

하지불안증후군의 중의치료 연구 동향

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Research Trend of Traditional Chinese Medicine in the Treatment of Restless Legs Syndrome

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Objectives: This study was conducted to assess how Traditional Chinese Medicine treats the medical condition of Restless Legs Syndrome (RLS).

Methods: The authors searched for relevant articles through the CNKI (China National Knowledge Infrastructure-www.global.cnki.net) with the following keywords: The main search was for the term 'RLS,' with supportive words added such as 'Acupuncture', 'Acupoint', 'Meridian', 'Moxibustion', 'Massage', 'Acupoint injection'. Our search yielded a total of 233 articles; there were a total of 71 articles related to clinical fields. We then analyzed the chosen articles using a number of criteria including the study type used, the treatment method utilized, and the main effect of the treatment.

Results: The 71 analyzed articles utilized the following type of study design: 4 were classified as Quasi-randomised trial, 22 as Randomized Controlled Trial, and 45 as a case report. Regarding the treatment used for RLS, 25 studies examined a single treatment modality, while 46 studies examined a complex treatment modality. There were a total of 10 types of acupuncture treatment used in treating RLS; several massage and acupoint injection method were also found. Finally, there were a few studies that used Moxibustion, as well as several supportive treatments like Cupping, Moxibustion, Steam-Washing, TDP (Teding Dancibo Pu) were found.

Conclusions: Traditional Chinese Medicine has used a variety of different study designs and treatments vis-à-vis RLS. These treatments are also used to treat the condition in South Korea.

Key Words: Restless Legs Syndrome, TCM, Acupuncture, Moxibustion, Massage, Acupoint injection, Sleep Disorder.

I. 서론

하지불안증후군(Restless Legs Syndrome, 이하 RLS)는 하지를 움직이고 싶어 하는 강한 충동 및 초조감이 저항할 수 없을 정도로 강하게 나타나는 운동감각 질환으로서, 하지의 불편한 감각은 쉬거나 움직임이 없을 때 나타나는데, 특히 저녁이나 야간 수면시 나타나며, 움직임에 의해 해소되므로 심하면 수면 장애로 이어지는 등 삶의 질에 악영향을 미치게 된다¹⁾. 국제 수면 장애 분류(International Classification of Sleep Disorder)²⁾에서도 RLS를 수면이상(dyssomias)의 범주에 넣고 있으며, 진단기준에 입면의 장애를 동반한다는 것과 합병증에 불면증을 명시함으로써 RLS와 수면장애가 밀접한 관련이 있음을 알 수 있다.

최근 국내에서 시행된 RLS 연구에서 유병률이 5.5%로 보고되어³⁾ 높은 편임에도 불구하고 질환에 대한 인식도가 낮아 적절히 진단과 치료를 받지 못하는 경우가 많다. 뿐만 아니라 RLS는 이른 나이에 발생하고 흔히 가족력을 가지는 원발성 RLS와 철결핍이 가장 흔한 원인인 이차성 RLS가 있는데, 최근엔 정신과 영역에서 흔히 처방되는 항우울제, 항정신병약물의 사용이 RLS의 위험성을 증가시키며 수면장애를 동반하는 경우가 많다는 연구⁴⁾가 보고되어 주목을 받고 있다.

RLS와 관련된 한의학 문헌 기록을 살펴보면, 금궤요략·혈비허로병맥증병기제육 『金匱要略·血痺虛勞病脈證併治第六』⁵⁾에서 “問曰 血痺病从何得之? 師曰 夫尊榮人骨弱肌肤盛 重因疲勞汗出 卧不时动摇 加被微风遂得之. 但以脉自微溢在寸口尖上小紧 宜鍼引阳气 令脉和 紧去则愈.”라고 하여 잠을 자면서 숙면하지 못하고 계속해서 몸을 움직이는 것을 혈비(血痺)의 증상으로 제시하고 있으며⁶⁾, 명대 설기(薛己)의 내과적요 『內科摘要』⁷⁾에서는 “夜間少寐, 足內酸熱. 若再良久不寐, 腿內亦然, 且兼腿內筋似有抽縮意, 致兩腿左右頻移, 展轉不安, 必至倦極方寐.”라고 하여, RLS의 임상표현과 가장 유사한 기록이 존재하고 있음을 알 수 있다⁸⁾.

현재 중국에서는 RLS를 ‘不安腿綜合征’ 혹은 ‘不寧腿綜合征’으로 표현하고 있으나, 중의학적으로는 이에 완전하게 대응하는 명칭은 없으며, 주로 비증(痺症)의 범주에서 다루고 있는데 중의학에서는 최근 관련 연구가 활발하게 이루어지고 있는 반면에, 국내에서는 박⁹⁾의 논문에서 혈허증(血虛證)의 기혈허허형(氣血虧虛型)으로 하지불안증후군을 기술

한 부분만 보일 뿐, 관련 연구가 거의 이루어지지 않고 있다.

이에 저자는 중국 논문 검색사이트에서 RLS에 대한 중의학의 임상연구 현황들을 조사 연구한 결과 다소의 지견을 얻었기에 이에 보고하는 바이다.

