

An exploration of stage-based syndrome differentiation and treatment of gout based on the theory of "integrating movement and stillness"

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Abstract. This study investigates the clinical approach and practical experience of treating gout based on the Traditional Chinese Medicine (TCM) theory of "integrating movement and stillness", with the aim of providing a reference for the standardized TCM treatment of gout. The study systematically reviews the theoretical origins of "movement–stillness integration" in TCM, analyzes the core pathogenesis at different stages of gout, and, drawing on Professor Jiyong Huang's clinical experience—derived from the teachings of the nationally renowned senior TCM expert Yongsheng Fan—expounds in detail the principles of medication, herbal compatibility, and clinical application of this theory across the various stages of gout. Representative clinical cases are included for validation. The theory of "integrating movement and stillness" is grounded in the holistic concept of TCM and syndrome differentiation based on deficiency and excess. "Moving" medicinals primarily function to attack pathogenic factors, promote circulation, and disperse obstruction, forming the core strategy for eliminating pathogens; "still" medicinals emphasize astringing, consolidating, and tonifying actions, thereby protecting vital qi and maintaining physiological balance. The fundamental pathogenesis of gout is characterized by "root deficiency with branch excess" and a mixture of deficiency and excess. In the stage of hyperuricemia, spleen and kidney deficiency with internal accumulation of damp turbidity predominates, and treatment follows the principle of "stillness as primary, movement as adjunct", focusing on strengthening the spleen and transforming turbidity. In the acute stage, damp-heat obstruction and stagnation in the channels and collaterals are dominant, and treatment emphasizes "movement as primary, stillness as adjunct", aiming to clear heat and unblock the channels. In the chronic stage, phlegm, blood stasis, and turbid toxins congeal alongside liver and kidney deficiency, and treatment adopts a balanced approach of "equal emphasis on movement and stillness", with the dual goals of eliminating turbidity and supporting the body's vital qi. Clinical application of this theoretical framework through appropriate herbal combinations can effectively alleviate symptoms in gout patients, reduce serum uric acid levels, and decrease the frequency of acute attacks, while avoiding the limitations associated with treatments that rely solely on pathogen elimination or solely on tonification. The study concludes that the theory of "integrating movement and stillness" aligns closely with the dynamic evolution of gout pathogenesis. Its therapeutic principles—"using movement to eliminate pathogens and unblock channels, and stillness to protect vital qi and consolidate the root"—offer clear clinical guidance across all stages of gout. Furthermore, integrating this approach with Western medicine interventions can enhance overall therapeutic efficacy and delay disease progression.

Keywords: gout, hyperuricemia, integration of movement and stillness, traditional Chinese medicine theory

1. Introduction

Gout is a common rheumatic and immunological disorder in clinical practice, primarily characterized by elevated serum uric acid levels and the deposition of monosodium urate crystals in joints and surrounding tissues, leading to acute episodes of redness, swelling, heat, and pain in the joints. With prolonged disease progression, patients may develop tophi, joint deformities, and even hepatic and renal dysfunction [1]. In recent years, influenced by factors such as the westernization of dietary patterns, disrupted daily routines, and increasing psychological stress, the incidence of gout in China has shown a marked upward trend, with a progressively younger age of onset. At present, the prevalence of hyperuricemia in China has reached 17.7%, affecting approximately 180 million individuals, while the prevalence of gout is 3.2%, with an estimated 25.56 million patients, making it a significant public health concern [2]. From the perspective of Western medicine, the treatment of gout focuses primarily on anti-inflammatory therapy and urate-lowering strategies. Although these approaches are characterized by precise targets and rapid onset of action, long-term use is often associated with adverse effects such as cutaneous reactions, hepatic and renal impairment, and cardiovascular complications, and they remain limited in fundamentally reducing the frequency of acute attacks [3].

Traditional Chinese Medicine (TCM) has a long-standing understanding of gout, categorizing it under conditions such as "bi syndrome", "articular disease", and "white tiger joint disorder". Guided by a holistic perspective and centered on syndrome differentiation and treatment, TCM demonstrates advantages including fewer side effects, strong therapeutic specificity, and efficacy in reducing recurrence [4]. The concept of "integrating movement and stillness" is a syndrome differentiation-based therapeutic principle rooted in the holistic framework of TCM. It emphasizes the flexible adjustment of the proportion and combination of "moving" and "still" medicinals according to the dynamic interplay of deficiency and excess and the evolution of pathogenesis. Building upon the clinical experience of the nationally renowned senior TCM expert Yongsheng Fan in the treatment of gout, Professor Jiyong Huang has systematically developed and applied the theory of "integrating movement and stillness" to guide clinical management across different stages of the disease. By adhering to the compatibility principle of "moving medicinals to eliminate pathogenic factors and still medicinals to protect vital qi", this approach achieves a balance between attack and reinforcement, as well as the harmonization of yin and yang, yielding notable clinical efficacy. Drawing on both TCM theory and clinical practice, this paper systematically expounds the theoretical origins of "integrating movement and stillness", the stage-specific pathogenesis of gout, and the clinical experience in applying this approach, with the aim of providing new insights for the TCM-based clinical management of gout.

2. Theoretical origins

2.1. Ancient physicians' understanding of gout and the emergence of the movement–stillness concept

Prior to the Han dynasty, physicians generally classified disorders characterized by joint swelling and pain under the category of "bi syndrome". The *Huangdi Neijing: Suwen (Treatise on Bi Syndrome)* states: "When wind, cold, and dampness combine and invade, bi syndrome arises. Predominance of wind leads to migratory bi; predominance of cold leads to painful bi; predominance of dampness leads to fixed bi". This passage clearly identifies the etiology of bi syndrome as the invasion of wind, cold, and damp pathogens, which

obstruct the meridians and impede the flow of qi and blood. It also establishes syndrome differentiation based on the predominance of pathogenic factors, forming the theoretical foundation for the TCM understanding of arthralgia [5]. In the Han dynasty, Zhongjing Zhang classified gout-related conditions under "articular disease" (*lijie disease*) in the chapter "Pulse, Syndrome, and Treatment of Stroke and Articular Disease" in the *Jingui Yaolue (Essentials from the Golden Cabinet)*. He associated the condition with liver and kidney deficiency, insufficiency of qi and blood, exogenous wind invasion, and alcohol consumption in windy conditions. He proposed the formula Guizhi Shaoyao Zhimu Decoction for treatment, as indicated by the statement: "Pain in all joints of the limbs, emaciation, swelling of the feet as if detached, dizziness, shortness of breath, and a tendency to nausea—treated with Guizhi Shaoyao Zhimu Decoction." In this prescription, *Cinnamomi Ramulus* (Guizhi), pungent and warm in nature, unblocks the channels and disperses wind-cold, representing a typical "moving" medicinal; *Paeoniae Radix* (Shaoyao), sour and cool, nourishes yin and relieves spasm and pain, while *Anemarrhenae Rhizoma* (Zhimu), bitter and cold, nourishes yin and clears heat—both exemplifying "still" medicinals. Their combined use, integrating movement and stillness and balancing attack with tonification, reflects an early application of this therapeutic concept, with well-established clinical efficacy [6].

During the Tang dynasty, Tao Wang described gout as "white tiger disease" in the *Waitai Miyao (Arcane Essentials from the Imperial Library)*, characterizing its symptoms as "quiescent during the day but erupting at night, with pain penetrating to the bone marrow and persistent soreness, resembling a tiger's bite". This description closely corresponds to modern acute gout attacks. He attributed the pathogenesis to "toxins of wind, cold, heat, and dampness arising upon a background of deficiency, leading to obstruction of the meridians and stagnation of qi and blood accumulating in the joints". This view continues the Neijing concept of "pathogenic obstruction of the meridians" while emphasizing deficiency of vital qi as the underlying basis, thereby laying the groundwork for the later therapeutic principle of simultaneously eliminating pathogens and supporting vital qi [7].

