

## 腧穴应用

# 中极穴埋针的临床应用

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**摘要:**目的:探索埋针法在中极穴临床中的运用。方法:令患者在排尿后取适宜体位并将穴位处充分暴露,常规消毒后将图钉型揸针用镊子挟住针的尾部使针身与穴位局部皮肤成 $90^\circ$ 角按压刺入,针尾部的圆圈平放于皮肤上用创可贴固定。每日自行用手按压埋针处3~5次。夏季每日一换,春、秋、冬季可隔3天一换。结果:通过对腰痛、瘕闭、痛经3种病症的运用效果满意。结论:埋针法在中极穴的临床运用方法简单、安全、经济、效果明显,值得进一步推广。

**关键词:**中极穴;埋针;腰痛;瘕闭;痛经

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### 1 一般资料

中极穴出自《素问·骨空论》,属任脉,为足太阳膀胱经的募穴,《针灸甲乙经》载本穴是足三阴与任脉之会,别名气原穴、玉泉、膀胱募、气鱼。《医经理解》云:“中极在脐下四寸,横骨下为下极,而此谓之中极,任脉居中,为三阴所会极也。”《经穴解》言:“名中极者,中指任脉在腹之中也。极者,自承浆而下,此为极处也。又自下而上,曲骨犹在骨,此则初入腹之第一穴也,故名中极。”《针灸大辞典》曰:“本穴位于脐下四寸,内应胞宫、精室,为人体尊贵之处。犹天体垂布之象,极高极尊;穴居人体自项至踵长度之折中处,故名中极。”《针灸甲乙经》云:“在脐下四寸。”《经穴解》云:“穴在关元下一寸,脐下四寸。”中极位于下腹部,前正中线上,当脐中下4寸,耻骨联合上缘上1寸处。仰卧位取之。局部解剖:在腹白线上,深部为乙状结肠;有腹壁浅动、静脉分支,腹壁下动、静脉分支;布有髂腹下神经的前皮支。

### 2 操作方法

《铜人腧穴针灸图经》云:“针八分,留十呼,得气即泄,灸百壮至三百壮。”《名堂》曰:“灸不及针,日三七壮。”《下经》载:“灸五壮。”《中国针灸大全》说:“直刺1至2寸。局部酸胀,可放射至外生殖器及会阴部。艾灸3至7壮;温灸20至30分钟。”笔者临床多采用令患者在排尿后取适宜体位并将穴位处充分暴露,常规消毒后将图钉型揸针用镊子挟住针的尾部使针身与穴位局部皮肤成 $90^\circ$ 角按压刺入,针尾部的圆圈平放于皮肤上用创可贴固定。嘱患者埋针处禁湿水,保护好不

要使创可贴及针丢失,每日自行用手按压埋针处3至5次。夏季每日一换,春、秋、冬季可隔3天一换。孕妇禁针。

### 3 适应证

中极穴主治小便不利、遗溺不禁、阳痿、早泄、遗精、白浊、疝气偏坠、积聚疼痛、月经不调、阴痛、阴痒、痛经、带下、崩漏、阴挺、产后恶露不止、胞衣不下、水肿等疾病。下面就笔者临床应用中极穴的体会介绍几则验案。

(1)腰痛案:患者,女,54岁。劳累后又复感风寒致腰痛,彻夜难眠,影响活动,动则声泪俱下,双下肢屈曲不敢伸直5天。自行局部拔罐、贴膏药效果不佳。患者强迫体位,痛苦面容,由两人搀扶至诊断床上,查:脊椎居中无侧偏、后突,腰2、3;腰3、4;腰4、5椎间有明显压痛点,没有向双下肢传导表现,挺腹试验(+),直腿抬高试验(+). CT提示腰1~5椎不同程度骨赘形成,腰4、5椎间盘轻度膨出。脉弦紧,舌质淡红,苔薄白。患者素有腰痛史10余年,自觉每次发作均与劳累过度或外受寒冷有关。诊断:肾虚不固,寒湿腰痛。治宜补肾壮腰、温经通络、行气除湿。先令患者取俯卧位,术者左手将打火机的火焰开至最大,于右手所持的罐口适宜的玻璃罐中瞬间闪过后,迅速将罐拔于患者的腰1至骶1椎及双侧肾俞、志室穴。留罐10min,起罐后令患者翻身至仰卧位,常规消毒后于中极、悬钟穴处如法埋图钉型揸针各1枚。用手指按压约1min后患者下肢即可伸直,且活动渐次自如;2min后患者即可下床活动,但仍诉腰部略有不适、下肢沉重无力。令患者回家后每日自行按压埋针处3至5次,每次每穴1min许,注意休息,禁止腰部按揉及牵引等治疗。

