

Exploring the TCM Treatment of Spleen-Qi Deficiency and Qi Stagnation Type Chronic Non-Atrophic Gastritis with Erosions Based on the Theory of “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao”

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Abstract: *Chronic non-atrophic gastritis with erosions is a clinically common digestive system disease. Spleen-Qi deficiency with Qi stagnation and deficiency-cold in the Middle Jiao represent one of its most frequent syndrome types. The disease is located in the stomach and closely related to the spleen and liver. Its pathogenesis is characterized by asthenia in origin and sthenia in superficiality, with the root cause being weakness of the spleen and stomach, and the manifestations being Qi stagnation and cold congelation. Centered on the theory of “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao,” this paper systematically elaborates on the TCM diagnostic and therapeutic approach for spleen-Qi deficiency and Qi stagnation type chronic non-atrophic gastritis with erosions. It covers aspects such as theoretical connotation, etiology and pathogenesis, treatment principles and methods, prescription and medication application, and nursing care. The paper emphasizes the simultaneous application of methods including invigorating spleen and supplementing Qi, warming the Middle Jiao and dispelling cold, regulating Qi and harmonizing the stomach, and protecting the gastric mucosa and promoting tissue regeneration, aiming to provide a theoretical basis and practical reference for standardized clinical treatment.*

Keywords: Spleen-Stomach Deficiency-Cold, Qi Stagnation in the Middle Jiao, Spleen-Qi Deficiency and Qi Stagnation, Chronic Non-Atrophic Gastritis with Erosions, Traditional Chinese Medicine Treatment.

1. Introduction

Chronic non-atrophic gastritis with erosions falls under the categories of “stomach pain”, “gastric stuffiness”, “acid regurgitation”, “heartburn”, etc., in Traditional Chinese Medicine (TCM). Its disease location is the stomach, closely related to the spleen, liver, and gallbladder, and it is often associated with diet, emotions, and other factors [1]. Clinically, the main manifestations include epigastric distension and fullness, dull pain relieved by warmth and pressure, belching, poor appetite, and loose stools. Gastroscopy reveals gastric mucosal hyperemia, edema, and erosions. Modern medicine commonly employs acid suppression, mucosal protection, and *Helicobacter pylori* eradication. However, symptoms may persist or recur in some patients, and mucosal repair can be slow. TCM, based on a holistic view and treatment based on syndrome differentiation, posits that the core pathogenesis of this disease often involves weakness of the spleen and stomach, insufficiency of Middle Yang, stagnation of Qi movement, and disturbed ascending and descending functions – i.e., “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao.” Guiding clinical practice with this theory allows for simultaneous reinforcement of vital energy and elimination of pathogens, offering significant advantages in improving symptoms, promoting erosion healing, and reducing recurrence rates.

2. The Connotation of the Theory “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao”

“Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao” is a crucial pathogenic theory in TCM for spleen and stomach disorders. It integrates the characteristics of both deficiency of the spleen and stomach and stagnation of Qi movement, presenting a pattern of deficiency complicated by excess. Its core connotation lies in the interplay between the physiological functions and pathological changes of the spleen and stomach. The stomach and spleen are interior-exteriorly related. The stomach governs reception and decomposition of food and drinks, descending as its normal function; the spleen governs the transportation and transformation of essential substances from food and drinks, ascending as its normal function. Together, they are the acquired foundation of life and the officials in charge of the granary. Physiologically, they cooperate; pathologically, their disease mechanisms influence each other. The spleen and stomach are the acquired foundation and the source of Qi and blood generation. They govern reception, decomposition, transportation, and transformation. Their normal function relies on the warming of spleen-stomach Yang and the smooth flow of Qi. Factors such as inherent spleen-stomach weakness, excessive consumption of raw and cold foods, overexertion, or prolonged illness consuming spleen-stomach Yang can lead to spleen-stomach deficiency-cold. This results in loss of Yang warmth, failure of spleen to transport and transform, failure of stomach to harmonize and descend, and dysfunction of the ascending and descending of Qi in the Middle Jiao. Furthermore, the smooth flow of Qi in the Middle Jiao is closely related to the liver’s function of maintaining free coursing. The liver belongs to Wood, the spleen to Earth. When liver Wood’s free coursing is normal, spleen Earth’s

transportation and transformation are orderly, and Middle Jiao Qi flows smoothly. If the liver fails to maintain free coursing, Qi movement becomes stagnant and may transversely invade the spleen, further aggravating spleen dysfunction and leading to Qi stagnation in the Middle Jiao. This creates the pathological state of “Spleen-Stomach Deficiency-Cold as the Root, Qi Stagnation in the Middle Jiao as the Manifestation.” In summary, the core of the “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao” theory is that spleen-stomach deficiency is the foundation, liver dysfunction is the trigger, Qi stagnation in the Middle Jiao is the key, and liver-spleen disharmony is the core. Its main pathological characteristic is deficiency complicated by excess. This theory reflects not only the physiological and pathological laws of the spleen and stomach themselves but also highlights the mutual generation and restraint relationship between the liver and spleen, providing an important theoretical basis for syndrome differentiation and treatment of spleen-stomach diseases.

