

Academic Thought and Clinical Practice of Pattern Differentiation and Treatment for Chronic Atrophic Gastritis Based on Theory of Qi Deficiency with Stagnation and Principle of Achieving Central Harmony

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Abstract This study makes an in-depth exploration of the core pathogenesis of chronic atrophic gastritis, Qi Deficiency with Stagnation, to systematically interpret it within the theoretical framework of Achieving Central Harmony, and to provide a treatment plan. Professor Li Tingquan believes that the occurrence and development of chronic atrophic gastritis (CAG) is fundamentally a process of harmony imbalance of the spleen and stomach. Its specific manifestation lies in the interaction between qi deficiency and stagnation, namely, spleen deficiency as the root cause, and qi stagnation, phlegm-dampness, and blood stasis obstructing the middle energizer as the secondary manifestations. These factors are mutually causal and interact with one another. Based on this, he proposed a four-step method to treat the disease: eliminating pathogenic factors, harmonizing the spleen and stomach, activating blood circulation to resolve stasis, and tonifying the kidney to generate blood (metaphorically described as "closing the mountains to cultivate forests and thicken the soil, breeding seeds and irrigating for stomach recovery"). This approach aims to restore the harmonious state of the middle energizer, providing a complete clinical framework of theory, principle, formula, and herbs for the prevention and treatment of CAG.

Key words Achieving Central Harmony, Qi Deficiency with Stagnation, Chronic atrophic gastritis (CAG), Academic thought, Clinical experience

1 Introduction

Chronic atrophic gastritis (CAG) is a form of chronic gastritis characterized by the atrophy of gastric mucosal glands. It typically develops secondary to gastric mucosal injury, which can result from the invasion of pathogenic factors, persistent chronic inflammation, or iatrogenic overtreatment. This condition is often accompanied by varying degrees of pyloric metaplasia, atypical hyperplasia, or intestinal metaplasia^[1]. Epidemiological data indicate that the prevalence of CAG in China is as high as 20%, with both incidence and detection rate increasing with age^[1]. Furthermore, CAG is considered a gastric precancerous condition due to its potential to progress to cancer. Consequently, identifying strategies to reduce or reverse gastric mucosal atrophy, intestinal metaplasia, and atypical hyperplasia represents a major research focus and a significant clinical challenge in the field of gastroenterology^[2].

According to Western medicine theory, infection with *Helicobacter pylori* (Hp) is considered its most significant etiological

factor^[1]. The primary pathogenic mechanism involves an imbalance between gastric aggressive factors and defensive/repair mechanisms. Conventional therapeutic approaches in Western medicine include *H. pylori* eradication and the administration of acid-suppressing drugs, mucosal protective agents, folic acid, and vitamin B12. While these treatments can offer symptomatic relief, they are often insufficient to halt the progression of underlying pathological changes in the gastric mucosa^[1]. In Traditional Chinese Medicine (TCM), there is no specific disease name for CAG. It is generally classified under symptom-based patterns such as "Pi Man" (fullness/stuffiness), "Cao Za" (gastric discomfort), "Wei Wan Tong" (epigastric pain), and "Na Dai" (poor appetite). Common etiologies include improper diet, fatigue, and emotional stress. The pathogenesis can be summarized as Qi Deficiency with Stagnation, rooted in spleen deficiency, with manifestations of qi stagnation, phlegm-dampness, and blood stasis. Throughout the course of the disease, blood stasis obstructs the gastric collaterals, leading to inadequate nourishment. Clinical practice has demonstrated that TCM offers advantages in alleviating symptoms and improving patients' quality of life^[3].

Professor Li Tingquan, a distinguished "Qi Huang Scholar" (Master of Traditional Chinese Medicine), has devoted years to clinical practice and the study of Yangming theory. He advocates the philosophy of "Achieving Central Harmony." Vividly likening the body's self-healing capacity in a healthy state to the ecological balance of nature, he described how pathological states arise when various factors injure the viscera and disrupt this harmonious balance, much like over-logging, mining, or overgrazing disrupts soil

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and ecosystem stability. In his view, conditions such as CAG represent precisely this loss of central harmony and equilibrium within the body. On this basis, he proposed a four-step method to treat the disease: eliminating pathogenic factors, harmonizing the spleen and stomach, activating blood circulation to resolve stasis, and tonifying the kidney to generate blood (metaphorically described as "closing the mountains to cultivate forests and thicken the soil, breeding seeds and irrigating for stomach recovery"). This provides a new thought for the clinical treatment of the disease and expands the academic horizon.

