

## ARTICLE

# The Exploration of the Clinical Treatment of Chronic Atrophic Gastritis

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### ABSTRACT

**Purpose:** To explore the effect of the clinical treatment of chronic atrophic gastritis **Methods:** 70 patients with chronic atrophic gastritis treated in our hospital from October 2017 to November 2018 were selected and randomly divided into an observation group and a control group with 35 patients in each group. The control group received standard triad treatment with gastroprokinetic drug orally. On the basis of the control group, patients in the observation group received Xianlu Pazhu Wan. The treatment efficiency, eradication rate of helicobacter pylori (*H. pylori*), incidence of adverse effects and length of stay were compared between the two groups. **Results:** Compared with the control group, patients in the observation group had higher treatment efficiency, higher *H. pylori* eradication rate, lower incidence of adverse effects, and shorter length of stay with statistical significance ( $P < 0.05$ ). **Conclusion:** In the clinical treatment of patients with chronic atrophic gastritis, adding Xianlu Pazhu Wan into the basic medication plan can have better treatment efficiency, reduce the incidence of adverse effects, and shorten the length of stay. Therefore, Xianlu Pazhu Wan should be promoted in the practice.

## 1. Introduction

Chronic atrophic gastritis, a common and frequently disease of the digestive system, is a chronic gastric disease in which the amount of mucosal glandular cells decreases or intestinal metaplasia or dysplasia occurs on the basis of inflammation of the gastric mucosa. This disease commonly develops from non-chronic atrophic gastritis caused by *H. pylori* infection<sup>[1]</sup>. In addition, the onset of gastric cancer is very directly connected to chronic atrophic gastritis. In 1978, the World Health Organization defined chronic atrophic gastritis as the transitional period before the onset of gastric cancer. Therefore, treatment is essential to the chronic atrophic gastritis, and can effectively prevent further deterioration and develop-

ment of the disease<sup>[2]</sup>. Therefore, this study mainly investigated the clinical treatment of chronic atrophic gastritis. The specific research process and results are as follows.

## 2. General Data and Method

### 2.1 Clinical Data

70 patients with chronic atrophic gastritis diagnosed electronic gastroscopy and pathology, and treated between October 2017 and November 2018 in our hospital were selected. They were divided into an observation group and a control group with 35 patients in each group. The patients in these two groups were treated with different therapies. There were 20 male and 15 female patients in the control group, ranging in age from 25 to 65 years, with an

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average age of (45.1±19.9) years. The course of disease ranged from 6 months to 10 years, with an average duration of (5.2±1.7) years. There were 23 mild atrophic patients, 8 moderate atrophic patients, and 4 severe atrophic patients. There were 18 male and 17 female patients in the observation group, ranging in age from 28 to 71 years, with an average age of (46.3±20.1) years. The course of disease ranged from 6 months to 10 years, with an average duration of (4.2±1.5) years. There were 25 mild atrophic patients, 5 moderate atrophic patients, and 5 severe atrophic patients. The age, gender, course of disease and other clinical data of patients in the observation group and the control group were compared. The difference was not statistically significant (P> 0.05) and could be compared in groups.

## 2.2 Disease Diagnosis

(1) Inclusion criteria: All patients had varying degrees of nausea and loss of appetite, and a few of patients had anemia, weight loss and other symptoms. The gastroscopy showed that the gastric mucosa was thinner and the blood vessels beneath the mucosa were exposed. Moreover, after the pathological biopsy of gastric mucosa, it was found that the gastric mucosa glands of the patients had a tendency of atrophy<sup>[3]</sup>.

(2) Exclusion criteria: The patient of drug allergy, functional injury of viscera, mental disorder and malignancy excludes completely<sup>[4]</sup>.

## 2.3 Therapeutic Methods

The control group patients were treated with standard triad therapy, which was omeprazole (20mg), amoxicillin (1.0g), metronidazole (0.4g) with domperidone 10mg 30 minutes before meal, three times a day for four continuous weeks. The observation group patients were treated on the basis of the control group with adding Xianlu Pazhu Wan 2-2.5g per time, twice a day for 4 continuous weeks. The clinical manifestations of patients in two groups were observed<sup>[5]</sup>.

