

Study on the Medical Case on the Treatment of Coronary Heart Disease from the Perspective of the "Xianghuo-Qiji Doctrine" by Ren Xiaofang, Chief Physician

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Abstract: Coronary heart disease is one of the common clinical diseases, with its incidence and mortality increasing year by year. Coronary heart disease falls under the category of "chest distress and angina." in traditional Chinese medicine (TCM). In recent years, a large number of case studies on the treatment of coronary heart disease with TCM have been published. Chief Physician Ren Xiaofang, based on the "Xianghuo-Qiji" theory of the renowned TCM master Yang Zhen, and combining her own clinical experience of over two decades, believes that the pathogenesis of chest stuffiness and pain mainly involves deficiency of Zhongqi, kidney cold and spleen dampness, leading to the sinking of the clear and the rising of the turbid, and qi mechanism obstruction. In treatment, she advocates regulating the qi mechanism and restoring its ascending and descending movements as the principle for syndrome differentiation and treatment, which has achieved good therapeutic effects in clinical practice.

1. Overview

Coronary heart disease (CHD) refers to a heart condition caused by the narrowing or blockage of the coronary arteries due to atherosclerosis, leading to myocardial ischemia, hypoxia, or necrosis. It is one of the most common cardiovascular diseases in clinical practice^[1]. The "Summary of the China Cardiovascular Health and Disease Report 2022" indicates that the prevalence of cardiovascular diseases in China is still on the rise, with an estimated total of 330 million patients, including 11.39 million with CHD. Cardiovascular diseases account for the highest proportion of deaths among urban and rural residents. According to the fifth National Health Services Survey in China in 2013, the prevalence of CHD in the population aged 15 and over was 10.2 per 10,000, and 27.8 per 10,000 in the population aged 60 and over. Compared with the fourth survey in 2008, the overall prevalence has increased, and the mortality rate from acute myocardial infarction has shown an overall upward trend from 2002 to 2020^[2]. The large patient population and high treatment costs are increasingly burdening the country and its residents^[3]. Currently, long-term use of nitrates, beta-blockers, calcium channel blockers, coronary dilators, and treatments such as percutaneous

coronary intervention and aortic coronary artery bypass grafting are the main consensus treatment options for CHD. However, the long treatment course, severe side effects, poor compliance, low quality of life, and high incidence of re-obstruction are challenges faced by modern medicine^[4]. A large body of literature indicates that traditional Chinese medicine has significant advantages and rich clinical experience in improving the clinical symptoms of CHD angina, reducing the frequency of attacks, improving the quality of life, and preventing and delaying coronary restenosis.

Ren Xiaofang is the Chief Physician at Xi'an Traditional Chinese Medicine Hospital, a master's tutor, the seventh-generation descendant of the Huang Yuanyu Chang'an academic school, a national outstanding talent in clinical research of traditional Chinese medicine, and an outstanding successor to the academic experience of senior traditional Chinese medicine experts. Chief Physician Ren Xiaofang has been engaged in the research of traditional Chinese medicine for the prevention and treatment of cardiovascular diseases for a long time. She is skilled in the diagnosis and treatment of cardiovascular diseases in traditional Chinese internal medicine, especially in hypertension, CHD, dyslipidemia, arrhythmia, and heart failure. Adhering to Huang Yuanyu's "Zhongqi" and "The circulation of Qi" academic characteristics, combined with her own clinical experience of over thirty years, she has unique insights into chest distress and angina, which have a guiding role in modern clinical treatment. I am fortunate to have the opportunity to learn from her, and now I summarize her experience as follows.

