

# Research Advances in Traditional Chinese Medicine for Postpartum Arthralgia

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**Abstract:** Postpartum arthralgia represents a prevalent puerperal disorder characterized by myoarthralgia, paresthesia, and heaviness in extremities, significantly compromising postpartum recovery and quality of life. TCM pathogenesis has evolved from the qi-blood deficiency with wind-pathogen invasion theory documented in “Treatise on the Origins and Manifestations of Diseases” to the contemporary systemic recognition of “root deficiency with superficial excess” pathology. This review methodically examines therapeutic advances, including: On the one hand, Patho mechanism evolution: Classical concepts: Deficiency/Stasis/Pathogen triad, Modern expansions: Liver-qi stagnation & damp-heat pathogenesis; on the other hand, Multimodal interventions: Pharmacotherapy: Classical formulas (e.g., Astragali-Cinnamomi Five Substances Decoction) and empirical prescriptions, External therapies: Du-moxibustion, acupuncture. Clinical data demonstrate ≥90% efficacy through syndrome-differentiation protocols employing the “reinforcing healthy qi and eliminating pathogens” principle, showcasing advantages in holistic regulation and superior safety profile. This work provides evidence-based clinical references and identifies future research directions.

**Keywords:** Postpartum arthralgia, Traditional Chinese Medicine, Governor vessel moxibustion, Astragalus and Cinnamon Twig Five-Substance Decoction.

## 1. Introduction

Postpartum arthralgia refers to a clinical syndrome characterized by myoarthralgia, paresthesia, and heaviness in extremities during the puerperium (6-8 weeks postpartum), classified in Traditional Chinese Medicine (TCM) as “postpartum joint pain” or “generalized postpartum pain,” colloquially termed “postpartum wind.” Epidemiological studies indicate a prevalence of 10%-30%. While conventional medicine predominantly employs NSAIDs for symptomatic relief, their use is restricted during lactation and often associated with recurrence. TCM has emerged as a preferred therapeutic approach due to its dual capacity for analgesia and constitutional rehabilitation.

TCM pathogenesis attributes this condition to the interplay between: Endogenous factors: “Vacuity of hundred vessels” secondary to qi-blood depletion during parturition; Exogenous triggers: Invasion of wind-cold-damp pathogens through deficient defenses. This pathomechanism ultimately leads to malnourishment of sinews and meridian obstruction. Historical evolution includes: Zhang Zhongjing’s foundational theory of “blood loss and fluid depletion” (Han Dynasty); Fu Qingzhu’s paradigm of “postpartum dual deficiency-stasis complex” (Ming-Qing transition); Contemporary integration of multifactorial pathomechanisms. This review systematically examines the theoretical progression, evidence-based interventions, and clinical standardization of TCM management for postpartum arthralgia.

## 2. Inheritance and Development of TCM Etiology and Pathogenesis for Postpartum Arthralgia

### 2.1 Ancient Medical Understanding of Postpartum Arthralgia

The TCM theoretical framework for postpartum arthralgia originated in the Han Dynasty and evolved over millennia into a systematic doctrine.

**Foundational Stage:** Zhang Zhongjing, in *Jingui Yaolüe* · Treatise on Postpartum Diseases [1], proposed the “Three Postpartum Disorders,” emphasizing “blood loss and fluid depletion” as the core pathology, establishing the basis for the “postpartum deficiency-dominance” paradigm.

**Framework Establishment:** The Sui Dynasty’s *Zhubing Yuanhou Lun* · Postpartum Diseases [2] first explicitly identified “qi-blood deficiency” and “external pathogen invasion” as dual primary etiologies, constructing a “deficiency-excess binary pathogenesis” framework that laid the groundwork for the modern therapeutic principle of “supporting healthy qi while eliminating pathogens”.

**Conceptual Expansion:** Zhu Danxi (Jin-Yuan period) supplemented the “blood stasis obstructing collaterals” mechanism. Zhang Jingyue, in *Jingyue Quanshu* · Gynecology Section [3] (Ming Dynasty), refined syndrome patterns including “blood deficiency with wind invasion” and “cold congealing stagnation”. Fu Qingzhu’s *Gynecology* (Qing Dynasty) established the “postpartum dual deficiency-stasis complex” doctrine, creating the groundbreaking *Shenghua Tang* (“Stasis-Transforming Decoction”) to “resolve stasis and regenerate new blood”, which remains central to modern syndrome differentiation.

