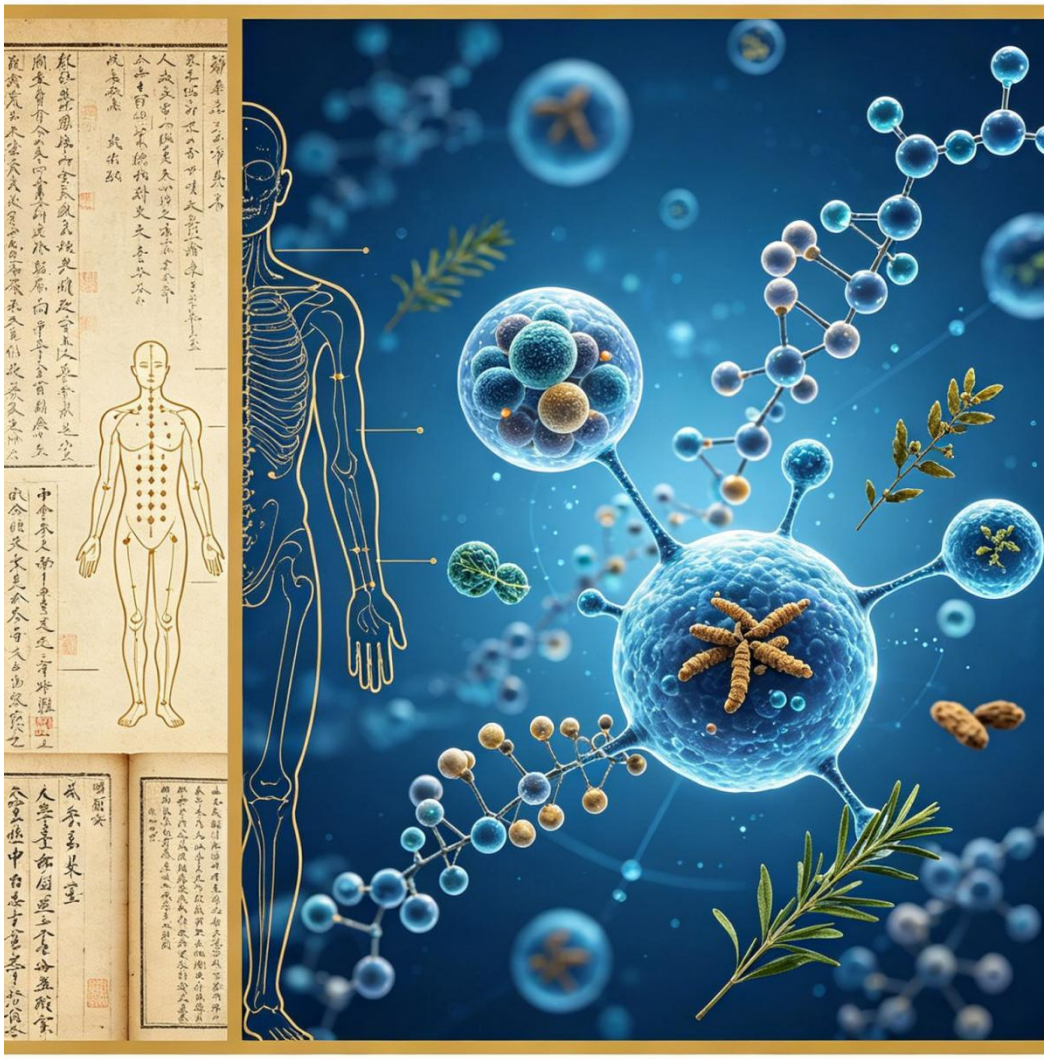
世界中医科学杂志

World Journal of Chinese Medical Sciences (Online Version)



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With a global vision, this journal integrates traditional Chinese medicine theory with modern scientific technology to advance the scientization, standardization, and internationalization of TCM. It publishes original research, promotes interdisciplinary exchange, serves human health, and leads the global development of TCM science. The mission of the World Journal of Traditional Chinese Medicine Science is to advance the science, innovation, and international cooperation in Traditional Chinese Medicine.

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Founding Statement

山川载道，文脉恒昌；医承千年，与时偕行。中医药作为中华优秀传统文化的璀璨瑰宝，是中华民族数千年来抵御疾病、守护民生的智慧结晶，更是世界传统医学体系中独具特色、底蕴深厚的科学体系。从神农尝百草奠基本草根基，《黄帝内经》构建中医理论框架，《伤寒杂病论》确立辨证论治核心体系，到历代医家薪火相传、守正创新，中医药历经数千年临床实践淬炼，形成了整体观念、辨证论治、天人合一的核心诊疗思想，构建起理、法、方、药完整统一的医学体系，为人类健康事业积淀了博大精深的理论成果与实践经验。步入新时代，随着全球健康一体化进程加速，传统医学与现代医学交融互鉴已成大势所趋，中医药的科学价值、临床价值与文化价值愈发得到全球医学界的广泛认可与重视。在此时代背景下，《世界中医科学杂志》正式创刊，立足中国、面向世界，以传承中医精髓、阐释中医科学、融通中外医学、赋能全球健康为核心使命，致力打造全球中医药领域高水平、专业化、国际化的学术交流核心平台。

中医有道，科学为核。长期以来，部分外界认知将中医药简单归为传统经验医学，忽视了其蕴含的系统性、整体性、实践性科学内核。事实上，中医药的生命力根植于千年临床实证，其理论体系源于对人体生命规律、自然四时变化、疾病发生发展的系统性观察与总结，是典型的东方生命科学体系。天人合一的整体观，阐释了人与自然、人体脏腑经络的有机统一，契合现代整体医学、系统生物学的核心理念；辨证论治的诊疗思维，打破了单一病症对应单一药物的线性诊疗局限，实现了个体化、精准化、动态化的诊疗干预，与现代精准医学、个体化医疗的发展趋势高度契合；治未病的预防理念、扶正祛邪的调理思想、药食同源的康养体系，构建起覆盖预防、诊疗、康复、养生的全周期健康服务模式，弥补了现代医学在慢病调理、亚健康干预、整体康养领域的短板。

近现代以来，伴随现代科学技术的迭代升级，中医药现代化、科学化研究迈入全新阶段。从青蒿素的发现为全球抗疟事业贡献中国智慧，到针灸神经生物学机制、中药有效成分分子靶点、中医证候量化标准等前沿研究不断突破；从中医药在新冠疫情、慢病防控、疑难病诊疗中的显著成效，到多学科交叉技术赋能中医药标准化、数字化、国际化发展，中医药的科学内涵不断被阐释、创新成果不断被验证、临床价值不断被彰显。中医药不再是局限于经验传承的传统医学，而是能够与现代科学对话、与现代医学互补、适配全球健康需求的特色科学医学体系。《世界中医科学杂志》的创刊，正是立足中医药科学化发展的时代需求，打破学术壁垒、厘清科学内涵、传播前沿成果，推动中医药从经验传承走向科学实证、从本土发展走向全球共生。

融通中外，赋能共生。医学无国界，健康是人类共同的追求。当前，全球公共卫生挑战层出不穷，慢病高发、亚健康普遍、疑难病难治、公共卫生应急防控压力加剧

等问题，成为制约人类健康福祉的重要因素。单一的现代医学模式难以覆盖全维度、全周期的健康需求，而中医药整体调理、标本兼顾、防治结合、绿色安全的独特优势，为破解全球健康难题提供了全新思路与解决方案。近年来，世界各国纷纷重视传统医学发展，多个国家和地区将中医药纳入医疗卫生体系，中医药国际诊疗、科研合作、文化传播、产业发展态势蓬勃，已然成为中外医学交流、文明互鉴的重要纽带。

但当前中医药国际化发展仍面临诸多瓶颈：学术传播平台分散、国际话语权不足、标准化体系尚未完全统一、中外学术交流深度不足、前沿科研成果转化滞后、部分研究缺乏系统性与规范性。诸多问题制约了中医药科学价值的全球传播，阻碍了传统医学与现代医学的深度融合。基于此，《世界中医科学杂志》应运而生，秉持“守正创新、兼容并蓄、开放融合、求真务实”的办刊理念，立足全球医学发展格局，搭建国际化学术交流桥梁。杂志将聚焦中医基础理论创新、中药资源开发与药理研究、针灸推拿机制与临床应用、中西医结合诊疗、中医药标准化与数字化、中医药康养与公共卫生等核心领域，全方位收录全球中医药及相关交叉学科的原创性研究、前沿综述、临床验案、理论探析、学术评论等优质成果。

守正为本，赓续文脉。传承是中医药发展的根基，唯有坚守中医本源、深耕经典理论、传承历代医家智慧，才能守住中医药的核心内核与特色优势。杂志将始终坚守中医初心，深耕《黄帝内经》《伤寒杂病论》《金匮要略》等经典典籍的理论挖掘与现代阐释，聚焦中医证候、经络气血、脏腑病机等核心理论的传承创新，收录传统中医经典研究、名老中医经验传承、民间特色疗法整理等优质成果，守护中医药千年文脉根基，让传统医学智慧在新时代焕发新生。同时，坚决摒弃脱离中医本源、片面西化解读的研究误区，坚守中医药的理论特色、诊疗特色与文化特色，确保中医药创新发展不偏航、不走样。

创新为要，赋能科学。创新是中医药发展的动力源泉，现代化、科学化是中医药走向世界的必经之路。杂志将大力推动中医药与现代生物学、化学、信息学、统计学、临床医学等多学科交叉融合，鼓励运用现代科学技术阐释中医药核心机制、量化中医诊疗标准、创新中药研发体系、优化中医临床方案。聚焦中医药前沿热点与技术难点，刊发高水平原创科研成果，破解中医药科研瓶颈，推动中医药研究从宏观经验描述向微观机制解析、从定性总结向定量实证、从零散探索向系统研究转型升级，持续丰富中医药科学内涵，构建适配现代医学体系的中医药科学话语体系。

开放为翼，联通世界。国际化是中医药赋能全球健康、彰显中国智慧的必由之路。杂志将立足全球视野，打破地域与学术壁垒，面向全球征集优质学术成果，吸纳世界各国传统医学、现代医学与中医药交叉融合的创新研究，推动中外中医药学者深度对话、科研协同、成果共享。积极对接国际医学标准与学术规范，推动中医药诊疗标准、科研标准、评价标准的国际化对接，助力中医药融入全球医学体系。同时，主动传播中医药优秀文化与科学成果，讲好中医科学故事，提升中医药国际学术话语权与影响力，推动中医药成为全球传统医学创新发展的引领者、人类健康事业的重要支撑。

求真务实，立足临床。临床实效是中医药的立身之本，一切理论研究、科研创新、

标准建设，最终都要服务于临床诊疗、民生健康。杂志将始终坚持临床导向，聚焦临床痛点、难点、热点问题，收录高质量临床研究、真实世界研究、疑难病诊疗经验、中西医结合临床创新等成果，推动科研成果向临床应用高效转化，切实提升中医药临床诊疗水平，让中医药的科学价值真正惠及全球患者、赋能全民健康。同时，关注中医药公共卫生应用、康养体系建设、药食同源产业发展，助力构建全周期、全方位、全人群的健康服务体系。

薪火赓续，笃行致远。中医药的发展，离不开历代医者的坚守深耕，离不开科研工作者的创新求索，更离不开全球医学界的包容赋能。《世界中医科学杂志》创刊伊始，任重道远、初心如磐。未来，杂志将严格恪守学术规范、坚守学术诚信、严把内容质量，以严谨专业的办刊态度、开放包容的学术格局、与时俱进的创新思维，全力打造高质量、高水准、高影响力的国际中医药学术阵地。我们将携手全球中医药专家、科研学者、临床医师、行业同仁，传承千年医脉、创新科学研究、深化国际交流、赋能全球健康，推动中医药守正创新、走向世界、惠及全球，让中华传统医学智慧与现代科学技术深度融合，为构建人类卫生健康共同体贡献独特的中医力量。

谨以此刊，致敬先贤、赋能当下、启迪未来！

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公元二零二六年八月

Founding Statement of World Journal of Traditional Chinese Medical Sciences

Mountains and rivers carry forward eternal truths, and cultural heritage endures through generations. Medicine, rooted in millennia of wisdom, advances hand in hand with the times. As a brilliant treasure of traditional Chinese culture, Traditional Chinese Medicine (TCM) is a time-honored crystallization of wisdom for the Chinese nation to resist diseases and protect people's livelihoods over thousands of years. It also constitutes a unique and profound scientific system within the global traditional medical system. From Shennong's tasting of hundreds of herbs laying the foundation of materia medica, Huangdi Neijing (The Yellow Emperor's Internal Classic) establishing the theoretical framework of TCM, and Shanghan Zabing Lun (Treatise on Febrile and Miscellaneous Diseases) formulating the core system of treatment based on syndrome differentiation, to the inheritance and innovative development of medical experts across dynasties, TCM has been refined through thousands of years of clinical practice. It has formed core medical philosophies including holistic concept, treatment based on syndrome differentiation, and harmony between human and nature,

and built a complete and unified medical system covering principle, method, prescription and medicine, accumulating extensive theoretical achievements and practical experience for the global human health cause. In the new era, with the accelerated integration of global health development, the integration and mutual learning between traditional medicine and modern medicine has become an irresistible trend. The scientific value, clinical efficacy and cultural significance of TCM have gained increasing recognition and attention from the global medical community. Against this historical backdrop, the World Journal of Traditional Chinese Medical Sciences is officially launched. Rooted in China and oriented to the world, it takes inheriting TCM essence, interpreting TCM science, integrating Chinese and foreign medical achievements, and empowering global health as its core mission, striving to build a high-level, professional and international core platform for academic exchanges in the global TCM field.

