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"Lan Xiang Di Chen" Explores the Connection between Diabetes and Snoring

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Abstract: ***Patients with Xiaoke (type 2 diabetes mellitus) complicated by snoring (obstructive sleep apnea hypopnea syndrome, OSAHS) are extremely common in clinical practice, and most of them have obesity in common. "Obese people often have excessive phlegm and dampness." Excessive phlegm-dampness is the basis for the obese body shape. The loss of the spleen's transportation function and the obstruction of turbid pathogens are the key points of the pathogenesis. Whether it is Xiaoke or snoring, their onset is closely related to obesity. "Treat it with orchid herbs to remove the stale qi" is from Huangdi Neijing (Inner Canon of Huangdi). Orchid mostly refers to orchid herbs such as Eupatorium fortunei Turcz. and Lycopus lucidus Turcz. Their functions are to awaken the spleen and resolve dampness with their aromatic properties, dispel foulness, remove turbidity and cleanse the stale qi, and make the qi mechanism smooth and unobstructed. However, "using orchid herbs to remove the stale qi" does not simply mean being limited to the use of orchid herbs. It is more of a therapeutic principle and method. It means that for patients with "turbid qi" in their bodies, according to the differences of the stale qi, syndrome differentiation and treatment should be carried out on the basis of the main prescription, resolving phlegm and dampness, regulating the qi mechanism, eliminating food retention, resolving stagnation, restoring the balance of ascending and descending in the middle energizer, reducing body weight, intervening to correct the state of metabolic disorders, so as to improve the clinical symptoms of patients.***

Keywords: Xiaoke, Snoring Syndrome, Using Orchids to Remove Stale Qi, Obesity, Huangdi Neijing.

1. Introduction

In recent years, with significant improvements in the national standard of living, dietary patterns have shifted, while physical activity has gradually declined. Consequently, the prevalence of obesity in China has been increasing steadily. Obesity is frequently associated with the development of various metabolic and chronic diseases, including fatty liver disease, obstructive sleep apnea–hypopnea syndrome (OSAHS), insulin resistance, type 2 diabetes mellitus (T2DM), and its complications, and can also accelerate the progression of these conditions. Studies have shown that [1] OSAHS is one of the most common comorbidities of T2DM; approximately 70% of hospitalized T2DM patients in China have coexisting OSAHS, and the risk of developing T2DM increases with the severity of OSAHS. Clinical research on patients with T2DM and comorbid OSAHS indicates that their body mass index (BMI) is generally proportional to the apnea–hypopnea index (AHI) [2]. Thus, both T2DM and OSAHS are closely linked to obesity. On this basis, obesity can serve as a therapeutic target in the clinical management of patients with concurrent T2DM and OSAHS. Meanwhile, within the theoretical framework of traditional Chinese medicine (TCM), the authors believe that both Xiaoke (wasting-thirst disorder, corresponding to diabetes) and Hanzheng (snoring disorder, corresponding to OSAHS) share obesity as a common feature. Obese patients generally exhibit the constitutional characteristic of "exuberant exterior but weakened interior qi" (xingsheng qi ruo), with spleen deficiency and impaired transportation (pi xu shi yun) as the underlying common pathogenesis, and turbid accumulated substances (chen zhuo zhi qi) as the shared pathological product. This article, centered on the therapeutic principle of "eliminating the old and clearing turbidity" (Lan Chu Chen Qi), explores the synergistic therapeutic value of the Chen-Chu-Hua-Zhuo theory in the integrated management of Xiaoke and Hanzheng, and proposes directions for further integrative research.

2. Interrelationships Among Obesity, Xiaoke, and Hanzheng

Although obesity, Xiaoke (wasting-thirst disorder, corresponding to diabetes), and Hanzheng (snoring disorder, corresponding to OSAHS) are classified as different disease patterns, they are closely interconnected in their pathological mechanisms. Their shared core pathogenesis lies in the vicious cycle of "deficiency–phlegm–turbidity–stasis" (xu–tan–zhuo–yu) triggered by spleen deficiency and impaired transportation (pi xu shi yun). Obesity serves as the key initiating factor and pathological basis of this progressive pathological cascade.

