

## JIN'S 3-NEEDLE ACUPUNCTURE TREATMENT FOR GASTRITIS PATIENTS AT GRIYA SEHAT HOLISTIC KALISARI

Mohammad Ridwan<sup>1\*</sup>, Puspo wardoyo<sup>2</sup>, Ikhwan Abdullah<sup>3</sup>, Leny Chandra kurniawan

<sup>1</sup> Institut Teknologi Science dan Kesehatan DR Soepraoen Malang

Email: [saungholistic79@gmail.com](mailto:saungholistic79@gmail.com)\*

---

### Abstract

---

#### Keywords:

acupuncture, gastritis, gastric disorders, epigastric pain

Gastritis is one of the most common gastrointestinal disorders and is characterized by inflammation of the gastric mucosa that may cause symptoms such as epigastric pain, nausea, bloating, and decreased appetite. The high prevalence of gastric complaints encourages the exploration of complementary therapies that can support conventional treatment. One alternative approach is acupuncture, particularly Jin's 3 Needle acupuncture, which aims to restore the balance of body energy and improve digestive function. This study aims to describe the implementation and therapeutic outcomes of Jin's 3 Needle acupuncture in the management of gastritis patients at Griya Sehat Holistic Kalisari, East Jakarta. This research used a qualitative case study approach involving one gastritis patient who underwent six acupuncture therapy sessions over four weeks. Data were collected through observation, interviews, and clinical examinations including tongue and pulse diagnosis based on Traditional Chinese Medicine principles. The therapy applied several acupuncture points such as CV12, PC6, ST36, BL20, BL21, and CV4 with notification techniques and moxibustion. The findings showed gradual improvement in the patient's symptoms after repeated therapy sessions. Complaints such as heartburn, nausea, bloating, and decreased appetite were reduced and eventually disappeared. Improvements were also observed in tongue appearance, pulse stability, and overall physical condition. These results indicate that Jin's 3 Needle acupuncture may serve as a complementary therapy for gastritis management. The study implies that acupuncture has potential to support holistic digestive health care and may be further explored in broader clinical research.

---

### INTRODUCTION

Gastritis is an inflammatory process in the mucosa and submucosa of the stomach that can be acute or chronic, diffuse or local, and is one of the most common gastrointestinal disorders found in clinical practice (Choi et al., 2024; Kim, 2026; Yury & Juris, 2023; Zhang et al., 2023). Etymologically, the term gastritis comes from the Greek "gastro" which means stomach and "itis" which means inflammation. This disease arises due to an imbalance between aggressive factors, such as increased gastric acid secretion, and defensive factors in the form of gastric mucosal resistance (Erfan et al., 2025; Maubach et al., 2025; E. Wu et al., 2022).

Various risk factors contribute to the onset of gastritis, including age, gender, socioeconomic status, irregular diet, consumption of irritating foods such as spicy foods, acids, coffee, alcohol, excessive use of aspirin, as well as *Helicobacter pylori* bacterial infection, whose prevalence in developing countries can reach 80–90% in the adult population (Guyton & Hall, 2010; Sudoyo, 2014). In addition, psychological stress also plays an important role because it can increase the production of hydrochloric acid (HCl) and strengthen the peristaltic movement of the stomach, thereby increasing the risk of irritation and inflammation of the stomach wall. In modern medicine, gastritis management aims to relieve pain, reduce inflammation, suppress stomach acid secretion, and strengthen the mucosal defense mechanism

through pharmacological and cytoprotective therapy to prevent complications such as peptic ulcers.

In the perspective of Chinese Medicine, stomach pain is seen as a manifestation of energy balance disorders due to the attack of External Pathogens (such as Cold), food-drink retention, emotional disturbances that inhibit Liver Qi, Spleen-Gastric deficiency, to blood stasis that causes inhibition of Qi flow in the gastric meridians (Traditional Chinese Medicine theory describes disease as imbalance in Qi and organ systems) (Zhang et al., 2025; Nie, 2024). These conditions give rise to various syndromes, such as Cold Pathogens Attacking the Stomach (Jakhir et al., 2024; Kumar et al., 2024; Y. Wu et al., 2023), Food-Drink Retention, Liver Qi Attacking the Stomach, Inhibited Heat in the Liver and Stomach, Yin Xu, Cold Spleen-Gastric Deficit, and Blood Stasis, each of which has different symptom characteristics (Nie, 2024).

