

· 学术探讨 ·

基于“脾升胃降”理论辨治脂浊病

黄韵¹, 朱文字², 宋玮², 张小波², 周昕², 杨乐乐^{1*}, 沈涛^{2*}

(1. 成都中医药大学附属医院, 成都 610072; 2. 成都中医药大学, 成都 610075)

[摘要] 脂浊病是由社会环境、饮食、生活方式等多因素引起脂质代谢紊乱的一种代谢性疾病, 与现代医学中的多种疾病, 如高脂血症、肥胖症、脂肪肝、动脉粥样硬化、代谢综合征、心脑血管疾病密切相关, 影响范围大, 危害深远。通过《黄帝内经》可知, 脂浊病是人体生理性膏脂的病理改变。膏脂是津液中质地偏于稠厚的部分, 具有滋润濡养的作用, 是脑、髓、精、血等人体重要物质的初始状态与来源。一旦人体的膏脂发生异常, 就会形成脂浊病。《黄帝内经》又指出人体津液运化转输与脾胃升降的生理性联系, 可以推导出脂浊病的产生与脾胃功能升降失常之间的病理关系。脂浊病是过食肥甘厚味或脾胃禀赋不足, 导致脾胃升降失职, 引起人体津液中偏稠厚的膏脂异化为脂浊, 滞留于人体经络血脉、皮肤腠理及脏腑之中, 形成形式多样的代谢性疾病。课题组认为“脾升胃降失常, 膏脂转输障碍”是脂浊病的病理基础, 根据脂浊停留部位不同, 分为“清浊相干, 浊滞营血”“脾不升清, 浊伏脉道”“脾失运化, 脂留腠理”“脾失转输, 膏聚肝脏”4种常见病机类型。根据病机特点分为浊滞营血型、浊伏脉道型、脂溢腠理型、膏脂聚肝型4种常见证候分型, 并给予相应方药辨证论治, 以期对临床辨治脂浊病有一定的指导价值。

[关键词] 脂浊病; 脾升胃降; 病理生理; 病因病机; 辨证分型

[中图分类号] R256; R287; R589 **[文献标识码]** A **[文章编号]** 1005-9903(2025)03-0244-09

[doi] 10.13422/j.cnki.syfjx.20250127

[网络出版地址] <https://link.cnki.net/urlid/11.3495.r.20241129.1147.009>

[网络出版日期] 2024-11-29 15:40:55

Differentiation and Treatment of Lipid Turbidity Disease Based on Theory of "Spleen Ascending and Stomach Descending"

HUANG Yun¹, ZHU Wenyu², SONG Wei², ZHANG Xiaobo², ZHOU Xin², YANG Lele^{1*}, SHEN Tao^{2*}

(1. Hospital of Chengdu University of Traditional Chinese Medicine (TCM), Chengdu 610072, China;

2. Chengdu University of TCM, Chengdu 610075, China)

[Abstract] Lipid turbidity disease is a metabolic disease featuring lipid metabolism disorders caused by many factors such as social environment, diet, and lifestyle, which is closely related to many diseases in modern medicine, such as hyperlipidemia, obesity, fatty liver, atherosclerosis, metabolic syndrome, and cardiovascular and cerebrovascular diseases, with a wide range of influence and far-reaching harm. According to the *Huangdi Neijing*, lipid turbidity disease reflects the pathological change of the body's physiologic grease. Grease is the thick part of body fluids, which has the function of nourishing, and it is the initial state and source of important substances in the human body such as brain, marrow, essence, and blood. Once the grease of the human body is abnormal, it can lead to lipid turbidity disease. The *Huangdi Neijing* also points out the physiological relationship between the transportation and transformation of body fluids and the rise and fall of the spleen and stomach, which can deduce the pathological relationship between the occurrence of lipid turbidity disease and the abnormal rise and fall of the spleen and stomach functions. Lipid turbidity disease is caused by overconsumption of fatty and sweet foods or insufficient spleen and stomach endowments, leading to disorders of the function of promoting clear and reducing turbidity in the spleen and stomach. This leads to the transformation of thick grease in body fluids into lipid turbidity, which accumulates in the body's meridians, blood vessels, skin