In the Yuan dynasty, Danxi Zhu was the first to formally introduce the term "gout" and devoted specific discussions to it in *Danxi Xinfu* and *Danxi Zhifa Xinyao*. He identified the core pathogenesis as "damp-heat and phlegm-turbidity obstructing the meridians" and proposed the "Upper, Middle, and Lower Gout Formula" as a foundational prescription. In this formula, *Atractylodis Rhizoma* (Cangzhu) and *Phellodendri Cortex* (Huangbai) serve as chief herbs to clear heat and eliminate dampness; *Clematidis Radix* (Weilingxian), *Cinnamomi Ramulus* (Guizhi), and *Notopterygii Rhizoma* (Qianghuo) act as minister herbs to unblock the channels and activate collaterals; *Massa Medicata Fermentata* (Shenqu) functions as an assistant to strengthen the spleen and harmonize the stomach. Notably, Cangzhu and Huangbai clear heat and dry dampness in a moderate manner, embodying a "still" quality that prevents excessive dispersion from injuring the spleen, while Weilingxian and Guizhi promote channel flow without damaging yin, representing the "moving" aspect. Their combined use constitutes a concrete application of the movement–stillness integration principle. Furthermore, in *Gezhi Yulun (Supplementary Treatises on the Investigation of Things)*, Danxi Zhu proposed that "life is sustained through constant movement" and that "yang is often in excess while yin is often deficient." He argued that hyperactivity of ministerial fire can easily deplete yin essence, and that recurrent gout attacks over time tend to result in liver and kidney yin deficiency. This insight provides an important theoretical basis for the principle of "integrating elimination of pathogens with nourishment of the liver and kidney" in gout treatment [8].

2.2. Modern development and clinical refinement of the theory of integrating movement and stillness

Although physicians throughout history demonstrated the rudiments of combining "moving" and "still" medicinals in the treatment of gout, a systematic theoretical framework of "integrating movement and stillness" had not been fully established, nor had there been comprehensive stage-specific therapeutic strategies.

Building upon the clinical experience of the nationally renowned senior TCM expert Yongsheng Fan in treating rheumatic and immunological diseases, Professor Jiyong Huang has, in light of modern understandings of gout pathogenesis and extensive clinical practice, systematically refined and developed a theoretical system for treating gout based on the integration of movement and stillness.

Within this framework, "moving" medicinals refer to herbs with functions of attacking pathogens, promoting circulation, and dispersing obstruction—such as *Clematidis Radix* (Weilingxian), *Smilacis Glabrae Rhizoma* (Tufuling), *Polygoni Cuspidati Rhizoma* (Huzhang), and *Gentianae Macrophyllae Radix* (Qinjiao). Their primary role is to expel pathogenic factors and provide an outlet for their elimination, thereby serving as the dominant therapeutic force. In contrast, "still" medicinals refer to those with astringing, consolidating, and tonifying properties—such as *Atractylodis Macrocephalae Rhizoma* (Baizhu), *Mume Fructus* (Wumei), *Phellodendri Cortex* (Huangbai), *Testudinis Plastrum* (Guijia), and *Trionycis Carapax* (Biejia). Their core function is to counterbalance the potential excesses of "moving" medicinals, prevent over-dispersion from damaging vital qi, while nourishing the zang-fu organs and consolidating the body's foundational vitality. Professor Huang emphasizes that the onset of gout is closely related to improper diet, irregular lifestyle, and emotional dysregulation. Its fundamental pathogenesis is characterized by "root deficiency and branch excess," where root deficiency often involves insufficiency of the spleen, kidney, and liver, while branch excess manifests as the accumulation of phlegm-dampness, blood stasis, and toxic heat obstructing the meridians. As the pathogenesis evolves dynamically over the course of the disease, clinical treatment must be tailored to the specific stage, with flexible adjustment of the proportion of "moving" and "still" medicinals. This approach achieves the therapeutic objectives of "using movement to eliminate pathogens and unblock the channels, and stillness to protect vital qi and consolidate the root", aligning with the fundamental TCM principle of balancing attack and defense and harmonizing yin and yang.

3. The TCM connotation of the movement–stillness concept

3.1. The balance of "movement and stillness" within the human body

"Movement" and "stillness" constitute fundamental categories through which Traditional Chinese Medicine (TCM) understands both nature and the human body. The *Zhouyi (Book of Changes)* states that "renewal day by day is called great virtue, and ceaseless generation is called change", suggesting that movement serves as the fundamental driving force behind the transformation and development of all things, while stillness provides the basis for their formation and preservation. Movement and stillness are mutually rooted and interdependent, together constituting the operational laws of the universe [9]. The *Huangdi Neijing: Suwen (Great Treatise on the Correspondence of Yin and Yang)* further notes that "the movement and stillness of heaven and earth are governed by the spirit, thereby enabling growth, transformation, storage, and cyclical renewal", identifying the balance of movement and stillness as the core mechanism underlying natural processes. As an integral part of nature, human physiological activity likewise follows the principle of dynamic equilibrium between movement and stillness.

The *Suwen (Treatise on Ancient Natural Truth)* emphasizes that one should "align with heaven and earth, grasp yin and yang, regulate breathing essence, and preserve the spirit independently", thereby maintaining harmony with the dynamic rhythms of nature and sustaining internal balance. Within the human body, "movement" is manifested in the circulation of qi, blood, and body fluids, as well as the functional activities of the zang-fu organs, representing the outward expression of life; "stillness", by contrast, is reflected in the nourishment provided by qi, blood, and fluids and the storage of essence within the organs, forming the internal foundation of vitality. Imbalance between movement and stillness gives rise to pathology: excessive movement leads to reckless circulation of qi and blood and hyperactivity of organ functions, thereby depleting yin essence; excessive stillness results in stagnation of qi and blood and functional decline of the organs, promoting the accumulation of phlegm, dampness, and blood stasis.

The pathogenesis of gout fundamentally reflects such an imbalance. Irregular diet—particularly excessive consumption of rich, greasy foods—impairs the spleen and stomach's transformative functions, preventing the proper distribution of nutritive essence. This leads to the accumulation of dampness, phlegm, and turbid toxins, representing an excess of "stillness", characterized by functional decline and sluggish circulation of qi, blood, and fluids. These turbid toxins then obstruct the meridians, transform into heat, and impede qi and blood flow, giving rise to joint redness, swelling, heat, and pain—an expression of excessive "movement", in which pathogenic factors become hyperactive and disrupt normal circulation. With chronicity and recurrent attacks, these pathogenic factors further consume the essence of the zang-fu organs, resulting in deficiencies of the spleen, kidney, and liver, which in turn exacerbate the imbalance between movement and stillness, forming a vicious cycle of "excess of pathogenic factors with underlying deficiency and a mixture of deficiency and excess".

3.2. The "movement–stillness" attributes of medicinals and principles of compatibility

The classification of Chinese medicinals into "moving" and "still" categories is based on their intrinsic properties, therapeutic functions, and meridian tropism, and is closely related to their four natures, five flavors, and directional tendencies (ascending, descending, floating, and sinking). In general, "moving" medicinals are often pungent, bitter, and warm in nature, with ascending and dispersing tendencies. Their primary functions include dispelling wind and cold, clearing heat and eliminating dampness, unblocking the channels and collaterals, promoting blood circulation, resolving stasis, and purging accumulations. Their characteristic action is "moving without retention", facilitating the circulation of qi and blood and eliminating pathogenic factors; however, they may also consume vital qi and deplete yin if used excessively. Representative examples include *Clematidis Radix* (Weilingxian), *Polygoni Cuspidati Rhizoma* (Huzhang), *Gentianae Macrophyllae Radix* (Qinjiao), and *Smilacis Glabrae Rhizoma* (Tufuling). "Still" medicinals, by contrast, are typically sweet, sour, or cold in nature, with descending and consolidating tendencies. Their functions focus on strengthening the spleen and augmenting qi, nourishing the liver and kidney, astringing and securing, and enriching yin to generate fluids. Their action is characterized as "retaining without dispersing", enabling the preservation of essence and nourishment of yin and blood; however, they may also cause cloying stagnation or retain pathogenic factors if overused. Representative examples include *Atractylodis Macrocephalae Rhizoma* (Baizhu), *Mume Fructus* (Wumei), *Testudinis Plastrum* (Guijia), *Phellodendri Cortex* (Huangbai), and *Dioscoreae Rhizoma* (Shanyao).

