

# Professor Wang Jiehong's Experience in Treating Reflux Esophagitis Using Holistic Thinking

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**Abstract:** *Gastroesophageal reflux disease (GERD) is a common clinical condition, and Traditional Chinese Medicine (TCM) offers extensive diagnostic and therapeutic expertise in its management. Since the symptoms of gastroesophageal reflux in RE patients are associated with the backflow of gastrointestinal fluids such as gastric acid and pepsin, treatment primarily targets the 'stomach.' However, therapeutic outcomes remain suboptimal. Based on holistic philosophy, Professor Wang Jiehong emphasizes systemic regulation and personalized treatment. Integrating modern medical theories and diagnostic approaches, she develops tailored syndrome differentiation and treatment strategies by addressing the 'spleen,' 'liver,' and 'stomach' systems. Additionally, prescriptions should be promptly adjusted according to disease progression during clinical practice, demonstrating favorable therapeutic outcomes.*

**Keywords:** Reflux esophagitis, Holistic thinking, Wang Jiehong.

## 1. Introduction

The clinical manifestations of gastroesophageal reflux disease (GERD) are diverse, often accompanied by the reflux of gastric contents into the esophagus, mouth, and throat. In addition to typical esophageal symptoms such as heartburn and acid reflux, patients commonly experience digestive system symptoms such as abdominal pain and nausea/vomiting. Other systemic symptoms include oral symptoms (e.g., hypersensitivity of the tongue), throat symptoms (e.g., dryness, burning sensation, dry cough), and pulmonary symptoms (coughing, reflux asthma), among others [1]. Traditional Chinese medicine has not yet summarized a corresponding disease name for non-reflux esophagitis, but based on its symptoms, it should be classified as "acid regurgitation," "acid reflux," or "epigastric discomfort." Sometimes it is intertwined with "stomach pain" and "epigastric fullness," and should be treated comprehensively [2]. With the improvement of living standards and changes in dietary habits, patients with reflux esophagitis are becoming younger, and the incidence rate is increasing year by year. Currently, clinical data research has found that the failure rate of PPI treatment for reflux esophagitis is on the rise [3]. There is currently no cure. It severely affects patients' quality of life.

Wang Jiehong is the chief physician and professor of the Department of Gastroenterology at the Affiliated Hospital of Shaanxi University of Traditional Chinese Medicine, a famous traditional Chinese medicine practitioner in Shaanxi Province, and a doctoral supervisor. The third batch of national excellent Chinese medicine clinical talents, the fourth batch of national old Chinese medicine experts academic experience excellent successor, engaged in the clinical, teaching and scientific research of spleen and stomach disease for 30 years, the main research direction: Chinese medicine treatment of spleen and stomach disease clinical and basic research. I have the honour to study with Prof. Wang, and I have benefited a lot from his work, which is now compiled as

follows.

## 2. Etiology and Pathogenesis

According to Professor Wang Jiehong, the occurrence of this disease is mainly related to factors such as diet, emotions and moods, labour and fatigue, the seven emotions and six lusts, medication and surgery. The disease is located in the oesophagus and stomach, and is based on weakness of the spleen and stomach, and is closely related to the liver, lungs and kidneys, with the liver qi going sideways, encroaching on the lungs and stomach, and the loss of harmony of qi being the main pathogenesis. Therefore, it is difficult to achieve satisfactory therapeutic effect by regulating the stomach alone, and the treatment should be based on strengthening the spleen and dredging the liver, harmonising the stomach and lowering the rebelliousness. In clinical treatment, the treatment should be adjusted in time according to the patient's condition, combined with the characteristics of the disease mechanism, to regulate the liver and strengthen the spleen throughout the treatment of the disease, so as to achieve a balance between the real and the imaginary, cold and heat, and unimpeded qi. At the same time should pay attention to emotional factors, especially the relationship between emotional upset and the disease, regulate the patient's emotional state can play a multiplier effect.

