

Progress in Clinical Research on Treatment of Chronic Atrophic Gastritis of Spleen-Stomach Deficiency-Cold Type with Integrated Traditional Chinese and Western Medicine

Xinlei Wang, Yi Li*

Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

*Correspondence Author

Abstract: *Chronic atrophic gastritis of spleen and stomach deficiency cold type is a common digestive disease in clinical practice, and significant progress has been made in its treatment research in recent years. This condition is mainly caused by the weakness of spleen and stomach function and the internal generation of cold, with clinical manifestations including dull pain in the stomach area, preference for warmth and pressure, loss of appetite, and fatigue. In modern medicine, Western medicine often employs methods such as eradicating *Helicobacter pylori*, promoting gastric motility, and inhibiting gastric acid, but these approaches have issues such as numerous adverse reactions and a high tendency for recurrence. Traditional Chinese medicine has shown unique advantages in the treatment of chronic atrophic gastritis of spleen and stomach deficiency cold type. Therefore, the combination of traditional Chinese and Western medicine has also become a major trend. This article provides a review of the research on the treatment of chronic atrophic gastritis of spleen and stomach deficiency cold type.*

Keywords: Chronic atrophic gastritis, Spleen and stomach deficiency cold type, Research progress.

1. Introduction

Chronic atrophic gastritis, abbreviated as CAG, is a chronic progressive disease characterized by the gradual degeneration and atrophy of gastric mucosal cells and glands. Within the framework of traditional Chinese medicine theory, this disease is often categorized under “stomach pain,” “fullness,” and other related terms. Patients typically present with gastric discomfort and dull pain, preferring warmth and pressure to alleviate symptoms. Cold environments can exacerbate pain, while warm environments can relieve it. After meals, patients may experience bloating, loose stools, a swollen tongue that is pale with indentations on the edges, a thin white coating on the tongue, and a pulse that is deep, thin, or slow. In recent years, changes in dietary habits and the rapid acceleration of daily life have contributed to a continuous increase in the number of cases of chronic atrophic gastritis (CAG). This trend has permeated the daily lives of patients, causing many inconveniences and significantly affecting their performance and efficiency at work. At the same time, timely identification and diagnosis of CAG are crucial for reducing the incidence of gastric cancer. In treatment, Western medicine primarily focuses on addressing various causes and alleviating patients’ discomfort, while traditional Chinese medicine often employs methods to warm the middle, strengthen the spleen, dispel cold, and relieve pain, often in conjunction with acupuncture for treatment [1]. This paper summarizes and discusses recent Western and traditional Chinese medicine treatment plans for the cold deficiency type of chronic atrophic gastritis, providing references for future research.

2. Mechanism Research

2.1 Traditional Chinese Medicine Etiology and Pathogenesis

In recent years, scientific research has increasingly tended to view the etiology of chronic atrophic gastritis as a complex and integrated system. Its causes are not due to a single factor, but rather the result of multiple interwoven influences. Specifically, long-term emotional disturbances, improper dietary habits, the invasion of external six excesses (wind, cold, heat, dampness, dryness, fire), individual congenital deficiencies, as well as excessive fatigue and lack of rest, are all considered important inducements for this disease [2]. This comprehensive view of etiology helps us to have a more holistic understanding. Understanding, preventing, and treating chronic atrophic gastritis. Symptoms of spleen and stomach deficiency with cold are often closely related to unhealthy dietary habits, as stated in the “Huangdi Neijing” (Yellow Emperor’s Inner Canon), “If the diet is not prepared, the stomach and intestines will be harmed.” Additionally, if a child’s constitution is inherited from parents with deficiencies, it may also lead to dysfunction in their digestive system. In summary, the etiology of this type of chronic atrophic gastritis is largely associated with “deficiency.” Professor Guo Shuyun [3] has profound and unique insights into the pathogenesis of chronic atrophic gastritis. She believes that the deficiency of spleen and stomach qi (yang) is the basis for the onset of this disease and is also an intrinsic core factor leading to CAG. Yang deficiency results in insufficient warming power, which cannot effectively nourish and warm the stomach, leading to impaired stomach function and subsequently affecting the normal operation of the entire digestive system. Furthermore, yang deficiency also suppresses the spleen and stomach’s ability to receive and transport, obstructing the digestion and absorption of food and fluids in the stomach. This not only exacerbates the damage to the stomach but may also lead to absorption disorders of nutrients, further weakening the body’s righteous qi. The summary by scholars such as Zhang Ruifen [4] is very pertinent, integrating various theories and emphasizing the foundational role of spleen and stomach

