

桃園院區跨領域中醫 中藥護理聯合討論會

穴位按摩於放療患者的應用

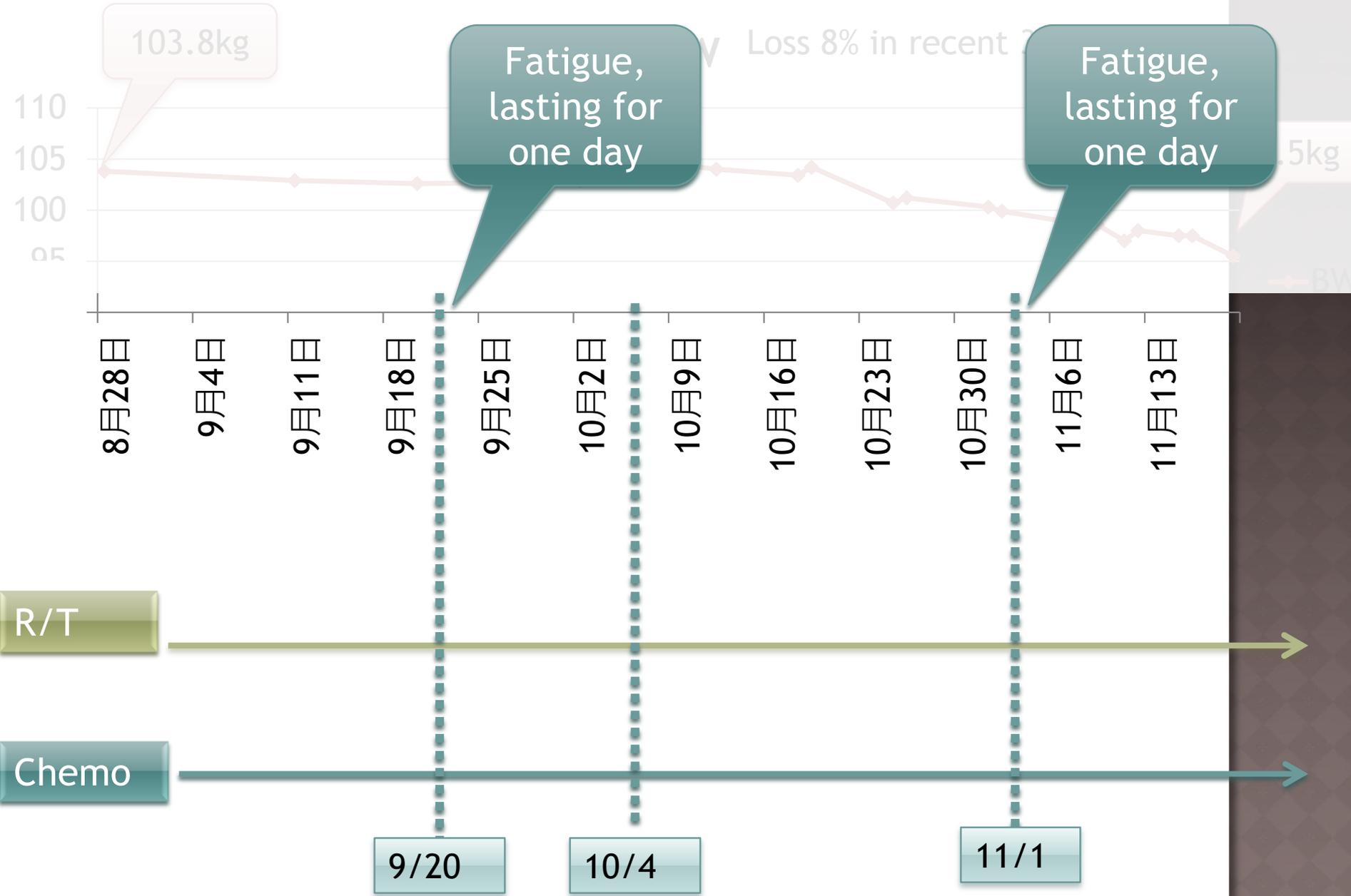
Presented by R1 顏嘉嫻

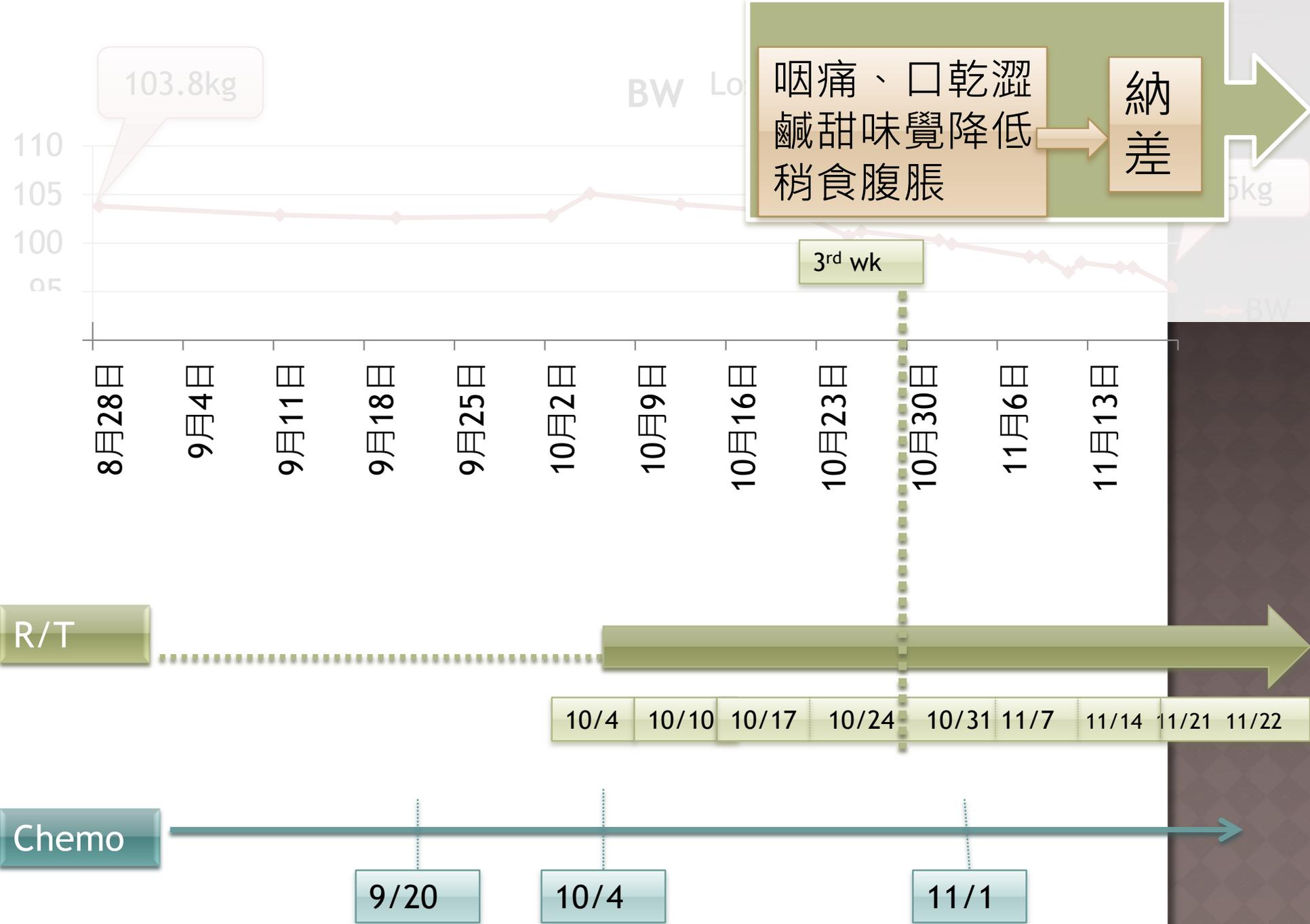
指導總醫師：胡奕晟 醫師

指導主治醫師：楊政道 醫師

SCENARIO

- ◎ 52歲女性，三個多月前發現右頸腫塊3cm，併雙耳耳鳴：
 - Dx:
 - 淋巴結病理切片顯示--
 - **Nonkeratinizing** undifferentiated carcinoma
 - Right NPC with bilateral neck metastasis, **T1N2M0**, AJCC **stage III**
 - Tx: **CCRT**
 - 兩個月前開始接受化療--**PUL regimen**(P: Cisplatin, U: UFT=Tegafur100mg+Uracil224mg, L:Leucovorin, 隔週一次，共4次)
 - 一個半月前開始接受放療--**total dose:7200cGy**(每週五次，共36次)
- ◎ 但是.....





