

Summary of Professor Sheng Dong's Thought on Diagnosing and Treating Kidney Diseases through Urine Examination

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Abstract: *Chronic nephritis is more common in clinical practice, and its course is long, recurrent, and difficult to cure, which brings high difficulty to clinical diagnosis and treatment. Professor Sheng Dong has extensive clinical experience in diagnosing and treating kidney disease. His core approach organically integrates macroscopic TCM syndrome differentiation with modern microscopic examination, forming a unique urine-based diagnosis and therapeutic framework. This paper systematically sorts out and summarizes the experience of nephrology diagnosis and treatment based on urine diagnosis based on literature research and typical cases (nephrotic syndrome combined with tuberculosis infection). Professor Dong put forward the core view that urine is the "mirror of the pathogenesis" of kidney disease, and the diagnosis and treatment of urine is carried out throughout the whole process of diagnosis and treatment, forming a diagnosis and treatment path of "macro-micro-dynamic adjustment". At the macroscopic syndrome differentiation level, by observing urine characteristics such as urine color, urine volume, and abnormal urination, combined with the signs of the tongue and pulse, the condition is accurately judged, and the deficiency and excess of the internal organs, the nature of pathogenic factors and the depth of the disease are clarified. In terms of microscopic interpretation, modern medical microscopic indicators such as urine protein, urine occult blood, and β_2 microglobulin are interpreted as TCM pathogenesis such as "subtle loss of intake", "collateral damage and blood overflow", and "toxic stasis and paralysis". In dynamic treatment, follow the principle of "syndrome changes with lesions, prescriptions change with symptoms", and adjust the treatment plan and focus according to the changes in micro indicators and macro symptoms, such as clearing heat and dampness during the active period of proteinuria, and focusing on strengthening the spleen and kidney, nourishing qi and essence. This diagnosis and treatment idea effectively makes up for the problem of insufficient identification of microscopic pathology of early kidney disease by traditional Chinese medicine, realizes the organic connection between traditional Chinese medicine syndrome differentiation and modern medical examination, and can provide specific reference for clinical doctors to diagnose and treat kidney disease, help optimize diagnosis and treatment ideas, improve the accuracy of syndrome differentiation and drug pertinence, and its relevant experience needs to be further promoted in combination with clinical practice to help inheritance and innovation.*

Keywords: Urine examination, Diagnosis and treatment of kidney diseases, Four diagnostic methods, Microscopic pathogenesis mapping, Dynamic treatment strategies.

1. Theoretical Foundation:

The understanding of kidney diseases in traditional Chinese medicine (TCM) has a long history, with classic texts and medical practitioners' discussions establishing a profound theoretical basis. *Huang Di Nei Jing* was the first to associate abnormal urination with kidney diseases, proposing that "inability to urinate smoothly is called *lóng* (obstruction), and inability to control urination is called *yì nì* (incontinence)", and establishing the treatment principle of "treating the symptoms if urination is abnormal, and treating the root cause if urination is normal". Zhang Jingyue further pointed out that "inability to urinate can invade the spleen and stomach, causing distension, and the muscles, causing swelling", clarifying the impact of kidney diseases on the whole body [1]. The Medical Introduction systematically collected symptoms such as abnormal urination, incontinence, and pain during urination, reinforcing the understanding that "changes in urination are related to the kidneys". These collectively form the TCM's macroscopic diagnostic system of "diagnosing the kidneys through urine".

Modern medicine, through microscopic techniques such as quantitative urine protein and urine sediment microscopy, can precisely capture pathological details such as abnormal glomerular filtration, providing quantitative evidence for the

diagnosis of kidney diseases. However, there is a bottleneck in the integration of the two: microscopic indicators are difficult to directly correspond to TCM syndromes such as "spleen and kidney qi deficiency", leading to a "focus on the disease but not the person"; while traditional macroscopic diagnosis can grasp the overall pathogenesis, it is difficult to quantify pathological damage. Therefore, contemporary kidney disease diagnosis and treatment need to be based on a "macroscopic + microscopic" perspective: adhering to the TCM thinking of "diagnosing the disease by its symptoms", combining symptoms of urination, tongue coating, and pulse to trace the causes such as kidney essence deficiency; and leveraging modern microscopic detection to establish a "syndrome - indicator" correspondence. Only by complementing the strengths of both can a more precise diagnostic and treatment system for kidney diseases be constructed, providing scientific guidance for clinical practice.

