

# Clinical Experience of Buyang Huanwu Decoction in the Treatment of Diabetic Bi Syndrome with Qi Deficiency, Blood Stasis and Liver Qi Stagnation Syndrome

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**Abstract:** *Based on clinical practice and TCM theories, this article explores the clinical experience of Chief Physician Li Qun in treating Diabetic Bi Syndrome with Buyang Huanwu Decoction in cases presenting with a syndrome characterized by qi deficiency, blood stasis, and liver qi stagnation. By analyzing the etiology and pathogenesis of this syndrome, the article elucidates the formulation principles, characteristics of drug combinations, and modern pharmacological mechanisms of Buyang Huanwu Decoction. Combined with typical case studies, the article summarizes its clinical efficacy. The study indicates that through the synergistic effects of replenishing qi and unblocking collaterals, expelling blood stasis and unblocking bi, and soothing the liver and relieving stagnation, Buyang Huanwu Decoction effectively improves clinical symptoms in patients with diabetic peripheral neuropathy (DPN), providing clinical experience and theoretical basis for the treatment of DPN with traditional Chinese medicine.*

**Keywords:** Buyang Huanwu Decoction, Diabetic Bi Syndrome, Qi Deficiency, Blood Stasis and Liver Qi Stagnation Syndrome, Clinical Experience.

## 1. Introduction

DPN is one of the common and relatively severe chronic complications of diabetes, primarily manifested by limb numbness, pain, and sensory loss, which significantly impairs patients' quality of life and increases the risk of disability [1]. Although modern medicine offers various treatment options, their efficacy is limited and they are associated with adverse reactions [2]. According to Traditional Chinese Medicine, DPN falls under the categories of "Diabetic Bi Syndrome," "Vessel Bi" and "Blood-Bi Syndrome." Its pathogenesis is complex, and the pattern of qi deficiency with blood stasis combined with liver qi stagnation is particularly common in clinical practice. Qi deficiency fails to propel blood circulation, leading to obstruction in the meridians; liver qi stagnation impairs the liver's function of regulation and dispersion, further exacerbating the stagnation of qi and blood. These two conditions interact, forming a vicious cycle [3]. Buyang Huanwu Decoction is a commonly used formula in the clinical practice of Chief Physician Li Qun. This paper summarizes her clinical experience in treating DPN based on practical application, with the aim of fostering mutual learning and exchange.

## 2. Understanding of DPN in Traditional Chinese Medicine

### 2.1 Etiology

Although diabetic peripheral neuropathy does not have a specific name in Traditional Chinese Medicine, based on its symptoms, it can be classified under "Diabetic Bi Syndrome" [4]. Its occurrence is closely related to long-standing Xiaoke disease, congenital deficiency, excessive consumption of rich and sweet foods, emotional disturbances, and overwork or excessive indulgence. Chief Physician Li Qun believes that

the most common causes in clinical practice are long-standing diabetes and emotional disturbances. Yilin Gaicuo (Correction of Errors in Medical Classics) states, "Deficiency of original qi fails to flow into the blood vessels, leading to blood stasis." Prolonged diabetes consumes qi and injures yin; qi deficiency impairs propulsive force, slowing blood circulation and leading to blood stasis that obstructs the meridians. Consequently, qi and blood fail to nourish the limbs and tendons, resulting in numbness and pain in the extremities. As recorded in Suwen · Chapter 62: Discussion on Regulating the Channels: "Humans rely on qi and blood for all physiological activities", holding that qi and blood are the source of human life and all physiological activities; when qi and blood are out of harmony, it is easy for diabetes and bi syndrome to arise [5]. Suwen · Lun on Wei Syndrome states: "The liver governs the sinews and membranes of the body." Liver qi stagnation often results from emotional disturbances or prolonged illness causing stagnation of qi mechanisms. When the liver fails to regulate the flow of qi, the normal ascending, descending, entering, and exiting functions of qi become disrupted. If liver qi stagnation transforms into fire, scorching body fluids, or if qi stagnation leads to blood stasis, the tendons and membranes may be deprived of nourishment, further exacerbating blood stasis. Simultaneously, liver qi stagnation impedes the smooth flow of qi in the Triple Burner, disrupting fluid metabolism, leading to the internal generation of phlegm-dampness, and the mutual entanglement of phlegm and blood stasis, ultimately resulting in obstruction of the meridians and collaterals, malnutrition of the limbs, and symptoms such as numbness, pain, and difficulty in flexing and extending the limbs [6]. Failure of the liver to regulate and disperse qi can also impair the transport and transformation functions of the spleen and stomach, depriving the generation of qi and blood of its source, thereby exacerbating qi and blood deficiency and causing the condition to become protracted and difficult to cure.