时隔两日患者来诊已同常人般活动自如,甚是满意。1次告愈。随访1月未见复发。

按:《黄帝明堂经》载:“中极,膀胱募也……腹胀引殖而痛;小腹与脊相控暴痛,时窘之……”。孙思邈也有灸中极穴治疗“腰痛小便不利,苦胞转方”的经验论述,可见中极穴确有治疗腰痛的功效。笔者验之临床每获良效。笔者认为用九刺之“巨刺”、“缪刺”之理可解释用中极穴治疗各种腰痛取效的机理。《灵枢·官针》:“巨刺者,左取右,右取左。”《素问·缪刺论》:“愿闻缪刺,以左取右,以右取左……”。巨刺与缪刺均是在痛处对侧对应点处取穴,即是左病取右,右病取左,前病取后,后病取前之方法。所不同的是巨刺之法是刺其经而缪刺之术则是刺其络。此二法均是古人根据人体经络气血阴阳相贯、左右倾移、上下互调的机理而采用的一种选穴针刺方法。中极调不平的任督经脉的同时配合具有补肾、壮骨、止痛的悬钟穴,利用局部埋揆针起到长时间调节的作用。腰部局部拔罐意在壮腰脊、充肾精、壮肾阳、祛外邪。

(2) 癃闭案:患者,女,27岁。产后排尿困难2月有余。2000年1月18日顺产侧切生1男婴,产后排尿量少伴尿失禁,1月25日尿液完全排不出,给予插管导尿放出约5000ml尿液,留导尿管两天,拔去导尿管后又出现排尿不能,无奈又重新插管又有尿液排出,怕再次拔去导尿管会出现排尿不出故一直留导尿管至2月20日,而拔管后仅能少量排尿,无奈次日再次重新插管。3月4日拔出导尿管后排尿量较前有所增加(约150ml左右)但排尿仍无力,B超检查膀胱存尿约350ml,再次给予导尿。3月23日又拔出导尿管后排尿量非但无增加且当夜排尿量几近为零。期间还做过新斯的明穴位注射、湿热毛巾热敷膀胱区、温水冲洗外阴及滴水声诱导、帮助产妇按摩下腹部、肛门内开塞露注入、大葱或大蒜捣烂成泥状用纱布包裹外敷脐下耻骨上膀胱充盈处等多法治疗效果不满意。患者心神不安,周身疲惫,食欲不佳,精神几近崩溃。曾做腹部X线拍片、膀胱镜、肾功能检查均无异常。查患者少腹拘急,胀痛不堪,面色苍白,神衰气弱,腰酸困痛,舌质淡红,苔薄腻,脉沉细。诊断:命门火衰型癃闭。治宜温肾补阳、化气利水。拔除导尿管,常规消毒后于中极、三阴交穴处如法埋图钉型揆针各1枚。令患者每日3~5次用手力量适中的按压埋针处约1min,同时适量增加饮水量,一有便意马上去解。当夜约11时患者家属打来电话说患者自行小便,且量较过去明显增多。次日下午复诊患者述昨日埋针后一夜自行小便2次约300ml,今日上午自行小便3次400ml。效不更方,继续中极、三阴交穴埋针的同时,每日午时在足三里、神阙施每穴艾条温和灸30min。继续治疗3次患者已

