中西医结合杂志 1982 年第 2 卷第 4 期

中西医结合治疗新鲜四肢骨折 277例临床分析

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我院于 1976 年 11 月至 1980 年 1 月，共收治新鲜四肢骨折 277 例，并经过四年多随访，现报道如下：

一般资料

277例中，男性 152 例，女性 125 例，年龄 20 岁以下 33 例，20～40 岁 167 例，40 岁以上 77 例。桡骨远端骨折 54 例，尺桡骨双骨折 33 例，肱骨干骨折49例，肱骨外髁颈骨折 65 例，肱骨髁上骨折 1 例，髌骨骨折 13 例，股骨干骨折 9 例，胫腓骨干骨折 53 例。

治疗方法

一、单纯小夹板固定：135例(包括桡骨远端骨折46例，尺桡骨折25例，肱骨干骨折41 例，胫腓骨干骨折23例)。此类骨折整复后较稳定，肿胀程度轻，直接选用局部小夹板固定。

二、开放复位内固定：8 例(包括尺桡骨折 2 例，肱骨干骨折 3 例，股骨干骨折 3 例)，属下列三种情况：1、有髓管针内固定指征的；2、多处骨折，内固定后可简化治疗；3、手法复位多次而失败的，术后先采用石膏固定，待伤口一期愈合，再换小夹板固定。

三、外展架结合小夹板固定：2 例(肱骨干骨折)，均系横断型，采用小夹板固定，因肢体重力关系，常使骨折端分离，发生不连接，故改用外展架固定，待桥式骨痂出现，再换局部小夹板固定，直到骨性愈合。

四、抱膝器固定[1]：13 例髌骨骨折，凡骨折断端分离不超过 1～1.5cm，采用橡皮管或塑料套环，胭窝衬以铰链托板或石膏托，用四根布带系住。

五、骨牵引结合小夹板固定[2]：22 例（包括股骨干骨折 6 例，肱骨髁上骨折 1 例，胫腓骨干骨折 15 例)，其中有三种情况：第一属于欠稳定的螺旋型或斜型骨折，如胫腓双骨折；第二小腿开放骨折，需更换伤口敷料的，第三肿胀显著或肢体有广泛软组织挫灭伤者。

六、早期选用石膏托或管型石膏，中、晚期改小夹板固定[2]：31 例（包括桡骨远端骨折 8 例、尺桡骨折 6 例，肱骨干骨折 3 例，胫腓骨干骨折 14 例)。

七、局部小夹板固定，中间改用长腿石膏，晚期又换小夹板固定[2]：1 例胫腓骨双骨折，此例在治疗过程中负重过早，夹板选择不当，发生成角的畸形趋向，立即改石膏固定，并作楔形纠正，待骨折端出现骨痂，再换小夹板固定。

八、塑形石膏托结合小夹板固定：65例肱骨外髁颈骨折。

整复和固定步骤，上肢骨折均在局麻或臂丛麻醉下，手法复位或在上肢螺旋牵引器帮助下整复；下肢骨折局麻下施行胫骨结节或跟骨骨牵引，凡肿胀显著，常规外敷消肿膏，然后松松地环绕肢体卷一、二层纱布或纱布绷带，选用适合体型，长短合适的小夹板，本院均用柳木夹板，外用四根布带或尼龙搭扣扎牢，第一周宜每日或隔日调整一次，第二周隔 3～4 天调整一次，第三周肿胀基本消退，可改为每周调整一次，我们根据肢体肿胀情况，伤员家居远近，宜先以石膏托固定，待 2～3 周肿胀消退程度，酌情换局部小夹板固定，门诊每周随诊一次。

九、中草药的应用：1、外敷消肿膏：凡肿胀显著的闭合性骨折，常规敷贴，每隔 4～5 天更换一次，一旦肿胀消退，不再应用。附消肿膏成份：粉赤芍 480g 全当归 480g 赤小豆480g 生地黄 480g 姜黄 480g 血竭 480g 炙土鳖 480g 白茄子 480g。以上药研成粉，用醋调或少加凡士林备用。

2.内服中草药：(1)早期：即骨折后 1～2 周，筋络损伤，血离经脉，瘀血未散，气血凝滞，经络受阻，内治宜活血、化瘀，止痛、镇静等为主。方用：当归9g 红花6g 乳香4.5g 元胡6g 桃仁 6g 银花 9g 没药 4.5g 夜交藤9g 炙甘草3g。便秘，青壮年加大黄6g 老年加火麻仁6g，另每晚服青宁丸9g，开放骨折，另加白附子10g 姜南星9g 防风9g 蒲公英15g 紫花地丁12g；上肢骨折用桑枝或桂枝，下肢酌用牛夕为引经药。(2)中期：骨折后 3～4 周，瘀肿渐消，疼痛减轻，但瘀血未尽，营卫失和，治以活血化瘀，生筋续骨。方用：当归9g 川断12g 煅自然铜12g 生地9g 桑枝9g 骨碎补12g 丹参9g 落得打12g 炙甘草3g。(3)后期：伤后第

