

# Experience in the Treatment of Chronic Glomerulonephritis with Qi and Yin Deficiency Syndrome by Traditional Chinese Medicine

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**Abstract:** *Objective: Chronic glomerulonephritis is a common chronic kidney disease with a long course and easy recurrence, seriously affecting the quality of life and health of patients. The syndrome of qi and yin deficiency is more common in patients with chronic glomerulonephritis. Traditional Chinese medicine has accumulated rich experience and unique methods in the diagnosis and treatment of this syndrome. This article aims to explore the experience of traditional Chinese medicine in the treatment of qi and yin deficiency syndrome of chronic glomerulonephritis, and to illustrate its curative effect with a clinical case, so as to provide a useful reference for clinical practice.*

**Keywords:** Chronic Glomerulonephritis, Qi and Yin Deficiency, Spleen and Kidney.

## 1. Introduction

Chronic glomerulonephritis (CGN) is a group of common glomerular diseases mainly manifested by hematuria, proteinuria, edema, and hypertension. There is no clear record of the disease name in traditional Chinese medicine, but it can be included in the categories of "edema", "lumbago", and "renal wind" according to its clinical manifestations [1]. The most common syndrome in TCM syndrome differentiation is "qi and yin deficiency syndrome". In clinical practice, western medicines such as Losartan Potassium Tablets and Irbesartan are most commonly used for treatment, which have a good effect on controlling the development of the disease, but the prognosis is poor [2]. As the disease progresses, CGN can eventually develop into chronic renal failure. Early and active treatment is crucial to control the progress of the disease and improve the prognosis of patients [3]. The main treatment methods of modern medicine for chronic nephritis are hormones and immunosuppressants. However, long-term application of such drugs may have to be interrupted due to their toxic and side effects being greater than the therapeutic effects [4]. Traditional Chinese medicine has achieved good results in controlling the symptoms of CGN and reducing proteinuria [5].

## 2. Etiology and Pathogenesis of CGN

Modern medicine believes that the cause of CGN is not yet clear, and it may be related to the damage of renal tissue by immune complexes mediated by immune, genetic, inflammatory factors, and hypertension [6]. Traditional Chinese medicine believes that the location of CGN is in the kidney, accompanied by the lung, spleen, and stomach; the location of qi and yin deficiency syndrome is biased towards the spleen and stomach. The formation of qi and yin deficiency syndrome in CGN is mostly due to the failure of the disease to heal for a long time, resulting in kidney qi damage, consumption of qi and yin; or congenital deficiency, kidney yuan deficiency, lack of source for qi and yin transformation; or improper postnatal care, overwork, and

improper diet, resulting in qi and yin deficiency of the body. "Suwen - Liuji Zangxiang Lun" says: "The kidney is the foundation of storage, and the place where essence is stored." If the kidney qi is damaged, it cannot transport water and dampness and astringe the essence, and the essence will flow out from the urine to form proteinuria. If the spleen qi is deficient, the transportation function is weak, and the ascending and clearing function is abnormal, which can also lead to proteinuria. If the kidney yin is deficient, the deficiency fire will be generated internally, burning the collaterals, forcing the blood to flow recklessly, and then leading to hematuria. In addition, the deficiency of spleen qi leads to the failure of the spleen to control the blood, and the deficiency of kidney qi leads to the failure of the kidney to store the essence. The inability of the two organs to astringe can also lead to blood overflowing from the vessels and form proteinuria. "Danxi Xinfu" states: "Only kidney deficiency cannot move water, and only spleen deficiency cannot control water." The kidney governs water metabolism, and the metabolism of body fluids depends on the qi transformation function of the kidney. If the kidney qi transformation is unfavorable, water has no master, and water and dampness may overflow the skin, resulting in water and dampness retention and edema; the spleen governs the transportation and transformation of water and dampness, and the weakness of the spleen qi leads to the disorder of fluid transportation and distribution, gathering to form swelling, and symptoms such as edema may also appear. The condition of CGN is complex and difficult to cure, and in clinical practice, qi and yin deficiency syndrome is often accompanied by symptoms such as soreness and weakness of the waist and knees, fatigue, dry mouth and throat. The tongue coating is often red, with little or thin and white coating, and the pulse is often thin, weak, and powerless.