恢复正常排尿,且身体状况逐步好转。嘱继续足三里、神阙每穴施艾条温和灸30min,巩固治疗30天。

按:这里所讲的癃闭相当于西医学的产后尿潴留,是产科常见并发症之一,多因产妇术后对尿管存在依赖性,又惧怕腹部伤口疼痛而不愿下床活动导致不能正常排尿;或孕妇妊娠期随着膀胱紧张度的降低,再加之分娩时产程延长(特别是第二产程的延长),使产妇膀胱底部受胎头压迫时间太久,形成水肿阻塞了尿道,致产后膀胱张力暂时性消失,对充盈不敏感,同时会阴部创伤使产妇不敢排尿,故易发生尿潴留。《素问·宣明五气》篇有:“膀胱不利为癃,不约为遗溺。”《素问·灵兰秘典》有:“三焦者,决渎之官,水道出焉,膀胱者,州都之官,津液藏焉,气化则能出矣。”《类证治裁·闭遗溺》有:“膀胱仅主藏溺,主出溺者,三焦气化耳。”中医学认为由于产妇分娩后气血耗伤、疲倦之极,导致三焦膀胱气化不利,不能通调水道,下输膀胱,故尿闭不通而为癃闭之症。即《黄帝内经》所云:“有所劳倦,形气衰少。”中极穴为膀胱之募穴,又是足少阴肾经、足太阴脾经、足厥阴肝经与任脉的会穴,主治小腹、肝肾及前阴等疾患。实验研究表明,针刺中极可使紧张性膀胱内压降低,使弛缓性膀胱内压升高,具有双向调节的作用,也就是说既可以治疗癃闭,又可以治疗遗尿。三阴交补脾土,助运化,通气滞,疏下焦。两穴处如法埋图钉型揆针各1枚,随人体日常活动带动揆针长时间刺激穴位处,在局部形成浮络←→孙络←→经脉←→脏腑之间的不间断互动,起到一般针刺无法达到的效果。再者这种方法不受患者膀胱充盈不宜针刺的限制,不会因针刺而导致医疗事故的发生。在埋针起效的同时及时配合艾灸于有回阳固脱、强壮肝肾、贯通周身诸经百脉、调节全身气血阴阳功能的神阙穴,具有调理脾胃、补中益气、通经活络、疏风化湿、扶正祛邪功能的“足阳明胃经”主要穴位之一足三里,在很短时间内即解决折磨患者两个多月的产后排尿困难。

(3) 痛经案:患者,女,21岁。13岁初潮,约半年后出现痛经,至今已8年。多表现为经来提前,量少、经色暗红夹有血块,经前小腹胀满、疼痛,痛引腰骶,剧痛难忍,严重影响学习及日常生活,曾经妇科检查无异常,以原发性痛经给予服用元胡止痛片、布洛芬等药物方可缓解症状。现月经将至,自觉少腹胀下坠剧烈难忍,肋肋,乳房胀痛,腰背酸软,烦躁口苦,经人介绍寻求针灸治疗。查患者痛苦病容,舌红苔黄腻,脉弦数。诊断:肝郁化火、冲任失调型痛经。治宜清泻肝热、化淤通经止痛。令患者仰卧位常规消毒后于中极、三阴交、内关穴处如法埋图钉型揆针各1枚。令患者每日3至5次用手力量适中的按压埋针处各约1min,埋针处禁止湿水、搔挠,应保护好不要使针具丢失。如

果疼痛不是很严重可以不服元胡止痛片、布洛芬等药物。次日患者告知除有腰背酸软、少腹微胀痛外,余症消失。保护好所埋针具继续观察 3 天诸症皆除。嘱患者每次月经来临前 3 天来针,共治疗 6 个月经周期未见痛经复发。

按:痛经是指妇女经期前后或行经期间由于子宫剧烈收缩而出现的以下腹部痉挛性疼痛为主,并伴有全身不适,严重者影响日常生活的临床表现。有原发性和继发性两种。这里讨论的这例患者就是原发性痛经,也称功能性痛经,大约有 50% 的青春女性发病,西医学对其发病机理尚不完全明确,国内外经较多研究仅发现痛经主要与前列腺素(PG)有关,在治疗方面目前西医多采取对症处理的方法,患者每月服药,但仅能缓解症状,并不能根治。针灸治疗原发性痛经具有独特的优势。中医认为原发性痛经属于“经行腹痛”、“室女痛经”的范围,其病因比较复杂,多与外邪侵袭、脏腑功能异常及情志失调等有关,病机不外是因实“不通则痛”和因虚“不荣则痛”,临床以气滞血瘀和寒凝血

