

Professor Gao Chaobing's Clinical Experience in Treating Childhood Allergic Rhinitis by the Therapeutic Method of Simultaneously Treating the Lung and Spleen

Huacheng Zhang¹, Chaobing Gao^{1,2,*}

¹Anhui University of Chinese Medicine, Hefei 230031, Anhui, China

²The First Affiliated Hospital of Anhui Medical University, Hefei 230031, Anhui, China

*Correspondence Author, 2826686704@qq.com

Abstract: *With the transformation of modern lifestyles and the impact of environmental factors, the prevalence of allergic rhinitis in children has been increasing annually. Under allergen stimulation, the nasal mucosa exhibits abnormal immune responses, leading to mucosal swelling, increased secretions, and symptoms such as frequent sneezing, nasal itching, and congestion, which severely disrupt children's daily life and academic performance. Traditional Chinese Medicine (TCM) posits that children's physiological characteristics manifest as "frequent lung insufficiency and spleen deficiency." The lung governs the skin and hair, and opens into the nose. Lung qi deficiency weakens the defensive capacity, allowing external pathogens to invade and interact with latent phlegm or heat in the body. This results in a syndrome characterized by lung deficiency as the root cause and wind pathogens or latent pathogens as the superficial manifestations, forming the pattern of "lung deficiency with lingering pathogens." Based on Chief Physician Gao Chaobing's years of clinical expertise and unique insights into treating pediatric allergic rhinitis, this article explores the TCM theoretical framework to identify the diagnostic evidence and therapeutic principles for the "lung deficiency with lingering pathogens" syndrome in childhood allergic rhinitis. The aim is to provide innovative TCM strategies and practical treatment approaches for clinical management, thereby enhancing the efficacy of TCM diagnosis and treatment for pediatric allergic rhinitis.*

Keywords: Therapeutic Method of Simultaneously Treating the Lung and Spleen, Allergic Rhinitis.

1. Introduction

Allergic rhinitis (AR), also known as allergic rhinitis, is a chronic inflammatory disease of the nasal mucosa triggered by type I hypersensitivity reactions mediated by immunoglobulin E (IgE). Typical symptoms include paroxysmal and continuous sneezing, nasal itching, increased watery secretions, and intermittent nasal congestion caused by nasal mucosal edema. Some patients are accompanied by manifestations such as pharyngeal irritation, nocturnal cough, and conjunctival congestion. Research shows that AR is not only a local inflammatory reaction but can also serve as the starting point of the systemic allergic process, significantly increasing the risk of developing asthma, chronic sinusitis, and secretory otitis media. In severe cases, there may even be physical and mental comorbidities such as sleep disorders, decreased attention, and anxiety and depression [1].

Currently, the primary treatment regimens in clinical practice mainly consist of nasal glucocorticoids combined with second-generation antihistamine drugs, supplemented by leukotriene modifiers. Although these treatments can quickly relieve symptoms, long-term use may lead to problems such as nasal dryness, drug-induced rhinitis, and hormone-related metabolic abnormalities [2]. There is an urgent need to explore more precise targeted treatment strategies.

AR falls within the categories of "Bi Qiu" and "Qiu Ti" in traditional Chinese medicine (TCM). Its pathogenesis is based on the deficiency of the three viscera of the lung, spleen, and kidney, with the invasion of external pathogenic factors such as wind, cold, and dampness as the secondary aspects. The classic document "Lingshu · Benshen" states that "When the

lung qi is deficient, the nasal cavity is blocked and uncomfortable." "Suwen · Xuanming Wuqi" emphasizes that "The kidney is related to yawning and sneezing." "Zhu Bing Yuan Hou Lun" further elaborates that "The lung qi is connected to the nose. If the lung is cold, the coldness enters the nose along with the qi, so the nasal discharge cannot be controlled by itself." Clinically, there are commonly four syndrome types: wind-cold syndrome of the lung meridian, latent heat syndrome of the lung meridian, deficiency of both lung and spleen qi syndrome, and deficiency of both lung and kidney yang syndrome. The treatment is guided by the principle of strengthening the healthy qi and eliminating pathogenic factors, which includes therapies such as traditional Chinese medicine (such as Yupingfeng San and Jinkui Shenqi Wan), acupuncture and moxibustion, and acupoint application [3]. Professor Gao Chaobing combines the characteristics of traditional Chinese medicine and Western medicine treatment, and integrates the concept of holistic syndrome differentiation and treatment in traditional Chinese medicine throughout the entire treatment process. By treating the lung and spleen simultaneously, he has achieved remarkable clinical results.

2. Physiological Basis: The Coordination between the Lung and Spleen Maintains the Function of the Nasal Orifice

2.1 The Lung Governs the Nasal Orifice and Is Responsible for Defending the Body Externally

It is recorded in "Suwen · Jinkui Zhenyanlun" that "It enters and connects with the lung, and the orifice is the nose." The

lung qi disperses the defensive qi to the body surface, forming a “defensive barrier” to resist the invasion of external pathogenic factors (such as pollen and dust mites). Modern research shows that the function of the lung’s defense is closely related to the immunity of the nasal mucosa (such as the secretion of sIgA and the movement of cilia). In individuals with deficiency of lung qi, the local IgE level in the nasal cavity significantly increases, and inflammatory cells differentiate, causing the body to enter a sensitized state [4].

