

# A Study on the Correlation between the Imbalance of “Lung Governing Dispersion and Depuration” and the Onset of Bronchial Asthma and Its Regulation Ideas

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**Abstract:** *The imbalance of “the lung governing dispersion and descent” is the core pathogenesis of bronchial asthma. During the acute attack phase of asthma, due to stagnation of lung qi and intermingling of phlegm and qi, there occur wheezing and chest tightness, and the treatment should focus on diffusing the lung to resolve phlegm, lowering adverse qi and removing blood stasis. During the remission phase, due to deficiency and malnourishment of the spleen and kidney as well as stagnation and dysfunction of liver qi, it is necessary to invigorate the spleen and tonify the kidney to consolidate the root cause, and soothe the liver and regulate qi to prevent recurrence. This idea of staging treatment based on “treating the symptoms in acute conditions and treating the root cause in chronic conditions” is not only in line with the classic theories of traditional Chinese medicine, but also indirectly supported by modern medical research on airway pathology, providing a clear diagnosis and treatment path for the prevention and treatment of asthma with integrated traditional Chinese and Western medicine.*

**Keywords:** Lung governing dispersion and descent, Bronchial asthma, Imbalance of dispersion and descent, Intermingling of phlegm and qi, Stage-based treatment, Strengthening the spleen and tonifying the kidney.

## 1. Introduction

Bronchial asthma, as a common chronic disease of the respiratory system, has seen a continuous increase in its global disease burden in recent years. According to the latest epidemiological data, the number of people with asthma worldwide has exceeded 334 million, and the incidence rate has shown a significant upward trend in the past two decades [1]. The core pathological feature of this disease is chronic airway inflammation, with clinical manifestations including recurrent wheezing, dyspnea, and chest tightness [2], which are especially prone to worsening at night and in the early morning, seriously affecting patients' daily activities, sleep, and mental state.

The core goal of modern medical treatment for bronchial asthma is to suppress airway inflammation and relieve symptoms. Commonly used drugs include inhaled glucocorticoids and  $\beta_2$ -agonist receptor agonists, etc. [3]. However, long-term inhalation of glucocorticoids may cause local adverse reactions such as oral candidiasis and hoarseness, and systemic medication may also interfere with the function of the hypothalamic-pituitary-adrenal axis. Traditional Chinese medicine has formed a unique theoretical system in the diagnosis and treatment of “asthma disease”, following the treatment idea of “treating the symptoms during acute attacks and treating the root cause during remission”, emphasizing stage-based treatment, which provides a new direction for optimizing existing treatment plans. “Su Wen Jing Mai Bie Lun” puts forward that “the lung is in charge of dispersion and descent” [4], revealing the lung's bidirectional regulatory effect on qi movement, which is highly related to the pathogenesis and treatment ideas of asthma. Further exploring the interpretation of this theory on

the pathogenesis of asthma and systematically summarizing the specific clinical application of “regulating the dispersion and descent of lung qi” will not only help deepen the understanding of the essence of asthma, but also provide more theoretical basis and practical paths for the prevention and treatment of asthma with integrated traditional Chinese and Western medicine.

## 2. Theoretical Analysis of the Lung's Function of Controlling Diffusion and Descension

“The lung governs dispersion and descent” is a condensation of the core functions of the lung. Its role runs through the operation of qi movement, fluid metabolism, and the coordination between zang-fu organs. The dynamic balance between the two is the key to unobstructed breathing and the body's homeostasis. “Su Wen·Liu Jie Zang Xiang Lun” states that “the lung is the root of qi”, which not only clarifies the core position of the lung in the ascent and descent of qi, but also establishes the holistic physiological view of “correspondence between heaven and human”. “Dispersion” refers to the ascending and diffusing of lung qi: expelling turbid qi to complete the “exchange of clear and turbid qi”, transporting and distributing water and grain essence, body fluids, and defensive qi to nourish the body surface and defend against external pathogens. “Descent” refers to the downward absorption of lung qi, inhaling clear qi to nourish the lung, promoting the downward transmission of clear qi and body fluids to the spleen and kidney, and the metabolized fluid is discharged through the triple energizer into the kidney and bladder, so as to realize “regulating water passages” [5][6].

