

A Brief Study on Menopathy in Huang-Di Nei-Jing

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Abstract: *Huang-Di Nei-Jing is a foundational classic of traditional Chinese medicine (TCM). It establishes core TCM theories covering yin-yang and five-element doctrines, visceral manifestations, meridians-collaterals, etiology-pathogenesis and therapeutic principles, and provides vital guidance for clinical practice including the four diagnostic methods. This classic contains distinctive insights into gynecological disorders, especially menopathy. Based on yin-yang and five-element theories, it emphasizes the pivotal role of kidney-qi in female menstrual physiology and pathology, laying an essential theoretical foundation for TCM gynecology.*

Keywords: Huang-Di Nei-Jing, Treatment based on syndrome differentiation, Gynecological diseases, Menopathy, Traditional Chinese medicine.

1. Introduction

Huang-Di Nei-Jing underpins both theoretical construction and clinical application of TCM. It puts forward the principle of treatment based on syndrome differentiation [1], advocates the philosophy of harmony between human and nature, elaborates the meridian-collateral system for acupuncture-moxibustion, and classifies pathogenic factors into six climatic evils, seven emotional excesses, improper diet and overstrain. According to this classic, menopathy mainly arises from qi-blood disharmony, impaired Chong-Ren meridians and visceral dysfunction. Qi and blood sustain human activities; their disturbance directly causes menstrual abnormalities. As core components of the female reproductive system, dysfunction of the Chong and Ren meridians disrupts regular menstruation [2]. Dysfunction of the liver, spleen and kidney also exerts profound influences on menstrual health.

2. Physiology of Menstruation

2.1 Kidney-qi Status

Normal menstruation is closely determined by the abundance or deficiency of kidney-qi. The kidney, a yin viscus pertaining to water, stores essence and governs human growth, development and reproduction. Vigorous kidney-qi ensures sound physical development, whereas kidney-qi deficiency leads to growth retardation, premature senility and reproductive hypofunction [3]. Suwen · Shanggu Tianzhen Lun (Plain Questions · On the Innate Truth of Ancient Times) describes the seven-year physiological cycle of women: "At seven, kidney-qi flourishes, teeth are replaced and hair grows; at fourteen, tian-kui arrives, the Ren meridian is unobstructed, the Chong meridian prospers, and menstruation occurs periodically." The onset and exhaustion of tian-kui dominate menstrual generation [4]. Acupuncture-moxibustion and dietary regulation can assist in restoring normal menstrual cycles.

2.2 Sufficiency of Yang-qi

Yang-qi serves as the fundamental motive force of life. Sufficient yang-qi guarantees regular menstruation; yang-qi deficiency may result in delayed menstruation, [5] scanty

flow, amenorrhea, metrorrhagia-metrostaxis and dysmenorrhea.

3. Etiology and Pathogenesis of Menopathy

3.1 Six Exogenous Climatic Evils

Six climatic evils disturb qi-blood circulation and trigger menopathy, among which cold, heat and dampness are most clinically common. Cold evil invades the uterus, congeals qi-blood and obstructs Chong-Ren meridians, giving rise to dysmenorrhea, delayed menses, amenorrhea and cold-related symptoms. Heat evil invades blood, scorches collaterals and induces reckless blood movement. Stagnant dampness obstructs qi movement and impairs the spleen-stomach [6], leading to insufficient qi-blood production and prolonged menstruation.

3.2 Emotional Imbalance

Excessive seven-emotion stimulation is a major pathogenic factor for gynecological diseases. As recorded in Suwen · Yin-Yang Ying-Xiang Da Lun, anger injures the liver, over-thinking injures the spleen, and fright injures the kidney. Since women take blood as the material basis and the liver as the functional pivot, emotional disturbance readily damages these three viscera. Liver-qi stagnation causes irregular menses, dysmenorrhea and amenorrhea; spleen injury leads to scanty menstruation or metrorrhagia-metrostaxis; kidney impairment disturbs tian-kui and induces menstrual disorders. The classic statement "Diseases of the two yang originate from heart-spleen impairment due to hidden emotional distress, leading to female amenorrhea" [7] from Suwen · Yin-Yang Bie Lun lays a core theoretical basis for emotion-induced amenorrhea.

3.3 Excessive Strain

Internal injury from visceral deficiency is the root cause of menopathy, dominated by deficiency of the kidney, liver and spleen. Kidney-qi deficiency disturbs tian-kui and deprives Chong-Ren meridians of nourishment. Insufficient liver-blood disrupts qi-blood storage and discharge. Spleen-stomach weakness reduces qi-blood production and

fails to nourish the uterus [8]. Excessive physical labor may cause menorrhagia, miscarriage and uterine prolapse; intemperate sexual activity consumes kidney-qi and induces gynecological ailments.

