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Professor Liu Huawei's Experience in Treating Postoperative Lung Cancer with Qi-Yin Deficiency Syndrome Using Maiwei Buzhong Yiqi Decoction

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Abstract: ***In recent years, lung cancer has ranked first in cancer mortality in China. Surgery is the primary treatment modality for lung cancer with proven efficacy; however, Western medical approaches have limited effects on postoperative recovery, and radiotherapy and chemotherapy are associated with significant toxicities. Traditional Chinese Medicine (TCM) intervention has demonstrated unique advantages in the postoperative treatment of lung cancer. The common symptoms following lung cancer surgery often fall under the category of "Qi-Yin deficiency syndrome" in TCM. Professor Liu Huawei, a nationally renowned senior TCM practitioner, has established the academic thought of the "Five Phases Qi Transformation Theory." Professor Liu posits that the core pathogenesis of lung cancer is insufficiency of Yang Qi in the human body, leading to the accumulation of phlegm, dampness, fluid, and blood stasis in the lungs; surgery consumes Qi and blood, and the postoperative state is frequently characterized by Qi-Yin deficiency. Based on this understanding, Professor Liu formulated the self-designed Maiwei Buzhong Yiqi Decoction to supplement Qi and nourish Yin, achieving remarkable clinical efficacy. This paper systematically summarizes Professor Liu's relevant academic experience, aiming to provide ideas and methods for the TCM differentiation and treatment of postoperative lung cancer.***

Keywords: Postoperative lung cancer, Qi-Yin deficiency syndrome, Maiwei Buzhong Yiqi Decoction, Professor Liu Huawei.

1. Introduction

Recent epidemiological data indicate that cancer has become the second leading cause of death among Chinese residents, with lung cancer being the leading cause of cancer mortality [1]. The prevention and treatment of lung cancer are of paramount importance, and postoperative recovery directly affects patients' quality of life and long-term prognosis. Currently, Western medical treatment for postoperative lung cancer primarily relies on radiotherapy and chemotherapy, which are associated with numerous adverse reactions. TCM intervention plays a positive role in inhibiting postoperative cancer cell proliferation, enhancing immune function, and improving patients' quality of life [2]. Lung cancer falls within the categories of "lung accumulation" (Fei Ji), "pi ji" (abdominal masses), "xi ben" (wheezing with distension), and "chest pain" in TCM. Professor Liu adeptly employs the methods of "warming, clearing, dispersing, and descending" to restore the Qi movement and Qi transformation function of the lungs. Under the guidance of this theory, he uses the self-formulated Maiwei Buzhong Yiqi Decoction to treat this syndrome with notable success. This paper aims to delve into the core pathogenesis, key points of syndrome differentiation and treatment, prescription medication patterns, and clinical application of this approach for postoperative lung cancer, based on the "Five Phases Qi Transformation Theory," with the goal of providing theoretical references and practical evidence for optimizing TCM treatment strategies.