2.1 Obesity—The Dynamic Pathological Chain of "Spleen Deficiency–Turbid Excess"

In traditional Chinese medicine (TCM), obesity is often referred to as zhi ren (fatty person), fei ren (plump person), or gao ren (greasy person). The Suwen · Tongping Xushi Lun (Plain Questions · Comprehensive Assessment of Deficiency and Excess) states: "The wealthy and noble are prone to diseases from overindulgence in rich foods" [3], clearly identifying uncontrolled diet as a key pathogenic factor in obesity. Wang Guangan, in Wangzhen Zunjing (Revering the Classics of Inspection), also noted: "Those with irregular living and improper rest are prone to accumulating fat and becoming plump," further indicating that imbalance between work and rest is another important cause. Later physicians generally attributed obesity to phlegm-dampness, as seen in Danxi Zhifa Xinyao (Essential Methods from Danxi's Heart): "Fat and pale persons often have excess phlegm-dampness" [4], and in Zhang Yuqing Yian (Zhang Yuqing's Medical Cases): "Those with large build often have excess dampness and phlegm." Throughout the ages, TCM practitioners have

commonly held that the etiology and pathogenesis of obesity involve improper diet and dysregulation of activity and rest, leading to spleen deficiency with impaired transportation, and consequent internal exuberance of phlegm-dampness. The formation and accumulation of phlegm-dampness are closely related to the spleen and stomach. The spleen and stomach are the root of original qi (yuanqi) and the pivot of ascending and descending qi movement, occupying a central position in the process of water-dampness retention and its congealing into phlegm. The spleen, as the source of transformation and transportation, governs two aspects: first, it distributes the essential substances from food and water to nourish the entire body; second, it transforms and transports body fluids to prevent fluid retention that would impair normal physiological functions. When transportation is dysfunctional, water-dampness metabolism becomes abnormal, condensing into phlegm. If phlegm-dampness is not resolved and stagnates over time, it generates heat, obstructs qi movement, and leads to blood stasis due to impaired blood circulation. In turn, blood stasis further impedes the normal flow of qi and blood, aggravating qi stagnation and exacerbating fluid metabolism disorders. This creates a vicious cycle of "spleen deficiency ⇄ phlegm-dampness ⇄ qi stagnation ⇄ blood stasis," forming a "spleen deficiency–turbid excess" malignant cascade. Based on this, obesity, as a chronic metabolic disease of energy surplus with complex and diverse causes, has its core TCM pathogenesis in spleen deficiency and impaired transportation, and its key feature is the accumulation of turbid old qi (chen zhuo zhi qi). Here, "old qi" refers not only to fluid retention and phlegm-dampness but also to qi depression, internal heat, blood stasis, and other pathological factors. The interaction between "spleen deficiency" and "turbid old substances" drives the progression of obesity.

2.2 Obesity and Xiaoke—Spleen Deficiency as the Mechanism, Turbid Old Substances as the Pivot

The prevalence of both obesity and T2DM has been rising in modern society, with a high comorbidity rate. Abnormal accumulation and distribution of adipose tissue in obese patients readily induce or aggravate insulin resistance, promoting the onset and progression of diabetes. The two conditions mutually influence each other in a vicious cycle [5]. In TCM, obesity and Xiaoke (wasting-thirst disorder) are closely related; the pathological chain of "spleen deficiency–turbid excess" similarly runs through the development of both diseases. The Suwen · Qibing Lun records: "There is a disease with dry mouth—what is its name?" Qi Bo answered: "This is the overflow of the five qi, named Pidan (spleen–heat disorder) ... Such a person must have consumed excessive sweet and rich foods, and become obese. Rich foods generate internal heat, sweet foods cause middle fullness, and hence the qi overflows upward, transforming into Xiaoke" [6], explicitly linking obesity to Xiaoke. In the early stage, patients with improper diet impair the spleen and stomach, leading to spleen deficiency and failed transportation, with internal generation of damp-turbidity, manifesting as abdominal obesity and impaired glucose tolerance. In the middle stage, persistent damp-turbidity and phlegm-dampness congest the middle jiao, causing qi stagnation over time, which transforms into heat and accumulates as turbid old substances, giving rise to insulin resistance and elevated fasting blood glucose. In the late stage, qi stagnation impedes blood circulation, while heat consumes fluids and blood, forming stasis and damaging the vessels, further leading to diabetic vascular complications (such as retinopathy and nephropathy). It is evident that in the mutual interaction between obesity and Xiaoke, "spleen deficiency" serves as the initiating factor of metabolic imbalance—the root of pathogenesis—while "turbid old substances" constitute the pathological bridge connecting obesity and Xiaoke—the pivot of disease transmission. Together, they form a "deficiency–excess" intertwined metabolic network. The intrinsic relationship between obesity and Xiaoke is rooted in the dynamic pathological process of spleen deficiency with impaired transportation combined with turbid old substances. In essence, the initial trigger is the transformation of essential nutrients into turbidity due to spleen dysfunction (the root of pathogenesis), and the core driver of progression is the stagnation of turbid old substances causing metabolic imbalance (the axis of transmission). Hence, "spleen deficiency is the mechanism, and turbid old substances are the pivot."

