

Exploring TCM Approaches to Syndrome Differentiation and Treatment of Chronic Atrophic Gastritis based on Constitution Theory

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Abstract: *Chronic atrophic gastritis (CAG) is a common clinical digestive system disease and is widely recognized as a gastric precancerous lesion. As an important component of the theoretical system of traditional Chinese medicine (TCM), constitution theory emphasizes the key role of individual constitutional differences in the occurrence, development, and outcome of disease. Recent studies have shown that significant differences exist in disease progression among CAG patients with different constitution types, and pathological constitution is considered one of the risk factors for disease progression in CAG patients. From the perspective of constitution theory, this article systematically explores the TCM etiology, pathogenesis characteristics, and treatment strategies of CAG in common constitution types such as qi-deficiency, yin-deficiency, yang-deficiency, qi-stagnation, and damp-heat constitutions, in order to provide new diagnostic and therapeutic ideas and research directions for the individualized prevention and treatment of CAG.*

Keywords: Chronic atrophic gastritis, Constitution theory, Qi-deficiency constitution, Yin-deficiency constitution, Yang-deficiency constitution, Qi-stagnation constitution, Damp-heat constitution, TCM treatment.

1. Introduction

Constitution is the individual's inherent, relatively stable characteristics in morphological structure and functional activity formed under the combined influence of innate heredity and acquired factors, and it is related to psychological character. According to traditional Chinese medicine (TCM) constitution theory, constitution determines an individual's susceptibility and tendency to disease and also affects the direction of disease development and outcome. Chronic atrophic gastritis (CAG) is a common, recurrent chronic digestive system disease, pathologically characterized by damage to the gastric mucosal epithelium, atrophy and reduced number of intrinsic glands, thinning of the mucosal layer, and thickening of the muscularis mucosae, with or without intestinal metaplasia, pseudopyloric metaplasia, or atypical hyperplasia [1]. CAG belongs to gastric precancerous lesions. Some studies have proposed that early intervention in CAG, a gastric precancerous lesion, can significantly reduce mortality and incidence in such patients [2].

In recent years, constitution theory has received extensive attention in the field of CAG research. Multiple epidemiological surveys show that unbalanced constitutions account for the vast majority of CAG patients, among which qi-deficiency, yin-deficiency, yang-deficiency, qi-stagnation, and damp-heat constitutions account for relatively large proportions [3,4]. Studies show that CAG patients with different constitution types have significant differences in gastric mucosal color, morphology, and pathological changes, and the degree of gastric mucosal atrophy and intestinal metaplasia is correlated with qi-stagnation constitution [5]. Pathological constitution is considered one of the risk factors for disease progression in CAG patients. However, research on the mechanisms of action and clinical characteristics of CAG with different constitutions remains incomplete and urgently requires further systematic review and in-depth exploration.

From the perspective of constitution theory, this article systematically explores the TCM etiology, pathogenesis characteristics, and treatment strategies of CAG with different constitution types, hoping to provide new diagnostic and therapeutic ideas and research directions for individualized prevention and treatment of this disease.

2. Distribution Characteristics of TCM Constitutions in CAG Patients

Understanding the distribution patterns of TCM constitutions in CAG patients is the basis for carrying out constitution-based syndrome differentiation and treatment. In recent years, multiple clinical studies have systematically investigated the constitution types of CAG patients.

An epidemiological survey including 290 CAG patients showed the constitution distribution in order: qi-deficiency constitution 48 cases (16.55%), yin-deficiency constitution 45 cases (15.52%), damp-heat constitution 43 cases (14.83%), qi-stagnation constitution 42 cases (14.48%), yang-deficiency constitution 41 cases (14.14%), phlegm-dampness constitution 33 cases (11.38%), blood-stasis constitution 30 cases (10.34%), balanced constitution 6 cases (2.07%), and special diathesis constitution 2 cases (0.69%). The study also found significant differences in TCM syndrome distribution among constitutions: spleen-stomach weakness syndrome was mainly seen in qi-deficiency and yang-deficiency constitutions; stomach yin insufficiency syndrome mainly in yin-deficiency constitution; liver-stomach qi stagnation syndrome mainly in qi-stagnation constitution; spleen-stomach damp-heat syndrome mainly in phlegm-dampness and damp-heat constitutions [3]. Another study including 141 CAG patients showed that deficiency constitutions accounted for 51.1%, higher than excess constitutions (39.7%) and balanced constitution (9.2%), with statistically significant differences among the three groups ($P < 0.01$) [6]. A survey

