

DOI:10.13288/j.11-2166/r.2026.15.007

从“脾虚-玄闭-毒结”探析皮肤癌的病机演变及辨治策略

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[摘要] 基于“脾虚-玄闭-毒结”探讨皮肤癌的病机与治疗, 认为其病位虽显于皮毛, 然非独局部之患, 实关乎脏腑气血之失调, 即脾、玄府、皮毛三者协同失序所致。其病机呈“脾虚失养、玄府初闭, 湿瘀互结、玄府壅滞, 癌毒铜结、玄府败坏”的病机演变。据此确立“筑土、开玄、攻毒”三法, 健脾升清法以固本培元, 常用补中益气汤、六君子汤、归脾汤等加减; 辛润开玄法以疏通玄府, 常用辛温宣散之品, 并佐生津润燥之药; 清热解毒法以直折癌毒, 常用五味消毒饮、消瘰丸、犀黄丸等加减, 为中医药防治皮肤癌提供思路。

[关键词] 皮肤癌; 脾; 玄府; 皮毛

皮肤癌系起源于皮肤表皮及附属器的恶性肿瘤, 主要分为皮肤恶性黑色素瘤与非黑色素瘤皮肤癌两类^[1]。2022年全球非黑色素瘤皮肤癌新发病例逾120万, 居癌症发病率第五位; 黑色素瘤新发病例亦突破33万例, 两者构成了巨大疾病负担^[2]。近30年中国皮肤恶性肿瘤的标化发病率持续上升, 疾病负担改善缓慢^[3]。临床可见顽固性溃疡、结节斑块、色素痣异常增生等皮损, 晚期常伴淋巴结转移、脏器受累及免疫功能紊乱等^[4]。目前治疗主要采取手术切除、放疗、光动力疗法等, 但对中晚期、多发或特殊部位病灶的局部控制率及远期生存率有待提升, 且存在瘢痕挛缩、放射性皮炎等不良反应^[5-6], 临床亟待探索更为高效低毒的综合干预策略。

皮肤癌根据表现可归于中医学“反花疮”“黑疔”“石疔”“乳疔”等范畴。中医学认为, 皮肤癌病机总属本虚标实、虚实夹杂, 其病位虽显于皮毛, 然非独局部之患, 实关乎脏腑气血之失调。脾虚气血乏源, 皮毛失于濡养; 运化失调, 痰湿瘀毒由此而生; 而玄府乃病邪由内传外之关键枢纽。据

此, 提出皮肤癌病机为脾虚为本、玄闭为枢、毒结为标的病机特点, 三者相因为患构成由功能性失常到器质性癌变的演变过程。基于此, 本文立足于脾、玄府、皮毛三者之协同关系, 探析皮肤癌的病机及辨治策略, 以期为该病的防治提供参考。

1 “脾-玄府-皮毛”的内涵

基于中医整体观, 认为脾、玄府、皮毛三者协同为用、内外相贯。脾土为基, 运化精微以充养周身; 玄府为枢, 通利气液以调和内外; 皮毛在表, 宣散卫气以御邪安表。三者相因, 共成一气周流、津血畅达之态, 维系机体动态平衡。

1.1 脾土为源, 化生气血

脾脏属土, 为后天气血生化之本, 职司运化水谷精微并输布津液, 是“脾-玄府-皮毛”相因相用之气化根本。《素问·灵兰秘典论篇》云: “脾胃者, 仓廪之官, 五味出焉”, 强调脾在精气生成中的关键地位。《素问·经脉别论篇》详述“饮入于胃, 游溢精气……上归于肺”, 揭示脾通过气化将水谷精微转化为营卫气血, 并主司升清降浊, 以调气机运行之常。脾旺则气化有源, 清阳外达, 肺气宣降有序, 营卫输布肌腠, 皮毛得养而腠理致密; 脾衰则升运无权, 气血乏源, 津液失布, 肌肤失养、修复能力衰减, 易为邪毒侵袭所伤。此与《古今医统大全》“脾胃虚, 则五脏六腑……四肢百骸

