TCM Pathogenesis of IBS Treated with Modified Sanren Decoction Based on Triple Energizer Differentiation

Xiaoxu Liu
Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

Abstract: Irritable Bowel Syndrome (IBS) is a prevalent functional gastrointestinal disorder with elusive pathogenesis and recurrent abdominal pain plus abnormal defecation. Western medicine merely offers symptomatic relief with poor long-term efficacy, while traditional Chinese medicine delivers stable curative effects via holistic syndrome differentiation. This paper explores IBS pathogenesis and therapeutic approaches under triple energizer differentiation, centering on Professor Huang Yahui's Modified Sanren Decoction. The triple energizer system jointly governs qi transformation and fluid metabolism: upper jiao lung dysfunction causes dampness pouring down; middle jiao spleen transportation disorder forms internal damp-heat (the core lesion); lower jiao liver-kidney disharmony triggers qi stagnation. The modified formula targets three jiaos separately: bitter apricot seed disperses lung qi to clear upper damp turbidity, amomum and largehead atractylodes tonify spleen and resolve middle damp-heat, coix seed drains lower dampness. Flexible modifications combined with Tongxie Yaofang address liver-spleen imbalance. Triple energizer differentiation breaks single zang-fu treatment limits, clarifies interlocked pathological mechanisms of multiple viscera, and provides an integrated TCM strategy for recurrent IBS.
***Keywords*:** Sanjiao syndrome differentiation; Irritable Bowel Syndrome; Modified Sanren Decoction

1. Introduction

Experience of distinguished physicians Irritable Bowel Syndrome (IBS) is a common non-organic gastrointestinal disease, mainly manifested as abdominal pain and altered defecation habits [1]. According to the Rome IV Criteria, IBS is classified into four subtypes: diarrhea-predominant IBS (IBS-D), constipation-predominant IBS (IBS-C), mixed IBS (IBS-M) and unsubtyped IBS (IBS-U). IBS-D is more prevalent in China, with a high incidence among young and middle-aged populations [2]. The recurrent and intractable symptoms severely affect patients' study, work and daily life, and may trigger psychological problems of varying degrees. Epidemiological data show that the global incidence of IBS varies across regions: the incidence in Asia ranges from 5% to 10%, higher than that in Western countries [3].

The pathogenesis of IBS remains unclear. Since no organic lesions can be identified for diagnosis, the disease is mainly diagnosed based on digestive symptoms without sufficient auxiliary examination evidence. Western medicine adopts symptomatic treatment. Although the therapeutic regimens are relatively complete, there are no targeted and effective drugs. Western medicines only relieve short-term symptoms with poor long-term prognosis, which is a major cause of unsatisfactory therapeutic effects for IBS. In contrast, traditional Chinese medicine has accumulated rich experience in treating such diseases, featuring favorable efficacy, low cost, low recurrence rate and good patient compliance [4].

There is no exact corresponding disease name of IBS in classical TCM literature. According to its clinical manifestations, IBS is categorized into the scope of diarrhea, abdominal pain and depression syndrome [5].

2. Analysis and Application of Modified Sanren Decoction by Professor Huang Yahui

2.1 Origin of Prescription: Foundation of Treatment Based on Syndrome Differentiation

In clinical practice, Professor Huang flexibly modifies the prescription according to clinical symptoms, hence the name "Modified Sanren Decoction". Combined with Tongxie Yaofang for patients with liver qi stagnation attacking the spleen. Additional Radix Bupleuri and Fructus Aurantii are added to soothe the liver for aggravated abdominal pain, hypochondrial distension and emotional depression caused by unsmooth liver qi. For severe internal retention of water-dampness, Polyporus Umbellatus and a small dose of Ramulus Cinnamomi are supplemented to activate qi and promote diuresis. A small amount of Rhizoma Coptidis is added to clear damp-heat in the middle jiao and large intestine for patients with bitter mouth and yellow greasy tongue coating. When dampness prevails over heat with widespread damp-heat in Sanjiao, Herba Plantaginis is replaced with Talcum to unblock Sanjiao, clear heat and eliminate dampness.

