

Professor Qingbatu's Academic Thoughts and Clinical Experience in the Treatment of Chronic Cholecystitis

Yuehai MA^{1,2}, Qingbatu^{1*}

1. Affiliated Hospital of Inner Mongolia Minzu University, Tongliao 028000, China; 2. Inner Mongolia Minzu University, Tongliao 028000, China

Abstract Professor Qingbatu, an inheritor of distinguished academic expertise in traditional Chinese and Mongolian medicine in China, posits that chronic cholecystitis corresponds to the condition known as "blood-Xila fever" in Mongolian medicine, primarily resulting from an imbalance of Badagan-Xila. He advocates a treatment approach centered on the stomach, emphasizing the protection of stomach fire, while concurrently incorporating methods to clear Xila and regulate liver and gallbladder function. Clinical staging and syndrome differentiation should be systematically conducted, with the effective utilization of Mongolian patent medicines such as Tonglaga-5, Zhagan Beng'a-18, and the Digateda series. A literature review encompassing 884 patients across eight clinical studies indicates that Mongolian medicine offers advantages in treating chronic cholecystitis, particularly in symptom improvement and recurrence rate reduction. Furthermore, the medications employed align closely with the clinical practices of Professor Qingbatu. His academic approach, which emphasizes "gastric protection alongside the elimination of pathogenic factors", is distinctive and holds substantial clinical significance.

Key words Professor Qingbatu, Chronic cholecystitis, Academic thought, Syndrome differentiation and treatment, Mongolian medicine

1 Introduction

Professor Qingbatu is a member of the fourth batch of national inheritors of distinguished academic expertise in traditional Chinese and Mongolian medicine. With more than 30 years of clinical experience in Mongolian surgery, he has been extensively involved in clinical practice, teaching, and surgical research. He possesses a strong foundation in fundamental professional theories and demonstrates proficient clinical skills. His expertise encompasses the diagnosis and treatment of diseases affecting the thyroid, gallbladder, breast, liver, pancreas, and gastrointestinal tract, with a particular focus on the integrative treatment approach combining Mongolian and Western medicine. Professor Qingbatu offers distinctive Mongolian medical perspectives on syndrome differentiation and treatment in the diagnosis and management of chronic cholecystitis. He posits that the etiology and pathogenesis of chronic cholecystitis differ from those of acute cholecystitis. Specifically, chronic cholecystitis is primarily attributed to an imbalance of Badagan-Xila. Accordingly, treatment should focus on preserving stomach fire and restoring gastric function, in conjunction with anti-Xila therapeutic approaches.

According to Mongolian medical theory, the process of separating essence from dross within the human body initiates in the stomach. Consequently, treatment and regulation for undigested essence and functional disorders of internal organs should commence with the stomach. In clinical diagnosis and treatment, it is essential to tailor medication according to the individual differences in patients' constitutions. Clinical practice conducted by Professor Qingbatu demonstrates that Mongolian medicine demonstrates efficacy in the treatment of chronic cholecystitis, exhibiting minimal adverse effects and a low rate of recurrence, which sup-

ports its broader promotion and application in clinical practice.

2 Understanding of chronic cholecystitis in Mongolian medicine

Chronic cholecystitis is a prevalent disorder of the digestive system encountered in clinical practices. In Western medicine, treatment primarily focuses on symptomatic management, including analgesia and anti-inflammatory interventions. Nevertheless, some patients exhibit limited therapeutic response and are susceptible to recurrence. From the perspective of Mongolian medicine, chronic cholecystitis is categorized under Xila disease, also referred to as heat gallbladder or old gallbladder fever. This condition is attributed to an imbalance of "yellow" or Xila within the body, resulting in impaired liver and gallbladder function^[1-2]. Mongolian medical practice emphasizes a holistic approach and syndrome differentiation and treatment. Therapeutic strategies include internal administration of agents aimed at eliminating Xila, promoting bile secretion, and facilitating digestion, complemented by external treatments such as purgation and moxibustion.

According to Mongolian medicine, in addition to variations in innate constitution, the onset of illness is influenced by multiple factors, including diet, daily routine, and climate. Consequently, even when disease types are identical, differences may be observed in characteristics such as aggregation, movement, rest, chills and fever, pain, and heaviness. These distinctions constitute a fundamental basis for syndrome differentiation and treatment in Mongolian medicine^[3]. Disorders of Heyi in the gallbladder can manifest as symptoms including stabbing pain, indigestion, and yellowing of the eyes. Conditions such as bile overflow, bile jaundice entering the blood vessels, and displacement of Xila are classified under Xila disease.