2 Theoretical origin and academic thought

The term "Qi Deficiency with Stagnation" was first documented in famous physician Yang Shiyong's *Effective Recipes from Renzhai House*: "In cases of deficiency, there is intermittent distension and reduction; deficient qi lingers and stagnates, and upon pressure, it feels soft. The treatment should harmonize with warm medicinals." This theory originated from the qi and blood theory in (*Huangdi's*) *Internal Classic*, developed through Dongyuan's spleen-stomach doctrine, was deepened by Ye Gui's concept of collateral disease, and ultimately integrated into the philosophical wisdom of Achieving Central Harmony. Academician Wang Yongyan in modern times summarized and developed this theory, emphasizing that the decline of zang-fu organ functions and deficiency of primordial qi lead to the weakened warming and propelling functions of qi. Consequently, the flow of blood and body fluids becomes sluggish and stagnates, ultimately forming pathological products such as qi stagnation, phlegm-dampness, and blood stasis. This interrelated and mutually causative process can be referred to as Qi Deficiency with Stagnation^[4].

The concept of "Attaining Central Harmony" originates from the Confucian classic *The Doctrine of the Mean*: "Centrality is the great root of all-under-heaven; harmony is the universal path of all-under-heaven. When Centrality and Harmony are perfectly realized, Heaven and Earth take their proper places, and all things are nourished and flourish". Confucian scholar Zisi explicitly articulated the philosophical concept of Attaining Central Harmony^[5]. Centrality is the fundamental root of all things, while harmony is the universal path to their fulfillment. All phenomena adhere to the principle of centrality and harmony, which emphasizes achieving harmony through moderation and maintaining an unwavering commitment to preserving and attaining centrality. This theory was extensively integrated into TCM, becoming its supreme therapeutic philosophy and providing a top-level design for the theory of Qi Deficiency with Stagnation.

Professor Li integrates the theory of Attaining Central Harmony into his practice of formulating prescriptions and applying medicinals. He believes that centrality is the essential method and means to achieve harmony; only by maintaining centrality can harmony be ultimately attained. Furthermore, conforming to natural laws and aligning with harmony are also manifestations of Attaining Central Harmony^[6]. In the context of TCM, this maps onto the

concept that the human body should exhibit a "state of centrality and harmony" which is characterized by the coordination of yin and yang, the equilibrium of the five phases, and the harmony of the zang-fu organs. Specifically applied to the spleen-stomach system, "centrality" refers to the stable state in which the intrinsic qi of the spleen and stomach is harmonious and yin-yang is balanced. Maintaining centrality means safeguarding stomach qi, restoring the physiological functions of the spleen and stomach, and simultaneously mobilizing the self-repairing functions of the zang-fu organs to sustain their physiological state. "Harmony" refers to the dynamic functional state where the spleen and stomach ascend and descend in an orderly manner, dryness and dampness are mutually regulated, and the functions of reception, transformation, and transportation operate normally. Simply put, "achieving harmony" means that treating disease must address its root cause. Loss of "centrality" leads to conditions of deficiency or excess, while loss of "harmony" results in conditions of cold or heat.

In clinical practice, it is necessary to identify the states of excess or deficiency and rectify them to restore centrality. Treatment should avoid excessive use of medicinals and stop once the therapeutic goal is achieved, while also protecting stomach qi. Emphasis should be placed on holistic regulation, addressing both the body and mind, maintaining a balanced diet, and following the physiological functions of the spleen and stomach. Most importantly, attention must be paid to the loss of centrality and harmony in yin-yang, qi-blood, and the physical-mental state. Therefore, Attaining Central Harmony serves as the fundamental principle for maintaining and restoring the homeostasis and dynamic equilibrium of the spleen-stomach system.

3 Pathogenesis of CAG

Centrality and harmony represent the state of health. In the human body, the spleen and stomach, corresponding to earth in the five-phase theory and situated at the center, manifest this state through sufficient qi and blood and orderly ascending-descending dynamics. Professor Li posits that the entire pathological process of CAG is precisely the gradual disruption of this state of centrality and harmony. Specifically, it manifests as the intertwining of deficient qi and flowing stagnation, which profoundly reveals the complex disease mechanism of a deficiency in root and excess in manifestation.

3.1 Qi deficiency is the root cause of disease The *Treatise on Heat Diseases in Plain Questions* explicitly states: "Where pathogenic factors accumulate, the vital qi must be deficient". This profoundly reveals that the deficiency of healthy qi is the initiating factor and pathological basis for the occurrence of CAG, determining the chronic and migratory nature of the disease as well as its fundamental attribute of deficiency and impairment. "Impairment of the spleen and stomach gives rise to all diseases." Internal damage to the spleen and stomach constitutes the core pathogenesis of all internal injury disorders. It explicitly defines "deficient qi" as "the deficiency of spleen-stomach qi," thereby establishing its

visceral localization. This means that the disease location of CAG is in the stomach, which is closely related to the liver and spleen. Furthermore, this disease most commonly manifests as spleen-stomach weakness^[3].

