

Treatment of Diabetic Nephropathy based on the Theory of “Strengthening the Governor of Water to Restrain the Effulgence of Yang”

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Abstract: *Diabetic nephropathy originates from deficiency of both qi and yin; over time, yin depletion damages yang, giving rise to a pathogenesis characterized by root deficiency with branch excess and disharmony between yin and yang. Guided by the theory of “strengthening the governor of water to restrain the effulgence of yang,” this paper proposes a comprehensive therapeutic strategy that includes warming and tonifying kidney yang, cultivating and consolidating genuine yin, subduing and containing floating yang, and promoting blood circulation to remove stasis. Meanwhile, modern clinical parameters (such as urinary protein and eGFR) are incorporated to evaluate treatment outcomes. The therapeutic principle of “interdependence of yin and yang, and coordination between kidney water and kidney yang” is put forward, offering new perspectives for individualized management of diabetic nephropathy and for integrated traditional Chinese and Western medicine interventions.*

Keywords: Xiaoke nephropathy (diabetic nephropathy), Strengthening the governor of water to restrain the effulgence of yang, Interdependence of yin and yang, Subduing and containing floating yang, Promoting blood circulation to remove stasis.

1. Introduction

Recent data indicate that among adults with diabetes in China, approximately 39 million have concurrent chronic kidney disease, of whom about 36.9 million present with albuminuria and about 6.6 million have reduced estimated glomerular filtration rate (eGFR), suggesting that diabetes-related kidney damage has become a major public health concern in China [1]. Diabetic kidney disease (DKD) is one of the most common microvascular complications of diabetes mellitus, clinically characterized by persistent proteinuria and progressive decline in renal function, and is a leading cause of end-stage kidney disease. According to statistics, DKD has surpassed chronic glomerulonephritis and become the primary cause of hospitalization among patients with chronic kidney disease in China [2]. Current conventional medical treatment mainly focuses on glycemic control, blood pressure management, lipid regulation, and the use of sodium-glucose cotransporter-2 (SGLT-2) inhibitors and glucagon-like peptide-1 (GLP-1) receptor agonists. Although these measures can slow disease progression to some extent, a considerable proportion of patients continue to experience worsening of the condition, and adverse drug reactions as well as contraindications limit their widespread clinical application.

Traditional Chinese medicine (TCM) has unique advantages in improving clinical symptoms, reducing urinary protein, and delaying renal function decline in patients with DKD. Over the ages, TCM practitioners have mostly approached DKD from the theoretical frameworks of “yin deficiency with yang hyperactivity” or “deficiency of both qi and yin,” employing therapeutic methods of nourishing yin and clearing heat, as well as supplementing qi and enriching yin. However, in clinical practice, a considerable number of patients present with a pattern of “upper heat and lower cold,” characterized by dry mouth and throat together with cold extremities, facial flushing and restlessness accompanied by cold pain in the lower back and knees, and a pale, swollen tongue with a deep,

thready pulse. In such cases, simple yin-nourishing and heat-clearing therapy often proves ineffective and may even exacerbate the condition. This calls for a re-examination of the pathogenetic characteristics and therapeutic strategies for DKD.

Wang Bing’s annotation on the Plain Questions (Suwen) put forward the principle of “strengthening the governor of water to restrain the effulgence of yang,” which has traditionally been interpreted as predominantly nourishing yin to suppress yang. This paper reinterprets its original meaning as warming and tonifying kidney yang so as to vaporize and distribute kidney water, while subduing and containing floating yang to control deficient fire. From a modern clinical perspective, this theory can be correlated with the regulation of renal hemodynamics, maintenance of yin–yang balance, and stabilization of trace element metabolism, thereby providing theoretical support for DKD patients presenting with floating of deficient yang and yin–yang disharmony. Compared with the conventional yin-nourishing and heat-clearing approach, this strategy emphasizes warming the lower yuan (kidney yang) and subduing and containing the upper jiao (floating yang), which may help to address the clinical challenges of persistent proteinuria and progressive renal function decline.

