

TCM Therapeutic Approaches for Lung Cancer Inspired by the Huangdi Neijing

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Abstract: *This review systematically explores traditional Chinese medicine (TCM) therapeutic modalities for lung cancer from the theoretical perspective of the Huangdi Neijing (Yellow Emperor's Internal Classic). By dissecting the etiopathogenesis, therapeutic principles and relevant treatment methods recorded in this canonical text, combined with modern clinical characteristics of lung malignant tumors, this paper elaborates on the clinical application of vital qi-supporting and pathogen-eliminating therapy, treatment conforming to pathogen tendency, emotional regulation, dietary conditioning and physical rehabilitation for lung cancer management. It aims to provide theoretical basis and practical guidance for clinical TCM practice, elevate the therapeutic efficacy of TCM interventions for lung cancer, and improve patients' overall quality of life.*

Keywords: Huangdi Neijing, Lung cancer, Vital qi-supporting and pathogen-eliminating therapy, Treatment conforming to pathogen tendency, Physical rehabilitation, Dietary therapy.

1. Introduction

Lung cancer ranks second in global cancer incidence and first in cancer-related mortality both in China and worldwide [1]. Although modern oncological therapies can partially suppress tumor proliferation and slow disease progression, they are accompanied by severe adverse reactions. Moreover, their therapeutic effects remain limited in reducing tumor recurrence and metastasis, ameliorating patients' quality of life, and prolonging survival duration [2]. As the foundational masterpiece of TCM, the Huangdi Neijing contains profound medical theories and practical therapeutic regimens. Despite the absence of the modern clinical term "lung cancer" in this ancient text, its systematic descriptions of analogous pulmonary mass disorders and intrinsic therapeutic philosophies deliver valuable strategies for TCM treatment of lung cancer. In-depth excavation of therapeutic wisdom documented in the Huangdi Neijing is of great significance for refining the integrated TCM treatment system for lung malignancy.

2. Correlation Between Pulmonary Mass Disorders Recorded in the Huangdi Neijing and Modern Lung Cancer

While the modern nomenclature "lung cancer" does not appear in the Huangdi Neijing, its depictions of "Feiji (lung accumulation)" and "Xiben (galloping lung mass)" share highly consistent clinical manifestations with lung cancer [3]. Plain Questions · Treatise on Cough records: "Manifestations of lung cough include dyspnea with audible wheezing; severe cases present hemoptysis." Plain Questions · Treatise on Genuine Zang-Qi in the Six Viscera further states: "Marked emaciation of large bones and severe muscle atrophy, fullness and stuffiness in the chest, labored breathing, internal radiating pain towards the shoulder and nape, persistent fever, wasting of subcutaneous tissues, exposure of genuine visceral pulses; death will occur within ten days." These descriptions are highly consistent with the cachexia manifested in advanced lung cancer patients [4]. In addition, core

therapeutic maxims proposed in Plain Questions · Treatise on the Supreme Truth such as "break down hardened masses", "disperse binding stagnation", and "attack retained pathogens" exert critical guiding significance for contemporary clinical management of lung cancer [5].

3. Etiopathogenesis of Lung Cancer Interpreted Through Huangdi Neijing Doctrines

Plain Questions · Treatise on Febrile Diseases states: "Pathogens invade where vital qi is deficient." Spiritual Pivot · Inquiries on Oral Manifestations notes: "All locations of pathogenic invasion result from visceral insufficiency." Spiritual Pivot · Origins of All Diseases elaborates: "Deficient external pathogens initially invade the skin; loose skin relaxes the interstitial spaces. Unresolved pathogens transmit to the space outside the intestines and stomach, lodge between the interstices of visceral membranes, accumulate in vessels, and form masses after long-term retention." The text further indicates: "Severe malignancies develop from three coexisting factors: seasonal pathogenic climates, individual physical constitution, and excess-deficiency visceral status." Spiritual Pivot · Nine Needles records that eight seasonal climatic evils lingering in meridians induce intractable chronic disorders. Spiritual Pivot · Origins of All Diseases proposes two core triggers for mass formation: cold pathogen invasion, and simultaneous external cold attack coupled with internal emotional injury of anxiety and rage. Emotional disturbance causes upward counterflow of lung qi, obstructing six qi transport tracts and inhibiting warm visceral qi circulation. Stagnant blood accumulates internally without dispersion, viscous body fluids deposit locally, and persistent retention generates pulmonary masses [6]. Collectively, classical TCM theories attribute lung cancer to deficiency of lung qi and yin with disrupted yin-yang balance; pathogenic toxins invade the lung under conditions of vital qi insufficiency, impairing lung dispersion and purification functions. Undistributed body fluids coagulate into phlegm, qi stagnation induces blood stasis, and long-term binding of

