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Liu Shifu's Experience in Treating Chronic Renal Failure

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Abstract: ***This article introduces Director Liu Shifu's understanding of the etiology and pathogenesis of chronic renal failure (CRF). It discusses his therapeutic approach using modified Shenqi Dihuang Tang as the base formula, combined with the methods of purging the bowels to eliminate turbidity and promoting qi circulation and activating blood circulation for the treatment of CRF with qi and yin deficiency. It also elaborates on his integrated traditional Chinese and Western medicine treatment strategy and presents a clinical case for reference.***

Keywords: Chronic renal failure, Spleen and kidney qi and yin deficiency, Shenqi Dihuang Tang, Liu Shifu**.**

1. Introduction

Chronic renal failure (CRF) is a clinical syndrome characterized primarily by persistent renal dysfunction that develops over time due to various chronic kidney diseases. With changes in living environments, lifestyles, and dietary structures, the incidence of CRF is gradually increasing. CRF is characterized by its insidious onset and long latency period. In the early stages, patients may have no obvious symptoms or may only experience fatigue, soreness in the waist, edema in the lower limbs, and increased nocturia. Many patients, due to lack of awareness and non-compliance with treatment, suffer from continuous renal damage, which can rapidly progress to end-stage renal disease with minor infections. The condition is complex, difficult to treat, costly, and often fails to ensure the patient's quality of life and survival duration. This imposes a significant economic burden on both the patient's family and society. Therefore, delaying the progression of CRF is of utmost importance. Recent clinical studies have shown that traditional Chinese medicine (TCM) interventions have significant advantages in treating CRF.

Liu Shifu, a master's degree supervisor at Anhui University of Traditional Chinese Medicine, inherits the academic thoughts of Xin'an Medicine and the renowned TCM practitioner Cao Enze. He specializes in using integrated traditional Chinese and Western medicine therapies for the treatment of kidney-related diseases and has over 30 years of clinical experience in kidney disease treatment, with significant therapeutic outcomes. The author had the privilege of learning from Director Liu Shifu and now summarizes his experience in treating CRF as follows.

2. Understanding of Etiology and Pathogenesis

CRF can be categorized in traditional Chinese medicine as "nephrotoxicity," "difficulty in urination," and "asthenia." The basic pathogenesis can be summarized as a combination of deficiency and excess [1]. The Suwen Yipian - Cifalun states: "When the righteous qi is preserved within, evil cannot interfere"; the Suwen - Pingrebinglun states: "Where evil gathers, the qi must be deficient," indicating that the pathogenesis of disease and the conditions for the occurrence of evil are related to the insufficiency of righteous qi. Director Liu believes that the "deficiency" mainly refers to qi and yin deficiency, primarily involving the spleen and kidney, which persist throughout the disease. The "excess" is often due to deficiency leading to excess, clinically manifested as blood stasis, dampness, and turbid toxins. CRF is characterized by its insidious onset and difficulty in recovery. In the early stages, clinical symptoms are not obvious, mainly characterized by spleen and kidney qi and yin deficiency. The spleen is the foundation of acquired constitution, responsible for transporting clear qi. When the spleen is deficient, refined substances accumulate, leading to the generation of dampness over time. Dampness, being heavy and sticky, easily obstructs the flow of qi and injures yang qi, resulting in symptoms such as fatigue and edema. The Suwen - Shui Re Xue Lun Pian states: "The kidney is the gate of the stomach. When the gate is not functioning properly, water accumulates and follows its nature." When the kidney is deficient, it fails to regulate the opening and closing, leading to the accumulation of fluids, loss of storage function, and the loss of refined substances, resulting in symptoms such as edema and frequent nocturia. As the disease persists, it easily consumes qi and injures body fluids. Since body fluids and blood share the same origin, prolonged injury to body fluids can damage the yin of the blood, affecting blood production and further drying out, thereby affecting blood circulation. Qi deficiency also fails to promote blood circulation, leading to blood stasis and obstruction of the kidney meridians, affecting the qi transformation function of the kidneys, resulting in the retention of dampness and turbidity, which further exacerbates qi and yin deficiency.

