

# Clinical Experience of Gu Ben Zhi Beng Decoction in Treating Menorrhagia and Metrorrhagia

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**Abstract:** *Spontaneously outside the menstrual period, lasting for more than half a month. This disease mainly occurs in adolescent, reproductive-aged and menopausal women. Its clinical manifestations include severe disorders in menstrual blood volume, cycle frequency, regularity and duration. Some patients may develop anemia due to excessive bleeding, and in severe cases, it can lead to hemorrhagic shock.*

**Keywords:** Guben Zhibeng Decoction, Menorrhagia, Traditional Chinese medicine.

## 1. Introduction

The term “tuberculosis” first appeared in “The Inner Classic - Discussion on Yin and Yang Differences”: “When yin deficiency leads to excessive yang, it is called tuberculosis” [1, 2]. The term “leakage” first appeared in “Essential Prescriptions for the Golden Chamber - Treatments for Gynecological Disorders and Their Symptoms and Treatments”: “For women with leakage, there are cases where bleeding continues after the second stage of pregnancy, and there are also cases of bleeding during pregnancy” [2]. The “Ji Sheng Fang - General Discussion on Diagnosis and Treatment” states: “The disease of tuberculosis leakage originates from one condition. The mild cases are called leakage, while the severe cases are called collapse” [3]. This indicates that tuberculosis leakage and leakage are mutually influencing and inseparable, as is said: “Leakage is the gradual stage of collapse, and collapse is the extreme stage of leakage”. In the Ming Dynasty, Xu Chunfu’s “Gu Jin Yitong Daquan” stated: “Women’s tuberculosis leakage is the most serious disease”, further emphasizing the severity of this disease. The “Gynecology Symptoms and Treatment Summary” summarized: “Those with collapse of the uterus have a rapid and critical condition; those with leakage have a slow and severe condition. In fact, both belong to critical symptoms”. Regarding the scope of tuberculosis leakage, “The Causes of Various Diseases and Symptoms” recorded: “Tuberculosis leakage is when blood leaks out at an abnormal time, continuous and unceasingly, which is called leakage; sudden and excessive bleeding is called collapse of the uterus” [4]. Ancient people generally believed that any vaginal bleeding condition with a blood flow like collapse or leakage belongs to the category of tuberculosis leakage.

Regarding the syndrome of spleen deficiency-induced uterine bleeding in traditional Chinese medicine, it is believed that “the spleen governs blood circulation”, meaning that the spleen has the function of regulating the flow of blood within the vessels and preventing blood from overflowing outside the vessels. Therefore, the blood of all the internal organs depends on the regulation of the spleen [5]. The spleen is referred to as the “foundation of the body” and the “source of

blood and qi generation”. This means that after birth, the growth and development of the human body require the transformation and supply of the spleen to metabolize and transform the food and water essence, and the components of qi and blood also rely on the transformation and generation of water and food qi and blood under the action of the spleen and stomach, which then spread throughout the five internal organs and the entire body.

There is excessive bleeding or irregular bleeding patterns, leading to uterine bleeding. Because qi has the functions of promoting and vaporizing blood production, as well as promoting, regulating and warming the blood circulation, eventually, due to blood loss, the qi becomes even more deficient, and the deficiency of qi further leads to the vicious cycle of blood loss [6].

Other pathological conditions can also affect the spleen and cause uterine bleeding. For instance, if liver qi is stagnant, it can overburden the spleen or the spleen becomes deficient while the liver qi overpowers it. This leads to impaired spleen function, loss of control over blood, instability of the uterine meridians and collateral vessels, resulting in uterine bleeding. The book “Jing Yue Quan Shu - Women’s Rules” states, “The disease of uterine bleeding... has never occurred without being caused by excessive worry, grief, and anger, which first damages the spleen and stomach, and then affects the uterine meridians and collateral vessels.” Among the five zang-fu organs, liver qi is prone to stagnation. When wood overpowers earth, the spleen is damaged, the spleen fails to regulate blood, the uterine meridians and collateral vessels become unstable, leading to uterine bleeding. If the heart qi is insufficient, it can cause the heart fire to overtake the spleen, resulting in both heart and spleen deficiency, loss of control over blood, and instability of the uterine meridians and collateral vessels, causing uterine bleeding. Therefore, according to “The Comprehensive Treatise on Gynecology”, it is stated that “When a woman experiences excessive menstrual bleeding or sudden and continuous bleeding, she often passes watery substances. This occurs due to improper diet, physical exhaustion, or insufficient heart energy, which allows the heart fire to invade the spleen, causing the spleen