2.3 Obesity and Hanzheng—Interlocking Deficiency and Stasis with Internal Retention of Phlegm-Turbidity

The accumulation of visceral fat in obese patients is a key risk factor for OSAHS. Studies have shown that the degree of obesity is positively correlated with the severity of OSAHS; patients with higher obesity tend to have more severe disease and more comorbidities [7]. Ancient Chinese medical texts do not have an exact corresponding name for OSAHS; it is often described as Hanzheng (snoring disorder), Hanmian (snoring during sleep), or Shishui (drowsiness). Chao Yuanfang, in Zhubing Yuanhou Lun (Treatise on the Origins and Manifestations of Various Diseases), stated: "Snoring during sleep refers to sounds from the throat during slumber ... In obese individuals, snoring occurs because their qi and blood are heavy and thick, constricting the throat, causing roughness and obstruction, thus producing sound" [8]. This emphasizes the close relationship between snoring and obesity. Obese individuals often have significant fat accumulation in the neck, chest, and abdomen. Excessive adipose tissue deposited in the pharyngeal region narrows the airway. Obesity not only affects the respiratory tract but also accumulates large amounts of fat in the chest and abdomen, increasing the work of breathing, making respiration shallower and faster, and further contributing to snoring. The authors believe that the same pathological chain of "spleen deficiency–turbid excess" also operates in the progression of obesity and Hanzheng: the process of fat accumulation can be understood in TCM as the accumulation of turbid old substances. Although obese patients appear outwardly robust, they have spleen deficiency, resulting in weak transportation and transformation, which generates phlegm-dampness. Over time, phlegm-dampness obstructs qi movement, and turbid old substances stagnate, ascending to invade the throat and airway, thereby exacerbating snoring. Additionally, prolonged phlegm-dampness with heat accumulation consumes body fluids, making the blood viscous and forming stasis; qi stagnation and impaired blood circulation lead to the intermingling of deficiency (spleen deficiency) and stasis (blood stasis), ultimately creating a vicious cycle of "interlocking deficiency and stasis, with internal retention of phlegm-turbidity."

Furthermore, the pectoral qi (zongqi) travels through the respiratory tract to govern respiration. In obese patients, spleen deficiency and impaired transportation hinder the transformation of food essence, thereby affecting the generation of pectoral qi; insufficient pectoral qi further worsens respiratory derangement. Based on this, we recognize that in the development of obesity and Hanzheng, spleen deficiency, phlegm-dampness, and turbid stasis progress layer by layer, eventually forming a vicious cycle that jointly drives disease progression.

2.4 Xiaoke and Hanzheng—The Progression of "Deficiency–Phlegm–Turbidity–Stasis"

The core of the comorbidity between Xiaoke and Hanzheng likewise lies in this shared pathological chain. Multiple studies have shown that the prevalence of OSAHS in diabetic patients is significantly higher than in the general population, and obesity is a major factor contributing to this comorbidity [9]. The prevalence of diabetes in OSAHS patients ranges from 14.1% to 30.1%, and increases with disease severity [10, 11]. Moreover, relevant literature reports that the prevalence of OSAHS in T2DM patients ranges from 23% to 86.6% [12, 13]. Obesity, diabetes, and OSAHS are interrelated and mutually reinforcing; obesity is not only a major risk factor for diabetes but also one of the primary causes of sleep apnea syndrome. Their combined effects further aggravate metabolic derangement and organ damage, and when coexisting, they significantly increase the risk of cardiovascular disease, microvascular disease, and metabolic syndrome. In TCM theory, obesity serves as the pathological foundation and the pivotal nexus for the comorbidity of Xiaoke and Hanzheng. Spleen deficiency is the most fundamental common core; impaired transportation due to spleen deficiency leads to the internal generation of water-dampness, phlegm, and turbidity, which is both the source of "untransformed old qi" in Xiaoke and the basis of "phlegm-dampness obstructing the throat" in Hanzheng. The three conditions form a progressive relationship of "deficiency–phlegm–turbidity–stasis," constituting the complex pathogenesis of "three syndromes interlocking" among obesity, Hanzheng, and Xiaoke.

