

The Influence of the Huangdi Neijing on the Treatment of Premenstrual Syndrome: A Research Review

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Abstract:

The Huangdi Neijing (hereinafter referred to as the Neijing) is a foundational theoretical work of traditional Chinese medicine (TCM). It has guided and influenced TCM treatment modalities throughout history and has also had a significant impact on the development of TCM gynecology. Premenstrual syndrome (PMS), a condition with increasing incidence in modern society, has garnered widespread attention. This study reviews relevant literature from databases such as CNKI and Wanfang Data to analyze the influence of the Neijing on the TCM treatment of PMS, providing a reliable theoretical basis for the prevention and treatment of this condition.

Keywords:

Huangdi Neijing, Neijing, Gynecology, Premenstrual Syndrome

1. Introduction

1.1. Research Background

Premenstrual syndrome (PMS) refers to a condition characterized by recurrent cyclical physical, emotional, and behavioral changes occurring 7–14 days before menstruation. It is a common and frequently occurring disorder in modern society. Severe cases can significantly affect women's daily lives, and symptoms typically resolve spontaneously after menstruation [1]. Common symptoms of PMS include headaches or migraines, breast tenderness, bloating and diarrhea, and emotional instability (such as irritability, difficulty concentrating, depression, tension, anxiety, and nervousness). In the current context, we face the challenge of PMS, a problem that persistently affects women's physical and mental health. To address this issue, in-depth research into treatment approaches is crucial. Studies on PMS treatment are of great significance for improving people's lives and promoting social progress.

1.2.1. Research Significance

This paper synthesizes knowledge about PMS and its treatment according to the Neijing, enriching the research system of the Neijing in the context of gynecological disorders, filling gaps in current TCM approaches to PMS, offering new ideas for TCM treatment of PMS, providing guidance for clinical gynecological practice, and advancing the development and refinement of TCM-based treatment for PMS.

2. Current State of Research

2.1. Current Research on PMS in Relation to the *Neijing*

The pathogenesis of PMS remains not fully understood. Although it is widely believed to be associated with endocrine disorders and hormonal imbalances, the high prevalence of psychiatric and behavioral symptoms suggests that psychosocial factors may also play a role [2]. In the International Classification of Diseases published by the World Health Organization, premenstrual dysphoric disorder (PMDD) is classified both as a disorder of the reproductive system and as a depressive disorder [3]. TCM holds that PMS is closely related to the liver. The liver stores blood, governs free flow (of qi), prefers to be unimpeded, and detests depression; it is yin in substance but yang in function. If desires are thwarted, or if frustration or anger injures the liver and impairs its free flow, liver qi stagnation and subsequent fire transformation can occur. Liver stagnation can lead to spleen deficiency, which in turn gives rise to dampness. Dampness and heat combine and travel along the liver channel, which encircles the genitalia. Damp-heat descending downward manifests as headaches or migraines, breast tenderness, bloating, emotional instability, hypochondriac pain, deafness, gallbladder-related issues with bitter taste in the mouth, dampness in the genital area, and vulvar swelling or pain. Ye Tianshi, in his *Case Records as a Guide to Clinical Practice*, stated that “the liver is the innate foundation for women,” emphasizing the liver’s vital role for women. The *Ling Shu Jing Mai* chapter states: “The liver’s foot jueyin channel ... runs along the inner thigh, enters the pubic region, and passes over the genitalia.” Thus, the connection between the liver and genital disorders has support from channel theory. The *Su Wen Yin Yang Ying Xiang Da Lun* says that the liver’s emotional manifestation is anger, indicating the close relationship between the liver and emotions. Emotional changes can disrupt liver function, subsequently leading to physiological and psychological disturbances in women. The liver influences both the physical and mental aspects of women’s health.

