WHIOCE PUBLISHING PTE. LTD.
PROVIDING
FIRST-CLASS SCIENTIFIC INFORMATION
FOR TOP SCHOLARS

2025 Volume 10, Issue 4
Advances in Precision Medicine
ISSN: 2424-9106 (Online)
ISSN: 2424-8592 (Print)

To Observe the Clinical Efficacy of Liuhe Decoction in Patients with Chronic Enteritis

Qing Liu
Jinfan community health service center, Suzhou 215000, Jiangsu, China

Abstract: *Objective:* to analyze the clinical effect of Liuhe Decoction in the treatment of chronic enteritis. *Methods:* from January 2021 to September 2023, 70 patients with chronic enteritis in our hospital were selected as the research object and randomly divided into observation group and control group, 35 cases in each group. The control group was treated with conventional western medicine, while the observation group was treated with modified Liuhe decoction. The clinical symptom score, effective rate and recurrence rate of the two groups were compared before and after treatment. *Results:* there was no significant difference in the indicators between the two groups before treatment ($p > 0.05$); After treatment, the clinical symptom score of the observation group was lower than that of the control group ($p < 0.05$). The total effective rate of the observation group was 94.29% (33g35), which was higher than 74.29% (26/35) of the control group, $p < 0.05$. The recurrence rate of the observation group was lower than that of the control group ($p < 0.05$). *Conclusion:* the application of Liuhe Decoction in the treatment of patients with chronic enteritis can effectively improve the clinical symptoms, improve the treatment effect, reduce the risk of recurrence, and the clinical application value is relatively high.

Keywords: Modified Liuhe Decoction; Chronic enteritis; Clinical efficacy

Online publication: December 20, 2025

1. Introduction

Chronic enteritis usually refers to the chronic inflammatory disease of the intestine. Its etiology can be caused by microbial infections such as bacteria, fungi, viruses, protozoa, and allergies [1]. The clinical symptoms are chronic or recurrent abdominal pain, diarrhea and dyspepsia. In severe cases, mucus or watery stools may occur. If not treated for a long time, it will lead to malnutrition and even malnutrition anemia. Western medicine treatment of chronic enteritis commonly used anti-inflammatory, antidiarrheal, symptomatic treatment. But more antibiotics will aggravate the imbalance of intestinal flora. Drugs that regulate the intestinal flora cannot be taken at the same time as antibiotics, and the effect is slow. In order to avoid anti-inflammatory side effects and play the role of drugs that regulate the intestinal flora, herbal medicine can be combined with Bacillus licheniformis capsules that regulate the intestinal flora [2]. Chronic enteritis belongs to the category of chronic diarrhea and abdominal pain in Oriental medicine. It is believed that it is mainly caused by emotional disorder and visceral weakness, external dampness or food damage [3]. Liuhe decoction is derived from Taiping Huimin Heji Bureau prescription, which has the effect of strengthening spleen and removing dampness, promoting blood circulation

and removing blood stasis. This study was designed to explore its clinical efficacy by modifying and reducing it for the treatment of chronic enteritis.

2. Data and methods

2.1. General information

The study time was from January 2021 to September 2023. 70 patients with chronic enteritis were selected from our hospital. These patients were randomly divided into observation group and control group, 35 cases in each group. In the observation group, there were 19 males and 16 females, aged from 22 to 64 years, with an average of (42.50 ± 9.80) years, and the course of disease was 2 to 10 years, with an average of (5.80 ± 2.30) years; In the control group, there were 18 males and 17 females, aged from 21 to 65 years, with an average of (43.20 ± 10.10) years, and the course of disease was 2 to 11 years, with an average of (6.10 ± 2.50) years. Comparison of two sets of data, $p > 0.05$, Feasible comparison.

2.1.1. Inclusion criteria

(1) Those who met the diagnostic criteria of chronic enteritis;
(2) Having complete clinical data;
(3) Those who understand the content and significance of this study and sign the informed consent form.

