

症 例 報 告

後頭下開頭術後の頭頸部痛に対し 疎経活血湯と川芎茶調散の併用が有効であった 1 症例

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要旨：開頭術後の頭頸部痛は発生頻度が高く，慢性化した場合は治療に難渋することが多い。今回，後頭下開頭術後の難治性の頭頸部痛に対して疎経活血湯（TJ-53）と川芎茶調散（TJ-124）の併用が有効であった症例を経験したので報告する。患者は60歳，女性。4年前に後頭下開頭術が施行され，直後から術創付近の右頭頸部に疼痛が出現し，3ヵ月後に増強した。非ステロイド性鎮痛薬（NSAIDs）の内服と理学療法で改善しなかったため当科を受診した。東洋医学的所見として水滯，左臍傍付近の圧痛を認め，疎経活血湯（TJ-53）7.5g，分3/日を開始し，10日後にNumerical Rating Scale（NRS）で4/10まで軽減した。更に川芎茶調散（TJ-124）7.5g，分3/日を開始し，28日後に疼痛は1/10まで軽減した。6ヵ月経過した現在良好な鎮痛が得られている。

索引用語：頭頸部痛，疎経活血湯，川芎茶調散

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**Combined treatment of sokeikakketsuto and senkyuchachosan
for the head and the neck pain after the suboccipital craniotomy**
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Abstract: Headache and neck pain frequently occur after the suboccipital craniotomy and its chronic case can be difficult to treat. The present report describes a case in which headache and neck pain occurred after the suboccipital craniotomy improved with sokeikakketsuto (TJ-53) and senkyuchachosan (TJ-124).

The patient was a 60-year-old woman. Four years ago, she underwent suboccipital craniotomy. After the surgery, she had pain in her head and neck. NSAIDs and physical therapy were ineffective against her headache and neck pain. After the kampo diagnosis, TJ-53 was administered at a dose of 2.5g, 3 times a day. Ten days later, the intensity of the pain (NRS) decreased from 10/10 to 4/10. Furthermore, TJ-124 at a dose of 2.5g, 3 times a day, was combined with TJ-53. Twenty-eight days later, the intensity of the pain decreased to 1/10, and six months later, she was satisfied with the pain control.

Key words: sokeikakketsuto, senkyuchachosan, head and neck pain

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