

Clinical Report

Fourteen cases of chronic gastritis with stomach cold treated by long snake moxibustion on dog days*

三伏铺灸治疗胃寒型慢性胃炎14例*

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ABSTRACT

Objective To observe the clinical efficacy of long snake moxibustion in treating chronic gastritis with stomach cold on dog days. **Methods** Fourteen cases of chronic gastritis with stomach cold were treated by long snake moxibustion on the first day of the first, second and the last of dog days respectively in 2012 and 2013. The acupoint area was covered by the ginger cake, and a bar of triangle-shaped moxa cone was laid on the ginger cake, and moxibustion began by igniting the upper angle of the moxa cone. Long snake moxibustion with two moxa cones burned up in sequence was conducted around the area of Zhōngwǎn (中脘 CV 12) of upper abdomen (covering Shàngwǎn (上脘 CV 13), CV 12, Jiànlǐ (建里 CV 11), Xiàwǎn (下脘 CV 10) and Shuǐfēn (水分 CV 9), as well as Fùtōnggǔ (腹通谷 KI 20), Yīndū (阴都 KI 19), Shíguān (石关 KI 18) and Shāngqū (商曲 KI 17) along the kidney meridian of foot-shaoyin), and then the moxibustion with two moxa cones burned up in sequence was conducted around the lower thoracic spine at the back (covering Jīnsuō (筋缩 GV 8), Zhōngshū (中枢 GV 7), Jǐzhōng (脊中 GV 6) and Xuánshū (悬枢 GV 5) as well as Jiājǐ (夹脊 EX-B 2) extending from T 9 to T 12 and L 1 with the governor vessel as the centerline at the back), and the treatment lasted for about 40 min. The treatment was made three times a year, and with a total of six times in two years. The efficacy was statistically evaluated after the course of the treatment. **Results** Among the 14 patients, recently clinically cured for 2 cases, markedly effective for 7 cases, effective for 4 cases and ineffective for 1 case, with the total effective rate of 92.9%. **Conclusion** Efficacy of long snake moxibustion in treating chronic gastritis with stomach cold on dog days is effective and clinical symptoms are significantly improved.

KEY WORDS: chronic gastritis; stomach cold; dog days; long snake moxibustion

Chronic gastritis refers to chronic inflammation in gastric mucosa, classified as superficial gastritis and atrophic gastritis. For it lasts a longer period of time and is difficult to cure, chronic gastritis may transform from deficiency to excess, or deficiency-excess complex, displaying itself as both excess-cold syndrome characterized by stomach invaded by cold-evil and with exuberance of cold-dampness and deficiency-cold syndrome characterized by spleen

deficiency and stomach cold. Clinically, self-conscious cold is primary symptom of the two syndromes. The author treated the patients with chronic gastritis characterized by stomach cold on dog days by combining moxibustion and therapy of “winter disease cured in summer”. Here is the report.

CLINICAL DATA

Fourteen patients received in the first half

year of 2012 were diagnosed with chronic gastritis by electronic gastroscope (10 cases of superficial gastritis and 4 cases of atrophic gastritis), revealing inflammatory activities such as mucosal congestion and edema at the gastric body, fundus or antrum, according to TCM syndrome, it is cold syndrome (6 cases of excess-cold syndrome and 8 cases of deficiency-cold syndrome). Clinically, the patients felt cold in gastral cavity and preferred warmth and pressure-relief. The disease became worse in case of cold and got relieved in case of warmth. The patients liked hot food and even feared cold food. Among the 9 males and 5 females, the youngest was 44 years old and the eldest was 69 years old. The course of disease lasted four years in average, and the majority of the patients had taken both Chinese and western medicine, but the efficacy was poor or the symptom was persistent.

METHODS

Therapeutic time: the patients were treated on the first day of the first, the second and the last of dog days in the year of 2012, namely July 18, July 28 and August 7, and on the first day of the first, the second and the last of dog days in the year of 2013, namely July 13, July 23 and August 12. The treatment was given three times a year, with a total of six times in two years.