## 3. Differential Diagnosis Experience

### 3.1 Holistic View of the Five Internal Organs

The five internal organs interact with each other in a cycle of mutual generation and mutual restraint, influencing each other's anatomical positions and physiological functions. Patients' disease manifestations are not limited to symptoms of the stomach and esophagus. Therefore, Professor Wang Jiehong treats patients by examining their symptoms, identifying the causes, and taking into consideration the five internal organs.

### 3.1.1 Spleen and stomach

People with spleen deficiency or the elderly are more prone to symptoms such as reflux, acid reflux, and stomach bloating than others. The spleen and stomach are interrelated and together form the middle jiao. The stomach is responsible for receiving food, while the spleen is responsible for transporting and transforming it. The stomach digests food and expels waste from the body. The spleen transforms water and grains into essence, which is then transported to the heart and lungs and distributed throughout the body. These two organs are both the source of qi and blood and the hub of qi circulation throughout the body. The middle jiao qi is stagnant and unable to move, or there is a preference for eating raw and cold foods, causing excessive damage to the yang qi of the middle jiao. The spleen qi is unable to transform and transport properly, resulting in the inability of body fluids to be normally generated. These fluids accumulate and form pathological products of phlegm and fluid retention, obstructing the middle jiao. "The spleen governs the stomach in its function of transporting body fluids." When the stomach is deficient and unable to descend properly, and the spleen is deficient, body fluids become stagnant and accumulate, leading to acidification [4]. Professor Wang Jiehong noticed during his clinic hours that some patients had tongue marks accompanied by thick, greasy tongue coating, and even felt discomfort in their tongues. They often felt heavy and weak throughout their bodies, as well as abdominal distension. Secondly, nutrients cannot be dispersed, leading to food accumulation and stagnation in the stomach. Patients with this condition often complain of indigestion, feeling bloated and stuffy, loss of appetite, feeling full early, or feeling weak in the limbs. The spleen and stomach are inherently weak and damaged. In addition, tangible and intangible pathogens gather in the middle jiao, further depleting the middle qi, forming a vicious cycle of deficiency turning into excess or excess turning into deficiency, ultimately resulting in a mixture of deficiency and excess. This leads to disharmony in the ascending and descending functions, with qi rebelling upward and carrying gastric contents, causing a series of clinical symptoms.

### 3.1.2 Wood and earth

The liver is primarily responsible for regulating the flow of qi and blood within the body, as well as regulating emotions. The liver is located in the lower abdomen, and qi flows upward, so it can play a role in promoting circulation and regulation. The Treatise on Blood Disorders states: "The nature of wood is to promote dispersion and drainage. The digestion of food in the stomach relies entirely on the wood energy of the liver to promote dispersion and drainage, thereby facilitating the transformation of water and grains. If the clear yang energy of the liver fails to arise, it cannot promote the dispersion and drainage of water and grains, and symptoms of fluid retention and abdominal distension are inevitable [5]." The smooth flow of liver qi can be considered a prerequisite for the rise and fall of spleen qi, while the rise of spleen qi can also support the smooth flow of liver qi. Zhou Xuehai believes that the liver is the foundation of ascension and descent. When there is an imbalance between yin and yang in the human body, or when the body is in a state of illness, mutual influence occurs. Secondly, the liver's

