



Discussion on Director Li Peirun's Clinical Experience in Treating Precancerous Lesions of Gastric Cancer Based on the Theory of Targeted Differentiation

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Abstract: Precancerous lesions of gastric cancer are an important stage in the process of normal gastric mucosa developing into gastric cancer. This refers to a series of pathological changes such as atypical hyperplasia and intestinal metaplasia of gastric mucosal epithelial cells, which have a certain tendency for malignancy but have not yet developed into a state of gastric cancer. This study aims to deeply analyze the connotation of the theory of targeted differentiation and treatment, detail Director Li Peirun's strategies for differentiating and targeting precancerous lesions of gastric cancer, and showcase his diagnostic and therapeutic ideas and medication characteristics through clinical cases, providing innovative treatment examples and theoretical references for the field of gastric cancer, promoting the application of the theory of targeted differentiation and treatment in the prevention and treatment of precancerous lesions of gastric cancer, and laying a foundation for subsequent related research.

Keywords: targeted differentiation and treatment, precancerous lesions of gastric cancer, Li Peirun, experience of famous doctors

1. Introduction

Precancerous lesions of the stomach (PLGS) [1] represent a critical transitional stage in the progression from normal gastric mucosa to gastric cancer, encompassing conditions such as chronic atrophic gastritis [2] and dysplasia of gastric mucosal epithelium. These lesions develop insidiously over an extended period and are closely associated with the onset of gastric cancer. As the critical precursor stage to gastric cancer, effective intervention in precancerous lesions is vital for reducing gastric cancer incidence. Modern medicine primarily focuses on symptomatic management and regular endoscopic monitoring for these lesions, lacking specific curative approaches. Traditional Chinese Medicine (TCM), with its unique holistic perspective and syndrome differentiation-based treatment system, demonstrates potential advantages in managing precancerous gastric lesions [3]. Director Li Peirun has achieved remarkable clinical outcomes in treating gastric precancerous lesions using the State-Target Differentiation and Treatment Theory. This approach integrates traditional Chinese medical wisdom with modern precision medicine concepts, pioneering new pathways for managing these conditions. In-depth exploration of its theoretical foundations and practical experience holds profound value for advancing the development of Traditional Chinese Medicine oncology.

2. Director Li Peirun's Understanding of the Etiology and Pathogenesis of Gastric Precancerous Lesions in Traditional Chinese Medicine

Director Li Peirun believes the primary causes of gastric precancerous lesions include irregular dietary habits, emotional imbalances, and excessive exertion or inactivity. Irregular dietary habits — such as prolonged consumption of spicy, greasy, or raw/cold foods — damage the spleen and stomach, disrupting their transport and transformation functions. This leads to the internal generation of dampness and phlegm accumulation. Emotional imbalance, such as prolonged depression, anxiety, or anger, causes liver qi stagnation that disrupts the spleen's functions, impairing the ascending and descending movements of spleen-stomach qi. Imbalanced work-rest patterns — whether excessive exertion or excessive idleness — disrupt the spleen-stomach's qi and blood circulation. These factors interact to damage spleen-stomach function, resulting in a complex pattern of deficiency and excess: spleen-stomach deficiency as the root, with qi stagnation, phlegm accumulation, and blood stasis manifesting as secondary symptoms. In the early stages of the disease, spleen-stomach deficiency predominates, manifesting as epigastric dull pain, poor appetite, and loose stools. As the condition progresses, liver qi stagnation becomes

increasingly evident, presenting with epigastric distension, belching, and acid regurgitation. If the disease worsens further, phlegm and blood stasis intertwine within the stomach meridians, potentially causing intensified, fixed epigastric pain and even symptoms like melena.

3. Theoretical Framework of State-Target Differentiation and Treatment

The theory of state-target differentiation and treatment [4] represents an innovative development based on traditional Chinese medicine's pattern differentiation and treatment principles. Its theoretical roots trace back to classical Chinese medical texts' concepts of disease understanding and treatment. The Yellow Emperor's Inner Canon emphasizes “scrupulously observing disease mechanisms and assigning responsibility to their respective domains,” underscoring the importance of grasping the essence and patterns of disease. This principle laid the foundation for the concept of “state” within the State-Target Differentiation and Treatment Theory.

