

Exploration on the Treatment of Leukorrhea Diseases Based on Huang-Di-Nei-Jing

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Abstract: The term “leukorrhea” was first put forward in *Huang-Di-Nei-Jing* (The Yellow Emperor’s Internal Classic), while “leukorrhea diseases” was initially defined in *Zhu-Bing-Yuan-Hou-Lun* (Treatise on the Etiology and Symptomatology of Diseases). As a common clinical gynecological disorder, leukorrhea diseases possess abundant theoretical foundations in traditional Chinese medicine (TCM), which has guided generations of physicians to conduct in-depth research on this condition. Based on *Huang-Di-Nei-Jing* and relevant academic literature concerning leukorrhea diseases, this paper explores the origin, etiology and pathogenesis, syndrome differentiation-based formula selection, and therapeutic characteristics of leukorrhea diseases. It summarizes the clinical experience of physicians across different eras, further excavates and inherits the essence of *Huang-Di-Nei-Jing*, and promotes its wide-ranging application and advancement within the modern healthcare system.

Keywords: Leukorrhea diseases, Huang-Di-Nei-Jing, Zhu-Bing-Yuan-Hou-Lun, Yin discharge, Five-colored leukorrhea, Fu Shan.

1. Introduction

Huang-Di-Nei-Jing is the earliest extant and most influential medical classic in China, consisting of two parts: Su-Wen (Plain Questions) and Ling-Shu (Spiritual Pivot), where the term “leukorrhea” first appeared. In ancient medical texts, this term carries three meanings. First, it refers to physiological leukorrhea. Second, it denotes leukorrhea diseases in the broad sense, namely disorders occurring below the Dai Meridian, corresponding to gynecological diseases in modern medicine. Third, it represents leukorrhea diseases in the narrow sense: abnormal quantity (excessive or scanty), color, texture or odor of vaginal discharge, accompanied by systemic or other local symptoms [1], among which excessive vaginal discharge is the most frequent clinical manifestation. There is no exact equivalent diagnosis for TCM leukorrhea diseases in Western medicine, yet the symptoms can be observed in conditions such as vaginitis, cervicitis and pelvic inflammatory disease [2]. Leukorrhea diseases are extremely prevalent in contemporary society. An ancient saying goes, “nine out of ten women suffer from leukorrhea”, and its incidence has been rising year by year in recent years [3]. Pathologically, leukorrhea diseases feature prolonged, lingering courses and high recurrence rates, accompanied by pruritus vulvae, abdominal or lumbosacral distending pain and other discomforts, impairing patients’ quality of life and physical-mental well-being.

2. Origin of the Term “Leukorrhea”

The word “leukorrhea” was first recorded in *Huang-Di-Nei-Jing*, and the formal nomenclature “leukorrhea diseases” was established in the Sui-dynasty work *Zhu-Bing-Yuan-Hou-Lun*. Su-Wen · Gu-Kong-Lun states: “When the Ren Meridian is diseased, men develop seven types of hernia with internal stagnation, and women suffer from leukorrhea and abdominal masses [4]320.” This indicates that pathological changes of the Ren Meridian tend to trigger hernia in males, and leukorrhea, irregular menstruation, uterine fibroids and other ailments in females. Hence, the leukorrhea mentioned in this classic passage refers

to pathological leukorrhea, i.e., illnesses located below the Dai Meridian. Since such disorders predominantly affect women, it is generally regarded as a general term for gynecological diseases in modern medicine.

Physiological leukorrhea describes small-volume whitish or transparent vaginal secretion produced in females starting from the age of fourteen, when the Ren Meridian becomes unobstructed and the Chong Meridian flourishes. It lubricates the vaginal orifice and defends against external pathogenic invasion. Ling-Shu · Wu-Long-Jin-Ye-Bie notes: “The body fluid transformed from five grains condenses into cream-like essence, which permeates into bone cavities, nourishes the brain and marrow, and flows downward to the inner thighs [7]92.” This elaborates that leukorrhea is refined substance within the female body — cream-like fluid derived from grain nutrients, sharing the same source as the substances that tonify the brain and marrow [5].

