

## A Case of Gastric Ulcer Effectively Treated by Acupuncture

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**Summary :** We report the successful treatment of a case of intractable gastric ulcer with acupuncture therapy. A 41-year-old man diagnosed with gastric ulcer 21 years earlier suffered from epigastralgia. He underwent endoscopic examination, which revealed a gastric ulcer(H<sub>2</sub>-stage) at the gastric angle. He was treated with H<sub>2</sub>-blockers, but the second endoscopic examination one month after treatment revealed worsening of the gastric ulcer to the A<sub>2</sub>-stage. We stopped the treatment of H<sub>2</sub>-blockers, and followed up the gastric ulcer with acupuncture therapy alone. After 16 treatments by acupuncture therapy, endoscopic findings showed remarkable improvement of the gastric ulcer to the S<sub>1</sub>-stage.

This case of intractable gastric ulcer could be cured by acupuncture therapy alone, but the mechanism of acupuncture therapy for peptic ulcer remains to be elucidated.

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**Key Words :** Acupuncture, Intractable ulcer

### 1. Introduction

In recent years, the cure rate of peptic ulcers has increased with the advancement of medical examination technology and the advent of new drugs. Still, some of them can not be cured completely and recur in spite of strict treatment, they are called intractable ulcers<sup>1,2,3)</sup>. We report a case of intractable gastric ulcer treated successfully with acupuncture therapy.

### 2. Case Report

A 41-year-old man visited Meiji Hospital of Oriental Medicine for epigastralgia and back stiffness, which were reinforced by mental stress. He had been treated for gastric ulcers

for 21 years. On the first visit, his growth was normal and he was well nourished. Abdominal physical examination revealed mild epigastric tenderness, but other abnormalities were not recognized. Hematological examination did not show abnormalities, and blood chemistry did not either. He underwent gastroendoscopic examination, which showed an H<sub>2</sub>-stage gastric ulcer at the gastric angle on April 27, 1988(Fig.1).

After the first endoscopic examination, he was immediately treated with Famotidin(H<sub>2</sub>-receptor blocker), 40mg/day, and Benexate hydrochloride, 800mg/day. However, on May 26, 1988, he complained of a severe stomach-ache. At the time, physical examination ac-

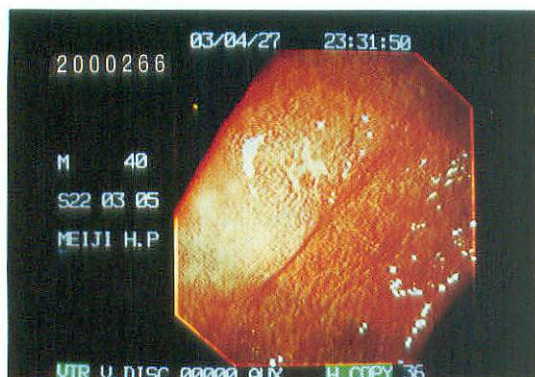


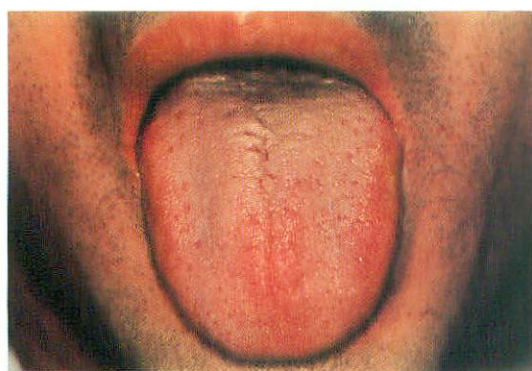
Fig.1. Gastrointestinal endoscopic findings at the first visit to the hospital. The ulcer with regenerated epithelium and slight white coating, at H<sub>2</sub>-stage, was observed from the angle of the stomach.

cording to oriental medical practice, disclosed his tongue deeply fissured and covered with brownish furring (Fig. 2-a). There was a cool area, distended area, and stiff area on palpation of abdomen and back (Fig. 3-a). So the second gastroendoscopic examination

