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Analysis of similarities and differences between Banxia Xiexin Decoction and Shengjiang Xiexin Decoction in *Treatise on Febrile Diseases*

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Abstract. This paper focuses on two classical formulas in the *Treatise on Febrile Diseases* (*Shanghan Lun*) used for regulating spleen and stomach qi dysfunction and treating syndromes with concurrent cold and heat patterns—Banxia Xiexin Decoction and Shengjiang Xiexin Decoction. Banxia Xiexin Decoction, with Banxia (Pinellia Rhizome) as the principal herb and combined with Huangqin (Scutellaria Root), Huanglian (Coptis Rhizome), Ganjiang (Dried Ginger), and others, seeks to harmonize the interplay between cold and heat, resolve focal distension, and specifically address epigastric obstruction caused by spleen and stomach disharmony with mixed cold-heat patterns. In contrast, Shengjiang Xiexin Decoction involves a refined adjustment of herbal proportions, with Shengjiang (Fresh Ginger) as one of its principal constituents, emphasizing its gentle antiemetic, qi-regulating, and water-metabolizing properties, providing targeted treatment for epigastric fullness and vomiting induced by water-heat accumulation and gastric deficiency with food stagnation. This study conducts an in-depth comparison from the perspectives of herbal composition, therapeutic emphasis, core pathomechanism, and clinical application, analyzing the formulaic wisdom of "originating from the same source but each with a specialized focus", and revealing their complementary value in treating spleen and stomach disorders. The findings provide theoretical support and practical reference for syndrome-based treatment of modern gastrointestinal diseases and offer a perspective for expanding integrated Chinese and Western medicine approaches.

Keywords: Banxia Xiexin Decoction, Shengjiang Xiexin Decoction, *Treatise on Febrile Diseases*, spleen and stomach disorders, similarities and differences analysis, syndrome-based treatment

1. Introduction

As a classic of Traditional Chinese Medicine (TCM) authored by Zhang Zhongjing during the Eastern Han Dynasty, the *Treatise on Febrile Diseases* (*Shanghan Lun*) established a comprehensive system of syndrome differentiation and treatment. Its recorded classical formulas are rigorously constructed and therapeutically precise, exerting a profound and lasting influence on the development of TCM. Within the formulaic system for regulating the spleen and stomach, the Xiexin Decoction series—including Banxia Xiexin Decoction,

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Shengjiang Xiexin Decoction, and Gancao Xiexin Decoction—centers on the therapeutic principle of "harmonizing cold and heat and resolving focal distension", providing precise treatment strategies for disorders of spleen and stomach function and syndromes characterized by complex cold-heat patterns. The ultimate objective of therapy has consistently been complete recovery.

Banxia Xiexin Decoction first appears in *Shanghan Lun: Differentiation of Taiyang Disease with Pulse and Treatment* (*Shanghan Lun · Bian Taiyang Bing Mai Zheng Bing Zhi Xia*), which states: "When a patient has had typhoid for five or six days with vomiting and fever, and exhibits the signs of Chaihu Decoction, but other medicines have been administered and the Chaihu pattern persists, continue with Chaihu Decoction. Even if the condition seems to decline, it is not a reversal; the patient will gradually recover, sweating and fever will resolve, and the illness will be cured. If fullness and hardness with pain occur below the heart, this indicates 'Jie Xiong' (chest binding), and Da Xian Xiong Decoction should be used. If fullness occurs without pain, this is 'Pi' (focal distension); Chaihu is not appropriate, and Banxia Xiexin Decoction should be administered". In practice, if signs of the Chaihu Decoction pattern emerge and alternative treatments are applied, but the Chaihu-associated symptoms persist, continued Chaihu Decoction therapy is recommended. Even when the illness reaches a low point, this is not considered a reversal; with persistent treatment, the patient will gradually recover, manifesting sweat and fever resolution, and ultimately achieve a full cure. When the patient experiences fullness and pain in the epigastric region, this may indicate chest-binding syndrome (pleurisy), for which Da Xian Xiong Decoction is indicated. Conversely, if the fullness is present without pain, it may be diagnosed as Pi syndrome (focal distension), in which case Chaihu should be used cautiously, and Banxia Xiexin Decoction is the appropriate therapeutic choice. These principles established the standard rules for treating spleen-stomach damage and focal distension with mixed cold-heat patterns resulting from improper treatment of febrile diseases. Following this is Shengjiang Xiexin Decoction. According to the *Treatise on Miscellaneous Diseases* (*Shanghan Zabing Lun*), when patients develop gastric discomfort after sweating, experience epigastric hardness and focal distension, dry retching accompanied by abnormal food odors, hypochondriac fluid accumulation, abdominal rumbling, and diarrhea, Shengjiang Xiexin Decoction demonstrates remarkable efficacy in treating Pi syndromes caused by water-heat accumulation and gastric deficiency with food stagnation [1].