earth to be affected by the pathogen. The spleen earth nourishes the entire body. The heart generates blood, and blood governs the vessels. When either the spleen or the heart is affected by the pathogen, the disease manifests in the vessels.” ..... Due to the weakness of the spleen and stomach, the heart envelope takes over, resulting in continuous leakage of blood and fluid...; The bleeding hasn’t stopped...; For example, the spleen and lung have a mother-child relationship in the Five Elements. If the lung qi is deficient, the lung qi will steal the qi of the mother organ, resulting in weakness of the spleen qi and inability to regulate blood, leading to uterine bleeding. Similarly, “When the four organs shift, they must return to the spleen and kidney”, so when both the spleen and kidney are damaged, it is often the final outcome of the disease progression. The kidney is the foundation of the innate constitution, while the spleen is the foundation of the acquired constitution. The spleen and kidney often influence each other, so when the kidney qi is damaged and the spleen is affected, the spleen qi will be weakened, losing its ability to regulate and control blood, and causing uterine bleeding. Regarding the uterine bleeding caused by spleen deficiency, some ancient medical books have also recorded it. For example, “If there is no fire in the pulse and symptoms, but the menstruation is overdue, it is due to deficiency of the heart and spleen qi, which cannot regulate and control the blood, resulting in this situation.” The “Jing Yue Quan Shu” also states: “If there is no fire in the pulse and symptoms, but the menstruation is overdue, it is due to deficiency of the heart and spleen qi, which cannot regulate and control the blood.” The “Jing Yue Quan Shu - Women’s Regulations” states: “First, damage the spleen and stomach, then affect the collateral and the uterus,” “It will inevitably affect the kidney,” and suggests that deficiency of the spleen is the basis of the disease. The “Gynecology Jade Scale - Uterine Bleeding” states: “Thought injury to the spleen, unable to regulate blood, causing abnormal bleeding.” The “Song’s Gynecology Secretary” states: “The treatment method for uterine bleeding should be to greatly nourish the spleen and stomach, lift up qi and blood, and the disease will heal on its own.” In the Jin-Yuan era, Li Gao’s “Dong Yuan Ten Books” states: “... When the spleen and stomach are deficient, they descend into the kidney, and when combined with the yang fire, damp heat descends and obstructs the menstruation, causing continuous bleeding.” He proposed the theory that deficiency of the spleen leads to the kidney and causes uterine bleeding. The “Ji Yin Gang Mu” states: “The spleen regulates blood, when the spleen and stomach are deficient, they cannot regulate blood back to its source.” Modern doctors Li Jing and Lu Longtao believe that the pathogenesis of this disease is: “Excessive exertion harms the spleen, causing the spleen’s function of regulating and controlling to fail, resulting in abnormal bleeding of menstrual blood.” Therefore, the role of the spleen in the occurrence process of dysfunctional uterine bleeding in the spleen deficiency type of gynecology is particularly important, and tonifying qi and strengthening the spleen is particularly important in the treatment of dysfunctional uterine bleeding of the spleen deficiency type.

## 2. The Understanding of Menorrhagia Caused by Spleen Deficiency in Western Medicine

In Western medicine, there are various opinions regarding the condition known as “menorrhagia” described by traditional

