

Exploring the Pathogenetic Characteristics and Therapeutic Strategies of Yu Syndrome Based on the Theory that “The Liver is Yin in Substance and Yang in Function”

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Abstract: *Yu syndrome (depressive disorder) is a common clinical condition characterized by emotional disturbance, the pathogenesis of which is closely associated with dysregulation of emotions and impaired hepatic dispersion and coursing. With changes in modern lifestyles and increasing psychosocial stressors, the incidence of Yu syndrome has risen steadily. Clinically, its pathogenesis is often complex, prone to chronicity, and liable to recurrence. Current understanding predominantly attributes the disorder to liver qi stagnation; however, treatment strategies focused solely on soothing the liver and relieving stagnation have shown inconsistent efficacy in some patients, suggesting that deeper pathomechanisms warrant further exploration. In traditional Chinese medicine (TCM), the liver governs dispersion and regulates emotional activities. The theory that “the liver is yin in substance and yang in function” elucidates the intrinsic relationship between body (ti) and function (yong) of the zang-fu organs, proposing that the liver is rooted in yin-blood as its substance while manifesting dispersion and ascending movement as its functional aspect. This theoretical framework provides a critical perspective for refining the understanding of emotional disorders associated with the liver system. Based on a systematic review of the theoretical connotations of “the liver is yin in substance and yang in function,” and in consideration of the etiological and pathodynamic characteristics of Yu syndrome, this paper reexamines the onset, progression, and transformation of Yu syndrome from the perspective of imbalance between liver substance and liver function. Furthermore, it explores corresponding principles of pattern differentiation and therapeutic strategies. The aim is to enrich the theoretical understanding of the pathogenesis of Yu syndrome and to optimize clinical treatment approaches.*

Keywords: Liver being yin in substance and yang in function, Yu syndrome, Impaired hepatic dispersion and coursing, Emotional disorders, Pattern differentiation and treatment principles.

1. The Theoretical Connotation and Origin of the Concept that “the Liver Is Yin in Substance and Yang in Function”

Yu syndrome is a category of emotional disorder primarily characterized by depressed mood, low vitality, and distending discomfort in the chest and hypochondrium [1]. In modern medicine, it is generally classified within the spectrum of psychiatric conditions such as depressive and anxiety disorders. With the acceleration of social rhythms and the increasing prevalence of psychosocial stressors, the incidence of Yu syndrome has shown a year-by-year rise, with a trend toward younger onset [2]. It has become an important public health issue affecting both mental and physical well-being.

At present, conventional medical management of Yu syndrome mainly relies on pharmacotherapy and psychological interventions. Although these approaches can alleviate symptoms to a certain extent, long-term medication is often associated with adverse effects and the risk of dependence. Moreover, therapeutic efficacy may be unstable in some patients, and recurrence rates remain relatively high. In contrast, traditional Chinese medicine (TCM), guided by a holistic perspective and pattern differentiation-based treatment, emphasizes harmonization of the zang-fu organs and the balance of yin and yang. It demonstrates potential advantages in improving emotional symptoms and reducing recurrence risk.

Historically, TCM physicians have generally attributed the development of Yu syndrome to emotional dysregulation, with the liver as the primary locus of pathology. The fundamental pathomechanism is considered to be impaired hepatic dispersion and stagnation of qi [3]. The liver governs dispersion and ensures the free flow of qi throughout the body, playing a pivotal role in emotional regulation. When liver qi flows smoothly, qi dynamics are harmonized and emotional activities are regulated; when liver qi stagnates, qi movement becomes obstructed, leading to emotional disturbance. Consequently, regulating the liver has become a central therapeutic principle in the treatment of Yu syndrome. However, clinical observations indicate that the pathogenesis of Yu syndrome does not invariably remain at the level of simple liver qi stagnation. In protracted cases, complex patterns often emerge, characterized by a mixture of deficiency and excess or intermingling of cold and heat. Notably, insufficiency of liver yin and depletion of yin-blood, leading to dysfunction of the liver's functional activity, are frequently observed. If treatment focuses solely on soothing the liver and relieving stagnation, the therapeutic effect may be unsustainable in some patients and may even aggravate underlying deficiency. These considerations suggest that the pathogenesis of Yu syndrome warrants deeper theoretical elucidation.

The theory that “the liver is yin in substance and yang in function” derives from the body-function (ti-yong) relationship of the zang-fu organs. It emphasizes that the

liver's dispersing function depends upon yin-blood as its material foundation, thereby providing an essential theoretical framework for explaining the internal mechanisms underlying liver disorders. Reexamining the pathogenesis of Yu syndrome from this perspective facilitates a systematic understanding of its onset, progression, and transformation in terms of imbalance between substance and function, and offers a renewed theoretical basis for optimizing pattern differentiation and therapeutic strategies.

