

Exploring the Medication Patterns of Traditional Chinese Medicine in the Treatment of Chronic Cholecystitis Based on the Ancient and Modern Medical Cases Cloud Platform

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Abstract: ***Objective:** As a country with a high prevalence of hepatobiliary diseases, chronic cholecystitis is one of the most common hepatobiliary disorders in China. Studies [1] have shown that early surgical intervention yields better outcomes after a confirmed diagnosis of chronic cholecystitis. However, due to the high risks of surgery, frequent postoperative complications, and stringent timing requirements, integrated traditional Chinese and Western medicine conservative therapy has emerged as a viable alternative. Therefore, this study utilizes the Ancient and Modern Medical Case Cloud Platform to investigate the medication patterns of traditional Chinese medicine (TCM) in treating chronic cholecystitis, aiming to alleviate clinical symptoms through TCM therapies. **Methods:** Literature and medical case reports related to TCM treatment of chronic cholecystitis were retrieved from the CNKI, VIP, and Wanfang databases. After data screening and standardization, a standardized database for chronic cholecystitis was established. Statistical analysis, hierarchical clustering analysis, and association analysis were applied, followed by visual representation to explore medication patterns and summarize clinical experience. **Results:** A total of 197 prescriptions were included, involving 209 herbal medicines. The core medications were Bupleurum (Chaihu), White Peony Root (Baishao), Turmeric (Yujin), Lysimachia (Jinqiancao), Scutellaria baicalensis (Huangqin), and Licorice (Gancao). The predominant properties were slightly cold and bitter, primarily targeting the liver and spleen meridians. **Conclusion:** TCM treatment for chronic cholecystitis primarily employs herbs to soothe the liver and relieve stagnation, clear heat and detoxify, while also incorporating agents to promote bile flow, reduce jaundice, and uplift yang qi.*

Keywords: Ancient and Modern Medical Case Cloud Platform, Traditional Chinese medicine (TCM), Chronic cholecystitis, Medication patterns.

1. Introduction

Chronic cholecystitis is a common hepatobiliary disease, with its prevalence increasing from 0.78–3.91% in earlier decades to 15.4% in recent years [2-3], showing a significant upward trend. Clinically, it manifests as recurrent distending pain in the right upper abdomen, belching, aversion to greasy foods, and localized tenderness [4]. At present, TCM therapies aimed at clearing the liver and promoting bile excretion are widely applied. For example, modified Chaihu Shugan San is often prescribed for liver–gallbladder qi stagnation, while modified Longdan Xiegan Tang or Dachaihu Tang is applied for liver–gallbladder damp-heat syndrome, all showing notable efficacy. However, standardized prescribing patterns have yet to be established. In the era of big data, data mining technologies offer novel tools for TCM research. This study leverages the Ancient and Modern Medical Case Cloud Platform, employing statistical, association, and network analyses to systematically explore TCM medication patterns in chronic cholecystitis, with the goal of providing data support for syndrome differentiation and evidence for clinical application.

2. Materials and Methods

2.1 Data Sources

Case records were collected from CNKI, VIP, and Wanfang

databases between January 1989 and September 2024.

2.2 Inclusion Criteria

(1) Patients with a confirmed Western medical diagnosis of chronic cholecystitis who had not undergone surgery; (2) Clear TCM prescription composition and dosage; (3) Statistically significant clinical efficacy ($P < 0.05$).

2.3 Exclusion Criteria

(1) Duplicate prescriptions recorded more than once; (2) Patients not treated with Chinese medicine; (3) Incomplete prescription information.

2.4 Standardized Treatment

Refer to the Pharmacopoeia of the People's Republic of China, 2020 edition, to standardize the drug name and efficacy. For example, the standard of Bupleurum Chinese is Bupleurum Chinese; The standard of fried white peony is white peony etc.

2.5 Data Entry and Analysis

Eligible cases were entered into Ancient and Modern Medical Case Cloud Platform (V2.3.9). Standardized data underwent statistical analysis, hierarchical clustering, syndrome–herb association analysis, and complex network analysis.

3. Result

According to the established acceptance and discharge standards, a total of 197 prescriptions involving 209 herbs were included, with 2, 444 cumulative uses.

3.1 Herbal Frequency

Chaihu ranked highest (152 uses, 6.22%), followed by Baishao, Yujin, and Jinqiancao. See Table 1 for the top 20 high-frequency Chinese medicine data.