## 2.4 Efficacy Evaluation Standard

The therapeutic effects of the patients were divided into obvious, effective and no effect. Obvious referred to the patient's abdominal pain, abdominal distension, nausea and other clinical symptoms had completely disappeared, and no abnormality was found by gastroscopy; Effective referred to the patient's abdominal pain, abdominal distension, nausea and other clinical symptoms basically disappeared, and a slight abnormality was found by gastroscopy; No effect referred to the patient's abdominal

distension, abdominal pain, nausea and other clinical symptoms not only did not get any relief, there were even signs of aggravation. The patient had have dyspepsia, loss of appetite and other symptoms. The total effective rate of the treatment = (obvious + effective)/total number of the patients \*100% In addition, the eradication rate of H. pylori, incidence of adverse effects and length of stay in the two groups should also be observed and calculated.

## 2.5 Statistical Processing

Statistical software SPSS20 was used to process all the data obtained in the research process. Among them, t test was used to verify the quantitative data. Percentage was used to represent the enumeration data.  $\chi^2$  test was used to verify the enumeration data. If P<0.05, the difference was statistically significant.

## 3. Results

### 3.1 Comparison of Treatment Efficiency and H. pylori Eradication Rate between the Two Groups

After the two groups of patients were treated with different treatment methods, the treatment efficiency and H. pylori eradication rate of the two groups were observed, calculated and compared. The final results showed that the total treatment efficiency of the observed patients was 94.29%, and the H. pylori eradication rate was 88.57%. However, the total treatment efficiency of the patients in the control group was 80.00%, and the H. pylori eradication rate was 62.86%. This meant that the treatment efficiency of the observation group was significantly better comparing with the control group, which was statistically significant (P<0.05). The details are shown in Table 1 and 2 below.

**Table 1.** Comparison of effective rate of treatment between the two groups

Efficacy	Observation group (n=35)		Control group (n=35)	
	Number of people	Incidence	Number of people	Incidence
Obvious	26	74.29%	10	28.57%
Effective	7	20.00%	18	51.43%
No effect	2	5.71%	7	20.00%
<b>Total effective rate</b>	<b>35</b>	<b>94.29%</b>	<b>35</b>	<b>80.00%</b>

**Table 2.** Comparison of H. pylori eradication rate between the two groups

Grouping	Number of people	Eradicated	Not eradicated	Total eradication rate
Observation group	35	31	4	88.57%
Control group	35	22	13	62.86%

### 3.2 Comparison of Incidence of Adverse Effects between the Two Groups

After different clinical treatment methods were applied to the two groups of patients, it was found that 1 patient in the observation group presented vomiting and 1 patient presented diarrhea. The total incidence of adverse effects was 8.57%. In the control group, 4 patients had vomiting, 5 patients had diarrhea, and 1 patient had rashes. The total incidence of adverse effects was 28.58%. This also indicated that compared with the control group, the incidence of adverse effects in the observation group was lower, which was statistically significant ( $P < 0.05$ ). The details are shown in Table 3 below.

**Table 3.** Comparison of incidence of adverse effects between two groups

Adverse effects	Observation group (n=35)		Control group (n=35)	
	Number of people	Incidence	Number of people	Incidence
Nausea and vomiting	2	5.71%	4	11.43%
Diarrhea	1	2.86%	5	14.29%
Rash	0	0.00%	1	2.86%
Total	3	8.57%	10	28.58%

### 3.3 Comparison of Length of Stay between the Two Groups

Compared with the control group, the length of stay in the observation group was significantly shorter, which was statistically significant ( $P < 0.05$ ). The details are shown in Table 4 below.

**Table 4.** Comparison of length of stay between the two groups

Grouping	Number of people	Length of stay (days)
Observation group	35	5.71±2.01
Control group	35	14.12±1.56

## 4. Summary

### 4.1 Overview of Chronic Atrophic Gastritis

Chronic atrophic gastritis, a common and frequently disease of the digestive system, is a chronic gastric disease in which the amount of mucosal glandular cells decreases or intestinal metaplasia or dysplasia occurs on the basis of inflammation of the gastric mucosa. Clinical symptoms included abdominal pain, abdominal distension, dyspepsia, vomiting, etc. In addition, there are also secretion function degeneration, gastric motility insufficiency, poor blood circulation, gastric mucous membrane quantity reduction

etc. According to the professional investigation results of relevant personnel, age is one of the major factors leading to chronic atrophic gastritis. In addition, the emergence of chronic atrophic gastritis is also associated with the following factors: First, genetic factors. Compared with the population without family genetic history, the incidence of chronic atrophic gastritis in the population with family genetic history is relatively higher. According to the relevant data, the specific incidence can reach about 20%. Second, anemia. If the body is in the state of ischemia for a long time, it will lead to chronic atrophic gastritis. Third, direct long-term contact with metals. For those workers who have been exposed to lead for a long time, it is very easy to damage the gastrointestinal mucosa and develop chronic atrophic gastritis. Fourth, dietary habits. People who have smoking and drinking habits for a long time are more likely to suffer from gastric mucosal damage and chronic atrophic gastritis if they take in a large amount of stimulating food. Fifth, immune factors. Generally speaking, there are factor antibodies in gastric juice and blood of patients with chronic atrophic gastritis. Therefore, the immunoreaction of human body is directly related to the occurrence of chronic atrophic gastritis.

