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Clinical Experience of Professor Wei Gunzheng in Treating Pulmonary Heart Disea

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Abstract Chronic pulmonary heart disease is a common and frequently occurring condition in the respiratory system. Professor Wei Gunzheng advocates a treatment approach that integrates disease management with syndrome differentiation, combining methods to eliminate pathogenic factors and reinforce healthy qi. During acute episodes, the focus should be on expelling pathogenic excess while simultaneously consolidating the root and supporting healthy qi. During remission, the priority shifts to reinforcing the body's vital energy. For effective treatment, it is essential to both tonify deficiency and purge excess, ensuring the elimination of pathogenic factors and the restoration of healthy qi.

Key words Chronic pulmonary heart disease, Swelling, Consolidating the root and supporting healthy qi, Professor Wei Gunzhen

1 Introduction

Chronic pulmonary heart disease (CPHD) is a common respiratory condition and a high-prevalence disease in China. It primarily results from long-term structural and/or functional pulmonary disorders that increase pulmonary vascular resistance, leading to pulmonary arterial hypertension and subsequent right ventricular hypertrophy, with or without congestive heart failure. In traditional Chinese medicine (TCM), CPHD falls under the categories of lung distension and panting syndrome.

2 Theoretical foundation

The term lung distension was documented as early as in the *Yellow Emperor's Inner Canon. Synopsis of the Golden Chamber*, in the chapter "On Lung Atrophy, Lung Abscess, Cough, and Qi Rising Syndrome-Pulse Pattern Diagnosis and Treatment", states: "Cough with ascending qi signifies lung distension, marked by labored breathing and a bulging appearance of the eyes." *Treatise on the Origins and Manifestations of Various Diseases*, in the chapter "Cough with Counterflow Qi and Shortness of Breath", explains: "When lung deficiency is injured by mild cold, cough arises. Cough drives qi back into the lung space, causing lung distension. Lung distension induces qi counterflow, and as the lung is inherently deficient with insufficient qi, it is further invaded by pathogenic factors, resulting in stagnation and obstruction of qi movement. This manifests as cough with counterflow qi and shortness of breath." *Danxi's Mastery of Medicine*, in the chapter "Cough", notes: "Lung distension with cough, whether left- or right-sided, and insomnia arise from phlegm mixed with blood stasis obstructing qi." *Compilation of Treatments and Syndromes*, in the chapter "Cough", emphasizes: "For distension due to qi dissipation, tonify the lung; for distension due to qi counterflow, regulate qi downward. Treatment must differentiate deficiency and excess." Later physicians further developed these theories. Lung distension is a chronic condition that neither resolves spontaneously nor is easily cured. As long as pathological changes persist, clinical manifestations remain and do not disappear with treatment. The pathogenesis of lung distension, as described in *Etiology, Symptoms, and Pulse Diagnosis*, states: "Internal stagnation first injures lung qi; external pathogens then invade, preventing lung qi from dispersing, thereby triggering lung distension"[1]. In response to persistent symptoms such as expectoration, wheezing, and cyanosis (indicative of blood stasis) some scholars propose that "phlegm and stasis permeate the entire course of lung distension"[2]. The syndrome patterns of lung distension are not static. The disease originates in the lung, progressively involving the spleen, kidney, and heart. Initially affecting qi, it eventually damages yin and yang as the condition advances. During acute exacerbations, pathogenic excess often overwhelms healthy qi, resulting in complex syndromes. In advanced stages, patterns such as lung-kidney qi deficiency, yang deficiency with water flooding, and phlegm-heat stagnating in the lung all share a common pathological basis of yang qi deficiency. Their distinct manifestations arise from varying degrees of yang deficiency and differences in the nature and intensity of pathogenic factors. These patterns may also transform dynamically based on the interplay between healthy qi and pathogens[3]. Based on the above understanding of lung distension disease in TCM theory, Professor Wei has formed a unique treatment experience in clinical practice.

