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Research on Traditional Chinese and Western Medicine Diagnosis and Treatment of Metrorrhagia and Metrostasia with Multidimensional Interventions

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Abstract: ***Metrorrhagia and menorrhagia constitute a category of menstrual disorders characterized by severe disruption in the menstrual cycle, duration, and volume. "Metrorrhagia" (Beng) manifests as sudden, torrential vaginal bleeding, while "menorrhagia" (Lou) presents as a relatively gradual, persistent trickle with minimal blood loss. This condition affects women across all age groups and remains a common yet challenging gynecological disorder. Both Traditional Chinese Medicine (TCM) and Western medicine adhere to the principle of "treating the symptoms in acute cases and addressing the root cause in chronic cases." Integrated Chinese-Western medicine treatment has emerged as one of the mainstream approaches for managing metrorrhagia and menorrhagia. Its core strategy combines "rapid Western medical hemostasis with fundamental TCM regulation," thereby avoiding the side effects of sole Western hormonal therapy while compensating for the slower onset of TCM hemostatic effects.***

Keywords: Metrorrhagia and Metrostaxis, Blockage and Flow, Clarifying the Source, Restoring the Old, Three Methods for Treating Metrorrhagia, Integrating Chinese and Western Medicine**.**

1. Introduction

Metrorrhagia and menorrhagia refer to sudden, uncontrollable vaginal bleeding or persistent spotting outside the menstrual period. The former is termed metrorrhagia, while the latter is known as menorrhagia. This condition represents a severe disruption of the menstrual cycle, duration, and volume, constituting a disorder of menstrual irregularity.

"Heavy bleeding" (Beng) manifests abruptly with torrential flow, characterized by profuse vaginal hemorrhage; while "persistent bleeding" (Lou) progresses more gradually, presenting as continuous trickling or dripping with relatively minor blood loss. This condition may occur at any age from menarche to menopause, causing fertility and health issues. Menorrhagia and metrorrhagia afflict women across all age groups, representing common, frequently occurring, and challenging gynecological disorders. The acute and chronic blood loss they induce readily leads to severe anemia, shock, and other critical symptoms. It corresponds to the Western medical diagnosis of abnormal uterine bleeding due to ovulation dysfunction.

2. Historical Origins

Throughout history, medical practitioners have progressively deepened their understanding and perspectives on metrorrhagia and menorrhagia. The Suwen: Yin-Yang Distinctions first proposed the concept: "When yin is deficient and yang surges, it is called metrorrhagia" [2]. The Han Dynasty's Jin Gui Yao Lue: Pulse Patterns and Treatment for Pregnancy Disorders in Women first introduced the notion that women with pre-existing masses and "leaking blood" [3]. The Neijing's discussion of "Beng" and the Jingui Yaolue's analysis of "Lou" laid a solid theoretical foundation for subsequent generations exploring the pathogenesis and syndrome differentiation of metrorrhagia and metrostaxis. The Treatise on the Origins and Manifestations of Various Diseases was the first to explicitly mention "Beng" and "Lou" together. During the Jin and Yuan dynasties, physician Gao Li posited that the primary cause of this condition was kidney yin deficiency leading to dual deficiency of the spleen and kidney [4]. During the Ming Dynasty, physician Guang Fang first proposed the therapeutic methods of "stem the flow," "purify the source," and "restore the old," which later became essential principles for treating metrorrhagia and menorrhagia. Subsequent generations of medical authorities enriched and expanded the scope and efficacy of these three therapeutic approaches through clinical practice and their writings. Qing Dynasty physician Shan Fu emphasized in his work Fu Qingzhu's Gynecology that "while nourishing yin, one must also employ methods to stop metrorrhagia." [5] This advocacy for concurrent yin tonification and bleeding cessation established another fundamental principle for treating metrorrhagia.

3. Understanding of the Etiology and Pathogenesis of Metrorrhagia in Traditional Chinese Medicine and Western Medicine

3.1 Pathogenesis and Pathomechanism in Traditional Chinese Medicine

The etiology of metrorrhagia and menorrhagia is complex and multifaceted, but can generally be summarized into three categories: heat, deficiency, and stasis.[6] These factors may act independently as causative agents or combine in various combinations to contribute to the onset of the disease. Traditional Chinese Gynecology categorizes the pathogenesis of metrorrhagia and menorrhagia primarily into four aspects: blood heat, kidney deficiency, spleen deficiency, and blood stasis. Traditional Chinese medicine posits that the fundamental pathogenesis of metrorrhagia and menorrhagia lies in "the failure of the Chong and Ren vessels to maintain

stability, resulting in the loss of control over menstrual blood." This condition is closely associated with functional disorders of the kidney, spleen, and liver organs, as well as imbalances in qi, blood, yin, and yang. The key mechanism involves the disruption of the kidney-Tian Gui-Chong and Ren vessels-uterus axis [7], leading to dysfunction of the Chong and Ren vessels. This failure to maintain stability causes the uterus to lose its capacity for proper storage and discharge, thereby resulting in metrorrhagia and menorrhagia.

