

Research Progress on the Theory of “Do Not Apply Aggressive Intervention to Five Deficiency Conditions, Do Not Delay Treatment for Five Excess Conditions” in Suwen·Baoming Quanxing Lun

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Abstract:

This paper systematically reviews research progress concerning the theory of “Five Deficiency Conditions shall not be treated with hasty intervention; Five Excess Conditions shall not be left untreated for long” recorded in Suwen·Baoming Quanxing Lun. Combining annotations by physicians of successive dynasties and contemporary academic viewpoints, this study explores four dimensions: the connotation differentiation of “Five Deficiency Conditions” and “Five Excess Conditions”, the therapeutic principles of “shall not apply hasty intervention” and “shall not delay treatment”, clinical guiding significance, and modern interpretations. It aims to provide references for clinical application and further research on this theory. Studies demonstrate that this theory is rooted in profound traditional medical foundations and retains vital guiding value for modern acupuncture and herbal formula therapy.

Keywords:

Five Deficiency Conditions, Five Excess Conditions, Avoid Hasty Intervention, Avoid Delayed Treatment, Clinical Guidance

1. Traditional Medical Understandings of Five Deficiency Conditions and Five Excess Conditions

1.1. Classic Definitions of Five Deficiency Conditions and Five Excess Conditions

The concepts of Five Deficiency Conditions and Five Excess Conditions first appeared in Suwen·Yuji Zangzhen Lun, where the original text explicitly enumerates their characteristic manifestations.

Five Excess Conditions: Exuberant pulse, hot skin, abdominal distension, dysuria and constipation, depressed consciousness with blurred vision.

Five Deficiency Conditions: Thready pulse, cold skin, deficient qi, unregulated bowel and urinary discharge, inability to ingest food [4].

By examining Wang Bing's annotated commentary, his statement that "The five excesses refer to excess syndromes of the five zang-organs; the five deficiencies denote deficiency syndromes of the five zang-organs" appears straightforward on the surface, yet inherently embodies an interpretive framework that categorizes five types of symptoms under their corresponding five zang-organs respectively. Nevertheless, Wang Bing failed to specify which symptom corresponds to which zang-organ one by one, a task that was not accomplished until the Jin-Yuan period by Li Dongyuan.

In *Treatise on the Spleen and Stomach*, Li Dongyuan explicitly illustrated the five excess syndromes as follows: "Excessive pulse pertains to the heart, heated skin to the lung, abdominal distension to the spleen, dysuria and constipation to the kidney, and mental oppression with blurred vision to the liver." For the five deficiency syndromes, he elaborated: "Thin pulse belongs to the heart, cold skin to the lung, deficient qi to the liver, unregulated diarrhea to the kidney, and anorexia to the spleen". Li Dongyuan's annotation matched each of the five excess and five deficiency symptoms to a specific zang-organ channel, providing subsequent practitioners with visceral localization references for clinical diagnosis.

Centering his theoretical arguments on the spleen and stomach, Li Dongyuan categorized anorexia under spleen deficiency and abdominal distension under spleen excess. This classification places the spleen-stomach system at the pivotal hub of both five excess and five deficiency syndromes, which is an inevitable theoretical extension of his academic viewpoint that "all diseases originate from internal impairment of the spleen and stomach".

Although this visceral matching method has been widely adopted by later physicians, some scholars have pointed out that the original text of *Treatise on the True Viscera of Jade Mechanism* does not explicitly record fixed correspondences between the five symptoms and five zang-organs. The character "five" here may merely carry the connotation of "multiple" or "complete manifestation of various symptoms", rather than indicating a rigid one-to-five matching relationship[3]. Such interpretive openness in classical medical texts precisely reserves room for innovative elaborations by physicians of later generations.

Wang Bing of the Tang Dynasty annotated: "Five Excess Conditions refer to excess syndromes of the five zang-organs; Five Deficiency Conditions refer to deficiency syndromes of the five zang-organs." Zhang Jingyue of the Ming Dynasty further elaborated: "Five Excess Conditions manifest excess pathogeneses in all five zang-organs, while Five Deficiency Conditions manifest deficient pathogeneses in all five zang-organs." Zhang Zhicong also interpreted them from the perspective of zang-organ excess and deficiency, emphasizing the correlation between pathogen-healthy qi struggle and disease prognosis.