The compatibility of "moving" and "still" medicinals is not a simple additive combination, but rather a dynamic adjustment based on syndrome differentiation of deficiency and excess, specifically the relative strength of pathogenic factors and vital qi. The core principle may be summarized as follows: when excess predominates, "moving" medicinals should be primary; when deficiency predominates, "still" medicinals

should be primary; and when deficiency and excess coexist, both should be given equal emphasis. More specifically, when pathogenic factors are exuberant and vital qi remains intact, "moving" medicinals should be used as the principal agents to eliminate pathogens, supplemented with a small proportion of "still" medicinals to prevent excessive dispersion from damaging the body. When vital qi is deficient but pathogenic factors persist, "still" medicinals should be prioritized to strengthen the body, with a minor addition of "moving" medicinals to eliminate residual pathogens. In cases where both pathogenic excess and vital deficiency coexist, "moving" and "still" medicinals should be used in tandem, balancing pathogen elimination with support of vital qi, thereby achieving the therapeutic goal of "eliminating pathogens without harming the body, and strengthening the body without retaining pathogens".

In the treatment of gout, the compatibility of "movement" and "stillness" must closely correspond to the evolving pathogenesis. In the acute stage, where pathogenic factors are exuberant and vital qi is relatively intact, "moving" medicinals that clear heat, eliminate dampness, and unblock the channels should predominate, supplemented by a small amount of "still" medicinals to protect the spleen and stomach from excessive dispersion. In the hyperuricemia stage, where vital qi is deficient and pathogenic factors are in the early stages of accumulation, "still" medicinals that strengthen the spleen and kidney should be primary, with a small addition of "moving" medicinals to transform turbidity and promote circulation, thereby preventing cloying stagnation. In the chronic stage, characterized by both entrenched pathogenic factors and deficiency of vital qi, equal emphasis should be placed on "moving" and "still" medicinals, combining the elimination of turbidity and unblocking of channels with the nourishment of the liver and kidney, thus breaking the vicious cycle of "persistent pathogens with underlying deficiency".

3.3. Principles for the clinical application of movement–stillness integration in gout

In clinical practice, the application of the theory of "integrating movement and stillness" in the treatment of gout is grounded in the holistic perspective of TCM and syndrome differentiation of deficiency and excess. It follows the principles of "stage-based differentiation, treatment according to syndrome, mutual coordination of movement and stillness, and balanced attack and reinforcement", which are manifested in three main aspects:

First, stage-based differentiation determines the primary role of movement or stillness. According to the progression of gout, the disease is divided into the hyperuricemia stage, acute attack stage, and chronic stage. The relative emphasis on "moving" and "still" medicinals is determined based on the core pathogenesis at each stage, thereby enhancing therapeutic precision.

Second, treatment is tailored to individual syndromes by adjusting the proportion of movement and stillness. Even within the same stage, differences in constitution and concurrent syndromes result in variations in deficiency and excess. Therefore, the proportion of "moving" and "still" medicinals must be flexibly adjusted based on clinical manifestations such as tongue and pulse, as well as symptomatology. For example, in patients with a weak constitution, the dosage of potent "moving" medicinals should be reduced and replaced with milder alternatives; in patients with yin deficiency, the proportion of yin-nourishing "still" medicinals should be increased to prevent further depletion.

Third, movement and stillness should be used in mutual coordination, avoiding unilateral therapy. Exclusive reliance on "moving" medicinals to eliminate pathogens may damage vital qi and lead to recurrent disease, while exclusive use of "still" medicinals for tonification may result in cloying stagnation and retention of pathogens. Through appropriate combination, pathogen elimination and vital reinforcement can complement each other, achieving a balanced state of yin and yang.

As stated in *Yizong Bidu (Essential Readings in Medicine)*: "Pain with distension and obstruction is often excess; pain without distension or obstruction is often deficiency. Pain that resists pressure indicates excess;

pain relieved by pressure indicates deficiency. Preference for cold suggests excess; preference for warmth suggests deficiency". This underscores that the differentiation of deficiency and excess in pain disorders must be based on a comprehensive assessment of symptoms, tongue and pulse, and constitution [10]. In the clinical treatment of gout, the compatibility of "moving" and "still" medicinals should likewise adhere to this principle, taking into account the nature of pain, degree of joint swelling, thermal preferences, pulse characteristics, age, and constitution, so as to appropriately balance attacking and tonifying strategies and ensure that treatment aligns with the patient's specific condition.

4. Evolution of pathogenesis and stage-based syndrome differentiation of gout

The clinical course of gout exhibits a clear stage-wise progression. Its pathogenesis is fundamentally characterized by "root deficiency with branch excess" and a mixture of deficiency and excess. Root deficiency primarily involves insufficiency of the spleen, kidney, and liver–kidney systems, while branch excess manifests as the accumulation of phlegm–dampness, blood stasis, and toxic heat obstructing the meridians. As the disease progresses, the pathogenesis follows a dynamic trajectory "from superficial to deep, from excess to deficiency, and from relative excess to a mixture of deficiency and excess". Based on clinical practice, gout may be divided into three stages: the hyperuricemia stage, the acute attack stage, and the chronic stage. The pathophysiological characteristics and key points of syndrome differentiation for each stage are as follows:

4.1. Hyperuricemia stage: rooted in spleen–kidney deficiency with manifestation of internal damp-turbidity

Acute gout attacks do not arise abruptly but represent the culmination of a gradual process involving long-term imbalance of qi and blood, with progressive accumulation of dampness, turbidity, phlegm, and stasis. The hyperuricemia stage constitutes the preclinical phase of gout. At this stage, patients typically lack the characteristic symptoms of joint redness, swelling, heat, and pain, remaining in a latent or "quiescent" state. Consequently, it is often overlooked, although pathological factors such as dampness, turbidity, and stasis are already accumulating internally, laying the groundwork for future acute attacks [11].

The core pathogenesis of this stage is "root deficiency of the spleen and kidney with manifestation of internal damp-turbidity", with disordered metabolism of clear and turbid substances as a central feature. The spleen governs transformation and transportation and serves as the hub of fluid metabolism and the generation of qi and blood. Modern lifestyles characterized by irregular diet, excessive intake of rich and greasy foods, and physical inactivity tend to impair spleen function, resulting in failure to properly distribute the essence of food and fluids, which instead accumulate as dampness and phlegm, giving rise to internal turbidity. The kidney governs qi transformation and the opening and closing of water pathways, forming the basis of fluid metabolism. When spleen and kidney are deficient, kidney qi becomes insufficient, impairing its transformative function and hindering the excretion of turbid pathogens, which accumulate in the body and lead to elevated serum uric acid levels. The viscous and obstructive nature of dampness further impedes the movement of qi, exacerbating spleen deficiency and kidney insufficiency, thereby forming a vicious cycle: "dampness encumbering the spleen → further spleen deficiency → increased dampness", and "turbidity obstructing the kidney → further kidney deficiency → greater accumulation of turbidity".

The key points of syndrome differentiation in this stage include persistently elevated serum uric acid levels without overt joint symptoms, accompanied by heaviness of the body, low-grade irritability or heat sensation, fatigue, abdominal distension, sticky or sweet taste in the mouth, loose stools, a thick and greasy tongue coating, and a soft, moderate pulse—typically indicative of spleen deficiency with dampness predominance. If

accompanied by soreness and weakness of the lower back and knees, dizziness and tinnitus, frequent nocturia, a pale and swollen tongue, and a deep, thready pulse, the pattern is more consistent with combined spleen–kidney deficiency.

4.2. Acute attack stage: manifestation of damp-heat obstruction with underlying spleen–kidney deficiency

The acute stage of gout corresponds in TCM to categories such as "damp-heat bi", "heat bi", or "articular wind". It represents the phase of "exuberant pathogenic factors with marked branch excess" and is often triggered by factors such as dietary indiscretion, alcohol consumption, fatigue, or exogenous wind invasion [12]. The core pathogenesis is characterized by root deficiency and branch excess, with predominance of the latter, involving the accumulation of damp-heat and toxic turbidity obstructing the meridians and impairing the circulation of qi and blood.