weakness in the onset of chronic atrophic gastritis. This viewpoint resonates with Professor Guo Shuyun's perspective, both pointing out that spleen and stomach yang deficiency is the core pathogenesis of this disease. The aforementioned research results indicate that due to spleen and stomach weakness, especially spleen yang deficiency, cold evil is generated internally. Insufficient spleen yang cannot provide adequate warming power for the stomach, leading to a loss of nourishment for the stomach, which naturally results in symptoms such as dull stomach pain and a preference for warmth and pressure. At the same time, the deficiency of spleen and stomach yang can also affect the rise and fall of qi, leading to qi stagnation, which further exacerbates discomfort in the epigastric region

2.2 Western Medicine Etiology and Pathogenesis

The current medical research reveals that the causes of chronic atrophic gastritis are complex and multifactorial, but are mainly related to the following aspects: the degree of infection by *Helicobacter pylori*, dietary environmental factors, and medication factors. In addition, factors such as duodenal content reflux, damage to the gastric mucosal barrier, abnormal immune system responses, and genetic factors may also contribute to the disease. Furthermore, psychological states, especially persistent anxiety or depression, may also act as triggers for this condition. *Helicobacter pylori* infection can damage the gastric mucosa, leading to chronic inflammation and atrophic changes. Since *Helicobacter pylori* proliferates in the gastric mucosa, it secretes a large amount of gastric acid and pepsin, as well as cell-toxic proteins and urease that cannot be eliminated. The pathological changes of chronic atrophic gastritis are indeed characterized by atrophy of the mucosal epithelium and glands, thinning of the gastric mucosa, thickening of the muscularis mucosa, and may also show pyloric gland metaplasia and intestinal metaplasia, and even atypical hyperplasia. In more severely atrophic patients, there may be loss of glands and thinning of the mucosa. The pathological changes of chronic atrophic gastritis are mainly manifested in the atrophy of the gastric antrum, fundus, and cardia regions, which leads to patients generally experiencing dull pain and bloating in the upper abdomen. As the disease progresses, some patients may experience complications such as decreased appetite, weight loss, anemia, and malabsorption of nutrients.

3. Traditional Chinese Medicine Treatment

3.1 Decoction Therapy

Oral decoctions, as an important form of traditional Chinese medicine treatment, can indeed compensate for some shortcomings of Western medicine in several aspects, especially regarding the issue of adverse reactions associated with Western drugs. Wang Yaohui [5] applied Jianpi Xiaowei Decoction (Huangqi 30g, Baihua Shexian Cao 30g, Codonopsis 15g, White Peony 18g, Pinellia 10g, Yuanhu 10g, Fried *Atractylodes* 10g, Dried Ginger 10g, Chenpi 10g, Poria 10g, Curcuma 10g, Jujube 10g, White Poria 10g, Fresh Ginger 9g, Moxibustion Licorice 6g. For those with abdominal distension, add Large Abdominal Skin and Thick Supplement 10g; for those with depression, add Albizia Bark

