



Theoretical Construction, Clinical Application and Advantages of Traditional Chinese Medicine in the Treatment of Central Serous Chorioretinopathy Based on Zangfu and Meridian Syndrome Differentiation: A Review

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Abstract: Central serous chorioretinopathy (CSC) is a kind of macular disease, which mainly occurs in young and middle-aged men. It is characterized by serous detachment of retinal neuroepithelium or pigment epithelium caused by choroidal capillary leakage. The disease is self-limited to some extent, but recurrent episodes can lead to irreversible visual impairment. According to traditional Chinese medicine (TCM), this disease belongs to the category of "Zhizhan Yiyao", and its occurrence is closely related to the dysfunction of liver, spleen and kidney and the adverse vaporization of trijiao. This article systematically reviews the TCM diagnosis and treatment system based on Professor Chen Dafu's "six meridian-syndrome differentiation in ophthalmology", and expounds its theoretical construction, clinical application characteristics and advantages of integrated traditional Chinese and western medicine in the staged treatment of CSC, in order to provide reference for clinical practice.

Keywords: central serous chorioretinopathy; zangfu syndrome differentiation; meridian syndrome differentiation; six meridians syndrome differentiation; five rounds and eight section

1. Introduction

In *Miraculous Pivot: Inverse Shun Fat and Lean*, it says: "The three Yang of the hand, go from the hand to the head; The three Yang of the foot, walk the foot from the head." It can be seen that the running parts of the hand and foot three Yang meridians are closely related to the eyes. Since Western medicine has no specific drugs for this disease, traditional Chinese medicine and acupuncture have sufficient theoretical background and relatively significant diagnosis and treatment effect on this disease. Therefore, the syndrome differentiation and treatment system based on six meridians dialectics is of great benefit to the improvement of dialectical thinking and prescription selection in the clinical treatment of plasma (CSC).

2. Theoretical construction: the dialectical system of six meridians in ophthalmology

2.1 Meridian connection and meridian dialectics

It is stated in *Miraculous Pivot*: "The twelve meridians... All of them go up to the face and go through the empty orifices, while the refined Yang qi goes up to the eyes and becomes the eyes." It can be seen that the eyes are closely connected with the meridians, so that the eyes can constantly receive qi, blood and body fluid from the five zang and six Fu organs. However, the meridians are the necessary pathways for the transport of essence, qi, blood and body fluid, the bridge between the eyes and the zangfu organs, and the important basis for the external chui. This fully shows that the eyes and zangfu organs are physiologically inseparable by the connection of meridians, and pathologically by the internal and external communication of meridians. At the same time, it also shows that based on the dialectics of meridians, treatment by meridians is the necessary way to treat fundus diseases[1].

2.2 Integrate the five rounds and eight sections to govern the eight principles of zangfu organs

The syndrome differentiation of six meridians in ophthalmology was developed on the basis of *Treatise on Febrile Diseases*. It not only inherited the theoretical method of syndrome differentiation and treatment in Zhang Zhongjing's *Treatise on Febrile Diseases*, but also integrated the theory of five rounds and eight Outlines in ophthalmology. In the *Review of Yao Han*, it is said, "The five whorls are all produced by the essence of the five zang organs. The name of the five whorls is wheel, which is like a wheel turning round and means movement." Doctors of past dynasties divided the eye part into five parts from outside to inside, namely the eyelid, the two canthus, the white eye, the black eye and the pupils, which belong to the five zang organs and named as the flesh wheel, the blood wheel, the qi wheel, the wind wheel and the water wheel respectively, in order to explain the anatomy, pathology and physiology of the eye and its relationship with the zangfu organs[2].