In summary, although obesity, Xiaoke, and Hanzheng appear to be independent disorders, they share a common origin and pathway. Their link lies in the core TCM pathogenesis of "spleen deficiency with impaired transportation → dampness, phlegm, and blood stasis," with pathological products such as "phlegm-dampness, depressed heat, turbid pathogens, and blood stasis" serving as the connecting threads. Obese individuals often have spleen deficiency and impaired transportation, so the essential substances from food and water fail to undergo normal transformation and instead become phlegm-dampness and turbid old substances. As Li Dongyuan stated in Piwei Lun (Treatise on the Spleen and Stomach): "When the spleen and stomach are deficient, the nine orifices become obstructed" [14]. Thus, this phlegm-turbidity clouds the clear orifices, leading to Hanzheng; when prolonged stagnation transforms into heat, it gives rise to Xiaoke. Over time, as the later physician Ye Tianshi [15] remarked: "Prolonged illness enters the collaterals, with phlegm and stasis intermingling." This same pathological progression—"spleen deficiency as the root, phlegm-dampness as the manifestation, and turbid stasis as the complication"—provides the theoretical basis for the synergistic therapeutic approach of "Lanxiang Dichen" (eliminating turbidity with orchid fragrance, or more broadly, the 'Lan Chu Chen Qi' principle of eliminating the old and clearing turbidity).

3. "Lanxiang Dichen" — Breaking the Vicious Cycle at Its Source

3.1 Treating with Lan to Eliminate the Old Qi

The principle of "Zhi zhi yi Lan, yi chu Chen Qi" (treat it with Lan to eliminate the old qi) was first recorded in the Suwen · Qibing Lun (Plain Questions · Discussion on Strange Diseases). Here, "Lan" does not refer to ornamental orchids, but rather to Lan-family medicinal plants represented by Peilan (Eupatorium, Eupatorium fortunei) and Zelan (Lyceum, Lycopus lucidus). The Shennong Bencao Jing (Shennong's Classic of the Materia Medica) records Lan as: "pungent, neutral, mainly promoting diuresis, eliminating toxic influences, warding off malign influences, and with prolonged use, benefiting qi, lightening the body, preventing aging, and clarifying the spirit," clearly establishing its medicinal value.

Throughout the ages, physicians have extensively elaborated on the efficacy of "Lan" and the connotations of "Chen Qi" (old qi). Wang Bing commented: "The Lan herb is pungent, warm, and neutral; it promotes diuresis, wards off malign influences, and eliminates the untransformed qi from prolonged consumption of sweet and rich foods, because pungency can disperse." He emphasized its diuretic and old-qi-eliminating effects [16]. Zhang Congzheng stated: "In the Yellow Emperor's Inner Canon, treating thirst with Lan to eliminate the old qi is also a pungent-neutral formula," indicating that Lan, as a medicinal, possesses a pungent-neutral property suitable for treating Xiaoke. Zhang Zhicong explained: "The treatment with Lan is based on the principle that when flavors accumulate, they are expelled by odor; thus treatment follows its kind" [17], interpreting the rationale from the perspectives of odor and categorization.

Regarding "Chen Qi," Wang Bing once annotated: "Chen means old, and Qi means qi; to eliminate it means to remove the stale accumulation [18]." Later physicians largely followed this interpretation, considering Chen Qi as stagnant, long-accumulated, or putrefied qi. Contemporary practitioners have further expanded its meaning. Professor Lü Renhe proposed that Chen Qi is a mixture of the qi from prolonged indulgence in sweet and fatty foods combined with endogenous pathogenic factors such as phlegm-dampness [19]. Hu Meiyu et al. suggested that Chen Qi includes not only food stagnation but also the turbid old qi generated by long-standing phlegm-turbidity [20]. In short, most physicians, ancient and modern, agree that Chen Qi refers to accumulated foul and turbid qi. Moreover, Chen Qi is not a single pathogenic factor but comprises putrid and stagnant qi accumulated in the body due to dietary irregularities, along with derived pathological products such as phlegm-retention, turbid pathogens, blood stasis, and internal heat.

