

Using Banxia Xiexin Decoction for Chronic Atrophic Gastritis

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Abstract: Chronic atrophic gastritis is often accompanied by stomach pain, belching, abdominal distension, acid regurgitation, nausea and other symptoms, which not only reduces the quality of life of patients, but also affects their health and safety. Most patients are treated with conventional western medicine, such as metronidazole and amoxicillin capsules, but the effect is poor. The pathogenesis of this disease is mainly a mixture of cold and heat, and the treatment is mainly to relieve the pain and regulate the cold and heat. The prescription is pinellia heart purging decoction, with good results. This article analyzes professor Wang Jiehong's thought and experience in treating chronic atrophic gastritis with Banxia Xiexin Decoction.

1. Introduction

Atrophic gastritis, also known as chronic atrophic gastritis, is a chronic digestive system disease characterized by atrophy of gastric mucosa epithelium and glands, decrease in number, thinning of gastric mucosa, thickening of mucosal base, or accompanied by pyloric gland metaplasia and intestinal gland metaplasia, or atypical hyperplasia. It is often manifested as epigastric dull pain, fullness, belching, anorexia, or emaciation, anemia, etc., with no specificity. It is a multi-pathogenic disease or precancerous lesion.

Etiology Chronic atrophic gastritis is often accompanied by stomach pain, belching, abdominal distension, acid regurgitation and nausea, which not only reduces the quality of life of patients, but also affects their health and safety ^[1]. At present, there is no unified understanding of the etiology and pathogenesis of chronic atrophic gastritis in modern medicine ^[2]. **Helicobacter pylori (Hp) infection:** Hp can be cultivated in the gastric mucosa of 60%~90% of patients with chronic gastritis. In 1986, the eighth session of the World Gastroenterology Society proposed that Hp infection is one of the important causes of chronic gastritis; **Eating habits:** smoking, drinking, food stimulation, drugs that damage gastric mucosa, etc; **Immune factors:** In atrophic gastritis, especially in the blood and gastric juice of patients with gastric body gastritis or in the plasma cells of atrophic mucosa, mural cell antibodies or endogenous factor antibodies can often be found, so it is considered that autoimmune

reaction is the relevant cause of atrophic gastritis; Bile or duodenal fluid reflux; Physical factors: the clinical statistical results show that the occurrence of this disease is significantly positively correlated with age. The older the patient is, the worse the "resistance" of gastric mucosa function is, which is vulnerable to damage caused by external adverse factors; Genetic factors: the role of type A atrophic gastritis has been confirmed. The positive rates of PCA and IFA are high in family members with pernicious anemia, and atrophic gastritis is common; Metal exposure: The incidence rate of gastric ulcer in lead exposed workers is high, and the incidence rate of atrophic gastritis is also high in gastric mucosa biopsy. In addition to lead, many heavy metals such as mercury, copper and zinc have certain damage effects on gastric mucosa; Radiation therapy of ulcer disease or other tumors can damage or even atrophy gastric mucosa; Iron deficiency anemia: many facts show that iron deficiency anemia is closely related to atrophic gastritis; Others: the continuation of chronic superficial gastritis. Correa cascade reaction is currently recognized as the mode of gastric cancer. Gastric diseases gradually develop from superficial gastritis to atrophic gastritis, intestinal metaplasia, and dysplasia, which can eventually lead to gastric cancer. [3]

2. Diagnosis

The symptoms and signs of atrophic gastritis are not specific and cannot be used as the basis for diagnosis. The diagnosis mainly depends on gastroscopy and pathological examination of gastric mucosa.

2.1 Age and History

Most of them are over middle age, have a long course of disease, and often have a history of chronic superficial gastritis.

2.2 Symptoms and signs

Long-term indigestion, epigastric distension, discomfort, anorexia, fatigue, emaciation, anemia, etc.

2.3 Gastroscopy

① The color of gastric mucosa becomes pale; ② Submucosal vascular penetration; ③ Mucosal folds were small and even disappeared; ④ When atrophic gastritis is accompanied by hyperplasia of glandular neck or intestinal metaplasia, the mucosal surface is rough, granular or nodular, sometimes pseudopolyps can be seen, and the characteristics of exposing submucosal blood vessels are often covered; ⑤ The atrophic mucosa is more fragile, easy to bleed, and may have erosive lesions; ⑥ Atrophic gastritis can be accompanied by the performance of chronic superficial gastritis, such as congestive erythema, attached mucus, and enhanced reflection.

