

Exploration of TCM Syndrome Differentiation and Treatment of Chest Bi with Yin Deficiency and Blood Stasis

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Abstract: *In traditional Chinese medicine, thoracic obstruction, as an independent disease category, has long been widely studied and applied. According to the theory of traditional Chinese medicine, chest obstruction is caused by qi stagnation, yin deficiency and blood stasis, which leads to poor qi and blood circulation in the chest. Chest obstruction, as one of the important diseases in the field of traditional Chinese medicine, has important theoretical and clinical value. Traditional Chinese medicine has accumulated rich experience in the understanding and treatment of chest obstruction, and achieved certain clinical results by regulating yin deficiency, promoting blood circulation and removing blood stasis. However, the theoretical exploration of chest obstruction due to yin deficiency and blood stasis is still relatively insufficient, and it is necessary to further study its pathogenesis and TCM treatment methods in order to improve the understanding and treatment effect of chest obstruction. The purpose of this paper is to explore the theory of yin deficiency and blood stasis in chest obstruction, and through literature review, to deeply analyze the mechanism of yin deficiency and blood stasis in chest obstruction and the principles and methods of treating chest obstruction with traditional Chinese medicine. By studying the theory of yin deficiency and blood stasis in chest obstruction, we hope to further reveal its etiology and pathogenesis, clarify the core ideas and methods of treating chest obstruction with traditional Chinese medicine, and provide scientific guidance and basis for clinical practice.*

Keywords: TCM, Chest obstruction, Yin deficiency and blood stasis.

1. Introduction

Chest distress is a common disease in traditional Chinese medicine, and its theoretical system has been widely studied and applied. Traditional Chinese medicine theory believes chest distress is caused by the obstruction of qi and blood circulation in the chest, mainly related to factors such as qi stagnation, yin deficiency, and blood st. Wu Qian explained the term “chest distress” as “the chest is the sea of qi... the qi in the chest is blocked and short of breath, is not enough to breathe, and it is called chest distress”, and also made a detailed classification of the disease in “Treatise on the Etiology and of Chest Distress, Heartache, and Shortness of Breath” in “Golden Mirror of Medical Skills”, emphasizing that “the disease of chest distress, the light is chest fullness, and the heavy one is chest pain”, and further distinguished chest distress according to the severity of the disease as chest fullness and chest pain [1].

2. Theoretical Discussion of the Syndrome of Chest Distress Due to Yin Deficiency and Blood Stasis

2.1 Theoretical Basis of Yin Deficiency and Blood Stasis

The term “chest pain” originated from the “Huangdi Neijing”, which states: “When evil affects the heart, heart pain occurs.” In the “Jin Kui Yao Lue” by Zhang Zhongjing of the Eastern Han Dynasty, the concept of “blood deficiency and yin deficiency” was introduced, which is the prototype of yin deficiency and blood stasis. He proposed that the pathogenesis of this disease is “weak yang and tight yin”, and that yin deficiency, blood stasis, qi stagnation, and phlegm coagulation obstruct the heart vessels, causing chest pain. The

“Huangdi Neijing” points out that “qi warms and blood moistens”, and when qi and blood are blocked in the meridians, it will lead to pain due to obstruction, imbalance of the zang-fu organs, damage to qi and blood, and consumption of heart blood, thereby resulting in yin deficiency and blood stasis. In the “San Yin Ji Yi Bing Zheng Fang Lun” by Chen Wuzhe of the Song Dynasty, the three types of causes of heart pain were discussed, emphasizing that internal causes are all due to “disorder of the zang qi, and emotions such as joy, anger, and worry”. The “Ling Shu - Oral Questions” mentions: “When one is sad, worried, or depressed, the heart is affected, and when the heart is affected, all the zang-fu organs are disturbed.” Both of these emphasize that emotional imbalance leads to disharmony of qi movement, qi stagnation transforming into fire, depletion of yin fluids, formation of blood stasis and phlegm, resulting in chest pain. In the Qing Dynasty, Chen Xiuyuan proposed that “yin deficiency leads to fire movement”, and when yin deficiency generates fire, the meridians lose their nourishment, and blood stasis occurs, proving that yin deficiency and blood stasis mutually promote each other. In the “Yu Ji Wei Yi”, it is stated that “When it flows into the vessels, if it is abundant, it is smooth; if it is scarce, it is sluggish.” In the “Du Yi Sui Bi” by Zhou Xuehai of the late Qing Dynasty, it is said that “yin deficiency leads to blood stasis”, and Wang Qingren in the “Yi Lin Gai Cuo” mentioned that “when blood is exposed to heat, it will coagulate”. All three mentioned the pathogenesis of yin deficiency combined with blood stasis, providing a theoretical basis for later generations. In traditional Chinese medicine theory, yin fluids are an important material basis for human life activities, including essence, blood, and body fluids. Yin deficiency refers to the insufficiency of yin fluids in the body, with a decline in their nourishing and moistening functions, as well as the inability of yin to restrain yang, resulting in relatively excessive yang qi and a pathological state of