2.2 Compatibility Characteristics: Therapeutic Wisdom of Targeted Treatment for Each Jiao

2.2.1 Diffusing the Upper Jiao: Unblocking the Lung to Eliminate Turbidity

Semen Armeniacae Amarum serves as one of the monarch drugs. Pungent, bitter and warm in nature, it acts on the lung and large intestine meridians and is good at diffusing and descending lung qi. Compendium of Materia Medica records that it "can disperse and descend, so as to relieve exterior syndrome, dispel wind, descend qi, moisten dryness and eliminate stagnation". Diffusing lung qi promotes the distribution of body fluid, while descending lung qi facilitates the conduction function of the large intestine, which conforms to the TCM theory of exterior-interior relationship between the lung and large intestine. It fundamentally corrects the failure of lung diffusion and descent and internal retention of water-dampness in the upper jiao. Assisted by Medulla Tetrapanacis and Talcum which are sweet, bland and diuretic, the prescription unblocks the water passages together with Semen Armeniacae Amarum, guiding damp-turbidity of the upper jiao to be discharged through the lower jiao. In line with the principle of treating the upper jiao with light medicinals, the whole formula exerts the effects of diffusing the upper jiao and unblocking water passages.

2.2.2 Regulating the Middle Jiao: Tonifying the Spleen and Clearing Heat to Harmonize Qi Movement

The middle jiao is the core of pathogenesis, so Fructus Amomi Kravan and stir-fried Rhizoma Atractylodis Macrocephalae are selected as the principal monarch drugs. Pungent and warm, Fructus Amomi Kravan acts on the spleen and stomach meridians, resolving dampness with aroma and warming the middle jiao to stop vomiting, relieving stuffiness and abdominal distension caused by dampness stagnation and qi obstruction in the middle jiao. Bitter, sweet and warm, stir-fried Rhizoma Atractylodis Macrocephalae is known as the top medicinal for tonifying the spleen. It invigorates the spleen, replenishes qi, dries dampness and promotes diuresis, improving the dysfunction of transportation and transformation due to spleen deficiency fundamentally. The two herbs work in collaboration to resolve dampness and tonify the spleen, addressing both root and branch of spleen deficiency with damp-heat in the middle jiao.

2.2.3 Draining the Lower Jiao: Eliminating Dampness and Regulating the Liver to Warm and Consolidate Yang

As another monarch drug, Semen Coicis is sweet, bland and cool, acting on the spleen, stomach, lung and large intestine meridians. It promotes diuresis, eliminates dampness, invigorates the spleen and relieves diarrhea. With a descending property, it drains damp-turbidity in the lower jiao and eliminates damp-heat downward. Radix Saposhnikoviae is used as an adjuvant drug.

3. Origin of Sanjiao Syndrome Differentiation and Its Interpretation on IBS Pathogenesis

3.1 Theoretical Origin and Connotation of Sanjiao Syndrome Differentiation

The term Sanjiao was first recorded in Suwen·Classic of the Spiritual Orchid and Secret Canons: "Sanjiao is the official in charge of water passages, where all body fluids flow out" [6].

3.2 Theoretical Correlation between Sanjiao Qi Transformation and IBS Onset

Modern physicians combine Sanjiao qi transformation theory with body fluid metabolism and zang-fu organ functions[7], further interpreting the complex pathogenesis of chronic diseases [8-9].

3.3 Interpretation of IBS Pathogenesis Based on Sanjiao Differentiation

3.3.1 Upper Jiao: Failure of Lung Diffusion and Descent with Downward Flowing Water-Dampness

Governed by the heart and lung, the upper jiao is the starting point of qi movement and the root of body fluid metabolism. The lung dominates diffusion and descent: it distributes nutrient substances transformed by the spleen and stomach throughout the body, and transports metabolic waste fluid of zang-fu organs downward to the lower jiao for excretion. Moreover, the lung and large intestine are exterior-interior related, so the descending function of lung qi directly affects the conduction of the large intestine. Essence of Medical Classics·Officials of Zang-Fu Organs records: "The large intestine can conduct waste because it is the fu organ of the lung; downward flowing lung qi ensures its normal conduction."

3.3.2 Middle Jiao: Dysfunction of Spleen Transportation with Internal Retention of Damp-Heat

The middle jiao is the location of the spleen, stomach and large intestine, serving as the source of qi and blood and the pivot for food transportation. It is the core pathological location of IBS. Complete Works of Jingyue·Spleen and Stomach states: "The spleen and stomach are exterior-interior related. The stomach receives food while the spleen grinds it.

