩部紧张的肌肉、韧带等周围软组织, 改善局部血液循环, 消除无菌性炎症反应, 从

而达到活血化瘀、舒筋通络、解痉镇痛的效果^[23,24]。④ 松解黏连、疏通经络:经穴点按取穴多以痛为腧,即对患者头面颈肩部的痛性筋结病灶点进行间断性、渐强性地点按,缓解其炎症黏连,减轻对高位颈神经的卡压,增加头颈部等的供血量,并以经络推拿疏通头部、肩背部的经络,从而进一步改善头痛的症状,达到通络止痛的目的。两者配合,起到开通闭塞、松解黏连、通经止痛、调和气血、镇静安神的作用^[25,26]。⑤ 纠正关节错位:筋骨推拿主要作用于骨关节,对错位的椎间关节进行准确轻巧地整复,使之恢复力学平衡,并在以上手法的基础上进一步放松肌肉、松解黏连,从而纠正小关节错位,解除因神经受挤压引起的头痛诸症,以达到骨正筋柔的疗效^[27,28]。⑥ 滑利关节调和气血:结束手法主要为擦法、拍法等较为轻柔的手法,可进一步梳理椎旁软组织、筋结,改善微循环,行气活血滑利关节,预防棘突偏歪与小关节错位,巩固疗效^[29,30]。结果显示推拿组患者治疗后总有效率为 97.22%(35/36),高于针刺组患者 82.35%(28/34)($P < 0.05$)。推拿组治疗后的 VAS 评分、头痛积分、颈椎活动度评分均较治疗前降低,且推拿组患者治疗后总有效率显著高于针刺组($P < 0.05$)。提示经筋推拿疗效较好,可显著改善患者临床症状。但由于条件限制,本研究样本量(共 70 例)较小,随访时间(仅为 1 个月)较短,未观察其远期疗效。且本次研究均使用量表评价各项疗效指标,未采用 MRI 或 CT 等影像学检查来观察经筋推拿对 CEH 患者的椎体空间位置、椎间孔面积变化以及颈椎曲度变化的影响,在相关解剖、独立临床研究以及发病机理方面的研究较为缺乏,后续将深入分析经筋推拿治疗 CEH 的作用机制。

综上所述,经筋推拿治疗 CEH 的近期疗效良好,能够缓解患者的临床症状,改善患者的颈椎功能。

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