## 2.2 Pathogenesis of DPN

### 2.2.1 Qi deficiency as the root cause

The fundamental pathogenesis of Xiaoke disease is yin deficiency with dry heat, while the pathogenesis of Xiaoke-Bi disease is rooted in qi deficiency. Qi generates yin; it is the driving force behind the production of yin fluids. If qi is deficient, it easily leads to insufficiency of yin fluids. Yin carries qi; qi relies on yin fluids for its existence. If yin is deficient, phenomena such as qi escaping with the fluids may occur. As stated in *Suwen · Chapter on Universal Pain*: “All diseases arise from qi.” [7], and the core pathogenesis of Xiaoke and Bi diseases stems from qi deficiency. The spleen is the root of postnatal vitality and governs transformation and transportation. Patients with Xiaoke often have irregular dietary habits that damage the spleen and stomach; when the spleen fails to function properly, the generation of qi and blood is insufficient, further exacerbating qi deficiency. Qi is the commander of blood; when qi is deficient, it lacks the strength to propel blood circulation, leading to sluggish blood flow and laying the groundwork for blood stasis.

### 2.2.2 Blood stasis as the manifestation

Blood stasis is a significant pathological product in the progression of DPN. Qi deficiency impairs propulsive force, causing sluggish blood circulation and gradually leading to the formation of blood stasis. Concurrently, long-standing diabetes in patients results in yin deficiency; the depletion of yin fluids causes the meridians to become dry and constricted, making blood flow difficult. Furthermore, as the disease progresses and pathogenic factors penetrate the collaterals, they become deeply entrenched, leading to obstruction in the collaterals. Once blood stasis forms, it becomes a new pathogenic factor, further obstructing the circulation of qi and blood. This manifests as numbness and stabbing pain in the limbs, worse pain at night, purplish dark tongue or with ecchymoses, tortuous sublingual collaterals, thin and rough pulse [8].

### 2.2.3 Transformation into liver qi stagnation

Diabetes is a lifelong condition requiring long-term dietary control and blood glucose monitoring. Patients are chronically burdened by this, and the constant monitoring of blood glucose levels can inadvertently create psychological stress. In severe cases, excessive anxiety over blood glucose results, coupled with changes in lifestyle and dietary habits, can easily lead to negative emotions such as anxiety, depression, and irritability. Furthermore, the recurrent symptoms of limb numbness and pain reduce patients' quality of life, making them even more prone to emotional distress that over time leads to stagnation of liver qi [9]. The liver governs the free flow of qi and regulates qi mechanisms; when liver qi becomes stagnant, qi mechanisms become disordered. This not only impairs the spleen and stomach's ability to transport and transform nutrients, exacerbating qi and blood deficiency, but can also further lead to impaired blood circulation, worsening blood stasis, and creating a vicious cycle.

## 3. Characteristics of Modified Compatibility in Buyang Huanwu Decoction

### 3.1 Composition

Buyang Huanwu Decoction consists of: Huangqi (Radix Astragali) 30g, Danggui (Radix Angelicae Sinensis) 30g, Dilong (Pheretima) 9g, Taoren (Semen Persicae) 12g, Honghua (Flos Carthami) 9g, Chuanxiong (Rhizoma Chuanxiong) 12g, Baishao (Radix Paeoniae Alba) 30g.