2. Pathogenesis Analysis of Postoperative Lung Cancer with Qi-Yin Deficiency Syndrome

Professor Liu Huawei, based on his proposed "Five Phases Qi Transformation Theory," elucidates the pathogenesis of Qi-Yin deficiency syndrome after lung cancer surgery. This theory posits that the five viscera and six bowels of the human body constitute the Five Phases visceral system. "Qi transformation" is the core process of life metabolism, while "Qi movement" (the ascending, descending, exiting, and entering of Qi) is the means by which Qi transformation is realized. Humans and nature form an integrated whole, and the body continuously exchanges matter and energy with the external environment through Qi movement and Qi transformation (the "Five Phases Viscera Qi Movement and Qi Transformation Theory") [3]. As stated in the Su Wen • Discussion on Febrile Diseases: "Where pathogenic factors gather, Qi must be deficient," suggesting that Qi movement and Qi transformation abnormalities exist prior to tumor formation [4]. The principle in the Su Wen • Yin-Yang Response to Phenomena, "Yang transforms Qi, Yin shapes form," indirectly indicates the influence of Yang Qi on cancer development. From his clinical experience, Professor Liu summarized twelve major causes of Yang Qi deficiency in the human body and proposed the viewpoint that "Yang deficiency causes cancer." He believes that Yang Qi, as the driving force of life activities, when deficient, leads to abnormal Qi movement and Qi transformation, manifesting as abnormal aggregation and dispersion, and abnormal restraining relationships of mutual generation and mutual restriction. In the lungs, this is expressed as abnormal transportation of Qi, blood, and body fluids, where fluids that should be transported outward are retained in the lungs, resulting in excessive "Yin shaping" pathologically, ultimately leading to "Yin shaping into form," i.e., lung accumulation (tumor). Once the lung accumulation is formed, it further consumes lung Qi on one hand, and on the other, prevents the normal Qi transformation of Qi, blood, and body fluids, instead producing pathological products such as phlegm, dampness, fluid, and blood stasis, which exacerbate the formation and proliferation of the lung accumulation, creating a vicious cycle.

3. Key Points of Syndrome Differentiation and Treatment

The pathogenesis of lung cancer involves the deficiency of healthy Qi, invasion of toxic pathogens, dysfunction of the viscera, depression of lung Qi, failure of dispersion and descending, Qi stagnation leading to fluid retention and phlegm formation, and the intermingling of phlegm, stasis, and toxins to form tangible masses over time. Therefore, this disease is characterized as a syndrome of root deficiency and branch excess. Postoperative radiotherapy and chemotherapy further aggravate the root deficiency. Professor Liu's overall treatment principle for cancer is "supporting Yang Qi and promoting Qi transformation," with modifications based on the specific syndrome. Professor Liu commonly classifies postoperative cancer syndromes into four types: (1) Ying-Wei disharmony syndrome, treated with Guizhi Decoction to harmonize Ying and Wei, warm heart Yang, and promote Qi transformation; or Xiaochaihu Decoction to regulate Qi movement via the liver, combined with Guizhi Longgu Muli Decoction to tonify kidney Yang; or Buzhong Yiqi Decoction, Xiaojianzhong Decoction, or Yigong San to regulate middle Yang Qi. (2) Yang deficiency with dampness obstruction syndrome. Professor Liu observed that chemotherapy easily damages Yang Qi; Yang deficiency leads to internal generation of dampness, treatable by bland and percolating methods to promote diuresis and warm Yang Qi, often using Huoxiang Zhengqi Powder. (3) Qi-Yin deficiency syndrome. Radiotherapy tends to damage Qi and Yin, commonly treated with Yiguan Jian, Shengmai Powder, or Maiwei Buzhong Yiqi Decoction to gently supplement both Qi and Yin. If combined with dampness, Qingshu Yiqi Decoction can be used to supplement Qi, elevate Yang, transform dampness, and concurrently consolidate Yin. Preoperatively, patients often already have underlying healthy Qi deficiency. Intraoperative bleeding and tissue damage, as well as postoperative recovery, require the mobilization of Qi and blood, further depleting Qi, blood, and body fluids. The Jingyue Quanshu • Wai Ke Ling emphasizes: "Surgical incision and bleeding inevitably damage nutrient Qi, requiring vigorous supplementation of Qi and blood." Nutrient Qi, blood, and fluids all pertain to Yin. Although the diseased part is removed surgically, the underlying abnormal Qi movement and Qi transformation state that produced pathological products like phlegm, fluid, dampness, and stasis remains unchanged, further obstructing Yang Qi. Coupled with the preoperative deficiency of healthy Qi, the depletion of Yin blood during surgery, and the effects of radiotherapy and chemotherapy, Qi-Yin deficiency syndrome becomes a relatively common syndrome type after lung cancer surgery. Clinical studies support this view: Zhai Xin et al. analyzed the syndrome patterns of 288 postoperative lung cancer patients and found 60 cases of Qi-Yin deficiency [5]; Wang Yan's study on the syndrome distribution of 107 postoperative lung cancer patients showed that Qi deficiency had the highest incidence, followed by Yin deficiency [6].