functional hyperactivity. There are various causes of yin deficiency. For example, long-term emotional distress, liver depression transforming into fire, and excessive heat damaging yin; or in the later stage of warm diseases, heat pathogen consuming yin fluids; or excessive consumption of spicy and hot foods, depleting yin fluids, etc. In the context of chest pain, the heart governs the blood vessels. When heart yin is insufficient, the heart loses the nourishment of yin fluids. Insufficient yin fluids cause the heart vessels to lose their moistening, just like a river lacking water will dry up and become blocked. This makes the heart vessels vulnerable and prone to poor blood circulation, laying the foundation for the occurrence of chest pain. From the perspective of the Five Elements' mutual generation, the kidney belongs to water and the heart belongs to fire. Under normal circumstances, water and fire are in harmony. If kidney yin is deficient and cannot nourish the heart, it will lead to heart yin deficiency. This state of heart and kidney yin deficiency will further affect the function of the heart, causing abnormal circulation of qi and blood in the heart vessels, thereby triggering chest pain. In traditional Chinese medicine, blood stasis refers to a pathological state where blood circulation is not smooth and there is obstruction by blood clots. The formation of blood stasis is mainly related to factors such as qi deficiency, qi stagnation, cold blood, and hot blood. Qi deficiency leads to the inability to promote blood circulation, resulting in blood stasis; qi stagnation leads to poor qi movement, and since qi leads blood, when qi does not move, blood does not move either, forming blood stasis; cold blood causes blood to coagulate, and cold congeals the meridians, leading to poor blood circulation; hot blood causes blood to thicken, also resulting in blood stasis.

2.2 Pathogenesis of Yin Deficiency and Blood Stasis in Chest Obstruction

Yin deficiency refers to a pathological state where the body's Yin fluid is insufficient and unable to restrain Yang. In the "Ge Zhi Yu Lun" by Zhu Danxi of the Yuan Dynasty, it is mentioned: "In human life, the heart is fire and is located at the top; the kidney is water and is located at the bottom. Water can generate and fire can descend. One ascends and the other descends, without end, thus life persists." The heart's Yin and Yang and the kidney's Yin and Yang mutually restrain and warm each other. If kidney Yin is insufficient and unable to warm the other organs, the heart will lose nourishment, leading to dry and stagnant blood and causing chest obstruction and heart pain [4]. Professor Zhang Mingxue believes that the syndrome element of "heart Yin deficiency" runs throughout the course of coronary heart disease [5]. In the later stage of febrile diseases, although the heat pathogen has subsided, residual pathogenic factors continue to consume the body's Yin fluid. For instance, some patients may develop Yin deficiency after contracting febrile diseases such as influenza if they do not recuperate properly. Certain chronic diseases, such as diabetes, are considered in traditional Chinese medicine to have a basic pathogenesis of Yin deficiency and internal heat. Patients with long-term diabetes often have kidney Yin deficiency, which can affect heart Yin and be related to the occurrence of chest obstruction. When heart Yin is insufficient, the heart loses its nourishment. The heart governs the blood vessels, just as a river needs water to ensure the smooth passage of boats (blood). When the heart

