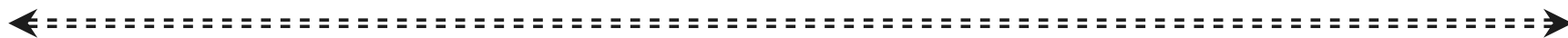


中风后抑郁症的中医治疗分享

Experience in Traditional Chinese Medicine on Post-stroke Depression



赵红 Zhao Hong

天津中医药大学第一附属医院

*The First Teaching Hospital, Tianjin University of TCM,
Tianjin, 300193, P.R. China*

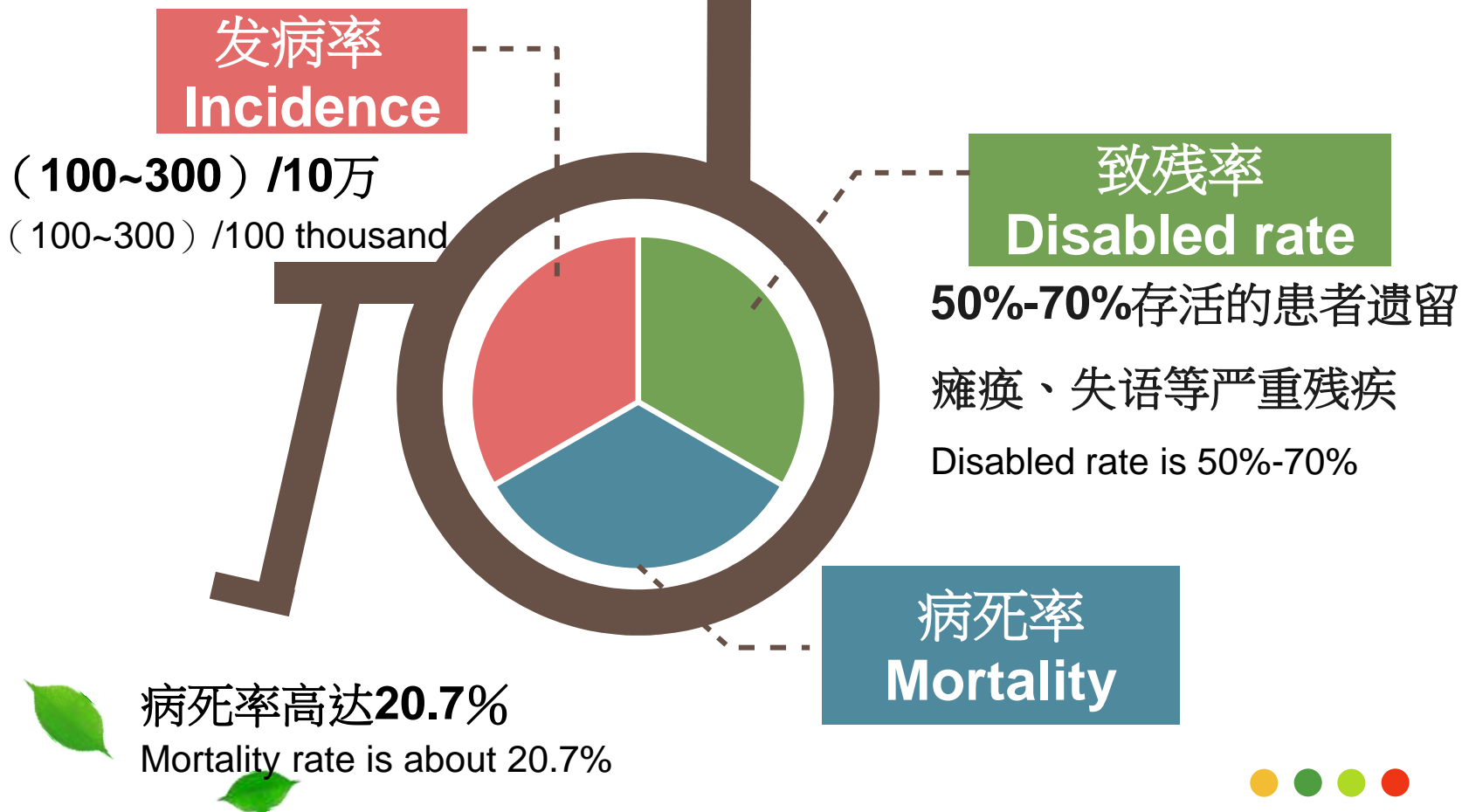




背景 Background



脑中风“三高”现象 “Three high phenomenon”