function of promoting the flow of qi helps the spleen transport nutrients upward and also guides the stomach qi downward, helping to deliver food that is easy to digest to the small intestine. The liver belongs to wood, while the spleen and stomach belong to earth, which are in a mutually antagonistic relationship. Liver qi can communicate with spleen earth. If the spleen earth restrains the liver wood, which it cannot overcome, then wood weakness and earth abuse will occur. However, if the clash is too intense, it can result in wood overcoming earth. As stated in Clinical Guidelines for Medical Cases, "When liver wood is rampant, stomach earth will inevitably be damaged; when stomach earth is damaged for a long time, liver wood will become even more rampant." [6] Liver qi invading the stomach constitutes a condition of mutual overpowering, leading to symptoms such as epigastric distension and pain. Emotional distress can exacerbate these symptoms, and additional manifestations may include poor appetite, belching, nausea, and a taut pulse; Professor Wang observed that some female patients with excessive phlegm and dampness in the middle jiao, combined with liver qi stagnation, often complain of a sensation of something stuck in the throat, which cannot be coughed up or swallowed. Upon examination, they often exhibit evasive behavior between the eyebrows, dislike speaking much, or have a strong desire to express themselves but speak incoherently and without order. Treatment should focus on resolving phlegm and descending qi; In more severe cases, liver fire invading the stomach may present with mouth ulcers and swollen, painful gums as primary symptoms. Patients may exhibit irritability and anger, with distending pain in the flanks or wandering pain throughout the body. Alternatively, if liver qi cannot be properly dispersed, it may lead to pathological changes in the liver and gallbladder or their associated orifices. For example, in cases of liver and gallbladder damp-heat jaundice, patients may exhibit symptoms such as jaundice and a bitter taste in the mouth, indicative of bile overflow.

### 3.1.3 Gold and earth

The lungs belong to the metal element and are responsible for dispersing and descending. The spleen and stomach belong to the earth element and are responsible for receiving, digesting, and transforming food and drink. In the Five Elements theory, these two organs are mutually supportive. Clinically, it is common for the "child" to affect the "mother." If the lung's dispersing and descending functions are impaired, the spleen and stomach's ascending and descending functions may also be disrupted. Patients with chronic cough and asthma or underlying lung conditions may experience weakened respiratory function, making them more prone to gastroesophageal reflux disease (GERD) compared to healthy individuals (some COPD patients, pneumonia patients, etc., may experience heartburn or chest pain when treated with corticosteroids or antibiotics). Alternatively, dietary imbalances or overwork may damage the spleen, leading to a deficiency in the earth element, which fails to nourish the metal element. Furthermore, the stomach and large intestine are anatomically contiguous, and the lungs and large intestine are internally connected. When the lungs fail to function properly, the large intestine loses its ability to transport waste, the stomach's ability to descend is blocked, and the stomach's upward flow becomes more severe. Professor Wang found that some patients experienced varying degrees of difficulty

defecating during the onset of the disease, and some patients experienced symptoms such as acid reflux and stomach bloating more frequently than other patients.

In dissection, both open into the larynx, and the esophagus and trachea run alongside each other and influence each other [7]. Therefore, Professor Wang believes that most patients with acid reflux suffer from damp-heat pathogens stagnating in the liver and stomach, overflowing into the lungs and stomach. According to statistics, among patients diagnosed with reflux esophagitis, 10% to 15% seek treatment at otolaryngology clinics due to throat burning or discomfort, and 50% due to hoarseness or voice problems. After undergoing general throat treatment with no significant improvement, they are ultimately diagnosed with reflux esophagitis with extraesophageal symptoms [8].

### 3.1.4 Fire and earth

In the Huangdi Neijing, the heart is considered to be the “sovereign organ” and the “source of divine light.” It is the master of the five viscera and six bowels, and the functioning of each of these organs depends on the heart’s leadership. In the Five Elements theory, the spleen earth and heart fire are in a mother-child relationship, with the heart fire nourishing the spleen earth. The heart governs the blood vessels: although the spleen and stomach are the source of qi and blood, the generation of blood requires not only the ascending qi of the spleen but also the transforming and warming actions of the heart’s yang qi to ascend to the heart and form blood. Therefore, the spleen and stomach are closely connected to the heart. When the spleen is weak and unable to produce sufficient energy, clinical symptoms such as abdominal distension, loose stools, and a sallow complexion are commonly observed. Furthermore, the spleen may draw energy from the heart, leading to a deficiency in the nourishment of the heart spirit. Clinical symptoms such as palpitations, heart palpitations, and insomnia may then manifest. Professor Wang treats patients with anemic complexions who have poor sleep and wake easily at night. Upon further inquiry, he often finds that such patients tend to worry excessively. The spleen governs thought, and “although the seven emotions affect the five organs, they ultimately return to the heart.” If you worry too much, it will deplete your yin blood, causing heart blood deficiency and poor sleep.