II. 연구결과 및 고찰

1. 연구방법

인터넷 중국 논문 검색사이트인 중국지식기초시설공정(中國知識基礎設施工程, <http://www.cnki.net>)에서 하지불안증후군에 대한 침, 추나, 안마, 혈위주사요법에 대한 모든 임상논문을 검색하였다. 기간은 2014년 4월 17일 이전에 발표된 모든 논문들을 대상으로 하였고, 검색범위를 ‘医药卫生科技’로 한정하였으며, 표준검색에서 기본 검색어를 ‘不安腿’와 ‘不宁腿’로, 임상술기와 관련된 ‘針’, ‘鍼’, ‘穴’, ‘经络’, ‘灸’, ‘推拿’, ‘按摩’, ‘注射’ 등을 보조검색어로 함께 검색한 결과, ‘不安腿 + 針’ 25편, ‘不宁腿 + 針’ 20편, ‘不安腿 + 鍼’ 17편, ‘不宁腿 + 鍼’ 14편, ‘不安腿 + 穴’ 19편, ‘不宁腿 + 穴’ 14편, ‘不安腿 + 经络’ 5편, ‘不宁腿 + 经络’ 5편, ‘不安腿 + 灸’ 2편, ‘不宁腿 + 灸’ 3편, ‘不安腿 + 推拿’ 8편, ‘不宁腿 + 推拿’ 3편, ‘不安腿 + 按摩’ 47편, ‘不宁腿 + 按摩’ 24편, ‘不安腿 + 注射’ 19편, ‘不宁腿 + 注射’ 8편으로 총 233편의 논문이 검색되었다. 검색된 논문들에서 중복되는 논문과 본 주제와 관련 없는 임상연구 및 문헌연구는 배제하여 1차적으로 89편의 논문을 선별하였으며, 초록이외에

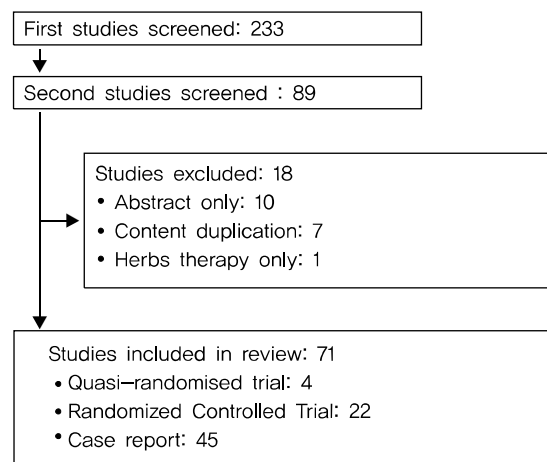


Fig. 1. Flow diagram preferred reporting items for review.

Table 1. A List of Articles with Treatment and Clinical Research Methods

Number	Title	Treatment	Clinical Research Methods
1	Good effect of Restless Legs Syndrome by Silver needle treatment ¹⁰⁾ .	A _g	Case report
2	Acupuncture, Electro-acupuncture puls Acupoint injection of Calciferolis Calcic, VitaminB12 treat Restless Legs Syndrome (3 cases)Report ¹¹⁾ .	A, A _E , I A, A _E A _E	Case report - -
3	Clinical efficacy of acupuncture Baihui through Taiyang (non-scalp area) combined with lumbar sympathetic block treatment of Restless Legs Syndrome ¹²⁾ .	A _s , I	RCT
4	Acupuncture and Moxibustion on Four Gates points for treatment of Restless Legs Syndrome in 28 cases ¹³⁾ .	A, A _W	Case report
5	Acupuncture treatment of uremic Restless Legs Syndrome in 1 case ¹⁴⁾ .	A, X	Case report
6	Acupuncture treatment of Restless Legs Syndrome Wangyin experience ¹⁵⁾ .	A, A _E , C, S	Case report
7	Study on curative effect of Acupressure on alleviating hemodialysis patients complicated with Restless Legs Syndrome ¹⁶⁾ .	M	Case report
8	Acupuncture combined Traditional Chinese herbal medicine fumigation treatment 12 cases of Restless Legs Syndrome ¹⁷⁾ .	A, A _E , F	Case report
9	Zuoguiyin combined with Acupoint injection therapy efficacy in elderly Restless Legs Syndrome ¹⁸⁾ .	H, I	RCT
10	Observation of Clinical efficacy of Acupuncture and Herbal medicine treatment of Restless Legs Syndrome ¹⁹⁾ .	A, H	RCT
11	Observation on Acupuncture plus Moving cupping for Restless Legs Syndrome ²⁰⁾ .	A, A _E , A _R , A _S , C	RCT
12	60 cases of efficacy of Acupuncture and Traditional Chinese medicine fumigation treatment of Restless Legs Syndrome ²¹⁾ .	A, A _S , F	RCT
13	Observation of Acupuncture and Moxibustion treatment on 21 cases of Restless Legs Syndrome ²²⁾ .	A, X	RCT
14	Massage therapy with the drug smoked one case of Restless Legs Syndrome ²³⁾ .	F, M	Case report
15	Successful treatment of Restless Legs Syndrome by Mouth acupuncture : A report of one case ²⁴⁾ .	A _M	Case report
16	Skin needle-based treatment of Restless Legs Syndrome in 48 cases ²⁵⁾ .	A _D , M _E	RCT
17	Clinical observation of Xiangdan injection treatments on Fengshi for Restless Legs Syndrome ²⁶⁾ .	I	RCT
18	Treatment by needling of Hegu on primary Restless Legs Syndrome in 64 cases ²⁷⁾ .	A	RCT [†]
19	Clinical observation of needling in straight treatment of Restless Legs Syndrome ²⁸⁾ .	A, A _S , A _E	Case report
20	Electro-acupuncture combined with Massage therapy 29 cases of Restless Legs Syndrome ²⁹⁾ .	A _E , M	RCT
21	Clinical experiences about Restless Legs Syndrome of 10 cases by Meridian massage therapies ³⁰⁾ .	M	Case report
22	A case report of Restless Legs Syndrome by the combination therapy of Acupuncture and Herbal medicine ³¹⁾ .	A, C, H	Case report
23	Professor DongGuirong : The experiences of neurological disease 3 cases by combination therapy of Acupuncture and Herbal medicine ³²⁾ .	A, X	Case report
24	Sleep quality effect of Restless Legs Syndrome patients treated by Acupuncture combined with Medicine ³³⁾ .	A, A _E , C, S	RCT
25	Water injection combined Medicine treatment of Restless Legs Syndrome in 16 cases ³⁴⁾ .	H, I	Case report
26	Scalp and Body acupuncture treatment of Restless Legs Syndrome 58 cases ³⁵⁾ .	A, A _S , C, S	RCT
27	Acupuncture combined with local bloodletting therapy in the treatment of Restless Legs Syndrome clinical observation ³⁶⁾ .	A, A _E , A _S , B	RCT
28	Electro-acupuncture and Massage therapy in elderly Restless Legs Syndrome ³⁷⁾ .	A, A _E , M	Case report
29	Warming needle technique with Acupoint injection for the treatment of 42 cases of restless legs syndrome ³⁸⁾ .	A _W , I	Case report
30	Observation of efficacy of Acupuncture and Moxibustion treatment on Restless Legs Syndrome ³⁹⁾ .	A, A _W	Case report
31	The treatment by acupoints by pattern diagnosis with Ziwuliuzhu for Restless Legs Syndrome ⁴⁰⁾ .	A	Case report
32	Observation on therapeutic effect of Acupuncture on Restless Legs Syndrome ⁴¹⁾ .	A, S	RCT
33	Point injection with Electro-acupuncture therapy on Restless Legs Syndrome ⁴²⁾ .	A _E , C, I	RCT
34	Warm acupuncture treatment 31 cases of Restless Legs Syndrome ⁴³⁾ .	A, A _W	Case report
35	The 31 cases of Restless Legs Syndrome by combination therapy of Acupotomy and Traditional Chinese medicine ⁴⁴⁾ .	A _K , H	Case report