背景 Background



中风后抑郁 (PSD) 是中风常见的并发症之一，文献报道发病率高达30%，是中风后情绪障碍的主要表现形式。 PSD对中风患者的病程、康复和预后会产生重大负性影响，其死亡率比无抑郁脑卒中患者高3~4倍。 我院采用石学敏院士设立的“醒脑开窍”针刺法治疗本病临床已有收效，现介绍如下。

Post-stroke depression (PSD) is one of the most common complications after stroke and is the main performance of emotion disturbance after brain stroke. The incidence rate in population is 30 % which has been reported in papers. PSD negatively affects patients' duration, rehabilitation and prognosis. Mortality in PSD patients is 3 - 4 times higher than it in non-PSD patients. XNKQ therapy which established by academician Shi Xue-min is one of the effective and feasible methods on treating post-stroke depression. My topic today is to share the experience of the treatment effect of XNKQ acupuncture therapy on PSD.





如何诊断？ *How To Diagnose?*



西医诊断标准 Diagnostic criteria of Western Medicine

1. 中华医学会第四届全国脑血管学术会议制订的“各类脑血管疾病诊断要点”中对中风病的诊断标准

According to the diagnosis of various types of cerebrovascular disease issued on the 4th Scientific Annual Congress of Chinese Society of cerebrovascular --Chinese Medical Association.

2. 《中国精神障碍分类与诊断标准》（第3版）（**CCMD-3**）心境障碍（情感性精神障碍）中抑郁发作的诊断标准。

Diagnostic criteria of mental disorders: Mood (affective) disorders: depression





如何诊断？ *How To Diagnose?*



中医诊断标准 Diagnostic criteria of TCM

1. 国家中医药管理局脑病急症科研协作组起草制定《中风病诊断疗效评定标准》试行版。

According to the Diagnose and Effect Standard of Stroke in TCM (1994) issued by State Administration of Traditional Chinese Medicine

2. 中华人民共和国中医药行业标准：《中医病证诊断疗效标准》的郁病诊断标准。

ZY/T001.1-001.9-94 : Diagnose and Effect Standard of Diseases in TCM – depression.



治疗 *Treatment*



中风基础治疗

Primary Treatment

脑保护治疗 Brain Protection



抗血小板

antiplatelet
agents

抗凝

antithrombotic

降纤

Defibrinogen

对症治疗等

treatment of
symptoms



——参照中国脑血管病指南、中国糖尿病防治指南、
中国血脂异常防治指南、中国高血压病防治指南





针刺处方

Prescription



主穴 Main points

内关 (PC-6)
 人中 (DU-26)
 三阴交 (SP-6)

7天后
 After 7d

上星透百会
 DU-23 penetrate
 DU-20
 印堂 (M-HN-3)

极泉 (HE-1)
 尺泽 (LU-5)
 委中 (BL-40)

风池 (GB-20)
 完骨 (GB-12)
 天柱 (BL-10)





针刺处方

Prescription



配穴：睡眠障碍加百会、四神聪；吞咽障碍加翳风；语言不利加上廉泉，金津、玉液放血；足内翻加丘墟透照海；肩-手综合症加肩髃、肩髃、肩贞、阳池。

Combinations: Sleep disorders: DU-20 , M-HN-1;
Swallowing disorder: SJ-17; Unsmooth Speech : upper REN-23, M-HN-20 prick to bleed; Strephenopodia : GB-40 penetrate to KID-6; Shoulder - hand syndrome: LI-15, SJ-14, SI-9, SJ-4.





主穴针刺方法

Manipulation



- 患者仰卧位，先刺双侧内关，直刺1-1.5寸，施捻转与提插相结合泻法，捻针角度大于180°，捻转频率控制在40~60转/分，施术1分钟。
- The patients are in supine position and PC 6 was punctured perpendicularly at first, 15—25 mm in depth with reducing technique by rotating, lifting and thrusting for 1 min, the angle $> 180^\circ$, 40~60/min.
- 治疗前7天，针刺人中，向鼻中隔斜刺5~7mm后，捻转针柄360°，施雀啄泻法，以流泪或眼球湿润为度；
- At the first 7d, DU 26 was punctured obliquely with the tip toward the nasal septum, 5-10 mm in depth, twisting the handle for 360°, bird-peck technique was repeated till eyeballs were moistened or tears presented.