vessels lack the nourishment of Yin fluid, their elasticity and flexibility decrease. Insufficient heart Yin can also lead to relatively excessive heart Yang, resulting in internal generation of false heat. False heat can disrupt the heart's function of governing the blood vessels, causing abnormal blood circulation. The false heat generated by Yin deficiency can scorch the blood, making it viscous. When blood viscosity increases, its fluidity decreases, and it is prone to forming blood stasis. Yin deficiency leads to insufficient heart Qi, weakening the heart's function of governing the blood vessels. Heart Qi is the driving force for blood circulation. Insufficient heart Qi is like an engine with insufficient power, unable to drive blood circulation normally, thus causing blood stasis in the heart vessels. Qi stagnation is also an important factor leading to blood stasis. In patients with chest obstruction, emotional distress not only leads to Yin deficiency but may also cause Qi stagnation. Qi leads the blood; Qi stagnation results in poor blood circulation and is prone to forming blood stasis. Cold invasion can also lead to blood stasis. If a patient has a constitutionally weak Yang or is exposed to cold for a long time, cold pathogen can invade the body. Cold has the property of contraction, which can cause blood vessels to constrict and lead to poor blood circulation and blood stasis. The harm of blood stasis in chest obstruction Once blood stasis forms, it will obstruct the heart vessels. After the heart vessels are blocked by blood stasis, the circulation of Qi and blood in the heart will be severely impeded. This can cause chest pain, which is often stabbing in nature and has a fixed location. This is a typical symptom of the Yin deficiency and blood stasis syndrome type of chest obstruction. Blood stasis obstruction also affects the nourishing function of the heart vessels on the heart. When the heart does not receive sufficient nourishment from Qi and blood, its function will further decline, such as presenting symptoms like palpitations and restlessness, and will aggravate the condition of chest obstruction. The mutual promotion of Yin deficiency and blood stasis. Yin deficiency leads to blood stasis, and once blood stasis forms, it further aggravates Yin deficiency. Blood stasis hinders the normal circulation of Qi and blood, affecting the distribution and generation of Yin fluid. When Yin fluid cannot reach the heart and other organs and tissues normally, it will further aggravate the degree of Yin deficiency. This mutual promotion relationship continuously cycles in the development of chest obstruction. For example, as the degree of Yin deficiency deepens, blood stasis becomes more severe; and the more severe the blood stasis, the more it aggravates Yin deficiency, thereby gradually worsening the condition of chest obstruction. In the pathogenesis of Yin deficiency and blood stasis in chest obstruction, Yin deficiency is the foundation and an internal factor for the onset of the disease. Due to various reasons leading to Yin deficiency, heart Yin becomes insufficient, which in turn affects the heart's function of governing the blood vessels and causes blood stasis. Blood stasis is a key link in the pathological process. It is not only the result of Yin deficiency but also aggravates Yin deficiency and directly leads to obstruction of the heart vessels and poor circulation of Qi and blood, thereby causing a series of symptoms of chest obstruction, such as chest pain and palpitations. The two mutually influence each other and jointly constitute the complex pathogenesis of Yin deficiency and blood stasis in chest obstruction. With the improvement of living standards, the intake of high-sugar and high-fat foods, smoking and drinking in daily life, and excessive work

