Personal Experience in TCM Treatment of Reflux Esophagitis

Hong Liu 洪流
Quzhou Municipal TCM Hospital, Quzhou 324002, Zhejiang Province

Reflux esophagitis falls into the category of reflux gastroesophagopathy. It is characterized by inflammation, erosion, ulcer formation and fibrosis of the esophageal mucous membrane due to reflux of the content of the stomach and duodenum into the esophagus. TCM holds that this disorder is caused by disturbance of the ascending and descending functions of the middle-jiao, intolerance of interchanges of cold and heat, or simultaneous occurrence of the deficiency and excess syndromes. Some of the cases successfully treated are reported in the following.

Case 1.

Ms. Fan, 45 years of age, complained of pain and oppression behind the sternum, with an obstruction feeling in the pharynx for 6 months. In the last 3 weeks, there was blood found in the saliva, accompanied by lassitude, dreamful, a straining sensation in the lower abdomen, constipation, cold limbs, bitter mouth, and yellowish leukorrhea. On examination, the tongue fur was greasy and the pulse soft. Routine examination of blood and urine was normal. Esophagoscopic and gastroscopic examination showed hyperemia and edema in the mucous membrane of the middle and distal part of the esophagus, fresh ulceration in the distal part of the esophagus and scattered plaque-like hyperemia in the body and fundus of the stomach. The TCM diagnose was stagnation of damp-heat attacking the esophagus. A recipe (5 doses) for clearing away damp-heat, removing obstruction and arresting bleeding was prescribed. Composition of the recipe: Huang Lian (黄连 Rhizoma Coptidis) 6g, Dan Dou Chi (淡豆豉 Semen Sojae Preparatum) 6g, Lu Gen (芦根 Rhizoma Phragmitis) 30g, Hou Po (厚朴 Cortex Magnoliae Officinalis) 15g, Da Huang (大黄 Radix et Rhizoma Rhei) 6g, Zhi Zi (栀子 Fructus Gardeniae stir-fried) 10g, Chai Hu (柴胡 Radix Bupleuri) 10g, Su Geng (苏梗 Caulis Perillae) 10g, Zhi Shi (枳实 Fructus Aurantii Immaturus) 10g, Jiang Ban Xia (姜半夏 Tuber Pinelliae cum Zingibere Praeparatum)10g, Bai Mao Gen (白茅根 Rhizoma Imperatae) 30g, Ce Bai Tan (側柏炭 Carbonisatum Foli Biota) 10g, and Shi Chang Pu (石菖蒲 Rhizoma Acori Tatarinowii)10g.

When she came for the second visit, the bleeding has been arrested, and the other symptoms ameliorated. The recipe was then modified in accordance with the morbid state. Two weeks or so the illness was cured.

Case 2.

Mr. Yu, 53 years of age, complained of burning pain in the stomach and behind the sternum for 7 days. The other symptoms and signs were acid regurgitation, bitter mouth, poor appetite, hard stool, reddened tongue proper with yellowish fur, string-like and slippery pulse. Gastroscopic examination showed hyperemia and edema in the middle and distal parts of the esophagus and diffuse hyperemia and edema in the antrum, body and fundus of the stomach. It was diagnosed in TCM as stomach-heat intermingled with stagnation, with upward attack of stagnant fire. The therapeutic principle of expelling heat, lowering down the pathogenic fire and harmonizing the stomach was adopted. Recipe: Pu Gong Ying (蒲公英 Herba Taraxaci) 30g, Huang Lian (黄连 Rhizoma Coptidis) 6g, Zhi Zi (栀子 Fructus Gardeniae) 10g, Da Huang (大黄 Radix et Rhizoma Rhei) 6g, Dan Dou Chi (淡豆豉 Semen Sojae Preparatum) 10g, Chuan Lian Zi (川楝子 Fructus Toosendan) 10g, Yan Hu Suo (延胡
索 Rhizoma Corydalis) 6g, Wu Zhu Yu (吴茱萸 Fructus Evodiae) 1g, and Jiang Ban Xia (姜半夏 Tuber Pinelliae cum Zingibere Praeparatum) 6g.

After 6 doses, the pain was relieved, the scorching sensation behind the sternum ameliorated, and the defecation and urination became normal. Then, the recipe was modified by deleting Da Huang (大黄 Radix Rhizoma Rhei) and Yan Hu Suo (延胡索 Rhizoma Corydalis). After 7 doses, the illness was cured.

**Case 3**

Ms. Zhu, 57 years old, had a history of recurrent burning pain on the posterior part of the sternum for 6 years. The pain, which was averse to pressure, became aggravated for two weeks. The other symptoms were distention and fullness in the epigastrium, belching, acid regurgitation, dry and bitter mouth but without desire for drinking. The patient preferred to cold food, which aggravated the pain. She also complained of tiredness, and loose and thin stool. She was emaciated with withered yellow facial complexion. The tongue was corpulent with teeth-marks, the tongue fur was yellow, thick and greasy. The pulse was deep, thready and taut.

Gastroscopic examination showed hyperemia and edema in the middle and distal portion of the esophagus and diffuse hyperemia and edema in the stomach and the duodenal bulb. This was a syndrome of deficiency intermingled with excess, with deficiency of the spleen, stagnation of dampness, food accumulation, and with stagnated heat attacking upwardly. The following recipe was prescribed. Tai Zi Shen (太子参 Radix Pseudostellariae) 15g, Bai Zhu (白术 Rhizoma Atractylodis Macrocephalae) 10g, Fu Ling (茯苓 Poria) 10g, Gan Cao (甘草 Radix Glycyrrhizae) 3g, Chen Pi (陈皮 Pericarpium Citri Reticulatae) 10g, Jiao Shen Qu (焦神曲 Scorch-fried Massa Medicata Fermentata Usta) 10g, Zhi Qiao (枳壳 Fructus Aurantii) 10g, Mu Xiang (木香 Radix Aucklandiae) 10g (to be decocted after other ingredients), Sha Ren (砂仁 Fructus Amomi) 6g (to be decocted after other ingredients), Huang Lian (黄连 Rhizoma Coptidis) 6g, Wu Zhu Yu (吴茱萸 Fructus Evodiae) 3g, Xuan Fu Hua (旋覆花 Flos Inulae) 10g, Zhe Shi (赭石 Haematitum) 10g.

All the symptoms disappeared after 5 doses were taken. The recipe was then modified, and the disease was completely cured 2 weeks later.

(Translated by Mao Shuzhang 毛树章)