Chinese medicine. Currently, many scholars believe that menorrhagia belongs to the category of abnormal uterine bleeding in clinical practice, specifically the type of abnormal uterine bleeding without ovulation. Its incidence rate is relatively high, accounting for approximately 85% of the incidence rate of dysfunctional uterine bleeding. The normal menstrual cycle occurs around 14 days after ovulation, when the corpus luteum degenerates and shrinks completely. At this point, the levels of estrogen and progesterone in the body rapidly decrease, causing the uterine endometrium to undergo periodic apoptosis and bleed. Abnormal uterine bleeding occurs because various internal and external factors in the body, such as mental stress, malnutrition, chronic diseases, and dietary disorders, affect the cerebral cortex and the central nervous system, thereby stimulating abnormal effects on the hypothalamus-pituitary-ovarian endocrine axis, resulting in abnormal ovarian function and ultimately causing abnormal uterine endometrial function and the occurrence of abnormal uterine bleeding [7]. Additionally, some organic diseases can also cause dysfunctional uterine bleeding. For example: Uterine fibroids, especially submucosal fibroids; endometrial polyps; adenomyosis of the uterus; endometriosis; in addition, abnormal vaginal bleeding caused by gynecological genital inflammations can also fall under the category of “collapse and leakage” in traditional Chinese medicine, such as chronic endometritis, cervicitis, etc. Moreover, some malignant tumors such as endometrial cancer and cervical cancer (excluding abnormal vaginal bleeding) all fall within the scope of “collapse and leakage” in traditional Chinese medicine. Finally, some systemic organic diseases and iatrogenic factors that cause abnormal uterine bleeding also belong to “collapse and leakage”. Studies have shown that for the bleeding of the uterus in adolescent females, it is mostly caused by abnormalities in the central nervous system. After the onset of menarche, due to abnormal central neuroendocrine regulatory functions, reproductive endocrine functions become disordered, triggering abnormal uterine bleeding. The mechanism is that the hypothalamus - pituitary - ovarian axis in adolescent females is insensitive to the positive feedback effect of estrogen, and the interaction between them is incomplete, unable to achieve the peak secretion of luteinizing hormone. Even if there is follicular development, it is incomplete and cannot develop into a dominant follicle, resulting in anovulation, and thus no luteal formation occurs. This leads to a lack of progesterone in the luteal phase of the menstrual cycle, unable to antagonize the effect of estrogen. The endometrium is constantly stimulated by estrogen, without the changes of the secretory phase, and may even lead to endometrial hyperplasia or cancer. However, although the positive feedback effect is not yet perfect, the negative feedback effect of estrogen still exists. As the follicles gradually grow, the estrogen level increases, which can inhibit the secretion level of pituitary gonadotropins, and the negative feedback takes effect. The secretion of gonadotropins decreases, and estrogen secretion reduces. At the same time, follicles stop developing, and the endometrium loses the support of estrogen, resulting in estrogen withdrawal bleeding. Therefore, the pathogenesis of dysfunctional uterine bleeding during adolescence is characterized by relatively insufficient estrogen secretion and progesterone deficiency in an anovulatory state. While abnormal uterine bleeding during menopause is mostly caused by abnormal ovarian function. During this stage, the responsiveness of the reproductive

system to gonadal hormones decreases, estrogen secretion decreases, and the positive feedback effect on the hypothalamus-pituitary is weakened, thereby promoting the increase in levels of follicle-stimulating hormone and luteinizing hormone. This change makes the peak of ovulation in the normal reproductive cycle unable to form. Even if there is follicular development, there is no luteal formation. At this time, although the overall estrogen level is in a decreasing trend, it still remains at a certain level. However, progesterone is almost no longer secreted. The endometrium, lacking the support of progesterone, grows weakly, and suddenly presents symptoms of uterine bleeding, and the bleeding volume is often large [8].