of 90 CAG patients reached similar conclusions: 74 patients had unbalanced constitutions, significantly more than balanced constitution, and the proportion of deficiency constitutions was higher than excess constitutions. The constitutional state was mainly yang-deficiency and qi-deficiency constitutions, which ranked among the top positions in all observation groups [7]. A survey of 300 CAG patients in the Wenjiang area of Chengdu further found significant differences in gastric mucosal color among patients with qi-deficiency, yin-deficiency, and damp-heat constitutions. Among those with red and white mucosa alternating with white predominance, qi-deficiency constitution had the highest proportion; among those with red and white alternating with red predominance, damp-heat constitution had the highest proportion, followed by yin-deficiency constitution [5]. In addition, among CAG patients with intestinal metaplasia, qi-deficiency constitution accounted for the largest proportion, followed by qi-stagnation and damp-heat constitutions [8]; among CAG patients with intraepithelial neoplasia, males were mostly damp-heat constitution, while females were mainly qi-stagnation and qi-deficiency constitutions [9].

These studies indicate that CAG patients mostly have unbalanced constitutions, especially qi-deficiency, yang-deficiency, yin-deficiency, qi-stagnation, and damp-heat constitutions, and that different constitutions are closely associated with the pathological changes, syndrome types, and population characteristics of CAG. This provides an important basis for exploring the etiology, pathogenesis, and treatment strategies of CAG from the perspective of constitution.

3. Exploration of TCM Etiology and Pathogenesis of CAG with Different Constitutions

3.1 Qi-deficiency Constitution

Qi-deficiency constitution is the most common constitution type in CAG patients. In TCM, the spleen and stomach are the foundation of acquired constitution and the source of qi and blood. Individuals with qi-deficiency constitution have constitutions with weak spleen and stomach, impaired transportation and transformation, insufficient generation of water and grain essence, and loss of nourishment of the gastric mucosa. The basic pathogenesis of CAG is spleen deficiency and blood stasis, with spleen deficiency as the root and blood stasis as the branch, root deficiency and branch excess, and intermingled deficiency and excess. Spleen-stomach qi deficiency is the core pathogenesis in the development of CAG, and qi deficiency, blood stasis, and qi stagnation are important pathological factors [10].

From the perspective of disease evolution, because of low spleen-stomach transportation and transformation function, CAG patients with qi-deficiency constitution have insufficient sources for qi and blood generation, malnourishment of gastric collaterals, and over time deficiency leads to excess, resulting in stasis obstruction of the gastric collaterals. Professor Liu Fengbin and his team proposed that “spleen deficiency as the root, qi, blood, and dampness as the branches, and stasis and toxin as the transformation” are the pathogenesis evolution characteristics of the “inflammation-

cancer” transformation of CAG. Spleen-stomach weakness is the foundation of the occurrence and development of CAG, and qi deficiency runs throughout the disease [11]. Professor Li Xuejun also believes that the main causes of CAG are improper diet, internal damage from overstrain, and emotional frustration, and the pathogenesis is spleen-stomach qi deficiency, qi stagnation, blood stasis, and damp-heat intertwining over time to form toxin, damaging the gastric mucosa and causing disease [12].

At the microscopic level, CAG patients with qi-deficiency constitution often have pathological changes such as atrophy of gastric mucosal glands and thinning of the mucosa. Because qi deficiency leads to insufficient propulsion and slow blood movement, blood stasis easily forms, further aggravating the ischemic and hypoxic state of the gastric mucosa and accelerating gland atrophy and disappearance.