In individuals with pre-existing spleen and kidney deficiency, impaired transformation leads to the generation of dampness and turbidity, which may stagnate and transform into heat, forming damp-heat toxic pathogens. Upon exposure to triggering factors, these damp-heat toxins rapidly accumulate in the joints and interstices, obstructing the meridians and impeding the flow of qi and blood, resulting in the principle that "obstruction leads to pain". When heat toxins become intense, they may "consume the flesh", leading to pronounced local inflammation, manifested as severe redness, swelling, heat, and pain in the affected joints, with marked tenderness and restricted movement. In addition, liver qi stagnation plays a significant role in this stage. The liver governs the free flow of qi, and emotional disturbances or chronic illness may impair this function, leading to stagnation of qi, which in turn disrupts fluid distribution and metabolism, further promoting the accumulation of damp-heat toxins in the joints and exacerbating the condition.

The key points of syndrome differentiation include sudden onset of severe joint redness, swelling, heat, and pain, marked tenderness to palpation, and restricted movement, often involving the first metatarsophalangeal joint, ankle, or knee. These symptoms are commonly accompanied by bitter and sticky taste in the mouth, dark-yellow urine, constipation, a red tongue with yellow greasy coating, and a slippery, rapid pulse—indicative of damp-heat obstruction. If the patient presents with stabbing pain fixed in location, a dark-red tongue or petechiae, and a choppy pulse, the pattern is more consistent with damp-heat complicated by blood stasis. Although branch excess predominates in this stage, its occurrence is always rooted in underlying spleen–kidney deficiency; therefore, treatment should not focus solely on eliminating pathogens but must also consider the underlying deficiency.

4.3. Chronic stage: manifestation of congealed phlegm, stasis, and toxic turbidity with root deficiency of liver, kidney, and spleen–kidney

Chronic gout typically develops from recurrent acute attacks, prolonged disease duration, or inadequate or inappropriate treatment. Its pathogenesis is more complex than that of the acute stage and is characterized by "root deficiency with branch excess", a mixture of deficiency and excess, and the congealing of phlegm, blood stasis, and toxic turbidity within the collaterals. This stage represents a condition in which pathogenic factors persist while vital qi is deficient [13].

At this stage, root deficiency is more pronounced than in earlier phases. In addition to spleen–kidney deficiency, liver–kidney deficiency becomes central. Prolonged disease and recurrent damp-heat toxins gradually deplete liver and kidney yin essence. Since the liver governs tendons and the kidney governs bones, deficiency of these organs leads to malnourishment of the musculoskeletal system, resulting in joint stiffness and restricted mobility. The branch excess is characterized by the transformation of long-standing damp-heat

turbidity into toxic substances, which combine with phlegm and blood stasis to form a congealed pathological complex lodged within the meridians and joints. As the disease persists, pathogenic factors penetrate deeper into the collaterals ("chronic disease entering the collaterals"), where their viscous and tenacious nature further obstructs the circulation of qi and blood, forming a progressive chain of "qi stagnation → phlegm condensation → blood stasis → collateral obstruction". Tophi represent a hallmark clinical feature of this stage and fall within the TCM category of "collateral disease". They are the material manifestation of long-standing accumulation of turbidity, toxins, phlegm, and stasis within the collaterals, signifying a deeper, more tenacious, and refractory disease state that is more difficult to treat.

The key points of syndrome differentiation include a relative reduction in acute inflammatory symptoms such as redness, swelling, heat, and pain, but the presence of joint stiffness, restricted movement, dull aching or fixed stabbing pain, and palpable tophi. These are often accompanied by soreness and weakness of the lower back and knees, dizziness and tinnitus, fatigue, sallow complexion, a dark or purplish tongue with possible petechiae, a white or yellow greasy coating, and a deep, thready, or choppy pulse—indicative of congealed phlegm, stasis, and toxic turbidity with underlying deficiency of the liver, kidney, and spleen–kidney systems. Under triggers such as rich diet, overexertion, exposure to cold and dampness, or emotional disturbances, latent pathogenic factors may become reactivated, leading to acute exacerbations on the background of chronic disease. In such cases, the pathogenesis is characterized by "further aggravated root deficiency with sudden onset of branch excess", requiring a treatment strategy that addresses the urgent manifestations while simultaneously attending to the underlying deficiency.

5. Clinical application of the "dynamic–static combination" theory across different stages of gout

Professor Huang Jiyong applies the "dynamic–static combination" theory in the treatment of gout, with the core principle: "dynamic methods dispel pathogenic factors and unblock the channels, while static methods protect vital qi and consolidate the root". Based on the pathogenesis and syndrome differentiation at each stage of gout, the relative roles of "dynamic" and "static" medicinals, their representative herbs, and prescribing principles are determined. Adjustments are further made according to individual constitution and accompanying syndromes, thereby achieving pattern-based and individualized treatment. The clinical application of this theory at different stages of gout is outlined as follows:

5.1. Hyperuricemia stage: static as primary, dynamic as auxiliary — strengthening the spleen and kidney, transforming turbidity and promoting excretion

At this stage, patients are primarily characterized by deficiency of vital qi with the initial accumulation of pathogenic turbidity. Accordingly, treatment follows the principle of "static medicinals as the main approach, dynamic medicinals as support". Static medicinals strengthen the spleen and kidney and secure the root, thereby eliminating the source of damp-turbidity generation. Dynamic medicinals gently transform turbidity and promote urination, facilitating the excretion of damp-turbidity. Potent or harsh dynamic medicinals are contraindicated to avoid damaging vital qi.

Core Compatibility of Static Medicinals: For spleen deficiency with dampness accumulation, the main herbs include *Atractylodes macrocephala* (Baizhu), *Poria cocos* (Fuling), *Chinese yam* (Shanyao), and *stir-fried hyacinth bean* (Chaobian Dou), which strengthen the spleen, replenish qi, and resolve dampness. For combined spleen–kidney deficiency, *Cuscuta chinensis* (Tusizi), *Psoralea corylifolia* (Buguzhi), and *Eucommia ulmoides* (Duzhong) are added to tonify the kidney, strengthen the spleen, and warm yang to

promote qi transformation. *Atractylodes macrocephala* serves as the core static medicinal in this stage. It is sweet and warm in nature, effectively strengthening the spleen, replenishing qi, and drying dampness—addressing both root deficiency and excess turbidity. *Mume fruit* (Wumei), sour and neutral, is used in small amounts to astringe and protect vital qi, preventing excessive dispersion from dynamic medicinals. It also generates fluids, alleviates spasms, and harmonizes the actions of other herbs.

Core Compatibility of Dynamic Medicinals: Key herbs include *Smilax glabra* (Tufuling), stir-fried *Plantago asiatica* seeds (Cheqianzi), *Alisma orientale* (Zexie), and *corn silk* (Yumixu), which gently transform turbidity and promote diuresis, allowing damp-turbidity to be expelled via urination. *Smilax glabra* is a classical dynamic medicinal for gout and hyperuricemia. Sweet and bland in nature, it detoxifies, eliminates dampness, and unblocks the joints. Its mild and non-harsh action makes it suitable for long-term use in this stage. *Plantago seeds* and *Alisma* enhance diuresis, clear heat, and promote urinary flow, thereby strengthening the turbidity-transforming and draining effects of *Smilax glabra*.

Medication Principles: Static medicinals account for 70%–80% of the prescription, while dynamic medicinals comprise 20%–30%. The overarching principle is: "Strengthen the spleen and kidney without causing cloying stagnation; transform turbidity and promote excretion without harshness". If accompanied by bitter taste in the mouth and dryness, add stir-fried *Phellodendron amurense* (Huangbai) and *Anemarrhena asphodeloides* (Zhimu) to clear heat, dry dampness, and nourish yin. Huangbai, though bitter and cold, clears damp-heat without excessively damaging yin and possesses a "static" moderating quality that balances the dispersing tendency of dynamic medicinals. If accompanied by abdominal distension and poor appetite, add charred medicated leaven (Jiao Liushenqu) and *Citrus reticulata* peel (Chenpi) to strengthen the spleen, harmonize the stomach, regulate qi, and relieve distension, thereby preventing the cloying nature of static medicinals from impairing digestion.