2.2 The Spleen Governs Transportation and Transformation, Nourishing Lung Qi

The Spiritual Pivot: Formation of Nutritive and Defensive Qi* states: “Humans receive qi from grains; grains enter the stomach... The clear [portion] forms nutritive qi (ying), while the turbid [portion] forms defensive qi (wei).” The spleen transports and transforms water-grain essences to the lung, generating defensive qi. Spleen deficiency results in insufficient production of defensive qi, weakening the nasal mucosa’s defensive capacity, manifesting as recurrent sneezing and spontaneous clear nasal discharge. Furthermore, within the Five Phase framework, the spleen (earth) and lung (metal) share a mother-child organ relationship. A disorder in the child organ (spleen) may affect the mother organ (lung), ultimately leading to dual deficiency of both lung and spleen.

3. Pathological Correlation: Core Pathogenesis of AR Due to Lung-Spleen Disharmony

3.1 Dual Deficiency of Lung and Spleen, Impaired Defensive Exterior

Lung qi deficiency: Insufficient defensive yang and loose interstices allow wind pathogens to invade the nasal orifices, triggering nasal itching and sneezing during acute episodes. Spleen qi deficiency: Impaired fluid distribution leads to dampness accumulating into phlegm, resulting in persistent nasal congestion and discharge during remission.

3.2 Endogenous Phlegm-Dampness Obstructing Nasal Collaterals

Spleen deficiency generates dampness, while impaired lung diffusion and descent prevents proper fluid metabolism. Phlegm-dampness ascends along the meridians to obstruct the nasal passages, forming the pathological product of “latent phlegm”

3.3 Root Deficiency with Superficial Excess

Internal factors such as food stagnation and phlegm-fluid retention combine with external wind pathogen invasion, manifesting as excess patterns such as nasal discharge, sneezing, and congestion [5].

In summary, Professor Gao, based on the theory of “Disorder of Taiyin Qi Transformation,” advocates that the treatment of this disease should be guided by the principle of “simultaneously regulating the lung and spleen, and cultivating the earth to generate metal,” emphasizing that “a healthy spleen ensures the rise of clear yang, and a serene lung

ensures the descent of turbid yin.” In clinical practice, the fundamental treatment strategy is to “strengthen the middle burner and transform dampness to dispel turbidity,” supplemented by the symptomatic treatment method of “expelling wind and evil, and unblocking the nasal collaterals,” achieving the integrated effect of “resolving both the exterior and interior, treating both the symptoms and the root cause.” The core lies in reconstructing the physiological axis of “the spleen earth generating the lung metal,” which not only eliminates the disturbance of wind-phlegm in the local nasal cavity but also secures the source of endogenous damp-turbidity in the viscera, aligning with the academic essence of “treating nasal diseases by focusing on the middle burner.”

4. Clinical Case Report

Patient Li, a 9-year-old girl, visited the clinic in October 2023 due to “recurrent nasal itching and frequent sneezing for over 2 years, aggravated by cold exposure.” Two years prior, she experienced nasal itching and paroxysmal sneezing, particularly noticeable in the morning, during seasonal changes. She was diagnosed with allergic rhinitis at another hospital and treated with loratadine and mometasone furoate nasal spray, which temporarily alleviated the symptoms but led to recurrence upon exposure to wind and cold. One week before the visit, a sudden drop in temperature exacerbated her nasal itching, with sneezing occurring more than 20 times daily, accompanied by clear nasal discharge and nighttime nasal congestion, but no wheezing or fever. She was prone to catching colds, experiencing them monthly, and had poor appetite and loose stools twice a day. Her medical history included infantile eczema, and her father had allergic rhinitis. Physical examination revealed pale and swollen nasal mucosa, hypertrophic inferior turbinates (bilateral ++), clear and thin nasal secretions, a pale and swollen tongue with tooth marks, thin white and slippery tongue coating, and a soft, fine pulse. Allergy testing showed a strong reaction to house dust mites (+++), and nasal resistance was measured at 0.48 Pa/cm³/s. The TCM diagnosis was nasal obstruction (lung-spleen qi deficiency syndrome). She was prescribed a modified version of Yupingfeng San combined with Shenling Baizhu San, including roasted Astragalus root 12g, Atractylodes macrocephala 10g, Saposhnikovia root 6g, Codonopsis pilosula 8g, Poria 12g, Chinese yam 15g, Magnolia flower 6g, Xanthium sibiricum 5g, Tangerine peel 6g, Cinnamon twig 4g, Euryale seed 10g, and roasted licorice root 3g. This was complemented with acupoint application at Feishu and Pishu (using Astragalus powder, white mustard seed, and Asarum) and thunder-fire moxibustion at the Yingxiang point. After one week of treatment, sneezing reduced to 5-8 times daily, and nasal discharge halved. After two weeks, the turbinate edema subsided, and she continued with Yupingfeng granules and Jianpi Bazhen cake for three months to consolidate the treatment. A six-month follow-up showed no recurrence, a weight gain of 1.5kg, and formed stools.