Professor Li believes that the qi of the spleen and stomach is the central qi. If dietary irregularities, overexertion, or chronic illness lead to their impairment, it can result in a deficiency of this central qi. This deficiency weakens the transformative and transporting functions, causing internal retention of water-dampness, which then congeals to form damp stagnation. In addition, the failure of the ascending-descending mechanism leads to sluggish qi movement, resulting in congestion of the middle energizer and the manifestation of qi stagnation. The spleen and stomach are the foundation of postnatal life and the source of qi and blood production and transformation. Professor Li emphasizes that qi deficiency leads to impaired transformative function, which in turn results in dual deficiency of qi and blood. As a result, the stomach collaterals become inadequately nourished. This pathological mechanism is directly associated with endoscopic findings commonly observed in clinical practice, such as pale mucosa, visible submucosal vessels, and glandular atrophy revealed by biopsy. Besides, some scholars explicitly state that spleen-stomach qi deficiency provides an opportunity for the invasion of various pathogenic factors and serves as the fundamental cause in the initial stage of the "gastritis-to-gastric cancer transformation" in CAG^[7].

3.2 Flowing (of dampness) and stagnation (of qi) are symptomatic expressions of the disease

3.2.1 Spleen deficiency with qi stagnation leads to obstruction in the middle energizer. The spleen serves as the foundation of postnatal life, responsible for transformation and transportation and for elevating clear yang. The stomach, as the sea of water and grains, governs reception and digestion and descends turbid yin. Both reside in the middle energizer and act as the pivot for the ascending and descending of qi dynamics. As stated in the *Plain Questions • The Manifestation of Yin and Yang from the Macrocosm to the Microcosm*: "If clear qi is located below, it gives rise to diarrhea with undigested food; if turbid qi remains above, it leads to distention and fullness." This is a classical description of disorders resulting from the disruption of qi movement in the middle energizer. Li Dongyuan further profoundly pointed out; qi deficiency may lead to pathological manifestations of stagnation, such as congestion of qi movement and downward pouring of damp turbidity. When spleen deficiency impairs its transportation function, central qi becomes insufficient and lacks the propelling force, resulting in sluggish movement of stomach fu qi and thus forming a condition of qi stagnation arising from deficiency. With qi stagnation in the middle energizer, the stomach loses its harmonious descending function, and its normal downward movement is disrupted. This manifests as symptoms such as epigastric and abdominal distension and fullness, which worsen after eating, along with frequent belching. As stated in the *Miraculous Pivot • Treatise on Distension*;

"In stomach distension, there is abdominal fullness and epigastric pain". The distension and fullness mentioned here are direct manifestations of qi stagnation retained in the epigastrium. Professor Li believes that the qi stagnation resulting from spleen deficiency is the core pathogenesis of the distension and fullness symptoms in CAG. Clinically, it commonly presents with fluctuating severity of bloating and fullness, a preference for warmth and pressure, and a close correlation with emotional state, diet, and fatigue. Prolonged depression and stagnation of qi dynamics not only further hinder the spleen and stomach's transformative and transporting functions, exacerbating their deficiency, but also create conditions for the formation of pathological products such as phlegm-dampness and blood stasis. Therefore, spleen deficiency with qi stagnation serves as the initiating factor and core link of "flowing dampness and stagnant qi", forming the foundation for all subsequent pathological changes.

3.2.2 Phlegm-dampness blocking the stomach collaterals. As stated in the *Plain Questions • Essentials on Disease and Therapy*: All dampness, swelling, and fullness are attributable to the spleen. This explicitly points out the direct correlation between internal retention of water-dampness and dysfunction of the spleen. The Qing dynasty physician Li Yongcui also remarked in the *Collected Supplement to Pattern/Syndrome Identifications and Treatments • Phlegm Syndrome*: "The spleen is the source of phlegm production... When spleen deficiency impairs transportation, clear and turbid substances linger, body fluids coagulate, and congeal to form phlegm." This incisively elaborates the entire process from spleen deficiency to the formation of phlegm-dampness. When spleen deficiency impairs its healthy transportation function, the essence of water and grains cannot be distributed normally and instead accumulates to form dampness, which further condenses into phlegm. As a viscous and turbid pathological product, phlegm-dampness, once formed, most readily obstructs qi movement and confines spleen yang. When phlegm-dampness obstructs the middle energizer, symptoms such as epigastric fullness and obstruction, bland and sticky taste in the mouth, poor appetite with nausea, and thick, greasy tongue coating appear. Moreover, whether it is invasion by the six excesses, impairment due to dietary irregularities, or emotional disharmony, all can lead to the proliferation of pathological factors such as phlegm, damp-heat, and qi stagnation. This prevents the gastric mucosa from receiving sufficient nourishment by qi and blood, leading to a gradual decline in glandular function or direct damage to the gastric mucosa due to exuberance of pathogenic qi obstructing the stomach. Ultimately, endoscopic findings present as rough and pale gastric mucosa, which over time evolves into atrophy.

