



Discussion on the Treatment of Endometrial Polyps in Chinese Medicine Based on the Theory of “Six Depressions”

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Abstract

Endometrial polyps (EPs) are caused by excessive endometrial hyperplasia, and their incidence has gradually increased in recent years, becoming a common gynecological disease in clinical practice. Based on Zhu Danxi's “Six Depressions” theory, this study aims to construct a theoretical system for TCM (Traditional Chinese Medicine) syndrome differentiation and treatment of endometrial polyps, providing new insights for clinical treatment. Through a literature research approach, this study systematically reviews the theoretical connotations of the “Six Depressions” theory and combines it with modern medical understanding of the pathological mechanisms of EPs to analyze their intrinsic connections. Consequently, a TCM syndrome differentiation and treatment system for EPs based on the “Six Depressions” theory is constructed. The study proposes that the core pathogenesis of EPs is “stagnation in the uterine cavity,” with “Qi” depression as the precursor, leading to mutual transformations among blood stasis, phlegm-dampness, fire depression, and food stagnation. A syndrome differentiation and treatment plan encompassing four main syndromes is established. Building on this foundation, the article directly addresses the core pathogenesis of “stagnation in the uterine cavity”, further elucidating the relationship between the “Six Depressions” theory and EPs. This provides a theoretical basis and diagnostic and treatment foundation for the clinical management of endometrial polyps characterized by “Qi” stagnation, internal blood stasis, internal fire depression, and phlegm-food stagnation.

Keywords

Endometrial polyps
Six depressions theory
Traditional Chinese Medicine
Zhu Danxi
Gynecological diseases
Syndrome differentiation and treatment

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1. Introduction

Endometrial polyps (EPs) are a common benign gynecological condition in modern times, accounting for approximately 24% to 25% of gynecological diseases among women in China^[1]. They have a relatively high recurrence rate, ranging from 33.33% to 52.00%, and their incidence increases with age^[2,3]. This condition is more prevalent among women of childbearing age, with approximately 70% to 80% of cases presenting with abnormal uterine bleeding (AUB). AUB is a common gynecological symptom and sign, characterized by abnormal bleeding in the uterine cavity due to excessive estrogen levels. It does not conform to any of the criteria for normal menstrual cycle frequency, regularity, duration, or amount of bleeding.

Among the causes of AUB, 21% to 39% are attributed to endometrial polyps. Due to their prevalence in the female reproductive system, EPs have become a focal point of attention and treatment for gynecologists. Clinical manifestations primarily include intermenstrual bleeding, menorrhagia, prolonged menstruation, or irregular bleeding. Recent studies suggest that during polyp formation, local bleeding, interference with myometrial contraction, or the formation of an abnormal “substrate” can disrupt the normal growth of the endometrium, thereby adversely affecting embryo implantation^[4]. Polyps located in the cervical canal or at the opening of the fallopian tubes may impact pregnancy through mechanical obstruction, but the primary mechanism is the interference with sperm motility and embryo implantation caused by abnormal expression of chemical factors. Pathological diagnosis serves as the basis for confirming EPs^[5].

In Western medicine, the etiology of endometrial polyps (EPs) is not yet fully understood, but it may be associated with factors such as abnormal expression of estrogen receptors (ER), imbalance between cell proliferation and apoptosis, inflammatory stimuli, oxidative stress, genetics, and metabolic diseases^[6–10]. The use of tamoxifen is also one of the important pathogenic factors^[11]. Hysteroscopy is currently the preferred treatment method, offering the advantages of speed and accuracy. However, it is prone to complications such as infection, adhesion, and bleeding postoperatively, and has a relatively high recurrence rate. Repeated

intrauterine procedures may cause endometrial damage and affect fertility^[12,13]. In contrast, traditional Chinese medicine (TCM) treatment offers advantages such as non-invasiveness, holistic syndrome differentiation, bodily regulation, and reduced recurrence, making it worthy of clinical promotion and in-depth research.