Leukorrhea in the narrow sense refers to disorders marked by abnormal volume, color, texture or odor of vaginal discharge [1], first documented in *Shen-Nong-Ben-Cao-Jing* (Shennong’s Classic of Materia Medica): “Men with five consumptions and seven injuries become emaciated and feeble; women suffer from leukorrhea and metrorrhagia [6]25.” Though *Huang-Di-Nei-Jing* does not explicitly mention narrow-sensed leukorrhea, it describes closely-related patterns including “yin discharge” and “white yin discharge”. Ling-Shu · Wu-Se records: “For women, pathological complexion manifested at the tip of the nose indicates disorders of the bladder and uterus; when the pathological complexion descends to the lips, yin discharge occurs [7]119.” This passage explains that pathological facial signs at the nasal tip signal bladder and uterine lesions; migration of such signs to the lips corresponds to profuse turbid leukorrhea. Additional references include Su-Wen · Wei-Lun: “Excessive rumination ... may lead to white yin discharge [4]247”; Ling-Shu · Wu-Jin: “Yin discharge consuming physical form [7]135”; and Ling-Shu · Wu-Se: “When [pathological influence] descends to the lips, yin discharge arises [7]119”. In these citations, “yin discharge” is synonymous with narrow-sensed

leukorrhea diseases.

3. Etiology and Pathogenesis of Leukorrhea

As stated above, narrow-sensed leukorrhea is equivalent to “yin discharge” in Huang-Di-Nei-Jing. Its etiology and pathogenesis are illustrated in the classic texts: Ling-Shu · Wu-Long-Jin-Ye-Bie: “Disharmony between yin and yang forces body fluid to spill downward into the genital tract [7]92”; Ling-Shu · Ben-Shen: “Fright and overthinking injure the spirit; spirit damage gives rise to fear and incessant yin discharge [7]28”; Su-Wen · Wei-Lun: “Excessive rumination ... may lead to white yin discharge [4]247”; Ling-Shu · Wu-Se: “When [pathogenic influence] descends to the lips, yin discharge presents as cream-like exudate, stemming from excessive intake of unwholesome food [7]119”. Later scholars Liu Shu et al. summarized these mechanisms as: “yin-yang disharmony with failing kidney containment; fright-induced spirit impairment and fear; pathogenic influence from the spleen transmitting to the kidney, causing lower-abdominal masses; immoderate intake of unwholesome food disrupting ascending-descending dynamics [5].”

Throughout the historical evolution of leukorrhea-related theories, Wang Shu-he wrote in Mai-Jing (Treatise on the Pulse): “Severe wind pathogen invades the Shaoyin Meridian, causing women to discharge white or red leukorrhea [8]285”. In the Song dynasty, Chen Zi-ming pointed out in Fu-Ren-Da-Quan-Liang-Fang (Complete Effective Prescriptions for Women): “This ailment originates from injury by wind-qi, cold-heat pathogens ... and is termed leukorrhea [9].” Both authors held that the primary cause lies in wind pathogen invading the Shaoyin Meridian or uterine collaterals, transmitting to zang-fu organs and disrupting physiological functions to generate leukorrhea.

Zhu Dan-xi attributed leukorrhea diseases to damp-phlegm [10]. In Fu-Qing-Zhu-Nü-Ke (Fu Qingzhu's Obstetrics and Gynecology), Fu Shan put forward the viewpoints: “All leukorrhea disorders are damp-originated” and “Most leukorrhea patterns result from spleen dampness”. He regarded damp pathogen as the core etiological factor, and generalized the pathogenesis as “spleen qi deficiency, liver qi stagnation, dampness infiltration, and heat forcing downward [11]”. While damp pathogen constitutes the major cause, essentially, functional disturbance of zang-fu organs due to their mutual interactions can also trigger leukorrhea, predominantly involving the liver, spleen and kidney. Therefore its etiology and pathogenesis can be summed up as spleen-stomach weakness, liver failing to maintain free flow, and kidney-yang insufficiency. Furthermore, leukorrhea belongs to yin fluid, which is susceptible to pathogenic transformation and complicated by other conditions. Prolonged dampness may combine with heat to form damp-heat, merge with phlegm to produce damp-phlegm, or couple with static blood to create damp-stasis.