It is mentioned in “Lei Zheng Zhi Cai” posits that “wheezing

is caused by phlegm obstructing qi stagnation", which points out that the core of "wheezing disease" lies in "insufficient dispersion and failure of purification and descent" leading to "disorder of qi movement". Therefore, the methods of regulating dispersion and descent, as well as dredging stagnation, should be adopted. These methods can relieve the acute symptoms of airway spasm and regulate the qi transformation of zang-fu organs to consolidate the root cause, embodying the TCM wisdom of "addressing both the symptoms and the root cause". "Plain Questions - The Great Treatise on the True Essence" states that "all cases of qi distress and stagnation are related to the lung", directly indicating the connection between lung dysfunction and asthma symptoms. If the lung fails to purify and descend, lung qi will counterflow upward and stagnate, resulting in chest tightness and shortness of breath. Hence, "the location of wheezing disease is in the lung, and the failure of the lung to disperse and descend is the root cause of qi counterflow, panting and shortness of breath". "Wheezing in Danxi's Experience in Medicine" says that "wheezing is mainly caused by phlegm", which is also related to the sequence of "failure of the lung to purify and descend → internal retention of water and fluid → phlegm".

It is consistent with the pathological chain of "endogenous turbidity". From the perspective of classic Chinese medicine, the onset of asthma is the dynamic interaction between "excessive pathogenic factors" and "deficiency of healthy qi": if the function of dispersion fails, the defensive exterior will be insecure, and external pathogenic factors will stir up latent phlegm, triggering airway spasm; if the function of purification and descent is disordered, the metabolism of body fluids will be disturbed, and phlegm and fluid will accumulate in the airway to form a "persistent root cause" [7], leading to repeated attacks of the disease. A long-term imbalance between dispersion and descent can also cause disorder of the whole body's qi movement. Obstructed lung qi can aggravate cough and asthma, and "lung deficiency affecting the spleen, and spleen deficiency affecting the kidney" can result in a syndrome of intermingled deficiency and excess. In summary, the treatment of asthma in Chinese medicine takes "regulating qi movement" as the core. Through methods such as diffusing the lung to dispel pathogenic factors, descending qi to resolve phlegm, and strengthening the spleen to consolidate the root, the balance between the lung's functions of dispersion and descent is restored. It addresses the pathogenesis from the aspects of "qi, phlegm, and deficiency", demonstrating the characteristics of "holistic treatment and simultaneous treatment of the root cause and symptoms".

### **3. Stagnation of Lung Qi and Intermingling of Phlegm and Qi: The Core Pathogenesis During the Attack Phase of Asthma**

Classical Chinese medicine has a long-standing understanding of asthma. Although the "Huangdi Neijing" did not explicitly propose the disease name "asthma", its relevant discussions laid a theoretical foundation for later generations to analyze the pathogenesis of asthma. For example, "Suwen·Yin Yang Bie Lun" records: "Yin contends internally, Yang disturbs externally; corporeal sweat is not retained, and four limbs counterflow arises. When this arises,

it steams the lung, causing wheezing and stridor." This vividly describes the pathological process where the lung qi is disturbed and wheezing occurs when there is an imbalance of yin and yang in the body, which is highly consistent with the clinical manifestations during an asthma attack. During the attack phase of asthma, "stagnation of lung qi and intermingling obstruction of phlegm and qi" is the core pathogenesis throughout, which can be specifically discussed from two aspects: "failure of lung qi to disperse" and "internal accumulation of phlegm-fluid".