3.2 Yin-deficiency Constitution

Yin-deficiency constitution occupies a relatively high proportion among CAG patients and is significantly correlated with the degree of gastric mucosal atrophy and intestinal metaplasia [6]. Researchers believe that the basic pathogenesis of chronic atrophic gastritis is based on deficiency of healthy qi, and its deficiency damage should distinguish between qi deficiency and yin deficiency. As stated in the Chapter on Exogenous Febrile Diseases, “In those with exuberant yang constitution, stomach dampness is often abundant.” Most chronic atrophic gastritis patients have spleen-stomach weakness, but there are also those with exuberant stomach yang; if spleen deficiency with dampness stagnation or indulgence in fatty, sweet, and greasy foods occurs, damp-heat can be generated [13].

From the perspective of pathogenesis, CAG patients with yin-deficiency constitution mostly have a constitution with yin depletion, or prolonged illness damaging yin, or overconsumption of pungent and dry-heat foods, which scorches stomach yin, leading to stomach yin insufficiency and loss of moistening of the stomach body. When stomach yin is insufficient, the gastric mucosa loses nourishment, glandular secretion decreases, gastric acid is lacking, and the mucosa becomes atrophic and thin. The Guide to Clinical Practice with Medical Records states: “The stomach is the soil of yangming; unless it is gentle and yin-natured, it will not be harmonious.” Professor Fu Xiaojun adheres to Ye Tianshi’s principles and believes that spleen-stomach yin deficiency is the initial stage of CAG; spleen-stomach yin deficiency causes the pathological changes of multifocal atrophy and thinning in the stomach. During disease progression, spleen-stomach yin deficiency can lead to yin damage affecting yang, decline of spleen-stomach yang qi, degeneration of transportation and transformation ability, affecting qi movement and leading to various pathological products. Nourishing yin and benefiting the stomach is the fundamental method for consolidating the root in the treatment of CAG [14].

CAG patients with yin-deficiency constitution often have a longer course and more severe disease and are prone to intestinal metaplasia and other precancerous lesions. Insufficient yin fluid leads to loss of mucosal nourishment; combined with invasion of damp-heat pestilential toxins such

as *Helicobacter pylori* (HP), qi and blood movement is unsmooth, toxin and stasis mutually obstruct, forming the complex pathogenesis of yin deficiency with collateral stasis.

3.3 Yang-deficiency Constitution

Yang-deficiency constitution is another important deficiency constitution among CAG patients. Some studies believe that CAG patients mostly have unbalanced constitutions, especially yang-deficiency and qi-deficiency [4]. The pathogenesis characteristics of CAG patients with yang-deficiency constitution are “yang deficiency as the root and exuberant dampness as the branch.” Insufficient yang qi, failure to warm, decreased spleen-stomach transportation and transformation, internal generation of cold-dampness, and loss of warming nourishment of gastric collaterals lead to atrophy of gastric mucosal glands.

Professor Zhou Yixuan differentiates and treats CAG based on yin and yang, emphasizing that CAG is more often yin deficiency and less often yang deficiency, and those manifested as yang deficiency mostly belong to deficiency of both yin and yang [15]. Professor Jiang Liyun believes that CAG has a long course and slow onset, and prolonged illness affects the kidney, consuming yang qi. Moreover, under modern life and work pressure, patients easily develop “fear of cancer” psychology, with emotional anxiety and depression, causing the ultimate trend of the disease to be “yin exuberance and yang deficiency.” The nature of the disease is root deficiency and branch excess, mostly upper heat and lower cold, with spleen-kidney yang deficiency as the root and cold coagulation, phlegm turbidity, food stagnation, depressed fire, and blood stasis blocking the middle burner as the branches [16].

Professor Yan Xiaoyan pointed out that for elderly CAG patients, the pathological nature is root deficiency and branch excess, with intermingled deficiency and excess. Combining the physiological characteristics of elderly people with qi and blood depletion and internal stasis, the basic pathogenesis is determined as deficiency of viscera qi and blood, disorder of qi movement ascent and descent, damp-heat invading the collaterals, and blood stasis blocking and damaging healthy qi [17]. CAG patients with yang-deficiency constitution clinically mostly present with dull epigastric pain, preference for warmth and pressure, aversion to cold and cold limbs, poor appetite, and loose stools.