### 3. Stabilizing Foundation and Stopping Collapse Decoction

The “Fu Qingzhu Gynecology” records the “Guben Zhibeng Decoction”, which is described in the section on “Blood Loss Causing Dizziness”. It states: “When a woman experiences a sudden blood loss, her eyes become dark, she falls to the ground, and loses consciousness. No one would think that it is due to excessive heat causing blood loss. However, this heat is not real heat, but rather virtual heat.” Fu believed that when doctors encounter disorders such as uterine bleeding, they only use drugs to stop bleeding to achieve a rapid effect of stopping the bleeding. But they did not consider the person’s inherent deficiency of yin and hyperactivity of yang, and virtual heat is prone to attack. If no yin-nourishing herbs are added simultaneously, the disease may recur at any time and not heal completely. This is the reason why Fu said: “The drugs for stopping bleeding should not be used alone. They must be used in combination with the method of nourishing yin to stop bleeding.” Therefore, he created a formula called “Guben Zhibeng Decoction”, which is suitable for uterine bleeding caused by deficiency of qi and failure of regulation. Its function is to strengthen qi and consolidate the foundation, as well as nourish blood and stop bleeding. The prescription consists of cooked rehmannia, roasted white atractylodes, astragalus, angelica, dried ginger, dangshen, donkey-hide gelatin, calcined oyster shell, cuttle-bone, calcined dragon bone, and madder. For those with significant deficiency of the spleen, the amount of roasted atractylodes can be increased to 30 g to achieve the effect of strengthening the spleen. In addition, add Chinese yam and jujube to nourish the spleen and qi. For those with more severe deficiency of blood, add white peony, Polygonum multiflorum, and parasitic loranthus to nourish essence and blood; for those with excessive bleeding, remove angelica from the original formula and add chaihu and rattletop to enhance the yang of the spleen; for those with severe deficiency of the kidney, add radix dipsaci, the seed of Chinese dodder (salted), and psoralea (salted) to nourish the kidney and fill essence; for those with uterine bleeding that does not stop, add Jiaopuhuang, yimucao, xueyutan, Senna charcoal, and wuweizi (vinegar-processed) to achieve the effect of stopping bleeding; for those with abdominal pain or distension, add Costus root and chuanxiong to regulate the qi. In the Guben Zhibeng Decoction, both ginseng and astragalus have the function of nourishing the spleen; atractylodes strengthens the spleen and generates blood, angelica has the functions of nourishing blood, activating blood circulation, and regulating menstruation and relieving pain; when combined, they strengthen the spleen

and generate blood, serving as a combination for nourishing blood and consolidating the foundation. Rehmannia glutinosa nourishes yin and supplements blood, enhances essence and marrow. When combined with Angelica sinensis, it doubles its efficacy in tonifying blood and enriching blood. Ginger has the effect of guiding blood to its proper channels and warming the body to generate yang. It can be used for both nourishing qi and blood. When these herbs are used together, they jointly achieve the effects of tonifying qi, retaining blood, stabilizing the uterus and stopping bleeding [9].

### 4. Classic Cases

Case 1: Ms. Zhang, 52 years old, married. The main complaint was “menstrual disorders for over five years, irregular vaginal bleeding for 20 days”. She came to our hospital for the first consultation on March 26, 2023. The patient’s menstruation was basically regular before, with a cycle of 28-30 days and a duration of 4-6 days. Her last menstruation was on March 8, 2023. This menstrual period began with bright red blood, a large amount, and accompanied by dizziness, fatigue, palpitations, shortness of breath, which worsened after physical exertion, and became more obvious after climbing two floors. The tongue was pale, the coating was white, and the pulse was fine. The diet was normal, sleep was good, and the defecation and urination were normal. Color Doppler ultrasound suggested: 1. Cervical cyst; 2. Solid lesion in the left side of the uterus (mostly considered as fibroid).

Diagnosis: The patient has experienced irregular menstruation for over five years. There has been irregular vaginal bleeding for 20 days. The last menstrual flow was heavy, accompanied by fatigue, palpitations, shortness of breath. The pulse is fine. The condition worsens after physical exertion. This indicates a deficiency of qi and weakness of blood. Qi deficiency fails to regulate blood flow, thus the irregular vaginal bleeding persists, leading to dizziness. The lesion is likely to be a mass (muscle tumor is a common consideration).