基金项目:北京市自然科学基金(7252261);中国中医科学院优秀青年科技人才(创新类)培养专项(ZZ14-YQ-013);中国中医科学院广安门医院科研基金(2023031, 2024009);中国中医科学院广安门医院教育基金(02070032)

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皆不得营运之气，而百病生焉”之论相似。故脾之盛衰，实为“脾-玄府-皮毛”协同功能之根本。

1.2 玄府为道，通达气液

玄府概念肇源于《黄帝内经》，经刘完素于《素问玄机原病式》中阐发为“气出入升降之道路门户”^[7]。本文玄府特指皮肤至微之门户，即《素问·水热穴论篇》所载之“汗空”，主津液外宣与浊邪排泄，并依赖肺之宣肃调节开阖^[8]。玄府畅通与否，直接决定肌表腠理之宣通与固密。然玄府之通利，必赖脾气化源充足与阳气温煦。《灵枢·营卫生会》言：“营在脉中，卫在脉外，营周不休。”脾旺营卫偕行，气液环流不息，玄府开阖有度；脾虚则升运无权，玄府失养，通降失常，痰湿瘀浊阻滞，遂成“脾虚-玄闭-毒结”之病理演变。故玄府为“脾-玄府-皮毛”协同中承上启下之关键枢纽，上承脾土之气血，下启皮毛之代谢，其郁闭与通利直接决定病邪之留去与肌肤之荣枯。

1.3 皮毛为用，彰显外候

皮毛乃“脾-玄府-皮毛”协同之气液外达之所，其生理功能之正常彰显依赖于脾土运化与玄府通利的协同支持，是气血冲和、表里协调之外在征象。《灵枢·决气》云：“上焦开发，宣五谷味……若雾露之溉”，阐明皮毛荣润源于气血津液之濡养。皮毛之用，核心在于“邪有出路、津有来路”的动态平衡。一方面，凭借脾土所化、玄府所输之气血灌注，皮毛得以固密腠理，抗御六淫邪毒之侵袭；另一方面，通过玄府开阖之调节，达成津液内润以养肤、浊邪外泄以解毒之功用，最终形成脾土荣养、玄府通达、皮毛健固之平衡。

2 “脾虚-玄闭-毒结”为皮肤癌的病机演变规律

《诸病源候论》载反花疮“头破则血出……肉反散如花状”，与皮肤鳞状细胞癌表现相似；《外科真诠》述乳瘤“状如莲蓬，色多紫暗”，与皮肤原位癌局部增生、色泽异常相近。皮肤恶变发于皮毛，但其病机之本在于脏腑，乃脾-玄府-皮毛协同失司，脾虚失运、玄府郁闭、毒邪凝结，相因为患。

2.1 脾虚失养，玄府初闭

《素问·经脉别论篇》云：“饮入于胃……上输于脾，脾气散精，上归于肺。”肺主皮毛，脾气盛衰与皮毛濡养密切相关。脾土运化衰惫，气血失运，清阳不升，卫外失固，腠理疏松，玄府失于温煦而开阖不利，气血津液渗灌不足，皮毛初显滞涩。脾虚运化无力，湿浊内生，水湿郁热浸淫肌

表，呈湿毒恋肤之候。皮损糜烂经久不愈者，乃湿毒瘀结之渐，迁延则正气日耗，渐为癌变之基。继而气虚血瘀，湿瘀胶着，痰瘀互结渐成癥积，如《丹溪心法》“痰挟瘀血，遂成窠囊”，于肌肤络脉埋下隐患。