1.2. Etiology and Pathogenesis

Five Excess Conditions are predominantly caused by rampant pathogenic factors invading the five zang-organs, leading to blocked qi movement, exuberant yang-heat, consumption of yin fluid, and ultimately potential separation of yin and yang. Five Deficiency Conditions generally arise from debilitated genuine yang and exhausted genuine yin, resulting in malnourishment of the five zang-organs and severe depletion of healthy qi. Both represent critical clinical manifestations with poor prognosis and require timely intervention. Although the five excess syndromes arise from exuberant pathogenic factors and the five deficiency syndromes stem from exhaustion of healthy

qi, the two conditions are not completely isolated from one another during disease progression. Zeng Yaoming et al. proposed that if pathogenic obstruction persists for a long time in patients with five excess syndromes, yin fluid will be depleted, and yang qi will lose its attachment, which may abruptly develop into collapse syndrome. For five deficiency syndromes, if stomach qi recovers and healthy qi becomes abundant, the condition may also transform into an excess pattern [2].

In other words, the two syndromes represent two different manifestations of the same critical severe condition: the five excess syndromes correspond to obstructive blockage, while the five deficiency syndromes correspond to unconsolidated collapse. Zhang Tianxing held this identical viewpoint, stating that the five excess patterns fall under obstructive syndromes, and the five deficiency patterns belong to collapse syndromes [3].

From the perspective of pathogenic evolution, untreated obstructive syndromes lead to gradual consumption of healthy qi trapped together with pathogenic factors, ultimately progressing from obstruction to collapse. Conversely, if collapse syndromes receive appropriate intervention and primordial qi gradually revives, excess manifestations marked by confrontation between pathogenic factors and healthy qi may re-emerge.

This understanding of dynamic inter-transformation demands that clinicians, when managing patients presenting five excess or five deficiency syndromes, not only accurately identify the current nature of the pattern but also predict its potential progression. This is precisely the critical pivot behind the therapeutic principles of “avoid premature intervention” and “avoid delayed intervention”. Premature or belated treatment, as well as excessive tonification or excessive purgation, all carry the risk of triggering adverse deterioration of the disease condition.

2. Therapeutic Principles of “Avoid Hasty Intervention” and “Avoid Delayed Treatment”

2.1. Perspective from Acupuncture Therapy

The original context of Baoming Quanxing Lun centers on acupuncture treatment, hence the connotations of “avoid hasty intervention” and “avoid delayed treatment” should first be interpreted in terms of acupuncture reinforcing and reducing manipulations.

Yang Shangshan annotated: “For these five deficiency patterns, do not hastily administer reducing manipulations; for these five excess patterns, do not delay reducing therapy.” This stresses that purgative manipulations must not be recklessly applied to deficiency syndromes, while excess syndromes require immediate intervention without delay.

Feng Wenlin further proposed that “avoid hasty intervention” indicates contraindication of precipitous attack therapy and proximal acupoint selection; “avoid delayed treatment” denotes inadmissibility of sluggish therapy and exclusive distal acupoint selection. He highlighted the acupoint selection principle of “proximal and distal acupoints exert identical therapeutic effects”, embodying the integration of holistic concept and syndrome differentiation-based treatment in acupuncture practice[1]. When the maxim “Do not hastily tonify the five deficiency syndromes, do not delay purging the five excess syndromes” is examined within the holistic

theoretical framework of excess and deficiency in the Huangdi Neijing, its theoretical origins become far more distinct. Research conducted by Li Suyun demonstrates that the concepts of “excess” and “deficiency” governing reinforcing and reducing acupuncture manipulations in the Neijing carry an extremely broad range of meanings. At times they refer to waxing and waning of yin and yang; at others, the sufficiency or depletion of blood and qi; sometimes they denote the rise and fall of healthy qi versus pathogenic factors; and on other occasions, they directly describe excess and deficiency pattern manifestations [7].

