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Treatment of Renal Proteinuria Based on the Theory of "Treat Uncontrolled Discharge by Unblocking"

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Abstract: ***Renal proteinuria is frequently associated with dampness and blood stasis. Damp turbidity impairs spleen function, while blood stasis obstructs the renal collaterals, leading to dysfunction of the zang-fu organs and leakage of essential substances. Pathogenic factors accumulate internally, causing stagnation, obstruction of Qi transformation, and failure to separate the clear from the turbid. Consequently, essential substances abnormally permeate into the urine. Specific treatment strategies require careful syndrome differentiation to identify the root cause. Methods such as clearing heat and draining dampness to resolve turbidity, activating blood circulation to resolve stasis, and unblocking collaterals should be employed accordingly. Utilizing the "Treat uncontrolled discharge by unblocking" principle as the therapeutic approach aims to achieve the goal of "securing and reducing proteinuria." This facilitates the elimination of pathogens, restoration of healthy functioning, and internal retention of essential substances, thereby improving proteinuria.***

Keywords: Treat uncontrolled discharge by unblocking, Dampness and Blood Stasis, Renal Proteinuria, Treatment**.**

1. Introduction

The "Treat uncontrolled discharge by unblocking" originates from the Suwen·Zhizhen Yaodalan. It addresses pathological states where substantial pathogens cause obstruction, and the body attempts to expel them through "discharge" symptoms. This principle employs unblocking, purging, or attacking herbs and methods to treat diseases manifesting such "discharge" symptoms [1]. Renal proteinuria, manifested as the leakage of essential substances, typically refers to urinary protein exceeding 150mg/24h. It serves as a crucial marker of damage to the glomerular filtration barrier. It is not only a common manifestation of various kidney diseases but also an independent risk factor accelerating renal function deterioration. Consequently, it has become a key therapeutic target in chronic kidney disease management [2,3]. Clinically, some patients often present with patterns characterized by exuberant excess pathogens or complex deficiency-excess patterns dominated by excess [4,5]. The majority exhibit patterns of intermingled dampness and blood stasiswith Qi mechanism obstruction, resulting in blood stasis obstructing the renal collaterals dysfunction of the zang-fu organs, and leakage of essential substances [6]. For such patients, applying the "Treat uncontrolled discharge by unblocking" herapeutic principle involves: regulating the Sanjiao, eliminating damp-heat, and unblocking the collaterals. Once pathogens are eliminated, the Qi movement of the Sanjiao becomes smooth and unobstructed, the functions of the Zang-fu organs spontaneously recover, essential substances follow their normal pathways, and proteinuria resolves spontaneously [7].

2. Pathogenesis Characteristics of Renal Proteinuria

The common pathogenesis characteristic of renal proteinuria, dominated by excess pathogens, involves Qi impediment, intermingled dampness and blood stasis, blockage of the renal collaterals, and eakage of essential substances. Therefore, treatment must employ unblocking methods to eliminate pathogens and regulate functional activities, thereby achieving the effect of securing essence. This approach embodies the essence of the" Treat uncontrolled discharge by unblocking" principle [8,9].

2.1 Qi Obstruction in the Sanjiao and Endogenous Dampness-Turbidity

The Classic of Difficult Issues·On Visceral Manifestations states that the Sanjiao "governs the free passage of the Qi movement". When the Sanjiao's function becomes impaired, leading to obstruction of the ascending, descending, exiting, and entering movements of Qi, Qi stagnation readily occurs; Qi impediment obstructs the waterways, causing water-dampness to accumulate and generate dampness-turbidity. This dampness-turbidity permeates the entire pathogenesis of renal proteinuria. Yu Dongrong et al. pointed out: internally retained dampness pathogens, when stagnant for a prolonged period, transform into heat, the intermingling of dampness and heat further damages spleen function, resulting in ailure of the ascending of the nutrients and descending of the turbid. Consequently, essential substances become unsecured and leak downwards, forming proteinuria [6]. Sun Hui et al. emphasized that Dampness is sticky and stagnant highly correlates with the recurrent and refractory clinical manifestations of proteinuria. Dampness is the core pathological factor underlying the persistent nature of proteinuria [10]. It acts both as an etiological factor of renal proteinuria and as a pathological product during disease progression. Dampness-turbidity congesting and stagnating in the Lower jiao damages the kidney's functions of Qi transformation, opening, and closing. This results in the kidney's failure to perform its duty of sealing and storing, allowing essential substances to leak outward, this ultimately leads to renal proteinuria [11]. Modern medical research

indicates that dysregulated expression of aquaporins (AQPs), causing disorders of water metabolism, constitutes a key mechanism of dampness pathology, The channel functions of AQPs show a high degree of correspondence with the theory of the Sanjiao, and both can induce proteinuria [12].

