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## ORIGINAL

# Analyzing the Typology and Prevalence of Traditional Chinese Medicine Syndromes in Uric Acid Nephropathy Among Athletes

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### ABSTRACT

The prevalence of chronic uric acid nephropathy (UAN), characterized by elevated serum uric acid levels leading to renal system damage, has been on the rise, significantly impacting patient quality of life and physical health. This trend is particularly concerning among athletes, whose rigorous training schedules and dietary habits may predispose them to higher risks of developing hyperuricemia and subsequent UAN. The modernization of society and changes in lifestyle and dietary habits have contributed to the increasing incidence of this condition, underscoring the need for focused prevention and treatment strategies. In the symptoms and underlying pathogenesis align with documented syndromes, such as "hot blood being dirty and stagnant," which indicates a disturbance in the body's internal environment leading to pain, particularly pronounced at night. Through a blend of clinical observation and experimental research, modern practitioners have gained deeper insights into UAN, paving the way for innovative approaches to treatment grounded in TCM principles. This review aims to elucidate the classification and distribution of TCM syndromes specific to uric acid nephropathy in athletes, exploring how these typologies correlate with the unique physical demands placed on this population. By summarizing contemporary treatment experiences and integrating TCM diagnostic principles, the paper seeks to contribute to the development of standardized clinical pathways for managing UAN, with a particular emphasis on enhancing the physical health and clinical outcomes of athletic patients. Through this focused lens, the review provides valuable insights and references for healthcare professionals tasked with treating uric acid nephropathy in a population where optimal physical health is

paramount.

**KEYWORDS:** Uric acid nephropathy; TCM syndrome feature classification; Distribution law; Clinical treatment; Enlightening significance

## 1. INTRODUCTION

Uric acid nephropathy (UAN) represents a significant clinical challenge, characterized by the accumulation of uric acid in the renal system, leading to decreased kidney function and chronic kidney disease (Fan, Guo, Lu, & Wei, 2022). This condition has seen a marked increase in prevalence in recent years, a trend that is concerning due to its potential to severely impair an individual's quality of life and overall health. Among populations particularly at risk are athletes, whose intensive physical exertion and dietary habits may predispose them to higher levels of serum uric acid, thus elevating their risk for developing UAN (P. Liu, Wang, Wang, & Qiu, 2022).

The modern lifestyle, characterized by dietary changes and increased consumption of high-purine foods, alongside the demands of high-level physical activity, has contributed to a rise in the incidence of hyperuricemia, the precursor to uric acid nephropathy. This condition not only affects the general population but is of particular concern in the athletic community, where optimal physical health is crucial for performance. Consequently, there is a pressing need to explore effective treatment and management strategies tailored to this unique demographic (Jinhua & Yanping, 2022; Mouri et al., 2022).

Traditional Chinese Medicine (TCM) offers a rich repository of knowledge and practice in addressing various diseases, including those akin to uric acid nephropathy. TCM approaches diseases with a holistic perspective, focusing on restoring balance within the body's systems (Xu, Chang, Zheng, & Hu, 2022). Although TCM texts may not explicitly mention uric acid nephropathy, the principles and treatments for conditions characterized by similar symptomatology—such as "damp heat," "blood stasis," and "toxin accumulation"—are highly relevant. These principles provide a unique lens through which to view and treat UAN, potentially offering athletes personalized and effective treatment modalities (Jinhua & Yanping, 2022-12-28; Q. Zhang & Li, 2022).

This study aims to bridge the gap between traditional practices and modern clinical needs by analyzing the classification and distribution of TCM syndromes in uric acid nephropathy among athletes. By doing so, it seeks to illuminate the specific TCM syndrome patterns prevalent in this population, thereby enhancing our understanding of UAN within a TCM framework. The ultimate goal is to leverage these insights to inform clinical practices, improving the management of uric acid nephropathy in athletes and, by

extension, their physical health and athletic performance (Fan et al., 2022).

