



李培刚医学新疗法丛书
NEW THERAPEUTICS BY LI PEIGANG

新理论 · 新理念 · 新观点 · 新诊断 · 新手法
New Theory · New Concept · New Ideas · New Diagnosis · New Manipulation

无菌性纤维组织炎

(类风湿性关节炎和强直性脊柱炎)

家庭治疗手册

Family Treatment Manual
for Aseptic Fibrositis
(rheumatoid arthritis and ankylosing spondylitis)

李培刚 著

大病重病医生治
小病轻病家庭治自我治
无病锻炼自防

中国出版集团
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家庭治疗手册系列+



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图书在版编目 (CIP) 数据

无菌性纤维组织炎 (类风湿性关节炎和强直性脊柱炎) 家庭治疗手册 / 李培刚著. —北京: 中国对外翻译出版公司, 2010. 1

(李培刚医学新疗法丛书. 家庭治疗手册系列)

ISBN 978-7-5001-2481-8

I. 无… II. 李… III. ①类风湿性关节炎—诊疗—手册②类风湿性脊柱炎—诊疗—手册 IV. R593.205-62

中国版本图书馆CIP数据核字 (2009) 第201890号

出版发行 / 中国对外翻译出版公司

地 址 / 北京市西城区车公庄大街甲4号物华大厦六层

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网 址 / <http://www.ctpc.com.cn>

出版策划 / 林国夫 张高里 岑 红

策划编辑 / 李 虹

责任编辑 / 付雅丽

封面设计 / 小徐书装

排 版 / 北京精制轩彩色制版有限公司

印 刷 / 北京盛通印刷股份有限公司

经 销 / 新华书店

规 格 / 787×1092毫米 1 / 16

印 张 / 17

字 数 / 303千字

版 次 / 2010年1月第一版

印 次 / 2010年1月第一次

ISBN 978-7-5001-2481-8 定价: 53.00 元



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李培刚简介



李培刚 1955 年 11 月生于河北省沧州，主任医师，教授，李培刚医学新疗法创始人。1972 年入伍，1973 ~ 1976 年在天津学习骨科创伤技术；1977 ~ 1983 年任部队医院军医，1984 年转业后从事骨科学临床研究。在治疗过程中，他根据骨折后和骨折手术后引起的骨折延期愈合、关节功能障碍以及截瘫、偏瘫、脑外伤和脑肿瘤手术后遗症、类风湿性关节炎、强直性脊柱炎（无菌性纤维组织炎）和颈臂腰腿痛病等各种疾病的病理变化，总结出新的医学理论、医学观点、医学观念；新的医学治疗原则、医学检查方法、医学诊断技术；新的医学治疗手法和锻炼方法，构成全新的医学体系——李培刚医学新疗法，为上述各种常见病和医学难症创造出新的主导治疗手段。新疗法科学性强、安全可靠、简便易行、行之有效、治愈率高。因此，李培刚多次承担完成了国家计划内科研课题，成果均达到国际先进水平，是我国采用手法治疗承担和完成国家计划内科研攻关成果并达到国际先进水平的第一人。

李培刚医学理论及治疗的创新与突破

● 采用李培刚医学新疗法治疗骨折和骨折手术后遗症，软化手术瘢痕组织，促进骨折断端早期愈合，促使骨折肢体功能恢复，防止肌肉萎缩和关节纤维性强直，避免了骨折手术后遗症的发生。特别提示男性病人在骨折期间严禁过性生活，否则可导致骨折延期愈合。

● 李培刚在治疗外伤性脊髓损伤（截瘫）的同时，总结出“外伤性进行型不完全性脊髓损伤（截瘫）”和“外伤性进行型完全性脊髓损伤（截瘫）”的新类型；同时把男、女生殖功能和性功能列为诊断的指数。由此将完全性脊髓损伤（截瘫）的临床诊断指标由6补充为8，并根据脊髓损伤（截瘫）的部位进行划分、定位，分别为高位、中位和低位脊髓损伤（截瘫）。

● 李培刚认为，目前在对类风湿性关节炎和强直性脊柱炎两种疾病的病名含糊、病因不清、发病机理不明、诊断不准确的情况下，就给予常规而成熟的治疗方案和一系列药物治疗均属于盲目、草率、只治标不治本的应付性治疗，反而促使病情恶化。李培刚对此进行了更正，诊断和命名为“无菌性纤维组织炎”，根据病理变化制订了治、动结合的治疗原则，在不服用任何药物的情况下，仅采用手法治疗就达到了消肿止痛、运动功能和各器官功能恢复、标本兼治的目的。