pressure leading to anxiety cause internal false heat, impede blood circulation, and result in blood stasis due to yin deficiency, which blocks the blood vessels and leads to subsequent symptoms such as chest pain and chest tightness [6]. Gao Hui et al. believe that chest pain is a complex disease characterized by both deficiency and excess. The heart governs blood circulation. In the early stage, emotional imbalance or excessive mental work leads to the imbalance of qi, blood, yin and yang, qi depression turning into internal heat, and deficiency of body fluids and yin. In the later stage, internal false heat is generated, the meridians lose their moisture, blood circulation is impeded, and the heart meridians are blocked. The specific manifestations are chest pain, palpitations, and shortness of breath [7]. Long-term emotional distress, such as excessive anxiety, depression or anger, can cause liver qi stagnation. In traditional Chinese medicine theory, the liver governs the smooth flow of qi. Liver qi stagnation leads to qi depression turning into internal heat. Heat is a yang pathogen that easily damages yin fluids, resulting in liver yin deficiency. Since the liver and kidney are interrelated, liver yin deficiency can further affect kidney yin, which is the fundamental yin fluid of the human body. If kidney yin deficiency fails to nourish the heart, it will cause heart yin deficiency. For example, in modern society, many people are under great work pressure and are in a state of tension and anxiety for a long time, which easily leads to liver qi stagnation turning into internal heat and damaging yin, thereby affecting heart yin. Excessive physical or mental labor will consume the body's qi, blood and yin fluids. If not properly nourished in time, it can easily lead to yin deficiency. Excessive consumption of spicy, hot, and greasy foods, such as chili peppers and fried foods, can generate internal heat in the body. The continuous scorching of yin fluids by heat pathogens leads to their deficiency. At the same time, long-term heavy drinking also damages yin because alcohol is warm in nature and easily promotes heat and internal fire, scorching yin fluids.

3. Summary of Treatment Methods for the Syndrome of Chest Distress with Yin Deficiency and Blood Stasis

3.1 Therapeutic Methods and Prescriptions

3.1.1 Tonifying qi and nourishing yin, promoting blood circulation and removing blood stasis

Tonifying qi and nourishing yin, promoting blood circulation and removing blood stasis is used to treat deficiency of heart qi, insufficiency of yin and blood, dryness of the meridians, obstruction by blood stasis, and obstruction of the heart meridians, resulting in chest pain and heart pain. The main symptoms include stabbing pain in the chest, intermittent pain, palpitations, shortness of breath, worsening with movement, fatigue, low voice, pale complexion, easy sweating, deep red tongue, thin white coating, and weak, thin, and slow pulse or intermittent pulse. Chen Liping believes that the syndrome of yin deficiency and blood stasis in chest pain is often due to deficiency of liver and kidney yin and insufficiency, accompanied by hyperactivity of liver yang. Through clinical research and comparison, it was found that the total effective rate of Ziqian Tongmai Decoction was significantly higher than that of conventional Western medicine treatment [8].

Xuefu Zhuyu Decoction has the effects of dilating blood vessels and anti-hypoxia in Western medicine, which can improve the hypoxic state of the myocardium and promote the repair of damaged myocardium [9]. The peach kernel, safflower, and angelica in Taohong Siwu Decoction can increase the ejection fraction of the coronary artery, improve myocardial ischemia, and enhance anticoagulant ability [10]. The main ingredient of Jiawei Siwu Decoction, *Rehmannia glutinosa*, can nourish yin and blood, and the auxiliary ingredient, *Salvia miltiorrhiza*, can remove blood stasis and promote blood circulation, reduce myocardial oxygen consumption, and improve cardiac function [11]. The musk, cinnamon, and bezoar in Shexiang Baixin Pill can strengthen the heart, tonify qi, promote blood circulation and remove blood stasis, regulate lipid levels, protect the vascular wall, dilate arterial blood vessels, and increase myocardial blood volume [12].

3.1.2 Nourishing yin and promoting blood circulation, clearing heat and detoxifying

The main symptoms include stabbing pain in the chest, fixed pain location, intermittent pain, shortness of breath, fatigue, soreness and weakness in the waist and knees, pale red tongue, thin yellow coating, and deep, thin pulse. Nourishing yin and promoting blood circulation, clearing heat and detoxifying is used to treat long-term blood stasis that generates heat, burns the yin fluid of the meridians, and causes interlocking of blood stasis and heat, obstructing the heart meridians. Professor Tang Shuhua, based on clinical experience and academic thought, summarized the therapeutic principle for the syndrome of yin deficiency and blood stasis in chest pain as nourishing yin and promoting blood circulation, clearing heat and detoxifying, and self-developed Luhuang Granules to effectively relieve symptoms [13]. Luhuang Granules have significant therapeutic effects on unstable angina pectoris, improving cardiac function, and lipid metabolism. After treatment with this formula, it can reduce plasma cholesterol levels, enhance vascular dilation, reduce myocardial oxygen consumption, and strengthen myocardial contractility [14]. Wen Dan Decoction can regulate qi and remove blood stasis, stabilize atherosclerotic plaques in coronary arteries, and relieve myocardial injury and fibrosis [15]. The ginger-fried licorice, *atractylodes*, and ginseng in Li Zhong Decoction can warm and tonify the middle jiao, lower lipid levels, delay plaque progression, and reduce cardiac load [16].

