

# Experience in Treating Uremic Pruritus with the Slight Sweating Therapy

Shuangfen GUO<sup>1</sup>, Bofeng YU<sup>2</sup>, Qi LI<sup>1\*</sup>

1. Yunnan Provincial Hospital of Traditional Chinese Medicine, Kunming 650031, China; 2. Yuxi City Hospital of Traditional Chinese Medicine, Yuxi 650200, China

**Abstract** Traditional Chinese medicine has opened new pathways and provided fresh perspectives for the treatment of uremic pruritus (UP) through syndrome differentiation and treatment. This paper summarizes the clinical experience of Professor Li Qi in treating this condition. Professor Li Qi points out that the fundamental pathogenesis of UP lies in yang deficiency of the spleen and kidney. On this basis, either external cold entering the interior or yang deficiency leading to cold congelation may result in malnutrition of the skin, thereby triggering pruritus. In clinical practice, slight sweating therapy is applied to release the exterior and expel pathogenic factors or to warm and resolve cold fluid retention, achieving satisfactory therapeutic outcomes.

**Key words** Uremic pruritus (UP), Slight sweating therapy, Professor Li Qi

## 1 Introduction

Uremic pruritus (UP) is a form of itching associated with chronic kidney disease. It can present clinically as either localized or generalized skin pruritus, often affecting areas such as the arms, abdomen, and back. The itching tends to be symmetrically distributed on both sides of the body and typically follows a diurnal pattern, milder in the morning and more severe at night<sup>[1-2]</sup>. UP significantly impairs the quality of life in affected patients, commonly leading to sleep disturbances and, in severe cases, even suicidal tendencies<sup>[3]</sup>. Notably, uremic pruritus has been identified as an independent risk factor for mortality in this patient population<sup>[4]</sup>. The pathogenesis of this disease remains to be elucidated and may be associated with factors such as the accumulation of uremic toxins<sup>[5-8]</sup>, systemic inflammatory responses<sup>[9]</sup>, dialysis-related complement pathway activation<sup>[10]</sup> (e.g., substance P/neurokinin-1 receptor signaling), increased opioid levels in the blood<sup>[11]</sup>, elevated plasma histamine levels<sup>[12]</sup>, and abnormalities in sweat gland secretion<sup>[13-14]</sup>. By now, there is still no definitive and effective treatment for UP. Clinical management may include pharmacotherapy, enhanced dialysis, external therapies, and physical treatments, but the efficacy of these approaches remains limited. The treatment of uremic pruritus continues to pose significant challenges<sup>[15]</sup>. In contrast, the diverse therapeutic approaches offered by traditional Chinese medicine (TCM) provide new perspectives for the treatment of UP<sup>[16]</sup>.

## 2 Etiology and pathogenesis

In TCM, UP can be classified under categories such as "wind-type itching," "itching wind," or "latent rash." Throughout history, TCM physicians have considered the etiology of skin itching to be attributable mainly to two aspects: constitutional deficiency and pathogenic wind. As described in the *General Treatise on the Causes and Symptoms of Diseases*: "Wind-induced itching occurs when a weakened body is invaded by wind. The wind enters the cutaneous interstices, interacts with the qi and blood, and moves within the skin layers. When the pathogenic factor is frequent but not forceful enough to cause pain, it manifests solely as itching"<sup>[17]</sup>. The *Yellow Emperor's Inner Canon* also states, "All pains, itching, and sores are related to the heart" and "All itching stems from deficiency"<sup>[18]</sup>. Uremia can be categorized in traditional Chinese medicine under terms such as "kidney failure disease," "consumptive fatigue," "blockage and repulsion," or "urinary toxin." It is mostly characterized as a root deficiency with surface excess. The root deficiency primarily involves yang deficiency of the spleen and kidney, while the surface excess often manifests as damp-turbidity, fluid retention, and blood stasis. When yang qi is deficient, cold pathogens readily damage the skin. As the pathogenic factors disperse outward, the cutaneous interstices open, the fine body hairs stir, and the pathogens move back and forth, thereby triggering itching<sup>[19]</sup>.

Professor Li Qi, with over four decades of clinical experience, has acquired profound insights into the treatment of uremic pruritus. By observing external manifestations to infer internal conditions, he contends that the onset and progression of this condition are closely linked to pathogenic cold. Uremia typically follows a prolonged and refractory clinical course, ultimately developing into a complex disorder characterized by fundamental deficiency of spleen and kidney yang, with secondary complications arising from damp-turbidity, fluid retention, and blood stasis.