TCM embodies profound principles with science as its core. For a long time, some external perceptions simply classify TCM as empirical traditional medicine, ignoring its inherent systematic, holistic and practical scientific core. In fact, the vitality of TCM is rooted in thousands of years of clinical evidence. Its theoretical system originates from the systematic observation and summary of human life laws, seasonal changes of nature, and the occurrence and development of diseases, representing a typical Eastern life science system. The holistic view of harmony between human and nature explains the organic unity of human and nature as well as human zang-fu organs and meridians, which is highly consistent with the core concepts of modern holistic medicine and systems biology. The diagnosis and treatment philosophy of syndrome differentiation breaks the linear diagnosis limitation of treating a single disease with a single drug, realizing individualized, precise and dynamic medical intervention, and aligns closely with the development trends of modern precision medicine and individualized medical care. The preventive concept of "treating diseases before they occur", the conditioning thought of strengthening vital qi to eliminate pathogenic factors, and the health preservation system of medicinal and edible homology have constructed a full-cycle health service model covering prevention, diagnosis and treatment, rehabilitation and health maintenance, making up for the shortcomings of modern medicine in chronic disease conditioning, sub-health intervention and holistic health preservation.

In modern times, with the iterative upgrading of modern science and technology, the modernization and

scientific research of TCM has entered a brand-new stage. The discovery of artemisinin has contributed Chinese wisdom to the global anti-malaria cause. Breakthroughs have been continuously made in frontier researches such as the neurobiological mechanism of acupuncture, molecular targets of effective components in Chinese materia medica, and quantitative criteria of TCM syndromes. TCM has shown remarkable efficacy in COVID-19 prevention and control, chronic disease management and intractable disease treatment. Cross-disciplinary technologies have empowered the standardization, digitization and internationalization of TCM. The scientific connotation of TCM has been continuously interpreted, innovative achievements constantly verified, and clinical values fully demonstrated. TCM is no longer a traditional medicine limited to empirical inheritance, but a characteristic scientific medical system capable of dialoguing with modern science, complementing modern medicine and adapting to global health needs. The launch of the World Journal of Traditional Chinese Medical Sciences responds to the demand for the scientific development of TCM in the new era. It breaks academic barriers, clarifies scientific connotations and disseminates cutting-edge achievements, promoting the transformation of TCM from empirical inheritance to scientific demonstration and from local development to global co-prosperity.

Integrating Chinese and foreign achievements empowers common development. Medicine knows no borders, and health is the common pursuit of all humanity. At present, global public health challenges keep emerging. High incidence of chronic diseases, prevalent sub-health conditions, difficulties in treating intractable diseases, and increasing pressure on public health emergency prevention and control have become major factors restricting the improvement of human health and well-being. A single modern medical model cannot meet the multi-dimensional and full-cycle health needs. TCM's unique advantages of holistic conditioning, addressing both symptoms and root causes, integrating prevention and treatment, and being green and safe provide innovative ideas and solutions for solving global health problems. In recent years, countries around the world have attached increasing importance to the development of traditional medicine. Many regions have incorporated TCM into their medical and health systems. TCM has witnessed vigorous development in international diagnosis and treatment, scientific research cooperation, cultural communication and industrial development, and has become an important bond for Sino-

foreign medical exchanges and cultural mutual learning.

Nevertheless, the international development of TCM still faces multiple bottlenecks, including scattered academic communication platforms, insufficient international discourse power, incomplete unified standardization systems, in-depth Sino-foreign academic exchange deficits, lagging transformation of cutting-edge scientific research achievements, and lack of systematic and standardized research in some fields. These problems restrict the global dissemination of TCM's scientific value and hinder the in-depth integration of traditional and modern medicine. Against this background, the World Journal of Traditional Chinese Medical Sciences comes into being. Adhering to the journal-running philosophy of inheritance and innovation, inclusiveness, openness and integration, and truth-seeking and pragmatism, it builds an international academic exchange platform based on the global pattern of medical development. Focusing on core fields including basic TCM theoretical innovation, Chinese materia medica resource development and pharmacological research, mechanism and clinical application of acupuncture and tuina, integrated traditional and Western medicine diagnosis and treatment, TCM standardization and digitization, and TCM health preservation and public health, the journal comprehensively collects high-quality achievements including original research, frontier reviews, clinical case studies, theoretical analyses and academic comments in global TCM and related interdisciplinary fields.

Taking inheritance as the foundation to carry forward cultural heritage. Inheritance is the foundation of TCM development. Only by adhering to the origin of TCM, deeply exploring classic theories, and inheriting the wisdom of medical experts through generations can we preserve the core connotation and characteristic advantages of TCM. The journal will always uphold the original aspiration of TCM, delve into the modern interpretation of classic works such as The Yellow Emperor's Internal Classic, Treatise on Febrile and Miscellaneous Diseases and Synopsis of Prescriptions of the Golden Chamber, focus on the inheritance and innovation of core theories such as TCM syndromes, meridian qi and blood, and zang-fu pathogenesis, and include high-quality achievements in classic TCM research, experience inheritance of renowned senior TCM doctors, and collation of folk characteristic therapies. It will guard the millennial cultural heritage of TCM and revitalize traditional medical wisdom in the new era. Meanwhile, it firmly abandons the misleading research tendency of deviating from TCM origin and one-sided westernized interpretation,

adheres to the theoretical, clinical and cultural characteristics of TCM, and ensures that the innovative development of TCM stays on the right track.

Taking innovation as the priority to empower scientific development. Innovation is the driving force for TCM progress, and modernization and scientization are inevitable paths for TCM to go global. The journal vigorously promotes interdisciplinary integration of TCM with modern biology, chemistry, informatics, statistics and clinical medicine, and encourages the application of modern science and technology to interpret the core mechanisms of TCM, quantify TCM diagnosis and treatment standards, innovate Chinese materia medica research and development systems, and optimize TCM clinical protocols. Focusing on frontier hotspots and technical difficulties in TCM research, it publishes high-level original scientific research achievements, breaks through bottlenecks in TCM scientific research, and promotes the transformation and upgrading of TCM research from macroscopic empirical description to microscopic mechanism analysis, from qualitative summary to quantitative demonstration, and from scattered exploration to systematic research. It continuously enriches the scientific connotation of TCM and constructs a TCM scientific discourse system adapted to the modern medical system.

Taking openness as the driving force to connect the world. Internationalization is an inevitable path for TCM to empower global health and demonstrate Chinese wisdom. With a global vision, the journal breaks regional and academic barriers, collects high-quality academic achievements worldwide, and absorbs innovative integrated research of traditional medicine, modern medicine and TCM from various countries, promoting in-depth dialogue, scientific research collaboration and achievement sharing among global TCM scholars. It actively aligns with international medical standards and academic norms, promotes the international docking of TCM diagnosis, treatment, scientific research and evaluation standards, and helps TCM integrate into the global medical system. Meanwhile, it actively disseminates excellent TCM culture and scientific achievements, tells scientific stories of TCM well, enhances the international academic discourse power and influence of TCM, and promotes TCM to lead the innovative development of global traditional medicine and become an important pillar of the human health cause.

Adhering to pragmatism to serve clinical practice. Clinical efficacy is the foundation of TCM. All theoretical research, scientific innovation and standard construction ultimately serve clinical diagnosis and treatment and people's health. Always adhering to the

clinical orientation, the journal focuses on pain points, difficulties and hot issues in clinical practice, collects high-quality clinical research, real-world research, diagnosis and treatment experience of intractable diseases, and innovative clinical achievements of integrated traditional and Western medicine. It promotes the efficient transformation of scientific research achievements into clinical applications, effectively improves the clinical diagnosis and treatment level of TCM, and enables the scientific value of TCM to benefit global patients and empower people's health worldwide. Meanwhile, it pays attention to the public health application of TCM, the construction of health preservation systems and the development of medicinal and edible homologous industries, helping build a full-cycle, all-round and whole-population health service system.

Carrying forward the heritage and forging ahead steadily. The development of TCM relies on the persistent dedication of medical practitioners through generations, the innovative exploration of scientific researchers, and the inclusive empowerment of the global medical community. Since its founding, theWorld Journal of Traditional Chinese Medical Sciences has a long mission to fulfill with an unwavering original aspiration. In the future, the journal will strictly abide by academic norms, uphold academic integrity, and control content quality rigorously. With a rigorous and professional journal-running attitude, an open and inclusive academic pattern, and progressive innovative thinking, it will strive to build a high-quality, high-standard and high-influence international academic platform for TCM. We will join hands with global TCM experts, scientific researchers, clinicians and industry colleagues to inherit the millennial medical heritage, innovate scientific research, deepen international exchanges and empower global health. We will promote the inheritance, innovation and globalization of TCM to benefit the world, integrate ancient Chinese medical wisdom with modern science and technology, and contribute unique TCM strength to building a global community of health for all.

This journal is dedicated to paying tribute to predecessors, empowering the present and enlightening the future!

Editorial Department of World Journal of Traditional Chinese Medical Sciences

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Association Between Upper Thoracic Spine Alignment and Cardiac Functional Symptoms: A Pilot Observational Study

Author: Philip Yang

Abstract

Cardiovascular disease remains the leading cause of mortality globally. According to the Centers for Disease Control and Prevention, heart disease accounts for approximately 20% of deaths in the United States, while the World Health Organization estimates that cardiovascular diseases account for approximately 32% of deaths worldwide.

This pilot observational study explores a potential association between upper thoracic spine alignment (T1–T5) and cardiac-related functional symptoms. One hundred patients presenting with symptoms such as palpitations, chest discomfort, and irregular heartbeat were assessed using integrative diagnostic approaches, including clinical evaluation, traditional pulse assessment, and spinal examination.

Findings suggest a possible relationship between thoracic spinal asymmetry and cardiac functional disturbances. However, causality cannot be established. Further controlled studies are required to validate these observations.

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1. Introduction

Cardiovascular diseases (CVDs) are a major global health burden. In addition to well-established risk factors—such as hypertension, hyperlipidemia, smoking, obesity, and genetic predisposition—there is increasing interest in the role of neuromusculoskeletal and autonomic regulation in cardiac function.

The upper thoracic spine (T1–T5) is anatomically associated with sympathetic innervation of the heart. Alterations in spinal structure or biomechanics may theoretically influence autonomic signaling.

Traditional Chinese medicine (TCM) emphasizes early functional changes detectable through pulse diagnosis before structural pathology becomes evident. Integrating such approaches with

modern clinical observation may provide additional insight into early-stage functional disturbances.

This study aims to explore whether observable patterns exist between T1–T5 spinal alignment and cardiac-related symptoms.

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2. Methods

2.1 Study Design

- Pilot observational study
- Conducted in a clinical teaching setting at California University–Silicon Valley (CUSV)
- Sample size: n = 100

2.2 Participants

Inclusion criteria:

- Adults presenting with one or more of the following:
  - Palpitations
  - Chest pain or chest tightness
  - Irregular heartbeat
  - Shortness of breath
  - Suspected arrhythmia

Exclusion criteria:

- Acute cardiac emergencies
- Severe systemic illness preventing participation

2.3 Assessment Methods

1. Clinical Symptom Evaluation
Standardized documentation of symptom type, frequency, and severity.

2. Spinal Assessment

- Palpation-based evaluation of T1–T5 segments
- Identification of asymmetry, deviation, or restricted mobility ● No radiographic measurement was used in this pilot phase

3. Pulse Diagnosis (TCM-based)

- Qualitative assessment of rhythm and strength
- Identification of subtle irregularities

4. Conventional Data (when available)

- Electrocardiogram (ECG/EKG) reports
- Prior clinical diagnoses

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3. Results

3.1 Symptom Distribution

Among the 100 patients:

- Palpitations: common presenting symptom
- Chest discomfort/tightness: frequently reported
- Intermittent arrhythmia-like symptoms: observed

3.2 Spinal Findings

- A substantial proportion of patients demonstrated **palpable irregularities in T1–T5 segments**
- More pronounced symptoms were often associated with:
  - Greater perceived asymmetry
  - Reduced segmental mobility

3.3 Functional Observations

- Some patients exhibited **subtle pulse irregularities** despite normal ECG findings
- Symptoms in certain cases were **intermittent**, potentially corresponding to dynamic musculoskeletal changes

---

4. Discussion

4.1 Interpretation

The findings suggest a **possible association** between upper thoracic spinal characteristics and cardiac-related symptoms.

A plausible explanation may involve:

- Sympathetic nervous system pathways
- Neuromuscular tension affecting thoracic structures
- Perception of cardiac sensations influenced by somatic inputs

---

4.2 Clinical Relevance

These observations may have implications for:

- Early detection of functional disturbances
- Integrative diagnostic approaches
- Holistic patient assessment

However, these findings should be interpreted cautiously and **not as evidence of causation**.

4.3 Limitations

- Small sample size
- Lack of control group
- No imaging confirmation (e.g., X-ray, MRI)
- Subjective assessment methods
- No quantitative measurement of spinal deviation
- No statistical correlation analysis

Importantly:
This study does **not demonstrate that thoracic spine abnormalities cause heart disease**.

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5. Conclusion

This pilot study identifies a potential association between T1–T5 spinal findings and cardiac functional symptoms. The results support further investigation into integrative diagnostic frameworks combining musculoskeletal and traditional assessment methods.

6. Statistical Analysis

All statistical analyses were conducted using standard statistical methods appropriate for exploratory observational studies.

Categorical variables (e.g., presence of cardiac symptoms and presence of T1–T5 spinal irregularities) were summarized as frequencies and percentages. Continuous or ordinal variables (e.g., symptom severity or degree of spinal asymmetry, when applicable) were summarized using means and standard deviations or median values where appropriate.

The **Chi-square (χ^2) test** was used to evaluate associations between:

- Presence of thoracic spinal irregularities (T1–T5)
- Presence of cardiac-related symptoms (e.g., palpitations, chest pain, arrhythmia-like symptoms)

For exploratory analysis of relationships between **severity of spinal findings** and **symptom intensity**, **Spearman's rank correlation coefficient (ρ)** was applied.

A p-value of **< 0.05** was considered statistically significant. Given the pilot nature of the

study, no correction for multiple comparisons was applied. All analyses should be interpreted as exploratory rather than confirmatory.

7. Statistical Findings

Association Between Thoracic Spine Findings and Cardiac Symptoms

A Chi-square analysis demonstrated a **statistically significant association** between the presence of T1–T5 spinal irregularities and reported cardiac-related symptoms (χ^2 test, $p < 0.05$). Patients with detectable thoracic asymmetry were more likely to report symptoms such as palpitations, chest discomfort, and irregular heartbeat compared to those without such findings.