Table 1: High frequency drug frequency table

Number	TCM	Frequency	Usage rate%
1	chaihu	152	6.22
2	baishao	113	4.62
3	yujin	109	4.46
4	jinqiancao	102	4.17
5	huangqin	91	3.72
6	gancao	80	3.27
7	dahuang	66	2.70
8	yanhusuo	66	2.70
9	jinei jin	64	2.62
10	yinchen	64	2.62
11	fulin	63	2.58
12	chuanlian zi	62	2.54
13	zhiqiao	62	2.54
14	chenpi	58	2.37
15	baizhu	57	2.33
16	muxiang	51	2.09
17	xiangfu	46	1.88
18	zhishi	45	1.84
19	zhizi	43	1.76
20	banxia	40	1.64

3.2 Herbal Properties

3.2.1 Four Qi statistics of traditional Chinese Medicine

Slightly cold herbs predominated, followed by warm and cold. See Figure 1 for details.

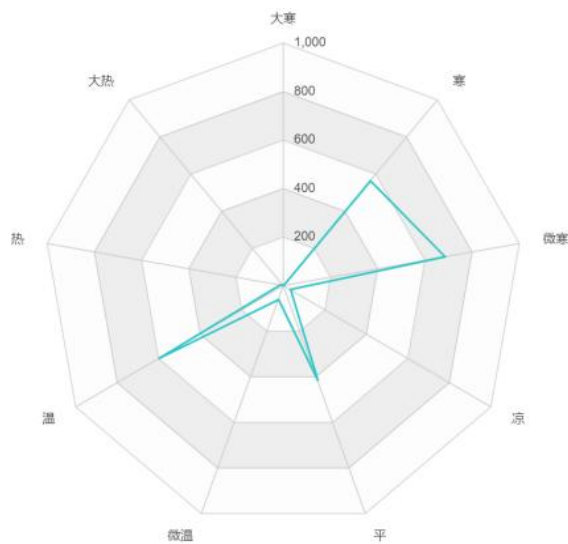


Figure 1: Four Qi radar chart of traditional Chinese Medicine

3.2.2 Statistics of five traditional Chinese medicines

Bitter was the most common flavor, followed by acid. See

Figure 2 for details.



Figure 2: Radar chart of five traditional Chinese medicines

3.2.3 Statistics of meridian tropism of traditional Chinese Medicine

Channel tropism mainly involved the spleen and liver meridians. See Figure 3 for details.

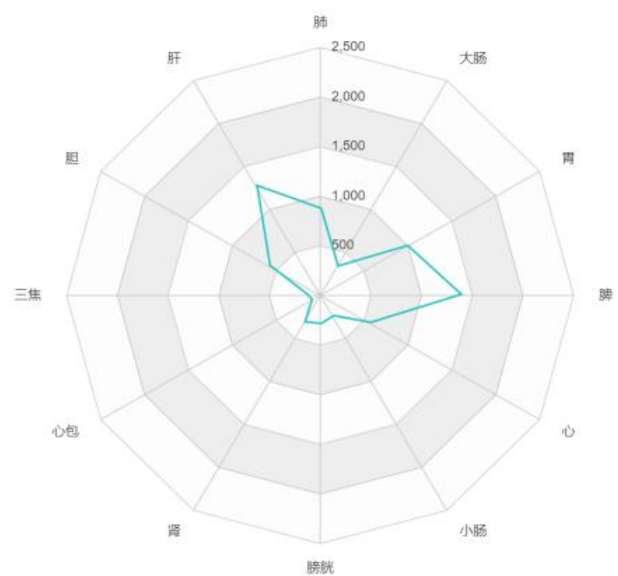


Figure 3: Radar chart of channel tropism of traditional Chinese medicine

3.2.4 Efficacy statistics of traditional Chinese Medicine

Therapeutic actions focused on soothing the liver, clearing heat, detoxifying, promoting bile flow, and uplifting yang qi. See Figure 4 and table 2 for details.