**Therapeutic Principles:** The Qing Dynasty’s *Shen’s Gynecology Essentials* [4] proposed the guideline: “Prioritize blood nourishment, moderately incorporate collateral-dredging, and avoid aggressive wind-dispersing medicinals”, crystallizing the standard “replenish deficiency to nourish collaterals, unblock stasis to regulate qi” protocol.

In summary, ancient physicians developed a pathogenesis

system centered on “deficiency”, “stasis”, and “pathogens”, ultimately formulating the doctrine: “Deficiency-stasis damaging collaterals constitutes the root, while external pathogens exploiting deficiency act as precipitating factors”.

### 3. Contemporary Medical Experts' Understanding of Postpartum Body Pain

Building upon traditional theories and integrating contemporary characteristics with clinical practice, modern medical experts have developed a more systematic understanding of the etiology and pathogenesis of postpartum body pain.

#### 3.1 Core Pathogenesis: Deficiency-Rooted with Superficial Excess, Interplay of Deficiency and Excess

**Root Deficiency:** Primarily characterized by qi and blood deficiency, Blood loss during childbirth and prolonged lactation deplete yin-blood. Qi consumption during delivery leads to qi deficiency and impaired blood circulation, collectively resulting in malnourishment of tendons and vessels (“pain due to lack of nourishment”). May be accompanied by liver-kidney insufficiency (weakened bones and tendons), spleen deficiency with impaired transportation (endogenous phlegm-dampness), or disharmony of ying and wei (increased susceptibility to external pathogens).

**Superficial Excess:** Key factors include pathogenic obstruction, Invasion of external wind-cold-damp (due to living in damp environments or postpartum exposure to cold, blocking meridians). Internal retention of blood stasis (lochia stagnation obstructing vessels). Phlegm-dampness/damp-heat accumulation (from dietary irregularities or spleen deficiency generating dampness, which may transform into heat). Liver qi stagnation (emotional distress causing qi stagnation and blood stasis).

#### 3.2 Pattern Differentiation and Innovations

Modern research highlights “refinement of single - pathogenesis patterns and integration of complex - pathogenesis patterns”: Single-Pathogenesis Differentiation: Qi-blood deficiency: Treat by replenishing qi and blood, nourishing tendons (eg, Bazhen Decoction plus astragalus and milletia). Liver-kidney insufficiency: Reinforce liver-kidney and supplement qi-blood (eg, Shen Tong Zhu Yu Decoction combined with Du Huo Ji Sheng Tang). Blood stasis: Promote blood circulation, resolve stasis, and warm meridians to alleviate pain (eg, Shenghua Decoction plus peach kernel and safflower).

#### 3.3 Dialectical Unity of Inheritance and Innovation

**Inheritance:** Upholds the core TCM doctrine of “postpartum vulnerability to deficiency and stasis”, recognizing qi-blood depletion as the fundamental pathogenesis. Maintains the pathogenic roles of blood stasis and external pathogens. Preserves the therapeutic principle of “nourishing blood to unblock collaterals, removing stasis to promote regeneration”.

**Innovation:** Expands the etiopathological scope by incorporating modern lifestyle factors: Adds dampness-heat

and phlegm-dampness (linked to greasy diets). Introduces liver depression (associated with emotional stress). Highlights the liver's regulatory role, classifying liver qi stagnation and liver blood deficiency as independent diagnostic patterns, emphasizing psychosomatic interactions. Adapts the theoretical framework to contemporary postpartum pathophysiology.

### 4. Therapeutic Approaches and Research Advances

#### 4.1 Clinical Expertise and Pattern Differentiation Characteristics

Contemporary medical scholars have developed a multi-dimensional diagnostic and therapeutic system based on the core pathogenesis of “deficiency-root with excess-manifestation”. Centered on the principle of “simultaneous treatment of deficiency and stasis”, this system addresses diverse pathological stages and can be categorized into four major schools, with their commonalities and distinctions summarized as follows:

#### 4.2 Dual Emphasis on Deficiency and Stasis

**Core Pathogenesis:** “Deficiency of qi and blood with stasis obstructing collaterals”

**Common Consensus:** All schools recognize “postpartum propensity to deficiency and stasis” as the central pathology. **Deficiency aspect:** Depletion of qi and blood leads to malnourishment of tendons and vessels. **Excess aspect:** Retained lochia causes meridian obstruction, forming a vicious cycle. **Therapeutic principle:** “Tonify deficiency without aggravating stasis, resolve stasis without damaging healthy qi”.

