

## • 理论研究 •

## 《黄帝内经》痈肿病机辨析\*

秦田雨<sup>1</sup> 马师雷<sup>2</sup> 贺娟<sup>1#</sup>

(1 北京中医药大学中医学院 北京 100029; 2 北京中医药大学期刊中心)

**摘要:** 现代中医外科学认为痈肿为外感六淫,或受外伤感染毒邪,或过食膏粱厚味、化火成毒所致,治疗多采用清热解毒的方法与药物。而中医学经典《黄帝内经》提出“营气不从,逆于肉理,乃生痈肿”,除运气七篇大论以火热论述外,其他各篇多以营卫壅滞立论。这种矛盾性的存在,使得溯源痈肿发病的核心病机、以期为临床立法用药提供理论依据和思路具有必要性。本文对比区分了痈、疽、肿、疮、疡原义及疾病特点,系统梳理了《黄帝内经》及后世医家对于痈、肿、疮、疡病机的认识,回顾了历代医家治疗痈肿的治则治法。我们发现痈、疽、肿3者特征具有相似性,均指因壅塞不通导致的皮表肿起的疾病,在《黄帝内经》中常相互并见;痈与疮是近义词,都是指病灶易于破溃的病损。“痈”与“疮”“疡”为不同的疾病,一强调壅塞所致肿起病形,一强调破溃病形。《黄帝内经》以古人对“痈”的字义认识为基础,对痈肿壅而不通病机的理论进行了阐发。《黄帝内经》所论痈肿病性寒热均可见,内因外因均有,其中外邪所致痈肿以寒性为主,尚未见热性;但无论偏寒偏热还是后期郁热,营卫壅滞都是共同病机;后世医家在阐发痈肿病机时也大多不离《黄帝内经》原旨。与痈肿不同,《黄帝内经》认为疮疡的病因为外在火热引发,病机为火热腐败血肉所致,症状理应多伴有局部红肿化脓乃至破溃。与之相应,治疗以清热解毒为主。由于医学重视火热的时代发展特色,以及一部分痈肿后期确实会发生火毒肉腐的脓肿溃破,后世逐渐将疮、痈混同,提倡统一以清热解毒法为主治之,但这种混用导致痈肿本身气血凝滞的独特病机特点被掩盖。治疗方面,《金匮要略》所载治疗肠痈的大黄牡丹汤、薏苡附子败酱散和千金苇茎汤、外科经典名方十六味流气饮、《医学衷中参西录》所载活络效灵丹,以及后世广为使用的托里表散法都是以活血散瘀为法治疗痈肿。因此回归痈肿营卫壅滞的核心病机,是临床取得疗效的关键。

**关键词:** 黄帝内经; 痈肿; 病机; 气滞血瘀; 疮疡

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**Discrimination of the pathogenesis of *Yong* (carbuncle) and *Zhong* (swelling) in *Huangdi Neijing*\***Qin Tianyu<sup>1</sup>, Ma Shilei<sup>2</sup>, He Juan<sup>1#</sup>

(1 School of Chinese Medicine, Beijing University of Chinese Medicine, Beijing 100029, China; 2 Editorial Department, Beijing University of Chinese Medicine, Beijing 100029, China)

**Abstract:** In modern surgery of traditional Chinese medicine, *Yong* (carbuncle) and *Zhong* (swelling) are thought to be caused by the six external pathogenic factors, or poisonous pathogenic factors infection due to wound, or fire and toxin converted from excessive intake of greasy and surfeit food. Heat clearing and detoxification methods and drugs are often used in the treatment. However, in *Huangdi Neijing* (*Huangdi's Internal Classics*), the classic of traditional Chinese medicine, it's put forward that "if *ying qi* does not normally circulate in the vessel, instead, it penetrates into the flesh, carbuncle and swelling