The lung governs qi and controls respiration, opens into the nose, and is externally connected with the skin and hair, serving as the "portal" through which the body communicates with the external environment. If attacked by external pathogens or disturbed by factors such as improper diet and emotional imbalance, it will lead to dysfunction in the lung's function of dispersing and descending qi, resulting in qi stagnation in the lung. "The classic TCM text Synopsis of the Golden Chamber (compiled by Zhang Zhongjing, Eastern Han Dynasty), in its chapter "Pulse Conditions, Symptoms and Treatments for Diseases of Phlegm-Fluid Retention, Cough and Asthma", clearly states that: "For the disease due to phlegm-fluid retention above the diaphragm, its symptoms include abdominal distension and fullness, asthma and cough, vomiting... There must be retention of fluid inside the body.", emphasizing the close relationship between "latent fluid retention" and symptoms of dyspnea and cough. The formation of phlegm-retention is not caused by a single zang-fu organ disorder, but by dysfunction of the lung, spleen, and kidney as well as disturbance in water metabolism: failure of the lung to disperse and descend leads to obstruction in water distribution; failure of the spleen to transport and transform causes internal generation of water-dampness; failure of the kidney to steam and transform results in water stagnation. These three factors together cause body fluids to condense into phlegm, which remains latent in the airways. The view in "Wheezing in Danxi's Experience in Medicine" that "asthma is mainly caused by phlegm" has its core mechanism derived from the theory in "Huangdi Neijing" that "qi movement promotes fluid circulation, while qi stagnation leads to fluid retention" [8]. Qi stagnation in the lung will further hinder the distribution of body fluids, causing them to condense into phlegm; in turn, internal obstruction by phlegm-turbidity will aggravate airway blockage, leading to disordered qi movement, and ultimately forming a vicious cycle of "phlegm blocking qi, and qi stagnation exacerbating phlegm abundance".

Therefore, the pathological state of "lung qi stagnation and intermingling of phlegm and qi" is the fundamental cause of the occurrence and persistence of symptoms such as dyspnea and wheezing in the throat during asthma attacks.[9]Based on this, the treatment during the attack period should follow the therapeutic principle of "unblocking the blood and qi to make them smooth" from "Su Wen·Treatise on the Essential Truth", with "dispersing lung qi, descending adverse qi, resolving phlegm and relieving asthma" as the core treatment method. By restoring the ascending and descending functions of lung qi and clearing phlegm turbidity in the airway, clinical symptoms can be quickly relieved and the progression of the disease can be blocked.

#### 4. Deficiency of Spleen and Kidney, and Disharmony of Liver: Analysis of the Pathogenesis of Qi Failure in the Remission Stage of Asthma

In “Su Wen · Discourse on the True (Qi Endowed by) Heaven in High Antiquity”, it is stated that “The kidney governs water and stores the essence received from the five zang-organs and six fu-organs; the spleen is the official in charge of the granary, from which the five flavors (of food) are produced”. This clearly indicates that the spleen is the “postnatal foundation” and the kidney is the “congenital root”, serving as the basis for the balance of qi movement. During the remission stage of asthma, the pathogenesis of spleen and kidney deficiency mainly manifests in the following two aspects: First, deficiency and decline of kidney qi, leading to weakened qi reception: The kidney is responsible for receiving qi to maintain the depth of respiration. “Lei Zheng Zhi Cai (Classification of Syndromes and Treatment Guidelines) · Chapter on Asthma” states that “The lung is the ruler of qi, and the kidney is the root of qi,” which clarifies the synergistic relationship between the lung and the kidney. Long-term failure of the lung to disperse and descend can consume kidney qi, resulting in shallow and short breathing and shortness of breath upon movement, which is a typical manifestation of “deficiency of the root”. Second, spleen deficiency leading to dysfunction in transportation, resulting in internal production of phlegm and fluid: The spleen is responsible for transporting and transforming water dampness and is the “source of phlegm production”. “Yizong Bidu (Essential Readings for Medical Practitioners)” points out the relationship between them by stating that “Deficiency of spleen earth... leads to stasis and formation of phlegm” [10]. During the remission stage, if the spleen’s transportation function has not recovered, fluid metabolism becomes disordered, and phlegm-dampness accumulates in the lungs, obstructing their dispersion and descent. This forms a cycle of “spleen deficiency generating phlegm → phlegm storing in the lungs → failure of the lungs to disperse and descend,” which becomes the “deep-seated root” of recurrence [11].