2. Theoretical Basis and Novel Understanding of the “Strengthening the Governor of Water to Restrain the Effulgence of Yang” Doctrine

2.1 Original Text and Analysis

The phrase “strengthening the governor of water to restrain the effulgence of yang” originates from the annotation by Wang Bing of the Tang Dynasty on the Plain Questions · Greater Treatise on the Correspondence of Heaven and Earth (Suwen · Zhi Zhen Yao Da Lun). The

original text states: “The Emperor said: It is said in the treatises that cold is treated with heat and heat with cold, and yet the physicians cannot abandon these established rules and alter their methods. However, when a patient with heat is treated with cold but the heat persists, and when a patient with cold is treated with heat but the cold persists—both situations occur, and new diseases may even arise—then how should one treat? Qi Bo replied: When cold treatment aggravates heat, the root lies in yin; when heat treatment aggravates cold, the root lies in yang. This is what is meant by ‘seeking their respective categories’” [3]. To this, Wang Bing commented: “Strengthen the source of yang-fire to dissipate the overcast yin; strengthen the governor of water to restrain the effulgence of yang. This is what is meant by ‘seeking their categories.’ Coarse practitioners are shallow in learning and have not delved deeply; they attack cold with heat and treat heat with cold, but before the heat is resolved, cold disorders have already arisen...” Clearly, Wang Bing was explaining the therapeutic principle of “treating the opposite,” specifically in the line “when cold treatment aggravates heat, the root lies in yin” [4]. The phrase “cold treatment aggravates heat” means that when cold-natured herbs are used to treat a heat pattern, the heat paradoxically worsens. This does not indicate an excess of heat, but rather a pattern of true cold with false heat. Therefore, one should “take from yin”—here, yin does not refer to nourishing yin fluid, but rather to the yin position within the kidney where the true yang resides. That is, by warming and tonifying kidney yang, the floating yang is restored to its proper place, and the deficient fire is naturally quelled. Scholars such as Zhang Xinyi have pointed out that a major reason for the later misinterpretation of “strengthening the governor of water” is that this phrase was not understood within its full context, and its grammatical structure was not clarified. In fact, the proper parsing should be: “strengthen · the governor of water”—the object of the verb “strengthen” is “the governor of water,” not merely “water” as a modifier. What then is “the governor of water”? Zheng Qinzuan, in his *True Transmission of Medical Principles · Explanation of the Kan Trigram* (Yili Zhenzhuān · Kan Gua Jie), explicitly states: “The Kan trigram corresponds to water, pertains to yin, and represents blood, yet within it resides the true yang. Its middle line stands for Heaven. Heaven generates water; in the human body it is the kidney, where a speck of true yang is contained within the two yin lines, residing in the utmost yin location. This is the root of human life, the true seed.” Thus, it is evident that “the governor of water” refers to the innate true yang, which is the life-gate fire (mingmen huǒ) within the kidney. Therefore, “strengthening the governor of water” means to strengthen this fire, to reinforce the yang [5].

2.2 “Strengthening Water” in Light of Ancient Word Usage

From a philological and exegetical perspective, in ancient Chinese linguistic conventions, the character *zhuang* (壯, meaning “to strengthen” or “to invigorate”) was typically used for yang-related and dynamic entities—as seen in terms such as *zhuangyang* (strengthening yang), *zhuangyao* (strengthening the lower back), and *zhuanggu* (strengthening the bones). In contrast, *zi* (滋, meaning “to nourish” or “to moisten”) and *yi* (益, meaning “to supplement” or “to benefit”) were employed for yin-related and static entities, as

exemplified by *ziyin* (nourishing yin), *zishui* (nourishing water), and *yijing* (supplementing essence). If *zhuangshui* (“strengthening water”) were intended to mean nourishing kidney water, it would deviate from the established linguistic patterns of ancient usage. This linguistic evidence further corroborates the view that “strengthening the governor of water” in fact refers to warming and tonifying kidney yang.