The Dai Meridian communicates with the Ren and Du Meridians; pathological change of one will affect the others. The onset of leukorrhea diseases is closely associated with damage and deficiency of these three meridians [11]. The Ren Meridian, the sea of yin meridians, governs all yin meridians, regulates qi-blood of yin channels and dominates gestation.

The Dai Meridian is the sole horizontal vessel among the Eight Extraordinary Meridians; it restrains vertical meridians, governs female leukorrhea, and secures pregnancy. Leukorrhea diseases occur when the Ren Meridian loses consolidation and the Dai Meridian fails to constrain, with the disease location centered on the Dai Meridian. Since the Ren and Du Meridians govern bodily yin-yang, and the Dai Meridian manages female gestation and childbirth, interactions between the vertical Ren-Du Meridians and horizontal Dai Meridian mean disorders of Ren-Du will induce Dai Meridian pathologies. Fu Shan also argued that Dai Meridian injury arises not only from trauma and qi counterflow, but also from excessive drinking, gluttony and unrestrained sexual activity. Even without pain manifestations, essence-qi is secretly consumed, healthy qi becomes depleted, and women fail to generate normal menstrual blood, thus falling ill.

4. Syndrome Differentiation and Formula Selection for Leukorrhea

Ling-Shu · Wu-Se mentioned “cream-like exudate” [7]119 yet offered little description regarding leukorrhea color and texture. Distinction between red and white leukorrhea first appeared in Shen-Nong-Ben-Cao-Jing. Afterwards, Zhu-Bing-Yuan-Hou-Lun categorized leukorrhea into five types according to discharge color. Fu Shan further systematized five-colored leukorrhea in Fu-Qing-Zhu-Nü-Ke, interpreted its etiology-pathogenesis, and created five classic formulas: Wan-Dai Decoction, Yi-Huang Decoction, Modified Xiao-Yao Powder, Qing-Gan-Zhi-Lin Decoction, and Li-Huo Decoction [11].

White leukorrhea presents with whitish, foul-smelling discharge. It is mostly caused by irregular diet damaging spleen qi. Impaired spleen fails to transport grain nutrients, dampness accumulates and injures the Dai Meridian. Its pathogenesis is summarized as “exuberant dampness with declining fire, liver-stagnation and spleen-deficiency, downward sinking of dampness [11]”. Weak spleen earth is vulnerable to invasion by liver wood. Therapeutically, tonifying spleen-stomach qi should be supplemented with mild liver-soothing medicinals; Wan-Dai Decoction is suitable. Restored spleen transportation prevents damp accumulation, and smooth liver qi avoids over-restraint of spleen earth.

Green leukorrhea is fishy-smelling, sticky and resembles mung-bean juice, resulting from liver-meridian damp-heat. From the physiological characteristics and restraining-invading relationships of liver and spleen: dampness stagnates the spleen; deficient spleen is invaded by liver wood; damp-obstructed spleen disturbs liver's free coursing. Damp-heat binding in the middle-jiao blocks qi movement; lodging in the lower-jiao impairs bladder qi transformation, both leading to leukorrhea. For green leukorrhea, Fu Shan advocated “draining liver-wood fire and promoting bladder fluid excretion [11]”. Relieving liver stagnation unblocks qi dynamics; dampness no longer accumulates in middle-lower jiao, so pathogenic heat dissipates spontaneously. Modified Xiao-Yao Powder is applied: *Artemisiae Scopariae Herba* lifts liver-wood qi; *Atractylodis Macrocephalae Rhizoma* and *Angelicae Sinensis*

Radix nourish blood to prevent liver-blood dryness.

Yellow leukorrhea resembles strong tea in color with foul turbid odor. Heat pathogen in the lower-jiao generates deficient-heat within the kidney, transforming yin fluid into dampness; damp-heat interlocks and damages the Ren Meridian. Yi-Huang Decoction is prescribed: Dioscoreae Rhizoma and Euryales Semen tonify Ren Meridian deficiency; Phellodendri Chinensis Cortex clears kidney deficient-fire. Restored kidney function transforms yin fluid into essence; deficient-heat is eliminated, and leukorrhea returns to normal color without feter.

