

A Response to "How Do You Treat Heartburn and GERD?"

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When Andrew Gaeddert wrote about the treatment of GERD and heartburn in the February 2001 issue, he unfortunately highlighted the general confusion about the standard professional prescription of Chinese medicinals. Furthermore, I believe the article obscures many a novice practitioner's ability to correctly and effectively prescribe Chinese medicinals. This response is for all those who may have been confused by that article's methodology in prescribing Chinese medicinals, and will attempt to rectify the situation by succinctly explaining and then illustrating the correct and standard professional Chinese medical methodology¹ for the treatment of GERD or heartburn.

The first step a Chinese medical practitioner needs to take when a patient enters the office and complains of GERD is to conclude that GERD is a Western disease. Therefore, one needs to determine the corresponding Chinese medical diseases and then discern which of these correctly describes the patient's main complaint. For example, as acid regurgitation is the single main symptom of GERD, many patients complaining of the Western disease GERD can be diagnosed with the Chinese medical disease of acid regurgitation (*tun suan*) or clamoring stomach (*cao za*). However, as other, less common symptoms of GERD are nausea or even asthma, the traditional Chinese medical disease exhibited by GERD patients may also include nausea and vomiting (*ou e*) or wheezing and panting (*xiao chuan*). Which Chinese medical disease is correct depends entirely on the patient's main manifestation, not his or her Western medical disease.

Once the traditional disease has been determined, the correct pattern for that particular disease needs to be identified. To that effect, Mr. Gaeddert says that "according to traditional Chinese medicine (TCM), heartburn is usually caused by emotional turmoil and eating the wrong foods. Reflux is seen as rebellious qi that is rising rather than sinking." This statement is a very rough simplification of Chinese medical sophistication. For example, the Chinese medical disease acid regurgitation is discriminated by Sionneau and Lu² into three different patterns: liver fire invading the stomach; cold dampness obstructing internally; and food accumulating and stagnating in the stomach. For clamoring stomach, Sionneau and Lu differentiate seven patterns: liver stomach disharmony; stomach heat; stomach yin vacuity; spleen stomach yang vacuity; constructive and blood insufficiency; food stagnation; and phlegm dampness obstructing the stomach. Hence, based on the patient's accompanying signs and symptoms, the correct pattern or mixture can be identified.

After the correct pattern has been discriminated, the Chinese medical practitioner, employing deductive reasoning, states the logical treatment principle for that pattern, then selects and modifies the guiding formula for the specified pattern or patterns. Limiting my discussion to the Chinese medical disease of acid regurgitation for the sake of space, Sionneau and Lu³ list modifications of these following Chinese medical prescriptions as the standard treatment formulas: for liver fire

invading the stomach, *zuo jin wan* [*rhizoma coptidis* (*huang lian*) and *fructus evodiae rutecarpae* (*wu zhu yu*)]; for cold dampness obstructing internally, *xiang sha liu jun zi tang* [*radix codonopsis* (*dang shen*), *rhizoma atractylodis macrocephalae* (*bai zhu*), *sclerotium poriae cocos* (*fu ling*), honey mix-fried *radix glycyrrhizae* (*gan cao*), *pericarpium citri reticulatae* (*chen pi*), *radix auklandiae lappae* (*mu xiang*), *fructus amomi* (*sha ren*), and *rhizoma pinelliae ternatae* (*ban xia*)]; for food accumulating and stagnating in the stomach, *bao he wan* [*fructus crataegi* (*shan zha*), *semen raphani sativi* (*lai fu zi*), *massa medicae fermentatae* (*shen qu*), *chen pi*, *fu ling*, *fructus forsythiae suspensae* (*lian qiao*), and *ban xia*]. As one can see, all three formulas are different; therefore, the prescription of the wrong formula could potentially worsen a patient's condition.

To illustrate my point about the importance of using correct methodology to clearly determine the most efficacious prescription for any patient, let me analyze Mr. Gaeddert's first case history. The patient was suffering from "burning, acid regurgitations and frequent burping" for which she was taking over-the-counter antacids. Clearly, this patient suffered from the Western disease of GERD. However, this patient also complained of "intestinal gas and bloating after meals and diarrhea." Based on this fairly limited information, one can assume (with at least some certainty) that this patient fit the (cold) dampness obstructing internally pattern of the three distinct acid regurgitation patterns outlined above.

For this patient, Mr. Gaeddert did not use the formula he advocated and explained only a few paragraphs earlier as a "well-known formula for heartburn and GERD." Rather, he prescribed chamomile tea, a digestion formula to improve absorption (ingredients not listed), and a bovine colostrum supplement. In addition, his recommendations to the patient were to "abstain from iced beverages, and ... reduce or eliminate fast food." Clearly, chamomile tea, an absorption-enhancing formula, and Mr. Gaeddert's dietary advice have the Chinese medical function of supplementing and warming the spleen and eliminating dampness.

Treatment success was great, and the patient's "symptoms were 90% reduced" after two weeks of treatment. Mr. Gaeddert then explained why he did not use the formula he first advocated for heartburn (*chai hu long gu mu li tang*) by saying that this patient suffered from diarrhea and that diarrhea "usually ... needs to be stopped before other symptoms can be addressed."

I am disturbed to have to say that, according to Chinese medicine, this last statement (as well as his prescriptive methodology as outlined in the article) are simply incorrect. Diarrhea is a sign of a pattern, mostly indicating the presence of some type of dampness. Hence, employing the standard professional methodology outlined above, the diarrhea is simply another manifestation directing the astute practitioner to the correct pattern, regardless of the Western medical disease. Prescribing a formula based on that pattern will then eliminate the main symptoms (in this case, acid regurgitation), as well as the accompanying signs and symptoms (in this case, diarrhea, bloating and gas).

Although I in no way question Mr. Gaeddert's success in treating GERD in his patients, I do take issue with his way of determining the correct treatment formula. While his methodology may work for him as an experienced herbalist, it has nothing to do with standard, professionally-administered Chinese medicine. Rather, it is far removed from the standard Chinese medical methodology of treatment based on pattern discrimination. As a young practitioner myself, I feel that articles that outline a nonspecific, nondiscriminatory and nonstandard methodology are extremely confusing to the profession of Chinese medical practitioners and obscure the clear, concise, and most efficacious methodology of prescribing Chinese medicinals: patient-specific formulas based on the patient's

unique pattern of disharmony.

References

1. By standard professional Chinese medicine, I am referring to the style of Chinese medicine currently taught and practiced throughout the People's Republic of China.
2. Sionneau, Philippe and Lu Gang. *The Treatment of Disease in TCM: Diseases of the Chest, Abdomen and Rib-Side*, volume 5. Boulder, CO: Blue Poppy Press, 1998, pp. 321-336.
3. Ibid, p.322-325.

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