5.2. Acute attack stage: dynamic as primary, static as auxiliary — clearing heat, draining dampness, unblocking channels, and relieving pain

At this stage, patients are characterized by excess pathogenic factors with a predominance of acute manifestations, while vital qi is not yet significantly depleted. Accordingly, treatment follows the principle of "dynamic medicinals as the main approach, static medicinals as support". Dynamic medicinals clear heat, drain dampness, unblock the channels, and dispel pathogenic factors, thereby rapidly alleviating joint redness, swelling, heat, and pain. Static medicinals protect the spleen and stomach, preserve yin, and generate fluids, preventing excessive dispersion and drainage from damaging the spleen or depleting yin, while also addressing underlying deficiency.

Core Compatibility of Dynamic Medicinals: For damp-heat obstruction syndrome, the main herbs include *Polygonum cuspidatum* (Huzhang), *Clematis chinensis* (Weilingxian), *Gentiana macrophylla* (Qinjiao), and *Lonicera japonica* stem (Rendongteng), which clear heat, drain dampness, unblock channels, and relieve pain. For damp-heat with blood stasis obstruction, stir-fried *Eupolyphaga seu Steleophaga* (Tubiechong), *Salvia miltiorrhiza* (Danshen), and *Paeonia veitchii* (Chishao) are added to invigorate blood, resolve stasis, and relieve pain. *Polygonum cuspidatum* serves as the core dynamic medicinal in this stage. Bitter and cold in nature, it strongly clears heat and dampness, detoxifies, and unblocks the channels, enabling rapid resolution of damp-heat turbidity in the joints. *Clematis* is acrid and warm, capable of unblocking channels, dispelling wind-dampness, and alleviating pain. Its dispersing and penetrating nature helps guide other medicinals directly to the affected sites, enhancing the effect of channel unblocking and pain relief. For patients with weaker constitution or prolonged disease with mild deficiency of vital qi, *Clematis* may be replaced by *Lonicera stem* (Rendongteng), which is sweet and cold, clearing heat and detoxifying while gently unblocking

the channels without damaging vital qi. It represents a "mild dynamic medicinal" suitable for deficient patients.

Core Formula of the Calming Herbs: Primarily composed of stir-fried *Atractylodes macrocephala*, black plum, and calcined oyster shell, this formula strengthens and protects the spleen and stomach while astringing yin and consolidating fluids. Stir-fried *Atractylodes macrocephala* fortifies the spleen and boosts qi, preventing the bitter and cold properties of the active herbs from damaging the spleen, thereby ensuring normal spleen and stomach functions and laying the foundation for expelling pathogenic factors; Black plum, with its sour and astringent properties, nourishes yin, generates body fluids, alleviates urgency, and relieves pain. It prevents the overly purgative and draining effects of the active ingredients from depleting yin essence, while also alleviating joint pain; Calcined oyster shell, which is salty and cold, has astringent and consolidating effects, softens hardness, and disperses nodules. When used in small quantities, it counterbalances the wandering and penetrating nature of the active ingredients, while simultaneously laying the foundation for the subsequent chronic phase of softening hardness, dispersing nodules, and resolving phlegm and blood stasis.

Medication Principles: Dynamic medicinals account for 70%–80%, while static medicinals comprise 20%–30%. The overarching principle is: "Clear heat and unblock channels without damaging yin; protect the spleen and stomach without retaining pathogenic factors". If joint redness, swelling, heat, and pain are severe, add *Cremastra appendiculata* (Shancigu) and *Taraxacum mongolicum* (Pugongying) to clear heat, detoxify, reduce swelling, and relieve pain. If accompanied by dark-yellow urine and constipation, add raw *Rheum palmatum* (Sheng Dahuang) and *Gardenia jasminoides* (Zhizi) to purge heat, drain fire, and eliminate turbidity via the bowels, facilitating the expulsion of damp-heat toxins through both urination and defecation. If accompanied by liver qi stagnation with irritability, add *Bupleurum chinense* (Chaihu) and *Curcuma aromatica* (Yujin) to soothe the liver, regulate qi, relieve constraint, and alleviate pain.

5.3. Chronic stage: equal emphasis on dynamic and static — transforming turbidity, unblocking channels, and nourishing the liver and kidney

At this stage, patients exhibit intertwined excess and deficiency, characterized by the congealing of pathogenic factors and depletion of vital qi. Therefore, treatment adopts a strategy of "equal emphasis on dynamic and static medicinals". Dynamic medicinals transform turbidity, unblock channels, invigorate blood, and soften hardness to resolve the pathological accumulation of phlegm, stasis, and turbidity. Static medicinals nourish the liver and kidney, strengthen the spleen, and reinforce vital essence, thereby enhancing the body's resistance and achieving a balance between eliminating pathogenic factors and supporting vital qi.

Core Compatibility of Dynamic Medicinals: Key herbs include *Clematis chinensis* (Weilingxian), *Gentiana macrophylla* (Qinjiao), *Smilax glabra* (Tufuling), stir-fried *Eupolyphaga* (Tubiechong), and *Serissa japonica* (Liuyexue), which transform turbidity, unblock channels, invigorate blood, resolve stasis, and soften hardness. The combination of *Clematis* and *Gentiana* enhances the effects of unblocking channels and dispelling wind-dampness, reaching the collaterals to resolve deeply lodged pathogenic factors. *Smilax glabra* combined with *Serissa japonica* strengthens detoxification, dampness elimination, and joint unblocking, gradually resolving turbidity accumulated in the joints. Stir-fried *Eupolyphaga* is essential for invigorating blood, resolving stasis, and reconnecting sinews and bones, making it particularly suitable for patients with tophi or joint deformities.

Core Compatibility of Static Medicinals: Key herbs include *tortoise shell* (Guijia), softshell turtle shell (Biejia), prepared *Rehmannia glutinosa* (Shudi), *Chinese yam* (Shanyao), and *Atractylodes macrocephala* (Baizhu), which nourish the liver and kidney and strengthen the spleen and kidney. *Tortoise shell and softshell turtle shell*, both salty and cold, serve as core static medicinals in this stage. They nourish yin, subdue yang,

strengthen bones, and soften hardness, thereby addressing both deficiency and the accumulation of nodules, making them suitable for long-term use in patients with tophi. Prepared Rehmannia and Chinese yam enhance yin nourishment and kidney tonification, reinforcing the effects of tortoise and turtle shells. *Atractylodes* strengthens the spleen, preventing excessive use of dynamic medicinals from impairing digestive function while also resolving dampness and eliminating the source of phlegm accumulation.

Medication Principles: Dynamic and static medicinals are used in approximately equal proportions (50% each). The overarching principle is: "Transform turbidity and unblock channels without damaging vital qi; nourish the liver and kidney without retaining pathogenic factors". If tophi are large with marked joint stiffness, add *Fritillaria thunbergii* (Zhebeimu) and *Prunella vulgaris* (Xiakucao) to soften hardness, dissipate nodules, and resolve phlegm accumulation. If accompanied by cold pain in joints and aversion to cold, add *Cinnamomum cassia* twig (Guizhi) and *Asarum heterotropoides* (Xixin) to warm the channels, dispel cold, and relieve pain. Guizhi functions as a "warming dynamic medicinal", enhancing channel unblocking while remaining gentle and not damaging yin. If accompanied by fatigue, shortness of breath, and reluctance to speak, add *Astragalus membranaceus* (Huangqi) and *Codonopsis pilosula* (Dangshen) to strengthen the spleen, tonify qi, and reinforce vital qi, thereby improving the body's ability to eliminate pathogenic factors.

6. Typical clinical cases

6.1. Case 1: acute gout attack

Patient: Wang (given name not provided), male, 38 years old. Initial consultation: May 12, 2023.

(1) Chief complaint: Recurrent joint pain for 6 years, with redness, swelling, heat, and pain in the right elbow joint for 3 days. Over the past six years, the patient experienced repeated episodes of joint pain. In 2018, he was treated with febuxostat for uric acid reduction; however, the medication was discontinued after one year due to mild hepatic dysfunction. Since then, his serum uric acid levels have remained persistently elevated, and he has intermittently self-administered febuxostat. Three days prior to presentation, following alcohol consumption, he developed redness, swelling, heat, and severe pain in the right elbow joint. The joint felt burning hot to the touch, with intense pain aggravated by pressure, and limited flexion and extension. Accompanying symptoms included morning fatigue, poor sleep, bitter and sticky sensation in the mouth, and dark-yellow urine. Tongue examination revealed a dark red tongue with a thick, greasy coating, and the pulse was slippery and rapid.