ACUTE ADVERSE EFFECTS

◎ 咽痛:

- 燒灼刺痛, 乾裂撕裂感, 持續, 吞嚥時VAS: $\geq 5/10$, 未吞嚥VAS: $3/10$, 飲水劇痛感, 無法吞嚥固體

◎ 口乾澀:

- 苦澀欲吐感, 飲水後稍緩解

◎ 鹹甜味覺降低, 味覺改變

◎ 稍食腹脹:

- 食少量即飽(半碗~一碗稀飯+350cc liquid), 再食即腹脹欲嘔

Acute adverse effects:

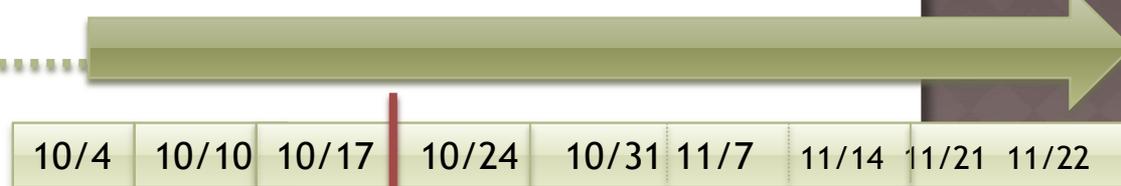
Dermatitis

Stomatitis

	Mu	P	Sk	Xe	Hb	WBC	PMN	Plt	O	N	U	Dia	Ne	Li	Kid	smelling	taste
101/10/04	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		
101/10/05	0	0	0	0					0	0	0	0				0	0
101/10/18	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		
101/10/19	0	0	0	0					0	0	0	0				0	0
101/10/25	2	1	0	0					0	0	0	0				0	0
101/11/01	2	2	1	1	1	0	0	1	2	0	0	0	0	0	0		
101/11/02	2	3	1	1					2	0	0	0				0	1
101/11/09	2	3	1	1					2	0	0	0				0	1
101/11/15	2	2	3	1	1	2	1	1	2	0	0	0	0	0	0		
101/11/16	2	3	1	1					2	0	0	0				0	1

1. 平時口苦澀欲吐感
2. 稍食即腹脹 再食則嘔

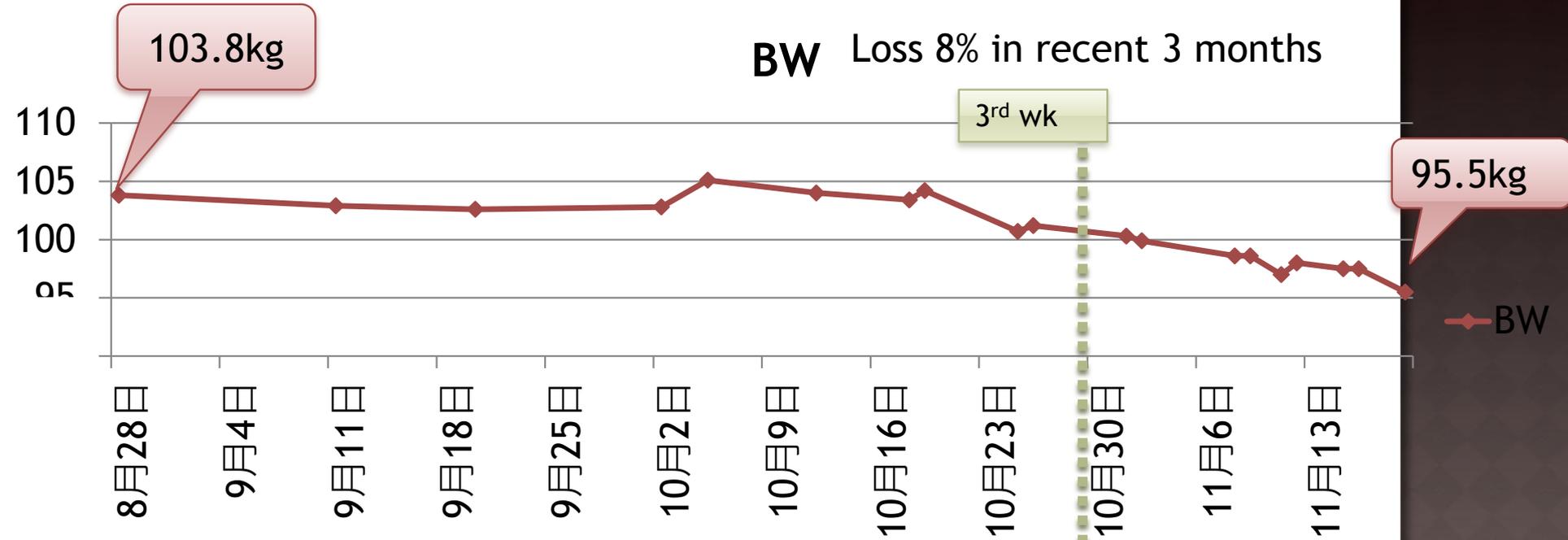
R/T



Chemo



BW Loss 8% in recent 3 months



R/T



Chemo



SCENARIO

- ◎ 目前中藥治療: 利水活血，兼養陰
 - 玉米鬚2CN 小茴香2CN 知母4CN 羌活2CN 茜草3CN 黃柏2CN 海藻2CN 五味子2CN 瞿麥1CN, QD
 - 其他Acute adverse effects--
 - Dermatitis: 頸部傷口--紫薰膏 局部灼熱感—苦參膏
- ◎ 衛教: 水分、水藥 小量頻服
- ◎ 其他:
 - 穴位按摩能否改善Acute adverse effects中，口乾咽痛的不適?
 - 可以選用哪些穴位呢?

