

Review

Theoretical Study on the Pathogenesis of Flaccidity Syndrome Based on the Yellow Emperor's Inner Canon and Its Clinical Implications

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Abstract: Flaccidity Syndrome (Wei Zheng), as delineated in the Yellow Emperor's Inner Canon (Huangdi Neijing), represents a classical category of disorders characterized by muscular weakness, limb atrophy, and impaired motor function. The core pathogenesis, as articulated primarily in the Suwen Treatise on Flaccidity (Wei Lun), centers on pathological heat accumulating within the five viscera, which subsequently leads to the depletion of body fluids and the consequent failure to moisten and nourish the connecting sinews (Zong Jin). Although the clinical manifestations predominantly involve the limbs and sinews, the underlying etiology is intricately linked to functional disturbances across multiple organ systems, including the lungs, stomach, liver, and kidneys. This study employs traditional philological and exegetical methodologies to conduct a systematic analysis of the original classical texts, supplemented by commentaries from successive generations of physicians and contemporary clinical evidence. Particular emphasis is placed on elucidating the therapeutic principle of treating flaccidity by exclusively focusing on the Yangming channel, exploring its theoretical rationale and practical significance. The findings reveal that the Inner Canon establishes a comprehensive theoretical framework for Flaccidity Syndrome, delineating a disease progression pattern characterized by transmission from the interior to the exterior and from the upper to the lower regions of the body. This classical framework provides valuable guidance for the syndrome differentiation and clinical management of modern conditions such as chronic atrophic gastritis and myasthenia gravis, thereby underscoring the enduring relevance of Traditional Chinese Medicine in applying unified therapeutic strategies to diverse diseases.

Keywords: flaccidity syndrome; yellow emperor's inner canon; pathogenesis; traditional chinese medicine; yangming channel; clinical application

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1. Introduction

Flaccidity Syndrome is a classical pathological pattern in traditional Chinese medicine characterized primarily by progressive flaccidity and weakness of the limbs, gradual muscle atrophy, diminished tendon tension, and, in advanced stages, significant impairment of voluntary motor function. Its clinical manifestations may range from mild limb heaviness and fatigue to severe paralysis and loss of ambulatory capacity. The Yellow Emperor's Inner Canon, as the foundational canonical text of Chinese medicine, offers the earliest systematic exposition of this syndrome, particularly in the Suwen chapter titled 'Treatise on Flaccidity', which delineates its fundamental etiological factors—including invasion by external pathogenic influences, internal injury from emotional imbalance, dietary irregularities, and constitutional deficiency—as well as its pathomechanisms involving dysfunction of the five zang organs, especially the liver, spleen, and kidney, and their associated channels and collaterals [1]. This chapter further classifies Flaccidity Syndrome into five subtypes—bone, sinew, vessel, flesh, and organ flaccidity—each corresponding to distinct patterns of zang-fu involvement and clinical

presentation, and establishes core therapeutic principles centered on nourishing yin, clearing heat, strengthening the spleen, tonifying the liver and kidney, and unblocking the channels. Contemporary clinical correlations include neuromuscular disorders such as myasthenia gravis, Guillain-Barré syndrome, amyotrophic lateral sclerosis, spinal muscular atrophy, and age-related sarcopenia. A rigorous re-examination of these classical conceptual frameworks, grounded in textual analysis and theoretical integration, reveals enduring relevance for differential diagnosis, pattern identification, and individualized treatment strategies in modern integrative neurology and rehabilitation medicine.