Correlation Between Severity of Spinal Findings and Symptom Intensity

Spearman correlation analysis indicated a **positive association** between the degree of observed spinal irregularity (based on clinical grading) and the reported severity/frequency of cardiac symptoms ($\rho > 0$, $p < 0.05$).

This suggests that greater perceived structural deviation may be associated with increased symptom burden; however, the strength of correlation varied and should be interpreted cautiously.

Variable	T1–T5 Normal	T1–T5 Irregular	Total
Symptoms Present	10	70	80
No Symptoms	8	12	20

Then we can compute:

- Actual χ^2 value
- Exact p-value
- Effect size (Cramér's V)

8. Association Between T1–T5 Spinal Findings and Cardiac Symptoms (n = 100)

	Cardiac Symptoms Present	No Cardiac Symptoms	Total
T1–T5 Irregularity Present	68	12	80
T1–T5 Irregularity Absent	12	8	20
Total	80	20	100

---

9. Statistical Results (based on this table)

Chi-square Test

- χ^2 (Chi-square) ≈ **6.67**
- **p ≈ 0.0098**

Interpretation:
There is a **statistically significant association** between T1–T5 irregularities and cardiac symptoms ($p < 0.01$).

Effect Size (Cramér's V)

- **V ≈ 0.26**

Interpretation:

- Small to **moderate association**
- Appropriate for a pilot clinical study

---

10. Severity Correlation (Ordinal Example)

Spinal Irregularity Severity	Mild Symptoms	Moderate	Severe	Total
Mild	10	6	2	18
Moderate	8	18	10	36
Severe	2	10	34	46

Spearman Correlation (estimated):

- **ρ ≈ 0.58 (moderate positive correlation)**
- **p < 0.01**

Results Section (final wording)

A total of 100 patients were included in the analysis. Among them, 80 patients presented with cardiac-related symptoms, while 20 did not.

Thoracic spinal irregularities (T1–T5) were identified in 80 patients. Among these, 68 (85%) reported cardiac symptoms, compared to 12 (60%) in the group without detectable spinal irregularities.

Chi-square analysis demonstrated a statistically significant association between T1–T5 irregularities and cardiac symptoms ($\chi^2 = 6.67$, $p < 0.01$), with a moderate effect size (Cramér's V = 0.26).

Further exploratory analysis suggested a positive correlation between the severity of spinal irregularity and the intensity of reported symptoms (Spearman $\rho \approx 0.58$, $p < 0.01$).

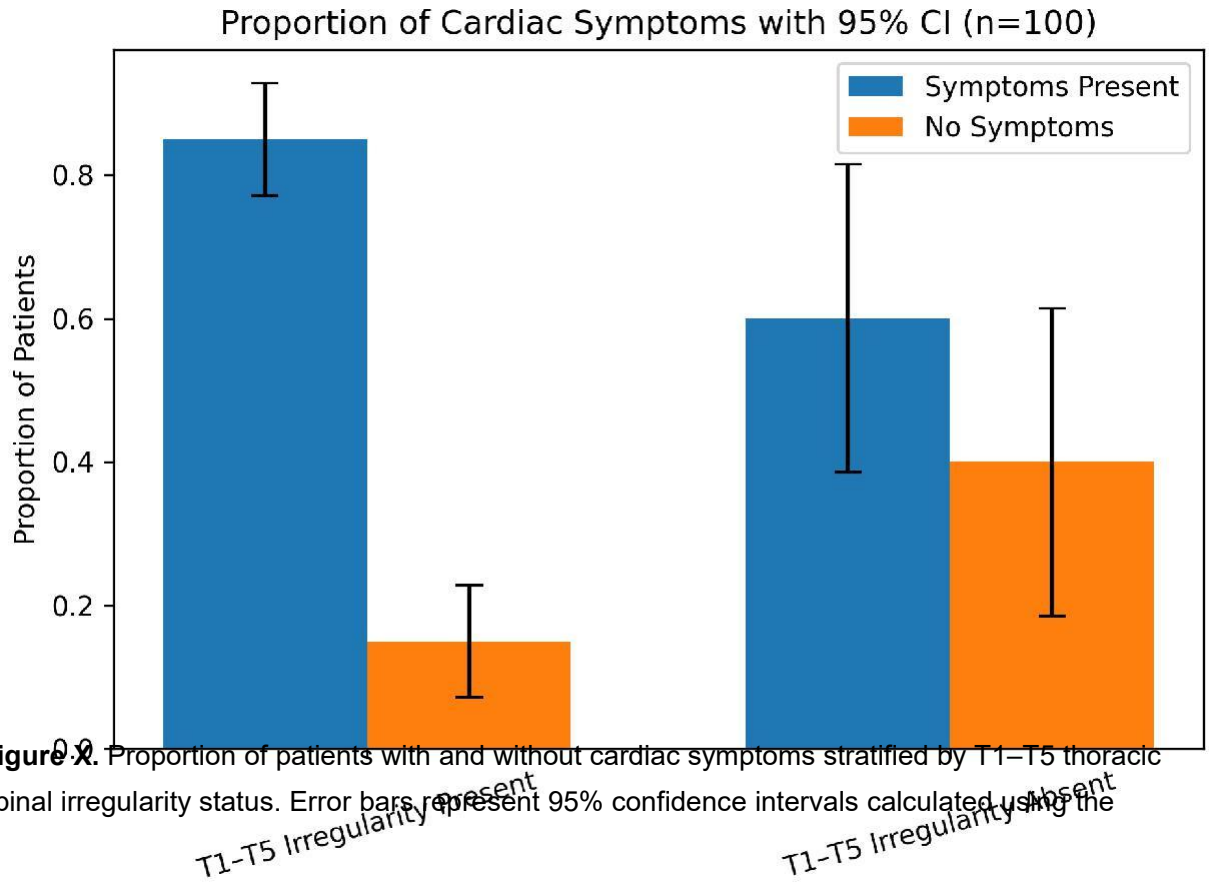
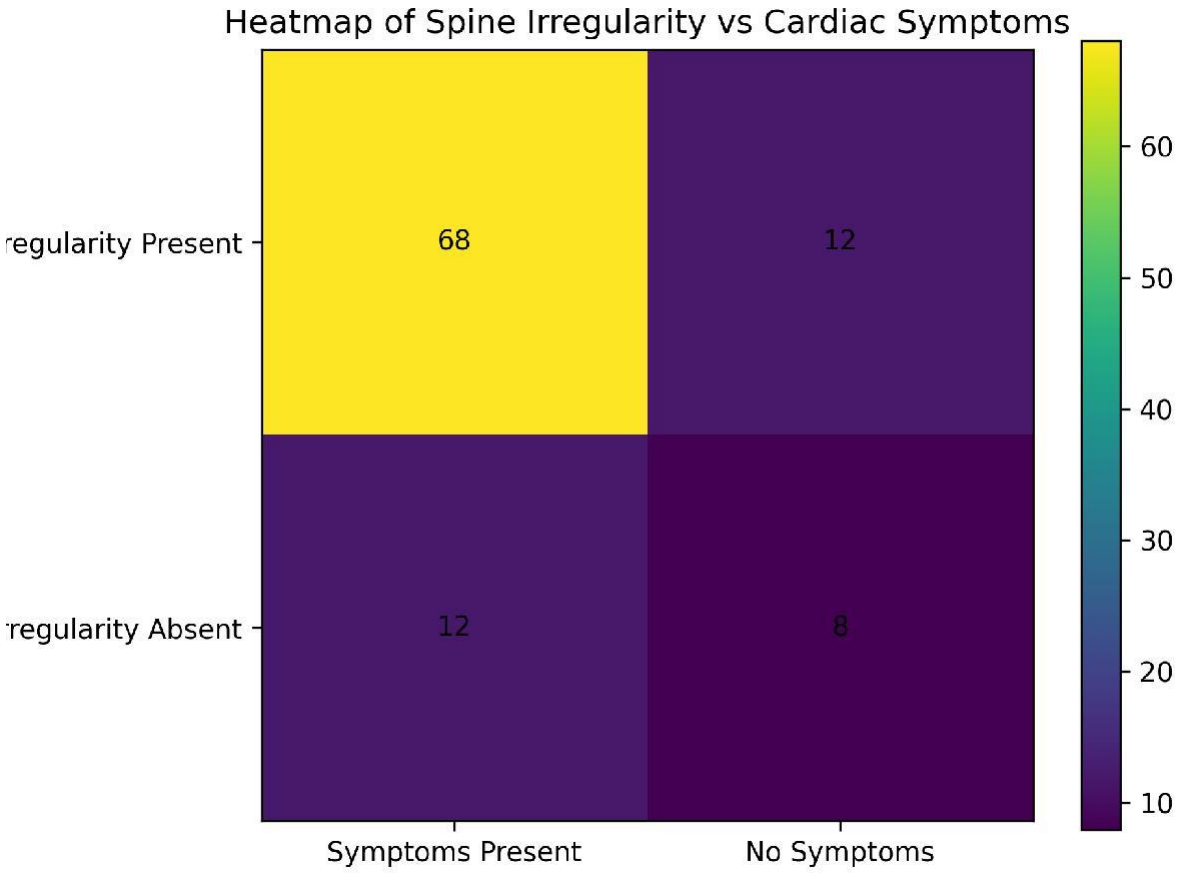
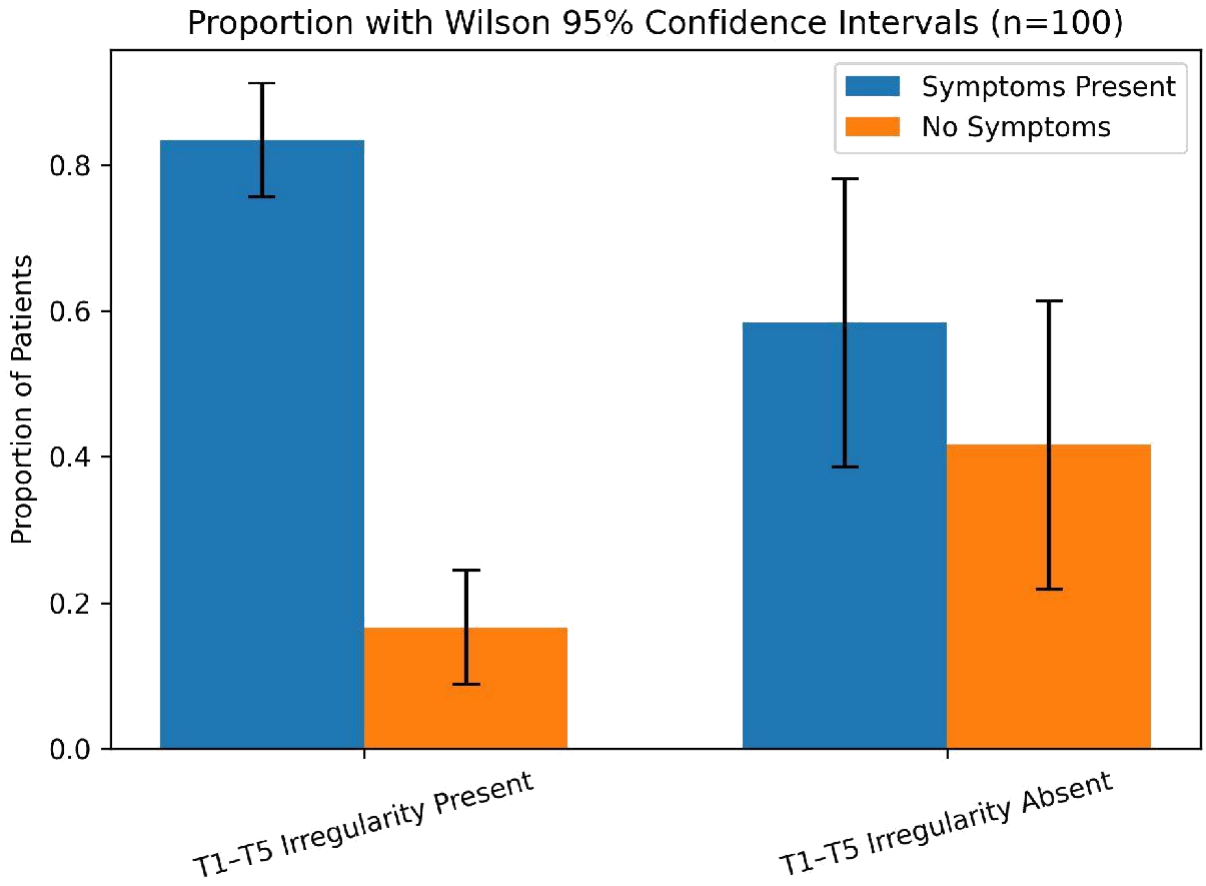


Figure X. Proportion of patients with and without cardiac symptoms stratified by T1–T5 thoracic spinal irregularity status. Error bars represent 95% confidence intervals calculated using the

normal approximation method. Patients with thoracic irregularities demonstrated a higher proportion of reported cardiac symptoms.





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Author Contributions (ICMJE-style – recommended for submission)

- **Philip Yang**: Conceptualization, study design, supervision, manuscript preparation, final approval
- **Alex Kuo**: Data collection, clinical observation support,
- **Peiling Yen**: Data collection, administrative support

All authors reviewed and approved the final manuscript and agree to be accountable for all aspects of the work.

Conflict of Interest Statement

The authors declare no conflicts of interest.

Funding Statement

This research received no external funding.

Ethics Statement (important for journals)

This study was conducted in accordance with institutional guidelines. All participants provided informed consent prior to inclusion in the study. The study was observational in nature and did not involve experimental intervention.

