

Chief Physician Yuan Haiguang's Clinical Experience in Treating Restless Legs Syndrome Based on the Pattern of "Consumptive Disease with Acute Abdominal Discomfort"

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Abstract: *This article analyzes the diagnostic and therapeutic approach and clinical experience of Chief Physician Yuan Haiguang in treating Restless Legs Syndrome (RLS) based on the pattern of "consumptive disease with acute abdominal discomfort". Centered on the characteristics of RLS, it analyzes its multi-layered location, combined with pattern identification, clarifying that the "root" of the disease lies in the Liver, Spleen, and Kidneys, while the "manifestation" is in the sinews and vessels. The core pathogenesis is identified as "essence and blood deficiency internally, sinews and vessels losing nourishment externally, with static blood and turbidity obstructing the collaterals." The basic treatment principles are established as "benefiting Qi and enriching blood, soothing the Liver and relieving urgency, unblocking collaterals and nourishing the sinews." Clinically, emphasis is placed on the comprehensive application of the four examinations combined with meridian and acupoint palpation to accurately identify the vacuity or repletion of the Liver, Spleen, and Kidneys, the strength or weakness of the sinews and vessels, and the excess or deficiency of Qi and blood. Treatment focuses on dual regulation: (1) regulating the Zang-Fu organs: selecting Ganshu (BL18), Pishu (BL20), and Shenshu (BL23) to nourish the Liver, Spleen, and Kidneys, thereby replenishing essence and blood; (2) regulating the sinews and vessels: selecting Yanglingquan (GB34), Sanyinjiao (SP6), and Zusanli (ST36) to soothe the sinews and nourish the limbs. It also emphasizes the synergistic application of modified herbal formulas and acupuncture techniques, skillfully using modified Huangqi Jianzhong Decoction combined with Shaoyao Gancao Decoction, along with a staged pattern differentiation approach. A diagnostic and treatment framework integrating "location stratification - pathogenesis correspondence - combined herbal and acupuncture therapy" is established, providing a standardized guidance for the clinical management of RLS.*

Keywords: Restless Legs Syndrome, Consumptive disease with acute abdominal discomfort, Acupuncture, Disease location differentiation, Treatment based on pattern differentiation, Famous physician's experience, Yuan Haiguang.

1. Introduction

Restless Legs Syndrome (RLS) is a neurological sensorimotor disorder predominantly seen in adults and the middle-aged to elderly population. Its core clinical feature is an indescribable discomfort deep within the limbs at rest, temporarily relieved by movement. In some patients, the condition is protracted and recurrent, severely impacting sleep quality. According to clinical severity [1], RLS can be classified into mild, moderate, and severe: mild cases experience occasional symptoms without sleep disturbance; moderate cases have frequent symptoms with significant nighttime sleep disruption; severe cases have persistent symptoms, markedly affecting daytime activities and nighttime sleep. The incidence has been rising in recent years. Epidemiological surveys show the prevalence of RLS in China ranges from approximately 0.1% to 3.0%, with a significantly higher prevalence in the middle-aged and elderly population compared to adolescents, and a slightly higher incidence in women than men. Although most cases are mild and can be improved through basic lifestyle adjustments, some severe cases require long-term intervention. RLS falls within the categories of "bi syndrome", "blood bi", "leg cramp", and "muscle twitching" in traditional Chinese medicine (TCM). In treating RLS, the combination of TCM herbal medicine and acupuncture offers unique advantages. Relevant studies indicate that both oral herbal medicine and acupuncture are effective methods for improving RLS. In recent years, with deepening research,

various synergistic herbal-acupuncture treatment protocols have emerged, significantly alleviating limb discomfort and sleep disorders, thereby improving quality of life [2]. Current TCM internal medicine experts often approach RLS treatment by differentiating the Zang-Fu organ location or the nature of the pathogenic factor, subsequently analyzing the principles, methods, formulas, and herbs for TCM treatment. However, clinical TCM practice integrating acupuncture and herbs has its own characteristics and cannot simply replicate the pattern differentiation model of internal medicine [3].