1.1 Classical Origins of the Theory that “the Liver Is Yin in Substance and Yang in Function”

The theory that “the liver is yin in substance and yang in function” did not arise in isolation; rather, it gradually evolved into a systematic framework through successive generations of physicians who deepened their understanding of the liver's physiological characteristics and pathological transformations, while continually refining clinical experience. Although the term itself does not explicitly appear in the Huangdi Neijing (Yellow Emperor's Inner Canon), its foundational concepts are embedded in multiple discussions within the text, which collectively laid the essential theoretical groundwork for the later formalization of this doctrine.

The Suwen: Liujie Zangxiang Lun states, “The liver is the general of the army, from whom strategy and deliberation arise” [4], highlighting the liver's role in governing dispersion, regulating the qi dynamic, and presiding over emotional and cognitive activities. Meanwhile, the Suwen: Wuzang Shengcheng Lun notes, “When a person lies down, blood returns to the liver” [5], explicitly identifying blood storage as a central physiological function of the liver and underscoring its pivotal role in maintaining yin-blood. Taken together, these discussions in the Inner Canon elucidate the liver's physiological characteristics from two complementary dimensions: functional activity and material foundation. Although the classical text does not explicitly articulate the distinction between substance (ti) and function (yong), its theoretical implications already suggest a body–function relationship in which the liver takes yin-blood as its substance and dispersion and ascending movement as its functional expression.

During the Song, Jin, and Yuan dynasties, physicians progressively incorporated the conceptual framework of “substance and function” (ti–yong) into the construction of zang-fu theory, employing it as an important methodological approach for interpreting organ physiology and pathology. This shift enabled a transition from isolated functional descriptions toward a more integrated structural understanding grounded in the interrelationship between substance and function [6]. Building upon this foundation, physicians of the Ming and Qing dynasties, informed by clinical observation, further recognized that the liver's dispersing function depends on the nourishment of yin-blood. When deprived of adequate yin-blood, the liver may manifest dysfunction of dispersion or, conversely, hyperactivity of dispersing function. Consequently, notions such as “the liver substance is often deficient” and “the liver function is often excessive” were proposed. These insights deepened the understanding of hepatic physiology and pathology from the perspective of substance–function dynamics and laid a solid

theoretical basis for the later explicit formulation and systematic elaboration of the theory that “the liver is yin in substance and yang in function.”

1.2 The Theoretical Connotation and Physiological Basis of the Liver as Yin in Substance

The designation of the liver as yin in substance primarily refers to its material foundation in liver blood and liver yin. The liver stores blood, thereby nourishing the sinews and vessels and moistening the eyes; in addition, it provides an essential material basis for mental and emotional activities. The Lingshu: Wuzang Shengcheng Pian states, “The liver stores blood, and blood houses the hun (ethereal soul)” [7], emphasizing that the hun resides in blood. When blood is abundant, the hun is securely housed, the spirit remains internally anchored, and emotional activities are harmonious. Conversely, when liver blood is deficient, the hun lacks its residence, predisposing to emotional instability and related pathological manifestations.

From the perspective of yin–yang classification, blood pertains to yin. Since the storage of blood constitutes the liver's fundamental physiological characteristic, this determines its essential attribute as yin in substance. Although the liver's primary functional expressions are dispersion and ascending movement—features associated with yang activity—the proper execution of these functions depends upon adequate nourishment by yin-blood. When liver blood or liver yin becomes deficient, the liver substance is inadequately nourished, impairing the coordination of its dispersing function and potentially triggering a cascade of pathological changes.

Clinically, many liver-related disorders are accompanied by varying degrees of liver blood or liver yin insufficiency. This observation suggests that deficiency of liver yin-substance is not merely a secondary pathological outcome but rather a common and significant internal basis in the onset and progression of liver diseases. Historical physicians have also asserted that “the liver is a firm (yang-active) organ whose yin substance is often insufficient,” encapsulating the liver's predisposition toward yin–yang imbalance from the standpoint of substance–function dynamics. This understanding provides an important theoretical foundation for later therapeutic approaches that emphasize nourishing liver substance and harmonizing the relationship between substance and function in the treatment of liver disorders.

1.3 Functional Characteristics and Pathological Significance of the Liver as Yang in Function

The liver is regarded as yang in function, a characteristic primarily manifested in its roles of dispersion and ascending movement. Dispersion refers to the capacity for free coursing and regulation, encompassing the harmonization of qi dynamics, promotion of blood circulation, and coordination of zang-fu activities. Ascending movement denotes the liver's tendency toward growth and upward, outward expansion, enabling the qi dynamic to unfold smoothly and freely. These features are inherently dynamic and proactive, corresponding to the physiological attributes of yang. When the liver's dispersing and ascending functions operate normally, qi flows

harmoniously and emotional activities remain regulated [8]. When liver function becomes dysregulated, however, pathological states of either insufficiency or excess of dispersion may arise.