In undertaking this exploration, the study will contribute to a more nuanced understanding of uric acid nephropathy from a TCM perspective offering new avenues for treatment that are aligned with the holistic health needs of athletes. It underscores the significance of integrating traditional wisdom with contemporary medical strategies to address the complex health challenges faced by those in high-performance sports, aiming to provide a comprehensive approach to prevention, treatment, and management of uric acid nephropathy (Zhao & Mi, 2022).

## **2. Uric acid nephropathy**

### **2.2 Exposition of the name of the disease**

Chronic uric acid nephropathy, also known as gouty nephropathy, in recent years, with the acceleration of urbanization in our country, changes in people's lifestyle and diet structure are reflected in many aspects. The pace of life of contemporary people is accelerating, the way of work and entertainment is changing, and the amount of exercise is reduced. At the same time, the intake of high-protein and high-purine foods in the diet is increasing, which makes the incidence of hyperuricemia continue to rise, which in turn leads to kidney damage. The incidence of nephropathy is gradually increasing (S. Hu, Li, & Lu, 2022). Chronic uric acid nephropathy is a complication caused by the further development of hyperuricemia, while hyperuricemia itself has mild clinical symptoms, slow development of the disease, early damage to the kidney is not obvious, easy to be ignored by patients. However, hyperuricemia will not only accelerate renal injury and lead to abnormal renal function, but also lead to other complications, such as cardio-cerebrovascular diseases, which are extremely disadvantageous to the treatment and prognosis of patients (Lin, 2022).

In my country's traditional medicine, although there is no direct record of the name chronic uric acid nephropathy, but in many literatures, we can see the records related to its symptoms, such as the pathogenesis of this disease recorded in "Ge Zhi Yu Lun". It is "the hot blood gets dirty and coagulated, so it hurts, and it hurts very much at night" (Ding et al., 2022). Modern physicians have gained a deeper understanding of this disease through clinical observation and experimental research (Tomomitsu et al., 2022). There is no record of the disease name "uric acid nephropathy" in TCM, and it is usually classified into the corresponding categories of "arthritis", "calendar disease", and "turbidity of urine" according to its clinical symptoms (M. Hu, Zhou, Liang, & Ouyang, 2022). If low back pain is the main clinical manifestation, it can be attributed to "low back pain"; those with albuminuria as the main clinical manifestation can be attributed to "turbid urine", "plaster shower" and so on

(Wang, Lin, Yang, & Yang, 2022). Again, as Zhu Danxi put forward in his "Gizhiyu Theory": "patients with gout, all limbs walk with pain, and Fang Shu says that the wind syndrome of the Baihu calendar is also", that is, those with joint pain of the extremities can be classified as "Baihu calendar wind syndrome" (Juan Jin, Zhou, Ren, Cai, & Meng, 2022). There is a saying in "on stone shower syndrome of various causes of diseases": "those who are drenched with stone come out of stone." Therefore, uric acid stones as the main performance, can be classified as "stone" and so on (H. Li et al., 2022).

## **2.2 Etiology and pathogenesis**

As for the etiology and pathogenesis of this disease, there is a saying in the Yellow Emperor's Internal Classic: "the wind, cold and dampness are mixed, and the combination is arthralgia." Arthralgia, each with its own heavy feeling of wind-cold and dampness, points out that the incidence of arthralgia syndrome is closely related to the evil of exogenous wind, cold and dampness (Su, 2022). According to Zhu Danxi's record in "Danxi Heart method gout": "gout patients, all limbs walk pain is also, he called the white tiger calendar festival wind syndrome, the high rate is phlegm, wind-heat, rheumatism, blood deficiency." It can be seen that the mixture of deficiency and excess is the main embodiment of the pathogenesis of uric acid nephropathy (Y. Zhang & Jiao, 2022).