Chief Physician Yuan Haiguang is an inheritor of the Chang'an Liu School of Acupuncture, Moxibustion, and Tuina. He studied under National TCM Master Professor Guo Chengjie and renowned Shaanxi TCM expert Professor Liu Zhibin. Professor Yuan proposed a diagnostic and therapeutic concept centered on "consumptive disease with acute abdominal discomfort" with stratified disease location differentiation, which is highly suitable for the clinical management and teaching of RLS using combined acupuncture and herbs. In clinical practice, Professor Yuan excels at analyzing the multi-layered location of RLS through comprehensive four-examination data, combined with staged pattern differentiation, to formulate personalized treatment plans integrating acupuncture and herbs. This article focuses on the main clinical manifestations and typical symptoms of RLS, analyzes its five Zang-organ location and sinew-vessel location, systematically dissects the pathogenesis, and

reviews Professor Yuan's approach to "differentiation and treatment" using combined acupuncture and herbs, aiming to provide a reference for the clinical treatment of RLS.

2. Analysis of the Multi-layered Location and Pathogenesis of RLS

Based on over thirty years of clinical experience, Professor Yuan posits that the "root" of RLS lies in the Liver, Spleen, and Kidneys, while the "manifestation" is in the sinews and vessels. The core pathogenesis can be distilled as: deficiency of essence and blood, malnutrition of sinews and vessels, and obstruction by static blood and turbidity.

2.1 "Root" in the Liver, Spleen, and Kidneys: "Essence and Blood Deficiency" as the Core Pathogenesis

2.1.1 Zang-Fu Organ Location in Liver, Spleen, Kidneys: Essence and Blood Deficiency as the Internal Root

The "Suwen" states, "The Liver is the foundation of endurance... its fullness is in the sinews," "The Spleen governs the flesh and muscles," and "The Kidneys govern the bones." The Liver stores blood and governs the sinews, the Spleen fortifies Qi and engenders blood, and the Kidneys store essence and govern marrow. These three organs work together to maintain sufficient essence and blood and proper nourishment of the sinews and vessels. RLS patients often clinically present with soreness, numbness, and cramping in the lower limbs, sometimes accompanied by mental fatigue, soreness and weakness of the waist and knees. The recurrent, protracted nature aggravated by fatigue aligns highly with the pathogenesis of dysfunction in the Liver, Spleen, and Kidneys, leading to essence and blood deficiency. Therefore, from the perspective of Zang-Fu pattern differentiation, the core location of RLS is the Liver, Spleen, and Kidneys [4].

In recent years, many physicians have treated RLS by targeting the Liver, Spleen, and Kidneys, all focusing on essence and blood deficiency. Common clinical patterns include Qi and blood deficiency pattern, Yin and Yang deficiency pattern, and Dampness toxin with static blood obstruction pattern. (1) Qi and Blood Deficiency Pattern: The Spleen and Stomach are the sources of Qi and blood generation. If the Spleen is deficient and fails to transport, Qi and blood production is insufficient, Liver blood cannot be adequately nourished, and the sinews and vessels lose moisture, leading to limb discomfort. (2) Yin and Yang Deficiency Pattern: As the disease progresses over time, Qi and blood deficiency can affect Yin and Yang, or due to aging or constitutional weakness, Liver and Kidney deficiency occurs. Insufficient Yin essence fails to nourish the sinews and vessels, while insufficient Yang Qi fails to warm them, forming a pattern of dual Yin and Yang deficiency with malnourished sinews and vessels. (3) Dampness Toxin with Static Blood Obstruction Pattern: Prolonged illness invades the collaterals, leading to static blood retention due to Qi and blood stagnation; Spleen deficiency causes internal generation of dampness turbidity. The intertwining of static blood and turbidity, possibly with heat transformation, obstructs the sinews and vessels, exacerbating limb discomfort.

