

Treatment Progress of Common TCM Syndromes in Chronic Obstructive Pulmonary Disease

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Abstract: In Traditional Chinese Medicine (TCM) practice, chronic obstructive pulmonary disease (COPD) is usually categorized as “chuan zheng” (wheeze/asthma) and “fei zhang” (lung distension). Syndrome differentiation and stage-based TCM treatment offer advantages in COPD management. This review analyzes etiologies and pathomechanisms of common TCM syndrome patterns across COPD stages (stable phase and acute exacerbation) and summarizes therapeutic principles and representative formulas used clinically for eight main syndrome types.

Keywords: COPD; Traditional Chinese Medicine; STCM syndromes; TCM treatment

1. Introduction

COPD is the third leading cause of death worldwide, after ischemic heart disease and stroke [1]. In conventional medicine, stable COPD management focuses on smoking cessation, avoidance of pollution, bronchodilators (e.g., salbutamol), and corticosteroids; acute exacerbations may be managed with PDE4 inhibitors, methylxanthines, antibiotics, vaccines, mucolytics, and antitussives [2]. However, these approaches have limitations, such as antibiotic resistance and steroid-related complications [3]. In TCM, COPD-like disorders fall mainly under “lung distension” and “wheeze,” with pathogenesis involving lung, spleen, and kidney and potentially affecting the heart in chronic disease [4]. Clinical studies suggest TCM interventions can improve symptoms and overall condition in COPD patients [5]. The TCM harmonizing method (“he fa”) and stage-specific syndrome differentiation play important roles in treatment.

2. Etiology and Pathomechanism (TCM perspective)

The concepts of “wheeze” and “lung distension” appear in the Huangdi Neijing (Ling Shu) [6]. Prolonged disease may lead to lung deficiency; deficient lung qi fails to secure the exterior (wei qi), promoting internal phlegm and blood stasis and increasing vulnerability to external pathogenic factors. Diet and emotional imbalance may impair lung dispersing and descending, causing counterflow of lung qi, disruption of fluid metabolism, and poor blood circulation [7]. Common pathogenic categories are phlegm-damp obstruction, lung qi deficiency, qi stagnation with blood stasis, and yang deficiency with cold congealing [8]. The fundamental mechanism is “root deficiency with branch excess”: deficiency of lung, kidney, heart, and spleen as root, with phlegm, retained fluids, and blood stasis as manifestations; acute attacks lean toward excess while baseline constitution tends toward deficiency.

3. COPD staging and common TCM syndromes

Clinically COPD is divided into stable phase and acute exacerbation phase. Stable-phase common syndromes include lung-spleen qi deficiency, lung qi deficiency, lung-kidney qi deficiency, and lung-kidney qi-yin deficiency [9]. Acute-exacerbation common syndromes include wind-cold attacking the lung, exterior cold with internal fluid retention, phlegm-heat obstructing the lung, and phlegm-damp obstructing the lung [10].

4. Treatments by stage and syndrome

4.1 Stable-phase COPD

4.1.1 Lung-Spleen Qi Deficiency

Pathomechanism: Lung and spleen qi interact because zong qi is formed from lung-inhaled clear qi and spleen-transformed essence; spleen weakness generates phlegm-damp. Clinical features: dyspnea, chest tightness, cough, poor appetite, loose stools. Principle: tonify lung, strengthen spleen, descend qi, and transform phlegm [11,12]. Representative formula: Liu Junzi Tang (Six Gentlemen Decoction) combined with Yu Ping Feng San (Jade Screen Powder) (modified). Clinical evaluations report symptom improvement, increased exercise tolerance, reduced exacerbation frequency, and some

slowing of lung function decline [13].

4.1.2 Lung Qi Deficiency

Pathomechanism: Lung is vulnerable to external invasion; lung qi deficiency causes impaired dispersing/descending leading to cough, dyspnea, fatigue, and low voice. Principle: tonify lung and augment qi to treat root and relieve cough/wheeze [14,15]. Representative formula: Shenqi Bu Fei Tang (modified), with Codonopsis and Astragalus to tonify qi and ingredients such as Ziwan and Baibu to remove phlegm and relieve wheeze [16,17].

4.1.3 Lung–Kidney Qi Deficiency

Pathomechanism: Kidney governs grasping/receiving qi; kidney qi deficiency leads to inability to hold qi and exertional dyspnea. Lung and kidney mutually affect each other. Principle: descend rebellious qi, relieve wheeze, tonify lung and secure kidney. Representative formulas: Pingchuan Guben Tang, Bufe Tang, Liu Junzi Tang, and Yu Ping Feng San in combinations or modifications; these aim to consolidate root and support upright qi [18,19].