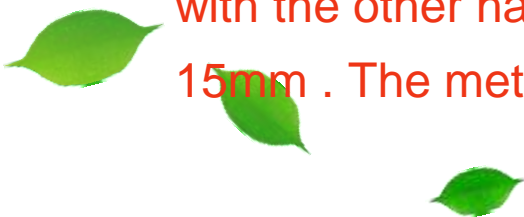


主穴针刺方法

Manipulation



- 治疗7天后不针刺人中穴、改针刺上星透百会、印堂，用**0.30mm×70mm**毫针针刺上星穴，向百会穴方向平刺**40~65mm**，施以小幅度高频率平补平泻法，捻针角度为**90°**左右，捻转频率**120~160转/分**，施术**1分钟**。
- After 7d , change DU26 to DU23 through DU20 , with the needle inserted from DU23 to DU20 for 40~65mm, angled 90° at the frequency of 120~160/min, pingbupingxie method was repeated for 1 min.
- 针刺印堂时捏起皮肤，向下斜刺**15mm**，均施以小幅度高频率捻转平补平泻法，捻针角度为**90度**左右，捻转频率**120~160转/分**，施术**1分钟**。
- With the fingers of one hand pinch up the skin over the point M-HN-3 ,and with the other hand needle transversely in an inferior or lateral direction , 15mm . The method is the same as DU23 through DU20.





主穴针刺方法

Manipulation



- 针刺三阴交，沿胫骨内侧缘与皮肤呈**45°**角斜刺，针尖刺到原三阴交穴的位置上，进针**15~30mm**，采用提插补法，针感至足趾，下肢出现不能自控的运动，以患肢抽动**3**次为度。
- SP 6 was punctured obliquely 45° formed with skin, along the medial border of tibia, 25-40 mm in depth. The point was stimulated with reinforcing technique of lifting and thrusting till the affected lower limb spasm 3 times.
- 极泉穴在原穴沿经下移**40~55mm**的心经上取穴，避开腋毛，施术者用手固定患肢肘关节，使其外展，直刺进针**10~25mm**，用提插泻法，患者有手麻胀并抽动的感觉，以患肢抽动**3**次为度。
- HE1 was located 1 can below the source acupoint, avoiding armpit hair. It was punctured perpendicularly 25-40 mm and stimulated by reducing technique of lifting and thrusting till the affected upper limb spasm happened 3 times.





主穴针刺方法

Manipulation



针刺尺泽穴时，应使患者屈肘为内角**120°**，术者用手握住患者腕关节加以固定，直刺**20~25mm**，针尖向内偏斜，做提插泻法，针感从肘关节传导至手指或手动外旋，以手动**3**次为度。

LU 5 was punctured perpendicularly 25 mm in depth with arm flexed 120°. The point was stimulated with reducing technique of lifting and thrusting till the affected fingers spasm happened 3 times.

仰卧直腿屈髋取委中穴，针尖稍向外偏斜，进针**25~30mm**，采用提插泻法，以下肢抽动**3**次为度。

Locate with the knee slightly flexed, BL 40 was punctured perpendicularly 15-25 mm in depth, with leg straight-lifted. The point was stimulated with reducing technique of lifting and thrusting till the affected lower limb spasm happened 3 times.





主穴针刺方法

Manipulation



患者取坐位，针刺风池、完骨、天柱穴，进针15~25mm，采用小幅度高频率捻转补法，捻针角度为90°左右，捻针频率120~160转/分，每穴施手法1分钟。随证加减穴位，得气后极泉、尺泽、委中不留针，其余均留针30分钟。每日一次。

GB 20, GB 12 and BL 10 were inserted towards the laryngeal prominence, 15~25mm in depth, and were stimulated with reinforcing technique of rotating at high frequency and small amplitude, 1 min each point.

治疗周期：周一至周六每天针刺1次，周日休息，共治疗4周。

Once a day from Monday to Saturday, lasted for 4 weeks .





病因病机 *Etiology and*

Pathogenesis



中风后抑郁障碍是一种发生于脑中风后以抑郁症状为主要临床表现的一种精神障碍，属于中医“郁证”的范畴。故中风病为因，郁为果，即因病而郁。中风诱发抑郁发生的诸多原因有：肾精亏虚，髓海不足；肝气郁结，痰瘀阻滞；内伤劳损，脏腑阴阳失调等。

PSD is a kind of mental disorders occurred after stroke and it belongs to “Melancholia” category in TCM. As a result , stroke is the “causation”, depression is the “fruit”. There are many reasons that stroke can lead to depression : kidney essence deficiency, marrow; stagnation of liver qi, phlegm block; strain injuries, yin and yang organs disorders , etc.





