

Acupuncture Care For Gastritis Sufferers at Griya Bimaristan Qisthi Banda Aceh

Rinaldi Habeib^{1*}, Ikhwan Abdullah², Chantika Mahadini³, Mayang Wulandari⁴

^{1,2,3,4}Institut Teknologi, Sains, dan Kesehatan RS dr. Soepraoen Kesdam V/Brawijaya Malang, Indonesia

* Corresponding author:

Email: rinaldihabeib26@gmail.com

Abstract.

Gastritis is a common digestive disorder in adults with irregular lifestyles and eating patterns. This qualitative case study collected data through four traditional examination methods: observation (Wang), hearing and smell (Wen), interviews (Wen), and palpation (Qie), complemented by documentation. The participant, a 31-year-old male with heartburn, received six sessions of acupuncture therapy. Based on the examination results, a diagnosis of Deficient Spleen and Cold Stomach Syndrome was made. The evaluation showed positive progress, with a significant reduction in heartburn, accompanied by an improvement in appetite, and the elimination of bloating and nausea. This case study is expected to provide additional material to enrich the knowledge of acupuncture students. For future researchers, this report can serve as a reference for treating stomach pain with an acupuncture approach. For the wider community, these findings reinforce acupuncture as an effective and safe therapeutic modality for functional stomach disorders, in addition to available conventional treatment options.

Keywords: Acupuncture; Gastritis; Cold Deficit Spleen; Stomach and Acupuncture Therapy.

I. INTRODUCTION

Gastritis is one of the gastrointestinal disorders that is often found in the community. This disease is characterized by discomfort in the upper abdomen, nausea, heartburn, bloating, and satiety quickly (Lacy et al., 2021). This condition is known to the public as stomach ulcers, while medically it is defined as inflammation of the gastric mucosa which can be acute or chronic (Ford et al., 2020). This phenomenon was also found in Griya Bimaristan Qisthi, where complaints of heartburn, nausea, and bloating are among the most common cases that can be treated with acupuncture. Globally, gastritis is still a health problem with a high incidence rate. The prevalence of gastritis in the general population is estimated to reach 29.9% (Alemu et al., 2020). *Helicobacter pylori* infection is known to be the main cause of gastritis experienced by more than 50% of the population in the Asian region (Hooi et al., 2017). Medical record data at Drs. H. Amri Tambunan Hospital, North Sumatra in 2020–2023 showed that there were 233 cases (16.40%) of 1,442 endoscopic procedures, diagnosed with antrum gastritis (Jannah et al., 2023). Internal data from Griya Bimaristan Qisthi in 2025 shows that about 35% of the total new patients visiting Griya during the period come with complaints diagnosed as gastritis. This data reflects the proportion of patients who registered or received treatment at Griya Bimaristan Qisthi for the first time in a period of a year starting from January to December 2025, showing that gastritis is one of the health complaints that is quite often found.

The causes of gastritis are quite diverse, including irregular diet, consumption of spicy or acidic foods, psychological stress, smoking habits, use of nonsteroidal anti-inflammatory drugs (NSAIDs), and *H. pylori* infection (Chey & Leontiadis, 2018). If not treated appropriately, gastritis can develop into serious complications, such as peptic ulcers, gastrointestinal bleeding, anemia, and even gastric cancer. This condition shows that gastritis is not just a mild disorder, but a health problem that has the potential to reduce the patient's quality of life and increase the burden of health costs (Zhao et al., 2020). Various solutions can be taken to treat gastritis, either through pharmacotherapy, lifestyle changes, or complementary therapy. Conventional therapies in the form of pharmacological therapies such as antacids, H2 blockers, and proton pump inhibitors (PPIs) are effective in suppressing symptoms, but long-term use risks causing side effects (Xia et al., 2019). Acupuncture is a therapy that has been recommended by the *World Health Organization* (WHO), and is an alternative therapy for various gastrointestinal disorders. Acupuncture offers a safer

approach with minimal side effects (Zheng et al., 2016). Therefore, acupuncture can be one of the integrative solutions in handling gastritis cases at Griya Bimaristan Qisthi. From this background, I took the title Acupuncture Care for Gastritis Patients at Griya Bimaristan Qisthi Banda Aceh.