● 李培刚把新手法作为截瘫、偏瘫、脑外伤和脑肿瘤手术后遗症及无菌性纤维组织炎（类风湿性关节炎和强直性脊柱炎）的主导治疗手段，是采用手法治疗截瘫、偏瘫、脑外伤和脑肿瘤等手术后遗症及无菌性纤维组织炎（类风湿性关节炎和强直性脊柱炎）的创始人。

● 李培刚通过几十年的临床研究和实践证明，中老年人退行性关节骨质增生是人体生化过程中的一种正常生理退化现象，不是病理变化，更不是一种疾病。目前国内外医学界将之视为一种疾病进行针对性的治疗是错误的。

● 李培刚经过临床研究证实：中老年退行性椎管狭窄是人体生理退化过程中的一种正常现象和自然规律。它不是一种病理变化，更不是一种疾病。视之为病理变化并诊断为一种疾病，从而对其进行治疗是错误的。

● 李培刚认为中老年人关节运动可防止病理性骨质增生增长。关节静止不动反而更促使关节周边病理性骨质增生的增长。

● 李培刚认为临床上将青少年膝关节痛和下肢肌肉痉挛（抽筋）诊断为缺钙和发育过盛所致是错误的。正确的诊断应该是各种软组织损伤引起的。

● 李培刚在临床治疗中发现颈臂腰腿痛病并不是中老年人的专有疾病，儿童和青少年颈臂腰腿痛病的发病率也高达90%以上，只不过没有

中老年人那么严重和明显，所以没有引起足够的重视。

● 李培刚认为“颈椎病”的诊断和病名笼统。颈椎病的病名来源于颈椎骨质增生，而中老年骨质增生是一种生理现象，不是疾病。因此，将其定名为颈椎病是错误的。

● 李培刚针对目前颈椎、胸椎和腰椎椎间盘膨出、突出的诊断提出质疑。因为人体的颈椎、胸椎和腰椎椎间盘是不会膨出的，更不会突出。确切的诊断应该是椎间盘髓核膨出和突出。目前椎间盘膨出和突出的诊断是不客观、不科学、不真实的，是错误的。

● 李培刚经过临床实践证实：颈臂腰腿痛病所造成的肢体疼痛、麻木、肌肉萎缩和关节功能障碍不是骨骼和关节上的问题，而是骨骼和关节周围的软组织异常变化所致。目前国内外医学界认为颈臂腰腿痛病是骨和关节异常变化引起的观点是方向性错误。

● 在治疗急性软组织损伤病人的过程中，李培刚发现，病人损伤后后遗症较多，主要是受“肿要固定、痛要静止”的传统治疗观念影响。为此，李培刚提出新的原则：除损伤部位有骨折外，对肿胀和疼痛的肢体一定要根据损伤的程度给予合理的固定、科学的治疗，不要走极端、固定时间过久，而要以动为主、以静为辅，动静结合，才有利于损伤的恢复。

● 李培刚反对把CT、MRI（核磁共振）、彩超等仪器检查作为各种疾病诊断的万能器。把仪器检查作为诊断的唯一标准是不符合人体客观规律的，违反了诊断和鉴别诊断的原则。把各种仪器检查作为诊断疾病的参考依据，客观、真实地对待它们的检查结果才是科学和正确的。

● 李培刚在临床治疗过程中发现人体骨骼、关节、生理排列结构、关节运动的范围和功能只有相对正常，没有绝对正常。而各种常见病、多发病和疑难疾病的发生和形成都不是偶然的，而有其必然的联系。如何早期防治才是解决问题的根本。

● 李培刚认为把中老年膝关节肿痛，膝关节后侧、小腿前后侧和足底肌肉痉挛（抽筋）诊断为缺钙所致是错误的。其实质是软组织关系紊乱、软组织损伤所致。服用任何药物都是徒劳无功的。

● 李培刚根据治疗范围内各种疾病的不同病理变化，做出正确的诊断，并总结出新的医学疗法，在不服用药物和使用治疗设备的情况下，仅用双手治疗各种疾病就能达到消肿止痛、肌肉增长、力量加强和各功能恢

复的目的。

● 李培刚经过临床实践证明：以往主张“病人关节要省着用”的观点是消极和错误的，不仅不符合人体生理运动的客观规律，反而会导致病人关节功能减弱、病情加重，造成关节功能障碍。