## 3. Treatment of CGN from the Spleen and Kidney

In the clinical experience of treating qi and yin deficiency syndrome of CGN, it is crucial to regulate the spleen and

kidney. The spleen and kidney are inseparable, and they are mutually generated by the congenital and acquired, maintaining the transportation and transformation of water and grain essence in the body. In the theory of the five elements, the kidney belongs to water, the spleen belongs to earth, the kidney governs water, earth restricts water, and the spleen governs the control of water, jointly managing the metabolism of water and fluid. Edema and proteinuria caused by qi and yin deficiency syndrome of CGN are closely related to the weakness of the spleen qi, the failure of the spleen qi to ascend, the decline of the spleen's transportation function, the leakage of essence, the weakness of qi, and the disorder of water movement, resulting in the obstruction of dampness or heat in the middle energizer. In treatment, regulating the middle energizer and the spleen and stomach to save the acquired foundation should be emphasized, so that the spleen and stomach can be healthy and transport, the clear yang can ascend, the turbid yin can descend, and the kidney essence can be consolidated. From the perspective of yin and yang attributes to explain the development law of CGN, the kidney is the yin within yin, and the spleen is the extreme yin within yin. Patients with CGN are prone to yin fluid deficiency, kidney yin deficiency, internal generation of deficiency fire, and heat evil entering the blood vessels, leading to blood overflow. At the same time, the spleen deficiency cannot govern the normal operation of blood in the blood vessels, resulting in hematuria. At this time, while regulating the spleen and stomach, nourishing the kidney yin should also be taken into account. Once the kidney yin is nourished, the deficiency fire can be eliminated naturally. In the early stage of qi and yin deficiency syndrome of CGN, there is often dampness and heat in the middle energizer, and on the basis of supplementing qi and nourishing yin, the method of clearing heat and resolving dampness is often supplemented. Deficiency of qi is easy to treat, while deficiency of yin is difficult to regulate. In the later stage of treatment, yin deficiency is mainly manifested. Shenqi Dihuang Decoction is often used as the basic prescription for modification in clinical practice. In the prescription, Codonopsis pilosula or Ginseng, Astragalus membranaceus greatly tonify the original qi, strengthen the spleen and benefit the lung to help the generation of qi; in addition, Astragalus membranaceus also has the effect of promoting diuresis and reducing swelling; Rehmannia glutinosa, Dioscorea opposita, and Cornus officinalis nourish the kidney and yin, and fill the essence and marrow; Poria cocos and Alisma orientalis promote diuresis and leach out dampness to prevent the greasiness of yin-nourishing drugs; Moutan cortex clears heat and cools blood, promotes blood circulation and removes blood stasis, and can control the warm nature of various drugs. If there is dampness and heat in the middle energizer, symptoms such as epigastric fullness, poor appetite, bitter taste in the mouth, greasy feeling in the mouth, and scanty dark urine may appear, and heat-clearing and dampness-removing products such as Coix lacryma-jobi, Atractylodes lancea, Artemisia capillaris, and Talc can be added; if there are symptoms such as spontaneous sweating and susceptibility to diseases due to the deficiency of the defensive qi on the body surface, Fangfeng and Atractylodes macrocephala can be added to strengthen the exterior and stop sweating; if there are symptoms such as five centers' heat, night sweats, and yin deficiency and fire hyperactivity, Anemarrhena asphodeloides, Phellodendron chinense, Ophiopogon japonicus, and Ligustrum lucidum can

be added to nourish yin and reduce fire. Animal model studies on Astragalus membranaceus have shown that it has the functions of enhancing immunity, lowering blood pressure, promoting diuresis, and improving the "three highs" state of the glomerulus [7]. Modern pharmacological studies have shown that Poria cocos has the functions of protecting renal function, protecting the liver and promoting diuresis, and improving immunity; Cornus officinalis can reduce urinary protein, improve renal microcirculation, and inhibit platelet aggregation; Rehmannia glutinosa can reduce urinary protein and protect vascular endothelium [8]. In recent years, Shenqi Dihuang Decoction has become one of the most commonly used prescriptions in nephrology clinics. Clinical studies have confirmed that the modified Shenqi Dihuang Decoction can not only relieve the clinical symptoms of patients, improve their quality of life, but also reduce proteinuria, lower serum creatinine and urea nitrogen, and play a good role in delaying renal failure [9-11].

