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Treating Chronic Hypertrophic Pharyngitis from the Perspective of "Spleen-Stomach Heat Accumulation-Phlegm-Blood Stasis Intermingling"

Houshu Tu[1], Menglin Chen[1], Panpan Zhu[2], Chengcheng Deng[1], Jing Hong[1]*

[1]The Affiliated Hospital of Jiangxi University of Chinese Medicine, Nanchang 330006, Jiangxi, China

[2]Jiangxi University of Chinese Medicine, Nanchang 330004, Jiangxi, China

**Corresponding author: Jing Hong, 285033995@qq.com*

Abstract

Objective: To summarize Professor Deng Chengcheng, a renowned Traditional Chinese Medicine (TCM) physician in Jiangxi Province, experience in treating chronic hypertrophic pharyngitis (CHP) by addressing both the root cause and the symptoms (Biao Ben Tong Zhi) from the perspective of "Spleen-Stomach Heat Accumulation and Phlegm-Blood Stasis Intermingling." *Methods:* Proposed the core pathogenesis of "Spleen-Stomach Heat Accumulation being the initiating cause, Phlegm-Blood Stasis Intermingling being the pathological outcome", and established a stage-based treatment system: Acute stage/ Spleen-Stomach Heat Accumulation: Clearing Stomach and Purging Heat; Protracted stage/Phlegm-Blood Stasis Intermingling: Dispersing Masses and Breaking Stasis; Remission stage/Spleen Deficiency with Lingering Stasis: Fortifying the Spleen and Consolidating the Root. *Results:* This protocol, by clearing the Spleen-Stomach to cut off the heat source and breaking phlegm-stasis to eliminate the pathological form and substance, combined with strict dietary management, significantly improved pharyngeal hyperplastic lesions. *Conclusion:* The system of "Regulating Spleen-Stomach-Dispelling Phlegm-Stasis-Emphasizing Dietary Restrictions" constructed by Professor Deng Chengcheng, innovatively integrating pathogenesis theory and external treatment techniques, provides an effective solution for the root-and-symptom concurrent treatment (Biao Ben Tong Zhi) of CHP.

Keywords

Chronic hypertrophic pharyngitis

Spleen-stomach heat accumulation

Phlegm-blood stasis intermingling

Root-and-symptom concurrent treatment

Stage-based treatment

Pecking therapy (Zhuo zhi fa)

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1. Introduction

Chronic hypertrophic pharyngitis (CHP), also known as chronic hyperplastic pharyngitis, often develops secondary to chronic simple pharyngitis. Its core pathological features are hyperplasia of submucosal lymphoid tissue, hypertrophy of connective tissue, and vasodilation, belonging to hyperplastic structural changes [1–2]. Clinically, it is primarily characterized by discomfort such as pharyngeal foreign body sensation, burning pain, and dryness, significantly reducing the patient's quality of life [3].

Traditional Chinese Medicine (TCM) categorizes CHP under " 喉痹 (Hóu bì)" and " 梅核气 (Méi hé qì)", with its pathogenesis centered on " 本虚标实 (Běn xū biāo shí)" (Root Deficiency and Manifestation Excess):

Root Deficiency (Běn xū): Deficiency of Lung/Spleen/Kidney (e.g., Yin deficiency of Lung and Kidney, Spleen-Stomach weakness, Kidney Yang deficiency) [4–5];

Manifestation Excess (Biāo shí): Intermingling of Phlegm/Stasis/Heat (with phlegm congelation and blood stasis being particularly prominent) [4].

However, clinical observations reveal that single therapeutic approaches (such as solely nourishing Yin, supplementing Qi, warming Yang, or resolving stasis) often yield suboptimal efficacy and can lead to protracted and recurrent disease, highlighting the limitations of traditional syndrome differentiation in intervening in complex chronic conditions [6–7]. Therefore, it is necessary to adopt the principle of " 病证结合 (Bìng zhèng jiéhé) (disease-syndrome combination) and 标本同治 (Biao Ben Tong Zhi) (concurrent root-symptom treatment)", integrating multi-dimensional pathogenic mechanism interventions.