5. Reflection

The recurrent episodes of nasal obstruction in this pediatric case fundamentally stem from a deficiency in both the lung and spleen, presenting a pattern of root deficiency and superficial excess. Insufficiency of lung qi leads to a failure in defensive exterior functions, allowing wind pathogens to

invade the nasal passages, resulting in symptoms such as nasal itching and sneezing that worsen with cold exposure. Deficiency in spleen qi impairs its transportation and transformation functions, causing internal accumulation of dampness that transforms into phlegm, which ascends to the nasal orifices, leading to profuse nasal discharge and pale, swollen nasal mucosa. This condition intertwines “deficiency” (lung-spleen qi deficiency), “phlegm” (internal damp-turbidity), and “wind” (external pathogen invasion). Treating only the symptoms by unblocking the orifices while neglecting to strengthen the spleen to benefit the lung can easily trap the patient in a vicious cycle of “symptom relief followed by cessation of medication and subsequent relapse.” Professor Gao’s approach, based on simultaneous treatment of the lung and spleen, uses Yupingfeng San combined with Shenling Baizhu San as the foundational formula. Astragalus, *Atractylodes macrocephala*, and *Codonopsis pilosula* are used to tonify the lung and spleen, while *Poria*, Chinese yam, and *Euryale* seed strengthen the spleen and drain dampness. *Magnolia* flower and *Xanthium sibiricum* expel wind and unblock the orifices, thereby securing the middle burner to cut off the source of phlegm-dampness and invigorating defensive yang to ward off external pathogens. Addressing the modern pediatric issue of overconsumption of rich and sweet foods leading to food accumulation and heat transformation, Tangerine peel is added to regulate qi and relieve stagnation, and Cinnamon twig to warm yang and transform fluids, subtly aligning with the principle of “treating phlegm by first treating qi.” External treatments include acupoint application to stimulate meridian qi and thunder-fire moxibustion to warm and unblock the nasal collaterals, combining internal and external therapies to break the pathological cycle of “deficiency-phlegm-wind.”

In the treatment, special attention must be paid to the “susceptibility to deficiency and excess” characteristic of children’s constitutions. The use of harsh and aggressive medications should be avoided. This case primarily employs sweet and warm, mild-natured herbs, supplemented with dietary therapies such as ginger and jujube tea and Sishen Tang (Four Spirits Decoction). This approach avoids the risk of bitter-cold herbs damaging the stomach while also enhancing the spleen and stomach’s transformative and transportive functions. Observations of therapeutic efficacy indicate that after symptom control, continued consolidation treatment for three months significantly improves the constitution (evidenced by weight gain and formed stools). This confirms that the “simultaneous treatment of the lung and spleen” is not an overnight achievement but requires gradual and progressive nurturing. It is not merely about mechanically combining lung-tonifying and spleen-strengthening herbs; the key lies in grasping the dynamic of “spleen ascending and lung descending.” By regulating the pivotal functions of the middle burner, the physiological norm of clear yang ascending to nourish the nasal orifices and turbid yin descending to be excreted through urine and stool can be restored, thereby achieving the long-term goal of “curing the disease and preventing recurrence.”

References

- [1] MOU Y K, WANG H R, ZHANG W B, et al. Allergic rhinitis and depression: profile and proposal[J]. *Front Psychiatry*, 2022, 12: 820497. *Front Psychiatry*, 2022, 12:820497.
- [2] MAO D, HE Z, LI L, et al. Recent progress in traditional Chinese medicines and their mechanism in the treatment of allergic rhinitis[J]. *J Healthc Eng*, 2022, 2022:3594210.
- [3] Zhao Xia, Zhang Jie, Qin Yanhong, et al. Guidelines for the diagnosis and treatment of allergic rhinitis in children with integrated Chinese and Western medicine[J]. *Journal of Nanjing University of Chinese Medicine*, 2023, 39(03): 274-284. DOI:10.14148/j.issn.1672-0482.2023.0274.
- [4] Li Xuyang, Zhang Peng, Yin Xiaoxuan. Clinical effect analysis of the combination of traditional Chinese medicine modified Shenping Decoction and conventional treatment for the treatment of allergic rhinitis of lung and spleen qi deficiency type[J]. *Chinese and Foreign Medical Treatment*, 2024, 43(33): 179-182. DOI:10.16662/j.cnki.1674-0742.2024.33.179.
- [5] He Xin, Chen Guo. Chen Guo's experience in treating allergic rhinitis in children with lung and spleen deficiency type using Jianpi Tongqiao prescription combined with smokeless moxibustion[J]. *Hunan Journal of Traditional Chinese Medicine*, 2020, 36(09): 30-31. DOI: 10.16808/j.cnki.issn1003-7705.2020.09.012.

Author Profile

Huacheng Zhang female, a postgraduate student currently enrolled. Research direction: The prevention and treatment of otorhinolaryngological diseases by integrated traditional Chinese and Western medicine.

Chaobing Gao Chief Physician and Professor at the First Affiliated Hospital of Anhui Medical University. Email: 2826686704@qq.com