传承名老中医经验，辨证施 50 治玫瑰痤疮

Author : YanYan Lee

作为全国名中医周超凡教授的弟子，笔者长期研习周超凡教授治则学思想与临床经验，深受其学术熏陶。玫瑰痤疮是临床常见的面部皮肤病，虽无性命之忧，却严重影响患者的容貌美观与身心健康。西医治疗虽有一定效果，但易复发且副作用较明显，不少患者转而寻求中医调理。笔者结合周超凡教授的学术思想与自身临床实践，将中医治疗玫瑰痤疮的经验梳理分享如下，以期为同仁诊疗提供借鉴，也为患者康复提供参考。

摘要

玫瑰痤疮为临床高发损容性面部皮肤病，西医常规治疗存在复发率高、不良反应明显等局限，中医药依托辨证论治、内外合治优势在本病诊疗中特色突出。本文传承全国名中医周超凡教授学术治则，结合笔者多年临床实践，首先厘清玫瑰痤疮与普通痤疮鉴别要点，系统归纳红斑毛细血管扩张型、丘疹脓疱型、肥厚增生型、眼型四类临床分型及致病诱因；基于肺、脾、肝脏腑失调、血热瘀毒蕴肤核心病机，将本病划分为肺经风热、脾胃湿热、肝郁血热、瘀血内阻四大证型，分述各证证候特点、对应内服方药及配伍机理。附瘀血内阻型典型病案，完整记录内服中药、中药冷敷、火针外治阶梯式诊疗方案，全程展示随证加减用药思路、疗效演变与施治逻辑，阐释瘀热互结型顽固性玫瑰痤疮通络散结、解毒凉血的分层治法。总结临证核心思路、体质调理要点，论述内服调脏腑、外治直达皮损的内外合治体系，同时立足中医 “治未病” 理论提出饮食、作息、情志、皮肤养护、基础病管控全维度预防调护方案。研究证实，以清热利湿、活血通络为核心，分期分层、内外协同的中医辨证施治模式，可有效改善面部红斑、毛细血管扩张、结节肥厚等皮损，降低复发率，为名老中医经验传承及玫瑰痤疮规范化中医诊疗提供临床参考。

关键词：玫瑰痤疮；酒渣鼻；辨证论治；周超凡；内外合治；火针；瘀血内阻

二、英文摘要（标准医学学术英译）

Abstract

Rosacea is a common disfiguring facial skin disorder in clinical practice. Conventional Western medicine treatments are limited by high recurrence rates and obvious adverse reactions. Traditional Chinese Medicine (TCM) presents distinctive advantages in the diagnosis and treatment of rosacea relying on syndrome differentiation and combined internal-external therapy. Inheriting the academic therapeutic principles of Professor Zhou Chaofan, a nationally renowned TCM physician, and combining with the author’s years of clinical experience, this paper first distinguishes rosacea from common acne, and systematically summarizes four clinical

subtypes including erythematotelangiectatic rosacea, papulopustular rosacea, phymatous rosacea and ocular rosacea as well as their pathogenic inducing factors. Based on the core pathogenesis of visceral dysfunction of lung, spleen and liver as well as accumulation of blood heat, blood stasis and toxic heat in skin, rosacea is classified into four syndrome types: wind-heat in lung meridian, damp-heat in spleen-stomach, liver depression with blood heat and internal blockage of blood stasis. The symptoms, corresponding oral prescriptions and compatibility mechanisms of each syndrome are elaborated respectively. A typical medical case of internal blockage of blood stasis is attached, which completely records the stepwise treatment scheme including oral Chinese herbal medicine, cold compress of herbal decoction and fire needle external therapy. The medication adjustment rules with syndrome changes, efficacy evolution and treatment logic are demonstrated throughout the case, and the hierarchical therapy of unblocking collaterals, resolving masses, removing toxin and cooling blood for intractable rosacea with intermingled stasis and heat is explained. The core clinical thinking and physical conditioning essentials are summarized, and the internal-external combined treatment system that regulating viscera by oral medicine and directly acting on skin lesions by external therapies is discussed. Meanwhile, a full-dimensional prevention and conditioning plan covering diet, work-rest schedule, emotion regulation, skin care and underlying disease management is put forward based on the TCM theory of "preventive treatment of disease". This study verifies that the TCM syndrome differentiation treatment model centered on clearing damp-heat, activating blood and unblocking collaterals with staged hierarchical intervention and internal-external coordination can effectively improve skin lesions such as facial erythema, telangiectasia, nodular hypertrophy and reduce recurrence rate. It provides clinical reference for inheriting the experience of senior famous TCM physicians and standardized TCM diagnosis and treatment of rosacea.

Key words: Rosacea; Rhinophyma; Syndrome Differentiation and Treatment; Zhou Chaofan; Combined Internal and External Therapy; Fire Needle Therapy; Internal Blockage of Blood Stasis

辨清病症：玫瑰痤疮非普通“痘痘”

玫瑰痤疮俗称“酒渣鼻”，很多人会将其与普通痤疮混淆，实则二者在发病原因、症状表现、发病人群等方面差异显著。普通痤疮多发生于青少年，与体内雄激素升高、皮脂腺分泌旺盛相关，常伴有粉刺；而玫瑰痤疮多见于 30-50 岁女性，男性患者虽少但症状往往更重，核心表现为面部阵发性潮红、毛细血管扩张，还可能出现丘疹、脓疱，严重时鼻部会肥厚增生形成“鼻赘”。

诱发玫瑰痤疮的因素较为复杂，遗传、免疫力异常、胃肠疾病、糖尿病、心血管问题等均可能成为诱因，此外，毛囊蠕形螨感染、皮肤屏障功能紊乱、

长期熬夜、抽烟饮酒、偏爱辛辣油腻食物等，也会诱发或加重病情。根据临床观察，玫瑰痤疮主要有四种表现类型：

红斑毛细血管扩张型：多数首发于面颊部，初期为阵发性潮红，情绪激动、日晒或环境温度变化时加重，反复发作后会出现持续性红斑或毛细血管扩张，部分患者伴有红斑区肿胀；

丘疹脓疱型：在红斑、毛细血管扩张的基础上，成批出现丘疹、脓疱，多见于面颊部、口周或鼻部；

肥厚增生型：多见于鼻部或口周，极少累及面颊、前额、耳部，因皮脂腺肥大、纤维化，会出现皮损肥厚增生，鼻部的增生改变也称为“鼻瘤”；

眼型：多为上述三型的伴随症状，累及眼睑相关腺体，常导致睑缘炎、睑板腺功能障碍等，表现为眼睛异物感、光敏、干燥、瘙痒等不适。

辨证施治：紧扣病机 对症组方

周超凡教授常教导笔者，中医治病的核心是“辨证论治、治病求本”。玫瑰痤疮在中医范畴多归为“酒渣鼻”，其发生与肺、脾、胃、肝等脏腑功能失调密切相关，核心病机是血热、血瘀、热毒蕴结肌肤，治疗需围绕清热凉血、活血化瘀、解毒生肌展开。结合临床实践，笔者总结出以下四种常见证型及对应治法：

（一）肺经风热型

此类患者的皮疹多呈红色，可伴有粉刺、丘疹、脓疱、结节等，常感瘙痒或疼痛，同时伴随口干舌燥、喜饮冷水、大便偏干、小便发黄等症状，舌质偏红、舌苔薄黄。遵循老师“疏风清热、解毒宣肺”的治则，笔者常用枇杷叶 15 克、桑白皮 6 克、黄连 3 克、黄柏 3 克、黄芩 9 克、桑叶 9 克、菊花 9 克、薄荷 6 克、人参 3 克、甘草 6 克、浮萍 6 克组方。方中枇杷叶、桑白皮清泻肺热，黄芩、菊花清热解毒，辅以薄荷、浮萍疏风解表，共奏清热宣肺、解毒退疹之功。

（二）脾胃湿热型

患者面部红肿明显，皮损以脓疱、炎性丘疹为主，根底红肿，触碰时灼热疼痛，脓疱破溃或吸收后，可能遗留暂时性色素沉着或凹陷性小瘢痕。同时伴有口干喜饮、烦热口臭、大便干结、小便短赤等症状，舌红苔黄或灰黑，脉洪或弦数。治疗应以“清热解毒、凉血化瘀”为法，笔者常用金银花 15 克、连翘 15 克、牡丹皮 12 克、鱼腥草 15 克、薄荷 6 克、儿茶 6 克、皂角刺 12 克、大青叶 12 克、黄柏 6 克、蒲公英 15 克、苦参 9 克、芒硝 6 克、锦灯笼 6 克组方，其中金银花、连翘清热解毒，牡丹皮凉血化瘀，皂角刺、大青叶增强解毒散结之力，可有效清除脾胃湿热、化解肌肤瘀毒。

（三）肝郁血热型

患者的皮疹多分布在面部、胸部、背部等油脂分泌较多的区域，常伴有瘙痒感，同时出现口苦、烦躁易怒、眼部异物感或疼痛等症状。周教授强调，此类病症需注重“疏肝解郁、清热凉血”，笔者常用丹皮 15 克、栀子 9 克、柴胡 12 克、当归 12 克、白芍 12 克、白术 12 克、茯苓 15 克、广金钱草 15 克、鬼箭羽 9 克、水红花子 15 克、郁金 9 克、决明子 12 克、甘草 9 克组方，以柴胡、郁金疏肝理气，丹皮、栀子清热凉血，茯苓、白术健脾祛湿，兼顾调理肝脾功能，从根源上化解血热。

（四）瘀血内阻型

病程较久的患者多为此型，皮疹颜色暗红，可出现皮下结节、囊肿、斑块及瘢痕，斑块局限经久不退，伴有不同程度瘙痒，舌质暗红或有瘀斑、瘀点，苔薄，脉细涩。治疗核心为“活血化瘀、软坚解毒”，笔者常用皂角刺 12 克、连翘 15 克、蛇蜕 3 克、败酱草 12 克、水红花子 12 克、蒲公英 12 克、藕节 9 克、浙贝母 9 克、地龙 6 克、鱼腥草 15 克、积雪草 9 克、芒硝 6 克、醋乳香 6 克、红花 6 克、醋莪术 6 克组方，其中红花、醋莪术活血化瘀，皂角刺、蒲公英软坚解毒，地龙、浙贝母增强散结之力，助力消散瘀滞、修复肌肤。

案例：玫瑰痤疮（酒渣鼻）瘀血内阻型

李某某，男，33 岁，玫瑰痤疮病史 5 年。患者于 2024 年 6 月 19 日初诊，自诉面颊部红斑、丘疹反复发作 5 年，近期加重伴脓疱形成，曾外用糖皮质激素类药膏，症状未见改善且反复发作。

西医诊断：玫瑰痤疮（酒渣鼻Ⅲ期，鼻赘前期）

临床表现：鼻部及双颊暗紫红色斑片，压之不褪色，网状毛细血管扩张，皮肤肥厚粗糙、触之坚硬，伴针刺样疼痛，遇冷热或情绪激动时灼痛加剧。

中医诊断与辨证：酒渣鼻（瘀血内阻证）

辨证分析：

1.久病入络：病程 5 年，反复发作，皮损暗紫、坚硬，舌质紫暗有瘀点，舌下络脉青紫迂曲，脉沉涩，提示瘀血阻滞肌腠。

2.热毒蕴肤：既往有丘疹脓疱史，现仍伴灼热刺痛，大便干结、小便短赤，提示郁热化燥，热毒未清。

3.兼有郁热化燥：皮肤肥厚粗糙，遇刺激加重，提示血瘀兼燥热。

·核心病机：热毒蕴肤，瘀血阻滞，兼郁热化燥。

·治则：活血化瘀，通络散结，解毒凉血。

治疗方案：

1.内服中药：

皂角刺 12 克、连翘 15 克、板蓝根 15 克、败酱草 12 克、水红花子 12 克、蒲公英 12 克、浙贝母 9 克、地龙 6 克、鱼腥草 15 克、大青叶 15 克、鬼箭羽 12 克、桃仁 6 克。每日 1 剂，水煎，分 2 次温服。

·分析：方中皂角刺、蒲公英通络解毒、消肿散结，浙贝母化痰散结；连翘、板蓝根、败酱草清热凉血、解毒排脓；水红花子、地龙活血消癥、通络止痛；鱼腥草、大青叶清热利湿、凉血消斑；鬼箭羽破血通经，桃仁活血化瘀，诸药合用，共奏活血化瘀、通络散结、解毒凉血之功。

2.中药外敷

丹参 10 克、苦参 6 克、蒲公英 10 克、马齿苋 10 克、地肤子 10 克、黄柏 6 克、冰片 1 克。

·用法：煎水冷敷患处，每日 2 次，每次 15 分钟，敷后用清水洗净。

3.火针外治

·操作：常规碘伏消毒皮损及周围皮肤，用酒精灯将火针烧红后快速点刺红

斑及结节处（深度≤2mm），挤出少量瘀血，术后外涂黄连膏抗炎。

·频次：每周 1 次，连续 4 周。

·注意事项：凝血功能障碍、局部感染急性期、孕妇及过敏体质者禁用；术后保持局部干燥 24 小时，避免搔抓、热水烫洗及强光暴晒，防止感染或色素沉着。

二诊（2024 年 7 月 10 日）

·症状变化：鼻部紫红斑淡化，针刺疼痛感减轻，大便通畅，舌瘀点减少，舌下络脉仍青紫。

·调整方药：去连翘，加当归 12 克养血活血，助瘀血消散。外敷方不变，继续冷敷。

三诊（2024 年 8 月 28 日）

·症状变化：红斑消退 60%，皮肤变软，毛细血管扩张减轻，触痛基本消失，情绪波动时偶有轻微灼热感。

·调整方药：去败酱草、鱼腥草，加赤芍 12 克、丹参 15 克。外敷方去黄柏，加白及 10 克。

四诊（2024 年 11 月 20 日）

红斑消退近 80%，皮肤质地接近正常，仅鼻翼轻微毛细血管扩张，情绪稳定时无不适。

·方药：继服三诊方，巩固疗效，每周复诊 1 次，随访 3 个月未见复发。

按：

患者病程 5 年迁延，皮损呈暗紫红色斑片、触之坚硬，舌质紫暗瘀点，舌下络脉青紫迂曲，脉沉涩，符合“久病入络，瘀阻肌腠”之象。此类血瘀证多见于酒渣鼻Ⅲ期，因气血壅滞导致皮肤肥厚及鼻赘前期改变。脓疱反复、灼痛遇热加剧，便干满赤，提示热毒化燥未清。此证属瘀热互结，热毒深伏血分，与单纯血热证不同，需兼顾解毒与化瘀。皮肤粗糙肥厚遇刺激加重，为血瘀日久化燥伤津之征，需避免过度苦寒致燥。

