

Exploring the Etiology, Pathogenesis, Syndrome Differentiation, and Treatment of Chronic Heart Failure Based on the Theory of “Water Depression, Drain It”

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Abstract: Chronic heart failure (CHF) is a cardiac disease characterized by reduced cardiac output due to impaired ventricular filling or pumping function. Western medical treatments for CHF are associated with adverse effects and low patient compliance, whereas Traditional Chinese Medicine (TCM) offers advantages such as multi-target effects and fewer side effects. In TCM, CHF falls within the categories of “heart failure” and “edema”. Its fundamental pathogenesis involves a deficiency in the root cause and an excess in the manifestations, with “water depression” (Shui Yu) running through the entire disease course and serving as a critical factor in disease progression. This paper interprets the pathogenesis of CHF through the theory of “Water Depression, Drain It” (Shui Yu Zhe Zhi). It posits that insufficiency of heart-yang leading to water depression and blood stasis forms the pathological foundation. The key links in disease progression involve impaired diffusion and descent of lung-qi, impaired transportation and transformation by the spleen, and failure of kidney-qi transformation, all contributing to water depression. Based on this analysis, four therapeutic approaches for “draining the depression” are proposed: Warming Yang to Promote Diuresis, Activating Blood Circulation to Promote Diuresis, Diffusing the Lung to Promote Diuresis, and Fortifying the Spleen to Promote Diuresis. This framework aims to provide insights and methodologies for the syndrome differentiation and treatment of CHF.

Keywords: Water Depression, Drain It (Shui Yu Zhe Zhi); Chronic Heart Failure; Warming Yang to Promote Diuresis; Activating Blood Circulation to Promote Diuresis; Diffusing the Lung to Promote Diuresis; Fortifying the Spleen to Promote Diuresis.

1. Introduction

Chronic heart failure (CHF) is a clinical syndrome characterized by insufficient cardiac output to meet the body’s metabolic demands, resulting from structural or functional impairment of the heart, leading to reduced ventricular filling or pumping capacity. It represents the terminal stage of various cardiac diseases [1]. The primary clinical manifestations of CHF include dyspnea, edema, pulmonary and systemic congestion, and decreased exercise tolerance [2]. With the intensifying trends of population aging and unhealthy lifestyles, the disease burden of CHF is increasingly becoming a critical issue demanding urgent attention in modern medicine [3]. Surveys indicate that the number of patients diagnosed with CHF in China currently exceeds 4.5 million, with a trend of the onset age becoming younger [4]. Contemporary Western medical treatment for CHF primarily relies on novel agents such as angiotensin receptor-neprilysin inhibitors (ARNIs), beta-blockers, diuretics, and sodium-glucose cotransporter 2 inhibitors (SGLT2is). However, these therapies are prone to adverse reactions like orthostatic hypotension, urinary tract infections, and renal dysfunction, often compromising long-term efficacy and patient adherence [5-7]. Traditional Chinese Medicine (TCM) offers distinct advantages in treating CHF through its multi-target, multi-pathway, and multi-level approach, demonstrating confirmed efficacy in alleviating symptoms and improving patients’ quality of life.

In TCM, CHF falls under the categories of “Heart Failure”, “Edema”, and “Wheezing Syndrome”. As stated in Su Wen · Ni Tiao Lun (The Yellow Emperor’s Classic of

Medicine – Basic Questions, Chapter on Counterflow Regulation), “Inability to lie flat, with panting upon lying down, results from the lodging of water qi.” This description aligns well with the classic symptom of “orthopnea” in CHF patients. TCM posits that the pathogenesis of CHF involves a complex interplay of deficiency and excess, with the fundamental deficiency primarily manifested as heart qi deficiency and heart yang deficiency, often extending to yang qi deficiency of the lung, spleen, and kidney. The excess manifestations prominently feature water retention, blood stasis, and phlegm turbidity. Among these, “Water Depression” (Shui Yu) is considered a key pathological factor that permeates the entire disease course, driving its exacerbation and recurrence. Based on the theory of “Water Depression, Drain It” (Shui Yu Zhe Zhi), our research team has adopted a TCM diagnostic and therapeutic approach for CHF from the perspective of water metabolism dysregulation, achieving encouraging clinical outcomes. A preliminary analysis is presented as follows.