2. “Six types of stagnation” theory

In the “Su Wen • Liu Yuan Zheng Ji Da Lun” (Plain Questions • Grand Treatise on the Six Climatic Factors and Their Influence on Health), an in-depth analysis is conducted on the relationship between pathological changes such as the convergence of the five “Qi”, the generation and restraint of the five “Qi”, and the five movements and six climatic factors, and the occurrence and development of diseases. The theory of “treatment for the five types of stagnation” was proposed^[14]. This theory has been widely applied in various clinical disciplines by later generations of physicians and has also provided insights into the pathogenesis of gynecological diseases. Physicians such as Zhu Danxi combined the “five types of stagnation” theory with the concept of “emotional stagnation” from the “Huangdi Neijing” (The Yellow Emperor’s Classic of Internal Medicine) to develop the “six types of stagnation” theory. They believed that stagnation of “Qi”, blood, phlegm, dampness, food, and fire could all lead to diseases and created formulas such as Liuyu Decoction and Yueju Pill to treat stagnation syndromes^[15]. The essence of stagnation syndromes lies in the stagnation of “Qi” circulation, initially manifesting as liver dysfunction in “Qi” regulation, with the middle jiao (spleen and stomach) as the core.

The spleen and stomach serve as the key point for the ascent and descent of “Qi”. Spleen stagnation leads to dampness stagnation and phlegm production, while stomach reflux leads to fire stagnation and food obstruction, resulting in abnormal ascent and descent and congestion of the uterine meridians, forming the basis for polyp accumulation. Stagnation syndromes act on the hypothalamic-pituitary-ovarian axis through their impact on the neuroendocrine system: the hypothalamus secretes gonadotropin-releasing hormone, stimulating the pituitary gland to secrete follicle-stimulating hormone (FSH) and luteinizing hormone (LH). FSH promotes follicular

development and the synthesis of estrogen by granulosa cells. The pre-ovulatory estrogen peak triggers positive feedback, leading to the LH peak and further promoting estrogen elevation. In modern society, women face multiple pressures from work, family, and other aspects, making them more prone to emotional distress and “Qi” stagnation, which can subsequently lead to endocrine disorders, weakened immune function, inflammatory responses, metabolic abnormalities, and other conditions that promote the abnormal proliferation of endometrial polyps.

According to Zhu’s theory, “Qi” stagnation is the root cause of all types of stagnation. “Qi” stagnation can result in poor blood circulation, leading to blood stagnation; impaired fluid transport, causing damp stagnation; dampness accumulating into phlegm, resulting in phlegm stagnation; prolonged “Qi” stagnation transforming into heat, leading to fire stagnation; and disrupted “Qi” flow affecting the spleen and stomach’s transporting and transforming functions, causing food stagnation. These various types of stagnation often interact and coexist.

Clinical case: A 35-year-old female patient, experiencing long-term work-related stress and emotional repression, presented with symptoms such as low mood, chest and rib distension and pain, and premenstrual lower abdominal distension and pain (indicative of “Qi” stagnation). Subsequently, she experienced a gradual decrease in menstrual flow, dark menstrual blood with blood clots (due to “Qi” stagnation causing poor blood circulation and blood stagnation), along with abdominal distension and sticky stools (resulting from disrupted “Qi” flow affecting the spleen and stomach’s transporting and transforming functions and damp stagnation). Later, she developed symptoms such as phlegm in the throat that was difficult to cough up (due to dampness accumulating into phlegm and phlegm stagnation), as well as irritability and bitter taste in the mouth (due to “Qi” stagnation transforming into heat and fire stagnation).

Therefore, when addressing the six types of stagnation in clinical practice, the primary task is to effectively resolve “Qi” stagnation. Through meticulous differentiation of symptoms, appropriate medications and therapeutic approaches are employed to achieve the goal of alleviating patients’ emotions and relieving physical and mental constraints. Additionally, within his

philosophical framework, he posited a subtle relationship between “food” and “Qi”. He proposed that food accumulation leads to “Qi” stagnation, while smooth “Qi” flow promotes food digestion. Therefore, he advocated for emulating this approach to treat various types of stagnation and discomfort, leading to the creation of Yueju Pills, a medication designed to address various symptoms caused by dietary stagnation. Yueju Pills are a classic prescription for treating the “six types of stagnation.” The formula includes *Atractylodes rhizome* to invigorate the spleen and dry dampness, *Cyperus rhizome* to regulate “Qi” and resolve stagnation. When combined, these herbs can regulate the spleen and stomach, smooth “Qi” flow, and thereby achieve the effect of “resolving all types of stagnation.”