**Representative Scholars:** Prof. Zhang Xiaojing's Team: Approach: “Supporting healthy qi while eliminating pathogens, combining tonification and dredging”. Protocols: Base formula: Qi-blood tonics (eg, Danggui Buxue Decoction) + blood-activating herbs (eg, Chuanxiong, Honghua). Specialized use of vine drugs (eg, Qingfengteng) and insect drugs (eg, Dilong) to address external pathogen invasion. Emphasizes emotional regulation and spleen-strengthening to prevent aggravation of “deficiency-stasis entanglement” [5]. Prof. Li Guangwen, Core tenet: “Qi-blood deficiency as the root, blood stasis as the branch”. Treatment: Modified Bazhen Decoction Huangqi (for qi-blood replenishment) combined with Taohong Siwu Decoction Jixueteng (for stasis resolution). Contraindications: Avoids harsh blood-breakers (eg, Sanleng, Ezhu) and potent wind-dispersing herbs (eg, Mahuang) to preserve. For postpartum depression: Adds Meiguishua (Rosa rugosa) and Chaihu (Bupleurum) for liver-soothing, embodying “concurrent treatment of stasis and depression” [6]. Prof. Hu Guohua, Strategy: “Simultaneous nourishment and unblocking”. Nourishing: Huangqi, Danggui, Shudihuang (qi-blood tonics); Duzhong, Sangjisheng (liver-kidney supplementation). Unblocking: Jixueteng, Chuanxiong (blood-activation); Duhuo, Guizhi (wind-cold dispersion). Targeted for: Mid-late stage complex patterns of “deficiency intertwined with stasis and cold”, achieving “unblocking without harming healthy qi, nourishing without

retaining pathogens” [7].

#### 4.3 Defensive Qi (Wei Qi) Deficiency: Key Pathogenesis of “Wei Qi Insufficiency and External Pathogen Invasion”

**Core Innovation:** Breaking through the traditional framework of “deficiency-stasis,” this approach interprets the pathogenesis from the perspective of “defense system impairment.” It posits that postpartum Wei Qi deficiency and loose interstices serve as the prerequisite for external pathogen invasion. The treatment principle emphasizes “first consolidating Wei Qi, then expelling pathogens and unblocking collaterals.” **Representative Scholar:** Professor Wu Quansheng proposed the “Wei Qi Deficiency - Insufficiency Theory”, placing Wei Qi dysfunction at the core of pathogenesis: When Wei Qi is weak, it fails to: “Warm the muscles”, “Nourish the skin”, “Strengthen the interstices”, “Regulate opening-closing”, This leads to heightened susceptibility to, wind, cold, and damp pathogens.

**Therapeutic Approach:** Primary Strategy: “Consolidate and protect Wei Qi” Uses Huangqi (Astragalus), Fangfeng (Saposhnikovia), and Baizhu (Atractylodes), (inspired by Yupingfeng San, to enhance defensive function. Supporting Therapy: Danggui (Angelica sinensis) and Baishao (Paeonia lactiflora) to tonify qi and blood, ensuring “when Wei Qi is consolidated, pathogens find no entry”. Significance: This theory enriches the understanding of postpartum body pain by introducing the “defense dysregulation” dimension [8].

#### 4.4 Visceral Regulation: Key Pathogenesis of “Liver-Spleen-Kidney Dysfunction”

**Common Consensus:** Postpartum body pain is not merely a disorder of “qi-blood and meridians” but is closely linked to dysfunction of: Liver (blood storage, regulation of qi flow); Spleen (blood production, transportation-transformation); Kidney (essence storage, bone nourishment). **Therapeutic principle:** “Regulate viscera to replenish qi-blood and unblock merid; Pathogenesis: Spleen deficiency impaired transportation phlegm-dampness Liver qi stagnation blood stasis Combined obstruction of meridians. Treatment: Xiaoyao San (Free and Easy Wanderer Powder), Regulates liver and strengthens spleen (Chaihu, Baizhu), Lingui Zhugan Tang (Poria-Cinnamon-Atractylodes-Glycyrrhiza Decoction), Resolves phlegm and unblocks yang (Fuling, Guizhi); Targeted for: Cases with emotional depression, abdominal distension, and heavy limbs (pattern), highlighting the “mind-body symptom connection” [9]. Prof. Yang Bingxiu, Approach: “Stage- and location-based visceral regulation”, Early postpartum: Focuses on qi-blood tonification. Late postpartum: Combines blood-activating and meridian-dredging, Location-specific modifications: Upper limb pain: Adds Sangzhi (Mulberry Twig), Jianghuang (Turmeric), Lower limb pain: Adds Duhuo (Angelica pubescens), Niuxi (Achyranthes root) Embodies: “Time-conditioned and site-specific treatment” [10].