Insufficient dispersion is typically characterized by impaired qi movement, clinically manifesting as depressive mood, distending pain or fullness in the chest and hypochondrium, and related symptoms. Excessive dispersion, by contrast, may lead to constraint transforming into fire or even stirring of internal wind, often presenting with irritability, agitation, and emotional volatility. Thus, the classification of liver function as yang not only reflects the fundamental features of hepatic activity but also constitutes an important pathological basis for the diverse clinical manifestations of liver-related disorders.

The core of the theory that “the liver is yin in substance and yang in function” lies in its elucidation of the dynamic unity between substance (ti) and function (yong). Liver substance serves as the foundation of function, while liver function represents the outward expression of substance; the two are mutually dependent and mutually restraining. When liver yin-substance is sufficient, liver yang-function remains rooted and restrained, preventing aberrant activity. When liver yin is deficient, functional yang loses its moderation, becoming prone to hyperactivity and disturbance, thereby generating pathological change. The resulting patterns of disharmony may present as deficiency of substance with hyperactivity of function, deficiency of substance with weakened function, or concurrent impairment of both substance and function. Each imbalance pattern corresponds to distinct clinical features and exerts significant influence on strategies for pattern differentiation and treatment selection.

From a clinical standpoint, therapeutic approaches that focus solely on soothing the liver and regulating qi, while neglecting the nourishment of liver yin and blood, often fail to achieve stable and lasting efficacy and may even aggravate underlying deficiency. Therefore, the theory of “the liver as yin in substance and yang in function” not only synthesizes the intrinsic laws governing hepatic physiology and pathology but also carries important methodological implications. Its essential principle is that strategies for dispersing the liver and regulating qi should be moderated to avoid excessive acid-dispersing measures that may damage liver substance; likewise, nourishing liver yin should be combined with appropriate methods of facilitating qi movement to prevent stagnation of function. The coordinated regulation of substance and function—supplementation integrated with facilitation—constitutes the core therapeutic concept guiding the management of emotion-related disorders, particularly Yu syndrome. This framework contributes to a more refined understanding of pathogenesis and supports the implementation of more precise and individualized clinical interventions.

2. Traditional Understanding of the Etiology and Pathogenesis of Yu Syndrome and Its Limitations

2.1 Emotional Dysregulation and Liver Qi Stagnation

The onset of Yu syndrome is commonly initiated by emotional dysregulation. In traditional Chinese medicine (TCM), emotional activities are considered closely intertwined with the functional dynamics of the zang-fu organs. Excessive or prolonged disturbances of the seven emotions may disrupt the normal movement of qi. The *Suwen: Jutong Lun* states, “All diseases arise from qi” [9], underscoring the pivotal role of qi dysregulation in the development and progression of various disorders. The liver governs dispersion and regulates the ascending, descending, exiting, and entering of qi, functioning as a central pivot in maintaining the smooth flow of qi throughout the body. Consequently, it is particularly vulnerable to impairment under conditions of emotional disturbance.

In the context of modern society, characterized by accelerated life rhythms and persistent psychosocial stressors, negative emotional states such as worry, anger, and depression frequently occur in a sustained or recurrent manner. These factors readily impede the liver’s dispersing function, leading to internal generation of liver qi stagnation, which constitutes a key internal trigger for the development of Yu syndrome. Emotional injury often accumulates progressively; its pathological transformation typically begins with qi stagnation, subsequently affecting the circulation of qi and blood and eventually disturbing the balance of yin and yang. This progression lays the groundwork for the increasing complexity observed in the pathogenesis of Yu syndrome.

2.2 Evolutionary Characteristics of Qi Stagnation in the Pathogenesis

The liver governs dispersion and regulates the ascending, descending, exiting, and entering of qi, serving as a key organ in the modulation of emotional activities. When emotional dysregulation occurs, liver qi is typically the first to be affected. Impairment of its dispersing function leads to obstruction of qi movement, forming the most fundamental pathological change in Yu syndrome. In the early stage, the disorder is predominantly characterized by qi stagnation, with common clinical manifestations including depressed mood, distending discomfort in the chest and hypochondrium, and frequent sighing—all indicative of impaired qi flow.

As the disease course becomes prolonged, the impact of qi stagnation is no longer confined to the liver itself. Through disruption of the normal ascending and descending dynamics of qi, pathological changes may extend to other organs. When liver qi overacts on the spleen (wood overacting on earth), the spleen’s function of transformation and transportation becomes impaired, resulting in symptoms such as poor appetite and abdominal distension. If qi stagnation persists and transforms into fire, disturbing the heart spirit, manifestations such as irritability, restlessness, insomnia, and excessive dreaming may arise. These patterns illustrate that qi stagnation tends to evolve from a localized disturbance of a single organ to a systemic imbalance involving multiple zang-fu organs.