Black leukorrhea is like black-bean juice with extremely offensive odor, representing extreme blazing fire. It may be accompanied by hypogastric burning pain, stinging dysuria and vulvar swelling. Fire pathogen accumulates in the middle-lower jiao without flaring upward, consuming qi and yin. Urgent fire purgation is required: Gypsum Fibrosum, Anemarrhenae Rhizoma, Coptidis Rhizoma, Gardeniae Fructus and Rhei Radix et Rhizoma vigorously clear intense fire. Once fire recedes, dampness resolves. Post-recovery care should reinforce spleen earth, regulate diet and avoid spicy food.

Red leukorrhea features persistent dripping discharge resembling yet not identical to blood, induced by excessive blazing fire. Its root cause lies in liver-meridian stagnant fire restraining the spleen. Damaged spleen cannot transport water-dampness; damp-heat accumulates within the Dai Meridian and flows out mixed with blood. Here liver stagnant fire predominates while spleen deficiency is secondary. Downward-draining therapies are contraindicated; treatment targets blood to resolve dampness. Liver-blood insufficiency gives rise to hyperactive liver-fire; therapy prioritizes liver-blood nourishment rather than blind fire-clearing. Angelicae Sinensis Radix and Paeoniae Radix nourish liver-blood. The liver is yin-in-substance yet yang-in-function; sufficient liver substance ensures unobstructed qi movement, prevents stagnant-heat generation and protects spleen earth, so dampness does not form. Clear liver-fire while supporting spleen qi; blood nourishment restrains fire.

5. Therapeutic Characteristics of Leukorrhea Diseases

Su-Wen · Jing-Mai-Bie-Lun states: “Drink enters the stomach; essence diffuses and is transported upward to the spleen. Spleen qi distributes essence and elevates it to the lung [4].” This depicts the basic process of spleen governing transportation: after food and drink enter the stomach, the spleen absorbs refined nutrients and transports them upward to the lung. Under the lung’s water-regulation function, nutrients diffuse to nourish all zang-fu organs and tissues. In TCM visceral manifestation theory, the spleen governs transportation and transformation, absorbing and distributing grain essence and body fluid throughout the body. It governs upward dispersion: spleen qi elevates, transporting grain nutrients to the head, heart and lung to generate qi-blood for whole-body nourishment. Spleen failure in transportation and upward dispersion disrupts nutrient and fluid metabolism; dampness accumulates downward, resulting in diarrhea and leukorrhea. National TCM Master Ban Xiu-wen held that the

spleen governs dampness; damp retention in the uterus produces leukorrhea diseases, emphasizing “treat dampness first when managing leukorrhea [12]”. Vigorous spleen resolves dampness inherently, achieving the therapeutic principle “embrace tonification within dispersion [13]”.

The liver also plays a pivotal role in treating leukorrhea diseases. Meridian-wise, the Liver Meridian of Foot-Jueyin traverses the genital region and reaches the lower abdomen, establishing close connection with gynecological disorders. Functionally, the liver governs free coursing, assisting spleen upward dispersion and promoting body-fluid distribution. Per the theory “the liver is the congenital foundation for women”: the liver stores blood and regulates systemic blood volume. Since blood and fluid share the same origin (both transformed by spleen-stomach), blood influences damp-phlegm generation and transformation. Circulation of blood and body fluid relies entirely on liver’s free-coursing function. Liver-meridian damp-heat and intense fire may restrain spleen earth, leading to damp-heat retention in the Dai Meridian. From five-element inter-restraint theory, liver wood restrains spleen earth; excess or deficiency of either gives rise to “wood over-restraining earth” or “earth deficiency invaded by wood”.

Formula and medication strategies for leukorrhea diseases stress invigorating the spleen and soothing the liver, regulating the spleen-stomach. Medicinals mainly tonify spleen-qi, harmonize blood and soften the liver, with treatment determined by syndrome differentiation. Therapy centers on tonifying spleen-stomach, supplemented with liver-soothing agents to prevent liver over-restraint of spleen earth. For instance, in Wan-Dai Decoction, Paeoniae Radix softens and restrains liver wood, facilitating smooth liver qi and strengthening spleen earth; Schizonepetae Herba (charred) and Bupleuri Radix soothe liver-qi, assist Paeoniae Radix in relieving liver stagnation, accommodate liver nature, and cooperate with Atractylodis Macrocephalae Rhizoma to lift spleen clear-yang. In Xiao-Yao Powder, Poria cocos promotes diuresis and percolates dampness, tonifies earth and restrains wood; Paeoniae Radix softens liver wood for free liver-qi flow; Bupleuri Radix relieves liver stagnation; Citri Reticulatae Pericarpium regulates qi, invigorates spleen and dries dampness; Glycyrrhizae Radix et Rhizoma clears heat and detoxifies. Li-Huo Decoction employs Cyperi Rhizoma instead of Bupleuri Radix to avoid Bupleuri Radix consuming liver-yin, and Cyperi Rhizoma guides blood back to meridians.

