

• 临床论著 •

循经性感觉病

——80例临床报告

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内容提要 本文报告循经性感觉病80例,其主要症状是发作性的呈带状移行的疼痛或异常感觉。每次发作均从体表上恒定的一点开始,以1.5~3.0 cm的宽度及每秒10~40 cm的速度移行。它所移行的路线恰好与“经络”路线相符。每次发作持续3~5分钟,发作后遗留有一过性的循经分布的感觉障碍带。本病与我国古代文献所载“循经所生病”相符,可能是一种具有循经移行特点的局限性感觉性癫痫。

循经性感觉病 (Sensory disease propagating along the Channel, SD-PC),其主要症状是发作性的呈带状移行的疼痛(循经性疼痛, Algesia-PC)或异常感觉(循经性异感, Paresthesia-PC),它们的移行路线恰好与中医学中所记载的经络(Channel, Meridian)路线相符合。

取本病的某些特征做为一种现象而进行的报道可追溯到1959年,所用的名称凡有:经络现象与循经抽痛、循经感觉减退带、阵发性循经灼痛症、自发性循经感传或病理性自主感传等^[1~3]。1975年以来作者根据自己的观察资料认为它是一个独立的疾病,所提出的统一命名建议已为国内学术界所接受,1979年陈克勤曾按此统一命名报道95例(以上共114例)^[4~5]。加上本文报道作者所观察的80例,迄今国内已报道本病224例。

对象与方法

以综合性医院神经科门诊病人为主要对象,其主诉为有疼痛或异常感觉发作性地呈带状在体表上沿一定的路线循行。病人所指出的循行路线必须恒定、明确,不因暗示而改变。凡有神经官能症病史及症状者不列为观察对象。据病人指诉的模拟循行用秒表与卷尺测定

其宽度、长度与速度,对其路线则应予描绘及拍照。常规神经系统检查(注意循经分布的感觉障碍带)与内科检查(注意与循行路线有关的病灶),人为引发循经感传试验及脑电图描记。

观察结果

本组80例中男45例,女35例,年龄11~60岁。病程短者3天,长者10年,多数在3年以内(72例,占90.0%)。

一、疼痛与异感:80例中,有疼痛感觉循经走行者43例。在其余37例循经走行的各种异常感觉中以麻感为最多(21例,占56.7%),其次则有温热感、跳动感、风吹感、水流感、冷感、酸感与痒感。此种循行性感觉的性质往往与所发现的循行路线上的刺激病灶的性质有关。例如,循行性痛感多与疼痛性刺激病灶有关;循行性麻感多与占位压迫性病灶有关,循行性热感多与炎症性病灶有关等。

二、循行的宽度、长度与速度:疼痛或异感的循行宽度为1.5~3.0 cm。80例中有49例(61.2%)能够走完该经的全长。循行速度为每秒10~40 cm。

三、循经分布情况:80例共有119条循行路线,平均每例1.5条,均与经络路线基本相

符。沿循膀胱经(39条)、胃经(14)、大肠经(12)、督脉(11)、胆经(10)、任脉(8)与心包经(7)走行者共101条,约占总经次的84.9%,其中有2例表现为贯通两条同名经的循行(手足阳明与手足少阳)。其余的则沿循带脉(6)、脾经(3)、肾经(3)、三焦经(2)、冲脉(2)、小肠经(1)与阴跷脉(1)走行。

四、发作特征:一般以每日发作2~6次者为最多(58.9%),也有一日内发作10余次或数日、数月才发作1次的。每次发作均开始于体表上恒定的一点(始发点, Starting Point)。发作循经走行到一定的距离后停止,此时疼痛或异感持续全程存在或在终点与始发点之间往返窜行。每次发作的持续时间为3~5分钟,偶或达到2~3个小时。

发作当时,少数病例伴有精神与情感异常(2例),内脏危象(3),局部血管充盈、眼结合膜充血或鼻衄(各2),循经出汗(1),呕吐(2)及相应肢体的不自主抽动(2)。

发作停止后有少数病例继以嗜睡或入睡(1例),同侧眼睑下垂(1)及相应肢体的运动不灵(2)。这些后继症状均在3~4个小时之内自动消失。病人在整个发作过程中意识清晰,事后能够完整回忆。

五、和躯体疾病的关系:本文80例均现患或患过各种躯体疾病,计38个病种共106病次。其中脑震荡17例(21.3%)。有29例在始发点处,21例在循经沿线找到了小病灶——小结节、疤痕、骨刺或伤痂等(62.5%)。其中有3例在始发点深部的脏器中有限局性病灶(慢性胆囊炎、膀胱息肉、局灶型肺结核),且其发作均具有内脏危象性质。在所患的其他病种中,脑病与溃疡病等值得注意。在脑震荡时,其循行路线与头部受撞击的部位有关。在其他躯体疾病时,其循经路线也多与病灶的位置相应。