### 3.2 Formulation Characteristics

Huangqi serves as the monarch drug, used in high doses to tonify qi and raise yang; when qi is robust, blood circulation improves. Explanation on the *Classic of Materia Medica* states: Huangqi is sweet in flavor and warm in nature. Warming with its qi tonifies insufficiency of form; supplementing with its flavor benefits insufficiency of essence.” [10]; Danggui nourishes and activates blood. *Rihuazi Bencao* (*Rihuazi's Materia Medica*) records that it “treats all wind, all blood disorders, tonifies all consumptive diseases, breaks malignant blood, nourishes new blood, and is indicated for concretions and conglomerations.” Danggui is sweet, warm, and moist in nature, known as the “holy herb for blood.” Danggui remove stasis and generate new blood. Chuanxiong is pungent, warm, and moving; it can both activate blood circulation to eliminate stasis and move qi to relieve pain. Taoren and Honghua are a classic combination for activating blood. Taoren is good at breaking blood, moving stasis, unblocking menstruation and activating collaterals. *Bencao Jingshu* (*Canonical Commentary on Materia Medica*) records: “Taoren is good at breaking blood, dispersing without astringing, purging without tonification... it can treat blood binding, blood constipation, blood dryness, moisten and unblock the stool, and break accumulated blood.” Honghua specializes in activating blood circulation, unblocking menstruation, dissipating stasis and relieving pain. The two are often used in mutual reinforcement to enhance the effect of dispelling stasis. Dilong is salty, cold, and penetrating; it unblocks channels and collaterals, clears heat and relieves convulsions, and can guide other medicinals to the diseased area. Although Chuanxiong, Taoren, Honghua and Dilong are relatively purgative, they do not have the drastic effect of violent breaking and purging, making them especially suitable for diabetic bi syndrome. Baishao nourishes blood, regulates menstruation, softens the liver and relieves pain. The entire formula combines unblocking and tonification, treating both the root and the branch. It replenishes qi and activates blood simultaneously: when qi moves, blood moves; when blood moves, qi flows smoothly. Blood-activating medicinals and blood-nourishing medicinals are used together, so tonification does not cause stagnation, and attack does not injure healthy qi. The whole formula collectively replenishes qi and unblocks collaterals, dispels stasis to unblock bi, soothes the liver and relieves stagnation, closely targeting the pathogenesis of “qi deficiency, blood stasis and liver qi stagnation.” It tonifies the root of qi deficiency, dissipates the branch of blood stasis, and soothes the stagnation of liver qi, embodying the characteristics of

“treating both root and branch, regulating qi and blood together, and treating the liver and spleen simultaneously.”

#### 4. Modern Pharmacological Mechanisms

Fu Huijie et al. [11] suggested that Huangqi exerts hypoglycemic and hypolipidemic effects by increasing insulin sensitivity, inhibiting oxidative stress, and improving inflammatory responses, thereby aiding in the treatment of diabetes and its complications. Furthermore, Huangqi total saponins possess neuroprotective properties that can alleviate symptoms of diabetic peripheral neuropathy; Guo Xiangyan et al. [12] suggested that Danggui, when used in combination with Huangqi, Chuanxiong, Baishao, Honghua, Taoren, enhances hematopoietic function, improves blood circulation, boosts immunity, and exerts anti-inflammatory, analgesic, and hepatoprotective effects; Yan Shaobo et al. [13] believed that in addition to its blood-activating and pain-relieving effects, Chuanxiong contains butylphthalide—one of its key active components—which exerts antidepressant activity and can treat diabetes, arthralgia, and liver qi stagnation; Wang Haiying et al. [14] argued that Dilong extract contains proteins, polypeptides, enzymes, amino acids, dipeptides, fatty acids, steroid compounds, etc. It exerts anticoagulant, immunomodulatory, hypoglycemic, wound healing - promoting, and neuroprotective pharmacological effects. It can be used for limb numbness caused by diabetic peripheral neuropathy.

#### 5. Case Examples

A 62-year-old female patient presented to our department on September 3, 2024, with chief complaints: fatigue, dry mouth and excessive thirst for 8 years, plus numbness in both lower limbs for 6 months. The patient has an 8-year history of diabetes and reports that her blood glucose control has been satisfactory. Six months ago, she developed numbness and weakness in both lower limbs without any apparent cause, along with a sensation of walking on pebbles in both feet. At another hospital, her HbA1c was measured at 6.4%. EMG: Mild sensory impairment of the left median nerve and bilateral peroneal nerves. She is currently taking acarbose tablets 100 mg three times daily; fasting plasma glucose is controlled between 6.1–7.1 mmol/L, 2-hour postprandial levels between 7.0–8.9 mmol/L. Current symptoms include: fatigue, dry mouth with excessive thirst, numbness and weakness in both lower limbs, occasional stabbing pain and a sensation of walking on pebbles in both feet, stiffness in both hands, cold hands and feet, irritability and short temper, frequent sighing, normal appetite and sleep, and regular bowel and bladder function. Tongue: red with thick white greasy coating, tortuous sublingual collaterals. Pulse: string-like, thready and rough. Past medical history includes hypertension and lacunar cerebral infarction. Western medical diagnosis: Type 2 diabetic peripheral neuropathy; Traditional Chinese Medicine diagnosis: Diabetic Bi Syndrome (Qi deficiency with blood stasis combined with liver qi stagnation syndrome); Treatment principles: replenishing qi and unblocking collaterals, dispelling stasis to unblock bi, soothing the liver and relieving stagnation. Prescription: Huangqi 30g, Dilong 6g, Danggui 9g, Baishao 9g, Chuanxiong 9g, Taoren 9g, Honghua 9g, Dangshen (Radix Codonopsis) 20g, Shengma (Rhizoma Cimicifugae) 10g, Gualou (Fructus Trichosanthis)

