

International Standard Scalp Acupuncture. For intelligent disturbance, Sishencong (Extra) was added; for speech disturbance, speech I, II and III areas were added. Needling technique: The needle was inserted quickly, retained for 4h, rotated rapidly three times (200 rotations/min). Frequency of treatment: Acupuncture was applied once every two days, at 15—20 days of intervals after each 10 treatments. 30 treatments made one course. 1 course was required for mild case and 2—3 courses for severe case. (2) Body acupuncture: Paralysis of upper limb: Binao (LI 14), Quchi (LI 11), Waiguan (TE 5) and Shousanli (LI 10). Paralysis of lower limb: Huantiao (GB 30), Yanglingquan (GB 34), Zusanli (ST 36), Sanyinjiao (SP 6), Jiexi (ST 41), etc. For weakness of neck and lumbus, the points of Governor vessel and Huatuojiaji were selected. Even needling method was required and quick needling was used for the children younger than 3 years old and with weak constitution. Needles were retained for 30 minutes for the children elder than 3 years old. Frequency of treatment: Acupuncture was given twice a week, at the interval of 15 days after every 6 treatments. 18 treatments made a course. 1 course was required for mild case and 2—3 courses for severe case.

For injection of nerve growth factor at Zusanli (ST 36), 2 000 U was applied each time, three times a week, at the interval of 15 days after each 10 injections. 30 treatments made a course. The therapeutic effects and the recoveries of cranial ST and SPECT were observed in two groups.

Results In observation group, 22 cases were remarkably effective, 20 cases effective and 8 cases failed, the total effective rate was 84%. In control group, 11 cases were remarkably effective, 15 cases effective, 24 cases failed, to total effective rate was 52%. After treatment, DQ in observation group was higher significantly than that in control group ($P < 0.01$). Concerning to the effective rates of retarded cerebral development and cerebral atrophy by cranial CT, and the recovering rates of SPECT cerebral neuronal metabolic function, the results in observation group were higher than control group ($P < 0.01$).

Conclusion Acupuncture promotes the compensation of cerebral function.

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特色针灸治疗儿童孤独症临床疗效观察

王 力

(厦门王力中西医结合诊所, 中国福建 361006)

目的: 观察分析应用特色针灸疗法改善脑机能障碍, 治疗儿童孤独症的临床疗效。

方法: 根据“标本结合、辨证施治”的中医治疗法则, 研究和治疗儿童孤独症。笔者应用独创的特色针灸手法对 13 例孤独症患儿的脑机能障碍(主要是脑部缺血)进行施治。主穴取百会、太阳、合谷、太冲和醒脑穴(自拟穴名, 百会左右各旁开 1.5 寸处)等, 配穴: 五处、颌厌、内关、足三里、内庭以及开窍穴(自拟穴名, 百会至耳尖连线中点处左右 2 穴)等。手法: 针刺穴位皮肤常规消毒后, 取直径为 0.40 mm 毫针, 直刺 5~25 mm, 行平补平泻手法, 提插捻转得气, 留针 30~45 分钟。每日治疗 1 次, 治疗 30 天为一个疗程; 中间休息 7~10 天, 进行下一个疗程。连续 3 个疗程为一个治疗周期。

结果: 经 3 个疗程系统的特色针灸治疗, 患儿的认知功能、语言交流、运动功能等均有明显改善和进步; 平均相当 15 个月以上的自身训练的效果。

结论: 特色针灸疗法是一种以现代医学理论为指导, 应用特色针灸手法为主要手段的中西医结合治疗儿童孤独症的绿色疗法, 其临床疗效确切显著。

Observation of clinical therapeutic effect of specific acupuncture on childhood autism

WANG Li (Xiamen Integrative Chinese and Western Medicine Clinic, Fujian 361006, China)

Objective To observe and analyze the application of specific acupuncture on improvement of cerebral function and the clinical therapeutic effect on childhood autism.

Methods In the light of principle of treatment in Chinese medicine, "integration of Biao and Ben, determination of treatment based on differentiation of syndromes", the study and treatment of childhood autism was conducted. The writer used the

self-developed acupuncture manipulation to treat 13 cases of cerebral dysfunction (cerebral ischemia) for childhood autism. Main points, Baihui (GV 20), Taiyang (Extra), Hegu (LI 4), Taichong (LR 3) and Qingnaoxue (1.5 cun bilateral to BL 20), etc. Supplementary points: Wuchu (BL 5), Hanyan (GB 4), Neiguan (PC 6), Zusanli (ST 36), Neiting (ST 44) and Kaiqiaoxue (bilateral to the midpoint on the line from GV 20 to ear apex). Manipulation: after routine sterilization, a filiform needle, 0.40mm in diameter was puncture perpendicularly 5–25 mm deep with even technique. After the arrival of *qi* achieved by lifting, thrusting and rotating, the needle was retained for 30–45 min. The treatment was given once a day, 30 days made a course, at the interval of 7–10 days between courses. A circle of treatment covered continues three courses.