II. METHODS

The design of this study uses a qualitative approach of the case study type. The design of acupuncture case study research here is not purely an exploration of a social problem both individually and in groups that ends with recommendations for alternative solutions as befits case study research in general, but as a form of report on the handling of health complaints with acupuncture modality. The main activity carried out was to observe the process of managing acupuncture care service activities from start to finish. The preparation is guided by the standard rules of acupuncture care. Data collection is carried out in a structured manner using instruments in the form of Client Data Sheets which are systematically compiled. The data obtained is then carefully processed to be used as a basis in establishing Acupuncture Diagnosis (Diseases and Syndromes).

In this study, each act of service to the participants was thoroughly analyzed and rearranged in the form of a case report. This study aims to provide an overview of the implementation of acupuncture care for patients with gastritis with complaints of heartburn at Griya Bimaristan Qisthi Banda Aceh in a complete and structured manner. The implementation of this case study research is still limited by time and place according to the willingness of the participants and the smooth running of the therapy process, unless there are certain conditions that require adjustments to the implementation plan. The examination method applied refers to four basic examination techniques (*Si Zhen*) in Traditional Chinese Medicine, including inspection (*Wang*), auscultation and olfaction (*Wen*), anamnesis (*Wen*), and palpation (*Qie*) (Maciocia, 2018). The Client Data Sheet instrument used has been developed with reference to the (Organization, 2022). Data analysis in this study was carried out using a cross-comparison technique of data between therapy sessions. The data compared is process data and result data. Process data includes the process of examining clients, preparing diagnoses (diseases and syndromes), preparing therapy plans, and implementing therapeutic actions.

III. RESULT AND DISCUSSION

Discussion at the Examination

On the first visit, data from the examination was obtained in the form of:

1. Main Complaint: Heartburn. Additional complaints: Lack of appetite, Nausea, Bloating.
2. Observation Inspection (*Wang*): Eye light: Not luminous. Face mimick: Sluggish. Not cheerful. Skin Color: Pale. Tongue: Pale pink.
3. Hearing and Olfactory Examination (*Wen*): Bad breath: Smelly bad breath.
4. Interview Examination (*Wen*): Current history of the disease: Eating late will relapse. Feels good when pressed and warmed. Client's personal lifestyle history: Brain worker. Busy with the lecture schedule. Habitual nature of drinking eating patterns: Irregular eating. Psychiatric condition: Labil. Easy to think. Symptoms of the current disease: Cold Heat: No fever. Doesn't like cold. Complaints of taste/sensation in body parts: Heartburn. Nausea and bloating. Bowel movements: Stool crumbles.
5. Touch Inspection (*Qie*): Touch area of complaint: Pleasant to press. Special point touching: *Zhongwan* (CV 12): Nice to press. General pulse: Weak.

On the sixth visit, data from the examination was obtained in the form of:

1. Main Complaint: Heartburn is no longer there. Additional Complaint: Appetite starts to exist. Nausea and bloating are absent.
2. Observation Examination (*Wang*): Eyelight: Luminous. Face Makeup: Cheerful. Skin tone of the face: Fresh redness. Tongue: Pink.
3. Hearing and Smell Examination (*Wen*): Bad breath: No bad breath.

4. Interview Examination (*Wen*): Symptoms of the current illness: Cold Heat: No fever. Doesn't like cold. Complaints of taste/sensation in body parts: Heartburn is no longer there. Stomach nausea and bloating are absent. Bowel movements: Shaped stools. Not destroyed.

5. Touch Examination (*Qie*): Touch of the complaint area: Unpleasant pressing and no pressure pain. Special point touch: *Zhongwan* (CV 12): Unpleasant press and no pressing pain. General pulse: Weak.