2.2 湿瘀互结，玄府壅滞

玄府乃气液流通之门户，脾虚升降之机窒塞，痰湿瘀毒等沿三焦腠理外泛，渐致皮肤玄府郁闭而成壅滞。本阶段脾虚日久，水湿内停、气血壅滞，酿生痰浊瘀血，蕴久化热生毒，着于皮毛，渐成癌瘤。气滞血瘀，痰浊壅塞，络脉瘀阻，久蕴化热酿毒，既为癌毒滋生之土壤，亦是其扩散之媒介；脾虚卫阳式微，玄府壅滞更阻卫气达表，外邪易与内毒相合，酿成内外合邪之候；湿瘀毒邪交织凝聚，着于皮里肉外，发为有形癥积，如硬结斑块、珍珠样结节等。

2.3 癌毒锢结，玄府败坏

皮毛乃脏腑气血之外候。脾虚则气血不足、卫气亏虚，肌表失濡，卫外御邪与托毒生肌之力俱衰。本阶段正虚毒盛，痰瘀湿毒久踞化热，正气耗竭，脾土衰败，癌毒锢结难解，玄府由“闭”转“败”，丧失行气血、出津液之职，反成癌毒内传通路，临床可见癌毒侵蚀肌肉或流注肺、肝、骨等处。皮毛因长期失养呈典型晚期癌疮特征：一者肌肤甲错，皮肤粗糙如鳞甲，属《金匱要略》“内有干血、肌肤失润”之重症，与皮肤癌角质层过度角化相似；二者溃疡深陷、新肉不生，气血津液匮乏无以托毒生肌；三者色泽晦暗，皮损坚硬不泽，呈“翻花疮”之状，为痰瘀湿毒久羁、络脉败坏之征。

3 皮肤癌“脾虚-玄闭-毒结”病机的现代医学机制

鉴于当前皮肤癌中西医结合发病机制研究尚处于探索阶段，我们通过功能类比与系统生物学视角，从脾-玄府-皮毛协同关系初步探讨皮肤癌“脾虚-玄闭-毒结”病机与现代医学病理改变的潜在关联。

3.1 脾土亏虚：免疫-代谢-微生物群网络紊乱

脾虚与现代医学免疫-代谢-微生物群网络的紊乱存在关联^[9-10]。研究提示，脾虚模型可见线粒体氧化磷酸化效率降低、活性氧累积等，活性氧蓄积可影响胰岛素信号传导，导致皮肤细胞能量供应不足与代谢废物堆积^[11]，可能增加基底细胞癌与鳞状细胞癌的发生风险^[12]。现代医学中脾脏的免疫调控功能与中医“脾统血”作用具有一定相似

性^[13]。研究发现,脾虚可导致免疫调节T细胞/辅助性T细胞(Treg/Th17)平衡偏移,促炎细胞因子水平升高,长期慢性炎症刺激可能诱发表皮细胞异常增殖^[14]。此外,脾虚常伴随肠道菌群失调,肠道黏膜屏障受损,引发全身性炎症反应,可能通过“肠-皮肤轴”影响皮肤微环境^[15-16]。

3.2 玄府闭塞:皮肤微环境恶化

“玄府”作为气液流通之门户,与现代医学皮肤微循环、细胞间通讯及皮肤屏障功能存在相似性^[17]。其微观病理改变,如角质形成细胞连接下降、经皮水分流失增加,可能增加有害物质渗透及细胞突变概率^[18-19]。皮肤屏障功能障碍已被证实是皮肤癌前病变进展的危险因素之一^[20]。玄府气郁液滞与循环障碍密切相关^[21],组织缺氧可激活缺氧诱导因子-1 α ,促进慢性炎症反应及胶原沉积,加重皮肤纤维化与细胞间通讯障碍^[22]。另有研究^[23]表明,玄府泄浊失司与皮肤局部代谢废物清除障碍并持续堆积可能相关,易形成促癌微环境,可激活核因子 κ B信号通路等致癌通路,加剧炎症与异常增殖,为癌毒凝聚提供条件。

