

Patient: R.C Date of first visit: April 12, 2016 Age: 45 Gender: Female

**Chief Complaint:** Chronic gastritis

**Secondary Complaint:** Anxiety, Tiredness

**History of Present Illness:** Patient R.C has been suffering from repeated gastritis for a period of 10 years, and despite many types of treatment, the symptoms are coming and going and never quite healing beyond a certain plateau (severe and less severe continually) and have recently become worse in the middle of abdomen area.

**Review of System:** Patient has abdominal bloating, bitter taste, belching often comes after meal, abdominal pain accompanied by anorexia. Bowel movement: Slightly loose, Urination: Normal, Sleep: poor, OB/GYN: irregular, dark clotted, PMS for 3 days during the period. Pain Level: Abdominal pain 6/10 Emotions: Stressful (9/10) Energy Level: 2/10

**Western Medical Diagnosis and Tests:** Patient first experienced abdominal distention 4 years ago and disappear since then same symptom repeated again and again. She was diagnosed as of chronic gastritis by the doctor 3 years ago. Patient mentioned that endoscopically, bean size polyp in the stomach was removed by a catheter during the examination. On the report, it was written that the gastric body mucosa was relatively thin, red/swollen/inflamed and the submucosal blood vessels were observed as a net shape she said.

**TCM Pattern Differentiation and Discussion:** Tongue: thin, white red /dry body, Pulse: wiry on both side. Patient mentioned that her symptoms worsen when she was under the stress. This is a typical pattern of wood over acting earth pattern.

**Treatment Principle:** Treatment for this case should focus to move Liver Qi, regulates Liver and Spleen, clears heat from interior and alleviates pain. Patient had been received acupuncture treatment once a week for 6 months along with decocted herbal formula.

**Acupuncture Point Selection, Treatment Method and Discussion:** UB18, 20, LR14, Ren6, Ren12, ST25, ST36, SP6. Indirect moxa was performed on Ren 12 (Zhong Wan) and UB20 for tonifying purpose once a week for 6 months. Total of 24 needling were given during 6 months of treatment. ST36 (Zusanli) and SP6 (Sanyinjiao) were needled alternately from left to right. After being treat continuously for four months, patient mentioned that she didn't have much discomfortness as before. Ren6 and Ren12 regulate Chong and Ren Meridians for PMS and cycle issue. UB18 (Gansu), UB20 (Pishu) and ST36 (Zusanli) to strengthen the spleen and stomach and benefit the body resistance from inflammation.

**Herbal Prescription and Discussion:** Modified Jia Wei Xiao Yao Wan Tang: Function this formula is softening the Liver, Regulates Qi, Nourishes Blood, Strengthens the Spleen and clears heat in the Stomach and designed to soothe the Liver fire underlying Yin deficiency presenting with irritability/angry/anxiety. Informed to take only half pouch a day (140g/pouch) for six days in the initial phases of treatment. Dosage was increased one pouch a day later. Ingredients: Bai Shao 200g, Fu ling 200g, Bai zhu 160g, Mu dan pi 160g, Zhi zi 120g, Chi hu 120g, Dang gui 100g, Sheng jiang 100g, Gan cao 60g, Bo he 60g, Ze xie 120g, Huang lian 80g, Patient was encouraged to avoid spicy foods and to have a good mood. During the sixth month of treatment dosage was decreased in half pouch daily.

**Other Adjunctive Therapy:** Recommended patient to have a time to walk on the park to relive stress.

**Recommendations and Referrals:** Same as above

**Literature Review and Case Discussion:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1938375/?page=1>  
Noticed form this article that back in 1960 some group of doctors argued the relationship between emotion and stomach condition, Some doctors labelled "chronic gastritis" are nothing but conversion symptoms in practically every case. The other group of doctors mentioned that it should call functional gastric disorder. This article pointed out that "this viewpoint is just as one-sided as the viewpoint of those who regard psycho-physiological disorders as purely organic. Actually, we are dealing with a disorder in which psychological factors cause an increase or decrease of normal physiological function in the stomach. The symptoms arise from this altered function, and treatment must included both psychological and somatic factors."

**Names of Participating DAOM candidates for case discussion:** Kyung Hee Seo, Victor Oh, David Kim

**Supervisor Signature**

**Date:**