3. Syndrome Differentiation and Treatment

Director Liu believes that CRF is a complex condition, with early stages commonly presenting with qi and yin deficiency, often accompanied by multiple interwoven mechanisms. Therefore, treatment should be considered from multiple perspectives. Modified Shenqi Dihuang Tang is used as the base formula to tonify qi and nourish yin, combined with spleen and kidney tonics to improve the patient's constitution and enhance their vital energy. Additionally, purging the bowels and promoting diuresis are used to expel pathogenic

factors through the intestines and urinary tract. Blood-activating and qi-regulating herbs are also included to ensure smooth circulation of qi and blood. The combined use of these herbs aims to tonify the body while expelling pathogens, addressing both the root and the symptoms.

3.1 Tonifying Qi and Yin, Warming the Spleen and Kidney

Director Liu often treats CRF based on the patient's actual symptoms and underlying causes. In clinical practice, it has been observed that most CRF patients also have type 2 diabetes mellitus (T2DM), with a constitution predominantly characterized by deficiency of both qi and yin. Clinical studies have confirmed that the risk of CRF complicating T2DM is relatively high. Patients in a long-term hyperglycemic state are prone to damage to the glomerular capillary endothelial cells, leading to thickening of the glomerular filtration membrane, impaired glomerular filtration function, disordered sugar and lipid metabolism, stimulation of vasoactive substance secretion, obstruction of glycolysis, activation of oxidative stress, induction of inflammatory responses, and continuous renal damage, ultimately resulting in CRF [2]. Therefore, Modified Shenqi Dihuang Tang (Astragalus and Ginseng Rehmannia Decoction) is commonly used as the base formula in the treatment of CRF. Shenqi Dihuang Tang was first recorded in Shen's Manual of Preserving Life - Miscellaneous Disease Source Flow Candle. This formula is based on Liuwei Dihuang Wan (Rehmannia Six Formula), with the removal of Alisma and the addition of Astragalus and Ginseng. It is an empirical formula for treating CRF with deficiency of both qi and yin. Director Liu believes that Rehmannia glutinosa (Shudi) is too greasy and may hinder the stomach, leading to dryness and injury of body fluids. Therefore, he often replaces it with Rehmannia glutinosa (Shengdi). Rehmannia glutinosa (Shengdi), originally yellow and later processed into black, has a sweet and cold taste. It can nourish body fluids and replenish the true yin of kidney water. Combined with Astragalus, it can effectively regulate immune-inflammatory mediation and plays a key role in delaying kidney damage [3]. Ginseng is warm and drying, so it is often replaced by Radix Pseudostellariae (Taizi Shen) to achieve a tonifying effect without dryness. Combined with Astragalus, it can replenish the five labors and seven injuries, improve the patient's constitution, and enhance vital energy. Astragalus, with its sweet and warm taste, is a key herb for tonifying qi. It can consolidate the exterior and promote diuresis, thus treating superficial edema. Combined with Rehmannia glutinosa (Shengdi) and Radix Pseudostellariae, it can neutralize its cold nature. Modern pharmacological studies have found that Astragalus contains active components such as astragaloside, astragalus polysaccharide, and flavonoids, which have immune-regulating, hemodynamic - improving, anti - inflammatory, and antioxidant effects [4]. Cornus officinalis (Shanzhuyu) mainly enters the Shaoyin and Jueyin meridians. It has the functions of nourishing yin and assisting yang, nourishing blood, and astringing essence. Wine-processed products are commonly used in clinical practice. Wine, being dispersing in nature, can enhance the upward movement of the medicine when used to process the herb. Modern research has found that the active components of wine-processed drugs are more easily soluble. The nourishing effect of wine-processed Cornus officinalis is even better [5]. The kidney is the foundation of congenital constitution, governing the body's yin and yang. When yin is injured for a long time, it damages kidney yang. Deficiency of kidney yang leads to failure of the life gate fire to warm the spleen earth, resulting in spleen yang deficiency, internal generation of dampness and turbidity, deficiency of spleen and kidney yang, loss of warmth for water, and failure of fluid regulation. Fluids accumulate, and the condition worsens as water evils increase. When earth fails to control water, kidney disease becomes more severe. Director Liu believes that patients with long-term CRF often have a constitution that is inherently deficient and cannot tolerate excessive tonification. The waist is the residence of the kidneys. As kidney yang becomes more deficient, yin cold increases, and water evils are internally generated. The combination of cold and water evils inevitably affects the waist. Therefore, in treatment, drugs such as Eucommia ulmoides (Duzhong), Lycium barbarum (Gouqizi), Curcuma zedoaria (Ezhu), and Taxillus chinensis (Sangjisheng) are often used to warm and tonify the spleen and kidney, disperse dampness, and improve symptoms such as cold pain in the waist, weakness in the lower limbs, and frequent nocturia.

