# 李仲愚杵针疗法治疗胃脘痛 65例临床观察△

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〔提要〕 运用成都中医药大学李仲愚主任医师杵针疗法治疗胃脘痛 65例, 其中西医诊断为胃及十二指肠溃疡者 15例, 急慢性胃炎者 47例, 胃下垂者 3例; 中医辨证属实热证者 9例, 虚寒证者 21例, 虚实夹杂证者 35例。经自身治疗前后观察, 结果显效 40例, 有效 23例, 无效 2例, 总有效率为 96.9%。对胃脘痛、脘腹胀满、纳差、呃逆、嗳气、反酸、腹泻、呕恶等症候指标自身治疗前后比较, 有统计学意义 ($P < 0.05$或 $P < 0.01$)。提示杵针疗法对胃脘痛有治疗效果。

关键词 李仲愚 杵针疗法 胃脘痛 针灸学

李仲愚老师是成都中医药大学附属医院中医主任医师, 中国针灸学会常务理事, 擅长运用针灸、指针、杵针、气功、中药等多种疗法治疗若干疑难杂证。杵针疗法是其精粹经验之一。

杵针疗法源于羲黄古易, 其辨证立法、取穴布阵多寓有《周易》、《阴符》理、气、象、数之意, 为道家所不轻传, 古典医籍所未收载, 亦为世医所未闻。李氏家族入川始祖, 从师如幼真人学得此项绝技, 家世秘传, 至今已 14代。此法又经李老师临床 50多年的精深研究, 在祖国医学理论基础上, 结合经络学说, 发展而形成独立体系的"李仲愚杵针疗法"。本法可用于治疗多种病证, 我们将其用于治疗胃脘痛, 取得了满意效果, 现将临床观察结果报告如下。

## 1 临床资料

### 1.1 一般资料

本资料共 65例, 均系我院 1988~1989年门诊病人。其中男性 37例, 女性 28例; 年龄最大者 69岁, 最小者 18岁, 平均年龄为 43.15岁。西医诊断为胃及十二指肠溃疡者 15例, 急慢性胃炎者 47例, 胃下垂者 3例。中医辨证分型为实热证型者 9例, 虚寒证型者 21例, 虚实兼夹证型者 35例。

### 1.2 诊断与病例选择标准

凡临床确诊为胃及十二指肠溃疡、急慢性胃炎、十二指肠炎等, 临床表现以胃脘痛为主证的患者可纳入观察对象。

参照《中医内科学》[1]中胃脘痛诊断、分型标准进行诊断辨证。其证型辨证要点如下。

(1)实热证型 ① 痛甚或刺痛或绞痛, 拒按; ② 舌红, 紫黯或瘀点, 苔黄腻或燥; ③ 脉弦、滑、数、有力(实); ④ 或兼口苦, 便秘。

(2)虚寒证型 ① 隐痛或胀痛, 或兼喜按、喜温; ② 舌淡、胖嫩或赤小; ③ 苔白滑或花剥; ④ 口淡, 便溏。

(3)虚实兼夹证型 同时兼有上述(1)、(2)中的症候。

### 1.3 症状变化记分标准

本资料观察病例除具有胃脘痛主症外, 还或兼有脘腹胀满、呃逆、呕恶、反酸、嗳

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气、纳差、腹泻、便秘等 9项症状，依据治疗前后上述症状及体征出现的轻重予以临床记分，综合判断临床疗效，输入微机进行 Ridit分析。治疗前后症状变化记分标准为：(1) 无此症状或此症状消失，记 0分；(2) 此症状轻，偶有，记 1分；(3) 此症状轻，常有，记 2分；(4) 此症状重，偶有，记 3分；(5) 此症状重，常有，记 5分。

2　治疗方法

2. 1　杵针选穴

主穴：至阳八阵。配穴：河车路大椎至命门段。

2. 2　治疗方法

以点叩、升降、开阖、分理、运转为主要手法。按辨证分型施术，虚寒证型用补法，实热证型用泻法，虚实兼夹证型用平补平泻法，每日 1次，每次治疗 30分钟，连续治疗 7日为 1疗程。治疗期间全部病例停用治疗药物。

1疗程结束后，进行疗效评定。

3　疗效观察

3. 1　疗效标准

显效：症状基本消失，功能恢复正常；综合症状记分减少 1/2以上。有效：症状好转，功能有所恢复；综合症状记分减少 1/3以上。无变化：症状无好转，功能无恢复；综合症状记分减少 1/3以下。加重：症状加重，功能障碍加重；综合症状记分无减少甚至增加。