phlegm and static blood evolves into pulmonary masses. Combined with clinical practice and modern oncology evidence, lung cancer is defined as a systemic disease featuring root deficiency and branch excess. Deficiency of qi and yin constitutes the fundamental root lesion: insufficient vital qi fails to resist external pathogenic invasion. Under the compound stimuli of six climatic evils, irregular diet, emotional disturbance and inherent physical constitution, systemic yin-yang imbalance, visceral dysfunction and disordered qi-blood circulation emerge. Pathogens invade meridians and zang-fu organs, triggering qi stagnation, blood stasis and phlegm coagulation; long-term binding of phlegm, static blood and malignant toxins within pulmonary collaterals ultimately forms tumor lesions, presenting as superficial excess manifestations [7].

4. TCM Therapeutic Regimens for Lung Cancer Guided by Huangdi Neijing Theories

4.1 Vital Qi-Supporting and Pathogen-Eliminating Therapy

The Huangdi Neijing establishes two core therapeutic axioms: “Sufficient internal vital qi prevents pathogenic invasion” and “Pathogens accumulate only where vital qi is deficient.” TCM clinicians characterize the core pathogenesis of lung cancer as concurrent vital qi deficiency and pathogenic excess, with qi-yin deficiency as the root lesion, and static blood, phlegm-dampness and malignant cancer toxins as superficial branch lesions. Accordingly, clinical herbal formulas prioritize qi-tonifying and yin-nourishing medicinals, including Astragali Radix, Codonopsis Radix and Pseudostellariae Radix. Adjunct ingredients include spleen-strengthening and dampness-draining agents (Poria Cocos, Atractylodis Macrocephalae Rhizoma, Coicis Semen), as well as lung-diffusing, pus-expelling, toxin-clearing and mass-resolving herbs (Platycodonis Radix, Hedyotidis Diffusae Herba, Scutellariae Barbatae Herba) [8]. Modern pharmacological research provides mechanistic evidence for this regimen: astragalus polysaccharides enhance macrophage activity and regulate the ratio of CD4⁺ and CD8⁺ T lymphocytes, offering molecular support for the vital qi-supporting root-strengthening method to reinforce anti-tumor immunity [9]. Mechanistically, vital qi-supporting TCM interventions correspond to modern immunomodulation and reversal of chemoradiotherapy resistance in tumor patients. Immune regulation indirectly suppresses tumor cell proliferation; alleviated drug resistance improves tumor sensitivity to standard oncological treatments. Immunotherapy has emerged as the most promising frontier of oncology research. Cumulative studies confirm that Chinese herbal medicines and their extracts exert pleiotropic regulatory effects on immune cells, potentiating both innate and adaptive anti-tumor immunity [10-11].

4.2 Zang-Fu Regulating Therapy

Xu et al. [12] interpreted the pathogenesis of lung cancer based on visceral qi ascent-descending theory, demonstrating that the lung, spleen, kidney and liver jointly participate in tumor initiation and progression, consistent with the holistic diagnostic philosophy highlighted in the Huangdi Neijing. Multiple scholars have proposed lung cancer management

centered on the liver-lung axis interaction. Wu Weiping [13] argued that the lung governs overall qi circulation while the liver regulates qi dispersion; both visceral organs participate in systemic blood circulation. Disharmony between hepatic and pulmonary qi induces qi stagnation, blood stasis and phlegm coagulation, the core pathological lesions of lung cancer. Thus, regulation of qi, blood and phlegm primarily relies on harmonizing the liver and lung. He developed the self-designed Changjin Decoction modified from Sini San for individualized clinical adjustment. From the five-element restraining theory, Han et al. [14] proposed that hyperactive liver fire invades the lung (wood counteracting metal), disrupting pulmonary fluid and blood transportation. Therapeutic strategies prioritize liver-soothing, qi-moving, blood-activating and stasis-resolving interventions, utilizing modified Sini San combined with Minor Bupleurum Decoction. In addition, Piao Bingkui and other distinguished TCM oncologists [15-16] emphasized the inseparable correlation between lung cancer and the lung, spleen and kidney. Piao categorized lung cancer into five core syndromes: lung-spleen qi deficiency, lung yin deficiency, qi stagnation and blood stasis, internal obstruction of phlegm-dampness, and simultaneous deficiency of qi and yin. Corresponding modified formulas include Sijunzi Decoction, Maiwei Dihuang Decoction, Taohong Siwu Decoction, Erchen Decoction and Shashen Maidong Decoction respectively. Based on the physiological and pathological characteristics of these three viscera, Bai Zhengping advocated the “strengthening earth to generate metal” therapeutic method for lung cancer, commonly prescribing Ginseng Radix et Rhizoma, Astragali Radix, Atractylodis Macrocephalae Rhizoma, Poria Cocos, Curculiginis Rhizoma, Cuscutae Semen and Epimedii Folium.