秦田雨,女,博士,助理研究员

# 通信作者: 贺娟,女,博士,教授,博士生导师,主要研究方向《黄帝内经》哲学与理论研究, E-mail: hejuan6428@sina.com

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will be seen". The discussions on pathogenesis of carbuncle and swelling vary in *Huangdi Neijing*: fire/heat is regarded as the cause in the seven chapters on *Yun Qi*, while the stagnation of *ying* and *wei* qi is more frequently mentioned in other chapters. Such a contradiction makes it necessary to trace the core pathogenesis of carbuncle and swelling in order to provide theoretical basis and ideas for clinical treatment and drug usage. This paper compares and distinguishes the original meaning and disease characteristics of *Yong* (carbuncle), *Ju* (gangrene), *Zhong* (swelling), *Chuang* (sore) and *Yang* (ulcer), systematically combs *Huangdi Neijing* and later generations' understanding of the pathogenesis of these disorders, and reviews the treatment principles and methods of carbuncle and swelling by doctors in previous dynasties. It's found that the characteristics of carbuncle, gangrene, and swelling are similar. They all refer to the diseases of skin swelling caused by obstruction, which are often seen together in *Huangdi Neijing*. Sore and ulcer are similar, both referring to lesions that are easy to break. Carbuncle and sore (also ulcer) are different diseases, with the former stressing the pattern of swelling caused by obstruction, while the latter emphasizing the pattern of ulceration. *Huangdi Neijing* elucidates the theory of obstruction pathogenesis of carbuncle and swelling, based on the ancient people's understanding of the meaning of *Yong* (carbuncle): According to *Huangdi Neijing*, carbuncle and swelling, due to either cold or heat, can be caused by both internal and exogenous pathogenic factors. Among the above, carbuncle and swelling caused by exogenous pathogenic factors is mainly characterized by cold, instead of heat; but *ying* and *wei* qi stagnation is the common pathogenesis no matter it is due to cold, heat, or stagnant heat. Later generations of doctors mostly follow such an explanation as in *Huangdi Neijing* in elucidating the pathogenesis of carbuncle and swelling. Different from carbuncle and swelling, *Huangdi Neijing* thinks that sore and ulcer are caused by external fire and heat with the pathogenesis of fire and heat rotting flesh, and the symptoms should be local redness, swelling, purulence and even ulceration. Accordingly, the treatment is mainly clearing heat and detoxification. However, due to the development characteristics of emphasis on fire and heat in medicine, and the fact that some carbuncles do fester and break down in the late stage, the later generations have gradually confused the ulcer and carbuncle, and advocated the unified method of clearing heat and detoxification as the main treatment. However, the unique pathogenesis of qi and blood stagnation of carbuncle and swelling are covered up. In terms of treatment carbuncle and swelling are usually treated by promoting blood circulation and dispersing blood stasis, including *Dahuang Mudan* Decoction, *Yiyi Fuzi Baijiang* Powder and *Qianjin Weijing* Decoction which are recorded in *Jingui Yaolue* (Essentials from the Golden Cabinet), the famous surgical prescription *Liuqi* Decoction of Sixteen Ingredients, *Huoluo Xiaoling* Pill recorded in *Records of Tradition Chinese Medicine with Reference to Western Medicine*, and interior-lifting exterior-resolving method. Therefore, re-grasping the core pathogenesis of carbuncle and swelling, i. e. *ying* and *wei* qi stagnation, is the key to clinical curative effect.

**Keywords:** *Huangdi Neijing*; carbuncle and swelling; pathogenesis; qi stagnation and blood stasis; sore and ulcer

**Corresponding author:** Prof. He Juan, Ph. D., Doctoral Supervisor. Beijing University of Chinese Medicine, No. 11, Beisanhuan Donglu Road, Chaoyang District, Beijing 100029. E-mail: he-juan6428@sina.com

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痈是皮肤外科的常见疾病。现代中医外科学认为痈肿是因外感六淫,或受外伤感染毒邪,或过食膏粱厚味,乃至化火成毒而成痈肿。治疗多以清热解毒为法,但这一方法用之于临床,或效或不效<sup>[1]</sup>。反溯经典,《黄帝内经》中有大量关于痈肿的记载,其病机除运气七篇大论以火热论述外,其他各篇多以营卫壅滞立论,如《素问·生气通天论篇》之“营气不从,逆于肉理,乃生痈肿”<sup>[2]</sup>。本文系统梳理《黄帝内经》及后世医家对于痈之病机的认识,对比区分痈、疽、肿、疮、疡原义及病性特点,以期回归经典,为临床立法用药提供理论依据和思路。