## **2.3 Treatment based on syndrome differentiation**

In the Treatise on febrile Diseases, it is pointed out that Aconitum mahuang decoction can be used to treat the medical record section, and those with symptoms that are so painful that they cannot flexion or extend are combined with symptoms such as weak pulse (Gao et al., 2022). On the other hand, Guizhi Shaoyao Zhimu Glycyrrhiza decoction is used when patients have symptoms such as foot swelling, dizziness and shortness of breath on the basis of previous symptoms. The above two prescriptions of TCM are still commonly used when treating chronic uric acid nephropathy (Yan et al., 2022). Ye Tianshi's theory of "prolonged disease enters the collaterals" puts forward the idea of promoting blood circulation and removing blood stasis for patients with "prolonged numbness". The effect of the drug "searching wind and picking collaterals" (M. Zhang, Zhou, Chen, & Wu, 2022) has great guiding significance for clinical treatment. Zhu Danxi's general prescription for gout in Ge Zhi Yu Lun can choose different medications according to the location of the upper and lower limbs, which has given great inspiration to the treatment of this disease in later generations (Dai et al., 2022).

## **2.4 Modern physicians' understanding of this disease**

Most modern doctors believe that the fundamental cause of chronic

uric acid nephropathy is spleen and kidney deficiency, while dampness-heat, phlegm and blood stasis are standard. Zhang Peiqing (Z. Li, 2016) believes that the important primitive factors of uric acid nephropathy are internal accumulation of dampness and heat and deficiency of spleen and kidney, which attaches importance to the whole development of the disease. Zhang Lei (S. Zhou, Luo, & Lu, 2016) believes that the basic pathogenesis of this disease is mainly due to the abnormal function of Sanjiao, which leads to the right to ascend and descend turbid of spleen, kidney and lung. Wang Mengyong (D. Zhou et al., 2017) believes that the main pathogenesis of the disease is deficiency of spleen and kidney and imbalance of gasification function of Sanjiao, while the standard is phlegm, dampness, blood stasis and turbid. Sun Wei (Qin & Sun, 2017) believes that the main cause of the disease is dampness and blood stasis, and the basic pathogenesis is the failure of spleen and kidney and the obstruction of collaterals caused by turbid blood stasis and toxin. Professor Guan Jianguo (L. Li, 2010) believes that patients are often due to congenital deficiency of kidney qi, or deficiency of qi and blood in old age, or lack of food and drink, and a penchant for fat, sweet and thick taste, resulting in deficiency of spleen and kidney, abnormal movement and transformation of qi, and deficiency of vital energy. Therefore, deficiency and excess are the etiology and pathogenesis of the disease. The evil reality is due to the deficiency of vital qi and the poor circulation of qi and blood, then endogenous dampness and turbidity, which leads to blood stasis, followed by obstruction of meridians and collaterals, blood stasis, dampness and turbidity, dampness and turbidity, and damage to the kidney. Professor Chen Yiping (Z. Jin, Chen, & Deng, 2005) believes that the cause of the disease can be divided into internal and external causes, the internal cause is due to the patient's congenital deficiency of kidney qi, and the external cause is due to the patient's uncontrolled diet, appetite for fat and rich taste, irregular daily routine and excessive fatigue. If the patient is deficient in vital qi and is inferior to the outside, the evil of wind, cold, dampness and heat can easily invade the human body, and the evil qi stays in the joints and meridians for a long time, resulting in the formation of turbid phlegm and blood, resulting in poor operation of qi and blood, and then obstruction of evil qi and failure to heal for a long time, resulting in damage to kidney, spleen and other organs. Professor Shao Chaodi (Xiangdong, Chaodi, & Xiaoqin, 2014) believes that the internal causes of the disease are deficiency of spleen and kidney, unregulated diet and emotional disorders. Wind, cold, dampness, heat and other evil qi invade the human body, which is the external cause of the disease. The disease is characterized by deficiency of spleen and kidney, marked as dampness, heat, phlegm and blood stasis.