[收稿日期] 2024-09-09

[基金项目] 国家自然科学基金面上项目(81973743, 82374331); 四川省科技厅重点研发项目(2022YFS0381)

[第一作者] 黄韵, 硕士, 主治医师, 从事中医药防治老年代谢性疾病研究, E-mail: 446703065@qq.com

[通信作者] * 杨乐乐, 博士, 主治医师, 从事中医药防治老年代谢性疾病研究, E-mail: 1160323515@qq.com;

* 沈涛, 博士, 教授, 博士生导师, 从事中医药防治老年代谢性疾病的基础与临床研究, Tel: 028-61800159, E-mail: st1963@263.net

pores, and organs, forming various forms of metabolic diseases. The research team believed that the pathological basis of lipid turbidity disease was the abnormal rise and fall of the spleen and stomach and the obstruction of the transfer of grease. According to the different locations where lipid turbidity stays, it was divided into four common pathogenesis types: "inability to distinguish between the clear and turbid, turbid stagnation in the Ying blood", "spleen not rising clear, turbid accumulation in the vessels", "spleen dysfunction, lipid retention in the pores", "spleen failure to transportation and transformation, and grease accumulation in the liver". According to the pathogenesis, it could be divided into four common syndromes, namely, turbid stagnation in the Ying blood, turbid accumulation in the vessels, lipid retention in the pores, and grease accumulation in the liver, and the corresponding prescriptions were given for syndrome differentiation and treatment, so as to guide clinical differentiation and treatment of the lipid turbidity disease.

[Keywords] lipid turbidity disease; spleen ascending and stomach descending; pathophysiology; etiology and pathogenesis; syndrome differentiation and classification

随着社会环境的变迁和饮食结构的改变,各种疾病如高脂血症、肥胖症、脂肪肝、动脉粥样硬化、代谢综合征、心脑血管疾病等高发,极大地危害人民群众的健康^[1]。这类疾病通常与人体的代谢紊乱相关,在中医学理论中常归咎于浊邪的影响。因此,许多现代著名医家展开了对浊邪的认识和讨论。国医大师王新陆提出了“血浊”的概念,认为血液变稠、变质及循环障碍皆可称之为血浊^[2-4],强调“血浊”既是病理产物,又是作为致病因素。仝小林院士提出“膏浊病”,认为膏浊病的成因是膏粱厚味,侧重于研究膏浊病与糖尿病的相关性^[5-7]。白长川教授认为血中“痰浊”是脂浊,是由于肝脾肾功能失调引起脂浊化生、转运失常,或脂浊排泄不畅,留滞血脉而致病,并开始探索脂浊与高脂血症、糖尿病、动脉粥样硬化等疾病的相关性。因此,对于脂浊病进行更深入地研究,对防治各种代谢性疾病有重要的意义^[8-9]。

脂浊病是人体正常津液中偏稠厚的膏脂运化障碍,形成脂浊这一病理产物,进而导致的代谢紊乱性疾病。脂浊病的影响范围大,危害深远,与现代医学中的多种代谢性疾病、心脑血管疾病息息相关。这些代谢性疾病后期往往会引发多系统的损伤,由于现代医学相对专注于一个系统的研究,所以较难处理疾病的多系统损伤,及较难干预和延缓这种损伤的连锁性反应。因为中医学理论具有系统性的整体观这一优势,所以从脂浊病的角度出发,可以将多个系统的疾病纳入人体这个大的整体范畴,进行联动性研究,以期临床防治多系统损伤的代谢性疾病提供更多的思路。因此,从中医经典《黄帝内经》入手,通过仔细研究《黄帝内经·灵枢·五癯津液别》发现,膏脂就是滋润濡养人体的津液,是津液中质地偏于稠厚的部分。一旦人体的膏脂发生异常,就会形成脂浊病。《黄帝内经·素问·经脉别论》指出人体津液运化转输与脾胃升降的生理性联系,可推导出脂浊病的产生与脾胃功能升降出入障碍之间的病理关系。由此可知,“脾胃升降”理论有助于辨治脂浊病,以期临床实践提供新的思路和方法。