The liver governs dispersion and regulates the flow of qi [12], working in coordination with the lung’s depurative and descending functions to maintain balance. Ye Tianshi’s statement that “the liver is the source of disease onset, and the spleen is the place where disease spreads [13]” reveals the chain reaction of liver qi stagnation. Dysfunction in dispersion not only obstructs the ascending and descending functions of the spleen and stomach, worsening spleen deficiency and generating phlegm, but also disturbs the lung’s depurative and descending functions, leading to stagnation of lung qi. In “Xiaobing (On Asthma) in Zhengzhi Huibu (Compendium of Syndromes and Treatments)”, it is stated that “internal stagnated qi... gives rise to asthma”, where “stagnated qi” includes the qi stagnation caused by the liver’s failure to disperse. Patients with chronic diseases are prone to anxiety and depression, which cause liver qi stagnation. When exposed to external pathogens, overstrain, or emotional stimuli, the latent phlegm is triggered, leading to an asthma attack.

In summary, the “deficiency of both the spleen and kidney”

and “disharmony and failure of the liver to disperse” during the remission stage of asthma are mutually causal: if the spleen is deficient and fails to transport and transform, there will be insufficient production of qi and blood, which can neither nourish the lung nor replenish the kidney; if the kidney qi is deficient and declining, it will be unable to warm the spleen yang, aggravating spleen deficiency; stagnation of liver qi will further block the flow of qi, affecting the spleen’s transportation and transformation as well as the lung’s depurative downbearing. Therefore, the treatment during the remission stage should follow the therapeutic principle of “replenishing in case of deficiency and purging in case of excess” from “Su Wen · Treatise on the Three Regions and Nine Divisions (of the Pulse)”, with the core of “strengthening the spleen, tonifying the kidney to consolidate the root, soothing the liver and regulating qi to adjust the flow of qi”, while also considering eliminating phlegm and resolving blood stasis to clear away the “persistent root”, ultimately achieving the goal of “restoring the normal flow of qi and relieving phlegm and asthma”.

#### 5. Regulating the Lung’s Dispersion and Descending: The Core Therapeutic Principle for Bronchial Asthma

##### 5.1 Attack Phase: Open and Ventilate the Obstructed Lung, Descend Qi and Resolve Phlegm, and Take into Account the Spleen and Stomach to Prevent Phlegm Production

During an asthma attack, the core pathogenesis is “stagnation of lung qi and intermingling of phlegm and qi” [14]. The treatment should aim to “quickly relieve symptoms and block the pathological progression”, focusing on the therapeutic methods of “dispersing lung qi to descend rebellious qi, resolving phlegm to relieve asthma”, while also taking into account the transportation and transformation functions of the spleen and stomach to prevent food accumulation from generating phlegm and aggravating the condition.

###### 5.1.1 Dispersing Lung Qi to Descend Rebellious Qi, Resolving Phlegm and Removing Blood Stasis

“Su Wen · Discourse on the Supreme Truth and Essential Importance” puts forward that “all qi distress and depression belong to the lung”, pointing out that the core pathogenesis of the asthma attack stage lies in the stagnation of lung qi, and the treatment should also take the lung as the main target. Clinically, drugs that disperse lung qi and descend adverse qi are commonly used, and the selection is made according to the differences in syndrome types. For example, in the syndrome of “exterior cold constraining the lung and lung qi being blocked and depressed”, ephedra, platycodon grandiflorum and other drugs are mostly used. Ephedra can dispel wind-cold, open and release the muscular interstices, disperse and unblock lung qi to relieve asthma, and is especially suitable for patients with chills, no sweat and dyspnea. Platycodon grandiflorum can disperse lung qi, soothe the throat, resolve phlegm and discharge pus, which helps restore the dispersing function of lung qi, promote the discharge of sputum and improve airway stagnation. If it is “phlegm-fluid obstructing the lung and lung qi failing to descend”, lepidium seeds are often selected. They are bitter and cold in nature,

good at purging phlegm-fluid and pathogenic heat in the lung. Clinically, they are mostly combined with jujube to form “Lepidii and Jujubae Decoction for Purging the Lung”. While enhancing the effects of purging the lung to relieve asthma, promoting water circulation and resolving phlegm, it can also restrict the drastic nature of lepidium seeds to prevent damaging healthy qi.