One of the therapeutic methods in this approach is Jin's 3 Needle Acupuncture, developed by Professor Jin Rui, using a formulation of three specific acupuncture points with the same indication characteristics to provide powerful stimulation to the nervous system, Qi circulation, as well as the body's metabolism (technique documented as a specific acupuncture method) (Amiroh et al., 2023; Kurniawan, 2023). This technique is basically similar to classical acupuncture, but has the advantage of a three-needle formulation that is systematically integrated according to the needs of the therapy (Amiroh et al., 2023).

This method is applied at Griya Sehat Holistic Kalisari, East Jakarta as a form of traditional health services based on a holistic approach that aims to improve body balance without full dependence on chemical drugs. Seeing the high number of visits from patients with gastritis complaints at the facility, a study entitled Jin's 3 Needle Acupuncture Care for Gastritis Patients at Griya Sehat Holistic Kalisari was conducted to examine in more depth the application of this technique as an adjunct therapy in the management of gastritis comprehensively (Amiroh et al., 2023; Mi et al., 2024).

In the Indonesian context, upper gastrointestinal complaints also remain common and clinically relevant (Darma et al., 2025; Gwee et al., 2023; Kadim et al., 2024; Lestari et al., 2023; Sugihartono et al., 2023). The 2022 Indonesian Consensus Report on dyspepsia and *Helicobacter pylori* infection states that dyspepsia is among the most prevalent conditions in both inpatient and outpatient services in Indonesia. The same report cites a multicentre Asian study involving nine countries, including Indonesia, which found that 43% of patients with investigated dyspepsia had functional dyspepsia. Although dyspepsia and gastritis are not identical entities, these data indicate that stomach-related complaints are highly prevalent in the region and continue to place a burden on patients and health services.

Conventional management of gastritis generally focuses on symptom relief, acid suppression, eradication of *H. pylori* when indicated, and mucosal protection. However, recurrence, lifestyle-related triggers, treatment adherence, and patient preference for non-pharmacological care often create ongoing clinical challenges. This is why complementary and integrative approaches have gained increasing attention, especially those aiming not only to reduce pain but also to improve digestive function and patient comfort more holistically. In the manuscript you uploaded, the study is situated precisely within this context by examining the use of Jin's 3 Needle acupuncture at Griya Sehat Holistic Kalisari as an adjunctive and holistic approach for gastritis care.

A growing number of international studies have explored acupuncture for gastrointestinal disorders. A 2024 Bayesian meta-analysis indexed in PubMed concluded that acupuncture, both as a standalone therapy and in combination with other modalities, appeared to be a safe and effective treatment option for patients with functional dyspepsia. In addition, a 2023 review in *Frontiers in Medicine* found that acupuncture may exert therapeutic effects in gastrointestinal diseases through anti-inflammatory regulation, modulation of vagal activity, metabolic changes, and alterations in gene expression related to gastric function. These findings provide

an important scientific basis for considering acupuncture in the management of upper gastrointestinal symptoms.

Even so, the current literature still shows important limitations. Much of the available evidence discusses functional dyspepsia, chronic atrophic gastritis, or broad gastrointestinal disorders rather than focusing specifically on gastritis cases managed in routine community-based clinical settings. Moreover, many publications are systematic reviews, mechanistic studies, or hospital-based trials, while fewer studies document the direct process of acupuncture care, syndrome identification, symptom development across sessions, and practical implementation in Indonesian holistic service facilities. This means that although general evidence for acupuncture is growing, context-specific evidence on how Jin's 3 Needle acupuncture is applied in actual gastritis care remains limited.

The research gap therefore lies in the limited empirical description of Jin's 3 Needle acupuncture as a specific therapeutic model for gastritis patients in Indonesia, especially in a case-based clinical context that records diagnostic signs, therapeutic principles, point selection, and symptom changes over repeated sessions. Your manuscript addresses this gap by focusing on one gastritis patient treated at Griya Sehat Holistic Kalisari through six therapy sessions over four weeks, allowing close observation of changes in main complaints, additional complaints, tongue, pulse, and overall therapeutic response. This kind of detailed clinical narrative is valuable because it translates abstract acupuncture theory into observable care practice.