3.4 Qi-stagnation Constitution

Qi-stagnation constitution also accounts for a considerable proportion of CAG patients, especially in female patients [9]. The basic pathogenesis of CAG with qi-stagnation constitution is qi movement stagnation and disharmony of gastric collaterals. The liver governs free coursing and regulates qi movement. Individuals with qi-stagnation constitution have a constitution with liver qi depression, abnormal free coursing, invading the stomach, leading to failure of stomach descending and qi movement obstruction. Professor Wang Canhui summarized the basic pathogenesis of CAG as spleen deficiency and stomach weakness, disharmony of stomach qi, and qi-blood stasis [18].

With the accelerated pace of modern social life and increased work pressure, CAG patients conforming to the pathogenesis of liver depression and spleen deficiency are gradually increasing. Liver depression and spleen deficiency is an important TCM pathogenesis of CAG. From the perspective of pathogenesis evolution, Chief Physician Lü Zhenjun believes that spleen-stomach qi deficiency is the root of onset, liver qi stagnation is the key to the occurrence and development of the disease, and ultimately under the combined action of both, stasis obstruction of the gastric collaterals is produced, aggravating ischemia and hypoxia of the gastric mucosa; in addition, liver depression transforming into fire scorches stomach yin and can further develop into complex syndromes of intermingled deficiency and excess such as qi-yin deficiency [19].

It is worth noting that CAG has a long course, and patients often have emotional problems such as anxiety and depression. Chronic atrophic gastritis is extremely closely related to anxiety and depression states [20]. Qi-stagnation constitution itself has the personality characteristics of emotional depression and sensitivity and suspicion, which interact with the lingering and difficult-to-cure nature of CAG, forming a vicious cycle of “disease causing depression and depression aggravating disease.”

3.5 Damp-heat Constitution

Damp-heat constitution is also one of the most common constitution types in CAG, and damp-heat constitution and qi-deficiency constitution are more commonly seen with HP infection [8]. Professor Gu Qinghua believes that dampness is the primary pathogenic factor of CAG; dampness retained in the body for a long time generates cold-dampness or damp-heat. While differentiating and treating clinically, Professor Gu emphasizes tongue inspection. With changes in the social environment, people prefer high-calorie, high-salt, and pungent foods; these foods are difficult to transform and easily generate damp-heat, increasing the burden on the spleen and stomach and increasing the possibility of CAG occurrence [21].

Professor Peng Peichu, based on the theory of “pathogens accumulating in the triple burner and unfavorable pivot mechanism,” believes that improper diet causes pathogen accumulation in the triple burner and internal damp-heat obstruction, which can lead to mucosal lesions [22].

It is noteworthy that damp-heat constitution is the primary constitution for HP infection [23]. From the TCM perspective, HP infection belongs to damp-heat pestilential toxin, and damp-heat constitution provides the “soil” for HP colonization and pathogenicity. Spleen-stomach damp-heat syndrome is more common in HP-positive patients [3]. In addition, CAG with damp-heat constitution is more common in men, which may be related to unhealthy lifestyle habits such as indulgence in fatty sweet foods, tobacco, and alcohol in men [9].

3.6 Other Constitutions

In addition to the five main constitutions above, phlegm-

dampness constitution, blood-stasis constitution, and other constitution types may also be seen in CAG patients. Phlegm-dampness constitution and damp-heat constitution are related in pathogenesis, mostly due to constitutional internal exuberance of phlegm-dampness, or spleen deficiency with abnormal transportation and transformation, internal retention of water-dampness, which gathers to form phlegm. Phlegm-dampness obstructs the middle burner, affecting the stomach's receiving and descending functions. Blood-stasis constitution mostly appears in CAG patients with a longer course; because qi deficiency leads to insufficient propulsion or qi stagnation causes unsmooth blood movement, prolonged illness enters the collaterals, and the gastric collaterals become stasis. Some studies found that blood-stasis constitution is more common in precancerous lesions [24]. As an important pathological factor of CAG, blood stasis runs through different stages of the disease; it is both a product of the disease and, in turn, aggravates ischemia and hypoxia of the gastric mucosa, accelerating gland atrophy.

4. TCM Treatment of CAG with Different Constitutions

4.1 Qi-deficiency Constitution

For CAG with qi-deficiency constitution, treatment should take invigorating the spleen and benefiting qi as the basic principle, combined with regulating qi, activating blood, and resolving stasis. Treatment should focus on protecting spleen-stomach healthy qi, combined with freeing and descending qi movement and harmonizing qi and blood [10].

