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Progress in Integrated Traditional Chinese and Western Medicine Treatment for Threatened Abortion with Subchorionic Hematoma due to Kidney Deficiency and Blood Stasis

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Abstract: Subchorionic hematoma (SCH) is a common complication in early pregnancy, which may increase the risks of miscarriage, preterm birth, and placental abruption. With its relatively high incidence in recent years, early detection and timely treatment are crucial for improving adverse pregnancy outcomes in patients with threatened abortion complicated by SCH. Although there is currently insufficient evidence-based medical support for SCH treatment, significant clinical experience has been accumulated. Both traditional Chinese medicine (TCM) and Western medicine have their respective advantages and have achieved notable results. This article reviews the progress in integrated TCM and Western medicine treatment for threatened abortion with SCH, aiming to provide references for future clinical prevention and treatment of this condition.

Keywords: Subchorionic hematoma; Threatened abortion; Kidney deficiency and blood stasis; Traditional Chinese medicine treatment; Western medicine treatment; Research progress

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1. Introduction

Subchorionic hematoma (SCH), a common complication in early pregnancy, is characterized by blood accumulation between the chorion and decidual basalis, appearing as crescent-shaped or irregular hypoechoic/anechoic areas on ultrasound imaging [1]. Clinical data indicate its incidence ranges between 0.48% and 39.5%, with significant variability [2]. The pathogenesis of SCH remains unclear but may involve progesterone deficiency, immune dysregulation, and coagulation dysfunction [3]. Larger or early-onset SCH increases the risks of spontaneous abortion, placental abruption, and fetal growth restriction [4,5], underscoring the importance of early intervention to improve placental function and maternal-fetal outcomes.

In traditional Chinese medicine (TCM), SCH-associated threatened abortion falls under the categories of "fetal

leakage" and "fetal irritability" [6]. The core pathogenesis involves deficiency of the Chong and Ren meridians and instability of fetal anchoring, primarily linked to kidney qi deficiency, spleen qi weakness, blood heat, and blood stasis. Kidney essence deficiency is considered the root cause, while blood stasis obstructing the uterine collaterals represents the secondary manifestation. SCH, as "extravasated blood," disrupts the uterine blood supply, leading to fetal instability. The Theory of Blood Syndromes states: "If stagnant blood remains unremoved, new blood cannot regenerate" [7]. The kidney governs reproduction, and its insufficiency impairs uterine stability, manifesting as vaginal bleeding or abdominal pain.

Currently, the clinical focus on threatened abortion complicated by subchorionic hematoma (SCH) continues to grow, with increasingly mature diagnostic and treatment approaches being developed in both Western and Traditional Chinese Medicine (TCM). Modern Western medicine primarily adopts comprehensive conservative management, including appropriate bed rest combined with pharmacotherapy. Specific regimens involve progesterone replacement therapy to support fetal development, supplemented by adjunctive treatments such as tocolysis, anticoagulation therapy, and immunomodulation as clinically indicated. TCM demonstrates unique advantages in the syndrome differentiation and treatment of this condition. Clinically, it is categorized into five main patterns: kidney deficiency, Qi-blood deficiency, blood-heat, blood stasis, and dampness-heat. Statistical studies indicate that the kidney deficiency with blood stasis pattern is the most prevalent clinical presentation [8]. The corresponding therapeutic principle combines kidney-tonifying and Qi-boosting methods with blood-activating and stasis-resolving techniques, which have shown remarkable clinical efficacy. This article provides a concise review of recent advances in the integrated Chinese-Western medical management of threatened abortion, with SCH presenting as the kidney deficiency and blood stasis pattern.