The urgency of this research is grounded in the need to develop evidence-informed complementary care options for common gastric complaints that are often recurrent and quality-of-life limiting. Patients with gastritis frequently seek therapies that are effective, affordable, tolerable, and less dependent on long-term medication use. In this regard, documenting how acupuncture is applied and what clinical changes occur during treatment is important not only for academic purposes but also for service development in integrative health settings. The study becomes even more urgent because local evidence from Indonesia is still relatively scarce compared with the abundance of broader international discourse on acupuncture and gastrointestinal disorders.

The novelty of this study lies in its specific focus on Jin's 3 Needle acupuncture for gastritis in an Indonesian holistic clinic, combined with a case-study approach that captures the therapeutic process from initial assessment to the sixth session. Rather than merely testing outcome variables statistically, this study highlights the sequence of acupuncture care, Traditional Chinese Medicine diagnosis, therapeutic principles, point prescription, and progressive clinical improvement. In the uploaded manuscript, this novelty is reflected in the detailed observation that the patient's heartburn, nausea, bloating, appetite disturbance, and bowel complaints improved after repeated sessions, while tongue and pulse findings also changed across treatment stages.

Based on these considerations, the purpose of this research is to analyze and describe the implementation of Jin's 3 Needle acupuncture care in a gastritis patient at Griya Sehat Holistic Kalisari and to examine its role as a complementary therapy for reducing gastritis-related complaints. The study is expected to contribute theoretically by enriching the literature on acupuncture-based management of gastritis, particularly in the context of Traditional Chinese Medicine care in Indonesia. Practically, it can provide useful insight for acupuncture practitioners, holistic clinics, and health researchers regarding syndrome-based assessment, point selection, and patient monitoring in gastritis cases.

Ultimately, the objective of this research is to produce a contextual and clinically grounded understanding of how Jin's 3 Needle acupuncture may support symptom improvement in gastritis patients. The benefits of the study are expected to extend to several parties: for researchers, it offers a reference for future studies on complementary gastrointestinal therapy; for practitioners, it provides an applied model of acupuncture care; and

for patients and health services, it opens the possibility of broader integrative management for gastritis. Therefore, this study is positioned not only as a case report of therapeutic practice, but also as an initial scientific step toward strengthening the evidence base for acupuncture in gastritis management within Indonesian health care settings.

## **METHOD**

In this study, a case study approach was used as part of qualitative research. Case studies are research strategies in which researchers carefully investigate a program, event, activity, process, or group of individuals (Creswell, 2010).

In this study, the researcher used a qualitative approach with a case study method, where the researcher aimed to find out the Acupuncture Care of Jin's 3 needle in Gastritis Patients at Griya Sehat Holistic Kalisari

In this study, 1 gastritis participant at Griya Sehat Holistic Kalisari. The criteria are as follows: 1) A 45-year-old man with Gastritis. 2) Not taking other medications for Gastritis complaints. 3) Willing to undergo acupuncture therapy. The research was carried out for 4 weeks as many as 6 times of therapy, and was carried out 2 times a week in November 2025 at Griya Sehat Holistic Kalisari.

## **RESULTS AND DISCUSSIONS**

The research was conducted at Griya Sehat Holistic Kalisari, serving Acupuncture with a total of 4 (four) beds and toilets for the public. The Acupuncture equipment provided is in the form of: Electrostimulator, moxa, TDP (Thermal Deep Penetration) lamp, acupuncture needles of various sizes, heads, sphygmomanometer, cotton, 70% alcohol, medical and non-medical waste disposal bins, gloves, mouth masks, and other tools/materials according to needs. Data collection 6 times or half a session.