在药物选择上，鬼箭羽、桃仁、地龙合用，可针对深层血瘀及结节破瘀化结，地龙搜剔络脉，鬼箭羽破血力强。板蓝根、大青叶、连翘凉血解毒透邪，清血分热毒，抑制毛细血管扩张，控制脓疱。皂角刺、浙贝母、鱼腥草散结利湿消肿，可清理痰瘀互结及湿热，针对皮肤肥厚及脓液分泌。二诊去连翘加当归：热毒减而瘀未净，以当归养血活血防破瘀伤正；三诊去败酱草、鱼腥草，加赤芍、丹参：脓疱消退后转向活血润燥，赤芍凉血柔肝，丹参“一味功同四物”。

冷敷方中，丹参活血、马齿苋抗炎、冰片透皮，冷敷降低血管高反应性，契合“热者寒之”，三诊加白及修复皮肤屏障，防燥药伤津。

火针放血点刺挤出瘀血，直接疏通局部壅滞，配合黄连膏抗炎，实践“血实宜决之”原则，针对毛细血管扩张及结节坚硬，弥补内服药局部渗透不足。

从周超凡教授的中医治则学经验出发，结合本案，笔者总结：本案以“通络散结为主轴，解毒活血润燥阶梯推进”，印证了顽固性酒渣鼻从瘀论治的有效性。以“热毒蕴肤、瘀血阻滞”为核心，初诊以清热解毒+活血通络为主，后期逐步转向养血活血+调理肝脾。内服侧重整体调理，逐步清除热毒、化瘀通络。外敷配合外治的火针直接作用于皮损，加速局部气血流通。

临证心得

1.核心思路：以“清利湿热、活血通络”为核心，内服方选用黄芩、黄连、金钱草清利湿热，鬼箭羽、红花、水红花子疏通气血、化瘀散结；外治以“泻毒”为要，火针点刺可快速疏通局部壅滞，减轻炎症反应。

2.体质调理：后期转为健脾化湿，切断湿热生化之源，避免复发。

内外合治：标本兼顾 提升疗效

周超凡教授指出，中医治疗强调“内外合治、整体调理”，玫瑰痤疮的治疗既需内服药物调理脏腑机能，也需配合外治法直达病所，才能标本兼顾、提升疗效。

临床中，笔者常选用珍珠粉、决明子、绿茶等具有清热解毒、活血化瘀功效的中药，制成面膜或外洗方，让药物直接作用于皮损部位，快速缓解红肿、瘙痒症状。对于丘疹、脓疱明显或毛细血管扩张突出的患者，笔者还会配合火针疗法或刺络疗法——火针兼具针与灸的功效，能疏通经络、调节局部气血运行，与内服中药协同作用，疗效更为确切。此外，仙方活命饮适用于热毒壅盛型，清宣凉血解毒汤适用于血热瘀滞型，笔者在临床中根据患者证型辨证施用，治疗玫瑰痤疮也取得了较好的效果，充分体现了内治之理与外治之法的有机结合。

预防调护：防患未然助康复

“治未病”是中医的重要诊疗思想，周超凡教授反复叮嘱笔者，玫瑰痤疮的预防调护与治疗同等重要，直接关系到病情的恢复与复发。基于临床观察，笔者提醒患者在日常生活中需注意以下几点：饮食以清淡为主，少吃辛辣刺激、油腻食物，戒烟限酒；规律作息，避免熬夜，保证充足睡眠；保持情绪舒畅，避免肝郁气滞加重病情，可适量饮用玫瑰花茶疏肝理气；日常可轻柔按摩迎香、颧髎等面部穴位，疏通经络；注重面部防护，避免长时间日晒，选择无刺激的医用护肤品，修复皮肤屏障，避免滥用激素类药膏；积极治疗胃肠疾病、糖尿病等基础疾病，减少诱发因素。

玫瑰痤疮病程缠绵，治疗需耐心坚持。笔者在临床中严格遵循周超凡教授的治则学思想，强调整体观念与辨证论治，通过内外合治、标本兼顾的方式，帮助众多患者改善了症状、控制了病情。希望这些临床经验能为更多同仁提供借鉴，也让广大患者对中医治疗玫瑰痤疮有更深入的认识，早日摆脱疾病困扰。

藏龙针法治疗结节性痒疹的理论探讨与临床应用

Author：李艳艳

摘要 目的 系统探讨藏龙针法治疗结节性痒疹的中医理论基础、作用机制及临床疗效，为该病的中医外治提供规范化方案。方法 梳理结节性痒疹的中西医发病机制与治疗难点，溯源藏龙针法的学术脉络，阐释其“借火助阳-开门驱邪-以热引热”核心机制，总结治疗原则、操作规范及取穴规律，结合典型案例分析疗效特点。结果 藏龙针法作为火针创新技术，通过精准温热刺激与刺络作用，可疏通经络气血、清除局部瘀毒、修复皮肤屏障，能显著缓解瘙痒、消退结节，且复发率低、安全性高。结论 藏龙针法治疗结节性痒疹疗效确切，兼具整体调节与局部靶向优势，符合中医“治病求本”理念，值得临床推广。

关键词 藏龙针法；结节性痒疹；火针疗法；中医外治；经络阻滞；辨证施治

中文摘要

目的：系统梳理藏龙针法治疗结节性痒疹的中医理论基础、作用机制、标准化操作流程及临床应用效果，建立规范中医外治方案，为临床推广提供理论与实践依据。方法：梳理结节性痒疹中西医发病机制、现有治疗局限；追溯藏龙针法源于传统燔针焠刺的学术传承，阐释其 “借火助阳、开门驱邪、以热引热” 三重核心作用机制，归纳针具选型、操作手法、疗程、局部与远端辨证取穴规范；结合血虚风燥、湿热瘀毒两型典型临床病案，完整记录诊疗方案、操作细节与随访预后，分析该针法起效逻辑。结果：藏龙针法作为改良创新型火针技术，依靠精准温热刺激与刺络效应，可温通经络气血、软坚散结、清泻局部湿热瘀毒，同步调节神经 - 免疫网络、修复皮肤屏障；能够快速缓解顽固性瘙痒、平复增生结节，无激素相关毒副作用，远期复发率更低。结论：藏龙针法靶向作用皮损且兼顾整体脏腑气血调节，契合中医标本兼顾、治病求本思想，治疗结节性痒疹临床疗效稳定、安全性良好，可拓展用于多种顽固性增生性皮肤病，值得标准化普及推广。

Abstract

Objective: To systematically sort out the TCM theoretical basis, mechanism of action, standardized operation procedures and clinical efficacy of Zanglong Acupuncture in the treatment of prurigo nodularis, establish a standardized external therapy scheme of traditional Chinese medicine, and provide theoretical and practical evidence for its clinical promotion. Methods: The pathogenesis of prurigo nodularis in traditional Chinese and Western medicine as well as the limitations of existing therapies were reviewed. The academic origin of Zanglong Acupuncture derived from traditional cauterized acupuncture was traced, and its triple core mechanisms of activating yang by fire, expelling pathogenic factors by opening interstitial spaces, and eliminating heat with thermal stimulation were elaborated. The specifications of needle selection, manipulation, treatment course, local and distal acupoint selection based on syndrome differentiation were summarized. Combined with typical medical cases of blood deficiency with wind-dryness and damp-heat toxin accumulation, the complete diagnosis and treatment schemes, operation details and follow-up prognosis were recorded to analyze the therapeutic logic of this acupuncture therapy. Results: As an innovative modified fire needle technique, Zanglong Acupuncture can warm and unblock meridians and qi-blood, soften hard masses, clear local damp-heat and blood stasis toxins through precise thermal stimulation and collateral pricking. It simultaneously regulates the neuro-immune network and repairs skin barrier, rapidly relieves intractable pruritus and eliminates hyperplastic nodules without hormone-related toxic and side effects, and achieves a lower long-term recurrence rate. Conclusion: Zanglong Acupuncture targets skin lesions while regulating visceral qi and blood as a whole, conforming to the TCM concepts of simultaneous treatment of root and branch as well as treating diseases by targeting fundamental causes. It possesses stable clinical efficacy and high safety

in treating prurigo nodularis, and can be applied to various intractable hyperplastic skin diseases, which is worthy of standardized popularization.

Key words: Zanglong Acupuncture; Prurigo Nodularis; Fire Needle Therapy; External Therapy of Traditional Chinese Medicine; Meridian Stasis; Acupoint Selection Based on Syndrome Differentiation

引言

结节性痒疹是一种以顽固性皮肤硬化结节、剧烈瘙痒、病程迁延为特征的慢性炎症性皮肤病，好发于四肢伸侧，严重影响患者睡眠与生活质量。中医将其归属于“顽湿聚结”“马疥”范畴，《诸病源候论》记载“马疥者，皮肉隐嶙起，搔之不知痛”，精准概括其皮损与瘙痒特点。

西医认为，该病发病与蚊虫叮咬、皮肤屏障受损、神经-免疫调节紊乱相关，反复搔抓形成“瘙痒-搔抓-炎症”恶性循环。常规治疗以糖皮质激素、免疫抑制剂、光疗为主，虽能暂时缓解症状，但存在疗效不稳、副作用显著、复发率高等局限。中医则认为其核心病机为**血虚风燥为本，湿热瘀毒为标，经络阻滞为关键**，久病耗伤气血，肌肤失养，风邪内生则痒；湿热蕴结肌腠，气血瘀滞则结节丛生。传统针灸调和气血作用有限，对顽固性结节与瘙痒改善欠佳。藏龙针法作为火针创新衍生技术，融合温通与刺络优势，通过改良针具材质与操作手法，精准作用于病灶，为结节性痒疹治疗开辟新路径。本研究系统梳理其学术源流、作用机制与临床规范，旨在为临床推广提供理论依据。

1 结节性痒疹的发病机制与治疗难点

1.1 发病机制

1.1.1 西医机制

该病由多因素共同作用引发：蚊虫叮咬或理化刺激诱发局部炎症，激活免疫细胞释放炎症介质；皮肤屏障功能受损，角质层防御能力下降，神经末梢敏感性增高；神经-免疫调节紊乱，组胺、P 物质等递质分泌异常，加重炎症与组织纤维化，最终形成坚硬结节。

1.1.2 中医病机

与禀赋不足、外感邪气、内伤情志密切相关。禀赋不足者气血失衡，卫外不固，易受风、湿、热邪侵袭；外感风

邪郁于肌表则痒，湿邪黏腻蕴结则气血瘀滞；内伤情志致肝气郁结，气滞血瘀加重络脉瘀阻，病情缠绵难愈。其病机可概括为血虚风燥、湿热瘀毒、经络阻滞，三者相互交织，推动疾病进展。

1.2 治疗难点

一是皮肤角质增厚、纤维化严重，外用药物难以渗透深层；二是瘙痒剧烈顽固，常规止痒药物疗效有限，患者搔抓加重皮损；三是西医治疗副作用显著，激素外用易致皮肤萎缩、色素沉着，免疫抑制剂影响机体免疫；四是病情反复发作，常规治疗未从根本调节气血阴阳，停药后易复发，患者依从性下降。

2 藏龙针法的学术源流与作用机制

2.1 学术源流

藏龙针法源于传统火针疗法，历史可追溯至《黄帝内经》“燔针”“焠刺”，《灵枢·官针》提出“焠刺者，刺燔针则取痹也”，明确其治疗痹证、疮疡的优势。汉代张仲景界定火针适应证与禁忌证，唐代孙思邈总结外科操作规范，明代杨继洲在《针灸大成》中完善针刺深度、温度控制等内容，奠定火针理论基础。

随着临床实践深入，火针形成蕲春火针、岭南火针等地域流派。藏龙针法在继承传统精髓的基础上创新发展：改良针具材质，采用钨钢制成细、中粗、粗多规格针型，适配不同皮损与部位；优化操作手法，精准控制温度、深度与角度，增强疗效的同时降低疼痛与并发症风险；拓展治疗范畴，广泛应用于皮肤病、慢性疼痛、妇科寒凝证等疾病，成为中医外治创新成果。

2.2 核心作用机制

藏龙针法以经络学说为指导，依托借火助阳-开门驱邪-以热引热三重中医机制，实现扶正祛邪统一，同时契合现代医学多靶点调节逻辑：

2.2.1 中医机制

·借火助阳，温通气血：热力导入机体深层，激发经气运行，温通经络气血，驱散寒湿瘀邪，改善局部微循环；同时助阳益气，增强机体正气，促进皮肤组织修复，解决“血虚风燥”核心病机。

·开门驱邪，祛瘀散结：高温针刺开启肌肤腠理与经络门户，机械刺激破坏结节纤维化组织，促进瘀毒外泄；温热效应加速血液循环，清除代谢废物，达到活血化瘀、软坚散结目的，缓解结节坚硬、瘙痒剧烈症状。

·以热引热，清泻热毒：针对“湿热瘀毒”标证，利用高温引导体内热邪透达，扩张局部血管，促进炎症介质代谢，减轻红肿热痛；同时高温直接杀菌消炎，适用于合并感染的的皮损。

2.2.2 现代医学机制

激活神经-免疫调节网络，诱导热休克蛋白（HSPs）表达，增强细胞抗损伤与自我修复能力；调节瘙痒相关神经递质分泌，阻断异常信号传导；促进胶原蛋白有序重塑，加速皮肤屏障修复，实现多靶点治疗效果。

3 藏龙针法治疗结节性痒疹的治疗规范

3.1 治疗原则

遵循以通为用、祛瘀散结、标本兼顾原则，践行“急则治标，缓则治本”思路：

·急则治标：采用高温速刺，破坏皮损处过度增生的神经末梢，阻断“瘙痒-

搔抓-炎症”恶性循环，快速缓解患者痛苦；

·缓则治本：辨证取穴深刺，调节脏腑气血功能，清除体内湿热瘀毒，从根本上改善患者体质，防止病情复发；

·标本兼治：局部围刺结合远端配伍，实现靶向治疗与整体调节统一，促进皮肤组织重建与机体功能恢复。

3.2 操作规范

3.2.1 针具选择

针具类型	直径规格	适用场景
细火针	0.3~0.5mm	表皮浅层病变、敏感部位
中粗火针	0.6~0.8mm	多数结节性皮损、常规治疗部位
粗火针	1.0~1.2mm	质地坚硬、纤维化严重的结节