Table 2: Statistical table of efficacy of traditional Chinese Medicine

Number	Efficacy	Frequency	Percentage%
1	soothing liver-qi stagnation	198	8.10%
2	Heat clearing and detoxification	192	7.85%
3	Choleretic and anti jaundice	173	7.08%
4	Raise Yang Qi	153	6.26%
5	Relieving exterior heat	152	6.22%

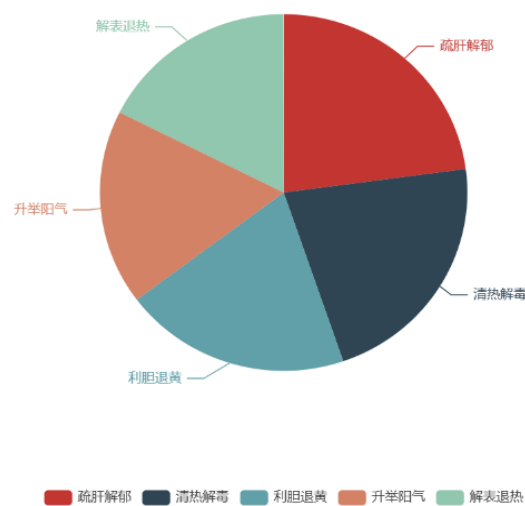


Figure 4: Traditional Chinese medicine efficacy pie chart

3.3 TCM Syndrome Classification

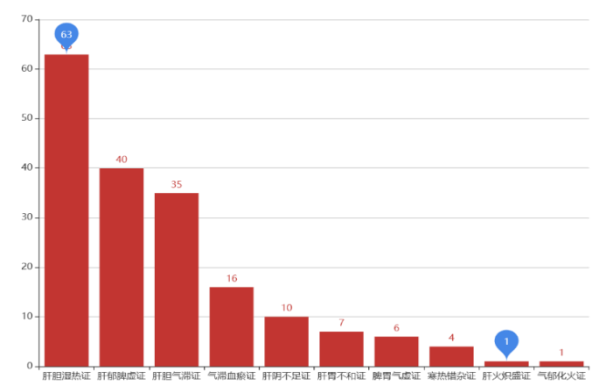


Figure 5: Syndrome classification histogram

Ten syndromes were identified, with liver–gallbladder damp-heat syndrome being most common (31.98%), followed

by liver qi stagnation with spleen deficiency (20.30%), and liver–gallbladder qi stagnation (17.77%). See Figure 5 and Table 3 for details.

3.4 Association Analysis of Traditional Chinese Medicine

3.4.1 Correlation analysis between TCM syndromes and traditional Chinese Medicine

Liver–gallbladder damp-heat was strongly associated with Chaihu and Huangqin. Liver qi stagnation was closely related to Chaihu, Yujin, Zhike, and Baishao. See Figure 6 and table 4 for details.

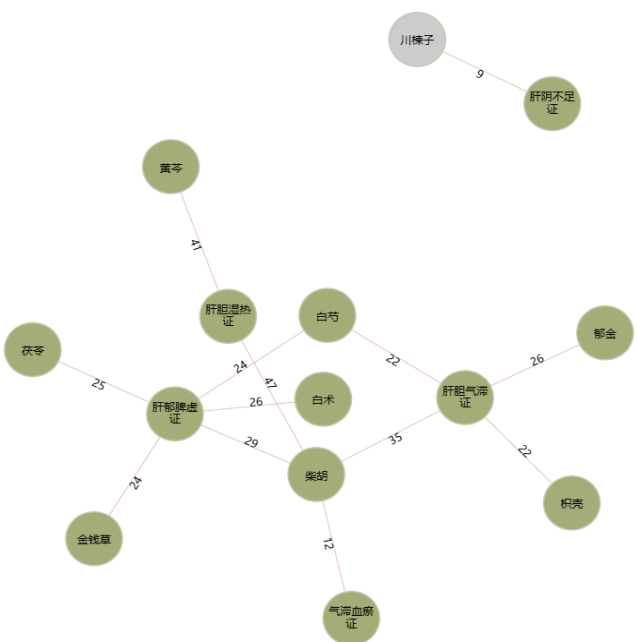


Figure 6: TCM syndrome TCM correlation analysis diagram

Table 3: Statistical table of syndrome classification

Number	Syndrome	Frequency	Percentage%
1	Liver and gallbladder damp heat syndrome	63	31.98%
2	Liver stagnation and spleen deficiency syndrome	40	20.30%
3	Liver and gallbladder qi stagnation syndrome	35	17.77%
4	Qi stagnation and blood stasis syndrome	16	8.12%
5	Liver yin deficiency syndrome	10	5.08%
6	Liver stomach disharmony syndrome	7	3.55%
7	Spleen stomach qi deficiency syndrome	6	3.05%
8	Mixed cold and heat syndrome	4	2.03%
9	Liver fire hyperactivity syndrome	1	0.51%
10	Syndrome of qi stagnation transforming fire	1	0.51%