10g, Qing Banxia (Rhizoma Pinelliae Preparatum) 9g, Chenpi (Pericarpium Citri Reticulatae) 10g, Fuling (Poria Cocos) 20g, Fengfang (Nidus Vespa) 6g, Guizhi (Ramulus Cinnamomi) 9g, Chaihu (Radix Bupleuri) 9g, Yujin (Radix Curcumae) 9g. 7 doses in total, decocted in water, 1 dose per day.

Follow-up visit on September 15, 2024: The patient reported improvement in fatigue, dry mouth with excessive thirst, stiffness in both hands, and cold extremities compared to before. Mood has improved compared to before, but numbness and weakness in both lower limbs persist, with occasional stabbing pain in both feet and a sensation of walking on pebbles. Appetite and sleep are satisfactory, and bowel and bladder functions are regular. Tongue: red with white greasy coating, tortuous sublingual collaterals. Pulse: string-like, thready and rough. The original formula was modified by omitting Dilong, increasing Huangqi to 50g, Fengfang to 10g, and Dangshen to 30g. Added 1 Wugong (Scolopendra), 20g Baizhu (Rhizoma Atractylodis Macrocephalae), 15g Yiyiren (Semen Coicis), and 12g Lulutong (Fructus Liquidambaris). 7 doses in total, decocted in water, 1 dose per day.

Third follow-up visit on October 1, 2024: The patient reported significant improvement in all symptoms. 20g of Sangjisheng (Ramulus Taxilli) and 20g of Chuanniuxi (Radix Cyathulae) were added to the modified formula (from the second follow-up visit); Huangqi was increased to 80g and Dangshen to 50g. 14 doses in total, decocted in water, 1 dose per day.

#### 6. Commentary

This elderly patient is physically frail. A chronic illness has led to deficiency of qi and blood. Due to qi deficiency, the body lacks the strength to propel fluids, resulting in fatigue, dry mouth, and excessive thirst; qi deficiency also fails to propel blood circulation, causing obstruction and blockage of the meridians, leading to numbness in both lower limbs, stabbing pain in both feet, stiffness in both hands, and cold hands and feet. The patient's habitual irritability and quick temper over time led to stagnation of liver qi and impaired regulation of qi flow, resulting in frequent sighing. Based on the tongue and pulse findings, the diagnosis is qi deficiency with blood stasis combined with liver qi stagnation. At the initial consultation, modified Buyang Huanwu Decoction was prescribed to replenish qi and unblock collaterals, dispel stasis and unblock bi, soothe the liver and relieve stagnation; Chaihu and Yujin were included to regulate the liver and resolve stagnation. At the follow-up visit, the patient reported improvement in the stiffness of both hands and the coldness of the hands and feet. Huangqi was increased to 50 g; this high-dose application was used to address the poor blood circulation caused by qi deficiency and weakened propulsion. As numbness and weakness in both lower limbs persisted, Wugong and Lulutong were added to invigorate blood and unblock the meridians. By the third follow-up visit, all symptoms had improved; Sangjisheng and Chuanniuxi were added to expel stasis, unblock the meridians, and strengthen tendons and bones, while the doses of Huangqi and Dangshen were further increased to address the root cause and consolidate the therapeutic effects. Chief Physician Li Qun's medication strategy embodies the TCM principle of “In acute conditions, treat the manifestation; in chronic conditions, treat

the root cause.” She first alleviated the patient’s symptoms and relieved pain; once the limb symptoms improved, she significantly increased the dosage of qi-replenishing herbs to regulate the root cause, effectively preventing further progression of the disease.

## 7. Conclusion

Drawing on her many years of rich clinical experience, Chief Physician Li Qun formulated the Buyang Huanwu Decoction to treat DPN characterized by qi deficiency, blood stasis, and liver qi stagnation, achieving significant clinical efficacy: patients’ symptoms improved and their suffering was alleviated. Dr. Li instructs us to perform precise pattern differentiation and flexibly adjust formulas in clinical practice, as this is the only way to effectively alleviate patients’ clinical symptoms and achieve the goal of treating both the symptoms and the root cause. Her philosophy is highly consistent with the holistic concept of Traditional Chinese Medicine and the principles of pattern differentiation and treatment.

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