Selection of acupoint area

The area of Zhōngwǎn (中脘 CV 12) and lower thoracic spine at the back^[1] were selected. ① the area of CV 12: a rectangular area of 10 cm×6 cm at upper abdomen with the conception vessel as the centerline, covering Shàngwǎn (上脘 CV 13), CV 12, Jiànlǐ (建里 CV 11), Xiàwǎn (下脘 CV 10) and Shuǐfēn (水分 CV 9), as well as Fùtōnggǔ (腹通谷 KI 20), Yīndū (阴都 KI 19), Shígūān (石关 KI 18) and Shāngqū (商曲 KI 17) along the kidney meridian of foot-*shaoyin*. ② the area of the lower thoracic spine at the back: a rectangular area of 9 cm×6 cm at the back with the governor vessel as the centerline, covering Jīnsuō (筋缩 GV 8), Zhōngshū (中枢 GV 7), Jǐzhōng (脊中 GV 6) and Xuánshū (悬枢 GV 5) as well as Jiājǐ (夹脊 EX-B 2) extending from T 9 to T 12 to L 1 with the governor vessel as the centerline at the back.

Materials

Ginger, pure moxa, triangular groove for moxa cone, food mixer, gauze, medical tape, sterile cotton ball, 95% ethanol, lighter and so on. Before moxibustion, a certain amount of ginger was ground with food mixer. And then ginger paste was removed and excess of ginger juice wrapped in gauze was squeezed for standby application, and the remaining

ginger paste was made into the shape of the same size of the area of acupoint. Two ginger cakes were as thick as 0.4 cm as sandwiched moxibustion. Pure moxa of an appropriate amount was applied on the moxa cone with a triangular section in the groove. The moxa cone was as high as 4 cm, with the underside no less than that of sandwiched moxibustion. Four moxa cones were made.

Manipulation

Patients revealed their abdomen in supine position. The area of CV 12 was cleaned by cotton balls dipped in ginger juice, and the ginger cake was placed on the upper abdomen by covering the area of acupoint. And then a triangle moxa cone was placed on the top of the ginger cake, moxibustion began by igniting the moxa cone, and 95% alcohol may be combustion-friendly. During the moxibustion, patients were required to take abdominal respiration and lie still. Ashes and unburned moxa cone were removed as soon as possible until the moxa cone was about to burn up and patients felt too grilled to tolerate. And the ginger cake stayed in the place and another moxa cone was placed on it to continue the moxibustion. With two moxa cones burned up in sequence, ashes, unburned moxa cone and the ginger cake were removed, and local skin was wiped with a dry towel. Then patients lay in prone position, and the moxibustion was conducted in the same way patients were treated in supine position. One treatment needed four moxa cones with a period of 40 min. See Figure 1 and Figure 2 for detailed moxibustion methods.

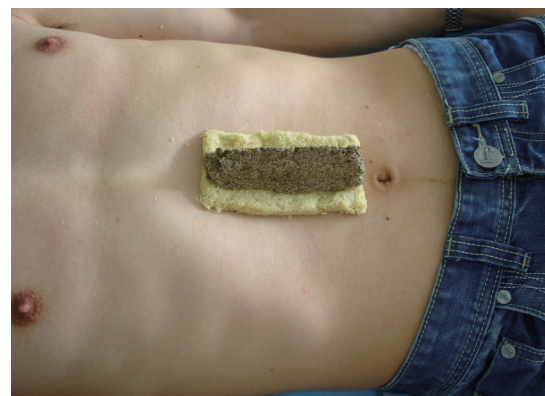


Figure 1 Moxibustion area of CV 12

Criteria of efficacy evaluation

Criteria of efficacy evaluation were proposed in reference to relevant literature as follows^[2]: ① recently clinically cured: clinical symptoms disappeared; gastroscopy review revealed no sign of active inflammation, and chronic inflammation became mild. ② markedly effective: main clinical symptoms

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