2.4 Pathological examination

① atrophy of glands inherent in gastric mucosa; ② Metaplasia; ③ Hyperplasia; ④ Cancers.

2.5 Laboratory examination

① Gastric juice analysis: Most patients with type A CAG have no acid or low acid, while patients with type B CAG can have normal or low acid; ② Pepsinogen was determined to be secreted by the

main cells. When atrophic gastritis occurred, the content of pepsinogen in blood and urine decreased; ③ Serum gastrin was measured to determine the secretion of gastrin by G cells of gastric antrum mucosa. Serum gastrin is often increased in patients with type A CAG; The atrophy of gastric antrum mucosa in patients with type B CAG directly affects the secretion of gastrin by G cells, and the serum gastrin is lower than normal; ④ Immunological examination of parietal cell antibody (PCA), endogenous factor antibody (IFA) and gastrin secreting cell antibody (GCA) can be used as an auxiliary diagnosis of atrophic gastritis and its classification.

3. Modern treatment

Generally, smoking cessation and alcohol abstinence should be treated. Drugs that damage the gastric mucosa, such as aspirin, indomethacin, erythromycin, etc., should be avoided. Diet should be regular. Overheating, salty and spicy food should be avoided. Chronic oral, nasal and pharyngeal infections should be actively treated.

Weak acid treatment. Patients with low or no acid confirmed by pentapeptide gastrin test can take 1~2 spoons of rice vinegar three times a day; Or 10% diluted hydrochloric acid 0.5~1.0ml, taken before or during meals, and pepsin mixture, 10ml each time, three times a day; Multienzyme tablets or pancreatin tablets can also be used to improve dyspepsia symptoms.

In the treatment of atrophic gastritis with anti *Helicobacter pylori*, gastric acid is reduced or lacking, and bacteria are produced in the stomach, especially the positive rate of *Helicobacter pylori* is very high. Anti Hp treatment should be performed.

Inhibition of bile reflux and improvement of gastric motility cholagogue can combine bile salts reflux into the stomach to prevent bile acids from damaging the gastric mucosal barrier. Sucralfate can be combined with bile acid and lysolecithin, and can also be used to treat bile reflux. Ursodeoxycholic acid can also be given. Metoclopramide, antinoline, cisapride and other drugs can enhance gastric peristalsis, promote gastric emptying, assist gastric and duodenal movements, prevent bile reflux, and regulate and restore gastrointestinal movement.

Increasing mucosal nutrition *Albizia julibrissin* can increase the renewal of gastric mucosa, improve the ability of cell regeneration, enhance the resistance of gastric mucosa to gastric acid, and protect gastric mucosa. It can also be used to promote blood circulation; Or select sucralfate, urea bag, stomach tonic, prostaglandin E, etc.

Pentapeptide Gastrin In addition to promoting parietal cells to secrete hydrochloric acid and increasing the secretion of pepsinogen, Pentapeptide Gastrin also has a significant proliferation effect on gastric mucosa and other upper digestive tract mucosa. It can be used to treat atrophic gastritis patients with low acid and no acid or with gastric atrophy. It is intramuscular injection half an hour before breakfast, once a day, once every other day in the third week, twice a week in the fourth week, once a week later, and three months as a course of treatment. The application of mild to moderate atrophic gastritis has good therapeutic effect and effectively promotes gland repair.

4. Pinellia Decoction for Purging the Heart

TCM's understanding of CAG There is no name of CAG in traditional Chinese medicine. TCM classifies CAG into "epigastric pain", "fullness of the stomach", "noise" and other categories according to its clinical symptoms and pathogenesis characteristics^[4]. Traditional Chinese medicine believes that emotional internal injury, eating disorder, and external evil invading the stomach are all pathological factors of CAG, and the above factors will damage the spleen and stomach, causing qi stagnation, abnormal rise and fall, and eventually lead to mixed cold and heat^[5]. Therefore, the mixture of cold and heat plays an important role in the pathogenesis and development of the disease.

