

CLINICAL EFFECTS OF AN INTEGRATIVE CHINESE-WESTERN MEDICINE APPROACH BASED ON THE "LUNG-KIDNEY CO-TREATMENT" PRINCIPLE ON INFLAMMATORY STATUS AND PULMONARY FUNCTION RECOVERY IN PATIENTS WITH AECOPD

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Background and Aims

This study aimed to evaluate the clinical effectiveness of an integrative Chinese-Western medicine approach based on the "Lung-Kidney Co-Treatment" principle in improving inflammatory markers and pulmonary function in patients with AECOPD.

Methods

A retrospective cohort study was conducted involving patients with AECOPD admitted to the Affiliated Traditional Chinese Medicine Hospital of Chongqing Three Gorges Medical College between January 2023 and December 2024. Patients who received standard Western medical therapy were assigned to the control group ($n=54$), while those who received an additional Chinese herbal formula based on the "Lung-Kidney Co-Treatment" principle were included in the intervention group ($n=66$).

Results

Baseline characteristics between the two groups were comparable ($P>0.05$). At 7-14 days post-treatment, the intervention group showed significantly better outcomes than the control group in the following parameters: WBC ($7.2 \pm 1.6 \times 10^9/L$ vs $8.4 \pm 2.1 \times 10^9/L$), NEU% ($62.1 \pm 8.5\%$ vs $68.3 \pm 9.3\%$), CRP (6.5 ± 2.8 mg/L vs 9.8 ± 3.4 mg/L), PCT (0.10 ± 0.05 ng/mL vs 0.15 ± 0.07 ng/mL), IL-6 (10.2 ± 3.9 pg/mL vs 15.1 ± 5.2 pg/mL), TNF- α (10.6 ± 3.6 pg/mL vs 14.2 ± 4.8 pg/mL), FEV1/FVC (53.5 ± 8.3 vs 48.6 ± 7.5), and FEV1% pred ($64.5 \pm 10.2\%$ vs $46.7 \pm 8.4\%$) (all $P<0.05$). The 6-month hospital readmission rate was also significantly lower in the intervention group [9.1% ($6/66$) vs 24.1% ($13/54$), $P<0.05$]. Multivariate logistic regression identified the integrative treatment as an independent protective factor against readmission within 6 months [OR=0.32 (95%CI, 0.12-0.86), $P=0.03$].

Conclusion

The integrative Chinese-Western medicine approach based on the "Lung-Kidney Co-Treatment" principle was effective and feasible for AECOPD and reduced the 6-month readmission risk.

Keywords: AECOPD, lung-kidney co-treatment, risk factors.