3. Pathogenesis analysis of endometrial polyps based on the “six types of stagnation” theory

In ancient Chinese medical literature, there was no specific term for endometrial polyps. Instead, they were often classified under conditions such as “masses and accumulations” (zheng jia), “metrorrhagia and metrostaxis” (beng lou), and “infertility” (buyun) based on their clinical manifestations. Modern research indicates that the most common syndrome pattern observed in clinical cases of endometrial polyps is “Qi” stagnation and blood stasis^[16]. Zhu Danxi’s theory of the “six depressions” (liu yu) provides profound insights into the pathogenesis of “Qi” and blood disharmony, positing that “Qi” depression is the root of all depressions and can lead to the other five types of depression: blood, fire, food, phlegm, and dampness.

These six depressions can also transform into one another. Furthermore, throughout the onset and progression of gynecological diseases, the “six depressions” often play a central role, constituting the core pathogenic mechanism. Based on an accurate differentiation of traditional Chinese medicine (TCM) syndrome types for endometrial polyps and incorporating Zhu Danxi’s theory of the “six depressions”, this study proposes a treatment principle of “emphasizing the soothing of the liver and resolving depression, and flexibly differentiating and treating depression”. The

aim is to provide a new theoretical basis and treatment approach for the clinical prevention and management of endometrial polyps.

3.1. “Qi” depression as the root cause of the disease

“Qi” depression serves as the foundation for the formation of polyps. When the Chong and Ren channels are out of balance, it leads to the entanglement of “Qi” and blood in the uterine vessels. Over time, this stagnation transforms into fire and generates blood stasis, ultimately forming tangible pathological substances. “Jiyin Gangmu” (A Compendium of Gynecology) points out that emotional disharmony can lead to irregular menstruation in women and affect their fertility. Zhu Danxi emphasizes that liver “Qi” stagnation due to impaired liver function in dispersing and regulating “Qi” is the key factor causing “Qi” depression^[17]. The liver is responsible for dispersing and regulating “Qi”. If emotional distress persists and liver “Qi” becomes stagnant, the flow of “Qi” is obstructed, affecting the “Qi” and blood of the Chong and Ren channels. This can result in gynecological disorders such as menstrual irregularities and abnormal endometrial hyperplasia. From an anatomical and biological perspective, endometrial polyps are closely related to the Chong and Ren channels.

The Chong channel, known as the “sea of blood,” originates from the uterus and is referred to as the “sea of the twelve regular channels.” It regulates the abundance and decline of “Qi” and blood and transports essential substances to the uterus. The Ren channel also arises from the uterus, governs pregnancy, maintains the normal physiological function of the uterus, and is interconnected with the liver, spleen, and kidney channels, participating in the distribution of “Qi”, blood, and body fluids. If the Chong and Ren channels are impaired, such as through emotional distress leading to liver “Qi” stagnation or spleen and kidney deficiency resulting in a loss of containment, it can cause poor circulation of “Qi” and blood in the Chong and Ren channels, leading to stagnation and congestion in the endometrium. Local stagnation of “Qi” and blood stimulate abnormal hyperplasia of endometrial glands, stroma, and blood vessels.

At the same time, it affects the distribution of

hormone receptors, exacerbating excessive endometrial proliferation and ultimately forming polyps. This process reflects the regulatory role of the Chong and Ren Meridians in the blood supply, metabolism, and proliferation balance of the endometrium. Dysfunction of these meridians is an important pathogenic mechanism for polyp formation. Additionally, “Qi” stagnation can also lead to imbalances in the “Qi” and blood of the meridians associated with the uterus, causing pathological products such as “Qi” stagnation, blood stasis, and phlegm-dampness to accumulate in the uterus, further exacerbating polyp formation. Clinically, patients with endometrial polyps of the “Qi” stagnation syndrome type often experience liver “Qi” stagnation due to social pressure, low mood, and other factors.

Over time, “Qi” stagnation leads to blood stasis, obstructing the Chong and Ren Meridians and the uterus, ultimately resulting in the onset of the disease^[18]. It is evident that “Qi” stagnation is closely related to the occurrence and development of endometrial polyps, often manifesting clinically as delayed menstruation, amenorrhea, infertility, etc. Therefore, in the clinical treatment of patients with endometrial polyps of the “Qi” stagnation syndrome type, psychological counseling should be emphasized to help patients alleviate negative emotions such as anxiety and depression, thereby soothing the liver and regulating “Qi” flow, improving “Qi” circulation, and enhancing treatment efficacy.