● 李培刚根据人体运动生理机能，总结出新的运动理念和锻炼方法：因人而异，循序渐进，台阶式运动，锻炼时做到适度、合理、科学、有效。

● 李培刚在软组织损伤的基础上研究并总结出收缩性损伤和静止性损伤。

2003 年中国医师协会组织全国著名医学专家对李培刚医学新技术进行了评审和认证。由此，“李培刚医学新疗法”形成。

2004 年李培刚医学新疗法被中国卫生部列入“十年百项”重点推广项目。

1993 ~ 1997 年，李培刚受邀到欧美多国讲学，每到一个国家都引起高度关注，各国报纸、电视均进行了报道。德国医学专家们在新闻发布会上说：“李培刚教授创造了世界医学新领域，弥补和扩展了世界医学。”

1998 ~ 2008 年，李培刚撰写医学新疗法系列丛书 14 本，共计五百多万字。

2008 年，第 29 届北京奥林匹克运动会期间，中国篮球协会聘请李培刚担任中国国家男子篮球队和女子篮球队医疗专家组顾问，为中国男篮进入前八、中国女篮在 16 年后再次进入世界前四名提供了强有力的医疗保障。中国篮球协会特授予李培刚“奥运会杰出贡献奖”荣誉证书。

李培刚主要著作

- 1999 年 10 月 ~ 2000 年 2 月“新手法治疗颈臂腰腿痛病”电视讲座在中国中央电视台一频道播出
- 《新手法治疗颈、臂、腰、腿痛病》
吉林科学技术出版社
- 人体关节功能锻炼方法系列手册、录音带和录像带
《类风湿性关节炎和强直性脊柱炎患者的福音》书、录音带和录像带

《截瘫、偏瘫患者的福音》书、录音带和录像带

《颈、臂、腰、腿痛患者的福音》书、录音带和录像带

中国科学技术音像出版社

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《新理论 / 新诊断 / 新手法 类风湿性关节炎和强直性脊柱炎（无菌性纤维组织炎）治疗》

《新理论 / 新诊断 / 新手法 偏瘫、截瘫、脑外伤和周围神经损伤治疗》

《新理论 / 新手法 骨折手术后治疗》

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《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 无菌性纤维组织炎（类风湿性关节炎和强直性脊柱炎）家庭治疗手册》

《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 截瘫家庭治疗手册》

《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 偏瘫和脑外伤后遗症家庭治疗手册》

《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 如何让孩子正常发育健康成长》

《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 颈、臂、腰、腿痛病的自我治疗》

● 李培刚医学新疗法科学有效锻炼方法系列丛书

《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 颈、臂、腰、腿痛病科学有效锻炼方法》

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《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 偏瘫和脑外伤后遗症科学有效锻炼方法》

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- 《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 无菌性纤维组织炎（类风湿性关节炎和强直性脊柱炎）治疗》
- 《新理论 / 新理念 / 新观点 / 新诊断 / 新手法 截瘫、偏瘫、脑外伤后遗症治疗》
- 《新理论 / 新理念 / 新观点 / 新手法 骨折手术后治疗》

About the Author

Li Peigang, a chief physician, professor and founder of *Li Peigang New Therapeutics*, was born in Cangzhou, Hebei Province in November 1955. He was enlisted in 1972 and studied therapeutic techniques for orthopaedic injuries in Tianjin from 1973-76; He served as a military surgeon from 1977-83 and has devoted himself to clinical osteology since 1984 when he was transferred to civilian work. In his clinical practice, based on pathological changes of diseases such as delayed fracture healing and joint dysfunction caused by fracture and its operation, paraplegia, hemiplegia, sequelae of brain trauma and brain tumor surgery, rheumatoid arthritis, ankylosing spondylitis (aseptic fibrositis), as well as neck, arm, waist and leg pains, Li summed up new medical theories, new medical ideas and concepts, new principles of treatment, new medical examination methods, new diagnostic techniques, new therapeutic manipulation and exercise methods, thus forming a brand-new medical system – *Li Peigang New Therapeutics*. It provides new therapeutic means for common and refractory diseases above mentioned, and the new therapeutics is safe, simple, convenient and effective. Professor Li Peigang has been undertaking several scientific research projects on internal medicine within the state plan and made achievements of international level. Li is the first person employing manipulative treatment to accomplish state scientific research projects with achievements of international level.