2. Etiology and Pathogenesis

Traditional Chinese medicine does not have a specific term for "coronary heart disease," but there are descriptions of symptoms that resemble angina or myocardial infarction. The "Huangdi Neijing" (The Yellow Emperor's Inner Canon) states: "Patients with heart disease may experience pain in the chest, a feeling of fullness in the hypochondriac region, pain below the ribs, soreness between the breastbone and the back as well as between the shoulder blades, and pain in the inner aspect of both arms." These records resemble the symptoms of angina, such as chest pain, shortness of breath, and the inability to lie flat. These descriptions resemble the chest pain, shortness of breath, and inability to lie flat that occur during an angina attack. The "Neijing" (The Yellow Emperor's Inner Canon) has provided considerable insights into the etiology and pathogenesis of this condition. It is believed to be caused by external factors (cold, heat), internal injuries (emotional stress, diet), and secondary causes (phlegm-rheum, blood stasis). The discussion on cold evil causing this disease can be found in "Huangdi Neijing," which states, "The cold evil enters the meridians and lingers, causing obstruction and preventing proper flow. If it lodges outside the vessels, blood will be deficient; if it lodges within the vessels, the Qi will not flow. Thus, there is sudden pain." This aligns with modern medical understanding that cold conditions can lead to insufficient coronary blood supply^[5].

During the Han Dynasty, Zhang Zhongjing further developed the understanding of this condition, attributing its cause to "Weak Yang, g and String-like Yin pulse," and formally introduced the term "chest distress and angina." "Weak Yang" refers to the debility of yang qi in the chest and upper energizer, while "String-like Yin pulse" indicates an overabundance of yin cold in the lower energizer, or the internal accumulation of turbid yin, or the stagnation of blood stasis, which is an excess of evil qi in the lower energizer. In "The Essential Prescriptions from the Golden Cabinet,"^[6] Zhang Zhongjing mentioned, "For the disease of chest obstruction, characterized by dyspnea, cough with expectoration, pain in the chest and back, shortness of breath, a deep and slow pulse at the cun position, and a slightly tight and rapid pulse at the guan position, the main treatment is the Gualou Xiebai Baijiu Decoction (Trichosanthes and Allium Decoction with White Wine)."; "For chest obstruction that prevents lying down, with heart pain radiating to the back, the main treatment is the

Gualou Xiebai Banxia Decoction (Trichosanthes, Allium and Pinellia Decoction)." He clearly outlined the clinical manifestations of chest distress and angina and the corresponding treatment medications.

During the Ming and Qing dynasties, with the advancement and maturity of TCM, research and application of chest distress and angina reached an unprecedented peak. The application of the method for activating blood and resolving stasis reached its zenith during this period, and TCM developed a deeper understanding of heart pain caused by blood stasis. Works such as "Shi Fang Ge Ku" (The Song of Formulas) and "Yi Lin Gai Cuo" (Corrections of Errors in Medicine) recorded the use of blood-activating herbs like peach kernel and safflower, as well as formulas such as Shixiao Powder, Danshen Yin, and Xuefu Zhuyu Decoction for the treatment of chest distress and angina.

National Medical Master Yang Zhen, inherits the thought of the Danxi School and continues the academic characteristics of Huang Yuanyu, advocating the theory of "Xianghuo-Qiji Doctrine." The "Xianghuo Theory" is a life science that studies human tissue, function, life substances, life phenomena, and the movement of energy. Xianghuo is the positive energy of the human body, the driving force of life activities, and the fire of life^[7]. The "Xianghuo-Qiji Doctrine" is a theoretical study of the fire of life and its movement and changes in the human body. It is a new cognitive model of traditional Chinese medicine for exploring human physiology and pathology that can link all the various theoretical understandings previously formed by traditional Chinese medicine (such as the Yin-Yang and Five Elements Theory, the Zang-Xiang Theory, the Meridian Theory, the Wu-Yun-Liu-Qi Theory, the Gate of Life Theory, San-Jiao Theory, and the Qi-Ji Theory) and then conduct in-depth analysis^[8].