Preoperative Yang Qi deficiency leads to phlegm and stasis accumulation and cancer formation. Postoperative depletion of Qi, blood, and body fluids results in the coexistence of Qi-Yin deficiency and internal obstruction of phlegm and stasis, forming a syndrome of "root deficiency with branch excess." Clinical manifestations include cough, shortness of breath, fatigue, spontaneous sweating, and dry mouth. At this stage, patients are often intolerant of aggressive therapeutic agents, so treatment should focus on strengthening healthy Qi. According to the mutual generation theory of the Five Phases, the Spleen is the Mother of the Lung. Lung cancer patients already have deficient lung Qi, and the prolonged presence of pathogenic factors in the chest further damages lung Qi. The child-organ (Lung) disorder affects the mother-organ (Spleen), damaging the Spleen and Stomach. "When deficient, supplement its mother." Therefore, supplementing lung Qi should be combined with supplementing spleen Qi. Based on the "Five Phases Qi Transformation Theory," Professor Liu considers "Yang Qi deficiency as the foundation and Qi-Yin consumption as the core" of the pathogenesis. Treatment aims to supplement Qi and nourish Yin, treating both the Lung and Spleen simultaneously, while also elevating Yang and regulating Qi movement. This achieves the goals of supplementing both Qi and Yin and restoring Qi movement. He formulated Maiwei Buzhong Yiqi Decoction, which is Buzhong Yiqi Decoction plus Ophiopogon japonicus (Mai Dong) and Schisandra chinensis (Wu Wei Zi). By supplementing middle Qi to restore the source of Qi transformation, nourishing Yin fluids to moisten the lungs, restoring the lung's function of "dispersing and descending," and restoring systemic Qi movement and Qi transformation, this formula supports healthy Qi and prevents the invasion of pathogenic factors.

4. Prescription and Medication Patterns of Maiwei Buzhong Yiqi Decoction

Maiwei Buzhong Yiqi Decoction consists of Buzhong Yiqi Decoction plus Mai Dong (Ophiopogon japonicus) and Wu Wei Zi (Schisandra chinensis). The composition is as follows: Mai Dong 30g, Wu Wei Zi 15g, Huang Qi (Astragalus membranaceus) 30g, Dang Shen (Codonopsis pilosula) 15g, Chen Pi (Citrus reticulata peel) 10g, Chao Bai Zhu (Atractylodes macrocephala, stir-fried) 15g, Sheng Ma (Cimicifuga foetida) 6g, Chai Hu (Bupleurum chinense) 6g, Dang Gui (Angelica sinensis) 10g. This formula is essentially a combination of Buzhong Yiqi Decoction and Shengmai Powder, reflecting Professor Liu's commonly used "formula-syndrome combination" differentiation method [7]. Huang Qi supplements lung Qi and elevates clear Yang, restoring the middle burner's Qi transformation function. Dang Shen benefits upper burner lung Qi and strengthens spleen Qi. Bai Zhu and Zhi Gan Cao (prepared licorice root) assist Dang Shen in strengthening the Spleen and supplementing Qi, embodying the principle of "cultivating earth to generate metal and nurturing the source of Qi and blood production." Chen Pi strengthens the Spleen and moves Qi, preventing Qi stagnation from tonification. Dang Gui nourishes blood and regulates the Liver, gently warming the Shao Yang Qi. Mai Dong nourishes Yin and moistens the Lungs. Wu Wei Zi astringes lung Qi and prevents the dissipation of Yin fluids, complementing each other with supplementation and astringency. Sheng Ma elevates the Spleen Yang of the middle burner, and Chai Hu elevates the Liver Qi of the lower burner, together assisting Huang Qi in elevating Yang. The entire formula promotes Qi transformation in the Triple Burner. The Triple Burner is the pathway for water and also governs the circulation of the three Qi; when the Triple Burner is unobstructed, Qi and fluids are