3.1.1 Blood Heat

Fu Shan stated: "The disease of metrorrhagia stems from excessive heat in the Chong and Ren meridians." Blood heat causing metrorrhagia can be attributed to two primary factors: excess heat and deficiency heat. Constitutional yin deficiency, emotional stagnation transforming into fire, or external invasion by heat pathogens can all lead to blood heat. This heat disturbs the Chong and Ren meridians, forcing blood to flow uncontrollably. If the heat is intense, it manifests as "metrorrhagia" (Beng); if milder, it presents as "metrorrhagia" (Lou). Common patterns include the "excess heat pattern" and "deficient heat pattern." Deficient heat arises from chronic illness damaging yin or constitutional yin deficiency, leading to internal yin deficiency heat. This deficient fire ascends, disturbing the Sea of Blood, causing the Chong and Ren vessels to lose their restraining function, resulting in menstrual blood failing to be retained and flowing out at inappropriate times. Heavy bleeding caused by excess heat is predominantly caused by constitutional yang excess, liver qi stagnation transforming into fire, invasion by pathogenic heat factors, or excessive consumption of pungent foods. This leads to internal heat accumulation,

heat damaging the Chong and Ren vessels, forcing blood to flow uncontrollably [8], causing menstrual blood to lose restraint and result in metrorrhagia or metrostaxis.

3.1.2 Kidney Deficiency

Kidney deficiency is fundamental: The kidneys are the "root of innate essence," governing the storage of essence and regulating the Chong and Ren vessels. Kidney deficiency leads to inadequate nourishment of the Chong and Ren vessels and impaired retention function. Qingzhu Fu's Gynecology states: "Menstrual flow originates from the kidneys" [9]. It is believed that the generation of menstruation fundamentally relies on the kidneys.[10]. Wenkang Zheng states: "Sudden uterine hemorrhage in women arises from kidney yin deficiency failing to restrain the fire of the uterine network, causing blood to rush and collapse." The onset and cessation of menstruation depend on the heavenly essence (tian gui). The arrival and depletion of tian gui primarily reflect the abundance of kidney qi, making kidney deficiency a significant cause of metrorrhagia and menorrhagia. The characteristics of onset vary with age. Adolescence often involves "kidney qi deficiency." When menstruation first begins in adolescent females, constitutional endowment is insufficient, kidney qi is weak, and the state of full communication of the Ren meridian and fullness of the Chong meridian has not yet been achieved [11]. The childbearing years frequently involve "kidney yang deficiency" due to excessive sexual activity. Women of childbearing age often suffer from damage to kidney qi. Compounded by excessive work and life pressures during this period, the Chong, Ren, and uterine vessels may suffer varying degrees of impairment. Postmenopausal women predominantly experience "kidney yin deficiency." As the natural essence (tian gui) gradually depletes and kidney qi weakens, the Chong and Ren vessels fail to regulate menstrual blood, potentially triggering metrorrhagia and menorrhagia.

3.1.3 Spleen Deficiency

Spleen Deficiency with Inability to Retain Blood: The spleen is the "root of acquired constitution," governing the retention of blood. If irregular diet or excessive fatigue leads to spleen deficiency, insufficient qi and blood production results in impaired blood retention, causing uncontrolled menstrual flow. This often manifests as "persistent vaginal bleeding with pale, thin discharge." Gynecology Jade Ruler • Metrorrhagia states: "Worry injures the spleen, preventing it from retaining blood, thus causing uncontrolled flow." [12] Worry harms the spleen, as excessive anxiety damages spleen qi. Since the spleen governs the transformation and transportation of food and fluids, consuming unclean or irregular meals in daily life easily damages spleen qi, leading to spleen qi deficiency. As the spleen governs blood, spleen qi deficiency disrupts its function of controlling blood, resulting in irregular menstrual bleeding.