#### 4.5 Warming and Unblocking to Disperse Cold: Targeting “Cold Coagulation and Blood Stasis”

**Core Concept:** Given the postpartum propensity to “deficiency and cold”, the convergence of cold pathogens and

blood stasis is identified as the key aggravator of pain. Treatment prioritizes “warming meridians to disperse cold, activating blood to unblock vessels”, embodying the principle of “postpartum conditions favor warmth”.

**Representative Scholar:** Professor Chen Xueqi Specialized Method: “Warming and unblocking”. Key Herbs: Aiye (Artemisia argyi) and Shengjiang (Zingiber officinale), Warm meridians and expel cold. Danggui (Angelica sinensis) and Chuanxiong (Ligusticum chuanxiong), Activate blood and regulate menstruation. **Clinical Focus:** Effective for “cold-stasis entanglement pattern” (cold-induced pain alleviated by warmth). **Unique Approach:** “Warmth without dryness” Balances the warming effects of Shengjiang with Gancào (Glycyrrhiza uralensis) to prevent yin injury, making it suitable for postpartum yang-deficient constitutions [11].

**Modern Medical Perspectives on Postpartum Body Pain:** Commonalities and Variations, while contemporary TCM scholars adopt diverse therapeutic emphases, all adhere to the fundamental principle of “supporting healthy qi while eliminating pathogens”, forming a cohesive yet multifaceted academic framework: **Shared Foundations:** Root Deficiency Focus: Universal recognition of “qi-blood depletion” as the core deficiency. Branch Excess Factors: Broad consensus on the roles of “internal blood stasis” and “external pathogen invasion” as excess manifestations. **Dual Therapeutic Threads:** Integration of “tonifying deficiency” and “expelling pathogens” across all approaches. **Differentiated Innovations:** Stasis-Pathogen Integration (eg, Profs. Zhang Xiaojing & Hu Guohua): target “stasis-pathogen comorbidity” via combined blood activation (eg, Jixueteng) and wind-cold dispersion (eg, Guizhi). Defensive Qi Theory (Prof. Wu Quansheng): Pioneers “Wei Qi consolidation” as a preventive strategy against pathogen invasion (eg, Yupingfeng San). Visceral Regulation (Profs. Zhao Ruihua & Yang Bingxiu): Emphasize “liver-spleen-kidney coordination” eg, Xiaoyao San for liver-spleen harmony, Duzhong for kidney-bone reinforcement. Cold-Stasis Resolution (Prof. Chen Xueqi): Directly addresses “cold coagulation” with precision warming (eg, Aiye) paired with blood-nourishing agents (eg, Danggui). **Conclusion:** These complementary yet distinct approaches collectively expand the pattern differentiation spectrum for postpartum body pain, offering personalized, precision-guided clinical strategies.

### 5. Internal Treatment Methods

#### 5.1 Herbal Medicine

Herbal treatment centers on “tonifying deficiency, eliminating pathogens, and unblocking collaterals”, forming a systematic medication system that balances universality and specificity.

##### 5.1.1 Core Herbal Categories

**Qi-Blood Tonifying Herbs:** Target the root cause of “pain due to malnourishment”. Key herbs: Huangqi (Astragalus membranaceus), Tonifies qi and warms yang; used in high doses (60-90g) for blood deficiency to “generate blood through qi supplementation”. Danggui (Angelica sinensis), Nourishes and activates blood, preventing “tonification-induced stagnation”. Shudihuang (Rehmannia glutinosa),

Enriches kidney essence, embodying “essence-blood homology”. Synergistic effect: Restores postpartum qi-blood balance [12].