Professor Dong believes that abnormal urination is an external manifestation of the "imbalance between pathogenic and protective forces and organ dysfunction" in kidney diseases, and requires analysis from both macroscopic and microscopic dimensions: macroscopically, through urine color (yellow and red indicating heat, clear and white indicating cold), urine volume (excessive urination attributed to yang deficiency,

insufficient urination attributed to damp-heat), odor (fishy and foul indicating damp-heat), and urination sensation (pain, incomplete urination, etc.) to determine the nature of the pathogenesis; microscopically, converting indicators such as urine protein and casts into TCM pathogenesis such as “leakage of essence” and “obstruction of phlegm and blood stasis”, achieving an organic connection between laboratory data and traditional diagnosis. For example, if urine foam persists, it often indicates qi deficiency and loss of control, corresponding to proteinuria; if urine sediment shows granular casts, it is treated from the perspective of “internal obstruction of turbidity and blood stasis”. This “macroscopic-microscopic” combination model not only avoids the deficiency of traditional four diagnostic methods in being insensitive to early kidney diseases but also overcomes the limitation of modern medicine in “emphasizing symptoms over root causes”, showing significant efficacy in difficult diseases such as chronic nephritis and diabetic nephropathy.

This study takes Professor Dong’s clinical cases as the core, through analyzing his diagnostic logic of “diagnosing through urine”, the rules of formula composition, and dynamic treatment strategies, systematically summarizes his academic thought of “macroscopic symptoms - microscopic indicators - dynamic formula adjustment” as a trinity, aiming to provide new ideas for the integrated diagnosis and treatment of kidney diseases in TCM and Western medicine, and promoting the modernization of traditional diagnostic methods.

2. Diagnostic and Therapeutic Approach

In clinical practice, Professor Dong emphasizes “integrating the four diagnostic methods”, while deeply integrating traditional macroscopic diagnosis with modern microscopic examination to dynamically capture the evolution of kidney disease pathogenesis, achieving the unity of precise diagnosis and individualized treatment.

2.1 Macroscopic Diagnosis: Using Urine as a Mirror, Inference from the External to the Internal

Professor Dong believes that the color, form, odor, and sensation of urination are external projections of the functions of the internal organs and the nature of pathogenic factors, requiring comprehensive analysis in conjunction with the four diagnostic methods.

2.1.1 Observing Urine

Yellow and turbid urine often indicates damp-heat syndrome or blood stasis-heat syndrome. In damp-heat syndrome, the urine is deep yellow like orange juice, turbid like rice wash, accompanied by a burning sensation in the urethra, commonly seen in acute urinary tract infections or the active stage of chronic nephritis. Professor Dong points out that patients with this syndrome often have a yellow and greasy tongue coating and a slippery and rapid pulse, and treatment should focus on clearing heat and promoting diuresis, using modified Bazheng San. If the turbidity is in the form of flocculent sediment, it is called “grease urine”, indicating spleen deficiency with dampness retention and lipid leakage (such as nephrotic syndrome), and herbs for strengthening the spleen and promoting diuresis such as *Atractylodes* and *Coix Seed*

should be added. In blood stasis-heat syndrome, the urine is dark red or like washed meat water, with visible blood clots after standing, commonly seen in IgA nephropathy or the active stage of lupus nephritis [2]. Such patients often present with a dark purple tongue and a sluggish pulse. The treatment should focus on cooling the blood and resolving blood stasis. The prescription of *Tao Hong Si Wu Decoction* combined with *Xiao Ji Yin Zi* is recommended, with the addition of *San Qi* powder for oral administration to enhance the effect of hemostasis and resolving blood stasis.