In addition, the main disease location of the disease is "stomach", which is closely related to the liver and spleen. Therefore, the treatment of the disease in traditional Chinese medicine is mainly based on the principle of syndrome differentiation and treatment, with the increase and decrease of the disease. For many years, the clinic has provided patients with conventional western medicine treatment, such as metronidazole, amoxicillin capsules, etc., but the effect is poor. Compared with western medicine, traditional Chinese medicine is more effective for chronic atrophic gastritis [6-7]. The clinical manifestations of patients with chronic atrophic gastritis usually include inappetence, dyspepsia, etc. In severe cases, epigastric pain may occur, which requires timely intervention to avoid more serious progressive consequences [8]. Banxia Xiexin Decoction, derived from Treatise on Febrile Diseases, is composed of *Pinellia ternata*, *Scutellaria baicalensis*, *Coptis chinensis*, dried ginger, ginseng, licorice and jujube. It is a commonly used basic prescription for treating digestive tract diseases. It can be used for those with stomach heat and spleen cold, deficiency and excess, and imbalance of ascending and descending. Wang Xuemei et al. [9] studied the treatment of CAG with Banxia Xiexin Decoction. The results showed that after 2 months of treatment, the scores of the patients in the observation group were [(0.92 ± 0.1) points, (1.03 ± 0.13) points, (1.01 ± 0.12) points, and (0.97 ± 0.13) points] respectively, and the patients in the control group were [(0.92 ± 0.1) points, (1.03 ± 0.13) points, (1.01 ± 0.12) points, and (0.97 ± 0.13) points], respectively. The scores of bitter and dry mouth were [(1.17 ± 0.16) points, (1.21 ± 0.15) points, (1.23 ± 0.15) points, and (1.22 ± 0.16) points]. The scores of TCM syndromes in the observation group were lower than those in the control group, indicating that the clinical symptoms of patients with this disease were significantly relieved after the treatment of Banxia Xiexin Decoction. Zhang Ling et al. [10] analyzed the clinical effect of Banxia Xiexin Decoction in the treatment of CAG. The results showed that after 30 days of treatment, the scores of patients in the observation group were [(0.91 ± 0.02) points, (0.92 ± 0.05) points, and (0.21 ± 0.02) points] respectively. The scores of patients in the control group were [(1.35 ± 0.09) points, (1.92 ± 0.07) points, and (1.65 ± 0.01) points] respectively. The clinical symptom scores of patients in the observation group were lower than those in the control group. It is suggested that Banxia Xiexin Decoction can effectively relieve clinical symptoms in the treatment of CAG. The reason is that Banxia Xiexin Decoction is mainly composed of *Pinellia*, dried ginger, *Huangling*, licorice, *Coptis chinensis*, ginseng, jujube, etc. Among them, *Pinellia*, as the king drug, can effectively reduce adverse reactions, stop vomiting, eliminate swelling and dispel stagnation, and help eliminate the symptoms of fullness and nausea. *Huangling*, dried ginger, and *Huanglian* are the official drugs. *Huangling* has the effect of clearing heat and purging fire, *Coptis chinensis* has the effect of clearing stomach, stopping vomiting, purging fire and detoxifying, and dried ginger has the effect of warming the middle and dispersing cold, warming the lung and transforming the drink, Ginseng and jujube are used as adjuvants. The former has the effect of tonifying vital energy, spleen and lung, while the latter has the effect of tonifying the middle and qi. Licorice, as an enabling drug, has the effect of tonifying spleen and qi, relieving pain in an urgent manner, and harmonizing various drugs. Therefore, the combination of the above drugs can effectively relieve clinical symptoms.

5. Medical record

Ju, male, 27 years old. First visit on August 26, 2020.

Chief complaint: intermittent upper abdominal distension for more than 1 year, aggravated for 2 months. Current medical history: 1 year ago, there was no obvious inducement for epigastric distension, and the symptoms of oral Chinese medicine treatment could be alleviated, which was not paid attention to. Two months ago, due to eating carelessly, the symptoms became worse, the upper abdomen was distended and unwell, acid regurgitation and heartburn, and poor appetite. Gastroscopy in our hospital showed that (2020.08.26): chronic atrophic gastritis (C-1). Symptoms: distended upper