**Wind-Cold Dispelling Herbs:** Address the branch manifestations of wind-cold-damp pathogens. Key herbs: Duhuo (*Angelica pubescens*), Specialized for lower-body bi pain. Qianghuo (*Notopterygium incisum*), Targets upper-body wind-dampness. Guizhi (*Cinnamomum cassia*), Warms meridians, unblocks yang, and disperses cold. Clinical application: Sun Kexin et al. used Duhuo Fangfeng (*Saposhnikovia*) with Guizhi Shengjiang (*Zingiber*) to relieve externally contracted pain [13].

**Blood-Activating and Collateral-Unblocking Herbs:** Alleviate “pain due to obstruction”. Key herbs:

Jixueteng (*Spatholobus suberectus*), “Activates blood without damaging blood”, preferred for postpartum blood stasis. Chuanxiong (*Ligusticum chuanxiong*), Moves qi and blood systemically.

Taoren (*Prunus persica*), Breaks stasis and relieves pain; combined with Honghua (*Carthamus*) in Taohong Siwu Decoction for enhanced stasis resolution [14]. Clinical note: Li Menghua et al. combined these with Danggui to avoid blood injury while resolving stasis [15].

### 5.1.2 Specialized Combinations & Targeted Applications

**Classic Herb Pairs:** Guizhi + Baishao (*Paeonia lactiflora*), Harmonizes nutritive-defense qi (Guizhi warms yang, Baishao nourishes blood). Huangqi Danggui Dual qi-blood supplementation (Huangqi leads qi to generate blood). Duhuo Sangjisheng (*Taxillus chinensis*), Expels wind-damp while tonifying liver-kidney (Duhuo dispels pathogens, Sangjisheng supports healthy qi). Example: In Huangqi Guizhi Wuwu Tang, these pairs achieve “warming nourishment and meridian unblocking” [16]. **Targeted Herbs:** Upper limb pain: Jianghuang (*Curcuma longa*), Sangzhi (*Morus alba*), Channel-guiding upward. Lower limb pain: Niuxi (*Achyranthes bidentata*), Mugua (*Chaenomeles speciosa*), Channel-guiding downward. Lumbar pain: Xuduan (*Dipsacus asper*), Gouji (*Cibotium barometz*), Reinforce kidney and strengthen waist. Efficacy: Li Lingling et al. reported 92.9% total effectiveness with this approach [17].

## 5.2 Herbal Formulas

Formula selection follows pattern differentiation, integrating classical and modified prescriptions to reflect “ancient wisdom modernized”.

### 5.2.1 Classical Formulas

**Huangqi Guizhi Wuwu Tang Composition:** Huangqi, Guizhi, Baishao, Shengjiang, Dazao. Action: Tonifies qi, warms meridians, harmonizes blood, and unblocks obstruction. Indication: Blood deficiency with nutritive-defense disharmony (numbness, soreness). Evidence: Ju Wenfeng demonstrated 91.7% efficacy via improved microcirculation and inhibited substance P release [18]. **Duhuo Jisheng Tang Composition:** 15 herbs (eg, Duhuo, Sangjisheng, Duzhong).

Action: Reinforces liver-kidney and dispels wind-cold-damp. Indication: Postpartum pain with external contraction. Evidence: Sun Kexin et al. reported 93% efficacy, linked to reduced IL-6/TNF- $\alpha$  and enhanced T-cell activity [19].

**Shenghua Tang Composition:** Danggui, Chuanxiong, Taoren, Paojiang, Gancao. Action: Activates blood and warms meridians. Indication: Postpartum lochia retention with pain. Evidence: Li Menghua et al. achieved 94.6% efficacy, shortening lochia duration and relieving pain [15].

### 5.2.2 Modified & Empirical Formulas

**Wenjing Yangxue Zhuyu Tang (Zheng Shuzhen et al.) Composition:** Huangqi, Danggui, Fuzi (*Aconitum*), Chuanxiong, Jixueteng. Action: Simultaneously warms meridians, nourishes blood, and resolves stasis. Indication: Blood deficiency with cold congelation (cold pain, pale tongue with stasis spots). Efficacy: 93.8% effectiveness via reduced blood viscosity and microcirculation improvement [20]. **Modified Wenjing Tang (Lu Xiaoqian et al.) Base Formula:** Wuzhuyu (*Evodia*), Guizhi, Danggui, Xiangfu (*Cyperus*), Wulingzhi (*Troglodytes*). Target: Cold congelation with qi stagnation (cold pain abdominal distension depression). Outcome: 93.3% efficacy with significant VAS score reduction [21]. **Guizhi Xinjia Tang (Yu Liping et al.) Composition:** Guizhi, Baishao, Renshen (*Panax ginseng*), etc. Indication: Blood deficiency with tendon malnourishment (profuse sweating cramping pain). Result:  $\geq 70\%$  symptom reduction, enhanced muscle endurance, and relieved spasms [22].

