

· 病例报告 ·

铍针刺络拔罐结合中药口服治疗膝骨关节炎合并原发性血小板增多症 1 例

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关键词 针刺疗法; 拔罐; 中药疗法; 骨关节炎, 膝; 血小板增多, 原发性; 铍针; 病例报告

患者,男,80岁,2014年8月19日以“右膝关节肿痛加重1个月”为主诉就诊。1个月前无明显诱因出现右膝肿痛,外用舒筋止痛膏无效,且症状逐渐加重。查体:右膝关节肿胀,有瘀斑,皮温高于对侧,压痛明显,浮髌试验阳性,髌研磨试验阳性,挺髌试验阴性。舌质暗,有瘀斑,苔黄,脉弦涩略数。X线检查示:右膝关节退行性变,骨质疏松。诊断为右膝关节骨关节炎,骨质疏松症。中医辨证属瘀热互结证。治法:清热利湿,活血凉血。方药:生栀子、粉丹皮、当归、川芎、白芍、生地黄、生石斛、功劳叶、侧柏叶各10g,牛膝15g,黄柏15g,三七粉1g(冲服),生甘草6g。每日1剂,水煎,早晚各1次口服。用药3d后复诊,右膝关节疼痛、肿胀有所缓解,行关节腔积液抽吸加臭氧注射术,术中抽出积血约40mL。术前血常规检查示血小板 $1732 \times 10^9 \cdot L^{-1}$ 、白细胞 $23.34 \times 10^9 \cdot L^{-1}$ 。行骨髓穿刺检查,结果示融合基因JAK2/V617F阳性,融合基因BCR/ABL210及P190阴性,骨髓涂片以巨核细胞为主,无明显红细胞、中性粒细胞增生。诊为原发性血小板增多症。

原方继续每日1剂,早中晚各1次口服,并行铍针刺络拔罐。患者仰卧位,下肢自然伸直,用1枚直径0.4mm的50mm长刀针,分别从膝关节内外侧犊鼻穴处进针,针刃与下肢纵轴平行,进入关节腔后,放射状切刺髌下脂肪垫和滑膜皱襞3~5次,以松解黏连。不捻转不留针,出针后立即进行拔罐,针孔出血后,留罐5min,起罐后患膝两侧再各重复上述操作1次,共出血约8mL。每周1次,治疗2次后,关节疼痛缓解,血小板 $475 \times 10^9 \cdot L^{-1}$ 、白细胞 $5.21 \times 10^9 \cdot L^{-1}$;治疗5次后,血小板 $729 \times 10^9 \cdot L^{-1}$ 、白细胞 $10.13 \times 10^9 \cdot L^{-1}$ 、血小板压积0.64%。铍针治疗改

为每周2次,4次后疼痛明显缓解,血小板 $362 \times 10^9 \cdot L^{-1}$ 、白细胞 $3.78 \times 10^9 \cdot L^{-1}$ 、血小板压积0.34%。原方改为每2日1剂,每日早晚各1次口服,铍针刺络拔罐2周1次,血小板维持在 $300 \sim 500 \times 10^9 \cdot L^{-1}$,10周后关节疼痛、肿胀基本消失。

讨 论

铍针起源于古代九针,铍针疗法主要是通过切割限制张力释放的筋膜等组织,缓解周围组织对神经的压迫,达到缓解疼痛的目的^[1]。赵勇等^[2]认为在经筋“结”“聚”部位或软组织张力高点进行针刺或刺络拔罐治疗,可改变深筋膜层的压力与张应力,缓解疼痛,恢复关节功能。

原发性血小板增多症是一种骨髓增殖性肿瘤,属中医学“血浊”“血瘀”“积聚”范畴。气血失调、浊郁内阻,血分伏热、热灼津伤、血涩血瘀、瘀热胶结及瘀热互结、迫血妄行为其主要病因病机,治法主要有调和气血、化浊解郁,清热泻火、凉血化瘀等^[3~5]。本例患者服用方剂中,黄柏、功劳叶为君,苦以燥湿,寒以清热;生栀子、粉丹皮、侧柏叶、牛膝为臣,助君药清热利湿、活血通经,使瘀去热除;三七粉、当归、生地黄、白芍、川芎活血行气、清热凉血,使补血而不滞血,行血而不伤血,石斛滋阴清热,共为佐药;生甘草调和诸药为使;诸药合用,共奏清热利湿、活血凉血之效。王丽平等^[6]研究发现针刺能明显改善血小板线粒体的呼吸功能,影响血小板的聚集性。张朝晖等^[7]发现针刺可明显抑制血小板活性。中医学认为“瘀血不去,新血不生”“瘀去热除”,针对本例患者,结合中药治疗对患膝进行铍针刺络拔罐,吸出关节内瘀血,去菀除陈,可改善局部血液循环,与应用益气活血化瘀中药有异曲同工之妙。

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