### Participant Characteristics

First Date Comes : Monday, 03 November 2025  
 Name : Mr. P  
 Age : 45 Years  
 Gender : Male  
 Religion : Islam  
 Jobs : Private Employees  
 Residential Address : Cijantung, East Jakarta  
 Phone Number : 081XXXXXXX

### Acupuncture Care Procedures

In this case study, Acupuncture Care was carried out as planned for 6 therapy sessions. That, patients come to Griya Sehat holistic Kalisari based on a date that is determined together. The first care begins on Monday, November 03, 2025, as shown in table 1:

**Table 1. Therapy Schedule**

Stages of Therapy	Date of Therapy Session	Hours
1	Monday, 03 November 2025	15.00 -16.00
2	Thursday, 06 November 2025	
3	Monday, November 10, 2025	
4	Thursday, 13 November 2025	
5	Monday, November 17, 2025	
6	Thursday, November 20, 2025	

J Excess Nutrition Status was 25 students (11.8%) and obesity was 31 students (14.7).

Source: Primary data obtained from patient observation and clinical examination at Griya Sehat Holistic Kalisari during acupuncture treatment sessions, 2025

### Age Menarche

Table 2. Frequency Distribution of Menarche Age of Respondents

All collected acupuncture care data is analyzed in depth to separate general information from meaningful diagnostic signs. This data reduction step aims to simplify the findings to focus more on the enforcement of the diagnosis, the details of which are set out below:

**Table 2. Acupuncture Care Outcomes**

Yes	Aspects	Therapy 1	Therapy 2	Therapy 3	Therapy 4	Therapy 5	Therapy 6
1	<b>Main complaints</b>	Headache Liver	Headache Liver	Headache Liver	Headache Reduced Liver	Headache Reduced Liver	Heartburn None
2	<b>Additional complaints</b>	Lack of appetite, nausea, bloating	Lack of appetite, nausea, bloating	Lack of appetite, nausea, bloating	Complaints decrease	Minimal	Appetite, no nausea and bloating
3	<b>Face / Shen</b>	dull, pale	Dull	Fresher	Fresh	Fresh	Fresh
4	<b>Tongue</b>	Pale, fat, tooth base, thick membrane, there are purple channels on both sides of the tongue	Pale, fat, tooth base, thick membrane, there are purple channels on both sides of the tongue	Pale red, the white membrane appears to be thinning	Pink, thin membrane	Fresh pink	Fresh pink
5	<b>Pulse</b>	Weak, slow	Weak	More stable	Stronger	Stable	Normal

6	<b>Diagnosis TCM</b>	Deficient Spleen and Cold Stomach	Same	Same	Same	Same	Same
7	<b>Principles of therapy</b>	Warm the middle <i>jiao</i> , nourish the spleen, dissipate the cold, stop the pain.	Same	Same	Same	Same	Same
8	<b>Key points</b>	CV12, PC6, ST36, BL20, BL21, CV4	Same	Same	Same	Same	Same
9	<b>Evaluation</b>	Initial response	Improved lightness	Improve	Improve	Significant improvement	Significant Improvement
10	<b>Prognosis</b>	Good	Good	Good	Good	Good	Excellent

Source: Primary data derived from patient medical records and therapeutic monitoring results at Griya Sehat Holistic Kalisari during the Jin's 3 Needle acupuncture therapy program, 2025

At the first visit, data from the examination was obtained in the form of: 1) Observation Examination (Money): Eye light: less luminous. Facial expressions: not cheerful, lethargic. Skin colour: pale. Tongue: pale pink. 2) Hearing and Smell (Wen) Examination: nothing pathological. 3) Interview Examination (Wen): Main Complaint: heartburn. Additional Complaints: lack of appetite, nausea, bloating. Changes in the state of the disease: when eating late will relapse, it feels good when pressed and warmed. Cold Heat: doesn't like cold. BAB: stool is destroyed. 4) Touch Inspection (Qie): Touch area of complaint: easy to press. Special point touch: Zhongwan (CV 12) is easy to press. General pulse: weak.

On the sixth visit, data from the examination was obtained in the form of: 1) Observational Examination (Money): Eye light: luminous. Face Makeup: Cheerful. Skin colour of the face: fresh red. Tongue: pink. 2) Hearing and Smell (Wen) Examination: nothing pathological. 3) Interview Examination (Wen): Main Complaint: Heartburn is no longer there. Additional Complaints: Appetite starts to exist; nausea and bloating are absent. Cold Heat: doesn't like cold. BAB: shaped stools. 4) Touch Examination (Qie): Touch of the complaint area: unpleasant press and no pressure pain. Special point touch: Zhongwan (CV 12) is not easy to press and does not press pain. General pulse: weak.