无变化与加重均视作无效。

3. 2　治疗结果

杵针疗法治疗胃脘痛 65例，结果显效 40例，有效 23例，无效 2例，总有效率为 96. 9%，显效率为 61. 5%。

杵针疗法对胃脘痛等 9项主要症状和兼症的治疗前后情况见附表。

附表　　杵针对胃脘痛等症记分的自身治疗前后比较

| 记分 | 胃脘痛 | | 脘腹胀满 | | 呃逆 | | 呕恶 | | 反酸 | | 嗳气 | | 腹泻 | | 便秘 | | 纳差 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 | 疗前 | 疗后 |
| 0分 | 1 | 17 | 1 | 15 | 31 | 47 | 52 | 60 | 26 | 44 | 28 | 51 | 57 | 64 | 58 | 62 | 8 | 17 |
| 1分 | 4 | 42 | 4 | 48 | 1 | 18 | 0 | 5 | 5 | 19 | 9 | 13 | 0 | 1 | 1 | 2 | 11 | 37 |
| 2分 | 16 | 6 | 21 | 2 | 8 | 0 | 3 | 0 | 10 | 2 | 13 | 1 | 3 | 0 | 6 | 1 | 17 | 10 |
| 3分 | 10 | 0 | 13 | 0 | 12 | 0 | 7 | 0 | 22 | 0 | 10 | 0 | 3 | 0 | 0 | 0 | 7 | 1 |
| 4分 | 34 | 0 | 26 | 0 | 13 | 0 | 3 | 0 | 2 | 0 | 5 | 0 | 2 | 0 | 0 | 0 | 22 | 0 |
| $R$ 检验 $R_1$ | 0. 7249 | | 0. 7284 | | 0. 5967 | | 0. 5346 | | 0. 6097 | | 0. 6140 | | 0. 5274 | | 0. 5160 | | 0. 6459 | |
| $R$ 检验 $R_2$ | 0. 2751 | | 0. 2716 | | 0. 4033 | | 0. 4654 | | 0. 3903 | | 0. 3896 | | 0. 4794 | | 0. 4840 | | 0. 3544 | |
| U | 9. 1744 | | 9. 3711 | | 4. 3104 | | 2. 2691 | | 4. 7322 | | 4. 9513 | | 2. 4497 | | 1. 3661 | | 5. 9459 | |
| $P$ | < 0. 01 | | < 0. 01 | | < 0. 01 | | < 0. 01 | | < 0. 01 | | < 0. 01 | | < 0. 05 | | > 0. 05 | | < 0. 05 | |

4　讨　论

本文首次报道运用李仲愚杵针疗法对 65例胃脘痛患者 9项主症及兼症的自身治疗前后对照观察结果，显示杵针对胃脘痛、脘腹胀满、纳差、呃逆、嗳气、反酸等 6项指标自身治疗前后比较有高度统计学意义 ($P < 0. 01$)，对腹泻、呕恶 2项指标自身治疗前后比较有统计学意义 ($P < 0. 05$)，表明杵针对胃脘痛等主症有明显疗效，对腹泻、呕恶等兼症有一定疗效。而对大便秘结症自身治疗前后比较无统计学意义 ($P > 0. 05$)。

杵针治疗胃脘痛的机理是：通过杵针的补泻手法作用于相关穴 (位) 区，起到疏通经络，调畅气机，理气活血，从而调整肠胃生理及功能状态的作用。

参考文献

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**Clinical Observation on 65 Cases of Stomachache Treated by Li Zhongyu's Pestle Needle**

Li shuren, Zhong shucai, Zhou xinghua, et al(李淑仁,等)
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**SUMMARY** Reported 65 cases of stomachache treated by the pestle needle that was developed by Li Zhongyu, the chief physician of chengdu University of TCM. Of the 65 cases, the diagnosis was: 15 were gastric ulcer or duodenal ulcer, 47 gastrritis, 3 gastroptosis; the sydrom differentiation of TCM was: 9 were sthenic, 21 deficiency-code, 35 astenia intertwinded sthenia. After treatment with above-mentioned method, the results showed that 40 cases were remarkable effective, 23 effective and 2 ineffective; the total effective rate was 96.9%. Compared with before and after treatment, there was a statistical difference to these indications such as stomachache, abdominal distention, anorexia, hiccup, eructation, acid regurgitation, diarrhea, nausea etc. It suggested that Li's pestle needle therapy has effectiveness to stomachach.

**KEY WORDS** Li Zhongyu Li's pestle needle therapy stomachache Science of acupancturp and moxibustion

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**The Clinical Observation of Primary Hepatocellular Carcionma Cancer (PHCC) with Quan-kun-ning capsule**

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**SUMMARY** Constrastivly observed the clinical effctiveness between Quan-kun-ning capsule and Fu-fang-tian-xian capsule to 93 cases of PHCC. The former was made under the rules of relieving stagnancy of vital energy of the liver, removing the toxic heat, softening the hard lumps and dispelling the nodes, promoting the blood circulation to eliminate blood stasis, supplementing the vital energy and nourishing vital essence. The results showed that the total effective rate of the Quan-kun-ning group was 36.84% and the control group 38.88%. There was no statistical difference to the two groups ($P > 0.05$), whereas, before and after treatment, there was a statistical difference to the AFP of the Quan-kun-ning group. It suggested that Quan-kun-ning have some effectiveness to PHCC.

**KEY WORDS** Quan-kun-ning Capsule Fu-fang-tian-xian Capsule PHCC

(Original article on page 20)

**The Clinical Observation of Hyperlipo-Proteinemia Treated with "Zhi-bi-tuo"**

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**SUMMARY** Constrastivly observed the clinical effectiveness between chinese medicine complex prescriptions--"Zhi-bi-tuo" and Hexanicit. The reresult showed the remarkable effective rate of the former was 66.67% and the effective rate 83.33%; of the latter were 36.67% and 60.00%. The former has advantage over the latter($P < 0.01$). In addition, they all have effectiveness to responding symptomatically and lowering the proteinemia, but the former was superior to the latter($P < 0.01$ or $< 0.05$). It suggested that Zhi-bi-tuo may become a new lowering proteinemia proprietary chinese medicine and be worth further investigation.

**KEY WRODS** Hyperlipo-Proteinemia Treatment of TCM

(Original article on page 12)