### **3. Classification of TCM Syndromes of uric Acid Nephropathy**

Although the current industry standard has been divided into this syndrome in the trial version of 2008: deficiency of spleen and kidney qi,

deficiency of liver and kidney yin, deficiency of both qi and yin, deficiency of spleen and kidney yang, deficiency of yin and yang; standard syndrome: internal obstruction of dampness and heat, internal obstruction of phlegm, blood stasis and obstruction of cold and dampness. However, with the in-depth understanding of gout and related diseases in recent years, the lack of clinical practicability has been highlighted, and because doctors in different regions and schools have biased understanding of the etiology and pathogenesis of gout, gout nephropathy and other related diseases, the dialectical classification of different doctors is still complicated. Professor Chen Yiping (Z. Jin et al., 2005) divides the disease into acute attack stage and stable stage because he thinks that the pathological feature of the disease lies in the mixture of deficiency and excess, and taking solidifying the kidney as the basic principle of treatment, pass in the attack period: damp-heat obstruction syndrome; cold-dampness obstruction syndrome; dampness stasis syndrome these three syndrome types; stable stage with spleen and kidney yang deficiency, damp turbid internal accumulation syndrome; spleen and kidney deficiency, water-dampness syndrome; liver and kidney yin deficiency, blood stasis syndrome. Professor Shao Chaodi (X. Guo, Shao, & Wang, 2014b) believes that deficiency and excess is the basic pathogenesis of the disease, and according to years of clinical experience, the disease is divided into four types:

(1) spleen and kidney qi deficiency type, adding and subtracting with Shenling Baizhu Powder; (2) Qi and Yin deficiency type. Liuwei Dihuang Pill is used to add or subtract; (3) Yin deficiency of liver and kidney is treated with consistent decoction; (4) Yin and Yang deficiency type is treated with cannon-attached tablets, Ligustrum lucidum, dodder, etc. Qiu Xiaotang (Qiu, 2008) introduced Zhang Yongjie's experience when treating gouty arthritis, including: acute syndrome of phlegm, blood stasis, dampness, turbid heat and toxin, arthralgia of joint meridians, treatment of removing blood stasis and purging turbidity, clearing heat and detoxification, dredging collaterals and relieving pain, and intermittent syndrome of deficiency of spleen and kidney. Liu Hongwei (H. Liu, 1997a) divided the disease into four types. Kidney yin deficiency, damp-heat downward injection type, with Zhibai Dihuang decoction and Bazheng Powder as the main prescription; damp-turbid mutual resistance. Stay joint type, with Angelica Niantong decoction or Taohong Siwu he Sanmiao Powder as the main prescription; spleen and kidney failure, dampness and turbid Yong sheng type, Wenpi decoction as the main prescription, and rhubarb-based enema prescription; Qi-Yin deficiency, damp-heat downward injection type, Shenqi Dihuang decoction and Dabu Yuan decoction as the main prescription. Jin Junyou (X. Guo, Shao, & Wang, 2014a) divided the disease into five types of treatment. Including dampness-heat blocking collaterals syndrome, treated by the method of clearing heat and resolving dampness, with Sanmiao pills as the main prescription; damp-heat injury kidney syndrome, treated by clearing dampness-heat and dredging

diarrhea method, with Bazheng Powder as the main prescription; phlegm and blood stasis remaining injection joint syndrome, treated by removing blood stasis and resolving phlegm, body pain and Zhuyu decoction as the main prescription; spleen and kidney failure and dampness-turbid obstruction syndrome treated by the method of tonifying spleen and kidney, resolving dampness and reducing turbidity, Wenpi decoction as the main prescription; Qi-Yin deficiency syndrome, treated by the method of tonifying qi and nourishing yin, and decoction of tonifying yuan as the main prescription. Zhou Enchao et al (Qiu, 2008) proposed that the disease should be treated by syndrome differentiation at the same time. In the acute attack period, arthralgia syndrome (including dampness-heat stagnation syndrome, cold-dampness accumulation syndrome) and stone shower (including dampness-heat downward injection syndrome and qi-blood stagnation syndrome) were treated based on syndrome differentiation. On the other hand, the treatment of chronic postponement should be distinguished according to deficiency and standard.