3.2. Blood stasis and obstruction of collaterals

Zhu Danxi emphasized the relationship between “Qi” and blood, believing that “Qi” is the commander of blood, and “Qi” stagnation leads to blood stasis. Blood stasis is an important pathological factor in the development of endometrial polyps. Many medical practitioners have also discussed the role of blood stasis in gynecological diseases. “Jingyue Quanshu · Women’s Rules” states, “Stagnant blood accumulation causes masses, a condition unique to women... Internal exposure to cold and raw foods, external exposure to wind and cold, or anger injuring the liver... or worry and pensiveness injuring the spleen, leading to “Qi” deficiency and blood stasis, which accumulates over time and gradually forms masses.” “Wan’s Gynecology” states, “Worry, pensiveness, anger, and resentment lead to “Qi” stagnation and blood

stasis, causing menstrual irregularities.” Wang qingren emphasized in “Yilin Gaicuo” that tangible blood stasis is the material basis for the formation of masses such as endometrial polyps. The formation of blood stasis is closely related to dysfunction of the liver, spleen, and kidneys and may also involve pathological changes such as increased blood viscosity and microcirculatory disorders.

The liver is responsible for storing blood and regulating its flow, ensuring smooth “Qi” and blood circulation. Emotional distress, liver “Qi” stagnation, or external pathogenic invasions can all lead to dysfunction of the liver’s regulatory function, thereby affecting its blood-storing capacity and causing poor blood circulation, resulting in internal blood stasis in the uterus. Liver “Qi” stagnation and “Qi”-blood disharmony can easily lead to blood stasis formation in the endometrium, obstructing the Chong and Ren Meridians, and subsequently affecting the normal growth and shedding of the endometrium, promoting polyp formation.

The spleen governs the transportation and transformation of water and grain essences to generate “Qi” and blood, and also controls the circulation of blood. When the spleen “Qi” is weak, its ability to transport and transform is impaired, leading to insufficient production of “Qi” and blood and weakened blood circulation, which can easily result in blood stasis. Weak spleen “Qi” also leads to impaired control over blood, causing blood that has deviated from its proper pathways to not disperse in a timely manner. This blood can accumulate in the uterus, interacting with other pathological factors and promoting the formation of endometrial polyps. The kidney stores essence and governs reproduction. Kidney “Yin” and kidney “Yang” serve as the source of “Qi” and blood production and play a crucial role in blood circulation. Deficiency of kidney “Yin” can generate internal heat, disturb the Chong and Ren meridians and cause irregular blood flow, which may lead to internal blood stasis. Insufficient kidney “Qi” can disrupt “Qi” transformation, leading to impaired fluid metabolism. This can also exacerbate blood stasis, affect the normal function of the endometrium and promoting the formation of endometrial polyps. Therefore, blood stasis is an important pathological factor in endometrial polyps, often manifesting clinically as irregular menstrual cycles,

excessive menstrual flow, dark purple menstrual blood with clots. The presence of blood stasis is also often a significant reason for the prolonged and recurrent course of the disease, emphasizing the importance of promoting blood circulation and removing blood stasis in treatment.

3.3. Fire stagnation generates internally, scorching and injuring “Yin” and blood

Zhu Danxi believed that “excess “Qi” turns into fire,” and women are prone to “Qi” stagnation and “Yù”, which can be translated as “depression” or “stagnation” in this context). Prolonged “Qi” stagnation can easily transform into fire. Clinically, some patients with endometrial polyps are diagnosed with liver meridian stagnation fire syndrome. This fire, as a “Yang” pathogen, easily burns “Yin” and blood, depletes the “Yin” and blood of the Chong and Ren meridians, and leads to impaired blood circulation, resulting in blood stasis. This deprives the endometrium of nourishment, while blood heat causing irregular flow or stagnant blood flow can trigger local tissue abnormalities, forming polyps. From an anatomical and physiological perspective, the endometrium is regulated by estrogen and progesterone, exhibiting characteristics of cyclic proliferation, secretion, and shedding. Its normal metabolism relies on blood supply and endocrine balance. Internal fire can be analogized to endocrine imbalance, such as relatively high estrogen levels, which, when stimulating the endometrium over a prolonged period, can cause excessive proliferation beyond the normal shedding range.

Correspondingly, impaired “Yin” and blood can correspond to local endometrial circulation disorders and inflammatory responses. Blood heat increases vascular permeability, causing blood components to seep out and form stagnation. Meanwhile, inflammatory factors stimulate abnormal proliferation of endometrial stroma and glands, gradually forming pedunculated polypoid tissue. Fire stagnation can also lead to a range of related symptoms, such as menstrual irregularities, abdominal pain, and abnormal vaginal bleeding. Therefore, fire stagnation plays a pivotal role in the entire course of endometrial polyps, significantly influencing their onset, progression, and associated symptoms. During treatment, it is essential to clear deficient heat while avoiding bitter and cold substances that may harm the stomach, and also

to address blood stasis.