2.3 Elucidation of the Pathogenesis of “Strengthening the Governor of Water” and “External Floating of Deficient Yang

The Plain Questions · Treatise on the Vitality of Heaven and Its Communication with Qi (Suwen · Shengqi Tongtian Lun) states: “The crux of yin and yang lies in the yang being dense and firm.” This indicates that the human body’s yang qi must be sufficient and compactly secured so as to internally guard the lower region—this is the key to the yin–yang relationship. If yang qi is deficient and fails to be dense and firm, it will float externally, giving rise to the condition described as “when yang is hyperactive and cannot be secured, yin qi will be severed,” and even perilous states such as “when yin and yang are separated and disengaged, essence and qi will be exhausted”—which is clinically referred to as “floating of deficient yang externally” [6]. The clinical presentation can be deceptive: patients often manifest with a flushed face resembling cosmetic rouge, restless feverishness, and a desire to remove clothing and bedding. Although these appear to be signs of heat, they actually indicate yang deficiency with yin excess, where the yang is repelled externally. If one mistakenly diagnoses this as true heat and administers cold-natured medicinals, it would be like adding snow to ice—the yang qi becomes even more floating, ultimately leading to separation of yin and yang. Under such circumstances, only by vigorously supplementing the true yang can the ice melt and the snow dissolve, allowing the floating yang to return and be contained, thereby restoring the harmony of yin and yang. In terms of pulse diagnosis, the chi pulse corresponds to the kidney; a forceful and moderate pulse at the deep position of both chi pulses indicates a rooted pulse, whereas a floating and scattered chi pulse signals “floating of deficient yang externally and impending exhaustion of kidney qi.” This provides an important clinical basis for differentiation and treatment.

2.4 The Principle of “Strengthening the Governor of Water” in Treating the “Upper Heat and Lower Cold” Pattern

In clinical practice, it is common to encounter the “upper heat and lower cold” pattern, manifested as cold pain in the lower legs and feet, loose stools, accompanied by toothache, throat obstruction (*houbi*), oral ulcerations, redness and swelling of the lips and mouth, and recurrent flushing of the face. This pattern does not indicate an excess of fire, but rather a deficiency of true yang that fails to warm the yin water. As a result, the yin water cannot ascend to restrain the yang, giving rise to upper heat [7]; meanwhile, yang deficiency leads to failure of warming, resulting in lower cold. Sun Yikui [8], in his *Mysterious Pearls from the Red Water* (*Chishui Xuanzhu*), employed a vivid analogy of a kettle lid, which is quite apt: “Although there is water in the kettle, if there is no fire beneath it, the water will not rise, and the kettle lid will remain

dry and unwetted. Only when there is fire under the kettle does the water vapor ascend and moisten the lid from above, preventing it from drying." This analogy vividly reveals the relationship between "the governor of water" (the fire beneath the kettle) and "water" (the water within the kettle), as well as the clinical implications of "strengthening the governor of water to restrain the effulgence of yang"—that is, by warming and tonifying kidney yang (adding fuel beneath the kettle), the kidney water is vaporized and ascends to moisten the upper jiao, thereby extinguishing the deficient fire in the upper body and dispelling cold-dampness in the lower body. Zheng Qinzuan [9], in his *Constancy of Treatise on Cold Damage* (Shanghan Heng Lun), commented on the line "in cases of dry throat, diaphoresis should not be induced," stating: "For those presenting with dry throat, some cases arise from the decline of true qi within the lower yuan (the Kan trigram), which fails to propel the true water upward. Such cases should be treated by supporting yang." Pu Fuzhou [10], in his *Medical Experience of Pu Fuzhou · Medical Talks* (Pu Fuzhou Yiliao Jingyan · Yihua), also remarked: "When impairment of body fluids fails to respond to fluid-generating medicinals, if the condition is due to the absence of fire beneath the kettle preventing qi transformation, then Fuzi (Aconiti Lateralis Radix Praeparata) must be added." These insightful discussions eloquently expound the clinical significance of "strengthening the governor of water"—if one merely employs cold-natured yin-nourishing medicinals, the yin water becomes congealed, the true yang becomes trapped by the cold medicinals and is even less able to ascend, and the deficient heat paradoxically intensifies.

2.5 The Theoretical Relationship Between "Obtaining Yin from Yang" and "Strengthening the Governor of Water"

Zhang Jingyue, in his *Classified Canon* (Leijing), put forward the renowned assertion that "those who are skilled in supplementing yin must seek yin from within yang; then, with yang lifting it, yin will be as inexhaustible as a spring" [11]. This proposition is in direct continuity with the theory of "strengthening the governor of water." The generation and distribution of genuine yin cannot be separated from the warming and propelling action of genuine yang. If kidney yang is insufficient and fails to vaporize the kidney water to ascend and moisten the upper jiao, then even the use of yin-nourishing medicinals will be as ineffective as water without a source or a tree without roots. Therefore, "strengthening the governor of water" is, in essence, the origin and practical pathway of the principle of "seeking yin from within yang."

