

Progress in the Clinical Application and Therapeutic Effect of Huangqi Jianzhong Decoction in the Treatment of Spleen and Stomach Coldness Deficiency

Xiaoxu Liu¹, Yahui Huang^{2,*}

¹ Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

² Xi'an Hospital of Traditional Chinese Medicine, Xianyang 710000, Shaanxi, China

Abstract: Huangqi Jianzhong Decoction, derived from Synopsis of the Golden Chamber by Zhang Zhongjing, is composed of Astragalus membranaceus, maltose, Cinnamomi Ramulus and other herbs. It features the effects of warming the middle, tonifying deficiency, alleviating urgency and relieving pain, serving as the principal prescription for deficiency-cold stomachache with rigorous compatibility and definite efficacy. Relevant literature shows that it is applied not only in digestive system diseases but also widely studied in circulatory and respiratory system diseases. Epigastric pain is a syndrome marked by upper abdominal epigastric pain. In Western medicine, it is mainly associated with functional dyspepsia, acute and chronic gastritis, gastroparesis, peptic ulcer, gastric mucosal prolapse and other diseases. Before the Tang and Song Dynasties, epigastric pain was mostly called "heartache", and the term "epigastric pain" first appeared in Secret Records of the Orchid Chamber in the Jin and Yuan Dynasties. Traditional Chinese medicine (TCM) holds that it is related to improper diet, exogenous pathogens, overstrain, emotional disorders, spleen deficiency and drug injury, and is classified into deficiency-excess and cold-heat types. Spleen and stomach cold deficiency is the most common syndrome of epigastric pain, requiring treatment based on syndrome differentiation. Huangqi Jianzhong Decoction and moxibustion are commonly used in clinical practice. This paper reviews the research progress of Huangqi Jianzhong Decoction in treating this disease.

Keywords: epigastric pain; spleen and stomach cold deficiency syndrome

1. Introduction

Huangqi Jianzhong Decoction, originating from Synopsis of the Golden Chamber by Zhang Zhongjing, is developed by adding Astragalus membranaceus to Xiaojianzhong Decoction. It has the effects of warming the middle, tonifying deficiency, alleviating urgency and relieving pain, and is a classic principal prescription for deficiency-cold stomachache. At present, relevant clinical research papers are insufficient and backward, failing to reflect the latest progress. In view that spleen and stomach cold deficiency is a common and frequent syndrome of epigastric pain, this paper sorts out recent literature on Huangqi Jianzhong Decoction for this syndrome.[1]

2. Historical Evolution of Stomachache

Stomachache, also known as epigastric pain, was first recorded in Huangdi Neijing (Yellow Emperor's Internal Classic), which first proposed that its onset is related to the liver and spleen. Physicians after the Song Dynasty confused stomachache with heartache until the term "epigastric pain" was first put forward in Secret Records of the Orchid Chamber in the Jin and Yuan Dynasties. Later, physicians in the Ming and Qing Dynasties further distinguished heartache from stomachache, proposed treatment principles and enriched relevant theories of stomachache.

In modern medicine, acute gastritis, chronic gastritis, functional dyspepsia, gastric ulcer and other diseases with upper abdominal pain as the main symptom are classified into the category of TCM stomachache.[2]

3. Etiology and Pathogenesis of Epigastric Pain Due to Spleen and Stomach Cold Deficiency

Spleen and stomach cold deficiency is the most common syndrome of epigastric pain, mostly affecting people with middle-jiao deficiency, internal cold and congenital spleen weakness. Cold pathogens invade the stomach and intestines, leading to cold coagulation, qi stagnation and disharmony of stomach qi. Improper diet and food stagnation may also occur, damaging the qi movement of the spleen and stomach and causing pain[3]. This syndrome is clinically treated by the principles of warming the middle, tonifying deficiency, harmonizing the stomach and relieving pain with satisfactory efficacy. Its basic pathogenesis includes spleen-kidney yang deficiency[4], internal cold generation, cold coagulation and qi

stagnation, namely "pain due to obstruction". The main causes are cold pathogen invasion, dietary injury, emotional disorders and congenital spleen deficiency, leading to stagnation of stomach qi and failure to descend. "Pain due to obstruction" and "pain due to malnutrition" are the fundamental pathogenesis of stomachache[5]. As a common syndrome of internal injury stomachache, spleen and stomach cold deficiency features a long course and recurrent attacks. The spleen relies on yang qi for warming and transportation, and this syndrome is mostly caused by deficiency of spleen and stomach yang qi and exuberance of yin cold, manifesting as sallow complexion, shortness of breath, fatigue, cold intolerance, lethargy, epigastric fullness, loose stools or difficult defecation, which tend to worsen in winter.