"Lanxiang Dichen" (cleansing the old with orchid fragrance) originates from the TCM therapeutic principle of "eliminating

old accumulations" (chu chen ji). Its essence is to target the pathogenesis of "stagnation of turbid old substances" by utilizing the effects of Lan-category medicinals to strengthen the spleen, resolve dampness, and wash away filth-turbidity (rather than merely "aromatics resolving dampness"), thereby clearing the "putrid old qi" stagnating in the body and achieving the goal of "dispelling pathogens to support the healthy qi." Although both "Yi Lan chu Chen" (using Lan to eliminate old qi) and "aromatics resolving dampness" involve the application of aromatic medicinals, they differ distinctly in connotation, mechanism, and specificity. "Aromatics resolving dampness" is a general concept in TCM dampness-resolution therapy, grounded in the theory that "the spleen likes dryness and dislikes dampness." It combines "aromatics awakening the spleen" with "resolving dampness," emphasizing the overall effects of aromatic drugs (such as Huoxiang [patchouli], Houpo [magnolia bark], Sharen [amomum], Cangzhu [atractylodes], etc.) in awakening the spleen, stimulating appetite, and eliminating damp-turbidity. Its scope is broader, covering both newly acquired damp-turbidity and general dampness stagnation. In contrast, "Lanxiang Dichen" focuses on the character of "cleansing" (di), emphasizing the aggressive elimination of deeply rooted filth-turbidity (such as phlegm-stasis intermingling). Its mechanism involves a chain of "awakening the spleen and resolving dampness → promoting qi movement to guide stagnation → draining phlegm and expelling stasis." In this sense, "Lanxiang Dichen" can be regarded as a deepened and specialized extension of "aromatics resolving dampness."

What does "Lan" signify? The authors venture to suggest that here "Lan" does not refer to a single specific medicinal, but rather symbolizes a class of agents that regulate the qi movement of the middle jiao and eliminate turbid toxins. It can also be extended to a therapeutic core principle — regulating the qi mechanism of the middle jiao, dispersing accumulations and turbid toxins, and restoring the spleen-stomach transportation function. For example, pungent-aromatic medicinals such as Peilan and Huoxiang can awaken the spleen, resolve dampness, unblock qi stagnation, and restore the dynamic balance of spleen ascending and stomach descending. When combined with bitter-warm drying-dampness medicinals like Cangzhu, bland-percolating dampness-resolving medicinals like Fuling (Poria), and diffusing medicinals like Houpo, they can disintegrate phlegm-dampness, dissipate stagnant heat, and eliminate the "putrid old qi" to disperse accumulations and remove turbid toxins. Likewise, combining qi-supplementing and spleen-strengthening medicinals such as Huangqi (Astragalus) and Shanyao (Dioscorea) with blood-activating and water-moving drugs like Danshen (Salvia) and Chishao (red peony root) can remove stasis, transform turbidity, and disintegrate phlegm-damp accumulations. In brief, the essence of using "Lan" to eliminate "Chen" lies in "regulating qi, dispersing accumulations, removing turbid toxins, and harmonizing the spleen and stomach"—which aligns precisely with the TCM holistic concept of "achieving balance as the goal."