15g; for those with belching, add Xuanxia Flower 15g; for those with a white and greasy tongue coating, add White Cardamom and *Atractylodes* 10g; for those with precancerous lesions of gastric cancer, add Po Cat's Claw 20g.) treated 54 cases of chronic atrophic gastritis with spleen and stomach deficiency-cold type, and achieved results after 12 weeks of continuous treatment. 92.59% effectiveness. Jiao Enhud et al. [6] selected 48 cases of spleen and stomach deficiency cold type CAG, dividing them into two groups. The control group was given Xiangsha Yangwei Wan, while the study group used Xinjia Decoction combined with Danggui Sini Decoction (Danggui 20g, Baishao 20g, Guizhi 15g, Shengjiang 20g, Dazao 20g, Tongcao 15g, Xixin 3g, Zhigancao 15g; for those with severe back pain, added Gegen 9g; for those with severe wheezing, added Houpu 5g; for those with abdominal pain, added Xingren 9g; for those with edema, added Huangqi 12g) for treatment. The experiment showed that the total improvement rate in the study group reached 100%, and clinical symptoms such as hidden stomach pain, cold limbs, vomiting clear water, and mental fatigue were significantly alleviated after treatment. In addition, their quality of daily life was also significantly improved. Duan Chunmei et al. [7] divided 80 patients into two groups, with the control group receiving Weifuchun tablets and the treatment group receiving Wenzhong Jianpi Decoction granules (pre-prepared Huangqi 15g, pre-prepared Guizhi 10g, pre-prepared fried Baishao 15g, pre-prepared dried ginger 6g, pre-prepared roasted licorice 6g, pre-prepared Dangshen 12g, pre-prepared fried Baizhu 12g, pre-prepared Fuling 12g, pre-prepared Jiang Houpu 12g of prepared dried tangerine peel, 10g of prepared fennel, 10g of prepared lindera, 10g of prepared cardamom, 6g of prepared amomum, 10g of prepared spiny hedgehog skin, and 6g of prepared nine-fragrance insect were used. The two groups of patients underwent continuous treatment for 12 weeks, with an effective rate of 87.5% in the treatment group. The efficacy of the warming middle and strengthening spleen decoction has been confirmed to have significant advantages in treating chronic atrophic gastritis with spleen and stomach deficiency and cold type, which may, to some extent, surpass certain traditional or modern medications, such as Weichun. Comprehensive analysis indicates that herbs like astragalus, codonopsis, and dried ginger play important roles in the treatment of such conditions. Astragalus tonifies qi and raises yang, codonopsis strengthens the spleen and benefits the lungs, and dried ginger warms the middle and disperses cold. Therefore, traditional Chinese medicine decoctions show significant efficacy in regulating chronic atrophic gastritis with spleen and stomach deficiency and cold type, making Chinese herbal decoctions have broad application prospects and important therapeutic value in clinical practice.

3.2 Acupuncture Treatment

Acupuncture is a clinical therapeutic practice in Traditional Chinese Medicine (TCM) that includes two methods: needling and moxibustion. The needling therapy uses fine needles made of metal to activate specific acupuncture points in the body, while moxibustion utilizes the heat from mugwort to warm and stimulate these points. Both techniques are highly regarded in clinical practice for their minimally invasive nature, significant efficacy, safety, and ease of operation. They help promote the flow of Qi and blood in the

body, harmonize the meridians, and enhance the body's defense mechanisms, thereby demonstrating positive therapeutic effects in clinical settings. As a traditional TCM therapy, acupuncture has shown remarkable effects in regulating gastric motility, promoting gastric emptying, and improving symptoms of gastritis [8]. Wu Haixia [9] divided 60 patients with chronic non-atrophic gastritis of spleen and stomach deficiency-cold type into a treatment group and a control group, with 30 cases in each group. The control group received oral treatment with Lizhong Pills, while the treatment group received a modified version of the Duanyu Shunt Needle array (right Zusanli, right Liangqiu, left Xuehai, left Dijian points). After 8 weeks of treatment, the rate of *Helicobacter pylori* eradication reached 86.21%, inflammatory factors significantly decreased, and the overall effective rate reached 89.66%. Xie Yajun and others [10] used Panlong Moxibustion (pinching the spine from Dazhui to Changqiang and opening back acupoints) to treat 32 patients with spleen and stomach deficiency-cold type chronic atrophic gastritis (CAG), achieving an overall effective rate of 96.67%, with a decrease in gastric mucosal scores compared to before treatment. Bao Keying and others [11] divided 90 patients with spleen and stomach deficiency-cold type CAG into three groups: the control group received oral treatment with Weifuchun Pills, the Chinese medicine group was given Fuyang and Tiao Decoction (20g Astragalus, 15g fried *Atractylodes* and *Dioscorea*, 9g cinnamon twig, fried white peony, and dried tangerine peel, 3g dried ginger, 10g licorice, 20g root of *Trichosanthes*, and 3g honey-fried licorice), and the combined group received combined treatment with moxibustion on the basis of Chinese medicine (Zhongwan, Pishu, and Weishu points). After three treatment courses, the combined group achieved an overall effective rate of 96.67%. Ji Xu and others [12] applied fire needle rapid needling combined with warm acupuncture to treat spleen and stomach deficiency-cold type CAG, dividing 116 patients into a control group and a treatment group. The control group received warm acupuncture treatment (bilateral Weishu, bilateral Pishu, Gongsun, Neiguan, Zhangmen, Zhongwan, and Zusanli), while the treatment group received fire needle rapid needling therapy (Shangwan, Zhongwan, Xiawan, Qihai, bilateral Tianshu, bilateral Neiguan, and bilateral Zusanli) in addition to warm acupuncture. The study showed: treatment The overall effective rate of the treatment group was 96.43%, and the clinical symptoms of epigastric burning pain, belching, acid reflux, and loss of appetite significantly improved. Additionally, it could elevate serum levels of G17, PGI, and PGR. The above research indicates that acupuncture therapy has a significant therapeutic effect on the spleen and stomach deficiency-cold type of chronic atrophic gastritis (CAG), primarily using warming and tonifying methods, with acupuncture points often selected including Zusanli, Zhongwan, and Spleen Shu.