2. Traditional Chinese Medicine (TCM) treatment for SCH

TCM demonstrates remarkable advantages in managing SCH by regulating systemic qi-blood and yin-yang balance, enhancing immunity, and promoting hematoma absorption. According to TCM theory, the kidney (the "congenital foundation") governs reproduction and development, while "hyperactivity of ministerial fire in the dragon palace" (a TCM pathological concept) represents the root cause of SCH [9]. During pregnancy, blood stasis obstructing the Chong and Ren meridians and uterus manifests as the secondary pathology. Therefore, clinical protocols primarily employ kidney-tonifying and blood-activating methods. In a study of 50 patients with threatened abortion and SCH, Du *et al.* [10] utilized a kidney-tonifying and stasis-resolving approach with herbs including Sangjisheng, Xuduan, Tusizi, Duzhong, Sanqifen, Zhigancao, Zhumagen, and charred *Nelumbinis nodus* (Oujie tan). After two weeks of treatment, ultrasound revealed significantly greater hematoma reduction compared to controls, demonstrating the notable efficacy of TCM for miscarriage prevention. Wang *et al.* [11] conducted a randomized study of 120 SCH patients, finding that the kidney-tonifying and blood-activating formula improved coagulation parameters (PS, PC, D-dimer) and serum progesterone levels while reducing adverse pregnancy outcomes. These results suggest multidimensional regulatory effects on the uterine microenvironment. Huang *et al.* [12] augmented the classic Shoutai Pill with *Paeoniae radix alba* (Baishao), *Ligustri lucidi fructus* (Nvzhenzi), stir-fried *Atractylodis macrocephalae rhizoma* (Chaobaizhu), *Boehmeriae rhizoma* (Zhumagen), *Cyperi rhizoma* (Xiangfu), *Scutellariae radix* (Huangqin), and *Phellodendri chinensis cortex* (Huangbai). Two-week treatment significantly improved coagulation activity, enhanced embryonic blood/oxygen supply, and normalized endocrine hormone levels [13]. Yang *et al.* [14] randomized 92 SCH patients with kidney deficiency and blood stasis pattern

into groups receiving either conventional treatment or additional kidney-invigorating herbs (including 10 g each of Taxilli Herba, *Dipsaci radix*, *Cuscutae semen*, stir-fried *Dioscoreae rhizoma*, stir-fried *Paeoniae radix alba*, stir-fried *Atractylodis macrocephalae rhizoma*, *Codonopsis radix*, *Corni fructus*, salt-processed *Eucommiae cortex*, plus 20 g *Boehmeriae rhizoma* and 10 g each of charred *Scutellariae radix* and *Sanguisorbae radix*). After two treatment courses, the herbal group showed faster hematoma resolution, shorter hospitalization, and fewer adverse outcomes, potentially through suppressing maternal-fetal interface inflammation and promoting trophoblast proliferation. Ding *et al* [15] treated 56 patients with kidney deficiency and blood stasis pattern using modified Jiao Ai Tang combined with Shoutai Pill for four weeks. Results demonstrated significant improvements in coagulation parameters, serum sex hormone levels, and placental blood perfusion, supporting fetal growth. These studies collectively indicate that kidney-tonifying and stasis-resolving herbs can enhance immunity, regulate sex hormones, and ameliorate pregnancy-associated hypercoagulability. However, careful dosage control and duration monitoring of blood-activating herbs are crucial - the principle of "discontinuing when most stasis is resolved" ensures achieving unobstructed collaterals and harmonized Chong-Ren meridians without over-treatment.

3. Western medical treatment for SCH

3.1. Progesterone therapy

Progesterone is widely used in the treatment of threatened abortion complicated by subchorionic hematoma (SCH). It maintains pregnancy by stabilizing the endometrium, improving placental circulation, and inhibiting uterine contractions. Among progesterone preparations, progesterone and dydrogesterone are the most commonly used in clinical practice, demonstrating a favorable safety profile with no significant adverse effects, thus providing safe and effective treatment for threatened abortion with SCH [16,17]. Zhang [18] found that the combination of dydrogesterone and progesterone significantly increased serum progesterone and estrogen levels in patients with threatened abortion, maintained pregnancy, enhanced dominant vaginal microbiota, and improved vaginal microecology, thereby reducing miscarriage rates. A comparative study showed that progesterone treatment achieved higher success rates in pregnancy maintenance and lower complication rates compared to vitamin E therapy in patients with threatened abortion and SCH [19]. Wu *et al.* [20] focused on the effects of early pregnancy progesterone supplementation on late pregnancy complications. Their research demonstrated that progesterone not only reduced utero-placental vascular resistance (thereby decreasing the incidence of preeclampsia) but also lowered the risk of gestational diabetes mellitus. In a study of 88 patients with threatened abortion, Ling *et al.* [21] randomly divided subjects into two groups, with the experimental group receiving additional dydrogesterone. After two weeks of treatment, the experimental group showed significant short-term increases in HO-1 and progesterone levels without additional adverse drug reactions. Follow-up of perinatal outcomes revealed lower rates of preterm birth and low birth weight in the experimental group compared to controls. While progesterone serves as an important intervention in SCH management and may reduce the risk of early pregnancy loss, clinicians should strictly adhere to indications for use and avoid prolonged administration.