3.1.4 Blood Stasis

Residual blood from menstruation or childbirth that fails to clear, combined with emotional distress leading to qi stagnation and blood stasis, or cold-induced blood stasis, can obstruct the Chong and Ren vessels. Blood fails to return to its channels and leaks outward, often manifesting as "dark purple menstrual blood with clots, accompanied by abdominal pain that worsens with pressure." The Treatise on the Origins and Manifestations of Various Diseases states: "Internal blood stasis causes intermittent heavy bleeding that stops and starts, dripping continuously." Emotional distress readily causes qi stagnation; prolonged qi stagnation leads to blood stasis, forming qi and blood stasis. Alternatively, if lochia persists during menstruation or postpartum and is further affected by wind-cold pathogens, cold-induced blood stasis may occur. Heat scorching body fluids can also cause blood stasis; old blood fails to be expelled, and new blood cannot be generated, thus manifesting as metrorrhagia and metrostaxis.

3.2 Modern Medical Analysis of the Etiology of Metrorrhagia and Metrostaxis

Modern medicine classifies metrorrhagia and menorrhagia under the category of "abnormal uterine bleeding (AUB)," whose pathogenesis is closely associated with reproductive endocrine disorders, local uterine lesions, and systemic factors.

Western medicine considers dysfunctional uterine bleeding to be abnormal uterine bleeding caused by endocrine disorders within the hypothalamic-pituitary-ovarian-uterine reproductive axis [13]. In adolescents, dysfunctional uterine bleeding arises from an immature hypothalamic-pituitary-ovarian axis, predominantly manifesting as anovulatory

bleeding. This results in ovarian secretion of estrogen without progesterone, leading to prolonged endometrial proliferation under estrogen influence. Fluctuating hormone levels then trigger partial endometrial shedding, causing abnormal uterine bleeding symptoms [14]. Women of reproductive age may experience luteal phase deficiency (LPD), resulting in insufficient progesterone secretion and impaired endometrial repair. This is often associated with anovulatory bleeding caused by conditions such as polycystic ovary syndrome (PCOS) or hyperprolactinemia. Perimenopausal women exhibit ovarian functional decline and poor follicular development, where continuous estrogen stimulation without progesterone antagonism triggers endometrial hyperplasia or even abnormal bleeding. Women of reproductive ageoften experience anovulatory bleeding associated with conditions like polycystic ovary syndrome (PCOS) and hyperprolactinemia.

Local organic uterine lesions such as endometrial polyps, submucosal fibroids, and endometritis can disrupt the normal structure and coagulation function of the endometrium, leading to abnormal bleeding. Recent studies have revealed that elevated levels of local inflammatory factors in the endometrium (such as IL-6 and TNF-α) can inhibit prothrombin activation, exacerbating hemorrhagic symptoms.

Systemic factors: Hematological disorders such as thrombocytopenic purpura and aplastic anemia, or thyroid hyperfunction/hypofunction, may induce menorrhagia by affecting coagulation mechanisms or hormone metabolism.

Additionally, changes in dietary habits, excessive tension and stress, and emotional fluctuations are all contributing causes of adolescent dysfunctional uterine bleeding [15].

4. Advances in Clinical Treatment of Metrorrhagia and Metrostaxis Using Traditional Chinese and Western Medicine

4.1 Traditional Chinese Medicine Treatment: Characterized by Syndrome Differentiation and Individualized Regulation

For the treatment of metrorrhagia and menorrhagia, the optimal therapeutic approach should be selected based on the patient's medical history, symptoms, the urgency of the condition, the volume of bleeding, and the duration of symptoms to achieve the best therapeutic outcome. Concurrently, the fundamental principle of “treating the symptoms in acute cases and addressing the root cause in chronic cases” must be adhered to [16]. A comprehensive strategy employing the three methods of stemming bleeding, regulating the source, and restoring normal function should be applied for classification-based and stage-specific treatment [17].