The spleen and stomach are regarded as the "foundation of postnatal existence" in TCM. However, in modern society, factors such as uncontrolled diet and emotional fluctuations have contributed to a steady increase in the incidence of spleen and stomach disorders. Chronic gastritis, peptic ulcers, and related conditions are often classified as Pi syndromes in TCM, with their root causes closely associated with dysregulation of spleen-stomach function and imbalance between cold and heat.

Current research comparing these two formulas often focuses on the clinical application of a single formula, with relatively limited systematic analyses of their composition principles, pathomechanistic differences, and appropriate indications. This has led to clinical issues such as "imprecise syndrome differentiation and inaccurate formula selection". This paper, based on the original *Shanghan Lun* text and supplemented by later commentaries and modern research, provides a comprehensive, multidimensional comparison of the two formulas, clarifying their key differentiation points and applicable scope, thereby promoting both the inheritance and innovation of classical formulas.

2. Review of academic history and research progress

2.1. Historical development

Both Banxia Xiexin Decoction and Shengjiang Xiexin Decoction originate from the Xiexin Decoction series recorded in the *Treatise on Febrile Diseases*, with their development closely linked to Zhang Zhongjing's insights into the pathomechanisms arising from mismanagement of febrile diseases. "Pi syndrome" (focal distension) is a common variant of febrile disease, often caused by improper sweating or purgation, which damages the yang qi of the spleen and stomach. In the epigastric region, pathogenic cold and heat interweave, causing qi stagnation. Zhang Zhongjing formulated the Xiexin Decoction series based on differing pathomechanisms of Pi syndrome, with Banxia Xiexin Decoction as the foundation. Shengjiang Xiexin Decoction was specifically designed to address symptoms such as "internal water-damp stagnation" and "gastric deficiency with food stagnation".

The formulation of Banxia Xiexin Decoction draws inspiration from the therapeutic principle in the *Huangdi Neijing* that "treat cold with heat, and heat with cold" [2]. This formula is characterized by the harmonization of cold and heat, the combination of acrid dispersing and bitter descending properties, and the integration of tonification and purgation. Its aim is to reconcile cold-heat imbalances, resolve focal distension, and address pathologies including indistinguishable cold-heat patterns, weakened spleen and stomach function, and obstructed qi movement. Since its introduction, it has been highly valued by successive generations of physicians. During the Jin Dynasty, Wang Shu recorded related content in *Mai Jing* (*Pulse Classic*). In the Tang Dynasty, Sun Simiao included it under the "*Heart and Abdominal Pain*" chapter in *Beiji Qianjin Yaofang* (*Essential Prescriptions Worth a Thousand Gold for Emergencies*). In the Ming and Qing Dynasties, theoretical research was further advanced, with Ye Tianshi applying it flexibly to treat miscellaneous spleen-stomach disorders [3]. Shengjiang Xiexin Decoction continues Zhang Zhongjing's principle of "syndrome differentiation and treatment" but adjusts the herbal proportions of Banxia Xiexin Decoction, reducing the amount of Ganjiang (Dried Ginger) while increasing Shengjiang (Fresh Ginger). It specifically addresses post-sweating gastric deficiency, food stagnation generating heat, and water-damp retention syndromes, enhancing the warming and antiemetic effects and promoting the dispersion of water-damp. Its transmission through medical history has been orderly: the Tang Dynasty's Waitai Miyao supplemented decoction methods, the Song Dynasty's *Sanyin Jiyi Bingzheng Fanglun* clarified primary indications, and Qing physicians such as Ke Qin [4] and You Yi [5] provided precise interpretations of its pathomechanism and herbal compatibility. In the modern era, with the advancement of TCM modernization research, both the theoretical connotations and clinical applications of these formulas have been further expanded.

