

Exploring Mechanisms and Treatment of Colorectal Cancer Liver and Lung Metastases Based on Theory of “Jin governs Yi and Geng” Meridian Correlation

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Abstract: *This study, based on the “Jin governs Yi and Geng” meridian relationship theory, deeply analyzes the pathophysiological connections of colorectal cancer metastasis to the liver and lungs. It is proposed that in the pathogenesis of liver and lung metastasis in colorectal cancer, the mutual generation and restraint of the Five Elements is the core mechanism of metastasis, the balance of Qi, blood, Yin, and Yang in the viscera is the primary condition for metastasis, and the interconnection of the meridians is the key pathway for metastasis. This paper analyzes the traditional Chinese medical theoretical mechanisms of liver and lung metastasis in colorectal cancer, and on this basis, it expands the relevant theories with the aim of providing a theoretical basis and practical guidance for clinical treatment.*

Keywords: Jin governs Yi and Geng; Meridian Correlation; Liver and lung metastasis of colorectal cancer.

1. Introduction

Colorectal cancer (CRC) is the most common malignant tumor in the digestive tract. In 2022, it ranked third in global incidence rate and second in mortality rate, with over 1.9 million new CRC cases and 900,000 deaths attributed to the disease [1]. The liver is the most frequent metastatic site for CRC patients, with approximately half developing liver metastases during the disease course [2]. The occurrence of liver metastases is closely related to CRC prognosis, and CRC liver metastasis is a primary factor significantly reducing patient survival rates [3]. The lungs are the second most common target organ for CRC cell metastasis, with about 20-30% of CRC patients developing distant lung metastases [4-5]. The current medical consensus holds that CRC metastasis is a multifactorial, multistep process involving mechanisms such as cell migration, microenvironmental interactions, immune evasion, non-coding RNA regulation, and tumor pericyte-mediated matrix remodeling [6]. These complex cellular and molecular mechanisms collectively promote metastasis formation, but their extreme complexity and incomplete mechanistic understanding hinder clinical application. Traditional Chinese medicine (TCM), through its unique theoretical framework, provides profound insights into the clinical prevention and treatment of CRC liver and lung metastases. Investigating TCM theories on the pathogenesis of CRC liver and lung metastases holds immense value for guiding clinical prevention and therapy. This article aims to employ the “Jin governs Yi and Geng” theory to discuss the TCM mechanisms of CRC liver and lung metastases from multiple dimensions, thereby expanding the theoretical foundation of TCM in treating CRC liver and lung metastases and offering broader perspectives for clinical TCM practice.

2. Theoretical Connotation of the Meridian Connection of “Jin governs Yi and Geng”

The phrase Jin governs Yi and Geng was first seen in Suwen · Wuyunxing Dalun, which states: “Tu governs Jia-Yi, Jin governs Yi-Geng, Shui governs Bing-Xin, Mu governs Ding-Ren, and Huo governs Wu-Gui.” Suwen · Tianyuanji Dalun also records: “In the year of Yi and Geng, the Yun of Jin dominates.” Originally, it derives from the theory of Yunqi in traditional Chinese medicine (TCM), namely the theory of “Tiangang Hua Wuyun”. It embodies the holistic concept of Tianren Xiangying, linking the evolutionary laws of all things in the universe with human physiological and pathological changes, and indicating that human health is closely associated with natural changes [7]. In Bianque Shenying Zhenjiu Yulong Jing, this theory was systematically applied to explain human physiology, pathology and acupuncture point compatibility [8]. As recorded in Suwen · Cangqi Fashi Lun: “The liver dominates spring, regulated by Foot-Jueyin and Foot-Shaoyang meridians, corresponding to the days of Jia and Yi... The lung dominates autumn, regulated by Hand-Taiyin and Hand-Yangming meridians, corresponding to the days of Geng and Xin.” It can be concluded that Yi Mu corresponds to the liver, Xin Jin to the lung, and Geng Jin to the large intestine. From the perspective of this meridian connection, the connotation of “Jin governs Yi and Geng” can be interpreted from the aspects of the Five Elements, zang-fu organs and meridians. This connection not only strengthens the correlation between homologous hand and foot meridians, but also expands the interaction between non-homologous and non - exterior - interior meridians, further enriching the theoretical system of TCM zang-fu organs and meridians [9]. Specifically, coordinated interaction among the ascent of liver qi, the descending and purifying function of lung qi, and the downward conduction of the large intestine maintains the balance of qi ascent and descent, and promotes the generation, transportation, distribution and excretion of body fluids. This unique meridian connection — the intercommunication between the liver meridian, lung meridian and large intestine