transported properly. Shengmai Powder is inherently effective for treating Qi-Yin deficiency of the Heart and Lungs. The addition of Buzhong Yiqi Decoction aims to supplement Qi and elevate Yang to assist in the formation and distribution of fluids. The whole formula is rooted in supplementing Qi and strengthening the Spleen, focuses on nourishing Yin and moistening the Lungs, and uses regulating Qi movement as a pivot, aligning with the "Qi-Yin deficiency" pathogenesis of postoperative lung cancer.

5. Representative Case Studies

5.1 Case 1

A female patient, Yang XX, aged 62, presented on August 5, 2020, with the chief complaint of "1 month post-lung cancer surgery." In March 2019, a nodule in the anterior segment of the left upper lobe was found during a routine physical examination. A follow-up chest CT on June 20, 2020, showed enlargement of the nodule. Video-assisted thoracic surgery (left upper lobe resection + lymph node sampling) was performed, and postoperative pathology suggested small cell invasive adenocarcinoma. Current symptoms: dry cough, shortness of breath upon activity, fatigue, dry mouth, normal appetite and sleep, normal bowel and bladder function. Tongue: pale red, thin white coating. Pulse: thready and weak. TCM Diagnosis: Lung accumulation (Yang transformation insufficiency, Qi-Yin deficiency syndrome). Western Diagnosis: Lung malignancy. Treatment Principle: Supplement Qi and nourish Yin. Prescription: Maiwei Buzhong Yiqi Decoction plus Wendan Decoction. Ingredients: Mai Dong 30g, Wu Wei Zi 15g, Huang Qi 30g, Dang Shen 15g, Chen Pi 10g, Chao Bai Zhu 15g, Sheng Ma 6g, Chai Hu 6g, Dang Gui 10g, Fu Ling (Poria) 15g, Jing Mi (Rice) 15g, Jiang Ban Xia (Pinellia ternata, processed with ginger) 12g, Zhu Ru (Bamboo shavings) 15g, Jie Geng (Platycodon grandiflorum) 10g. 14 doses, 1 dose per day, decocted in water for oral administration. Second Visit (August 26, 2020): Cough was relieved compared to before, shortness of breath upon activity improved, but fatigue and dry mouth persisted. Appetite normal, difficulty falling asleep, normal bowel movements. Tongue: pale red with teeth marks on the margin, thin white coating. Pulse: thready. Prescription: Buzhong Yiqi Decoction combined with Huanglian Wendan Decoction. Third Visit (September 30, 2020): Cough and shortness of breath improved, but fatigue, dry mouth, and difficulty falling asleep persisted. Tongue: tender red, slippery coating. Pulse: deep and thready. Prescription: Maiwei Buzhong Yiqi Decoction combined with Huanglian Wendan Decoction plus Lu Gen (Reed rhizome) 30g.Fourth Visit (October 14, 2020): The above symptoms were alleviated but worsened upon exposure to cold. Shoulder and back pain and discomfort were noticeable at night. Tongue: tender red, scant coating. Pulse: deep and thready. Prescription: Maiwei Buzhong Yiqi Decoction combined with Maimendong Decoction. Fifth Visit (April 21, 2021): Recent follow-up examinations showed no significant abnormalities. The patient reported dry and itchy throat, paroxysmal dry cough, and shortness of breath. Tongue: tender red, slippery coating. Pulse: deep and thready. Prescription: Maiwei Buzhong Yiqi Decoction combined with Maimendong Decoction. Sixth Visit (June 23, 2021): The patient experienced occasional pain in the finger joints of both hands, dry mouth at night, difficulty falling asleep, easy awakening, and 3-4 bowel movements per day, soft and formed. Tongue: tender red, thin white coating. Pulse: deep and thready. Prescription: Maiwei Buzhong Yiqi Decoction combined with Maimendong Decoction plus Bai He (Lily bulb) 30g.Seventh Visit (September 14, 2022): Recent chest CT showed that the nodule in the anterior segment of the right upper lobe had disappeared. Current symptoms: shortness of breath, occasional dry cough, frequent urination, light sleep with easy awakening. Tongue: red, thin white coating. Pulse: deep. Prescription: Maiwei Buzhong Yiqi Decoction combined with Maimendong Decoction plus Bai Guo (Ginkgo seed) 10g, Zhu Ru 15g.