The chapter "Drugs for Treating Gallbladder" in the classical Mongolian medical text *Four Medical Tantras* documents the functions and treatments related to the gallbladder. In animals, the

Received: February 6, 2026 Accepted: March 10, 2026

Yuehai MA, doctoral degree candidate, attending physician. * Corresponding author. Qingbatu, master's degree, chief physician.

gallbladder is believed to prevent bile overflow, inhibit decay, dissolve meat, detoxify, and enhance vision. According to Mongolian medicine, the liver and gallbladder are anatomically and functionally interconnected. Consequently, treatment of gallbladder disorders often involves regulating liver overflow or liver blood overflow. A common therapeutic approach includes the oral administration of Zhugang 8, combined with bloodletting or moxibustion applied to the external and internal pulses at the elbow. For bile overflow caused by gastric tumors, medicinal agents such as *Monetariae Concha Carbonisata*, *Radix et Rhizoma Rhei*, *Rhizoma Acori Calami*, and *Sallucidum* are recommended, alongside bloodletting or moxibustion on the external pulse of the elbow and other relevant sites. In cases of gallbladder tumors, a combination of black borneol and Anari-5 may be employed, or alternatively, Digeda-8 can be selected, supplemented with bloodletting at the external pulse of the elbow and acupuncture therapy. Acupuncture is advised at the eighth, ninth, and twelfth lumbar vertebrae, as well as at acupoints along the stomach meridian.

Symptoms such as yellowing of the body, eyes, and skin, as well as bile overflow caused by Xila disorder, can be effectively treated using Mongolian medicine for Xila disease^[4]. According to Mongolian medical diagnostics, several Mongolian patent medicines, including Zhagan Beng'a-18, Garidi-5, Digeda-4, Digeda-8, Tonglaga-5, Bateri-7, and Geiwang-9, exhibit therapeutic effects such as clearing blood heat, promoting the separation of waste and essence, reducing and eliminating Xila, and alleviating gallbladder fever^[5]. In summary, chronic gallbladder disease is classified as a form of Xila disease in Mongolian medicine and can be managed accordingly. In addition to oral medications, external treatment methods such as bloodletting, moxibustion, and purgation may be employed in combination to provide a comprehensive therapeutic approach.

3 Academic thoughts and syndrome differentiation and treatment of Professor Qingbatu

Professor Qingbatu posits that cholecystitis corresponds to the category of blood-Xila fever within Mongolian medicine. Chronic cholecystitis frequently arises due to inadequate treatment during the initial febrile stage or as a result of the progressive chronicity of gallbladder stones and related conditions. Cholecystitis is further classified into acute and chronic forms. Acute cholecystitis is predominantly associated with blood-Xila, whereas chronic cholecystitis is primarily characterized by Badagan, with Xila playing a secondary role. Patients with chronic cholecystitis often exhibit Badagan-Xila syndrome, which manifests as chronic dyspepsia, intermittent pain in the right upper abdomen, pain radiating to the right scapula, gastric distension, acid reflux, and vomiting. Clinical signs include a light yellowish-brown tongue coating, a weak yet deep pulse, and frequently yellow urine. These observations suggest a considerable concordance between the conceptualizations of chronic cholecystitis in modern medicine and Mongolian medicine.

Clinical treatment primarily emphasizes the use of cool-na-

tured medications to clear heat, while also adhering to the principle of adapting to changing conditions. For patients exhibiting the Badagan-Xila type, treatment should combine blood clearing and Xila with the protection of stomach fire. Commonly used Mongolian medicines for protecting stomach fire include Tonglaga-5, Amuri-6, Alatan · Aru-5, Harigaburi-10, and Maoluri · Dabusu-Siyin Tang. These can be combined with Susi-7, Zhagan Beng'a-18, Garidi-5, Beng'a-13, Digeda-4, Bateri-7, Geiwang-9, *etc.* In cases of acute cholecystitis primarily characterized by blood-Xila, medications aimed at clearing blood heat are predominantly employed.

