

**LITERATURE ANALYSIS OF TRADITIONAL CHINESE
MEDICINE SYNDROME OF HELICOBACTER PYLORI-
RELATED GASTROPATHY**

BY

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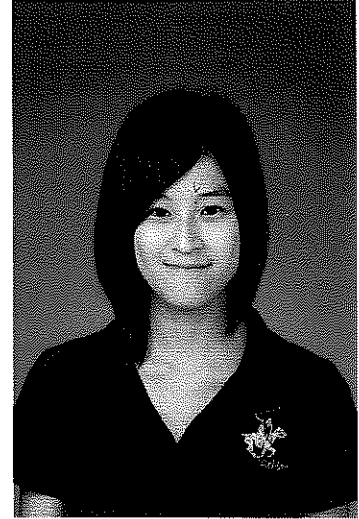
**THESIS SUBMITTED IN FULFILLMENT OF THE
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DECLARATION

I declare that the thesis is entirely my original work except for the quotations and citations, which have acknowledged.



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ABSTRACT

Background of Research:

HP are the most common bacterial infection that usually treated by using antibiotics. Recent years, researchers have been reporting that for being ineffective and causing side effects due to the resistance of antibiotics.

Literature Reviews:

HP has various clinical manifestations, and its aetiology and pathogenesis are complex. However, the relationship between TCM syndrome type and HP still lacks systemize analysis.

Objectives:

To make preliminary conclusion through literature analysis on the classification of TCM syndrome of HP related Gastropathy.

Research Methodology:

Through Chinese journal full-text database (CNKI) to retrieve TCM Syndrome of HP related gastropathy in the modern medical journal, forming databases of TCM syndrome on HP associated gastropathy, conducting descriptive statistical analysis on distribution of commonly seen TCM syndrome of HP related gastritis.

Results:

HP TCM Syndrome mainly divided to Damp-Heat Obstruction on Middle Burner Syndrome 27.74%, Liver Depression Qi Stagnation Syndrome 18.71%, Weakness of Spleen and Stomach Syndrome 17.69%, Middle Burner Weakening with Qi Stagnation Syndrome 8.19%, Liver Depression with Stomach Heat Syndrome 7.48%, Stomach Yin Deficiency Syndrome 6.02%, Spleen Deficiency with Stomach Heat Syndrome 3.83%, Stomach Collateral Blood Stagnation Syndrome 3.72%, Spleen Deficiency Dampness Accumulation Syndrome 2.76%, Stomach Heat Accumulation Syndrome 2.65%, Cold and Heat Complication Syndrome 0.85%, Phlegm and Heat Intermingled Syndrome 0.59%, Food Stagnation at Stomach and Intestine Syndrome 0.53%, Spleen Deficiency Damp-Heat Syndrome 0.26%, Cold Pathogen attack Stomach Syndrome 0.11%, Qi and Yin Deficiency Syndrome 0.06%.

Conclusions:

HP infection belongs to the category of "*pathogenic Qi*" in TCM, can be ascribed to "*Damp-Heat*" pathogen that is the *six evils* of the TCM. HP related gastropathy is characterized by "*asthenia in origin but sthenia at superficial*", *sthenia* for the *internal accumulation of dampness and heat pathogen, liver depression and qi stagnation, stomach heat accumulation and blood stasis stagnates at stomach collaterals*, while *asthenic for weak spleen and stomach and Yin Blood asthenia*.

Keywords:

Helicobacter Pylori Infection Traditional Chinese Medicine Syndrome Differentiation

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LIST OF ABBREVIATIONS

HP	Helicobacter Pylori
TCM	Traditional Chinese Medicine

PREFACE

Helicobacter pylori, a spiral-shaped pathogenic bacterium, found in the human gastric mucosa. It is the most common bacterial infection in the world with approximately 50% of the population was infected. In recent years, literature related to HP is increasing, but at present, TCM treatment on *Helicobacter pylori* infection is various, with randomness, without the standard of uniform and standardized. To carry out standardization of TCM syndrome on *Helicobacter pylori* infection and provide a theoretical basis for treatment, this thesis title, "Literature Analysis of TCM Syndrome of *Helicobacter Pylori*-Related Gastropathy" formed.

CHAPTER 1: GENERAL INTRODUCTION

1.1 Introduction

Helicobacter pylori also referred to as HP, first discovered by Barry Marshall and Robin Warren. Hp infection can be transmitted through "mouth - mouth" or "faeces - mouth" pathway; Hp infection rate is extremely high, spread around the world. In patients with chronic active gastritis, Hp detection rate was 95% ~ 100%, 85% ~ 95% in patients with duodenal ulcer, gastric ulcer patients were 70% ~ 80%, about 80% of patients with gastric cancer. In 1994, the world health organization/international agency for research on cancer (IARC) set Hp as carcinogens.(Hu, 2011) At present, western medicine mainly uses the proton pump inhibitors PPI + two antibiotics or ranitidine bismuth citrate (RBC) + two antibiotics which are called the triple therapy. Because of its side effect, the recurrence rate is high, and it is expensive, it bring opportunities and challenges for the treatment of traditional Chinese medicine, which has provided a generous space, make the traditional Chinese medicine has accumulated rich experience in the treatment of *Helicobacter pylori*. (Wang and Kou, 2011) In recent years, literature related to HP is increasing, but at present, Chinese medicine treatment of *Helicobacter pylori* infection is various, with randomness, without the standard of uniform and standardized. Through literature study of nearly 30 years published in Chinese Journal Full-text Database in CNKI on *Helicobacter pylori* infection, analysis of the law of syndrome types, to carry out *Helicobacter pylori* syndrome standardization and provide a theoretical basis for treatment.

