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• 防治实践 •

耳穴贴敷法治疗灼口综合症的临床效果研究

葛姝云¹, 周海文¹, 万怡², 周曾同¹

1. 上海交通大学医学院附属第九人民医院·口腔医学院口腔黏膜科, 上海市口腔医学重点实验室, 上海市口腔医学研究所, 上海(200011); 2. 上海交通大学医学院附属第九人民医院中医科, 上海(200011)

【摘要】 目的 评估耳穴贴敷法治疗灼口综合症的临床疗效。**方法** 155例心火炽盛型灼口综合征患者分为耳穴贴敷组50例, 药物治疗组55例, 耳穴贴敷+药物治疗组50例, 1个月为1个疗程。3组分别于治疗前、治疗后1个月、治疗后3个月应用VAS评分法评估疼痛强度的变化。**结果** 治疗1个月耳穴贴敷组($t = 8.949$)、药物治疗组($t = 10.52$)、耳穴贴敷+药物治疗组($t = 19.33$)3组VAS分值均下降, 与治疗前相比差异有统计学意义($P < 0.01$); 耳穴贴敷+药物治疗组VAS分值减少明显, 且与药物治疗组相比差异有统计学意义($t = 3.91, P = 0.0002$)。治疗后3个月3组VAS分值较治疗前下降, 但较治疗后1个月时均有回升, 药物治疗组VAS分值回升最为明显, 与耳穴贴敷+药物治疗组相比, 差异具有统计学意义($t = 2.047, P = 0.043$), 其他两两比较差异均无统计学意义。与治疗前相比, 耳穴贴敷组($t = 1.752$)和药物治疗组($t = 0.174$)的VAS分值差异无统计学意义($P > 0.05$), 耳穴贴敷+药物治疗组较治疗前VAS分值减少($t = 3.282, P < 0.05$)。**结论** 耳穴贴敷法是一种安全有效的灼口综合征治疗手段, 与药物联合使用长期效果更佳。

【关键词】 灼口综合征; 耳穴贴敷法; 谷维素; 维生素B₂; 维生素E; 王不留行籽; 慢性口颌面疼痛; 中医辨证分型; 心火炽盛型

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Clinical effect of auricular point therapy on burning mouth syndrome GE Shuyun¹, ZHOU Haiwen¹, WAN Yi², ZHOU Zengtong¹. 1. Department of Oral Mucosal Diseases, Shanghai Ninth People's Hospital, College of Stomatology, Shanghai Jiao Tong University School of Medicine, Shanghai Key Laboratory of Stomatology & Shanghai Research Institute of Stomatology, Shanghai 200011, China; 2. Department of Traditional Chinese Medicine, Shanghai Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai 200011, China
Corresponding author: ZHOU Zengtong, Email: zhoupuzengtong@hotmail.com, Tel: 86-21-23271699-5696

【Abstract】 Objective To evaluate the clinical efficacy of auricular acupoint application in the treatment of burning mouth syndrome(BMS). **Methods** A total of 155 patients diagnosed with BMS were randomly divided into the auricular acupoint application group (50 patients), drug treatment group (55 patients), and auricular acupoint application combined with drug treatment group (50 patients). One month represented one course of treatment. The changes in pain intensity were evaluated before treatment as well as one month and three months after treatment. **Results** The VAS scores in the auricular acupoint application group ($t = 8.949$), the drug treatment group ($t = 10.52$) and the auricular acupoint application combined with drug treatment group ($t = 19.33$) all decreased 1 month after treatment, with a statistically significant difference compared with the scores before treatment ($P < 0.01$). The VAS scores of the auricular acupoint application combined with drug treatment group decreased significantly, and the difference was statistically significant compared with the scores in the drug treatment group ($t = 3.91, P = 0.0002$). 3 months after treatment, the VAS scores of the three group decreased compared with that before treatment, but increased compared with that 1 month af-

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【作者简介】 葛姝云, 主治医师, 博士, Email: imyun@sina.com

【通信作者】 周曾同, 主任医师, 博士, Email: zhoupuzengtong@hotmail.com, Tel: 86-21-23271699-5696

ter treatment, and the VAS score of the drug treatment group increased most obviously, but the difference was not statistically significant compared with that of the auricular acupoint application group ($t = 2.047$, $P = 0.043$), other pairwise comparison differences were not statistically significant. There was no statistically significant difference in VAS score in the auricular acupoint application group ($t = 1.752$) and in the drug treatment group ($t = 0.174$) compared with that before treatment ($P > 0.05$). Compared with before treatment, the VAS score in the auricular acupoint application combined with drug treatment group also decreased significantly ($t = 3.282$, $P < 0.05$). **Conclusion** Auricular point application is a safe and effective treatment for burning mouth syndrome, and the long-term effect is better when combined with drugs.