Resolving phlegm is also an important part of the treatment during asthma attacks, and medications should be selected based on the nature of the phlegm. For hot phlegm, Arisaema Cum Bile and Trichosanthis Fructus can be used: Arisaema Cum Bile clears heat and resolves phlegm, and can also calm wind and stop convulsions, making it suitable for cough and asthma caused by heat-phlegm obstructing the lungs; Trichosanthis Fructus can clear and resolve hot phlegm, widen the chest and dissipate masses, which can both eliminate phlegm turbidity and improve chest tightness. For cold phlegm, Pinelliae Rhizoma and Citri Reticulatae Pericarpium are often used to warm and resolve cold phlegm, regulate qi and dry dampness. If there are signs of blood stasis such as significant chest tightness, cyanosis of the lips and nails, blood-activating and stasis-resolving substances such as Persicae Semen and Salviae Miltiorrhizae Radix et Rhizoma should be used in combination. Due to the “homology of qi and blood”, blood stasis and qi stagnation can often further hinder the dispersion and descent of lung qi. Therefore, improving blood circulation helps to reduce qi stagnation, thereby enhancing the efficacy of drugs that disperse lung qi and descend adverse qi.

#### 5.1.2 Take into account the spleen and stomach, promote digestion and guide stagnation

During an acute attack, lung qi stagnation not only affects respiratory function but also disrupts the physiological relationship of “mutual generation between the lung and spleen,” interfering with the transportation and transformation functions of the spleen and stomach. Meanwhile, due to rapid breathing and increased oxygen consumption, patients are prone to excessive appetite or indigestion, which further burdens the spleen and stomach [15]. If food stagnation persists internally, it will breed phlegm-dampness, forming a vicious cycle of “food stagnation generating phlegm → phlegm obstructing the airway.” Therefore, it is necessary to appropriately add drugs that promote digestion and relieve stagnation, such as Shenqu (medicated leaven), Maiya (barley malt), and Shanzha (hawthorn): Shenqu can aid digestion, harmonize the stomach, and help transport and transform water and grains; Maiya can move qi, promote digestion, strengthen the spleen, and stimulate appetite; Shanzha can promote digestion, invigorate the stomach, move qi, and dissipate blood stasis. The combination of these three can not only prevent food stagnation from generating phlegm but also restore the ascending and descending functions of the spleen and stomach, and indirectly promote the diffusion and descent of lung qi through the physiological connection of “earth generating metal [16].”

#### 5.2 Remission Stage: Consolidate the Body's Fundamental Energy, Harmonize the Liver and Spleen, Soothe the Liver and Regulate Qi to Prevent Recurrence

##### 5.2.1 Strengthening the spleen and tonifying the kidney, consolidating the root and cultivating vitality

Strengthening the spleen is the key to “eliminating the source of phlegm production” during the remission stage. In clinical practice, medicines such as Codonopsis pilosula, Astragalus membranaceus, and Chinese yam are used in large quantities: Codonopsis pilosula can tonify the middle energizer and replenish qi, strengthen the spleen and benefit the lung, enhance the transportation and transformation function of the spleen and stomach to generate water and grain essence, and nourish the lung through the mechanism of “earth generating metal”; Astragalus membranaceus can tonify qi and raise yang, consolidate the exterior and stop sweating, which not only assists the spleen and stomach in their function of raising the clear, but also enhances the resistance of the defensive exterior, reducing the chance of external pathogenic invasion; Chinese yam can tonify the spleen and nourish the stomach, promote the production of body fluids and benefit the lung. Its medicinal property is mild, and it can not only strengthen the spleen, but also take into account the lung and kidney, making it an excellent product for gently tonifying these three organs [17]. Through spleen-strengthening treatment, the metabolism of water and dampness can be fundamentally improved, the production of phlegm turbidity can be eliminated, and the persistent root of “latent phlegm” can be reduced.

Tonifying the kidney is the core of “restoring the qi-receiving function” during the remission period [18]. Medications should be selected based on the patient's excess or deficiency of yin and yang: for those with kidney yang deficiency, Epimedium, Morinda officinalis, Eucommia ulmoides, etc., are chosen. Epimedium and Morinda officinalis can tonify kidney yang and strengthen muscles and bones, while Eucommia ulmoides can tonify the liver and kidney and strengthen muscles and bones. The combination of these three can warm and tonify kidney yang, enhance the qi-receiving function, and improve symptoms such as shallow breathing and shortness of breath upon movement. For those with kidney yin deficiency, yin-nourishing and kidney-tonifying drugs such as Rehmannia glutinosa, turtle shell, and Liguistrum lucidum are used. Rehmannia glutinosa can nourish yin and blood, benefit essence and fill the marrow; turtle shell can nourish yin and subdue yang, benefit the kidney and strengthen bones; Liguistrum lucidum can nourish the liver and kidney, clear heat and improve eyesight. Through the theory of “seeking yang within yin”, the balance between kidney yin and yang is taken into account to avoid damaging yin due to simple yang-warming. When kidney qi is sufficient, the qi-receiving function is restored, which can maintain the depth and stability of breathing and reduce the recurrence rate.