3. Stage-Based Syndrome Differentiation and Treatment of Xiaoke Nephropathy

Modern scholars [12] hold that Xiaoke nephropathy typically arises from prolonged Xiaoke (diabetes) with consumption of yin fluid, internal disturbance by dryness-heat, and protracted, unremitting course that eventually damages the kidney collaterals. The pathogenetic evolution is not simply a matter of deficiency, but rather a progressive process involving impairment of yin affecting qi, deficiency of qi extending to yang, deficiency giving rise to excess, and the disease extending from the qi level to the collateral level. From depletion of yin fluid to floating of deficient yang and stasis of

turbid toxins, the pathogenesis of Xiaoke nephropathy exhibits a stage-dependent evolution [13]. On this basis, this paper proposes that the treatment of Xiaoke nephropathy should be conducted according to different stages: in the early stage, yin deficiency predominates, and attention should be paid to consolidating genuine yin and ensuring the interaction between water and fire (shui huo ji ji); in the middle stage, yang deficiency becomes concurrent, and supplementation should be supplemented with warming and tonifying kidney yang to prevent the floating of deficient yang; in the later stage, when stasis of turbid toxins becomes evident [14], measures to promote blood circulation, remove stasis, unblock the collaterals, and drain turbidity should be added to address the branch excess. This stage-based differentiation and treatment approach integrates the theory of interdependence of yin and yang, providing a reference for stratified medication in clinical practice and embodying an innovative approach that combines theory with practice.

4. Discussion on Xiaoke Nephropathy from the Perspective of "Strengthening the Governor of Water to Restrain the Effulgence of Yang"

The core of the doctrine "strengthening the governor of water to restrain the effulgence of yang" does not lie in simply nourishing yin to suppress yang, but rather in warming and reinforcing the lower yuan, supporting kidney yang, so that yang qi is secured internally and qi transformation is restored to normal, thereby enabling the vaporization and distribution of fluids and the subduing and containment of floating yang. With regard to Xiaoke nephropathy, by the progressive and end-stage phases, prolonged disease consumption often impairs the spleen and kidney, resulting in spleen-kidney yang deficiency, failure of qi transformation, and internal retention of water-dampness. When yang deficiency becomes severe, deficient yang floats externally, giving rise to a pattern of upper heat and lower cold, and true cold with false heat. Clinically, one may observe cold intolerance, cold pain in the lower back and knees, edema of both lower extremities, foamy urine, frequent nocturia, and loose stools—signs of lower yuan vacuity-cold and impaired qi transformation—while concurrently presenting with facial flushing, restless feverishness, dry mouth, and dry throat—manifestations of deficient yang floating upward. In particular, the coexistence of facial flushing and restlessness with cold intolerance and cold extremities, as well as dry mouth and throat together with a pale, swollen tongue and a deep, thready, forceless pulse, are key features for identifying this pattern. Therefore, the fundamental therapeutic principle in clinical practice should be warming and supplementing the spleen and kidney, supporting yang and promoting qi transformation. In this way, the lower yuan is warmed, the fire of the life-gate is invigorated, the movement and transformation of body fluids are restored to normal, and the floating yang is able to descend and return to its proper place.

4.1 Warming and Supplementing the Spleen and Kidney to Promote Qi Transformation, and Cultivating and Consolidating Genuine Yin to Strengthen the Root