3 Clinical treatment experience

Professor Wei has been engaged in clinical practice, teaching, and research for over two decades, specialized in cardiovascular and pulmonary diseases. According to Professor Wei, this condition predominantly manifests as root deficiency with branch excess. The root lies in qi deficiency of the lung, spleen, and kidney. In the early stages of lung distension, lung-defense qi deficiency allows external pathogens to invade, leading to pathogen stagnation in the lung and impaired diffusion and descent of lung qi. Over time, this depletes lung qi. As the disease progresses, chronic illness weakens healthy qi, enabling pathogens to domi-

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nate. The "child organ (lung) robbing the mother organ (spleen)" disrupts qi dynamics, resulting in spleen qi deficiency. Prolonged illness further disrupts the "metal (lung) failing to generate water (kidney)", causing kidney qi deficiency. Consequently, the lung loses its ability to diffuse and distribute fluids, the spleen fails to transport and transform nutrients, and the kidney cannot regulate fluid metabolism or grasp qi. This leads to abnormal fluid distribution and accumulation, forming pathological fluids. In summary, lung-spleen-kidney qi deficiency constitutes the root cause of lung distension. The branch manifestations involve phlegm and blood stasis. Patients with lung distension exhibit characteristic symptoms such as cough, phlegm, wheezing, and edema. Phlegm serves both as a pathological product and a pathogenic factor. When phlegm-turbidity obstructs the lung, impaired diffusion and descent of lung qi trigger coughing. The combined obstruction of phlegm-turbidity, blood stasis, and retained fluids in the airways disrupts qi movement, causing wheezing. Fluids accumulating in the lower burner and overflowing to the superficial tissues manifest as edema. Overall, the chronicity of lung distension leads to "disease entering the collaterals", marked by qi stagnation and blood stasis. The internal retention of phlegm-turbidity manifests clinically as cough, wheezing, cyanosis, and edema.

Professor Wei believes that internal accumulation of phlegm-turbidity, over time, transforms into heat. The interaction between phlegm and heat manifests as the "phlegm-heat stagnating in the lung" pattern. Prolonged illness further leads to qi deficiency progressing to yang deficiency, marked by a decline in yang qi and impaired water metabolism, resulting in the "yang deficiency with water flooding" pattern. Regarding the treatment of chronic pulmonary heart disease, Professor Wei emphasizes that during acute exacerbations, the priority is to eliminate pathogenic excess (*e. g.*, phlegm, heat, stasis) while concurrently consolidating the root (*e. g.*, preserving lung-spleen-kidney qi). During remission, the focus shifts to reinforcing healthy qi, primarily through tonifying deficiencies of the lung, spleen, and kidney to address the underlying root causes.

Professor Wei consistently integrates the principle of "supporting healthy qi and consolidating the root" into the treatment of lung distension. High-dose Astragali Radix (Huangqi) is used to tonify the lung, spleen, and kidney, while Codonopsis Radix (Dangshen) and Pseudostellariae Radix (Taizishen) are employed to supplement qi and nourish yin, for consolidating the root and supporting healthy qi. For phlegm-heat stagnating in the lung, Professor Wei likes using Coicis Semen (Yiyiren), Descurainiae Semen Lepidii Semen (Tinglizi), Perillae Fructus (Suzi), Pinelliae Rhizoma (Banxia), Houttuyniae Herba (Yuxingcao), Fagopyri Dibotryis Rhizoma (Jinqiaomai), Trichosanthis Pericarpium (Gualoupi), Thunberg Fritillary Bulb (Zhebeimu), Belamcandae Rhizoma (Shegan) to Clear away phlegm and heat. In clinical practice, most patients exhibit abnormal bowel movements, including dry and hardened stools, constipation for several days, or weak defecation with sticky and incomplete evacuation. Professor Wei attributes these symptoms to bowel qi stagnation and advocates for the therapeutic principle of "simultaneous treatment of the lung and intestines, diffusing lung qi and unblocking the bowels". He frequently employs herbs such as Arctii Fructus (Niubangzi), Pruni Semen (Yuliren), Trichosanthis Fructus (Gualou), Natrii Sulfas (Mangxiao), Armeniacae Semen Amarum (Xingren), and Polygoni Cuspidati Rhizoma Et Radix (Huzhang). For pulmonary heart disease patients presenting with cyanotic lips and tongue or sublingual varices with phlegm stasis, Professor Wei emphasizes "resolving stasis and unblocking collaterals" throughout the treatment course. Herbs like Persicae Semen (Taoren), Curcumae Rhizoma (Ezhu), Salviae Miltiorrhizae Radix Et Rhizoma (Danshen), Pheretima (Dilong), Hirudo (Shuizhi), and Carthami Flos (Honghua) are used to activate blood, move qi, and open collaterals. Professor Wei generally discourages the use of antitussives (cough suppressants) in treating lung distension. He posits that cough and wheezing in these patients stem from root deficiency, and suppressing cough impedes the expulsion of phlegm, thereby exacerbating the condition. For patients with yang deficiency with water flooding, he often modifies the Zhenwu Decoction combined with Wuling Powder, incorporating diuretic and dampness-draining herbs such as Poria (Fuling), Polyporus (Zhuling), Plantaginis Semen (Cheqianzi), Alismatis Rhizoma (Zexie), and Atractylodis Macrocephalae Rhizoma (Baizhu). To warm the kidney, activate yang, and regulate qi transformation, he utilizes Aconiti Lateralis Radix Praeparata (Fuzi), Cinnamomi Cortex (Rougui), and Cinnamomi Ramulus (Guizhi). Proper water pathway regulation restores normal qi transformation. Professor Wei's therapeutic efficacy in chronic pulmonary heart disease, rooted in his principles of pattern differentiation, root consolidation, pathogen elimination, holistic analysis, and targeted prioritization, has garnered widespread patient recognition.