The targets for reinforcing or reducing therapy differ corresponding to varying contexts of “excess and deficiency”: tangible blood stasis, pus and fluid are categorized as excess; empty and sunken vessels indicate deficiency; surplus or insufficiency of qi likewise constitutes excess and deficiency respectively. Evidently, the five excess and five deficiency syndromes fall under the category of “pattern excess and deficiency”, which are defined through comprehensive differentiation of symptom complexes.

Therefore, the instructions “do not hastily tonify” and “do not delay purging” represent more than mere selection of reinforcing and reducing manipulations—they embody precise control of therapeutic timing. Immediately after putting forward this therapeutic principle, *Treatise on Preserving Life and Perfecting Physical Form* employs the metaphor “Lie low like a cocked crossbow, act swiftly like releasing the trigger” to illustrate acupuncture practice, a highly pertinent analogy. Once a crossbow is fully drawn, the split second for pulling its trigger brooks no delay. Both purging excess and tonifying deficiency demand decisive intervention at the optimal moment [4]. Interpreting this emphasis on timing merely as the commonplace rule “tonify deficiency patterns and purge excess patterns” constitutes an overly superficial understanding.

2.2. Deduction for Herbal Formula Therapy

Although the original text is framed around acupuncture, the therapeutic principles of “avoid hasty intervention and avoid delayed treatment” are equally applicable to herbal medicine.

In *Treatise on Medical Origins*, Xu Dachun stated: “For patients with deficient constitution invaded by mild pathogens, purgation must never be excessive; for patients severely injured by excess pathogens, purgation must never be delayed.” This clarifies that deficiency syndromes require gradual tonification, whereas excess syndromes demand urgent purgation [6].

Combined with the formula composition principle of “treating superficial disorders with mild single-ingredient formulas, treating deep-seated disorders with compound multi-ingredient formulas” recorded in *Suwen·Zhi Zhen Yao Da Lun*, Feng Wenlin further inferred therapeutic strategies: grand compound formulas for gradual tonification in Five Deficiency Conditions[1], and concise small formulas for urgent purgation in Five Excess Conditions, broadening the application scope of this theory in herbal therapy. Extrapolating the acupuncture principles to herbal formula administration hinges on a renewed interpretation of the connotations of the two characters “jin (hasty intervention)” and “yuan (delayed intervention)”. In *Treatise on the Origin of Medicine · Discussion on Excess and Deficiency*, Xu Dachun states: “For patients with deficient constitution attacked by pathogenic factors, purgation must not be excessive; for injuries caused by exuberant pathogenic factors, purgation

cannot be delayed”[6]. Though this quotation does not directly annotate the original sentence from Treatise on Preserving Life and Perfecting Physical Form, its notion of “avoiding excessive purgation” aligns with the implication of “wu jin (do not hastily intervene)”, and the idea of “no delay in purgation” matches the core meaning of “wu yuan (do not delay intervention)”.

Feng Wenlin further integrated the principle of “no hasty intervention and no delayed intervention” with the formula construction rule “Treat mild conditions with odd-numbered prescriptions, severe conditions with even-numbered prescriptions” recorded in Treatise on the Ultimate True Essentials. He proposed that five deficiency syndromes should be treated with large formulas for mild tonification administered in small divided doses, allowing medicinal potency to permeate gradually so that healthy qi recovers slowly. In contrast, five excess syndromes call for small formulas for urgent purgation with concentrated medicinal power, enabling pathogenic factors to be discharged promptly[1].

Although such deduction risks over-interpretation, its reasoning remains highly illuminating. It reveals a fundamental truth: despite diverse argumentative perspectives across distinct chapters of the Huangdi Neijing, their core theories can mutually elaborate and corroborate one another. From the acupuncture principle of unified timing standard for both deficiency and excess, to the odd-even medicinal compatibility in herbal prescriptions, the Neijing’s ideology of treatment based on syndrome differentiation maintains consistent expression across all therapeutic modalities.