3.2 Summary of Clinical Application Experiences of "Using Lan to Eliminate Chen" by Various Physicians

As an important clinical therapeutic principle in TCM, "using Lan to eliminate Chen" has demonstrated extensive application value across multiple fields. Zhou Jingxin et al. [21] suggested that for Chen Qi conditions of different patterns, differentiated medication strategies can be adopted: for Chen Qi due to water-dampness, add Cangzhu and Yiyiren (Coix seed) to promote diuresis and eliminate dampness; for Chen Qi due to phlegm-turbidity, use Erchen Decoction with its pungent-dry nature to awaken the spleen, remove dampness, and scour phlegm-turbidity; for Chen Qi due to qi depression, select Sini Powder and add Jianghuang (turmeric) and Yujin (curcuma) to soothe the liver and regulate the spleen, thereby smoothing qi movement; for Chen Qi with accumulated heat, modify with Lugen (reed rhizome) and Yuzhu (Polygonatum) to clear stomach heat, and if accompanied by constipation, add Zhishi (bitter orange) to relieve food stagnation, drain fullness, and promote qi to eliminate fluid retention. Yuan Jiayao et al. [22] proposed that patients with internal accumulation of Chen Qi may be treated with Huangqi, Renshen (Ginseng), Baizhu (Atractylodes macrocephala), Shanyao, Gancao (licorice), and Jingmi (polished rice) to move qi and strengthen the spleen; for severe dampness, add Fuling, Chenpi (tangerine peel), Zexie (Alisma), and Banxia (Pinellia) to eliminate dampness and resolve phlegm; adjunctive blood-activating medicinals such as Chuanxiong (Ligusticum), Danggui (Angelica), Danshen, Chishao, and Jiaoshanzha (charred hawthorn) may be used to activate blood and transform stasis; and Huanglian (Coptis), Tianhuafen (Trichosanthes root), Huangqin (Scutellaria), Zhimu (Anemarrhena), and Chaihu (Bupleurum) can be employed to clear internal accumulated heat. Xu Shengnan et al. [23] in clinical practice often use Peilan, Huoxiang, and Cangzhu for their pungent fragrance to repel foulness, awaken the spleen, and resolve dampness, combined with Huangqin and Zhizi (Gardenia) to drain fire and relieve irritability, and Chaihu, Xiangfu (Cyperus), and Foshou (Buddha's hand) to simultaneously regulate the liver and spleen, and resolve qi depression. Ni Qing and Liu Xufei [24] et al., in treating Pidan (spleen-heat disorder) patients, devised a modified Huopu Xialing Decoction to improve metabolism and regulate the middle jiao. The formula includes Guanghuoxiang (patchouli) and Peilan with their aromatic fragrance to awaken the spleen and resolve dampness; Jianghoupo (processed magnolia bark) and Fuchao Zhike (stir-fried bitter orange) to regulate qi, broaden the middle, and eliminate stagnation; Fuling and Zhuling (Polyporus) to strengthen the spleen, promote diuresis, and percolate dampness; Zexie to transform turbidity, drain heat, and lower lipids; and roasted Gancao to supplement qi, strengthen the spleen, and harmonize all ingredients. Its clinical efficacy has been excellent. Zhang Baixue et al. [25] further expanded the application scope of this principle, stating that treatment of Chen Qi can be applied to all patterns of visceral dysfunction and impaired distribution of qi, blood, and body fluids, including: subhealth, anxiety, and depression due to internal injury by the seven emotions; obesity, hyperlipidemia, and diabetes due to dietary irregularities; coronary heart disease, angina, arterial plaques, and menstrual disorders due to blood stasis stagnation; and edema, vertigo, and asthma due to phlegm-dampness. Modern medical research has also confirmed [26-28] that, for example, Erchen Decoction has lipid-lowering, anti-inflammatory, and gut microbiota-regulating effects; Fuling and Baizhu have pharmacological actions in regulating intestinal microecology and improving blood glucose; and Peilan and Huanglian have anti-inflammatory, adipocytokine-regulating, and insulin-

sensitivity-improving effects. These findings provide a scientific basis for the "using Lan to eliminate Chen" principle and promote the deep integration of TCM theory with modern medicine.

3.3 "Lan xiang Di chen" — A New Interpretation for Xiaoke Complicated with Hanzheng

In clinical practice, patients with Xiaoke complicated with Hanzheng typically present with the following distinctive features: a plump body shape, especially prominent abdominal obesity; a dull, pale-yellow complexion with dark undertones and mildly puffy eyelids; frequent complaints of fatigue, mental lethargy, a heavy sensation in the body, poor sleep with easy awakening, and loud snoring; morning expectoration, abdominal distension and fullness, and loose stools or constipation; an enlarged tongue body with scalloped edges, white-greasy or yellow-greasy coating, and slippery or wiry pulse; elevated BMI, hyperglycemia, insulin resistance, and often accompanied by hyperlipidemia, fatty liver, hyperuricemia, and other systemic metabolic disturbances. For such complex conditions, we break through the traditional limitations of treating Xiaoke solely as "yin deficiency with internal heat" and Hanzheng solely as "phlegm-dampness obstruction." We innovatively propose the common pathogenesis of "turbid pathogens causing Xiaoke" and "turbidity obstructing the airway," and establish "Lanxiang Dichen" — i.e., the method of aromatics transforming turbidity — as the core theory throughout the treatment of Xiaoke with comorbid Hanzheng, offering a novel approach for treating different diseases with a unified strategy. For accumulated turbid qi in the body, such as water-dampness, phlegm-turbidity, qi depression, accumulated heat, and blood stasis, the overall therapeutic foundation is "using Lan to eliminate Chen, strengthening the spleen and resolving dampness." Concurrently, adjustments are made according to the specific nature of the Chen Qi, incorporating the TCM concept of "treating before disease onset" to break the vicious cycle at its source. Medication follows the formula-building principles of "aromatics transforming turbidity, awakening the spleen and drying dampness, and resolving phlegm to eliminate old accumulations." Aromatic medicinals such as Peilan, Zelan, Huoxiang, and Heye (lotus leaf) are selected, embodying the symbolic meaning of "Lan," while also applying flexible, pattern-differentiated treatment according to the different stages of the disease.