Commentary: Lung cancer results from deficiency of healthy Qi, invasion of pathogenic factors, and dysfunction of the lung in dispersing, descending, and regulating water passages, leading to fluid accumulation into phlegm, which congeals in the lungs over time. In this first visit, due to prolonged illness and surgery, Qi and fluids were deficient. The lung failed to descend, causing counterflow and cough. The lung governs Qi and respiration; lung Qi deficiency leads to shortness of breath and fatigue upon activity. Impaired fluid distribution caused dry mouth. The treatment used modified Maiwei Buzhong Yiqi Decoction. The formula focuses on supplementing Qi and fluids, while also regulating Qi movement and resolving phlegm stagnation. It tonifies both the Lung and Spleen, enhancing the effect of supplementing Qi and generating fluids. Regulating Qi movement prevents stagnation from tonification. This embodies the principle of "ascending and descending mutually depending, seeking Yin within Yang," precisely addressing the pathological changes of Qi-fluid deficiency and phlegm turbidity by simultaneously tonifying deficiency and unblocking stagnation. At the second visit, difficulty falling asleep and teeth marks on the tongue appeared. Huanglian Wendan Decoction was added to resolve phlegm stagnation, with a small amount of Huang Lian (Coptis chinensis) to clear depressed fire and Wendan Decoction to resolve phlegm, harmonize the Stomach, and calm the spirit, improving insomnia. The third visit continued this approach, with Lu Gen added to generate fluids and prevent deficient fire. At the fourth visit, symptoms improved, so Maimendong Decoction was added to enhance the effects of supplementing Qi and generating fluids, as well as resolving phlegm and descending counterflow. From the fifth to seventh visits, despite variations in symptoms, the core pattern remained Qi-Yin deficiency, so Maiwei Buzhong Yiqi Decoction combined with Maimendong Decoction was maintained as the main prescription with minor adjustments. For example, at the sixth visit, nighttime dry mouth and poor sleep indicated Yin deficiency with heat disturbing the spirit, so Bai He was added to clear the Heart, relieve irritability, and calm the spirit. Throughout the treatment process, the fundamental pathogenesis of Qi-Yin deficiency was addressed as the root, while also managing concurrent patterns, achieving treatment of both root and branch.

5.2 Case 2

A male patient, Zhang XX, aged 47, presented on December 11, 2024, with the chief complaint of "3 months post-lung cancer surgery." A pulmonary nodule was found during a physical examination on September 11, 2024, suspected of being lung cancer. Surgery was performed on September 26,

