

Traditional Chinese Medicine for Chronic Pulmonary Heart Disease

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Description

Global health is greatly impacted by Chronic Pulmonary Heart Disease (CPHD), particularly in middle-aged and older persons. Although there is currently little high-quality evidence to support its effectiveness, the Resolving Phlegm and Activating Blood (RPAB) procedure is a common treatment for CPHD in China through Traditional Chinese Medicine (TCM). This study set out to thoroughly evaluate the therapeutic effectiveness of RPAB for CPHD and clarify the mechanisms underlying its main herbal ingredients. Randomized Controlled Trials (RCTs) were chosen for meta-analysis after a thorough search of the literature in both Chinese and English was conducted, along with stringent inclusion and exclusion criteria. By applying association rule analysis, we were able to determine the essential herbal combinations of RPAB. The frequency and correlation of the use of herbal medicines are statistically analyzed using this method. Next, using network pharmacology, we examined the chemical constituents of these combinations and looked at possible CPHD intervention methods. In patients with CPHD, the combination of Resolving Phlegm and Activating Blood (RPAB) and Western therapy improved pulmonary function and blood gas analysis while lowering plasma viscosity more than Western treatment alone. *Astragalus membranaceus* (Fisch.) Bunge, *Ligusticum chuanxiong* Hort. and *Stellaria alsine grimm* were the three main herbal combinations that were found and it had an impact on 34 pathways and 10 key chemicals, mostly via the JAK-STAT and chemokine signaling pathways. When used with Western therapy, RPAB greatly enhances the results of CPHD treatment. The ALS combination has the ability to reduce oxidative stress, reduce inflammation and remodel pulmonary arteries through a variety of mechanisms. These revelations open up new research and therapy development opportunities and promote the clinical use of RPAB in the treatment of CPHD.

Medicine for pulmonary disease

Fibrosis of the pulmonary arteries and tissues, which raises the pulmonary circulatory resistance, is the main cause of Chronic Pulmonary Heart Disease (CPHD). Chronic hypoxemia damages other organs and results in pulmonary arterial hypertension, right ventricular hypertrophy and eventually pulmonary and cardiac functional failure. According to epidemiological surveys, CPHD primarily affects those over 40 and its prevalence rises with

rises with age. It is one of the main causes of death for older persons, with a mortality rate of about 15% during acute episodes. With an incidence rate of roughly 8% to 10%, heart failure is the most frequent consequence, severely impairing patients' quality of life and raising financial burden. Preventing infections, controlling complications and enhancing heart failure are the main clinical treatments for CPHD in order to reduce clinical symptoms. On the other hand, prolonged use of Western medications, such as diuretics, corticosteroids and bronchodilators, might result in hazardous side effects and drug resistance. These adverse effects, which result in inadequate clinical efficacy and prognosis, include metabolic disruptions, electrolyte imbalances and an elevated risk of infection. Traditional Chinese Medicine (TCM) offers distinct viewpoints on the etiology, diagnosis and treatment of disease. TCM provides substitute tactics that use holistic methods to treat the root causes of illnesses. According to clinical investigations, TCM helps CPHD patients achieve better results, including fewer exacerbations, more activity tolerance and a reduction in symptoms. The Resolving Phlegm and Activating Blood (RPAB) strategy is a particularly representative of the different TCM techniques for treating CPHD, which makes it a useful subject for this study to investigate its ability to supplement traditional medical therapies

Chronic pulmonary heart disease

Phlegm turbidity, blood stasis and fluid retention are the main symptoms of CPHD, which is thought to be caused by basic abnormalities in the lung, heart, spleen and kidney. They think that exogenous infections entering the body and causing phlegm to collect in the chest, which results in accumulated heat from stagnation, are frequently the cause of acute exacerbations of CPHD. Heat and phlegm combine over time to clog the capillaries, which ultimately results in stasis. Throughout the course of CPHD, phlegm retention, blood stasis and organ function deficiencies are interwoven. As a result, TCM practitioners think that RPAB is essential in the treatment of this illness. It is important to note that TCM theory, which usually calls for the combined use of several herbs, is the foundation of the RPAB approach. It is thought that these herbs complement one another to improve therapeutic results. A thorough assessment of its effectiveness is still missing. Through a meta-analysis of previous RCTs, this study aims to methodically evaluate the effectiveness of the RPAB approach in treating CPHD

CPHD. In order to determine the fundamental herbal combinations commonly utilized in RPAB therapies, we also examined the herbal compositions employed in these investigations and conducted association rule analysis. The most representative herbs identified by this research may be important to the efficacy

of RPAB for CPHD and may be given preference in upcoming clinical trials. The possible mechanisms of action of these key herbs were further examined using network pharmacology, which offered fresh perspectives on how to use RPAB into the therapy of CPHD.