The traditional Chinese medicine diagnosis was menorrhagia (of spleen deficiency type). The treatment was to tonify the qi and collect the blood, strengthen the uterine muscle and stop the bleeding. The prescription was modified based on the “Solidifying the Foundation and Stopping Bleeding Decoction”. The specific dosage of the drugs is as follows: Astragalus 30 g, Rehmannia 30 g, Roasted Astragalus Root 15 g, Angelica 10 g (melted), Rubia cordifolia 10 g, Pu Huang 10 g, hairyvein agrimony 30 g, garden burnet 10 g, Cyperus rotundus (stir-fried with vinegar) 10 g, radix curcumae 10 g. (Boiled in water) Take 3 doses, one dose per day, divided into two servings. At the same time, the patient was instructed to avoid spicy and stimulating foods and to avoid contact with cold water. On April 1, 2023, the patient visited again and reported that vaginal bleeding had stopped. Moreover, the symptoms of palpitations, shortness of breath and fatigue have significantly improved. The tongue appears pale, the coating is white, and the pulse is fine. The treatment remains unchanged as long as the symptoms persist. Three more doses are given, one dose per day, taken in two doses. On April 5, 2023, the patient visited again. The patient reported that her menstruation occurred, with a small amount and bright red color. The symptoms of palpitations, shortness of breath and fatigue have significantly alleviated. The tongue is pale red

with a thin white coating, and the pulse is fine. The treatment was continued for another two courses, and during the follow-up period of six months, the symptoms did not recur.

**Case 2:** Ms. Xie, female, 36 years old, from Tianshui, Gansu Province. She presented with the chief complaint of “menstrual disorders for over three years, heavy vaginal bleeding accompanied by dizziness and fatigue for 17 days”. She was initially diagnosed at our hospital on April 11, 2023. The patient’s menstruation was regular in the past, with a cycle of 27-30 days and a duration of 4-5 days. Her last menstruation was on March 26, 2023. The initial bleeding of this menstruation was bright red, with a large volume, and the bleeding significantly decreased until the day before visiting the hospital, remaining intermittent and accompanied by dizziness, fatigue, palpitations, shortness of breath, and fatigue. Her tongue was pale and the coating was white, with a fine pulse. Her diet was poor, her sleep was poor, and she suffered from insomnia and frequent dreams. Her defecation and urination were normal. Color Doppler ultrasound indicated: bilateral corpus luteum cysts (23\*17 mm and 26\*20 mm respectively), and no obvious space-occupying lesions were found in the uterus (endometrium 12 mm).

**Diagnosis:** The patient has experienced irregular menstruation for over three years. Sometimes there are heavy bleeding and leakage. This indicates a state of qi deficiency and blood weakness. Due to qi deficiency, there is insufficient blood supply. Qi deficiency fails to regulate blood flow, resulting in continuous bleeding for 17 days, causing symptoms such as dizziness, fatigue, palpitations, shortness of breath, and general weakness. The pulse is fine and weak, and the patient also feels shortness of breath and general weakness. These are all signs of both qi and blood deficiency. The spleen is weak, with insufficient yang qi, and the stomach qi fails to descend properly. Therefore, the diet is poor.

The traditional Chinese medicine diagnosis was uterine bleeding (spleen deficiency type). The treatment principle was to tonify the qi and collect the blood, and to consolidate the uterus and stop the bleeding. The prescription was modified based on the “Solidifying the Foundation and Stopping Bleeding Decoction”. The specific dosage of the drugs is as follows: raw astragalus 60 g, dangshen 15 g, raw rehmannia 12 g, roasted white atractylodes 10 g, angelica sinensis 10 g, radix curcumae 10 g, Cyperus rotundus (stir-fried with vinegar) 10 g, dogwood 10 g, Chinese yam 15 g, cooked rehmannia 12 g (boiled in water). Take 3 doses, once a day, divided into two times. At the same time, the patient was instructed to avoid spicy and stimulating foods and to avoid cold water. On April 15, 2023, the patient visited again and reported that vaginal bleeding had stopped, and the feeling of fatigue and weakness had improved. The tongue was pale, the coating was white, and the pulse was fine. The treatment was effective and no change was needed in the prescription. The patient was given another three doses, once a day, divided into two times. On April 20, 2023, the patient visited again and reported that menstruation had occurred, with a small amount and bright red color, and the feeling of palpitations, shortness of breath, and fatigue had significantly improved. The tongue was pale red with a thin white coating, and the pulse was fine. After continuing to take the medicine for two more courses, the patient was followed up for half a

year, and the symptoms did not recur.