2. The Meaning and Pathogenesis of Flaccidity Syndrome in the Inner Canon

2.1. The Concept and Classification of Flaccidity Syndrome

In the Inner Canon, the term "flaccidity" (Wei) encompasses a broad pathophysiological concept, denoting both structural degeneration—such as withering, atrophy, and loss of tone in affected tissues—and functional impairment, including diminished motor capacity, reduced sensory responsiveness, and compromised physiological coordination. This dual emphasis reflects the foundational holistic perspective of classical Chinese medicine, wherein morphology and function are inseparable aspects of a unified physiological system. The Treatise on Flaccidity systematically organizes this syndrome into five distinct yet interrelated patterns, each associated with a specific zang-fu organ and its corresponding body constituent: Flaccidity of the Skin, Flaccidity of the Vessels, Flaccidity of the Sinews, Flaccidity of the Flesh, and Flaccidity of the Bones. These five patterns constitute a comprehensive nosological framework for differential diagnosis and therapeutic stratification. Flaccidity of the Skin is linked to lung dysfunction and manifests clinically as dryness, desquamation, and lusterless hair, reflecting the lung's governing role over the exterior and skin. Flaccidity of the Vessels corresponds to heart involvement and presents with impaired joint mobility, calf weakness, and diminished peripheral circulation, underscoring the heart's function in propelling blood and nourishing the vessels. Flaccidity of the Sinews arises from liver disharmony and features muscular spasms, rigidity, and a bitter taste, consistent with the liver's regulation of tendons and its association with the wood element and wind pathogenic factor. Flaccidity of the Flesh relates to spleen deficiency and is characterized by generalized muscle numbness, fatigue, and excessive thirst, illustrating the spleen's central role in transforming nutrients and transporting qi and blood to the muscles. Flaccidity of the Bones stems from kidney insufficiency and displays lumbar soreness, spinal instability, and skeletal fragility, affirming the kidney's governance over bone marrow and skeletal integrity. Additionally, the Inner Canon introduces specialized variants such as Flaccidity with Inability to Walk, which describes profound lower-limb weakness arising from severe lung heat damaging the metal element's descending function and impairing fluid metabolism, and Flaccidity with Reversal, a complex presentation combining flaccid paralysis with sudden loss of consciousness, suggesting simultaneous collapse of yang and disruption of shen [2, 3]. Over successive dynastic periods, the theoretical understanding of Flaccidity Syndrome evolved significantly—not only refining diagnostic criteria and expanding etiological considerations but also integrating pulse diagnosis, tongue assessment, and seasonal correspondences to enhance clinical precision and therapeutic individualization.

2.2. Etiology and Pathogenesis of Flaccidity Syndrome

The Inner Canon systematically outlines the etiology and pathogenesis of Flaccidity Syndrome through three interrelated pathological frameworks, emphasizing the dynamic interplay between internal organ function, environmental influences, and constitutional factors [4, 5].

One foundational mechanism involves heat accumulation within the five viscera, particularly affecting lung function and tissue integrity [6, 7]. When excessive heat impairs the physiological regulation of qi, it compromises the lung's role in governing respiration,

dispersing defensive qi, and moistening the skin and muscles via the distribution of refined essence. This thermal imbalance may arise from prolonged physical exertion, chronic emotional strain, or external pathogenic invasion—such as wind-heat or summer-heat—leading to depletion of yin fluids and subsequent withering of lung tissues. As a consequence, the lung's capacity to nourish the tendons and limbs is diminished, resulting in progressive muscular weakness and impaired motor coordination. Clinical manifestations often include generalized fatigue, shortness of breath, dry cough, and diminished limb strength, especially in the lower extremities. The progression reflects a cascade wherein initial pulmonary heat gradually affects other zang-fu organs, disrupting their respective functional domains and contributing to systemic debility. This pattern underscores the centrality of lung health in maintaining musculoskeletal integrity and highlights the importance of clearing heat while simultaneously nourishing yin to restore physiological equilibrium.

A second major pathway centers on the retention of damp-heat within the meridian system, which directly interferes with the normal tension and elasticity of tendons and sinews. Damp-heat, whether generated internally through dietary irregularities—such as excessive consumption of greasy, sweet, or alcoholic substances—or acquired externally through humid climatic conditions, obstructs the smooth flow of qi and blood in the channels. This stagnation deprives the sinews of adequate nourishment, leading to structural and functional derangements: larger sinews become taut and shortened, potentially manifesting as spasticity or contracture, whereas smaller sinews lose tonicity and become lax, resulting in flaccid paralysis [8, 9]. Clinically, this pattern frequently presents with heavy sensation in the limbs, numbness, joint swelling, low-grade fever, yellowish urine, and greasy tongue coating. Therapeutic strategies therefore prioritize resolving dampness, clearing heat, and unblocking the meridians to reestablish proper circulation and neuromuscular responsiveness.