3.2 Purging the Bowels and Guiding Pathogens Out

As CRF progresses, the physiological functions of the viscera gradually become disordered. At this stage, patients are often in a state where external pathogens invade and internal pathogens cause injury. During this period, the patient's vital energy is not yet deficient, and there is a stalemate between the pathogenic and healthy qi. The lingering pathogenic qi does not disperse and, over time, leads to a solidification of symptoms. This can easily obstruct the triple burner's water passages, causing the various qi and body fluids to lose their pathways. Fluids accumulate and stagnate in the viscera, leading to blockage of the bowels' qi. Therefore, the primary treatment should focus on purging the bowels to eliminate turbidity and guide the pathogens out of the body. In clinical practice, traditional Chinese medicine enemas are often used in combination to improve the intestinal microbiota, allowing pathogens to be expelled through the stool. The main ingredient in these enema formulas is often rhubarb. Rhubarb has a bitter taste and is extremely cold in nature. It acts quickly and does not linger, purging excessive heat, cleansing the intestines and stomach, and promoting the renewal of the body's qi. Pharmacological studies have shown that the main active components of rhubarb can regulate the expression of the PI3K/Akt and HIF-1 signaling pathways, reducing the infiltration of inflammatory cells, delaying renal tissue fibrosis, enhancing the kidneys' tolerance to oxygen deficiency, and reducing cell apoptosis, thereby slowing the progression of CRF [6].

At the same time, the stagnation of body fluids can easily lead to the generation of dampness and turbidity. Dampness, as a pathogenic factor, can easily obstruct the middle burner, causing dysfunction in the spleen's transportation and transformation. This leads to the spread of dampness throughout the body. Over time, dampness can transform into heat and toxicity. The obstruction caused by heat toxicity and dampness can disrupt the body's fluid circulation and metabolic functions, leading to the accumulation of urine within the body. Therefore, treatment should focus on

clearing heat and detoxifying, as well as removing dampness and promoting diuresis. Commonly used herbs for this purpose include centella asiatica, six-month snow, and smilax glabra. These herbs can clear heat and dampness and detoxify and resolve turbidity. In addition, herbs such as plantain seed, pyrrosia lingua, and imperata cylindrica are often combined. These not only help to purge the bowels and promote diuresis but also facilitate the expulsion of dampness and heat toxicity through urine. Centella asiatica has immunomodulatory, anti-inflammatory, and antioxidant effects. It can protect podocytes, reduce urinary protein, and delay renal interstitial fibrosis, thereby protecting renal function through multiple pathways [7]. Six-month snow has the effects of clearing heat and dampness, detoxifying and reducing swelling, and can lower creatinine, blood urea nitrogen, and urinary protein levels [8]. Smilax glabra, with its sweet and bland taste and neutral nature, can detoxify, remove dampness, and promote joint mobility. Its main components include saponins, resins, and alkaloids. By downregulating the expression of URAT1 and GLUT9 in the kidneys, it promotes the excretion of uric acid, prevents persistent inflammatory states in the kidneys caused by hyperuricemia, and plays a role in preventing renal damage [9]. Director Liu believes that in addition to diuretics, coix seed should also be added. The dosage should be relatively large, generally up to 40 grams. Coix seed has a sweet and bland taste and a light nature, which allows it to promote diuresis and guide the expulsion of dampness and turbidity through urine.