1.2 Research Objectives

To make preliminary conclusion through literature analysis on the classification of TCM syndrome of HP related Gastropathy.

Specific Objectives:

- i. To analyse the reasons for the formation of the main TCM syndrome
- ii. To carry out standardization of TCM syndrome of HP infection
- iii. To provide theoretical basis for treatment on HP infection

1.3 Hypothesis

Damp-heat syndrome is prevalent in TCM syndrome of Helicobacter Pylori Infection.

CHAPTER 2: LITERATURE REVIEW

2.1 Helicobacter Pylori Infection in Western Medicine View

Helicobacter pylori, a spiral-shaped pathogenic bacterium found on the human gastric mucosa, was first isolated by Warren and Marshall in 1982. (De et al., 2009) People infected with *H. pylori* are usually asymptomatic; people with mild clinical manifestation have only epigastric discomfort and belching while severe clinical manifestations are epigastric fullness, pain, acid regurgitation, heartburn, nausea and vomiting. (Li, 2011) It considered the most common bacterial infection in the world with approximately 50% of the population infected. (Alfizah et al., 2010) Several studies have shown that the prevalence of *H. pylori* is still high in most countries. In the south and east Europe, South America, and Asia, the prevalence of *H. pylori* is often higher than 50%. (Eusebi, Zagari and Bazzoli, 2014) In Malaysia, there was a significant difference in *H. pylori* prevalence among the different ethnic groups. Indians had the highest infection rate (45.4%), followed by Chinese (36.8%) and the lowest are the Malays (18.3%). (Alfizah et al., 2015)

Many researchers proved that *H. pylori* infection is the pathogenic factor to chronic gastritis, peptic ulcers, duodenal ulcers, gastric cancer, etc. (Li, 2011) Eradication of *H. pylori* prevents the development of gastric cancer in patients who have not developed cancer precursor lesions. (Wong et al., 2009) In western medicine, several combination therapies have formulated to eradicate this pathogen and cure or prevent associated diseases. Triple therapy, consisting of the combined usage of two antibiotics and a proton pump inhibitor, gives a high eradication rate, producing a significant improvement in the status of *Helicobacter pylori* (Toracchio et al., 2000). However, elimination by the triple therapy is not always successful, and the acquisition by *H. pylori* of resistance to antibiotics, including metronidazole and clarithromycin, could represent a serious problem that may reduce treatment efficacy (Graham, 1998). In view of the incomplete cure achieved with conventional therapy, the increasingly resistant strains, undesirable side effects (Myllyluoma et al., 2005), noncompliance among the patients (Broutet et al, 2003), the cost of the antibiotic regimens (Wong et

al, 2003), and a few other factors contributing to ineffectiveness, there is an urgent need to develop new treatment strategies for *Helicobacter pylori* infection.

2.2 *Helicobacter Pylori* Infection in Chinese Medicine View

According to the clinical manifestation of HP related upper gastrointestinal tract disease, HP infection mainly belongs to "*Epigastric Pain*", "*Distension and Fullness*", "*Borborygmus*", "*Acid Reflux*", "*Vomit*", "*Hiccup*", and other diseases in TCM.

2.2.1 Epigastric Pain

Classical medical books have more discussion about this disease; early in *Neijing* had recorded some discussion about epigastric pain, such as in *Lingshu.Xieqizangfubingxing* said, "Stomach disease, often lead to distention, which causes epigastric pain". Epigastric pain always related to *Cold* pathogen, *Cold* pathogen tends to coagulates, causing poor circulation of *Qi* and *Blood*, leading to stagnation, which causes pain, as *Suwen.Jutonglun* said, "pathogenic *cold Qi* stays between stomach and intestines and under *Moyuan*, causing blood to coagulates, leading to pain". Besides, epigastric pain can be caused by *Liver stagnation*. As *Liver* control *Dispersion*, losing control of *Dispersing* action, *Liver Qi* unable to goes smoothly, causing *Liver Qi stagnation*, which reversely attack the *Spleen*, hurting *Stomach*, leading to the unsmooth circulation of *Spleen* and *Stomach Qi*, leading to *Qi stagnation*, which causing pain, as said in *Suwen.Liuyuanzhengjidalun*, "*Liver stagnation* causing Epigastric pain". Pathogenic *Heat* is attacking, leading to *Fire* and *Heat up flaring*, causing *Stomach Fire*, forming ulcer in the oral cavity and epigastric pain, as said in *Suwen.Qijiaobiandalun*, "*Fire up flaring*, causing oral ulcers, and *Heart* pain in severe case". In classical medical books, they often call epigastric pain as *Heart* pain. As said in *Waitaimiyao.Xintongfang*, "*Foot Yang Ming Stomach Meridian, Qi Deficiency* causes uprising to the *Heart*, which lead to pain, with symptoms such as abdominal distension, belongs to heart but with severe pain,