Professor Li believes that the stagnation caused by phlegm-dampness lies not only in its nature as a tangible pathogenic factor obstructing qi movement but also in its adhesive and persistent character, which leads to a protracted and difficult recovery. The prolonged course and recurrent symptoms of CAG align precisely with this characteristic of phlegm-dampness. Phlegm-dampness

and qi stagnation interact as both cause and effect. On the basis of spleen deficiency and qi stagnation, the impaired transportation of water-dampness and the failure of body fluids to follow their normal transformative pathways result in the accumulation and formation of phlegm and dampness. This represents the exacerbation of the pathological product referred to as "flowing dampness and stagnant qi." In turn, the obstruction by phlegm-dampness further aggravates qi stagnation, creating a vicious cycle, and the impairment of the stomach collaterals progressively worsens.

3.2.3 Blood stasis obstructing the collaterals leads to the internal formation of concretions. Famous physician Ye Tianshi explicitly states in *Medical Records for Clinical Guidance*: "Incipient diseases reside in the channels, prolonged diseases enter the collaterals, because the channels govern qi and the collaterals govern blood" and "Generally, the channels govern qi, the collaterals govern blood; prolonged illness results in blood stasis." This reveals the progression pattern of chronic diseases advancing from the qi aspect to the blood aspect, evolving from functional disturbances to structural damage. Wang Qingren, author of *Corrections on Mistakes in Medical Works*, also emphasized: "The essential principle in treating disease lies in understanding qi and blood." As a chronic, prolonged condition, CAG conforms to the principle of prolonged diseases entering the collaterals. As stated in the *Miraculous Pivot · The Meeting of Nutritive and Defensive Qi*: "Blood and qi, though named differently, belong to the same category." This emphasizes their interdependence: qi commands the blood, so when qi moves, blood flows. If qi is deficient, its propelling force weakens; if qi stagnates, blood circulation becomes unsmooth. This inevitably leads to sluggish and impeded blood flow, resulting in stasis and obstruction of the vessels and collaterals. Alternatively, blood stasis may arise from deficiency-cold: prolonged spleen-stomach qi deficiency may eventually affect yang, leading to spleen-stomach deficiency-cold. Cold has a contracting and congealing nature, which stagnates qi and blood. As described in the *Plain Questions · Differentiation of Pain*: "When cold qi enters the channels, it lingers and slows, congealing and failing to move," ultimately causing the blood vessels to coagulate and become obstructed, forming stasis. Another cause is phlegm-dampness leading to stasis: phlegm-dampness obstructs the vessel pathways, contends with the blood, and becomes intertwined and difficult to resolve. This further impedes blood circulation, resulting in a pattern of intermingled phlegm and stasis. In summary, within the context of "stasis and stagnation," persistent conditions such as qi stagnation, dampness obstruction, and phlegm coagulation will ultimately impair the blood collaterals, leading to collateral vessel stasis. This pathological process elucidates the core mechanism by which CAG progresses from simple gastric distension to the development of intestinal metaplasia and dysplasia.

Professor Li also believes that when blood stasis obstructs the gastric collaterals, the clinical manifestations include stabbing pain in the epigastrium with a fixed location, discomfort upon palpation, or a dark purplish tongue with ecchymosis, and tortuous,

distended sublingual collaterals. At the microscopic level, gastroscopic examination may reveal granular, nodular, or mottled changes in the gastric mucosa, with tortuous blood vessels, visible vessel walls, dark or dull mucosal coloration, an uneven surface, and the presence of intestinal metaplasia and dysplasia. These findings can all be regarded as specific manifestations of the TCM concepts of "concretions and accumulations" and "blood stasis" within the gastric collaterals. Blood stasis is both a pathological product and a new pathogenic factor, which severely impedes the nourishment and repair of the gastric mucosa by qi and blood. It is a key pathological mechanism leading to the persistent nature of CAG and even its progression toward precancerous lesions. This represents the critical pathological link in "stagnation and stasis" and is most closely related to the organic changes observed in CAG.