4. Western medicine treatment

4.1 Treatment of *Helicobacter Pylori*

Helicobacter pylori infection is a major cause of spleen and stomach deficiency-cold type chronic atrophic gastritis (CAG). Yang Xiaonan et al. [13] selected 300 cases of CAG patients. The experimental results showed that in the traditional Chinese medicine (TCM) syndrome differentiation

system, patients with spleen and stomach deficiency-cold type exhibited the highest infection rate of *Helicobacter pylori* (Hp), followed by those with blood stasis type, stomach yin deficiency type, and liver-stomach qi stagnation type. This finding emphasizes the potential association between TCM syndromes and Hp infection, suggesting that the spleen and stomach deficiency-cold state may be more susceptible to Hp invasion, while other syndromes such as blood stasis, stomach yin deficiency, and liver-stomach qi stagnation are also associated with Hp infection to varying degrees. Currently, the standard treatment regimen widely used in clinical practice for *Helicobacter pylori* (Hp) infection is the quadruple therapy, which combines four medications: a proton pump inhibitor (PPI), a bismuth agent, and two antibiotics. The most common and frequently used antibiotics include metronidazole, clarithromycin, levofloxacin, and amoxicillin. This comprehensive treatment plan aims to synergistically inhibit and eliminate Hp infection through the mechanisms of different drugs to achieve therapeutic effects [14]. The main problem currently faced in the treatment of *Helicobacter pylori* (Hp) is the development of resistance to commonly used antibiotics, which affects treatment efficacy. To address this challenge, in recent years, probiotics have often been added as an adjunctive treatment in the management of Hp infection, in addition to traditional antibiotics. The supplementation of probiotics can actively improve the intestinal microenvironment, effectively alleviate adverse reactions during treatment, and enhance patient compliance, potentially increasing the Hp eradication rate. Ye Hongxia et al. [15] selected 80 Hp-positive patients, dividing them into two groups. The control group received the basic quadruple regimen, while the study group was given compound *Lactobacillus acidophilus* tablets on top of the quadruple therapy for 15 consecutive days. The total effective rates for the control and study groups were 80% and 97.5%, respectively, with significant improvements in clinical symptoms such as belching, early satiety, and acid reflux compared to before treatment, alleviating patient symptoms, regulating the quantity of intestinal flora, and increasing the Hp eradication rate and patient medication adherence. In summary, quadruple therapy is of great significance for the treatment of Hp; however, the adjunctive role of probiotics in Hp eradication therapy still requires further in-depth research to determine its effectiveness and optimal application methods. Currently, there is a lack of unified guidance and standards regarding the timing and dosage of probiotics. Nevertheless, the addition of probiotics provides new insights for the treatment of Hp and is expected to play a greater role in future clinical treatments.

4.2 Antacids

There are many types of antacids, and commonly used antacids in clinical practice include proton pump inhibitors, such as omeprazole, pantoprazole, and rabeprazole, among others. This mechanism of action can effectively alleviate a series of clinical symptoms caused by excessive gastric acid, including but not limited to stomach pain, heartburn, acid reflux, and indigestion, thereby significantly improving the quality of life for patients. There are also H₂ receptor antagonists, mainly ranitidine and famotidine, which can effectively inhibit gastric acid secretion, but their effects are not as strong as those of proton pump inhibitors. PPI stands

out among many medications for treating excessive gastric acid secretion due to its excellent acid suppression, long duration of action, and significant effectiveness, and is therefore often regarded by clinicians as the first-line treatment for alleviating and controlling symptoms caused by excessive gastric acid. Cao Weiwei et al. [16] selected 90 cases of gastric ulcer patients to experimentally investigate the efficacy of different proton pump inhibitors. Group A was treated with omeprazole, Group B with pantoprazole, and Group C with lansoprazole. After 4 weeks of continuous medication, the overall effective rates of the three groups were 90%, 86.67%, and 86.67%, respectively, with no statistically significant difference, indicating that all three proton pump inhibitors can achieve good therapeutic effects. The incidence rates of adverse reactions in the three groups were 6.67%, 20%, and 33.33%, respectively, indicating that omeprazole has a higher safety profile, with its adverse reaction rate significantly lower than that of pantoprazole and lansoprazole.