The data mentioned above is a comparison between before and after the therapy session 6 visits. The data shows that there are several differences in the results of the examination between the first visit and the sixth visit. These differences indicate that there has been improvement in the client (participant). This is in accordance with the theory written by Maciocia (2018), which states that Deficient Cold Spleen and Stomach (Deficiency of the Spleen and Stomach) will cause the onset of Deep Cold and the flow of *Qi* is inhibited. Deep cold and obstructed *Qi* flow will cause pain and cause food in the stomach to not move down smoothly which can also cause pain. Acupuncture - Moxiation will be able to Warm the Middle *Jiao* and break the cold, so that the flow of *Qi* becomes smooth. The smooth flow of *Qi* will cause the disappearance of pain.

Discussion on Diagnosis

Based on the data from the results of the examination of clients (participants) at the first visit, the Acupuncture Diagnosis that was enforced was Heartburn Disease with Deficient Spleen and Stomach Syndrome. The diagnosis of Acupuncture that is upheld is in accordance with Wang, X., et al. (2024) who stated that Deficient Spleen and Cold Stomach Syndrome shows symptoms and signs: Hidden pain in the heartburn, vomiting of an overflow of clear fluid, warm pleasure being suppressed, being compressed heat, reduced pain, eating reduced to little, lethargic spirit without energy, cold body not warm, stool destroyed, pale tongue, weak soft pulse. At the next visit until the sixth visit, the Acupuncture Diagnosis that was enforced was still fixed, namely Heartburn Disease with Deficiency Spleen and Cold Stomach Syndrome, but the client (participant) had improved.

Discussion on Therapy

Based on the Acupuncture Diagnosis established at the first visit, the Principles and Methods of Therapy are determined: Warming the Central *Jiao*, Nourishing the Spleen-Stomach, Breaking the Cold, Stopping Pain. The selected Acupuncture Points are: *Zhongwan* (CV 12), *Neiguan* (PC 6), *Zusanli* (ST 36), *Pishu* (BL 20), *Weishu* (BL 21), *Shenshu* (BL 23), and *Guanyuan* (CV 4). Tonification manipulation, a lot of Moksa. After getting the sensation of the needle, Moksa was warm. During the confinement period, Moksa was kept warm for 30 minutes. At the second to sixth visits, there was no addition and subtraction of the selection of Acupuncture Points, because with the selection of Acupuncture Points as mentioned above, the client (participant) had already improved. The therapy used is in accordance with Maciocia (2018), who stated that by warming the middle *jiao*, breaking the cold, and nourishing the spleen, the spleen and stomach will again be able to perform the function of digesting food and drinks properly. The function of digesting good foods will cause the drinks that enter the stomach to be processed (digested) properly and can go down to the intestines, so that it will be able to stop pain in heartburn.

IV. CONCLUSION

A case study study of Acupuncture Care for Gastritis patients at Griya Bimaristan Qisthi Banda Aceh has been conducted with the results of improvements in participants shown with the following data:

1. Heartburn is no longer there.
2. Appetite begins to exist.
3. Nausea and bloating are absent.
4. Shaped stools. Not destroyed.

REFERENCES

[1] Alemu, A., et al. 2020. Prevalence and associated factors of gastritis among dyspeptic patients. *BMC Gastroenterology*. 20(1): 120.

[2] Annibale, B. et al. 2020. Autoimmune Gastritis: Current Knowledge and Future Perspectives. *World Journal of Gastroenterology*. 26(13): 1470–1481.

[3] Azer, S.A. 2024. *Gastritis*. StatPearls Publishing. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK544250/> [Accessed September 18, 2025].

[4] Bookdown. (2024). *Research methodology for qualitative studies*. Bookdown Publishing. <https://bookdown.org>

[5] Chen, J. and Chen, T. 2018. *Chinese Medical Herbology and Pharmacology*. Art of Medicine Press.

[6] Chen, L. 2023. Treatment of Chronic Gastritis with Traditional Chinese Medicine. *Journal of Integrative Medicine*. 21(3): 159–166.

[7] Chen, Y. and Yu, J. 2020. *Traditional Chinese Medicine and Gastric Disease*. Springer.