Table 1. Continued

Number	Title	Treatment	Clinical Research Methods
36	50 cases of Restless Legs Syndrome by Water and Electric acupuncture ⁴⁵⁾ .	A _E , I	Case report
37	13 cases of Restless Legs Syndrome by Acupuncture and Moxibustion treatment ⁴⁶⁾ .	A, A _S , X	Case report
38	Therapeutic observation of Acupuncture on Restless Legs Syndrome ⁴⁷⁾ .	A	RCT
39	43cases of Chinese medicine combined with Acupoint injection therapy on Restless Legs Syndrome ⁴⁸⁾ .	H, I	Case report
40	Clinical observation of Warm acupuncture at Biguan(ST 31) in treating Post-apoplectic Restless Legs Syndrome ⁴⁹⁾ .	A, A _W	RCT
41	Point injection combined with Chinese medicine on Restless Legs Syndrome ⁵⁰⁾ .	H, I	RCT
42	Shenque treating 23 cases of Restless Legs Syndrome ⁵¹⁾ .	X	Case report
43	Comparison of therapeutic effects of acupoints selected along different meridians on Restless Legs Syndrome ⁵²⁾ .	A	RCT
44	10 cases of Restless Legs Syndrome patients treated by Acupuncture with up and down principle ⁵³⁾ .	A, X	Case report
45	Observation of Electro-acupuncture combined with Massage therapy of Restless Legs Syndrome in 38 cases ⁵⁴⁾ .	A _E , M	Quasi randomized trail
46	Massage with Acupoint injection therapy on Restless Legs Syndrome ⁵⁵⁾ .	I, M	Case report
47	37 cases of Restless Legs Syndrome treatment by single needling on Chengshan ⁵⁶⁾ .	A _K , C	Case report
48	Point injection treatment of Restless Legs Syndrome in 20 cases ⁵⁷⁾ .	I	RCT
49	Plum-blossom needle-based treatment of Restless Legs Syndrome ⁵⁸⁾ .	A _D , C	Case report
50	Observation on therapeutic effect of Acupuncture plus Steaming-washing with Chinese herbs for treatment of 40 cases of Restless Legs Syndrome ⁵⁹⁾ .	A, A _S , F	RCT
51	24 cases of compound Salvia Acupoint injection therapy on Restless Legs Syndrome ⁶⁰⁾ .	I	Quasi randomized trial
52	Point injection treatment of Restless Legs Syndrome in 68 cases ⁶¹⁾ .	B, I, H	Case report
53	Acupuncture combined treatment of diabetes Restless Legs Syndrome ⁶²⁾ .	A, H	RCT
54	24 cases of Restless Legs Syndrome patients with Acupuncture Point injection treatment at Bizhong ⁶³⁾ .	A, I	Case report
55	49 cases of Restless Legs Syndrome by Acupuncture and Moxiustion plus Point injection therapy ⁶⁴⁾ .	A, A _W , I	Case report
56	Acupuncture with Auricular acupressure treatment of Restless Legs Syndrome 75 cases ⁶⁵⁾ .	A, A _R	Case report
57	Warm acupuncture treatment 40 cases of Restless Legs Syndrome ⁶⁶⁾ .	A _W	Case report
58	40 cases observed Massage with herbal fumigation treatment of Restless Legs Syndrome ⁶⁷⁾ .	M, F	Quasi randomized trial
59	Eye acupuncture treatment 21 cases of Restless Legs Syndrome ⁶⁸⁾ .	A _I	Case report
60	The combination therapy of Chinese herbal medicine and Plum-blossom needle about Restless Legs Syndrome ⁶⁹⁾ .	A _D , H	Case report
61	Experience of treating six cases of Restless Legs Syndrome ⁷⁰⁾ .	I	Case report
62	68 cases about Restless Legs Syndrome treatment by needling at Bizhong ⁷¹⁾ .	A	Case report
63	Massage with Traditional Chinese medicine treatment of Restless Legs Syndrome ⁷²⁾ .	M	Case report
64	46 cases of Restless Legs Syndrome by TDP plus Point injection therapy ⁷³⁾ .	I, S	Case report
65	Observation of effects of Scalp acupuncture and Warm acupuncture treatment on RLS ⁷⁴⁾ .	A _S , A _W	Quasi randomizez trial [†]
66	Acupuncture and Massage therapy 37 cases of Restless Legs Syndrome ⁷⁵⁾ .	M	Case report
67	The combination therapy of Acupuncture and Herbal medicine 46 cases of Restless Legs Syndrome ⁷⁶⁾ .	H, I	Case report
68	Massage and Chinese medicine treatment of Restless Legs Syndrome ⁷⁷⁾ .	M, H	Case report
69	Xiaokuan Acupuncture treatment 64 cases of Restless Legs Syndrome ⁷⁸⁾ .	A _X , C	Case report
70	Warm acupuncture treatment 30 cases of Restless Legs Syndrome ⁷⁹⁾ .	A _W	Case report
71	Summary of 28 cases of clinical massage and exercise therapy for Restless Legs Syndrome ⁸⁰⁾ .	M	Case report