Professor Deng Chengcheng (a renowned TCM physician in Jiangxi Province, the 7th-generation inheritor of Xie's Throat Specialty in Xu Jiang Medicine, and an academic inheritor of National Famous Veteran TCM Physicians) has dedicated 35 years to the field of otorhinolaryngology. Based on extensive clinical practice, she first proposed that "Spleen-Stomach Heat Accumulation is the initiating link in phlegm-stasis intermingling", and established a novel concurrent root-symptom treatment protocol: "Clearing Spleen-Stomach, Resolving Phlegm-Stasis, Eliminating Pathological Form/Substance", providing a new paradigm for CHP diagnosis and treatment [8].

2. Etiology and pathogenesis

Professor Deng Chengcheng posits that the core pathogenesis of chronic hypertrophic pharyngitis (CHP) lies in "Spleen-Stomach Heat Accumulation ascending to the throat as the initiating factor, and Phlegm-Blood Stasis Intermingling occluding the collaterals as the pathological outcome." These elements form a self-perpetuating cycle, collectively driving pathological structural alterations (hyperplastic hypertrophy) in the throat. The specific mechanisms are as follows:

Heat Scorches Fluids into Phlegm, Heat Congeals Qi Stagnation and Blood Stasis: Ascendant Spleen-Stomach heat scorches throat fluids, condensing them into Phlegm that stagnates locally. Concurrently, heat obstructs qi dynamics, leading to blood stasis; protracted heat further "cooks" the blood into stasis. Thus, Phlegm and Stasis arise endogenously [9].

Phlegm-Stasis Intermingling Generates Heat: Phlegm and Stasis congeal in the throat, stagnating over time to generate heat. This establishes a vicious pathological cycle of "Phlegm-Stasis-Heat" binding [8].

Pathological Structural Alterations: The intermingled Phlegm, Stasis, and Heat obstruct throat collaterals and lymphoid tissue, manifesting as hyperplastic hypertrophy, dark-red roughened mucosa (follicular fusion, hypertrophied lateral pharyngeal bands), and other structural lesions [5–6, 9–10].

Professor Deng emphasizes that the Spleen-Stomach is the primary source of Phlegm and the pivot of qi-blood production. Its dysfunction (heat accumulation/damp-heat/qi stagnation/transportation failure) constitutes the core pathological basis for Phlegm-Stasis formation. Failure to regulate the Spleen-Stomach perpetuates Phlegm-Stasis, leading to disease chronicity.

2.1. Dynamic pathogenesis evolution

2.1.1. Initial stage (Acute phase)

Dominated by Spleen-Stomach Heat Accumulation (Excess-Heat), presenting with bright-red pharyngeal mucosa, burning pain, halitosis, constipation, red tongue with yellow, greasy coating [11].

2.1.2. Intermediate stage (Protracted phase)

Residual heat persists as Phlegm-Stasis intermingles into tangible forms, manifesting as Manifestation Excess (Phlegm-Stasis) with constrained heat. Symptoms include dark-red mucosa, persistent foreign body sensation, indurated follicles, and greasy or slightly yellow tongue coating [12].

2.1.3. Late stage (Remission phase)

Pathogenic factors recede while healthy qi is depleted, leaving Spleen-Stomach qi and yin deficiency with residual stasis. Relapse occurs readily upon mild exogenous pathogen exposure or dietary indiscretion [13].

3. Treatment methods

3.1. Overarching therapeutic principle

The core strategy integrates: Clearing and draining the Spleen-Stomach to eliminate the heat source (Duàn rè yuán), resolving phlegm and dispelling stasis to dissolve accumulations (Xiāo jié jù), and unblocking the throat to regulate qi dynamics (Chàng qì jī). This follows the Biao Ben Tong Zhi (root-symptom concurrent treatment) principle:

"Clear the Middle Jiao to eliminate the root cause (Chéng yuán), break accumulations to restore patency (Tōng qiào)."