3.3.3 Lower Jiao: Liver-Kidney Disharmony with Qi Stagnation

The liver and kidney in the lower jiao are closely associated with the spleen and stomach in the middle jiao, acting as an important link in the pathological evolution of IBS. The liver governs free flow of qi, regulating emotion and assisting spleen-stomach transportation. The kidney governs water metabolism and defecation and urination, and kidney yang provides warming power for the spleen and stomach. Subtle Interpretation of Plain Questions and Spiritual Pivot·Interpretation of Dysphagia and Regurgitation notes: "Digestion of food relies on the spleen; excretion of feces and urine is governed by the liver" [10].

3.4 General Summary of Sanjiao Pathogenesis

The disease presents a complex state involving multiple zang-fu organs and intertwined pathogeneses. Dysfunction of each jiao interacts mutually: undiffused upper jiao lung qi aggravates damp-turbidity in the middle jiao; excessive dampness due to spleen deficiency in the middle jiao affects the liver and kidney downward; qi stagnation in the lower jiao in turn disturbs the middle jiao, forming a vicious cycle. This understanding of pathogenesis breaks the limitation of treating single zang-fu organ lesions and reflects the advantages of the holistic view of Sanjiao syndrome differentiation.

4. Discussion

The TCM pathogenesis of IBS is complicated, involving dysfunction of multiple zang-fu organs in Sanjiao, with the core being spleen deficiency with damp-heat and Sanjiao disharmony. From the perspective of Sanjiao syndrome differentiation, the key pathogenic factors of IBS are dysfunction of Sanjiao qi transformation, internal retention of damp-heat and disordered qi movement. Professor Huang Yahui mainly uses Modified Sanren Decoction to eliminate pathogens by dispersing, draining and guiding turbid pathogens.

References

[1] Digestive Disease Committee of Chinese Association of Integrated Traditional and Western Medicine. Expert Consensus on Integrated Traditional Chinese and Western Medicine for Irritable Bowel Syndrome (2025)[J]. Chinese Journal of Integrated Traditional and Western Medicine on Digestion, 2025, 33(03): 183-194.

[2] XIONG LS, CHEN MH, CHEN HX, et al. A population based epidemiologic study of irritable bowel syndrome in South China: stratified randomized study by cluster sampling [J]. Aliment Pharmacol Ther, 2004, 19(11): 1217-1224.

[3] CELERI S, ACIK Y, DEVECIS E, et al. Epidemiological features of irritable bowel syndrome in a Turkish urban society[J]. J Gastroenterol Hepatol, 2004, 19(7): 738.

[4] Wang Yajie, Cong Yu, Yang Yang, et al. Discussion on Pathogenesis and Therapeutic Principles of Diarrhea-Predominant Irritable Bowel Syndrome Based on the Theory of Regulating Pivot and Unblocking Stomach[J]. Global Journal of Traditional Chinese Medicine, 2020, 13(09): 1634-1636.

[5] Chen Xiao, Tang Li, Liu Zhiqun, et al. Discussion on TCM Pathogenesis and Treatment of Diarrhea-Predominant Irritable Bowel Syndrome (Spleen Deficiency with Damp-Heat Syndrome in Middle Jiao) Based on Sanjiao Syndrome Differentiation[J]. Journal of Practical Traditional Chinese Internal Medicine, 2023, 37(11): 136-139. DOI:10.13729/j.issn.1671-7813.Z20221904

[6] Zhang Xiaoxia. Analysis on Zang-Fu Organ Functions[D]. Shandong University of Traditional Chinese Medicine, 2007.

[7] Yang Zeyu, Meng Zhizhou, Jia Yuanning, et al. Li Jianhong's Experience in Treating Wind-Constrained Blood-Heat Type Acne Based on the Theory of Stagnated Heat and Ministerial Fire[J]. Jilin Journal of Traditional Chinese Medicine, 2025, 45(05): 545-548. DOI:10.13463/j.cnki.jlzyy.2025.05.012.

[8] Guo Wenjuan, Hu Ke. Modified Zisheng Pill Combined with Mesalazine for 35 Cases of Diarrhea-Predominant Irritable Bowel Syndrome[J]. Jiangxi Journal of Traditional Chinese Medicine, 2013, 44(03): 33-34.

[9] Yang Min. Discussion on TCM Experience in Treating Constipation Induced by Chemotherapy after Breast Cancer Operation[J]. Guangming Journal of Chinese Medicine, 2019, 34(02): 306-308.

[10] Liu Siming, Wang Chuijie, Li Yufeng. Analysis of Professor Wang Chuijie's Clinical Experience in Treating Diarrhea-Predominant Irritable Bowel Syndrome[J]. Asia-Pacific Traditional Medicine, 2024, 20(03): 136-139.