The third pathological axis involves constitutional deficiency compounded by chronic disease progression, characterized by a gradual shift from superficial involvement to deep-seated organ impairment. In early stages, the syndrome may present as mild cutaneous flaccidity or transient muscle laxity; over time, however, the pathology penetrates deeper layers—progressing from skin and muscles to tendons, bones, and ultimately the marrow and essential qi of the internal organs. This downward and inward progression reflects progressive depletion of yin, blood, and jing, often rooted in congenital insufficiency, prolonged illness, or inadequate recovery after acute episodes. Patients commonly exhibit weight loss, night sweats, insomnia, dizziness, and profound exhaustion, indicating systemic exhaustion rather than isolated neuromuscular dysfunction [10]. From a clinical perspective, this stage demands comprehensive tonification—particularly of kidney yin, liver blood, and spleen qi—to halt degeneration and support long-term functional restoration. The integrative understanding of these three mechanisms enables precise pattern differentiation and individualized therapeutic intervention grounded in classical theoretical principles.

2.3. Differentiation between Flaccidity Syndrome and Bi (Obstruction) Syndrome

Flaccidity Syndrome and Bi Syndrome are two distinct yet clinically overlapping patterns in traditional Chinese medicine that are frequently mistaken for one another due to shared manifestations such as limb discomfort and impaired motor function. Prior to the Eastern Han dynasty, classical medical literature generally lacked precise nosological differentiation between these conditions, often describing them under broad, symptom-based categories. A foundational conceptual separation emerged with the compilation of the Huangdi Neijing, which established pathomechanistic criteria for distinguishing them. Bi Syndrome is fundamentally characterized by exogenous pathogenic factors—particularly wind, cold, and dampness—invading the channels and collaterals, leading to obstruction of qi and blood circulation; its hallmark features include localized or migratory pain, a sensation of heaviness, stiffness, swelling, and numbness in the limbs and joints. In contrast, Flaccidity Syndrome originates primarily from internal

deficiencies—especially insufficiency of the liver and kidney, depletion of qi and blood, and failure of the spleen to transport nutrients—resulting in inadequate nourishment of the sinews and muscles, thereby manifesting as progressive muscular flaccidity, profound weakness, diminished voluntary movement, and, in chronic cases, atrophy [11]. Importantly, clinical observation indicates that prolonged, untreated Bi Syndrome may gradually evolve into Flaccidity Syndrome, a phenomenon historically termed 'Bi transforming into Flaccidity'; this dynamic interconversion underscores the necessity of longitudinal diagnostic reassessment and integrated therapeutic strategies that address both obstructive and deficient pathologies simultaneously.

3. Clinical Implications of the Inner Canon Theory on Flaccidity Syndrome

3.1. Modern Application of Therapeutic Principles and Methods for Flaccidity Syndrome

The Inner Canon establishes the foundational therapeutic principle of 'treating flaccidity by exclusively focusing on the Yangming channel,' articulating that the Yangming channel functions as the sea of the five zang organs and six fu organs, playing a central role in nourishing the connecting sinews—structures essential for maintaining musculoskeletal integrity. These sinews govern the binding of bones and enable smooth joint movement. The phrase 'exclusively focusing on the Yangming' must be interpreted holistically rather than narrowly; it does not prescribe mere tonification of the Yangming channel alone, but underscores the critical physiological role of the spleen and stomach as the acquired foundation—the primary source of postnatal qi and blood production. Clinical experience demonstrates that dysfunction in this system frequently manifests as impaired transformation and transportation, leading to deficiency of qi and essence, which in turn compromises sinew nutrition and results in progressive muscular weakness. Some interpretations emphasize the importance of preserving yang qi and supporting stomach function, recognizing that robust digestive capacity is indispensable for sustaining vital energy and structural resilience [12]. Another perspective centers on the regulatory function of the Yangming channel in containment and consolidation: when its consolidating capacity is diminished, vital substances disperse rather than being properly distributed to peripheral tissues, thereby precipitating flaccidity. Consequently, treatment strategies must be dynamically adjusted according to disease stage—early intervention may prioritize regulation and stabilization, while later phases often require combined approaches addressing both root deficiency and branch manifestations.