In the very early stage — focusing on overweight individuals with Hanzheng and pre-Pidan (prediabetic state) as the key preventive target — patients are often in a latent phase with mild sweet taste in the mouth or even no obvious symptoms. We adopt a "mild pre-nourishment" strategy, using small doses of Peilan or Zelan as a tea substitute. Leveraging their aromatic property of awakening the spleen, we exert the effects of "regulating the middle jiao, dispersing with pungency to relieve stagnation, resolving dampness, and promoting smooth transportation," thereby resolving spleen-earth congestion and achieving the goal of preventing disease before it begins.

In the early stage — the disease is just emerging, predominantly presenting as an excess pattern of damp-turbidity and phlegm-dampness — treatment should emphasize pungent-warm drying-dampness medicinals such as Cangzhu and Houpo. By utilizing their qi-moving and stagnation-breaking power, we rapidly dismantle the entrenched phlegm-dampness, unblock the middle jiao qi mechanism, and interrupt the pathway of pathogen transmission.

In the middle-to-late stage — the disease has been prolonged, often with intermingled turbid old substances — precise pattern differentiation is essential. Based on the foundation of aromatics transforming turbidity, we may combine according to the specific Chen Qi: add Zhimu, Tianhuafen, or Maidong (Ophiopogon) to clear heat and generate fluids, alleviating the dryness-heat of Xiaoke; or supplement with Fuling and Yiyiren to strengthen the spleen and percolate dampness; or add Danshen and Chuanxiong to activate blood and resolve stasis, improving airway blood circulation and restoring unobstructed qi movement.

In the terminal stage — patients are often trapped in a complex pattern of "prolonged illness entering the collaterals" with interwoven deficiency and excess. Long-term pathological evolution leads to decline of visceral functions, with phlegm-turbidity and blood stasis firmly intermingling and obstructing the meridians, viscera, and bowels. At this point, simply applying turbidity-transforming methods will not only fail to dislodge the stubborn pathogenic factors but may also easily deplete the healthy qi and exacerbate the imbalance of yin and yang. Treatment should follow the principle of "simultaneous supplementation and drainage," establishing a multi-layered therapeutic system. For instance, add Fuzi (Aconite) and Rougui (Cinnamon) to warm and invigorate the yang qi of the spleen and kidney, stimulating transformative functions; or combine with insect-based blood-activating medicinals such as Dilong (earthworm) and Shuizhi (leech) to search out and expel stasis from the collaterals, improve microcirculation, and reduce the risk of target organ damage (heart, brain, kidney), thereby achieving the ultimate therapeutic goal.

Based on the above, through systematically elucidating the academic connotations of the "Chen Qi" pathogenesis theory and deeply analyzing the clinical practical experience of "treating with Lan," we find that any formula or therapeutic method that embodies the core effects of regulating the spleen-stomach pivot, smoothing the qi transformation of the triple jiao, resolving damp-turbidity stagnation, clearing depressed heat and latent pathogens, and dissipating intermingled phlegm-stasis can be broadly categorized under the extended concept of the "Lan method." This theoretical system, by multi-targetedly modulating glycolipid metabolism, inflammatory responses, and gut-microbiota-related biomarkers, offers an innovative approach for the precise diagnosis and treatment of Xiaoke complicated with Hanzheng.

4. Illustrative Case Example

A 46-year-old male patient, with an obese body habitus and a BMI of 31.8 kg/m², presented with the chief complaints of "polydipsia and polyuria for 5 years, and loud snoring accompanied by daytime somnolence for 2 years." Auxiliary Western medical examinations showed: fasting blood glucose