2.2. Characteristics of herbal efficacy and clinical application

2.2.1. Banxia Xiexin Decoction

2.2.1.1. Composition and mechanism of action

Banxia Xiexin Decoction consists of seven herbs, including Banxia (Pinellia Rhizome) and Huangqin (Scutellaria Root). Its formulation is not only balanced but also reflects the core pathomechanism of "intermingled cold and heat, spleen-stomach deficiency, and qi stagnation causing focal distension".

The chief herb, Banxia, is acrid and warm, used at a dosage of approximately 12 g (half sheng), dispersing nodules, drying dampness, transforming phlegm, harmonizing stomach qi, and descending rebellious qi to stop vomiting. This effectively alleviates disturbances arising from alternating internal cold and heat. The ministerial herbs, primarily Huangqin and Huanglian (Coptis Rhizome), are bitter and cold in nature, acting

synergistically. Huangqin, with its heat-clearing properties, targets pathogenic heat in the upper burner and Shaoyang meridians, while Huanglian clears the middle burner and heart fire. Together, they clear internal heat and resolve heat accumulation, forming a "cold-heat combined" therapeutic pattern with the acrid-warm Banxia. The assistant herbs—Ganjiang, Renshen (Ginseng), and Dazao (Jujube)—play supportive roles. Ganjiang, acrid and warm, warms and transforms cold from the spleen and stomach, enhancing Banxia's dispersing effect. Together with Huangqin and Huanglian, these herbs form a "acrid-dispersing, bitter-descending" pharmacological pattern. Renshen and Dazao, sweet and warm, tonify qi and strengthen the middle burner, effectively addressing spleen-stomach deficiency and integrating the actions of the bitter-cold herbs. Licorice (Gancao), sweet and neutral, further promotes qi and blood circulation and balances the overall formula, mitigating the acrid and bitter sensations and harmonizing cold and heat while ensuring appropriate tonification and purgation.

The entire formula adheres to the principle of "acrid dispersing and bitter descending, moderate cold-heat, coordinated tonification and purgation", integrating warming, clearing, and tonifying strategies. Its therapeutic objectives are to eliminate focal distension, harmonize stomach qi, and restore normal ascending and descending functions of the spleen and stomach, addressing both the root and the branch of the disorder [6].

2.2.1.2. Clinical application

Banxia Xiexin Decoction is widely used in clinical practice. It is indicated for patients presenting with epigastric focal distension, nausea and vomiting, borborygmus and diarrhea, yellow-white greasy tongue coating, and wiry, slippery, or soft pulses. The formula can be modified according to patient presentation and is commonly applied to a range of digestive system disorders and some conditions affecting other organ systems.

In the treatment of chronic gastritis, multiple clinical studies have demonstrated its remarkable efficacy. In one study involving 80 patients with chronic gastritis, the total effective rate of modified Banxia Xiexin Decoction reached 97.5% (39/40), compared with 80.0% in the Western medicine control group. The therapy significantly alleviated symptoms such as epigastric fullness and belching, and endoscopic observation confirmed improvements in mucosal inflammation. When combined with quadruple therapy, Banxia Xiexin Decoction enhanced Helicobacter pylori eradication rates, improving the therapeutic effect for H. pylori-associated gastritis while reducing adverse reactions [7].

According to TCM theory, gastric ulcers are classified under "epigastric pain" and "Pi syndrome", often arising from intermingled cold and heat and weakened spleen-stomach function. Banxia Xiexin Decoction, with its unique cold-heat harmonization and spleen-stomach nourishing properties, shows superior efficacy in treating gastric ulcers, particularly those with alternating cold and heat patterns. Its mechanisms of action involve gastric mucosal protection, inhibition of inflammatory responses, promotion of ulcer healing, and regulation of cellular function [8].