*A: Acupuncture, Body Acupuncture

A_E: Electro-Acupuncture / A_D: Skin Needle / A_G: Silver Needle / A_W: Warm Acupuncture / A_S: Scalp Acupunctrue / A_M: Mouth Acupuncture / A_X: Xiaokuan acupuncture / A_K: Acupotomy / A_I: Eye AcupunctureI: Acupoint Injection / M: Massage Therapy / A_R: Auricular AcupressureX: Moxabustion / B: Bloodletting / C: Cupping/ M_E: Medication

F: drug smoked, fumigation, steaming-washing with Chinese herbs

H: Herbal Medicine / S: Irradiation of the electromagnetic spectrum

†: These two articles have control groups that single acupuncture was done, so we also regarded these as case report.

는 원문검색이 되지 않는 논문(10편), 출판년도 및 제목은 다르나 내용이 중복되는 논문(7편), 증약에 관한 임상연구(1편)를 제외시킨 후 최종적으로 총 71편의 논문을 선별하였다(Fig. 1, Table 1).

2. 논문의 경향성

최종 대상으로 선정된 총 71편의 논문을 임상연구방법에 따라 나누어보면, 유사 무작위 연구(Quasi - randomised trial)는 4편, 무작위 대조군 연구(Randomized Controlled Trial, RCT)는 22편, 증례보고는 45편이었으며, 이중맹검방식을 사용한 무작위 대조군 연구는 없었다.

치료법에 따라 나누면, 총 71편 중 대조군 포함하여 단일 치료법만으로 연구한 논문은 침 14편(체침(體針) 6편^{27,40,47,52,59,71}, 온침(溫針) 3편^{66,74,79}, 전침(電針) 2편^{11,29}, 은질침(銀質針) 1편¹⁰, 구침(口針) 1편²⁴, 안침(眼針) 1편⁶⁸), 추나(推拿) 또는 안마(按摩) 5편^{16,30,72,75,80}, 혈위주사(血位注射)(수침(水針)포함) 4편^{26,57,60,70}, 격염구(隔鹽灸)⁵¹ 1편으로 총 24편이었으며, 2개 이상의 치료법으로 연구한 논문은 47편이었다.

3. 치료 횟수

총 71편의 논문에서 논문 1편당 치료 횟수는 4~60회로 다양한데, 20회가 9편으로 가장 많았고, 30회가 넘는 경우는 3편이었다. 치료 횟수가 누락된 논문도 7편이 확인되었는데 몇 번 치료를 1회기로 삼고, 다음 회기까지 몇 일을 쓴다는 언급은 있었으나, 몇 회기 치료 이후에 효과를 확인하는지에 대한 언급이 없었다(Fig. 2).

4. 치료효과 및 판정방법

총 71편의 논문들 중 52편이 RLS의 치료 후 효과 판정을 위하여 痊愈, 有效, 无效 3단계 혹은 痊愈, 显效, 有效, 无效 4단계의 기준을 설정하였고, 18편의 논문에서는 효과 판정의 기준을 명시하지 않았다. 효과 판정 기준을 명시하지 않은 18편의 논문 중 10편의 논문은 경과만 기술하였으며, 나머지 8편의 논문은 총유효율 및 임의로 설정한 단계별 기준을 적용하여 효과를 판정하였다.

본 연구에서 3단계와 4단계로 나누어 효과를 판정한 경우는 대개 비슷한 내용을 담고 있었다. 3단계 효과 판정은 ‘痊愈’ : 주소증이 완전하게 소실되며 일정기간 동안 재발이

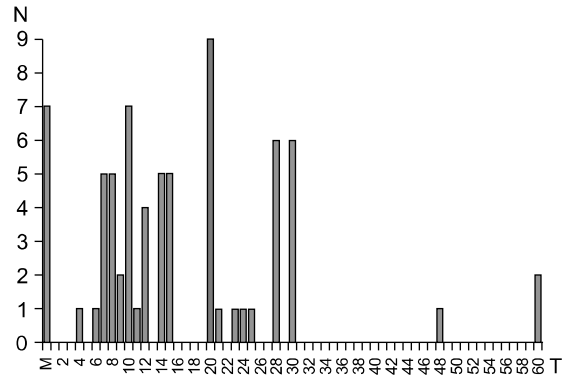


Fig. 2. Graph for the number of treatment.