3.3 Promoting Qi Circulation and Resolving Blood Stasis

In the later stages of CRF, the condition becomes complex, with multiple symptoms presenting simultaneously. Based on the principle that “long-standing diseases inevitably lead to blood stasis,” blood-activating and stasis-resolving herbs are often added to the treatment regimen. Moreover, blood stasis, as a pathological product, if left untreated, tends to obstruct the kidney meridians over time, exacerbating CRF. Clinical manifestations include a dark complexion, purple-dark tongue, ecchymosis and petechiae, stabbing pain in the waist that is fixed and unchanging, etc. In treatment, herbs such as Angelica sinensis (Danggui), Salvia miltiorrhiza (Danshen), and Carthamus tinctorius (Honghua) are commonly selected to activate blood circulation and replenish blood. If blood stasis symptoms are severe, herbs like Curcuma zedoaria (Zexie), Atractylodes lancea (Ezhu), and Hirudo (Shuizhi) that break blood and eliminate masses may be appropriately added. These blood-breaking herbs are potent and should be used with consideration of the patient’s age and physical condition. Treatment should be discontinued once the pathogenic factors are eliminated, without over-pursuing rapid therapeutic effects at the expense of the patient’s fundamental health. Tang Rongchuan stated in Treatise on Blood Syndromes - Yin and Yang, Water and Fire, and Qi and Blood that “the human body is governed by yin and yang, which correspond to water and fire, and water and fire correspond to qi and blood.” Qi is like water and acts as the commander of blood, while blood is like fire and serves as the mother of qi. The two support and cause each other. Therefore, when treating blood stasis, it is essential to combine herbs that promote and tonify qi, such as Cyperi Rhizoma (prepared with vinegar, Xiangfuzhi), Citri Reticulatae Pericarpium (Chenpi), Perillae Stems (Zisugeng), and Astragalus membranaceus (Huangqi). Cyperi Rhizoma (prepared with vinegar) primarily regulates liver qi; the liver’s function of free flow ensures smooth blood circulation. Citri Reticulatae Pericarpium strengthens the spleen’s function of controlling blood, preventing it from overflowing outside the vessels. Perillae Stems promotes lung qi; the lung’s function of governing the vessels and regulating the flow of qi propels blood circulation within the vessels. The combined use of these three herbs ensures that blood flows powerfully, appropriately, and in a structured manner. Coupled with Astragalus membranaceus to tonify qi and generate blood, this formula resolves stasis and promotes the formation of new blood, thereby ensuring the patency of the kidney meridians.

4. Integration of Traditional Chinese Medicine and Western Medicine

When treating CRF, Director Liu often combines traditional Chinese medicine (TCM) with Western medicine. He believes that Western medicine and TCM share a common goal in treating CRF, which is to control the underlying disease, correct secondary damage, and slow the progression of renal function decline.

4.1 Dietary Management

Patients are often advised to follow a low-salt, low-fat, high-quality, low-protein diet, with daily salt intake limited to less than 5 grams. Protein intake should be controlled at 0.6–0.8 g/(kg·d), and amino acids or compound α-ketoacid tablets may be supplemented as needed. These can convert blood urea nitrogen into amino acids, thereby improving the patient’s nutritional status. Potassium and phosphorus intake should be controlled, and serum potassium and phosphorus levels should be regularly monitored to maintain serum potassium within the range of 3.5–5.0 mmol/L and serum phosphorus within 0.87–1.48 mmol/L. For patients with hyperkalemia, calcium agents, glucose + insulin, potassium - wasting diuretics, cation exchange resins, or the novel potassium binder, sodium zirconium cyclosilicate, may be used as appropriate. If pharmacological treatment is ineffective, hemodialysis should be promptly initiated. For patients with hyperphosphatemia, phosphate binders should be administered promptly.