3.2. Tocolysis therapy

Currently, the main tocolytic agents used in China include ritodrine hydrochloride, magnesium sulfate, phloroglucinol, and atosiban. These medications may play a crucial role in reducing uterine contractions and mechanical stimulation of the hematoma, thereby preventing its expansion, making them a potential therapeutic

option for threatened abortion complicated by SCH. Guo *et al.* [22] demonstrated that the combination of magnesium sulfate and ritodrine hydrochloride at appropriate doses may positively inhibit uterine contractions and modulate immune function, effectively prolonging gestational duration. In a comparative study, Li *et al.* [23] randomized patients with threatened abortion into three treatment groups (ritodrine hydrochloride, phloroglucinol, and magnesium sulfate). Close monitoring over three days revealed that while all three agents showed tocolytic effects, ritodrine hydrochloride exhibited faster onset of action but was more likely to cause adverse effects such as palpitations. Clinical experience suggests phloroglucinol offers a more moderate action with a superior safety profile. These findings indicate that when patients present with uterine contractions and progressive hematoma enlargement, targeted tocolytic intervention can effectively reduce the risk of preterm delivery. The selection of specific agents should be based on individual patient characteristics and drug safety considerations.

3.3. Immunomodulatory therapy

Immune dysfunction represents a significant pathogenic factor in SCH, primarily manifested as Th1/Th2 cytokine imbalance. The administration of intravenous immunoglobulin (IVIG) in treating threatened abortion with SCH can replenish protective cells and factors, restore disordered immune mechanisms, and create favorable conditions for hematoma absorption and pregnancy maintenance [24]. Li *et al.* [25] demonstrated that weekly IVIG infusions in SCH patients until clinical improvement significantly reduced IgA, IgG, IgM, and TNF-α levels while markedly increasing complement C3, C4 and IL-10 levels. These findings indicate that IVIG can rebalance immune function and enhance defensive capacity in SCH patients, thereby reducing pregnancy failure risk. Clinical observations revealed that combined IVIG and low molecular weight heparin therapy effectively restored Th1/Th2 cytokine balance and elevated progesterone levels, achieving favorable pregnancy outcomes [26]. Qian [27] further confirmed that IVIG infusion in SCH patients with threatened abortion risk significantly improved Th1/Th2 expression profiles and reestablished immune homeostasis, representing a valuable adjunct to optimal clinical management strategies. The integration of Traditional Chinese Medicine (TCM) and Western medicine represents a significant trend in future medical development. In clinical practice, this combined approach has become an important therapeutic strategy for managing threatened abortion with SCH in patients presenting with kidney deficiency and blood stasis syndrome. By synergizing these two medical systems, clinicians can achieve enhanced therapeutic effects through complementary mechanisms while overcoming the limitations of each approach.

3.4. Anticoagulant therapy

The occurrence of SCH is also associated with hypercoagulability during pregnancy. Therefore, low-dose low-molecular-weight heparin (LMWH) has emerged as an effective approach for preventing and treating SCH through its anticoagulant and antithrombotic effects. Wang *et al.* [28] conducted a study of 100 patients with threatened abortion and SCH, demonstrating that adding LMWH to standard care significantly accelerated the resolution of clinical symptoms and reduced rates of inevitable abortion and fetal demise compared to placebo. Their research further revealed that LMWH not only exerts anticoagulant effects but also promotes trophoblast growth, highlighting its clinical value. In another clinical trial, Li *et al.* [29] treated 36 SCH patients with subcutaneous LMWH sodium (5000 IU daily) combined with oral dydrogesterone for one week. The results showed this regimen enhanced antithrombin III activity, effectively improving pregnancy-associated hypercoagulability with a favorable safety profile. Liu *et al.* [30] observed additional benefits in 30 SCH patients treated with LMWH, including increased progesterone levels and improved uterine perfusion, without significant adverse effects.