Clear and foamy urine is often seen in cases of spleen-kidney deficiency and yang deficiency with water retention. In cases of spleen-kidney deficiency, the urine is pale and foamy, with fine and persistent foam (proteinuria foam), which is commonly observed in the remission stage of diabetic nephropathy and chronic nephritis [3]. This condition is often caused by the failure of the spleen to ascend clear qi and the kidneys to seal and store essence [4]. Professor Dong often prescribes *Buzhong Yiqi Decoction* combined with *Jinsuo Gujing Pills*, with a heavy dosage of *Astragalus* (60g) to tonify qi and retain essence, and adds *Coix Seed* and *Cornus Fruit* to astringe the lower part of the body. In cases of yang deficiency with water retention, the urine is abundant and clear, especially at night (nighttime urination ≥ 3 times), accompanied by cold aversion and cold limbs, with a pale and swollen tongue with tooth marks. This is due to the decline of kidney yang and the failure of qi transformation [5]. The treatment should focus on warming the kidneys and promoting qi transformation. The prescription of *Jisheng Shenqi Pills* combined with *Yizhi Ren* and *Sanguis Draconis* is recommended, and it is emphasized that “tonifying yang should be accompanied by yin-nourishing herbs”. *Rehmannia* and *Cornus Fruit* can be added to seek yang within yin.

2.1.2 Inquiry about Urination

Frequent nocturia should be differentiated into yin and yang: those with kidney yang deficiency have clear and long urine and cold aversion; those with kidney yin deficiency have frequent and urgent urination, accompanied by symptoms of false heat. If the urine is clear and long at night, accompanied by soreness and weakness in the waist and knees, it belongs to kidney yang deficiency (such as chronic tubulointerstitial disease), and the treatment should focus on warming and tonifying kidney yang with *Yougui Pills*; if the urine is small and frequent at night, accompanied by dry mouth and red tongue, it is due to kidney yin deficiency and false heat disturbing the bladder (such as interstitial cystitis), and the treatment should focus on nourishing yin and reducing false heat with *Zhibai Dihuang Pills* [6]. *Anemarrhena* and *Phellodendron* clear false heat; *Rehmannia* and *Cornus* nourish kidney yin; adding *Paeonia* and *Gardenia* can enhance the effect of clearing heat and nourishing yin.

Urgency and pain during urination should be differentiated into new and chronic conditions: new conditions are often due to excess (damp-heat), while chronic conditions are often due to deficiency (yin deficiency with dampness). Acute onset with severe pain during urination, like being cut by a knife, is due to damp-heat in the bladder (such as acute pyelonephritis), and the prescription of *Bazheng San* combined with *Taraxacum* and *Hedyotis diffusa* is recommended; chronic

recurrence with mild pain during urination, accompanied by night sweats and fever, is due to yin deficiency with damp-heat (such as chronic urinary tract infection), and the treatment should focus on nourishing the kidneys and promoting urination. The prescription of Zhuling Decoction combined with Erzhi Pills is recommended, and Phellodendron and Lycium Bark can be added to clear and penetrate false heat.

2.2 Microscopic Differentiation: Laboratory Indicators and TCM Pathogenesis

2.2.1 Positive Urine Protein - Loss of Essence and Disruption of Ascending and Descending Functions

Positive urine protein in TCM is attributed to “loss of essence and disruption of ascending and descending functions”, with a pathogenesis mainly characterized by deficiency at the root and excess at the surface, involving the dysfunction of the spleen, kidneys, and lungs, and accompanied by pathological factors such as damp-heat, blood stasis, and wind pathogen [7].