In summary, qi stagnation resulting from impaired liver dispersion constitutes one of the core mechanisms underlying the onset and progression of Yu syndrome. It not only permeates the entire disease course but also serves as a central

internal mechanism for the emergence of multisystem manifestations. Furthermore, it establishes the pathological foundation for subsequent disturbances of qi and blood circulation and for the eventual imbalance of yin and yang.

2.3 Disharmony of Qi, Blood, Yin, and Yang and the Increasing Complexity of Pathogenesis

As the course of Yu syndrome becomes prolonged and qi stagnation persists, the circulation of qi and blood and the balance of yin and yang are inevitably affected. On the one hand, qi is the commander of blood; when qi movement is constrained, blood circulation becomes impaired, and over time this may lead to the internal generation of blood stasis [10]. On the other hand, enduring emotional constraint consumes qi, blood, and body fluids internally, gradually weakening the body's vital qi. Consequently, the pathogenesis of Yu syndrome often evolves from an initial excess pattern dominated by qi stagnation to a mixed pattern of deficiency and excess. Clinically, patients may present with fatigue, poor memory, lusterless complexion, red tongue with scant fluids, and related signs, indicating varying degrees of depletion of qi, blood, and yin fluids. At this stage, treatment strategies focused solely on soothing the liver and regulating qi may further damage vital qi, contributing to chronicity and recurrence.

Transformation of prolonged qi stagnation into fire represents another common stage in the evolution of Yu syndrome. Internally generated constraint-fire may disturb the heart spirit, manifesting as irritability, anxiety, and restlessness. Fire and heat may also consume body fluids, further injuring liver yin. When liver yin becomes deficient, yang loses its restraint, giving rise to a pattern of yin deficiency with yang hyperactivity. Clinically, such patients often exhibit alternating depression and irritability, or daytime depression with nighttime agitation, characterized by marked symptom fluctuation and increased therapeutic difficulty. The mutual interaction between constraint-fire and depletion of yin-blood — each serving as both cause and consequence — gradually gives rise to a complex pathological state involving intermingled deficiency and excess, as well as the coexistence of cold and heat.

The pathogenesis of Yu syndrome thus demonstrates clear holistic and stage-specific features. In the early stage, liver qi stagnation predominates, with manifestations such as emotional depression and distending pain in the chest and hypochondrium. As the disease progresses, patterns such as qi stagnation with blood stasis or combined injury of qi and yin may emerge. In later stages, yin deficiency with yang hyperactivity and mixed deficiency–excess patterns are frequently observed, often accompanied by pronounced emotional fluctuation. Throughout its evolution, the liver remains the core organ involved, while the heart, spleen, kidney, and other zang-fu organs may also become affected. Therefore, Yu syndrome cannot be understood merely as a disorder of emotional dysregulation; rather, it represents a systemic imbalance of qi, blood, yin, and yang. Grasping its dynamic and progressive transformation is a crucial prerequisite for further elucidating its pathogenesis from the perspective of substance–function relationships and for guiding more precise and stage-appropriate clinical

interventions.

3. Reinterpretation of the Pathogenesis of Yu Syndrome Based on the Theory that “the Liver Is Yin in Substance and Yang in Function”

3.1 The Foundational Role of Liver Yin-Substance Deficiency in the Onset and Progression of Yu Syndrome

The liver pertains to yin in substance, with liver blood and liver yin constituting its material foundation. The liver stores blood and houses the hun (ethereal soul). As stated in the *Lingshu*: Wuzang Bielun, “The liver stores blood, and blood houses the hun” [11], indicating that the hun depends on blood for its residence. When liver blood is abundant, emotional activities remain internally regulated and do not become excessive or disordered. However, frequent and poorly regulated emotional fluctuations not only lead to liver qi stagnation but may also covertly deplete liver blood and liver yin, resulting in gradual deficiency of liver substance.

In the context of modern society, emotional stressors such as excessive worry and anger often occur in a persistent or recurrent manner. Over time, these factors tend to consume yin-blood. When liver yin-substance becomes deficient, the hun loses its nourishment, and the capacity for emotional regulation weakens. Clinically, this may manifest as low mood, diminished interest, excessive rumination, and other common features of Yu syndrome. Some patients may also present with signs of liver blood and liver yin deficiency, including a lusterless complexion, dry eyes, red tongue with scant fluids, and a thready pulse, further indicating that insufficiency of liver substance plays a significant role in the development and progression of the disorder.