3. The Pathological Relationship between “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao” and Spleen-Qi Deficiency and Qi Stagnation Type Chronic Non-Atrophic Gastritis with Erosions

The theory of spleen-stomach deficiency-cold and Qi stagnation in the Middle Jiao highly corresponds with the pathogenesis of spleen-Qi deficiency and Qi stagnation type chronic non-atrophic gastritis with erosions. Spleen-stomach Qi deficiency, prolonged leading to damage of Middle Yang, results in internal deficiency-cold, failure in transportation and transformation, and loss of warm nourishment for the gastric mucosa, thereby weakening its barrier function. This forms the root cause of the disease. Insufficient Yang Qi in the Middle Jiao leads to dysfunction of Qi ascending and descending. Combined with cold congelation causing Qi stagnation and liver Qi invading the stomach, Qi movement becomes obstructed in the Middle Jiao, manifesting as epigastric distension and fullness, belching, and pain. Deficiency-cold and Qi stagnation interact over time, leading to Qi stagnation and blood stasis, damaging the mucosal blood vessels, and eventually forming erosions. This disease is characterized by root deficiency and branch excess, with deficiency-cold as the root, Qi stagnation as the branch, and stasis as a pathological change. The evolution of its pathogenesis aligns perfectly with the “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao” theory, which forms the core basis for syndrome differentiation and treatment. In a clinical study involving 542 patients with chronic gastritis, Ke Yingling [2] et al. found that Middle Deficiency and Qi Stagnation was the main pathogenesis and syndrome type.

4. The Theoretical Basis, Etiology, and Pathogenesis

4.1 Spleen-Stomach Weakness as the Root of Pathogenesis

The spleen governs transportation and transformation; the stomach governs reception. The spleen Qi ascends, stomach

Qi descends, and their harmonious movement regulates Qi. Congenital deficiencies, improper diet, overexertion, prolonged illness leading to deficiency, and medication damage can all consume spleen-stomach Qi, resulting in weakened transportation and transformation and impaired reception. Prolonged Qi deficiency can damage Yang, leading to loss of warmth in the Middle Jiao and the formation of spleen-stomach deficiency-cold. The gastric mucosa loses its nourishment and warmth, laying the internal foundation for the development of erosions.

4.2 Qi Stagnation in the Middle Jiao as the Key Pathogenic Factor

Spleen deficiency leads to weakened transportation and transformation, causing water-dampness retention and Qi obstruction. Cold pathogens cause contraction and stagnation, leading to vessel tension and pain due to blockage. Emotional distress causes liver Qi depression, which transversely invades the stomach, aggravating Qi stagnation. These factors collectively lead to Qi obstruction in the Middle Jiao, resulting in symptoms like distension, fullness, belching, and pain. Prolonged Qi stagnation can impede blood circulation, damaging mucosal blood vessels and leading to erosion formation and bleeding.

4.3 Internal Relationship between Spleen-Qi Deficiency, Qi Stagnation, and Gastric Mucosal Erosions

Spleen deficiency leads to weakened gastric mucosal barrier function and reduced repair capacity. Qi stagnation leads to gastric motility disorders, delayed emptying, and stimulation from reflux. Deficiency-cold can reduce mucosal blood flow and perpetuate inflammation. These three factors interact, forming a pathological cycle of deficiency → cold → stagnation → stasis, which highly corresponds with the endoscopic appearance of mucosal erosions. Shan Zhaowei believes that based on the modern medicine pathogenesis mechanism, adding acid-suppressing and mucosa-protecting agents can improve patient symptoms. However, treatment should select Chinese medicinals without the aforementioned side effects, such as using cuttlebone and fritillaria for acid suppression and pain relief [3].