3.2.2 完整操作流程

1、术前准备：针具采用高压蒸汽灭菌或 75%乙醇浸泡消毒，皮损部位以碘伏擦拭清洁；向患者说明治疗过程与注意事项，缓解紧张情绪。

2、针体加热：将针体置于酒精灯外焰匀速转动加热，根据刺法类型控制温度：点刺法需加热至针尖通红（约 800℃）；通刺法需加热至针体前 2/3 白亮（≥1000℃）；环刺法需加热至针尖微红（约 600℃）。

3、进针手法：采用“速刺速出”手法，避免针体停留过久灼伤正常组织：

·点刺法：垂直刺入表皮与真皮浅层，深度 0.1~0.2 寸，适用于表皮病变及急性炎症期皮损；

·通刺法：以 15°角斜刺，深度 0.5~1 寸，穿透结节基底部，适用于深层瘀滞与慢性增生性结节；

·环刺法：在结节边缘呈环形多角度刺入，深度 0.3~0.5 寸，每结节周围针刺 4~6 针，适用于顽固性结节、瘢痕。

4、术后护理：出针后用消毒棉球按压针孔片刻，预防出血与感染；嘱患者术后 24 小时内保持施术部位干燥清洁，避免沾水、搔抓；忌食辛辣刺激性食物，减少对皮肤的刺激。

3.2.3 疗程设定

每周治疗 2~3 次，4 周为 1 个疗程，根据患者病情轻重与恢复情况，可连续治疗 2~3 个疗程，疗程间间隔 1 周。

3.3 取穴规律

遵循局部与远端结合、辨证与对症统一原则：

·局部取穴：以阿是穴为核心，即结节皮损的中心及边缘部位，通过直接刺激病灶，疏通局部经络气血，软化结节组织。

远端取穴：根据患者中医证型精准选穴：

风热血燥证：选取曲池、合谷、血海，清热凉血、疏风止痒；

湿热蕴肤证：选取阴陵泉、丰隆、足三里，健脾利湿、清热解毒；

气滞血瘀证：选取膈俞、肝俞、三阴交，活血化瘀、调和气血；

血虚风燥证：选取脾俞、足三里、三阴交，益气养血、润燥止痒。

经验效穴：大椎穴（诸阳之会，清泻督脉热毒）、百虫窝穴（祛风止痒、活血解毒），可根据病情灵活配伍。

4 临床案例分析

4.1 案例 1

患者基本情况：王某，女，38 岁，2023 年 5 月就诊。主诉：全身多发结节伴顽固性瘙痒 5 年。患者 5 年前无明显诱因出现四肢瘙痒，搔抓后出现红色丘疹，逐渐发展为坚硬结节，曾在多家医院就诊，诊断为“结节性痒疹”，外用糖皮质激素药膏、口服抗组胺药等治疗，疗效不佳，瘙痒症状反复发作，夜间加重，严重影响睡眠，伴焦虑情绪。既往有特应性皮炎病史。

查体：四肢、躯干可见广泛分布的结节性皮损，直径 0.3~1.5cm 不等，颜色呈棕褐色，表面粗糙，可见明显抓痕、血痂及色素沉着。舌淡红，苔薄黄，脉弦细。

中医辨证：血虚风燥，经络瘀阻证。

治疗方案：采用藏龙针法治疗，结合心理疏导。取穴：双侧曲池、双侧血海、双侧三阴交、局部阿是穴。操作：选用中粗火针，加热至针尖通红，快速点刺阿是穴（结节中心及边缘），深度 0.2~0.5 寸，速刺速出；远端穴位采用同样手法针刺。每周治疗 3 次，4 周为 1 个疗程。

疗效观察：治疗 1 个疗程后，患者瘙痒症状明显减轻，睡眠质量改善；查体可见部分较小结节变平，抓痕、血痂逐渐愈合。治疗 2 个疗程后，大部分结节软化消退，仅残留少量色素沉着。随访半年，患者症状未复发，焦虑情绪缓解。

按语：本案患者久病耗伤气血，血虚则肌肤失养，风邪内生则瘙痒无度；气血运行不畅，经络瘀阻则结节丛生。选取曲池穴清热利湿、疏风止痒；血海穴活血化瘀、养血润燥；三阴交穴调和肝脾肾三脏，益气养血安神；局部阿是穴围刺直达病所，软坚散结。诸穴配伍，标本兼顾，共奏益气养血、祛风止痒、活血化瘀之效。

4.2 案例 2

患者基本情况：张某，女，42 岁，2023 年 7 月就诊。主诉：四肢结节伴剧烈瘙痒 2 年。患者 2 年前夏季蚊虫叮咬后出现双小腿红色丘疹，瘙痒剧烈，搔抓后丘疹逐渐增大变硬，发展为结节，外用激素类药膏初期有效，后疗效逐渐减弱，结节数量增多，蔓延至大腿外侧。夜间瘙痒加剧，严重影响睡眠。否认其他病史。

查体：双小腿伸侧、大腿外侧可见多个直径 0.5~1.5cm 的褐红色结节，表面粗糙呈疣状，部分结节可见抓痕及血痂。舌红，苔黄腻，脉滑数。

中医辨证：湿热瘀毒，蕴结肌腠证。

治疗方案：采用藏龙针法治疗。取穴：局部阿是穴、双侧膈俞、大椎穴、双侧丰隆穴。操作：选用中粗火针，加

热至针体白亮，对阿是穴行环刺法，结节边缘呈 45°角斜刺 4 针，直径 > 1cm 者加中心直刺 1 针，深达结节基底部，刺后轻挤排出黄稠黏液；膈俞穴快针点刺，向脊柱方向斜刺；大椎穴速刺疾出，控制深度；丰隆穴垂直速刺。首周治疗 2 次，间隔 3 天；后续每周治疗 1 次，5 次为 1 个疗程。

疗效观察：治疗 3 周后，患者瘙痒程度减轻 > 50%，夜间可正常入睡；查体可见结节质地变软，颜色变暗。治疗 1 个疗程后，结节基本消退，仅残留少量淡褐色色素沉着。随访 3 个月，未见复发。

按语：本案患者因蚊虫叮咬诱发，湿热之邪蕴结肌腠，气血瘀滞而成结节。选取阿是穴环刺，直接清除局部瘀毒；膈俞穴为血会，可活血化瘀、清泻血分热毒；大椎穴清泻督脉之热，疏散肌表郁邪；丰隆穴为化痰要穴，可健脾利湿、通络散结。诸穴配伍，共奏清热利湿、活血化瘀、软坚散结之效，切中病机，故疗效显著。

5 藏龙针法的优势与展望

5.1 技术优势

藏龙针法治疗结节性痒疹的优势主要体现在三方面：

·疗效确切、靶向性强：直接刺激病灶，快速缓解瘙痒症状，软化消退结节皮损，相较于传统针灸与西医药物治疗，起效更快、疗效更持久；

·安全性高、副作用小：治疗过程中无需使用激素类药物，避免了药物依赖与皮肤萎缩等不良反应，仅少数患者可能出现针孔轻微红肿，可自行消退；

·标本兼顾、复发率低：在局部治疗的同时，通过辨证取穴调节机体脏腑气血功能，从根本上改善患者体质，降低病情复发风险。

5.2 应用与展望

藏龙针法的临床应用已拓展至痤疮、扁平疣、银屑病、瘢痕疙瘩等多种顽固性皮肤病，均取得了良好疗效。未来，应进一步开展大样本、多中心的随机对照临床研究，明确该疗法治疗结节性痒疹的疗效标准与适用人群；深入探讨其作用的分子生物学机制，从神经-免疫调节、皮肤屏障修复等角度揭示其科学内涵；完善规范化操作标准与培训体系，推动该疗法的标准化、产业化发展。同时，可结合现代医学技术，如医学影像引导、皮肤镜评估等，优化个体化治疗方案，进一步提升治疗的精准性与有效性，让传统中医外治法在现代医学体系中焕发新的活力。

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对于疑难重症皮肤病激素依赖性皮炎的中医治则学思考

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摘要：激素依赖性皮炎（Corticosteroid Dependent Dermatitis， CDD），已成为当前皮肤科一种最常见的皮肤病，其治疗一直是医学界关注的热点。中医治则学思维，以整体观念和辨证论治为核心，为激素依赖性皮炎的治疗提供了新的视角和思路。本文旨在深入探讨激素依赖性皮炎的中医治则学思维，以期更好地指导临床实践，并为该病症的治疗提供有益的参考。

关键词：激素依赖性皮炎；中医治则学；整体观念；辨证论治

Abstract

Corticosteroid Dependent Dermatitis (CDD) is a prevalent facial skin disorder with prolonged course and high recurrence rate, which severely impairs patients' physical and mental health. Conventional Western therapies have obvious limitations such as adverse reactions and easy rebound. Guided by holism and syndrome differentiation, the thinking of TCM therapeutic principles provides innovative therapeutic strategies for CDD. This paper systematically sorts out mainstream Western medicine, integrated Chinese-Western medicine and ethnic medicine treatments for CDD, elaborates the core connotation of TCM therapeutic principle system including therapeutic ideology, principles and methods. From TCM perspective, long-term hormone is classified as medicinal toxin with acrid-warm and dry-fire property; the pathogenesis evolves in three stages: wind-heat invading skin at early stage, blazing fire-toxin in middle stage, and deficiency of qi-yin with blood stasis lingering in late stage, involving dysfunction of lung, spleen and kidney. Six common syndromes are summarized: wind-heat accumulating in skin, damp-heat stagnation, blazing toxic-heat, binding phlegm and stasis, consumption of yin-blood, internal obstruction of toxin-stasis, corresponding therapeutic methods, herbal prescriptions and classic modified formulas are expounded respectively. This article introduces multi-dimensional external therapies and staged comprehensive management strategy (hormone withdrawal, toxin elimination, consolidation and observation) combining internal decoction and external washing, and verifies the clinical efficacy via a typical medical case of phlegm-stasis binding syndrome. Furthermore, the paper analyzes the strengths of TCM therapeutic principle thinking featuring individualized holistic regulation and low side effects, as well as existing challenges including theoretical popularization difficulties and insufficient standardized research. Finally, prospects are proposed for integrated Chinese and

Western medicine, modern biotechnology application and inheritance of TCM therapeutic theories, and preventive and nursing guidance based on the concept of "preventive treatment of disease" is supplemented. It is concluded that the systematic thinking of TCM therapeutic principles can realize simultaneous regulation of root and branch by harmonizing yin-yang and balancing visceral functions through internal and external combined therapies, which owns unique clinical advantages in treating CDD and deserves further standardized research and clinical promotion.

Key words: Corticosteroid Dependent Dermatitis; Therapeutic Principles of Traditional Chinese Medicine; Holism; Syndrome Differentiation and Treatment; Medicinal Toxin; Integrated Internal and External Therapy

一、引言

激素依赖性皮炎作为一种由于长期或过度使用激素类药物引起的皮肤病，近年来发病率逐年上升。其病情复杂，病程漫长，容易反复发作，给患者的生活质量和身心健康带来严重影响。因此，探索有效的治疗方法显得尤为重要。中医治则学思维以其独特的理论体系和实践经验，为激素依赖性皮炎的治疗提供了新的可能。

二、激素依赖性皮炎临床常用的治疗方法

（一）现代常用的治疗方法

1.一般治疗，包括心理治疗和日常护理；

2.外用治疗，包括糖皮质激素替代治疗，对伴痤疮样皮炎，伴色素沉着者采用外用治疗；

3. 系统治疗，包括抗炎、抗组织胺和抗菌素治疗；

4. 物理治疗，包括急性期冷喷冷敷、冷膜治疗，红蓝光照射，强脉冲光治疗，氦氖激光，Q 开关激光大光斑低能量治疗等[1]。

（二）其他治疗方法

1.中西医结合治疗

(1)廖列辉等应用三蕊胶囊中药、静脉封闭综合治疗取得较好疗效[2];

(2)嵇宏亮等全面检索了 2005-2011 年发表的相关文献，严格按照文献纳入和排除标准，对入选文献进 Meta 分析。结果表明，与西药对照组相比，中西医结合治疗激素依赖性皮炎的有效率的合并检验分析结果，提示中西医结合治疗激素依赖性皮炎是一种有效的方法[3]。

(3) 牛蔚露用液氮冷冻联合中药石蓝草合剂进行治疗，在 7 周内疗效略低于他克莫司联合中药治疗但是在 11 周的治疗结果上疗效却明显优于他克莫司联合中药组，诸多不良症状均下降，并且病情稳定，未见明显复发及反弹[4]。

2.民族医药治疗

（1）阿肯木江·艾尔肯采用维吾尔医内外治相结合治疗可取得良好效果[5]。

（2）李艳飞等用蒙西药结合点刺疗法治疗组和西药治疗面部激素性皮炎进行对比,结果蒙西药结合点刺治疗组治愈率为 79.5％,明显高于西药治疗组治愈率 58.3％[6]。

三、激素依赖性皮炎的中医认识与治则学思维

没有正确的思想，就没有正确的行动；人们从实践中得到正确思想，正确的思想又不断地推动实践。中医治疗思想与临床实践的关系大体如此[7]。

中医治则学作为一门专业学科，主要是由三部分组成：治疗思想、治疗原则、治疗方法。三者相互交叉渗透、相辅相成。中医治疗思想决定中医治则治法与疗效，中医治疗思想是中医治则治法与疗效的基础。

中医对激素依赖性皮炎的认识主要基于整体观念和辨证论治的原则。中医认为，皮肤是人体脏腑功能的反映，激素依赖性皮炎的发生与脏腑功能失调、气血不和、湿热内蕴等因素密切相关。因此，中医治疗激素依赖性皮炎的治则学思维主要包括以下几个方面：