From the perspective of substance–function dynamics, deficiency of liver yin-substance is not merely a secondary consequence but a fundamental internal basis in the pathogenesis of Yu syndrome. As the disease course becomes prolonged, this deficiency may progressively worsen, further impairing the liver's dispersing function and contributing to a pattern characterized by recurrence and chronicity. Thus, although Yu syndrome is clinically defined by “constraint,” its pathomechanism extends beyond simple qi stagnation. The foundational role of liver yin-substance deficiency warrants greater attention and deeper exploration within the framework of substance–function relationships.

3.2 Dysfunction of Liver Function and Emotional Disturbance: A Substance–Function Analysis

Liver function pertains to yang, primarily manifesting as dispersion, free coursing, and ascending movement. When liver yin-substance is abundant, functional yang remains properly rooted and restrained, ensuring smooth qi movement and harmonized emotional expression. However, when liver yin is deficient and fails to restrain yang, liver function may lose regulatory balance. The dispersing activity may become insufficient or, conversely, ascending movement may become relatively hyperactive. As a result, the normal ascending, descending, entering, and exiting dynamics of qi are disrupted,

constituting a key pathological link in the emotional disturbances observed in Yu syndrome.

Clinically, dysfunction of liver function may present in different forms. In some patients, particularly in the early stage of the disorder, insufficient dispersion predominates, manifesting as depressed mood, chest oppression, frequent sighing, and emotional constraint—signs indicative of impaired functional expression of the liver. In other cases, yin deficiency fails to anchor yang, leading to relative hyperactivity of liver function, with manifestations such as irritability, anxiety, emotional volatility, and marked mood fluctuations. Although these emotional presentations differ in emphasis, they represent distinct expressions of liver functional dysregulation under varying patterns of substance–function imbalance.

From the perspective of substance–function dynamics, dysfunction of liver function does not arise in isolation; rather, it is frequently rooted in insufficiency of liver yin-substance. When liver substance is inadequately nourished, liver function loses its material foundation, and its dispersing activity cannot remain properly coordinated, resulting in diminished capacity for emotional regulation. Therefore, dysregulation of liver yang-function constitutes a central mechanism underlying the complex and heterogeneous emotional manifestations of Yu syndrome and represents a pivotal stage in the progression of pathogenesis from isolated qi disturbance to a broader imbalance between substance and function.

3.3 Dynamic Evolution of the Pathomechanism: Liver Yin-Substance Deficiency and Hyperactivity of Liver Yang-Function

As the disease course of Yu syndrome becomes prolonged, its pathogenesis often demonstrates a dynamic transition from isolated disturbance of qi movement to a broader imbalance between substance and function. With persistent deficiency of liver yin-substance, yin fails to restrain yang, leading to relative hyperactivity of liver yang-function. The dispersing activity becomes poorly regulated, and the ascending, descending, entering, and exiting dynamics of qi grow disordered. Clinically, emotional manifestations may shift from predominant depression (“constraint”) to irritability or agitation, reflecting a transformation from inhibition to restlessness [12]. These changes suggest that the pathogenesis has evolved from a stage primarily characterized by qi stagnation to a more complex state centered on yin–yang disequilibrium.

At this stage, therapeutic approaches that continue to emphasize soothing the liver and relieving constraint while neglecting nourishment of liver yin-substance may further deplete yin-blood. This, in turn, aggravates deficiency of liver substance and intensifies hyperactivity of liver function, perpetuating a cycle of recurrent exacerbation. Thus, the evolution of Yu syndrome commonly follows a trajectory in which qi stagnation arises initially, yin deficiency gradually emerges, and yang hyperactivity subsequently develops, ultimately resulting in a pattern of intermingled deficiency and excess. Throughout this process, imbalance between liver substance and liver function is mutually reinforcing and

causally intertwined, fully reflecting the dynamic and complex nature of the disorder’s pathogenesis.

from the perspective of the theory that “the liver is yin in substance and yang in function,” the onset and progression of Yu syndrome can be systematically understood as a process of substance–function imbalance. In the early stage, dysfunction of liver function and qi stagnation predominate. As the disease persists, progressive depletion of liver yin-blood leads to increasingly evident yin–yang disequilibrium. In later stages, complex pathological patterns such as yin deficiency with yang hyperactivity, mixed deficiency and excess, and intermingled cold and heat frequently emerge. This theoretical framework helps elucidate the internal logic underlying the evolution of Yu syndrome and provides important guidance for identifying stage-specific pathological priorities and formulating rational, pattern-based therapeutic strategies in clinical practice.