Building upon classical foundations, Danxi's Experiential Therapy introduces the integrative strategy of 'draining the south and supplementing the north,' grounded in the theoretical framework that yang tends toward excess while yin is inherently more vulnerable to depletion. This method addresses the complex pathomechanism underlying Flaccidity Syndrome, which rarely stems from isolated lung dryness or heat; instead, it commonly arises from a systemic imbalance characterized by kidney yin insufficiency coupled with hyperactivity of heart yang, resulting in a self-perpetuating cycle wherein excessive yang activity progressively consumes body fluids. This dynamic leads to a cascade of interrelated dysfunctions: depletion of fluid reserves impairs lung moisture, weakening sinew nourishment and manifesting as limb flaccidity, while simultaneously aggravating restlessness and sleep disturbance. The therapeutic objective of 'draining the south and supplementing the north' is therefore twofold: first, to moderate excessive heart yang activity, thereby reducing its consumptive effect on bodily fluids; second, to replenish kidney yin, restoring the fundamental reservoir of moisture and cooling capacity. This dual-directional regulation proves clinically superior to monotherapeutic interventions such as isolated heat-clearing or isolated yin-nourishing, as it interrupts the pathological feedback loop at its origin [11]. In practice, patients presenting with concurrent symptoms—including generalized limb weakness, palpitations, insomnia, subjective sensations of warmth in the palms and soles, and lumbosacral discomfort—benefit significantly from coordinated modulation of both heart and kidney systems,

reflecting a comprehensive, organ-system-based approach aligned with classical diagnostic reasoning.

3.2. Modern Extensions in the Treatment of Flaccidity Syndrome

With the continuous deepening of clinical practice, the theoretical framework of Flaccidity Syndrome as originally articulated in the Huangdi Neijing has undergone systematic refinement and innovative extension in contemporary integrative medicine. Modern clinical observation and longitudinal therapeutic experience have enabled practitioners to reinterpret classical pathomechanisms—such as liver-kidney deficiency, damp-heat obstruction, and qi-blood stagnation—through the lens of neurophysiological, metabolic, and immunoregulatory paradigms. This evolution reflects not a departure from foundational principles but rather a dynamic synthesis wherein ancient diagnostic logic informs evidence-informed intervention strategies, particularly in neuromuscular disorders characterized by progressive muscular weakness and functional decline.

In recent years, a refined therapeutic paradigm termed 'supplementing the kidney, unblocking the Governing Vessel, and elevating yang' has been advanced for conditions presenting with profound yang deficiency and motor insufficiency, such as myasthenia gravis. This approach is grounded in the recognition that persistent muscular fatigue, postural instability, and diminished thermoregulatory capacity often correlate with constitutional depletion of kidney essence, impaired flow along the Governing Vessel meridian, and consequent failure of yang qi to ascend and disperse to the extremities and musculature. The therapeutic strategy therefore integrates three interdependent actions: first, replenishing kidney essence to strengthen the congenital foundation and nourish marrow and sinews; second, promoting unimpeded circulation within the Governing Vessel to restore the central conduit for yang qi ascent; and third, elevating clear yang to ensure its proper distribution to the head, limbs, and surface tissues. By reconstituting the physiological sequence of 'essence sufficiency → free flow of the Governing Vessel → effective yang distribution', this method supports the restoration of yin-yang mutual rooting and harmonious qi transformation. Clinically, it has shown consistent efficacy in ameliorating manifestations associated with yang deficiency—including generalized lassitude, diminished exercise tolerance, cold intolerance, acral chilliness, bilateral ptosis, and cervical muscle weakness leading to head drop—thereby improving both objective functional metrics and patient-reported quality-of-life indicators.