Innovations and Breakthroughs by Professor Li Peigang in Medical Theories and Clinical Practice

● New therapeutics is used by Professor Li Peigang to treat sequelae of fracture and its operation. By softening the operation scar tissues, the healing of the fracture site and restoration of limb function is promoted, muscular atrophy and joint fibroid stiffness prevented and sequelae of fracture operation thus avoided. Sexual intercourse is strictly prohibited during fracture, or it would lead to delayed healing.

● In his treatment of traumatic spinal cord injuries (paraplegia), Professor Li Peigang sums up two new types of diseases – “traumatic progressive incomplete spinal cord injuries (paraplegia)” and “traumatic progressive complete spinal cord injuries (paraplegia)”. Meanwhile

the reproductive function and sexual function are listed as diagnostic indexes and the clinical diagnostic indexes for complete spinal cord injuries (paraplegia) are thus added from six to eight. Professor Li also divides the disease into high, middle and low spinal cord injuries (paraplegia) according to different injury positions.

● According to Professor Li Peigang, in case of ambiguous designation, unknown etiology, unclear pathogenesis and inaccurate diagnosis, it is merely a perfunctory and temporary solution to treat rheumatoid arthritis and ankylosing spondylitis with a conventional and mature treatment protocol and drug therapies, the diseases might even worsen instead. Improvement is made by Professor Li who diagnoses and renames the diseases as “aseptic fibrositis”, and establishes the treatment principle of integrating treatment and exercise according to pathological changes. With no medicine needed, only by employing the new therapeutics could the healing purposes of swelling and pain relief, recovery of motor function and various organs function be achieved.

● Professor Li Peigang employs his new therapeutics as leading means for the treatment of paraplegia, hemiplegia, brain trauma, brain tumor and aseptic fibrositis (rheumatoid arthritis and ankylosing spondylitis) sequelae. He is the first person to use manipulative treatment for sequelae of paraplegia, hemiplegia, brain trauma, brain tumor operation and aseptic fibrositis (rheumatoid arthritis and ankylosing spondylitis)

● Through several decades' clinical research and practice, Professor Li Peigang proved that retrogressive joint hyperosteogeny of the middle-aged and elderly people is a normal phenomenon in the physiological degeneration process of human body. It is not a pathological change and even less a disease. It is wrong to regard it a pathological change, diagnose and treat it as a disease...

● Professor Li Peigang proved through clinical research that retrogressive spinal stenosis of the middle-aged and elderly people is a normal phenomenon and natural law in the physiological degeneration process of human body. It is not a pathological change and even less a disease. It is wrong to regard it a pathological change, diagnose and treat it as a disease...

● Professor Li Peigang believes that joint movement could help middle-aged and elderly people prevent pathological hyperosteogeny from growing. To save the joint from moving or keep it immobilized would accelerate the growing of pathological hyperosteogeny around the joint area instead. Therefore, it is wrong to hold that joints should be saved from moving, because it goes against the concept of human body joint movement.

● In clinical practice, knee joint pains and lower limb muscle spasm (or cramp) of teenagers are diagnosed to be caused by calcium deficiency and overdevelopment. However, Professor Li Peigang holds the correct diagnosis should be soft tissue injuries.

● Professor Li Peigang found in his clinical practice that neck, arm, waist and leg pains are not diseases exclusive to middle-aged and elderly people, and the incidence of such diseases among children and teenagers is up to 90% and above. The reason that it does not draw enough

attention is that they are not as serious as those found among the middle aged and elderly people.

● Professor Li Peigang holds that the diagnosis and designation of cervical spondylopathy are ambiguous. The designation of “cervical spondylopathy” comes from cervical vertebral hyperosteogeny. But hyperosteogeny of the middle-aged and elderly people is a physiological phenomenon instead of a disease, and therefore, it is inaccurate to name the disease as cervical spondylopathy.

● Professor Li Peigang expresses doubt on the diagnosis of bulge and herniation of cervical spine, thoracic spine and lumbar disc, as there is no possibility that cervical spine, thoracic spine and lumbar disc could bulge, much less herniate. The accurate diagnosis should be bulge and herniation of the nucleus pulposus of intervertebral disc. The current diagnosis of bulge and herniation of intervertebral discs is inaccurate and not objective, so it is erroneous.

● Professor Li Peigang proved through clinical practice that limb pain, numbness, muscular atrophy and joint dysfunction caused by neck, arm, waist and less pains have nothing to do with bone and joint themselves, but are due to abnormal changes of soft tissues around bones and joints. The traditional popular opinion held by universal medical circle is that neck, arm, waist and leg pains are caused by abnormal changes of the bones and joints, which is inaccurate according to Professor Li.