9.8 mmol/L, glycated hemoglobin (HbA1c) 9.1%; polysomnography revealed an apnea–hypopnea index (AHI) of 35 events/hour and a lowest oxygen saturation (SpO_2) of 82%. TCM tongue and pulse findings: pale red tongue, enlarged tongue body with scalloped edges, white-thick-greasy coating, and fine-slippery pulse. Western medical diagnoses: type 2 diabetes mellitus; severe OSAHS with moderate hypoxemia; obesity. TCM diagnoses: Pidan (spleen-heat disorder) of the pattern of spleen deficiency with dampness excess; Hanzheng (snoring disorder) of the pattern of phlegm-dampness obstruction. The therapeutic principle was primarily "Lanxiang Dichen" (eliminating old turbidity with aromatic Lan-type medicinals). A modified aromatic spleen-strengthening and dampness-removing formula was prescribed: Peilan (Eupatorium) 15 g, Zelan (Lycopus) 15 g, Huangqi (Astragalus) 20 g, Jiang Banxia (processed Pinellia) 9 g, Chenpi (tangerine peel) 15 g, Fuchao Baizhu (stir-fried Atractylodes macrocephala) 15 g, Heye (lotus leaf) 20 g, Juemingzi (Cassia seed) 20 g, Jiao Shanzha (charred hawthorn) 20 g, Hehuanpi (silktree bark) 30 g, Yuanzhi (Polygala) 10 g, Danshen (Salvia) 10 g, Chao Shanyao (stir-fried Dioscorea) 30 g, and roasted Gancao (licorice) 6 g. In addition, the patient was advised to adopt a low-fat, low-oil, light, and healthy diet and to exercise regularly. After 3 months of treatment, the patient's body weight decreased by 8 kg, with a BMI of 29.1 kg/m². Family members reported that the intensity and frequency of snoring and the number of apnea-related awakenings were reduced compared with baseline. OSAHS parameters improved significantly: the AHI decreased to 15 events/hour (a 57% reduction), oxygen saturation increased to 92%, and the Epworth Sleepiness Scale (ESS) score dropped from 16 to 8. Concurrently, the symptoms of Xiaoke were alleviated (HbA1c 6.7%, fasting blood glucose 6.5 mmol/L).

Commentary: The patient had a long-standing history of alcohol consumption and a preference for rich, fatty foods. Over time, damp-pathogens accumulated in the middle jiao, impeding the transportation function of the spleen and stomach, leading to the accumulation of putrid and turbid substances, which gradually transformed into pathological products such as phlegm-dampness and internal heat that collected in the spleen. In diagnosis and treatment, based on the patient's condition, the overall strategy was "using Lan to eliminate Chen." In the formula, Peilan resolves dampness with its aromatic property, awakens the spleen and stimulates the stomach, and prevents the re-generation of damp-turbidity; Zelan activates blood circulation and Danshen unblocks the collaterals to simultaneously dispel phlegm and stasis; Chenpi and Banxia dry dampness, resolve phlegm, regulate qi, and harmonize the middle; Huangqi, Baizhu, and Chao Shanyao jointly invigorate spleen yang, supplement qi, and strengthen the spleen; Heye, Juemingzi, and Jiao Shanzha strengthen the spleen, lower lipids, and discharge turbidity; Hehuanpi and Yuanzhi calm the heart and stabilize the spirit; roasted Gancao tonifies the spleen, harmonizes the stomach, and moderates the actions of all the ingredients. This case demonstrates that the "Lanxiang Dichen" method is not merely about weight reduction, but rather uses "spleen deficiency with turbidity and stasis" as the connecting link. By eliminating phlegm and stasis, it simultaneously improves Xiaoke (the metabolic axis) and Hanzheng (the ventilatory axis) — when damp-turbidity is removed, qi movement becomes unobstructed, snoring ceases, and blood glucose stabilizes. This provides an integrative TCM approach for metabolic-respiratory comorbidities.

5. Summary and Perspectives

The principle of "Zhi zhi yi Lan, yi chu Chen Qi" (treating with Lan to eliminate the old qi) originates from the TCM classics and has been widely applied in clinical practice. In patients with Xiaoke complicated by Hanzheng, obesity occupies a central position—serving not only as the pathological foundation but also as a key driver of disease progression—and the three conditions are highly interrelated in both onset and advancement. Looking forward, future research can center on the therapeutic strategy of "eliminating old substances to restore balance" (Chu Chen Fu Heng), with efforts directed toward multiple dimensions including glycolipid metabolic regulation, inflammatory response control, and gut microbiota optimization. Targeting the critical pathological links of spleen deficiency with impaired transportation, internal accumulation of phlegm-dampness, and obstruction by turbid stasis, aromatic turbidity-transforming medicinals can be employed to awaken the spleen, resolve dampness, assist transportation, and eliminate accumulations, thereby effectively regulating qi movement, clearing pathological products such as dampness, turbidity, phlegm, stasis, and heat, and restoring the balance of the triple jiao (san jiao). Moreover, the clinical value of this therapeutic approach is not limited to diabetes, obesity, or OSAHS; it can also be extended to other metabolic disorders, with flexible application based on the patient's individual condition, so as to regulate the body's qi mechanism and visceral functions, restore the balance of yin and yang, and ultimately achieve the therapeutic goal.

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