Based on the underlying pattern of spleen-kidney yang deficiency, insufficient yang qi predisposes the body to invasion by cold pathogens. Internal and external factors interact, allowing su-

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Shuangfen GUO, master's degree, attending physician. \* Corresponding author. Qi LI, bachelor's degree, chief physician, master supervisor.

perforial cold to penetrate inward, eventually forming a Taiyang exterior syndrome. During treatment, it is essential to support yang and release the exterior. Once the exterior syndrome is resolved, attention must also be given to the fundamental pathogenesis of spleen-kidney yang deficiency. This is because yang deficiency in such patients fails to restrain yin cold, leading to internal exuberance of yin cold. Over time, this will develop into a Shaoyin interior syndrome, as stated in *Plain Questions · The manifestation of Yin and Yang from the Macrocosm to the Microcosm*: "Exuberance of yin leads to disease of yang"<sup>[19]</sup>. The treatment should focus on warming yang and resolving fluid retention. Therefore, in patients with uremic pruritus, pathogenic cold, whether manifesting in the exterior or interior, is involved throughout the entire disease process. Hence, Professor Li Qi favors employing slight sweating therapy to expel cold pathogens, restore the spleen and kidney's transformative and transport functions as well as water metabolism, and address the root cause of the disease, thereby alleviating or eliminating pruritus. Simultaneously, Professor Li Qi believes that the location of skin pruritus is in the exterior, and the pathogenic factor resides in the exterior. Following the principle of "guiding action according to circumstance," slight sweating therapy can indeed be used to release the exterior and expel pathogens.

**2.1 Slight sweating therapy** Sweating therapy is the foremost among the eight therapeutic methods in traditional Chinese medicine. It involves opening the interstices and harmonizing the ying (nutrient) and wei (defense) aspects to expel pathogenic factors from the exterior. As stated in *Plain Questions · The Manifestation of Yin and Yang from the Macrocosm to the Microcosm*: "For conditions located in the skin, induce sweating to disperse them"<sup>[19]</sup>. This indicates that any condition caused by pathogenic factors in the exterior can be treated using sweating therapy. The Medical Sage Zhang Zhongjing, in the *Treatise on Cold Damage Diseases*, employed sweating therapy to treat Taiyang diseases. Through careful herbal combinations and post-medication care, he established the "slight sweating therapy." He explicitly advised that after taking Guizhi Decoction, one should "cover warmly for approximately two hours; it is best to achieve a gentle, pervasive moisture over the entire body resembling slight sweating, and sweating like flowing water should be avoided"<sup>[20]</sup>. Furthermore, Zhang Zhongjing annotated prescriptions such as Ephedra Decoction and Kudzu Decoction with the term "slight sweating", reminding physicians that "slight perspiration" is sufficient and profuse sweating should be strictly avoided. This demonstrates that slight sweating therapy was widely applied by Zhang Zhongjing in clinical practice and stands as one of his important therapeutic methods<sup>[21]</sup>.

**2.2 Theoretic basis of slight sweating therapy** The fundamental pathogenesis of UP lies in spleen-kidney yang deficiency, which corresponds to Taiyin disease within the six-meridian pattern differentiation. Against this backdrop, pathogenic cold invades the body. Superficial cold may penetrate inward, forming a Shaoyin exterior syndrome; alternatively, yang deficiency may lead to cold

congealing, stagnation of damp-turbidity and blood stasis, resulting in a Shaoyin interior syndrome. The purpose of applying slight sweating therapy is to guide the body toward a state of balanced yin and yang and harmonized qi and blood, as stated in *Medical Insights*: "Cases complicated by cold should be treated by warming the meridians and inducing sweating"<sup>[22]</sup>. However, uremia is a chronic condition characterized by healthy qi deficiency and a prolonged disease course. Only slight sweating therapy is appropriate; profuse sweating must be avoided to prevent damage to yin or depletion of yang. The application of slight sweating therapy serves to both expel pathogens and protect the healthy qi.