The data mentioned above is a comparison between before and after Acupuncture Therapy 6 times. The data shows that there are several differences in the results of the examination of the first therapy session with the results of the examination of the sixth therapy session. The difference indicates that there has been improvement in the client. This is in accordance with the theory written by Maciocia (2015), which states that a Cold and Weak 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-Moxisibation 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.

Based on the data from the client's examination, in the first therapy session, the Acupuncture Diagnosis was enforced, namely Heartburn Disease with Deficiency Spleen and Cold Stomach Syndrome. The diagnosis of Acupuncture that is upheld is in accordance with Peng (2000) who stated that Deficiency Spleen and Cold Stomach Syndrome shows symptoms and signs: Hidden pain in the heartburn, vomiting of clear fluids, warm pleasure being suppressed, compressed heat, pain reduced, eating reduced to little, lethargic spirit, cold body not warm, stool destroyed, pale tongue, weak soft pulse. Furthermore, in the sixth therapy

session, the Acupuncture Diagnosis that was enforced was still fixed, namely Heartburn Disease with Deficient Spleen and Cold Stomach Syndrome, but the participants had improved

Based on the diagnosis in the first therapy session, the Principles and Methods of Therapy are determined: Warming the Middle 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 is performed. During the confinement period, Moxsa is given at the selected Acupuncture Point for 30 minutes.

In the second therapy session to the sixth therapy session, there were no additions and subtractions in the selection of Acupuncture Points, because with the selection of Acupuncture Points as mentioned above, the participants had improved. The therapy used is in accordance with Maciocia (2015), 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 foods that enter the stomach to be processed (digested) properly and can go down to the intestines, so that they will be able to stop pain in heartburn

## CONCLUSION

This study concludes that the application of Jin's 3 Needle acupuncture therapy shows potential benefits in reducing the clinical symptoms of gastritis in the observed patient at Griya Sehat Holistic Kalisari. Through a structured treatment process consisting of several therapy sessions, the patient experienced gradual improvement in major complaints such as epigastric pain, nausea, bloating, decreased appetite, and digestive discomfort. In addition, improvements were also observed in supporting clinical indicators such as tongue and pulse conditions according to Traditional Chinese Medicine diagnostic principles.

These findings indicate that Jin's 3 Needle acupuncture may function as a complementary therapeutic approach that supports the management of gastritis symptoms through a holistic perspective that considers both physiological and functional balance in the body. Despite these promising findings, this study has several limitations, particularly its use of a single-case approach and a relatively short observation period. Therefore, future research is recommended to involve larger sample sizes, comparative study designs, and longer observation periods to evaluate the effectiveness and sustainability of acupuncture therapy in gastritis management. Further studies may also explore the integration of acupuncture with conventional medical treatments, as well as examine physiological mechanisms and patient quality-of-life outcomes to strengthen the scientific evidence of acupuncture as a complementary therapy for gastrointestinal disorders.

## REFERENCE

- Amiroh, E. D., Badri, S., & Mutiah, N. (2023). Jin's three needle acupuncture and moxibustion reduce pain intensity in gastritis. *Jurnal Keterampilan Fisik*, 8(2), 106–113. <https://doi.org/10.37341/jkf.v8i2.495>
- Choi, W., Lauwers, G. Y., & Slavik, T. (2024). Inflammatory disorders of the stomach. In *Morson and Dawson's gastrointestinal pathology* (pp. 135–194).
- Darma, A., Nesa, N. N. M., Sumitro, K. R., Rokhayati, E., Tallo, K. T., Ariyanti, N. R., Retnaningtyas, L. P., Febryani, D. D. S. M., Malino, I. Y., & Brahmantya, H. (2025). Prevalence of disorders of gut-brain interaction in Indonesian adolescents: Has it increased during the coronavirus disease pandemic? *Pediatric Gastroenterology, Hepatology & Nutrition*, 28(5), 302.
- Erfan, I. A., Ghattas, M. H., Mesbah, N., & Wahba, A. S. (2025). Gastric ulcer: An overview of pathophysiology, diagnosis, and management. *Records of Pharmaceutical and*

*Biomedical Sciences*, 9(1), 162–186.