5. Core Treatment Principles

Shang Fulin [4] et al. believe that “deficiency” and “cold” are the main pathogenic mechanisms of non-atrophic gastritis. Therefore, using warm and acrid medicinals can significantly improve the cure rate of chronic non-atrophic gastritis caused by spleen-stomach deficiency-cold. As spleen-stomach deficiency-cold is the root of this disease, treatment requires warming the Middle Jiao and invigorating the spleen to restore the warming, transportation, and transformation functions of spleen-stomach Yang, enabling a healthy spleen, harmonious stomach, and active ascending and descending of Middle Jiao Qi. Liver Qi depression and stagnation in the Middle Jiao are the branch manifestations, so treatment also requires soothing the liver and regulating Qi to restore the liver’s free coursing function and relieve the adverse effects of liver Qi invasion. Concurrently, harmonizing the stomach and directing Qi downward restores the normal ascending and descending order of Middle Jiao Qi. These three aspects

complement each other: warming the Middle and invigorating the spleen nourishes the Wood, soothing the liver and regulating Qi frees the Earth, and harmonizing the stomach and directing Qi downward resolves stagnation. Together, they achieve simultaneous treatment of both root and branch manifestations. Simultaneously, attention should be given to protecting the mucosa, promoting tissue regeneration, astringing, and healing ulcers to facilitate erosion repair.

6. Key Points for Syndrome Differentiation

Main symptoms include epigastric distension and fullness or dull pain, aggravated by fatigue, cold exposure, or consumption of raw/cold foods, relieved by warmth and pressure (preferring warmth and pressure), frequent belching, worsened distension after eating, poor appetite, fatigue, lack of strength, loose or unformed stools, vomiting of clear fluid, and a tasteless mouth without thirst. According to Wang Yanan [5] et al., the tongue is typically pale or pale and swollen with tooth marks and a thin white or white greasy coating. The pulse is thready and weak, deep and slow, or wiry and thready. Gastroscopic findings include mucosal erythema (patchy, spotted, or striped), rough and uneven mucosa, bleeding spots (or patches), possibly accompanied by mucosal edema, bleeding, or exudation.

7. Basic Prescription

Modified based on Wumei Wan (Mume Pill): Originating from the Shanghan Lun (Treatise on Cold Damage), Wumei Wan consists of ten herbs: Mume, Asarum, Dried Ginger, Coptis, Chinese Angelica, Prepared Aconite, Zanthoxylum, Cassia Twig, Ginseng, and Phellodendron. It is characterized by its combined use of cold and hot herbs, supplementation and drainage, and harmonization of Yin and Yang. It is a classic formula for treating diarrhea. In this formula, Prepared Aconite, Asarum, Dried Ginger, Zanthoxylum, and Cassia Twig warm and free the Yang Qi of the spleen and stomach. Coptis and Phellodendron, being bitter-cold, dry dampness. Ginseng and Chinese Angelica invigorate the spleen and supplement Qi. Mume astringes to stop diarrhea. Fructus Aurantii and Amomum Villosum promote Qi movement and relieve distension in the Middle Jiao.

8. Modifications Based on Symptoms

Clinical modifications are essential to tailor the prescription to the patient's specific presentation: Marked distension and fullness due to Qi stagnation: Add *Magnolia officinalis* (Houpo), *Fructus Aurantii* (Zhiqiao), or *Caulis Perillae* (Sugeng). Severe pain due to cold: Add *Cinnamomum cassia* (Rougui) or *Evodia rutaecarpa* (Wuzhuyu). Obvious acid regurgitation: Add calcined Arca shell (Duan Walengzi) or *Fritillaria thunbergii* (Zhebeimu). Non-healing erosions: Add *Bletilla striata* (Baiji) or Panax notoginseng powder (Sanqi fen). Severe loose stools: Add stir-fried Coix seed (Chao Yiyiren) or *Zingiberis preparatum* (Paogan). Poor appetite and significant postprandial fullness: Add stir-fried hawthorn, medicated leaven, and malt (Jiao Sanxian) or *Raphanus sativus* seed (Laifuzi) to promote digestion and relieve food stagnation.

9. Representative Case Example

A 53-year-old male patient presented on November 10, 2025, complaining of intermittent stomach pain and diarrhea for three years. The diarrhea began three years ago without apparent cause. He had taken Guchang Zhixie Wan and other Chinese medicinals, which improved symptoms temporarily, but they recurred upon stopping medication. Current symptoms: Diarrhea, 2-3 times daily, unformed, sticky stools. Periumbilical pain in the evening, relieved after defecation. Frequent flatulence. Dry mouth and bitter taste in the morning. White phlegm in the throat, easily expectorated. Fatigue, aversion to cold. Appetite is normal. Poor sleep at night, with frequent dreaming and sleep deficiency, difficulty returning to sleep after waking. Urination is normal. Tongue is red with a thick, greasy coating, tooth marks on the edges, and dark purple, tortuous sublingual veins. Pulse is thready and rapid. He underwent gastroscopy at Qianxian County Traditional Chinese Medicine Hospital on December 1, 2024, which diagnosed chronic non-atrophic gastritis with erosions. A *H. pylori* test (carbon-14 urea breath test) at Xi'an Electric Power Central Hospital on October 17, 2025, was positive. Medical history includes hypertension for 4 years (taking Telmisartan) and hyperlipidemia for 1 year (taking Compound Danshen Tablets and Atorvastatin Calcium Tablets, irregularly). He has a 14-year smoking history but quit 3 years ago.