4.2 Blood Pressure Control

Angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs) are the preferred antihypertensive medications. The following points should be noted when using these drugs:1. If the antihypertensive effect is insufficient, calcium channel blockers or other antihypertensive drugs may be used in combination, but ACEIs and ARBs should not be used together.2. ACEIs or ARBs should not be used when serum creatinine (SCr) exceeds 256 μmol/L.3.During use, monitor the increase in SCr. If SCr rises by more than 30%–50% within two weeks, the drugs should be discontinued. Once blood pressure returns to the pre-treatment level, ACEIs or ARBs may be continued to control blood pressure.4. For patients with heart failure and reduced ejection fraction, angiotensin receptor neprilysin inhibitors (ARNIs) may be used as an alternative to ACEIs or ARBs.

4.3 Reducing Proteinuria

In terms of reducing proteinuria, both dietary control and pharmacological treatment are involved. Regarding diet, protein intake should be strictly limited according to the patient's condition, with the aim of meeting only the basic physiological needs. For pharmacological treatment, ACE inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs), corticosteroids, cytotoxic drugs, and immunosuppressants can be selected. ACEIs or ARBs not only lower blood pressure but also reduce proteinuria through multiple mechanisms. If patients experience symptoms such as dry cough, angioedema, hyperkalemia, or an increase in serum creatinine (SCr) during use, the medication should be discontinued immediately. Corticosteroids, cytotoxic drugs, and immunosuppressants should not be stopped arbitrarily once initiated. Therefore, before using these drugs, a reasonable treatment plan should be selected based on the pathological type to balance therapeutic efficacy and adverse reactions, aiming to reduce proteinuria while preventing further renal damage. Additionally, for patients with type 2 diabetes mellitus (T2DM), sodium-glucose cotransporter 2 inhibitors (SGLT2i) can be added.

4.4 Lipid Regulation

Statins or fenofibrate are commonly used for lipid regulation. Statins work by inhibiting the enzyme HMG-CoA reductase, thereby reducing total cholesterol and low-density lipoprotein levels in the blood. Fenofibrate can lower triglyceride levels. Clinical studies have shown that statins can effectively control lipid levels, reduce the incidence of cardiovascular events, and are safe for renal function [10].

4.5 Uric Acid Control

Two classes of drugs are conventionally used for uric acid control: those that inhibit uric acid synthesis and those that promote uric acid excretion. Given the renal impairment in CRF patients, the use of drugs that promote uric acid excretion is often limited. Therefore, uric acid synthesis inhibitors (such as febuxostat and allopurinol) are more commonly used in clinical practice. Febuxostat is a selective xanthine oxidase inhibitor that can inhibit uric acid production and promote its metabolism. It is the first-line drug for treating hyperuricemia.

4.6 Renal Anemia

Renal anemia is one of the most common complications of CRF. Hemoglobin (Hb) levels should be regularly monitored, and drug therapy should be initiated when Hb falls below 100 g/L to maintain Hb within the range of 110–120 g/L. The most commonly used treatments in clinical practice include recombinant human erythropoiesis-stimulating agents (ESA), iron supplements, and roxadustat. Recombinant human erythropoietin is the most widely used and longest-standing treatment option. However, long-term exogenous administration of recombinant human erythropoietin can lead to hypertension, increased risk of thrombosis, cardiovascular and cerebrovascular events, and mortality, reduced survival rates in cancer patients, or increased risk of cancer recurrence. High-dose use can also increase clinical risks; therefore, the maximum dose should not exceed 10,000 IU/week. Roxadustat is a newly developed hypoxia-inducible factor prolyl hydroxylase inhibitor that can promote the production of erythropoietin at the physiological compensation level, extend the lifespan of red blood cells, and improve iron metabolism. Compared with recombinant human erythropoietin, roxadustat has better clinical efficacy in treating renal anemia [11].