PICO

- ◎ **Patient and problem:** 放療患者
 - 咽乾痛 口乾 xerostomia
- ◎ **Intervention:**
 - 穴位(針灸 *or* 按摩)
- ◎ **Comparison:**
 - 非針灸(*or* 按摩)穴位
- ◎ **Outcome:**
 - 口乾咽乾改善

Clinical effectiveness and safety of acupuncture in the treatment of irradiation-induced xerostomia in patients with head and neck cancer: a systematic review

E M O'Sullivan,¹ I J Higginson²

◎ Acupuncture in Medicine--IF: 1.381

- Searching--AMED, BNI A, CINAHL, Cochrane, Embase, HPSI, PsycInfo and Medline
- Search terms--acupuncture, xerostomia, salivary hypofunction, hyposalivation, dry mouth, radiotherapy, irradiation, brachytherapy, external beam.

Exclude--Non-needling

Ex: laser acupuncture, acupuncture-like transcutaneous nerve stimulation

RCT

Table 2 Characteristics of 18 for full-text review

Author (year)	Title	Database UI	Eligible acupuncture technique used	Focus is RT-induced xerostomia	Study type
Andersen and Machin (1997) ³⁶	Acupuncture treatment of patients with radiation-induced xerostomia	DOI: 10.1016/S0964-1955(96)00058-9	NA	Yes	Commentary on Blom <i>et al</i> (1996) ¹⁶
Blom <i>et al</i> (1992) ⁴⁴	The effect of acupuncture on salivary flow rates in patients with xerostomia	DOI: 10.1016/0030-4220-(92)90124-9	Yes	No	Controlled clinical trial not RCT
Blom <i>et al</i> (1996) ¹⁶	Acupuncture treatment of patients with radiation induced xerostomia	Ovid MEDLINE(R) UI – 8762876	Yes	Yes	RCT
Blom <i>et al</i> (1999) ³⁷	Prognostic value of the pilocarpine test to identify patients who may obtain long-term relief from xerostomia by acupuncture	EBSCO AN: 10326815	Yes	No	Before/after comparative study No control Not RCT
Blom and Lundeberg (2000) ²⁵	Long-term follow-up of patients treated with acupuncture for xerostomia and the influence of additional treatment	Ovid MEDLINE(R) UI – 10673783	Yes	No	Before/after comparative study No control Not RCT
Cho <i>et al</i> (2008) ⁴⁶	Manual acupuncture improved quality of life in patients with cancer: a study of xerostomia	Ovid MEDLINE(R)UI – 18532895	Yes	Yes	RCT
Deng <i>et al</i> (2008) ³⁸	Functional MRI changes and saliva production associated with acupuncture at LI2 acupuncture point: an RCT	Yes	Yes	No	RCT

Author (year)	Title	Database UI	Eligible acupuncture technique used	Focus is RT-induced xerostomia	Study type
Garcia <i>et al</i> (2009) ²⁰	Acupuncture for radiation-induced xerostomia in patients with cancer: a pilot study	EMBASE UI – 2009507161	Yes	Yes	Pilot study. N= 19. Not RCT, no control group
Jedel (2005) ²⁷	Acupuncture in xerostomia: a systematic review	CINAHL AN2009046149	NA	Yes	Systematic review
Johnstone <i>et al</i> (2002) ⁴⁵	Acupuncture for xerostomia: clinical update	EMBASE UI – 2002067438	Yes	No	Before/after comparative study, not RCT, no control
Johnstone <i>et al</i> (2001) ¹³	Acupuncture for pilocarpine-resistant xerostomia following RT for head and neck malignancies	EMBASE UI – 2001188504	Yes	Yes	Before/after comparative study, not RCT No control
Meidell and Holritz Rasmussen (2009) ³⁹	Acupuncture as an optional treatment for hospice patients with xerostomia: an intervention study	EBSCO AN –36221591	Yes	No	No control Not RCT
Pfister <i>et al</i> (2010) ⁴⁷	Acupuncture for pain and dysfunction after neck dissection: results of an RCT	Ovid MEDLINE(R) UI – 20406930	Yes	Yes as secondary outcome	RCT
Pinkowish (2009) ⁴⁰	Acupressure and acupuncture for side effects of RT	EMBASEUI – 2009496876	No	No	Commentary on Garcia <i>et al</i>
Simcock <i>et al</i> (2009) ⁴¹	Group acupuncture to relieve radiation-induced xerostomia: feasibility study	Ovid MEDLINE(R) UI – 19734380	Yes	Yes	Pilot study, not RCT, no control group, N= 12
Taromina and Rooney (2006) ⁴²	Acupuncture	EMBASE UI 2006087992	NA	No	General review
Wong <i>et al</i> (2003) ²¹	A phase I–II study in use of acupuncture-like transcutaneous nerve stimulation (ALTENS) in the treatment of radiation-induced xerostomia in patients with HNC treated with radical RT	EMBASE UI – 2003348228	No	Yes	Not RCT, no control group
Wong <i>et al</i> (2007) ⁴³	A phase II randomised study of ALTENS for the prevention of radiation-induced xerostomia in patients receiving radical radiotherapy for HNC	CINAHL AN – 2009766830	No	Yes	Full paper requested but not accessible—does not appear to be relevant as ALTENS used