1 脂浊病的内涵概述

1.1 脂浊病是津液膏脂病理改变所致的疾病 脂浊病是人体正常的津液中偏稠厚的膏脂运化障碍,化为脂浊导致的代谢性紊乱疾病,其内容大致如图1所示。

《黄帝内经·灵枢·五癯津液别》云:“五谷之津液和合而为膏者,内渗入于骨空,补益脑髓,而下流于阴股”^[10]。可知,人体吸收消化五谷所生成的津液,和合而成为膏脂。膏脂可

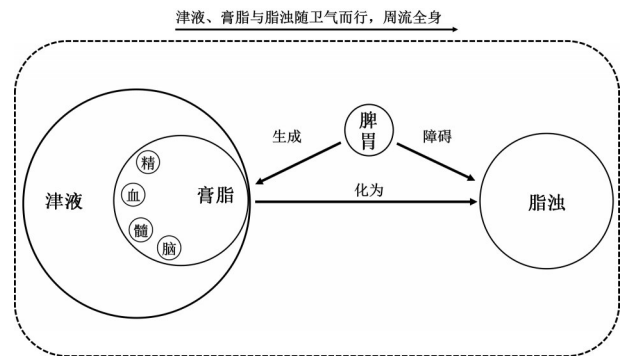


图1 津液、膏脂与脂浊病的关系

Fig. 1 Relationship between body fluid, ointment fat and lipid turbidity disease

以渗入人体狭小的骨空之间,润滑关节腔,质地稠厚;还可最上补益脑髓,质地较为稠厚;又可下流于阴股,充养阴器、下肢。说明膏脂是生理性的,是津液的一种稠厚状态,形态作用丰富,对人体具有濡润、补益、充养的作用。《类经》言:“膏,脂膏也。津液之合而为膏,以填补骨空之中,则为脑为髓,为精为血”^[11],进一步说明膏脂是津液的其中一种表现形式,且膏脂是脑、髓、精、血等人体重要物质的初始状态与来源。

膏脂的生成与脾胃关系最密切,如《中西汇通医经精义》所云:“凡膏油皆脾所生之物……脾气足则油多而肥,膜上之油即脾之物也。在内为膏油,在外为肥肉”^[12]。膏脂的布散与卫气联系密切,如《灵素节注类编》载:“元阳之气本无清浊,以谷气之浊者,随卫气而行,凝而为脂,以成肌肉”。而卫气循行路线,如《黄帝内经·素问·痹论》所言:“卫者……故循皮肤之中,分肉之间,熏于肓膜,散于胸腹”^[13]。因此,膏脂可随卫气而行,周流全身,外达皮肤肌腠,内至胸腹腔脏^[14]。

在疾病状态下,生理性膏脂会转变为病理性脂浊,正如《医学正传》载:“津液稠黏,为痰为饮,积久渗入脉中,血为之浊”^[15]。膏脂变为脂浊,这一病理性变化是膏脂的生成和布散出现了障碍,在这一过程中脾胃起到主导作用。《黄帝内经·素问·痹论》谓:“饮食自倍,肠胃乃伤”^[13],说明食入过量,尤其过食肥甘厚味,则易伤脾胃。脾胃功能的损伤可导致膏脂不能转输,滞留人体成为病理性的脂浊。因此,脂浊病是由嗜食肥甘厚味或脾胃禀赋不足,影响脾胃的正常运化布散,导致人体津液中偏稠厚的膏脂异化,从而形成的一种代