Table 4: TCM syndrome TCM correlation analysis table

Number	TCM Syndromes - TCM	support%	Confidence%	Lifting degree%	Cooccurrence
1	Liver and gallbladder damp heat syndrome-chaihu	0.24	0.75	1.03	47
2	Liver and gallbladder damp heat syndrome-huangqin	0.21	0.65	1.51	41
3	Liver and gallbladder qi stagnation syndrome-chaihu	0.18	1.0	1.38	35
4	Liver stagnation and spleen deficiency syndrome-chaihu	0.15	0.73	1.01	29
5	Liver stagnation and spleen deficiency syndrome-baizhu	0.13	0.65	2.29	26
6	Liver stagnation and spleen deficiency syndrome-yujin	0.13	0.74	1.46	26
7	Liver stagnation and spleen deficiency syndrom-fulin	0.13	0.63	2.0	25
8	Liver stagnation and spleen deficiency syndrom-jinqiancao	0.12	0.6	1.23	24
9	Liver stagnation and spleen deficiency syndrom-baishao	0.12	0.6	1.1	24
10	Liver and gallbladder qi stagnation syndrome-zhiqiao	0.11	0.63	2.22	22
11	Liver and gallbladder qi stagnation syndrome-baishao	0.11	0.63	1.16	22
12	Qi stagnation and blood stasis syndrome-chaihu	0.06	0.75	1.03	12
13	Liver yin deficiency syndrome-chuanlianzi	0.05	0.9	3.01	9

3.5 Complex Network Analysis of Traditional Chinese Medicine

Six core herbs were identified: Chaihu, Baishao, Yujin, Jinqiancao, Huangqin, and Gancao. The number of layers refers to the number of network diagrams generated from the network center to the periphery. See Figure 7 and table 5 for details.

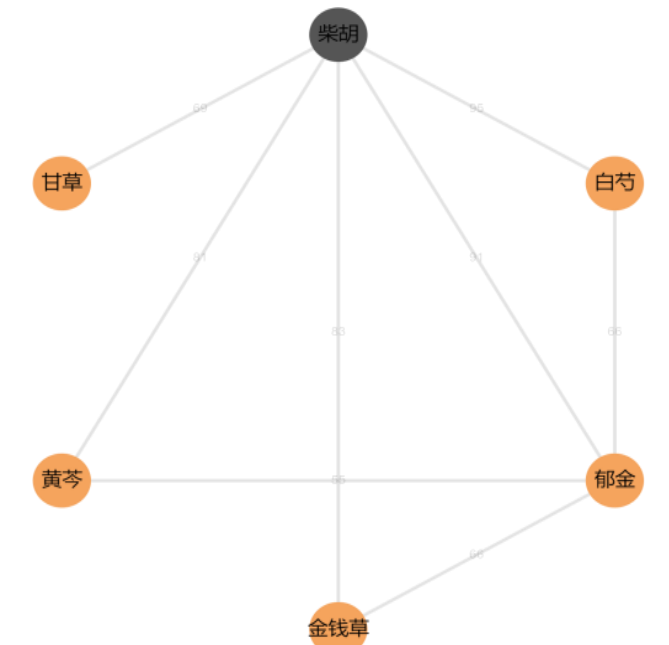


Figure 7: Complex network diagram of traditional Chinese Medicine

Table 5: Complex network analysis table of traditional Chinese Medicine

Number	TCM	TCM	Weight
1	chaihu	baishao	95
2	yujin	chaihu	91
3	chaihu	jinqiancao	83
4	chaihu	huangqin	81
5	chaihu	gancao	69
6	yujin	baishao	66
7	yujin	jinqiancao	66
8	yujin	huangqin	56