- Gwee, K., Lee, Y. Y., Suzuki, H., Ghoshal, U. C., Holtmann, G., Bai, T., Barbara, G., Chen, M., Chua, A. S. B., & Gibson, P. R. (2023). Asia-Pacific guidelines for managing functional dyspepsia overlapping with other gastrointestinal symptoms. *Journal of Gastroenterology and Hepatology*, 38(2), 197–209.
- Jakhir, H. K., Mohammed, A., Sattar, Z. Z., Karim, H., Saffah, A., Taleb, R., Saad, H., Alwan, H., & Jamal, H. (2024). The pathogenicity of the gastric bacteria and its potential threat to humans. *SHIFAA*, 2024, 18–28.
- Kadim, M., Karyana, I., Darma, A., Yosia, M., Basrowi, R. W., Dilantika, C., Sundjaya, T., & Wasito, E. (2024). Current landscape and overview of gastrointestinal health in Indonesian children: A scoping review. *The Open Public Health Journal*, 17(1).
- Kim, S. H. (2026). Gastritis: Pathophysiology, diagnosis, and clinical implications. *The Korean Journal of Helicobacter and Upper Gastrointestinal Research*, 26(1), 8.
- Kumar, S., Kaushik, D., & Sharma, S. K. (2024). Autoimmune disorders: Types, symptoms, and risk factors. In *Artificial intelligence and autoimmune diseases: Applications in the diagnosis, prognosis, and therapeutics* (pp. 3–31).
- Kurniawan, L. C. (2023). Pengaruh akupunktur Jin's 3 needle terhadap penurunan intensitas nyeri diabetic neuropathy perifer. *Jurnal Kesehatan Hesti Wira Sakti*.
- Lestari, L. A., Rizal, A. N., Damayanti, W., Wibowo, Y., Ming, C., & Vandemplas, Y. (2023). Prevalence and risk factors of functional gastrointestinal disorders in infants in Indonesia. *Pediatric Gastroenterology, Hepatology & Nutrition*, 26(1), 58.
- Maubach, G., Kanthasamy, A. K., Gogia, S., & Naumann, M. (2025). The enigma of maladaptation in gastric pathophysiology. *Trends in Cancer*, 11(5), 448–461.
- Mi, L., Weiai, L., Chang, S., & Jingying, Z. (2024). Complementary replacement therapy for chronic gastritis. In *IntechOpen*.
- Nie, Q. (2024). Recent situation of acupuncture and moxibustion in the treatment of stomach pain with deficiency and cold of spleen and stomach. *Journal of Biosciences and Medicines*, 12, 60–68.
- Sugihartono, T., Hidayat, A. A., Lusida, M. A. P., Aftab, H., & Miftahussurur, M. (2023). Validity and reliability of the reflux symptoms index translated into Indonesian: The role of upper endoscopy in assessing extra-esophageal gastroesophageal reflux disease symptoms. *The Korean Journal of Gastroenterology*, 82(1), 18–24.
- Wu, E., Zhu, J., Ma, Z., Tuo, B., Terai, S., Mizuno, K., Li, T., & Liu, X. (2022). Gastric alarmin release: A warning signal in the development of gastric mucosal diseases. *Frontiers in Immunology*, 13, 1008047.
- Wu, Y., Deng, N., Liu, J., Jiang, P., & Tan, Z. (2023). Alterations in intestinal microbiota and enzyme activities under cold-humid stress: Implications for diarrhea in cold-dampness trapped spleen syndrome. *Frontiers in Microbiology*, 14, 1288430.
- Yury, M., & Juris, R. (2023). Gastritis, gastropathy and gastroprotection: What is common and what are the differences. *American Journal of Medicine*, 8(3).
- Zhang, P. P., et al. (2025). Traditional Chinese medicine in the treatment of gastric disorders: Clearing heat, strengthening spleen & stomach. *World Journal of Gastroenterology*, 31(3), 96582.
- Zhang, S. L., Lollie, T. K., Chen, Z., Narasimhalu, T., & Wang, H. L. (2023). Histopathologic diagnosis of gastritis and gastropathy: A narrative review. *Digestive Medicine Research*, 6.