Stop the flow to arrest bleeding. "When metrorrhagia or menorrhagia first occurs, one should first stop the bleeding to stem the flow [18]” During acute massive hemorrhage, immediate hemostasis is crucial to prevent life-threatening yang collapse from excessive blood loss. “Tangible blood cannot be replenished swiftly; intangible qi must be urgently consolidated.” In severe bleeding, qi-tonifying herbs should be promptly employed to fortify qi and secure blood to arrest hemorrhage. "Preserving a fraction of blood means preserving a fraction of qi." However, in practice, during the process of stemming the flow, it is crucial to differentiate between Beng (profuse bleeding) and Lou (persistent leakage) for syndrome differentiation and treatment. For “Beng”, treatment should focus on consolidating, stemming, and lifting—not promoting blood circulation, to avoid further depleting blood and aggravating the condition. For “Lou”, treatment should involve regulating qi and nourishing blood—not relying solely on astringent herbs, which could trap pathogens internally and lead to blood stasis obstruction. During acute hemorrhagic collapse, prioritize immediate hemostasis using herbs like Notoginseng or Yunnan Baiyao. Subsequently, when collapse or metrorrhagia presents with heavy, rapid bleeding, patients must rest in bed with minimal movement. Acupuncture [19] demonstrates excellent hemostatic efficacy, offering convenience and rapid onset. Points such as Duanhong (BL11), Uterus (BL14), Zhongji (CV3), and Xuehai (SP10) may be promptly applied for hemostasis.

Chengyuan means addressing the root cause. After acute symptoms subside, treatment should target the underlying pathology. For metrorrhagia and menorrhagia, syndrome differentiation must be conducted to identify the cause and formulate treatment accordingly. Clinical medication requires meticulous consideration; failing to discern the pathogenesis and properties of herbs while indiscriminately stacking charcoal-based formulas may not only fail to arrest bleeding but also risk retaining blood stasis [20]. Therefore, the etiology must be identified through medical history, patient symptoms, and relevant specialized examinations, followed by pattern differentiation and treatment. This requires considering the authenticity or false nature of the pattern, yin-yang balance, cold-heat dynamics, and deficiency-excess conditions, integrating observation, auscultation, inquiry, and palpation. Treatment approaches—such as tonifying the kidneys, soothing the liver, regulating the spleen, clearing heat, or resolving stasis—must be balanced and applied according to the specific pattern. For instance, it is crucial to avoid disregarding the underlying cause and solely using heat-clearing herbs to cool to stop bleeding or solely using astringent herbs to constrict and arrest hemorrhage. Specific applications must primarily target the pathogenesis for symptomatic treatment. For instance, patients with kidney yang deficiency may present with relatively heavy bleeding, pale red blood color, soreness in the lower back and knees, aversion to cold with cold limbs that fail to warm up even after adding clothing or sitting near a fire, clear and prolonged urination, a pale tongue with white coating, and a deep, fine pulse. Patients with blood heat may exhibit, dark red in color, with a red tongue bearing a yellow coating, and a forceful or slippery-rapid pulse. Therapeutic approaches differ: For blood heat due to excess heat, clear heat and cool the blood with Qingre Gujiang Tang (Clear Heat and Secure the Vessels Decoction). For blood heat due to deficiency heat, nourish yin and clear heat with Shangxia Xiangzi Tang (Upper-Lower Mutual Support Decoction). For spleen deficiency, tonify spleen qi with Shengmai Injection or Shenmai Injection.

Restoration is a crucial phase for regulating and restoring physical constitution, consolidating therapeutic outcomes, and preventing recurrence. It is typically employed during the

recovery and consolidation period following hemostasis. Since the root cause of metrorrhagia lies in the kidneys, the restoration phase should focus on tonifying the kidneys and replenishing essence, nourishing and strengthening kidney qi, consolidating the Chong vessel, and regulating menstruation. This restores physical constitution, enabling the blood sea to store and overflow normally, thereby achieving the fundamental goal of regulating menstruation. Zuogui Pill is commonly selected for this purpose. Second, the spleen is the foundation of acquired constitution. During treatment, tonifying spleen qi and strengthening qi retention can restore the spleen's function of governing blood, thereby preventing metrorrhagia and achieving menstrual regulation. Guipi Pill is often selected for this purpose.

4.2 Western Medical Treatment: Focusing on Rapid Hemostasis and Cycle Regulation

Western medical treatment for metrorrhagia and menorrhagia also follows the principle of "treating the symptoms in acute cases and addressing the root cause in chronic cases." Treatment options—whether medication or surgery—are selected based on the patient's age, reproductive needs, and underlying cause.