##### 5.2.2 Soothing the Liver and Regulating Qi, Harmonizing Emotions

After asthmatic patients enter the remission stage, due to the protracted and recurrent nature of the disease, they are often accompanied by emotional problems such as anxiety and depression. These emotional disorders can easily lead to the failure of the liver to dredge and disperse, and the stagnation of qi movement, which in turn affects the purging and descending of lung qi as well as the transportation and

transformation functions of the spleen and stomach, constituting an important “emotional inducement” for asthma recurrence. Therefore, in the treatment during the remission stage, soothing the liver, regulating qi [19], and smoothing qi movement is a link that cannot be ignored. Clinically, medicines such as Bupleurum, Curcuma, and Fingered Citron are often used: Bupleurum is good at soothing the liver and relieving depression, and raising yang qi, which can improve low mood caused by liver depression; Curcuma can not only promote blood circulation to relieve pain and move qi to relieve depression, but also clear the heart and cool blood, preventing qi stagnation from transforming into heat; Fingered Citron has a mild nature, can soothe the liver, regulate qi, harmonize the stomach to relieve pain, and also dry dampness and resolve phlegm. Its effects involve the liver, lung, and spleen, which is particularly consistent with the complex pathogenesis of asthma. Such methods of soothing the liver and regulating qi not only help relieve negative emotions and improve the quality of life, but also restore the balance of qi movement characterized by “liver ascending and lung descending”, and promote transportation and transformation through “simultaneous treatment of the liver and spleen” to reduce the production of phlegm-dampness, thereby reducing the risk of recurrence both physically and psychologically.

## 6. Conclusion

From the perspective of the theory of qi movement (ascending and descending), bronchial asthma involves dysfunction of the lung, spleen, liver, and kidney. Moreover, it has different pathogenic characteristics in the acute phase and the remission phase: in the acute phase, the core is “lung qi stagnation and inter obstruction of phlegm and qi”, with the nature of the disease tending to be excess syndrome. The treatment should follow the principle of “treating the symptoms urgently”, mainly focusing on diffusing the lung to descend adverse qi, resolving phlegm and removing blood stasis, while also protecting the spleen and stomach to prevent them from stagnating phlegm and producing turbidity; in the remission phase, the key is “deficiency of the spleen and kidney, and failure of the liver to disperse and discharge”, which belongs to the syndrome of root deficiency and branch excess. The treatment should adhere to the principle of “treating the root cause when the condition is mild”, focusing on invigorating the spleen and kidney, cultivating the primordial qi and strengthening the root, and at the same time paying attention to soothing the liver and regulating emotions, so as to eliminate the causes of “latent phlegm” physically and mentally and prevent recurrence. Regulating the ascent and descent of lung qi is not about fixed formulas, but rather an individualized strategy that emphasizes treatment based on the person and their syndrome. This method restores the coordination of zang-fu organs and the balance of qi movement through multiple treatments such as diffusing the lung, descending qi, invigorating the spleen, tonifying the kidney, and soothing the liver. In this way, it achieves the overall goals of controlling symptoms, improving long-term prognosis, and preventing recurrence. In clinical application, medications must be used flexibly according to the cold, heat, deficiency, and excess of the syndrome type, as well as whether other syndromes are complicated. It can also be combined with external treatments such as acupuncture and

tuina (for example, needling Back-Shu points like Feishu, Pishu, and Shenshu) to enhance the effect of regulating qi and strengthening the root. This provides a systematic and flexible diagnosis and treatment approach for the prevention and treatment of asthma in traditional Chinese medicine.