六、发作的人为性阻断:80例中有55例(68.8%)当疼痛或异感的循行发作时,病人可在循程上施加压力而终止其发作。如果发作是从某一点开始而采取两条路线走行的,则施压

力于其中一条时可有将疼痛或异感驱赶到另一条路线上去的体验。

七、发作后的感觉障碍:在一次发作之后,80例中有47例(58.8%)检出了体表上以痛觉迟钝或消失为特征的感觉障碍,可分为超节段循经形式与多节段组合形式两种。本组所见29条循经性感觉障碍带较集中地分布在胃经、胆经与膀胱经(共18条,占62.1%)。所见多节段组合形式的感觉障碍区31块,其中呈偏侧半身分布的均以躯干正中line为界。上記两种感觉障碍的维持时间多数为1~3个小时。

八、循经感传的引出与感觉障碍带的复制:在发作的间歇期,80例中有76例(95.0%)可用循经刺激的方法人为地引出循经感传,共158经次,平均每例2经次。有18例在循经感传被引出后可检出循经形式的感觉障碍带,在延长人为刺激时间的条件下可逐步增宽而转变为多节段组合形式的感觉障碍区。

九、脑电图与心电图检查:有13例在发作的间歇期做了脑电图检查,其中10例正常,2例有较多的慢波(每秒3~7次)分布在额、顶、枕叶,为广泛中度异常,另1例为左额颞区的慢波病灶。有2例当发作移行到头部时记录有广泛的慢波发放,以额顶叶为著。

十、治疗与预后:本组80例均口服苯妥英钠与利眠宁治疗,其中31例还配合使用循经路线上的药物封闭或在始发点处的肠线埋藏。有6例做了切除循经线路上小病灶的手术,2例做了胸腔与盆腔脏器的手术(肺叶切除与膀胱息肉切除)。除18例未能追踪观察或其发作的间歇期超过1个月不易判断疗效者外,其余62例均经过3个月以上的随访,证实再无发作。

讨 论

远在2000年以前,中医学古籍《黄帝内经·灵枢经》中就有“循经皆痛”与循经“所生病”的记载。所指就是“沿循着该经自发地产生出来的病痛”的意思。有关的描述中还提到了“病至”、“厥”、“疔”等概念,表明了本病的发

作性质。本组 80 例循经性感觉病基本上与“循经所生病”相符。

在现代医学中有所谓的“局限性感觉性癫痫”(Localized sensory epilepsy), 表现为疼痛或异感的发作及从一定部位开始的区域性的移行, 并且在发作终止后数小时内可见有发作部位的暂时性感觉丧失。各型局限性癫痫多数属于继发性癫痫, 经常可以找到外伤、感染、肿瘤、脑血管病及脑变性病等病因。对于感觉性癫痫早就有能够用感觉性刺激来制止其发作的记载, Gowers 于 1881 年的报道及其所引用的 Lysons 1772 年的病例对此有过生动的描述⁽⁶⁾。本组循经性感觉病在发作后多数遗留有相应部位的感觉障碍区带, 且其发作可被附加的感觉性刺激所制止, 显然具备有局限性感觉性癫痫的特征。此外, 本病发作中所伴发的精神情感症状、血管舒缩障碍、呕吐及内脏危象等又具有间脑性癫痫 (Diencephalic epilepsy) 或内脏性癫痫 (Visceral epilepsy) 的特征。发作中的肢体不自主运动与发作后的一过性垂险及肢体轻瘫等则又符合于局限性运动性癫痫 (Localized motor epilepsy) 的某些症状及其发作后的托德氏瘫痪 (Todd's paralysis)。本组 80 例均现患或患过各种躯体疾病也与局限性癫痫多数为继发性癫痫的记载相符。局限性癫痫在发作时也均不伴有意识障碍。

此外, 还有所谓的“反射性癫痫”(Reflex epilepsy) 或诱发性癫痫 (Evoked epilepsy)。其原因在于躯体上存在有持久刺激的病灶, 以致不断有冲动从该地传入中枢, 造成了相应大脑皮层区的惰性兴奋, 脑外伤的既往史可能对此类癫痫的发生有较重要的意义。本组 80 例的半数以上可在始发点处或循经沿线找到小

病灶, 少数病例可在其深部脏器中找到慢性病灶, 切除这些病灶可使发作停止。约有 1/4 的病例有脑震荡的既往史。因而认为, 循经性感觉病颇具有反射性癫痫的某些特征。