2.1.2. Exclusion criteria

(1) Patients with cognitive impairment;
(2) Patients with other digestive system diseases;
(3) Those who quit the research institute halfway.

2.2. Treatment methods

The control group was treated with conventional western medicine and levofloxacin. The specific usage was as follows: oral administration, 0.5 g each time, once a day, for 7 consecutive days.

The observation group was treated with Liuhe decoction. Formula composition: *Angelica sinensis* 12 g, *Paeonia lactiflora* 15 g, *Ligusticum chuanxiong* 10 g, *Rehmannia glutinosa* 15 g, *Atractylodes macrocephala* 15 g, *Poria cocos* 15 g, coix seed 20 g, *Atractylodes Rhizoma* 12 g, *Coptis chinensis* 6 g, *Aucklandia* 10 g (lower back), *Sanguisorba officinalis* 15 g, *Sophora japonica* 15 g, roasted *Glycyrrhiza* 6 g. Add and subtract according to the symptoms: add fried yam 20 g and fried lentils 15 g for patients with diarrhea; add *Corydalis* 12 g and *Paeonia lactiflora* 20 g for patients with obvious abdominal pain; add *Pulsatilla* 15 g and tangerine peel 12 g for patients with mucus purulent and bloody stool; add dangshen 15 g and *Astragalus* 20 g for patients with spleen deficiency. One dose per day, 400 mL of water decoction, warm twice in the morning and evening.

Both groups were treated for 1 week. The patients were instructed to follow the principle of light diet and strictly avoid eating spicy, greasy and irritating foods, because these foods may aggravate the disease or affect the treatment effect. Encourage patients to eat more digestible and vitamin rich foods, such as rice porridge, noodles and other staple foods can provide sufficient energy and easy digestion and absorption, while vegetables and fruits can supplement essential vitamins and minerals for the human body, enhance the patient's physical resistance, and provide strong support for the patient's rehabilitation from the aspect of diet.

2.3. Observation indexes

(1) The clinical symptom score covers diarrhea, abdominal pain and hematochezia. Each score ranges from 0 to 3 points, and the total score is 0 to 9 points. The higher the score, the more prominent the symptom.
(2) In terms of clinical efficacy, it was divided into three levels: markedly effective, effective and ineffective.

After treatment, the clinical symptoms disappeared completely. The results of colonoscopy showed that the disappearance of intestinal mucosa redness and swelling was markedly effective; After treatment, the clinical symptoms were significantly improved. The results of colonoscopy showed that the intestinal mucosa was slightly red and swollen, which was effective; Failure to meet the above criteria or aggravation after treatment is invalid. Total effective rate is marked effective rate plus effective rate

(3) The recurrence was observed for one month after treatment, and the recurrence was recorded during the follow-up of the two groups.

2.4. Statistical analysis

SPSS 26.0 statistical software was used to process the data, and *t*-test was performed; Count data test, $p < 0.05$ for the difference was statistically significant.

3. Results

3.1. Improvement of clinical symptoms

There was no significant difference in the indicators between the two groups before treatment ($p > 0.05$); After treatment, the symptom scores of the two groups were significantly decreased, and the improvement of the observation group was more prominent than that of the control group ($p < 0.05$). See **Table 1** for details.

Table 1. Comparison of clinical symptom scores between the two groups before and after treatment ($\bar{x} \pm s$, Points)

Group	Diarrhea		Abdominal pain		Bloody stool	
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group (n = 35)	2.51 ± 0.56	0.82 ± 0.31	2.36 ± 0.52	0.63 ± 0.25	2.29 ± 0.48	0.52 ± 0.21
Control group (n = 35)	2.56 ± 0.57	1.83 ± 0.52	2.41 ± 0.54	1.56 ± 0.41	2.33 ± 0.52	1.63 ± 0.34
t	0.370	9.870	0.395	11.457	0.334	16.433
p	0.712	0.000	0.694	0.000	0.739	0.000

3.2. Comparison of clinical efficacy

After treatment, the total effective rate of the observation group was significantly higher than that of the control group ($p < 0.05$). See **Table 2** for details.