## References

- [1] Asthma Group of Respiratory Disease Branch of Chinese Medical Association. Guidelines for the prevention and treatment of bronchial asthma (2020 edition) [J]. Chinese Journal of Tuberculosis and Respiratory Diseases, 2020, 43(12): 1023-1048.
- [2] Zhang L L. Traditional Chinese Medicine treatment of bronchial asthma: Syndrome differentiation and treatment opens the door to smooth breathing [J]. Health Must-Read, 2025, (23): 128-129.
- [3] Feng W L, Li J, Li Y K, et al. Analysis on the control status and influencing factors of adult bronchial asthma with regular use of inhaled corticosteroids combined with long-acting  $\beta$ -agonists [J]. China Pharmaceuticals, 2023, 32(11): 92-97.
- [4] Yu Z, Mo T T, Xing X T, et al. Exploration on the physiological characteristics and functions of the lung [J]. Hebei Journal of Traditional Chinese Medicine, 2010, 25(03):9-11.
- [5] Li R H. Etiological interpretation of lung's dispersing and descending functions [J]. Journal of Shanghai University of Traditional Chinese Medicine, 2000, (03): 10-12.
- [6] Zhang Q X. On the regulation of lung's dispersing and descending functions on water metabolism and its clinical significance [J]. Journal of Shandong University of Traditional Chinese Medicine, 2002, (02): 97-99.
- [7] Wang L, Tian J H. “Phlegm-fluid retention in the lung” and the pathogenesis of asthma [J]. Shaanxi Journal of Traditional Chinese Medicine, 2003, (04): 334-336.
- [8] Zhao D K, Li R N, Liu J N, et al. Analysis of asthma based on Danxi's Experience in Medicine [J]. Journal of Changchun University of Traditional Chinese Medicine, 2023, 39(06): 602-605.
- [9] Zhang W, Zheng J. Discussion on asthma and phlegm [J]. Chinese Archives of Traditional Chinese Medicine, 2012, 30(11): 2375-2376.
- [10] Dai J C, Liu R F. A preliminary discussion on “the spleen being the source of phlegm production” [J]. Correspondence Course in Traditional Chinese Medicine, 1994, (06): 20-23.
- [11] Li K, Lan R H, Lü M S, et al. Prevention and treatment of bronchial asthma based on the pathogenesis of phlegm and qi by regulating both lung and spleen [J]. Chinese Journal of Basic Medicine in Traditional Chinese Medicine, 2025, 31(03):529-532.
- [12] Yang Z, Hao J M. Professor Yang Zhen's discussion on liver governing dispersion [J]. Chinese Journal of Integrated Traditional and Western Medicine on Liver Diseases, 2022, 32(03): 196-198.
- [13] Ye T S; Su L. Case Records of Clinical Guides [M]. People's Medical Publishing House, 2018 (978-7-117-25251-5).
- [14] Long H J, Shuai W H, Xue H X, et al. Experience of Bai Zhengping in treating asthma by stage differentiation [J].

Hunan Journal of Traditional Chinese Medicine, 2021, 37(07): 16-18.

[15] Yu B B, Zhou X M. Treating bronchial asthma from the spleen [J]. Global Traditional Chinese Medicine, 2020, 13(02): 296-298.

[16] Miao L Y, Guo J F, Zhao D Y, et al. Effect of "strengthening earth to generate metal" method on NF-κB expression in asthmatic model rats with spleen deficiency [J]. Journal of Shenyang Pharmaceutical University, 2014, 31(03):208-212.

[17] Zhang X Y, Zhang Y. Experience of famous veteran TCM doctor Professor Xu Zhiying in treating bronchial asthma with Qingrun Jianpi Yishen method [J]. Chinese Archives of Traditional Chinese Medicine, 2021, 39(11): 214-217.

[18] Dong J C, Zhang H Y, Duan X H, et al. On bronchial asthma: "Treat the lung and take account of the kidney during acute attack; treat the kidney and take account of the lung in remission" [J]. World Journal of Traditional Chinese Medicine, 2013, 8(07): 725-731.

[19] Zheng C X. Clinical observation on 85 cases of bronchial asthma treated by regulating liver and lung method [J]. Clinical Journal of Traditional Chinese Medicine, 2004, (04): 311-312.