谢性紊乱疾病^[16]。

1.2 脂浊病的表现形式是多样性的 由于脂浊是膏脂的病理状态,可随中焦脾胃化源而来的卫气敷布皮肤腠理,经络血脉及胸腹脏腑,所以脂浊病是多样性的。从现代医学的角度来看,脂浊致病多与脂代谢相关疾病有密切关系,如高脂血症、肥胖症、脂肪肝、动脉粥样硬化、代谢综合征及心脑血管疾病等。从中医学理论分析来看,脂浊具有流于周身,不断变化的特性,这种变化是相对的,若滞于营血,化为血浊,与高脂血症类似;若伏于脉道,固定不移,而成脉积,与动脉粥样硬化相似;若留于肌腠,而成膏人,即肥胖症;若膏聚脏腑,以肝脏为常见,即脂肪肝;病情日久,更有甚者,脂浊阻于心、脑,而发为胸痹、中风,即心脑血管疾病。

2 “脾升胃降”是脂浊病的病理生理基础

2.1 “脾升胃降正常”是脂浊病维持稳定的生理基础 “脾升胃降”理论源于《黄帝内经》。脾主升清,脾气散精,正如《黄帝内经·素问·经脉别论》所云:“饮入于胃,游溢精气,上输于脾,脾气散精……水精四布,五经并行”^[13]。胃主降浊,胃受纳腐熟,如《黄帝内经·素问·五藏别论》所言:“胃大肠小肠三焦膀胱……此受五藏浊气,名曰传化之府”^[13];《黄帝内经·素问·逆调论》又言:“胃者六府之海,其气亦下行”^[13]。而人体精微物质布散、津液输布及浊邪代谢等环节都离不开中焦脾胃气机升降^[17-19],正如《景岳全书·饮食门》引王节斋语:“胃司受纳,脾司运化,一纳一运,化生精气,津液上升,糟粕下降,斯无病也”^[20]。膏脂为津液一种稠厚状态,也为人体的精微物质,可随卫气敷布皮肤腠理,经络血脉及胸腹脏腑,实质上是通过“脾主升清”“胃主降浊”协同作用而实现的^[21]。因为脾胃居中,职司升降,脾气升,则膏脂精微得以输布至全身,胃气降,则脂浊得以下行外达,脾胃升降相合,膏脂可入内、溢外,发挥濡养作用^[22-24],故《医门棒喝》有云:“升降之机者,在乎脾胃之健”^[25]。因此,脾胃升降功能的正常运行,保证人体膏脂转输正常,是脂浊病维持稳定的生理基础。

2.2 “脾升胃降失常”是导致脂浊病发病的病理基础 脂浊是脾升胃降失常导致膏脂转输障碍,膏脂异化而来^[26-27],正如《脾胃论》所云:“清气不升,浊气不降,清浊相干,乱于胸中,使周身气血逆行而乱”^[28]。同时,可随卫气伴行而至皮肤肌腠,经络血脉及胸腹脏腑,又以滞留营血、伏于脉道、留于肌腠及膏聚肝脏为多见,进而产生一系列脂浊病。因此,脾升胃降失常是导致脂浊病发病的病理基础,如《伤寒论·辨脉法》所云:“脾气不转,胃中为浊,营卫不通,血凝不流”^[29]。

3 “脾升胃降”理论指导下脂浊病的病因病机

脂浊病以脾升胃降为病理生理基础,伴有脂浊常滞留营血、伏于脉道、留于肌腠及膏聚肝脏为特点,因此本文概括了以下常见4种病机类型,其病机演变见图2。

3.1 清浊相干,浊滞营血 脾胃为气血生化之源,膏脂、津液、精血同源,均源于水谷精微,膏脂为津液的一种形式,可化为血,渗入血脉之中,与营气相合,经心肺作用,周流不息^[30],正如《黄帝内经·灵枢·营卫生会》曰:“中焦亦并胃中,出上焦之后,此所受气者,泌糟粕,蒸津液,化其精微,上注于肺脉,乃化而为血”^[10]。脾胃功能受损,清阳不升,浊阴不降,