Xiaoke nephropathy, when protracted over time, consumes both qi and yin, ultimately leading to deficiency of both the spleen and kidney [15]. Clinically, this often presents with

thirst, mental fatigue, physical exhaustion, soreness and weakness of the lower back and knees, edema of the lower extremities, and increased foamy urine. Although the disease is located in the kidney, the spleen and kidney are interlinked—the acquired and innate foundations mutually support each other. If the spleen fails in its transportation and transformation function, the essence of water and grains cannot be transported upward; if the kidney fails in its storage and closure function, the essential substances leak downward and cannot be secured, resulting in recurrent and persistent proteinuria. As stated in the Plain Questions: “The kidney governs water and receives the essences of the five viscera and six bowels to store them.” When kidney essence and qi are abundant, the opening and closing functions are properly regulated, and the essential substances are retained. However, when Xiaoke has persisted for a long time, depleting qi and injuring yin, the spleen fails to lift the clear, and the kidney fails to consolidate and retain. Dampness, turbidity, and toxic substances then intermingle with the leakage of essential substances, rendering the condition lingering and difficult to resolve. Therefore, the treatment should be based on the principles of supplementing qi and nourishing yin, and reinforcing both the spleen and kidney. In this way, when qi is robust, the clear yang can be lifted effectively; when yin is ample, the storage function can be properly maintained; and when qi transformation is restored, the essential substances can be secured. Clinical studies have demonstrated that modified Shenqi Dihuang Decoction (Astragalus and Ginseng Rehmannia Decoction) has notable advantages in alleviating renal injury, improving symptoms, and controlling blood glucose [16]. Shenqi Dihuang Decoction is derived from Liuwei Dihuang Decoction (Six-Ingredient Rehmannia Decoction) and is precisely suited to the pattern of dual deficiency of qi and yin, and insufficiency of the spleen and kidney. In this formula, Renshen (Ginseng Radix et Rhizoma) and Huangqi (Astragali Radix) serve as the chief herbs, greatly supplementing the original qi to assist the spleen in lifting the clear and the kidney in consolidation and storage. Shudihuang (Rehmanniae Radix Praeparata), Shanzhuyu (Corni Fructus), and Shanyao (Dioscoreae Rhizoma) are used in combination to nourish the kidney and supplement essence, thereby reinforcing the innate foundation. Fuling (Poria), Zexie (Alismatis Rhizoma), and Mudanpi (Moutan Cortex) act as adjuvant and messenger herbs, draining dampness, discharging turbidity, and cooling blood to resolve stasis, respectively. Together, they embody the method of “three supplements and three drainings,” ensuring that the supplementation is not stagnating and the nourishment is not cloying. In clinical practice, Danshen (Salviae Miltiorrhizae Radix et Rhizoma) and Guijianyu (Euonymi Ramulus) are often added to promote blood circulation and unblock the collaterals, while Dahuang (Rhei Radix et Rhizoma) is used to drain turbidity and eliminate toxins. This approach resonates particularly well with the pathogenesis of “microscopic abdominal masses in the kidney collaterals” (shenluo weixing zhengjia) in Xiaoke nephropathy. The therapeutic intent lies not only in supplementing deficiency but also in unblocking within supplementation and treating within unblocking, so that qi and yin are restored, the collaterals are smoothly traversed, and pathogenic turbidity is expelled. Modern pharmacological studies have also indicated that Shenqi Dihuang Decoction can significantly alleviate symptoms such as thirst, fatigue, and soreness of the lower back and knees,

and can reduce the urinary microalbumin-to-creatinine ratio while modulating the glomerular filtration rate [17], thereby delaying the progression of renal impairment while ameliorating clinical manifestations. This approach—regulating both the spleen and kidney together, and supplementing both qi and yin—serves to strengthen the root and foundation, thereby laying the material basis and therapeutic prerequisite for the principle of “strengthening the governor of water to restrain the effulgence of yang.”

4.2 Strengthening the Governor of Water to Restrain the Effulgence of Yang, and Subduing and Containing the Floating Yang to Restore It to Its Original Source