3.4. Food stagnation and phlegm-dampness obstruction

“Danxi’s Methods of Medicine” points out that improper diet, characterized by excessive consumption of rich and greasy foods, can easily lead to menstrual irregularities. Improper dietary habits, such as overindulging in spicy, greasy, or cold foods, can easily damage the spleen and stomach, leading to dysfunction in their transporting and transforming functions. This results in the stagnation of food and water, forming food stagnation. Food stagnation obstructs the middle jiao, affecting the spleen and stomach’s transporting and transforming functions, leading to insufficient production of “Qi” and blood and sluggish blood circulation, which can easily result in blood stasis. Dysfunction in the spleen and stomach’s transporting and transforming functions leads to the accumulation of water and dampness internally, which then congeals into phlegm. The combination of phlegm and blood stasis can also obstruct the uterus, affect the normal function of the endometrium and promote the formation of endometrial polyps.

Prolonged food stagnation can easily lead to dysfunction in the spleen and stomach’s transporting and transforming functions, resulting in the accumulation of water and dampness internally, which then congeals into phlegm. Phlegm-dampness, being a “Yin” pathogen, is sticky and obstructive, easily blocking the flow of “Qi” and affecting the normal function of the endometrium, leading to menstrual irregularities and promoting the formation of endometrial polyps. Food stagnation, phlegm-dampness, “Qi” stagnation, and blood stasis often interact as both cause and effect, jointly contributing to the pathogenesis of endometrial polyps. Professor Tong Xiaolin believes that “six types of stagnation” represent one of the core pathogenic mechanisms of endometrial polyps, with food stagnation being the precursor^[19].

Additionally, certain patients taking medications such as progestins and GnRH agonists may experience direct irritation of the gastric mucosa, altered gastrointestinal motility, or abrupt changes in hormone levels, all of which can impact the function of the middle jiao, causing rebellious stomach “Qi” and resulting in vomiting. Therefore, when treating endometrial polyps, attention

should be paid to regulating emotions, maintaining a reasonable diet, strengthening the spleen and resolving phlegm to harmonize “Qi” and blood and eliminate pathogenic factors.

4. Flexible diagnosis and treatment based on stagnation

4.1. Emphasis on soothing the liver and regulating “Qi”

Xiaoyao San is a commonly used prescription for treating liver “Qi” stagnation syndrome in endometrial polyps. Patients with this syndrome pattern often exhibit symptoms such as delayed menstruation, amenorrhea, infertility, premenstrual breast tenderness, emotional depression, and frequent sighing. Their tongues are red with a thin, white coating or greasy coating along the edges, and their pulses are wiry and slippery. Some patients may also have thyroid nodules and breast nodules.

The primary treatment approach should focus on soothing the liver and relieving depression, as well as harmonizing “Qi” and blood. The formula consists of: Bupleurum (Chai Hu) 10 g, White Peony Root (Bai Shao) 10 g, Stir-fried *Atractylodes* (Chao Bai Zhu) 10 g, Poria (Fu Ling) 10 g, Prepared Licorice (Zhi Gan Cao) 5 g, plus 3 slices of fresh ginger and 3g of mint. One dose per day, decocted in water to yield 400 mL of juice, taken warm in two divided doses (morning and evening), typically for 4–8 consecutive weeks. Bupleurum acts as the principal herb, soothing the liver and relieving depression while regulating “Qi” flow. White Peony Root nourishes the liver and blood, while Angelica Root (Dang Gui) nourishes and invigorates the blood; together, they serve as adjuvant herbs to enrich the blood, harmonize the nutrients, and alleviate pain. Stir-fried *Atractylodes* and Poria are used as assistants to strengthen the spleen, replenish “Qi”, and eliminate dampness, thereby enhancing the spleen and stomach’s transporting and transforming functions. Mint is added to soothe the liver and regulate “Qi”, assisting Bupleurum in relieving depression. Fresh ginger is used to warm and harmonize the stomach, while Prepared *Licorice* harmonizes all the herbs. When combined, these herbs work synergistically to soothe the liver, relieve depression, strengthen the