2.2 Qi Stagnation and Blood Stasis, Obstructing the Renal Collaterals

The Notes While Reading Medical Texts·On Endurance, Control, Generation, and Transformation states: "Insufficiency of Qi fails to propel blood, inevitably leading to blood stasis". Kidney diseases are often characterized by a prolonged course, involvement of multiple systemic organs, and a tendency to become chronic and refractory, Chronic illness leads to stasis, Static blood obstructs disordered Qi activity, creating a mutually causative relationship between Qi impediment and blood stasis When static blood obstructs the renal collaterals, over time, the blood vessels of the kidney lose their nourishment, leading to structural and functional alterations. These include impairments in glomerular filtration function and renal tubular reabsorption function recognized in modern medicine. Regarding these changes, Professor Chen Yiping posits that pathological alterations such as thickening of the glomerular basement membrane and subepithelial immune complex deposition fall within the category of "static blood" in Traditional Chinese Medicine [13]. This provides the direct pathological basis for the production of proteinuria. According to research statistics [14]: The incidence of the blood stasis pattern among patients with lupus nephritis was 44.6%. Among patients with Diabetic Kidney Disease, the occurrence rate of the blood stasis pattern across various TCM patterns was 72.6%. Further research indicates [15] that at least 29.58% of patients with chronic kidney disease are differentiated as belonging to the blood stasis pattern.

2.3 Pathogens Latent in Shaoyin, Blocking the Renal Collaterals

Pathogenic wind are closely associated with the onset and progression of renal proteinuria. When external wind pathogens invade and remain unresolved for a prolonged period, they penetrate from the channels into the collaterals, becoming latent within the renal collaterals, forming "Latent Wind in the Renal Collaterals", Ye Tianshi in his Guide to Clinical Practice with Medical Case Records stated: "Initial disease resides in the channels; chronic disease enters the collaterals". Therefore, in prolonged kidney disease, wind pathogens lurk hidden within the renal collaterals, causing damage to the collaterals. Pathogenic qi becoming depressed and obstructed in the kidney leads the renal collaterals from deficiency to stagnation, and from stagnation to stasis, often mixed with other pathogens. Furthermore, "external wind damages the kidney, internal wind disturbs the kidney", ultimately resulting in blockage of the renal collaterals [16, 17]. Professor Wang Yuefen and colleagues emphasize that latency and subsequent manifestation of pathogens is key to the pathogenesis of renal proteinuria. "Latent Wind Pathogenesis" is associated with the chronic inflammation and immune mechanism damage underlying proteinuria in chronic kidney disease. Long-term disorders of glucose-lipid metabolism, extreme heat generating wind, and widespread dysregulation of immunity and inflammation cause the accumulated "Latent Wind" to manifest the opens and disperses characteristics of wind pathogens. This results in copious frothy urine [11]. Based on the concept of "microscopic Pattern identification", Professor Lü Renhe proposed that sclerosed and fibrotic micro-renal tissues belong to the category of "Micro-Abdominal masses" in Traditional Chinese medicine. The pathogenesis involves pathogenic qi lurking within the membrane-interstice of the kidney system and stasis-toxins blocking the renal collaterals. It is from this that proteinuria arises and becomes stubborn and difficult to resolve [18].

3. Treat Uncontrolled Discharge by Unblocking in the Treatment of Renal Proteinuria

At the microscopic pathological level, the intermingling of dampness and blood stasis exhibits a synergistic effect: Advanced glycation end products generated by inflammatory factors (such as TNF-α, IL-6) activate mesangial proliferation via the TGF-β/Smad signaling pathway. This triggers podocyte apoptosis, leading to protein leakage, exacerbates fibrosis, and forms a vicious cycle of "turbidity-toxicity and proteinuria" [19]. Within the framework of microscopic pattern differentiation, the essence of proteinuria lies in immune complex deposition and the inflammatory response. Treatment should therefore employ the "Treating Flow Syndrome with Flowing Method" principle to promote the clearance of immune complexes and inflammatory mediators. Commonly used therapeutic methods include clearing heat and draining dampness, activating blood circulation and resolving stasis, and others, aimed at dispersing and discharging pathological products to improve proteinuria [20].

