

EDITORIAL

A paradigm shift in gastric cancer management: From reactive treatment to proactive prevention—insights from Weifuchun, a Chinese patent medicine

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For decades, global efforts against gastric cancer (GC) have primarily focused on managing advanced disease. Surgery, chemotherapy, radiotherapy, and targeted therapies aim to eradicate established tumors. Yet despite these advances, GC remains a leading cause of cancer-related mortality worldwide. The poor prognosis of late-stage disease highlights the limitations of this reactive approach and calls for a fundamental reassessment: might the most effective intervention lie not in treating established malignancy, but in preventing its occurrence?

The future of GC management demands a shift in perspective—from treating disease to intercepting it before malignancy develops. In this context, the Chinese medicine formulation Weifuchun (WFC) offers more than a therapeutic option; it provides a conceptual framework for preventive strategies. By targeting the precancerous continuum, WFC illustrates novel, holistic approaches for early intervention.

Weifuchun is a National Medical Products Administration-approved Chinese patent medicine, used clinically for decades to treat chronic atrophic gastritis (CAG) and gastric precancerous lesions, including intestinal metaplasia and dysplasia. Its formulation—*Panax ginseng* C.A.Mey. (Hongshen), *Isodon eriocalyx* (Dunn) Kudô (Xiangchacai), and *Citrus aurantium* L. (Zhiqiao)—is grounded in traditional Chinese medicine principles aimed at supporting systemic vitality and resolving stasis. Modern research has gradually translated this empirical formula into evidence-based application.

Clinical studies support its efficacy. Systematic reviews and meta-analyses have confirmed both the safety and benefits of WFC in CAG treatment. Published evidence syntheses on WFC for chronic atrophic gastritis include a 2023 systematic review/meta-analysis of 15 randomized controlled trials and a 2025 network meta-analysis of 38 randomized controlled trials, with likely partial overlap in the included primary studies.^{1,2} These publications suggest that WFC may offer therapeutic advantages over conventional Western interventions, such as prokinetic agents or mucosal protectants, particularly in settings where Western medicine lacks specific therapies for chronic atrophic gastritis.

Beyond symptomatic relief, WFC shows potential in reversing precancerous pathology. An animal study reported that WFC attenuated the progression of intestinal metaplasia and dysplasia.³ Mechanistically, WFC suppresses chronic inflammation—a key driver of carcinogenesis—by inhibiting the nuclear factor kappa B (NF-κB) signaling pathway and reducing pro-inflammatory cytokines (interleukin [IL]-1β, IL-6,

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tumor necrosis factor alpha). Importantly, it interferes with NF- κ B p65 binding to the CDX2 promoter, directly countering a critical step in premalignant transformation. The effects of WFC arise from its complex composition rather than a single active ingredient. Ultra-high performance liquid chromatography–quadrupole time-of-flight mass spectrometry analysis has identified 178 compounds, including diterpenoids, triterpenes (e.g., ginsenosides), flavonoids, and organic acids, with 77 detected *in vivo*.^{4,5} This multi-component, multi-target, multi-pathway mode of action contrasts sharply with the single-target approach typical of modern drugs. Although primarily preventive, WFC exhibits inhibitory effects on GC cells. It downregulates the oncoprotein KPNA2, mediated through upregulation of tumor-suppressive miR-26a-5p and inhibition of the mitogen-activated protein kinase signaling pathway, suggesting modulation of central cancer-driving circuits.⁶ The gut–gastric axis is increasingly recognized as critical for gastrointestinal health. WFC treatment restores gastric and intestinal microbiota homeostasis in CAG models. Integrative 16S rRNA sequencing and metabolomics studies indicate that WFC ameliorates pathology by shaping microbial communities and associated metabolic pathways, reducing the chronic inflammatory milieu that contributes to carcinogenesis.^{7,8} Moreover, the medicinal effects of WFC in regulating immunity are equally important,⁹ and many researchers focus on identifying specific active substances within WFC in an attempt to explain its integrated regulatory mechanisms.¹⁰

The evidence surrounding WFC suggests broader lessons for GC management, including:

(i) Early intervention before malignant transformation.

Weifuchun demonstrates the feasibility of intercepting GC at precancerous stages. Beyond standard care (*Helicobacter pylori* eradication and symptom control), validated pharmacologically active agents capable of reversing intestinal metaplasia and dysplasia should be integrated into prevention protocols, alongside expanded endoscopic screening for high-risk populations.

(ii) Multi-compound, multi-target, multi-pathway, and network-based strategies.¹¹

Cancer arises through interconnected pathways; single-target drugs often fall short. WFC's polypharmacological approach—simultaneously dampening inflammatory cascades, inhibiting proliferative signals, modulating oncogene expression, and restoring microbial balance—illustrates a model for future GC drug development.

(iii) Microbiome as a therapeutic target.

Weifuchun's impact on gut ecology highlights the potential of microbiome-guided interventions. Tailored probiotics, postbiotics, or refined herbal formulations may complement traditional therapies by restoring protective microbial environments.

(iv) Toward personalized prevention.

Disease-dependent pharmacokinetics and network pharmacology suggest opportunities for individualized preventive strategies. Understanding how a patient's pathology (e.g., *qizhixueyu* [qi stagnation and blood stasis] and *qixuxueyu* [qi deficiency and blood stasis] in traditional Chinese medicine) affects drug metabolism and target networks could enable optimized, tailored preventive regimens.

In general, Weifuchun extends beyond a traditional remedy—it exemplifies a paradigm shift in GC management. Acting early, targeting multiple pathways, and integrating systemic factors can build the first line of defense against gastric cancer. Moving forward requires collaboration, rigorous clinical trials, and mechanistic studies leveraging multi-omics technologies. Crucially, it calls for a dialogue between traditional medical knowledge and modern molecular science, allowing both to inform preventive strategies.

Gastric cancer remains a challenge, but the foundation for proactive, preventive approaches is emerging. Lessons from WFC suggest a future in which gastric cancer is not only treatable but increasingly preventable. The time for this strategic shift is coming.

Conflict of interest

Zhenyu Luo serves as an Editorial Board Member of this journal but was not in any way involved in the editorial and peer review process conducted for this paper, directly or indirectly.

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