4. Discussion

The pathogenesis of chronic cholecystitis lies in the dysfunction of the gallbladder and the bowels, which leads to “obstruction leads to pain”, and the vein of the gallbladder is lost in nurturing, resulting in “dishonor leads to pain”. The clinical treatment follows the principle of “diarrhea due to the actual condition and tonification due to the deficiency”. The main method of empirical treatment is to eliminate pathogenic factors, and the main method of deficiency syndrome is to strengthen the health. The specific drugs are mainly drugs for soothing the liver, relieving depression, clearing away heat and detoxification, together with products for promoting gallbladder, eliminating jaundice and Promoting Yang Qi. In this study, six core traditional Chinese medicines for the treatment of chronic cholecystitis were selected through systematic analysis of clinical medical records, which have significant clinical practical value and guiding significance. Among them, Radix Bupleuri and Radix Paeoniae Alba are used most frequently, which reflects their key role in soothing

the liver and relieving depression and regulating the liver and spleen; Curcuma, Lysimachia christinae, Scutellaria baicalensis and Glycyrrhiza uralensis take the second place. They play an important role in promoting qi and blood circulation, promoting gallbladder and removing stones, clearing heat and dampness, and regulating various drugs

4.1 Herbal Attribute

According to the four Qi attributes of traditional Chinese medicine, the drugs for the treatment of chronic cholecystitis are mainly mild cold, warm and cold. The incidence of chronic cholecystitis is often associated with “dampness and heat”, which can be divided into excess and deficiency syndromes. Suwen cire Lun also mentioned that [5] “patients with liver fever, ... Hypochondriac pain”. Therefore, mild cold or cold drugs are often used in clinical treatment, but the spleen and stomach are easily damaged by overuse or single use of cold drugs, and the study found that the compatibility of warm drugs also accounts for a high proportion, which reflects the principle of “cold and temperature are used to protect the spleen and stomach and avoid bitter cold hurting the Yang”.

In the analysis of five flavors of traditional Chinese medicine, bitter drugs accounted for the highest proportion, followed by pungent and sweet drugs. Bitter drugs such as Scutellaria baicalensis Georgi have the effects of clearing heat and dampness, purging fire and detoxifying. When used, it can reduce the symptoms of burning pain in the right upper abdomen, which reflects the effect of clearing liver and gallbladder fire; At the same time, it can also improve the symptoms of bitter mouth and yellow greasy tongue coating, which reflects the role of dampness drying and detoxification; It can also reduce the release of inflammatory factors by inhibiting nf- κ B signaling pathway, thereby reducing bile viscosity. Pungent drugs such as Bupleurum have the effects of soothing the liver, relieving depression, promoting qi and relieving pain. When used, they can relieve the symptoms of flank pain and belching, which reflects the role of dredging liver and gallbladder qi stagnation; At the same time, it can improve the situation of emotional depression by regulating 5-HT neurotransmitter; It can also promote the contraction and emptying of gallbladder by regulating cholinergic nerves. Sweet drugs, such as licorice, have the effects of relieving pain and adjusting various drugs. It can inhibit the spasm of smooth muscle and relieve paroxysmal colic in the abdomen. It can also reduce the stomach discomfort caused by bile reflux and protect the gastric mucosa. At the same time, it can neutralize the side effects of bitter cold drugs.

According to the analysis of the meridian tropism of traditional Chinese medicine, the drugs for meridian tropism of spleen are the most, followed by liver and stomach. Spleen and stomach theory · spleen and stomach rise and fall theory” [6] mentioned that “all diseases are caused by spleen and stomach failure”; “Jing Yue Quan Shu” [7] also points out that “anyone who wants to observe the disease must first observe the stomach qi; anyone who wants to treat the disease must always take care of the stomach qi”. The spleen and stomach are the acquired foundation and the source of blood and blood biochemistry. When treating diseases, regulating the spleen and stomach is the key. “Synopsis of the Golden Chamber” [8]

also mentioned that “when you see the disease of the liver, you know that the liver transmits the spleen, and you should fortify the spleen first”. The liver governs the drainage and the spleen governs the transportation. If the liver’s drainage function is normal, the Qi mechanism is regulated smoothly, which is conducive to the rise and fall of the Qi of the spleen and stomach. At the same time, it can also promote the secretion and excretion of bile and assist the transportation of the spleen and stomach. The spleen governs the transportation and transformation, and is the source of blood biochemistry. If the transportation and transformation function of the spleen is normal, the liver can be nurtured, so as to normally play the function of blood storage. If the liver loses its laxity and invades the spleen, it can lead to the spleen losing its health and movement, and abdominal pain, diarrhea, abdominal distension and other symptoms; the symptoms of the disease are as follows: the symptoms of the disease are as follows: the symptoms of the disease are as follows: the symptoms of the disease; If the spleen qi is deficient, it can lead to the accumulation of water and dampness and heat, and the fumigation of liver and gallbladder by dampness and heat. Therefore, the treatment of chronic cholecystitis is mainly based on drugs that return to the spleen, liver and stomach meridian.