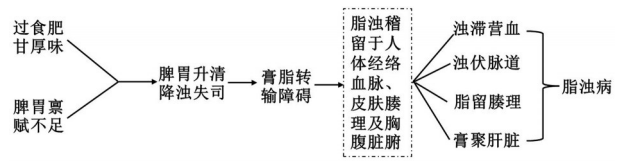


图2 脂浊病的病机演变

Fig. 2 Pathogenesis of lipid turbidity disease

清浊相干,循于脉中膏脂变为浊脂,伴营环流,随卫散行,流于周身,形成高脂血症^[31-35]。研究表明,高脂血症患者的血液中含有过多的脂蛋白,伴有血液黏度增加、凝固性增高及红血球沉降率加快等血液流变学改变^[36-38]。这一病理状态,从中医学角度分析视为膏脂化浊,伴营环行,营血浊滞。

3.2 脾不升清,浊伏脉道 《黄帝内经·灵枢·五味》曰:“血脉者,中焦之道也”^[10],说明脉道与中焦脾胃密切相关。《黄帝内经·灵枢·决气》曰:“壅遏营气,令无所避,是谓脉”^[10],说明“脉”是营气运行的通道,还具备约束和限制营气在脉管之中的作用。中焦脾升胃降失用,清浊相干,正虚浊伏,导致脉道不利,日久最终发为脉积,最常见为动脉粥样硬化^[39]。胃浊不降,膏脂变为脂浊,结积成块,其性黏滞,伏于脉壁之上,正气渐衰,沉积越深,导致脉道狭窄,血流不畅;加之脾气不升,水谷精微无法转输化赤为血,不能注之于脉,脉管失去血之濡养,则“气日以衰,脉道不利”,导致脉管变脆、变硬^[40-41],诚如《伤寒论·辨脉法》所云:“脾气不转,胃中为浊,营卫不通,血凝不流”^[29]。研究表明,动脉粥样硬化的病理变化过程为早期血管内膜少许脂质沉积,到中期脂质堆积增多,脂质条纹与纤维斑块的形成,再到后期脂质进一步沉积,血小板黏附,纤维斑块渐变成不稳定型斑块,血管壁变得脆弱^[42]。这一病理变化过程,从中医学理论分析视为脂浊堆积脉壁,日久结积成块,正气渐衰,损脉伤络,终成脉积。

3.3 脾失运化,脂留腠理 脾胃同为中土,脾为阴土,胃为阳土,脾主运化,输布精微,胃主受纳,腐熟水谷,脾气主升,胃气主降。《黄帝内经灵枢集注》云:“中焦之气,蒸津液,化其精微……是津液注于三百六十五节,而渗灌于皮肤肌腠者也,溢于外则肌肉膏肥,余于内则膏育丰满”^[43],说明中焦之气通过脾升胃降功能,将津液输布于皮肉腠理、脏腑之间,形成膏肥^[44]。正常之膏脂具有储备能量、抵御邪气的作用,而膏脂过多堆积于皮下及内脏周围,则肥胖产生。从广义的腠理来看,脂肪则留于皮腠、肌腠及脏腑腠理之中^[45]。由于长期过食肥甘、情志失调、劳逸失度等因素,导致脾胃运化功能失调,脾胃当升不升,当降不降,过度膏肥积聚皮腠、肌腠、脏腑腠理之间,形成肥胖之证,尤以堆积于腹部脏腑及皮下肌腠多见,即腹型肥胖^[46-47]。