3.2. Stage-specific treatment

3.2.1. Spleen-Stomach intense heat accumulation pattern (Acute stage)

Treatment principle: Clear and drain Spleen-Stomach, detoxify, and benefit the throat

core formula: Modified Liáng Gé Sǎn (Cool the Diaphragm Powder) combined with Jié Gěng Tāng (Platycodon Decoction) or Qīng Wèi Sǎn (Clear the Stomach Powder)

Key Medicinals: Shēng Dà Huáng (Raw Rhubarb, *Rheum palmatum*; added last in decoction, 3–6 g), Huáng Lián (Coptis, *Coptis chinensis*; 6 g), Huáng Qín (Scutellaria, *Scutellaria baicalensis*; 10 g), Zhī Zǐ (Gardenia, *Gardenia jasminoides*; 10 g), Lián Qiào (Forsythia, *Forsythia suspensa*; 15 g), Shēng Shí Gāo (Raw Gypsum, *Gypsum fibrosum*; decocted first, 30 g), Shēng Má (Cimicifuga, *Cimicifuga foetida*; 6 g), Mǔ Dān Pí (Moutan, *Paeonia suffruticosa*; 10 g), Jié Gěng (Platycodon, *Platycodon grandiflorus*; 10 g), Shēng Gān Cǎo (Raw Licorice, *Glycyrrhiza uralensis*; 6 g).

Critical clinical nuances: Dà Huáng (Rhubarb) is used at low dosage for gentle purgation to drain heat without damaging healthy qi. Discontinue immediately after achieving bowel movement (Zhōng bìng jí zhǐ). Post-acute phase: Transition promptly to heat-clearing and yin-nourishing methods to prevent bitter-cold herbs from impairing Spleen-Stomach function.

External therapy: Heat-Clearing Detoxification Gargle: Decoct Jīn Yín Huā (Lonicera, Lonicera japonica; 20 g) + Lián Qiào (Forsythia; 15 g) + Bǎn Lán Gēn (Isatis root, Isatis indigotica; 30 g). Gargle 4× daily.

Thermal therapies contraindicated: Avoid heat-inducing methods (e.g., cauterization, Láo zhì) [11].

3.2.2. Phlegm-blood stasis intermingling pattern (Protracted stage)

Treatment Principle: Resolve phlegm and dissolve nodules, activate blood and dispel stasis, benefit the throat, and unblock collaterals

Core formula: Modified Huì Yàn Zhú Yū Tāng (Larynx-Invigorating Stasis-Expelling Decoction) combined with Xiāo Luǒ Wán (Scrofula-Dissolving Pill)

Key medicinal groups & clinical nuances:

Phlegm-resolving and nodule-dissolving group: Zhè Bèi Mǔ (*Fritillaria thunbergii*, 10-15 g), Xuán Shēn (Scrophularia, 15–20 g), Mǔ Lì (Oyster Shell, *Concha Ostreae*; decocted first, 20-30 g), Jiāng Cán (Silkworm, *Bombyx batryticatus*; 10 g)→ Core group for follicular hyperplasia dissolution.

Blood-activating and stasis-dispelling group: Táo Rén (Peach Kernel, *Prunus persica*; 10 g), Hóng Huā (Carthamus, *Carthamus tinctorius*; 6 g), Chì Sháo (Red Peony, *Paeonia lactiflora*; 12 g), Dāng Guī (Angelica, *Angelica sinensis*; 10 g), Dān Shēn (Salvia, *Salvia miltiorrhiza*; 15 g)→ Chì Sháo and Dān Shēn simultaneously cool blood to prevent constrained heat.