2.1.2 Concurrent Involvement of Liver, Spleen, and Kidneys: Interplay of Essence and Blood Deficiency

The "Expert Consensus on TCM External Treatment for Tic Disorders in Children (2024)" emphasizes that concurrent Zang-Fu involvement is a crucial characteristic of chronic disease pathogenesis, which also applies to RLS. Physiologically, the Liver, Spleen, and Kidneys are interdependent and mutually supportive; pathologically, they influence each other, forming a causal chain. (1) Liver-Spleen Relationship: Liver governs free coursing, which regulates Stomach and Spleen Qi movement, promoting Qi and blood transformation. Spleen governs transportation and transformation, serving as the source of Qi and blood generation, nourishing Liver blood. Their functions coordinate Qi and blood production and circulation. Liver Qi stagnation can impair Spleen and Stomach transportation, while Spleen deficiency can lead to insufficient Qi and blood, resulting in Liver blood deficiency and malnourished sinews. (2) Liver-Kidney Homology: Liver stores blood, Kidneys store essence; essence and blood share a common source. Kidney essence can generate Liver blood, and Liver blood can nourish Kidney essence. Deficiency of Kidney essence leads to Liver blood deficiency, while deficiency of Liver blood fails to nourish Kidney essence, mutually exacerbating the condition. (3) Spleen-Kidney Relationship: The Spleen is the foundation of postnatal constitution, and the Kidneys are the foundation of prenatal constitution. Postnatal constitution nourishes the prenatal, and prenatal supports the postnatal. Spleen deficiency results in insufficient Qi and blood to nourish Kidney essence; Kidney deficiency results in insufficient primordial Qi to support Spleen and Stomach transportation, ultimately leading to essence and blood deficiency and malnourished sinews [5].

Professor Yuan, considering that RLS patients often present primarily with lower limb discomfort accompanied by systemic symptoms like fatigue, soreness and weakness of the waist and knees, and poor appetite, believes this condition results from concurrent involvement of the Liver, Spleen, and Kidneys, with essence and blood deficiency being the core of onset, and dysfunction of these three organs being the root cause.

2.2 "Manifestation" in the Sinews and Vessels: Malnourishment and Obstruction as External Presentation

The sinews (jingjin) refer to the system where the Qi of the twelve primary meridians gathers, disperses, and connects to the muscles and joints. They are the muscular system attached to the twelve primary meridians, distributed in bands, originating at the extremities and terminating at the head and torso. The "Suwen" states, "The gathering sinews govern the binding of bones and facilitate the joints." The "Classic of Categories" notes, "The sinews connect the various bones, thus linking and encircling the entire body, each having its fixed location." Meridians are channels for Qi and blood circulation; the body relies on the sinews for motor function. The normal physiological activities of the sinews and vessels depend on nourishment from Qi and blood and regulation by the Zang-Fu organs [6].

Among these, the Liver, Spleen, and Kidneys all influence the normal function of the sinews. (1) Liver Governs Sinews: Liver blood deficiency leads to malnourishment of sinews and vessels. The Liver governs the sinews, regulating their moistening through its blood storage function and their warming through its free coursing function. If Liver blood is deficient, the sinews and vessels lose nourishment, leading to symptoms like cramping, soreness, and numbness. (2) Spleen Fortifies Qi: Qi and blood deficiency leads to insufficient nourishment of sinews and vessels. The Spleen governs transportation and transformation, generating Qi and blood. Adequate Qi and blood nourish the sinews and vessels; if Spleen deficiency impairs transportation, Qi and blood production is hindered, leading to limb weakness, soreness, and discomfort. (3) Kidneys Store Essence: Kidney essence deficiency leads to loss of foundation for sinews and vessels. The Kidneys store essence, which generates marrow; marrow nourishes bones and sinews. Sufficient Kidney essence provides a foundation for the sinews, allowing free movement; deficiency leads to soreness and numbness in the lower limbs.

Simultaneously, prolonged sinew and vessel disharmony can also affect the normal function of the Liver, Spleen, and Kidneys. (1) Prolonged Illness Invading Collaterals, Consuming Qi and Blood, Exacerbating Zang-Fu Deficiency: Persistent limb discomfort continuously consumes Qi and blood, leading to further deficiency of Liver blood and Kidney essence and increasing the burden on Spleen transportation, forming a vicious cycle that prolongs the illness. (2) Obstruction by Static Blood and Turbidity, Qi Mechanism Stagnation, Inducing Emotional Disturbances: RLS patients often experience worsened symptoms at night and chronic sleep deprivation, making them prone to anxiety and irritability. Emotional fluctuations can cause Liver Qi stagnation and Qi and blood stasis, further aggravating the malnourishment of sinews and vessels, creating an interplay between emotions and the condition [7].