3.1 Concept and Implications of “State”

“State” represents a holistic summary of a disease at a specific stage, encompassing the comprehensive characteristics manifested through the interaction of multiple factors including the disease's etiology, location, nature, progression, as well as the patient's constitution and living environment. It reflects the dynamic changes of the disease across temporal and spatial dimensions, offering a macro-level understanding. From the perspective of disease progression, distinct pathological states emerge at different stages. For instance, early gastric precancerous lesions may manifest as spleen-stomach deficiency with impaired transformation and transportation. As the condition advances, it may progressively evolve into states characterized by liver qi stagnation, phlegm-stasis mutual entanglement, or even internal accumulation of pathogenic toxins. Constitutional factors also play a pivotal role in shaping disease states. Individuals with yang deficiency constitutions are prone to states characterized by internal cold deficiency and stagnation of dampness, while those with yin deficiency constitutions often exhibit states marked by ascending false fire and depletion of body fluids. Additionally, environmental factors such as geography, season, and lifestyle habits can influence disease states. For instance, individuals residing long-term in damp and cold environments often develop gastric disorders complicated by cold-dampness patterns. This comprehensive understanding of disease states provides a holistic framework for precision treatment [5].

3.2 Director Li Peirun's Approach to Identifying “Disease States” in Gastric Precancerous Lesions

3.2.1 Constitution-Based Pattern as Foundation

Constitutional factors play a crucial role in the development of gastric precancerous lesions. Director Li Peirun emphasizes identifying the constitutional pattern of patients. Individuals with a yang deficiency constitution often exhibit aversion to cold, cold limbs, cold pain in the epigastrium, preference for warmth and pressure, and loose stools. After developing disease, they are prone to patterns of spleen-stomach deficiency-cold and cold-congestion with blood stasis. Individuals with a yin deficiency constitution often present with epigastric discomfort, lack of appetite despite hunger, dry mouth and thirst, palmar and plantar heat, and a red tongue with scant coating. They are prone to developing a state of gastric yin deficiency with ascending false fire. Phlegm-dampness constitution is characterized by epigastric fullness and distension, heaviness in limbs, sticky sensation in the mouth, and thick greasy tongue coating. After illness, it is prone to develop into phlegm-dampness obstruction and qi-blood stasis.

3.2.2 Spleen-Stomach Deficiency as the Fundamental Pattern

Director Li Peirun posits that patients with precancerous gastric lesions often have underlying spleen-stomach deficiency. Improper dietary habits—such as prolonged consumption of raw, cold, greasy, or spicy foods, or irregular eating patterns—can damage the spleen and stomach. As the foundation of acquired constitution and the source of qi and blood generation, a weakened spleen and stomach fail to properly transform and transport nutrients. Instead of converting food into essence, they produce dampness, turbidity, phlegm, and fluid retention, obstructing qi movement. This impairs the stomach's functions of receiving and digesting food, leading to symptoms like epigastric discomfort, poor appetite, abdominal distension, and loose stools. In the early stages of disease, this spleen-stomach deficiency often manifests prominently and persists throughout the entire disease process. However, at different stages, it intertwines with other pathological factors, presenting more complex manifestations.

3.2.3 Liver Qi Stagnation as the Pivotal Pattern

Emotional factors play a significant role in the pathogenesis of precancerous gastric lesions. In modern society, fast-paced lifestyles and high work pressures lead to prolonged mental tension, anxiety, and depression, which readily cause liver qi stagnation. The liver governs the free flow of qi; when its function is impaired, it disrupts the spleen, affecting normal

spleen-stomach transformation and transportation. Patients often present with epigastric distension and pressing pain that fluctuates with emotional states, accompanied by symptoms of liver qi stagnation such as belching, chest tightness, and sighing. During the progression of gastric precancerous lesions, liver qi stagnation acts as a pivotal factor. On one hand, qi stagnation can lead to blood stasis, forming a pattern of qi and blood stagnation. On the other hand, it can disrupt fluid metabolism, causing dampness accumulation and phlegm production, thereby promoting the intertwined pattern of phlegm and blood stasis, which accelerates disease progression.