## External Treatment Methods

### 5.3 Acupuncture

Acupuncture operates on the principle of “regulating and tonifying qi-blood while warming and unblocking meridians”. Recognized for its direct efficacy, high safety profile, and compatibility with breastfeeding, it serves as a cornerstone therapy for postpartum body pain.

#### 5.3.1 Core Acupoints

**Primary Points:** Shenshu, Tonifies kidney essence (“the lumbar region houses the kidney”). Zusanli, Strengthens spleen to generate blood (“spleen-stomach as the source of qi-blood production”). Guanyuan, Warms yang and activates blood (“root of primordial qi”). Sanyinjiao (SP6), Harmonizes liver, spleen, and kidney (“confluence of the three yin meridians”). Clinical utility: Each point is used  $\geq 6$  times per treatment course, forming the foundational combination for addressing root deficiency.

**Adjunct Points:** Quchi, Unblocks meridians for upper-limb pain. Fengchi, Dispels wind-cold for externally contracted patterns. Taichong, Regulates liver qi for depression-related pain. Local points: Jianyu for shoulder pain, Mingmen for lumbar pain, Xiyan for knee pain.

Embodies “pattern-differentiated point selection”.

#### 5.3.2 Specialized Techniques

Warming-Tonification Needling (Xiao Xiuping), Method: Oblique insertion with reinforcing technique at back-shu points moxa stick warming on needle handles (10 mins/point). Outcome: 90% efficacy in 40 cases of deficiency-cold pain; significantly alleviates cold intolerance and pain after 3 courses (7 days/course) [23].

“Laoshi Zhen” (Wang Lu et al.) Points: Zhongwan, Zusanli, Qihai, Guanyuan to “nourish postnatal qi to support innate constitution”.

Result:  $\geq 70\%$  symptom reduction in 28 blood-deficiency cases; elevates hemoglobin levels [24].

Yuanli Needling (Huo Mengyue et al.) Technique: Deep insertion (2-3 cun) at Ashi points and Huatuoji (EX-B2) to “unblock meridians via depth”. Efficacy: 88.6% efficacy in 35 chronic cases (>6 months), especially for blood stasis obstruction [25].

Acupoint Injection (Zhang Jun et al.) Protocol: 2ml Astragalus injection at Zusanli (ST36)/Yanglingquan. Advantage: 95% efficacy (12% higher than needling alone) via synergistic qi-tonifying and meridian-dredging effects [26].

#### 5.4 Moxibustion

Moxibustion centers on “warming meridians, boosting qi, and activating blood”. Its simplicity and safety make it a first-line external therapy.

##### 5.4.1 Specialized Methods

Aconite Partitioned Moxa Procedure: Paste of processed aconite powder (30g) + ginger pulp (500g) along Du Mai (GV14-GV2) + 3 cones (30 mins/cone). Outcome: 93.75% efficacy in 32 yang deficiency-cold cases; improves pain/fatigue and raises serum thyroxine [27]. Du Mai Moxibustion Formula: Aconite + Eucommia powder along Du Mai (GV14-GV2) + 5-7 cones. Effect: 93% efficacy in 30 kidney-deficiency cases; enhances lumbar mobility [28,29]. Cross-Ginger Moxa at Abdomen (Zhou Xin et al.) Technique: Ginger pulp (0.5cm thick) in a cross shape around Shenque (RN8) + 30-min moxa. Mechanism: Reduces plasma D-dimer while alleviating systemic pain in 35 blood-stasis cases (92% efficacy) [30]. Thunder-Fire Moxa + Herbal Fumigation (Hua Manhang et al.) Components: Thunder-fire moxa (Aquilaria, Aucklandia, Boswellia) for meridian warming. Fumigation wash\* (Duhuo, Guizhi, Danggui) at 40°C. Result: 94% efficacy in 38 wind-cold-damp cases; boosts local skin temperature and microcirculation [31].