从传统医学理论角度认识“醒脑开窍”针刺法

Traditional way to know XNKQ therapy



中风病的基本病机为“窍闭神逆、神不导气”。明·李时珍《本草纲目·辛夷·发明》云：“脑为元神之府”；汪昂《本草备要》“人之记性皆在脑中”。脑是精髓和神明高度汇聚之处，有主精神思维、感觉、运动、记忆和情志的功能。中风后气血逆乱，脑神受损。醒脑开窍针法将其作用直接定位于脑，认识明确，直达病所。

The basic pathogenesis of stroke is “awakened closed inverse God, God does not guide the Qi.” Ming Li’s “Compendium of Materia Medica · Magnolia · invention,” says: “Brain is the House of God”; Wang Ang “Herbal prepared to” “ All the memories are in people’s brain.” The brain is a high degree of convergence of the essence and the divine office, controls the main spirit of thinking, feeling, movement, memory and emotional functions. Blood against the chaos after stroke, the God of brain was damaged. XNKQ therapy understanding stroke clearly , and it leads its role located to the brain directly to disease.





醒脑开窍内涵 Connotation



穴取阴经，可同时滋补肝肾精血，促进气机运行；亦可滋水降火息风，消痰散瘀，祛除风邪。

Taken Yin-meridian points can nourish the blood of liver and kidney, promoting gas machine running; shigeming wind down as interest rates, phlegm stasis, dispel pathogenic wind.

醒脑开窍_主
XNKQ

督脉为阳脉之海，总督一身之阳气。针刺督脉穴可调整阴阳、平肝熄风、填精益髓、醒神开窍。

Du is a positive pulse of the sea, and it governs the whole bodies yang. Acupuncture Du will adjust the yin and yang, Pingganxifeng, fill lean marrow, refreshing resuscitation.