In summary, the pathogenesis of RLS involves the concurrent affliction of the Liver, Spleen, Kidneys, and the sinews and vessels. Although there is a differentiation between root and manifestation, these locations mutually damage each other, leading to a protracted and difficult-to-cure course. Clinical diagnosis and treatment require skillful use of the four examinations to thoroughly extract information, accurately identify the location and nature of the disease, and analyze the core pathogenesis to achieve good therapeutic results.

3. Differentiation of Disease Location and Nature of Vacuity/Repletion in RLS Using the Four Examinations

The “Miraculous Pivot” states, “When about to use acupuncture, one must first take the pulse, assess the severity of Qi, and then treatment can be given,” and “Examine Yin and Yang, then needling will be appropriate. Understand the origin of the disease, then needling will be rational. Carefully assess the onset, correspond to the timing, internally harmonize with the five Zang and six Fu, externally harmonize with the sinews, bones, and skin.” [8] Professor Yuan emphasizes the flexible application of TCM four-examination methods, combined with meridian and acupoint palpation, to differentiate the disease location and

the nature of vacuity or repletion in RLS [9].

3.1 Comprehensive Four Examinations to Assess Vacuity/Repletion of Liver, Spleen, and Kidneys and Determine Zang-Fu Status

When differentiating the Zang-Fu location, inquiry focuses on clarifying the etiology, aggravating and relieving factors, and accompanying symptoms of RLS. Combined with tongue observation and pulse palpation, the vacuity or repletion of the Liver, Spleen, and Kidneys is comprehensively assessed. (1) Early-stage RLS, primarily presenting as Qi and blood deficiency: Limb discomfort is relieved by activity and aggravated by rest, accompanied by mental fatigue, dull complexion, poor appetite, often with a pale tongue, white coating, and weak pulse. This indicates Spleen deficiency with impaired transportation, leading to Qi and blood insufficiency. (2) Progressive-stage RLS, commonly presenting as Yin and Yang deficiency: Significant limb discomfort, severe nocturnal symptoms, accompanied by soreness and weakness of the waist and knees, aversion to cold with cold limbs, or feverish palms and soles, dry mouth and throat, often with a pale or red tongue, little coating, and deep-thready or thready-rapid pulse. This indicates deficiency of the Liver, Spleen, and Kidneys with disharmony of Yin and Yang. (3) Late-stage RLS, primarily presenting as Dampness toxin with static blood obstruction: Heavy, swollen, and sore limbs, accompanied by localized stabbing pain and dull, dark skin color, often with a dark tongue or petechiae, greasy coating, and choppy pulse. This indicates prolonged illness invading collaterals with obstruction by static blood and turbidity [10].

3.2 Comprehensive Four Examinations to Assess Strength/Weakness of Sinews and Vessels and Determine Affected Sites

The “Miraculous Pivot” states, “The principle of all needling must first be based on the spirit.” The strength or weakness of the sinews and vessels directly reflects the severity of the diseased site. Only by accurately examining the sinews and vessels through the four examinations can appropriate acupoints be selected, herbs prescribed, and both root and manifestation addressed. (1) Inspection of Sinews and Vessels: Full muscles and free movement indicate robust sinews and vessels; muscle atrophy and stiff movement indicate deficiency. Normal skin color indicates harmonious Qi and blood; dull, dark skin or petechiae indicate obstruction by static blood and turbidity. (2) Auscultation and Olfaction: A strong voice and even breathing indicate sufficient Qi and blood; weak voice and short, rapid breathing indicate Qi and blood deficiency. Absence of abnormal sounds during limb movement indicates harmonious sinews and vessels; accompanying soreness or stabbing pain indicates malnourishment or obstruction. (3) Inquiry about Limbs: Discomfort mainly as soreness and numbness, relieved by activity, mostly indicates malnourishment of sinews and vessels; mainly as heaviness and stabbing pain, not significantly relieved by activity, mostly indicates obstruction by static blood and turbidity. (4) Pulse Palpation and Sinew Examination: A moderate, forceful pulse indicates sufficient Qi and blood; a thready, weak pulse indicates Qi and blood deficiency; a choppy pulse indicates static blood obstruction.

Palpation of limbs and sinews: soft and elastic is normal; stiffness, nodules, or tenderness indicates sinew and vessel disharmony.