未提及選用的穴位
實驗組: Classical acupuncture
對照組: Superficial acupuncture

Study ID	Participants (n)	Intervention and comparator interventions	Outcomes	Results
Blom <i>et al</i> (1996) ¹⁶ study design: RCT	Number: 41 enrolled; 38 included in analysis PMH: all HNC All post-RT >50 Gy Age: 35–82 years Median: control 64 years intervention 61.5 years Gender: M:F was 26:12 Xerostomia: subjective Exclusion criteria: none	1. Acupuncture rationale: traditional Chinese acupuncture; limited reasoning provided for treatment. Treatment partially individualised 2. Needling details: Needle insertions per case per session: not stated Points used: various points from list of 28 Depth of insertion: not stated Responses sought: needling response <i>Qi</i> Stimulation: manual Needle retention time: 20 min implied Needle type: Chinese Cloud & Dragon 0.30 mm diameter, 15 and 30 mm long 3. Treatment regimen: Number of sessions: 24 Frequency: twice weekly Duration of sessions: 20 min per session 4. Other components of treatment: none stated Setting: unspecified 5. Practitioner background: unspecified 6. Control or comparator: sham acupuncture using inactive points 1 cm from active points and superficial intradermal needling with no stimulation	Measured and reported Defined: SFR defined but subjective tool not defined Tools: (A) SFR: stimulated + unstimulated (B) Subjective assessment Scales not explained Follow-up: medium-term 1 year	Significant improvement in 50% of both groups. No significant difference between real and sham acupuncture (SA) groups Adverse events: brief mention of tiredness + small haematomas in a 'few' patients but group unspecified

1. Significant differences for **salivary flow rates** could be observed only within each group
2. Superficial acupuncture should preferably not be used as placebo acupuncture.

Twice weekly for 6 weeks:

實驗組: real acupuncture (頰車, 合谷, 足三里, 三陰交)

對照組: sham acupuncture

Study ID	Participants (n)	Intervention and comparator interventions	Outcomes	Results
Cho <i>et al</i> (2008) ⁴⁸ study design: RCT	Number: 12 enrolled PMH: All HNC All post-RT > 35 Gy Age: 37–72 years Median age: 44 years Gender: M:F was 10:2 All women in control group Exclusion criteria: ECOG >2, treatment for inflammatory disease, distant metastases	1. Acupuncture rationale: manual acupuncture; little reasoning provided for treatment. Treatment variation none 2. Needling details: Needle insertions per case per session: not stated Points used: ST6, LI4, ST36, SP6 Depth of insertion: 1.5 cm Responses sought: not stated Stimulation: none Needle retention time: 20 min Needle type: Zeus Korea Acupuncture Dev Co diameter 0.20 mm, length 30 mm 3. Treatment regimen: Number of sessions: 12 Frequency: twice weekly Duration of sessions: 20 min per session 4. Other components of treatment: none stated Setting: unspecified 5. Practitioner background: unspecified 6. Control or comparator: sham acupuncture using inactive points 2 cm from active points and superficial needling < 0.5 cm depth	Measured, reported and defined Tools: (A) SFR: stimulated + unstimulated (B) Execution Quotient (XQ) Questionnaire subjective assessment but only 4 of the 8 questions used Scales explained Follow-up: short-term 6 weeks	Significant difference in SFR + XQ scores between baseline and 6 weeks in the active group, but no significant difference in scores between active and control. XQ improved by 2.33 points in RA vs 0.33 in SA group ($p < 0.05$) Adverse events: no information provided