meridian — well explains the mechanisms of human qi regulation and body fluid metabolism, and provides innovative and diversified ideas and regimens for clinical treatment.

3. The Pathogenesis of Liver and Lung Metastasis of Colorectal Cancer Based on the Meridian Connection of Jin governs Yi and Geng

3.1 Interaction of the Five Elements as the Core Mechanism of Tumor Metastasis

As stated in *Suwen · Yinyang Yingxiang Dalun*: “Wind emerges in the east, wind generates Mu, Mu generates sour flavor, and sour nourishes the liver... Dryness emerges in the west, dryness generates Jin, Jin generates pungent flavor, and pungent nourishes the lung.”

The liver pertains to the Mu element, and thus possesses the properties of Mu, including growth, ascent, free dispersion, and smooth regulation, as well as the preference for unrestrained dispersion and aversion to stagnation and depression. The lung pertains to the Jin element, with the characteristics of Jin such as clearing, purifying, astringing and descending, and it prefers moistness and dislikes dryness. *Lingshu · Benshu* records: “The lung is interiorly-exteriorly related to the large intestine, which is the fu-organ responsible for transmission and conduction.” The large intestine also belongs to the Jin element, and functions in downward transportation, descent and conduction of waste.

As stated in *Suwen · Baoming Quanxing Lun*, “Mu is restrained by Jin.” While the lung (Xin Jin) controls the ascent of the liver (Yi Mu) through its purifying and descending function, the astringent property of the lung (Xin Jin) restrains excessive dispersion of the liver (Yi Mu). Meanwhile, the vigorous downward conduction of the large intestine (Geng Jin) inhibits the over-germination of the liver (Yi Mu), which explains the physiological correlations among the three organs from the perspective of Five Elements theory. The restraining relationship between the liver (Yi Mu) and the lung (Xin Jin) is embodied in the mutual restriction and interaction between the liver’s dispersion function and the lung’s diffusion and descent function. The smooth movement of liver qi relies on the diffusion and descent of lung qi, and the regulation of lung qi also depends on the dispersion of liver qi. Similarly, the restraining relationship between the liver (Yi Mu) and the large intestine (Geng Jin) manifests in the interaction of their physiological functions. The large intestine is the fu-organ of transmission and conduction. Normal liver dispersion helps promote the downward excretion of the large intestine, ensuring smooth discharge of waste and maintaining intestinal patency. Both the lung and the large intestine pertain to the Jin element in the Five Elements. The lung is termed clear Jin, and the large intestine is dry Jin. Their connection is reflected in conductive function and body fluid metabolism. The purifying and descending of lung qi facilitates intestinal conduction; the lung regulates water passages and coordinates with the large intestine in governing body fluid and reabsorbing residual water. If the lung fails to diffuse and descend and cannot regulate water

passages, the large intestine’s fluid-regulating function will be disturbed, body fluid cannot be transported downward, and constipation will occur. The Jin property of the lung meridian presents a downward astringent effect, while the Jin property of the large intestine meridian shows an upward astringent tendency, and the two jointly form a circular movement. Correspondingly associated with the Jin element in Five Elements theory, they connect with each other through the interaction of Yin and Yang. Due to their shared Five Elements attribute, large intestinal diseases often affect the lung, and colorectal cancer is prone to metastasize to the lung.