spleen, and nourish the blood. For patients with severe liver “Qi” stagnation, additional herbs such as *Cyperus Rotundus* (Xiang Fu) and *Curcuma* (Yu Jin) can be added to enhance the “Qi”-regulating and depression-relieving effects. *Cyperus rotundus* soothes the liver, relieves depression, and regulates “Qi” to alleviate pain, while *Curcuma* promotes “Qi” circulation, dissipates blood stasis, clears the heart, and relieves depression^[20]. Xiaoyao San (Free and Easy Wanderer Powder) is clinically versatile, allowing for differentiation between primary and secondary conditions and flexible modification of the formula to address various diseases with different treatment approaches. On this basis, additional herbs such as Tree Peony Bark (Dan Pi) and Gardenia (Zhi Zi) can be incorporated to enhance the effects of clearing heat, draining fire, nourishing blood, and enriching “Yin”. Modern pharmacological studies have shown that Xiaoyao San regulates central nervous system function, exerting sedative and antidepressant effects, suggesting its potential to improve liver “Qi” stagnation by regulating emotions^[21]. Other studies indicate that Xiaoyao San regulates endocrine function, potentially influencing the development and progression of endometrial polyps. Research by Zhou Hui et al. demonstrated that Xiaoyao San improves ovulatory dysfunction and increases clinical pregnancy rates, suggesting its benefits for patients with endometrial polyps complicated by infertility^[22]. Xiaoyao San is a commonly used formula for treating liver “Qi” stagnation syndrome in endometrial polyps, offering multiple effects such as soothing the liver, relieving depression, harmonizing “Qi” and blood, and regulating endocrine function, with significant clinical efficacy^[23].

4.2. Promoting blood circulation to remove blood stasis, tonifying the liver and kidneys

For patients with endometrial polyps, if their menstrual blood appears dark in color with clots during menstruation, accompanied by stabbing pain in the lower abdomen that is aggravated by pressure or fixed in location, a purple-dark tongue with petechiae, and a rough pulse, they can be diagnosed with the “blood stagnation” syndrome. Prolonged endometrial polyps that do not heal can lead to “Qi” stagnation and blood stasis, often accompanied by liver “Qi” stagnation and kidney

deficiency syndromes. Clinically, the combination of liver “Qi” stagnation, kidney “Qi” deficiency, and blood stasis is commonly observed. Treatment should primarily focus on promoting blood circulation to remove stasis, while also soothing the liver to relieve depression and tonifying the kidneys to regulate menstruation. Lu Su believes that the primary focus in treating this condition should be on “stopping stasis,” combining methods to tonify the kidneys and regulate menstruation with those to promote blood circulation and remove stasis, thereby regulating the menstrual cycle and dispersing stagnation^[24]. Secondly, promoting the expulsion of stagnant blood is crucial. During the early menstrual period, tonifying the kidneys and supporting “Yang”, while taking advantage of the menstrual flow, can facilitate drug-induced curettage.

Clinically, the Modified Taohong Siwu Decoction is often used, which includes ingredients such as peach kernels, safflower, red sage root, and *Ligusticum wallichii* to promote blood circulation and remove stasis, improving local uterine blood circulation, dispersing stagnant blood, reducing the blood supply to polyp tissues, inhibiting their growth, and improving blood viscosity to prevent the formation of new stasis. *Rehmannia* root, dogwood fruit, wolfberries, and dodder seeds, which tonify the liver and kidneys, can nourish the liver and kidneys, regulate the Chong and Ren channels, nourish the uterus, and restore its function. The methods of promoting blood circulation and removing stasis are often used in conjunction with tonifying the liver and kidneys. Promoting blood circulation and removing stasis can create a favorable environment for tonifying the liver and kidneys, facilitating drug absorption. Tonifying the liver and kidneys can enhance the body’s vital energy, improve the efficacy of promoting blood circulation and removing stasis, and promote the dispersion of stagnant blood, thereby achieving the therapeutic goal.

