

# 临床穴位得气深度的研究

台湾中国医药学院针灸研究中心 林昭庚

台北市立和平医院 王清福 黄政典 陈春发

**内容提要** 本研究依体型胖、中、瘦来测量穴位的得气深度，以及依胖、中、瘦三种体型分别就头部、躯干、上肢、下肢等部位的得气深度，并以 t 检验统计出各组之间的差异。结果显示：胖人组所测得的得气深度较深，瘦人组得气深度较浅 ( $P < 0.01$ )；头部的得气深度比躯干、上肢、下肢的得气深度浅，且头部得气深度的标准差为  $\pm 0.1$  cm，躯干及上下肢的得气深度则为  $\pm 0.2$  cm。同时发现，有神经质及有过敏体质的患者得气深度比一般患者浅，癌症及中风患者得气深度则较一般患者深。

**关键词** 穴位 得气深度

历代在许多针灸医书上，除了说明穴位的位置、解剖、取穴法、针感及功能主治外，有关操作及剂量的说明比较含糊和笼统。本研究旨在了解临床上正确使用有效的穴位深度，以便使针灸医师在临床上有一精确的标准可循，避免损及重要器官、血管、神经，而提高疗效。

## 资料与方法

### 一、临床资料

1. 受试者 以台北市立和平医院针灸科门诊患者；依邱清华教授所订“中国成年人男女、性别之标准体重”分为正常体重组、肥胖组、消瘦组，每组 100 例。

2. 针具 以 3A 针 32 毫针、3.8 cm 长、直径 0.03 cm。

二、方法 每人每个穴位测 10 次。穴位定位方法参考文献<sup>(1-7)</sup>。头部取风池、翳风、上星、百会、头维、神庭、阳白、攒竹、瞳子髎、丝竹空、睛明、承泣、耳门、听官、听会、四白、地仓、下关、上关、颧髎、颊车、迎香、人中、承浆、廉泉 25 个穴；躯干取中脘、下脘、水分、阴交、天枢、外陵、气海、关元、中极、肩井、巨骨、大杼、肺俞、膏肓俞、心俞、督俞、厥阴俞、大椎、命门、腰阳关、肾俞、气海俞、关元俞、秩边、环跳 25 个穴；上肢取尺泽、肘髎、五里、臂臑、小海、少海、曲池、手三里、列缺、大陵、内

关、神门、养老、腕骨、外关、阳池、阳溪、合谷、少商、中渚、液门、后溪、鱼际、劳宫、商阳 25 个穴；下肢取承扶、殷门、风市、阴包、血海、伏兔、委阳、委中、阴陵泉、膝关、三阴交、犊鼻、足三里、条口、膝阳关、阳陵泉、悬钟、昆仑、太溪、商丘、然谷、解溪、丘墟、陷谷、太冲 25 个穴。

得气深度：以针刺穴位后，给予一定强度刺激，有酸、麻、胀、痛之反应称为得气，此时针入为得气深度；测量时，首先量皮肤表面针的长度，然后以 3.8 cm 减去所量之长度。即为所得气深度。以 10 次得气深度平均值，计算公式略。

## 结 果

头部、躯干、上肢、下肢依胖、中、瘦分为 3 组，所测得气深度见附表。

附表 三组头部、躯干、上肢、下肢  
得气深度 (cm,  $\bar{x} \pm S$ )

组别	例数	得气深度			
		头部	躯干	上肢	下肢
胖	100	1.14 $\pm 0.09$	1.84 $\pm 0.13$	1.59 $\pm 0.14$	1.98 $\pm 0.12$
中	100	1.00 $\pm 0.08$	1.64 $\pm 0.13$	1.41 $\pm 0.13$	1.86 $\pm 0.11$
瘦	100	0.87 $\pm 0.08$	1.44 $\pm 0.13$	1.23 $\pm 0.13$	1.67 $\pm 0.10$