As stated in *Suwen · Yuji Zhenzang Lun*, “The five zang-organs receive qi from their generated element and transmit pathogens to the restrained element.” Diseases transmit along the restraining sequence of the Five Elements, and such transmission mechanism can explain the pathological transfer of lesions from one zang-fu organ to another. In the pathological progression of colorectal cancer, large intestinal lesions may first impair liver function through the pathological mechanism of Jin restraining Mu, thereby inducing hepatic pathological changes and resulting in liver metastasis of colorectal cancer. *Suwen · Wuyunxing Dalun* elaborates on the mechanisms of Cheng (invasion) and Wu (counter-restraint) among the Five Elements: “When qi is excessive, an element over-restrains its conquered counterpart and counter-restrains its conqueror; when qi is deficient, an element is invaded and restrained by its conqueror, and is lightly counter-restrained by its conquered counterpart.” Therefore, Cheng and Wu refer to two pathological states of abnormal restraining relationships in the Five Elements theory. Cheng (invasion) means that one element exerts excessive restraint on its conquered element beyond the physiological range, thereby triggering diseases. Wu (counter-restraint) indicates insufficient restraining force of one element against its conqueror, leading to reverse restraint from the dominant counterpart and consequently giving rise to pathological changes [10]. By analyzing the imbalanced relationship of Cheng and Wu, the pathogenesis of diseases can be comprehensively interpreted. For instance, excessive hyperactivity of Mu qi will over-restrain Jin, namely *Mu Cheng Jin*, and impair the astringent function of Jin. In contrast, when Jin qi is excessive or Mu qi is insufficient, Jin will reversely restrain Mu, namely *Jin Wu Mu*, and inhibit the germinating and ascending properties of Mu [11]. The liver metastasis of colorectal cancer serves as a vivid example reflecting the pathological transmission of the Cheng–Wu mechanism in the Five Elements theory. In the early stage of colorectal cancer, the presence of tumor lesions disrupts the Five Elements balance of the large intestine. At this stage, the fierce confrontation between healthy qi and pathogenic factors leads to hyperactivity of the Jin element. Exuberant Jin restrains Mu excessively, resulting in the invasion of liver tissues by cancerous toxin. In the advanced stage of cancer or after surgical resection, healthy qi becomes deficient, giving rise to liver Mu counter-restraining Jin, which further aggravates the malignancy of the primary tumor.

In summary, there exists a close relationship of generation, restraint, Cheng and Wu among the large intestine, liver and lung in the Five Elements theory. When the physiological relationships of generation and restraint among the Five Elements are disordered, accompanied by abnormal changes

of Cheng and Wu, colorectal cancer can affect the liver and lung which have close Five Elements correlations with it through the pathological transmission laws of Five Elements generation and restraint as well as the abnormal Cheng-wu relationship. This disturbs the normal physiological functions of the liver and lung, and ultimately leads to liver and lung metastasis of colorectal cancer.

3.2 The Imbalance of Zang-fu Organs, qi, blood, yin and yang Constitutes the Primary Prerequisite for Tumor Metastasis

Treatise on the Spleen and Stomach states: "The large intestine governs body fluid." *Suwen-Treatise on the Secret Canon of Spiritual Orchid* records: "The large intestine is the official in charge of conduction and transportation." It is held that the large intestine physiologically functions to conduct waste residues and govern body fluid. The liver governs free coursing and blood storage, regulates and smooths the general qi movement of the whole body, stores and regulates blood, and pertains to yin within yang. The lung dominates the whole body's qi, regulates water passages, and converges all blood vessels. Systemic blood converges to the lung through meridians, and the lung governs and regulates the transportation and distribution of qi, blood and body fluid throughout the body, belonging to yang within yin. As noted in *Suwen-Treatise on Prohibited Acupuncture*: "The liver flourishes on the left, and the lung resides on the right." Liver qi ascends while lung qi descends. The dynamic balance between ascending and descending movement is essential for regulating systemic qi, blood and body fluid. As the fundamental substances of the human body, qi, blood and body fluid are the core factors underlying the onset and metastasis of colorectal cancer {#11}.