1. Whole salivary flow rates (stimulated and unstimulated)-- both groups showed a slight increase in whole salivary flow rates, with no significant difference between them

2. QOL

>=3 months since neck dissection and radiation

實驗組: acupuncture=A+/-B , once a week for 4 weeks

A. 頰車, 合谷, 百會, 耳神門 / 落枕穴--stiffness of neck and shoulder after neck dissection),

B. 阿是穴+/-二間(如果dry mouth非常明顯)

對照組: usual care =physical therapy+analgesia+antiinflammatory drugs

Study ID	Participants (n)	Interventions	Outcomes	Results
Pfister <i>et al</i> (2010) ⁴⁷ study design: RCT	N=70 but end point was incomplete for 12 cases, 58 included in final analysis PMH: All HNC >3 months after neck dissection + RT All had pain/dysfunction Median age: 59 years Gender: M:F was 44:26 Exclusion criteria: receipt of acupuncture in previous 6 weeks	1. Acupuncture rationale: traditional Chinese acupuncture; limited reasoning provided for treatment. Partly individualised: 8–26 points 2. Needling details: Needle insertions per case per session: range 14–39 needles Points used: LI4, SP6, GV20, luozhen, shenman for all + various customised points plus LI2 Depth of insertion: 0.25–0.5 inches (6–12 mm) Responses sought: none Stimulation: manual Needle retention time: 30 min Needle type: stainless steel, Seirin (Shizuoka, Japan) filiform needles diameter 0.20 mm, length 30 mm 3. Treatment regimen: Number of sessions: 4 Frequency: once weekly Duration of sessions: 30 min per session 4. Other components of treatment: none stated Setting: MSKCC Integrative Medicine Centre 5. Practitioner background: multiple staff acupuncturists 6. Control or comparator: 'usual care' provided to control with no attempt made to replicate the acupuncture experience	Measured, reported and defined Tools: (A) Xerostomia inventory (XI) 'modified slightly for American use' and modified scoring Scales explained Follow-up: Short-term – 4 weeks	Significantly greater reduction in acupuncture group (mean XI score 52.6±21.6 compared with 61.8±18.9 in 'usual care' group; p<0.02) Adverse events: no serious adverse events; 27 minor events: pain, minor bruising or bleeding and GIT upset

1st outcome: 看neck dissection後 肩頸上肢活動與疼痛情形→ 肩關節功能評定法

Constant-Murley scores =Pain+ADL(影響daily function+手上舉高度)+ROM

2nd outcome: Xerostomia

耳穴压豆防治鼻咽癌患者急性放射损伤临床观察

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【摘要】目的 观察耳穴压豆在鼻咽癌患者急性放射损伤中的防治作用。方法 将患者随机分为两组,治疗组予耳穴压豆联合根治性放疗,对照组予单独根治性放疗;比较两组急性放射损伤的发生率和程度。结果 研究组皮肤、黏膜、咽和食管的放射急性损伤总发生率较对照组略低,且2~4级放射急性损伤的发生率较对照组明显降低。结论 放疗时联合耳穴压豆可明显降低鼻咽癌患者急性放射损伤的发生程度。