## 4. TCM Characteristic Therapies

### 4.1 Retention Enema with Traditional Chinese Medicine

Choose medicines such as Raw Rhubarb, Calcined Oysters, Dandelion, and June snow. Raw rhubarb has the effects of purging and attacking accumulation, clearing heat and fire, detoxifying and stopping bleeding, and can promote the circulation of organs and reduce the burden on the kidneys; Roasted oysters are astringent and can reduce proteinuria; Dandelion can clear heat and detoxify, promote diuresis and promote diuresis, and eliminate kidney inflammation. After concentrated decoction of these drugs, retention enema can be performed. The drugs can be directly absorbed through the intestinal mucosa and reach the disease site, achieving a combination of local and overall treatment.

### 4.2 Acupoint Application

Select acupoints such as Shenshu, Pishu, Zusanli, Sanyinjiao, and Taixi. Grind traditional Chinese medicines with the effects of supplementing qi and nourishing yin, tonifying the kidney and strengthening the spleen, such as Astragalus membranaceus, Dioscorea opposita, Lycium barbarum, Epimedium brevicornu, Radix Pseudostellariae, and Codonopsis pilosula, into powder, and mix them with ginger juice or honey to form a paste, and apply it to the acupoints. Through acupoint stimulation and drug penetration, it can play a role in regulating the function of the viscera and strengthening the body's resistance. Shenshu is the back-shu point of the kidney and can tonify kidney qi; Pishu can invigorate the spleen and earth; Zusanli can regulate the spleen and stomach and replenish qi and blood; Sanyinjiao can nourish the qi and blood of the three yin meridians. The combination of these acupoints has a good regulating effect on qi and yin deficiency syndrome of chronic glomerulonephritis.

## 5. Clinical Case Analysis

Patient Zhang, male, 54 years old, was first diagnosed on September 25, 2024. He complained of "recurrent edema and fatigue in both lower limbs for more than 2 years, aggravated with lower back acid for more than 2 weeks". Present medical

history: Two years ago, the patient developed edema in both lower limbs without obvious cause, accompanied by fatigue. The patient sought medical attention at a local hospital and was diagnosed with chronic glomerulonephritis. The patient was given 10mg of Dapagliflozin tablets orally once a day and 80mg of valsartan tablets orally once a day. The symptoms gradually improved, but the condition recurred. In the past two weeks, edema of both lower limbs has worsened, and there are lumbar acid, obvious fatigue, dry mouth and throat, loss of appetite, a small amount of foam can be seen in urine, poor stool, sticky texture, and good sleep. Physical examination: BP: 130/78 mmHg, both lower limbs had mild pitting edema, which was easy to recover after pressing, the tongue was red with little coating, and the pulse was thready and weak. Laboratory tests: Urine routine showed urine occult blood (++) , protein (++) , and red blood cells (+); 24-hour urine protein quantification was 0.9 g/24 h; blood biochemistry showed albumin 38 g/L and serum creatinine 65  $\mu\text{mol/L}$ . Western medical diagnosis: Chronic glomerulonephritis; TCM diagnosis: Edema (qi and yin deficiency with dampness and heat syndrome); Treatment principle: Supplement qi and nourish yin, supplemented by clearing heat and resolving dampness. Treatment: The prescription was modified Shenqi Dihuang Decoction: Codonopsis pilosula 15 g, Astragalus membranaceus 30 g, Rehmannia glutinosa 12 g, Dioscorea opposita 15 g, Cornus officinalis 10 g, Poria cocos 15 g, Alisma orientalis 10 g, Moutan cortex 10 g, Talc 15 g, Coix lacryma-jobi 20 g. A total of 14 doses were decocted in water and taken orally, one dose a day, divided into morning and evening. At the same time, retention enema with traditional Chinese medicine (Raw Rhubarb 10 g, Concha Ostreae Usta 30 g, Herba Taraxaci 10 g, Herba Serissae 9 g, Pericarpium Citri Reticulatae Viride 9 g, Rhizoma Chuanxiong 9 g) was carried out three times a week; acupoint application (equal amounts of Astragalus membranaceus, Dioscorea opposita, Lycium barbarum, and Radix Pseudostellariae were ground into powder and applied to Shenshu, Pishu, Taixi, and Sanyinjiao) was carried out twice a week. The patient refused enema and adopted the therapy of oral administration of traditional Chinese medicine decoction plus acupoint application.