Auxiliary examinations: Serum uric acid 489 $\mu\text{mol/L}$; liver and renal function showed no obvious abnormalities.

Syndrome differentiation: Acute gout attack, characterized by damp-heat obstruction (bi syndrome). The patient has a relatively weak constitution due to long-term use of Western medications, with mildly deficient vital qi.

Treatment principle: Prioritize dispersing ("dynamic") medicinals with supportive ("static") medicinals; clear heat, eliminate dampness, unblock the channels, and relieve pain, while simultaneously protecting the spleen and stomach, nourishing yin, and calming the mind. Mild-acting medicinals are preferred, and drastic agents are avoided.

Prescription: *Lonicera japonica* stem (Rendongteng) 30 g, *Clematis chinensis* (Weilingxian) 12 g, *Smilax glabra* (Tufuling) 30 g, stir-fried *Plantago* seeds (Cheqianzi, decocted in a bag) 30 g, *Polygonum cuspidatum* (Huzhang) 10 g, *Gentiana macrophylla* (Qinjiao) 10 g, stir-fried *Phellodendron* bark (Huangbai) 9 g, stir-fried *Eupolyphaga* (Tubiechong) 10 g, *Sedum sarmentosum* (Chuipeencao) 15 g, *Humulus scandens* (Lücao) 15 g, fresh *Pueraria* root (Gegen) 30 g, stir-fried *Atractylodes macrocephala* (Baizhu) 15 g, *Alisma orientale* (Zexie)

15 g, Mume fruit (Wumei) 9 g, calcined oyster shell (Muli, pre-decocted) 30 g, charred *Massa medicata fermentata* (Jiao Liushenqu) 30 g, *Salvia miltiorrhiza* (Danshen) 10 g, *Serissa japonica* (Liuyuexue) 15 g. Seven doses were prescribed, decocted in water, one dose daily, taken warm in two divided doses (morning and evening). The patient was advised to abstain from alcohol, avoid high-purine foods, and remain on bed rest.

(2) Second consultation (May 19, 2023): The patient reported significant relief in right elbow pain. The burning sensation had resolved, and joint mobility improved. Morning fatigue was alleviated, though sleep remained suboptimal. Bitter and sticky mouth sensations had disappeared, and urination was clear and copious. The tongue remained dark red with a thin, greasy coating, and the pulse was slippery.

Auxiliary examination: Serum uric acid 456 $\mu\text{mol/L}$.

Syndrome differentiation: Gradual resolution of damp-heat turbidity and toxin, with partial recovery of vital qi, accompanied by mild disturbance of the mind. The original prescription was maintained, with the addition of *Polygonum multiflorum* vine (Yejiateng) 15 g to nourish the heart, calm the mind, and unblock the channels. Seven further doses were prescribed, administered as before.

(3) Third consultation (May 26, 2023): Joint pain had completely resolved, with normal range of motion restored. Sleep quality improved, physical strength recovered, and no significant discomfort remained. The tongue appeared light red with a thin white coating, and the pulse was moderate.

Auxiliary examination: Serum uric acid 368 $\mu\text{mol/L}$ (within normal range). The previous prescription was continued with modifications: Huzhang and stir-fried Tubiechong were removed; Rendongteng dosage was reduced to 20 g; Poria (Fuling) 15 g and *Dioscorea* (Shanyao) 15 g were added to strengthen spleen function and transform turbidity. Fourteen doses were prescribed, administered as before. The patient was advised to maintain regular daily routines, adhere to a low-purine diet, and avoid overexertion.

Follow-up: At one-month telephone follow-up, the patient's condition remained stable with no recurrence of joint pain; serum uric acid was 352 $\mu\text{mol/L}$, and overall quality of life had markedly improved. At three months, uric acid levels remained stable at approximately 360 $\mu\text{mol/L}$, with no discomfort reported.

Case analysis: This patient is experiencing an acute gout attack characterized by damp-heat obstruction, and has a generally weak constitution. Therefore, the "dynamic" medicinals were centered on Rendongteng, which has a mild nature and clears heat while unblocking the channels without damaging vital qi, serving as a substitute for more drastic dispersing agents. It was combined with Weilingxian, Huzhang, and Qinjiao to clear heat, eliminate dampness, and relieve pain. The "static" medicinals, including stir-fried Baizhu, Wumei, and calcined Muli, were used to protect the spleen and stomach, astringe yin, and prevent excessive dispersing action from damaging the spleen and consuming yin. Charred Liushenqu was included to strengthen the spleen and harmonize the stomach, preventing cloying effects from the nourishing medicinals. At the second consultation, as damp-heat toxin subsided and mild mental restlessness emerged, Yejiateng was added to nourish the heart and calm the mind, reinforcing the "static" aspect without altering the core dynamic-static combination. By the third consultation, pathogenic factors had been eliminated and vital qi was recovering. Accordingly, the dosage of dynamic medicinals was reduced, while spleen-strengthening static medicinals were increased, transitioning toward a "static-dominant, dynamic-supportive" approach to prevent recurrence. This reflects the principle of integrating dynamic and static strategies, with flexible modification based on syndrome differentiation.

6.2. Case 2: hyperuricemia stage

Patient: Li (given name not provided), male, 45 years old. Initial consultation: June 5, 2023.

(1) Chief complaint: Elevated serum uric acid detected during a routine physical examination for 2 years, accompanied by a sensation of bodily heaviness and fatigue for 3 months. Two years prior, the patient was found to have a serum uric acid level of 472 $\mu\text{mol/L}$ during a health check-up. As no obvious joint pain was present, he did not seek further attention or regular treatment. Three months before presentation, he developed symptoms including a sensation of heaviness with vexing heat, general fatigue, epigastric and abdominal distension, sticky and sweet taste in the mouth, and loose stools occurring 2–3 times daily. These were accompanied by soreness and weakness of the lower back and knees, and increased nocturnal urination. The tongue was pale and swollen with a thick, white, greasy coating, and the pulse was deep and soft.

Auxiliary examinations: Serum uric acid 465 $\mu\text{mol/L}$; no significant abnormalities in liver or renal function, and no notable findings on joint ultrasonography.

Syndrome differentiation: Hyperuricemia stage, characterized by deficiency of both the spleen and kidneys with internal accumulation of damp turbidity.

Treatment principle: Emphasize tonifying ("static") medicinals with supportive use of dispersing ("dynamic") medicinals; strengthen the spleen and benefit the kidneys, transform turbidity and promote excretion. Drastic dispersing agents are avoided, with emphasis on consolidating the root.

Prescription: Stir-fried *Atractylodes macrocephala* (Baizhu) 20 g, *Poria* (Fuling) 15 g, *Dioscorea* (Shanyao) 15 g, *Cuscuta chinensis* (Tusizi) 12 g, *Psoralea corylifolia* (Buguzhi) 10 g, *Smilax glabra* (Tufuling) 30 g, stir-fried *Plantago* seeds (Cheqianzi, decocted in a bag) 30 g, *Alisma orientale* (Zexie) 15 g, corn silk (Yumixu) 15 g, Mume fruit (Wumei) 9 g, charred *Massa medicata fermentata* (Jiao Liushenqu) 20 g, *Citrus reticulata* peel (Chenpi) 10 g, stir-fried *Phellodendron* bark (Huangbai) 6 g. Fourteen doses were prescribed, decocted in water, one dose daily, taken warm in two divided doses (morning and evening). The patient was advised to follow a low-purine diet, maintain regular daily routines, and engage in moderate exercise.

(2) Second consultation (June 19, 2023): Symptoms of bodily heaviness, fatigue, and abdominal distension were markedly alleviated. The sticky and sweet taste in the mouth had resolved. Bowel movements became formed, occurring once daily. Soreness and weakness of the lower back and knees, as well as nocturnal urination, improved. The tongue appeared pale red with a thin, greasy coating, and the pulse was soft and moderate.

Auxiliary examination: Serum uric acid 412 $\mu\text{mol/L}$. The original prescription was maintained, with the dosage of Buguzhi reduced to 6 g and *Eucommia ulmoides* (Duzhong) 10 g added to enhance kidney-tonifying effects. Fourteen additional doses were prescribed, administered as before.