### 3 Clinical experience in syndrome differentiation

**3.1 Taiyin (greater yin) exterior syndrome** Greater Yin disease (Taiyin disease) refers to a category of syndromes that emerge during the course of externally contracted diseases, where the progression of pathogenic factors inward leads to the transformation from yang or heat patterns into yin or cold patterns. Taiyin disease with exterior syndrome arises when an individual with an inherent Taiyin constitution is further affected by external pathogens. It is primarily characterized by a floating pulse, fever with aversion to wind, and bodily pain and discomfort. Article 276 of the *Treatise on Cold Damage Diseases* states: "In Taiyin disease, if the pulse is floating, sweating can be induced; Guizhi Decoction is appropriate"<sup>[20]</sup>. This explicitly indicates that Taiyin exterior syndrome can be treated by inducing sweat. Furthermore, Taiyin is considered the exterior aspect among the three yin channels, governing the skin, flesh, and limbs. Its pathological manifestations are relatively superficial. According to the principle that "homologous qi seeks its kind," it is thus prone to exterior syndromes. However, in cases of Taiyin exterior syndrome, where there is inherent insufficiency of spleen yang, strong diaphoresis must be avoided. Treatment should only gently promote sweating, aiming to harmonize and induce mild perspiration. In patients with uremic pruritus, the root cause lies in spleen-kidney yang deficiency. Yang qi deficiency leads to the failure of defensive qi to protect the body, allowing external cold to penetrate into the interior. This results in stagnation of qi at the exterior aspect of the Shaoyin meridian, dysfunction of the skin and interstices in opening and closing, and accumulation of pathogenic factors, ultimately manifesting as skin itching. Based on this pathogenesis, the treatment focuses on reinforcing yang and releasing the exterior. Commonly used formulas include Guizhi Decoction (Cinnamon Twig Decoction), Mahuang Fuzi Xixin Decoction (Ephedra, Aconite, and Asarum Decoction), or Mahuang Fuzi Gancao Decoction (Ephedra, Aconite, and Licorice Decoction). If Ephedra (Mahuang) is prescribed, a small dose of 3 - 6 g is recommended to induce mild diaphoretic action, disperse cold from the exterior, and expel pathogenic factors. Aconite (Fuzi), with its pungent and warm properties, assists Ephedra in dispelling cold, while Asarum (Xixin), also warm in nature, facilitates the flow of qi between the exterior and interior. As pathogenic factors are ex-

pelled through sweating, the external cold is dispersed, and the physiological functions of the skin and interstices are restored, leading to the cessation of itching.

**3.2 Taiyin interior syndrome** The Three Yang (channels) govern the exterior, while the Three Yin (channels) govern the interior. Although Taiyin serves as the exterior aspect of the Three Yin and is prone to exterior syndromes, overall, it is still primarily characterized by interior syndromes. Article 277 of the *Treatise on Cold Damage Diseases* states: "Spontaneous diarrhea without thirst belongs to Taiyin" and "In Taiyin disease, there is abdominal fullness and vomiting, inability to eat, increasingly severe spontaneous diarrhea, and occasional spontaneous abdominal pain"<sup>[20]</sup>. Taiyin disease interior syndrome can be further divided into interior deficiency syndrome and interior excess syndrome based on constitutional factors or the severity of pathogenic influence. Interior deficiency syndrome arises from weakness of spleen yang, dysfunction in transportation and transformation, internal retention of cold-dampness, and failure of clear qi to ascend. Interior excess syndrome results from erroneous purgation in Taiyang disease, leading to inward collapse into Taiyin and stagnation of qi and blood in the spleen collaterals. In patients with uremia, yang deficiency leads to cold congelation, with internal retention of damp-turbidity and fluid-rheum. Dampness, being a yin pathogenic factor, is heavy, turbid, and sticky-stagnant in nature. It tends to damage the spleen and stomach, obstruct the qi movement of the triple energizers, and cause qi stagnation. As a result, damp-turbidity and toxic pathogens stagnate in the skin and meridians, triggering pruritus. This condition is categorized as Taiyin interior deficiency syndrome. In *Synopsis of Prescriptions of the Golden Chamber · Convulsive, Dampness, and Heatstroke Disorders*, it stated that when wind and dampness contend with each other, causing generalized pain throughout the body, the treatment should promote sweating to resolve the condition<sup>[23]</sup>. In addressing this pathogenesis, the treatment principle focuses on unblocking yang with acrid-warm herbs and warming to transform fluid retention. Zhenwu Decoction is commonly prescribed. Within the formula: Aconite (Fuzi) warms and unblocks yang qi; Atractylodes Macrocephala Rhizome (Baizhu), bitter and warm, fortifies the spleen and promotes diuresis; Poria (Fuling), sweet and bland, promotes diuresis to leach out dampness; Fresh Ginger (Shengjiang) travels to the exterior to dissipate fluid qi, assisting Aconite in warming and unblocking; White Peony Root (Baishao), sour and astringent, moderates the dispersing properties of Aconite and Fresh Ginger. This combination works to warm yang and transform retained fluids without damaging healthy qi. The aim is to induce mild sweating to expel pathogenic factors. Once the qi movement of the triple energizers becomes unobstructed, the pruritus will cease spontaneously.