4.7 Avoidance of Nephrotoxic Drugs

The use of nephrotoxic drugs should be avoided. For patients in the uremic stage with systemic metabolic disorders, hemodialysis or peritoneal dialysis should be considered as necessary treatments.

5. Case Study

Patient Profile: Male, 75 years old, visited on March 1, 2023.

Chief Complaints: Recurrent fatigue and poor appetite for over 16 years, accompanied by left-sided lumbar pain for over 1 month.

Current Symptoms: Lumbar discomfort with a feeling of distending pain that is fixed and unchanging, intermittent fatigue, mild edema in both lower limbs, occasional palpitations, poor appetite, satisfactory sleep, regular bowel movements, nocturia 2–3 times per night, frothy urine, pale and dark swollen tongue with thin white coating, and thin and wiry pulse.

Medical History:20-year history of "hypertension," currently controlled with sustained-release nifedipine, with satisfactory blood pressure control recently. Underwent surgery for lumbar disc herniation 10 years ago, with persistent lumbar soreness. History of "chronic hepatitis B," currently a carrier of hepatitis B virus with normal liver function. Laboratory Tests: Urinalysis: Occult blood (+), proteinuria (++). Complete blood count: Hb 126 g/L, RBC 3.92×10^12/L. Renal function: Serum creatinine 403.8 μmol/L, blood urea nitrogen 13.7 mmol/L, uric acid 492 μmol/L, cystatin C 3.91 mg/L. Western Medical Diagnosis: CKD Stage 5, hypertension, hyperuricemia, lumbar disc herniation. Traditional Chinese Medical Diagnosis: Chronic renal failure with deficiency of kidney qi and damp-turbidity syndrome.

Treatment: Prescribed a traditional Chinese medicine formula to tonify the spleen and kidney, detoxify, and eliminate turbidity. The formula included: Astragalus membranaceus (Huangqi) 30g, Centella asiatica (Jixuecao) 30g, Oldenlandia diffusa (Liuyue Xue) 30g, Eucommia ulmoides (Yan Duzhong) 20g, Pyrrosia lingua (Shiwei) 20g, Polygonum cuspidatum (Huzhang) 20g, Codonopsis pilosula (Dangshen) 15g, Atractylodes macrocephala (Bai Zhu, stir-fried) 15g, Angelica sinensis (Danggui) 15g, Ligusticum chuanxiong (Chuanxiong) 15g, Lycopodium clavatum (Zelan) 15g, Alisma plantago-aquatica (Zexie) 15g, Taxillus chinensis (Sangjisheng) 15g, Achyranthes bidentata (Niuxi) 15g, Dipsacus asperoides (Xuduan) 15g, Perilla stem (Zisugeng) 10g, Smilax glabra (Tufuling) 3g, Rheum palmatum (Dahuang) 6g. Five doses were prescribed, to be decocted in water and taken orally, one dose per day, divided into morning

and evening servings. Combined treatments included traditional Chinese medicine enemas, blood pressure control, uric acid reduction, nutritional support, renal function improvement, and microcirculation enhancement.

Follow-up on March 10, 2023: Rechecked renal function showed serum creatinine 350.4 μmol/L, blood urea nitrogen 10.8 mmol/L, uric acid 225 μmol/L, cystatin C 3.49 mg/L. The patient's symptoms of fatigue, poor appetite, and lower limb edema were alleviated, and the treatment was effective. The original treatment plan was continued.

Follow-up on March 21, 2023: Rechecked renal function showed serum creatinine 341.6 μmol/L, blood urea nitrogen 12 mmol/L, uric acid 262 μmol/L, cystatin C 3.77 mg/L. The patient's serum creatinine stabilized, and the original herbal formula was continued for 15 doses.