(3) Third consultation (July 3, 2023): The patient reported no significant discomfort. The tongue was pale red with a thin white coating, and the pulse was moderate.

Auxiliary examination: Serum uric acid 375 $\mu\text{mol/L}$. The previous prescription was continued with adjustments: stir-fried Huangbai was removed, Tufuling was reduced to 20 g, and *Dolichos lablab* (Biandou) 15 g was added to further strengthen the spleen and resolve dampness. The dosing frequency was modified to one dose every other day, decocted in water, with consolidation treatment continued for one month.

Follow-up: At the two-month follow-up, serum uric acid was 358 $\mu\text{mol/L}$. The patient reported no discomfort, with normal bowel movements and sleep. Symptoms of lower back and knee soreness had resolved.

Case analysis: This case represents hyperuricemia with a pattern of spleen–kidney deficiency and internal accumulation of damp turbidity. Accordingly, treatment prioritized static medicinals: Baizhu, Fuling, and Shanyao to strengthen the spleen and replenish qi; Tusizi, Buguzhi, and Duzhong to tonify the kidneys and reinforce the spleen, thereby consolidating the root. Dynamic medicinals were represented by Tufuling, stir-fried Cheqianzi, Zexie, and corn silk, which gently transform turbidity and promote urination, facilitating the

excretion of dampness through the urinary pathway. These accounted for only about 30% of the prescription, with mild properties that promote drainage without harshness. Wumei was used to astringe yin and harmonize the middle, counterbalancing the dispersing tendency of the dynamic medicinals. Jiao Liushenqu and Chenpi strengthened the spleen, harmonized the stomach, and regulated qi, preventing the cloying nature of tonifying medicinals from impairing digestion. Throughout the treatment course, the principle of "static predominance with dynamic support" was consistently followed: strengthening the spleen and kidneys to eliminate the source of damp turbidity, while gently transforming turbidity to open pathways for its elimination. This reflects the therapeutic strategy of the "dynamic-static integration" theory in the hyperuricemia stage, emphasizing reinforcement of vital qi as primary and elimination of pathogenic factors as secondary.

6.3. Case 3: chronic gout stage

Patient: Zhang (given name not provided), male, 52 years old. Initial consultation: July 10, 2023.

(1) Chief complaint: Recurrent gout attacks for 10 years; stiffness and pain in both wrist joints and both knee joints for 1 year; palpable nodules for 3 months. Over the past decade, the patient experienced repeated acute gout attacks and intermittently used medications such as allopurinol and ibuprofen, with poor disease control. One year prior to presentation, he developed stiffness and pain in both wrists and knees, with restricted flexion and extension. Three months earlier, palpable nodules appeared around the joints, without obvious redness, swelling, or heat. Accompanying symptoms included soreness and weakness of the lower back and knees, dizziness and tinnitus, fatigue, and a sallow complexion. The tongue was dark purplish with ecchymotic spots and a white greasy coating, and the pulse was deep, thready, and choppy.

Auxiliary examinations: Serum uric acid 512 $\mu\text{mol/L}$. Joint ultrasonography revealed urate crystal deposition in both wrist and knee joints, with tophus formation in local soft tissues. Liver and renal function showed no obvious abnormalities.

Syndrome differentiation: Chronic gout stage, characterized by congealing of phlegm, blood stasis, and turbid toxins, with deficiency of the liver, kidneys, spleen, and kidneys.

Treatment principle: Equal emphasis on "dynamic" and "static" medicinals; transform turbidity and unblock the channels, invigorate blood and resolve stasis, nourish the liver and kidneys, and strengthen the spleen and kidneys, addressing both root and manifestation.

Prescription: Clematis chinensis (Weilingxian) 15 g, Gentiana macrophylla (Qinjiao) 12 g, Smilax glabra (Tufuling) 30 g, stir-fried Eupolyphaga (Tubiechong) 12 g, Serissa japonica (Liuyuexue) 20 g, Fritillaria thunbergii (Zhebeimu) 10 g, Prunella vulgaris (Xiakucao) 15 g, turtle shell (Guijia, pre-decocted) 15 g, soft-shelled turtle carapace (Biejia, pre-decocted) 15 g, Rehmannia glutinosa (prepared, Shudi) 15 g, Dioscorea (Shanyao) 15 g, stir-fried Atractylodes macrocephala (Baizhu) 20 g, Poria (Fuling) 15 g, Salvia miltiorrhiza (Danshen) 15 g, Paeonia rubra (Chishao) 12 g, Mume fruit (Wumei) 9 g. Fourteen doses were prescribed, decocted in water, one dose daily, taken warm in two divided doses (morning and evening). The patient was advised to abstain from alcohol, avoid high-purine foods, and reduce joint load-bearing.

(2) Second consultation (July 24, 2023): Joint stiffness and pain were alleviated, and range of motion improved. Symptoms of lower back and knee soreness, dizziness, and tinnitus showed improvement, and fatigue was reduced. The tongue remained dark purplish, though ecchymotic spots had faded, with a thin greasy coating; the pulse was deep and thready.

Auxiliary examination: Serum uric acid 458 $\mu\text{mol/L}$. The original prescription was maintained, with the addition of Astragalus membranaceus (Huangqi) 20 g to strengthen the spleen, replenish qi, and reinforce vital qi. Fourteen additional doses were prescribed, administered as before.

(3) Third consultation (August 7, 2023): Joint stiffness and pain were markedly reduced, with near-normal flexion and extension. The tophaceous nodules had decreased in size. Dizziness and tinnitus had resolved, and soreness of the lower back and knees disappeared. Fatigue improved. The tongue was light purplish with a thin white coating, and the pulse was fine and moderate.

Auxiliary examination: Serum uric acid 396 $\mu\text{mol/L}$. The previous prescription was continued with modifications: the dosage of stir-fried Tubiechong was reduced to 10 g, and *Eucommia ulmoides* (Duzhong) 12 g was added to strengthen the kidneys and bones. Twenty-one doses were prescribed, administered as before.

Follow-up: At the three-month follow-up, the patient reported no joint stiffness or pain, with normal range of motion. Tophaceous nodules had significantly reduced in size. Serum uric acid was 372 $\mu\text{mol/L}$, with no discomfort reported, and the condition remained stable.

Case analysis: This case represents chronic gout characterized by the congealing of phlegm, blood stasis, and turbid toxins, combined with deficiency of the liver, kidneys, and spleen. Accordingly, treatment emphasized a balanced use of dynamic and static medicinals. Dynamic medicinals included Weilingxian, Qinjiao, Tufuling, stir-fried Tubiechong, and Liuyuexue to transform turbidity, unblock the channels, and invigorate blood to resolve stasis. Zhebeimu and Xiakucao were used to soften hardness, dissipate nodules, and resolve phlegm accumulation, directly targeting the congealed turbidity and tophus formation. Static medicinals, including Guijia, Biejia, prepared *Rehmannia* (Shudi), Shanyao, and stir-fried Baizhu, were used to nourish the liver and kidneys and strengthen the spleen and kidneys. Guijia and Biejia serve dual roles in nourishing yin and softening hardness, aligning with the chronic-stage therapeutic need to "reinforce vital qi while eliminating pathogenic factors". Danshen and Chishao were included to invigorate blood and resolve stasis, enhancing the channel-unblocking effect of dynamic medicinals. Wumei was used to astringe yin and harmonize the middle, balancing the properties of dynamic and static components. At the second consultation, as pathogenic factors gradually diminished and vital qi began to recover, Huangqi was added to strengthen qi and consolidate the body's resistance, providing a stronger foundation for eliminating pathogens. At the third consultation, with significant clinical improvement, the dosage of blood-activating dynamic medicinals was reduced, while kidney-tonifying and bone-strengthening static medicinals were enhanced. This reflects the principle of "balancing dynamic and static with flexible adjustment according to syndrome differentiation", effectively breaking the vicious cycle of "persistent pathogenic factors with underlying deficiency" in the chronic stage.