Furthermore, modern research has found that patients with reflux esophagitis often complain of chest pain when they visit the doctor, and their descriptions are extremely similar to typical angina pectoris. The reason may be that the sympathetic and parasympathetic nerves that control the esophagus and heart cross within the spinal cord nerves. When reflux stimulates the esophagus, the receptors become excited, generating nerve impulses that enter the pathway where the heart and esophagus cross, causing visceral pain and symptoms similar to angina pectoris [9].

### 3.1.5 Nature and nurture

The kidneys are the foundation of innate constitution, while the spleen and stomach are the foundation of acquired constitution. Kidney essence nourishes the stomach, which prefers moisture and dislikes dryness, while kidney yang is

like the “fire” needed for the stomach to digest food. The spleen and stomach transform food into essence, which supplements the foundation of innate constitution. If kidney yin is deficient, the stomach loses its softness and moisture, making it prone to qi reversal. The kidney is the “gateway” of the stomach. If kidney qi is deficient and unstable, the front and rear yin channels become blocked, which can impair the stomach’s ascending and descending functions, leading to symptoms such as distension, fullness, and oppression. This can further result in qi reversal, causing symptoms like acid reflux, belching, nausea, and vomiting [7]; If stomach yin is depleted, it will eventually damage kidney yin, leading to systemic yin deficiency or even yin deficiency with excessive fire. If kidney yang is deficient, it may result in loose stools, poor appetite, and “dawn diarrhea.” If kidney qi fails to transform properly, causing water and dampness to accumulate internally, it may lead to the accumulation of pathological products such as phlegm, fluid retention, and dampness, exacerbating or complicating the patient’s condition. The elderly and frail often suffer from both spleen and kidney deficiency.

## 3.2 Unity of Form and Spirit

Professor Wang Jiehong also emphasizes the concept of unity of body and mind in her treatment. Form and spirit are interdependent and inseparable. Form is the dwelling place of the divine, and the divine is the embodiment of life in form. That is, “Therefore, he was able to live in harmony with his spirit and live out his natural life span, passing away at the age of 100.” Pathological changes in the internal organs and changes in individual emotions influence each other. As stated in Ling Shu · Ben Shen: “When the liver qi is deficient, one feels fear; when it is excessive, one feels anger... When the heart qi is deficient, one feels sadness; when it is excessive, one laughs incessantly.” [10], “Anger damages the liver,” “worry damages the spleen,” etc [11]. Research indicates that under the body’s own association of the “brain-gut” axis, the high sensitivity of the esophageal viscera interacts with psychological factors. Clinically, patients often experience aggravated symptoms of acid reflux and heartburn after arguments or fatigue. In conversations with most patients with reflux esophagitis, it is evident that they are easily irritable and impatient, sensitive, or depressed. Conventional acid-suppressing therapy is less effective for such patients. Professor Wang leveraged the advantages of traditional Chinese medicine’s diagnostic differentiation and adjustment methods, applying a treatment approach focused on liver qi regulation and liver clearing, which generally yielded better results than Western medicine’s acid-suppressing medications [12]. Professor Wang emphasizes the relationship between the five emotions and the five organs in traditional Chinese medicine. When making a diagnosis, he uses “observation of the spirit” and considers emotions as one of the bases for differentiation, judging the severity of the condition and the prognosis. It is also the basis for Professor Wang’s formula adjustments during treatment, making good use of lotus seed meat, vinegar-flavored cyperus, honey-flavored lily, and mimosa bark, among other herbs