4. Pattern Differentiation and Treatment Strategies for Yu Syndrome Based on Imbalance Between Liver Yin-Substance and Yang-Function

4.1 Therapeutic Principles: Simultaneous Regulation of Substance and Function, with Concurrent Attention to Root and Manifestation

Guided by the theory that “the liver is yin in substance and yang in function,” the treatment of Yu syndrome should be approached from the perspective of the integrated relationship between liver substance and liver function. Liver substance pertains to yin, with liver blood and liver yin serving as its material foundation; liver function pertains to yang, manifested through dispersion and ascending movement. Although Yu syndrome is often clinically characterized by emotional dysregulation and dysfunction of liver function, its underlying pathomechanism is frequently rooted in insufficient nourishment of liver yin-substance.

Accordingly, therapeutic strategies should not focus solely on soothing the liver and relieving constraint. Rather, they should adhere to the principle that “substance constitutes the root, function represents the manifestation; substance and function should be regulated simultaneously, with attention to both root and branch.” From a clinical perspective, exclusive reliance on dispersing the liver and regulating qi may alleviate emotional symptoms to some extent; however, prolonged use of acrid-dispersing medicinals may further deplete liver yin-blood, contributing to recurrence and chronicity. Conversely, excessive emphasis on nourishing liver yin while neglecting the regulation of qi movement may constrain liver function and compromise therapeutic efficacy.

From the standpoint of substance–function dynamics, coordinated regulation of both aspects represents the concrete application of the “liver yin-substance and yang-function” theory in the management of Yu syndrome. It is also a crucial prerequisite for achieving stable and sustained therapeutic outcomes. Only by nourishing liver substance while appropriately facilitating liver function can qi movement be restored, yin and yang gradually rebalanced, and a clear

guiding framework established for subsequent pattern-based treatment decisions.

4.2 Common Pathomechanistic Patterns and Key Points of Pattern-Based Treatment

Yu syndrome presents with diverse clinical manifestations, and its pathogenesis often evolves in a complex manner. Guided by the theory that “the liver is yin in substance and yang in function,” common pathomechanistic patterns may be categorized according to differing emphases in the imbalance between liver substance and liver function, thereby informing clinical pattern differentiation and therapeutic decision-making.

(1) Predominant Liver Yin-Substance Deficiency

This pattern is frequently observed in patients with a prolonged disease course and persistent depressive symptoms. Chronic emotional depletion gradually consumes liver blood and liver yin, leading to inadequate nourishment of the hun and insufficiency of liver substance. Although liver yang-function may not yet be markedly hyperactive, its dispersing capacity becomes weakened. Clinically, patients often present with low mood, diminished interest, fatigue, insomnia with excessive dreaming, and related features. These are commonly accompanied by signs of liver blood and liver yin deficiency, such as dry eyes, lusterless complexion, red tongue with scant fluids, and a thready pulse.

The therapeutic principle should focus on nourishing liver yin, enriching blood, and softening the liver to restore adequate substance and thereby reestablish normal dispersing function. Medicinals with sweet, cool, and moistening properties are generally appropriate. When necessary, methods for calming the spirit may be incorporated to stabilize emotional activity. Excessive use of acrid-dispersing herbs should be avoided, as they may further deplete yin-blood and impede recovery.

(2) Predominant Constraint of Liver Yang-Function (Qi Stagnation Pattern)

This pattern is more commonly seen in patients with a relatively short disease course or with pronounced recent emotional stress. The primary pathomechanism involves impaired liver dispersion and qi stagnation, while liver yin-substance and blood remain largely intact. Typical manifestations include distending discomfort in the chest and hypochondrium, depressive mood, frequent sighing, and recurrent belching. The tongue coating is usually thin, and the pulse wiry.

Treatment should primarily aim to soothe the liver, relieve constraint, and regulate qi movement. However, it is essential to incorporate mild nourishing strategies within dispersing methods to prevent injury to liver substance. Through an approach of “nourishment within dispersion,” qi stagnation can be relieved while reducing the risk of transformation from an excess pattern to one complicated by deficiency, thereby maintaining relative harmony between liver substance and function.

(3) Concurrent Liver Yin Deficiency and Hyperactivity of

Liver Yang-Function

This pattern is relatively common in clinical practice and is often more challenging to manage. Its core mechanism lies in prolonged deficiency of liver yin-substance, resulting in failure of yin to restrain yang. Consequently, liver yang-function becomes relatively hyperactive, and dispersing activity loses proper regulation. Clinically, patients may exhibit coexisting depression and irritability, pronounced emotional lability, insomnia with excessive dreaming, and, in some cases, palpitations or dizziness.

Treatment should adhere to the principle of nourishing yin and subduing yang while simultaneously soothing the liver and calming the spirit, addressing both root and manifestation. On the one hand, liver yin should be replenished to restrain hyperactive yang; on the other, moderate regulation of qi movement is necessary to restore functional coordination. Only through simultaneous adjustment of substance and function can emotional fluctuation be alleviated and relatively stable therapeutic outcomes be achieved.