2.3. Therapeutic Thought Centered on Stomach Qi

Scholars including Zeng Yaoming emphasized that preservation of stomach qi constitutes the core of treatment for both Five Deficiency and Five Excess Conditions. The original statement “recovery is anticipated for deficiency patients once congee and gruel can be ingested and unregulated discharge ceases” indicates that restoration of stomach qi serves as the turning point for alleviation of deficiency disorders. The phrase “excess patients may recover upon spontaneous sweating and unobstructed bowel movement” signifies that unimpeded pathogen excretion marks a favorable prognosis for excess disorders. This viewpoint highly aligns with Li Dongyuan’s theory that “the spleen and stomach constitute the acquired foundation of human vitality[2]”. A close reading of two lines from Treatise on the True Viscera of Jade Mechanism — “When gruel and fluid can enter the stomach and severe diarrhea ceases, patients with deficiency patterns may survive; when spontaneous sweating occurs and smooth defecation is achieved, patients with excess patterns may survive” — reveals a thought-provoking observation. The critical prognostic signs that determine survivability for five excess and five deficiency syndromes in this chapter do not target the five zang-organs themselves, but correspond respectively to the free descending movement of stomach qi and qi movement of the exterior-interior dimension.

Zhang Tianxing provided an incisive elaboration on this viewpoint. He argued that inducing sweating and purgation for five excess syndromes aim to “regulate and unblock qi movement”, redistributing constrained yang qi to permeate the whole body; feeding gruel and liquid to nourish the stomach for five deficiency syndromes serves to “reinforce the source of transformation”, providing nourishment for depleted zang-organ qi [3].

In other words, the turning point for both five excess and five deficiency syndromes lies not in tonifying or purging the five zang-organs, but in regulating stomach function as well as exterior and interior qi movement. This insight shares a theoretical resonance with Li Dongyuan's academic proposition that "all diseases originate from internal impairment of the spleen and stomach", yet their focal points differ substantially. Li Dongyuan focused on the chronic pathogenic mechanism of internal damage to the spleen and stomach, whereas this discourse from the Huangdi Neijing centers on two concrete prognostic markers in critical conditions: the survival or collapse of stomach qi, and the outlets for pathogenic factors .

Zeng Yaoming et al. further emphasized that "the primary therapeutic priority for five deficiency syndromes is the recovery of stomach qi, while the core intervention for five excess syndromes is unblocking the exterior and interior" should be regarded as the fundamental clinical guideline derived from this theory [2].

3. Modern Research and Clinical Significance

3.1. Modern Interpretation of Closed Syndrome and Collapse Syndrome

Zhang Tianxing put forward an innovative perspective: Five Excess Conditions essentially correspond to closed syndromes, critical disorders characterized by blocked qi movement and obscured consciousness; Five Deficiency Conditions correspond to collapse syndromes, perilous disorders featuring depleted primordial qi and unconsolidated qi collapse. Based on clinical symptom complexes and practical practice, he pointed out that the numeral "five" does not rigidly correspond to the five zang-organs; instead, it underscores that simultaneous presentation of all characteristic symptoms is required for definitive diagnosis, conferring strong operability in clinical practice[3]. Zhang Tianxing further put forward a distinctive viewpoint: the character "five" in the terms "five excess syndromes" and "five deficiency syndromes" merely indicates that a diagnosis can only be confirmed when all corresponding symptoms manifest simultaneously, rather than demanding a rigid one-to-one correspondence with the five zang-organs [3].

This seemingly straightforward judgment rectifies a long-standing interpretive bias in historical annotations: the artificial assignment of each of the five symptoms to an individual zang-organ. From a clinical perspective, the concurrent presentation of thin pulse, cold skin, scant qi, unregulated diarrhea, and anorexia in a single patient collectively forms a symptom complex sufficient to diagnose "generalized deficiency of all five zang-organs", eliminating the need to separately explore why a thin pulse correlates with the heart or cold skin with the lung.

This diagnostic logic centered on integrated symptom complexes bears striking similarities to modern clinical reasoning built upon syndromes. It also reveals that the Huangdi Neijing already attained remarkable precision in the identification of critical and severe diseases.