4.3. Clearing liver fire and nourishing “Yin” to regulate menstruation

For patients with endometrial polyps who experience early menstruation with heavy flow, red and thick blood, or prolonged bleeding, or infertility, accompanied by irritability, bitter taste in the mouth, dry throat, insomnia, and dream-disturbed sleep, a red tongue with a yellow coating, and a wiry and rapid pulse, they can be

diagnosed with the “fire stagnation” syndrome. Treatment involves clearing liver fire and nourishing “Yin” to regulate menstruation. Qingjing San, from “Fu Qingzhu’s Gynecology,” has the functions of clearing heat and cooling the blood, nourishing “Yin”, and regulating menstruation. It is commonly used to treat syndromes of kidney deficiency with excessive fire and “Yang” excess with blood heat. The formula consists of: 10 g of moutan bark, 15 g of *Anemarrhena rhizome*, 10 g of white peony root (stir-fried with wine), 10 g of prepared *Rehmannia* root, 6g of sweet wormwood herb, 5 g of white poria, and 3 g of phellodendron bark, taken as one dose per day, divided into two administrations. The course of treatment should be adjusted based on the patient’s symptoms and polyp size, and changes in the endometrium should be monitored during medication. Fangdanpi (*Dianthi herba*) clears heat, cools blood, promotes blood circulation to remove blood stasis, and can clear excessive heat in the blood and disperse stagnation; Digupi (*Lycii cortex*) and Qinghao (*Artemisiae annuae herba*) clear deficient heat and relieve bone-steaming fever, targeting symptoms of internal heat due to “Yin” deficiency; Huangbo (*Phellodendri chinensis cortex*) clears heat, dries dampness, purges fire, and detoxifies, enhancing the heat-clearing effect; Baishao (*Paeoniae radix alba*) nourishes blood, softens the liver, relieves spasms, and alleviates pain. When combined with Shudi (*Rehmanniae radix preparata*), it nourishes “Yin” and blood to nourish the uterus; Fuling (Poria) strengthens the spleen, leaches out dampness, calms the heart, and settles the spirit, preventing the overly bitter and cold heat-clearing herbs from injuring the spleen.

When used together, these herbs work synergistically to clear liver fire, nourish “Yin”, and regulate menstruation. Modern pharmacological studies have shown that Qingjing San possesses anti-inflammatory, sedative, and analgesic effects, potentially exerting therapeutic effects by regulating the endocrine system and improving the endometrial microenvironment. Research indicates that modified Qingjing San (with added *Ecliptae herba* and *Ligustri lucidi fructus* to nourish “Yin” and Shixiao San to resolve blood stasis) not only improves bleeding duration, abnormal menstrual flow, and cycle irregularities after endometrial polypectomy and reduces recurrence rates but also

alleviates adverse reactions caused by long-term oral contraceptive use. This demonstrates the advantages and characteristics of traditional Chinese medicine in treating this condition, making it worthy of clinical promotion and application^[25].

4.4. Strengthen the spleen, resolve turbidity, and eliminate phlegm and dampness

Patients with endometrial polyps who experience heavy menstrual bleeding, prolonged bleeding, accompanied by obesity, a preference for rich and greasy foods, chest tightness and epigastric fullness, heavy limbs, excessive white vaginal discharge, a swollen tongue with a white and greasy coating, and a wiry and slippery pulse may be diagnosed with phlegm-dampness obstruction syndrome. This syndrome is often caused by spleen dysfunction, leading to the internal generation of phlegm and dampness, which obstructs the uterine vessels. Phlegm and dampness blocking the uterus can lead to impaired “Qi” and blood circulation, obstruction of the uterine vessels, and lack of nourishment for the endometrium. Combined with phlegm and dampness accumulation, this easily results in endometrial hyperplasia and the formation of polyps.

Treatment primarily focuses on strengthening the spleen, accompanied by drying dampness and resolving phlegm. Cangfudaotan Decoction from Ye Tian Shi’s Complete Book of Gynecology can be selected and modified. In this formula, Cangzhu (*Atractylodis rhizoma*) dries dampness, strengthens the spleen, and resolves phlegm to expel pathogens, serving as the principal herb; Xiangfu (*Cyperii rhizoma*) soothes the liver, regulates “Qi”, regulates menstruation, and relieves pain, aiding the smooth flow of “Qi” to resolve phlegm and dampness, acting as the ministerial herb; Chenpi (*Citri reticulatae pericarpium*) regulates “Qi”, strengthens the spleen, dries dampness, and resolves phlegm, while Fuling (Poria) strengthens the spleen and leaches out dampness, assisting the spleen in transporting water and dampness to eliminate the source of phlegm production; Banxia (*Pinelliae rhizoma*) and Nanxing (*Arisaematis rhizoma*) dry dampness, resolve phlegm, and descend adverse “Qi” to stop vomiting, enhancing the phlegm-resolving effect; Zhiqiao (*Aurantii fructus*) promotes “Qi” circulation and widens the middle, aiding Xiangfu in regulating “Qi”

and resolving stagnation; Shengjiang (*Zingiberis rhizoma recens*) warms the stomach, disperses cold, descends adverse “Qi” to stop vomiting, and neutralizes the toxicity of Banxia and Nanxing, while Gancao (*Glycyrrhizae radix*) harmonizes all the herbs.