Current evidence suggests that while LMWH demonstrates remarkable efficacy in anticoagulation, immune modulation, and progesterone enhancement, clinicians must carefully balance thrombotic and hemorrhagic risks. Strict monitoring for bleeding complications is essential during treatment. These findings provide valuable reference for clinical decision-making, though individualized therapeutic strategies remain paramount.

4. Integrated Chinese-Western therapy

The integration of Traditional Chinese Medicine (TCM) and Western medicine represents a significant trend in future medical development. In clinical practice, this combined approach has become an important therapeutic strategy for managing threatened abortion with SCH in patients presenting with kidney deficiency and blood stasis syndrome. By synergizing these two medical systems, clinicians can achieve enhanced therapeutic effects through complementary mechanisms while overcoming the limitations of each approach. Zhang *et al.* [31] demonstrated that the combination of Zishen Yutai Pill and drotaverine hydrochloride significantly promoted hematoma absorption, improved clinical symptoms, and reduced both miscarriage and preterm birth rates, providing novel insights into integrated treatment protocols. Fang *et al.* [32] reported superior outcomes in patients with kidney deficiency and blood stasis SCH treated for two weeks with low molecular weight heparin plus modified Shoutai Pill, showing faster resolution of vaginal bleeding and abdominal pain along with better serological markers compared to heparin monotherapy, establishing this as a safe and highly effective regimen. In a clinical study of Baotailing Capsule combined with dydrogesterone, Zhang *et al.* [33] observed more pronounced hematoma size reduction, significantly higher serum progesterone and estradiol (E2) levels, and enhanced immune function compared to progesterone-only treatment. A meta-analysis [34] confirmed that adding kidney-tonifying and blood-activating herbal formulas to conventional Western medication better promotes uterine and placental circulation while maintaining intrauterine homeostasis. Kong *et al.* [35] achieved markedly reduced uterine artery resistance and a higher pregnancy maintenance rate (90.0% vs 72.5% in controls) in 40 patients treated with kidney-invigorating herbs plus dydrogesterone, providing compelling evidence for the efficacy of this integrated approach. Current clinical practice increasingly adopts this combined therapeutic model, leveraging the strengths of both medical systems to achieve multi-target regulation and reduce pregnancy loss rates. Further exploration in future clinical practice is warranted to optimize these integrated treatment protocols.

5. Conclusion and future perspectives

In summary, subchorionic hematoma (SCH) is a pregnancy-related disorder with complex etiology, incompletely understood pathogenesis, and limited evidence-based treatment options. It may contribute to adverse pregnancy outcomes through multiple pathological mechanisms, including disruption of the maternal-fetal interface microenvironment, increased risks of fetal growth restriction and threatened abortion, and psychological burdens such as anxiety and depression in pregnant women, creating a dual “pathological-psychological” impact. Therefore, early detection, comprehensive evaluation, close monitoring, and personalized treatment strategies are essential for optimal management. Currently, therapeutic approaches differ between medical systems: Traditional Chinese Medicine (TCM) follows the principle of “tonifying the kidneys to stabilize the fetus and resolving stasis to stop bleeding,” employing herbs to strengthen the spleen and kidneys, dissolve stasis, and secure the Chong meridian. These formulations modulate immunity, enhance intrauterine circulation, and promote hematoma absorption. Western medicine focuses on progesterone supplementation, tocolytics, and low-molecular-weight

heparin (LMWH) to maintain decidual stability, correct hypercoagulability, and improve perfusion. While Western drugs provide rapid symptomatic relief, TCM offers systemic regulation with long-term efficacy and high safety. The integrated Chinese-Western approach, combining the strengths of both paradigms, is poised to become a cornerstone in future SCH management. However, current limitations, such as small sample sizes and methodological variability in studies, highlight the need for large-scale, high-quality, multicenter clinical trials to refine precision treatment protocols for SCH with kidney deficiency and blood stasis patterns.

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Disclosure statement

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