3.2 Acupuncture and Massage

CLiu Xueying et al. found through data collection and comparison that acupuncture can relieve coronary artery spasm and increase blood flow by adjusting the levels of TXB₂ and 6-keto-PGF_{1α}, thereby alleviating symptoms such as chest pain. Acupuncture at Neiguan (PC6) can prevent vascular spasm and thrombosis and inhibit the growth of vascular smooth muscle cells [17]. Sun Wei et al. believe that Neiguan is a Xi-Cleft point of the Pericardium Meridian and can promote blood circulation and relieve pain. When combined with moxibustion, selecting Shanzhong (CV17), Zusanli (ST36), and Geshu (BL17), which are commonly used for health preservation, moxibustion can tonify qi and blood and assist yang qi. Geshu is the Sea of Blood and has the effect of promoting blood circulation and removing blood

stasis, making it effective for chest pain due to yin deficiency and blood stasis [18]. Xu Guiqin's clinical research found that acupuncture at Jueque (CV14), Neiguan (PC6), Xinshu (BL15), and Jueyinshu (BL14) can increase blood flow, regulate the zang-fu organs, improve coronary artery blood flow, protect myocardial tissue, promote myocardial cell perfusion, inhibit inflammation, and protect vascular endothelium [19].

3.3 Moxibustion and Acupoint Application

Han Taiyu observed the clinical efficacy of traditional Chinese medicine decoctions combined with acupoint application and found that the combination of traditional Chinese medicine decoctions and acupoint application had a better therapeutic effect on relieving patients' disease pain. It was also discovered that acupoint application could not only reduce the whole blood viscosity ratio, plasma viscosity ratio, and erythrocyte aggregation ratio of patients with unstable angina pectoris, making the blood less viscous than when they were ill, thus increasing blood flow and reducing the pressure on the heart, thereby reducing the myocardial oxygen consumption, but also dilate the coronary arteries of the heart and significantly reduce blood flow resistance, thereby further promoting cardiovascular health [20]. Chen Yanjuan selected Xinshu (BL15), Neiguan (PC6), and the back-shu points of the heart, and applied corresponding drugs to these specific acupoints, continuously providing stimulation to activate the qi of the meridians, thereby achieving the effect of regulating the qi, blood, yin, and yang of the zang-fu organs and unblocking the heart meridian [21].

4. Case Analysis

Patient: Female, 64 years old. First visit date: May 7, 2021. Onset season: Two days after the Start of Summer. Chief complaint: Intermittent chest tightness and chest pain for 8 years, with aggravation in the past half year. Current medical history: The patient experienced intermittent chest tightness without obvious inducement 8 years ago, occasionally with compressive pain behind the sternum, lasting for several minutes. The symptoms could be relieved by rest or taking "Compound Danshen Dropping Pills". She was treated at Xijing Hospital, where a cardiac color Doppler ultrasound showed "arteriosclerosis". She was given medication (details unknown), and the above symptoms occurred intermittently since then. She has been taking "Shuangdan Capsules, Compound Danshen Dropping Pills, Tongxinluo Capsules", etc. for a long time. Four years ago, a coronary CT scan at Xijing Hospital showed multiple atherosclerotic plaques in the coronary arteries (specific degree of stenosis unknown). In the past half year, the frequency of chest tightness and shortness of breath has increased, and the duration has prolonged, ranging from 10 minutes to several hours. Her hands and feet are cold, she feels dizzy, has a good appetite, but has poor sleep and wakes up easily. Tongue and pulse: Pale and swollen tongue, red tip, thin white coating, and taut and thin pulse. Diagnosis: Traditional Chinese Medicine: Chest Bi (Yin deficiency and blood stasis syndrome). Western Medicine: Coronary heart disease (unstable angina pectoris). Treatment principle: Tonify qi and nourish yin, resolve phlegm and remove blood stasis. Prescription: Modified Yangxin Huoxue Decoction: 30g of *Pseudostellaria*