*M: Omission, N: Article Number, T: Treatment Times.

[†]Several studies each person do not treat equally, so in this review we deal some data with the median times of treatment.

되지 않는 경우, ‘有效’ : 주소증이 소실되나 일정기간 이내에 재발이 되는 경우와 주소증이 일정부분 경감되는 경우, ‘无效’ : 주소증이 명확하게 감소되지 않거나 혹은 가중되는 경우로 나누었으며, 4단계 효과 판정은 ‘痊愈’ : 주소증이 완전하게 소실되면서 일정기간동안 재발이 되지 않는 경우, ‘显效’ : 주소증이 명확하게 감소되면서 일정기간동안 재발하지 않는 경우, ‘有效’ : 주소증의 개선이 있으나, 일정기간 동안 재발하는 경우, ‘无效’ : 주소증의 개선이 없는 경우로 나누었다.

3또는 4단계의 치료효과 판정 기준을 제시한 52편의 논문 중, 4편의 논문에서는 VAS (Visual Analogue Scale)^{15,25}, RLSRS (Resless Legs Syndrome Rating Scale)¹⁵, PSQI (Pittsburgh Sleep Quality Index)^{15,36}, SF-36 (The Short Form (36) Health Survey)¹⁵, IRLS (International Restless Legs Scale)³⁶ 및 발작빈도 발작유지시간^{25,33}을 효과판정에 사용하였다. 치료효과는 총 71편 중 60편의 논문에서 총유효율로 효과를 나타냈는데, 총유효율은 75~100%로 대부분의 논문에서 90%이상의 높은 유효율을 보고하였다.

5. 침

총 71편의 논문 중에서 체침은 31편에서 사용되었으나 대조군으로 체침 단일 치료를 행한 논문²⁷을 증례보고로 추기하여 32편의 논문으로 보았고, 이 중 무작위 대조군 연구는 14편, 증례보고 18편이며, 체침으로 단일치료를 한 논문은 7편, 다른 치료법과 함께 복합치료 한 논문은 25편이었다. 총유효율은 73.33~100%로 보고되었고, 논문에서 가장

많이 사용된 혈위는 양릉천(19회)였으며, 그 다음으로는 족삼리(19회), 삼음교(13회), 승산(12회), 위중, 혈해(각11회) 순으로 사용되었다. 침수기법은 제삼염전법(提插捻轉法)(10회)과 평보평사법(平補平瀉法)(10회)을 가장 많이 사용하였다.

전침은 총 12편에서 사용되었으며, 임상연구방법으로는 무작위 대조군 연구 5편, 유사 무작위 연구 1편, 증례보고는 6편이었으며, 전침으로만 단일치료를 사용한 논문은 2편,

복합치료를 한 논문은 10편이었다. 1회 치료 당 전침 유침 시간은 20~40분(30분 10례)이며, 치료횟수는 6~30회로 다양하였으며(1편은 치료횟수 누락), 총유효율은 80.65~100%으로 보고하였다. 가장 많이 사용된 혈위는 삼음교(9회)이며, 승산(7회), 양릉천, 위중, 족삼리(각 5회) 순으로 사용되었다. 그러나 전침 시술방법은 12편 중 11편의 논문에서 전침기 종류, 파형, 주파수, 전극을 거는 혈자리 등의 4가지 중에서 하나 이상이 누락되어 있었다.

Table 2. Summary of Treating RLS with Acupuncture in Clinical Trial

Intervention	Article number	Type	Result	Effect rate	Main acupoint	Reference
Acupuncture	14	S : 4 C : 10	The combined therapy group's PSQI, IRLS score is better than that of control group ($p < 0.05$) ³⁶ . The combined therapy group's total effective rate was significantly better than that of the control group ($p < 0.05$) ^{19,20,22,36,41,59} ($p < 0.01$) ^{33,47,52,62} . The treatment group's total efficacy rate was better than that of the control group (73.33%, 93.33%) ²¹ (76%, 26%) ⁴⁹ . There are no significant difference between two groups in effective rate ($p > 0.05$) ²⁷ . There are significant difference between two groups in the sleep time, awoken times of before and after the treatment and curative effect ($p < 0.05$, $p < 0.01$) ³³ .	73.33~100%	ST36, BL57 SP6 SP10 BL40	19,20,21,22,27,33,35,36,41,47,49,52,59,62
Electro acupuncture	6	S : 1 C : 5	The combined therapy group's total effective rate was significantly better than that of the control group ($p < 0.05$) ^{20,29,36,42} ($p < 0.01$) ⁵⁴ . The combined therapy group's PSQI, IRLS score is better than that of control group ($p < 0.05$) ³⁶ . There are significant difference between two groups in the sleep time, awoken times of before and after the treatment and curative effect ($p < 0.05$, $p < 0.01$) ³³ .	86.7~100%	SP6 BL57 GB34 BL40 ST36	20,29,33,36,42,54
Warming acupuncture	2	S : 0 C : 2	The combined therapy group's total efficacy rate was better than that of the control group (76%, 26%) ⁴⁹ ($p < 0.05$) ⁷⁴ .	76%, 96.1%	ST36 GB34 BL57	49,74)
Skin acupuncture	1	S : 0 C : 1	The combined therapy group's total effect rate, reduction of occur frequency and duration was significantly better than that of the medication group ($p < 0.05$). Each group's reduction of VAS is not significantly different ($p > 0.05$) ²⁵ .	87.5%	Stomach meridian Spleen meridian Liver meridian Bladder Meridian	25)
Scalp acupuncture	7	S : 0 C : 7	The combined therapy group's total effective rate was significantly better than that of the warming needle therapy group ($p < 0.05$) ⁷⁴ . The combined therapy's total effective rate was significantly better than that of the medication group ($p < 0.05$) ^{12,20,36,59} ($p < 0.01$) ³⁵ . The treatment group's total efficacy rate was better than that of the control group (73.33%, 93.33%) ²¹ . The combined therapy group's PSQI, IRLS score is better than that of control group ($p < 0.05$) ³⁶ .	83.3~96.5%	Foot motor sensory area	12,20,21,35,36,59,74)
Auricular acupuncture	1	S : 0 C : 1	The combined therapy's total effective rate was significantly better than that of the medication group ($p < 0.05$) ²⁰ .	86.7%	Shenmen point	20)

*S: Single intervention, C: Complex intervention.