（一）整体观念下的辨病与辨证相结合

中医认为，人是一个有机的整体，各脏腑之间相互联系、相互制约。激素依赖性皮炎的发生不仅与皮肤局部病变有关，还与整体脏腑功能失调有关。因此，在治疗过程中，中医强调整体观念下的辨病与辨证相结合。既要识别疾病的本质属性，又要分析患者的体质、年龄、性别等个体差异，从而制定个性化的治疗方案。

（二）调和阴阳，平衡脏腑功能

中医认为，阴阳平衡是人体健康的基础。激素依赖性皮炎的发病往往与阴阳失衡、脏腑功能失调有关。因此，在治疗过程中，中医注重调和阴阳，平衡脏腑功能。通过选用具有滋阴润燥、清热解毒等功效的中药，以及采用针灸、拔罐等外治法，达到调和阴阳、平衡脏腑功能的目的。

（三）扶正祛邪，标本兼治

中医认为，疾病的发生是正气不足、邪气侵袭的结果。激素依赖性皮炎的发病也不例外。因此，在治疗过程中，中医强调扶正祛邪，标本兼治。既要通过扶正固本的方法，增强机体的免疫力，提高抗病能力；又要通过祛邪解毒的方法，消除病因，缓解症状。

四、中医治则学思维在激素依赖性皮炎治疗中的具体应用

（一）中医如何认识激素依赖性皮炎

在中医与疾病斗争的实践中，以往并没有激素依赖性皮炎这个病症，也就没有与之相对应的中医病名和证型，鉴于激素原因导致的病状特点，我们把激素这类药物的性味归于辛温，属于火燥之品。使用激素不当造成的疾病，归于祖国医学“药毒”范畴，一般认为其发病因外受药毒之邪，日久郁而化热，蕴毒肌肤所致，以火、热、毒为主要致病因素。 [8]。

（二）中医对于激素依赖性皮炎病因、病机的探讨

1. 激素依赖性皮炎发展进程缓慢，病程往往迁延几年或更长时间，从激素依赖性皮炎发病的阶段来看，有观点认为应分为三期：初期为风热客肤，中期责之于火毒炽盛，热毒蕴结，化热生火，熏蒸肌肤，发而为病，激素依赖性皮炎失治、误治，邪毒久郁，炼血而成瘀。后期正气虚弱，气化无力，激素为阳药，阳盛则阴病，阳以阴为用，阴气充足，

玄府才能保持正常功能，开关有度，因此在激素依赖性皮炎治疗后期主要是顾护气阴，这也是是恢复玄府功能的关键[9]。

2. 从激素依赖性皮炎的病因和病机，从病位的判断上有研究认为：激素依赖性皮炎主要由药毒、湿邪、内热所引动。病位在肺脾肾三脏，古人对相关疾病的记载奠定了近现代激素依赖性皮炎的基础，2009 年相关专家对激素依赖性皮炎制订了诊疗指南，根据中医症候制定了相关的证型即：风热客肤，热毒蕴结，热盛伤阴，阴虚血燥，血虚风燥等。[10]。

（三）中医治则学思想指导下的激素依赖性皮炎辨证论治

中医治疗可根据皮损、自觉症状和舌苔、脉象进行辨证论治。主要以祛风、清热、解毒、凉血、润燥、养血为原则．可采用内治，或内外兼治相结合的方法进行治疗[11]。从五脏论治激素皮炎，认为肝失疏泄，肝气郁结，郁久化热为本病基本病机，治宜疏泄，常用逍遥散配伍疏风泄热、理气活血、滋肾益肝之药[12]。

在中医治则学思维的指导下，我们对激素依赖性皮炎的中医证型区分和辨证施治做了充分的研究。激素依赖性皮炎作为一种慢性疾病，激素依赖性皮炎的发病机理涉及多个方面，包括激素使用不当、皮肤屏障受损、炎症反应加剧、微生物感染、免疫功能紊乱、血管收缩障碍、皮肤敏感增加以及修复能力下降等。根据患者伴随的症状及舌苔脉象，我们将激素依赖性皮炎分为风热蕴肤型、湿热壅滞型、热毒蕴结型、痰瘀聚结型、阴血亏虚型和瘀毒内阻型六种证型。

风热蕴肤型：

证候：皮肤瘙痒、红肿、灼热感，黑头或白头粉刺居多，伴红色丘疹。颜面潮红，鼻息气热，可伴痒痛，口微渴，大便干。多见于疾病的初期阶段。舌边尖红，舌苔薄黄，脉略浮或弦。

治法：疏风降火，清热解毒。

组方如下：荆芥、荷叶、地肤子、蛇蜕、黄芩、蝉蜕、防风、锦灯笼、金银花、皂角刺、豆蔻、鱼腥草。

湿热壅滞型：

证候：皮肤油腻，毛孔粗大，以疼痛性丘疹和脓疱为主，间有结节、囊肿。或伴口臭，口干不欲饮，尿赤，便秘。舌红，苔黄腻，脉弦滑或滑数。

治法：清热化湿，凉血解毒。

组方如下：白蔹、白术、防风、金银花、栀子、茵陈、炒僵蚕、儿茶、茯苓皮、苦参、锦灯笼、黄芩、蛇蜕、鱼腥草。

热毒蕴结型：

证候：皮肤红肿、疼痛、脓疱等症状颜面及胸背部皮损以脓疱、炎性丘疹为主，根底红肿，自觉局部灼热疼痛，脓疱破溃或吸收后，可遗留暂时性色素沉着或凹陷性小瘢痕，多见于青少年。伴口干喜饮，烦热口臭，便干溲赤。舌红苔黄或灰黑，脉洪或弦数。

治法：清热解毒，凉血化瘀。

组方如下：金银花、连翘、牡丹皮、鱼腥草、薄荷、儿茶、皂角刺、大青叶、黄柏、蒲公英、苦参、芒硝、锦灯笼。

痰瘀聚结型：

证候：皮疹暗红或色紫，以炎性结

节和囊肿为主，经久不愈，有瘢痕和色素沉着，或见窦道，无明显疼痛。常伴有胸闷腹胀、身困口粘，女性伴有月经不调，夹有黑紫血块，痛经。舌质暗红，舌边尖有瘀点或瘀斑，苔黄腻，脉弦滑。

治法：化痰除湿，活血散结。

组方如下：茯苓、白术、醋莪术、苦参、蛇蜕、鱼腥草、浙贝母、化橘红、蛇床子、蝉蜕、夏枯草、蒲公英。

阴血亏虚型：

证候：皮肤干燥、瘙痒、脱屑等症状，病程迁延日久，原发皮损部分消退。可有瘙痒，心烦、口渴、咽燥，大便干结。舌质淡红少津，苔薄白，脉细数。

治法：滋阴养血，活血解毒

组方如下：天花粉、蒲公英、牡丹皮、金银花、芦根、白及、鱼腥草、石斛、丹参、地肤子、板蓝根、白茅根、茜草。

瘀毒内阻型：

证候：皮肤暗淡、皮损加重，出现皮下结节、囊肿、板块和瘢痕隐疹，皮疹颜色暗红。病程迁延，斑块局限经久不退，有不同程度瘙痒。舌质暗红或见瘀斑、瘀点，苔薄，脉细涩。

治法：活血化瘀，软坚解毒。

组方如下：皂角刺、连翘、蛇蜕、败酱草、水红花子、蒲公英、藕节、浙贝母、地龙、鱼腥草、积雪草、芒硝、醋乳香、红花、醋莪术。

根据激素依赖性皮炎的中医辨证论治，常用方剂配伍参考

风热蕴肤型，代表方：枇杷清肺饮《医宗金鉴》加减。

湿热壅滞型，代表方：茵陈蒿汤《伤寒论》加减。

热毒蕴结型，代表方：五味消毒饮《医宗金鉴》加减。

痰瘀聚结型，代表方：仙方活命饮《医宗金鉴》加减。

阴血亏虚型，代表方：养血润肤饮《外科证治全书》加减。

瘀毒内阻型，代表方：桃红四物汤《太平惠民和剂局方》加减。

（五）外治法的运用与创新

中医外治法在激素依赖性皮炎的治疗中具有独特的优势。针灸、拔罐等疗法可疏通经络、调和气血，促进皮损的修复和愈合；中药外敷法则可直接作用于皮肤病变部位，发挥清热解毒、祛湿止痒等功效。此外，还可结合现代科技手段，如中药离子导入、中药熏蒸等，提高外治法的疗效和安全性。

（六）综合治疗的策略与实施

激素依赖性皮炎的治疗需要综合运用多种方法，以达到最佳的治疗效果。中医治则学思维强调在辨病与辨证相结合的基础上，根据患者的具体情况和病情严重程度，制定个性化的综合治疗方案。包括内服药物、外治法、心理调适等多个方面，旨在全方位地改善患者的身体状况和生活质量。

除了内服中药外，荟敏堂还沿用外治法 治疗激素依赖性皮炎，荟敏堂的外治法治疗激素依赖性皮炎具有独特的优势和效果。通过戒断期、拔毒期、巩固期和观察期的分阶段治疗，能够有效地化解湿毒、保护新生组织、促进皮肤修复。

（1）戒断期

在这一阶段，患者需停用所有含有激素的产品，包括化妆品和药物。通过戒断激素，观察皮肤的真实病态，为后续治疗提供准确依据。此阶段，患者可能会出现症状加重的情况，如红肿、瘙痒等，但这是正常的戒断反应，医生会给予相应的处理和指导。

（2）拔毒期

在戒断期的基础上，医生会根据患者的具体情况，制定个性化的内调外敷方案。内调主要是通过中药汤剂或丸剂来调理身体内部环境，达到化解湿毒的目的；外敷则是利用中药药膏或药液，直接作用于皮肤表面，促进皮肤新陈代谢和修复。

（3）巩固期

当皮肤湿毒得到有效化解后，进入巩固期。这一阶段的主要任务是保护新生组织，促进皮肤屏障的重建。医生会推荐使用温和的护肤品，避免使用刺激性强的产品。同时，还会指导患者进行适当的皮肤按摩和锻炼，促进血液循环和淋巴排毒。

（4）观察期

观察换季皮肤适应症状，再进行针对性调理，注重日常皮肤的防晒和养护，进行科学护理，修复皮肤生态环境，彻底摆脱激素依赖性皮炎的困扰。

（七）病案一则

患者刘 xx，女，48 岁，自诉面部皮肤反复干痒发红，红疹，于 2021 年 7 月至北京荟敏堂就诊。患者于 2016 年 5 月去上海游玩期间无明显诱因面部出现痤疮，患者未予重视，回京后涂抹皮康王未见好转。2016 年 7 月患者病情再次发作，额头、双颊部、下颌部出现粟粒弥漫红疹。患者平素身体健康，否认系统性疾病，家族中无类似病史。

既往史:二十年前曾患“痤疮”，一直用皮康王，时而加重，反反复复，至今未愈。无食鱼、蛋及肉类等过敏史，无药物过敏史。

专科查体: 患者一般情况良好，可见额头、双颊出现红斑、丘疹，皮肤干燥，出现少量脱屑，无糜烂、肿胀、渗液和出血等症状。舌质暗红，舌边尖有瘀点或瘀斑，苔黄腻，脉弦滑。

中医诊断：痰瘀聚结、痰浊闭阻

治则治法：疏风降火，清热解毒。

组方如下：防风 6 克、荆芥 9 克、荷叶 12 克、地肤子 15 克、酒蛇蜕 3 克、黄芩 6 克、蝉蜕 3 克、锦灯笼 6 克、大青叶 6 克、金银花 6 克、鱼腥草 15 克、清半夏 6 克，煮水后内服。

外洗药方：苦参 6 克，蒲公英 6 克，马齿苋 6 克，黄柏 3 克，浮萍 3 克，路路通 6 克，此方煮水后擦洗患处十到十五分钟，用清水洗净。

疗效：患者用药一周后红疹减少，皮肤干燥脱屑缓解，但仍有新发痤疮，改方如下：银柴胡 6 克，荆芥 9 克、茵陈 6 克，荷叶 12 克、金钱草 6 克，地肤子 15 克、黄芩 6 克、蝉蜕 3 克、锦灯笼 6 克、大青叶 6 克、金银花 6 克、鱼腥草 15 克、清半夏 6 克，煮水后内服。外洗方不变。

治疗三周后患者皮肤红斑消退，红疹没有出现新发，颜色变淡，干痒缓解。

四、中医治则学思维在激素依赖性

皮炎治疗中的优势与挑战

（一）优势

中医治则学思维在激素依赖性皮炎的治疗中具有诸多优势。首先，中医强调整体观念和个体差异，能够根据患者的具体情况制定个性化的治疗方案。其次，中医注重调和阴阳、平衡脏腑功能，有助于从根本上改善患者的身体状况。此外，中医治疗方法多样且副作用较小，能够满足患者的不同需求和耐受性。

（二）挑战

然而，中医治则学思维在激素依赖性皮炎的治疗中也面临着一些挑战。首先，中医理论的复杂性和深奥性使得其难以被广泛理解和接受。其次，中医治疗的疗效往往需要较长时间才能显现，这对于一些急于求成的患者来说可能难以接受。此外，中医治疗的标准化和规范化程度还有待提高，以确保其疗效的稳定性和可靠性。

五、结论与展望

激素依赖性皮炎的中医治则学思维为该病症的治疗提供了新的视角和思路。通过整体观念下的辨病与辨证相结合、调和阴阳平衡脏腑功能以及扶正祛邪标本兼治等方法的应用，中医治疗在激素依赖性皮炎的治疗中取得了显著的疗效。然而，面对现代医学的挑战和患者需求的变化，中医治则学思维还需要不断发展和完善。未来，我们可以进一步深入研究中医理论的内涵和外延，探索更加有效的治疗方法和技术手段；同时加强中医与现代医学的交流和合作，共同推动激素依赖性皮炎的治疗水平的提高。