Table 2. Comparison of clinical efficacy between the two groups [n (%)]

Group	Markedly effective	Effective	Invalid	Total effective rate
Observation group (n = 35)	18 (51.43)	15 (42.86)	2 (5.71)	33 (94.29)
Control group (n = 35)	10 (28.57)	16 (45.71)	9 (25.71)	26 (74.29)
χ^2				5.285
p				0.022

3.3. Comparison of recurrence rate

During the follow-up period after treatment, there was only one case of recurrence in the observation group, and the

recurrence rate was 2.86%. In the control group, there were 9 cases of recurrence, and the recurrence rate was 25.71%. The results showed that the observation group was lower than the control group ($p < 0.05$). See **Table 3** for details.

Table 3. Comparison of recurrence rate between the two groups [n (%)]

Group	Recrudescence	Recurrence rate
Observation group (n = 35)	1	2.86
Control group (n = 35)	9	25.71
χ^2		7.467
p		0.006

4. Discussion

Chronic enteritis is one of the common diseases in the Department of Gastroenterology, which is mainly manifested by recurrent abdominal pain, with varying degrees of discomfort such as watery stool. Chronic enteritis takes a long time to treat, and has the characteristics of repeated attacks and prolonged healing, which can seriously affect the nutritional status and quality of life of patients [4]. Although conventional western medicine treatment methods such as protecting gastric mucosa and anti-infection have good curative effect, the long-term curative effect is not good, and patients are prone to relapse [5]. Traditional Chinese medicine has a comprehensive study on the disease. According to the main manifestations of the disease, such as fatigue, abdominal pain, emaciation, fever and so on, the disease is included in the category of dysentery, intestinal wind, diarrhea, visceral toxin and so on. It is considered that the disease is related to damp heat, blood stasis, Qi stagnation, phlegm and so on [6]. Liuhe decoction, a traditional Chinese medicine decoction, is based on the theory of spleen kidney yang deficiency syndrome. It adjusts the balance of yin and Yang in the body by adding and subtracting traditional Chinese medicine, so as to improve the symptoms of patients and improve the recovery rate. *Angelica sinensis*, *Radix Paeoniae Alba*, *Ligusticum chuanxiong* and *Radix Rehmanniae Preparata* (Siwu Decoction) are used to nourish and promote blood circulation, make blood flow unobstructed, remove blood stasis and regenerate, and repair damaged intestinal collaterals; *Atractylodes macrocephala* and *poria cocos* invigorate the spleen and replenish Qi, dry dampness and promote diuresis, restore the transport and chemical function of the spleen, and fundamentally eliminate the generation of dampness pathogens; Coix seed and *Atractylodes lancea* enhance the power of invigorating the spleen and removing dampness. *Atractylodes Rhizoma* drys dampness and invigorates the spleen. Coix seed is light, permeable and beneficial to dampness. The combination of the two makes dampness a way out; *Rhizoma Coptidis* can clear away heat, dry dampness, purge fire and detoxify, aiming at the evil of intestinal damp heat; Wood incense can lead Qi stagnation, regulate Qi, help damp and remove blood stasis; *Sanguisorba officinalis* and *Sophora japonica* flower cool the blood to stop bleeding, detoxify and restrain sore, and are specially used for the treatment of hematochezia, hemorrhoids and other diseases. They have significant effect on mucus, pus and bloody stool caused by intestinal collateral injury; Roasted licorice is used to blend various herbs. The whole prescription plays the effects of invigorating the spleen and removing dampness, clearing heat and activating blood circulation, stopping diarrhea and hemostasis, taking into account the pathological factors such as spleen deficiency, excessive dampness, heat accumulation and blood stasis, which is highly consistent with the core pathogenesis of chronic enteritis.