In colorectal cancer, functional abnormalities of the large intestine in governing body fluid and conducting waste lead to disordered transportation and dispersion of body fluid, resulting in intestinal fluid deficiency and failure to fill the blood vessels. As stated in *Lingshu-Abscess and Cellulitis*: "When body fluid is in harmony, it transforms and turns red to form blood" [13]. At this stage, fluid deficiency leads to reduced blood generation. Inside the vessels, blood flow is obstructed, resulting in sluggish blood circulation. The liver stores and regulates blood, and the lung converges all blood vessels; systemic blood converges and is redistributed by these two zang-fu organs. Consequently, blood circulation slows down in the liver and lung, and such slow blood flow causes cancer toxin to linger in the liver and lung. In some cases, the reabsorptive function of the large intestine may become impaired, failing to effectively absorb and transform excessive water. This prevents body fluid from being redistributed throughout the body, instead causing excessive fluid accumulation in the intestinal tract. Such accumulation disturbs the normal qi movement of the large intestine. Following fluid stagnation, these pathological substances accumulate in the colon, forming phlegm-damp yin pathogenic factors, which serve as a crucial material basis for carcinogenesis. The close correlation between phlegm-dampness and cancer toxin is a vital contributor to the development of malignant tumors, and further constitutes a key factor in tumor metastasis {#13}. As stated in *Suwen-Treatise on Yin-Yang Correspondence and*

Manifestation: "Yang transforms into qi, while yin takes physical form." Malignant tumors develop solid masses within the human body and occupy a certain space, which can be regarded as yin. The growth, invasion ability and active metabolic activities of malignant tumors can be categorized as yang [15]. Therefore, malignant tumors are pathological lesions with combined yin and yang properties, manifesting as pathological hyperplasia and abnormal growth [16]. As recorded in *Suwen-Treatise on the Golden Chamber and True Speech*: "The lung is yin within yang; the liver is yang within yin." This indicates that the lung pertains to yin within yang and the liver to yang within yin. Both the lung and the liver possess dual yin-yang properties and are characterized by abundant qi and blood. The metastatic feature of malignant tumors is closely associated with their pathological property of "embodied as yin and functioning as yang". Accordingly, malignant tumors tend to metastasize to zang-fu organs with similar yin-yang attributes. As a kind of digestive tract tumor, colorectal cancer presents metastatic characteristics closely related to its yin-yang nature. The Yangming meridians are known as meridians with abundant qi and blood, and the large intestine shares this feature of ample qi and blood. Hence, due to the integrated yin-yang nature of colorectal tumors, they are more prone to metastasize to the lung and liver, which also combine yin and yang. Such metastatic tendency is not only correlated with the yin-yang properties of tumors, but also closely linked to the inherent characteristics of the lung and liver as well as their important roles in the circulation of qi and blood.

In conclusion, when the physiological functions of the large intestine are disordered, fluid deficiency and sluggish blood circulation may lead to the retention of cancer toxin in the liver and lung, thereby increasing the risk of liver and lung metastasis of colorectal cancer. As vital zang-fu organs that regulate systemic qi, blood and body fluid, the liver and lung feature integrated yin-yang properties, making them ideal sites for colorectal cancer metastasis. Therefore, dysfunction of the large intestine disturbs the balance of qi, blood and body fluid, creating favorable conditions for the liver and lung metastasis of colorectal cancer.