据以上分析, 循经性感觉病的本质应是一种沿循经路线呈带状移行的局限性感觉性癫痫, 它同时具有反射性癫痫的某些特征, 有时还可伴有局限性运动性癫痫及间脑性癫痫。国内薛崇成称此病为“经络型感觉性癫痫”, 陈克勤亦同意本病的发作属癫痫性质^(1~3)。作者曾建议, 循经性感觉病亦可称为“循经性感觉性癫痫”(Sensory epilepsy propagating along the Channel, SE-PC)^(4, 5)。根据国际抗癫痫联盟 (International league against epilepsy) 的改进性分类, 本病应属于部分性——从局部开始的感觉性发作。

当代对于癫痫的研究, 脑电图的资料极为重要。据 Wilkinson 等的报道, 感觉性癫痫的脑电活动并无刺激电位, 仅有慢波⁽⁷⁾。此与本组所见到的 2 例相符, 但本组的脑电图资料不足, 今后应加强这一方面的研究。

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Abstracts of Original Articles

Sensory Disease Propagating Along the Channel

—A Clinical Report of 80 Cases

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The main symptoms of the disease are some paroxysmal morbid feelings (aesthesia or paresthesia) extending along a particular zone on the body surface. The attack begins at a fixed point and moves on with a width of about 1.5-3.0 cm at a speed of about 10-40 cm/sec. The route it follows coincides with a particular channel. Each attack lasts 3-5 minutes, leaving a transient hypoesthetic zone along the channel.

Since 1959, 224 cases of this disease have been reported in our country. The clinical features of the disorder are similar to those of the "disorder developing automatically along the channels" recorded in ancient Chinese traditional medical documents. The disease has some features of both localized sensory epilepsy and reflex epilepsy and thus may be called "sensory epilepsy propagating along the channel". (Original article on page 711)

Treatment of Schizophrenia with the Method of Activating Blood Circulation and Relieving Blood Stasis with Changes of Blood Rheology Observed

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One hundred and ninety-four cases of schizophrenia treated with TCM-WM combined were studied with 153 cases treated with WM exclusively as control. The cases were divided into six types according to TCM. The therapy employed was chiefly activating blood circulation and relieving blood stasis. Set formulas were modified to suit different symptom-complexes. The results of combined treatment were significantly better than those of the control group ($P < 0.005$). The method of activating blood circulation and relieving blood stasis not only could increase the curative effect but also shorten the course of treatment ($P < 0.01$). Tests of blood rheology were made on 40 patients. The value of each item of blood rheology test increased ($P < 0.01$), which indicated that there was blood stasis in patients of schizophrenia. The employment of the method of activating blood circulation and relieving blood stasis was thus justified. (Original article on page 714)

Observation on Short-Term Effect of 23 Cases of Leukopenia Treated Mainly with Chinese Huo Xue Hua Yu Drugs

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Twenty-three cases with leukopenia were treated with Chinese Huo Xue Hua Yu drugs, i.e., drugs with the action of activating blood flow and eliminating blood stasis: Radix Angelicae sinensis, Rhizoma Ligustici Chuanxiong, Flos Carthami, Caulis spatholobi and Radix paeoniae Rubra.

Twenty-one of the patients were hospitalized, the others were out-patients, age ranging from 21 to 55 years. Seven of them were male. All of them had diagnosis established by means of clinical and laboratory examination. Their white-cell count had been as high as 1,800 to 3,800 before the treatment with an average value of $3,228.26 \pm 542.47$ ($M \pm SD$). The course of treatment was 6 days to 14 months. Improvement was observed from 2 to 48 days, 12 days on the average. The result was excellent in 8 cases, good in 13 cases, and poor in 2 cases. The total effective rate was 21/23 (91.30%). White-cell count of all patients increased to $4,473 \pm 1,299.11$ ($M \pm SD$) after treatment. The therapeutic mechanism was supposed to be promotion of synthesis of DNA brought about by action of Chinese drugs which improved the reproduction, differentiation, maturity and release of the stem cells, stimulated the contraction of spleen and reduced the influence of splenic factor on white-cell. There was also probability that immunity-regulating effect of the Chinese drugs eliminated or reduced immunopathologic injury of white-cells.

(Original article on page 717)

Aplastic Anemia Treated with Combined Traditional Chinese and Western Medicine

—A Clinical Analysis of 52 Cases

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This paper reports 52 cases of aplastic anemia treated with combined TCM and WM. Of which 29 were idiopathic, 23 secondary, 7 acute aplastic anemia and 45 chronic aplastic anemia. The results of treatment: the cure rate of chronic aplastic anemia was 48.9%, and the total effective rate was 95.6%. Seven cases of acute aplastic anemia showed no effect.