4 Comparative study on syndrome differentiation and treatment in Mongolian medicine

A review of the literature identified and analyzed clinical studies conducted by eight researchers. Qiqige *et al.*^[6] divided 260 patients with chronic cholecystitis into two groups and compared outcomes including symptom recovery, marked effect, and ineffective effect. The therapeutic efficacy of the Mongolian medicine group was significantly superior to that of the control group ($P < 0.05$). Similarly, a controlled study by Bao Guilan *et al.*^[7] involving 114 patients with chronic cholecystitis demonstrated that the Mongolian medicine group outperformed the Western medicine group in terms of cure rate, marked effective rate, ineffective rate, and improvement of symptoms such as hypochondriac pain, nausea, vomiting, bitter taste in the mouth, and abdominal distension ($P < 0.05$). Dong Huicheng *et al.*^[8] conducted a study involving 78 patients and reported that the group receiving Mongolian medicine-assisted treatment demonstrated significantly better recovery and marked therapeutic effects compared to the group treated solely with Western medicine ($P < 0.05$). Similarly, Hasitonglaga *et al.*^[9] evaluated 106 patients and found that the Mongolian medicine group exhibited superior improvement in symptoms such as hypochondriac pain, abdominal distension, nausea, and belching relative to the Western medicine group ($P < 0.05$). Furthermore, Zhao Meihua *et al.*^[10] divided 60 patients into Mongolian medicine and traditional Chinese medicine groups, observing that the Mongolian medicine group showed significantly greater symptom relief, including hypochondriac pain, indigestion, bitter taste in the mouth, and abdominal distension, compared to the traditional Chinese medicine group ($P < 0.05$). Wang Hongyu *et al.*^[11] randomly assigned 105 patients with chronic non-gallstone cholecystitis into two groups. The control group received conventional Western medical treatment, whereas the observation group was administered the Mongolian medicine Digeda-4 Powder. After three months of treatment, ultrasound assessments indicated that improvements in gallbladder artery blood flow, gallbladder wall thickness and size were more pronounced in the observation group, which demonstrated a total effective rate of 98.11%, significantly higher than the 82.69% observed in the control group ($P < 0.05$). Su Rina^[12] conducted a study involving 70 patients, revealing that the therapeutic effect of Digeda-34 combined with ursodeoxycholic acid was superior to that of ursodeoxycholic acid alone ($P < 0.05$). Addi-

tionally, a controlled study of 94 patients by Suriguga^[13] reported that the therapeutic efficacy of the Mongolian medicine group exceeded that of the Western medicine group ($P < 0.05$).

A total of 884 patients diagnosed with chronic cholecystitis were included across the eight aforementioned studies. The findings consistently indicated that treatment with Mongolian medicine conferred significant benefits, thereby underscoring the efficacy of Mongolian medicine in syndrome differentiation and treatment. Furthermore, the pharmacological agents employed in each study closely align with the clinical prescriptions of Professor Qingbatu as well as documented formulations in traditional ancient literature.

5 Conclusions

The aforementioned research indicates that the application of Mongolian medical techniques in the syndrome differentiation and treatment of chronic cholecystitis can substantially enhance gallbladder function in patients. Chronic cholecystitis is characterized by a prolonged course and sudden onset. Its primary clinical manifestations include persistent pain in the upper abdomen and right flank, frequently accompanied by indigestion, nausea, a bitter taste in the mouth, and radiating pain in the chest and back. These symptoms significantly impair patients' daily functioning as well as their physical and mental well-being. Existing research indicates that chronic cholecystitis can be managed with conventional pharmacological agents. However, the range of available medications is limited, and their therapeutic efficacy remains suboptimal. While commonly used anti-inflammatory and other potent drugs may alleviate symptoms, they are often associated with considerable side effects and a high rate of recurrence. In contrast, the syndrome differentiation and treatment approach employed in Mongolian medicine facilitates precise, individualized therapy and offers several advantages, including definitive therapeutic effects, minimal adverse reactions, holistic regulation of bodily functions, and organ protection. These findings underscore the scientific validity and clinical significance of the Mongolian medical principle of "treating the same disease with different methods".

Future research should further investigate the mechanisms underlying the therapeutic effects of Mongolian medicine in the treatment of cholecystitis. For prescriptions tailored to different syndrome types, mechanistic studies may be conducted from multiple perspectives, including the regulation of bile components^[14-15], enhancement of gallbladder smooth muscle function^[16], modulation of intestinal microbiota^[17], and intervention in inflammatory signaling pathways^[18]. It is anticipated that, with continued advancements in research, Mongolian medicine will assume a more prominent role in managing surgical conditions such as chronic cholecystitis, thereby advancing the field from clinical efficacy observations toward a more comprehensive understanding of the underlying scientific mechanisms.