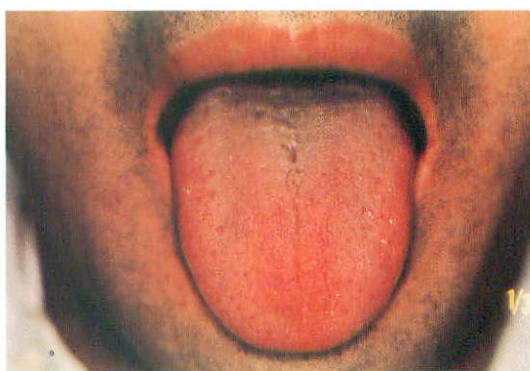
was performed. As a result, the gastroendoscopic findings showed worsening of the gastric ulcer, A<sub>2</sub>-stage (Fig. 4-a). Therefore, we had estimated the gastric ulcer as intractable by medication, and had started the treatment of acupuncture therapy.

Acupuncture therapy was performed 2 times per week for a total of 16 times/54 days. For the treatment, acupuncture points Xiawan(CV 10), Zanguwan(CV12), Shangwan(CV13), Liangmen(S21), Gesu(B17), Ganshu(B18), Pishu(B20) were punctured. These points are regarded traditionally as effective points for the treatment of gastric ulcers. These points were needled in a depth of 1cm, using disposable needles (thickness of 0.2mm, length of 40mm). These needles were left for 10 minutes. The effectiveness of acupuncture treatment was estimated by subjective symptoms, physical examination of oriental medicine method, and findings of gastroendoscopic examination.

Symptomatical response was observed at the



(a)



(b)

Fig.2. (a) The view of tongue before the treatment. It was deeply fissured and covered with brownish furring. (b) The same view at the 13th acupuncture treatment. The fissure and coating was reduced.