[Key words] burning mouth syndrome; auricular point therapy; oryzanol; vitamin B₂; vitamin E; the seed of cowherb; chronic orofacial pain disorder; type of Traditional Chinese syndromes; flaring heart fire

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灼口综合征(burning mouth syndrome, BMS)属于慢性口颌面疼痛中的一种,是以口腔内烧灼样疼痛、口腔黏膜感觉异常为主要临床表现,且不伴有明显病理损害的一组综合征。灼口综合征病因复杂、发病机制不明,缺乏特异有效的治疗方法,使得目前灼口综合征的治疗仍是一个难点^[1]。以个体化治疗为特点的中医耳穴疗法在灼口综合征治疗上已显示良好前景。本研究拟使用耳穴贴敷法治疗灼口综合征,观察评价其临床疗效。

1 材料和方法

1.1 病例选择

上海交通大学医学院附属第九人民医院口腔黏膜病科就诊的灼口综合征患者(中医辨证为心火炽盛型)155例。临床研究方案及患者知情同意均经上海交通大学医学院附属第九人民医院伦理委员会审查通过。

纳入标准:结合2003年Scala等^[2]提出的灼口综合征诊断标准结合全国统编教材《口腔黏膜病学》^[3]制定:舌部及口腔黏膜烧灼样痛;疼痛至少持续4~6个月;喝水或者饮食可缓解部分疼痛;不影响睡眠;口腔黏膜无异常所见;排除口腔其他疾病。通过中医辨证选择心火炽盛型^[4]。主证:舌痛较剧烈,以舌尖痛为主,口干灼热,情志不舒,多虑猜疑,心烦易怒,失眠多梦,口渴心烦,小便赤热痛,大便干结,舌苔黄燥,舌质偏红,脉数有力。

排除标准:①孕妇或哺乳期妇女,②不能按时复诊,遵循医师用药;③肝肾功能异常;④有严重的全身系统性或传染性疾病;⑤严重精神疾病者;⑥严重皮肤疾病或者对贴敷药物过敏;⑦治疗期间同时接受本治疗方案以外与本病相关的治疗措施者。

1.2 分组与治疗方法

入选者随机分入以下3组接受治疗,一个月为一个疗程。①耳穴贴敷组,50例,通过对灼口综合征进行辨证,选取患者双耳的舌、心、神门3穴。用王不留行籽贴敷,每次贴敷单耳,双耳交替治疗,嘱患者每日按压王不留行籽3次,每次1~2 min,至耳廓发红发热。②药物对照组,55例,口服10 mg谷维素+10 mg维生素B₂+100 mg维生素E,每日3次。③耳穴贴敷+药物治疗组:50例,选取患者双耳的舌、心、神门3穴。用王不留行籽贴敷,每次贴敷单耳,双耳交替治疗,嘱患者每日按压王不留行籽3次,每次1~2 min,至耳廓发红发热。同时,口服10 mg谷维素+10 mg维生素B₂+100 mg维生素E,每日3次。

1.3 疗效评价

3组分别于治疗前、治疗后1个月、治疗后3个月使用VAS线段分级法评估疼痛强度。

1.4 统计学处理

使用SPSS17.0软件进行数据分析,定量数据的组间比较采用 t 检验,定性资料的组间比较采用卡方检验及单因素方差分析。

2 结果

耳穴贴敷组50例,平均年龄为(54.86 ± 13.37)岁,男女性别比例为13:37;药物治疗组55例,平均年龄为(52.95 ± 12.92)岁,男女性别比例为18:37;耳穴贴敷+药物治疗组50例,平均年龄为(50.96 ± 11.02)岁,男女性别比例为15:35;3组间年龄($F = 1.02$, $P = 0.97$)和性别比例($\chi^2 = 0.57$, $P = 0.75$)均差异无统计学意义($P > 0.05$),3组吸烟($\chi^2 = 0.49$, $P = 0.78$)及饮酒($\chi^2 = 1.11$, $P = 0.57$)比例差异也无统计学意义($P > 0.05$)(表1)。

表1 3组基线情况的分析比较

Table 1 Analysis and comparison of the baseline characteristics of the three groups

Group	n	Sex		age($\bar{x} \pm s, y$)	Smoker		Alcohol use	
		Male	Female		Yes	No	Yes	No
Auricular acupoint application group	50	13	37	54.86 $\pm$ 13.37	5	45	6	44
Drug treatment group	55	18	37	52.95 $\pm$ 12.92	8	49	10	45
Auricular acupoint application combined with drug treatment group	50	15	35	50.96 $\pm$ 11.02	7	43	6	44

治疗前3组VAS分值差异无统计学意义($F=0.536, P=0.58$)。

如表2所示,治疗1个月耳穴贴敷组($t=8.949$)、药物治疗组($t=10.52$)、耳穴贴敷+药物治疗组($t=19.33$)3组VAS分值均下降,与治疗前相比差异有统计学意义($P<0.01$);耳穴贴敷+药物治疗组VAS分值减少最为明显,与耳穴贴敷组相比,VAS分值差异有统计学意义($t=2.584, P=0.01$),且与药物治疗组相比,差异更为显著($t=3.91, P=0.0002$)。耳穴贴敷组和药物治疗组之间VAS分值差异无统计学意义($t=1.029, P=0.306$)。