阴经穴

督脉穴

重在调神

其他
经脉穴

滋补肝肾_主
ZBGS

疏通经络_辅
XTJL





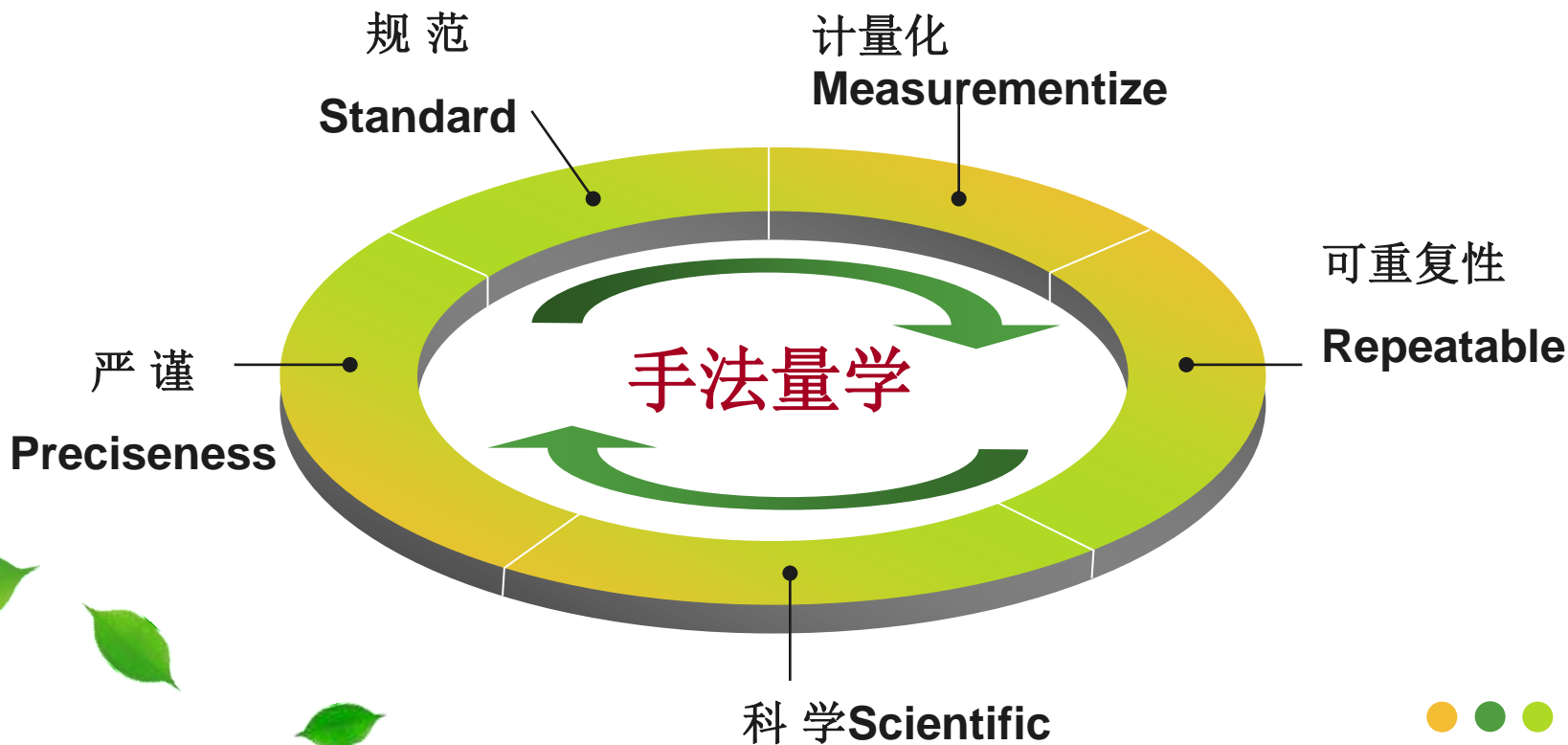
醒脑开窍内涵 *Connotation*



针刺手法量学

确定了腧穴位置、进针深度、针刺方向、施术手法、施术时间、针刺效应等。

The theory of acupuncture manipulation quantitative arts determine the location of acu-points, needle depth, needle direction, the treatments techniques, time treatments, acupuncture effects, etc.





从现代医学角度解析“醒脑开窍”针刺法治疗PSD机制

Modern way to know XNKQ therapy on PSD



PSD发病机制 Pathogenesis of PSD

生物学机制 Biologic mechanisms

卒中后脑内单胺类神经递质代谢紊乱，其通路受到损害，引起抑郁。

The metabolism of monoamine neurotransmitter was under disorder after stroke and its pathways was damaged, cause depression.

损害部位 Injury site

解剖学特点:大脑前部损害较后部损害发生抑郁症的危险性高; 左侧大脑损害发生抑郁几率高。

Anatomic features: the front part of the brain damage occurred a high risk of depression than it in damage to the rear; the incidence rate of stroke is high if the damage is in the left side of the brain .





PSD发病机制 Pathogenesis of PSD



心理、社会因素

Psychological
social - cultural
factors

卒中作为一个负性生活事件，患者由于神经功能缺损、心理认知评价、社会功能障碍等的相互作用而导致抑郁。

The stroke is as a negative life events, patients of stroke are with neurological deficits, cognitive psychological evaluation, social dysfunction. All those interaction reasons led to depression.

危险因素

Risk
factors

抑郁症家族史、独居、受教育程度较高、高龄等危险因素促使了该病的发生。

Family history of depression, live alone, highly educated, senior citizens are the risk factors contributing to the occurrence of PSD.





醒脑开窍机理 *Mechanism*



研究表明醒脑开窍针刺法主要作用有：

The main effect of XNKQ therapy are:

1. 提高PSD患者脑内单胺类神经递质NE和5-HT的含量

Improve the content of brain monoamine neurotransmitters such as NE and 5-HT's.

2. 降低PSD患者血浆皮质醇含量

Decrease the level of plasma cortisol I.





醒脑开窍机理 *Mechanism*



3. 激活皮质及海马中环磷酸腺苷cAMP、蛋白激酶A (PKA) 活性、降低蛋白激酶C (PKC) 活性。

Activate cyclic adenosine monophosphate cAMP in the cortex and hippocampus, protein kinase A (PKA), decreased protein kinase C (PKC).

4. 从心理层面上，醒脑开窍针刺法对患者肢体神经功能的治疗能够提高患者自我认可度，起到同步治疗PSD的作用。

From the psychological level, the curation of limbs' neurological function in patients with PSD by XNKQ acupuncture therapy also can improve patients' self-recognition, the role played a resynchronized treatment on PSD.





醒脑开窍优势

Advantages



另外，醒脑开窍针法具有见效快，疗效显著，方法简单，并且无毒副作用等优点

In addition, XNKQ acupuncture therapy operate quickly and has a significant effect. Also the method is simple and non-toxic side effects, etc.





柴胡疏肝散加味处方及服法

Prescription of Chaihu Shugan Powder and the Instructions



处方：柴胡20g 川芎15g 香附15g 陈皮15g

白芍15g 枳壳10g 丹参30g 甘草6g

Prescription :

Radix bupleuri 20g, Ligusticum chuanxiong hort 15g, Cyperus rotundus 15g, Pericarpium citri reticulatae 15g, White peony root 15g, Fructus aurantii 10g, Salvia miltiorrhiza bunge 30g, Glycyrrhiza uralensis fisch 6g.

服法：每日1剂，水煎温服，早、晚各1次。

Instructions :

Decocting ,half in the morning and the other half for the evening. One dose a day.



Thank You!