Spleen Qi Deficiency (urine protein quantification 1-3g/24h): Spleen deficiency leads to the failure of ascending clear qi, resulting in the leakage of essence. Symptoms include fatigue, poor appetite, and foamy urine. The treatment should focus on tonifying the middle and benefiting qi, with the addition of Coix Seed and Cornus Fruit to lift the middle qi and retain essence. The method of tonifying the middle and benefiting qi can significantly reduce urine protein quantification and improve hypoproteinemia [8].

Kidney Gate Insecurity (urine protein quantification > 3.5g/24h): Insufficiency of kidney qi leads to the failure of sealing and storage, resulting in the leakage of essence. Symptoms include edema, cold aversion, soreness and weakness in the waist and knees, and dribbling after urination. The prescription of Zhenwu Decoction combined with Shuilu Erxian Dan is recommended to warm the kidneys, promote qi transformation, and retain essence. The method of warming the kidneys and astringing can improve kidney function and reduce proteinuria.

Damp-Heat Forcing Essence (large fluctuations in urine protein, active stage): Damp-heat accumulation in the lower part of the body disturbs the kidney vessels, resulting in symptoms such as turbid urine and greasy tongue coating. The prescription of Bieshi Fenqing Decoction combined with Pachyma and Lygodium japonicum, or Simiao San and Sanren Decoction, is recommended to clear heat and promote diuresis to stop leakage.

2.2.2 Positive Urine Hemoglobin - Vessel Damage and Blood Overflow, Differentiation Based on Deficiency and Excess

Positive urine hemoglobin is attributed to “vessel damage and blood overflow”, and should be differentiated into deficiency and excess. Excess conditions are mainly due to the interconnection of heat and blood stasis, while deficiency conditions are mainly due to qi deficiency in retaining blood or yin deficiency with false heat [9].

Excess Condition (heat and blood stasis interconnection): Acute stage (occult blood +++++, normal red blood cell morphology): Wind-heat or damp-heat damaging the vessels, causing blood heat and erratic blood flow. Commonly seen in purpura nephritis, the treatment should focus on clearing heat and cooling blood, with the prescription of Xiaoji Yinzi combined with Danpi and Chishao or Yinqiao San combined with Bazheng San [10]; Chronic stage (occult blood +~+, deformed red blood cells > 70%): Blood stasis blocking the vessels, causing blood to not follow the vessels. The prescription of Xuefu Zhuyu Decoction combined with Sanqi and Sarcandra glabra or Danggui Shaoyao San is recommended, focusing on resolving blood stasis and stopping bleeding. Deficiency syndrome (Qi fails to control blood): Spleen and kidney Qi deficiency, loss of control over blood, persistent positive occult blood with sallow complexion. Treatment should involve Gui Pi Decoction with the addition of Ejiao and carbonized Rubia cordifolia to tonify Qi and control blood.

2.2.3 Elevated Urinary β 2-Microglobulin - Toxic Damage to Renal Collaterals, Insect Drugs for Elimination

Elevated β 2-MG indicates damage to renal collaterals, with toxic pathogens and blood stasis mutually obstructing the renal collaterals, leading to abnormal qi transformation. The core issue lies in the “mutual entanglement of toxins and stasis”, which includes pathological products such as damp-heat and phlegm-turbidity, as well as the pathological state of collateral stasis. Modern research shows that insect drugs can improve renal tubular function through mechanisms such as antioxidation and anti-fibrosis, significantly reducing β 2-MG and urinary protein excretion rates in patients with diabetic nephropathy [11], and enhancing efficacy when combined with tonifying drugs like Astragalus and Salvia miltiorrhiza.