In summary, the core therapeutic characteristics for leukorrhea diseases lie in “invigorating the spleen and soothing the liver”.

6. Experience Summary of Modern Distinguished Physicians on Leukorrhea

Su Meng et al. [14] argued that leukorrhea stems from kidney-yang deficiency and declined gate-of-vitality fire, spleen failing warm-transformation, fluid retention generating turbidity, and Dai Meridian injury. They prefer Wen-Shen-Zhi-Dai Decoction to tonify kidney and invigorate spleen, percolate dampness and arrest leukorrhea. Song Qiong et al. [15] treated intractable leukorrhea diseases, holding that dampness, deficiency and stasis form a vicious cycle; their therapy prioritizes eliminating dampness, reinforcing healthy

qi and activating blood circulation. Jia Li-na [16] attributed leukorrhea to Chong-Ren Meridian depletion, and frequently applied Gu-Chong Decoction for concurrent blood-fluid regulation, consolidating the Chong-Ren Meridians. Yang Meng [17] classified leukorrhea into eight patterns, focusing on dampness treatment while considering other zang-fu organs. Zhang Xiao-xue [18] pointed out that sequelae of pelvic inflammatory disease combined with leukorrhea are rooted in “dampness, heat and stasis”; treatment clears heat, eliminates dampness and activates blood to alleviate pain. She is adept at empirical herb pairs: Ailanthi Cortex and Ailanthus altissima fruit, Rosae Chinensis Flos and Celosiae Cristatae Flos. Ban Sheng [19] [20] documented Professor Ban Xiu-wen’s clinical approach: prioritize dampness elimination, take kidney as the root, and add stasis-resolving medicinals. Chen Xue-qi [21] proposed that damp-heat-predominant leukorrhea should eliminate pathogenic factors before reinforcing healthy qi. Qin Hou-lin [22] advocated combined internal and external therapies for spleen-deficiency-damp-heat type leukorrhea. Liu Lei [23] stated that long-standing leukorrhea accompanied by stasis requires appropriate addition of softening-hard-and-dissipating-mass medicinals; for cases complicated by qi-blood consumption and mixed deficiency-excess, stasis resolution should be combined with qi tonification.

7. Conclusion

Historically, leukorrhea first existed in the broad sense referring to general gynecological disorders, and later evolved into its present-day narrow definition, which corresponds to “yin discharge” recorded in Huang-Di-Nei-Jing. This classic elaborates its etiology and pathogenesis in detail: excessive yin-yang imbalance leads to kidney failing containment, lumbago, leg soreness and profuse leukorrhea; over-rumination injures spirit and causes persistent yin discharge; water-qi stagnation producing abdominal masses induces white discharge; sudden deficiency due to immoderate intake of unwholesome food disrupting ascending-descending movement can also trigger leukorrhea [5]. Despite continuous advances in modern science and medicine, Huang-Di-Nei-Jing still occupies a vital position in gynecological research. Its profound historical heritage and abundant theoretical framework guide contemporary physicians in in-depth study and analysis. Subsequent scholars built upon its doctrines: Shen-Nong-Ben-Cao-Jing established red-white classification; Zhu-Bing-Yuan-Hou-Lun created the five-colored leukorrhea framework; Fu-Qing-Zhu-Nü-Ke formulated five leukorrhea formulas, establishing invigorating-spleen-soothing-liver as core therapeutic feature. Physicians of successive generations integrated clinical experience to achieve continuous theoretical innovation. Alongside modern scientific progress and intensified international academic exchange, we shall further excavate and inherit the essence of Huang-Di-Nei-Jing, and promote its extensive application and development within modern medical systems.

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