3.4 Improper Diet

Suwen · Shanggu Tianzhen Lun proposes “moderate diet, regular daily routine and avoidance of overexertion” as health-preserving principles. [9] Excessive raw-cold food damages spleen-stomach yang-qi and causes cold stagnation in the uterus; excessive spicy-hot food generates internal heat forcing abnormal bleeding. Both overwork and sedentary inertia disrupt qi-blood circulation and Chong-Ren harmony, thereby inducing menopathy.

4. Therapeutic Strategies for Menopathy in Huang-Di Nei-Jing

Huang-Di Nei-Jing records both pharmacological and non-pharmacological therapies, highlighting time-adapted cyclic intervention and comprehensive management as well as the “preventive treatment of disease” concept.

4.1 Time-adapted Cyclic Therapy

Therapeutic priorities differ across menstrual phases. During menses, treatments focus on activating blood circulation to resolve stasis and warming meridians to dispel cold for pain relief and unobstructed menstrual discharge [10]. In intermenstrual periods, tonifying kidney-qi and soothing liver-qi are adopted to prevent subsequent menstrual disorders.

4.2 Pharmacotherapy

Core therapeutic principles include activating blood to resolve stasis, warming meridians and tonifying the kidney. Herbs such as *Radix Angelicae Sinensis*, *Rhizoma Chuanxiong* and *Flos Carthami* are used for dysmenorrhea. *Radix Rehmanniae Preparata* and *Fructus Lycii* are prescribed for scanty menstruation and amenorrhea. Clinical prescriptions should be modified according to individual conditions.

4.3 Non-pharmacological Therapies

Acupuncture-moxibustion and cupping regulate meridians and balance yin-yang. Acupoints including Guanyuan (CV4), Qihai (CV6) and Sanyinjiao (SP6) are commonly selected to relieve menstrual symptoms [11]. Psychological counseling, music therapy and personalized dietary conditioning serve as supplementary interventions.

4.4 Prevention and Daily Care

The “preventive treatment of disease” [12] concept runs through gynecological care [13]. Women are advised to maintain moderate diet, regular lifestyle, stable mood and proper work-rest balance, avoid wind-cold and raw-cold stimuli, so as to protect Chong-Ren qi-blood and stabilize menstrual cycles.

5. Pathological Interpretation of Polycystic Ovary Syndrome (PCOS) Based on Huang-Di Nei-Jing

PCOS is characterized by menstrual disturbance, anovulation, hirsutism, obesity, infertility or recurrent miscarriage. Western medicine links its pathogenesis mainly to insulin resistance and elevated inflammatory-oxidative biomarkers [14]. In TCM, PCOS falls under the categories of delayed menstruation, amenorrhea, infertility, adiposis and acne. The “kidney-tian-kui-Chong-Ren-uterus” reproductive axis from Suwen · Shanggu Tianzhen Lun explains PCOS-related menstrual irregularity: kidney deficiency and tian-kui disturbance deprive the uterus of adequate blood supply. As stated in Suwen · Shengqi Tong Tian Lun, excessive rich-greasy food impairs spleen-stomach transportation and generates phlegm-damp turbidity, which accounts for obesity and metabolic disturbance in PCOS patients [15]. Phlegm-damp stagnation may transform into heat; combined with liver-qi stagnation, it generates phlegm-fire that inflames the face and causes acne aggravated during menstruation. [16] In summary, PCOS features simultaneous root deficiency and excess pathogenic manifestations: kidney-tian-kui dysfunction is the root; liver-qi disturbance drives disease progression; spleen-originated phlegm-damp accumulation constitutes the major excess pattern; phlegm-stasis and stagnant heat produce skin lesions. This supports staged TCM treatment aiming to regulate viscera, harmonize qi-blood, resolve phlegm-stasis and clear stagnant heat.

6. Conclusion

Huang-Di Nei-Jing regards the menstrual phase as a favorable therapeutic window for female diseases. Modern TCM inherits its ideas and combines western diagnostic tools such as B-ultrasound and blood tests [17]. Integrated TCM-western medicine achieves precise diagnosis and individualized treatment with herbal medicine and acupuncture-moxibustion [18]. Further exploration of gynecological theories from Huang-Di Nei-Jing can improve clinical efficacy of TCM gynecology and promote women’s health.

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