#### 5.5 Integrated Therapies

Guyuan Moxibustion and Fine-Fire Needling (Wang Meiyu et al.) Protocol: Guyuan Moxibustion: Moxa applied to Guanyuan and Qihai to warm yang and consolidate primordial qi. Fine-Fire Needling: Superficial puncturing of Ashi points and Xuehai to break blood stasis. Clinical Outcome: 95% total efficacy in 40 cases of blood stasis-type pain, demonstrating the synergistic effect of “warming-unblocking combined with

stasis-breaking” [32].

Herbal Fumigation and Acupuncture (Zhou Yadi et al.) Protocol: Duhuo Jisheng Tang Fumigation: Administered at 45°C for 20 minutes to enhance transdermal drug absorption. Acupuncture: Stimulation of Shenshu and Zusanli to tonify kidney and spleen. Clinical Outcome: 100% total efficacy in 25 cases of wind-cold-damp-type pain, achieving “internal-external pathogen elimination” through combined thermal and needling effects [33].

### 6. Characteristics and Advantages of TCM in Treating Postpartum Body Pain

TCM management of postpartum body pain is rooted in a unique theoretical and practical framework, offering distinct advantages over modern medicine in safety, efficacy, and adaptability, as evidenced by three key features:

#### 6.1 Theoretical Distinctiveness

A “Deficiency-Stasis-Pathogen” Synergistic Pathogenesis Model TCM systematically addresses the “postpartum qi-blood depletion and vessel vacuity” state through: Core Pathology: “Postpartum propensity to deficiency and stasis” as the central tenet: Root deficiency: Qi-blood deficiency, malnourishment of tendons/vessels. Branch stasis: Blood stasis, meridian obstruction “deficiency-stasis entanglement” vicious cycle. External pathogens (wind-cold-damp) exploit Wei Qi weakness, forming a “deficiency-stasis-pathogen triad” disease model. Individualized Extensions: Incorporates modern lifestyle factors: Emotional stress exacerbating stasis (eg, postpartum depression). Constitutional tendencies (eg, innate liver-kidney insufficiency, spleen-phlegm dampness), obese patients exhibit, “phlegm-damp stagnation”.

#### 6.2 Therapeutic Approach: Holistic Regulation & Root-Branch Synchronization

TCM prioritizes functional restoration over symptomatic relief, achieving “pain alleviation + constitutional recovery” via: Precision Pattern Differentiation: Blood deficiency: Qi-blood tonification (eg, Huangqi Guizhi Wuwu Tang). Blood stasis: Stasis resolution (eg, modified Shenghua Tang). External pathogens: Pathogen expulsion + healthy qi support (eg, Duhuo Jisheng Tang). Liver depression: Qi-regulating herbs (eg, Chaihu, Xiangfu). Stage-Specific Logic: Acute phase: Collateral unblocking/pathogen clearance (eg, acupuncture/moxibustion). Systemic Regulation: Liver-spleen-kidney coordination, alleviates pain + fatigue/insomnia/mood disorders.

#### 6.3 Therapeutic Diversity

Safe, Non-Invasive, and Lactation-Compatible TC’s multimodal therapies accommodate postpartum “lactation and qi-blood vulnerability”: Herbal Medicine: Gentle stasis resolution avoids harsh blood-breakers or cold herbs. Classical formulas (eg, Shenghua Tang) embody “tonify without stagnation, unblock without injury”. External Therapies: Non-pharmacologic safety: Acupuncture / moxibustion (90% efficacy) modulate qi-blood without GI/lactation risks. Home-applicable: Moxa improves cold

intolerance (93% efficacy) [34].

## 7. Research Gaps & Future Directions

### 7.1 Current Limitations

Clinical Studies: >70% are single-center, small-sample trials; lack multicenter RCTs. Outcomes rely on VAS scores; only 3 studies tracked 6-month recurrence. Mechanistic Research: Limited to IL-6/TNF- $\alpha$ ; lacks exploration of TRPV1/PI3K-Akt pathways or biomarkers (eg, ferritin for “deficiency,” D-dimer for “stasis”).

### 7.2 Future

Priorities Evidence-Based Research: CONSORT-compliant multicenter RCTs with composite endpoints (TCM symptom scores SF-36 inflammatory markers). Precision Medicine: Constitution-therapy matching and pharmacogenomics.

## 8. Summary

TCM interprets postpartum pain through a “deficiency-stasis-pathogen” lens, treating via “supporting healthy qi while eliminating pathogens” with 90% efficacy (herbs/acupuncture/moxibustion). Current limitations (low evidence grades, shallow mechanisms) call for RCTs and molecular studies to standardize and personalize care.

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