Representative formulas mainly include Sijunzi Decoction, Xiangsha Liujunzi Decoction, Buzhong Yiqi Decoction, etc. Clinical studies show that Xiangsha Liujunzi Decoction combined with heat-sensitive moxibustion for spleen-stomach qi-deficiency type CAG can effectively improve symptoms such as belching, acid regurgitation, shortness of breath, reluctance to speak, and epigastric pain [25].

In terms of medication, Astragalus, Codonopsis, Atractylodes macrocephala, Poria, and Licorice are commonly used spleen-invigorating and qi-benefiting drugs. If blood stasis is concurrently present, Salvia miltiorrhiza, Panax notoginseng, Curcuma zedoaria, etc. may be added to activate blood and resolve stasis. If qi stagnation is concurrently present, tangerine peel, Aucklandia, Amomum, etc. may be added to regulate qi and harmonize the stomach. Some scholars, based on the "deficiency-stasis-toxin" theory, use Bailian Zhiwei Formula (composed of Hedyotis diffusa, Scutellaria barbata, Astragalus, Curcuma, Salvia miltiorrhiza, etc.), which has the effects of tonifying the spleen, activating blood, detoxifying, and removing filth, to treat spleen-stomach weakness syndrome CAG, closely adhering to the pathogenesis of "spleen deficiency-blood stasis-toxin filth" [26].

Clinically, it should be noted that CAG with qi-deficiency constitution has a long course, and treatment should not be rushed; it should mainly be gradual, with persistent medication, while also paying attention to dietary regulation and avoiding overexertion that damages the spleen.

4.2 Yin-deficiency Constitution

For CAG with yin-deficiency constitution, treatment should focus on nourishing yin, clearing heat, activating blood, and freeing collaterals, combined with warming yang, invigorating the spleen, regulating qi, and resolving phlegm.

Representative formulas mainly include Shashen Maidong Decoction, Yiwei Decoction, Yiguanjian, etc. Professor Zeng Binfang created Yangyin Huowei Mixture to treat CAG patients with yin deficiency accompanied by blood stasis, which can effectively improve the pathological condition of the gastric mucosa [27].

In terms of medication, Adenophora, Ophiopogon, Polygonatum odoratum, Dendrobium, Radix Paoniae Alba, Rehmannia, etc. are commonly used yin-nourishing drugs. For those with yin deficiency and stasis, Professor Zeng Binfang pointed out that different drugs can be used according to the severity of blood stasis. For mild blood stasis, Angelica sinensis, Salvia miltiorrhiza, and Corydalis yanhusuo can be used; for severe cases, Troglodytes dung, Dragon's blood, etc. can be used to resolve stasis and free collaterals; when stasis and heat combine to form toxin, Portulaca oleracea, Hedyotis diffusa, etc. can be used to activate blood and detoxify; if phlegm and stasis are bound, Pinellia, Fritillaria cirrhosa, safflower, peach kernel, etc. can be combined to activate blood and resolve phlegm.

When treating yin-deficiency CAG, it should also be noted that nourishing yin should not be too greasy, lest it hinder spleen-stomach transportation and transformation; a small amount of qi-regulating and stomach-harmonizing drugs should be added.

4.3 Yang-deficiency Constitution

For CAG with yang-deficiency constitution, treatment should use the method of warming yang and dispersing cold; warming yang is the fundamental treatment method for CAG. Clinically, warming and elevating visceral yang treats the root, and when yang rises, dampness transforms [28].

Representative formulas mainly include Huangqi Jianzhong Decoction, Lizhong Decoction, Fuzi Lizhong Decoction, Wenwei Decoction, etc. Clinical studies show that Wenwei Decoction modified combined with warming needle moxibustion has good efficacy in treating CAG with spleen-stomach deficiency-cold syndrome [29]. Jianpi Wenwei Drink combined with acupoint application for spleen-stomach deficiency-cold syndrome CAG can effectively improve patients' clinical symptoms and serum inflammatory indicators [16].