3.2.4 Phlegm-Stasis Mutual Aggregation as the Manifestation

As the disease persists, spleen-stomach deficiency interacts with liver qi stagnation, disrupting the transformation and transportation of qi, blood, and body fluids. Dampness accumulates to form phlegm, while impaired blood circulation leads to stasis. Phlegm and stasis become mutually entangled, obstructing the stomach collaterals and depriving the gastric mucosa of normal qi and blood nourishment, further exacerbating pathological changes. At this stage, gastroscopy reveals a coarse, thickened gastric mucosa with a grayish-dull appearance. Pathological examination may detect intestinal metaplasia and dysplasia. Beyond epigastric distension and pain, patients may exhibit symptoms indicative of mutual obstruction by phlegm and stasis, including fixed stabbing pain in the epigastrium, dysphagia, and vomiting of phlegm. This state of mutual entanglement between phlegm and stasis represents a crucial manifestation of precancerous gastric lesions and is a key factor in disease progression and increased malignant transformation risk.

3.2.5 Transformation into Internal Toxins

In advanced precancerous stages, if the condition remains uncontrolled, prolonged accumulation of pathological products like phlegm and blood stasis can generate heat and toxins, forming an internal toxin state. These toxins possess strong invasiveness and destructive power, accelerating the malignant transformation of gastric mucosal cells and driving progression to gastric cancer. Patients often present with symptoms such as burning pain in the epigastric region, weight loss, fatigue, and melena. At this stage, the condition is critical with a poor prognosis. Director Li Peirun emphasizes that during the early and middle stages of the disease, emphasis should be placed on preventing the generation of toxic pathogens, promptly resolving phlegm and blood stasis, and interrupting the progression of the disease toward the stage of internal accumulation of toxic pathogens.

3.3 Definition and Significance of Targets

The concept of “targets” draws inspiration from modern medicine's focus on microscopic disease targets and the principles of precision medicine. Within the context of Traditional Chinese Medicine (TCM), “targets” primarily refer to key symptoms, signs, and detectable physicochemical indicators of disease. Precise identification of these targets enables the targeted selection of therapeutic agents, thereby enhancing treatment efficacy. In gastric precancerous lesions, symptoms such as epigastric pain, bloating, belching, and acid reflux, along with pathological changes observed during gastroscopy—including gastric mucosal erosion, intestinal metaplasia, and dysplasia—as well as abnormal tumor markers in serology and *Helicobacter pylori* infection indicators, can all be identified as therapeutic targets. By precisely targeting these markers, specific drugs or therapeutic approaches with targeted efficacy can be selected. This enables precise intervention, enhancing treatment effectiveness and specificity while avoiding the potential shortcomings of traditional treatments, such as indiscriminate application and lack of specificity.

3.4 Li Peirun's Target Identification and Medication Strategy for Gastric Precancerous Lesions

3.4.1 Endoscopic and Pathological Target Indicators

For endoscopically observed gastric mucosal erosions, target medications such as *Bletilla striata* and *Phragmites communis*—possessing hemostatic, tissue-regenerating, and wound-healing properties—promote erosion surface healing. For intestinal metaplasia and dysplasia, studies indicate that total flavonoids from *Hedyotis diffusa* can downregulate TLR4, MVD88, and NF- κ B expression in tumor tissues or inhibit CLIC4 protein expression in gastric cancer BGC-823 cells. This reduces serum tumor marker levels in mice, diminishes malignant tumor stroma formation, and blocks tumor infiltration, thereby exerting antitumor effects. Additionally, *Hedyotis diffusa* can reduce mitochondrial membrane potential in gastric cancer MNK-45 cells while upregulating the gene expression of Caspase-3, Caspase-9, and CytC, thereby inducing apoptosis in MNK-45 gastric cancer cells [6]. Director Li Peirun believes that the occurrence and development of gastric cancer are closely related to the internal accumulation of heat toxins. Heat toxins can damage the qi and blood of the stomach, leading to tumor formation and progression. *Baihuashengcao*, with its strong cold nature, effectively clears heat toxins from the stomach, curbing further damage to gastric mucosa and tissues. It alleviates common heat-toxin symptoms in gastric cancer patients—such as epigastric burning pain, dry mouth with bitterness, and constipation—thereby improving patient

discomfort and quality of life.