4.3 Regulatory Strategies and Coordinated Modulation of Related Zang-Fu Organs

Although the liver represents the primary locus of Yu syndrome, its pathomechanistic evolution frequently involves the heart, spleen, and kidney, among other organs [13]. Prolonged deficiency of liver yin-substance may eventually affect kidney yin; dysfunction of liver dispersion, with rebellious qi movement, may impair the spleen’s function of transformation and transportation; and constraint transforming into fire may ascend to disturb the heart spirit, resulting in manifestations of mental restlessness [14]. Therefore, while addressing the imbalance between liver substance and liver function, treatment should be adapted to the specific pattern presentation and may incorporate methods such as strengthening the spleen and replenishing qi, nourishing the heart and calming the spirit, or enriching kidney yin and essence. Such coordinated regulation of multiple zang-fu organs reflects the holistic therapeutic principle fundamental to traditional Chinese medicine.

Given the typically protracted and recurrent nature of Yu syndrome, therapeutic intervention should not aim for rapid symptomatic relief alone. Guided by the theory that “the liver is yin in substance and yang in function,” clinical management should emphasize staged and dynamic adjustment. In the early phase, priority should be given to facilitating liver function and preventing further aggravation of qi stagnation. As the disease becomes prolonged, greater emphasis should be placed on nourishing liver substance to prevent ongoing depletion of yin-blood. During periods of relative remission, therapeutic focus should shift toward consolidating the balance between substance and function in order to reduce the risk of recurrence. Flexible modification of treatment strategies in accordance with evolving patterns facilitates the gradual restoration of relative equilibrium among qi, blood, yin, and yang. From the perspectives of substance–function dynamics and inter-organ relationships, these regulatory strategies not only embody the principle of “simultaneous adjustment of substance and function, with attention to both root and manifestation,” but also provide a

theoretical foundation for shifting the management of Yu syndrome from short-term symptomatic intervention toward long-term regulation and standardized care.

5. Clinical Implications of the Theory that “the Liver Is Yin in Substance and Yang in Function” for the Treatment of Yu Syndrome

5.1 Transformation of Therapeutic Concepts: From Solely Soothing the Liver to Coordinated Regulation of Substance and Function

Traditionally, the clinical management of Yu syndrome has centered on soothing the liver and relieving constraint, based on the understanding that depressive emotional states primarily arise from liver qi stagnation. This perspective is reasonably applicable in the early stage of the disorder or in patterns predominantly characterized by excess, and it has been widely adopted in clinical practice. However, as the disease course becomes prolonged, therapeutic approaches focused exclusively on dispersing the liver often yield unstable outcomes, with symptoms prone to recurrence. These observations suggest that the pathomechanism of Yu syndrome cannot be fully explained by liver qi stagnation alone.

The theory that “the liver is yin in substance and yang in function,” grounded in the substance–function relationship of the zang-fu organs, emphasizes that the liver’s dispersing activity depends upon adequate nourishment by liver yin-blood [15]. When liver substance becomes deficient and liver function consequently dysregulated, dispersion lacks its material foundation, and qi movement cannot remain durably harmonized. As a result, the capacity for emotional regulation declines. This perspective indicates that therapeutic strategies for Yu syndrome should extend beyond mere relief of constraint and instead focus on restoring overall coordination between liver substance and liver function.

Accordingly, treatment should give equal importance to nourishing liver substance and regulating liver function, ensuring that dispersion has a stable foundation and that free coursing is supported by sufficient material basis. This conceptual shift helps correct the clinical tendency to overemphasize acrid-dispersing methods while neglecting the replenishment of yin-blood. In doing so, it aligns the treatment of Yu syndrome more closely with the holistic principles of traditional Chinese medicine and with the theoretical requirement of maintaining dynamic balance between yin and yang.

5.2 Individualized, Dynamic Pattern-Based Treatment According to Disease Evolution

The pathogenesis of Yu syndrome is complex and characterized by dynamic changes over the course of the disease. The theory that “the liver is yin in substance and yang in function” underscores the relative balance and dynamic regulation between liver substance and liver function, thereby providing important methodological guidance for pattern differentiation and treatment. In clinical practice, therapeutic

emphasis should be flexibly adjusted in accordance with the evolving pathomechanism, embodying the principle of individualized treatment based on pattern identification.