When all the herbs are used together, they collectively achieve the effects of drying dampness and resolving phlegm, regulating “Qi” and menstruation, thereby transforming phlegm-dampness, smoothing “Qi” circulation, and unblocking the meridians of the uterus. Modern pharmacological studies have shown that Cangfu Daotan Decoction has effects such as regulating lipid metabolism and anti-inflammation, which may help improve the phlegm-dampness constitution and inhibit the growth of endometrial polyps. When clinically applying this formula, adjustments should be made based on the specific conditions of the patient. If spleen deficiency is evident, *Codonopsis pilosula* and *Atractylodes macrocephala* can be added to invigorate the spleen and replenish “Qi”. If phlegm-dampness is severe, *Arisaema cum bile* and *Trichosanthes* fruit can be added to resolve phlegm and disperse nodules. In terms of lifestyle, the focus should be on “invigorating the spleen, eliminating dampness, resolving phlegm, and unblocking meridians,” strictly controlling the intake of rich, sweet, and cold foods, and consuming more spleen-invigorating and dampness-eliminating foods such as Chinese yam, roasted coix seed, and red adzuki beans. Engaging in brisk walking, swimming, or the “Raising One Hand to Regulate Spleen and Stomach” movement from the Ba Duan Jin exercise can promote the metabolism of phlegm-dampness through the circulation of “Qi” and blood. Avoiding prolonged exposure to damp environments, keeping the abdomen warm, maintaining a regular routine to nourish spleen “Yang”, and reducing excessive worry can achieve the goal of invigorating the spleen, resolving turbidity, and eliminating phlegm and dampness.

5. The concept of “preventive treatment of disease” runs throughout

Endometrial polyps are not a condition that can be permanently resolved with a single treatment. The traditional Chinese medicine (TCM) preventive treatment system employs a three-stage prevention and control

approach, “preventing occurrence, preventing recurrence, preventing transformation” to treat endometrial polyps, achieving better therapeutic outcomes. For those who have not yet developed the condition, soothing the liver, invigorating the spleen, and warming the kidneys should be implemented to break the foundation of the six types of stagnation.

For those who have already developed the condition, a combination of the four diagnostic methods in TCM and gynecological B-ultrasound should be used to differentiate and treat based on the size and location of the polyps, achieving a combination of disease differentiation and syndrome differentiation. During the perioperative period, prevention and treatment of postoperative blood stasis and adhesion should be carried out. During the rehabilitation period, rebuilding the balance of “Qi” and blood and cutting off the internal environment for polyp regeneration are necessary. Only by consistently implementing prevention can the cycle of “polyp recurrence-surgical recurrence” be broken, truly achieving long-term stability of the uterus.

6. Conclusion and outlook

Based on Zhu Danxi’s “six types of stagnation” theory, this article delves into the TCM syndrome and treatment patterns of endometrial polyps, suggesting that the mutual entrapment of the six types of stagnation “Qi”, blood, fire, food, phlegm, and dampness can block the Chong and Ren meridians and the uterus, leading to menstrual irregularities, infertility, and other conditions. Considering the risk of malignant transformation in endometrial polyps, early intervention is of utmost importance. Grounded in the “Six depression” theory, this study offers novel diagnostic and therapeutic approaches, as well as lifestyle guidance, for endometrial polyps classified into the following types: “Qi” stagnation, blood stasis retention, internal fire stagnation, and phlegm-food stagnation. This research emphasizes treatment based on syndrome differentiation, showcasing the strengths of individualized treatment in Traditional Chinese Medicine (TCM).

In the future, further clinical studies will be conducted to explore TCM syndrome-based treatment protocols for endometrial polyps based on the “Six

depression” theory. These protocols will encompass the composition of herbal formulas, dosage adjustments, and treatment durations. Moreover, multi-center, large-sample clinical trials will be carried out to validate their clinical

efficacy, thereby providing more effective treatment options for endometrial polyps and benefiting a greater number of patients.

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Disclosure statement

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