#### 4 Illustrative case records

Patient: Male, 68 years old, diagnosed with uremia and on maintenance hemodialysis for 3 years. Initial visit (January 10, 2024):

Generalized skin itching, particularly severe on the upper limbs and back, with visible erythema, papules, obvious scratch marks, and some areas of ulceration and crusting, severely affecting sleep and mood. The patient reported accidental exposure to cold three days prior, followed by symptoms of chills, fever, headache, soreness in the shoulders and back, fatigue, abdominal distension, poor appetite, loose stools, and oliguria. Tongue and pulse: Pale, enlarged tongue with a thin, slightly greasy white coating; floating and thready pulse. Syndrome differentiation: Spleen-kidney yang deficiency with external contraction. Treatment principle: Support yang and release the exterior. Prescription: Mahuang Fuzi Xixin Decoction: Ephedra (Mahuang) 6 g, Aconite (Fuzi) 6 g (decocted first for 2 h), Asarum (Xixin) 3 g, Honey-fried Licorice Root (Zhigancao) 6 g, Atractylodes Rhizome (Cangzhu) 12 g, Pueraria Root (Gegen) 15 g. Administration: 2 doses. Decoct in water for oral administration. Take one decoction every 2 h while staying warmly covered to induce sweating. Discontinue upon sweating.

During the follow-up visit on January 12, 2024, the patient reported mild sweating after taking the second decoction, with symptoms such as chills, fever, and headache already resolved. Skin itching was significantly reduced, and intermittent sleep was possible at night. The patient was extremely pleased. However, skin itching persists, particularly on both upper limbs and the back, along with fatigue, weakness, abdominal distension, poor appetite, and oliguria. The tongue appeared pale and swollen, with a slippery and slightly greasy coating, and the pulse was deep and thready. The pattern was identified as yang deficiency with water retention and damp-turbidity. The treatment principle focused on warming yang to transform fluid retention and eliminating turbidity to detoxify. The formula used was Zhenwu Decoction with modifications: Poria 20 g, Radix Paeoniae Alba 12 g, Atractylodes Macrocephala 12 g, Ginger 6 g, Aconite 6 g (decocted first for 2 h), Dried Ginger 3 g, and Alisma 6 g. Three doses were prescribed to be decocted in water for oral administration. Therefore, during follow-up visits, Professor Li Qi consistently administered slight sweating therapy. To date, the skin itching has been largely resolved, with no erythema, papules, or scratch marks observed on the skin, and the patient's sleep is restful.

Comment: It is commonly said that exterior syndromes should be treated with sweating methods, as sweating releases the exterior. However, it is rare to use diaphoretic therapy for uremic pruritus. This case achieved efficacy precisely through the application of diaphoresis. During the first consultation, the patient presented with generalized skin itching, particularly severe on both upper limbs and the back, accompanied by erythema, papules, and obvious scratch marks on the skin. The accompanying symptoms of chills, fever, headache, and soreness in the shoulders and back indicated the presence of an exterior syndrome. Therefore, Mahuang Fuzi Xixin Decoction with modifications was used, employing slight sweating therapy to release the exterior and expel pathogenic factors. In the formula, Ephedra and Pueraria promoted sweating to release the exterior and disperse wind-cold. At the

second consultation, although exterior symptoms such as chills, fever, and headache had resolved, signs of yang deficiency and water retention, including fatigue, weakness, abdominal distension, poor appetite, and oliguria, persisted. Thus, Zhenwu Decoction with modifications was prescribed, utilizing slight sweating therapy to warm yang and transform fluid retention. In this formula, Aconite and Dried Ginger warmed and tonified kidney yang; Poria, *Atractylodes Macrocephala*, and *Alisma* promoted diuresis to leach out dampness; Ginger induced sweating and warm dispersion, thereby assisting Aconite in warming yang and dispelling cold, while also helping *Atractylodes Macrocephala* and Poria to disperse dampness. In this case, Professor Li Qi skillfully employed slight sweating therapy to eliminate cold pathogens and harmonize the nutritive and defensive aspects. While the approach appeared to treat cold, its essence was to treat itching, truly embodying the principle that "those skilled at eliminating harm investigate its root, and those adept at managing illness cut off its source".

## 5 Conclusions

Although the pathogenesis of UP is complex, Professor Li Qi, drawing on decades of clinical practice inTCM, consistently adheres to the essence of syndrome differentiation encapsulated in the principle: "Observe the pulse and symptoms, identify the pathogenic deviation, and treat accordingly based on the syndrome." In clinical practice, he simplifies complexity and identifies the core pathogenesis as spleen-kidney yang deficiency (taiyin disease) amid intricate presentations. By applying the slight sweating therapy to both taiyang exterior syndromes and taiyin interior syndromes, and through either expelling pathogens to the exterior or warming yang to transform fluid retention, he eliminates pathogenic factors from both the exterior and interior layers of the skin and interstices. This approach effectively alleviates skin itching symptoms and offers a novel therapeutic perspective for treatment of UP.

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