**Case 3:** Ms. Ma, female, 40 years old, from Lanzhou, Gansu Province. The main complaint was “irregular vaginal bleeding for over 20 days.” She came to our hospital for the first consultation on August 25, 2022. The patient usually had regular menstruation. She had her first period at the age of 13, with a cycle of 27-30 days and a duration of 5-7 days. Her last menstrual period was July 7, 2022. This time, after 7 days of menstruation, vaginal bleeding continued without stopping, with a large amount, bright red color, mixed with blood clots, accompanied by abdominal pain. Around July 24, 2022, due to continuous vaginal bleeding, she took Zhiyiguo Capsules and Gushuining Capsules orally, but the effect was not good. The vaginal bleeding still continued without stopping, accompanied by dizziness, fatigue, palpitations, shortness of breath, and weakness. Her tongue was pale, her complexion was pale, the coating was white, and the pulse was deep and fine. Her diet was poor, she experienced nausea and vomiting, and her sleep was normal. Color Doppler ultrasound showed: The size of the uterus was approximately 71\*52\*39 mm. The uterine muscle wall had uniform echo, the endometrial line was blurred, and the thickness was about 5 mm. On the left adnexal area, there was a non-echoic area approximately 31\*25 mm, with a clear boundary.

**Analysis:** The patient has had irregular vaginal bleeding for over 20 days. This indicates a state of qi deficiency and blood weakness. Due to qi deficiency, there is insufficient blood supply, and qi deficiency fails to regulate blood flow, resulting in prolonged menstrual periods. Consequently, the patient experiences dizziness, palpitations, shortness of breath, fatigue, a weak and tired pulse, shortness of breath and weakness, pale complexion, all of which are signs of both qi and blood deficiency. The spleen is weak, with insufficient yang qi, and the stomach qi fails to descend properly. Therefore, the patient has poor appetite, nausea, and vomiting. The traditional Chinese medicine diagnosis was uterine bleeding (spleen deficiency type).

The treatment principle was to tonify the qi and collect the blood, and to consolidate the uterus and stop the bleeding. The prescription was modified based on the “Solidifying the Foundation and Stopping Bleeding Decoction”. Prepared Rehmannia 12 g, Codonopsis 15 g, Prepared Astragalus 60 g, Roasted White Atractylodes 10 g, Angelica 10 g, radix curcumae 10 g, Cyperus rotundus (stir-fried with vinegar) 10 g, dogwood 10 g, Chinese Yam 15 g, Prepared Rehmannia 12 g (boiled in water). Take 3 doses, one dose per day, divided into two servings. The patient was advised to avoid spicy and stimulating foods and to avoid cold water. On September 1, 2022, the patient visited again and reported that vaginal bleeding had stopped and the feeling of fatigue and weakness had lessened. The tongue was pale, the coating was white, and the pulse was fine. The treatment was effective and no further changes were needed. The patient was given another 3 doses of the prescription, one dose per day, divided into two servings. On September 6, 2022, the patient visited again and reported that menstruation had occurred, with a small amount and bright red color, and the feeling of palpitations, shortness of breath, and fatigue had significantly lessened. The tongue was pale red with a thin white coating, and the pulse was fine. After continuing to take the medicine for 2 more courses, the

patient was followed up for half a year, and the symptoms did not recur.

## 5. Conclusion

The main treatment for anovulatory abnormal uterine bleeding in modern medicine is hormone therapy, which involves stopping bleeding, adjusting the menstrual cycle, and inducing ovulation. During the bleeding period, based on the treatment principle of “treating the symptoms at the urgent stage and the root cause at the later stage”, it is necessary to stop the bleeding as soon as possible and correct anemia, improve the patient’s general condition, maintain stable vital signs. Drug hemostasis is the preferred method for anovulatory abnormal uterine bleeding. In Western medicine, the main method is the progesterone endometrial shedding method, also known as “drug-induced curettage”; high-dose short-acting, compound oral contraceptives can convert the endometrium that has been stimulated by estrogen for a long time into the secretory phase, achieving the effect of stopping bleeding; or the highly effective synthetic progesterone endometrial atrophy method. In addition, curettage can stop bleeding quickly. For perimenopausal patients, to rule out organic lesions, the segmental curettage method should be selected when performing the curettage procedure; when the effect of drug hemostasis is not obvious, Western medicine also has B-ultrasound-guided radiofrequency ablation for dysfunctional uterine bleeding, endometrial electroresection in the lower part of the uterine cavity for refractory dysfunctional uterine bleeding, and hysterectomy. After stopping the bleeding, the progesterone withdrawal method can be used to make the endometrium undergo periodic shedding. After treatment with one of the above methods, patients with adolescent dysfunctional uterine bleeding can basically achieve the goal of stopping bleeding and restoring the normal menstrual cycle. Generally, after medication, the reproductive endocrine system of patients can largely restore its normal function. However, a small number of patients still need further ovulation induction treatment, especially for women of childbearing age with fertility requirements but with ovulation disorders, drugs can be used to induce ovulation to achieve the purpose of pregnancy [8, 10].