5周以后，筋骨气血虚弱，骨折断端虽已连接，但仍未坚固，内治宜接骨续筋，和营生新，培补元气，以补肝肾为主。方用：党参9g 茯苓6g 煅自然铜12g 黄芪9g 丹参6g 川断12g 生熟地各9g 落得打12g 白术6g 当归6g 赤芍6g 黄精6g 炙甘草3g 大枣5～10个。

3.外用洗方：骨折愈合后，解除夹板，宜配合理筋，外用洗方，温经活血，舒筋通络，方用：伸筋草9g 秦艽9g 钩藤9g 络石藤10g 独活9g 红花6g 海桐皮9g 当归9g 没药9g 乳香9g。

十、功能锻炼：在不影响骨折再移位前提下，循序渐进，促进肢体新陈代谢及骨折愈合。初期：骨折后1～2周，上肢可作握拳、伸指、抬肩；下肢作足趾、踝关节背伸和跖屈，股四头肌舒缩活动。中期：骨折后3～5周，可作肘关节屈伸活动，前臂骨折禁忌作旋前、后活动；下肢骨折可作踝部背伸、跖屈活动，膝关节屈伸动作，股骨骨折在持续牵引下，作上身引体向上等。后期：骨折后6周，上肢可持物，前后摆动，逐渐高举过头，对肩等动作。下肢骨折在小夹板保护下，扶拐下床活动，待X线证实有骨痂，方允许持重，以免发生畸形。

疗效分析

277例除30例失去联系外，其他均经四年多的随访，按照1975年天津中西医结合治疗骨折座谈会制定标准评定。骨折愈合日期：桡骨远端骨折平均38天，尺桡骨双骨折平均36天，肱骨外髁颈骨折平均35.5天，肱骨干骨折平均45天，股骨干骨折平均73天，髌骨骨折平均61天，胫腓骨折平均74天。

功能恢复结果：优176例（63.5%），良46例（16.6%），尚可21例（7.6%），差4例（1.5%），不详30例（10.8%），优良者占80.1%，较差病例，其中尺桡骨折1例；股骨干骨折1例，胫腓骨干骨折2例，如成角畸形，开放内固定招致软组织粘连，或管型石膏固定，影响关节功能，股骨干髓管针固定，发生股四头肌粘连等。

讨　论

一、注意以下几点有助于提高疗效：1.骨折类型：稳定性骨折（如青枝、横断、嵌入型），早期即可用局部小夹板固定；非稳定性骨折（如斜、螺旋型、粉碎型），先骨牵引，或包括骨折端上、下关节的石膏固定。

2.肿胀程度：肿胀轻，可用小夹板固定，肿胀显著的，宜石膏托或管形石膏固定，待肿胀消退，换局部小夹板固定。

3.肢体肌肉发育程度：下肢肌肉较发达者，宜先骨牵引治疗，局部小夹板只能作为辅助固定，才能纠正骨折移位。

4.骨折线延伸至关节内，如"Y"、"T"型骨折，关节肿胀显著，宜开放内固定或骨牵引，待对位良好，肿胀消退、伤口一期愈合，再换局部小夹板固定。

5.软组织创伤程度：凡开放性骨折，软组织广泛挫灭伤，清创后宜有衬垫石膏固定，待创口愈合后，再改用局部小夹板固定。

6.有无合并伤：凡有周围血管，神经损伤，禁忌小夹板固定，避免发生血循障碍和压迫疮。

7.多发骨折：一身多处骨折，可酌情选肿胀较轻，较稳定骨折，局部小夹板固定，简化治疗，便于护理。

8.根据伤员家居离我院远近，距离医院远郊或外地伤员，隔日来院随访诸多不便，先石膏固定，距医院较近的，可局部小夹板固定，隔日来随诊较方便。

二、骨折治疗应辨证施治：几年来我们较细致观察伤员全身的创伤反应，根据病人不同阶段表现的全身症状，审察脉理，进行中医辨证用药，高年伤员兼有高血压、冠心病、老慢支者，均辨证施治，改变了过去沿袭的一方一剂；对局部出现的肿胀较显著，外敷消肿膏，以利散瘀，止痛，活血，达到整体和局部兼治。

三、局部小夹板固定是骨折治疗中动静结合的主要手段：骨折后在小夹板固定保护下，处于相对平衡状态，从而给骨折断端产生生理应力作用，促进骨痂形成，加速骨折愈合、又因局部小夹板紧贴肢体表面，夹板又具有韧性和弹性，外又有布带或尼龙搭扣捆扎，使骨折三点杠杆原理，得到充分地发挥，使某些骨折整复力线还不够理想的，逐渐地达到较好的整复；另关节有节制的伸屈活动，内在跨越关节的肌肉舒张，改善了静脉和淋巴回流，加速肢体的新陈代谢，使骨折修复和功能恢复齐头并进。