### 4.2 The Necessity and Effect of Clinical Medication and Treatment

In the process of sustained and rapid social and economic development in China, people's quality of life and living standards have been further improved. At the same time, people's dietary habits and dietary structure have also undergone tremendous changes, which makes the incidence of chronic atrophic gastritis presents a gradually increasing trend<sup>[6]</sup>. The so-called chronic atrophic gastritis mainly refers to a disease that causes inflammation in the stomach of patients due to the influence of different factors. This disease is very common in digestive internal medicine. The specific clinical manifestations include abdominal pain, abdominal distension, dyspepsia, vomiting, etc. When suffering from this disease, it is likely to further deteriorate into gastric cancer if patients do not receive timely and effective treatment, which will also pose a threat to the patients' quality of life, physical health and life safety<sup>[7]</sup>. Xianlu Pazhu Wan is a kind of Tibetan medicine pill in Tibetan minority areas of China. It is mainly used for the treatment of chronic gastropathy in Tibetan areas. The main functions are strengthening stomach and dispelling cold, eliminating phlegm, breaking tumors and keeping health and strength. It is the classic secret recipe of Tibetan medicine for more than 1000 years after continuous summary of experience, scientific development and inheritance. The prescription

contains high purity natural medicines in snow regions at an altitude of 6,000 meters. The recipe contains 15 main medicines and more than 20 adjuvant medicines, among which the main medicinal herb myrobalan has the effect of promoting qi, relieving pain and dispelling cold in the warm. *Pterocephalus hookeri* heck has the functions of sterilizing, eliminating putridity and engendering flesh. Tibetans have applied *pterocephalus hookeri* heck to treat trauma directly. *Gypsum rubrum* has the functions of digestion, acid-making, clearing heat and stomach. *Neohymenopogon parasiticus* can strengthen spleen and stomach, regulate qi and relieve depression, relieve cold distention, distension and pain, hiccup and other symptoms. Xianlu Pazhu Wan contains many bioactive substances, which can directly target the lesion. Therefore, on the basis of conventional western medicine treatment, we combined with Xianlu Pazhu Wan to treat chronic atrophic gastritis, in order to improve the efficiency of treatment and reduce the incidence of adverse effects. In the specific clinical treatment process, we should also focus on the following issues: Firstly, the patient's body needs to be thoroughly examined before treatment to exclude whether they also have other diseases with other types of symptoms. Secondly, the patient's physical changes during treatment should be recorded carefully and comprehensively, and analyzed and studied, so as to provide effective reference for the adjustment of treatment methods. Thirdly, the patient's disease situation and the necessity of treatment should be explained to the patients' family members patiently, improve their cooperation in the treatment process, and ensure the smooth development and advancement of the treatment work. Fourthly, most patients with chronic atrophic gastritis have deep roots and are difficult to be cured completely in a short period. Therefore, patients must be treated comprehensively in clinical practice, and be told that they must take medicine according to doctor's advice, and that they should not stop or change medication at will, so as to ensure a good therapeutic effect<sup>[8]</sup>.

From the results of this paper, it can be seen that in the clinical treatment of chronic atrophic gastritis, compared with the control group treated with conventional Western medicine, the observation group treated with Xianlu Pazhu Wan on the basis of conventional western medicine has better therapeutic effect. The total effective rate of treatment is as high as 94.29%, and the observation group of patients with *H. pylori* eradication rate is relatively higher, the incidence of adverse effects is only 8.57%, the length of stay of patients is relatively shorter, and *P* is less than 0.05, differences were statistically significant.

## 5. Conclusion

To sum up, in the process of treating chronic atrophic gastritis patients, reasonable and effective treatment methods should be determined according to the actual physical conditions of patients, and guide patients to adhere to the treatment of taking appropriate oral dose of Xianlu Pazhu Wan. During the treatment period, the patient must give up spicy, strong tea and coffee, smoking and alcohol, and keep a light diet. In order to ensure good clinical therapeutic effect and improve the treatment efficiency, reduce the incidence of adverse effects, help patients in a shorter period to restore health.

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