In the study of the efficacy of traditional Chinese medicine, the effects with higher frequency include soothing liver and relieving depression, clearing heat and detoxification, promoting gallbladder and eliminating jaundice, lifting Yang Qi, relieving exterior and relieving fever, etc. Among them, the drugs for soothing the liver and relieving depression rank first, followed by the drugs for clearing away heat and detoxification, and the drugs for promoting gallbladder and eliminating jaundice. Therefore, in the treatment of this disease, Radix Bupleuri, Radix Curcumae and other herbs are commonly used to soothe the liver and relieve depression, Radix Scutellariae, Radix Glycyrrhizae and other herbs to clear away heat and detoxify, and Herba Lysimachiae, Radix Paeoniae Alba and other herbs to benefit the gallbladder and relieve pain.

4.2 Correlation Analysis between TCM Syndromes and Traditional Chinese Medicine

According to the above research, 8 groups of syndrome drug combinations with significant correlation were obtained. The results showed that the clinical medication of different syndromes not only reflected the standardization of syndrome differentiation and treatment, but also showed the flexibility of individualized treatment: Bupleurum and Scutellaria baicalensis Georgi were the main components of liver and gallbladder damp heat syndrome, giving play to the effect of clearing heat and dampness; Radix Bupleuri, radix curcumae, Fructus aurantii Immaturus, Radix Paeoniae Alba are commonly used in liver and gallbladder qi stagnation syndrome, focusing on soothing the liver and regulating qi; The core of qi stagnation and blood stasis syndrome is bupleurum, which focuses on soothing the liver and relieving depression; Radix Bupleuri, Rhizoma Atractylodis Macrocephalae, Poria cocos, Herba Lysimachiae and Radix Paeoniae Alba were selected for liver stagnation and spleen deficiency syndrome, and both spleen strengthening and Liver Soothing were considered; Although the frequency of liver

yin deficiency syndrome is low, the drugs for nourishing yin and soothing the liver such as toosendan seed are often used in clinic. These findings confirm the scientificity of the theory of “evidence medicine correspondence” in traditional Chinese medicine, and provide evidence-based basis for clinical precise medication.

4.3 Six Core Drugs

4.3.1 Radix Bupleuri, Radix Paeoniae Alba

Radix Bupleuri and Radix Paeoniae Alba are classic pairs of traditional Chinese medicine in the treatment of chronic cholecystitis, which play a synergistic role in multiple prescriptions. In Xiaoyao Powder, the two play the effects of soothing the liver and relieving depression, nourishing blood and strengthening the spleen; In Sini Powder, chaihuxin powder is matched with Paeonia lactiflora acid, which can regulate qi and relieve pain. This medicine has significant advantages in the treatment of chronic cholecystitis: on the one hand, it embodies the synergistic effect of “soothing the liver” (Radix Bupleuri) and “nourishing the liver” (Radix Paeoniae Alba), which is in line with the theory of “liver body Yin and Yang”; On the other hand, its multi-component and multi-target characteristics also provide a modern scientific basis for clinical efficacy.

Modern studies have shown that flavonols, the main effective components of Bupleurum chinense, can regulate the anti-inflammatory activity of macrophages by inhibiting the nuclear factor - κ B (nf- κ b) signaling pathway [9], and its saponins, flavonoids and polysaccharides can also reduce the levels of inflammatory factors such as interleukin-1 β (IL-1 β), interleukin-6 (IL-6) [10-12]. In addition, Bupleurum Chinese can also reduce liver injury by inhibiting transforming growth factor (tgf- β 1) - mediated Smad3 protein and p38 mitogen activated protein kinase (p38MAPK) signaling pathways, and play an antidepressant role by regulating neurotransmitters such as 5-hydroxytryptamine (5-HT) [13-14].