3.4 脾失转输,膏聚肝脏 《黄帝内经灵枢集注》云:“中焦之气,蒸津液,化其精微……余于内则膏育丰满”^[43],说明中焦之气将过多精微物质以膏脂形式内藏于脏腑之中,临床上以堆积肝脏为多见,即脂肪肝。中焦之气,有脾胃升降之气、肝胆疏泄之气,均参与“蒸津液化”,膏脂内藏脏腑的过程。一方面,脾气升则健,胃气降则和,若脾胃升降失司,津液不布,膏脂转输障碍,聚于肝脏,日久成积,遂成脂肪肝^[48-49]。

另一方面,肝主疏泄,既能调畅气机,以助脾胃升清降浊;又可排泄胆汁以助脾胃消化,净浊化脂^[50]。若肝气郁滞,则脾胃升清降浊无助,转输失司,膏聚肝脏;胆气不舒,胆汁排泄失常,清静无权,净浊化脂不及,则浊脂积聚于肝,致生脂肪肝^[51]。如《傅宗翰医集》所云:“叶天士常谓:肝和脾升,胆和胃降,盖胆为中精之府,能净脂化浊;肝乃藏血之脏,职司疏泄。若肝胆失疏,则脾胃升降失常,而运化停滞,清浊难分;胆郁不畅,则清静无能,脂浊难化”。

4 “脾胃升降”理论指导下脂浊病的辨证分型

脂浊病的治疗主要从两方面着手:一则为固本,通过恢复脾胃升清降浊的功能,以提高机体的脂浊代谢能力,减少浊邪稽留于营血、脉道、肌腠及肝脏之中;二则为清源,即清除体内已有痰浊、瘀血等病理产物。因此,根据以上常见4种病机类型,提炼出以下常见4种证型,确立相应治法及相应方药,见图3。

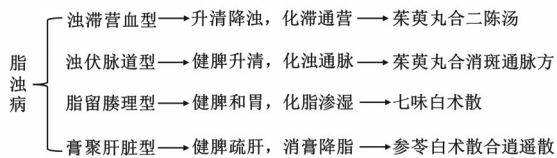


图3 脂浊病的分型、治法及方药

Fig. 3 Classification, treatment methods, and prescriptions for lipid turbidity disease

4.1 浊滞营血型 证见面重如裹,胸膈痞闷,呕恶痰涎,肢体沉重,心悸失眠,口淡食少,舌胖苔滑腻,脉弦滑。治宜升清降浊,化滞通营,方以茺萸丸^[52-56]合二陈汤^[57-62]加减。组方为黄连、吴茺萸、半夏、陈皮、茯苓、炙甘草。茺萸丸中吴茺萸味辛,归脾经,黄连味苦,归胃经,辛开苦降,升清降浊;二陈汤中半夏、陈皮燥湿化浊,茯苓健脾渗湿,炙甘草健脾益气。诸药合用,辛开苦降,脾胃调和,清气得升,浊气得降,营血浊脂得化。团队前期研究表明,茺萸丸促进“脾升清,胃降浊”功能的恢复,使膏脂转输趋于正常,是防治高脂血症的关键,可通过调控胆固醇代谢、改善肝脏功能、调控肠道菌群等机制^[54-56],达到降脂效应。二陈汤可通过改善脂肪酸异常代谢,对高脂血症证大鼠有降脂作用^[63]。大量临床研究表明^[57-62],二陈汤加减能有效降低痰浊阻遏型高脂血症患者的血脂水平,改善临床症状。

4.2 浊伏脉道型 证见胸闷隐痛,心悸头晕,肢麻沉重,面色晦滞,体倦乏力,舌质紫暗,苔浊腻,脉弦。治宜健脾升清,化浊通脉,方以茺萸丸^[64-68]合消斑通脉方^[69-71]加减。组方为黄连、吴茺萸、人参、生水蛭、丹参、三七、瓜蒌皮、炙甘草。方中吴茺萸味辛,助脾升清,黄连味苦,助胃降浊;人参、炙甘草健脾益气;生水蛭、丹参、三七、瓜蒌皮散瘀化浊通脉。诸药合用,辛开苦降,健脾散浊,脾胃调和,升降相宜,浊伏得化,脉道得通。团队前期研究表明,茺萸丸调畅中焦气机,恢复脾胃升清降浊功能,是防治动脉粥样硬化的关键,其作用机制可能涉及胆固醇逆向转运、巨噬细胞M2型极化及铁死亡等^[64, 67-68]。临床研究表明,消斑通脉方可以有效改善颈动脉