4 Treating the CAG by four-step method

4.1 Eliminating pathogenic factors (closing the mountains to cultivate forests) Zhang Jingyue stated: "to eliminate the primary cause of a disease is to control its root; to address the predisposing factors is to investigate its origin." This is precisely the fundamental principle of treatment. Syndrome differentiation must seek the root, and the study of disease causes constitutes a key component of this process. Here, the cause serves as the root, while symptoms are the branches. As *Plain Questions · Essentials on Disease and Therapy* notes: "Carefully grasp the disease mechanism, identify its specific attributes, explore what is present, and investigate what is absent." This is an essential method in traditional Chinese medicine for understanding diseases and mastering their mechanisms, forming the foundation for syndrome differentiation and treatment. Alternatively, clues to the disease mechanism can be sought from physical presentation, tongue coating, pulse condition, and modern diagnostic examinations. Or, by following the principle of "investigating what is absent", one may explore factors such as the timing of onset, dietary and lifestyle habits, and the interrelationships among the internal organs. Etiological treatment is crucial. For the human body, modifying lifestyle and eliminating pathogenic factors can assist the body in restoring its vital force of health and balance.

Therefore, Professor Li often advises patients to pay attention to dietary and lifestyle adjustments in their daily lives, eliminating factors that damage the gastric mucosa and emphasizing the simultaneous regulation of emotions, mind, and body. Additionally, he adheres to the principles of "three harmonizations, two avoidances, one approach, and one principle". The three harmonizations refer to harmonizing the spleen and stomach, harmonizing qi and blood, and harmonizing nutrient and defense systems. The two avoidances involve avoiding excess in the five emotions, five flavors, five climatic factors, and five strains, as well as avoiding overtreatment. The one approach advocates an integrated model of nourishment, protection, prevention, and treatment, with a focus on the physiological functions and rehabilitation of the stomach. The one principle follows the medication philosophy of "moiste-

ning things silently and gently".

4.2 Harmonizing the spleen and stomach (thickening the soil)

In clinical practice, Professor Li integrates patients' symptoms, accompanying signs, tongue manifestations, and pulse conditions to determine the pattern differentiation and treatment. He selects modified formulas accordingly: Dajianzhong Decoction for yang deficiency with cold congealing syndrome, Chaigui Liangfu Pill for liver-stomach disharmony accompanied by cold congealing and qi stagnation syndrome, Banxia Xiexin Decoction for cold-heat complex syndrome, Stomach – Benefiting Decoction combined with Yiguan Decoction for liver-stomach yin deficiency syndrome, Liujunzi Decoction for spleen deficiency with dampness retention syndrome, and Huangqi Jianzhong Decoction for nutrient-defense disharmony syndrome.

Professor Li often uses Huangqi Jianzhong Decoction combined with Xiangsha Liujunzi Decoction in clinical practice to treat spleen-stomach weakness pattern CAG, which facilitates the mutual conditioning of spleen-stomach ascent and descent, the mutual assistance of dryness and dampness, and the coordination of intake and transportation, allowing the spleen and stomach to harmonize and transform qi and blood, thereby nourishing essential substances and promoting neovascularization. Modern pharmacological studies indicate that Huangqi Jianzhong Decoction has effects such as inhibiting gastric acid secretion, eradicating *H. pylori*, enhancing gastric motility, reversing histopathological changes in the gastric mucosa, and regulating immune function^[8]. Xiangsha Liujunzi Decoction exhibits certain therapeutic effects on CAG patients with spleen-stomach weakness pattern, alleviating pathological changes such as gastric mucosal congestion and edema, reducing inflammatory cell infiltration, decreasing epithelial metaplasia, and effectively counteracting chronic damage to the gastric mucosa^[9].

4.3 Activating blood circulation to resolve stasis (irrigating for stomach recovery)

Professor Li is skilled in clinically using the herb pair of Astragali Radix and Angelicae Sinensis Radix (Danggui) to supplement qi and generate blood, the three-herb combination of Salviae Miltiorrhizae Radix et Rhizoma, Curcumae Rhizoma, and Notoginseng Radix et Rhizoma (Sanqi) to activate blood and resolve stasis, and additionally Placenta Hominis (Ziheche) to tonify the kidney and generate blood, thereby achieving the effect of eliminating stasis and generating new tissue. This can not only improve the microcirculatory state of the gastric mucosa and increase gastric mucosal blood flow; but also establish new blood vessels, thereby improving local ischemia and hypoxia.