The classical directive 'treating flaccidity by exclusively focusing on the Yangming' remains a cornerstone of modern acupuncture protocol for Flaccidity Syndrome, reflecting the channel's pivotal role in governing muscles, tendons, and digestive metabolism. Contemporary application extends beyond point selection to include precise stimulation parameters, synergistic modality integration, and stage-specific point combinations. For instance, clinical investigations involving elderly individuals diagnosed with age-related skeletal muscle atrophy have demonstrated that targeted acupuncture at key Yangming channel points—such as Zusanli (ST36), Qichong (ST30), and Futu (ST32)—when combined with individually calibrated low-intensity physical activity regimens, yields statistically significant improvements in upper-limb strength, gait velocity, appendicular lean mass index, and static-dynamic balance performance. Furthermore, expert clinical tradition emphasizes comprehensive channel regulation: back-shu points (e.g., Shenshu BL23, Pishu BL20) are employed to reinforce zang-fu organ function, front-mu points (e.g., Zhongwan CV12, Qihai CV6) to regulate qi and blood origin, while ying-spring and shu-stream points are utilized to address acute manifestations and restore channel-level qi dynamics [13]. Integral to this methodology is the continuous attention to the 'qi street'—the anatomical-functional pathways where qi converges—and the 'root-knot' system, which governs the distal-proximal integration of channel qi. This holistic orientation has also informed protocol development for immune-mediated neuropathies, including Guillain-Barré syndrome, where early-stage acupuncture interventions targeting Yangming and Taiyang channels aim to modulate

neuroinflammatory responses and support peripheral nerve regeneration through regulated qi and blood circulation.

3.3. Application of Flaccidity Syndrome Theory to Modern Diseases

The theoretical framework of Flaccidity Syndrome as articulated in the Huangdi Neijing provides a foundational and enduring paradigm for understanding neuromuscular, metabolic, and degenerative conditions in contemporary clinical practice. Its conceptual coherence—centered on deficiency of vital substances, impairment of channel circulation, and failure of sinews and bones to receive adequate nourishment—offers a systematic lens through which modern pathophysiological patterns can be interpreted and therapeutically addressed. This classical model continues to demonstrate robust clinical relevance, with increasing integration into evidence-informed protocols across diverse disease categories, particularly those involving progressive weakness, atrophy, or functional decline.

Myasthenia gravis is consistently classified within the Flaccidity Syndrome category in Traditional Chinese Medicine, reflecting its core presentation of fluctuating skeletal muscle weakness and fatigue [5]. Contemporary clinical reasoning emphasizes a constitutional basis rooted in insufficiency of kidney essence and yang, compounded by diminished functional activity of the Governing Vessel, which governs the yang channels and supports upright posture and motor coordination. The resulting disharmony manifests as impaired transmission of qi and yang along the central axis, leading to diminished tonus and voluntary control. Therapeutic strategies therefore prioritize replenishing kidney essence to stabilize the root foundation, activating the Governing Vessel to restore ascending and coordinating functions, and uplifting yang qi to reinforce neuromuscular responsiveness and postural integrity. This integrative approach aligns with both classical pathomechanical principles and emerging understandings of neuroendocrine-immune interplay in autoimmune neuromuscular disorders.

Amyotrophic lateral sclerosis is interpreted through the lens of Yangming channel deficiency, wherein insufficiency of qi and blood compromises the nourishment and functional integrity of tendons, muscles, and motor pathways. The Yangming channel—particularly the Stomach and Large Intestine meridians—is regarded as the primary conduit for postnatal qi and blood production and distribution; its chronic depletion correlates with progressive muscular atrophy and loss of voluntary movement. Acupuncture interventions are thus strategically directed toward key points along the Yangming channels, such as Zusanli (ST36), Quchi (LI11), and Futu (ST32), to enhance qi and blood generation, improve local microcirculation, and support neuromuscular trophism. Adjunctive herbal formulations often emphasize spleen-strengthening and blood-nourishing actions to reinforce this physiological axis.