头部得气最深的为胖组风池、地仓穴( $2.2 \pm 0.2$  cm), 得气最浅的为瘦组上星、百会、头维、神庭、阳白、睛明、人中、承浆等穴( $0.5 \pm 0.1$  cm)。躯干部得气最深的为胖组秩边、环跳穴( $3.8 \pm 0.2$  cm), 得气最浅的为瘦组肩井、巨骨、大椎、大杼、肺俞、膏肓俞、心俞、督俞、厥阴俞、命门、肾俞, 腰阳关等穴( $1.0 \pm 0.2$  cm)。上肢得气最深的为胖组肘髻、五里穴( $2.8 \pm 0.2$  cm), 得气最浅的为瘦组少商、商阳穴( $0.3 \pm 0.1$  cm)。下肢得气最深的为胖组殷门、风市穴( $2.8 \pm 0.2$  cm), 得气最浅的为瘦组解溪、陷谷穴( $0.7 \pm 0.1$  cm)。3组胖、中、瘦得气深度, 经t检验具有显著性差异( $P < 0.01$ )。

## 讨 论

在本研究观察中, 男性得气深度大于女性, 其得气深度可能与肌肉的强壮度有关。有神经质与过敏体质的患者得气深度较一般患者

为浅; 重病患者如中风后遗症或癌症其得气深度较一般患者为深。根据本研究结果, 并结合典籍治疗经验, 其得气深度大部分可能发生在肌层内。关于得气反应是否与神经传导和肌肉收缩具有相关性, 待进一步研究。

(本研究由“立法院”医务室主任肖伟傑医师、中国医药学院中医学系实习医师及中医部医护人员协助, 谨谢)

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# 柿蒂煎剂治疗婴幼儿腹泻 76 例

重庆市传染病医院(四川 630030) 骆宗复

笔者采用柿蒂煎剂治疗婴幼儿轻~中度腹泻 76 例, 疗效满意。

**临床资料** 本组 76 例男 34 例, 女 42 例; 年龄 6 天~18 个月, 平均 7 个月。轻度 58 例, 中度 18 例; 大便次数为 6~14 次/d, 平均每天 10 次; 肉眼观大便为稀或稀水, 色黄或黄绿, 有奶瓣或为蛋花状, 有的有明显酸臭味。患儿病前多有喂养不当或有轻度上呼吸道感染症状, 其中 12 例有低热且偶有呕吐; 均无明显脱水及全身严重中毒症状, 大便时患儿哭闹不显。其中 62 例大便镜检可见脂肪滴, 有的有少量白细胞。腹泻时间为 2~6 天, 采用多种治疗无效者。

**治疗方法** 取柿蒂 10~15 个(约 4~6 g), 洗净加入水 250 ml, 文火煎至 60 ml, 加少许砂糖, 分次喂服, 每次 5 ml, 每日 3 次, 疗程 2~4 天。服药期间患儿不需禁食; 母乳喂养者, 可适当减少喂奶次数; 人工喂养儿可酌情稀释加用米汤等, 治疗期间均

未使用抗生素, 仅加用维生素 B<sub>1</sub> 片及钙片, 有 4 例因夜间哭闹加用非那根片。

**结 果** 显效: 服药后 2 天内患儿大便次数正常, 肉眼观大便性状正常, 患儿精神好, 进食好。有效: 服药 3~6 天内大便次数及大便性状好转者。无效: 治疗前后无变化。76 例经用药后显效 45 例(60%), 有效 29 例(38.0%), 无效 2 例, 总有效率为 97.36%。显效者平均用药  $1.06 \pm 0.25$  天。可继续使用 2 日, 20 例观察 5~7 天, 均无复发。

**体 会** 小儿体质未充, 脾胃薄弱, 健运失职, 而又保养不善等均可引起泄泻, 笔者就其多年临床实践, 采用上法治疗婴幼儿轻中度腹泻取得满意效果。柿蒂性苦、涩、平, 入胃经, 降气止呃, 主治呃逆, 烧存性研末治血淋。用于治疗泄泻尚未见报道; 本品含有齐墩果酸、没食子酸、熊果酸等, 均有收敛之功效。其方法简单, 易于掌握, 收效快且无任何副作用。

therapy could reduce pain quickly, clean wound well, promote granulation growth and epithelium regeneration so as to accelerate ulcer healing.