Based on the "Xianghuo-Qiji Doctrine" of National Medical Master Yang Zhen, Chief Physician Ren Xiaofang believes that the pathogenesis of chest distress and angina is mainly due to a deficiency of zhong-qi, leading to Kidney cold and spleen dampness. Huang stated in "Jin Kui Xuan Jie" (Unveiling the Mysteries of the Golden Cabinet), "The condition of chest obstruction and heart pain arises from the turbid Yin reversing and infringing upon the clear Yang... Its root cause always stems from the failure of the zhong-qi. When the stomach rebels, the turbid Yin fails to descend; when the spleen sinks, the clear Yang does not rise. This is due to the cold kidney overwhelming the heart's fire... losing its duty to regulate the ascent and descent, leading to an easy disruption of the balance between Yin and Yang. If not for the deficiency and collapse of the zhong-qi, how could it have come to this!"^[9]

The decline of zhong-qi, the malfunction of the pivot axis, the spleen's inability to lift the clear, and the stomach's failure to descend the turbid result in "The sinking of the clear Yang and the rebellion of the turbid Yin," which corresponds to Zhang Zhongjing's description of "Weak Yang and String-like Yin pulse" leading to chest distress and angina. The weakness of the zhong-qi, along with the spleen's inability to transport dampness, leads to the obstruction and stagnation of the lung's Metal element, preventing it from clearing and descending to transform fluids. The kidney's Water element becomes congealed and static, unable to warm and ascend to transform qi. If the lung does not clear and descend to transform fluids, it leads to the formation of phlegm due to stagnation rising upwards. If the kidney does not warm and ascend to transform qi, it results in the liver's depression and the formation of blood stasis. Therefore, the weakness of the zhong-qi leads to the upward reversal of blood stasis and turbid phlegm, attacking the heart and chest, which is known as the accumulation of Yin at the upper part. Deficiency of Yang, phlegm-rheum, and blood stasis all stem from the deficiency and collapse of the zhong-qi, making it the fundamental pathogenesis of chest obstruction.

3. Case Study

Patient Zhao, male, 72 years old, self-employed, was first seen on February 17, 2024. Chief complaints include intermittent chest pain, chest tightness, and palpitations for 2 years. Two years ago, he experienced chest pain, chest tightness, and palpitations without a clear cause, which were temporarily relieved after taking "Suxiao Jiuxin Wan" (a commonly used Chinese herbal formula for heart pain) purchased over the counter. One month prior, he sought treatment at "Xi'an Third Hospital," where he completed relevant examinations and was prescribed oral "Clopidogrel Hydrogen Sulfate" and "Rosuvastatin Calcium Tablets," but the efficacy was unsatisfactory. Current symptoms include intermittent chest pain, chest tightness, palpitations, numbness in the left upper limb, dry and bitter mouth, irritability, occasional heartburn, normal appetite and sleep, and loose stools twice a day. Physical examination reveals The tongue is purplish and dark, with a reddish tip, a thin white coating, numerous cracks, and the sublingual veins are tortuous and enlarged. The pulse is described as "string-like, fine, rough, and rapid." Medical history includes hypertension for 6 years, regularly taking "Nifedipine Tablets," with blood pressure controlled at 130-140/85-90 mmHg. Auxiliary examination: ECG shows left atrial enlargement or heavy load, left ventricular high voltage, ST segment depression and flattened T waves in the inferior and lateral walls.

Echocardiogram: EF:60%, left atrial enlargement, thickened interventricular septum; aortic sclerosis, degenerative changes of the aortic valve; reduced left ventricular diastolic function, normal systolic function. The TCM diagnosis is chest distress and angina. The prescribed formula is Guizhi Fuling Wan combined with Danshen Yin with modifications: Guizhi 10g, Fuling 15g, Taoren 15g, Mudanpi 12g, Chao Shanyao 15g, Danshen 30g, Sharen 6g, Cu Yanhusuo 15g, Shengdi 20g, Xuanshen 15g, Shihu 15g, Gualoupi 10g, Ezhu 30g.