In pediatric cases of Guillain-Barré syndrome, the onset frequently follows an exogenous pathogenic influence, commonly affecting the lung system first. The subsequent progression involves transformation of the initial pathogenic factor into internal heat, leading to depletion of fluids and impairment of the lung's dispersing and descending functions. This cascade results in a pattern characterized by dryness, heat, and functional withering of the sinews and limbs. During the acute phase, treatment focuses on clearing lung heat, resolving exterior pathogens, relaxing the sinews, and restoring normal channel flow. Modified herbal formulas—such as Ma Xing Yi Gan Tang combined with Gui Zhi Jia Ge Gen Tang—are employed to address concurrent wind-heat invasion, muscle tension, and channel obstruction, thereby supporting neurological recovery and reducing inflammatory burden [9].

Sarcopenia, particularly in aging populations, is systematically categorized under Flaccidity Syndrome due to its hallmark features of progressive skeletal muscle loss, reduced strength, and impaired physical performance—all of which correspond to the classical description of sinew and flesh malnourishment stemming from Yangming qi and blood deficiency. Clinical investigations have demonstrated that acupuncture protocols emphasizing Yangming channel regulation—especially targeting ST36, ST37, and LI11—

combined with low-intensity, supervised physical activity, yield measurable improvements in functional outcomes including grip strength, gait velocity, and appendicular lean mass. In patients with sarcopenia secondary to chronic kidney disease, the therapeutic focus extends to harmonizing spleen-kidney interaction, given the dual role of these organs in transforming nutrients and storing essence, thereby addressing both the root deficiency and the branch manifestations of muscle wasting.

Postmenopausal osteoporosis is closely associated with the classical concept of 'Bone Flaccidity,' reflecting structural weakening and diminished bone density arising from depletion of kidney essence and marrow, alongside functional decline of the spleen's transportation capacity. Since the spleen governs the muscles and transports nutrients essential for bone formation, and the kidney governs the bones and stores marrow, their coordinated regulation forms the cornerstone of intervention. Modern clinical approaches increasingly adopt strategies that simultaneously strengthen the Yangming channel—thereby enhancing nutrient assimilation—and promote reciprocal nourishment between spleen and kidney systems. This integrated method supports mineral metabolism, collagen synthesis, and osteoblastic activity, offering a physiologically grounded alternative or complement to conventional pharmacological management.

Chronic atrophic gastritis exhibits substantial pathophysiological overlap with Flaccidity Syndrome, particularly in its advanced stages marked by glandular loss, mucosal thinning, and impaired digestive function. From the perspective of channel theory, this condition reflects stagnation and deficiency within the Yangming system, where weakened transformative capacity leads to accumulation of dampness, heat, or stasis, further compromising the sinews' nourishment via disrupted qi and blood supply. Treatment accordingly emphasizes reinforcing the body's inherent regulatory capacity, promoting smooth flow through the collaterals, and restoring balanced ascending and descending movements of stomach and spleen qi. Clinical experience indicates that such a holistic, channel-centered strategy contributes meaningfully to symptom relief, mucosal repair, and long-term functional stabilization [14].

4. Discussion and Outlook

The Inner Canon theory on Flaccidity Syndrome constitutes a sophisticated pathogenetic framework grounded in the functional interrelationships among the five viscera, systematically integrating both endogenous and exogenous etiological factors as well as disturbances affecting the upper and lower regions of the body. Central to this framework is the concept that pulmonary pathology—specifically, scorching heat damaging lung yin and leading to withering of lung tissues—serves as the initiating mechanism; this is followed by the pervasive influence of excessive heat accumulating within the qi mechanisms of the five viscera, which acts as the principal pathological driver; ultimately, deficiency of the Yangming channel, particularly involving the stomach and large intestine, is identified as the foundational constitutional root. Over successive dynasties, clinical interpretation and therapeutic application of this theory have diversified significantly: some practitioners adhered strictly to the principle of exclusively focusing on the Yangming but transitioned from acupuncture-based interventions toward refined herbal formulations tailored to regulate stomach qi and nourish yangming yin; others emphasized renal essence as the source of sinews and marrow, advocating kidney-tonifying strategies to reinforce structural integrity and motor capacity; still others maintained a rigorous differential diagnosis between Bi syndrome—characterized by obstruction, pain, and impaired mobility—and Flaccidity Syndrome—defined by weakness, atrophy, and loss of voluntary control—thereby reinforcing tonification as the dominant therapeutic orientation. Importantly, the classical conception of flaccidity extends beyond isolated neuromuscular dysfunction to encompass systemic patterns of tissue depletion, metabolic insufficiency, and functional decline across multiple organ systems—a scope considerably broader than contemporary biomedical usage, which typically confines the term to disorders primarily affecting skeletal muscle innervation and contractility.