Examining the sinews and vessels not only clarifies the severity of the diseased site, guiding acupuncture and herbal treatment, but also helps determine the prognosis of RLS. If all four examinations indicate decline of the sinews and vessels (e.g., limb stiffness, weak choppy pulse, dull dark skin), it suggests a severe condition requiring long-term comprehensive management.

3.3 Comprehensive Four Examinations to Assess Excess/Deficiency of Qi and Blood and Understand Pathogenesis Evolution

Professor Yuan emphasizes the differentiation of Qi and blood in clinical practice, believing that the excess or deficiency of Qi and blood is central to the pathogenesis evolution of RLS. He combines this with meridian and acupoint palpation, using the methods of “scrutiny, palpation along the meridian, pressing, and feeling” to assess the state of Qi and blood circulation [11]. (1) Scrutiny of Body Shape: Observing the patient’s limb status to identify the most severely affected area in RLS. For instance, if the lower limbs mainly exhibit soreness and numbness, it is attributed to Qi and blood deficiency; if mainly heaviness and stabbing pain, it is attributed to Qi and blood stasis. (2) Palpation along Meridians: After identifying the affected area, palpate along the lower limb meridians to identify positive reaction points (swelling, depression, cord-like nodules), tension (stiffness or flaccidity), and tenderness. Focus on palpating specific points (five transport points, source points, luo-connecting points) along the affected meridians to locate the involved acupoints. (3) Pressing Acupoints to Discern Qi and Blood: Use palpation to determine the depth of sinew nodules and the abundance or deficiency of Qi and blood, guiding the depth of needling and dosage of herbs. For Qi and blood deficiency, shallow needling with tonifying techniques is appropriate; for obstruction by static blood and turbidity, slightly deeper needling with reducing techniques is appropriate [12].

Professor Yuan’s clinical approach is not limited to simple Zang-Fu pattern differentiation. He emphasizes integrating Qi and blood differentiation and sinew-vessel differentiation with Zang-Fu differentiation, flexibly using the four examinations to achieve precise pattern differentiation, providing a scientific basis for the combined use of herbs and acupuncture [13], as stated in the “A-B Classic of Acupuncture and Moxibustion”: “One must carefully inquire about the origin of the disease and the current disease, then palpate the meridians, observe the floating or sinking state of the channels and collaterals, and follow their upward or downward, inverse or compliant flow.”

4. Herbal and Acupuncture Treatment Based on Multi-layered Disease Location in RLS

Based on the characteristics of RLS, using the four examinations to identify the disease location in the Liver, Spleen, Kidneys, and sinews/vessels, and the pathogenesis of “essence and blood deficiency, sinews/vessels losing nourishment, obstruction by static blood and turbidity,” the

basic treatment principles of “benefiting Qi and enriching blood, soothing the Liver and relieving urgency, unblocking collaterals and nourishing sinews” are established. Herbal formulas are modified, and acupoints are selected according to the different disease locations. Needling techniques (tonifying/reducing) or moxibustion are applied based on the nature of the disease, while also considering the pattern and staging of the disease. This forms a multi-layered diagnosis and treatment system integrating holistic and local approaches [14].