2. Historical Origins of the “Draining Water Stagnation” Theory

The principle of “Draining Water Stagnation” (Shui Yu Zhe Zhi) was first documented in the Yellow Emperor’s Inner Canon: Basic Questions (“Suwen – Six Celestial Qi and Proper Regulation”), which states: “For Wood stagnation, promote its flow... for Water stagnation, drain it, thereby regulating its qi; when there is excess, suppress it.” This is a key component of the therapeutic principles for the “Five Stagnations.” The term “Yu” (stagnation) refers to obstruction

and accumulation, indicating that the blockage and retention of pathogenic water-dampness leads to the formation of “Water Stagnation.” As recorded in the Qing Dynasty text Medical Narratives (Volume 7: Stagnation) by Cheng Wenyou, “Stagnation refers to congelation and accumulation that fails to disperse. What should ascend cannot ascend, what should descend cannot descend, and what should transform cannot transform. As a result, transmission and transformation become disordered, giving rise to illness.” This highlights that disorders related to the “Five Stagnations” are often associated with abnormalities in the ascending, descending, exiting, entering, transmission, and transformation processes. Some scholars interpret physiological “water” as body fluids, suggesting that Water Stagnation refers to the stagnation and accumulation of fluids within the body, manifesting as phlegm, dampness, or retained fluid. The Yellow Emperor’s Inner Canon: Basic Questions further notes: “When Water stagnation arises, Yang Qi withdraws.” This implies that the formation of Water Stagnation is often due to Yang Qi deficiency, which fails to warm and promote the movement of water and Qi, leading to internal stagnation and the formation of tangible pathogenic factors such as phlegm and retained fluid. The medical classic Leijing states: “Heaven has the stagnation of the Five Movements; humans have the corresponding Five Zang organs.” Water metabolism is closely linked to the Lung, Spleen, and Kidney systems. Dysfunction in any of these organs can lead to water retention, transforming it into “Water Stagnation.” Thus, “Water Stagnation” can be understood as a pathological state where tangible pathogenic factors such as phlegm, retained fluid, and water-dampness obstruct due to the disruption of organ Qi movement and impaired transportation and transformation.

“Zhe Zhi” (draining it) is the therapeutic principle for Water Stagnation. The ancient physician Wang Bing explained: “Zhe means to restrain it, to curb its forceful uprising,” emphasizing that “Zhe” implies overcoming or suppressing. Regarding Water Stagnation, he noted that water belongs to Yin, and its stagnant state often results from Yang Qi deficiency. According to the Five Elements theory of mutual restraint, treatment should involve warming Yang to promote diuresis. Zhang Zhongjing, in the Synopsis of the Golden Chamber, recorded: “When blood circulation is impaired, water accumulates,” proposing that water disorders can be treated by addressing blood stasis. He believed that Water Stagnation often leads to disrupted Qi movement, which in turn causes blood stasis, forming static blood. Conversely, static blood can exacerbate water metabolism disorders, and treatment may involve resolving stasis to promote diuresis. Ye Tianshi, in Selected Medical Balances, stated: “Water inherently favors flowing; its flooding should be prevented. Methods of draining it include nourishing Qi to transform water (treating the Lung), strengthening the Earth to restrain water (treating the Spleen), and self-strengthening to command water (treating the Kidney).” This perspective associates Water Stagnation with the Lung, Spleen, and Kidney, advocating treatment through regulating the interactions among these organ systems. The Qing Dynasty commentator Gao Shizong suggested that the character “Zhe” in “Water Stagnation, drain it” might be a textual error for “Xi” (to separate or disperse), indicating that Water Stagnation should be treated by promoting dispersion, discharge, and free flow. Based on the insights of medical scholars throughout

history, our research team proposes that the treatment of Water Stagnation should not rely solely on aggressive purging or drainage. Instead, it requires identifying the root cause through syndrome differentiation and employing a combination of methods to regulate Qi movement, unblock water passages, and restore the free flow of blood vessels.