4. TCM Treatment of Epigastric Pain Due to Spleen and Stomach Cold Deficiency

4.1 Treatment Principles

The treatment of spleen-stomach weakness and epigastric pain follows the core principles of strengthening the spleen and benefiting qi, warming the middle and dissipating cold, regulating qi and relieving pain, and harmonizing stomach qi[6]. Commonly used herbs include ginseng, *Atractylodis Macrocephalae Rhizoma*, dried ginger, dried tangerine peel and *Aucklandiae Radix*. Meanwhile, spicy, greasy and cold foods should be avoided, emotions should be regulated and overwork should be prevented[7]. TCM treats the root cause by syndrome differentiation and pathogenesis identification.

4.2 Huangqi Jianzhong Decoction

Common prescriptions for this syndrome include Huangqi Jianzhong Decoction[8], Wenpi Decoction[9] and Wenzhong Tiaopi Decoction[10]. Huangqi Jianzhong Decoction, derived from Synopsis of the Golden Chamber, has the effects of warming the middle, tonifying deficiency, alleviating urgency and relieving pain, and is one of the principal prescriptions for deficiency-cold epigastric pain. Based on the yang-warming effect of Xiaojianzhong Decoction, it is added with *Astragalus membranaceus* to focus on sweet-warm qi tonification, urgency alleviation and pain relief[11]. As recorded: "For consumptive disease with internal urgency and general deficiency, Huangqi Jianzhong Decoction is indicated. Add one and a half liang of *Astragalus membranaceus* to Xiaojianzhong Decoction, and prepare the rest as before"[12].

In the prescription, maltose acts as the sovereign herb to alleviate urgency, relieve pain and tonify the middle-jiao; *Astragalus membranaceus* and *Cinnamomi Ramulus* are ministerial herbs to tonify qi, strengthen the spleen, warm yang and dissipate cold, jointly exerting sweet-warm yang-supporting effect; *Paeoniae Radix Alba* and honey-fried licorice are adjuvant herbs to generate yin by sour-sweet combination, alleviate urgency and relieve pain; ginger and jujube harmonize ying and wei; licorice also mediates all herbs. The whole formula achieves the effects of tonifying qi, strengthening the spleen, warming yang, dissipating cold, alleviating urgency and relieving pain[13]. It warms and invigorates the middle with sweet-warm property, strengthens the spleen to produce essence, consolidates the exterior while tonifying the middle, and regulates both yin and yang, serving as the key prescription for deficiency-cold stomachache. Modern pharmacological research has revealed some mechanisms, but TCM formulas usually act through multi-component, multi-target and multi-pathway modes, with different studies focusing on different pathophysiological processes.

The modern pharmacological mechanisms of Huangqi Jianzhong Decoction mainly include: enhancing immunity, anti-inflammation, protecting gastric mucosa, regulating gastrointestinal function, improving microcirculation and anti-oxidation. The above are speculations from modern research, not indicating that it can treat all related diseases. TCM requires syndrome differentiation, and this prescription should be used under the guidance of professional TCM physicians.

4.3 Clinical Application of Huangqi Jianzhong Decoction

Huangqi Jianzhong Decoction has significant efficacy on spleen and stomach cold deficiency stomachache. It can warm the middle, strengthen the spleen, harmonize the stomach and relieve pain, improving patients' quality of life. The specific regimen should be formulated by TCM physicians based on syndrome differentiation.

Liu Jianbo et al.[14] found that Western medicine had obvious adverse reactions such as nausea and diarrhea in treating this disease with unsatisfactory efficacy. The total effective rate of Huangqi Jianzhong Decoction was 98.61%, higher than 88.89% of the omeprazole capsule control group, and the adverse reaction rate was 5.56%, significantly lower than 16.67% of the control group. Cheng Guolun[15] observed the clinical efficacy of Huangqi Jianzhong Decoction, scoring symptoms of stomachache and upper abdominal discomfort. The total effective rate was 94.67%, significantly higher than 81.33% of the triple therapy (amoxicillin capsules, colloidal bismuth pectin capsules, metronidazole tablets).

In conclusion, treatments based on the principle of "warming the middle, tonifying deficiency, alleviating urgency and relieving pain" of Huangqi Jianzhong Decoction can effectively relieve symptoms and sequelae of spleen and stomach cold deficiency stomachache.

Modern medicine lacks clear and standardized regimens for epigastric pain with unsatisfactory efficacy, while TCM can effectively relieve patients' pain. Current clinical studies have problems such as small sample size and non-standard design. Standardized clinical studies from multiple perspectives and with wide coverage should be carried out to improve the reliability of results.

5. Conclusion and Prospect

Future research and application of Huangqi Jianzhong Decoction: conduct more clinical trials to verify its efficacy and safety in treating spleen and stomach cold deficiency epigastric pain, and clarify its mechanism and application scope; promote individualized treatment combined with constitutions and modern detection; develop new drugs based on its pharmacology, optimize the formula to enhance efficacy and reduce toxicity; explore integrated traditional Chinese and Western medicine therapy to improve curative effect. It has great therapeutic potential and needs more research and practice to give full play to its advantages.

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