In the Method of the Six Meridians of Ophthalmology in Traditional Chinese Medicine, Mr. Chen listed the five meridians in the general outline of diseases in each meridian, such as: "The head is like an axe split, deficiency and cold pain, only on the top, and the wind wheel is gray and white panning film." Chen not only repositioned the eight quadrants and believed that since the five rounds belong to the five zang organs and the eight quadrants belong to the six fu organs, the matching of the eight quadrants should only be matched with the fu organs, namely trunk matching the large intestine, resistance matching the bladder, gong matching the envelope, vibration matching the vital gate, Xun matching the gallbladder, Qi matching the small intestine, Kun matching the stomach, and matching the three jiao, which created the first step in the coordination and clinical application of the eight quadrants. When he established the syndrome differentiation of the six meridians in ophthalmology, he guessed the function of related viscera and the coordination and balance state between them by using the changes of the external symptoms of the meridians.

The basic principle is that the three Yang syndromes are mostly real, the three Yin syndromes are mostly deficiency, the three Yang syndromes are mostly heat, and the three Yin syndromes are mostly cold. Therefore, the diagnosis and treatment of the disease are based on its stages.

3. Dialectical diagnosis and treatment of mesoplasm by stages

The main disease of Chinese plasma is serous retinal pigment epithelium/neuroepithelial detachment. Qi and fluid stagnation and water drinking are the core pathogenesis. This water drinking is mostly caused by lung, spleen and kidney dysfunction, and adverse sanjiao gasification, and the lesion is limited, and the systemic water drinking syndrome is rare[3]. In view of this core pathogenesis, Professor Peng Qinghua puts forward the method of "activating blood and promoting water", which believes that blood stasis and water stagnation are the key links of the course of the disease. Activating blood can clear the veins and collaterals, remove blood stasis, promoting water can remove drinking pathogens, unblock qi machinery, make qi, blood, body fluid circulation orderly, and eliminate fundus exudation, which directly affects the key of pathogenesis[4].

Based on the corresponding theory of eye tissues and viscera and combined with modern examination, Professor Chen Dafu defined the location of inner eye diseases into meridian differentiation[5], such as macula belonging to spleen, retina belonging to liver, etc. In his book, Professor Chen Dafu combined the microscopic pathology of western medicine with TCM syndrome differentiation to establish the framework of combining symptoms and symptoms and treating by stages. On this basis, Professor Kang Zefeng advocates "grasping the main symptoms", focusing on the core main symptoms, combining with stages to distinguish deficiency and excess, cold and heat, simplifying the process of syndrome differentiation, strengthening the targeted treatment, and making syndrome differentiation more consistent with clinical practice. At the level of external treatment, Professor Song Yanmin created the "four-combination therapy based on acupuncture"[6], which uses acupuncture to regulate the viscera and channels, and is combined with symptomatic treatment of western medicine to improve the circulation of local qi and blood and promote the absorption of exudate, which enriches the diversified means of staged treatment.

4. Conclusion

In summary, although the western medicine treatment of central serous chorioretinopathy has formed mature intervention systems such as subthreshold micropulse, half-dose photodynamic therapy, and anti-vascular endothelial growth factor, there is no radical specific drug, and there is still a gap in clinical demand. TCM adheres to the core concept of "prevention before disease occurs", and shows unique advantages in the key aspects such as macular edema regression and subretinal fluid absorption in patients with chronic macular edema[7].

Although more evidence-based clinical studies are needed to clarify the effective components and mechanism of TCM in the treatment of this disease, the treatment model of integrated Chinese and western medicine has highlighted the core value of "complementary advantages and synergistic effect": The organic integration of western medicine and TCM can not only avoid the limitations of single treatment, but also provide multiple ideas for the formulation of individualized treatment plans. In the future, with the deepening of the research on the modernization of traditional Chinese medicine and the improvement of the diagnosis and treatment standards of traditional Chinese medicine and western medicine, the potential value of traditional Chinese medicine will be further explored, and the integrated treatment system of "treating the standard in emergency and the root in slow" will be promoted. It will bring more high-quality and efficient diagnosis and treatment experience to patients with plasma disease, and also provide a practical model for the integrated treatment of Chinese and western medicine for difficult ophthalmic diseases[8].

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