3. The Pervasiveness of “Water Stagnation” in the Entire Course of CHF Pathogenesis

3.1 Heart-Yang Deficiency, Water Stagnation, and Blood Stasis as the Foundation of CHF Onset

The Yellow Emperor’s Inner Canon: Basic Questions, Chapter on the Genuine Discourse of the Golden Chamber states, “The Yang within Yang is the Heart.” This is further elucidated in the Essential Knowledge of the Inner Canon, Visceral Manifestations: “The Heart is the Yang within Yang; it is uniquely revered because Yang is the master of the entire body and must be upheld as the root of life and vitality.” The Heart, as a Fire organ, functions through its Yang-Qi. It governs the blood vessels of the entire body. When Heart-Yang is abundant, it propels, warms, and circulates blood within the vessels, nourishing the spirit-mind and all zang-fu organs, thereby maintaining normal physiological functions and orderly life activities. The Spiritual Pivot, Chapter on Natural Lifespan notes: “At sixty years of age, Heart-Qi begins to decline, leading to sorrow and worry; blood and Qi become lax and sluggish.” In the elderly or those weakened by chronic illness, the Heart’s Yang-Qi progressively declines. Consequently, its propelling force and warming function deteriorate. Deficient propulsion leads to impaired circulation of blood throughout the body, causing blood to stagnate within the vessels and form blood stasis. Deficient warming results in impaired Qi transformation, leading to water retention and the eventual development of “Water Stagnation.” Professor Shi Dazhuo posits that during the development of CHF, impaired blood circulation serves as the foundation for internal water retention, while internal water retention is a pathological product of impaired blood circulation [9]. CHF patients are commonly elderly or those whose chronic illness has damaged Yang. Their manifestations of Heart-Yang deficiency and weakened Heart-Qi include symptoms such as lower limb edema, palpitations, shortness of breath, chest tightness, chest pain, cyanotic lips and nails, pale-purplish tongue or tongue with ecchymosis, and deep-thready or irregular-intermittent pulse.

3.2 Dysfunction of the Lung, Spleen, and Kidney Leading to Water Stagnation as a Critical Link in CHF Pathogenesis

Medical Formula Explanations states: “The lung is the upper source of water,” governing the regulation of waterways, connecting all vessels, and managing regulation. It regulates systemic water metabolism through its functions of diffusion and depurative descent. Diffusion distributes fluids to the body surface to be expelled as sweat, while depurative descent directs fluids downward to the kidney and bladder for excretion as urine. In CHF patients, blood stasis and impeded circulation affect the lung’s function of connecting vessels, subsequently impairing the diffusion and descent of lung qi. In cases where heart yang is deficient and declining in CHF,

the weakened fire (heart) may be counter-restrained by metal (lung), leading to the upward rebellion of water qi that attacks the lung, further disrupting its diffusing and descending functions. Impaired diffusion prevents normal fluid distribution, causing stagnation within the pulmonary system and forming “water stagnation,” manifesting as cough, expectoration, and wheezing. Impaired depurative descent prevents fluids from moving downward, leading to their overflow into the skin and muscles, resulting in facial and upper limb edema, often accompanied by dysuria. Moreover, lung qi stagnation can further exacerbate heart vessel stasis, creating a vicious cycle. Master of Traditional Chinese Medicine Lei Zhongyi posits that the early stage of CHF primarily involves heart-lung qi deficiency, gradually affecting the spleen and kidney, with the later stage dominated by heart-kidney yang deficiency accompanied by varying degrees of phlegm, blood, and water stasis [10].

Basic Questions: Discourse on the Differentiation of Channels states: “Fluids enter the stomach, where their essential qi overflows and is transported upward to the spleen. The spleen distributes the essence, sending it upward to the lung, which regulates the waterways and sends it downward to the bladder.” The spleen, the foundation of acquired constitution, occupies the central position and nourishes the four extremities. It governs the transformation and transportation of dampness, absorbing fluids from the stomach and intestines, transforming them into body fluids, and transporting them to organs like the lung and kidney for nourishment, playing a pivotal role in water metabolism. Furthermore, the spleen and stomach are the source of qi and blood production. When spleen-earth is robust, the source of qi and blood generation is vigorous, promoting harmony of qi and blood throughout the body. In CHF patients, heart yang deficiency means heart fire cannot warm spleen-earth, leading to spleen yang deficiency; or chronic illness and constitutional weakness damage spleen-stomach function, resulting in impaired spleen transportation. Impaired spleen transportation leads to abnormal transformation of water-dampness; retained fluids stagnate and transform into phlegm pathogens lingering in the middle jiao, forming “water stagnation,” manifesting as abdominal distension, poor appetite, and loose stools. Further overflow of water-dampness into the skin and muscles can cause heaviness in the limbs and edema. Additionally, internal water-dampness retention obstructs qi movement, worsening symptoms like chest tightness and shortness of breath. Simultaneously, impaired spleen transportation cuts off the source of qi and blood production, further aggravating heart qi deficiency and affecting cardiac functional recovery. Deng Tietao stated, “The spleen qi is present in all five zang organs, and the qi of the five zang organs is also within the spleen and stomach” [11], emphasizing the importance of protecting and supporting the spleen and stomach in the treatment of CHF.