参 考 文 献

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Following the combined method of TCM-WM, diarrhoea was divided into 3 types, namely, "Waigan" (外感 , affection due to exogenous pathogenic factors, i.e. infectious diarrhoea), "Shangshi" (伤食 , indigestion caused by improper diet or over eating, i.e. food factor simply) and "Pixu" (脾虚 , deficiency in the spleen, i.e. prolonged enteritis), which were treated with "Ge Gen Qin Lian Tang"(葛根芩连汤), "Bao He Wan"(保和丸) and "Shen Ling Bai Zhu San" (参苓白术散) respectively. In 1958-1978, these drugs were applied to 961 inpatients with diarrhoea. The total curative rate was 92.3%. Time of stoppage of diarrhoea and subsidence of fever was shortened for 1-2 days as compared with the WM group. Thus, there was a significant difference between them.

Waigan type was seen more often clinically. According to our analysis, the main pathogens were E. coli. and Rotavirus. All cases of the bactreial diarrhoea were resistant to antibiotics in common use. Furthermore, it is recognized today that the pathogenesis of E. coli diarrhoea is an increase in enteric secretion due to the enterotoxin produced by the bacteria. As it is by no means induced by intestinal inflammation, there is no point in using antibiotics to diminish inflammation. As for viral diarrhoea, the use of antibiotic drugs is of no avail at all. Therefore, it would be appropriate to apply traditional Chinese medicine to treat infectious diarrhoea. When dehydration occurred, an addition of fluid therapy will elevate the therapeutic effect.

According to the experimental research of berberine on animals abroad, it was made clear that the mechanism of stoppage of diarrhoea was due to the inhibition of intestinal secretions by berberine. It was also proved in our experiment with the ligation of rabbit's intestine that the toxin of E. coli isolated locally had manifested a phenomenon of increasing intestinal secretion. Since the effect of "Ge Gen Qin Lian Tang" in the inhibition of bacteria is not strong, and the main component (berberine) of the decoction has been proved to possess a function of inhibiting intestinal secretion, the therapeutic mechanism of stopping diarrhoea with the given decoction is related to the function of inhibiting secretion.

Recently, there is a global tendency to investigate ways to inhibit intestinal secretion with respect to therapeutic drugs for bacterial diarrhoea, keeping an eye on the exploration of traditional Chinese medicine and pharmacology. As the treatment of diarrhoea with Chinese medicine (if necessary, combined with fluid therapy) is distinguished for its high therapeutic effect, low side-effect, convenience and economy, it is highly regarded in overseas countries, and is going to be included in WHO's relevant program.

For the moment, the use of ORS (Oral Rehydration Salts) to treat diarrhoea dehydration is being recommended by WHO and has remarkable therapeutic effect. We deem it possible to further elevate the therapeutic effect by using TCM in conjunction with ORS, which will be more appropriate for grassroot units, and is being experimented and summarized.

(Original article on page 222)

The Effect of Compound Panax-ginseng Decoction in the Treatment of AARI after Burns

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This paper reports 14 cases of adult acute respiratory insufficiency (AARI) occurring in patients with burns covering more than 80% of body surface area. Among them 11 cases of AARI occurred in the septic period of burns, 2 cases occurred in the shock period with lesions of burns at the respirstory tract and resulted in death, and one case occurred in the late period of burns. In addition to a general treatment, a decoction of *Panax ginseng* compound was used in 6 cases following the principle of traditional Chinese medicine, in which the symptoms of AARI disappeared in 4 cases, improved partially in 1 case and failed to improve in only 1 case. In the 6 cases served as control, symptoms of AARI disappeared in only 2 cases , whereas 4 cases showed no improvement. This result suggests that the decoction of *Panax ginseng* compound may be beneficial to the treatment of AARI after burns. The diagnostic principles of traditional Chinese medicine, the pharmacology of *Panax ginseng* and our experiences of treatment are discussed.

(Original article on page 224)

A Clinical Analysis of 277 Cases of Fresh Fractures in the Extremity Treated with TCM-WM

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During 1976-1980, 277 cases of fresh fractures in the extremity were treated with TCM-WM in this hospital. There were 54 Colles' fractures, 33 fractures of both ulnar and radial bones, 49 fractures of shaft of humerus, 65 fractures of surgical neck of humerus, 1 supracondylar fracture of humerus, 13 Patella fractures, 9 diaphyseal fractures of femur, 53 fractures of both tibia and fibula. The methods used in reduction and 8 types of TCM-WM methods of immobilization in various combinations are described in detail, such as small local wooden splint with open reduction and internal fixation, skeletal traction, abduction-splint, plaster of Paris bandage, ring around patella etc. From 4 years' follow-up, the clinical functional results were excellent to good in 222 cases (80.1%), fair in 21 cases (7.6%), bad in 4 cases (1.5%), and unknown in 30 cases (10.8%). Three basic problems concerning the combined method of TCM-WM are discussed.

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