When Xiaoke nephropathy persists over an extended period, yin is impaired and eventually affects yang, and when yang loses the anchorage of yin, deficient yang tends to float upward. Therefore, in addition to the root pattern of dual deficiency of qi and yin with insufficiency of the spleen and kidney, the clinical presentation may also include upper heat manifestations such as facial flushing, restlessness, dry mouth and throat, and irritability, giving rise to a pattern of lower deficiency with upper floating, intermingled deficiency and excess, and concurrent cold and heat. If one only recognizes the heat and recklessly administers bitter and cold medicinals, the spleen and kidney will be further damaged. If one exclusively resorts to warming and supplementation without addressing the floating tendency, there is a risk of fueling yang and generating heat. Hence, the crux of treatment lies in a profound grasp of the principle of “strengthening the governor of water to restrain the effulgence of yang.” The term “strengthening the water” does not merely mean nourishing yin in a way that may retain pathogenic factors; rather, it refers to replenishing kidney water and enriching genuine yin, so that yin is ample enough to contain yang, and water is abundant enough to control fire, thereby providing the floating yang with a secure anchor to prevent its reckless movement. The term “restraining the effulgence of yang” does not mean suppressing or restraining yang; rather, it means guiding the rootless yang back to the lower yuan, so that water and fire are harmoniously coordinated and yin and yang are restored to their proper positions. As the medical adage goes, “Those who are skilled in supplementing yang must seek yang from within yin; those who are skilled in supplementing yin must seek yin from within yang.” The essence of these principles lies in the interdependence of yin and yang and the importance of tracing the root cause. Therefore, in the clinical treatment of Xiaoke nephropathy, one should not only focus on supplementing qi and nourishing yin, and reinforcing the spleen and kidney, so that the qi of the spleen and kidney is restored and the gate of essence is secured, but also attend to subduing yang and returning it to its source, and harmonizing water and fire, so that the floating deficient yang can descend and the hyperactive deficient fire can be calmed. In this way, the lower yuan is replenished, the kidney gate is secured, the distribution of body fluids is normalized, and the discharge of turbid pathogens is ensured, thereby achieving the transition from “treating the branch” to “treating the root.” Modern practitioners [18] hold that Jinkui Shenqi Pill (Golden Cabinet Kidney Qi Pill) combined with Taohong Siwu Decoction (Peach Kernel and Safflower Four-Substance Decoction) can delay the progression of Xiaoke nephropathy to a certain extent, improve patients’

symptoms, and reduce proteinuria, through mechanisms such as protecting renal cells, reducing inflammatory responses, and regulating renal metabolism. In this formulation, Guizhi (*Cinnamomi Ramulus*) and Fuzi (*Aconiti Lateralis Radix Praeparata*) are used together to generate “gentle fire” and supplement the deficiency of the “ministerial fire” (shaohuo) [19]. This is further combined with Gan Dihuang (fresh *Rehmannia* root) to tonify kidney yin, Shanyao (*Dioscoreae Rhizoma*) to secure kidney essence, and Fuling (*Poria*), Zexie (*Alismatis Rhizoma*), and Mudanpi (*Moutan Cortex*) to drain dampness and promote diuresis while harmonizing the heart and kidney. The addition of Taohong Siwu Decoction promotes blood circulation and removes stasis, which facilitates the unimpeded flow of yin and yang qi. Thus, “strengthening the governor of water to restrain the effulgence of yang” is not only a theoretical guideline for the differentiation and treatment of Xiaoke nephropathy, but also an overarching principle encompassing the methods of regulating the spleen and kidney together, supplementing both qi and yin, and subduing the yang to return it to its source. It fully embodies the core therapeutic concepts of reinforcing the root and cultivating the foundation, and harmonizing yin and yang in the management of this disease.

4.3 Promoting Blood Circulation to Remove Stasis and Unblock the Kidney Collaterals, and Unblocking the Collaterals and Draining Turbidity to Restore Purification and Transformation

The circulation of qi and blood throughout the body depends on the overall balance of yin and yang and the proper functioning of the five viscera. In patients with Xiaoke (diabetes), the condition is rooted in dual deficiency of qi and yin. As the disease progresses over time to Xiaoke nephropathy, it involves the spleen, lung, and kidney, leading to stagnation of water metabolism, interruption of yin and yang qi communication, and weakened qi and blood movement, which in turn gives rise to blood stasis. Stasis then becomes a new pathological factor that participates throughout the entire disease course [20]. Therefore, in the treatment of Xiaoke and Xiaoke nephropathy, promoting blood circulation and removing stasis should be applied consistently throughout the therapeutic process [21]. Modern medicine recognizes that Xiaoke nephropathy involves multiple signaling pathway abnormalities induced by hyperglycemia, including oxidative stress, inflammatory responses, endothelial dysfunction, apoptosis, aberrant autophagy, and glomerular–tubular fibrosis [22]. This series of pathological mechanisms is highly consistent with the collateral disease theory in traditional Chinese medicine. The collateral disease theory holds that Xiaoke nephropathy arises from prolonged Xiaoke with deficiency of qi and yin, impairment of the spleen and kidney, and internal generation of pathological products such as phlegm-dampness, blood stasis, and turbid toxins, which gradually extend from the meridians to the collaterals, eventually causing obstruction of the kidney collaterals. The term “kidney collaterals” (*shenluo*) may correspond to the glomeruli and renal tubules in modern physiology. Once the kidney collaterals are damaged, the essential substances are no longer properly retained and secured, resulting in proteinuria; simultaneously, the fluid metabolism becomes dysregulated, leading to edema. Prolonged edema further aggravates collateral stasis, and qi,