온침은 총 9편의 논문에서 사용되었으나 대조군으로 온침 단일 치료를 행한 논문⁷⁴⁾을 증례보고로 추가하여 10편의 논문으로 보았고, 이 중 무작위 대조군 연구 2편, 증례보고 8편이며, 온침 단일치료 논문은 3편, 복합치료 논문은 7편이었다. 총유효율은 76~100%이며, 1편의 논문을 제외하고는 95%이상의 유효율을 보고하였다. 온침을 시행한 주요 혈위는 족삼리, 양릉천(각 5회), 승산(4회)순으로 사용되었다.

두침법은 9편의 논문에서 사용되었으며, 임상연구방법으로는 무작위 대조군 연구 6편, 유사 무작위 연구 1편, 증례보고 2편이며, 9편 모두 복합치료에 사용하였다. 족운감구(足運感區)^{(5편)^{20,28,36,46,74)}을 가장 많이 사용하였으며, 80.65~100%의 총유효율을 보고하였다. 족운감구는 감각구상점(感覺區上點)에서 후방 1 cm, 다시 양방 각 1 cm되는 점에서 전방으로 전후 정중선과 평행하게 그은 3 cm의 직선이며, 하지의 동통(疼痛), 마목(麻木), 탄탄(癱瘓) 등에 반응하는 혈자리로 알려져 있다.}

피부침은 3편의 논문에서 사용되었으며, 임상연구방법으로는 무작위 대조군 연구 1편, 증례보고 2편이며, 3편 모두 복합치료에 사용하였다. 총유효율은 87.5~96.67%이었다. 조작방법은 근육을 자극한 경우(1편)⁵⁸⁾, 혈자리를 자극한 경우(1편)⁶⁹⁾, 경락을 자극한 경우(1편)²⁵⁾으로 나누어 볼 수 있다. 피부침은 여러개의 침을 천자하는 방법으로, 조작은 크게 고자(叩刺)와 거자(車刺)로 나누어 볼 수 있는데, 본 연구에 쓰인 조작법은 모두 고자이며, 사용한 침 종류는 매화침(梅花針)(3편 중 1편 누락)이었다. 고자는 침두로 피부를 조준하여 두드리는 방식으로 일정한 노선을 두드리거나 일정한 범위를 등글게 두드리기도 하며, 어느 일점을 중점적으로 두드리는 방법을 사용한다.

이외의 치료방법 중 이침(耳針)^{20,65)}, 침도(針刀)^{44,56)}(각 2편), 구침(口針)²⁴⁾, 안침(眼針)⁶⁸⁾, 은질침(銀質針)¹⁰⁾ 소관침(小寬針)⁷⁸⁾(각 1편)을 시술하여 유효한 효과를 얻은 논문도 있었다. 이침은 이곽을 분획하여 침으로 자극을 가하는 방법인데 자석(1편)²⁰⁾, 왕불유행씨앗(1편)⁶⁵⁾을 사용하여 자극을

Table 3. Summary of Treating RLS with Acupuncture in Case Report

Intervention	Article number	Type	Effect rate	Main acupoint	Reference
Acupuncture	18	S : 3 C : 15	80.65~100%	ST36 BL57 SP6 SP10 BL40	13, 14, 15, 17, 27, 28, 31, 32, 37, 39, 40, 43, 46, 53, 63, 64, 65, 71)
Electro acupuncture	6	S : 1 C : 5	80.65~100%	SP6 BL57 GB34 BL40 ST36	11, 15, 17, 28, 37, 45)
Warming acupuncture	8	S : 3 C : 5	95~100%	ST36 GB34 BL57	13, 38, 39, 43, 64, 66, 74, 79)
Skin acupuncture	2	S : 0 C : 2	87.5% 96.67%	-	58, 69)
Scalp acupuncture	2	S : 0 C : 2	80.65% 100%	Foot motor sensory area	28, 46)
Auricular acupuncture	1	S : 0 C : 1	100%	Shenmen point, Heart point, Spleen point, Liver point, Brain point	65)
Acupotomy	2	S : 0 C : 2	97.3%, 100%	BL57 Front edge of fibula Post edge of fibula Out post edge of tibia In post edge of tibia	44, 56)
Mouth acupuncture	1	S : 1 C : 0	None	Leg point, Interl organ area, Skin area, Nerve area	24)
Eye acupuncture	1	S : 1 C : 0	95.24%	The abdomen area Heart area, Kidney area, Spleen area	68)
Silver needle treatment	1	S : 1 C : 0	None	Three rows of vertical anterolateral leg	10)
Xiaokuan Acupuncture	1	S : 0 C : 1	100%	BL57	78)

*S: Single intervention, C: Complex intervention.