2024, and postoperative pathology confirmed invasive adenocarcinoma. Current symptoms: dry cough, occasional shortness of breath worsened by activity, normal bowel and bladder function. Tongue: red, white and greasy coating. Pulse: thready. TCM Diagnosis: Lung accumulation (Qi-Yin deficiency, phlegm-dampness obstructing the middle burner). Western Diagnosis: Lung malignancy. Treatment Principle: Supplement both Qi and Yin, resolve phlegm, and harmonize the middle. Prescription: Maiwei Buzhong Yiqi Decoction combined with Huanglian Wendan Decoction. Ingredients: Zhi Huang Qi (Honey-fried Astragalus) 30g, Dang Shen 15g, Chao Bai Zhu 15g, Bei Chai Hu 6g, Sheng Ma 10g, Chen Pi 10g, Dang Gui 10g, Mai Dong 30g, Wu Wei Zi 15g, Huang Lian 3g, Zhi Shi (Immature bitter orange) 15g, Zhu Ru 15g, Hua Ju Hong (Citrus grandis exocarpium) 15g, Jiang Ban Xia 15g, Fu Ling 15g, Xuan Fu Hua (Inula flower) 12g (wrapped for decoction), Zhi Gan Cao 6g. 14 doses. Second Visit (January 22, 2025): Cough reduced, but shortness of breath persisted. Frequent passing of flatus, numbness in the left rib area. Tongue: red tip, thin and greasy coating with cracks, lips dark purple. Pulse: thready. Prescription: Guizhi Longgu Muli Decoction combined with Maimendong Decoction. Ingredients: Gui Zhi (Cinnamon twig) 10g, Chao Bai Shao (Stir-fried white peony root) 10g, Sheng Jiang (Fresh ginger) 9g, Duan Long Gu (Calcined dragon bone) 30g (decocted first), Duan Mu Li (Calcined oyster shell) 30g (decocted first), Mai Dong 45g, Dang Shen 15g, Jiang Ban Xia 15g, Wu Wei Zi 15g, Zhi Gan Cao 6g, Da Zao (Jujube date) 12g. 14 doses.Third Visit (February 12, 2025): Experienced heartburn after medication, occasional cough, shortness of breath, numbness in the left rib area, occasional spontaneous sweating. Tongue: red, thin white coating, teeth marks. Pulse: deep. Prescription: Maiwei Buzhong Yiqi Decoction combined with Huanglian Wendan Decoction. Fourth Visit (March 12, 2025): Symptoms improved. Occasional cough, shortness of breath worsened by exercise, numbness in the left rib area. Tongue: red, thin coating. Pulse: deep, thready, and hesitant. Prescription: Maiwei Buzhong Yiqi Decoction combined with Sanzi Yangqin Decoction. Ingredients: Zhi Huang Qi 30g, Dang Shen 15g, Chao Bai Zhu 15g, Chai Hu 6g, Sheng Ma 10g, Chen Pi 10g, Dang Gui 10g, Mai Dong 30g, Wu Wei Zi 15g, Chao Lai Fu Zi (Stir-fried radish seed) 15g, Chao Jie Zi (Stir-fried mustard seed) 10g, Chao Zi Su Zi (Stir-fried perilla seed) 15g, Zhi Gan Cao 6g. 14 doses. Fifth Visit (April 30, 2025): Cough reduced, occasional shortness of breath, cough with phlegm, red rash on the back with itching but no pain. Tongue: red, thin white coating. Pulse: thready. Prescription: Maiwei Buzhong Yiqi Decoction plus Dan Pi (Moutan bark), Chao Zhi Zi (Stir-fried gardenia fruit), Sheng Di Huang Tan (Carbonized Rehmannia root), Jing Jie Sui (Schizonepeta spike). Ingredients: Zhi Huang Qi 30g, Dang Shen 15g, Chao Bai Zhu 15g, Bei Chai Hu 6g, Sheng Ma 10g, Chen Pi 10g, Dang Gui 10g, Mai Dong 30g, Wu Wei Zi 15g, Dan Pi 15g, Chao Zhi Zi 6g, Sheng Di Huang Tan 30g, Jing Jie Sui 6g, Zhi Gan Cao 6g. 14 doses.