Modern research has found that Astragali Radix can maintain gastric mucosal blood flow in the damaged gastric mucosa of CAG; Salviae Miltiorrhizae Radix et Rhizoma, Curcumae Rhizoma, and others can dilate blood vessels, increase blood flow, maintain sufficient blood supply to the gastric mucosa, and improve microcirculation. Furthermore, Professor Li is also skilled in using insect-based medicinal substances. Aspongopus has a salty flavor and warm nature, and enters the liver, spleen, and kidney meridians.

Its functions include regulating qi to relieve pain and warming the kidney to support yang. Its nature is adept at moving and penetrating, endowing it with the ability to promote qi movement and activate blood circulation. It can soften hyperplastic lesions to varying degrees and promote their absorption. It also improves microcirculation, accelerates blood flow velocity, enhances tissue nutrition, promotes lesion recovery, reduces capillary permeability, decreases inflammatory exudation, promotes inflammation absorption, and facilitates the reversal of pathological tissue in chronic atrophic gastritis.

4.4 Tonifying the kidney to generate blood (cultivating and breeding new seed)

Professor Li adds Ziheche to the prescription for treating CAG. This medicinal substance is sweet and salty in flavor, warm in nature, and enters the heart, lung, and kidney meridians. Its functions are to warm the kidney, supplement essence, boost qi, and nourish blood. From the perspective of modern pharmacology, this medicinal can activate adult stem cells. Among them, gastric stem cells can promote the repair of the gastric mucosa, and vascular endothelial stem cells can promote angiogenesis, ultimately achieving the effect of repairing atrophic gastric mucosa. Modern research has found that the concept of "human essence" in TCM theory can correspond to modern medical theories such as stem cells.

Studies have shown that Chinese medicinal herbs with effects such as "tonifying the kidney," "benefiting essence," "strengthening yang," "supplementing qi," and "nourishing blood" can serve as inducers to promote the differentiation of BMSCs (bone marrow mesenchymal stem cells) into osteoblasts, cardiomyocytes, neural cells, and hepatocytes, achieving significant results^[10]. Cells possess the attribute of "congenital essence," which is stored in the kidney. Their connotation includes all genetic materials and the developmental information specific to the species they contain. After developing into adults, most stem cells remain in a quiescent state, while some stem cells or precursor cells maintain a relatively active proliferative state. When the body is injured, complex signals mobilize the potential of human stem cells, promoting their proliferation, differentiation, or trans-differentiation into the tissues of the injured area to achieve repair. Gastric stem cells refer to adult stem cells present in gastric tissues, playing a key role in maintaining the dynamic renewal of the gastric mucosal epithelium.

5 Illustrative case records

Patient: Zhao, Male, 59 years old. Initial consultation date: December 19, 2024. Chief complaint: Intermittent epigastric fullness and discomfort for over 5 years. History of present illness: The patient reported the onset of epigastric fullness and discomfort over five years ago following a period of emotional distress. Symptoms are aggravated after meals and accompanied by acid reflux and heartburn, with occasional belching. No abdominal pain was reported. Self-medication with "Jianwei Xiaoshi Pian" (Digestive Aid Tablets) provided some relief. Since then, symptoms have re-

curred intermittently with fluctuating severity. Seeking systematic diagnosis and treatment, the patient presented to the Gastroenterology Department outpatient clinic. Present symptoms: Epigastric fullness and discomfort, aggravated postprandially, with slow digestion. Accompanied by belching, occasional acid reflux and heartburn. No abdominal pain, nausea, or vomiting. Appetite is fair. The patient reports a tendency towards emotional constraint. Bowel movements and urination are normal. Tongue and pulse: Pale-red tongue with dental markings and scant coating. Pulse is moderate, feeble, and large. Ancillary examinations: (2023-05-09, Shanxi Provincial People's Hospital) Gastroscopy: Chronic Atrophic Gastritis (C2). Pathology report: Chronic moderate atrophic gastritis with mild intestinal metaplasia. Diagnosis: Western Medicine Diagnosis: Chronic atrophic gastritis with intestinal metaplasia. Traditional Chinese Medicine Diagnosis: Stomach Stiffness Disorder due to Spleen Deficiency with Liver - Stomach Disharmony. Treatment principle: Fortify the spleen, soothe the liver, harmonize the stomach, and dispel stiffness. Herbal prescription: Bupleurum Root 10 g, Scutellaria Root 10 g, Prepared Pinellia Tuber 10 g, Codonopsis Root 15 g, Cinnamon Twig 10 g, White Peony Root 10 g, Immature Bitter Orange 30 g, Akebia Fruit 30 g, Curcumae Rhizoma 10 g, Fresh Ginger 10 g, Thunberg Fritillary Bulb 15 g, Cuttlefish Bone 30 g, Licorice Root 5 g, Jujube 3 pieces. Dosage and administration: 14 doses. Decoct in water for oral administration. Take one dose daily, divided into morning and evening portions.