Patients often experience recurrent symptoms, visit multiple doctors and clinics, yet feel that their condition is worsening. They have low trust in doctors and experience severe anxiety

when symptoms flare up, which poses significant obstacles to the diagnosis and treatment of gastroesophageal reflux disease. Li Yansheng administered the Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD) to 328 patients with RE, and 186 patients showed abnormal results. Among them, 73 cases had abnormal Hamilton Anxiety Scale scores, with an anxiety incidence rate of 39.24%. Mild anxiety accounted for 84.93%, moderate anxiety accounted for 12.33%, and severe anxiety accounted for 2.7% [13]. At this point, it is necessary to seek the help of credible experts to help patients understand their illness and identify the root cause. My teacher not only uses medication to eliminate or alleviate patients' symptoms, but also emphasizes soothing the liver and relieving depression, regulating liver qi, and providing verbal guidance and emotional comfort to anxious patients. At the same time, he focuses on guiding patients' emotions to prevent them from feeling "lonely," thereby establishing a good doctor-patient relationship, improving patient compliance, and achieving better treatment results.

### 3.3 Overall Treatment Process

RE is a chronic disease that causes physical discomfort in patients when it recurs. It also affects patients' social activities, reducing their quality of life. The condition is greatly influenced by patients' diet, medication, and time. Endoscopic examination reveals varying degrees of fragile esophageal mucosa and ulcers in patients. In severe cases, erosive ulcers merge into patches, and may even cause esophageal stenosis [14]. Professor Wang also noted that most patients with reflux esophagitis had a history of chronic atrophic gastritis or bile reflux in their gastroscopy reports, either at the onset of the disease or as it progressed. Therefore, pay special attention to the progression of the patient's condition during the consultation. Ask the patient in detail about their initial symptoms, factors that triggered the onset of symptoms, changes in their condition each time the disease recurred over time, their treatment process, medication use, and the efficacy of the medication. Emphasize the treatment cycle to patients and advise them not to discontinue treatment or adopt an unrestricted diet simply because their symptoms have improved temporarily.

Professor Wang emphasizes educating patients on daily care: reflux patients should focus on developing good habits, such as maintaining an upright posture after meals. If nighttime reflux is severe, the head of the bed can be raised by 15–20 cm [15]. Advise obese and overweight individuals to lose weight and reduce body fat. Excessive fat accumulation in obese individuals can lead to increased intra-abdominal pressure, which may affect the esophageal sphincter and result in reflux. Secondly, refrain from smoking and drinking alcohol, eat regularly, avoid overeating, and limit consumption of sweets, high-fat foods, pickled foods, strong tea, coffee, and other acidic foods and beverages. If you occasionally experience acid reflux, you may eat a small amount of soda crackers. Avoid eating within 3 hours of bedtime to reduce stomach acid secretion, and maintain regular bowel movements.

## 4. Treatment Methods and Medications

Professor Wang emphasizes holistic treatment in his methods and prescriptions, diagnosing symptoms based on the overall

condition of the five internal organs. This disease is classified into four major types based on common clinical manifestations: deficiency of qi and qi reversal, mixed cold and heat, deficiency of spleen and stomach with cold, and stagnation of liver and stomach with heat. In addition to typical common symptoms such as acid reflux, vomiting of acid, pain below the sternum, and heartburn, each type has its own characteristics. During treatment, we tailor our approach based on the patient's individual constitution and clinical presentation, adjusting the herbal formulas accordingly to provide a comprehensive and personalized treatment plan.