Additionally, the formula is effective in treating functional dyspepsia and other intestinal disorders, as well as recurrent oral ulcers, chronic hepatitis, and cholecystitis. As long as the core pathomechanism involves cold-heat intermingling and spleen-stomach dysfunction, satisfactory therapeutic outcomes can be achieved.

2.2.2. Shengjiang Xiexin Decoction

2.2.2.1. Composition and mechanism of action

Shengjiang Xiexin Decoction consists of eight herbs, including Shengjiang (Fresh Ginger) and Banxia (Pinellia Rhizome). The key difference lies in the increased use of Shengjiang (4 liang, approximately 12 g) as the chief herb and the reduction of Ganjiang (Dried Ginger) to 1 liang (approximately 3 g).

The chief herb Shengjiang, acrid, warm, and aromatic, warms the middle burner, stops vomiting, disperses retained water-damp, and promotes digestion, making it essential for treating gastric cold-induced vomiting.

The ministerial herbs Banxia and Ganjiang assist Shengjiang in warming and transforming cold pathogens, descending rebellious qi, and dispersing nodules. Given Shengjiang's strong warming effect, Ganjiang is reduced to prevent excessive acrid-dryness.

Huangqin and Huanglian, bitter and cold, focus on clearing heat and regulating internal heat caused by food stagnation. Renshen and Dazao, sweet and warm, tonify qi and harmonize the middle burner, complementing the actions of the other herbs. Licorice (Gancao), sweet and neutral, tonifies qi and harmonizes the formula, moderating the cold and heat properties. Collectively, the formula achieves "warming the stomach, dispersing water-damp, resolving focal distension, harmonizing the stomach, and stopping diarrhea and vomiting", precisely targeting the pathomechanism of "gastric deficiency with food stagnation and intermingled water-heat" [9].

2.2.2.2. Clinical application

Shengjiang Xiexin Decoction is clinically effective for various spleen and stomach disorders caused by gastric deficiency and food stagnation, particularly for patients with pronounced vomiting, acid regurgitation, borborygmus with diarrhea, and water-damp retention. It is widely used in modern clinical practice for digestive system diseases and conditions such as hyperemesis gravidarum.

In functional dyspepsia, a study involving 60 patients with cold-heat intermingling type dyspepsia demonstrated that Shengjiang Xiexin Decoction achieved a higher total effective rate than conventional Western treatments, significantly improving postprandial fullness, belching with foul odor, and regulating gastrointestinal motility and digestive enzyme secretion. Its warming and antiemetic effects are particularly prominent in patients with severe vomiting [10].

In chronic gastritis, patients with gastric deficiency and damp stagnation are recommended to use this formula. It demonstrates high total effective rates in the treatment of chronic atrophic gastritis, improving mucosal atrophy observed by endoscopy. When combined with antibiotics for H. pylori-associated gastritis, it enhances eradication rates and reduces gastrointestinal irritation caused by antibiotics [11].

Moreover, Shengjiang Xiexin Decoction is also effective for chronic enteritis and irritable bowel syndrome, demonstrating good therapeutic outcomes for syndromes consistent with its pathomechanistic indications.

3. Comparative analysis of Banxia Xiexin Decoction and Shengjiang Xiexin Decoction

3.1. Similarities

3.1.1. Shared theoretical origins and formulation basis

Both formulas originate from the Xiexin Decoction series in the *Treatise on Febrile Diseases*, grounded in Zhang Zhongjing's understanding of Pi syndrome caused by mismanagement of febrile diseases leading to spleen-stomach dysfunction and internal entrapment of pathogenic factors. From a pathomechanistic perspective, both share the presence of intermingled cold and heat, as well as underlying spleen-stomach deficiency and qi stagnation. In terms of formulation principles, both adhere to the concepts of "combined use of cold and heat, acrid dispersing and bitter descending, integration of tonification and purgation". Additionally, the overarching therapeutic philosophy is to "harmonize yin and yang and restore qi movement".