Modern medicine often acknowledges a link between PMS and emotional factors. Given the liver’s importance in female physiology, contemporary TCM research on PMS primarily focuses on the liver’s role. The *Su Wen Ling Lan Mi Dian* states: “The liver is the official of the general; strategies and planning originate from it,” indicating that the liver governs free flow. The *Su Wen Ju Tong Lun* states: “I know that all diseases arise from qi imbalances: anger makes qi rise; joy makes qi slack; grief makes qi dissipate; fear makes qi descend; cold contracts qi; heat releases qi; shock disorganizes qi; overwork consumes qi; and contemplation binds qi.” Thus, the seven emotions primarily injure qi, and the liver’s free flow action regulates systemic qi movement. If qi movement is disordered, a cascade of pathological changes occurs. The *Bi Hua Yi Jing·Fu Nü Zheng Zhi* says: “Women’s diseases ... mostly do not deviate from constraint depression. Women, by their nature, tend to be reserved and narrow-minded. Once something goes against their will, it remains bound in the chest, and they cannot dispel the distress outwardly. Over time, stagnation leads to illness.” This indicates that women are constitutionally more prone to emotional disorders than men. Emotional disturbances affect the liver’s free flow, leading to disorders of qi, blood, and fluid metabolism, causing physiological abnormalities in women, which in turn exacerbates emotional disorders [4].

Ye Xiaolin [5] achieved positive clinical results by treating PMS with liver-based pattern differentiation and using the method of soothing the liver and regulating qi. Gao Zongli [6] also reported good outcomes using modified Xiaoyao Powder for

PMS and argued that treatment should focus on the liver. Because the liver is yin in substance but yang in function (with yang activity dominated by free flow), insufficient yin substance can impair free flow, triggering disease. Zhang Jie et al. [7] conducted a questionnaire survey of 800 female college students to analyze liver free flow deficiency. The results showed a PMS incidence of 86.5%, with the liver-free-flow-deficiency pattern accounting for 79.77% of those affected. Similarly, Qian Cheng et al. [8] studied the causes and influencing factors of PMS among vocational college female students and found that menstrual emotional state and study pressure were primary factors, indirectly confirming the important influence of emotions (i.e., the liver governing free flow and emotions) on this condition.

2.2. Influence of “Liver Depression” and “Wood Depression” on PMS

Further investigation based on Neijing guidance delves deeper into the pathogenesis of PMS, exploring the influence of “liver depression” (gan yu) and “wood depression” (mu yu). “Treating wood depression by reaching or smoothing” (mu yu da zhi) originates from the Su Wen Liu Yuan Zheng Ji Da Lun Pian and refers to climatic changes caused by wood qi stagnation and the corresponding human pathological patterns and therapeutic principles. The liver corresponds to wood and, by nature, loves unimpeded movement and detests depression. Liver-regulating methods generally follow the principle of “treat wood depression by smoothing.” By analyzing the theoretical connotations of “treat wood depression by smoothing” and its relevance to PMS, research suggests that the pathogenesis of PMS lies primarily in liver depression (i.e., wood depression). Integrating clinical practice, the pattern of yin-yang and qi-blood waxing and waning during the menstrual cycle, and the characteristics of the liver (yin in substance, yang in function), and adhering to the principle “avoid tonifying before menstruation and avoid purging after menstruation,” Qiang Ruonan et al. [9] conducted in-depth research on the impact of liver depression. They proposed differentiating and treating PMS from the perspective of “treat wood depression by smoothing.” This principle originates from the “five depressions” treatment in the Su Wen Liu Yuan Zheng Ji Da Lun Pian and is a core concept of the five movements and six qi theory. The liver corresponds to wood; “wood depression” is now commonly extended to mean “liver depression,” and “smoothing” is the method to resolve it. The liver wood functions via qi, governing free flow to regulate emotions; it is nourished by blood, controlling the sea of blood and regulating the thoroughfare and conception vessels. Normal menstruation depends on harmonious liver qi and smooth blood flow. Liver qi stagnation is a common pattern in depressive disorders [10]. The original text from the Su Wen states: “Treat wood depression by reaching or smoothing, fire depression by dispersing, earth depression by draining, metal depression by releasing, and water depression by breaking.” “Wood depression” refers to an overabundance of metal movement or deficiency of wood movement leading to wood qi stagnation, causing climatic abnormalities that in turn produce pathological changes in the human body [11]. “Wood is bent and straight.” The liver corresponds to wood, possessing qualities of smoothness, growth, preference for unimpeded movement, and aversion to depression. Hence, “wood depression” often refers to “liver depression,” emphasizing the pathogenic role of liver wood disharmony and qi stagnation. “Wood depression” is the first of the five depressions. The Bian Zheng Lu·Wu Yu Men states, “If wood depression is depressed, all five depressions are depressed. If the liver and gallbladder depression is relieved, all five depressions are relieved.” This indicates that later physicians valued the resolution of “wood depression” as key to resolving all five depressions. The Su Wen Shi Yi states,