Throat-benefiting and collateral-unblocking group: Jié Gěng (Platycodon; 10 g), Shēng Gān Cǎo (Raw Licorice; 6 g), Mù Hú Dié (Oroxylum, *Oroxylum indicum*; 6 g), Lù Lù Tōng (Liquidambar, *Liquidambar orientalis*; 10 g)

Specialized external therapies:

Pecking Therapy (Zhuó zhì fǎ):

Technique: Prick dark-red fused follicles with a three-edged needle (depth: 1 mm) until slight bleeding occurs.

Frequency: Once weekly, 3–5 sessions/course.

Prof. Deng's principle: "Bleeding indicates stasis dispersion."

Cauterization therapy (Láo zhì fǎ):

Technique: Heat the cautery iron to 70°C (faint red), swiftly touch the follicles until local whitening.

Post-procedure: Spray Xī Lèi Sàn (Tin-Like Powder) to protect the mucosa [1, 5, 11].

Pharyngeal Bloodletting (Yān bù cì luò):

Technique: Prick tortuous vessels to release 3–5 blood drops.

Frequency: Once weekly → Directly drains stasis-heat [14–16].

Gargle/Nebulization:

Formula: Dān Shēn (15 g) + É Zhú (Zedoary, Curcuma phaeocaulis; 10 g) + Zhè Bèi Mǔ (10 g) + Shēng Gān Cǎo (6 g) decocted in water.

Frequency: 6× daily.

Critical Clinical Experience: Always include 1–2 latent heat-clearing medicinals (e.g., Lián Qiào [Forsythia], Zhī Zǐ [Gardenia]) in Phlegm-Stasis formulas.

Mandatory addition of Spleen-regulating herbs to halt Phlegm-Stasis production at its source:

Chén Pí (Citrus Peel, Citrus reticulata), Zhǐ Qiào (Bitter Orange, Citrus aurantium), Fú Líng (Poria, Poria cocos), Jiāo Sān Xiān (Charred Triple Delights).

3.2.3. Qi-Yin deficiency pattern (Remission stage)

Treatment Principle: Fortify the Spleen and Boost Qi or Nourish Stomach Yin, concurrently clearing residual stasis

Core formula selection:

Spleen Deficiency-Dominant Presentation: Xiāng Shā Liù Jūn Zǐ Tāng (Costus & Amomum Six Gentlemen Decoction):

Dǎng Shēn (Codonopsis, *Codonopsis pilosula*; 15 g), Bái Zhú (Atractylodes, *Atractylodes macrocephala*; 12 g), Fú Líng (Poria; 15 g), Chén Pí (Citrus Peel; 10 g), Bàn Xià (Pinellia, *Pinellia ternata*; 9 g), Mù Xiāng (Costus, *Aucklandia lappa*; 6 g), Shā Rén (Amomum, *Amomum villosum*; 6 g).

Yin Deficiency-Dominant Presentation: Yì Wèi Tāng (Stomach-Nourishing Decoction):

Shā Shēn (Adenophora/Glehnia, *Adenophora stricta/Glehnia littoralis*; 15 g), Mài Dōng (Ophiopogon, *Ophiopogon japonicus*; 12 g), Shēng Dì (Rehmannia, *Rehmannia glutinosa*; 15 g), Yù Zhú (Polygonatum, *Polygonatum odoratum*; 10 g).

Plus: Xiāo Luǒ Wán (Scrofula-Dissolving Pill): Zhè Bèi Mǔ (10 g), Xuán Shēn (15 g), Mǔ Lì (Oyster Shell; 20 g), with stasis-clearing additions: Dān Shēn (Salvia; 10 g), Dāng Guī Wěi (Angelica Tail, Angelica sinensis; 6 g).

Essential Lifestyle Protocol: Strictly prohibit: Spicy foods, greasy/fried items, tobacco, alcohol, sugary desserts, and grilled/BBQ meats.→ Prevents "fueling heat, generating phlegm, and aggravating stasis."

4. Representative case study

Patient: Li, female, 46 years. Initial Visit: August 7, 2023.