### 4.1 Middle Deficiency with Qi Reversal Type

Those with qi reversal due to deficiency often suffer from spleen qi deficiency, which leads to the internal production of phlegm and turbidity, obstructing the flow of qi. Stomach qi, which should descend, instead rises, causing symptoms such as nausea, vomiting, hiccups, and frequent belching. In severe cases of qi reversal, dizziness may also occur. Professor Wang Jiehong used a combination of Banxia Houpo Tang and Liu Junzi Tang with modifications to replenish qi, strengthen the spleen, transform phlegm, and descend counterflow. If the mother's illness affects the child, patients with upward reversal of lung qi often experience coughing and shortness of breath. Treat with *Perilla frutescens* seeds and *Aster tataricus*. If hiccups are severe, add persimmon peduncles, cloves, and *Perilla frutescens* stems to regulate qi and reverse upward reversal. If qi stagnation and phlegm obstruction are present, treat with Zhejiang fritillary bulb, *Bombyx mori*, and *Aquilaria agallocha*.

### 4.2 Cold and Heat Mixed Type

Professor Wang believes that when treating reflux esophagitis, particular attention should be paid to cold and heat. The Huangdi Neijing Suwen states, "All cases of vomiting acid and sudden diarrhea are caused by heat." It believes that the pathogenesis of vomiting acid is caused by "heat" and should be treated with cold medicine. In "Medical Principles: Acid Regurgitation," it is mentioned that "All cases of acid regurgitation are caused by the liver's wood energy becoming twisted and twisted, causing acidity. ... When it is cold, the yang energy cannot flow smoothly, and when the energy cannot flow smoothly, it becomes depressed and turns into heat, and heat causes acidity. However, there are also cases of acidity that are not caused by cold, but are caused by severe water energy depression, which steams and moistens the earth, causing acid regurgitation or acid vomiting." It can thus be seen that in the diagnosis and treatment of diseases, there are conditions that are classified as cold, hot, or a mixture of cold and hot. Those with heat-related conditions often result from a preference for rich, fatty, and sweet foods, which lead to the accumulation of phlegm and dampness that eventually transforms into heat, or from liver qi stagnation that transforms into heat. Those with cold-related conditions may result from excessive consumption of raw and cold foods, invasion of cold pathogens into the stomach, or a constitutional deficiency of spleen and stomach yang. Loss of appetite and a sensation of sourness or putrefaction in the mouth are often caused by overeating or consuming foods that are difficult to digest.

In recent years, the proportion of patients with mixed cold and heat patterns has gradually increased. These patients often exhibit upper heat and lower cold. They commonly experience acid reflux, heartburn, and a bitter or dry mouth, but at the same time, they also exhibit loose stools, sensitivity to cold, and cold limbs. Second, there is coldness above and heat below. The patient spits out clear phlegm and saliva, feels fullness and distension, and often has constipation, dryness, and difficulty passing stools. Professor Wang Jiehong used a method of balancing cold and heat, pungent opening and bitter descending, and prescribed a modified version of Banxia Xiexin Tang. Depending on various factors such as the patient's constitution, patients may exhibit varying degrees of cold and heat. At this point, it is important to distinguish the relative severity of cold and heat. For cases with predominant cold, Professor Wang typically uses a formula based on high ginger, dried ginger, evodia, and cinnamon, with appropriate adjustments. For cases with excessive phlegm, he adds yizhiren and fried cangshu. For cases with more heat, the treatment focuses on addressing the heat. The dosage of Coptis and Scutellaria may be slightly increased, but care must be taken to avoid excessive use in elderly patients, as the bitter and cold nature of these herbs may harm the stomach. Commonly used herbs include Curcuma and Gentiana, which also help to disperse liver fire.