가하였고, 주요 혈위는 신문점(神門點)이었으며, 유효율은 86.7%²⁰⁾, 100%⁶⁵⁾로 보고하였다. 침도는 침자요법(針刺療法)과 현대수술요법을 결합한 방식으로 소침도(小針刀)라는 도구를 체내에 자입하여 동통질환을 치료하는 방법으로서, 주요시술부위는 승산혈⁵⁶⁾과 비골(腓骨)전연과 후연, 경골릉(脛骨陵)외측과 내측후연 등⁴⁴⁾이며, 총유효율은 97.3%⁵⁶⁾, 100%⁴⁴⁾로 보고하였다. 구침은 구강내를 분획하여 침으로 자극 하는 방법으로서, 주요혈위는 소퇴혈(小腿穴), 오장구(五臟區), 피부구(皮膚區), 신경구(神經區)이며, 총유효율은 95.24%로 보고하였다. 안침은 안와를 분구하여 침으로 자극하는 법이며, 주요혈위는 하초구(下焦區), 심구(心區), 신구(腎區), 비구(脾區)인데, 자세한 조작방법은 누락되어 있으며, 치료한 1례에서 2회의 치료로 나왔다고 보고하였다. 은질침은 난치성의 통증질환에 사용되며, 통증부위에 마취액으로 국소마취를 시킨 뒤, 은으로 만든 장침으로 통치를 따라 여러곳에 자침을 하고, 이후 침병에 뜬을 달아 연소를 시키는 방법이라고 알려져 있지만 논문에서는 뜬치료를 시행하지 않았으며, 경골을 따라 소퇴(小腿)의 전외측에 3개의 선을 그리면서 자침하였다. 치료한 22례 중 21례에서 증상이 완전 소실되었다고 보고하였다. 소관침은 길고 얇은 침의 일종으로 성인의 사지부위에 다용한다고 알려져 있으며, 논문에서는 승산혈에 자침하였다. 유효율은 100%라고 보고하였다(Table 2, 3).

6. 뜬

뜸은 총 6편의 논문에서 사용되었는데, 증례보고 5편^{14,32,46,51,53)}, 무작위 대조군 연구 1편²²⁾이며, 뜬을 단일 치료로 사용한 논문이 1편⁵¹⁾, 복합치료에 사용한 논문이 5편^{14,22,32,46,53)}이었다. 조작방법은 격염구(隔鹽灸) 1편⁵¹⁾, 온화구(溫和灸)나 시회구(旋回灸), 작탁구(雀啄灸)를 사용한 논문 3편^{32,46,53)}, 혈위에 시술한다고 하나 조작방법이 누락된 2편^{14,22)}이 있었으며, 2편은 치료에 대한 경과를 서술^{14,32)}하였고, 1편은 90.5%, 3편은 100%^{46,51,53)}의 유효율을 보였다.

7. 추나, 안마

추나, 안마를 사용한 논문은 총 71편 논문 중에 12편으로, 유사 무작위 연구는 2편, 무작위 대조군 연구 1편, 증례 보고는 10편이었다. 추나, 안마를 단일치료로 사용한 논문은 5편, 복합치료 한 논문은 7편이었다. 12편의 논문들에서 한 회당 치료시간은 10~30분 정도 걸리며, 치료횟수는 7~40번이었으며, 총유효율은 92.3~100%이었다. 12편의 논문에서 가장 많이 사용되었던 방법은 점안(點按)(10회)과 (안)유(按)揉법(10회)이었다. 점안법에 가장 많이 사용된 혈위는 위중, 승산(각 8회)이며, 그 다음에는 양릉천(7회), 족삼리(6), 삼음교(5회), 승근(5회)의 순으로 사용되었다. 점안은 혈자리와 같이 일정한 부위를 안압하는 치료법이며,

Table 4. Summary of Treating RLS with Massage in Clinical Trial

Intervention	Article number	Type	Result	Effect rate	Main method	Main acupoint	Reference
Massage	3	S : 0 C : 3	The combined therapy's total effective rate was significantly better than that of the control group (p<0.01) ^{29,54)} (p<0.05) ⁶⁷⁾ .	94.74~96.55%	Point pressing Rubbing	BL40 BL57 GB34 ST36 SP6 BL56	29,54,67)

*S: Single intervention, C: Complex intervention.

Table 5. Summary of Treating RLS with Massage in Case Report

Intervention	Article number	Type	Effect rate	Main method	Main acupoint	Reference
Massage	9	S : 5 C : 4	92.3~100%	Point pressing Rubbing	BL40 BL57 GB34 ST36 SP6 BL56	16,23,30,37,55, 72,75,77,80)

*S: Single intervention, C: Complex intervention.

안유법은 일정한 근육군을 왕복으로 밀었다 당겼다 하는 방법이다(Table 4, 5).

8. 혈위주사

혈위주사(수침법 포함)를 치료에 이용한 연구는 총 19편이며, 유사 무작위 연구 1편, 무작위 대조군 연구는 6편, 증례보고는 12편이었다. 혈위주사로 단일치료를 한 논문은 4편, 복합치료를 한 논문은 15편으로서, 빈용혈은 승산 족삼리(각 10회), 양릉천(7회), 위중(4회) 삼음교(4회), 승근(3회), 풍시(3회)이었으며, 주사액은 크게 단일제제(8회)와 혼합제제(11회)로 분류할 수 있는데 단일제제는 당귀(3회), 단삼(2회), 천마(1회), 비타민B12 500 μg(1회), 리도카인(1회) 순으로 사용되었으며, 혼합제제는 합성물과 천연물이 섞인 혼합물(6회), 합성물간의 혼합물(3회), 천연물간의 혼합물(2회)이 사용되었다(Table 6, 7).