3.4.2 *Helicobacter pylori* (Hp) Target

Research indicates that baicalin can inhibit the proliferation of gastric cancer HGC-27 cells, induce morphological changes and apoptosis in these cells, and suppress cancer cell migration and invasion by inhibiting the Wnt/ β -catenin signaling pathway. These findings suggest baicalin possesses significant potential for gastric cancer treatment [7]. Baicalin effectively inhibits scratch healing, Transwell migration, and invasion in gastric cancer HGC-27 cells, demonstrating its capacity to counteract gastric cancer migration and invasion [8]. Director Li Peirun posits that gastric cancer development correlates with spleen-stomach dysfunction and internal dampness. *Scutellaria baicalensis* root (Huangqin) clears heat and dries dampness, alleviating spleen-stomach damp-heat conditions. It relieves common gastric cancer symptoms like epigastric fullness, nausea, vomiting, and sticky stools, thereby restoring normal digestive function. When treating precancerous gastric lesions associated with *H. pylori* infection, antibiotics like *Scutellaria baicalensis* are targeted to eradicate *H. pylori*. Concurrently, based on the patient's constitution and overall condition, spleen-tonifying and stomach-harmonizing herbs such as *Codonopsis pilosula*, *Atractylodes macrocephala*, and *Poria cocos* are combined to enhance the body's resistance and prevent *H. pylori* recurrence.

The State-Target Differentiation Theory emphasizes the organic integration of “state” and “target.” First, the ‘state’ is identified to clarify the disease's overall framework and treatment direction. Then, the “target” is determined for precise medication, achieving a treatment model that unifies macro and micro perspectives while integrating holistic and localized approaches. Building upon foundational formulas, Director Li Peirun incorporates targeted herbs based on identified symptom and indicator targets. This approach enables formulas to both holistically regulate the patient's constitution and condition while delivering precise treatment for specific symptoms and indicators, thereby enhancing therapeutic efficacy.

4. Pattern Differentiation and Treatment Principles: Establishing the Spleen-Strengthening and Stomach-Restoring Decoction

The pathogenesis of precancerous gastric lesions (PLGC) is complex, involving a composite of deficiency, stasis, phlegm, and toxins. Its fundamental pathological features are spleen-stomach deficiency, internal phlegm-dampness, collaterals stasis obstruction, and internal accumulation of pathogenic toxins. During its progression, individual factors may also involve liver depression, yin deficiency, or damp-heat. The “Spleen-Strengthening and Stomach-Restoring Decoction” was formulated to address the overall pathogenesis of PLGC. Its specific formulation principles prioritize strengthening the spleen and tonifying qi, supplemented by resolving phlegm and dampness, promoting blood circulation and unblocking collaterals, while also incorporating detoxification and toxin elimination.

The formula comprises *Codonopsis*, Fried *Astragalus*, Fried *Atractylodes*, *Poria*, Ginger *Pinellia*, Tangerine Peel, Zhejiang *Fritillary Bulb*, *Scutellaria*, *Hedyotis*, *Panax Notoginseng*, *Cinnamomum*, Fried *Shenqu*, Fried Grain Sprout, Dried Ginger, and Fried *Licorice*[10]. This formula possesses a neutral nature, neither cold nor hot, integrating qi-tonifying and spleen-strengthening, blood-activating and stasis-resolving, detoxification, and anti-cancer properties. It emphasizes regulation and tonification, harmonizing yin and yang, enhancing immune function, and preventing or interrupting tumor development. Suitable for long-term administration over 3-5 months, it has no toxic side effects. Director Li Peirun formulated this prescription adhering to the principle of integrating state and target. First, he established the foundational formula based on the assessment of gastric precancerous lesions' state. Subsequently, he flexibly modified the original formula according to the specific dominant “state” and identified target points to precisely match the actual condition. For severe spleen-stomach deficiency, add stir-fried Chinese yam, white kidney beans, and jujubes to strengthen digestive function. For concurrent stomach yin deficiency, reduce ginger and pinellia, adding angelica, dried dendrobium, and northern ginseng to nourish yin and support the stomach. For liver qi stagnation, incorporate northern bupleurum, vinegar-processed cyperus, and Chinese litchi seed to regulate liver qi. For pronounced spleen-stomach damp-heat, add artemisia, coix seed, and white cardamom to clear heat and dispel dampness. For severe blood stasis in the stomach collaterals, add pollen, pentaphyllum, and vinegar-processed curcuma to intensify blood-activating and stasis-resolving effects. For pronounced food stagnation, add stir-fried chicken gizzard, stir-fried hawthorn, and stir-fried barley malt to enhance digestion and eliminate accumulation. For concurrent liver-stomach heat stagnation, reduce dried ginger and add *scutellaria*, *Evodia*, and stir-fried *Gardenia* to soothe the liver and clear heat. For gastric mucosal erosion, add *Bletilla* and Pollen as target herbs with astringent hemostatic and tissue-regenerating effects to promote healing of erosive surfaces. For HP-positive cases, add *Scutellaria baicalensis* and *Taraxacum officinale* as targeted herbs to clear heat, detoxify, and protect the gastric mucosa, thereby suppressing inflammatory recurrence.