Second visit on February 24, 2024: The patient reported significant relief in chest pain, chest tightness, and palpitations after taking the medication, with reduced discomfort in the epigastric area. The numbness in the left upper limb persisted, with normal appetite and sleep, yellow urine, and loose stools once a day. The above formula was adjusted by adding Shenjincao 15g, Jixueteng 30g, and Sangzhi 15g.

Third visit on March 1, 2024: The patient reported that chest pain, chest tightness, and palpitations had mostly disappeared, with occasional epigastric discomfort, reduced numbness in the left upper limb, normal appetite and sleep, and regular bowel movements. The patient was advised to continue taking the above formula to consolidate the therapeutic effect.

The patient in question is an elderly male whose physical decline due to advanced age, compounded by improper diet and lifestyle, has led to a dysfunction of the spleen and stomach as the pivot of the body's qi mechanism. This has resulted in the clear qi sinking and the turbid qi rising rebelliously. The liver's energy sinking has caused blood stasis, and the overall flow of qi is in disarray. Additionally, the patient's chronic emotional issues, including suppressed anger and frustration, have damaged the liver. This liver damage has led to the uncontrolled xianghuo (a concept in traditional Chinese medicine referring to a fire that should be contained and regulated by the liver), and the heart yin has been deprived of nourishment. The heart governs the blood vessels; currently, the yin has accumulated above, obstructing blood flow, and heat has flared upward, scorching the vessels, thus manifesting as the symptoms of chest obstruction and cardiac pain.

The tongue is purplish and dark, with a reddish tip, a thin white coating, numerous cracks, and the sublingual veins are tortuous and enlarged, and the pulse is described as "string-like, fine, rough, and rapid, all indicative of liver depression and blood stasis, as well as the unconserved Xianghuo. The prescribed formula is a modification of Guizhi Fuling Wan combined with Danshen Yin. The liver prefers free flow and dislikes depression; Guizhi Fuling Wan soothes the wood and clears the liver fire, while Danshen Yin promotes blood circulation to resolve stasis and facilitates the flow of

Qi to relieve pain. In this prescription, the actions of the herbs are as follows: Cinnamon Twig (Gui Pi) warms the kidneys and soothes the liver. Tree Peony Bark (Dan Pi), Peach Kernel (Tao Ren), and Salvia (Dan Shen) break up blood stasis and clear heat from stasis. Corydalis (Yan Hu Suo) promotes the flow of Qi and relieves pain. Zedoary (E Zhu) and Fructus Amomi (Shan Ren) regulate the function of the spleen and stomach to reduce bloating and remove stagnation. Poria (Fu Ling) strengthens the spleen and eliminates dampness. Trichosanthes Peel (Gua Lou Pi) regulates Qi, widens the chest, and also clears upper body heat. Scrophularia (Xuan Shen), Rehmannia Root (Sheng Di), Dendrobium (Shi Hu), and Peony Root (Shao Yao) nourish liver Yin and balance the xianghuo.

The patient's initial diagnosis was consistent with liver depression and blood stasis, along with an imbalance of the xianghuo. Consequently, the main prescription used was Guizhi Fuling Wan (Cinnamon Twig and Poria Pill) combined with Danshen Yin (Salvia Drink). The other symptoms were addressed with flexible modifications to the medication, and the treatment was well-suited to the patient's condition. As a result, symptoms such as chest pain and tightness improved, demonstrating good efficacy.

4. Conclusions

In summary, the treatment of coronary heart disease often focuses on phlegm and blood stasis. However, this case was approached from the perspective of the xianghuo and Qi mechanism theory for dialectical treatment, which achieved certain therapeutic effects. This approach can provide additional insights and methods for the clinical treatment of related diseases and serves as a reference for other practitioners. It underscores the importance of tailoring the treatment to the individual's specific pattern of disharmony, as understood through traditional Chinese medicine theory.

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