4.1 Prioritize Benefiting Qi and Enriching Blood, Nourishing the Liver, Spleen, and Kidneys

According to the “Suwen”, “All deficiencies and insufficiencies arise from Qi and blood.” As the Zang-Fu location of this disease is in the Liver, Spleen, and Kidneys, and the core pathogenesis is essence and blood deficiency, benefiting Qi and enriching blood, and nourishing the Liver, Spleen, and Kidneys are the foundational treatment methods. Professor Yuan skillfully uses a modified Huangqi Jianzhong Decoction combined with Shaoyao Gancao Decoction. In this formula, Huangqi (Astragali Radix) powerfully fortifies Spleen and Stomach Qi; flourishing Spleen and Lung Qi ensures the source of Qi and blood generation. Guizhi (Cinnamomi Ramulus) warms and unblocks Yang Qi, disperses and moves Ying Yin, assisting Huangqi in benefiting Qi and moving blood. Baishao (Paeoniae Radix Alba) enriches blood, soothes the Liver, relieves urgency, and alleviates pain; combined with Zhigancao (Glycyrrhizae Radix et Rhizoma Praeparata cum Melle), it generates fluids and nourishes Yin through the sour and sweet combination, enhancing the urgency-relieving and pain-alleviating effect. Shengjiang (Zingiberis Rhizoma Recens) and Dazao (Jujubae Fructus) harmonize the Spleen and Stomach, protecting the middle burner. Yitang (Maltose) tonifies the middle, relieves urgency, nourishes the Spleen and Stomach, assisting Huangqi in fortifying the middle and benefiting Qi [15]. During treatment, it is necessary to differentiate the vacuity or repletion of the disease nature. Based on the principle of “reducing for excess, tonifying for deficiency,” different modifications and acupuncture techniques are applied. For Qi and blood deficiency, add Danggui (Angelicae Sinensis Radix) and Shudi (Rehmanniae Radix Praeparata) to enhance enriching blood. For Yin and Yang deficiency, combine with modified Jingui Shenqi Wan to harmonize Yin and Yang. For Dampness toxin with static blood obstruction, combine with modified Taohong Siwu Decoction and Simiao San to invigorate blood, transform stasis, clear heat, and drain dampness. For severe Spleen deficiency, add Baizhu (Atractylodis Macrocephalae Rhizoma) and Fuling (Poria) to strengthen the Spleen and aid transportation. For severe Kidney deficiency, add Shanzhuyu (Corni Fructus) and Gouqizi (Lycii Fructus) to nourish the Liver and Kidneys.

4.2 Subsequently Soothe the Sinews, Unblock Collaterals, and Relieve Pain

The “Miraculous Pivot” states, “Qi in the feet stops at the soles.” As the “manifestation” of RLS is in the sinews and vessels, with limb discomfort as the main presentation, after nourishing the Liver, Spleen, and Kidneys, emphasis is placed on soothing the sinews, unblocking collaterals, and relieving

pain. The main acupoints selected for acupuncture are Yanglingquan (GB34), Sanyinjiao (SP6), Zusanli (ST36), Taichong (LR3), and Xuehai (SP10). Yanglingquan is the influential point of the sinews, capable of relaxing sinews and bones, benefiting joints, widely used for muscle cramps and sinew malnourishment. Sanyinjiao is the crossing point of the three Yin meridians of the foot, simultaneously regulating and nourishing the Liver, Spleen, and Kidneys, and moistening the sinews and vessels. Zusanli is the He-Sea point of the Stomach Meridian of Foot-Yangming, strengthening the Spleen, benefiting Qi, cultivating the postnatal foundation, and nourishing Qi and blood. Taichong is the Source point of the Liver Meridian of Foot-Jueyin, enriching blood, soothing the Liver, and regulating Liver Qi. Xuehai invigorates blood, enriches blood, transforms stasis, and unblocks collaterals [16]. Regarding needling techniques and methods [17], the needling depth for limb points is moderate; stimulation intensity is adjusted based on disease nature: for Qi and blood deficiency, use light stimulation with tonifying techniques; for obstruction by static blood and turbidity, use slightly stronger stimulation with reducing techniques. At Yanglingquan and Taichong, even-needling technique (reinforcing-reducing) can be applied. At Zusanli and Sanyinjiao, moxibustion can be added to enhance the effects of benefiting Qi, enriching blood, and moistening the sinews and vessels. Additionally, acupoints are selected based on the affected area: for severe numbness in the lower limbs, add Xuanzhong (GB39) and Jiexi (ST41); for severe stabbing pain in the limbs, add Geshu (BL17) and Hegu (LI4); for nighttime sleep disturbance, add Shenmen (HT7) and Anmian (extra point).