瘀为多见。思虑劳神、情志不舒、肝郁气滞、气滞则血瘀而发为痛经;或经期冒雨涉水、外伤风寒湿邪及贪食生冷使寒湿客于冲任胞宫,以至经血凝滞不畅;或因患者素体阳虚,冲任虚寒致使经水运行迟滞而发疼痛。《景岳全书·妇人规》云:“经行腹痛,症有虚实……实者,多痛于未行之前,经通则痛减……”。《证治要诀·妇人门》言:“欲调其血,先调其气。”原发性痛经的治疗关键在于疏通经络、理气止痛。中极穴属任脉经穴,通于胞宫,可以调理冲任。三阴交为足三阴经之交会穴,功善益肾调血,为临床治疗女性泌尿生殖系统疾病不可缺少的要穴。内关是手厥阴心包经的络穴,八脉交会穴之一,通于阴维脉,有宁心、安神、和胃、宽胸、降逆、止呕的功效,对因痛经而导致的胁肋、乳房胀痛、烦躁口苦、剧烈的小腹胀满及疼痛感、患者惧怕、抑郁、精神过敏(紧张)的不良情绪有极好的治疗作用。笔者用该法治疗原发性痛经患者 60 余例,大多数均可在埋针 1 次,留针最多 3 天时间内度过痛苦的特殊时期。

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## 涌泉穴对针刺结合牵引治疗腰椎间盘突出症 增效作用的临床观察

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**摘要:**目的:观察加用涌泉穴对针刺结合牵引治疗腰椎间盘突出症的增效作用。方法:将 80 例腰椎间盘突出症门诊及住院病人随机分为两组,观察组 37 例,对照组 43 例,对照组采用腰椎间盘突出症常规针刺并结合腰椎牵引疗法,观察组在对照组治疗的基础上行针刺涌泉穴并予强刺激,观察治疗前及治疗 5 天后腰腿痛的视觉模拟评分值及治疗 3 个疗程后的临床疗效。结果:治疗 5 天后,观察组腰腿痛评分与治疗前比较有所改善,而对照组与治疗前比较变化不明显;两组总有效率(94.59%与 90.70%)比较,经统计学分析,差异无显著性( $P > 0.05$ ),但两组优良率(70.27%与 41.86%)比较,观察组高于对照组,差异有统计学意义( $P < 0.01$ )。结论:在腰椎间盘突出症常规针刺并结合腰椎牵引疗法的基础上,结合针刺涌泉穴可以提高临床疗效。

**关键词:**腰椎间盘突出症; 针灸疗法; 牵引疗法; 涌泉穴

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腰椎间盘突出症(Lumbar Intervertebral Disc Protrusion, LIDP)是引起腰腿痛的主要原因之一,为临床常

见病和多发病。作者于 2006 年 10 月~2008 年 6 月期间采用腰椎牵引结合腰椎间盘突出症常规针刺并加刺涌泉穴的方法治疗 LIDP 患者 37 例,现将观察结果报告如下。

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# ABSTRACTS FROM ORIGINAL ARTICLES

## Clinical Observation on Treating Vocal Cord Paralysis by Acupuncture and Massage Combined with Chinese Medicine

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**Abstract** Objective: Inquires about the treatment vocal cord paralysis the effective therapy. Methods: Using the acupuncture and the Chinese Medicine, the acupoint selection holds the tongue three needles Lieque Tiantu, and so on and using partial massage. Unifies the dialectical minute to use the Chinese native medicine; we treat the patient 42 examples for 4 treatment courses, then observe for a month, finally summarize the curative effect. Results: The cure rate is 73.8%, the total effectiveness is 92.9%. Conclusion: The acupuncture and massage combined with the Chinese native medicine treatment vocal cord curative effect lacking in vigilance to be remarkable, is worth the clinical promoted application.