In terms of medication, Astragalus, Codonopsis, dried ginger, cassia twig, aconite, Evodia, etc. are commonly used yang-warming drugs. Professor Jiang Liyun believes that the ultimate trend of CAG is "yin exuberance and yang deficiency," with spleen-kidney yang deficiency as the root, and treatment should warm and tonify the spleen and kidney [30].

While receiving drug treatment, CAG patients with yang-deficiency constitution should keep warm, avoid cold and cool foods, and appropriately perform gentle physical exercise to

promote yang qi generation.

4.4 Qi-stagnation Constitution

For CAG with qi-stagnation constitution, treatment should use the methods of soothing the liver, regulating qi, harmonizing the stomach, and descending rebellion. Professor Wang Canhui proposed that spleen-stomach weakness and stomach yin insufficiency are the main syndromes of CAG, and the main treatment methods are invigorating the spleen and nourishing the stomach and nourishing stomach yin [31].

Representative formulas mainly include Chaihu Shugan Powder, Xiaoyao Powder, Banxia Houpo Decoction, etc. Zhang Shuben believes that CAG cannot be summarized by a single syndrome; liver depression and spleen deficiency, as basic pathogenesis, run through the entire occurrence and development of the disease. Its treatment is mainly divided into three stages: soothing the liver and invigorating the spleen to eliminate symptoms; invigorating the spleen and harmonizing the stomach to reverse atrophy; and conditioning and consolidation to improve constitution. At the same time, it emphasizes that emphasis should first be placed on the initial stage, then on individualization, and treatment should be tailored to the individual [32].

In terms of medication, Bupleurum, Radix Paeoniae Alba, Bitter orange, Cyperus rotundus, Finger citron, Mume flower, etc. are commonly used liver-soothing and qi-regulating drugs. Because CAG patients often have anxiety and depression, some scholars propose the treatment principle of resolving depression and freeing collaterals, using depression-resolving methods combined with collateral-pricking to treat CAG with anxiety [33]. For those with qi stagnation transforming into fire, Gardenia, Moutan cortex, etc. may be added to clear heat.

Treatment of qi-stagnation CAG should especially pay attention to emotional regulation. While providing drug treatment, physicians should attach importance to psychological counseling, helping patients regulate emotions and avoid worry, overthinking, and anger. As stated in the Basic Questions, Chapter on Pain: "A hundred diseases arise from qi." Regulating qi depends not only on drugs but also on adjustment of mood.

4.5 Damp-heat Constitution

For CAG with damp-heat constitution, treatment should use the methods of clearing heat, transforming dampness, regulating qi, and harmonizing the stomach. Professor Gu Qinghua pointed out that clearing heat and transforming dampness can achieve good efficacy, but in specific application it is necessary to distinguish the degree of damp-heat, differentiate whether dampness or heat predominates, and treat accordingly, while also paying attention to diffusing and freeing qi movement to achieve the goal that "when qi moves, water moves; when water moves, dampness transforms" [34].

Representative formulas mainly include Huanglian Wendan Decoction, Banxia Xiexin Decoction, Sanren Decoction, Lianpo Drink, etc. Studies show that Erchen Decoction plus

Changpu Yujin Decoction modified has good effects in treating CAG with spleen-stomach damp-heat syndrome, and can improve TCM syndromes, gastroscopic pathology, gastric mucosal function, and reduce inflammatory factor levels [35].

In terms of medication, heat-clearing drugs such as Coptis, Scutellaria, Gardenia, and Artemisia capillaris are often used in combination with dampness-transforming drugs such as Pinellia, Magnolia officinalis, Coix seed, and Amomum cardamomum. Because CAG with damp-heat constitution often concurrently has spleen-stomach weakness, treatment should protect spleen-stomach qi while clearing heat and transforming dampness, avoiding excessive bitter-cold drugs that damage spleen yang.

CAG patients with damp-heat constitution have a relatively high HP infection rate. While using Chinese medicine treatment, Western medicine anti-HP therapy may be combined. Professor Zhang Jize advocates actively absorbing the rapid and efficient methods of Western drugs to kill HP, making Western medicine serve Chinese medicine [36]. In addition, patients with damp-heat constitution should pay attention to dietary regulation, avoid fatty, sweet, greasy, pungent, and irritating foods, and quit habits such as tobacco and alcohol.