Results After 3 courses of specific acupuncture, the cognition, speech and motor function of patients were all improved remarkably, being equal to the effect of self-training for over 15 months.

Conclusion Specific acupuncture is the green approach for the childhood autism with the guide of modern medicine and in the light of integration of Chinese and western medicine, and has achieved very significant clinical therapeutic effect.

针刺治疗小儿脑病手功能障碍 138 例

施炳培 卜怀娣 李惠 史惟 杨红 王素娟 侍孝娟

(复旦大学附属儿科医院康复中心, 中国上海 200032)

目的:探讨针刺治疗小儿脑病手功能障碍的最佳方案。

方法:138 例脑病患儿(脑性瘫痪 113 例, 脑发育迟缓 25 例)采用以穴位注射药物为主的治疗方法, 主穴取哑门、风池、大椎穴, 手功能障碍取曲池、手三里、内关。每次选择头部及上肢穴位各 1 个, 合并有其它肢体瘫痪等半随症状者, 根据不同症状选取相应穴位 1~2 个。头部穴位采用脑蛋白水解物注射液、神经节苷脂注射液或神经生长因子注射液, 每穴注入 1~2 mL; 四肢躯干穴位选用醒脑静或胞二磷胆碱注射液, 每穴注入 0.5~1 mL。每周 3 次, 10 次为一疗程。休息 7~10 天, 再重复上述方法治疗。治疗期间患儿有发热或患其他疾病时, 应停针, 待热退病愈后再行针刺治疗。一般三个疗程(3 个月左右)为一总观察疗程。穴位注射治疗同时配合精细运动功能训练, 包括促通性刺激、视觉跟踪、手的抓握和放松、伸手、认知理解、手眼协调、双手中线控制、手指单独及协调活动、手部操作活动等。每周 1~3 次, 每次 20~30 分钟, 照此方法进行训练。严重智能障碍者加头针疗法(取穴: 百会透四神聪等); 严重肢体瘫痪者加低频电刺激疗法。采用婴幼儿精细运动发育表及精细运动功能评估量表进行治疗前后的疗效评估。

结果:经穴位注射药物及功能训练 3 个月左右后, 患儿的智力及肢体瘫痪症状均有不同程度的好转, 手功能障碍症状明显改善, 而且随着治疗时间的延长, 临床治疗效果越明显。婴幼儿精细运动发育量表(PDMS-FM)评估结果表明, 大部分患儿均有不同程度的进步。精细运动发育商 52 例提高, 占 63.4%; 10 例无变化, 占 12.2%; 20 例减退, 占 24.4%。抓握能力指数 66 例提高, 占 80.5%; 9 例无变化, 占 11.0%; 7 例下降, 占 8.5%。视觉感知能力指数 76 例提高, 占 92.7%; 1 例无变化, 占 1.2%; 5 例下降, 占 6.1%。治疗前与治疗后比较均有显著性意义。61 例脑瘫患儿经过 3-12 个月的治疗, 儿童精细运动功能评估量表(FMFM)分值逐渐提高, 52 例上升, 占 85.5%; 下降 9 例, 占 14.75%。40 例患儿经过 2 个总疗程左右的治疗后, 31 例分值上升, 占 77.5%, 下降 8 例, 占 20.0%; 无变化 1 例, 占 2.5%。23 例患儿经过 3 个疗程左右的治疗, 19 例分值上升, 占 82.6%, 下降 3 例, 占 13.04%, 无变化 1 例, 占 4.35%。

结论:针刺配合精细运动功能训练治疗小儿脑病确有明显效果。

Acupuncture treatment to hands functional impairment due to infantile encephalopathy

SHI Bing-pei, BU Huai-di, LI Hui, SHI Wei, YANG Hong, WANG Su-juan, SHI Xiao-juan (Rehabilitation Center of Affiliated Paediatric Hospital of Fudan University, Shanghai 200032, China)

Objective To explore a best therapy by acupuncture treatment to hands functional impairment due to infantile encephalopathy.

Methods Points injection with medicines were mainly used to 138 cases of infants with encephalopathy including 113 with