● Professor Li Peigang found in his practice that acute soft tissue injuries are often followed by sequelae, which could be ascribed to traditional medical concept that holds “swelling needs immobilization and pain rest”. Professor Li put forward a new concept, that is, unless the injured site has fracture, the swelling limb with pains should be immobilized reasonably and treated sensibly according to the degrees of injuries. Instead of keeping the limb immobilized, movement is believed to be helpful for recovery, with rest as a subsidiary means.

● Professor Li Peigang is against the practice to take CT, MRI, color Doppler ultrasonograph as omnipotent instrument for examination of all diseases. Taking instrumental examination as the sole criterion for diagnosis does not conform to the objective law of human body more often than not, and also goes against the principle of diagnosis and differential diagnosis. It is only scientific and correct to take instrumental examination as reference for diagnosis and treat the examination results in an objective way.

● Professor Li Peigang found in his clinical practice that the arrangement and structure of bones and joints and the range and function of joint movement is only relatively normal, not absolutely. While the occurrence of common, frequently encountered and refractory diseases is not accidental but inevitable, therefore, early prevention and proper treatment is fundamental to the prevention and treatment of diseases.

● Professor Li Peigang holds that it is inaccurate to diagnose swelling and pain of the knee joint, spasm (or cramp) in the rear side of knee joint, front and rear side of the lower leg and sole of the foot of the middle-aged and elderly people to be caused by calcium deficiency. The

disease is actually caused by the disorder of soft tissue relation and soft tissue injuries, and any medicine will work to no avail.

● Based on different pathological changes of the diseases aforementioned and those of each disease, Professor Li Peigang makes accurate diagnosis and sums up new therapeutics which needs neither medicine nor treatment facilities but only bare hands to achieve the purposes of detumescence, analgesic, muscle growth, strength buildup and function recovery.

● Professor Li Peigang proved through clinical practice that the traditional long-held opinion-“patients’ joints should not be overused” – is negative and incorrect, because it doesn’t conform to the objective laws of human body’s physiological movement, on the contrary, it might even weaken joint function and lead to joint dysfunction.

● According to the physiological function of human body movement, Professor Li Peigang sums up new exercise concepts with emphasis on individual difference and step-by-step advance, and moderate, reasonable, scientific, effective exercise methods are promoted.

● Based on research into soft tissue injuries, Professor Li Peigang further divides it into contractile injuries and static injuries.

In 2003, Chinese Medical Association (CMA) and Chinese Medical Doctor Association (CMDA) called for evaluation and certification of Li Peigang’s new medical technologies by medical experts nationwide, which symbolizes the birth of *Li Peigang New Therapeutics*. It is also the first new therapeutics born in China.

In 2004, *Li Peigang New Therapeutics* was listed into “One Hundred Key Projects for Popularization in Ten Years” by the Ministry of Health of China.

From 1993 to 1997, Professor Li Peigang had been invited to give lectures in Europe and the United States, receiving a great deal of attention and publicity. German medical experts remarked in the news conference that Professor Li Peigang created a new medical field, which serves as a supplement and extension to the world medical science.

From 1998 to 2008, *Li Peigang New Therapeutics* book series (12 volumes, totaling over 5,000,000 characters) were completed.

In 2008, during the 29th Beijing Olympic Games, Chinese Basketball Association (CBA) invited Professor Li Peigang as an advisor to the medical expert team of China National Men’s and Women’s Basketball Team, providing strong medical support to the Men’s team which entered into the world’s first eight places and Women’s team which entered into the world’s first four places for a second time after sixteen years. Professor Li himself was awarded honorable certificate of “Outstanding Contribution to the Olympic Games” by CBA.