abdomen, acid regurgitation and heartburn, occasional belching, dry mouth and bitter mouth, poor appetite, night rest, and second bowel movement. The tongue is red, the fur is yellow and greasy, and the pulse is smooth. Have been in good health. TCM diagnosis: stomach ruff, Western diagnosis: 1. Chronic atrophic gastritis (C-1) syndrome differentiation: cold and heat mixed syndrome. Treatment: calm down the cold and heat, dispel the swelling and disperse the knot, and add or subtract Banxia Xiexin Decoction. Medicinal uses: 10g Banxia, 10g Dangshen, 8g Dried Ginger, 6g Coptis chinensis, 10g Scutellaria baicalensis, 5g Roasted Glycyrrhiza, 3 Jujubes, 10g Bergamot, 15g Perilla peduncle, 15g Allium macrostemon, 15g Luffa complex, 12g Trichosanthes, 12g Chuanxiong, 4g Evodia rutaecarpa, 10g Magnolia officinalis officinalis. There are a total of 7 doses above. They are decocted in water, one dose each time in the morning and evening. The second diagnosis on September 16, 2020: the patient's upper abdominal distension was reduced, acid regurgitation, heartburn, dry mouth and bitterness were slightly reduced, belching was reduced, food intake was slightly increased, and stool was not shaped after medicine. The tongue is red, the fur is yellow and greasy, and the pulse is smooth. Add 15g and 14 doses of stir fried yam on the top, and order light, easy to digest, regular diet. On October 14, 2020, the third diagnosis: the patient's epigastric distension was improved compared with that before, the onset time was shortened, and the number of acid regurgitation and heartburn was reduced. Only in the morning, the mouth was dry and bitter, the stool had formed, the patient could sleep well, the tongue was red, the fur was yellow, and the pulse was string and slippery. Remove Magnolia officinalis from the top, add 15g of Zhuru, 14 doses, and the daily conditioning is the same as before. Four diagnoses on November 18, 2020: the patient's upper abdominal distension was significantly relieved, with occasional acid regurgitation and heartburn, dry mouth and slightly bitter mouth, increased appetite, red tongue, thin yellow fur, and stringy pulse. 14 doses of ineffective prescription. Five diagnoses on December 18, 2020: the patient's upper abdomen is no longer full, with less acid regurgitation and heartburn, no dry mouth and bitter mouth, can sleep well, can urinate, has light red tongue, thin yellow fur, and stringy pulse. Gastroscopy in our hospital showed (2020.12.18): chronic superficial gastritis. The disease is cured.

6. Conclusions

Master Wang believes that, except for the abdominal distension syndrome of cold and heat mixed type, which is mainly characterized by cold and cold in the stomach, acid regurgitation, heartburn and fullness, Banxia Xiexin Decoction can be used to treat the stomach distension, which is also characterized by damp and heat, such as yellow and greasy tongue coating, and Banxia Xiexin Decoction can also be used to treat it. The combination of pungent and warm drugs and bitter and cold drugs aims to regulate the function of the spleen and stomach, not to dispel cold and heat. "Jin Gui Yao Lue • Treatment of Meridians Benefiting from Vomiting the Lower Arm": "If you vomit and feel the bowel is tingling, and your heart is distended, Banxia Xiexin Heart Decoction is the main ingredient." This patient is characterized by deficiency of qi and stagnation of dampness and heat, which leads to abnormal rise and fall of the spleen and stomach. The stomach yin is burned by damp heat for a long time, gradually causing atrophy of the gastric mucosa. Symptoms include stomach distension, acid regurgitation, heartburn, and yellow and greasy moss. Therefore, it is recommended to use Pinellia Decoction for Purging the Heart. Pinellia ternate, the king drug in the prescription, is pungent and warm. It can return to the spleen, stomach and lung meridians. It can not only dissipate the mass, but also be good at reducing reflux and stopping vomiting. Dry ginger is pungent and hot, which belongs to the spleen, stomach, lung and heart. It mainly enters the middle energizer, and is good at warming the yang of the spleen and stomach, helping the monarch to reduce adverse reactions; Scutellaria baicalensis and Coptis chinensis are bitter and cold medicines, which can clear away heat and dispel ruffians when used together. They are all official medicines. The monarch and his officials

are matched by cold and heat, and the bitter is opened and lowered. Codonopsis pilosula, licorice and jujube are used to nourish the spleen and stomach, and all the prescriptions are used to nourish and reduce the flow of qi in the spleen and stomach. Su stem and bergamot can fill the qi in a wide way without stagnation. Magnolia officinalis can remove the fullness, trichosanthes can clear the heat, and with the addition of allium macrostemon, loofah collateral, and chuanxiong, blood circulation can promote qi and dredge the collaterals, so the fullness can be eliminated. Evodia rutaecarpa can relieve nausea, acid and pain. Because diet disorder is the main cause of chronic atrophic gastritis, the patient is advised to have a light and easy to digest diet. During the second diagnosis, the patient's stool was not shaped, and fried yam was added to strengthen the spleen and stop diarrhea. The upper abdominal distension of the third diagnosis patient has been greatly reduced, and there is still a heat phenomenon. Therefore, reduce magnolia officinalis to prevent dryness, and add Zhuru to clear away stomach heat. After taking the medicine for 4 months, the patient's epigastric distension was not obvious, there was no acid regurgitation, heartburn, dry mouth and bitter taste, and gastroscopy showed chronic superficial gastritis. The disease is cured.

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