4.1.4 Lung–Kidney Qi–Yin Deficiency

Pathomechanism: On the basis of lung–kidney qi deficiency, yin deficiency manifests (dry cough with little sputum, palms/soles heat). Principle: tonify lung and kidney, benefit qi and nourish yin while preventing phlegm-damp formation. Representative formulas: modified Shengmai–Dihuang-based prescriptions (e.g., Shengmai Dihuang Tang), combining ginseng, Ophiopogon (Maidong), Schisandra, Liuwei Dihuang-type herbs and adjuncts (Poria, Rhodiola, Dulong) to balance tonification and transformation [20–22]. Clinical application emphasizes moderated tonification with measures to resolve phlegm-damp.

4.2 Acute-exacerbation–phase COPD

4.2.1 Wind–Cold Attacking the Lung

Pathomechanism: Deficient wei qi predisposes to wind–cold invasion, disrupting lung dispersal/descending and water regulation; manifests as cough with thin white sputum, aversion to cold, fever, chest fullness, dyspnea. Principle: release exterior, disperse wind–cold, disseminate lung qi, relieve cough/wheeze. Representative formula: Ning Sou Hua Tan Tang (combination including Ephedra, Kudzu, Platycodon, Pinellia, Chenpi, Poria, Perilla, apricot kernel, Sangbaipi, ginger, licorice) with reported improvement in symptoms, blood gas indicators, reduced inflammation, and vascular remodeling effects [23].

4.2.2 Exterior Cold with Internal Fluid Retention

Pathomechanism: External cold constrains exterior while cold fluid accumulates internally, causing cough with white thin sputum, chest fullness, urinary difficulty, fever without sweat. Principle: warm lung, disperse cold, descend rebellious qi, transform internal fluid. Representative formula: Xiao Qing Long Tang (Minor Blue–Green Dragon Decoction) (modified) — Ephedra, Cinnamon twig, dried ginger, Schisandra, etc. — applied clinically with good effect [24].

4.2.3 Phlegm–Heat Obstructing the Lung

Pathomechanism: Phlegm-heat blocks the lung causing thick sticky sputum difficult to expectorate, dyspnea, fever or mild aversion to cold. Principle: clear lung heat, transform phlegm, descend rebellious qi. Representative formulas: Yue Bi Jia Banxia Tang or Sangbaipi Tang, using heat-clearing and phlegm-transforming herbs to restore dispersing/descending under a harmonizing approach [25,26].

4.2.4 Phlegm–Damp Obstructing the Lung

Pathomechanism: Phlegm-damp obstructs the lung resulting in chest fullness and copious white sticky or foamy sputum. Principle: transform phlegm, descend qi, strengthen spleen and benefit lung. Representative combination: Er Chen Tang combined with Sanzi Yangqin Tang (Three Seeds Nourishing the Parent). Clinical studies report improved lung function, reduced oxidative stress–related proteins, lowered IFN- γ and ET-1, and symptomatic relief [27].

5. Harmonizing method and clinical philosophy

Professor Tang Yuanshan emphasized that disease arises from loss of harmony and advocated “he” (harmony)-based treatment: restoring balanced qi movement (e.g., liver ascending left, lung–stomach descending right, heart–kidney water–fire mutual support, spleen–stomach as pivot) and harmonizing cold–heat and yin–yang. He promoted combined cold–heat therapies, concurrent dissemination and descent, and integrated attack–tonify strategies tailored by syndrome differentiation. For example: “warm and harmonize” for deficiency and exterior-cold-with-fluid; “clear and harmonize” for phlegm-heat; “dispel and harmonize” for phlegm-damp [28]. The harmonizing method supports individualized, balanced prescriptions in

COPD care.

6. Limitations and future directions

Most TCM COPD treatments derive from clinical experience and small-scale or single-center studies; high-quality randomized controlled trials, standardized outcome measures, and mechanistic investigations remain limited. Evidence chains are fragmented. Future research should integrate TCM syndrome differentiation with rigorous clinical trial design, objective biomedical outcomes, pharmacological mechanism studies, and standardized formula preparations to better define efficacy, safety, dosing, and indications.

7. Conclusion

TCM provides a stage- and syndrome-based framework for COPD management with established therapeutic principles and classical formulas for major stable-phase and acute-exacerbation syndrome types. The harmonizing method is a central clinical strategy. Robust clinical and translational research is required to consolidate and standardize TCM interventions for COPD and to integrate them effectively with modern medical care.

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