From the perspective of clinical symptom improvement, the diarrhea, abdominal pain and hematochezia scores of the observation group after treatment were significantly lower than those of the control group, the treatment efficiency of the observation group was higher than that of the control group, and the recurrence rate was lower than that of the control group ($p < 0.05$). The results showed that the modified Liuhe decoction could effectively enhance the effect of symptom control. This is due to the multi-target therapeutic effect of the prescription: *Rhizoma Atractylodis Macrocephalae*, *Poria*

cocos, coix seed and other spleen invigorating and dampness removing drugs can improve the intestinal absorption function and reduce the number of diarrhea; Wood incense can promote Qi and relieve pain, and cooperate with *Radix Paeoniae Alba* to soften the liver, which can effectively relieve abdominal pain caused by intestinal spasm; *Sanguisorba officinalis*, *Sophora japonica*, *Coptis chinensis* and other antipyretic and blood cooling hemostatic drugs can reduce intestinal mucosal inflammation and bleeding, and reduce mucus pus and bloody stool. The results showed that the decoction of *Radix Angelicae sinensis*, *Radix Paeoniae Alba*, *Rhizoma Chuanxiong* and *Radix Rehmanniae Preparata* could improve microcirculation and promote tissue repair. Ferulic acid in *Radix Angelicae Sinensis* could inhibit platelet aggregation and improve intestinal mucosal blood flow; Paeoniflorin in *Radix Paeoniae Alba* can inhibit the release of inflammatory factors and reduce mucosal damage; Ligustrazine in *Ligusticum chuanxiong* Hort can expand blood vessels, increase intestinal mucosal blood flow, and provide sufficient nutrition for mucosal repair. At the same time, *Rhizoma Coptidis*, *Sanguisorba officinalis* and other drugs have antibacterial and anti-inflammatory effects, which can reduce the irritation of pathogenic bacteria in the intestinal tract to the mucosa and create a good environment for mucosal repair. The drugs in Liuhe decoction can improve the deficiency of Yang Qi in spleen and kidney by warming and tonifying the spleen, so as to alleviate the above symptoms.

To sum up, in the treatment of chronic enteritis, compared with the simple western medicine treatment, Liuhe decoction can help reduce the risk of recurrence and improve the overall curative effect.

About the author

Liuqing (1984-), female, Han nationality, from Suzhou, Jiangsu Province, has a bachelor's degree, and her research direction is internal medicine of traditional Chinese medicine.

Disclosure statement

The author declares no conflict of interest.

References

[1] Zeng Y, Zeng L, 2024, 80 Cases of Stomach Pain Treated with Self-Made Liuhe Decoction. Guangming Traditional Chinese Medicine, 39(4): 787–790.

[2] Ding T, Nian J, Wang X, et al., 2021, Meta Analysis of Traditional Chinese Medicine in the Treatment of Chronic Radiation Enteritis. World Journal of Traditional Chinese Medicine, 16(5): 802–810.

[3] Liu X, Li T, 2021, Effect of Liujunzi Decoction on Clinical Efficacy of Chronic Gastritis of Liver-Stomach Qi Stagnation Type. Hebei Journal of Traditional Chinese Medicine, 36(1): 27–29.

[4] Qiu Z, Song J, Zheng X, et al., 2023, Research Progress of External Treatment of Traditional Chinese Medicine in the Treatment of Chronic Enteritis. Jiangxi Traditional Chinese Medicine, 54(8): 73–76.

[5] Chen C, 2021, Efficacy Analysis of Levofloxacin Combined with Metronidazole in the Treatment of Chronic Enteritis. Famous Doctor, 2021(18): 155–156.

[6] Wu H, Ding J, Geng B, et al., 2023, Clinical Study on Bushen Jianpi Wenchang Decoction Combined with Enema in the Treatment of Chronic Radiation Enteritis (Spleen and Kidney Deficiency). Chinese Journal of Integrated Traditional and Western Medicine Digestion, 31(4): 274–278 + 284.