斑块患者的血脂水平,降低患者颈动脉内膜中膜厚度,其机制可能与抑制巨噬细胞泡沫化,降低巨噬细胞脂质的积累有关^[71],起到抗动脉粥样硬化的作用。

4.3 脂溢腠理型 证见形体肥胖臃肿,腹部肥满松软,面部油脂较多,多汗肤黏,胸闷痰多,大便溏薄,小便清长,舌淡苔白腻,脉缓无力。治宜健脾和胃,化脂渗湿,方以七味白术散^[72-74]加减。方中人参健脾益胃,炒白术健脾燥湿,茯苓健脾渗湿,藿香化湿和中,葛根升阳生津,木香调理中焦气机,炙甘草益气和胃。诸药合用,健脾和胃,祛湿理气,以恢复中焦气机升降,腠理浊脂可化。临床研究表明,七味白术散可显著降低肥胖患者的体脂率、体质量、体质指数,调节糖脂代谢、胰岛素抵抗^[74]。

4.4 膏脂聚肝型 证见面色欠华,头重体倦,腹胀纳呆,乏力懒言,两胁作痛,胸闷善太息,舌淡胖,苔白腻,脉弦而虚。治宜健脾疏肝,消膏降脂,方以参苓白术散^[75-80]合逍遥散^[81-86]加减。组方为人参、白术、茯苓、薏苡仁、山药、白扁豆、砂仁、当归、芍药、柴胡、炙甘草。方中人参健脾养胃,白术燥湿健脾,茯苓、薏苡仁、山药、白扁豆健脾化湿,砂仁化湿和胃,柴胡疏肝解郁,当归养血和血,白芍养血柔肝,炙甘草调和诸药。诸药合用,脾肝同调,升降有序,膏脂转输为常,膏聚肝脏可化。研究表明,参苓白术散可通过影响脂质、糖类和氨基酸代谢增强机体对脂质的运输和代谢转化,以及抑制哺乳动物雷帕霉素靶蛋白复合物1(mTORC1)、细胞转导子和转录活化子3(STAT3)相关基因及蛋白表达,减轻肝脏炎症反应及脂质蓄积,促进脾胃升降功能对精微物质的输布,从而对非酒精性脂肪肝病(NAFLD)起到防治作用^[87-88]。研究表明逍遥散可降低内质网应激,抑制转录因子胆固醇调节元件结合蛋白1(SREBP1)抗体的表达,在细胞核内被SREBP1激活的生脂相关酶基因的诱导表达降低,使肝细胞内甘油三酯、胆固醇合成减少,导致肝细胞脂肪变性的减轻^[89]。大量临床研究表明,参苓白术散、逍遥散可以有效改善非酒精性脂肪肝患者的肝脏形态结构、肝功能、血脂水平及改善临床症状,提高临床疗效^[75-86]。

5 小结

综上所述,脂浊病是由嗜食肥甘厚味或脾胃禀赋不足,脾胃功能失常,升清降浊失司,引起人体津液中偏稠厚的膏脂异化为脂浊,脂浊稽留于人体经络血脉、皮肤腠理及脏腑之中,形成形式多样的代谢性疾病。脂浊病的病理基础是“脾升胃降失常,膏脂转输障碍”。故“脾升胃降”理论可用于认识脂浊病的常见病因病机、证候分型及指导相应方药,有助于防治脂浊引起的代谢性疾病,为临床提供新的思路。同时,未来还持续深入探索脂浊病诊断的标准化,及脂浊病与更多代谢性疾病相关性的研究。

[利益冲突] 本文不存在任何利益冲突。

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