【关键词】 鼻咽癌 放疗 急性放射损伤 耳穴压豆

實驗組	對照組	療效評估	結論																																																																										
一耳貼敷口、舌、咽喉、食道、氣管、肺、心，另一耳貼敷神門、交感、皮質下，按壓2-3min，TID，至RTO療程結束	無	<p>表1 鼻咽癌急性放射损伤比较 n(%)</p> <table border="1"> <thead> <tr> <th rowspan="2">器官组织</th> <th colspan="2">0级</th> <th colspan="2">1级</th> <th colspan="2">2级</th> <th colspan="2">3级</th> <th colspan="2">4级</th> <th colspan="2">1-4级</th> <th colspan="2">2-4级</th> </tr> <tr> <th>研究组</th> <th>对照组</th> </tr> </thead> <tbody> <tr> <td>面颈部皮肤</td> <td>3(7.50)</td> <td>0(0.00)</td> <td>32(80.00)</td> <td>20(50.00)</td> <td>4(10.00)</td> <td>14(35.00)</td> <td>1(2.50)</td> <td>6(15.00)</td> <td>0(0.00)</td> <td>0(0.00)</td> <td>37(92.50)</td> <td>40(100.00)</td> <td>5(15.00)[△]</td> <td>20(50.00)</td> </tr> <tr> <td>口腔、口咽部黏膜</td> <td>2(5.00)</td> <td>0(0.00)</td> <td>20(50.00)</td> <td>12(30.00)</td> <td>14(35.00)</td> <td>16(40.00)</td> <td>4(10.00)</td> <td>10(25.00)</td> <td>0(0.00)</td> <td>2(5.00)</td> <td>38(97.50)</td> <td>40(100.00)</td> <td>18(45.00)[△]</td> <td>28(70.00)</td> </tr> <tr> <td>咽和食管放射损伤</td> <td>4(10.00)</td> <td>0(0.00)</td> <td>30(75.00)</td> <td>20(50.00)</td> <td>6(15.00)</td> <td>10(50.00)</td> <td>0(0.00)</td> <td>10(0.00)</td> <td>0(0.00)</td> <td>0(0.00)</td> <td>36(90.00)</td> <td>40(100.00)</td> <td>6(15.00)[△]</td> <td>20(50.00)</td> </tr> </tbody> </table> <p>与对照组比较, $\Delta P < 0.05$。</p>	器官组织	0级		1级		2级		3级		4级		1-4级		2-4级		研究组	对照组	面颈部皮肤	3(7.50)	0(0.00)	32(80.00)	20(50.00)	4(10.00)	14(35.00)	1(2.50)	6(15.00)	0(0.00)	0(0.00)	37(92.50)	40(100.00)	5(15.00) [△]	20(50.00)	口腔、口咽部黏膜	2(5.00)	0(0.00)	20(50.00)	12(30.00)	14(35.00)	16(40.00)	4(10.00)	10(25.00)	0(0.00)	2(5.00)	38(97.50)	40(100.00)	18(45.00) [△]	28(70.00)	咽和食管放射损伤	4(10.00)	0(0.00)	30(75.00)	20(50.00)	6(15.00)	10(50.00)	0(0.00)	10(0.00)	0(0.00)	0(0.00)	36(90.00)	40(100.00)	6(15.00) [△]	20(50.00)													
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中药敷贴穴位在治疗鼻咽癌放疗中口腔粘膜损伤的应用

刘桂平

(河南省濮阳市肿瘤医院 濮阳 457000)

實驗組	對照組	療效評估	結論																		
湧泉(吳茱萸、大黃研末,各2g與陳醋調勻,再分兩等份敷於,整個RTO療程)	無介入性治療	<p style="text-align: center;">表 1 敷贴组与对照组口腔粘膜反应情况</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">组别</th> <th style="text-align: center;">例数</th> <th style="text-align: center;">I 期</th> <th style="text-align: center;">II 期</th> <th style="text-align: center;">III 期</th> <th style="text-align: center;">IV 期</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">敷贴组</td> <td style="text-align: center;">38</td> <td style="text-align: center;">4</td> <td style="text-align: center;">18</td> <td style="text-align: center;">16</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">对照组(未敷组)</td> <td style="text-align: center;">15</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	组别	例数	I 期	II 期	III 期	IV 期	敷贴组	38	4	18	16	0	对照组(未敷组)	15	2	7	4	2	
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小結