Second visit (follow-up): January 23, 2025. The patient reported that after taking the medication, the sensation of epigastric fullness has lessened, the feeling of slow digestion has alleviated, and belching has decreased. Present symptoms: Occasional epigastric discomfort and fullness, accompanied by belching and slow digestion. Occasional acid reflux and heartburn. Reduced appetite. Sleep is adequate. Bowel movements and urination are normal. Tongue and pulse: Pale-red tongue with a white, slightly greasy coating. Pulse is wiry and slippery. Herbal prescription: Bupleurum Root 10 g, Scutellaria Root 10 g, Prepared Pinellia Tuber 9 g, Codonopsis Root 15g, Atractylodes Rhizome 10 g, Magnolia Bark 30 g, Dried Tangerine Peel 10 g, Dandelion 15 g, Thunberg Fritillary Bulb 15 g, Aspongopus 5 g, Fresh Ginger 10 g, Charred Hawthorn Berry 10 g, Charred Medicated Leaven 10 g, Charred Germinated Barley 10 g, Akebia Fruit 30 g, Licorice Root 5 g. Dosage and administration: 14 doses. Prepare by decoction. Take one dose daily, divided into morning and evening portions.

Third visit: After taking the medication, the patient's epigastric distension has significantly improved. Present symptoms: Epigastric distension is notably reduced, with occasional postprandial discomfort. Acid reflux and heartburn occur when dietary intake is not carefully managed, while belching after massage provides relief. Appetite remains poor, digestion is slow, sleep is adequate, and bowel movements and urination are regular. Tongue appears pale-red with a slightly greasy white coating; pulse is moderately smooth. Herbal prescription: Zhiwei Xinwei Pill for oral adminis-

tration: Astragali Radix 300 g, Cinnamon Twig 150 g, White Peony Root 150 g, Thunberg Fritillary Bulb 150 g, Salviae Miltiorrhizae Radix et Rhizoma 300 g, Aspongopus 100 g, Dandelion 150 g, Codonopsis Root 300 g, Rhizoma Atractylodis Macrocephalae 150 g, Atractylodes Rhizome 150 g, Poria 300 g, Tangerine Peel 100 g, Prepared Pinellia Tuber 150 g, Immature Bitter Orange 300 g, Costus Root 100 g, Coptis Root 100 g, Amomum Fruit 100 g, Adenophora Root 150 g, Ophiopogon Root 150 g, Morinda Root 150 g, Rehmannia Root 100 g, Charred Hawthorn Berry 100 g, Charred Medicated Leaven 100 g, Charred Germinated Barley 100 g, Akebiae Fructus 300 g, Curcumae Rhizoma 100 g, Lycium Berry 150 g, Licorice Root 100 g, with an additional 1 000 g of *Hericium erinaceus*, Fresh Ginger 150 g, and Jujube 150 g. All ingredients are finely ground into a powder, mixed with water to form paste pills. Dosage: 6 g per dose, twice daily, taken with warm water.

Commentary: The patient's chief complaint is epigastric fullness and discomfort, indicating dysfunction of the stomach in receiving and decomposing food as well as dysfunction of the spleen in transporting and transforming nutrients. Physiologically, the spleen and stomach both reside in the middle energizer, jointly responsible for the reception, transportation, and transformation of food and fluids, and together serve as the pivot for the ascent and descent of qi. Pathologically, deficiency of the stomach leads to impaired reception, while deficiency of the spleen results in weakened transportation and transformation. Therefore, dysregulation in reception-transportation and disorder in ascent-descent cause retention of food and fluids, manifesting as symptoms such as abdominal distension after eating, slow digestion, and generally poor appetite. The stomach functions optimally when its qi descends, and this downward movement relies on the harmonious dispersing function of the liver. If liver qi fails to flow freely, spleen qi cannot ascend and stomach qi cannot descend, leading to symptoms such as fullness, distension, poor appetite, and reduced food intake (manifestations of liver-stomach disharmony). When stomach qi fails to descend and instead ascends, symptoms like belching and acid reflux occur. Considering the patient's pale-red tongue with teeth marks on the edges, scanty coating, and a slow, weak, and slightly bounding pulse, Professor Li concluded that the fundamental pattern is spleen deficiency, differentiated as liver-stomach disharmony with middle qi deficiency. The treatment focuses on fortifying the spleen and regulating qi, supplemented by soothing the liver and harmonizing the stomach. The formula Chaihu Guizhi Decoction was selected. This decoction fortifies the spleen, soothes the liver, harmonizes the stomach, and resolves fullness. With its harmonizing properties, it addresses epigastric distension and fullness caused by dysfunction of the shaoyang pivot coupled with disharmony between nutritive and defensive qi, leading to disruption of qi dynamics in the middle energizer. Based on pattern differentiation, Immature Bitter Orange and Akebiae Fructus were added to enhance qi-regulating effects. Combined with Cuttlebone and Fritillaria Powder for its acid-suppressing action. Chro-