[8] Chey, W.D. et al. 2017. ACG Clinical Guideline: Treatment of Helicobacter pylori Infection. *American Journal of Gastroenterology*. 112(2): 212–239.

[9] Chey, W.D. and Leontiadis, G.I. 2018. How to approach a patient with dyspepsia. *Gastroenterology*. 154(7): 2013–2022.

[10] Chey, W.D. and Wong, B.C.Y. 2024. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. *The American Journal of Gastroenterology*. 114(4): 543–563.

[11] Deadman, P., Al-Khafaji, M. and Baker, J. 2017. *A Manual of Acupuncture*. 2nd edition. *Journal of Chinese Medicine Publications*.

[12] Dixon, M.F. et al. 2021. Reactive Gastropathy. *Journal of Clinical Pathology*. 74(4): 213–220.

[13] Dutta, A.K. et al. 2020. Clinical Presentation and Management of Gastritis. *Journal of Basic and Clinical Physiology and Pharmacology*. 31(3): 1–10.

[14] Ford, A.C. et al. 2017. Efficacy of Eradication Therapy in Helicobacter pylori Infection. *Gastroenterology*. 153(4): 882–894.

[15] Ford, A.C., et al. (2020). Functional dyspepsia. *BMJ*, 368, m4086.

[16] Gastineau, P. et al. 2018. Stress Gastritis. *Current Opinion in Critical Care*. 24(2): 164–169.

[17] Hooi, J.K.Y., et al. 2017. Global prevalence of Helicobacter pylori infection: systematic review and meta-analysis. *Gastroenterology*. 153(2): 420–429.

[18] Hunt, R.H. et al. 2018. Acid-related Disorders: An Update on Contemporary Management. *Gastroenterology*. 154(5): 1184–1186.

[19] Jannah, N., Lubis, R.R. and Lubis, A.I. 2023. Profile of Antrum Gastritis Based on Endoscopy at Drs. H. Amri Tambunan Hospital for the Period January 2020–December 2023. *Scientific Journal of Hope*. 10(2): 45–52.

[20] Kuipers, E.J. 2015. Gastritis. In: Feldman, M., Friedman, L.S. and Brandt, L.J. (eds.) *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*. 10th edition. Elsevier.

[21] Kusters, J.G. et al. 2017. Helicobacter pylori Pathogenesis: Mechanisms and Clinical Implications. *Clinical Microbiology Reviews*. 30(4): 1021–1049.

[22] Lacy, B.E. et al. 2017. Bowel disorders. *Gastroenterology*. 152(8): 1993–2007.

[23] Lacy, B.E., et al. (2021). Gastritis and its clinical implications. *Gastroenterology*, 160(4), 1123–1138.

[24] Laine, L. et al. 2016. Management of NSAID-associated Gastric Ulceration. *American Journal of Medicine*. 129(8): 896–904.

[25] Lee, S.P. and Kim, J.G. 2018. Alcoholic Gastropathy: Pathophysiology and Clinical Management. *Korean Journal of Gastroenterology*. 72(1): 1–8.

[26] Li, H., Wang, S. and Zhang, T. 2023. Understanding Gastritis from a Traditional Chinese Medicine Perspective. *Journal of Traditional Chinese Medicine*. 43(1): 78–85.

[27] Lin, H. and Li, Y. 2021. Clinical Handbook of Internal Medicine in Traditional Chinese Medicine. Singing Dragon.

[28] Maciocia, G. (2018). *Diagnosis in Chinese Medicine: A Comprehensive Guide* (2nd ed.). Elsevier Churchill Livingstone.

[29] Malfertheiner, P. et al. 2017. Management of Helicobacter pylori Infection—The Maastricht V/Florence Consensus Report. *Gut*. 66(1): 6–30.

[30] Mulatiningsih, & Sulastri Rini Rindrayani. (2025). *Quantitative and qualitative data collection techniques and instruments (social studies research methodology)*. *Triwikrama: Journal of Social Sciences*, 7(2), 7883

[31] Novak, N. et al. 2022. Food Allergy and Gastritis. *Allergy*. 77(1): 13–22.