Second Consultation on May 17, 2023: Rechecked renal function showed serum creatinine 321.3 μmol/L. The patient was in good spirits, with no edema in the lower limbs, but still felt fatigued, especially after activity, abdominal bloating, poor appetite, a swollen and dull tongue, greasy coating, and a thin and deep pulse. The original formula was modified by removing Lycopodium clavatum, Alisma plantago-aquatica, Achyranthes bidentata, Ligusticum chuanxiong, Angelica sinensis, and Atractylodes macrocephala, and adding Rheum palmatum 20g, Smilax glabra 20g, Pseudostellaria heterophylla (Tai Zishen) 20g (replacing Codonopsis pilosula), Rehmannia glutinosa (Shengdi) 20g, Cyperi Rhizoma (prepared with vinegar, Xiangfuzhi) 20g, Cornus officinalis (Jiu Yuzhu) 15g, Lycium barbarum (Gouqizi) 15g, Citrus reticulata (Chenpi) 15g, Imperata cylindrica (Baimaogen) 15g, Plantago asiatica (Cheqianzi) 30g, and Coix lacryma-jobi (Yiyiren) 40g. Thirty doses were prescribed, to be decocted and taken as before.

Third Consultation on July 12, 2023: Rechecked renal function showed serum creatinine 308.5 μmol/L. The patient had no significant discomfort after taking the 30 doses, with good appetite and sleep, a dull tongue, thin and greasy coating, and a thin and deep pulse. The formula from the second consultation was continued.

Fourth Consultation on September 6, 2023: Rechecked renal function showed serum creatinine 287.2 μmol/L. The patient had no symptoms of edema, fatigue, or poor appetite after taking the medication, with satisfactory sleep and appetite, and normal bowel and bladder functions. The tongue was dark, with a thin coating, and the pulse was thin and deep. The serum creatinine gradually decreased without an upward trend. The treatment plan was continued, and the patient was advised to follow a low-salt, low-fat, low-purine, high-quality, low-protein diet, control blood pressure, manage emotions, balance work and rest, and maintain long-term follow-up.

6. Commentary:

The patient had recurrent fatigue and poor appetite for over 16 years. The long disease course and repeated episodes indicated a deficiency of vital energy. The symptoms of lower limb edema, frothy urine, pale and dark swollen tongue, thin white coating, and thin and wiry pulse suggested renal dysfunction and damage to the kidney yang. The patient was in CKD Stage 5, with renal decompensation, water and electrolyte disturbances, and retention of metabolic toxins. The treatment focused on tonifying the kidney and eliminating turbidity. The formula included Atractylodes macrocephala, Astragalus membranaceus, and Codonopsis pilosula to strengthen the spleen and control water retention. Given the long-standing disease and potential blood stasis, Angelica sinensis, Ligusticum chuanxiong, and Achyranthes bidentata were added to activate blood circulation and resolve stasis. During the second consultation, the patient complained of abdominal bloating and poor appetite, with a swollen and dull tongue, greasy coating, and thin and deep pulse. Considering the potential damage to body fluids from long-term use of Western medications such as sustained-release nifedipine and febuxostat, Pseudostellaria heterophylla replaced Codonopsis pilosula, and Rehmannia glutinosa was added to nourish yin and generate body fluids. Qi-regulating herbs such as Cyperi Rhizoma (prepared with vinegar), Citrus reticulata, and Perilla stem were included to relieve abdominal bloating. Given the poor appetite and retention of damp-turbidity and toxins in the viscera, the dosage of Rheum palmatum and Smilax glabra was increased. To prevent excessive purging, Lycium barbarum and Cornus officinalis were added to tonify and astringe. During the third and fourth consultations, the patient had no significant discomfort, with satisfactory appetite and sleep, and serum creatinine decreased to 287.2 μmol/L without an upward trend. The treatment plan was continued.

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