heterophylla, 15g of *Ophiopogon japonicus*, 10g of *Schisandra chinensis*, 10g of *Citrus reticulata*, 30g of *Salvia miltiorrhiza*, 3g of *Notoginseng* powder (to be taken with water), 18g of *Trichosanthes kirilowii* peel, 24g of *Allium tuberosum*, 8g of *Cinnamomum cassia*, 15g of *Drynaria fortunei*, 15g of *Poria cocos*, 15g of *Acorus tatarinowii*, 15g of *Polygala tenuifolia*, 30g of *Lilium brownii*, 15g of *Lotus seed*, 10g of *Myristica fragrans*, 15g of *Psoralea corylifolia*. 6 doses, decocted in water, take 400ml of the decoction, divided into two doses, once a day. Second visit: After taking the above prescription, the symptoms of chest tightness and chest pain were relieved, the discomfort in the precordial area was shortened, the hands and feet gradually warmed up, and there was a slight sweat on the palms and soles. Occasionally, she had tinnitus and a feeling of numbness in the head. Her sleep was shallow and she woke up easily. Her appetite was good, and her bowel movements were regular. The tongue was pale and swollen, the coating was thin and greasy, and the pulse was taut and thin. The prescription was effective, so it was not changed. The above prescription was modified by removing *Acorus tatarinowii* and adding 30g of *Pueraria lobata*, 15g of *Anemarrhena asphodeloides*, 8g of *Coptis chinensis*, and 15g of *Bombyx batryticatus*. 6 doses, decocted in water, take 400ml of the decoction, divided into two doses, once a day. Third visit: After taking the medicine, the symptoms of chest tightness, chest pain, and shortness of breath were significantly relieved, the numbness in the head improved, the hands and feet were no longer cold, but she still had tinnitus and a stiff neck. Her appetite and sleep were good, and her bowel movements were regular. The tongue was pale red, the coating was thin and white, and the pulse was moderate and forceful. The prescription was effective, so it was not changed. The above prescription was modified by adding 8g of *Pteris vittata*, 6g of *Cicada slough*, and 2 pieces of *Centipede*. 6 doses, decocted in water, once a day. Fourth visit: After taking the medicine, the symptoms of chest tightness and shortness of breath did not occur again, and tinnitus occurred occasionally. The tongue was pale red, the coating was thin and white, and the pulse was moderate and forceful. The above prescription was modified by adding 18g of *Bombyx batryticatus* and 0.6g of *Pearl powder* (to be taken with water). 6 doses, decocted in water, take 400ml of the decoction, divided into two doses, once a day. The patient recovered after taking the medicine. Comment: This case involves an elderly female with deficiency of primordial qi, insufficiency of qi and yin, qi deficiency leading to poor blood circulation, accumulation of phlegm and dampness, and intermingling of phlegm and blood stasis. Insufficiency of primordial qi leads to the loss of warming by the kidney, resulting in cold hands and feet. Insufficiency of heart yin leads to restlessness of the heart spirit, causing insomnia and palpitations. Insufficiency of kidney yin leads to dysfunction of the ears and the two orifices, resulting in tinnitus. This disease falls within the category of "Chest Bi" and "Tinnitus" due to insufficiency of qi and yin and intermingling of phlegm and blood stasis. The treatment should focus on tonifying qi and nourishing yin, promoting blood circulation and resolving phlegm. The first visit provided the Yangxin Huoxue Decoction to tonify qi and nourish yin, promote blood circulation and resolve phlegm. *Trichosanthes kirilowii* peel and *Allium tuberosum* were added to promote the dispersion of qi and relieve chest tightness. *Cinnamomum cassia*, *Drynaria fortunei*, and *Psoralea corylifolia* were added to warm yang and promote