Commentary: At the initial visit, Qi and Yin were already damaged, with internal accumulation of phlegm-dampness. If phlegm-dampness is not removed, it hinders the distribution of Qi and fluids. Therefore, on the basis of supplementing Qi and nourishing Yin, methods to resolve phlegm, descend counterflow, and elevate Yang were added. At the second visit, frequent flatus indicated gradual recovery of Qi movement. The dark purple lips suggested cold and stasis. Considering Yin-Yang disharmony and persistent Qi-Yin deficiency, treatment aimed to harmonize Yin and Yang, nourish the Lung and Stomach, and descend counterflow and down-regulate Qi. At the third visit, heartburn indicated persistent Qi-Yin deficiency with phlegm-dampness obstruction, so Maiwei Buzhong Yiqi Decoction combined with Huanglian Wendan Decoction was readministered. At the fourth visit, symptoms improved but cough, shortness of breath, left rib numbness, red tongue, thin coating, and deep, thready, hesitant pulse suggested unresolved phlegm turbidity, so phlegm-resolving and counterflow-descending methods were strengthened. At the fifth visit, cough improved, but a red itchy rash appeared on the back. On the basis of supplementing Qi and nourishing Yin, considering blood heat generating dryness causing itching, Dan Pi, Zhi Zi, Sheng Di Huang Tan were added to clear heat and cool blood, and Jing Jie Sui to disperse wind and stop itching. The entire treatment process targeted the root of Qi-Yin deficiency while incorporating methods to resolve phlegm, harmonize the middle, and harmonize Yin and Yang.

6. Conclusion

Professor Liu Huawei, based on the “Five Phases Qi Transformation Theory,” has deeply elucidated the pathogenesis of Qi-Yin deficiency syndrome after lung cancer surgery, proposing the unique insights that “Yang deficiency causes cancer” and “postoperative states are predominantly Qi-Yin deficiency.” Professor Liu believes that preoperatively, lung cancer is rooted in Yang Qi deficiency and phlegm-stasis accumulation; postoperatively, due to the consumption of Qi and blood by surgery and damage to Qi and Yin by radiotherapy and chemotherapy, a complex syndrome of “root deficiency with branch excess, dual injury of Qi and Yin” is formed. Treatment should focus on strengthening healthy Qi, regulating both the Lung and Spleen, supplementing Qi and nourishing Yin, while also elevating Yang and regulating Qi movement. On this basis, Professor Liu formulated Maiwei Buzhong Yiqi Decoction (Buzhong Yiqi Decoction combined with Shengmai Powder, modified), which integrates supplementing Qi and elevating Yang with nourishing Yin and moistening the Lungs. In the formula, Huang Qi, Dang Shen, Bai Zhu, etc., supplement Spleen and Lung Qi; Mai Dong and Wu Wei Zi nourish Heart and Lung Yin; Sheng Ma and Chai Hu elevate clear Yang; Chen Pi and Dang Gui regulate Qi and harmonize blood. The whole formula achieves the effects of “supplementing Qi and elevating Yang to restore Qi transformation, and nourishing Yin and moistening the Lung to secure the disease location.” This formula effectively corrects the postoperative “root deficiency” of Qi-Yin consumption, while also restoring systemic Qi movement and Qi transformation function, preventing the re-accumulation of phlegm, dampness, stasis, and toxins, embodying the therapeutic wisdom of “strengthening healthy Qi to prevent pathogenic factors.” Clinical case studies demonstrate that Maiwei Buzhong Yiqi Decoction, modified according to syndrome (combined with Wendan Decoction, Maimendong Decoction, Huanglian Wendan Decoction, etc.), can significantly improve symptoms such as cough, shortness of breath, fatigue, and dry mouth in postoperative lung cancer patients, enhance quality of life, and may even positively influence the disappearance

of nodules on imaging. This study provides new ideas and effective methods for the TCM differentiation and treatment of postoperative lung cancer. However, limitations include the small sample size and lack of randomized controlled trials. Future research should focus on evidence-based medicine studies to clarify the mechanism of action and clinical advantages of this formula, promoting the establishment of a postoperative lung cancer rehabilitation system guided by the "Five Phases Qi Transformation Theory."

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