

症 例 報 告

## 視床の脳梗塞後に持続した舌のしびれに対して 柴胡加竜骨牡蛎湯と抑肝散が奏効した1症例

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**要旨：**患者は60歳男性，主訴は舌のしびれ。左手，頬の左側，舌の左側，口腔内の左側のしびれで右視床のラクナ梗塞を発症し入院となった。点滴，内服加療を行い退院となったが，退院後も舌と口腔内の左側のしびれは残存した。発症から半年間経過したが改善しないため神経内科を受診した。柴胡加竜骨牡蛎湯を開始したところしびれは5/10まで改善，その後抑肝散に変方したところ3/10まで改善した。脳卒中は東洋医学的には中風と言われている。中風の治療法としては肝陽上亢に対応する治法となる疏肝が考えられる。本例では肝陽上亢を中心に処方選択を行い，柴胡加竜骨牡蛎湯，抑肝散のいずれもが有効であった。脳梗塞後遺症によるしびれに対して柴胡加竜骨牡蛎湯と抑肝散は治療選択肢になりうると考えられた。

**索引用語：**柴胡加竜骨牡蛎湯，抑肝散，脳梗塞，視床，舌のしびれ

### PAIN AND KAMPO MEDICINE Vol.26 (2016)

**A case that responded to saikokaryukotsuboreito and yokukansan for the numbness of tongue that persisted after the thalamic cerebral infarction**

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**Abstract:** A 60-year-old man complained of the numbness of his tongue. A half year ago lacunar infarction on right thalamus occurred, and he was hospitalized. He complained of the numbness of his left hand, left side of the cheek, tongue, and inside the mouth. Therefore the treatment with the intravenous and oral medications was taken, and he left the hospital. Because the numbness of his left side of tongue and of inside the mouth was persisted, he came to the hospital again. Saikokaryukotsuboreito was orally given, and the numbness was improved at a level of 5 out of 10. Five months later the administration of saikokaryukotsuboreito was discontinued, and yokukansan was given, and the numbness was improved at a level of 3 out of 10. Stroke is the acute febrile disease of moderate severity (chufu) in kampo medicine. The treatment of chufu is dispersing the stagnated liver energy (sokan) which induces the ascendance and the hyperactivity of liver yang (kanyojoko). In our case, the medication was chosen because it was important to disperse the stagnated liver energy, and saikokaryukotsuboreito and yokukansan were effective. In conclusion, saikokaryukotsuboreito and yokukansan could be the useful options for the treatment of numbness caused by cerebral infarction.

**Key words:** saikokaryukotsuboreito, yokukansan, cerebral infarction, thalamus, numbness of tongue

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