Jingyue’s Complete Works: On the Treatment of the Five Depressions in the Inner Canon points out: “Water corresponds to the kidney and bladder; water governs cold pathogens,” indicating that “water stagnation” disorders are inseparable from the kidney. The kidney, the foundation of innate constitution, governs water metabolism and controls the opening and closing functions. Through the steaming and transforming action of kidney yang, it separates fluids into clear and turbid parts. The clear part ascends to the lung to

re-enter water metabolism, while the turbid part descends to the bladder for excretion. Modern research suggests that kidney yang deficiency significantly influences CHF pathogenesis [12]. In CHF patients with prolonged disease course, heart yang deficiency and decline eventually involve the kidney, leading to kidney yang deficiency; or constitutional kidney yang insufficiency inherently weakens the ability to warm and transform fluids. Kidney yang deficiency and impaired transformation prevent normal steaming and transformation of fluids, failing to separate clear from turbid, thus forming “water stagnation.” This can manifest as dysuria, increased nocturia, etc. On the other hand, internal water-dampness retention overflows into the skin and muscles, causing generalized edema, particularly pronounced in the lower back and below. Furthermore, the kidney governs qi reception. Kidney yang deficiency impairs the ability to receive qi and return it to its source, which can exacerbate wheezing and dyspnea, especially upon exertion, further worsening the condition of CHF.

4. Diagnosis and Treatment of CHF Based on the Theory of “Draining Water Stagnation”

The pathogenesis of CHF is fundamentally characterized by a deficiency in the root cause and excess in the manifestations. The root deficiency lies in the insufficiency of Yang Qi in the heart, lung, spleen, and kidney, while the manifestations consist of substantial pathogenic factors such as phlegm-turbidity and blood stasis. The state of “Water Stagnation” persists throughout the entire disease course. Therefore, the diagnosis and treatment of CHF should adhere to the principles of reinforcing healthy Qi and nourishing Yang, as well as activating blood circulation and dispelling stasis. Addressing “Water Stagnation” should involve treatment based on the related zang-fu organs, utilizing distinct therapeutic pathways to “drain” it. Our team has summarized the following treatment methods for CHF in clinical practice.

4.1 Warming Yang and Promoting Diuresis to Drain Stagnation

In CHF patients with heart-kidney Yang deficiency, Qi transformation is impaired, preventing the proper distribution of fluids to their designated areas, leading to overflow into the skin, muscles, and internal organs. Furthermore, deficiency of heart and kidney Yang Qi fails to warm, propel, and facilitate the normal movement of fluids and blood. Water-dampness, lacking proper Qi transformation, spreads and overflows, resulting in symptoms such as edema and dysuria. Over time, the interaction between the heart and kidney becomes disrupted, and the balance between water and fire is lost, leading to a breakdown in their mutual restraint and exacerbating the condition of CHF. In clinical practice, CHF patients with heart-kidney Yang deficiency often present with: lower limb edema (pitting edema), aversion to cold and cold limbs, palpitations and severe palpitations, scanty urine, pale and enlarged tongue with a white, slippery coating, and a deep, thready pulse. The treatment principle is to warm and tonify the Yang of the heart and kidney, promote Qi transformation, and induce diuresis to drain the stagnation. Commonly used herbs include *Aconiti Lateralis Radix Praeparata* (fuzi), *Cinnamomi Cortex* (rougui), *Zingiberis Rhizoma* (ganjiang),