## 1 痈肿病名界定

痈、疽、肿、疮、疡在历代文献中常相互并见,后世也易于将之混同、认识不清,而溯源其病名本义、界定病名范围是探讨病机的前提和基础。

### 1.1 痈、疽、肿3字同义

《释名》曰“痈,壅也,气壅否结里而溃也。”痈即壅塞不通之义。《说文解字·疒部》云“痈,肿也。”“痈”与“肿”类似,同样指皮肤表面突出肿起,也就是因壅塞不通导致的皮表肿起的疾病。“疽”与“痈”相较而言,病位深,临床表现也有所不同:按《灵枢·痈疽》记载,两者的区别是“疽者,上之皮天以坚,上如牛领之皮。痈者,其皮上薄以泽。此其候也”。<sup>[3]</sup>虽然“痈”“疽”有病位深浅和临床表现的区别,但是《说文解字·疒部》云“疽,久痈也。”古代文献亦常可见“痈”“疽”混用情况。民国余云岫也认为《灵枢·痈疽》之叙述体例“皆以痈得疽名,则痈疽似同物矣”<sup>[4]</sup>。谢欣妮等<sup>[5]</sup>对先秦至隋唐时期相关医学文献进行整理与分析,认为之所以出现看似混杂的用法,是由于两者治法基本相同,而且在疾病转归过程中常互相转化,所以先秦至隋唐的文献中为了用字方便常将两者混同。

《黄帝内经》中“痈”字多与“肿”“疽”连称,“痈肿”连用共12处(《素问》9处,《灵枢》3处);“痈疽”连用共16处(《素问》5处,《灵枢》11处),也侧面反映了3者特征具有相似性。

### 1.2 痈与疮、疡不同

“疮”字在《说文解字》中没有记载,《玉篇·疒部》云“疮,疮痍也,古作创。”因此,其组成部首之“仓”具有声义相兼的作用,一则指形似谷仓的尖状病灶,一则指外口易于破溃的病灶。而“疡”,按《说文解字·疒部》云“疡,头创也。”故《黄帝内经》一般将“疮疡”连用(其中25处“疮”单见,18处“疮疡”并称)。后世医家也多将两者混同互解。如

《素问·五常政大论篇》曰“卑监之纪,是谓减化……其气散,其用静定,其动痈溃痈肿……”王冰注云“痈,疮也。”可见,痈与疮是近义词,都是指病灶易于破溃的病损。《黄帝内经》中无“痈”“疮”并用的情况,“痈”“疡”并用者也仅有3处(“痈”共出现34次)。这说明“痈”与“疮”“疡”为不同的疾病,一强调壅塞所致肿起病形,一强调破溃病形。

## 2 《黄帝内经》及后世医家对痈肿疮疡病机的认识

### 2.1 营气不从,瘀而生痈

通过以上对“痈”字义的厘清,可以发现《黄帝内经》痈肿壅而不通病机的理论阐发,是以古人对“痈”的字义认识为基础。其中认为痈肿为外邪引发的条文较多,如《素问·生气通天论篇》云“阳气者,精则养神,柔则养筋。开阖不得,寒气从之,乃生大倮;陷脉为痿,留连肉腠;俞气化薄,传为善畏,及为惊骇;营气不从,逆于肉理,乃生痈肿。”本句是在论述完阳气的作用之后,接着阐明如果由于阳气失司,皮肤汗孔开闭不当,寒气侵入人体之后发生大倮、痿、惊、恐等病症,而寒气所致营气(血液)流行不顺,逆着肌肉纹理则可导致痈肿。这明确说明痈肿的病机是血液不循脉正常运行、瘀滞为患,病因是阳气失司、寒邪入侵,病性偏寒。《灵枢·痈疽》则谓“夫血脉营卫,周流不休,上应星宿,下应经数。寒邪客于经络之中则血泣,血泣则不通,不通则卫气归之,不得复反,故痈肿。”“泣”通“涩”,言寒邪侵入经络,导致血气运行凝涩,卫气也壅积不散,气血不能反复运行,结聚一处不消散而成痈肿。《灵枢·痈疽》在最后对比痈和疽时,再次强调“营卫稽留于经脉之中,则血泣而不行,不行则卫气从之而不通,壅遏而不得行。”这是痈营气壅滞的病机。《素问·脉要精微论篇》云“帝曰:诸痈肿筋挛骨痛,此皆安生?岐伯曰:此寒气之肿,八风之变也。”痈肿、筋挛、骨痛都是由于八风之变,即非时之邪气所致<sup>[6]</sup>,病性为寒。《灵枢·刺节真邪》云“虚邪之中人也,洒淅动形,起毫毛而发腠理。其入深,内搏于骨,则为骨痹。搏于筋,则为筋挛。搏于脉中,则为血闭不通,则为痈。”同样由于外邪(虚邪)中人,搏于血脉,导致血行不通,就会发展成痈肿。

除了外邪所致痈肿,《黄帝内经》中也记载了内伤因素可致痈肿。《灵枢·玉版》云“黄帝曰:病之生时,有喜怒不测,饮食不节,阴气不足,阳气有余,营气不行,乃发为痈疽。阴阳不通,两热相搏,乃化为脓。”此句列举了痈疽发生的原因,包括情志、饮食与上文外邪致病有所不同。有人认为此句是指