3.1 Clearing Heat, Draining Dampness, Resolving Turbidity, and Regulating the Sanjiao

When proteinuria manifests predominantly in the Upper Jiao, characterized by Wind-water pattern, symptoms include facial edema, acute onset, frothy urine, and possibly exterior pattern. Treatment should focus on remove pathogenic factors and release the exterior. Formula selections include Yuebi Jiazhu Decoction and SanRen Decoction. Medicinals such as Ephedrae Herba, Gypsum Fibrosum and Armeniacae Semen Amarum are used to expel pathogens via the upper pathways [21]. Xu Lingtai stated: "Where there is dampness, there is often heat; while this may not always be absolute, damp pathogens readily transform into heat." When proteinuria manifests withSpleen deffciency with dampness pattern in the Middle Jiao, symptoms may include dizziness and fatigue, poor appetite and diarrhea, heavy sensation in the body, shortness of breath and reluctance to speak, turbid urine, and a white, greasy tongue coating signs of Dampness obstruction the Middle Jiao. Spleen deficiency easily generates dampness, and prolonged stagnation of dampness-turbidity transforms into heat. The transformation into damp-heat lodging in the kidney constitutes the excess pathogens mechanism leading to proteinuria. To address this mechanism, treatment should Strengthen the spleen, clear heat and transform dampness [22]. Formula selections include Cangzhu Erchen Decoction, commonly using medicinals such as Atractylodis Rhizoma, Atractylodis Macrocephalae Rhizoma, Citri Reticulatae

Pericarpium, Coptidis Rhizoma, and stir-fried Dioscoreae Rhizoma to clear damp-heat from the Middle Jiao and fortify the spleen to assist transportation [23]. When manifesting as damp heat in the lower jiao pattern, symptoms may be accompanied by lower limb edema, soreness and pain in the lower back and knees; Frequent, difficulty, and painful urination and a yellow, thick, greasy tongue coating [22]. The Medical Formulas with Explications records: "Disorders of the Lower Jiao are attributable to damp-heat". Since the kidney pertains to the Lower Jiao, Si Miao Wan combined with modified Shen Qi Di Huang Decoction can be use [9]. This approach both dries dampness and clears heat to eliminate pathogens and simultaneously addresses the root pattern of spleen-kidney Qi deficiency. In clinical practice, medicinals such as Coicis Semen, Tetrapanacis Medulla, Talcum, Lophatheri Herba, Dianthi Herba and Polygoni Avicularis Herba can be added to gently percolate dampness, promote urination, and unblock the collaterals thereby guiding the two pathogens of dampness and heat out through the urine [9]. Eliminating pathogens must not neglect protecting the spleen-stomach. Use Codonopsis Radix, Astragali Radix, Poria, and Atractylodis Macrocephalae Rhizoma to fortify the spleen and supplement qi. Reinforce healthy qi must not allow pathogens to linger. Use Dioscoreae Spongiosae Rhizoma, Smilacis Glabrae Rhizoma to clear heat, drain dampness, and resolve turbidity; and ritillariae Thunbergii Bulbus, Pinelliae Rhizoma Praeparatum, Trichosanthis Fructus to clear heat, drain dampness, and transform phlegm [6].

3.2 Moving Qi, Activating Blood, Resolving Stasis, and Unblocking the Renal Collaterals

When proteinuria manifests with Qi stagnation and blood stasis, symptoms may include edema of the limbs or whole body, more pronounced in the lower limbs, ecchymosis or rough, scaly skin, stabbing pain in the lumbar region, depressed mood, a purplish-dark tongue body, and a deep, thin, and choppy pulse [23]. Treatment should focus on moving Qi, activating blood circulation, and unblocking the collaterals. Da Huang Zhe Chong Wan combined with Tao Hong Si Wu Decoction is the primary formula strategy. Modified combination of these two formulas synergistically achieves the effects of nourishing blood and activating blood circulation, resolving stasis and unblocking the collaterals, thereby exerting a therapeutic effect to reduce urinary protein. Da Huang Zhe Chong Wan possesses anti-inflammatory effects, podocyte protective effects, and the ability to alleviate renal interstitial fibrosis, hence it can protect the kidneys and reduce proteinuria. The blood-activating and stasis-resolving medicinals within Tao Hong Si Wu Decoction and Da Huang Zhe Chong Wan, such as Persicae Semen and Carthami Flos, exhibit effects including anticoagulation and anti-inflammation, improving renal microcirculation, anti-glomerulosclerosis, inhibiting immune complex deposition, and delaying the progression of renal failure. Therefore, they have a confirmed efficacy in reducing urinary protein [24, 25]. Damp pathogens stagnating within the body often readily combine with other pathogens. When dampness-turbidity lingers for a prolonged period, it easily transforms into pathological products such as static blood. In patients with chronic kidney disease and proteinuria, chronic illness enters the collaterals, and obstruction of the renal collaterals by stasis often leads to the formation of a pattern of intermingled dampness and blood stasis. Treatment requires equal emphasis on dispelling dampness and resolving stasis. Modified Dang Gui Shao Yao San can be selected, adding medicinals such as raw Atractylodis Macrocephalae Rhizoma, Poria, Alismatis Rhizoma, Plantaginis Semen, Lycopi Herba, Leonuri Herba, Chuanxiong Rhizoma, and Paeoniae Radix Rubra to resolve stasis and unblock the collaterals. If the condition progresses to renal failure (uremic stage), dampness-turbidity and blood stasis are commonly observed. Treatment should focus on transforming dampness and descending turbidity and Circulate blood and transform stasis. Formula selection includes Huang Lian Wen Dan Decoction with additions such as Leonuri Herba, Lycopi Herba, Persicae Semen, Carthami Flos, Rhei Radix et Rhizoma, and Paeoniae Radix Rubra [21].