Epimedii Folium (yinyanghuo), and Ginseng Radix et Rhizoma (renshen), often combined with diuretic herbs like Poria (fuling) and Atractylodis Macrocephalae Rhizoma (baizhu). Representative formulas include Zhenwu Tang (True Warrior Decoction) combined with Wuling San (Poria Five Powder), or Shenfu Tang (Ginseng and Aconite Decoction). Aconiti Lateralis Radix Praeparata (fuzi) was first documented in Treatise on Cold Damage and Miscellaneous Diseases. It is a key herb for supplementing fire and assisting Yang, dispelling cold and relieving pain, and reviving Yang for resuscitation. It is often combined with Zingiberis Rhizoma (ganjiang) to directly target the affected area and enhance its fire-supplementing and Yang-assisting effects, as reflected in the saying “Aconite without ginger is not hot.” Additionally, the combination of Aconiti Lateralis Radix Praeparata (fuzi) and Ginseng Radix et Rhizoma (renshen) is a commonly used herb pair for CHF treatment. Modern studies indicate that this combination can inhibit myocardial cell apoptosis via the mitochondrial pathway in CHF, thereby protecting the myocardium and improving cardiac function [13]. Research on Zhenwu Tang in modern medicine shows that in treating CHF patients with Yang deficiency and water overflow, it can effectively improve serum N-terminal pro-brain natriuretic peptide (NT-proBNP) levels, increase ejection fraction, simultaneously enhance urine output, and improve insufficient renal perfusion [14]. This demonstrates its dispersing and draining effect on “Water Stagnation” in CHF patients. In clinical practice, the formula can be modified based on the patient’s specific symptoms. For severe edema, Plantaginis Semen (cheqianzi) and Arecae Pericarpium (dafupi) can be added to enhance the diuretic and edema-reducing effect. If accompanied by symptoms of kidney deficiency such as soreness and weakness of the lower back and knees, dizziness, and tinnitus, Corni Fructus (shanzhuyu) and Eucommiae Cortex (duzhong) can be added to tonify the kidney and strengthen the lower back.

4.2 Activating Blood Circulation and Promoting Diuresis to Drain Stagnation

In CHF patients with heart-yang deficiency, the systemic blood circulation gradually becomes weak over time, leading to stasis within the vessels and the formation of blood stasis. Impaired blood circulation leads to water pathology (“when blood does not flow freely, it becomes water”). Poor blood flow can obstruct water pathways, resulting in a condition where water and blood stasis are intermingled. Clinical manifestations commonly include: edema accompanied by chest tightness and pain, cyanotic lips, distended jugular veins, pleural effusion, ascites, a purplish-dark tongue with ecchymosis, and a choppy pulse. The treatment principle should be to activate blood circulation, unblock collaterals, promote diuresis, and reduce swelling. Representative formulas include Guizhi Fuling Wan (Cinnamon Twig and Poria Pill) combined with Fangji Huangqi Tang (Stephania Root and Astragalus Decoction). In Guizhi Fuling Wan, Cinnamomi Ramulus (guizhi) warms and unblocks blood vessels, Poria (fuling) promotes diuresis and drains dampness, while Moutan Cortex (mudanpi), Persicae Semen (taoren), and Paeoniae Radix Rubra (chishao) activate blood circulation and resolve stasis, working together to achieve the effect of invigorating blood and dispersing stasis. In Fangji Huangqi Tang, Stephaniae Tetrandrae Radix (fangji)

promotes diuresis and reduces swelling, Astragali Radix (huangqi) supplements qi, strengthens the exterior, and promotes water movement to reduce swelling, Atractylodis Macrocephalae Rhizoma (baizhu) fortifies the spleen and dries dampness, Glycyrrhizae Radix et Rhizoma (gancao) harmonizes the other herbs, and Zingiberis Rhizoma Recens (shengjiang) and Jujubae Fructus (dazao) harmonize the nutritive and defensive levels. The combination of these two formulas can both activate blood circulation to resolve stasis and promote diuresis to reduce swelling. Modern clinical and basic research has confirmed the significant efficacy of Guizhi Fuling Wan in treating heart failure [15]. Li Jun’s team, using network pharmacology, discovered that the key targets of Fangji Huangqi Tang in treating CHF may be related to tumor necrosis factor and angiotensin-converting enzyme, suggesting that its therapeutic effect on CHF might involve the inflammatory response and the RAAS system [16]. Based on this, it is evident that the method of activating blood circulation, resolving stasis, and promoting diuresis can intervene in CHF treatment through various pathways, including regulating water metabolism. In clinical practice, for severe blood stasis, herbs such as Salviae Miltiorrhizae Radix et Rhizoma (danshen), Chuanxiong Rhizoma (chuanxiong), and Hirudo (shuizhi) can be added to enhance the blood-activating and stasis-resolving effect. For marked edema, herbs like Plantaginis Semen (cheqianzi), Arecae Pericarpium (dafupi), and Lycopi Herba (zelan) can be added to promote diuresis and reduce distension.