Radix Paeoniae Alba, with total glucosides of paeony as its main active ingredient, has analgesic effect by inhibiting inflammatory factors such as interleukin-2 (IL-2) [15]. Relevant animal experiments (hot plate test, writhing test) have confirmed its exact analgesic effect. When the two drugs are used in combination, they can not only synergistically inhibit the inflammatory reaction caused by xylene, but also play a role in protecting the liver by reducing transaminases, antioxidation, regulating immunity and other ways [16-17].

4.3.2 Curcuma

Curcuma has the effects of promoting Qi, relieving depression, promoting gallbladder and eliminating jaundice. It is cold in nature, pungent and bitter in taste, and belongs to the liver and gallbladder meridian. Modern pharmacological studies have confirmed that it has significant anti-inflammatory, cholagogic and antidepressant effects. In terms of anti-inflammatory, curcumin, the main active ingredient of Curcuma, effectively reduces the expression levels of pro-inflammatory factors such as tumor necrosis factor - α (tnf- α) and IL-6 by inhibiting nf- κ B signaling pathway [18]; Animal experiments (writhing method) showed that the

alcohol extract and water extract of *Curcuma* have obvious analgesic effects, and have therapeutic effects on acute, subacute and chronic inflammation [19]. In terms of choleretic effect, studies have found that curcuma extract can activate farnesoid X receptor (FXR), up regulate the expression of cholesterol 7 α -hydroxylase (CYP7A1), promote bile acid synthesis, improve cholestasis, and relieve abdominal pain, nausea and other clinical symptoms [20].

When *Radix Curcumae* and *Radix Bupleuri* are used in combination, *Radix Bupleuri* increases and soothes the liver and relieves depression, while *Radix Curcumae* decreases and promotes blood circulation and pain relief. The rise and fall of the two are due to each other and complement each other, which is in line with the treatment principle of “liver desires powder, and urgent consumption of pungent powder”. Its compatibility can reduce oxidative stress injury and improve anxiety and other accompanying symptoms by regulating the expression of I κ B- II / I κ B- I in hippocampal tissue [21]. This kind of compatibility reflects the wisdom of prescription composition of traditional Chinese medicine.

4.3.3 *Lysimachia*

Lysimachia christinae has the effects of diuresis, detoxification and detumescence, and its nature is slightly cold. Modern pharmacological research has revealed its various pharmacological mechanisms. In terms of anti-inflammatory effect, the volatile oil of *Lysimachia christinae* exerts anti-inflammatory effect by targeting key proteins such as *prkcb*, *tpv1* and *prkd* [22]; It can also significantly inhibit the release of cyclooxygenase-2 (COX-2), prostaglandin E2 (PGE2), IL-6, *tnf- α* and other inflammatory mediators, effectively reduce tissue edema, reduce inflammatory cell infiltration, and relieve pain symptoms [23]. In terms of antioxidant effect, some mouse experiments have confirmed that [24] the natural polysaccharide (NP) contained in *Lysimachia christinae* has significant antioxidant activity, which can inhibit cell apoptosis and reduce the production of proinflammatory mediators. In terms of regulating bile metabolism, experiments have also confirmed that [25] quercetin and mitogen activated protein kinase 1 (*mapk1*) contained in *Lysimachia christinae* have strong binding ability, which can protect against liver injury caused by cholestasis by regulating *prkca*, *map2k1* and other targets.

These results explain the multi-target mechanism of *Desmodium christinae* in the treatment of chronic cholecystitis at the molecular level, and provide a scientific basis for its clinical application. *Lysimachia christinae* exerts its therapeutic effect through anti-inflammatory, antioxidant, regulating bile metabolism and other channels, which embodies the characteristics of “multi-component, multi-target and multi-channel” action of traditional Chinese medicine.

4.3.4 *Scutellaria*

Scutellaria baicalensis Georgi, as an important heat clearing drug, is bitter and cold, and has the effects of clearing heat and dampness, purging fire and detoxifying. Modern pharmacological studies have confirmed that it has the following characteristics in the treatment of chronic

cholecystitis [26]. In terms of antioxidant effect, baicalein can up regulate the expression of stress-induced proteins and improve the stability of mitochondrial membrane potential, thus protecting hepatocytes from oxidative damage [27]. In terms of multi-target regulation, *Scutellaria baicalensis* Georgi can exert comprehensive therapeutic effects by regulating multiple signaling pathways, reflecting the characteristics of “one drug with multiple effects” of traditional Chinese medicine.