4.3 Treatment Conforming to Pathogen Tendency

Treatment conforming to pathogen tendency refers to therapeutic interventions that guide pathogenic toxins outward following their natural migration trends [17]. The Huangdi Neijing repeatedly advocates this core strategy: Spiritual Pivot · Five Disorders records “Treat diseases by conforming to their natural trends”; Spiritual Pivot · Physician’s Transmission states “No disease can be cured against its natural progression; effective treatment solely relies on compliance with pathogen tendencies” [18]. In clinical lung cancer management, clinicians guide pathogenic toxins outward according to disease progression and lesion localization, eliminating pathogens to restore unobstructed vital qi and balanced yin-yang. For patients with severe excessive phlegm drool and gastric food stagnation, emetic therapy can be appropriately applied to discharge pathogens from the upper jiao [19]. Gua Di San serves as a classic emetic formula for retained phlegm and food; nevertheless, emetic therapy exerts drastic therapeutic effects and requires rigorous clinical caution, frequently combined with complementary interventions to mitigate adverse impacts.

4.4 Emotional Regulation Therapy

Plain Questions · Treatise on Pain Manifestations documents: “Excessive sorrow constricts the heart meridian, distends pulmonary lobes, obstructs the upper jiao, impedes

nutrient-defensive qi circulation, accumulates internal heat, and dissipates lung qi.” Persistent melancholy and sorrow damage pulmonary function, disrupting lung dispersion-purifying activity and consuming visceral qi [20]. Psychological distress is highly prevalent among malignant tumor patients. Tormented by physical pain, treatment-related adverse reactions and fear of death, patients frequently present persistent depression, severe fatigue and hopelessness. Psychological factors not only participate in tumor initiation but also correlate with patients’ long-term survival to a certain extent [21]. A clinical trial targeting lung cancer patients receiving chemotherapy demonstrated that standardized psychological nursing significantly improves physical and psychological functional scores [22]. He et al. further verified that psychological intervention effectively alleviates anxiety and depression and elevates quality of life in patients with locally advanced breast cancer [23]. Moreover, Spiritual Pivot · Physician’s Transmission proposes: “All human beings fear death and cherish life. Clinicians should inform patients of disease risks, explain favorable prognostic outcomes, guide them to adopt comfortable lifestyles, and relieve internal suffering through emotional counseling.” Physicians shall conduct adequate communication to identify psychological distress, deliver emotional support and comfort, alleviate anxiety, fear and depression, and strengthen patients’ confidence in anti-tumor treatment. Interventional strategies include active listening, systematic explanation of disease conditions and therapeutic regimens, and cultivation of hobbies to divert psychological attention. Music therapy relieves emotional tension; literary reading enriches spiritual perception; calligraphy and painting cultivate mental tranquility, harmonizing visceral emotions and facilitating disease recovery [24].

4.5 Dietary Conditioning Therapy

The Huangdi Neijing advocates balanced dietary regimens: “Five cereals serve as fundamental nourishment, five fruits as auxiliary supplements, five meats as beneficial tonics, five vegetables as complementary supplies; harmonized food flavors replenish essence and vital qi” [25]. Diversified and rationally matched dietary intake enables comprehensive nutritional absorption, maintaining balanced visceral qi, blood, yin and yang. Lung cancer patients require heterogeneous dietary intake to sustain physiological function and reinforce anti-tumor immunity: cereals provide carbohydrates, fruits and vegetables supply vitamins and dietary fiber, while eggs and meat replenish high-quality protein. Clinical dietary therapy must integrate disease staging, patient constitutional types, dietary preferences and tumor pathogenetic characteristics [26]. Targeted personalized dietary matching generates synergistic therapeutic efficacy [27]. Patients with yang-deficient constitution benefit from warm-natured foods including mutton and longan; yin-deficient patients prioritize yin-nourishing and dryness-moistening ingredients such as lily bulb, tremella and snow pear; patients with damp-heat constitution consume heat-clearing and dampness-draining foods including wax gourd, bitter melon and mung bean. Analogous to herbal medicinals, foods possess four natures (cold, cool, warm, hot) and five flavors (sour, bitter, sweet, pungent, salty). TCM syndrome differentiation governs both herbal prescriptions and personalized dietary intervention [28]. For instance, chemotherapy-induced anorexia with