阴气不足导致气血运行不畅,郁而化热,发为痈疽;也有人认为是饮食不节、情志不畅导致阴气不足,进而阴虚生热,阳气有余,邪客血聚导致营气不行<sup>[7]</sup>。无论哪种理解,都不离气血凝滞的核心病机。此外,《灵枢·邪气脏腑病形》谈肾脉病形诊法论及痈,虽未言明病因为内还是为外,但亦在表达聚而生痈的观点“肾脉……涩甚为大痈;微涩为不月、沉痔。”杨上善注“涩甚多血少气不宣,故聚成为大痈。”

总体而言,《黄帝内经》所论痈肿,病性寒热均可见,其中外邪所致痈肿以寒性为主,尚未见热性;但无论偏寒偏热还是后期郁热,营卫壅滞都是共同病机。

后世医家在阐发痈肿病机时也大多不离《黄帝内经》原旨。《金匱要略·疮痈肠痛浸淫病脉证并治》论痈曰“诸浮数脉,应当发热,而反洒淅恶寒,若有痛处,当发其痈。”<sup>[8]</sup>尤在泾云“浮、数脉,皆阳也,阳当发热,而反洒淅恶寒者,卫气有所遏而不出也。夫卫主行营气者也,而营过实者,反能阻遏其卫;若有痛处,则营之实者已兆,故曰当发其痈。”现存第一部外科专著《刘涓子鬼遗方》云“荣卫稽留于经脉之中,久则血涩不行。血涩不行,则卫气从之不通,壅遏不得行,火不止,热胜则肉腐为脓。”元代齐德之《外科精义》云“夫郁滞之本,始于喜怒忧乐,不时饮食,居处不节,或金石草药之发动,寒、暑、燥、湿之不调,使阴阳之不平,而蕴结外,使荣卫凝涩。”《外科全生集》云“诸疽白陷者,乃气血虚寒,凝滞所致。”明代孙文胤在《丹台玉案》中还补充了多种致病因素下气血相搏发为痈肿的机理“凡痈疽,缘阴阳相搏而生。盖气属阳,血属阴,血行脉内,气行脉外,相并周流。寒与湿搏之,则凝滞而行迟,为不及。热与火搏之,则沸腾而行速,为太过。气得邪而郁,津液闭结,为痰,为饮。积久渗入脉中,血为之浊,血得邪而滞,隧道阻隔,或溢,或结。此阴阳不能和畅,则痈疽恶毒,从此生焉。”可见,包括外科学在内的后世医家也认可《黄帝内经》提出的痈肿病机:不论何种病因,最终均导致血脉瘀滞,营卫气血壅遏不行,郁积化热,热毒炽盛,热煎成脓。

## 2.2 火热为患,变生疮痈

与痈病因内因外因均有,内伤因素以饮食、喜怒、起居等为主,病机为营卫气血瘀阻不通,病性寒热皆有但以寒性多见不同,《黄帝内经》认为疮的病因为外在火热。《黄帝内经》有关“疮”的记载,仅见于运气七篇,且多见于火热太过的运气年份。如《素问·五常政大论篇》言“故适寒凉者胀,之温热者疮。”《素问·气交变大论篇》则谓“岁金不及,炎

火乃行……民病口疮,甚则心痛”。《素问·至真要大论篇》则有“诸痛痒疮,皆属于心”之论。即使是其他运气因素所致,也大多是火郁之后而发。由此可见疮的病机为火热腐败血肉,症状理应多伴有局部红肿化脓乃至破溃。与之相应,治疗以清热解毒为主,这在后世医家的论述中得到了充分体现,如《脉因证治·疮疡》云“外者,宜以辛凉发散之,通圣、凉膈、解毒是也。内者,宜以苦寒下之,三黄汤、玉烛散是也。中者,宜以调经、凉血等是也。”

## 2.3 “痈”“疮”混同

不同于《黄帝内经》将疮、痈区别而论,后世逐渐将疮、痈混同,《金匱要略·疮痈肠痛浸淫病脉证并治》将疮、痈列于同篇阐发。晋代外科专著《刘涓子鬼遗方》中可见痈、疮大量并用,如“疮疽发身痒后痛”“治痈疮及恶疮”等等。《丹溪心法》云“诸经惟少阳、厥阴经生痈疽,理宜预防,以其多气少血,肌肉难长,疮久未合,必成死症。”可见痈已经完全与疮混为一谈。这种混用或许可以成为解释缘何后世医书在阐发痈肿病机时虽未曾完全摒弃《黄帝内经》原旨,但更多侧重火热的原因之一。有一部分外科脓肿疾病成脓后期确实会产生溃破,这可能也是后世疮、痈混用的现实因素;对于后期成脓溃破后施以清热解毒法是恰当的,这也是后世医家在实践中对疾病认识趋于精细化的表现。但这种混用导致痈肿本身气血凝滞的独特病机特点被掩盖。