4.6 Other Constitutions

For CAG with phlegm-dampness constitution, treatment should use the methods of invigorating the spleen, resolving phlegm, regulating qi, and harmonizing the middle, with modified Erchen Decoction, Pingwei Powder, etc. Phlegm-dampness and damp-heat often transform into each other; during treatment, formulas should be flexibly selected according to the cold-heat properties of phlegm-dampness.

For CAG with blood-stasis constitution, treatment should use the methods of activating blood, resolving stasis, freeing collaterals, and harmonizing the stomach. Some physicians propose that adding stasis-transforming drugs on the basis of syndrome differentiation can improve efficacy in treating CAG. Commonly used drugs include Salvia miltiorrhiza, Panax notoginseng, Curcuma zedoaria, Ligusticum chuanxiong, Radix Paeoniae Rubra, etc. Professor Liu Qiquan takes "qi and blood" as the entry point, believing that loss of harmony between qi and blood is the basis of CAG onset, heat toxin is the pathological product of qi-blood disharmony in CAG, and heat toxin obstructing collaterals is the key to CAG pathogenesis [37].

For complex situations with multiple constitutions combined, clinical treatment should take syndrome differentiation and treatment as the guideline, distinguish primary and secondary, and treat both root and branch. For example, for qi deficiency combined with blood stasis, benefiting qi and activating blood should be equally emphasized; for yin deficiency combined with damp-heat, nourishing yin and clearing heat and transforming dampness should be administered together; for yang deficiency combined with qi stagnation, warming yang and soothing the liver and regulating qi should be carried out in parallel.

5. Summary

In summary, constitution theory provides important theoretical guidance for the differentiation and treatment of CAG. Recent studies show that CAG patients mostly have unbalanced constitutions, among which qi-deficiency, yin-deficiency, yang-deficiency, qi-stagnation, and damp-heat are the main constitution types. CAG patients with different constitution types have significant differences in etiology, pathogenesis, clinical manifestations, pathological changes, and treatment responses.

From the perspective of etiology and pathogenesis, qi-deficiency constitution centers on spleen-stomach qi deficiency and impaired transportation and transformation; yin-deficiency constitution is characterized by stomach yin insufficiency and loss of mucosal nourishment; yang-deficiency constitution takes insufficient yang qi and internal cold-dampness as the key; qi-stagnation constitution has qi movement stagnation and disharmony of gastric collaterals as its pathogenesis; damp-heat constitution takes damp-heat obstructing the middle and accumulating in the middle burner as the essential. From the perspective of treatment strategies, qi-deficiency constitution should be treated by invigorating the spleen and benefiting qi; yin-deficiency constitution by nourishing stomach yin; yang-deficiency constitution by warming yang and dispersing cold; qi-stagnation constitution by soothing the liver and regulating qi; and damp-heat constitution by clearing heat and transforming dampness.

However, current research on CAG with different constitutions still has many deficiencies. First, in-depth research on the dose-effect relationship between constitution and CAG pathological changes needs to be strengthened; second, research on the molecular biological mechanisms of CAG with different constitutions is relatively weak; third, standardized clinical treatment research for CAG based on constitution typing still needs improvement. Future research can be deepened in the following aspects: first, conduct large-scale, multicenter prospective cohort studies to further clarify the correlation between constitution and the “inflammation-cancer” transformation of CAG; second, use modern molecular biology techniques to explore the genomics, proteomics, and metabolomics characteristics of CAG with different constitutions; third, conduct randomized controlled trials of CAG based on constitution typing to provide high-level evidence for constitution-based syndrome differentiation treatment.

Constitution is the result of the combined action of innate and acquired factors and has a certain degree of adjustability. Improving unbalanced constitutions through comprehensive conditioning methods such as drugs, diet, emotions, and exercise is not only an important way to treat CAG but also an effective strategy to prevent the occurrence and progression of CAG. Organically combining constitution theory with the prevention and treatment of CAG is expected to provide new ideas and methods for the clinical diagnosis and treatment of this disease and promote TCM to play a greater role in the field of CAG prevention and treatment.

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