blood, yin, and yang gradually decline. Therefore, treatment should be based on supplementing the spleen and kidney, and supplementing qi and nourishing yin, while also attending to promoting blood circulation, unblocking collaterals, draining turbidity, and eliminating toxins. Since qi deficiency leads to blood stasis—because insufficient qi fails to propel blood circulation, resulting in sluggish blood flow and stasis—modified formulations such as Buyang Huanwu Decoction (Tonifying Yang and Recovering Five Decoction) and Taohong Siwu Decoction (Peach Kernel and Safflower Four-Substance Decoction) may be selected to achieve the effects of promoting blood circulation and removing stasis. In terms of medicinals, tonifying herbs such as Shudihuang (*Rehmanniae Radix Praeparata*), Duzhong (*Eucommiae Cortex*), Shanzhuyu (*Corni Fructus*), Bajitian (*Morindae Officinalis Radix*), and Yinyanghuo (*Epimedii Folium*) may be combined with blood-supplementing and stasis-resolving herbs such as Danggui (*Angelicae Sinensis Radix*), Mudanpi (*Moutan Cortex*), and Chishao (*Paeoniae Radix Rubra*). Additionally, Huangqi (*Astragali Radix*), Chuanxiong (*Chuanxiong Rhizoma*), and Danggui may be added to enhance the effects of supplementing qi and activating blood [23]. If qi and blood deficiency are accompanied by yin deficiency, Mudanpi, Chishao, and Danshen (*Salviae Miltiorrhizae Radix et Rhizoma*) may be added to nourish yin and activate blood. As the saying goes, “Yin is the guardian of yang within; yang is the emissary of yin without.” When yin deficiency persists over time, yang qi becomes insecure, and Rougui (*Cinnamomi Cortex*), Sanqi (*Notoginseng Radix et Rhizoma*), and Honghua (*Carthami Flos*) may be added to warm yang and activate blood. If turbid toxins coalesce with stasis, it is necessary to eliminate toxins and resolve stasis. Wind-dispelling medicinals may be added to dispel wind, detoxify, and promote blood circulation and stasis resolution, such as Shancigu (*Cremastrae Pseudobulbus*), Tufuling (*Smilacis Glabrae Rhizoma*), Shuizhi (*Hirudo*), Dilong (*Pheretima*), and Tubiechong (*Eupolyphaga seu Steleophaga*). Once the pathogenic toxins are eliminated, the qi mechanism becomes unobstructed [24].

5. Summary

In summary, Xiaoke nephropathy has a protracted course and complex pathogenesis. Its occurrence and development cannot be fully attributed to either simple yin deficiency with dryness-heat or pure kidney yang deficiency. Rather, it arises from prolonged Xiaoke with dual injury to qi and yin, gradually progressing to yin impairment affecting yang, deficiency of the spleen and kidney, followed by failure of qi transformation, internal accumulation of turbid toxins, and stasis obstructing the kidney collaterals—resulting in a pattern of mixed deficiency and excess. Although modern medicine has established an intervention system centered on glycemic control, blood pressure management, proteinuria reduction, amelioration of glomerular hyperfiltration, and retardation of renal function decline, practical prevention and treatment still face challenges such as the inability to completely halt disease progression, recurrent and persistent proteinuria, ongoing renal fibrosis, and insufficient improvement of individualized symptoms. In particular, for patients with a prolonged disease course who present with concurrent vital qi deficiency and pathogenic excess, as well as intermingled cold and heat patterns, interventions limited to metabolic regulation or renal

protection alone are often insufficient to comprehensively address their complex pathological status.

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