Syndrome Differentiation: Spleen-Stomach Deficiency-Cold, Qi Stagnation in the Middle Jiao.

Treatment Principle: Warm the Middle Jiao and invigorate the spleen, soothe the liver and regulate Qi, astringe to stop diarrhea.

Prescription: Modified Wumei Wan.

Ingredients: Mume (Wumei) 12g, Coptis (Huanglian) 12g, Phellodendron (Huangbai) 12g, Dried Ginger (Paojiang) 12g, Prepared Aconite (Heishunpian) 12g, Cassia Bark (Rougui) 10g, Ginseng (Renshen) 12g, Panax notoginseng powder (Sanqi fen) 3g (taken mixed with the decoction), stir-fried *Atractylodes macrocephala* (Fuchaobaizhu) 15g, Poria (Fuling) 15g, *Amomum villosum* (Sharen) 12g (added near the end), roasted *Myristica fragrans* (Weiroudoukou) 12g, *Portulaca oleracea* (Machixian) 30g, *Santalum album* (Tanxiang) 15g. 7 doses, decocted in water for oral administration, one dose daily, divided into two warm doses (morning and evening). The patient was advised to maintain a cheerful mood, eat warm and easily digestible foods, and avoid raw, cold, and greasy items. Follow-up over 3 months showed no recurrence and no worsening of symptoms.

Analysis: In this case, the patient had a constitution of spleen-stomach deficiency-cold. Emotional disharmony led to liver Qi depression, which transversely invaded the spleen, causing Qi stagnation in the Middle Jiao. This aligns precisely with the pathogenesis of "Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao." Therefore, a modified Wumei Wan was used to warm the Middle and invigorate the spleen, soothe the liver and regulate Qi, and astringe to stop diarrhea. Combined with emotional and dietary guidance, this

approach treated both root and branch simultaneously, regulated the liver and spleen together, ultimately achieving a satisfactory therapeutic effect.

10. Discussion

Spleen-Qi deficiency and Qi stagnation type chronic non-atrophic gastritis with erosions has spleen-stomach deficiency-cold and Qi stagnation in the Middle Jiao as its core pathogenesis, with root deficiency and branch excess being its fundamental characteristic. Clinically, treatment should not solely focus on regulating Qi or dispelling cold; greater emphasis must be placed on invigorating the spleen, supplementing Qi, warming the Middle, and consolidating the root. Likewise, one should not exclusively use potent tonics, as this may obstruct Qi movement. Treatment should adhere to principles such as invigorating the spleen without causing stagnation, warming the Middle without damaging Yin, regulating Qi without harming vital Qi, and protecting the mucosa without retaining pathogens. Combining oral medication with external therapies and appropriate nursing care can significantly enhance clinical efficacy, promote gastric mucosal repair, and reduce recurrence.

11. Conclusion

Spleen-Qi deficiency and Qi stagnation type chronic non-atrophic gastritis with erosions is characterized by spleen-stomach deficiency-cold as the root and Qi stagnation in the Middle Jiao as the branch. Its core pathogenesis involves deficiency complicated by excess, cold congelation, and Qi stagnation. This highly aligns with the modern medical understanding of impaired gastric mucosal barrier function, motility disorders, and chronic inflammation. Guided by the theory of “Spleen-Stomach Deficiency-Cold and Qi Stagnation in the Middle Jiao,” the clinical treatment establishes the basic therapeutic methods of invigorating the spleen and supplementing Qi, warming the Middle Jiao and dispelling cold, regulating Qi and harmonizing the stomach, and protecting the mucosa and promoting tissue regeneration. This approach simultaneously addresses the deficiency of Middle Yang Qi and the substantial block of Qi stagnation, while also attending to the repair of mucosal erosions. Regarding formula composition, classic formulas like Wumei Wan, which combine cold and hot herbs, embody the treatment principles of warming and tonifying without causing stagnation, regulating Qi without harming healthy energy, and protecting the mucosa without retaining pathogens. Combined with comprehensive interventions such as external therapies and nursing care, this strategy can effectively improve patients’ symptoms like epigastric distension, dull pain, and loose stools, promote the healing of gastric mucosal erosions, and reduce disease recurrence rates.

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