

症 例 報 告

視床病変に伴う右半身のしびれと冷えが
当帰芍薬散にて改善した1症例

境 徹也* 澄川 耕二*

要旨：中枢神経に損傷を受けた患者は、痛みや感覚障害に加えて非常に強い冷えを訴えることがある。今回、視床病変に伴う右半身のしびれと冷えに対して、当帰芍薬散が有効であった症例を経験したので報告する。患者は54歳、男性。8ヵ月前、右半身のしびれ、感覚障害、筋力低下、冷えが出現し徐々に増悪した。脳神経外科を受診し、頭部MRIで左視床の腫瘍を指摘された。ステロイドパルス療法で右半身の感覚障害と筋力低下は改善した。しかし、右半身のしびれと冷えは改善しなかったため、当科紹介受診となった。サーモグラフィーにて右手掌温度は左手に比べ低かった。ツムラ抑肝散加陳皮半夏エキス顆粒(TJ-83)7.5g、分3/日を開始したが、効果が無かったため、34日後にツムラ当帰芍薬散エキス顆粒(TJ-23)7.5g、分3/日へ変更した。62日後、右半身の冷えは内服前に比べ半分以下に低下し、またしびれも若干改善した。サーモグラフィーでも右手掌温度の上昇を確認できた。当帰芍薬散の内服後に手掌温度が上昇し、冷えが改善したことから、当帰芍薬散の駆瘀血作用が有効であったと考えられた。

索引用語：視床病変、冷え、当帰芍薬散

PAIN AND KAMPO MEDICINE Vol.21 (2011)

Successful treatment with tokishakuyakusan for the numbness and coldness
of the right side of the body in a patient with thalamic lesion

Tetsuya Sakai* and Koji Sumikawa*

Abstract: Central nerve injury sometimes causes not only pain and sensory disturbance but also severe coldness. We report a successful treatment with tokishakuyakusan for the numbness and coldness of the right side of the body in a patient with thalamic lesion. Eight months ago, a fifty four-year-old man developed the numbness, sensory disturbance, muscle weakness and coldness of the right side of the body and these symptoms were aggravated gradually. He visited a neurosurgeon, and then magnetic resonance imaging revealed a thalamic lesion. He received steroid pulse therapy, which improved his sensory disturbance and muscle weakness. However, his numbness and coldness were not improved, and then he was referred to our clinic. Thermography showed lower temperature in his right palm compared with the left one. We administered yokukansan at a dose of 2.5g 3 times a day. Twenty-eight days later, we changed yokukansan to tokishakuyakusan at a dose of 2.5g 3 times a day, because yokukansan was not effective. Sixty-two days later, his coldness improved significantly compared to that before taking tokishakuyakusan. Thermography also revealed that the temperature in his right palm increased. It seems likely that tokishakuyakusan might have recovered blood flow resulting in the improved symptoms.

Key words: Thalamus lesion, coldness, tokishakuyakusan

* Department of Anesthesiology, Nagasaki University School of Medicine

Offprint requests to: Tetsuya Sakai, Department of Anesthesiology, Nagasaki University School of Medicine, Sakamoto 1-7-1, Nagasaki, 852-8501, Japan