The specialized formula “Jianspleen and Restore Stomach Decoction,” created by Director Li Peirun, demonstrates reliable clinical efficacy. It can achieve the therapeutic goals of reversing or downgrading gastric mucosal intestinal metaplasia and dysplasia.

5. Medical Case Study

Name: Rao XX

Gender: Female

Age: 39

Marital Status: Married

(1) 2021-10-09 Initial Visit.

Chief Complaint: Intermittent epigastric distension for over 2 years.

Present Illness: Epigastric distension, frequent belching, dry mouth without bitterness, cold hands and feet, no acid reflux or heartburn, no costal fullness, dry stools (2-3 days apart). Tongue: dark red with thin white coating and teeth marks on edges. Pulse: deep and thready.

Auxiliary Examination: Gastroscopy at Ningxia Hui Autonomous Region People's Hospital (2021-06-01) revealed chronic atrophic gastritis with erosions (C1). Pathological biopsy findings: Mild chronic gastritis with atrophy (+) in gastric body mucosa; moderate chronic gastritis with erosion and active inflammation (+) in gastric antrum mucosa; Hp (-); focal low-grade intraepithelial neoplasia in glands. 2021-08-18 Ningxia Hui Autonomous Region People's Hospital gastroscopy: Chronic non-atrophic gastritis with erosion; duodenitis. Pathological biopsy findings: Moderate chronic inflammation with erosion in gastric body mucosa, active (+), Hp (+), focal glands showing low-grade intraepithelial neoplasia; Moderate chronic inflammation with erosion in gastric fundus mucosa, active (+), Hp (+), lymphoid follicle formation in lamina propria; Mild chronic inflammation in duodenal mucosa.

TCM Diagnosis: Gastric fullness (spleen deficiency with phlegm obstruction and blood stasis toxin accumulation).

Western Diagnosis: Chronic atrophic gastritis.

Treatment Principle: Strengthen the spleen, eliminate dampness, resolve phlegm, and activate blood circulation.

Formula: Modified Jianspi Fuwei Decoction.

Fried Astragalus 20g Codonopsis Root Slices 10g Fried White Atractylodes 15g Fried Bitter Orange Peel 10g

Dried Tangerine Peel 10g Poria 15g Zhejiang Fritillary Bulb 10g Hedyotis 15g

Dried Ginger 5g Notoginseng 3g (Administer with warm water)

Nine-spice insect 6g

Fried grain sprouts 15g

Gluten-fried Shenqu 15g

Ginger Pinellia 9g

Cinnamon twig 10g

Fried licorice 6g

10 doses. Decoct in water, take warm, 200 ml per dose, twice daily.

(2) 2021-10-20 Second Consultation.

No discomfort after medication. Epigastric distension and belching reduced by 2/3. Sticky mouth. Appetite acceptable. Difficulty falling asleep. Stool dryness improved compared to before, passing 1-2 times daily. Urination normal. Tongue dark red with ecchymotic spots, teeth marks on edges. Thin white coating. Pulse deep, wiry, and fine.

Formula: Add 10g Angelica sinensis to the above formula to nourish and activate blood, moisten the intestines, and promote bowel movements.

12 doses. Decoct and take warm, 200 ml per dose, twice daily.

(3) 2021-11-24 Third Consultation.

No discomfort after medication. After eating improperly, epigastric distension occurs; when belching is not smooth, gastric distension worsens significantly. Sticky mouth has disappeared, appetite is poor, sleep has improved. Stools are dry, difficult to pass, 2-3 days per bowel movement. Urination is normal. Tongue: Pale and tender with marginal teeth marks. Coat: Thin white. Pulse: Deep, wiry, and fine.

Prescription: Remove fried white atractylodes from previous formula. Add raw white atractylodes 30g and cistanche 30g to aid bowel movements.

12 doses. Decoct in water, warm before drinking. 200 ml per dose, twice daily.

Fourth-Sixth Consultations: Condition stable. Prescription modified as needed and continued.

(4) 2022-01-05 Seventh Visit.

Gastric distension resolved, belching present, occasional acid regurgitation, fatigue, appetite acceptable, sleep adequate, bowel movements every 2-3 days. Tongue tender red with thin white coating, pulse fine and taut.