#### 4.3 Spleen and Stomach Deficiency-cold Type

This type is commonly seen in elderly people who are physically weak, have a history of eating cold foods, or have suffered from long-term illnesses that have damaged their yang energy and caused changes in their body temperature. Low frequency of acid reflux, but often coughs up white foamy phlegm, mild stomach pain, prefers warmth and pressure, likes to drink hot water, or low skin temperature throughout the abdomen, frequent bowel movements, mostly loose or sticky stools, symptoms worsen after eating greasy or cold foods, severe cases may present with edema in the lower limbs and face, pale tongue with white greasy coating, teeth marks on the edges, may also present with a swollen tongue, deep and slow or deep and slippery pulse. Wang Shi observed that most patients with spleen and stomach deficiency and cold often exhibit twisted and congested veins under the tongue, dark purple lips, occasional needle-like pain in the body, and a deep and slippery pulse, all indicative of blood stasis. Therefore, he often prescribes his own formula, the Warming Stomach and Resolving Stasis Decoction: Dang Shen, Fu Ling, Fried Bai Zhu, Chen Pi, Ban Xia, Zi Su Geng, Gui Zhi, Jiu Xiang Chong, Dan Shen, Sha Ren, Vinegar-processed E Zhu, Licorice; if the deficiency and cold are mild, but there is heavy phlegm-dampness and stasis, the Bai Zhu Jian Pi Decoction is used: Raw Atractylodes, Codonopsis, Fried Licorice, Poria, Pinellia, Perilla, Citrus, Curcuma, Salvia. "Blood does not move without qi, and qi does not generate without blood." Therefore, the primary focus is on tonifying qi and strengthening the spleen, regulating qi and unblocking stagnation, while also drying dampness, transforming phlegm, and promoting blood circulation to resolve stasis.

#### 4.4 Liver and Stomach Heat Accumulation Type

Liver qi stagnation and impaired qi circulation often manifest

as frequent sighing, depression, distension and pain in the costal region, irritability, and anger. When liver qi invades the stomach, it leads to impaired stomach function and descent, presenting symptoms such as epigastric fullness, belching, hiccups, acid regurgitation, and sour taste in the mouth. When depression turns into heat, the pulse becomes string-like and rapid, and the tongue becomes red with a thin yellow coating. My teacher often chooses Zuo Jin Wan to clear liver fire and harmonize the stomach, but does not adhere strictly to the original formula. Instead, he adjusts the ratio of Coptis and Evodia according to the individual to mitigate the bitter and cold nature of Coptis and prevent damage to the stomach [16]; For severe heat, add Scutellaria baicalensis and Gardenia jasminoides; for severe acid reflux, add Sepia and calcined Oyster shell; for severe belching and fullness, add Citrus aurantium and Magnolia officinalis; for severe dry mouth and bitter taste, use Ophiopogon japonicus, pollen, Polygonatum odoratum, and Dendrobium. If the patient has severe liver qi stagnation, adjust the formula of Chai Hu Shu Gan San to promote liver qi circulation and relieve depression. If there is severe costal pain, add Curcuma, Aquilaria, and Ziziphus jujuba. If there is constipation, increase the dosage of Zhi Shi to 30g and Areca nut to 15g, or use Aloe vera in a separate packet and instruct the patient to adjust the dosage promptly according to their bowel movement condition.

#### 5. Typical Case

Patient, female, 55 years old, first visit on August 15, 2023. Four years ago, the patient experienced intermittent burning in the pit of the stomach without any obvious cause. He then underwent traditional Chinese medicine treatment at a local hospital for one month (specific formula unknown), but the effect was not significant. After discontinuing medication on their own, patients took "Omeprazole" and "Xiang Sha Liu Jun Zi" orally during episodes, with good efficacy. In August 2022, due to improper diet (watermelon), the burning sensation recurred and worsened compared to before, accompanied by acid reflux and gastric contents rising to the throat. A gastroscopy performed at a local hospital showed: 1) Reflux esophagitis (LA-A grade); 2) Chronic atrophic gastritis. The local hospital administered drugs such as omeprazole (details unknown), and the patient took medication intermittently when symptoms recurred. The patient presented for consultation due to an increase in the number and frequency of episodes this year, as well as a decrease in appetite and weight. Initial diagnosis: heartburn, acid reflux accompanied by burning pain behind the sternum, dry mouth, and bitter taste in the mouth. Loss of appetite, stomach feels full after eating, feels better after burping.