[32] Ricaurte, E. et al. 2018. Infectious Gastritis: An Overview. *Current Tropical Medicine Reports*. 5(2): 79–88.

- [33] Rosenraad, S. et al. 2019. Stress-Induced Gastric Mucosal Injury: A Comprehensive Review. *World Journal of Gastroenterology*. 25(28): 3704–3715.
- [34] Scarpignato, C. et al. 2016. Nonsteroidal Antiinflammatory Drugs, Proton Pump Inhibitors, and Risk of Gastric Cancer: Fact or Fiction? *Journal of Clinical Gastroenterology*. 50(10): 808–812.
- [35] Scolapio, J.S. et al. 2017. Gastroduodenal Crohn's Disease. *Gastroenterology & Hepatology*. 13(12): 743–750.
- [36] Voutilainen, M. et al. 2019. NSAIDs and Gastric Mucosal Injury. *Annals of Medicine*. 51(6): 468–477.
- [37] Wallace, J.L. 2017. Prostaglandins, NSAIDs, and Gastric Mucosal Protection: From Basic Mechanisms to Clinical Implications. *Gastroenterology*. 152(6): 1319–1329.
- [38] Wang, J. and Guo, J. 2019. Herbal Treatment for Gastritis with Blood Stasis Syndrome: A Review. *Journal of Traditional Chinese Medicine*. 39(4): 603–610.
- [39] Wang, X., Zhao, N., Sun, Y., et al. 2020. Acupuncture for gastrointestinal disorders: A systematic review and meta-analysis of randomized clinical trials. *BMC Complementary Medicine and Therapies*, 20(309).
- [40] Wang, L., Chen, Y. and Liu, X. 2022. Spleen and Stomach Disharmony in the Pathogenesis of Gastritis: A TCM Review. *World Journal of Traditional Chinese Medicine*. 8(2): 112–119.
- [41] Wang, X., Li, J., Zhang, Y., & Liu, H. 2024. Recent situation of acupuncture and moxibustion in the treatment of epigastric pain (spleen and stomach deficiency cold type). *Open Journal of Therapy and Rehabilitation*, 12(2), 45–56. <https://doi.org/10.4236/ojtr.2024.122004>
- [42] Wang, L. 2025. Traditional Chinese Medicine for Chronic Atrophic Gastritis. *Journal of Clinical and Translational Research*. 11(3): 123–136.
- [43] Xia, B., et al. 2019. Long-term proton pump inhibitor used and its association with adverse outcomes: a systematic review and meta-analysis. *Therapeutic Advances in Drug Safety*. 10: 1–15.
- [44] Xu, Y. et al. 2018. Clinical Observation of Gastritis with Stomach Yin Deficiency Syndrome Treated by Integrated Traditional Chinese and Western Medicine. *Journal of Traditional Chinese Medicine*. 38(3):324–329.
- [45] Zhang, P.P. 2025. Traditional Chinese Medicine in the Treatment of Helicobacter pylori-Associated Gastritis. *World Journal of Gastroenterology*. 31(3): 96582.
- [46] Zhang, Z.J. et al. 2017. Clinical Research on the Treatment of Gastritis by Spleen-Stomach Qi Deficiency via Acupuncture and Moxibustion. *Chinese Acupuncture & Moxibustion*. 37(1): 59–62.
- [47] Zhao, L. et al. 2020. Acupuncture Treatment for Functional Dyspepsia: A Systematic Review and Meta-Analysis. *Clinical Acupuncture and Related Therapies*. 2(1): 1–10.
- [48] Zhao, Y., et al. 2020. Progress in research on gastritis and gastric cancer. *World Journal of Gastroenterology*. 26(32): 4910–4922.
- [49] Zheng, H., et al. 2016. Acupuncture for functional dyspepsia: a randomized clinical trial. *Annals of Internal Medicine*. 165(9): 613–622.