Second diagnosis: on October 11, 2024, after 2 weeks of treatment, the patient's edema was reduced, fatigue was significantly improved, lumbar acid symptoms were not significantly improved, food intake was improved, there was still a small amount of foam in urine, stool was still adjusted, and sleep was normal. Red tongue with little coating, fine veins. Recheck urine routine: urine occult blood (+), protein (+), and a small amount of red blood cells; 24-hour urinary protein quantification: 0.9g/24h, blood biochemistry: albumin 39g/L, blood creatinine 61  $\mu\text{mol/L}$ . The diagnosis of Western medicine is the same as above, while the diagnosis of traditional Chinese medicine is edema (qi and yin deficiency syndrome, and more severe yin deficiency). Treatment: Prescription: Modified Ginseng, Astragalus membranaceus, Rehmannia glutinosa, Radix Rehmanniae, Yam, Cornus officinalis, Poria cocos, Alisma, Plantago asiatica, Chenpi tangerine peel, Ophiopogon japonicus, Anemarrhena diffusa, and Eclipta alba. 21 doses in total, decoct in water, take 1 dose per day, divided into morning and evening. Acupoint application (equal amounts of Huangqi, Yam, Goji Berry, Yuzhu, and Dendrobium officinale ground into powder and

applied to Shenshu, Bishu, Taixi, and Sanyinjiao) twice a week.

Third diagnosis: On November 15, 2024, after 3 weeks of treatment, the patient's symptoms basically disappeared, with slightly red tongue, thin coating, and fine veins. Urine routine: No occult blood ( $\pm$ ), protein ( $\pm$ ), or red blood cells were found. 24-hour urine protein quantification: 0.5g/24h. Blood biochemistry: albumin 42g/L, blood creatinine 62  $\mu\text{mol/L}$ . Advise the patient to continue taking the above prescription orally for 2 weeks, undergo regular check-ups, and seek medical attention promptly if any discomfort occurs.

Summary: The patient is a middle-aged male, with edema as the main symptom and fatigue, waist acid, foam urine and other symptoms, which is consistent with the diagnosis of edema disease in Chinese medicine. Based on the patient's tongue coating and pulse condition, the syndrome is classified as Qi and Yin deficiency syndrome according to the four diagnostic criteria. Based on the patient's symptoms and laboratory tests, it can be diagnosed as CGN. The etiology of CGN is complex, characterized by a deficiency of the root and excess of the target. The main causes of Qi and Yin deficiency are spleen dysfunction, kidney dysfunction, insufficient essence and qi, biochemical deficiency, deficiency of qi and blood, and loss of yin essence. Traditional Chinese medicine treatment should mainly focus on nourishing kidney yin and tonifying the spleen.<sup>[12]</sup> The patient has a long course of illness and should be treated with both symptoms and signs. At the initial diagnosis, the patient can be diagnosed with Qi and Yin deficiency syndrome based on the patient's tongue coating, fine pulse, and main symptoms. The patient also has decreased appetite and poor bowel movements, indicating that the patient has dampness obstruction in the middle burner, dampness stagnation, and is prone to heat generation over time. Taking all factors into consideration, the use of modified Shenqi Dihuang Decoction mainly involves tonifying qi and nourishing yin drugs, as well as diuresis, clearing heat and dampness. At the second diagnosis, the patient showed no signs of middle burner fever, improved fatigue, and significant improvement in pulse weakness. However, there was still lower back pain, and the patient's tongue was red with little coating, and the pulse was fine. At this point, the patient's symptoms of qi deficiency and damp heat have basically improved, but there has been no significant improvement in the symptoms of yin deficiency; Adjust the prescription for secondary diagnosis, remove some drugs that clear dampness and heat, and replace "Codonopsis pilosula" with "Tai Zi Shen". Although both of these traditional Chinese medicines have the effect of generating fluids and tonifying qi, Tai Zi Shen is more effective in generating fluids than Codonopsis pilosula. In addition, there are also Yin nourishing products such as Ophiopogon japonicus, Anemarrhena chinensis, and Eclipta alba. At the time of the three consultations, the patient had no symptoms or discomfort. They continued to use Qi tonifying and Yin tonifying agents to consolidate the spleen and kidney, balance yin and yang, and lay the foundation for the future to improve the patient's physical condition and balance yin and yang.