4.3 Gastric Mucosal Protectants

Gastric mucosal protectants play a crucial role in the treatment of chronic atrophic gastritis (CAG) with spleen and stomach deficiency and cold type. This type of medication can form a protective barrier on the surface of the gastric mucosa, reducing the erosion caused by gastric acid and pepsin, thereby protecting the gastric mucosa. At the same time, it can promote the repair process of the gastric mucosal tissue, accelerate the healing of ulcer surfaces, and provide a more comprehensive therapeutic effect for patients. Gastric mucosal protectants can form a high-viscosity gel in acidic environments, creating a strong protective film on the surface of the gastric mucosa, thus enhancing the barrier function of the gastric mucosa. Liu Lei [17] selected 120 cases of CAG patients; the conventional group was given gastric nourishing granules and omeprazole, while the experimental group received gastric nourishing granules combined with amoxicillin, potassium citrate, and clarithromycin for treatment, continuously for 28 days. The total effective rates for the two groups were 80% and 93.33%, respectively, and the experimental group could overall improve the clinical symptoms of patients while reducing the adverse reactions that occurred after medication on an effective basis, further promoting patient recovery.

5. Traditional Chinese and Western Medicine Treatment

Integrating traditional Chinese and Western medicine to treat spleen and stomach deficiency cold type CAG can complement each other and improve treatment efficacy. Research shows that adding traditional Chinese medicine to conventional Western drug treatment can significantly enhance efficacy and reduce adverse reactions. Zhao Yuren [18] selected 134 patients, with 67 in the control group and 67 in the observation group. The control group was given 20 mg omeprazole capsules orally, twice daily, and 10 g aluminum magnesium carbonate tablets three times daily. The observation group was given a modified Xiangsha Liujunzi Decoction (Dangshen 20g, Baizhu 15g, Chenpi 12g, Muxiang 10g, Fuling 15g, Sharen 6g, Banxia 12g, Xiangfu 9g, Houpu 10g, Ganjiang 9g, Zhishi 10g, Gancao 6g. For patients with

epigastric pain, 10g of Yanhusuo and 15g of Danshen were added. For those with insufficient stomach yin, 10g of Maidong and Shengdi were added 9g.) Treatment, continuous treatment for 12 weeks, the effective rate in the observation group reached 91.04%, which is significantly higher than that of the control group, and the symptoms after treatment Significant relief. Chen Xinghui et al. [19] divided 80 cases of chronic atrophic gastritis (CAG) into two groups. The control group was given enteric-coated lansoprazole and colloidal bismuth subcitrate, while the treatment group received Jianpi Xiaowei Decoction in addition to the above. The effective rates were 75% and 92.5%, respectively. The treatment group significantly inhibited the inflammatory response and improved the levels of PG and G-17. Liu Dan [20] selected 76 patients with spleen and stomach deficiency cold type CAG and divided them into two groups. The control group was given oral omeprazole enteric-coated capsules, while the treatment group additionally took Huangqi Jianzhong Decoction (30g of roasted astragalus, 10g of cinnamon twig, 15g of white peony root, 9g of fresh ginger, 4 jujubes, 5g of roasted licorice, and 20g of rock candy) for continuous treatment of 2 months. The clinical symptoms of traditional Chinese medicine in the treatment group, such as dull pain in the stomach, loss of appetite, preference for warmth, and tenderness, significantly improved. The total effective rates of the treatment group and the control group were 94.74% and 73.68%, respectively. The combination of traditional Chinese and Western medicine can significantly improve clinical symptoms, and the pathological changes in patients, such as gastric mucosal atrophy and intestinal epithelial metaplasia, also improved. After treatment, the quality of life of patients was significantly enhanced, which is also one of the important indicators for evaluating treatment efficacy [21].