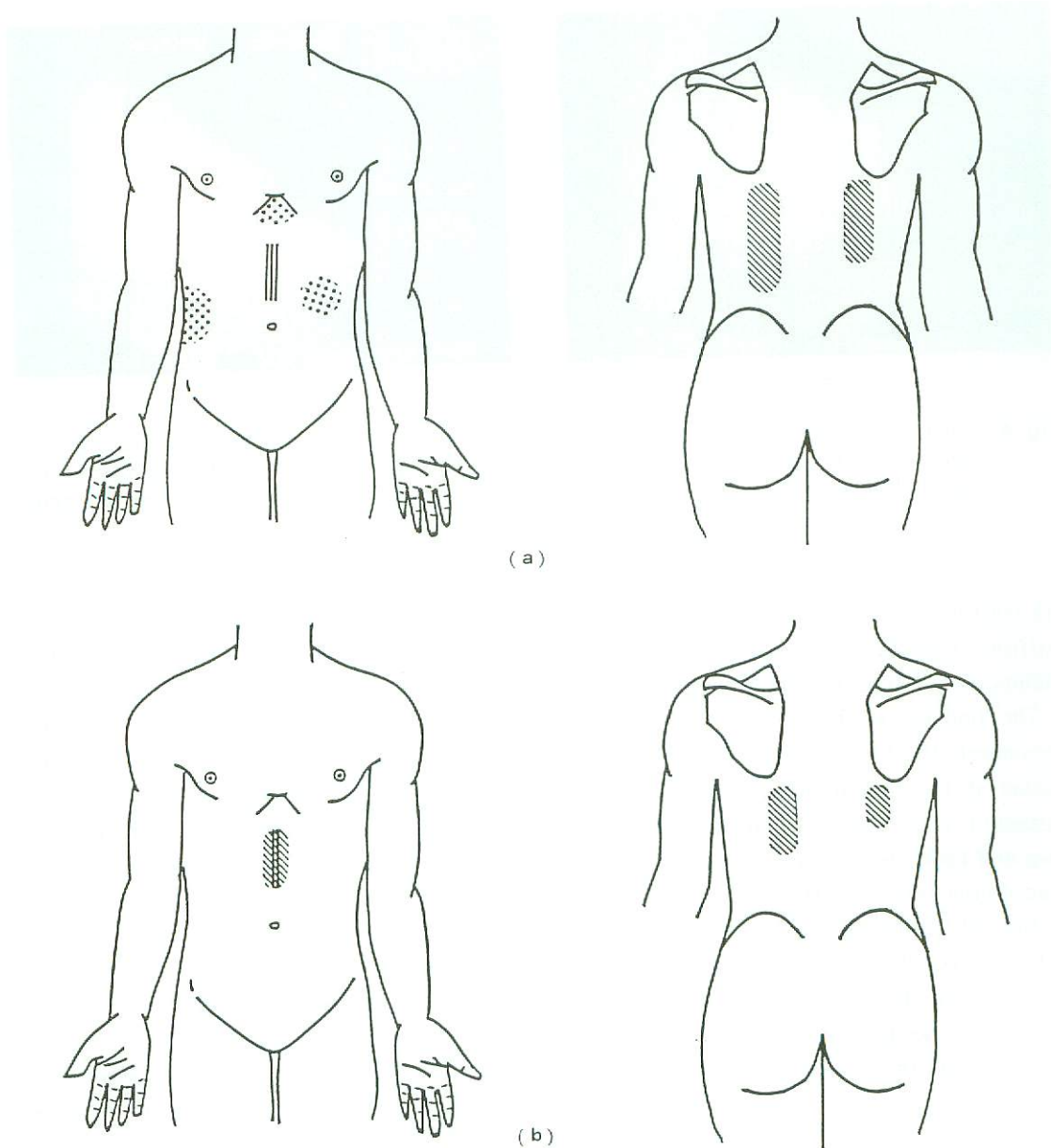


Fig. 3. (a) The findings of palpation at abdomen and back before the treatment. There was a cool area at epigastric angle and at the side of the abdomen, a stiff area at the center of the abdomen, and a distended area at back. (b) The same findings at the end of the treatment. The cool area had disappeared, the stiff and distended areas became smaller.

cool area.



distended area.



stiff area.





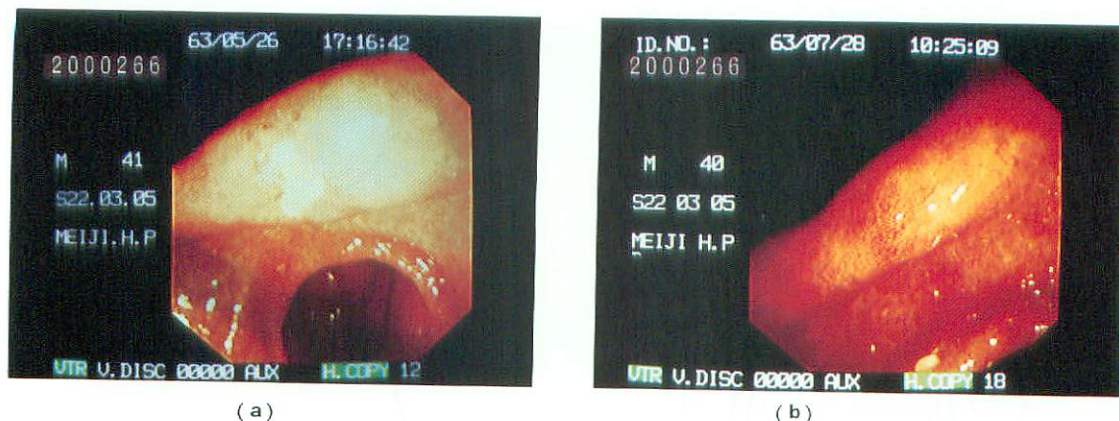


Fig. 4. (a) The second gastrointestinal endoscopic findings before the acupuncture treatment. It showed the ulcer with white coating, A<sub>2</sub>-stage, at angle. (b) The same view at the end of the treatment. The ulcer with regenerated epithelium at S<sub>1</sub>-stage, was observed at the gastric angle.

4th treatment, and his epigastralgia and back stiffness revealed improvement. These complaints ceased after the 7th treatment.

The findings of his tongue revealed improvement, the tongue was less fissured and coated at the 13th treatment than the first inspection (Fig. 2-b). On palpation of abdomen and back, the cool area disappeared, distended area and the stiff area became smaller at the end of the treatment (Fig. 3-b).