No symptoms such as belching, nausea, or vomiting. Bowel movements occur every 2-3 days, with dry stools, difficulty defecating, occasional feeling of incomplete evacuation, normal color, and no mucus or blood. Yellow urine (normal water intake). Poor sleep quality, frequent dreams and easy awakening. Usually irritable, occasional headaches (history of hypertension for 10 years). Dull complexion. The tongue is red, especially at the tip, with a thick yellow coating, and the pulse is string-like and rapid.

Professor Wang's diagnosis: Liver and stomach heat with qi stagnation. Treatment with modified Huaguan Decoction: 12g of dried tangerine peel, 10g of moutan bark, 15g of white

peony root, 10g of gardenia fruit, 6g of coptis root, 15g of fried hawthorn fruit, 15g of magnolia bark, 12g of ophiopogon tuber, 15g of cuttlefish bone, and 10g of calcined oyster shell. Adjust according to symptoms: Add 20g of fire hemp seed for dry stools; add 20g of mimosa bark and 15g of poria for insomnia. Total of 7 doses.

After receiving the above treatment, the patient returned for a follow-up visit and reported that the symptoms of heartburn and acid reflux had significantly improved, and the frequency of headaches had decreased. However, he still experienced a burning sensation in the stomach and acid reflux. His urine color was normal, and his tongue was slightly red. If the treatment is ineffective, change the prescription by replacing 3g of *Coptis chinensis* with 4g of *Evodia rutaecarpa* and continue taking the above prescription for 6 doses. Second follow-up visit on August 29, 2023: After taking the medication, the symptoms of acid reflux have basically disappeared, but the patient still feels full early, has no appetite, feels bloated and uncomfortable after eating, has difficulty passing gas, has a bowel movement once every 1-2 days, with stools that are sometimes dry and sometimes loose, has difficulty passing stools, has poor sleep at night, wakes up early, has a sallow complexion, a slightly red tongue with a thick coating, and a deep and slippery pulse. Professor Wang believes that the patient has a long history of gastric disease. Currently, the heat in the liver and stomach has subsided, but the spleen and stomach remain weak, with qi stagnation and dampness retention, and alternating cold and heat. He prescribes the Zhi Shi Xiao Pi Decoction: *Atractylodes macrocephala* 15g, *Poria* 15g, *Pinellia* 10g, *Codonopsis* 15g, *Magnolia* 15g, *Coptis* 3g, *Zhi Shi* 15g, *Dry Ginger* 6g, *Fried Licorice* 6g, *Agarwood* 5g, total 10 doses. On September 5, 2023, during the third follow-up visit, the patient presented with the following symptoms: postprandial fullness and discomfort had largely subsided, no gastrointestinal discomfort, increased appetite and food intake compared to previous visits, regular bowel movements, poor sleep quality, difficulty falling asleep, restlessness, and vivid dreams, sallow complexion, pale red tongue with white coating, and a deep and slow pulse. Modified Gui Pi Tang: *Fried white atractylodes* 15g, *poria* 20g, *astragalus* 20g, *longan flesh* 10g, *ziziphus seed* 15g, *codonopsis* 15g, *sandalwood* 8g, *angelica* 10g, *polygala* 6g, *magnolia bark* 15g, *fried hawthorn* 15g. Total of 10 doses. Advise patients to maintain emotional stability, eat moderately, and use the Eight Brocades as a supplementary method for overall health maintenance. Follow-up after 3 months showed no recurrence in the patient.

## 6. Conclusion

Professor Wang often identifies the root cause of the disease, emphasizing the holistic view of the five internal organs, the unity of form and spirit, and the integration of the treatment process. He has achieved excellent results in the clinical treatment of reflux esophagitis, fully demonstrating the characteristics of traditional Chinese medicine's holistic thinking and syndrome differentiation and treatment. Particular emphasis is placed on the treatment of reflux esophagitis through the regulation of liver qi. Patients are advised to adjust their diet and correct unhealthy habits. Treatment and nourishment are given equal importance, providing a reference for the clinical treatment of this disease.

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