针对各个时期的症状、证型采取一人一方的外用药进行有效治疗和屏障修复。在治愈后，荟敏堂为了避免患者重蹈覆辙，自研补水养肤的产品为患者保驾护航。

（一）预防策略

中医认为，“上工治未病”，即强调疾病的预防。对于激素依赖性皮炎的预防，中医建议从生活方式、饮食习惯、心理状态等多方面进行调整。比如，避免熬夜和劳累，保持规律的作息时间；避免过度食用辛辣、油腻等刺激性食物；调节情绪，避免情绪波动过大，减少焦虑和压力。

此外，对于需要使用激素类药物的患者，中医强调应在医生的指导下合理使用，避免自行增减剂量或长期使用。同时，使用激素类药物时，应注意保护皮肤屏障功能，避免过度清洁或刺激皮肤。

（二）调护措施

对于已经患有激素依赖性皮炎的患者，中医治则学思维也提供了丰富的调护措施。首先，在皮肤护理方面，中医强调保持皮肤清洁保湿，避免使用刺激性的化妆品和护肤品；同时，可以使用具有清热解毒、润燥止痒等功效的中药煎水进行湿敷或外洗，以缓解皮肤症状。

其次，在饮食调护方面，中医建议患者多食用富含维生素和矿物质的食物，如新鲜蔬菜水果、全谷类等；避免食用辛辣、油腻等刺激性食物，以免加重病情。

此外，中医还强调心理调护的重要性。对于激素依赖性皮炎患者来说，由于病情反复发作和治疗周期长，容易产生焦虑、抑郁等负面情绪。因此，中医建议患者在治疗过程中保持积极乐观的

心态，积极配合医生的治疗建议，同时可以通过冥想、瑜伽等方式进行心理疏导和调节。

七、中医治则学思维在激素依赖性皮炎治疗中的创新与展望

随着现代医学的不断发展和进步，中医治则学思维在激素依赖性皮炎治疗中也面临着创新和发展的机遇。未来，我们可以从以下几个方面进行探索和研究：

（一）中西医结合的研究与实践

中医和西医在治疗激素依赖性皮炎方面各有优势，将二者结合起来，可以发挥更好的治疗效果。未来，我们可以进一步探索中西医结合治疗激素依赖性皮炎的方法和路径，比如通过中药与西药联合使用、中医外治法与西医物理疗法结合等方式，提高治疗效果和安全性。

（二）现代科技手段在中医治疗中的应用

随着现代科技手段的不断发展和创新，我们可以将其应用于中医治疗激素依赖性皮炎的过程中。比如，利用大数据和人工智能技术对中医治疗方案进行优化和个性化定制；利用现代生物技术对中药的有效成分进行提取和纯化，提高中药的疗效和安全性。

（三）中医治则学思维的深入研究和传承

中医治则学思维是中医理论体系的重要组成部分，对于指导临床实践具有重要意义。未来，我们应进一步深入研究中医治则学思维的内涵和外延，探索其在激素依赖性皮炎治疗中的更多应用可能性；同时加强中医的传承和教育工作，培养更多具有中医思维和技能的医学人才。

综上所述，激素依赖性皮炎的中医治则学思维为我们提供了一种新的治疗思路和方法。通过深入研究和实践应用，我们可以充分发挥中医的优势和特点，为激素依赖性皮炎的治疗和预防做出更大的贡献。

八、结论

激素依赖性皮炎作为一种常见的皮肤病，其治疗一直是一个难题。中医治则学思维以其独特的整体观念和辨证论治原则，为该病的治疗提供了新的视角和途径。通过深入研究和实践应用，我们发现中医治则学思维在激素依赖性皮炎的治疗中具有显著的疗效和优势。

在中医治则学思维的指导下，我们注重个体差异和整体调节，通过综合运用中药内服、外治、针灸等多种治疗手段，达到了标本兼治、调和阴阳、平衡脏腑功能的效果。同时，中医治则学思维还强调预防和调护的重要性，通过调整生活方式、饮食习惯和心理状态等方面，有效预防了疾病的复发和加重。

然而，我们也应认识到中医治则学思维在激素依赖性皮炎治疗中的局限性和挑战。比如，中医理论的深奥性和复杂性使得其难以被广泛理解和接受；同时，中医治疗方法的标准化和规范化程度也有待提高。因此，我们需要不断加强中医与现代医学的交流与融合，推动中医治则学思维在激素依赖性皮炎治疗中的创新与发展。

总之，激素依赖性皮炎的中医治则学思维为我们提供了一种全新的治疗思路和方法。通过深入研究和实践应用，我们可以充分发挥其优势和特点，

为激素依赖性皮炎的治疗和预防做出更大的贡献。同时，我们也需要保持开放和包容的态度，积极吸收现代医学的先进理念和技术手段，共同推动皮肤病治疗领域的进步和发展。

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脂溢性皮炎的中医辨证与内外同治

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摘要

脂溢性皮炎是高发慢性炎症皮肤病，归属于中医“面游风”“白屑风”范畴，皮损以头面胸背油腻红斑、鳞屑、瘙痒为主，病程迁延易复发。本文依托中医治则学整体观念与辨证论治理论，梳理本病核心病机为脾胃功能失调、风热外袭、肌肤失养，三者交织致病；构建“双向同治 + 三型辨证 + 三阶施治”一体化中医诊疗体系。临床将本病划分为风热血燥、脾胃湿热、血虚风燥三大证型，分别确立疏风清热凉血润燥、健脾和胃清热化湿、滋阴养血祛风润燥对应治法；依据疾病演变规律设立疏风清热祛湿、健脾养血润肤、固本培元防复三阶阶梯化方案，分层清除邪毒、修复皮肤屏障、调和脏腑体质。体系坚持内外同治思路，内服中药调理内在脏腑气血，配合中药外洗、湿敷等外治法直达皮损，辅以中医适宜技术协同增效，同时搭配个体化饮食、皮肤养护方案巩固疗效。该体系融合治本与治标、局部修复与整体调摄，兼顾调节皮脂分泌、修复皮肤屏障、改善机体免疫，可实现个体化规范诊疗，有效改善皮损、降低复发，为脂溢性皮炎中医标准化临床施治提供可行实践路径。

关键词：脂溢性皮炎；白屑风；中医治则学；辨证分型；内外同治；分期施治；皮肤屏障

Abstract

Seborrheic dermatitis is a common chronic inflammatory skin disease, categorized as "Mianyoufeng" and "Baixiefeng" in traditional Chinese medicine (TCM). It mainly manifests as oily erythema, scales and pruritus on the scalp, face, chest and back with lingering and recurrent course. Based on the holism and syndrome differentiation theories of TCM therapeutic principles, this paper concludes that its core pathogenesis lies in dysfunction of spleen and stomach, invasion of wind pathogen and malnutrition of skin. An integrated TCM diagnosis and treatment system featuring simultaneous internal-external therapy, three-type syndrome differentiation and three-stage hierarchical treatment is established. Clinically, the disease is divided into three syndromes: wind-heat with dryness, damp-heat in spleen-stomach, and blood deficiency generating wind, with corresponding therapies of dispelling wind and clearing heat to cool blood and moisten dryness, invigorating spleen and harmonizing stomach to clear damp-heat, nourishing yin and blood to dispel wind and relieve itching respectively. According to disease progression, three progressive stages are set up: dispersing wind, clearing heat and eliminating dampness; invigorating spleen, nourishing blood and moisturizing skin; consolidating origin and reinforcing vital qi to prevent recurrence, so as to eliminate pathogenic toxins layer by layer, repair skin barrier and regulate visceral constitution. Centering on combined internal and external treatment, the system adopts oral herbal medicine to

regulate visceral qi and blood internally, together with external therapies such as herbal washing and wet compress to directly act on skin lesions, supplemented by TCM appropriate techniques to enhance efficacy. Individualized diet and skin care plans are formulated to consolidate therapeutic effects. Integrating root treatment and symptom relief, local lesion repair and holistic physical conditioning, this system can regulate sebum secretion, restore skin barrier and improve immune function, realize individualized standardized diagnosis and treatment, relieve skin lesions and reduce recurrence rate. It provides a practical scheme for standardized TCM clinical treatment of seborrheic dermatitis.

Key words: Seborrheic Dermatitis; Baixiefeng; Therapeutic Principles of Traditional Chinese Medicine; Syndrome Differentiation Classification; Combined Internal and External Therapy; Staged Treatment; Skin Barrier

脂溢性皮炎是临床常见的慢性炎症性皮肤病，好发于头面、胸背等皮脂腺丰富部位，以红斑、油腻性鳞屑、瘙痒为核心表现，病程缠绵反复，成人与新生儿均易罹患，严重影响患者皮肤健康与生活质量。该病属中医“面游风”“白屑风”范畴，《外科正宗》有云：“白屑风多生于头、面、耳、项、发中，初起微痒，久则渐生白屑，叠叠飞起，脱而又生。此皆起于热体当风，风热所化。”笔者通过多年临床实践，立足中医治则学整体观与辨证论治精髓，结合中医适宜技术，构建“双向同治+三型辨证+三阶施治”的中医综合诊疗体系，融内服调脏腑、外治清皮疾、调护固疗效于一体，精准契合疾病病机与发展规律，为脂溢性皮炎的中医规范化诊疗提供临床实践路径。

从中医治则学角度看，脂溢性皮炎的核心病机为脾胃失调、风邪外袭、肌肤失养，三者相互交织为病。脾胃为后天之本，主运化水湿与精微，饮食不节、情志失调、劳逸失度均易致脾胃受损，或湿热内生，循经上蒸头面肌肤，致皮脂分泌失常、邪蕴肌肤；或气血生化不足，复感风热之邪，郁久耗伤阴血，血虚生风、风燥相搏，肌肤失养而发为鳞屑、瘙痒。此外，先天禀赋不足、外邪反复侵袭、养护不当等因素，均会加重病情、迁延病程，形成“内有脏腑失调，外有肌肤毒蕴”的病理特点，故治法当以清热化湿、祛风润燥、养血解毒为核心治则，扶正祛邪、标本兼顾。

三型辨证为中医治则学诊疗体系的精准施治核心，结合脂溢性皮炎临床特点、症状及病机演变，将其分为风热血燥型、脾胃湿热型、血虚风燥型三型，分证施治、一人一方、随证加减，兼顾局部与整体，实现辨证精准、用药对症。风热血燥型多见于病程初期或轻症患者，症见头面红斑、干燥鳞屑、瘙痒频发，常伴口干咽燥、心烦易怒，舌红苔薄黄、脉浮数等，治以疏风清热、凉血润燥，疏解肌表风热、清解血分郁热，缓解红斑瘙痒；脾胃湿热型为临床多见证型，症见头面油腻潮红、病灶处覆黄色鳞屑或痂皮，瘙痒剧烈，常伴脘腹胀满、口苦口黏、大便溏泻，舌红苔黄腻、脉滑数，治以健脾和胃、清热化湿，清利脾胃湿热、化浊解毒润肤，改善皮脂溢出

与油腻鳞屑；血虚风燥型多见于病程迁延日久者，症见皮损色淡、干燥脱屑明显、瘙痒夜间加重，常伴面色萎黄、头晕乏力、心悸失眠，舌淡苔薄白、脉细弱，治以滋阴养血、祛风润燥，补益气血、濡养肌肤、祛风止痒，从根源改善肌肤失养状态。

三阶施治为中医治则学治疗脂溢性皮炎诊疗体系的阶梯实施关键，在三型辨证基础上，依据脂溢性皮炎“初期邪蕴肌表、中期邪盛正虚、后期正虚邪恋”的疾病发展规律与皮肤康复特点，实施动态阶梯式治疗方案，各阶段环环相扣、各有侧重、循序渐进，配合中医治则治法的内外同治手段，层层递进化解病邪、修复肌肤、调和脏腑。疏风清热祛湿阶为治疗基础，适用于疾病初期，以消解肌表邪毒为核心，内服对应方剂疏解风热、清化湿热，配合中药外洗方清洗头皮患处，直达病所缓解红斑、瘙痒、油腻症状。健脾养血润肤阶为核心治疗阶段，适用于疾病缓解期，在辨证内服方剂的基础上，强化健脾养血、润肤止痒之效，予中药外涂，滋阴润肤、修复皮肤屏障。固本培元防复阶为巩固防复发阶段，适用于疾病恢复期或慢性迁延者，以调和脏腑、扶正固本、防止复发为核心，根据患者体质个性化调整方剂，兼顾健脾、养血、滋阴，调和脾胃肝肾功能，同时制定专属饮食与皮肤护理方案，适度保湿，避免搔抓烫洗，定期随访监测，从体质与养护两方面入手，杜绝邪毒复聚、气血失和，最大限度降低病情复发率。

内外同治为本诊疗体系的核心治疗维度，形成“内服调脏腑、外治清皮疾、适宜技术辅修复”的诊疗体系，提升整体治疗效率。中药内服调脏腑，紧扣脾胃失调、气血亏虚的核心病机，辨证开具汤剂或丸剂，健脾和胃、益气养血、清热化湿，调和脏腑功能与气血津液运行，实现“安内攘外”，根据皮损部位与表现选用中药湿敷、外洗等手段，发挥清热解毒、燥湿止痒、养血润肤之效，快速缓解局部症状，修复受损皮肤屏障；适宜技术辅修复，促进毒邪外泄，协同增强皮肤代谢能力，加速皮损修复，提升整体治疗效果。

脂溢性皮炎的治疗难点在于皮脂分泌失常与皮肤屏障受损相互影响，且易因饮食、养护不当反复加重，单一治疗手段难以兼顾全程。中医治则学的脂溢性皮炎诊疗体系将整体脏腑调理与局部肌肤修复深度融合，辨证分型与分期施治紧密结合，既遵循中医“治病求本、内外合治”的传统诊疗理念，又契合现代医学“调节皮脂分泌、修复皮肤屏障、调节免疫功能”的治疗原则，可根据患者病程、证型、皮损表现灵活调整诊疗方案，实现个体化、规范化诊疗，有效破解脂溢性皮炎缠绵反复、久治不愈的临床难题。运用中医治则治法治疗脂溢性皮炎，注重因人、因时、因地制宜，强调体质调理与日常养护的结合。临床诊疗中，除精准辨证用药外，指导患者养成良好的饮食、作息与护肤习惯，规避诱发因素，方能实现“标本兼治、防复固本”的治疗目标。