此外,重视火热的倾向也与医学发展的时代特色相匹配。李明等<sup>[9]</sup>查阅不同时期代表文献,分析乳痈古今用药规律,认为乳痈的证治经历了由整体气血辨证向局部阴阳辨证的转化、由补益气血为主向清热解毒为主的治法变化,而促进其转变的原因与金元时期医家火热病机的阐发密切相关。金元四大家刘完素在《素问玄机原病式》中对病机十九条“皆属于热”进行扩充,将痈也纳入其中“诸病喘,呕,吐酸……痈,疽,疡,疹……皆属于热。”又说:“手少阴君火之热,乃真心、小肠之气也。”“热胜血,则为痈脓也。”这对后世医家在痈肿病机的认识上产生了影响。

## 3 后世以活血为主治疗痈肿

张仲景在《金匱要略·疮痈肠痛浸淫病脉证并治》记载治疗肠痈的大黄牡丹汤(大黄、牡丹、桃仁、冬瓜仁、芒硝)、薏苡附子败酱散(薏苡仁、附子、败酱草),《金匱要略·肺痿肺病咳嗽上气病脉证治》记载治疗肺病的千金苇茎汤(苇茎、薏苡仁、桃仁、冬瓜仁),针对偏热或偏寒之病性,皆以活血祛瘀为

主,在此基础上,分别伍以清热祛湿、通腑泄热和辛热温阳之品,同奏散结通瘀消痈之功。

外科经典名方十六味流气饮由人参、当归、肉桂、川芎、防风、白芷、桔梗、黄芪、炙甘草、厚朴、木香、白芍、槟榔、乌药、枳壳、紫苏16味药物组成,诸药共奏补益气血、活血行气散结之功,以其治疗“无名恶肿、痈疽等证”(《证治准绳·疡医》)。《外科理例》云“丹溪曰:夫十六味流气饮,乃表里气血药也,复以疏风助阳之药参入。”

张锡纯《医学衷中参西录》所载活络效灵丹以当归、丹参、乳香、没药为处方,“治气血凝滞……内外疮疡”<sup>[10]</sup>,临床常用于治疗痈肿、疮疮,功卓效宏。书中记一妇人,脑后发一对口疮,拟活络效灵丹方,连服十剂痊愈。书中又记一少妇“左胁起一疮,其形长约五寸,上半在乳,下半在肋,皮色不变,按之甚硬,微热于他处。……调治两月不效,且渐大于从前。……阅其所服诸方,有遵林屋山人治白疽方治者,有按乳痈治者。愚晓病家曰:此证硬而色白者阴也。按之微热者阴中有阳也。统观所服诸方,有治纯阴阳之方,无治半阴半阳之方,勿怪其历试皆不效也。”作者因此使用活络效灵丹以汤剂令患者服之,数剂见轻,30剂后“消无芥蒂”。

除了以上活血方药,后世广为使用的外科学特色——托里表散法也是活血祛瘀的延伸用法。《医学纲目》云“肿疡内外皆壅,宜以托里表散为主。”明代孙一奎的《赤水玄珠·痈疽用香药调治论》下记载了辛香发散法流通气血有益于痈“气血闻香则行,闻臭则逆。大抵疮疡多因营气不从,逆于肉理,郁结为脓,得香则气血流行,故服五香连翘汤、万金散、金粉散。”这是另一种活血祛瘀的思路。

#### 4 小结

《黄帝内经》提出“营气不从,逆于肉理,乃生痈肿”,认为痈肿发于气滞血瘀,营血不畅是其核心病机。随着医书传抄,后世疮痈混用逐渐平常化,外加金元医家强调火热为病,掩盖了痈肿气血瘀滞的核心病机。《黄帝内经》对痈肿发病的认识在临床处方用药中更没有得到应有的重视,医家往往未能认识到痈即使呈现热象者,也是因郁致热,一味清热解毒,反而容易导致寒凝郁遏。《黄帝内经》的理论内核未能指导实践,仅被看作是理论阐发尚未割舍的一部分,与实践脱钩。通过回溯经典,厘清痈肿涵盖疾病的范畴和核心病机,是临床取得疗效的关键。

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