white greasy tongue coating indicates internal dampness obstruction; pungent ingredients such as clove, zanthoxylum and dried tangerine peel stimulate appetite. Sour flavors astringe and retain body fluids: radiotherapy-induced xerostomia with red tongue and scant coating represents concurrent qi-yin consumption, which can be relieved by sour-sweet yin-generating substances including mume fruit, schisandra and licorice [29]. In addition, clinical observation conducted by Luo et al. [30] identifies tumor-triggering “hair foods” including mutton, shrimp, crab, tobacco and alcohol, which readily stir internal wind, generate fire and accumulate phlegm. Moderate restriction or avoidance of these foods facilitates physical rehabilitation.

4.6 Physical Rehabilitation Therapy

Lung cancer patients inherently exhibit impaired cardiopulmonary function; radiotherapy further induces local pulmonary inflammation and interstitial fibrosis, aggravating cardiac and respiratory burden [31]. Moderate standardized physical exercise delivers multiple benefits for lung cancer patients: improving cardiopulmonary and respiratory function, optimizing activities of daily living, enhancing innate antiviral immunity, regulating systemic inflammatory response and reinforcing overall anti-tumor capacity [32]. Baduanjin, a simple and accessible TCM mind-body rehabilitation exercise, was first recorded in Yijian Yizhi (Records of the Strange Stories) compiled in the Southern Song Dynasty [33]. This regimen consists of eight standardized movements with coordinated unique breathing patterns. The movement “Lifting both hands to support heaven and regulate triple jiao” stretches the thoracic cavity naturally, expanding thoracic volume and enhancing vital capacity and pulmonary dilation capacity in lung cancer patients [34]. Modern clinical studies confirm that regular Baduanjin practice exerts prominent regulatory effects on the respiratory, circulatory and immune systems, accelerates metabolic circulation, and promotes recovery of pulmonary function in lung cancer survivors [35].

5. Modern Clinical Significance of Huangdi Neijing-Derived Therapeutic Strategies for Lung Cancer

5.1 Diversification of Multimodal Anti-Tumor Interventions

The therapeutic philosophies recorded in the Huangdi Neijing construct a comprehensive TCM intervention system covering vital qi reinforcement, visceral qi-blood regulation, emotional intervention, dietary conditioning and physical rehabilitation, significantly enriching multimodal therapeutic modalities for lung cancer. Combined application of TCM regimens with conventional Western oncotherapy compensates for the limitations of monotherapy and synergistically enhances anti-tumor efficacy.

5.2 Improvement of Patients’ Quality of Life

Synthetic integrated TCM interventions derived from ancient canonical theories alleviate core disease-related symptoms including cough, chest pain and dyspnea, while optimizing psychological status and nutritional intake. Improved physical

and mental tolerance enables patients to complete full courses of chemotherapy, radiotherapy and targeted therapy with reduced adverse events.

5.3 Theoretical Support for Individualized Precision Oncology

The Huangdi Neijing prioritizes syndrome differentiation and personalized treatment based on constitutional variations, clinical manifestations and emotional conditions. This theoretical principle aligns with contemporary precision individualized oncology, improving therapeutic targeting and clinical response rates for lung cancer patients.

6. Conclusion

The Huangdi Neijing encapsulates systematic TCM therapeutic philosophies for lung cancer, encompassing vital qi-supporting and pathogen-eliminating therapy, yin-yang regulation, treatment conforming to pathogen tendency, emotional intervention, dietary conditioning and physical rehabilitation. These intervention modalities embody the holistic concept and syndrome differentiation core of TCM, providing pivotal theoretical foundations and practical guidance for modern TCM management of lung cancer.

Contemporary clinical practice should further inherit and excavate the therapeutic wisdom of the Huangdi Neijing, and integrate TCM interventions with modern oncological protocols to advance comprehensive lung cancer treatment and improve long-term survival outcomes for patients. Prospective high-quality clinical trials are warranted to validate the efficacy and safety of these canonical TCM strategies and continuously refine the standardized TCM treatment system for pulmonary malignancy.

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