In terms of composition, both formulas contain six core herbs, including Banxia and Huangqin. Their shared design emphasizes "acrid dispersing and bitter descending, cold-heat balance, and tonifying the spleen

and stomach", targeting the core pathomechanism and achieving the fundamental effects of "resolving focal distension, dispersing nodules, harmonizing the stomach, and strengthening the spleen".

3.1.2. Similar core efficacy and indications

The central efficacy of both formulas is "harmonizing the stomach and resolving focal distension", specifically targeting epigastric distension and discomfort caused by spleen-stomach qi dysfunction. Their main indications focus on Pi syndrome, particularly in digestive system disorders where cold and heat are intermingled and spleen-stomach function is impaired.

Clinically, both formulas can be applied to digestive disorders such as chronic gastritis. Symptoms such as epigastric distension and poor appetite represent key diagnostic points for their use.

3.1.3. Shared principles of herbal compatibility and mechanism of action

During formulation, both formulas emphasize acrid dispersing and bitter descending, as well as the combined use of cold and heat with integration of tonification and purgation. "Acrid dispersing" warms and disperses cold pathogens while opening and resolving focal distension; "bitter descending" clears heat and regulates stomach qi; "tonification and purgation" strengthens the spleen and eliminates pathogenic factors without harming the body.

Mechanistically, both formulas regulate the ascending and descending functions of the spleen and stomach, harmonize cold-heat balance, eliminate pathogenic factors, and restore normal qi circulation. Modern studies indicate that both have comparable efficacy in regulating gastrointestinal motility and related functions.

3.2. Differences

3.2.1. Differences in composition and dosage proportions

The primary distinction lies in the adjustment of Shengjiang (Fresh Ginger) and Ganjiang (Dried Ginger). In Banxia Xiexin Decoction, Ganjiang is used at approximately 9 g (3 liang), while Shengjiang is included only as a minor supporting herb. Banxia serves as the chief herb, with Ganjiang as an important ministerial herb; the acrid-warm properties are strong, focusing on warming the spleen-stomach, dispersing cold, and resolving focal distension. In Shengjiang Xiexin Decoction, Shengjiang becomes the chief herb, used at approximately 12 g (4 liang), while Ganjiang is reduced to 3 g (1 liang), emphasizing warming the middle burner, stopping vomiting, dispersing water-damp, and harmonizing digestion.

The shift in chief herb leads to changes in the relative roles and functional emphasis of other herbs, resulting in the characteristic "same formula, different treatment" approach.

3.2.2. Differences in targeted pathomechanism

In Banxia Xiexin Decoction, the core pathomechanism is intermingled cold and heat combined with spleen-stomach deficiency and qi stagnation, with "cold-heat intermingling" being central. Pathogenic cold and heat coexist in the epigastrium, with underlying spleen-stomach weakness. There is generally no significant water-damp stagnation or food-heat accumulation; the defining Pi syndrome is "fullness without pain", although common symptoms such as vomiting may still occur.

In Shengjiang Xiexin Decoction, the primary pathomechanism is "gastric deficiency with food stagnation and water-heat intermingling". As the degree of cold-heat intermingling and spleen-stomach deficiency deepens, internal water-damp retention arises. Pi syndrome manifests as "epigastric hardness", with characteristic symptoms such as foul belching. Pathogenic cold plays a relatively minor role.

3.2.3. Differences in therapeutic emphasis

Banxia Xiexin Decoction is distinguished by harmonizing cold and heat while resolving focal distension. Its emphasis is on balancing cold and heat: the combination of Ganjiang, Huangqin, and Huanglian achieves a

harmonious cold-warm effect, suitable for Pi syndromes with intermingled cold and heat and no clear predominance. Its antiemetic effect targets vomiting due to cold-heat intermingling, while its antidiarrheal effect primarily regulates the spleen-stomach and maintains cold-heat balance.

Shengjiang Xiexin Decoction focuses on "warming the stomach, dispersing water, resolving focal distension, and harmonizing the stomach", with an emphasis on dispersing water and facilitating digestion. By increasing Shengjiang, it disperses water-damp, resolves focal distension, and harmonizes the stomach. Ganjiang is used sparingly to warm cold pathogens. This formula is particularly suitable for Pi syndromes with water-heat intermingling, pronounced water-damp retention, and food stagnation. Its antiemetic effect is highly targeted for vomiting due to gastric deficiency with water stagnation, while its antidiarrheal effect focuses on dispersing water-damp and regulating spleen-stomach function.