circulation. *Poria cocos*, *Acorus tatarinowii*, *Polygala tenuifolia*, *Lilium brownii*, and *Lotus seed* were added to nourish the heart and calm the spirit. The second visit saw the recovery of yang qi, and *Pueraria lobata*, *Anemarrhena asphodeloides*, *Coptis chinensis*, and *Bombyx batryticatus* were added to relieve muscle tension and pain, nourish yin and generate body fluids, clear residual heat, and remove wind and promote circulation. The third visit saw the relief of chest tightness, but tinnitus persisted. On the basis of the original prescription, *Pteris vittata*, *Cicada slough*, and *Centipede* were added to promote blood circulation and remove blood stasis. The fourth visit added *Bombyx batryticatus* and Pearl powder to remove wind and calm the spirit. After the removal of wind and phlegm, qi and yin were restored, chest yang was unobstructed, and the chest tightness was relieved.

5. Summary

Modern scientific research has gradually delved deeper into the efficacy of traditional Chinese medicine. Through research methods such as pharmacology, pharmacodynamics, and medicinal chemistry, many traditional Chinese medicines have been found to have effects such as promoting blood circulation and removing blood stasis, nourishing yin and enriching blood, and harmonizing yin and yang, which are consistent with the pathological mechanism of chest pain due to yin deficiency and blood stasis. Further research and development of traditional Chinese medicine formulas are expected to improve the therapeutic effect on chest pain. Traditional Chinese medicine emphasizes syndrome differentiation and individualized treatment based on the specific symptoms and physical characteristics of patients. It focuses on adjusting the overall balance of yin and yang and the circulation of qi and blood to improve heart function and alleviate symptoms. Although traditional Chinese medicine shows potential in treating chest pain, further scientific research and clinical verification are still needed. In the future, through clinical research, basic scientific research, and the application of modern technological means, the mechanism of action of traditional Chinese medicine in the treatment of chest pain can be explored to improve therapeutic efficacy and rationally combine it with modern medicine to achieve better treatment outcomes.

References

- [1] Zhou Yuanyuan, Pan Yihui, Kong Dezhaoh. Theoretical research on the treatment of chest obstruction from the perspective of heart, spleen, and kidney [J]. *Asia Pacific Traditional Chinese Medicine*, 1-4.
- [2] Chang Lijiao. Clinical study on Huangqi Yangxin Decoction in treating type 2 diabetes cardiomyopathy with yin deficiency and blood stasis syndrome [J]. *Guangming Traditional Chinese Medicine*, 2023, 38 (12): 2316-2319.
- [3] Yu Jing, Liu Miao, Wang Limin, et al. National renowned traditional Chinese medicine practitioner Zhang Jingsheng's experience in treating coronary heart disease based on the theory of qi yin dual injury and phlegm qi obstruction [J]. *Liaoning Journal of Traditional Chinese Medicine*, 2022, 49 (06): 44-47.
- [4] Wei Yumeng, Zhang Mingxue. A Preliminary Analysis of Treating Coronary Heart Disease Combined with Hypertension from the Perspective of the Five Organs. *Journal of Liaoning University of Traditional Chinese Medicine*, 2022, 24 (05): 92-95.
- [5] Yang Bo, Shi Yina, Chen Jinfeng, Lei Zhongyi. Exploration of Yin Deficiency Caused by Phlegm Stasis in Coronary Heart Disease by Master Lei Zhongyi of Traditional Chinese Medicine [J]. *Journal of Modern Integrated Traditional Chinese and Western Medicine*, 2022, 31 (22): 3151-3154.
- [6] Shi Yina, Chen Jinfeng, Yang Bo, Lei Zhongyi. Exploration of the Treatment of Qi Deficiency Syndrome Caused by Phlegm Stasis Interaction in Coronary Heart Disease by National Medical Master Lei Zhongyi [J]. *Journal of Liaoning University of Traditional Chinese Medicine*, 2023, 25 (05): 127-130.
- [7] Gao Hui, Wang Qingsheng, Xia Yumo, et al. Analysis of the Distribution Characteristics of Traditional Chinese Medicine Syndrome Elements in Coronary Heart Disease Patients of Different Age Groups [J]. *World Science and Technology - Modernization of Traditional Chinese Medicine*, 1-8.
- [8] Chen Liping. Clinical Observation of Ziqian Tongmai Tang in the Treatment of Unstable Angina Pectoris with Yin Deficiency and Blood Stasis Syndrome in Coronary Heart Disease [J]. *Guangming Traditional Chinese Medicine*, 2019, 34 (15): 2276-2278.
- [9] Bi Xintong. Observation on the effect of Jiawei Xuefu Zhuyu Tang combined with conventional Western medicine in the treatment of acute myocardial infarction patients with qi deficiency and blood stasis syndrome [J]. *Doctor of Medicine*, 2024, 9 (24): 68-71.
- [10] Xiao Zuo. Clinical efficacy observation of Chaihu Shugan San combined with Taohong Siwu Tang modified in the treatment of coronary heart disease (Qi stagnation and blood stasis syndrome) with reduced coronary flow reserve fraction [D]. *Chengdu University of Traditional Chinese Medicine*, 2023.
- [11] Zhang Dongtao. Clinical Observation of Modified Siwu Decoction Combined with Nitroglycerin in the Treatment of Unstable Angina Pectoris [J]. *Guangming Traditional Chinese Medicine*, 2022, 37 (21): 3958-3960.
- [12] Jia Shilei. Clinical Observation on the Treatment of Coronary Heart Disease Angina Pectoris with Yiqi Ziyin Bushen Decoction Assisted by Musk Baixin Pill [J]. *Guangming Traditional Chinese Medicine*, 2021, 36 (07): 1038-1040.
- [13] Ma Meixia, Wang Zhenxing. Professor Tang Shuhua's clinical experience in using ointment formula to treat chest obstruction of yin deficiency and blood stasis type [J]. *Clinical Research in Traditional Chinese Medicine*, 2022, 14 (09): 25-27.
- [14] Liu Ning, Ai Ying, Liu Jian. The therapeutic effect of Luhuang granules combined with isosorbide mononitrate on unstable angina pectoris in coronary heart disease and its impact on patients' cardiac function and lipid metabolism [J]. *Shaanxi Traditional Chinese Medicine*, 2023, 44 (01): 64-67.
- [15] Lu Jia. Differential expression of microRNA in patients with unstable angina pectoris and phlegm turbidity syndrome of coronary heart disease and the intervention