4.2.1 Pharmacological Treatment

Hemostatic Phase: For anovulatory metrorrhagia, short-acting oral contraceptives (e.g., drospirenone/ethinyl estradiol tablets) or progestogens (e.g., dydrogesterone) are preferred. These inhibit endometrial hyperplasia and promote endometrial shedding to stop bleeding. For ovulatory metrorrhagia (e.g., luteal insufficiency), progesterone supplementation regulates the cycle. Patients with severe anemia require concurrent iron supplementation (e.g., ferrous succinate) to correct anemia Cycle Regulation Phase: For adolescent and reproductive-age patients, the goal is "restoring ovulation" using ovulation-inducing drugs (e.g., clomiphene citrate). For perimenopausal patients, the focus is "controlling bleeding and preventing endometrial pathology" through progestin-only therapy during the luteal phase.

4.2.2 Surgical Treatment

For patients unresponsive to medication, or those with concomitant endometrial precancerous lesions or submucosal fibroids, hysteroscopic endometrial ablation or myomectomy may be performed. Severe cases without fertility requirements may undergo hysterectomy when necessary, though clinical application requires strict adherence to indications.

4.3 Integrated Traditional Chinese and Western Medicine Treatment: Complementary Advantages, Enhanced Efficacy

The integration of Chinese and Western medicine has become one of the mainstream treatment approaches for metrorrhagia and menorrhagia. Its core principle lies in "rapid Western medical hemostasis combined with fundamental Chinese medicine regulation," thereby avoiding the side effects of pure Western hormonal therapy (such as weight gain and thrombosis risk) while compensating for the slower onset of hemostatic effects in traditional Chinese medicine.

In clinical practice, for patients with acute massive bleeding (Beng), short-acting oral contraceptives are first administered for rapid hemostasis. Once bleeding volume decreases, Chinese herbal medicine (e.g., Guipi Decoction + Ejiao) is combined to regulate qi and blood and restore spleen and kidney function. For chronic metrorrhagia (Lou) patients, a direct "Chinese herbal medicine + progestin" combination approach can be adopted to regulate the cycle while reducing recurrence rates.

Xiaoying Zhu [21] proposed in clinical research that regulating neuroendocrine function with Western medicine, combined with Jianshenbushen Decoction to improve the internal environment, restores and establishes normal menstrual cycles and regular ovulation. This approach addresses both acute and chronic issues, treating both symptoms and root causes, resulting in a lower recurrence rate than Western medicine alone. Shuying Wang [22] observed that in a clinical trial comparing the treatment group using modified Yulin Zhu with the control group using with Guxuening combined with compound medroxyprogesterone acetate for 61 perimenopausal women with dysfunctional uterine bleeding. The treatment group achieved a cure rate of 70.49%, compared to 49.12% in the control group ($P<0.05$), demonstrating a statistically significant difference. Weiling Liang [23] et al. used ethinyl estradiol and cyproterone acetate tablets combined with traditional Chinese medicine to treat menorrhagia. The overall effective rate in the treatment group (95.88%) was significantly higher than that in the control group (85.42%). Both bleeding duration and time to cessation of bleeding were significantly shorter in the treatment group. This indicates that combined Chinese and Western medicine therapy has significant efficacy and a lower recurrence rate, confirming its advantages.

5. Management Strategies for Menorrhagia in Special Populations

5.1 Menorrhagia in Adolescence: Focus on "Regulating the HPO Axis and Preventing Anemia"

Menorrhagia during adolescence is predominantly anovulatory, associated with immature HPO axis function. Treatment must balance "hemostasis" with "preservation of reproductive function." Avoid excessive use of potent hemostatic agents; prioritize low-dose short-acting oral contraceptives to regulate the menstrual cycle. Concurrently, incorporate traditional Chinese medicine formulas such as "Kidney-Tonifying and Liver-Soothing Decoction" (e.g., Cuscuta seed, Bupleurum, Angelica sinensis) to promote HPO axis maturation. Strengthen health education, guiding patients combined with traditional Chinese medicine formulas that "tonify the kidneys and regulate the liver" (e.g., Cuscuta seed, Bupleurum, Angelica sinensis) to promote HPO axis maturation. Strengthen health education, guiding patients toward regular schedules and avoiding excessive dieting to prevent worsening of metrorrhagia due to malnutrition.

5.2 Perimenopausal Metrorrhagia: Focusing on "Excluding Endometrial Pathology and Controlling Bleeding"

Due to ovarian function decline, patients with perimenopausal

metrorrhagia face increased risk of endometrial precancerous lesions. Treatment requires a "screen first, treat later" approach. First, perform diagnostic curettage or hysteroscopy to rule out endometrial hyperplasia or malignancy. For those without lesions, employ "progesterone therapy during the luteal phase combined with traditional Chinese medicine formulas to tonify kidney yin (e.g., Zuoguiwan + Ligustrum fruit)" to control bleeding while alleviating perimenopausal symptoms like hot flashes and insomnia.