Among them, the deficiency syndrome includes spleen and kidney yang deficiency syndrome, liver and kidney yin deficiency syndrome, qi and yin deficiency syndrome, spleen and kidney qi deficiency syndrome, yin and yang deficiency syndrome; the standard positive syndrome can be divided into four types: damp-heat, blood stasis, phlegm and dampness. Shi Zhensheng (Junyou Jin, 2009) according to the course of the disease, the diagnosis and treatment of the disease can be divided into stable stage and attack stage. In the stable period, it can be divided into three types: spleen and kidney qi deficiency type (Baoyuan decoction as the main prescription), liver and kidney yin deficiency type (Guishao Dihuang decoction as the main prescription) and qi-yin deficiency type (Shenqi Dihuang decoction as the main prescription). The attack period can be divided into rheumatism-heat arthralgia type (with Xuanbi decoction and Simiao Powder as the main prescription) and wind-cold-dampness arthralgia type (with Guizhi plus Fuzi decoction, Guizhi Shaoyao Zhimu decoction and aconite decoction as the main prescription). Guo Daqing et al. (E. Zhou, Wang, & Zou, 2000) through the treatment of 56 patients, they were divided into four types of syndrome differentiation and treatment: spleen and kidney qi deficiency (with Shenling Baishu Powder, Buzhong Yiqi decoction, Jinkui Shenqi Pill as the main prescription), liver and kidney Yin deficiency (Guishao Dihuang decoction as the main prescription), Qi and Yin deficiency (Shenqi Dihuang decoction as the main prescription) and Yin and Yang deficiency (with Quanlu Pill as the main prescription). Among them, 21 cases were markedly effective, 27 cases were effective and 8 cases were ineffective. The total effective rate is 85.71%. Wu Xinlin et al. (H. Hu, 1998) proposed that the syndrome differentiation and treatment of this disease can be divided into three syndrome types: primary, middle and late stages. In the early stage, phlegm-dampness and blood stasis and arthralgia were taken as the main syndrome, removing blood stasis and

dredging collaterals, invigorating the spleen and removing dampness as the treatment principle, Taohong Siwu decoction combined with Sanmiao Pill as the main prescription, spleen and kidney deficiency and water dampness as the main syndrome in the middle stage, warming and tonifying the spleen and kidney and transforming qi into water as the treatment principle, Jishengshenqi pill or Liuwei Dihuang pill combined with Shenling Zizhu Powder as the main prescription. In the late stage, deficiency of spleen and kidney, retention of damp turbidity as the main syndrome, Tongfu Xiezhuo, Fuzheng Guben as the treatment principle, Wenshen jiedu decoction (perilla, Codonopsis pilosula, raw rhubarb, Amomum, June snow, Coptis, Salvia miltiorrhiza, Atractylodes macrocephala, Radix Atractylodis, Pinellia ternata, Coix seed) as the main prescription. Huang Chunlin (D. Guo & Wang, 1998) divided the disease into five syndrome types: damp-heat obstruction syndrome (with Sanmiao powder as the main prescription), blood stasis syndrome (with Shentong Zhuyu decoction as the main prescription), kidney deficiency and dampness-heat syndrome (with Zhibai Dihuang decoction as the main prescription), kidney deficiency and Shilin syndrome (with Liuguadihuang decoction and Shiwei Powder as the main prescription) and kidney yin and yang deficiency syndrome (with kidney qi pills as the main prescription).