3.3 毒结皮毛:慢性炎症与病变机制

皮毛病变可能与系统性紊乱及局部微环境恶化相关^[24]。一方面,脾虚玄闭状态可伴随炎症因子持续释放^[25],长期刺激皮肤组织并激活信号转导与转录激活因子3通路,可促使表皮细胞异常增殖并抑制凋亡,推动癌前病变转化^[26]。另一方面,脾虚相关的线粒体功能障碍与内质网应激,可导致皮肤细胞自噬紊乱,受损细胞器及突变蛋白清除障碍,DNA损伤累积,可能提升黑色素瘤、鳞状细胞癌发病风险^[27-28]。此外,肠道菌群失调可借助免疫系统影响皮肤稳态,短链脂肪酸减少可影响皮肤免疫^[29],而痤疮丙酸杆菌异常增殖可能通过激活相关信号通路,促进角质形成细胞异常分化^[30]。

4 “脾虚-玄闭-毒结”视角下皮肤癌的辨治思路

4.1 治本之策:健脾以升清

脾虚为皮肤癌的根本病机,健脾扶正应贯穿防治全过程,惟侧重有异。早期脾虚失运、肌肤失养,治以筑土荣肤,方用补中益气汤或参苓白术散化裁。方中黄芪大补脾肺、升阳举陷,党参、焦白术、茯苓健脾燥湿。此时用药宜平和,重在防变。进展期癌毒渐盛,脾虚因毒邪耗伤而加重,治以扶正祛邪,于清热解毒或活血消癥方中酌加太子参、山药、炒薏苡仁等清补之品,或合六君子汤健脾和

胃,防攻伐伤正。晚期正气大亏,或经手术、放化疗后气血耗伤,治疗重在扶正复元、健脾益肾,方用十全大补汤或归脾汤加减。方中黄芪、党参、熟地黄大补气血,佐鸡内金、焦三仙助运,以固正气之本。湿浊重者加炒薏苡仁、苍术增强化湿,血虚明显者配当归、丹参养血活血。

4.2 治枢关键:开玄以透邪

玄府郁闭是癌毒滞留之枢机,临床见玄府郁闭征象,如皮损板硬、麻木或顽固性疼痛等,治当开玄以透邪。临证常用小剂量麻黄、细辛辛温宣通腠理;配路路通、威灵仙通络散结;佐天花粉、麦冬生津润燥,防辛燥伤阴。其治在开通玄府之郁闭,使气液得以宣通,药力得以渗达,邪毒得有出路。临床此法多与其他治法联用,如进展期癌毒结聚,可加蜈蚣、全蝎虫类药搜剔通络,增强透达之力。现代药理研究表明,辛散、通络类药物具有开通玄府、疏通经络、调畅气血等作用,可改善局部微血管灌注、促进组织修复^[31-32]。

4.3 治标之法:解毒以消瘤

癌毒既成,需直折其势,然攻毒之强弱当据肿瘤分期、病理类型及正气盛衰而定。早期或病灶局限者以清热解毒、软坚散结为主,方用五味消毒饮、消瘰丸加减,酌加白花蛇舌草、半枝莲清热解毒,山慈菇化痰散结等,以期在扶正基础上消解癌毒。中晚期邪毒炽盛、癌瘤已成者,须加强攻逐之力,方用犀黄丸加减,酌加莪术、三棱、蜈蚣等活血破血、以毒攻毒之品;且须配伍黄芪、女贞子等扶正药,遵循衰其大半而止原则,防攻伐伤正。临证随证化裁:热毒溃烂流脓者,加蒲公英、紫花地丁清热解毒、消痈排脓;瘀血刺痛固定者,加三七、丹参活血散瘀、消肿定痛;痰湿凝结成块者,加半夏、制南星燥湿化痰、软坚散结。

5 小结

本文基于中医整体观与玄府学说,探讨脾、玄府、皮毛在皮肤癌发生发展中的协同关系,认为其病机呈“脾虚-玄闭-毒结”演变,阐明皮肤癌整体失衡、局部恶变的病变特点,并据此确立“筑土、开玄、攻毒”的治疗思路,可为中医药防治皮肤癌提供参考。

