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pression of its product may occur before the canceration of epithelial cells of mammary glands and in its advancing stage and they are closely related to the pathogenesis and biological behaviors of mammary cancer The expression of p21 protein can be used as an important index of reference for clinical surveillance of the precancerous lesions of mammary glands.

Key words mammary gland; carcinogenesis; ras oncogene product; immunohistochemistry

脚踩法与手法推拿治疗腰椎间盘突出症120例临床观察

Clinical observation on 120 cases of lumbar intervertebral disc prolapse treated with tramping and manual massage

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腰椎间盘突出症是临床常见病,手法推拿治疗该病是目前公认的有效方法。为探索治疗途径,我们运用脚踩法与手法推拿各治疗60例患者,均获得满意的效果,特报道如下。

1 临床资料

120例腰椎间盘突出症中,男性92例,女性28例。随机分为两组,每组各60例。两组的发病年龄、病程、根据CT扫描分型及突出部位见附表。

附表 两组病例的临床资料

分组	例数	发病年龄(岁)			病程			CT分型			突出部位		
		19~	31~	41以上	12~48周	1~2年	3年以上	单纯膨出	膨出伴黄韧带增厚	中央型	$L_{3\sim4}$	$L_{4\sim5}$	$L_5\sim S_1$
脚踩法	60	30	20	10	19	22	19	35	18	7	5	26	29
推拿法	60	29	21	10	19	21	20	36	18	6	4	27	29

2 治疗方法

2.1 脚踩法

2.1.1 颤压法 患者俯卧于踩床上,上肢屈肘抱于胸前,足背垫一枕头。医者两手握杠,以便控制体重和平衡。先一只脚横放于骶尾部,另一只脚横放于腰部,两脚颤压2 min;再将两脚改"一"字形,骶尾之脚仍置于原处,另一只脚沿背部移动颤压2 min,继之两脚同时在腰骶部正中线上,呈反方向用力牵拉颤压2 min。

2.1.2 揉搓法 一只脚横放于背部,由上向下揉搓至踝部,治疗3~5遍,再从背部滑推5~7遍。

2.1.3 颤抖法 一只脚横放于背部,由上向下至踝部进行有节奏快速移动颤抖7~10遍。

2.1.4 牵拉挤压法 两助手分别拉上、下肢。术者用一只脚横放于腰部,与助手协同用力,在牵引的同时进行推挤按压治疗,反复进行3次,每次持续2 min,治疗结束后,患者必须在床上休息15 min。

2.2 手法推拿

2.2.1 掌摩法 术者用掌根部在患者施术部位摩法治疗5 min。

2.2.2 揉捏法 术者在施术部位揉捏治疗5 min。

2.2.3 弹拨法 术者用拇指指腹,也可用肘尖在施术部位进行弹拨治疗2 min。

2.2.4 滚法 术者用手背在施术部位进行滚法治疗3 min。

2.2.5 旋腰搬抖法 对患者施旋搬及牵抖手法治疗后,令其卧床休息片刻,方可离去。

病人隔日治疗一次,10次为一疗程,间隔5 d,继续第2疗程,3个疗程后观察疗效。治疗期间4周内要求卧硬板床休息,并限制弯腰动作,12周内不作体力劳动。

3 疗效观察

3.1 疗效标准

优:临床症状体征消失,直腿抬高试验80°以上,能从事原工作;良:临床症状体征大部分消失,直腿抬高试验70°以上,恢复原工作;差:经治疗后症状有改善,可做轻工作。

3.2 治疗结果

脚踩组60例患者,其中疗效优者35例(58.3%)、良者20例(33.3%)、差者5例(8.4%);手法组60例患者,优、良、差分别为28例(46.6%)、16例(26.7%)、16例(26.7%)。

脚踩组与手法组比较,经统计学处理,$\chi^2=6.984$,$P<0.01$,二者差异非常显著,说明脚踩组治疗效果明显优于手法组。

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腺癌转移：以淋巴结转移多见，广泛淋巴结转移也好发于腺癌，本组胸内淋巴结转移35例，锁骨上淋巴转移10例，无一例直接侵犯胸壁。胸水常提示胸膜转移，有时大量胸水查不到肺内病灶而误诊为结核性胸膜炎，本组中有3例。因此不明原因胸水，CT扫描寻找胸膜结节、被压缩肺内肿块影及胸膜不规则增厚很有必要。本组23例合并胸水，其中有包裹性积液者5例，胸水合并气胸者3例，合并心包积液及心包膜明显不规则增厚者3例，此3例均有隆突下淋巴结明显肿大，估计可能是经纵隔淋巴结侵犯心包所致，8例有多个胸膜结节，回顾其中3例被误诊为结核性胸膜炎者，压缩肺内可见肿瘤结节。另3例在压缩肺内无含气的支气管影，均经纤支镜活检证实为中心性肺癌。

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CT features of 100 cases of primary pulmonary adenocarcinoma

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Abstract The CT features of 100 cases of primary pulmonary adenocarcinoma were reviewed correlatively with their pathological findings in order to have a better understanding of pulmonary adenocarcinoma. All the cases were pathologically confirmed with surgical specimens, biopsy of the supraclavicular lymph nodes or tissue specimens obtained through fiberoptic bronchoscopy or percutaneous needle biopsy. Routine CT was performed. When a lesion was found, additional localized thin scanning of the lesion was done. The pathological specimens were processed with HEITZMAN technique and studied correlatively with the corresponding CT features. It was found that the incidence of primary pulmonary adenocarcinoma was increased in male subjects. The 100 cases consisted of 70 male and 30 female, The clinical manifestations were dependent on whether there was metastasis or not. So it was emphasizd that suspected CT features should be looked for on the basis of symptoms and signs found. The CT features of lobulation sign. Pneumobronchus and the inter face between cancenous and normal pulmonary tissues of adenocarcinoma were described and discussed. The common pathological changes in the periphery of a malignant lesion such as hairy spurs and interstitial abnormalities were also described. The specific features of these signs in pulmonary adenocarcinoma were notified.

Key words computerized tomography (CT); pulmonary adenocarcinoma; CT-pathological correlative analysis

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4 讨论

脚踩法具有悠久的历史，古代称之为踩跷法[1]。据《素问·异法方宜论》记载："中央者，其地平以湿，天地所以生万物也众，其民食杂而不劳，故其病多痿厥寒热，其治宜导引按跷……。"由此可见，用脚踩法治病源远流长。

脚踩法主要适用于慢性疾病及功能性疾病的治疗。如痹症、肩周炎、腰痛、腰椎间盘突出和痛经等病证。

脚踩法的特点是压力强度高、着力面积大、刺激作用强、牵张充分、力量均匀而持久。尤其对治疗四肢、腰背等肌肉丰厚部位的深层软组织损伤等疗效更好。腰椎间盘突出部位有多裂肌、横突间肌、骶棘肌、腰背筋膜等结构覆盖，位置深而隐蔽。选用脚踩治疗腰椎间盘突出，恰好发挥了该法的优势，故疗效显著。而手法推拿力量轻、刺激作用小。所以疗效比脚踩法稍差。总之，治疗以缓解或消除肌肉的紧张与痉挛，松解粘连，消除椎管内外的致病因素，阻断疼痛的传导，使疾病逐渐得以康复。

脚踩法以往应用较少，主要原因是：需要特制的踩床及其他器具，踩法不易掌握，操作不慎可发生骨折，劳动强度大等，因此未能广泛推广。希望踩法在医疗实践中不断完善、普及，为防治疾病发挥更大的作用。

关键词 腰椎间盘突出；踩法；手法推拿

中图法分类号 R681.505

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