Pathogenesis Characteristics: Elevated β 2-MG indicates dysfunction in renal tubular reabsorption. Professor Dong classified this as “toxic and stasis obstruction of renal collaterals” and advocated the use of insect drugs to unblock collaterals and detoxify. Earthworm, being salty and cold and entering the kidney meridian, can unblock collaterals and promote diuresis, improving glomerular filtration and tubular reabsorption [12]. It is suitable for damp-heat and stasis obstruction type (such as diabetic nephropathy), often combined with corn silk and centella asiatica; silkworm chrysalis, which resolves phlegm and disperses nodules, eliminates collateral toxins, and inhibits mesangial cell proliferation. It is used for phlegm and stasis entanglement type (such as hypertension-induced renal damage), combined with Salvia miltiorrhiza and Ligusticum chuanxiong to promote blood circulation and remove stasis, enhancing the anti-fibrotic effect; centipede, which eliminates toxins and disperses nodules, is used for persistent proteinuria with elevated β 2-MG, but should be combined with Astragalus and Angelica sinensis to support the body and prevent excessive purgation.

Principles and Mechanisms of Drug Combination: Support and prevent excessive purgation: Insect drugs have strong penetrating power and should be combined with tonifying Qi and blood drugs such as Astragalus and Angelica sinensis to

prevent damage to the body and reduce protein leakage through regulating immune function. Astragalus-Earthworm is a high-frequency drug pair, reflecting the idea of combining attack and support. Synergistic unblocking and detoxification: Insect drugs combined with blood-activating drugs (such as *Salvia miltiorrhiza*) and diuretic drugs (such as corn silk) can improve renal microcirculation through multiple pathways.

3. Clinical Application

Urine, as the final product of water metabolism in the human body, is an important basis for reflecting the function of san jiao, the condition of the zang-fu organs, and the nature of pathogenic factors. Based on the “integration of macroscopic four diagnostic methods, microscopic pathogenesis mapping, and dynamic diagnosis and treatment adjustment” three-in-one urine diagnosis and treatment experience, Professor Dong has deeply integrated traditional experience with modern testing techniques, forming a unique method for diagnosing and treating kidney diseases.

Case: Patient Zhao, male, 54 years old, first visit in early February 2025. The main complaint was general weakness and foamy urine for more than half a year. The patient was admitted to the Second Affiliated Hospital of Xi'an Jiaotong University in August 2024 due to “edema of both hands, both lower extremities, and face, and ascites”, diagnosed with “nephrotic syndrome”, and was discharged after symptomatic treatment. In January 2025, he was treated for tuberculosis at an infectious disease hospital and stopped taking tacrolimus, but still used drugs such as isoniazid and sodium para-aminosalicylate. Current symptoms: general weakness, edema of both lower extremities, foamy urine, good sleep, average appetite, normal defecation. Red tongue with thick white greasy coating, deep and slippery pulse.

Treatment Process:

1) First visit on February 11, 2025: Severe edema of both lower extremities (deep indentation that does not easily recover), foamy urine, general weakness, red tongue with thick white greasy coating, deep and slippery pulse. Diagnosed as urine turbidity disease (water-dampness infiltration syndrome), treated with spleen transportation and dampness transformation, warming Yang and promoting diuresis. Medication: Astragalus 60g, Poria 15g, salted *Alisma* 10g, *Achyranthes bidentata* 15g, stir-fried Coix seed 40g, stir-fried *Dioscorea* 30g.

2) Second visit on March 4, 2025: Edema of both lower extremities reduced compared to before (deep indentation that easily recovers), foamy urine persists, dark red tongue, deep and taut pulse (blood stasis with damp obstruction). Adjusted medication: Added blood-activating drugs (*Paeonia* 15g, *Angelica* 10g) to the original prescription, and added drugs for ascending clear and descending turbid (*Cimicifuga* 10g).

3) Third visit on March 25, 2025: Mild edema of both lower extremities, which can be relieved after rest, foamy urine improved, new abdominal distension, pale red tongue, thick greasy coating. Adjustment of medication: Add spleen-strengthening and dampness-removing ingredients (30g of stir-fried Coix Seed, 15g of Dry *Dioscorea* Bulb),

increase the dosage of Coix Seed to 50g, and increase the dosage of *Cimicifuga*.

4) Fourth visit on April 22, 2025: No edema in both lower extremities, foam in urine has almost disappeared, tongue is light red, pulse is weak and slow. Medication: Maintain Astragalus for qi tonification and diuresis, add stir-fried Coix Seed for kidney consolidation and astringency, and Dry *Dioscorea* Bulb for separating clear and turbid.