3.2. Guiding Value for Identification of Severe and Critical Illnesses

The combined manifestations of Five Excess and Five Deficiency Conditions explicitly signal critical disease status. Clinically, presentation of such symptom complexes indicates life-threatening conditions necessitating decisive intervention. Modern emergency disorders such as shock and multiple organ dysfunction syndrome (MODS) share highly similar clinical manifestations with Five Excess and Five

Deficiency Conditions. The manifestations of the five excess syndromes — exuberant pulse, hot skin, abdominal distension, anuria and intestinal obstruction, and clouded consciousness — correspond to the hyperdynamic phase of systemic inflammatory response syndrome (SIRS) or early sepsis in modern emergency practice: tachycardia (exuberant pulse), fever (hot skin), gastrointestinal paralysis (abdominal distension), anuria and ileus (urinary and fecal retention), and disturbance of consciousness (clouded vision and mental oppression) [1].

The five deficiency manifestations — thin pulse, cold skin, scant qi, combined diarrhea and urinary incontinence, and anorexia — perfectly match the hypodynamic phase of late septic shock or multiple organ dysfunction syndrome (MODS): circulatory failure (thin pulse), hypothermia (cold skin), respiratory distress (scant qi), incontinence of urine and stool plus gastrointestinal dysfunction (uncontrolled diarrhea and inability to take food).

This correspondence between ancient symptom complexes and modern critical illness presentations renders the therapeutic maxim “Do not hastily tonify the five deficiency syndromes, do not delay purging the five excess syndromes” still a valuable reference for clinical management in intensive care units.

3.3. Modern Enlightenment on Therapeutic Timing and Rhythm

The principle of “avoid hasty intervention and avoid delayed treatment” offers critical references for contemporary clinical practice regarding the grasp of therapeutic timing and intervention rhythm. For instance, patients with septic shock (analogous to Five Excess Conditions) in the intensive care unit (ICU) require aggressive anti-infection therapy and bowel and urinary tract unblocking. In contrast, patients with heart failure complicated by low perfusion (analogous to Five Deficiency Conditions) demand cautious use of diuretics, prioritized nutritional support, and reinforcement of healthy qi. The timing philosophy embedded in the maxim “avoid hasty intervention and avoid delayed intervention” essentially addresses a core topic within contemporary critical care medicine: the balancing tension between timely and moderate therapeutic intervention. The early strategy of Early Goal-Directed Therapy (EGDT) precisely embodies the connotation of “do not delay intervention”: treatment must be initiated immediately upon diagnosis without any delay. In contrast, the selection of invasive procedures for frail elderly patients demands the prudence encapsulated by “do not hastily intervene” — drastic and aggressive therapies should never be lightly administered to patients with depleted physical constitution. Though these two therapeutic orientations appear contradictory, they converge under one unified principle: the decision of when to advance treatment and when to hold back hinges on an accurate differentiation of the patient’s excess or deficiency pattern.

4. Conclusions

In summary, the concise statement “Do Not Apply Aggressive Intervention to Five Deficiency Conditions, Do Not Delay Treatment for Five Excess Conditions” from Suwen·Baoming Quanxing Lun encapsulates core therapeutic wisdom of traditional Chinese medicine (TCM). It has been continuously interpreted and applied across dimensions: from the classical zang-organ excess-deficiency theory to modern redefinition of closed and collapse syndromes; from acupuncture reinforcing-reducing manipulations to purgation-tonification strategies of herbal formulas; and from

stomach qi doctrine to identification of critical illnesses. This theory continuously generates novel clinical value amid evolving interpretations and applications.

Future research may further validate the diagnostic sensitivity and specificity of the Five Deficiency and Five Excess diagnostic criteria via large-sample clinical data and evidence-based medicine methodologies, facilitating translational application of this theory within the modern medical system. Meanwhile, scholars shall strengthen restoration of the original contextual meaning of Huangdi Neijing texts and interdisciplinary integrated interpretation, avoiding far-fetched deductions, so as to realize genuine inheritance through innovation and innovative development based on inheritance. It is noteworthy that the theoretical interpretation of the five excess and five deficiency syndromes spans more than one thousand years, ranging from Wang Bing's visceral correspondence annotation to Zhang Tianxing's innovative interpretation based on obstruction and collapse syndromes. Its interpretive perspective has undergone a shift from visceral localization to qualitative pattern differentiation [3]. Such self-renewal of interpretive frameworks demonstrates that the vitality of classical theories does not lie in rigid adherence to a single annotated explanation, but rather in the inherent flexibility of their conceptual systems to accommodate novel clinical experiences.

Conflicts of Interest

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

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