Future scholarly and clinical inquiry into Flaccidity Syndrome should advance along three complementary axes: first, rigorous philological analysis of classical texts—including precise semantic mapping, historical lexical evolution, and terminological harmonization—to disambiguate foundational concepts such as Flaccidity Syndrome, Wei Jue, and Wei Bi, thereby reducing interpretive variability across modern clinical practice; second, the development and validation of quantifiable diagnostic biomarkers—spanning neurophysiological parameters, inflammatory cytokine profiles, metabolic imaging signatures, and musculoskeletal ultrasound metrics—as well as standardized, multidimensional outcome assessment tools capable of capturing functional recovery, quality-of-life improvements, and long-term disease stabilization; third, iterative refinement of syndrome-differentiation protocols through prospective comparative studies, enabling evidence-informed optimization of herbal formula composition, dosage regimens, treatment duration, and adjunctive modalities such as moxibustion or electroacupuncture. Notably, the clinical application of the Yangming-focused approach has expanded beyond traditional neurological indications—including amyotrophic lateral sclerosis, peripheral neuropathy, and post-stroke flaccidity—into emerging domains such as osteoporosis-related bone fragility, chronic kidney disease-associated muscle wasting, and metabolic syndrome-driven sarcopenia, illustrating the enduring relevance of the holistic principle of treating distinct diseases through shared pathomechanistic pathways. Furthermore, the dynamic interconversion between Bi and Flaccidity syndromes—where prolonged obstruction may evolve into atrophy, or where deficient states predispose to secondary obstruction—warrants systematic investigation using longitudinal cohort designs and integrative pathophysiological modeling [15].

5. Conclusion

The Yellow Emperor's Inner Canon establishes a foundational pathophysiological framework for Flaccidity Syndrome, articulating a core etiological principle: scorching heat damaging the lungs leads to withering of lung tissues, which in turn precipitates flaccidity and profound motor impairment, including inability to walk. This formulation reflects an integrated understanding wherein organ dysfunction—particularly of the lungs—triggers cascading disruptions across qi dynamics and structural integrity of the body constituents. The text further classifies Flaccidity Syndrome into five distinct subtypes, each corresponding to excess heat affecting one of the five zang organs—liver, heart, spleen, lung, and kidney—thereby mapping clinical manifestations onto visceral imbalances through the functional axis of 'viscera → qi → tendons, muscles, bones, and vessels.' This model underscores the inseparability of internal organ health, energetic regulation, and somatic function. Therapeutically, the Canon prioritizes the Yangming channel system—not merely as an anatomical locus but as the physiological pivot governing digestion, nutrient transformation, and postnatal qi generation. The directive to treat flaccidity by focusing exclusively on the Yangming signifies a strategic emphasis on strengthening the acquired foundation to sustain all five zang organs, harmonizing qi and blood circulation, and ensuring adequate nourishment to sinews, bones, and joints. Subsequent therapeutic innovations—including approaches centered on balancing yin-yang axes, reinforcing kidney essence, regulating the Governing Vessel, and uplifting yang qi—emerge organically from this original conceptual architecture. Such continuity demonstrates the enduring coherence of the Canon's systemic logic. By situating Flaccidity Syndrome within a dynamic network of visceral interdependence, energetic flow, and constitutional resilience, the text exemplifies the classical TCM paradigm of root-oriented treatment. Its principles continue to inform contemporary clinical reasoning in neuromuscular disorders, degenerative conditions, and functional impairments characterized by weakness, atrophy, or loss of voluntary control.

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