nic illness enters the collaterals and leads to blood stasis; therefore, Curcumae Rhizoma was included to invigorate blood, resolve stasis, disperse accumulation, and relieve distension.

At the second visit, it was observed that the patient's symptoms had improved compared to before. However, strengthening the spleen is not an achievement that can be accomplished in just a few days. When spleen deficiency fails to transform dampness, internal dampness may arise. Therefore, symptoms and signs such as reduced appetite and a white, slightly greasy tongue coating may appear due to dampness obstructing the spleen and stomach. Accordingly, Pingwei Powder was added to dry dampness, activate the spleen, regulate qi, and harmonize the stomach. Furthermore, prolonged spleen deficiency may generate damp-heat, and since the main cause of CAG is *H. pylori* infection, Dandelion was combined to clear heat, resolve dampness, and detoxify.

At the third consultation, the patient's symptoms had largely resolved. Professor Li formulated the treatment based on the general principles of reinforcing healthy qi and eliminating pathogenic factors, as well as correcting imbalances and rectifying deficiencies. Adhering closely to the disease mechanism, and in consideration of the patient's practical medication needs, summarized by the adage "decoctions for rapid action, pills for sustained effect", decoctions were used in the acute and severe phase to address the branch manifestations, while pills and powders were employed as symptoms improved to consolidate the root. Based on this approach, Zhiwei Xinwei Pill was developed to treat the pattern of spleen-stomach weakness with qi stagnation and blood stasis in CAG. In this formula, Astragali Radix, Cinnamon Twig, White Peony Root, Codonopsis Root, Rhizoma Atractylodis Macrocephalae, and Hericium erinaceus warm the middle energizer and fortify the spleen, promoting the production and circulation of nutritive qi, defensive qi, blood, and qi; Liliun Bulb and Mume Fructus nourish yin, benefit the stomach, and promote fluid production; Morindae Officinalis Radix warms and tonifies kidney essence, enabling the innate foundation to nourish the acquired constitution, thereby ensuring a sustainable source for blood and qi production; Angelicae Sinensis Radix and Salviae Miltiorrhizae Radix et Rhizoma nourish blood, activate blood circulation, dispel stasis, and promote regeneration; Pinelliae Rhizoma, Citri Reticulatae Pericarpium, Aurantii Fructus Immaturus, Akebiae Fructus, and Curcumae Rhizoma disperse accumulation, alleviate fullness, and regulate qi movement; Linderae Radix and Aspongopus promote qi flow, dispel cold, and relieve pain; Coptidis Rhizoma and Taraxaci Herba clear heat and resolve toxicity; Licorice Root harmonizes all the ingredients. Throughout the entire formula, it strengthens the spleen and boosts qi, simultaneously regulates the nutritive and defensive systems as well as qi and blood, addresses both pathogenic factors and healthy qi, incorporates unblocking methods within tonification, and restores the normal physiological functions of spleen ascending and stomach descending. This improves the inflammatory environment within the stomach, mobilizes the body's powerful self healing capacity, as reflected in the axiom

"when healthy qi is nourished, accumulations will dissipate spontaneously", leading to the gradual improvement of gastric mucosal atrophy and intestinal metaplasia.

6 Conclusions

The CAG, a precancerous gastric lesion, remains a critical yet complex area in gastroenterology research. Its root lies in spleen-stomach deficiency, while turbid pathogen stagnation manifests as the secondary aspect. Thus, Qi Deficiency with Stagnation should be regarded as the core pathogenic mechanism of CAG, and Achieving Central Harmony as a fundamental principle in TCM theory. Combining these perspectives is helpful for elucidating the dynamic evolution of CAG from functional disturbance to morphological alteration. Clinically, adhering to the concept of Achieving Central Harmony enables practitioners to evaluate the depth of deficiency and the extent of stagnation, with the ultimate goal of re-instating spleen-stomach equilibrium. This carries substantial clinical relevance for treating chronic, stubborn disorders.

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