4 Case analysis

A male patient, 72 years old, first visited on November 7, 2017, repeated cough and shortness of breath for more than 10 years, aggravated with pitting edema of both lower limbs for half a month, accompanied by cough and shortness of breath, especially when moving, floating face, clear and white sputum, easy to cough up, dry mouth without drinking, soreness and weakness of waist and knees, blue lips, dark red tongue, bitter white greasy, slippery pulse. Prescription: Raw Astragali Radix 30 g, Codonopsis Radix 20 g, Prepared Common Monkshood Daughter Root (Zhifupian) 15 g, Eucommiae Cortex (Duzhong) 10 g, Cinnamomi Ramulus 10 g, Cinnamomi Cortex 9 g, Poria 20 g, Polyporus 20 g, Alismatis Rhizoma 10 g, Perillae Fructus 10 g, Pinelliae Rhizoma Praeparatum (Fabanxia) 10 g, Plantaginis Semen 10 g, Mori Cortex (Sangbaipi) 10 g, Descurainiae Semen Lepidii Semen 10 g, Pheretima 10 g, Platycodonis Radix (Jiegeng) 15 g, Salviae Miltiorrhizae Radix Et Rhizoma 15 g, Curcumae Rhizoma 10 g, Gly-

cyrrhizae Radix Et Rhizoma (Gancao) 10 g. Second visit: Cough and wheezing improved, edema in the lower limbs reduced, with occasional abdominal distension and poor appetite. The dosages of Astragali Radix and Codonopsis Radix in the previous formula were reduced by 15 g, and Fried Crataegi Fructus (Jiaoshanzha), Fried Galli Gigerii Endothelium Corneum (Chaojineijin) (15 g each), and Magnoliae Officinalis Cortex (Houpu) (10 g) were added. Third visit: Significant improvement in wheezing and cough, reduced limb edema, and resolved abdominal distension. Treatment was continued with Jinkui Shenqi Pill to consolidate therapeutic effects. Follow-up after six months showed no recurrence of edema.

This disease is identified as lung distension with the pattern of yang deficiency and water flooding. The formula utilizes Astragali Radix to tonify qi, activate yang, promote diuresis, and reduce edema, making it the primary herb for reinforcing the lung, spleen, and kidney. Common Monkshood Daughter Root (Fupian) and Cinnamomi Ramulus are included to warm and strengthen kidney yang, thereby enhancing qi transformation through warming and unblocking actions. Mori Cortex, Plantaginis Semen, Descurainiae Semen Lepidii Semen, and Platycodonis Radix work synergistically to drain lung heat, alleviate wheezing, promote diuresis, reduce edema, and diffuse lung qi. Polyporus, Poria, and Alismatis Rhizoma act to promote diuresis and eliminate dampness, while Salviae Miltiorrhizae Radix Et Rhizoma and Curcumae Rhizoma activate blood circulation and regulate qi movement. Pheretima is employed to unblock collaterals and calm wheezing, whereas Pinelliae Rhizoma and Perillae Fructus direct qi downward and resolve phlegm. Cinnamomi Ramulus further aids in diffusing lung qi, while Eucommiae Cortex and Cinnamomi Cortex anchor qi to relieve wheezing. Finally, Aurantii Fructus Immaturus (Zhishi) and Magnoliae Officinalis Cortex leverage the exterior-interior relationship between the lung and large intestine to diffuse lung qi and unblock bowel function.

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procedures to ensure the safety and efficacy of treatments. Additionally, further in-depth investigations into the mechanisms of action should be conducted to establish a more robust theoretical foundation for the optimization of therapy.

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