References

[1] BUYANTU. Basic theory of Mongolian medicine[M]. Hohhot: Inner

- Mongolia People's Publishing House, 2007: 152. (in Mongolian).
- [2] GERILE. Brief discussion on Mongolian medicine nursing of chronic cholecystitis[J]. World Latest Medicine Information (Electronic Edition), 2013, 13(10): 343. (in Chinese).
- [3] YIXI BALIZHU. Amrita of the Four Parts[M]. Hohhot: Inner Mongolia People's Publishing House, 1998: 2, 18. (in Tibetan).
- [4] YUTOK YONTEN GONPO. The Four Medical Tantras[M]. Chifeng: Inner Mongolia Science and Technology Press, 1978: 90, 141. (in Tibetan).
- [5] BILIGE. Summary of academic works of Surongzha, diagnostics of Mongolian medicine[M]. Hohhot: Inner Mongolia People's Publishing House, 2013: 362. (in Mongolian).
- [6] QIQIGE. Clinical observation on treating chronic cholecystitis by syndrome differentiation of Mongolian medicine[J]. World Latest Medicine Information, 2020, 20(45): 244-245. (in Chinese).
- [7] BAO GL, HE BLG. Clinical effect of syndrome differentiation treatment of Mongolian medicine on chronic cholecystitis[J]. Journal of Medicine and Pharmacy of Chinese Minorities, 2021, 27(3): 27-29. (in Chinese).
- [8] DONG HC, BAYAER, BIQIGETU. Clinical efficacy of Mongolian medicine combined with Western medicine in treating chronic cholecystitis [J]. Journal of Medicine and Pharmacy of Chinese Minorities, 2021, 27(7): 21-22. (in Chinese).
- [9] HASI TONGLAGA, HEXI YELETU. Study on clinical effect of Mongolian medicine in treating chronic cholecystitis[J]. World Latest Medicine Information, 2021, 21(82): 323-324. (in Chinese).
- [10] ZHAO MH, MENG NM, BAO ARGL. Clinical observation on treatment of chronic cholecystitis by syndrome differentiation of Mongolian medicine[J]. Journal of Medicine and Pharmacy of Chinese Minorities, 2024, 30(11): 3-4, 12. (in Chinese).
- [11] WANG HY, MANDA, SUBUDE, *et al.* Analysis of the curative effect of the combination of Mongolian and Western medicine on chronic non calculous cholecystitis[J]. Journal of Medicine and Pharmacy of Chinese Minorities, 2022, 28(8): 9-11. (in Chinese).
- [12] SURINA. Clinical observation on Mongolian medicine Digeda-34 combined with ursodeoxycholic acid in treating chronic cholecystitis[D]. Tongliao: Inner Mongolia Minzu University, 2024. (in Chinese).
- [13] SURIGUGA, MEILI, SIQIN, *et al.* Observation on curative effect of Mongolian medicine syndrome differentiation on chronic cholecystitis [J]. Journal of Medicine and Pharmacy of Chinese Minorities, 2025, 31(9): 17-18. (in Chinese).
- [14] FAN N. Expression of ABCG5, ABCG8 and NPC1L1 mRNA in familial cholesterol gallstone disease and a meta-analysis of Chaihu-class decoction regulating lithogenic biles components[D]. Tianjin: Tianjin University of Traditional Chinese Medicine, 2018. (in Chinese).
- [15] WU J, LIAO ZL, ZHUO ZS, *et al.* Clinical efficacy of ursodeoxycholic acid combined with heat-clearing and dampness-expelling and stone-removing decoction in prevention of the recurrence of choledocholithiasis patients after ercp and its regulatory effects on cholesterol metabolism and bile composition[J]. Clinical Misdiagnosis & Mitherapy, 2022, 35(4): 31-35. (in Chinese).
- [16] SU LM. Effects of alkaloids of sophora on motor function of guinea pigs gallbladder *in vitro* and *in vivo*[D]. Yinchuan: Ningxia Medical University, 2011. (in Chinese).
- [17] HUI R, YANG L, TANG YS, *et al.* Discussion on mechanism of Jinyu Xiaochaihu decoction in treating chronic cholecystitis from perspective of intestinal flora[J]. Shaanxi Journal of Traditional Chinese Medicine, 2023, 44(3): 328-332. (in Chinese).
- [18] CHEN SL. Professor Leng Yan's experience in treating chronic cholecystitis and network pharmacology research[D]. Changchun: Changchun University of Chinese Medicine, 2022. (in Chinese).