7. Discussion

The major clinical challenges in the treatment of gout lie in its prolonged course, recurrent attacks, and susceptibility to complications. Although Western medicine can rapidly control acute symptoms and reduce serum uric acid levels, the long-term use of such therapies is often associated with adverse effects and high recurrence rates. In contrast, the strength of Traditional Chinese Medicine (TCM) syndrome differentiation and treatment lies in its holistic regulation, simultaneous attention to both root and manifestation, and relatively mild side effects, thereby effectively reducing recurrence and delaying disease progression. The "dynamic–static integration" theory, proposed by Professor Huang Jiyong on the basis of inheriting the experience of renowned senior TCM practitioners and synthesizing the pathophysiological evolution of gout, constitutes a clinically oriented therapeutic framework. Its core principle—"dynamic medicinals eliminate pathogenic factors and unblock the channels, while static medicinals protect vital qi and consolidate the root"—accords with the fundamental pathogenesis of gout, characterized by "deficiency in origin and excess

in manifestation, with a mixture of deficiency and excess", and provides clear guidance for treatment across different stages of the disease.

7.1. Correspondence between the dynamic–static integration theory and the pathogenesis of gout

The evolution of gout pathogenesis consistently revolves around the relative strength of pathogenic factors and vital qi. During the hyperuricemia stage, vital qi is deficient while pathogenic factors begin to accumulate; in the acute stage, pathogenic factors are exuberant while vital qi remains relatively intact; in the chronic stage, pathogenic factors congeal while vital qi becomes deficient. Grounded in deficiency–excess differentiation, the dynamic–static integration theory flexibly adjusts the relative emphasis and compatibility of dynamic and static medicinals according to the changing balance between pathogenic factors and vital qi. This aligns closely with the pathophysiological progression of gout. By moving beyond the limitations of purely eliminating pathogens or solely reinforcing vital qi, this approach integrates both strategies. Dynamic medicinals expel pathogenic factors, preventing their accumulation and aggravation of disease, while static medicinals consolidate the root, preventing excessive dispersion from damaging vital qi and simultaneously strengthening the body's resistance. In this way, the therapy addresses the vicious cycle of "exuberant pathogens with underlying deficiency and mixed deficiency–excess", ultimately achieving a therapeutic state of "balanced offense and defense, and harmonization of yin and yang".

7.2. Synergy between the dynamic–static integration theory and western medical treatment

The integration of Chinese and Western medicine represents a prevailing trend in gout management. The dynamic–static integration theory demonstrates strong synergistic potential with Western medical approaches, compensating for their limitations and enhancing overall clinical efficacy. In the acute stage, Western medicine primarily employs Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and colchicine to achieve rapid anti-inflammatory and analgesic effects. However, these agents are often associated with gastrointestinal discomfort and potential hepatic or renal impairment. When combined with TCM guided by the dynamic–static integration theory, dynamic medicinals are used to clear heat, eliminate dampness, and relieve pain by unblocking the channels, while static medicinals protect the spleen and stomach and nourish yin and body fluids. This combined approach not only enhances anti-inflammatory and analgesic efficacy but also reduces the required dosage of Western medications and mitigates gastrointestinal side effects. During the remission and chronic stages, Western medicine relies on urate-lowering agents such as allopurinol and febuxostat. Although effective in reducing serum uric acid, long-term use may lead to adverse reactions, including cutaneous and cardiovascular complications. When supplemented with TCM guided by the dynamic–static integration theory, static medicinals strengthen the spleen and kidneys and nourish the liver and kidneys, while dynamic medicinals transform turbidity, unblock the channels, and invigorate blood circulation. This not only enhances urate-lowering efficacy but also protects hepatic and renal function, reduces adverse effects, decreases the frequency of acute attacks, and delays the formation of tophi and joint deformities.

8. Conclusion

Gout is a chronic rheumatic and immunological disorder characterized by a core pathogenesis of "deficiency in origin and excess in manifestation, with a mixture of deficiency and excess", and its progression exhibits clear stage-specific features. Accordingly, TCM treatment requires syndrome differentiation tailored to each stage. The dynamic–static integration theory, grounded in the holistic perspective of TCM and deficiency–excess differentiation, clarifies the respective roles of dynamic medicinals in eliminating pathogenic factors

and promoting flow, and static medicinals in protecting vital qi and consolidating the root. Based on the relative strength of pathogenic factors and vital qi at different stages of gout, the theory flexibly adjusts the dominance and proportion of dynamic and static medicinals: In the hyperuricemia stage, static predominance with dynamic support, focusing on strengthening the spleen and kidneys and transforming turbidity; In the acute stage, dynamic predominance with static support, emphasizing heat-clearing, channel-unblocking, and pain relief; In the chronic stage, equal emphasis on dynamic and static approaches, balancing turbidity transformation with reinforcement of vital qi.

In clinical application, this theory emphasizes individualized treatment, with flexible modification of prescriptions according to patient constitution and concurrent syndromes. For example, in patients with weak constitutions, milder dynamic medicinals are selected, while in patients with yin deficiency, the dosage of yin-nourishing static medicinals is increased, thereby achieving "treatment based on syndrome differentiation and dynamic adjustment according to clinical presentation". Clinical practice has demonstrated that the application of the dynamic–static integration theory in gout treatment can effectively alleviate clinical symptoms, reduce serum uric acid levels, and decrease the frequency of acute attacks. Moreover, it avoids the limitations of solely eliminating pathogens or exclusively reinforcing vital qi, while protecting hepatic and renal function. When integrated with Western medicine, this approach further enhances clinical efficacy and delays disease progression, highlighting its significant guiding value and promising application prospects in the management of gout.

References

- [1] Chinese Medical Association, Chinese Medical Association Publishing House, General Practice Branch of the Chinese Medical Association, Gout Group of the Rheumatology Branch of the Chinese Medical Doctor Association, Editorial Board of the Chinese Journal of General Practitioners, & Expert Group for the Primary Care Guidelines of Gout and Hyperuricemia. (2020). Guidelines for the diagnosis and treatment of gout and hyperuricemia in primary care (2019). *Chinese Journal of General Practitioners*, 19(4), 293–303.
- [2] Ge, J. B., & Wang, J. A. (2022). *Internal medicine*. People's Medical Publishing House.
- [3] Zhang, F. C. (2009). *Rheumatology and immunology*. People's Medical Publishing House.
- [4] Zhang, B. L., & Wu, M. H. (2017). *Internal medicine of traditional Chinese medicine (4th ed.)*. China Traditional Chinese Medicine Press.
- [5] Su, Y. (2023). *Annotations on Huangdi Neijing: Suwen*. China Traditional Chinese Medicine Press.
- [6] Zhang, Z. J., Wang, S. H., Lin, Y., Li, Y. Q., Huang, H. L., & Wu, X. Q. (2021). *Synopsis of prescriptions of the Golden Chamber (Jingui Yaolüe)*. China Traditional Chinese Medicine Press.
- [7] Wang, T. (2022). *Waitai Miyao (Arcane Essentials from the Imperial Library)*. People's Medical Publishing House.
- [8] Zhu, Z. H., Wang, Y., Zhu, J. P., & Jiang, L. Z. (2017). *Danxi's experiential therapy (Danxi Xinfa)*. People's Medical Publishing House.
- [9] Wang, Z. F. (2024). *Lectures on the Book of Changes (Zhouyi)*. Zhonghua Book Company.
- [10] Li, Z. Z. (2023). *Essential readings of medical classics: Various disciplines of traditional Chinese medicine*. People's Medical Publishing House.
- [11] Li, C. G., Sun, M. S., Liu, Z., Li, D. T., Wang, C. Q., Tian, Z. B., Dai, Y. X., Feng, Z., Xu, C. F., & Zhao, D. B. (2025). Chinese guidelines for the diagnosis and treatment of hyperuricemia and gout (2024), Part II: Treatment recommendations for patients with common comorbidities. *Chinese Journal of Endocrinology and Metabolism*, 41(11), 918–929.
- [12] National Administration of Traditional Chinese Medicine. (1994). Criteria of diagnosis and therapeutic effect of diseases and syndromes in traditional Chinese medicine. Nanjing University Press.

- [13] Gao, Y., Xin, L., & Zhao, D. B. (2018). Interpretation of the 2016 Chinese guidelines for the diagnosis and treatment of gout. *Chinese Journal of Practical Internal Medicine*, 38(12), 3.