Main complaint: Recurrent pharyngeal obstruction sensation ×5 years, aggravated ×1 month.

History: Chronic epigastric distension, frequent belching, preference for sweet/fatty foods. Worsening globus sensation with thick, difficult-to-expectorate mucus and morning nausea ×1 month.

Physical Examination: Pharynx: Dark-red mucosa, confluent granular hyperplasia on the posterior wall, hypertrophied lateral bands

Tongue: Dark purple with ecchymotic spots, thick white-greasy coating (slightly yellow)

Pulse: Choppy (indicating blood stasis)

TCM diagnosis: Spleen-Stomach Damp-Heat accumulation with Phlegm-Blood Stasis intermingling in the throat.

Treatment principle: Clear Damp-Heat, Resolve Phlegm-Dispel Stasis, Break Accumulations-Benefit Throat.

Interventions:

Internal formula (7 days; BID after meals):

Modified Huì Yàn Zhú Yū Tāng + Xiāo Luǒ Wán:

Táo Rén (10 g), Hóng Huā (6 g), Chì Sháo (12 g), Dāng Guī (10 g), Zhè Bèi Mǔ (15 g), Xuán Shēn (20 g), Shēng Mǔ Lì (decocted first, 30 g), Jiāng Cán (10 g), Huáng Lián (6 g), Fú Líng (15 g), Chén Pí (10 g), Jié

Gěng (10 g), Gān Cǎo (6 g).

External therapies: Pecking therapy: Three-edged heated needle pricking on dark-red confluent follicles (5-8 follicles/session; depth: 1mm; endpoint: micro-bleeding); weekly ×1.

Gargle (6× daily): Dān Shēn (15 g) + É Zhú (10 g) + Zhè Bèi Mǔ (10 g) decocted.

Follow-up:

Visit 2 (Day 8): 40% reduction in obstruction; easier expectoration.

Examination: Mucosa lightened to pale-red; follicles reduced 30%; coating thinned to white.→ Continued original prescription ×7 days.

Visit 3 (Day 15): Globus sensation resolved; epigastric distension improved. Examination: Follicles reduced 70%; lateral bands flattened.

Adjusted prescription: Removed Táo Rén, Hóng Huā; added Bái Zhú (12 g), Jiāo Shān Zhā (10 g) to fortify Spleen and promote digestion. ×7 days.

Lifestyle Protocol: Professor Deng emphasized, "Dietary restraint outweighs medication" – Strict prohibition of spicy/grilled/sweet foods; 70% satiety at dinner.

6-Month Follow-up:

Symptom-free recurrence. Normal pharyngeal examination.

Patient report: "Strict dietary compliance eliminated epigastric distension."

5. Conclusion

Chronic hypertrophic pharyngitis (CHP) is pathologically defined by submucosal lymphoid tissue hyperplasia, characterized by protracted progression and high recurrence. Professor Deng Chengcheng pioneered the pathogenesis theory:

"Spleen-Stomach Heat Accumulation → Phlegm-Blood Stasis Intermingling → Throat Structural Pathology" elucidates the critical link between systemic pathogenesis and local hyperplasia.

She innovatively established a three-stage therapeutic system:

Acute stage: Clear Stomach Heat and Purge Fire

Protracted stage: Resolve Masses and Break Stasis

Remission stage: Fortify Spleen and Consolidate Root (Ben)

Professor Deng's work achieves dual scholarly contributions:

Deepens traditional theory: Validates "Spleen-Stomach as the pivot of Phlegm-Stasis generation";

Creates new paradigm: Establishes "Integrated Phlegm-Stasis-Heat Management"→ Delivers a standardized, generalizable protocol for CHP.

This represents a paradigm shift in TCM laryngology: Transitioning from organ-based syndrome differentiation to an integrative model of structural pathology-pathogenesis.

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Disclosure statement

The authors declare no conflict of interest.

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