6. Other Treatments

In recent years, the treatment of chronic atrophic gastritis with spleen and stomach deficiency and cold type has increasingly leaned towards a comprehensive approach, which not only includes the combined use of decoctions but also integrates the combination of decoctions with acupuncture, internal and external treatments, traditional Chinese medicine care, and differs He Jinxiong [22] Selected 92 cases of patients with spleen and stomach deficiency cold type CAG. The control group was treated with omeprazole, amoxicillin, and clarithromycin. The treatment group, in addition to Western medicine, was given a modified Danggui Decoction (Danggui 15g, Guizhi 10g, Shaoyao 10g, Ganjiang 5g, and Jujube 6g of roasted licorice, 10g of astragalus, 10g of galangal, 10g of codonopsis, 10g of lychee seed) combined with acupuncture (bilateral Neiguan, on both sides of the Gongsun, both sides of the Zusanli, and Zhongwan treatment were administered continuously for 8 weeks. The study results showed that the total effective rate of the treatment group was 86.96%, which not only effectively alleviated clinical symptoms such as gastric pain, belching, abdominal fullness, and loose stools in patients, but also improved the degree of gastric mucosal lesions. Tuo Yanhua et al. [23] used the original Luo needle method combined with floating needle therapy to treat patients with spleen and stomach deficiency-cold type CAG, selecting 106 patients. The control group received floating needle therapy (needling at the points of upper abdominal distension), while the observation group combined the

original Luo meridian needle method (bilateral Fenglong, bilateral Taibai, bilateral Gongsun, and bilateral Chongyang) for a total treatment duration of 4 weeks. The total effective rate of the observation group was 96%, and related clinical symptoms such as fatigue, poor appetite, gastric pain, and abdominal fullness showed significant improvement. At the same time, the occurrence of this disease is closely related to emotions and constitution. In addition to clinical treatment, psychological counseling for patients to help them vent negative emotions plays an important role in controlling the progression of the disease and improving quality of life. According to traditional Chinese medicine theory, patients with spleen and stomach deficiency-cold type CAG can be regulated through dietary therapy, with recommended foods including glutinous rice, lamb, pumpkin, and yam, which warm and nourish the spleen and stomach. For example, glutinous rice is warm in nature and sweet in taste, which can warm the spleen and stomach, improving symptoms such as spontaneous sweating, loose stools, and diarrhea; lamb, with its unique warming and nourishing properties, becomes the preferred ingredient for treating symptoms of spleen and stomach deficiency-cold. It can effectively warm the spleen and stomach, alleviating various discomforts caused by spleen and stomach deficiency-cold, such as nausea, weight loss, and sensitivity to cold, thus playing a significant role in dietary therapy for nourishment and regulation. In summary, the treatment of spleen and stomach deficiency-cold type CAG requires a comprehensive consideration of psychological and lifestyle adjustments, as well as a combination of traditional Chinese and Western medical treatment methods. By reasonably utilizing dietary therapy, psychological counseling, and medication, a more comprehensive management and treatment.

7. Summary and Outlook

In recent years, an increasing number of scholars have conducted in-depth and comprehensive studies on the spleen and stomach deficiency-cold type of Chronic Atrophic Gastritis (CAG). These studies have profound significance for guiding clinical work. Traditional Chinese medicine (TCM) treatment has shown significant effectiveness, and the combined treatment of TCM decoctions and acupuncture will also be a major research direction in the future, while Western medicine offers rapid and stable treatment. Therefore, the combined use of Chinese and Western medicine can leverage the strengths of both, better utilizing their respective advantages.

Currently, there are various treatment methods for Spleen and Stomach Deficiency Cold Type Chronic Atrophic Gastritis (CAG), including traditional Chinese medicine, acupuncture, Western medicine, and integrated Chinese and Western treatments [24]. These diverse treatment methods have shown significant effects in improving patients' clinical symptoms, alleviating pathological changes, and enhancing quality of life. With the advancement of medical technology, more personalized treatment plans are expected to emerge in the future, and the invention and application of new drugs or antibiotics will also promote and improve the treatment effects of Spleen and Stomach Deficiency Cold Type CAG. At the same time, it is important to raise public awareness of this disease during treatment to achieve preventive effects and

reduce the incidence of the disease. Future research should focus on the long-term effects and safety of treatment methods, as well as deeper mechanism studies, in order to provide patients with more personalized care, personalized and effective treatment plans.

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