Fried Astragalus 20g Poria 15g Dried Ginger 5g Notoginseng 3g (administer separately)

Roasted Job's Tears Sprouts 15g Ginger Pinellia 9g Salt-processed Amomum 10g Vinegar-processed Cyperus 10g

Gluten-fried Citrus Aurantium 10g Nine-spice Bug 68 Cinnamon Twig 10g Codonopsis Root Slices 15g

Gluten-fried Shenqu 15g Danggui 10g Baizhu 30g Fried Gancao 6g

Chenpi 10g

20 doses. Decoct in water, take warm, 200 ml per dose, twice daily.

(5) 2022-02-12 Eighth Consultation.

No discomfort from medication. Poor appetite, belching after emotional stress. No dry mouth or bitter taste, no nausea, no acid reflux. Difficulty falling asleep, poor sleep quality. Fatigue from New Year festivities, pain on both sides of head. Appetite fair. Stools slightly dry, once every 2 days (once daily during medication; reports constipation after eating meat). Urination normal. Tongue pale red with thin white coating. Pulse fine.

Prescription: Add 2g clove to the previous formula to enhance qi-moving and pain-relieving effects.

21 doses. Decoct and take warm, 200ml per dose, twice daily.

9th-12th Consultations: Condition stable. Prescription modified as needed and continued.

(6) 2022-03-30 Thirteenth Visit.

Belching slightly reduced in intensity and frequency, occasional rumbling in the abdomen (more pronounced at night). Mouth dry but not bitter. Neck pain after exposure to wind. Appetite and sleep satisfactory. Bowel movements and urination normal. Tongue pale red with thin white coating. Pulse string-like and fine.

Formula: Remove Nine-Scented Bug, Salted Amomum, Vinegar-processed Cyperus, and Clove from the previous formula. Add Perilla Stem 10g to regulate qi and relieve pain, Hedyotis 15g to detoxify and combat cancer, and Dried Dendrobium 12g to nourish the stomach and generate fluids.

12 doses. Decoct and take warm, 200ml per dose, twice daily.

(7) 2022-04-27 Fourteenth Consultation.

Belching occurs frequently. Nighttime intestinal rumbling is present. Mouth feels dry but not bitter. Neck pain has resolved. Appetite is acceptable. Sleep is possible. Bowel movements and urination are normal. Tongue is pale red with mild tooth marks on the edges. Thin white coating. Pulse is fine and taut.

Supporting Examination: 2022-04-21 Gastroscopy at Ningxia Hui Autonomous Region Hospital of Traditional Chinese Medicine revealed chronic atrophic gastritis (C1) with gastric antral erosion. Pathological biopsy findings: (Gastric antrum) Chronic mucosal inflammation with erosion, focal hemorrhage, polypoid hyperplasia. Hp (negative).

Formula: Add 30g stir-fried white kidney beans to the above formula to enhance spleen-tonifying and dampness-resolving effects.

12 doses. Decoct and take warm, 200ml per dose, twice daily.

(8) 2022-09-07 Fifteenth Consultation.

Medication adherence satisfactory, condition stable. Frequent belching, exacerbated by dietary indiscretion or exposure to cold. Dry mouth, appetite acceptable. Restful sleep at night, regular bowel movements and urination. Tongue pale red with ecchymotic spots, thin white coating. Pulse string-like and slippery.

Formula: Maintain current prescription.

12 doses. Decoct in water, take warm, 200ml per dose, twice daily.

(9) Commentary.

Since the initial consultation on October 9, 2021, the patient has undergone 15 treatment sessions over a period of one year, consuming 164 doses of Chinese herbal decoction. This regimen achieved significant clinical symptom relief and resolution of low-grade intraepithelial neoplasia. This case is relatively typical, with gastroscopy revealing chronic atrophic gastritis with erosion C1. Biopsy findings: Mild chronic inflammation of the gastric body mucosa; moderate chronic inflammation with erosion in the gastric antrum mucosa; focal low-grade intraepithelial neoplasia in glands. The patient's primary complaint of "epigastric distension" persisted over an extended course. Based on tongue-pulse examination and pathological findings, this condition falls within the TCM category of "gastric fullness". Guided by the theory of pattern differentiation and treatment, I first assessed the underlying deficiency/excess and cold/heat patterns. The prolonged course, deep and thready pulse, and prominent tooth marks on the tongue margins indicated fundamental spleen deficiency. However, gastroscopy revealed erosion and active inflammation, while the dark red tongue with ecchymotic spots signified