- ◎ 體針
- ◎ 耳針

小結

◎ 體針：

■ 挾口：

- 大腸經--(還出挾口)二間 合谷
- 胃經--(還出挾口)頰車 足三里

■ 舌本、舌下：

- 脾經--(連舌本，散舌下)三陰交
- 腎經--(挾舌本)湧泉

■ 咽喉：

- 脾經 胃經 心經 小腸經 腎經 肝經
- 任脈 督脈(百會) 陰蹻脈 沖脈

◎ 耳針

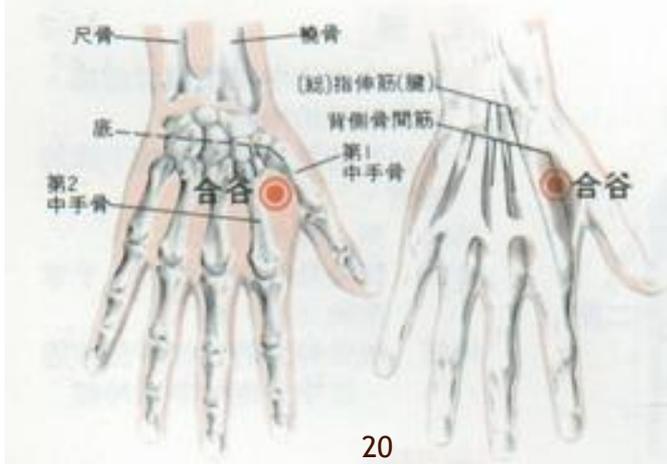
◎ 體針：

- 大腸經--二間 合谷
- 胃經--頰車 足三里
- 脾經--三陰交
- 腎經--湧泉
- 督脈--百會

二間 じかん
 Jikan
 Erjiān



合谷 ごうこく
 Gōkoku
 Hégǔ



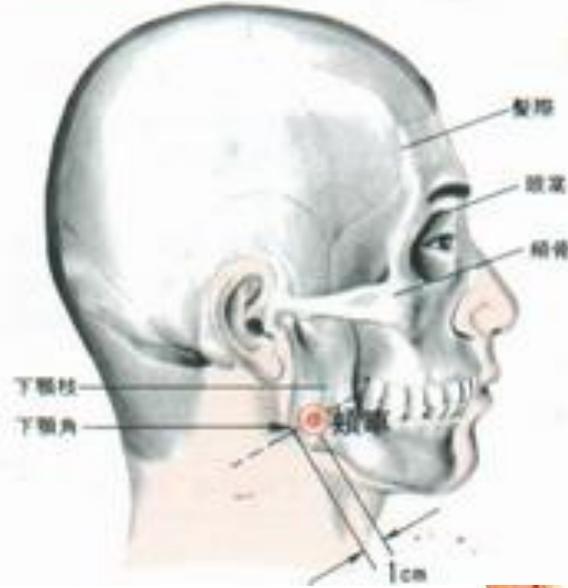
頰車

頰車

きょうしゃ

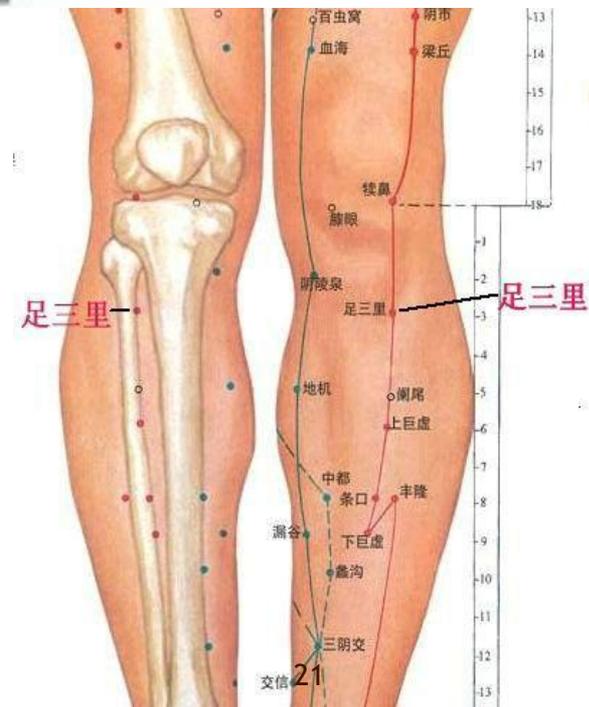
Kyosha

Jiá chē



◎ 體針:

- 大腸經--二間 合谷
- **胃經**--頰車 足三里
- 脾經--三陰交
- 腎經--湧泉
- 督脈--百會



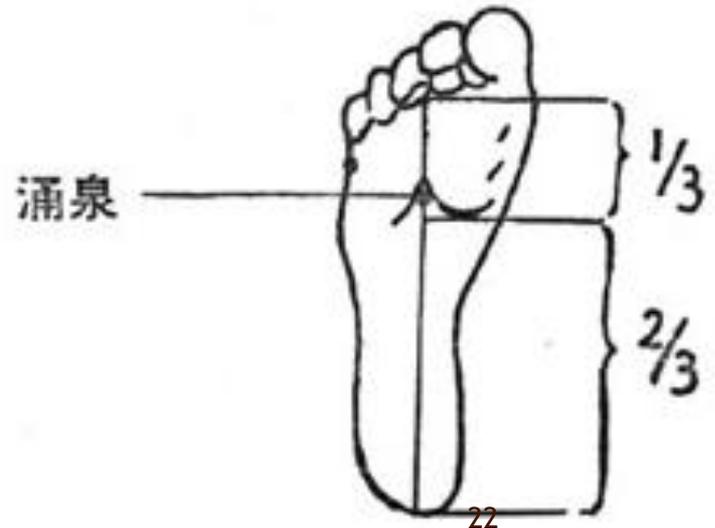
三陰交 さんいんこう
 Saninko
 Sānyīnjiāo

針灸甲乙經



◎ 體針:

- 大腸經--二間 合谷
- 胃經--頰車 足三里
- 脾經--三陰交
- 腎經--湧泉
- 督脈--百會



小結

◎ 體針

◎ 耳針:

- 口、舌、咽喉、食道、氣管、肺、心
- 神門、交感、皮質下