4.3 Finally, Employ Staged Treatment with Synergistic Acupuncture and Herbs

The “Grand Compendium of Huangdi’s Internal Classic” states, “Differentiate and treat according to the pattern, adjust according to the manifestation.” Professor Yuan classifies RLS into early stage, middle-late stage, and protracted stage based on disease progression and pathogenesis evolution, implementing staged treatment with synergistic acupuncture and herbs to achieve individualized therapy [18]. (1) Early Stage (Qi and Blood Deficiency Pattern): Focus on benefiting Qi, enriching blood, strengthening the Spleen, and harmonizing the middle. Use modified Huangqi Jianzhong Decoction as the formula. Main acupuncture points: Zusanli (ST36), Sanyinjiao (SP6), Taichong (LR3), using light stimulation. Treat three times per week, with ten sessions constituting one course. (2) Middle-Late Stage (Yin and Yang Deficiency Pattern): Focus on harmonizing Yin and Yang and moistening the sinews and vessels. Use modified Jingu Shenqi Wan combined with Shaoyao Gancao Decoction. Add acupuncture points Shenshu (BL23) and Ganshu (BL18), possibly with moxibustion, to enhance the effect of nourishing the Liver and Kidneys. (3) Protracted Stage (Dampness Toxin with Static Blood Obstruction Pattern): Focus on invigorating blood, transforming stasis, clearing heat, draining dampness, unblocking collaterals, and relieving pain. Use modified Taohong Siwu Decoction combined with Simiao San. Add acupuncture points Geshu (BL17) and Yinlingquan (SP9), using reducing techniques as the main method to unblock stasis turbidity and clear heat and dampness [19].

During acupuncture, emphasis is placed on the coordination of the pressing hand (palpating) and the needling hand. The pressing hand is used to explore positive reaction points along the sinews, while the needling hand inserts the needle to reach the diseased site. Attention is paid to the patient’s pain tolerance. Needle retention time is generally not too long, around 30 minutes, ultimately achieving the effect of “correct bone alignment, relaxed sinews, and smooth flow of Qi and blood.” Concurrently, lifestyle modifications are advised, including appropriate physical activity, emotional regulation, and a reasonable diet, to enhance treatment outcomes [20].

5. Typical Case

Patient Zhang, female, 52 years old, teacher. Initial consultation: March 15, 2024. Height: 158 cm, Weight: 56 kg. Chief Complaint: Soreness and discomfort in both lower limbs for over six months, worsening in the past month. History of Present Illness: Six months ago, the patient experienced soreness and discomfort in both lower limbs without apparent cause, worsening when lying still at night and relieved by activity. She did not seek treatment. Over the past month, symptoms significantly worsened. Upon trying to sleep at night, she experienced an indescribable soreness and numbness deep within the lower limbs, requiring her to get out of bed and walk for relief, severely impacting sleep, allowing only 3-4 hours of sleep per night. Accompanied by mental fatigue, poor appetite, dull yellow complexion, and loose stools once or twice daily. Past medical history unremarkable. Physical Examination: No edema or muscle atrophy in lower limbs; normal muscle strength and tone; symmetric tendon reflexes; no pathological reflexes elicited. Tongue: pale with thin white coating. Pulse: thready and weak. Western Medicine Diagnosis: Restless Legs Syndrome (IRLSRS score 23, moderate). TCM Diagnosis: Leg Cramp–Qi and Blood Deficiency Pattern. Treatment: Combined acupuncture and herbal medicine.

Herbal Formula: Modified Huangqi Jianzhong Decoction and Shaoyao Gancao Decoction. Ingredients: Huangqi (Astragali Radix) 30g, Guizhi (Cinnamomi Ramulus) 9g, Baishao (Paeoniae Radix Alba) 30g, Zhigancao (Glycyrrhizae Radix et Rhizoma Praeparata cum Melle) 12g, Danggui (Angelicae Sinensis Radix) 12g, Baizhu (Atractylodis Macrocephalae Rhizoma) 15g, Fuling (Poria) 15g, Jixueteng (Spatholobi Caulis) 30g, Shengjiang (Zingiberis Rhizoma Recens) 3 slices, Dazao (Jujubae Fructus) 5 pieces, Yitang (Maltose) 30g (melted). 7 doses, one dose daily, decocted in water, taken warm in two divided doses.

Acupuncture Treatment: Main points: Zusanli (ST36), Sanyinjiao (SP6), Yanglingquan (GB34), Xuanzhong (GB39), Taichong (LR3), Xuehai (SP10). Auxiliary points: Pishu (BL20), Weishu (BL21). Procedure: Patient in supine position. After routine disinfection, using 0.25 mm × 40 mm disposable sterile acupuncture needles: Taichong and Hegu needled perpendicularly to a depth of about 8 mm; Zusanli and Sanyinjiao perpendicularly to 15 mm; Yanglingquan perpendicularly to 12 mm; Xuanzhong and Xuehai perpendicularly to 10 mm; Pishu and Weishu needled obliquely towards the spine to about 8 mm. Aim for mild local distending sensation. Reinforcing twirling technique was applied at Zusanli, Sanyinjiao, Pishu, and Weishu;

even-needling technique at Taichong and Yanglingquan; reducing twirling technique at Xuehai. Needles retained for 30 minutes. Treatment three times per week.