3.2.4. Differences in clinical application

Banxia Xiexin Decoction is particularly effective for spleen-stomach disorders caused by intermingled cold and heat and qi stagnation, with epigastric fullness as a key diagnostic indicator. Symptoms such as food stagnation and water-damp retention are usually not prominent. It is highly effective in treating conditions like chronic gastritis.

Shengjiang Xiexin Decoction also demonstrates efficacy in treating spleen-stomach disorders, but its main therapeutic focus is gastric deficiency with food stagnation and water-heat intermingling. Key diagnostic indicators include epigastric hardness, with visible manifestations of food stagnation and water-damp retention. It is commonly applied to functional dyspepsia, chronic gastritis, chronic enteritis, and hyperemesis gravidarum.

4. Discussion and conclusion

4.1. Discussion

Both Banxia Xiexin Decoction and Shengjiang Xiexin Decoction are recorded in the *Treatise on Febrile Diseases* and share a similar formulation basis. However, through subtle adjustments in herbal dosage, they exhibit the characteristic of "same formula, different treatment", reflecting the academic principles of syndrome differentiation and individualized prescription. The core distinction lies in their precise targeting of pathogenic factors within the "intermingled cold and heat" pathomechanism. Banxia Xiexin Decoction focuses on the fundamental pathomechanism, encompassing pure cold-heat intermingling and spleen-stomach deficiency. Shengjiang Xiexin Decoction, on the other hand, is more suited to complex pathomechanisms, addressing cold-heat intermingling accompanied by internal water-damp retention and food stagnation generating heat.

From a formulation logic perspective, both adhere to classical compatibility principles. Banxia Xiexin Decoction embodies the harmonizing philosophy of "equal attention to cold and warmth", while Shengjiang Xiexin Decoction emphasizes a targeted approach of "warming and dispersing as the primary strategy, clearing heat as secondary". This flexibility is a hallmark of the vitality of classical prescriptions. Modern studies indicate that the two formulas differ in their therapeutic targets and intensity, aligning with their respective efficacy profiles.

Clinically, the application boundaries of the two formulas are not strictly separated. They can be adapted, combined, or alternated according to the patient's condition, adhering to classical compatibility principles while reflecting the diagnostic philosophy of "treat according to syndrome differentiation and stop when the disease is resolved".

4.2. Conclusion

In the treatment of Pi syndrome of the spleen and stomach in the *Treatise on Febrile Diseases*, Banxia Xiexin Decoction and Shengjiang Xiexin Decoction serve as complementary "left and right arms". They share commonalities in theoretical origins, formulation basis, and core efficacy. Both emphasize acrid dispersing and bitter descending, the coordinated use of cold and heat, and the integration of tonification and purgation, with the central therapeutic principle of "harmonizing the stomach and resolving focal distension" to address Pi syndromes caused by spleen-stomach dysfunction. At the same time, notable differences exist in composition, targeted pathomechanism, therapeutic emphasis, and clinical application. Banxia Xiexin Decoction, with Ganjiang as the key ingredient, primarily regulates cold and heat, demonstrating pronounced effects on Pi syndrome caused by pure cold-heat intermingling as well as Pi syndrome arising from spleen-stomach deficiency. Shengjiang Xiexin Decoction, with Shengjiang as its "therapeutic core". focuses on dispersing water and aiding digestion, specifically addressing Pi syndrome caused by gastric deficiency with food stagnation and water-heat intermingling.

A systematic comparison of the two formulas aids clinicians in precise syndrome differentiation and selection of appropriate treatment, while uncovering the wisdom embedded in classical prescriptions. Future research should further integrate basic and clinical studies to clarify mechanisms of action and material basis, define patient populations and efficacy characteristics, explore integrative medicine approaches, expand the scope of application, and continue to advance research on the principles of classical herbal compatibility, thereby promoting the sustained development of traditional Chinese medicine.

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