3.3 The Meridian System Serves as the Key Pathway for Tumor Metastasis

As stated in *Lingshu-Meridians*: "The Lung Meridian of Hand-Taiyin originates from the middle jiao and descends to connect with the large intestine." "The Large Intestine Meridian of Hand-Yangming... connects with the lung and descends across the diaphragm", and "The Liver Meridian of Foot-Jueyin... flows upward to infuse into the lung". These records demonstrate that the Lung Meridian of Hand-Taiyin and the Large Intestine Meridian of Hand-Yangming are interconnected via the meridian system, forming an interior-exterior paired relationship between the lung and the large intestine. Through the communication of the meridian system, the Lung Meridian of Hand-Taiyin establishes a direct circulating connection of meridians with the Liver Meridian of Foot-Jueyin. Although the Liver Meridian of Foot-Jueyin is not directly linked to the Large Intestine Meridian of Hand-Yangming, they form an indirect circulating passage mediated by the Lung Meridian of Hand-Taiyin, thus constructing a special correlation between

the liver and the large intestine. In addition, recorded in *Lingshu-Divergent Meridians*, the divergent branch of the Large Intestine Meridian of Hand-Yangming “runs upward along the throat”, while the Liver Meridian of Foot-Jueyin “travels along the posterior throat and ascends into the nasopharynx”. The two meridians are interconnected through their respective branches in the throat region, realizing the connection between meridians.

As stated in *Suwen-Treatise on Jade Mechanism and True Viscera*: “In large intestine disorders, lung qi counterflows, leading to cough and adverse qi ascent.” This indicates that pathological changes of the large intestine may disturb the purifying and descending function of lung qi. *Suwen-Treatise on Cough* records: “Persistent lung cough will transmit to the large intestine.” It suggests that lesions of the lung meridian may affect the large intestine and induce its pathological alterations. *Lingshu-Meridians* notes: “The Large Intestine Meridian of Hand-Yangming... presents yellow eyes and dry mouth.” This manifests that abnormalities of the large intestine meridian can lead to liver dysfunction, accompanied by symptoms such as yellow eyes and dry mouth. Similarly, *Lingshu-Meridians* points out: “Diseases dominated by the liver meridian include chest distension, adverse qi counterflow and dysentery with undigested food.” It reveals that liver meridian disorders may impair the normal conducting function of the large intestine. There exist interconnections among the lung meridian, large intestine meridian and liver meridian. When the functions of zang-fu organs are disordered, they interact with one another and result in pathological transmission.

As cited in *Suwen-Treatise on Qi, Blood, Form and Aspiration*: “The Yangming meridians are always abundant in qi and blood.” This indicates that the large intestine meridian is a meridian rich in qi and blood, a unique characteristic within the meridian system [17]. The liver governs free coursing and blood storage, while the lung dominates the general qi of the entire body and converges all blood vessels. The liver and lung exert essential effects on the regulation of systemic qi and blood. Therefore, the smooth flow of qi and blood in the large intestine meridian is also markedly influenced by the liver meridian and lung meridian. During the progression of colorectal cancer, the meridians circulate throughout the body and connect all zang-fu organs. Their original physiological functions of transporting qi and blood and mediating communication among zang-fu organs are transformed into pathways for the spread of colorectal cancer lesions, enabling tumor cells to metastasize more easily between zang-fu organs. Owing to the close connections between the liver meridian, lung meridian and large intestine meridian, the liver and lung become the primary metastatic targets of colorectal cancer, leading to a tendency of tumor cells to disseminate toward these two organs.

4. Treatment and Differentiation of Liver and Lung Metastasis of Colorectal Cancer Based on the Theory of “Jin Zhu Yi and Geng”

In the therapeutic system of traditional Chinese medicine, treatment based on syndrome differentiation serves as the core, which emphasizes formulating individualized therapeutic

regimens in accordance with the pathological characteristics of different individuals [17]. In light of the theory of “Jin governs Yi and Geng”, the lung, liver and large intestine share close internal connections. Clinically, treatment should focus on regulating the relationships of the Five Elements, zang-fu organs and meridians among the liver, lung and large intestine, as well as harmonizing qi, blood and body fluid. From this perspective, the primary therapeutic principles are to soothe liver qi, regulate lung qi, activate blood circulation to resolve stasis, and eliminate phlegm and dispel dampness, so as to unblock qi movement and smooth blood circulation. In this way, the purifying and descending function of the lung can return to normal, and the large intestine can exert its physiological functions of conduction, transportation and descent normally, enabling the smooth operation of qi, blood and body fluid. The coordinated function of the above physiological activities not only promotes the excretion of food residues, but also prevents the aggravated accumulation of cancer toxin in the large intestine. It further avoids the retention of cancer toxin in the liver and lung, thereby blocking the progression to liver and lung metastasis of colorectal cancer.