Lifestyle advice: Consume a light diet, eat more Qi and blood enriching foods like yam and jujube, avoid raw, cold, and greasy foods; relax mood, avoid excessive worry; engage in gentle exercises like walking or Tai Chi; soak feet in warm water before sleep, combined with lower limb massage. The patient received a total of 21 sessions of acupuncture and herbal treatment over two months. Soreness and discomfort in both lower limbs essentially resolved, sleep quality significantly improved, mental fatigue and poor appetite alleviated, and appetite increased. No recurrence during a 3-month follow-up.

Case Analysis: In this case, the “root” of the disease was in the Liver, Spleen, and Kidneys, and the “manifestation” was in the sinews and vessels. The patient, over fifty, had gradually declining Spleen and Stomach function, leading to insufficient Qi and blood production, deficiency of Liver blood and gradual consumption of Kidney essence, and malnourishment of the sinews and vessels. This resulted in soreness and discomfort in the lower limbs, worsening at rest and relieved by activity. Spleen deficiency with impaired transportation led to poor appetite and loose stools. Qi and blood deficiency led to mental fatigue and dull yellow complexion. The pale tongue, white coating, and thready weak pulse were typical signs of Qi and blood deficiency. The treatment used Huangqi Jianzhong Decoction to benefit Qi, strengthen the Spleen, enrich blood, and harmonize the center, combined with Shaoyao Gancao Decoction to soothe the Liver, relieve urgency, and nourish the sinews and vessels. This combination addressed the core pathogenesis. Danggui was added to enhance blood enrichment; Baizhu and Fuling were added to strengthen the Spleen and aid transportation, supporting the source of Qi and blood generation; Jixueteng was added to enrich blood, unblock collaterals, and harmonize Qi and blood. Concurrent acupuncture treatment selected points for strengthening the Spleen and benefiting Qi, regulating and supplementing the Liver and Kidneys, and soothing the sinews and unblocking collaterals. The combined use of acupuncture and herbs, addressing both internal and external aspects, led to a rapid therapeutic effect.

6. Conclusion

This article, based on the diagnostic and therapeutic concept of “location stratification - pathogenesis correspondence - combined herbal and acupuncture therapy” established by Chief Physician Yuan Haiguang, provides a detailed TCM four-examination approach for the clinical management of RLS. By analyzing the multi-layered disease location (five Zang organs, sinews and vessels) in RLS patients, combined with identification of the nature (vacuity/repletion), it achieves integration of disease location differentiation and disease nature differentiation. This allows for accurate identification of the pathogenesis, rational establishment of treatment principles, and ultimately the formulation of precise, individualized diagnosis and treatment plans for RLS patients.

Chief Physician Yuan Haiguang’s clinical experience offers several important insights: First, the close integration of

classical TCM theory with clinical practice, rooted in the “consumptive disease with acute abdominal discomfort” theory from the “Synopsis of the Golden Chamber”, is essential for guiding clinical treatment. Second, treatment based on pattern differentiation should dynamically grasp the evolution of the disease’s pathogenesis; staged differentiation and treatment align with the progression pattern of RLS, enhancing diagnostic accuracy and treatment specificity. Third, the combined use of acupuncture and herbs, addressing both internal and external aspects, achieves synergistic effects, significantly improving clinical efficacy. Fourth, emphasizing lifestyle modifications reflects the core TCM concept of “preventive treatment of disease,” aiding patient recovery and preventing recurrence. Chief Physician Yuan Haiguang’s approach to treating RLS enriches the TCM diagnostic and therapeutic methods for this condition and is worthy of clinical application and promotion. Future research could utilize data mining techniques to systematically analyze his medication patterns and conduct large-sample clinical controlled studies to provide higher-level evidence-based medical evidence for TCM treatment of RLS.

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