9. 기타

단일치료로 연구가 이루어지지는 않았지만 훈세법(熏洗

法)(5편)^{17,21,23,59,67}, 관법(罐法)(9편)^{15,20,31,33,35,42,56,58,78}, TDP (Teding Diancibo pu)(5편)^{15,33,35,41,73}, 방혈(放血)(2편)^{36,61}, 과 같은 방법도 사용되었다.

훈세법은 한약액을 대야에 채운 후 타월에 적셔 소퇴부위를 중심으로 20~30분가량 훈세하거나 약액을 훈세하는 요법으로, 사용된 약물은 홍화(5회), 애엽(4회), 투골초(4회) 신근초(4회) 목과(3회) 계지(육계)(3회)이며, 이외 천궁, 당귀, 천오, 초오 등이 사용되었다.

관법은 부항을 사용하는 요법으로서, 관의 종류로는 1편의 논문에서만 유리관⁷⁸)을 쓴다고 명시되어 있고 나머지 8편의 논문에서는 언급되어 있지 않다. 시술방법으로는 6편의 논문에서는 화관법(火罐法)을 사용^{20,35,42,56,58,78})하였으나 2편은 언급이 없으며^{15,31,33}), 운용방법으로는 주관법(走罐法)(5회)^{15,35,56,58,78}), 자락관법(刺絡罐法)(1회)³¹), 주관법(走罐法)(1회)²⁰), 섬관법(閃罐法)(1회)³³) 언급없음(1회)⁴²)로 확인되었다. 화관법은 관내 공기를 연소시켜 발생한 음압을 이용하여 관을 피부에 부착시키는 관의 시술방법중 하나이다⁸¹).

Table 6. Summary of Treating RLS with Acupoint Injection in Clinical Trial

Intervention	Article number	Type	Result	Effect rate	Main injectioningredient	Main acupoint	Reference
Acupoint injection	7	S : 3 C : 4	The combined therapy group's total effective rate was significantly better than that of the control group (p<0.05) ^{12,18,42,50,57,60} (85%, 40%) ²⁶ .	84.38~100%	S Angelica(1) ⁵⁷ SalviaeMiltiorrhizae(1) ⁶⁰ Gastrodia elata(1) ¹⁸ VitaminB12500 μg(1) ⁵⁰ Lidocaine(1) ¹² C Compound, Natual product mixed(1) ⁴² Natual product only(1) ²⁶	BL57 ST36 GB34 BL40 SP6 BL56 GB31	12,18,26, 42,50, 57,60

* S : Single ingredient, C : Complex ingredient.

Table 7. Summary of Treating RLS with Acupoint Injection in Case Report

Intervention	Article number	Type	Effect rate	Main injection ingredient	Main acupoint	Reference
Acupoint injection	12	S : 1 C : 11	94~100%	S Angelica(2) ^{55,73} SalviaeMiltiorrhizae(1) ⁶⁴ C Compound, Natual product mixed(6) ^{34,45,48,61,63,70} Compound only(2) ^{11,76} Natual product only(1) ³⁸	BL57 ST36 GB34 BL40 SP6 BL56 GB31	11,34,38,45,48,55, 61,63,64,70,73,76)

*S: Single ingredient, C: Complex ingredient.

TDP는 중국에서 개발한 특정 전자파 치료기로 국부의 혈류순환을 도와준다고 알려져 있으며, 5편 모두 치료에 보조적으로 사용되었다.

방혈은 관을 사용하지 않고 일정부위에 피를 내는 방식으로 알려져 있으며, 조작방법이 누락되어 있는 논문 1편³¹⁾, 위중혈에 삼릉침으로 피를 3~5 ml 뽑아내는 논문 1편⁶¹⁾이 있었다.

III. 결론

중국 논문검색 사이트인 CNKI에서 하지불안증후군의 침, 뜸, 추나, 안마, 혈위주사 등에 대한 최신 임상연구 동향을 조사 연구한 결과 다음과 같은 결론을 얻었다.

1. 최종 선정된 71편의 논문에서 임상연구방법에 따라 나누어보면 통제임상시험은 26편, 증례보고는 45편이었으며, 치료법에 따라 나누면 단일 치료법을 사용한 논문은 24편, 2개 이상의 치료법을 사용한 논문은 47편이었다.

2. 치료효과를 판정함에 있어서 52편의 논문은 치료 효과 판정 기준을 3~4단계로 나누어 사용하였으며, 충유효율은 73.33~100%로 대부분의 논문에서 95%이상의 높은 유효율을 보고하였다.

3. 71편 중 32편의 논문에서 체침을 치료법으로 사용하였으며, 빈용 혈자리는 족삼리, 삼음교, 승산, 위중, 혈해 순이며, 침수기법은 제삼염전법과 평보평사법을 주로 사용하였다.

4. 13편의 논문에서 전침을, 10편의 논문에서 온침을, 9편의 논문에서 두침을 사용하였다. 전침의 빈용 혈자리는 삼음교, 승산, 양릉천, 위중, 족삼리 순이었으며, 온침의 빈용 혈자리는 족삼리, 양릉천, 승산 순이었으며, 두침의 빈용 혈자리는 족운감구이었다.

5. 19편의 논문에서 혈위주사를 사용하였으며, 빈용 혈자리는 승산, 족삼리, 양릉천, 위중, 삼음교, 승근, 풍시 순이었다.

6. 12편의 논문에서 추나, 안마치료를 사용하였으며, 가장 많이 사용되었던 방법은 점안과 안유법이며 점안법의 빈용 혈자리는 위중, 승산, 양릉천, 족삼리, 삼음교, 승근 순이었다.

7. 뜸을 치료법으로 사용한 논문은 총 71편 중 6편에 불과하였다.

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