Main Works of Professor Li Peigang

- October 1999– February 2000, host of serial lectures on “New manipulation to relieve neck,

arm, waist and leg pains” in CCTV-1;

● *New Manipulation to Relieve Neck, Arm, Waist and Leg Pains*, published by Jilin Science and Technology Press;

● *Exercise Methods for Human Body Joint Function* (book series, recorded tape and video tape)

Good News for Patients with Rheumatoid Arthritis and Ankylosing Spondylitis (book, recorded tape and video tape)

Good News for Patients with Paraplegia and Hemiplegia (book, recorded tape and video tape)

Good News for Patients with Neck, Arm, Waist and Leg Pains (book, recorded tape and video tape)

Published by China Science and Technology Audio-Video Publishing House

● *Li Peigang New Therapeutics* (book series)

New Theory, New Diagnosis, New Manipulation to Relieve Neck, Arm, Waist and Leg Pains

New Theory, New Diagnosis, New Manipulation for Treatment of Rheumatoid Arthritis and ankylosing spondylitis (Aseptic Fibrositis)

New Theory, New Diagnosis, New Manipulation for Treatment of Paraplegia, Hemiplegia, Brain Injury and Peripheral Nerve Injury

New Concept, New Manipulation for post-Fracture Operation Treatment

Published by World Publishing Co., China Publishing Group

● *Li Peigang New Therapeutics for Family Treatment* (book series)

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Family Treatment Manual for Neck, Arm, Waist and Leg Pains

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Family Treatment Manual for Aseptic Fibrositis (rheumatoid arthritis and ankylosing spondylitis)

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Family Treatment Manual for Paraplegia

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Family Treatment Manual for Hemiplegia and Sequelae of Brain Trauma

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, How to Help Kid Grow Up Healthy and Happy

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Self-therapy for Neck, Arm, Waist and Leg Pains

● *Li Peigang New Therapeutics of Scientific and Effective Exercise Methods* (book series)

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Scientific and Effective Exercise Methods to Relieve Neck, Arm, Waist and Leg Pains

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Scientific and

Effective Exercise Methods for Treatment of Aseptic Fibrositis (rheumatoid arthritis and ankylosing spondylitis)

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Scientific and Effective Exercise Methods for Treatment of Paraplegia

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Scientific and Effective Exercise Methods for Treatment of Hemiplegia and Sequelae of Brain Trauma

● *Li Peigang New Therapeutics (medical science book series)*

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Therapy for Neck, Arm, Waist and Leg Pains

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Therapy for Aseptic Fibrositis (rheumatoid arthritis and ankylosing spondylitis)

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Therapy for Paraplegia, Hemiplegia, Brain Trauma and Peripheral Nerve Injury

New Theory/New Concept/New Ideas/New Diagnosis/New Manipulation, Therapy after Operation for Fracture

总结
经验
开拓
创新

胡熙明
一九九九年

原中国卫生部副部长、中国中医药管理局局长胡熙明题词

前言

类风湿性关节炎和强直性脊柱炎是临床上的常见病、多发病，属于世界医学难题。该病病因至今仍未找到，发病原理和机制不清楚。世界各国对类风湿性关节炎、强直性脊柱炎的认识和说法也不一致。有的认为是胶原性疾病，有的认为是自身免疫性疾病或遗传性疾病。因这两种病的诊断不明确，临床症状和表现虽与风湿性关节炎相似，但又不完全与风湿性关节炎相同，因此，国内外医学界将其称为“类风湿性关节炎”，同时根据病人的临床症状和临床表现进行分类，把四肢周围性关节肿胀和疼痛、肌肉萎缩的病人诊断为类风湿性关节炎，把躯干肌肉、脊柱疼痛和肌肉萎缩、脊柱及髋关节强直的病人诊断为强直性脊柱炎。在病因未找到、发病机制不清楚、病名含糊其词、诊断不明确的情况下，就给病人制定了成套而系统的治疗方案，而且只针对病人的关节肿胀和疼痛给予大量的激素和其他止痛药物。这样治疗的结果是，虽然肿痛得到了临时的缓解，但长期服用各种药物使胃、肠、肝、脾、肾等器官功能减弱和破坏，造成整体抵抗力和免疫力下降，反而加重病情。药物治疗的同时还根据病人的关节肿胀，禁止其对关节进行主动运动，要求卧床静养，反而使炎症肿胀不易消退，对关节和肌肉形成刺激，致使软组织间相互机化、粘连交织在一起，造成肌肉萎缩、关节挛缩和强直。结果就是治疗效果差，副作用多，病人痛苦大，致残率和死亡率高。

类风湿性关节炎的特点是病变主要侵犯下颌和四肢小关节，四肢肌肉、关节周围的软组织，女性多于男性。其临床表现为综合性肌肉和关节剧痛、四肢关节对称性肿胀，双手指间关节梭形改变，手掌、足底筋膜增生、肥厚，晨始关节僵硬，晚期骨质疏松，关节破坏，肌肉牵拉侧方或屈曲变形，关节和肌肉功能障碍或丧失。