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Exploring the Pathogenesis Evolution and Treatment Strategies of Skin Cancer from the Perspective of "Spleen Deficiency, Sweat Pore Obstruction, and Toxin Accumulation"

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ABSTRACT This paper discusses the pathogenesis and treatment strategies of skin cancer based on the theory of "spleen deficiency-sweat pore obstruction-toxin accumulation". It is believed that although the disease is located in the skin and body hair, it is not only the localized disorder but closely related to the imbalance of *qi* and blood of *zang-fu* (脏腑) organs. The core of the disease is the synergistic disorder of spleen, sweat pore, and skin and body hair. The disease progression follows a dynamic evolution from spleen deficiency with loss of nourishment, initial closure of sweat pore to binding of dampness and stasis with obstruction of sweat pore, and then to cancer toxin consolidation with damage to sweat pore. Based on this, three principles of building earth, opening sweat pore and attacking toxin are established. The method of fortifying spleen and raising the clear aims to consolidate the root and restore validity, with commonly used prescriptions including modifications of *Buzhong Yiqi Decoction* (补中益气汤), *Liujunzi Decoction* (六君子汤) and *Guipi Decoction* (归脾汤). The method of opening sweat pores with acrid-moistening medicinals is suggested when dredging and unblocking the sweat pore, commonly using acrid and warm dispersing medicinals, supplemented with herbs that nourish fluids and moisten dryness. The method of clearing heat and removing toxin is to break cancer toxin directly, and modifications of prescriptions such as *Wuwei Xiaodu Beverage* (五味消毒饮), *Xiaolei Pills* (消瘰丸) and *Xihuang Pills* (犀黄丸) are commonly used. These approaches provide valuable ideas for the prevention and treatment of skin cancer with traditional Chinese medicine.

Keywords skin cancer; spleen; sweat pore; skin and body hair

(收稿日期: 2026-01-27; 录用日期: 2026-05-22; 修回日期: 2026-07-05)

[编辑: 果 彤, 焦 爽]

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Exploring the Inflammation-to-Cancer Transformation of Chronic Atrophic Gastritis and Therapeutic Strategies Based on the Theory of "Wind and Fire Aggravating Each Other"

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ABSTRACT Based on the theory of "wind and fire aggravating each other" in traditional Chinese medicine (TCM), and combined with current understanding of the mechanisms underlying the inflammation-to-cancer transformation of chronic atrophic gastritis (CAG) in modern medicine, this paper proposes that the persistent inflammatory response in CAG is considered analogous to excessive "fire", while dynamic changes in epithelial cell structure and characteristics during disease progression correspond to the concept of "wind" in TCM, which is characterized by mobility and frequent changes. Recurrent inflammatory stimulation may promote intestinal metaplasia, dysplasia, and even malignant transformation of gastric epithelial cells, whereas abnormal cells can further amplify local inflammatory responses, forming a vicious cycle driven by the mutual aggravation of wind and fire. On this basis, treatment should focus on clearing excessive pathogenic fire and calming internal pathogenic wind, with therapeutic strategies adjusted according to disease progression. In the early stage, clearing damp-heat in the *qi* level is emphasized to block the escalation of fire and the generation of wind. In the middle stage, the method of cooling the blood and dissolving stasis, regulating *qi* and resolving constraint is applied to alleviate the progression of stasis and wind activation. In the advanced stage, the therapeutic focus shifts toward dispelling wind and resolving toxins, while strengthening the body's resistance and consolidating the foundation to prevent the transformation caused by wind-toxin accumulation.

Keywords chronic atrophic gastritis; wind and fire aggravating each other; inflammation-to-cancer transformation; inflammation; wind-dispersing medicinals

(收稿日期: 2026-02-16; 录用日期: 2026-04-08; 修回日期: 2026-07-02)

[编辑: 果 彤, 焦 爽]