According to traditional Chinese medicine, “the spleen governs the regulation of blood” and is considered the “source of the acquired constitution” and the “source of blood production and metabolism”. If a patient has long-term problems with spleen deficiency, unstable emotions, or damage to the spleen due to improper diet or excessive exertion, resulting in a weakened spleen unable to regulate blood properly, then the qi and meridians will become unstable, blood will overflow outside the vessels, leading to excessive menstrual bleeding or irregular menstrual cycles. This may further progress to menorrhagia. Symptoms include: sudden and profuse menstrual bleeding or continuous bleeding, pale color, thin consistency, fatigue, lack of energy, general weakness, pale or white complexion, shortness of breath, poor appetite, thin stools, pale tongue, thin coating, and weak or fine pulse. Nursing principles: tonify qi and strengthen the spleen, stop bleeding and regulate menstruation. Medications should be taken warm, and in cases of heavy bleeding, emergency hemostasis, absolute bed rest, and warmth preservation are necessary. Tang rong chuan’s

“Blood Disorders Theory” states: “If there is a collapse, it must be treated in the middle region.” The “middle region” refers to the spleen earth. Thus, it can be seen that the spleen is of great importance in treating menorrhagia. Based on the urgency of the condition and the duration of bleeding, following the treatment principle of “treat the symptoms at the urgent stage and the root cause at the later stage”, ancient people summarized three treatment methods: stopping the bleeding, purifying the source, and restoring the old condition. These correspond to the modern medical treatments of hemostasis, seeking the cause, and strengthening the foundation. “Wan’s Female Medicine” states: “All cases of menorrhagia in women are caused by a deficiency of middle qi, which fails to regulate blood.” Therefore, treating menorrhagia from the perspective of the spleen is a treatment from the fundamental. The treatment principle should be to strengthen the spleen and qi, replenish blood, and regulate the collateral qi. The main focus should be on consolidating the menstrual blood, regulating the collateral qi. The prescription of the “Solidifying Blood and Regulating Collaterals Formula” with the functions of tonifying qi and strengthening the spleen includes Chinese yam, astragalus, atractylodes, and poria, which tonify qi and strengthen the spleen, as well as have the effects of replenishing blood, regulating blood, and stopping bleeding. White peony, dogwood, and eucommia (fried) nourish kidney qi, regulate collateral qi and prevent detachment, and donkey-hide gelatin replenishes blood and moistens the body. They are the principal herbs. Sea shell, calcined dragon bone, calcined oyster, and palm charcoal have the functions of stopping bleeding, regulating collateral qi, calming the mind, and soothing the nerves. Angelica sinensis replenishes blood and nourishes the body, activates blood circulation and calms the mind. Fermented fennel promotes the stomach, digests food, eliminates stagnation, and disperses stasis, while also having the effect of consolidating and stopping bleeding. It is the secondary herb. Fried licorice can harmonize the herbs and is the adjuvant herb. When all these herbs are combined, they can regulate the functions of the spleen and kidney as a whole, replenish the deficiency of the collateral qi, and achieve the effect of tonifying the spleen and qi, nourishing the kidney and replenishing blood, and regulating the collateral qi. The function is to stop bleeding without leaving stasis. There are still some patients who need further ovulation induction treatment, especially for women of childbearing age who have fertility requirements but have ovulation disorders. Medications can be used to induce ovulation to achieve pregnancy [8, 10].

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