4.3 Diffusing the Lung and Promoting Diuresis to Drain Stagnation

In CHF patients where water stagnation obstructs the lung, leading to impaired diffusion and depurative descent, the water passages become blocked. Pathogenic water-dampness stagnating in the lung causes lung qi congestion and disrupts its diffusing and descending functions, preventing the normal distribution and excretion of fluids and leading to the syndrome of water retention attacking the lung. Furthermore, as the lung connects all vessels and manages regulation, if water retention attacks the lung, it also affects the heart’s vessels and their function of moving qi and blood, exacerbating the CHF condition and forming a state of “water stagnation” in the heart and lung. Common clinical manifestations include: severe cough and wheezing, profuse white phlegm, inability to lie flat, chest tightness and shortness of breath, facial edema, scanty urine, pale tongue with a white greasy coating, and a soggy pulse. The treatment principle is to diffuse the lung, relieve wheezing, promote diuresis, and reduce swelling. Herbs such as Descurainiae Semen Lepidii Semen (tinglizi), Ephedrae Herba (mahuang), and Coicis Semen (yiyiren) are prescribed. Representative formulas include modified Tingli Dazao Xiefei Tang (Descurainia and Jujube Decoction to Drain the Lung) combined with Moxing Yigan Tang (Ephedra, Apricot Kernel, Coix Seed, and Licorice Decoction). In Tingli Dazao Xiefei Tang, Descurainiae Semen Lepidii Semen (tinglizi) drains the lung, relieves wheezing, promotes diuresis, and reduces swelling, while Jujubae Fructus (dazao), being sweet and warm, calms the center and moderates the potent properties of tinglizi. In Moxing Yigan Tang, Ephedrae Herba (mahuang) diffuses the lung, releases the exterior, promotes diuresis, and reduces swelling; Armeniacae Semen Amarum (xingren)

directs qi downward, relieves cough, and calms wheezing; Coicis Semen (yiyiren) promotes diuresis and drains dampness; and Glycyrrhizae Radix et Rhizoma (gancao) harmonizes the other herbs. The combination of these two formulas works together to diffuse the lung, relieve wheezing, promote diuresis, and reduce swelling. Yang Zeqi et al. selected four herbs—Descurainiae Semen Lepidii Semen (tinglizi), Astragali Radix (huangqi), Salviae Miltiorrhizae Radix et Rhizoma (danshen), and Cinnamomi Ramulus (guizhi)—and studied their active components. The results indicated that the active components of this combination could treat CHF by acting on the AMPK (adenosine monophosphate-activated protein kinase) signaling pathway [17]. Basic research has shown that Tingli Dazao Xiefei Tang has a good diuretic effect on rat models of heart failure, significantly increasing the content of Na⁺ and Cl⁻ in urine [18]. This demonstrates that Tingli Dazao Xiefei Tang can disperse “water stagnation” by promoting urination.

4.4 Strengthening the Spleen and Promoting Diuresis to Drain Stagnation

Basic Questions: The Great Treatise on the Ultimate Truth states, “All conditions of dampness, swelling, and fullness pertain to the spleen.” According to the Five-Phase theory of mutual generation and restraint in TCM, the spleen belongs to earth, while the pathogenic factor of water stagnation belongs to water (yin). Water is restrained by earth. In CHF patients with a prolonged disease course, heart yang is gradually consumed and fails to warm spleen-earth, ultimately leading to impaired spleen transportation. This results in internal stagnation of water-dampness, which overflows into the skin and muscles. Manifestations include: heaviness in the limbs, mild edema of the eyelids or lower limbs, abdominal distension and loose stools, poor appetite and fatigue, a pale tongue with a white, greasy coating, and a soggy, moderate pulse. The treatment principle should be to strengthen the spleen and boost qi, promote diuresis, and reduce swelling. Representative formulas include Shenling Baizhu San (Ginseng, Poria, and Atractylodes Macrocephala Powder) and Wupi Yin (Five-Peels Decoction). In Shenling Baizhu San, Ginseng Radix et Rhizoma (renshen), Atractylodis Macrocephalae Rhizoma (baizhu), Poria (fuling), and Glycyrrhizae Radix et Rhizoma (gancao) boost qi and strengthen the spleen; Dioscoreae Rhizoma (shanyao) and Nelumbinis Semen (lianzi) strengthen the spleen and stop diarrhea; Lablab Semen Album (baibiandou), Coicis Semen (yiyiren), and Amomi Fructus (sharen) strengthen the spleen and resolve dampness; Platycodonis Radix (jegeng) diffuses the lung and promotes qi movement, carrying the other herbs upward. In Wupi Yin, Mori Cortex (sangbaipi), Citri Reticulatae Pericarpium (chenpi), Arecae Pericarpium (dafupi), Poriae Cutis (fulingpi), and Zingiberis Rhizoma Recens Cortex (shengjiangpi) promote diuresis and reduce swelling. In clinical practice, these two formulas are often combined to both strengthen the spleen and boost qi, as well as drain dampness and promote diuresis. The research team of Zhu Fangfang found through clinical studies that a modified Shenling Baizhu San formulation, during the acute exacerbation phase of CHF, can produce favorable therapeutic effects in promoting blood circulation and unblocking collaterals, enhancing the efficacy of diuretic and edema-reducing herbs, and restoring spleen-stomach function