**Key words** radio-ulcer, treatment of combined TCM-WM, external treatment.

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### Study on Alteration of Cocaine, Morphine and Nicotine Levels

#### in Serum of Opiomaniacs Treated by Jie Du Ling (戒毒灵)

Liu Dong-liang (刘东亮), Dong Zhu-qiang (董祖强), Deng Zhi-hong (邓志宏), et al

Department of TCM, Lanzhou Airforce Hospital, Lanzhou (730070)

20 Opiomaniacs were treated by Jie Du Ling consisted of some Chinese herbal medicine. Cocaine, morphine and nicotine levels in serum of 20 cases before and after treatment and 20 subjects for control were measured simultaneously by means of radioimmunoassay. The results showed that cocaine, morphine and nicotine levels in patients serum before treatment were significantly higher than that of control ( $P < 0.001$ ), while the level of above-mentioned 3 substances in patient's serum after treatment were significantly lower than that of before treatment ( $P < 0.001$ ). It is proved that Chinese medicinal herbs could significantly reduce the levels of cocaine, morphine and nicotine after treatment in clinical practice. It offered evidence for Chinese herbal medicine in stopping opiomania.

**Key words** Jie Du Ling, opiomania, cocaine, morphine, nicotine

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### Study on Depth of Getting Qi in Clinical Practice

Lin Zhao-geng (林昭庚), Wang Qing-fu (王清福)\*, et al

Acupuncture Research Center, China Medical and Pharmaceutical College

\* Municipal Peace Hospital, Taipei

Based on the type of build being fat, medium and thin to determine the depth of getting Qi (DGQ) in acupoints, and based on the aforesaid three types of build to verify the difference of DGQ of neck, trunk, upper-limb and lower limb with T test. The result showed that the DGQ of fat man group was deeper, the DGQ of thin man group was more superficial ( $P < 0.01$ ), the DGQ of neck was more superficial than that of trunk, upper and lower limb, and the standard deviation (SD) of neck DGQ was  $\pm 0.1$  cm, that of trunk, upper and lower limbs was  $\pm 0.2$  cm. Following finding has been observed, the DGQ of patient with nervousness and allergic constitution showed more superficial, while the DGQ of cancer and apoplexy patients showed deeper than that of ordinary patients.

**Key words** acupoint, depth of getting Qi

(Original article on page 94)

### Determination of Hepatocyte Adrenergic $\alpha_1$ Receptor and Study on

#### Actions of Nourishing Yin and Replenishing Qi (养阴益气) Drugs in

#### Experimental Hyperthyroid Rats

Shan Ji-chun (单济川)

First Affiliated Hospital, Sun Yat-sen University of Med. Sci, Guangzhou (510080)

In this study, hyperthyroid rat models (group 1) were established by daily intramuscular injections of thyroxine for 7 days. Group 2 were hyperthyroid rats receiving at the same time Nourishing Yin and Replenishing Qi drugs (*Ophiopogonis japonis*, *Pseudostellariae heterophylla* and *Rehmannia glutinosa*). Normal rats served as controls. Group 1 and group 2 rats showed manifestations of hyperthyroidism, higher rectal temperature, increased  $O_2$  consumption, as well as significantly higher serum  $TT_3$  and  $TT_4$  levels. Receptor proteins of liver cell membrane were prepared. Receptor binding assay was performed using  $^3H$ -prazosin (adrenergic  $\alpha_1$  receptor antagonist) as radioligand, maximal binding capacity ( $B_{max}$ ) and dissociation constant ( $K_d$ ) were calculated from Scatchard curve. It was found  $B_{max}$  (fmol/mg protein) in model groups were lower than that of the control group, but the differences were not statistically significant.  $K_d$  (nM) in group 1 was significantly lower than that of control group ( $2.32 \pm 1.09$  vs  $5.42 \pm 2.54$ ,  $P < 0.05$ ), indicating that receptor affinity was increased in hyperthyroid rats.  $K_d$  in group 2 ( $3.11 \pm 1.48$ ) was intermediate between that in group