At present, several studies have adopted modern science and technology to conduct experimental and clinical researches, so as to carry out empirical exploration on the mechanism of the theory of “Jin governs Yi and Geng” in liver and lung metastasis of colorectal cancer. The observational findings of Qi Jing [18] indicated that both postoperative disease-free survival and metastasis in patients with colorectal cancer are closely correlated with the state of liver qi stagnation. Researchers including Ma Mengyu [19] established an experimental mouse model of liver qi stagnation, and further confirmed that liver qi stagnation can promote the liver metastasis of colorectal cancer. This indicates that soothing the liver and relieving stagnation to avoid liver qi stagnation is of great preventive and therapeutic significance for liver metastasis of colorectal cancer. Lin Lizhu [20] holds that liver metastasis of colorectal cancer results from the interaction between cancer toxin and blood stasis in the liver, which further forms accumulative lesions. The study by Ke Yingshui [21] shows that dampness-heat of the large intestine and accumulation of damp-toxin are closely associated with liver metastasis of colorectal cancer. Qin Songlin [22] argues that there is a direct meridian connection between the lung and the large intestine, as well as an intimate correlation in the circulation of qi and blood. Cancer toxin of colorectal cancer spreads to the lung along the meridians, resulting in lung metastasis of colorectal cancer. All the above evidence demonstrates that the treatment strategies of eliminating phlegm and dispel dampness, activating blood circulation and regulating qi movement based on the theory of “Jin governs Yi and Geng” possess clinical significance for liver and lung metastasis of colorectal cancer. This therapeutic strategy based on the holistic concept can not only treat local lesions, but also regulate and enhance the body’s self-repairing capacity as a whole, providing patients with more comprehensive and in-depth conditioning. Through diversified therapeutic interventions, the risk of liver and lung metastasis of colorectal cancer can be minimized to the greatest extent, and patients’ quality of life and prognosis can be improved.

5. Conclusion

The theory of “Jin governs Yi and Geng” offers a new interpretation and supplementation to the theories of yin-yang and interior-exterior correlations between zang-fu organs in traditional Chinese medicine. This concept embodies unique enlightening significance and application value in analyzing and exploring the mechanism of liver and lung metastasis of colorectal cancer as well as its therapeutic strategies. Under the theoretical framework of meridian correlation of “Jin governs Yi and Geng”, the pathophysiological links among the liver, lung and large intestine reveal the core pivotal roles of the Five Elements theory, visceral manifestation theory and meridian theory in the process of liver and lung metastasis of colorectal cancer. When patients present with insufficient healthy qi, they cannot effectively resist pathogenic factors. As a result, cancer toxin of malignant tumors in the large intestine spreads to the liver and lung through the interaction and connection of the three organs, persists in these organs for a long time, and eventually forms metastatic lesions. Therefore, the normal physiological function and operation of the liver and lung are of important clinical significance for the syndrome differentiation and treatment of liver and lung metastasis of colorectal cancer. Following the principle of “preventive treatment of disease”, the core focus at the early stage of colorectal cancer is to adjust therapeutic regimens based on patients’ specific symptoms, and rationally apply medicinal herbs for soothing the liver and regulating the lung to protect zang-fu organs unaffected by pathogenic factors in advance. In clinical practice, the earlier traditional Chinese medicine treatment is intervened in patients with colorectal cancer, the more likely the risk of liver and lung metastasis can be reduced. This strategy not only contributes to early intervention, but also enhances patients’ overall disease resistance. Relevant measures can be implemented at the early stage of disease progression to achieve the goal of preventing liver and lung metastasis.

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