These research results explain the mechanism of action of *Scutellaria baicalensis* Georgi in the treatment of chronic cholecystitis from the perspective of modern pharmacology. *Scutellaria baicalensis* Georgi plays its role through anti-inflammatory, antioxidant, liver protection and other channels, which is in line with the treatment concept of “overall regulation” of traditional Chinese medicine.

4.3.5 Licorice

Licorice plays an important role in the theoretical system of traditional Chinese medicine. Its nature is smooth and sweet, and it can return to the spleen, stomach and lung meridians. It has the effects of Tonifying the spleen and Qi, clearing heat and detoxification, and relieving pain in a timely manner. As the “Jingyue Quanshu” stresses [7], “anyone who wants to observe the disease must first observe the stomach qi; anyone who wants to treat the disease must always take care of the stomach qi”. As an important drug for reconciliation, licorice plays an irreplaceable role in the treatment of chronic cholecystitis. Modern pharmacological studies have revealed multiple mechanisms of action of *Glycyrrhiza uralensis* Fisch. In terms of anti-inflammatory and liver protective effects, glycyrrhizic acid can significantly reduce liver inflammatory injury by targeting *pkm2* (pyruvate kinase M2 subtype) and inhibiting the release of inflammatory factors, and it can also control inflammatory responses by inhibiting *nf- κ B* signaling [28-29]. In terms of immune regulation, licorice can up regulate the expression of IL-1 receptor related Kinase-M (*IRAK-M*), protect damaged hepatocytes, and maintain the balance of liver immune function [29].

These results not only verify the scientificity of the traditional efficacy of licorice, but also provide a modern pharmacological basis for its application in the treatment of chronic cholecystitis. *Glycyrrhiza uralensis* exerts its therapeutic effect through multi-target and multi-channel, which embodies the therapeutic concept of “strengthening health and eliminating pathogenic factors”, the therapeutic principle of “treating disease and seeking the root”, and plays the compatibility function of “harmonizing various drugs”.

The above six core drugs are all derived from the classic prescriptions of traditional Chinese medicine, with profound theoretical basis and rich clinical validation. Dachaihu Decoction (Synopsis of the Golden Chamber), Chaihu Shugan powder (political criterion), Xiaochaihu Decoction (treatise on Febrile Diseases), Longdan Xiegan Decoction (collection of medical prescriptions) and other famous prescriptions have been applied, reflecting its exact clinical efficacy. Yujin Jinqian herbal medicine pair has a unique curative effect on cholestasis by synergistically enhancing the functions of eliminating dampness and jaundice, promoting qi and

resolving depression; In the baicalin licorice medicine pair, baicalin clears away heat and dampness, directly breaks the liver meridian heat, licorice reconciles various drugs, and relieves pain in a timely manner. The two cooperate to clear away heat without harming health. These six drugs belong to the liver meridian and play a synergistic role through multiple targets and channels: Soothing Liver Depression, regulating qi, clearing heat and dampness, detoxifying and eliminating jaundice, regulating qi and blood, and strengthening health and eliminating evil. Its compatibility is not only in line with the traditional Chinese medicine theory, but also confirmed by modern pharmacological research. It is an effective prescription combination for the treatment of chronic cholecystitis.

5. Conclusion

Modern medicine plays an important role in the treatment of chronic cholecystitis, and traditional Chinese medicine also shows unique value in the treatment and prevention, and the specific medication has not been unified. In this study, we analyzed the medication rules of traditional Chinese medicine in the treatment of chronic cholecystitis, screened out the key drugs, and provided a reliable scheme for conservative treatment. These drugs coincided with the prescriptions in the treatment guidelines of integrated traditional Chinese and Western medicine, verifying the accuracy of screening. There are several limitations in this study: the sample size is small and only single dose data are included, which may affect the stability of the results; The inclusion and exclusion criteria are not unified, especially the age is not taken as the inclusion index (the incidence of chronic cholecystitis is known to peak around the age of 50 [30]), which may lead to selection bias; . It is hoped that these drugs will be further formulated in the future, and the treatment plan will be optimized through clinical trials to achieve individualized treatment.

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