The gastroendoscopic findings at the end of the treatment showed remarkable improvement of the S<sub>1</sub>-stage gastric ulcer which had been A<sub>2</sub>-stage at the second examination (Fig. 4-b).

### 3. Discussion

This is the first report of the cure of intractable gastric ulcer by acupuncture therapy alone without anti-ulcer drugs and was evaluated by endoscopic examination.

The cause of peptic ulcers is supposed to be the disturbance of equilibrium of two fac-

tors, the aggressive factor (gastric acid, pepsin, and gastrin) and the defensive factor (mucous barrier, and resistance of mucosa)<sup>4,5</sup>. Therefore, for peptic ulcers, two different types of drugs have been used. One was used for suppression of the aggressive factor, and the other was used for strengthening of the defensive factor<sup>6,7,8,9</sup>. In recent years, with the advent of H<sub>2</sub>-blockers, the curing rate of the peptic ulcer became strikingly high<sup>11</sup>.

On the mechanism of acupuncture therapy for peptic ulcer, Tirgoviste et al.<sup>10</sup> reported that gastric secretion (the aggressive factor) was suppressed by acupuncture stimulation. Then he explained that the suppression was due to the reduction of the vagal tonus which acted upon gastric secretion or accentuation of the vagal tonus that inhibited gastric secretion. In this case, in spite of the treatment with H<sub>2</sub>-blockers which suppress gastric acid secretion notably, the ulcer became worse. However, by acupuncture therapy

alone, without H<sub>2</sub>-blockers it was cured, while generally sudden stoppage of administration of H<sub>2</sub>-blockers makes the ulcer worse<sup>11,12)</sup>.

From the result of this case, we suggest that the strengthening of the defensive factor is important as is the suppression of gastric secretion in the effect of acupuncture treatment. On the defense mechanism, Hongo et al.<sup>13)</sup> reported that the acupuncture stimulation promoted the regeneration of mucosal capillaries at ulcerous lesions and Matsumoto et al.<sup>14)</sup> said that the microcirculation at the gastric mucosa was increased by acupuncture stimulation, but these hypotheses have been not tested yet.

#### 4. Conclusion

We treated an intractable gastric ulcer by acupuncture therapy and the findings we obtained by gastroendoscopy and other examinations showed marked improvement. The acupuncture stimulation was suggested to strengthen the defensive factor and suppress the aggressive factor of the gastric mucosa.

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## 鍼治療が著効した難治性胃潰瘍の1症例

— 内視鏡による経過観察を中心に —

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**要旨:** 近年, H<sub>2</sub>-blocker の登場により, 消化性潰瘍の治癒率の高いものとなっている。しかし, 中には薬物に対し抵抗性を示す難治性潰瘍もしばしばみられる。今回, 我々は難治性胃潰瘍の1症例に対し鍼治療を試み著効を経験したので報告する。症例は, 21年前に胃潰瘍と診断された41才の男性で, 投薬治療を受けていたが, 治癒傾向を認めずS63年4月, 当院内科受診, 内視鏡検査にて胃角部にH<sub>2</sub>-stageの潰瘍を認め, その後H<sub>2</sub>-blockerの投与を受けていた。同年5月26日に心窩部痛増強し, 再度検査を行った結果, 前回H<sub>2</sub>-stageであった潰瘍は, A<sub>2</sub>-stageへと悪化がみられたため, 抗潰瘍剤は無効と判断され, 本人の希望もあり, 投薬を中止し鍼治療に切り換えた。鍼治療は週2回, 治療穴は梁門, 三脘, 胃の六つ穴とした。鍼治療16回目の内視鏡所見では, 潰瘍は癒痕化(S<sub>1</sub>-stage)し治癒と診断, 自覚症状は消失, 腹・背部の触診所見, 舌の視診所見にも改善がみられ, 鍼治療を終了した。本例は難治性胃潰瘍に対し鍼治療が単独で著効した症例であるが, 鍼治療の消化性潰瘍に対する治効メカニズムはいまだ明らかでない。今後, 鍼治療の消化性潰瘍に対する影響について基礎的研究を行う予定である。