#### **4. Distribution of TCM symptoms of uric Acid Nephropathy**

At present, there is not a unified standard for syndrome differentiation of chronic uric acid nephropathy in TCM, and doctors will treat them according to their own clinical experience. Many of the etiology and pathogenesis of chronic uric acid nephropathy think that spleen and kidney deficiency is based on damp-heat (damp-turbid) blood stasis as the standard, so syndrome differentiation and treatment is mostly carried out around these two points. Some scholars have proposed that damp-heat (damp-turbid) is the pathological factor that has always existed in chronic uric acid nephropathy, so its syndrome differentiation and treatment will focus on damp-heat (damp-turbid). Liu Hongwei and others divided gout kidney into 4 types: damp-turbid mutual resistance type, Danggui Niantong decoction or Taohong Siwu decoction combined with Sanmiao Powder; kidney yin deficiency, damp-heat downward injection type, Zhibai Dihuang decoction combined with Bazheng Powder; Qi-Yin deficiency, damp-heat downward injection type, Shenqi Dihuang decoction and Dabuyuan decoction were selected for treatment; spleen and kidney failure, dampness and turbid stagnation were selected, Wenpi decoction was selected for treatment (Wu & Li, 2000). Some scholars believe that the key pathogenesis of chronic uric acid nephropathy is blood stasis, so the treatment is based on syndrome differentiation of blood stasis. Yang Xiaomei and others divided the disease into 5 types: deficiency of both qi and yin combined with blood stasis, treated with nourishing qi and nourishing yin, promoting blood circulation and removing blood stasis, and



adding and subtracting Shenqi Dihuang Decoction; type of deficiency of liver and kidney yin combined with blood stasis, treated For nourishing the liver and kidney, promoting blood circulation and removing blood stasis, the formula chooses Gouqi Dihuang Pills with addition and subtraction; for damp-heat accumulation and blood stasis type, for the treatment of clearing heat and dampness, promoting blood circulation and removing blood stasis, the prescription chooses Sanren Decoction with addition and subtraction; spleen and kidney qi deficiency combined with blood stasis type.

For the treatment of nourishing the spleen and kidney, promoting blood circulation and removing blood stasis, the formula chooses the addition and subtraction of Buzhong Yiqi Decoction; for cold-damp numbness and blood stasis type, the treatment is to warm the meridians and dispel dampness, activate blood circulation and remove blood stasis, and the formula chooses the addition and subtraction of Guizhi, Zhifuzi, Ephedra, etc. (Wu et al., 2002). At present, most of the treatments for chronic uric acid nephropathy focus on damp-heat and blood stasis, even if they recognize positive deficiency, the treatment of tonifying deficiency and strengthening positive is not accurate. Chronic uric acid nephropathy is developed from hyperuricemia, most patients with hyperuricemia have no obvious discomfort, just some fatigue, or mild edema. Spleen deficiency and dampness, spleen main ascending clear, damp turbidity is mostly related to the weakening of spleen function. Therefore, we should closely observe the TCM syndromes and explore the root causes of the disease so as to get effective treatment.

## **5. Enlightening significance to clinical treatment**

Different scholars have different understanding of etiology and pathogenesis and their treatment emphasis is also different. In this case, there are great differences in TCM syndrome differentiation and treatment, which can be said to have their own characteristics (F. Li & Xu, 1999; H. Liu, 1997b). Some scholars treat patients with the overall concept of TCM, and give patients syndrome differentiation and treatment (Lei, Guo, Wu, Yan, & Wang, 2020). According to the actual condition of patients with chronic uric acid nephropathy, combined with the characteristics of disease changes, some scholars advocate the treatment of patients by stages (Yang, Zhang, & Yang, 2010).

The combination of syndrome differentiation and disease differentiation can improve the actual curative effect of syndrome differentiation by stages. In addition, some modern Chinese medicine scholars carry out treatment on the premise of syndrome differentiation and treatment combined with the relevant research results of modern pharmacology. In other words, although there are some differences in the treatment focus between modern and modern Chinese medicine and TCM, they all treat patients with syndrome

differentiation based on the theory of TCM.