In the early stage of Yu syndrome, patients typically present with depressive mood and discomfort in the chest and hypochondrium. At this point, the pathogenesis primarily involves impaired liver dispersion, while liver yin-substance has not yet been significantly depleted. Treatment should therefore appropriately prioritize soothing the liver and regulating qi to restore its dispersing function and promote smooth qi movement. As the disease becomes prolonged, persistent emotional dysregulation may gradually consume yin-blood, leading to progressive insufficiency of liver substance. The pattern may transform from excess to deficiency or manifest as a mixture of deficiency and excess. Clinically, patients may exhibit emotional lability, irritability, restlessness, and sleep disturbances. If treatment at this stage continues to rely excessively on dispersing methods, it may further deplete liver substance and undermine long-term stability.

Accordingly, the clinical management of Yu syndrome should adhere to a dynamic, stage-specific approach, adjusting therapeutic strategies based on disease phase, individual constitution, and predominant pathomechanism [16]. While facilitating liver function, attention should simultaneously be directed toward nourishing liver substance, ensuring that substance is replenished and function has a stable foundation. This approach reflects the principle that “substance is the root of function, and function is the manifestation of substance.” Through dynamic regulation of the substance–function relationship, treatment efficacy may become more stable and sustainable, potentially reducing the risk of recurrence.

5.3 Holistic Regulation and Long-Term Management Strategies for Refractory Yu Syndrome

A subset of patients with Yu syndrome experience a protracted course and recurrent episodes, often presenting with intertwined emotional symptoms and somatic discomfort. These cases are relatively difficult to manage clinically. Such patients commonly exhibit a pathological state characterized by concurrent deficiency of liver yin-substance and dysfunction of liver yang-function. Impaired dispersion coexists with insufficiency of yin-blood, and the mutual interaction between substance deficiency and functional dysregulation predisposes the condition to recurrence. From the perspective of substance–function imbalance, the theory that “the liver is yin in substance and yang in function” offers a coherent explanation for the internal mechanisms underlying recurrent episodes of Yu syndrome.

Based on this understanding, the treatment of refractory Yu syndrome should not be limited to short-term symptomatic relief. Rather, emphasis should be placed on restoring overall harmony between liver substance and liver function. While alleviating current emotional disturbances, therapeutic strategies should aim to gradually reestablish the body’s intrinsic capacity for emotional regulation and self-equilibration. Continuous nourishment of liver yin-substance combined with rational facilitation of liver function may enhance the individual’s adaptability to

emotional stressors, thereby potentially reducing the risk of relapse [17].

Furthermore, the theory highlights the importance of sustained post-treatment care and dynamic intervention. This approach promotes a transition from short-term, symptom-oriented management to a systematic process that integrates holistic regulation with long-term care. Such a strategy reflects the core principles of traditional Chinese medicine—holism and dynamic balance—and provides valuable theoretical insight for the standardized intervention and long-term management of refractory Yu syndrome.

6. Conclusion

Based on the theory that “the liver is yin in substance and yang in function,” the onset and progression of Yu syndrome can be systematically understood through the dynamic relationship between liver substance and liver function. The evolution of its pathogenesis is not limited to simple qi stagnation. Rather, as the disease course becomes prolonged, it gradually shifts from dysfunction of liver function toward deficiency of liver yin-substance, eventually developing into more complex pathological states such as yin deficiency with yang hyperactivity and mixed patterns of deficiency and excess. From the perspective of substance–function dynamics, this theory elucidates the internal logic underlying the evolution of Yu syndrome and helps explain its diverse clinical manifestations, protracted course, and tendency toward recurrence.

With regard to pattern differentiation and treatment, the management of Yu syndrome should adhere to the principle that “substance constitutes the root and function the manifestation, and both should be regulated simultaneously.” Therapeutic priorities should be dynamically adjusted according to the stage of disease progression. In the early stage, emphasis should be placed on facilitating liver function and restoring the smooth flow of qi. As the disease becomes prolonged, greater attention should be directed toward nourishing liver substance to prevent ongoing depletion of yin-blood. During periods of symptomatic remission, treatment should focus on consolidating the balance between substance and function to reduce the risk of recurrence. In cases characterized by yin deficiency with yang hyperactivity or mixed deficiency–excess patterns, a holistic approach that coordinates both liver substance and function is particularly important for achieving relatively stable long-term regulation.

Overall, the theory that “the liver is yin in substance and yang in function,” grounded in the substance–function relationship, reflects the holistic perspective and the principle of dynamic balance central to traditional Chinese medicine. It provides valuable insight for deepening the understanding of the pathogenesis of Yu syndrome and for optimizing pattern-based therapeutic strategies. Moreover, this framework encourages reconsideration of the limitations of treatment approaches focused solely on soothing the liver and relieving constraint, highlighting the importance of simultaneously regulating qi movement and nourishing liver substance. In this way, it offers a theoretical reference for improving the stability and sustainability of clinical outcomes in Yu syndrome and for promoting further research and

clinical practice related to emotional disorders in traditional Chinese medicine.

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