## 6. Discussion and Prospect

Traditional Chinese Medicine treatment for CGN with Qi and

Yin deficiency syndrome starts from a holistic perspective, focusing on adjusting the balance of yin and yang in the body and the function of organs. Through various methods such as dialectical treatment and characteristic therapy, good therapeutic effects have been achieved in improving patients' clinical symptoms, reducing proteinuria, protecting kidney function, and delaying diseases. It is worth further research and promotion for application. However, traditional Chinese medicine treatment still faces some challenges, such as the lack of unified diagnostic criteria and efficacy evaluation system, and insufficient research on the mechanism of action of traditional Chinese medicine. In the future, it is necessary to further strengthen clinical research in traditional Chinese medicine, standardize the process of syndrome differentiation and treatment, deeply explore the pharmacological effects and targets of traditional Chinese medicine, and combine modern medical technology to provide more scientific and effective solutions for the treatment of CGN qi and yin deficiency syndrome, improving the quality of life and long-term prognosis of patients.

## References

- [1] Wang Yongjun On the Modern View of Renal Wind Disease [J]. Chinese Journal of Integrated Traditional Chinese and Western Medicine Nephrology, 2015,16 (02): 95-98.
- [2] Sun Junyuan, Cao Bin The therapeutic effect of modified Shenqi Dihuang decoction on patients with chronic glomerulonephritis of qi and yin deficiency type and its impact on coagulation indicators [J]. Thrombosis and Hemostasis, 2022, 28 (3): 388-389392.
- [3] Observation of the therapeutic effect of Yang Songtao and Shenqi Dihuang decoction on chronic glomerulonephritis with qi and yin deficiency syndrome [J]. Journal of Rational Clinical Use, 2016, 9 (20): 53-54.
- [4] Zhang Wen Clinical Observation of the Treatment of Chronic Glomerulonephritis with the Method of Tonifying Kidney Qi, Removing Stasis, and Tonifying collaterals [D]. Beijing: Beijing Traditional Chinese Medicine, 2015.
- [5] Observation on the clinical efficacy of Zhuangge modified Shenqi Dihuang decoction combined with conventional Western medicine in the treatment of chronic glomerulonephritis of qi and yin deficiency type [J]. Practical Integrated Traditional Chinese and Western Medicine Clinical Practice, 2020, 20 (11): 19-20.
- [6] Zheng Shuwen, Wang Bosen, Li Zhiming, etc Exploring the mechanism of action of Shen Ling Bai Zhu San in the treatment of chronic glomerulonephritis and depression through network pharmacology and molecular docking [J]. Journal of China Medical University, 2022, 51 (9): 804-809.
- [7] Wang Song, Fang Fang, Lu Bing, etc Study on the effect of astragalus injection on the expression of adiponectin in the kidney of diabetes nephropathy mice [J]. Shaanxi Traditional Chinese Medicine, 2018, 39 (9): 1163-1166
- [8] Dai Rongmei Analysis of the Effect of Shenqi Dihuang Decoction on Patients with Chronic Glomerulonephritis of Qi Yin Deficiency Type [J]. Chinese and Foreign Medical Research, 2024, 22 (24): 9-12.
- [9] Gao Hui, Wang Tao, Yu Renhuan, etc A cohort study on delaying the progression of chronic renal failure mainly with modified Shenqi Dihuang decoction [J]. Chinese Journal of Integrated Traditional Chinese and Western Medicine, 2012, 32 (1): 39-42.
- [10] Xu Jianlong, Li Aifeng, Liang Ying Theoretical analysis and clinical application of Shenqi Dihuang decoction in the treatment of chronic kidney disease [J]. Beijing Traditional Chinese Medicine, 2017, 36 (9): 823-825.
- [11] Cao Xiaowen, Ye Lu, Feng Shuo, etc Clinical Observation of Acupuncture Combined with Shenqi Dihuang Decoction in the Treatment of Chronic Glomerulonephritis of Qi Yin Deficiency Type [J]. World Clinical Medicine, 2024, 45 (10): 1036-1040.
- [12] Wang Jian, Wang Yaoguang Treating chronic nephritis proteinuria from the perspectives of kidney wind, blood stasis, and dampness turbidity [J]. Global Traditional Chinese Medicine, 2020, 13 (1): 86-88.