治疗后3个月3组VAS分值较治疗前下降,但

较治疗后1个月时均有回升,药物治疗组VAS分值回升最为明显,之后依次是耳穴贴敷组和耳穴贴敷+药物治疗组。耳穴贴敷+药物治疗组VAS分值与药物治疗组相比差异有统计学意义($t=2.047, P=0.043$),其他两两比较差异均无统计学意义($P>0.05$)。

与治疗前相比,耳穴贴敷组($t=1.752$)和药物治疗组($t=0.174$)VAS分值下降,但差异无统计学意义($P>0.05$),耳穴贴敷+药物治疗组与治疗前VAS分值相比下降,且差异具有统计学意义($t=3.282, P<0.05$)。

表2 3组治疗前后VAS分值变化

Table 2 Changes in VAS scores before and after treatment in the three groups

Group	n	$\bar{x} \pm s$		
		Before	1 month	3 months
auricular acupoint application group	50	4.29 $\pm$ 0.82	2.75 $\pm$ 1.07 ¹⁾	3.99 $\pm$ 1.27
drug treatment group	55	4.48 $\pm$ 1.18	2.97 $\pm$ 1.04 ¹⁾	4.28 $\pm$ 1.06
auricular acupoint application combined with drug treatment group	50	4.34 $\pm$ 0.81	2.29 $\pm$ 0.65 ¹⁾²⁾³⁾	3.84 $\pm$ 1.12 ¹⁾²⁾

1): compared with before treatment, $P<0.05$; 2): compared with drug treatment group, $P<0.05$; 3): compared with auricular acupoint application group, $P<0.05$

3 讨论

灼口综合征是临床上常见的口腔黏膜疾病,人群发病率约3.7%~18%^[5]。随着研究进展,越来越多的证据表明灼口综合征是一种涉及神经机制的疼痛状态^[6-7]。目前,西医药物治疗方法主要以抗抑郁药、抗氧化剂、止痛消炎药治疗为主^[8-9]。Morr Verenzuela等^[10]对659例灼口综合征检测发现15%的患者缺乏维生素B₆、维生素D₃等,补充相应维生素可明显改善症状。口服谷维素和补充维生素类药物也是目前最为常用的药物治疗方法,但临床实践发现,存在着治疗周期长、效果欠佳等问题。以个体化为特点的中医耳穴疗法在疼痛性疾病的治疗中取得了良好疗效^[11]。He等^[12]用王不留行籽贴敷神门等4个耳穴位置对全膝关节置换术围手术期患者又明显镇痛疗效。Xia等^[13]发现耳穴治疗对颈椎前路椎间盘切除融合术后的颈部疼

痛有明显的缓解作用,这可能与其降低患者血浆IL-1 β 、IL-6和TNF- α 水平有关。Zou等^[14]发现耳穴按压有明显镇静作用,可明显改善血液透析患者的睡眠状况。Franco等^[15]使用针刺加耳穴贴敷法治疗12例灼口综合征患者,其中8例完成了整个治疗过程,结果发现患者疼痛情况有明显缓解。

中医认为脏腑经络的失衡是灼口综合征发生的根本原因。中医辨证分型主要分为心火炽盛型、肝肾阴虚型、肝胆湿热型、心脾两虚型、气虚血瘀型^[4]。而心火炽盛型则是临床最常见及典型的证型,本研究采用耳穴贴敷法和药物口服方法治疗心火炽盛型灼口综合征,并以证来选取穴位,使耳穴疗法辨证论治。心火炽盛证型灼口综合征症候分析:心开窍于舌,心火上炎则出现舌痛、舌灼、口干等症状,心火上炎耗伤心阴,心神无所附,则失眠心烦易怒。耳针心穴可活血通络治血瘀;神

门穴是临床上常用的止疼穴位,耳针神门穴可镇静安神,所以将心穴和神门穴作为治疗的主穴。而舌是灼口综合征的主要发病部位,而且舌为心之苗,所以将舌穴作为配穴。通过对耳穴治疗的辨证施治可以取得良好的治疗效果。

本研究结果显示耳穴治疗、药物治疗以及耳穴贴敷联合药物治疗1个月后患者口腔灼痛症状均有缓解,耳穴贴敷联合药物治疗比药物治疗组改善更为明显。治疗后3个月随访,3组的疼痛分值较治疗1个月时均有所回升,但低于治疗前。耳穴贴敷组和药物治疗组与治疗前相比无明显差别。而耳穴贴敷联合药物治疗组仍维持着较好的治疗效果,与治疗前相比疼痛指数仍有明显下降,与药物治疗组相比有明显差异($P < 0.05$)。

本研究中发现相比常规药物治疗,耳穴贴敷法可更有效地缓解灼口综合征的疼痛症状,并且与药物联合使用长期效果更佳,是一种经济简便,安全有效的治疗手段,对其最佳的治疗方案的探索,仍需要进一步扩大临床样本量进行研究。

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