- mechanism of Wendan Tang [D]. Nanjing University of Traditional Chinese Medicine, 2024.
- [16] Tian Jiaqi. Clinical Observation of Gualou Xiebai Banxia Decoction Combined with Guizhi Lizhong Decoction in the Treatment of Stable Angina Pectoris with Phlegm Turbidity and Obstruction Syndrome [D]. Changchun University of Traditional Chinese Medicine, 2024.
- [17] Liu Xueying, Liang Fanrong. Research progress in the treatment of coronary heart disease angina pectoris with acupuncture and moxibustion [J]. Modern Distance Education of Chinese Medicine, 2024,22 (01): 165-168.
- [18] Sun Wei, Sun Qiuyue, Xu Miao. Yangxin Pingmai Decoction combined with acupuncture and moxibustion in the treatment of chest pain due to qi yin deficiency and blood stasis and its effect on patients' TCM symptoms and ECG indicators [J]. Shaanxi Traditional Chinese Medicine, 2023,44 (09): 1308-1311.
- [19] Xu Guiqin, Zha Bixiang, Si Xiaohua, et al. Exploring the application of acupuncture and moxibustion in the treatment of coronary heart disease and angina pectoris based on CNKI [J]. Inner Mongolia Traditional Chinese Medicine, 2022,41 (07): 163-167.
- [20] Han Taiyu. Clinical Observation on the Treatment of Unstable Angina Pectoris with Mild Anxiety State by Ganyu Xingzhi Decoction Combined with Acupoint Application [D]. Changchun University of Traditional Chinese Medicine, 2024.
- [21] Chen Yanjuan, Zhong Punan, Han Gao. Clinical study on the combination of Yiqi Tongmai Lishui Tang and acupoint application for the treatment of coronary heart disease with heart failure [J]. Modern Distance Education of Traditional Chinese Medicine in China, 2023, 21 (20): 85-88.