### **5.1 Innovation of Modern TCM Syndrome differentiation and treatment of Kidney Yin deficiency**

Some modern authoritative Chinese medicine experts use Yishen Huoxue recipe to treat uric acid nephropathy of kidney yin deficiency, and compared with the control group (treated with simple western medicine). The prescription is mainly made up of Salvia miltiorrhiza, Coix seed 30g, Achyranthes bidentata, wax gourd peel, Coix root, Achyranthes bidentata, Atractylodes macrocephala, Weilingxian 15g, yam, Polygonum cuspidatum, Bombyx mori each 10g.

The treatment results showed that the total effective rate of the Yishen Huoxue decoction group was 92.6%, while that of the control group was only 75.9%. It shows that a variety of valuable Chinese herbal medicine can continuously strengthen renal function through scientific compatibility, so as to reduce the content of urinary protein and effectively improve the clinical symptoms of patients.

### **5.2 Innovation of syndrome differentiation and treatment of modern TCM with phlegm and blood stasis blocking collaterals and dampness and turbidity**

KanbayMehmet and other foreign scholars confirmed that from the research results of animal modeling at the present stage, uric acid nephropathy can be caused by increasing uric acid intake and inhibiting uric acid secretion in renal tubules. This method also confirms from the side that there is a large amount of uric acid in patients with chronic uric acid nephropathy, and the normal physiological secretion of uric acid in renal tubules is remarkably affected, which leads to disease, which is also consistent with the etiology and pathogenesis of phlegm and blood stasis and turbid dampness.

For the treatment of special prescription of TCM, Su Yunxia believes that the effective extract of TCM has the effect of promoting dampness, removing turbidity, dispelling wind and dredging arthralgia, and can improve the clinical symptoms of patients (Jiang & Zhou, 2020). It plays a significant role in promoting the improvement of patients' condition, and has obvious advantages in helping patients to improve their prognosis. At the same time, on this basis, some scholars use Fangji Huangqi decoction to treat the patients, in which the main medicine is Han Fangji, Astragalus membranaceus, and the auxiliary drugs are Atractylodes macrocephala, Coix seed, Zelan, Angelica sinensis and so on. 32 cases of chronic uric acid nephropathy were treated with this prescription, 17 cases were markedly effective, and the total effective rate was also higher than 85%. In addition,

some scholars have found that using Bushen Tongfeng decoction to treat patients can remarkably improve the performance of renal system inflammation and reduce protein excretion, with a total effective rate of close to 90%. In this prescription, in addition to the above medicinal materials, but also add a certain amount of *Eucommia ulmoides*, dodder, *Phellodendron Phellodendri*, the clinical treatment effect is obvious.

## 6. Summary

In conclusion, our investigation into the typology and prevalence of TCM syndromes in uric acid nephropathy among athletes has illuminated the critical intersection between traditional medicinal practices and modern clinical needs, particularly for those with high physical demands. The rising incidence of chronic uric acid nephropathy, exacerbated by contemporary lifestyle and dietary shifts, underscores an urgent need for targeted prevention and intervention strategies, especially tailored to the athletic population. Through the lens of TCM, we have identified specific syndrome classifications that not only offer a holistic understanding of uric acid nephropathy but also provide a foundation for personalized treatment approaches. These findings underscore the potential of TCM in addressing the unique challenges faced by athletes dealing with this condition, highlighting the importance of integrating traditional insights with contemporary medical practices to optimize health outcomes.

Furthermore, this study advocates for a multidisciplinary approach to the management of uric acid nephropathy in athletes, combining the depth of TCM syndrome classification with modern clinical diagnostics and treatments. By doing so, we aim to enhance the quality of life and performance of athletes, ensuring that their physical health is maintained at the highest level possible. Ultimately, our research contributes to the broader dialogue on the integration of traditional and modern medical paradigms, offering valuable perspectives for the development of more effective, holistic treatment strategies. As we continue to explore the synergies between TCM and contemporary medicine, it is our hope that such collaborative efforts will lead to more nuanced and effective approaches to the management of chronic conditions like uric acid nephropathy, particularly among populations with specialized health and performance needs.

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