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**Key words:** Vocal cord paralysis; Acupuncture; Massage; Chinese Medicine

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## Clinical Observation on Urticaria Treated by Acupuncture and Cupping Therapy

LIU Ai-hong

**Abstract** Objective: Observing of Acupuncture and Cupping, clinical efficacy of the treatment of urticaria. Methods: 56 cases of urticaria patients were randomly divided into two groups of the 28 cases. Acupuncture and Cupping treatment group and control group oral cetirizine treatment. Results: Treatment of 17 cases were cured, 8 cases improved, 3 cases of invalidity, the total effective rate was 89.3%; Control group, nine cases of cure, improvement in 12 cases, 7 cases of invalidity, the total effective rate was 75.0%. At the cure rate and total effective on the treatment group were better than the control group ( $P < 0.05$ ). Conclusion: Acupuncture and Cupping therapy of the treatment of urticaria obviously, are worth popularizing.

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**Key words:** Urticaria; Acupuncture therapy; Cupping therapy

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## Treating Breast Cystic Hyperplasia 186 cases by Acupuncture

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**Abstract** Objective: Evaluating the patient of breast cystic hyperplasia with acupuncture treatment. Methods: Applied with Electro-acupuncture in body point a-shi and also Zusanli, Fenglong, Ganshu, Hegu, Shanzhong etc. Results: Availability rate 85.48% with 43 person is good. Conclusion: Acupuncture point treatment aims to relax the liver and brain, which is useful for metabolism of breast cystic and limits the hyperplasia. So acupuncture is one good solution to treat the hyperplasia.

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**Key words:** Breast cystic hyperplasia; Acupuncture; Electro-acupuncture; A-shi point

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## Clinical Curative Effect of the Dermal Needles and Triamcinolone Acetonide and Neomycin Paste on Chronic Eczema

WANG Jing, WAN Zhi-jie

**Abstract** Objective: To determine the clinical curative effect of the dermal needles and Triamcinolone Acetonide and Neomycin Paste on chronic eczema. Methods: 65 patients were randomly divided into treatment group and control group, the two groups were treated with cetirizine hydrochloride tablets and Triamcinolone Acetonide and Neomycin Paste. The treatment group was pinprick by dermal needles before rubbed on Triamcinolone Acetonide and Neomycin Paste. A treatment period was 1 week, investigating two periods. Results: The response rate of one period and two periods in the treatment group were 63.63% and 87.88% respectively. The response rate of one period and two periods in the control group were 37.5% and 65.63% respectively. Statistically the difference between these two groups was significant ( $P < 0.05$ ). Conclusion: The effect of combining dermal needles with Triamcinolone Acetonide and Neomycin Paste on chronic eczema is exact and reliable.

**Author's address:** Hospital to Harbin Institute of Technology, Harbin 150001, China

**Key words:** Dermal needles; Triamcinolone Acetonide and Neomycin Paste; Chronic eczema

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## Clinical Application of the Needle Buried in Zhongji Piont

CAI Xi-wang

**Abstract** Objective: To explore the needle buried in Zhongji Piont. Methods: the patients at post-voiding posture and take appropriate acupoints. Department fully exposed, conventional disinfection will push pushpin-type needle pin the tail who are needle into the skin and acupuncture points local press piercing 90-degree angle, pin the tail of the circle placed on the skin with a fixed band-aid. Office ban on needle buried wetland of water, the protection of good band-aid and are not to pin the loss of a day to push his hands. Department buried the needle 3-5 times, 1-for-summer day in spring, autumn and winter can be separated for 3 Tianyi. Pregnant women cut needle. Results: Through the pain, long closed, the use of Dysmenorrhea three cases with satisfactory result. Conclusion: The needle buried in the very point of the clinical use of a simple, safe, economic, effective and worthy of further promotion.

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**Key words:** Zhongji Piont; Buried needles; Low back pain; Long closed; Dysmenorrhea

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