5.3 Postpartum Metrorrhagia: Primarily Focuses on "Resolving Stagnant Blood to Stop Bleeding and Promoting Uterine Involution"

Postpartum metrorrhagia is often caused by retained placental tissue, incomplete uterine involution, or blood stasis. Treatment must address both "hemostasis" and "expelling stagnant blood." Western medicine administers oxytocin to stimulate uterine contractions, with uterine curettage performed when necessary to remove residual tissue. Traditional Chinese medicine employs the modified "Shenghua Decoction" (Angelica sinensis, Ligusticum chuanxiong, Prunus persica kernel, processed ginger) to activate blood circulation, resolve stasis, warm the uterine channels, and stop bleeding. Research confirms Shenghua Decoction shortens postpartum bleeding duration and promotes lochia expulsion.

6. Prevention and Rehabilitation Interventions for Metrorrhagia and Metrostaxis

6.1 Preventive Strategies Based on Traditional Chinese Medicine's "Preventing Disease Before It Occurs" Philosophy

The TCM philosophy of "preventing disease before it occurs" holds unique advantages in preventing metrorrhagia and menorrhagia, centered on "preventing illness before it manifests and preventing progression once it occurs." For high-risk individuals (e.g., those with luteal insufficiency or kidney deficiency constitution), non-menstrual supplementation with "Kidney-Tonifying and Chong Pulse-Stabilizing Formula" (e.g., Rehmannia glutinosa, Cuscuta chinensis, Astragalus membranaceus) may be administered. Concurrently, dietary adjustments, emotional regulation, balanced work-rest schedules, and moderate exercise should be emphasized to cultivate healthy habits and improve female constitutional imbalances [24]. For those with a history of metrorrhagia/metrorrhagia, avoid cold foods and excessive fatigue around menstruation. Prophylactic Chinese herbal medicine (e.g., premenstrual use of "Free and Easy Wanderer Powder" to soothe the liver, postmenstrual use of "Eight Treasures Decoction" to nourish blood) can reduce recurrence.

6.2 Rehabilitation Management: Focusing on "Qi and Blood Regulation, Lifestyle Intervention"

Patients with metrorrhagia require long-term rehabilitation management after hemostasis to prevent recurrence. Dietary Adjustment: Those with spleen deficiency should consume more Chinese yam and lotus seeds; those with kidney deficiency should eat more black beans and goji berries; those with blood heat should consume more pears and lotus roots, while avoiding spicy and cold foods. Psychological Intervention: Patients prone to anxiety or depression due to bleeding should alleviate stress through counseling or TCM emotional regulation (e.g., meditation, music therapy) to prevent emotional imbalances from exacerbating symptoms. Regular Follow-up: For perimenopausal individuals or those at risk of endometrial lesions, undergo gynecological ultrasound every 6-12 months to monitor endometrial thickness and prevent long-term complications.

7. Current Research Status and Future Prospects

Currently, the diagnosis and treatment of metrorrhagia and menorrhagia have established an integrated system combining traditional Chinese medicine (TCM) and Western medicine with individualized therapy. However, limitations persist: TCM pattern differentiation lacks unified objective indicators (e.g., no definitive serum biomarkers), while Western medicine shows limited long-term management efficacy for certain refractory cases (e.g., PCOS-related metrorrhagia). Future research may focus on three areas: (1) Exploring correlations between TCM syndrome patterns and Western medical indicators (e.g., relationship between kidney deficiency pattern and progesterone levels, blood stasis pattern and inflammatory factors) to establish an "integrated TCM-Western syndrome differentiation system"; (2) Develop distinctive TCM external therapies (e.g., herbal plaster application, enemas) to enhance treatment accessibility; (3) Conduct long-term follow-up studies to evaluate the impact of integrated TCM-Western medicine protocols on reproductive health and long-term quality of life in metrorrhagia patients, providing more precise evidence-based support for clinical practice.

In summary, the diagnosis and treatment of metrorrhagia and menorrhagia must fully integrate the strengths of both Chinese and Western medicine, balancing "rapid hemostasis" with "fundamental regulation." Concurrently, emphasis must be placed on managing special populations and implementing preventive interventions to achieve the goals of "reducing incidence rates, decreasing recurrence rates, and improving patients' quality of life."

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