Diagnosis and treatment thinking: The patient has symptoms such as edema in both lower extremities, general weakness, and foamy urine, and has a history of nephrotic syndrome and tuberculosis treatment. During the diagnosis and treatment process, on the one hand, it is necessary to take into account the treatment of nephropathy and tuberculosis, adjust the dosage of Western medicine to control the condition and side effects of the drugs; on the other hand, it is also necessary to use traditional Chinese medicine for overall conditioning to improve the patient's general weakness, edema, foamy urine and other symptoms, and achieve the therapeutic effect of supporting the body and eliminating pathogenic factors and adjusting the organs from the perspective of traditional Chinese medicine treatment, to relieve the patient's discomfort.

Pathogenesis analysis: The pathogenesis of this case is kidney yang deficiency and weak qi transformation, which leads to the leakage of essence and qi. The external manifestations are edema in both lower extremities and foamy urine. Therefore, the treatment method is established as: warming and tonifying kidney yang (*Salt Cuscuta* Seed, *Achyranthes Bidentata*), tonifying qi and promoting diuresis (*Astragalus*, Coix Seed, *Atractylodes*); treatment of concurrent symptoms: blood stasis (*Peony Root*, *Angelica Sinensis*), dampness and turbidity transforming into heat (*Hedyotis Diffusa*).

4. Reflection and Summary

In this case, the patient has both kidney disease and tuberculosis infection, making the condition complex. The core pathogenesis is “kidney yang deficiency as the root cause, and the interconnection of dampness and blood stasis as the secondary factor”. In the treatment, two major contradictions need to be addressed: one is the risk of drug interactions, and it is necessary to balance the hepatotoxicity and nephrotoxicity of anti-tuberculosis drugs (such as Rifampicin and Isoniazid) with their anti-infection efficacy; the other is the precision of integrated traditional Chinese and Western medicine intervention, and for the improvement of proteinuria (foamy urine), it is necessary to pay attention to the repair of the glomerular filtration membrane and the regulation of systemic symptoms simultaneously.

From the perspective of therapeutic effect evaluation, the relief of foamy urine is slow, indicating that the pathogenesis of kidney failure to retain essence and qi leakage has not been completely reversed, which may be related to the weakness of kidney yang leading to weak qi transformation and the difficulty in resolving dampness and blood stasis. In traditional Chinese medicine treatment, it is necessary to continue to use warming and promoting diuresis (such as Zhenwu Decoction combined with Jisheng Shenqi Pill) as the

basis, and supplement with promoting blood circulation and removing dampness (Salvia Miltiorrhiza, Eupatorium Laterale, Pachymaran) to unblock the kidney meridians; in Western medicine, it is necessary to dynamically monitor blood creatinine, blood urea nitrogen, and 24-hour urine protein quantification, and be vigilant about the risk of anti-tuberculosis drugs aggravating kidney damage.

Prognosis management should emphasize “equal importance of consolidation and detoxification”: on the one hand, use traditional Chinese medicines such as Astragalus, Coix Seed, and Rubus Corchorifolius to strengthen the consolidation of essence and qi and reduce protein leakage; on the other hand, it is necessary to optimize the dosage of Western medicine, and if necessary, adopt individualized anti-tuberculosis regimens (such as adjusting the dosage of Rifampicin or shortening the treatment course). In long-term follow-up, attention should be paid to electrolyte balance (especially hypokalemia), immune function, and nutritional status, and through the linkage assessment of traditional Chinese and Western medicine indicators (such as urine β 2-MG, urine osmotic pressure, and tongue and pulse changes), achieve dynamic optimization of the treatment plan.

This case highlights the importance of multi-target intervention and risk management in chronic kidney disease combined with infectious diseases, providing a practical reference for similar complex cases of “combining syndrome and disease, treating both the symptoms and the root cause”.

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