3.3 Dispelling Wind, Cleansing Toxicity, and Searching Out Pathogens to Dispel Tangible masses

When proteinuria manifests with intermingled stasis and toxicity, symptoms may include urinary obstruction, edema, hypertension, nausea and vomiting, loss of appetite, pruritus, and foul breath or a urinous odor in the mouth [26]. Treatment focuses on dispelling wind and unblocking the collaterals, cleansing toxicity and dispelling masses. Use a modified Qu Feng Tong Luo Fang, with medicinals such as Astragali Radix, Rehmanniae Radix Cruda, Taxilli Herba, and Piperis Kadaurae Caulis, Zaocys dhumnades. Additionally, incorporate collateral-unblocking medicinals, such as Lonicerae Japonicae Caulis, Trachelospermi Caulis et Folium, Piperis Kadaurae Caulis, Retinervus Luffae Fructus, Citri Reticulatae Fructus Vasculum, Bambusae Caulis in Taeniam, Junci Medulla, Clematidis Radix et Rhizoma, Liquidambaris Fructus, and Euonymi Ramulus. Alternatively, add pathogen-searching insect-class medicinals such as Pheretima, Scorpio, and Scolopendra to prevent blood from congealing and allow Qi to flow freely, thereby loosening and penetrating the disease root. Insect-class medicinals can penetrate the channels and reach the collaterals, searching out and eliminating latent pathogens within the renal collaterals. Therefore, Professor Liu Yuning frequently uses insect-class medicinals such as Pheretima, Hirudo and Trionycis Carapax to achieve the effect of "heavy medicinals lifting deep-seated illness" [26]. Modern pharmacological research on Chinese medicinals indicates that insect-class drugs such as Bombyx Batryticatus, Pheretima, Scolopendra, Scorpio, Hirudo and Eupolyphaga possess significant effects including anticoagulation, antioxidant stress, anti-inflammation, and improving renal microcirculation. They can effectively slow the progression of glomerulosclerosis and renal tubular fibrosis in patients with chronic kidney disease, thereby reducing and controlling proteinuria. Vine-class medicinals such as Piperis Kadaurae Caulis, Trachelospermi Caulis et Folium, Tripterygii Wilfordii Radix, Sinomenii Caulis, Lonicerae Japonicae Caulis, Dioscoreae Nippponicae Rhizoma, Uncariae Ramulus cum Uncis, Polygoni Multiflori Caulis, and Spatholobi Caulis can reduce levels of inflammatory factors and improve the micro-inflammatory state, thereby reducing massive proteinuria and delaying the deterioration of renal function [27].

4. Summary

Based on the "Treat uncontrolled discharge by unblocking" theory, Qi stagnation, dampness and blood stasis, and collateral blockage constitute the primary substantial pathogenic factors in renal proteinuria. The key pathological mechanisms are: Qi stagnation in the Sanjiao, leading to endogenous generation of dampness-turbidity; Qi stagnation and blood stasis, resulting in stasis obstruction of the renal collaterals; Pathogens latent in the Shaoyin channel, causing blockage of the renal collaterals. Through comprehensive analysis using the four diagnostic methods, the root and branch, deficiency and excess are clarified. Upholding the therapeutic principle of "Treat uncontrolled discharge by unblocking", methods such as clearing heat, draining dampness, and resolving turbidity, moving Qi, activating blood circulation, and resolving stasis, and dispelling wind, unblocking the collaterals, and cleansing toxicity are employed to expel pathogens outward. Once pathogens are eliminated, the Qi transformation functions of the Zang-fu organs spontaneously recover. Essential substances circulate and return to their proper pathways. Consequently, proteinuria improves, significantly delaying the progression of chronic kidney disease.

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