“Treating wood depression by reaching means regulating its qi; it is not limited to the method of emesis alone.” The Su Wen also says, “Treat wood depression by smoothing ... but regulate the qi. When excess occurs, break it, according to what it fears; that is called purging.” Although “smoothing” aims to regulate qi, its methods are not confined to rectifying qi; “breaking,” “purging,” and other approaches that follow wood’s nature to ensure harmonious liver qi and smooth blood flow all constitute “smoothing” [11,12].

Qiao Mingqi et al. [13,14] confirmed through clinical research that after treatment with Jingqianping Granules, patients with PMS liver qi counterflow pattern showed improvement in the dysregulated cyclic changes of estrogen and progesterone, as well as in levels of epinephrine, catecholamines, and norepinephrine. Sun Peng et al. [15] demonstrated in animal experiments that Baixiangdan Capsules treat PMS liver qi counterflow pattern by modulating GABAB receptor subunit proteins and ERK1/2 protein expression in the hippocampal CA1 and CA3 regions. Zhang Yuanyuan et al. [16] showed that Shuyu Capsules significantly improve depression-like behavior in rats with PMS liver qi stagnation pattern, possibly by downregulating GABA-T and GAT-1 expression to normalize GABA metabolism. Xiao Chengzong [17] believes PMS is primarily attributed to the liver, summarizing its pathogenesis around the liver, and advocates treating PMS from the liver. Han Yanhua [18,19] proposed the theoretical hypothesis that “the liver governs the thoroughfare and conception vessels,” arguing that PMS is closely related to the liver, spleen, and kidney, with the key pathogenesis being impaired liver free flow. Thus, adverse liver qi and disordered qi movement are the initiating factors of PMS, and treatment emphasis should be on regulating and smoothing liver qi.

Traditional Chinese acupuncture and tuina have also shown good results. Lin Kunwei [20], through a randomized controlled trial, concluded that the acupuncture method of regulating the spirit is significantly more effective for PMS than Western medications such as Gvadil and vitamin B6, with fewer side effects. Moreover, Li Muzhen et al. [21] conducted research on the midday-midnight flowing and meridian point selection method (ziwu liuzhu najia fa) as the primary approach. Their results showed that combining conventional pattern-based point selection with this method achieved better clinical outcomes than conventional point selection alone, with significant therapeutic efficacy.

3. Literature Assessment

Researchers have conducted extensive investigations into PMS. Overall, challenges remain, including unclear pathogenesis and undefined treatment protocols, largely due to the diversity and complexity of PMS presentations. Other contributing factors may include: PMS has only recently gained widespread attention with improvements in living standards and material well-being; the strong association between PMS and emotional factors adds uncertainty to its etiology; and the varied manifestations (e.g., headache, body pain, bloating, diarrhea, emotional tension) complicate clinical diagnosis. These factors have hindered research on PMS. However, guided by TCM principles—particularly the concept that “the liver is the innate foundation for women” and the Huangdi Neijing—treatment from the liver perspective has shown promising results. The liver’s roles in governing emotions and governing free flow provide important clinical guidance. The discussions in the Neijing on liver governing emotions and free flow continue to provide essential clinical direction for the treatment of PMS in later generations.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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