[19]. Poria (fuling) is one of the commonly used herbs for strengthening the spleen and draining dampness. Modern research indicates that the aqueous extract of Poriae Cutis (fulingpi) can downregulate the levels of antidiuretic hormone and the expression of aquaporin-2 in rats with heart failure, thereby reducing water reabsorption and exerting a diuretic effect [20]. This demonstrates that strengthening the spleen and promoting diuresis is also an embodiment of the principle of “draining water stagnation.”

5. Conclusion

Chronic Heart Failure (CHF) is characterized by a protracted disease course and a complex pathogenesis. While Western medicine can alleviate certain symptoms, its limitations regarding adverse effects and long-term efficacy remain significant. Traditional Chinese Medicine offers distinct advantages in the syndrome differentiation and treatment of CHF. The fundamental pathology of CHF lies in the deficiency of Yang Qi in the heart, lung, spleen, and kidney, with “Water Depression” serving as the core excess manifestation that persists throughout the disease process. This “Water Depression” is a key pathological factor driving disease exacerbation and recurrence. The theory of “Water Depression, Drain It” originates from the therapeutic principles for the “Five Depressions” in the Su Wen and has been enriched by physicians across generations, forming a systematic treatment approach based on identifying the cause and regulating the waterways of the involved organs.

This article clarifies the relationship between this theory and the pathogenesis of CHF. It establishes that insufficiency of heart-yang forms the foundation for the generation of “Water Depression,” while impairment of the lung’s diffusion and descent, the spleen’s transportation and transformation, and the kidney’s Qi transformation are pivotal to its aggravation. Dysfunction in these four organs interacts and collectively propels the progression of CHF. Consequently, four therapeutic principles for “draining the depression” through promoting diuresis are proposed: Warming Yang, Activating Blood Circulation, Diffusing the Lung, and Fortifying the Spleen.

However, current research on treating CHF based on the “Water Depression, Drain It” theory requires further depth. Future investigations should focus on expanding sample sizes and conducting multi-center randomized controlled trials to validate its efficacy more robustly. In summary, the “Water Depression, Drain It” theory provides a clear framework for syndrome differentiation and effective treatment strategies in TCM for CHF. It warrants broader clinical application and continued research to better serve patients with CHF and alleviate the associated disease burden.

References

- [1] MCDONAGH T A, METRA M, ADAMO M, et al. 2023 Focused Update of the 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) With the special