phlegm-stasis-toxin accumulation. This pattern differentiation identified spleen deficiency with phlegm obstruction, slightly complicated by spleen yang deficiency. Treatment employed methods to strengthen the spleen, activate blood circulation, and resolve toxins, while also warming the middle burner and dispelling cold. The therapeutic target was then established: addressing the core pathology of gastric mucosal gland atrophy and intraepithelial neoplasia. The Jianspleen and Restore Stomach Decoction served as the foundation, incorporating Astragalus, Codonopsis, and Atractylodes to nourish the middle burner, Hedyotis to resolve toxins and combat cancer, Panax notoginseng and Cinnamomum cassia unblock collaterals and eliminate masses, aligning with the targeted therapeutic principle of “strengthening the spleen, detoxifying, and eliminating masses.”

Treatment closely followed the “three-state transformation” principle:

Initial consultation focused on expelling pathogens, employing Zhebeimu to resolve phlegm and disperse nodules, while Cinnamomum cassia and Zingiber officinale warmed and activated blood circulation. Second consultation addressed blood deficiency and intestinal dryness by adding Angelica sinensis to nourish blood and moisten dryness, embodying the “mutually reinforcing attack and tonification” approach. The third consultation adjusted the dosage of Atractylodes macrocephala and added Cistanche deserticola, simultaneously fortifying spleen-stomach qi and yin while promoting bowel movement and clearing turbidity, aligning with the pivotal principle of “spleen ascending and stomach descending.” Later stages incorporated Perilla stem to regulate qi flow, Dendrobium to nourish stomach yin, and Vigna radiata to strengthen the spleen and transform dampness—all embodying the diagnostic essence of “adjusting states according to symptoms and modifying herbs according to states.” Particularly noteworthy is that after 14 months of systematic treatment, pathological biopsy revealed Hp seroconversion and improvement in glandular dysplasia, validating traditional Chinese medicine's unique advantage in reversing precancerous lesions. This case fully demonstrates the academic principles of holistic regulation, phased treatment, and addressing both symptoms and root causes under the guidance of state-targeted diagnosis and treatment theory, providing a reference clinical paradigm for TCM intervention in gastric precancerous lesions.

6. Conclusions and Outlook

From the macro “state” perspective, Director Li Peirun precisely assessed the patient's overall condition, comprehensively considering factors such as constitution, emotions, and living environment. This approach adjusted the body's yin-yang balance and improved the internal environment, laying a solid foundation to halt disease progression. At the micro level of “target,” precise medication targeting the specific pathological characteristics of precancerous gastric lesions directly addresses the pathological focus. This innovative model integrating macro and micro perspectives transcends the limitations of traditional single-disease diagnosis or syndrome differentiation alone, achieving deep integration between TCM theory and clinical practice. Director Li Peirun's application of the State-Target Differentiation and Treatment Theory to precancerous gastric lesions demonstrates a unique theoretical framework and rich clinical experience. Through comprehensive identification of the “state” of gastric precancerous lesions—including grasping different levels and stages such as spleen-stomach deficiency, liver qi stagnation, phlegm-stasis mutual entanglement, and internal accumulation of pathogenic toxins—and precise determination of symptom targets and indicator targets with targeted medication, the organic integration of state and target has been achieved, yielding remarkable clinical efficacy.

Reviewing the research process, we observed and analyzed numerous clinical cases, collected detailed data, and deeply examined Director Li Peirun's medication patterns and therapeutic approach. We observed that treatment protocols guided by the State-Target Differentiation and Treatment theory not only significantly alleviated patients' clinical symptoms—such as epigastric pain, distension, and belching—and improved their quality of life, but also achieved remarkable outcomes in reversing pathological changes like gastric mucosal atrophy, intestinal metaplasia, and dysplasia. This research outcome provides robust clinical evidence for TCM treatment of precancerous gastric lesions, significantly advancing TCM development in this field.

Director Li Peirun's experience in treating precancerous gastric lesions based on the State-Target Differentiation and Treatment Theory provides an innovative model for TCM clinical practice. We firmly believe that through the collective efforts of TCM practitioners worldwide, the continuous inheritance, innovation, and development of TCM theories and techniques will achieve greater breakthroughs in the prevention and treatment of precancerous gastric lesions and other digestive system diseases, making significant contributions to human health.

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