- contribution of the Heart Failure Association (HFA) of the ESC[J]. *Eur J Heart Fail*, 2024, 26(1): 5-17.
- [2] HORODINSCHI R N, BRATU O G, DEDIU G N, et al. Heart failure and chronic obstructive pulmonary disease: a review[J]. *Acta Cardiol*, 2020, 75(2): 97-104.
- [3] JIA Q, WANG L, ZHANG X, et al. Prevention and treatment of chronic heart failure through traditional Chinese medicine: Role of the gut microbiota[J]. *Pharmacol Res*, 2020, 151: 104552.
- [4] ZHENG Y, HUANG C, ZHANG W, et al. Traditional Chinese medicine as an adjunctive therapy improves cardiac function and reduces serum inflammatory markers in patients with chronic heart failure[J]. *Journal of Medical Biochemistry*, 2025, 44(3): 507-514.
- [5] LIN L, XU H, YAO Z, et al. Jin-Xin-Kang alleviates heart failure by mitigating mitochondrial dysfunction through the Calcineurin/Dynamin-Related Protein 1 signaling pathway[J]. *J Ethnopharmacol*, 2024, 335: 118685.
- [6] XU X, YANG Y, ZHOU G, et al. Clinical Efficacy of Qili Qiangxin Capsule Combined with Western Medicine in the Treatment of Chronic Heart Failure: A Systematic Review and Meta-Analysis[J]. *Evid Based Complement Alternat Med*, 2021, 2021: 9761159.
- [7] LI X, LI D, CUI X, et al. A Single-Central, Randomized, Double-Blinded, Placebo-Controlled, Crossover Trial Protocol: A Clinical Effect Evaluation Study on the TCM Comprehensive Intervention Program for Chronic Heart Failure[J]. *Evid Based Complement Alternat Med*, 2021, 2021: 4577139.
- [8] LU Fang, KUANG Haixue, LIU Shumin. Interpretation of “Water in Traditional Chinese Medicine”: Connotation and Therapeutic Theory of Water, Dampness, Phlegm, and Retained Fluid[J]. *World Chinese Medicine*, 2015, 10(12): 1813-1818.
- [9] LUO Yangmin, QU Hua, BAI Ruina, et al. Shi Dazhuo’s Differentiation and Treatment of Chronic Heart Failure Based on “When Blood Does Not Flow Freely, It Becomes Water”[J]. *Chinese Journal of Integrated Traditional and Western Medicine*, 2025, 45(05): 616-618.
- [10] CHEN Shucun. Experience of Master of Traditional Chinese Medicine Lei Zhongyi in Treating Heart Failure[J]. *Journal of Shaanxi University of Chinese Medicine*, 2020, 43(01): 23-25.
- [11] JIN Zheng, WU Wei, PI Jianbin, et al. Experience of Master of Traditional Chinese Medicine Deng Tietao in Differentiating and Treating Heart Failure[J]. *Chinese Journal of Integrated Traditional and Western Medicine*, 2020, 40(06): 754-755.
- [12] HE Xingmei. Clinical Efficacy Observation of Treating Chronic Heart Failure Based on the Theory of “Mutual Nourishment between Heart and Kidney”[D]. *Yunnan University of Chinese Medicine*, 2024.
- [13] CAO Limei, ZHAO Xuan, LI Jie, et al. Effects of Different Compatibility Ratios of Ginseng-Aconite Herb Pair on Myocardial Cell Apoptosis in Rats with Chronic Heart Failure[J]. *Pharmacy and Clinics of Chinese Materia Medica*, 2017, 8(02): 45-48.
- [14] ZHANG Qianqian, SONG Fangfang. Clinical Study on Modified Zhenwu Tang as Adjunctive Therapy for Chronic Heart Failure with Yang Deficiency and Water Overflow Pattern[J]. *Journal of Practical Traditional Chinese Medicine*, 2024, 40(12): 2499-2501.
- [15] LI Xiaoxia, XU Xu, MA Huixia, et al. Advances in Clinical and Experimental Research on the Classical Formula Guizhi Fuling Wan[J]. *Drug Evaluation Research*, 2018, 41(09): 1724-1729.
- [16] LI Jun. Screening of Active Components and Study on Mechanism of Action of Fangji Huangqi Tang against Heart Failure[D]. *Zhejiang University*, 2022.
- [17] YANG Zeqi, SHEN Haoran, GAO Fan, et al. Protective Effect of a Component Combination for Boosting Qi, Warming Yang, Activating Blood Circulation, and Promoting Diuresis on Myocardial Microvascular Injury in Rats with Chronic Heart Failure[J]. *Natural Product Research and Development*: 1-18.
- [18] HAO Xuanxuan, XIE Shiyang, WANG Youping, et al. Study on the Diuretic Effect of Tingli Dazao Xiefei Tang on Rats with Heart Failure after Myocardial Infarction[J]. *Lishizhen Medicine and Materia Medica Research*, 2022, 33(12): 2882-2885.
- [19] ZHU Fangfang, ZHAO Jinlong, GUAN Yiguo. Clinical Observation of Modified Shenling Baizhu San in Treating 40 Cases of Chronic Heart Failure with Qi Deficiency and Blood Stasis Pattern[J]. *Electronic Journal of Clinical Medical Literature*, 2017, 4(26): 5100-5101.
- [20] WU Z L, REN H, LAI W Y, et al. Scleroderma of Poria cocos exerts its diuretic effect via suppression of renal aquaporin-2 expression in rats with chronic heart failure[J]. *J Ethnopharmacol*, 2014, 155(1): 563-571.