

---

AI translation · View original & related papers at  
[chinarxiv.org/items/chinaxiv-202506.00013](https://chinarxiv.org/items/chinaxiv-202506.00013)

---

## Case Nursing Care for Gastric Distension Using Comprehensive Auricular Point Therapy and Guided Music Therapy

**Authors:** Meng Binbin

**Date:** 2025-05-28T19:19:02+00:00

### Abstract

Gastric pi disease is a common digestive system disorder characterized by subjective gastric stuffiness and obstruction, with fullness and discomfort as the main clinical manifestations. This study utilized a 68-year-old female patient with gastric pi disease as the observation subject, employing comprehensive auricular point therapy combined with guided music intervention. Through personalized nursing measures—including pattern-differentiated treatment, pattern-differentiated dietary therapy, pattern-differentiated music therapy, pattern-differentiated regimen, and daily life care—the patient's gastric distention and heartburn symptoms were significantly ameliorated, while emotional state and sleep quality were notably enhanced. This approach disrupts the vicious cycle of reciprocal influence between emotions and gastrointestinal function, improves patient quality of life, and offers novel insights and methodologies for the treatment and nursing care of gastric pi disease.

### Full Text

## Auricular Point Composite Therapy Combined with Guided Music Therapy for Stomach Fullness Syndrome: A Case Study

*(Guang'anmen Hospital Southern District, China Academy of Chinese Medical Sciences, 102600)*

### Abstract

Stomach fullness syndrome is a common digestive disorder characterized primarily by a subjective sensation of blockage and fullness in the epigastrium. This

study presents a 68-year-old female patient with stomach fullness syndrome who received auricular point composite therapy combined with guided music therapy. Through individualized nursing interventions, including syndrome-based treatment, dietary guidance, music selection, emotional support, and daily living care, the patient's symptoms of gastric bloating and heartburn were significantly alleviated. Her emotional state and sleep quality also improved markedly, breaking the vicious cycle between emotional distress and gastrointestinal dysfunction and enhancing her quality of life. This approach provides new insights and methods for the treatment and nursing care of stomach fullness syndrome.

**Keywords:** Stomach fullness syndrome; Liver-stomach qi stagnation; Auricular points; Guided music therapy; Case study on nursing care

## Introduction

Stomach fullness syndrome is a common digestive disorder characterized by a subjective sensation of blockage and fullness in the epigastrium, corresponding to functional dyspepsia, gastroparesis, chronic gastritis, and chronic cholecystitis in modern medicine [1]. Clinical observations reveal that this condition is closely related to liver-stomach qi stagnation, often triggered by emotional distress and dietary irregularities [2]. Patients typically present with epigastric distension and a feeling of blockage, which may be accompanied by gastric burning sensation, nausea, and vomiting in severe cases. Traditional Chinese Medicine (TCM) attributes the pathogenesis to liver qi stagnation that transversely invades the stomach, preventing stomach qi from descending properly. Modern medical research indicates that psychological factors can alter autonomic nervous function, change vagal tone, activate intestinal release of 5-hydroxytryptamine, and increase cerebral synthesis of 5-hydroxytryptamine, leading to visceral hypersensitivity and gastrointestinal dysfunction. Conversely, gastrointestinal dysfunction feeds back to the central nervous system, exacerbating emotional responses and creating a vicious cycle [3] that triggers stomach fullness syndrome. Conventional Western treatments such as acid suppression and prokinetic agents can alleviate symptoms to some extent, but symptoms often recur after discontinuation, and long-term use of acid-suppressing drugs may lead to gastric flora imbalance [4]. In recent years, TCM characteristic therapies such as auricular point composite therapy combined with guided music have demonstrated unique advantages in treating stomach fullness syndrome. This article explores the effects and nursing experience of this combined approach through a case study.

## Case Report

### 1.1 General Information

The patient was a 68-year-old female admitted to the Spleen and Stomach Department on March 24, 2025, with a chief complaint of "intermittent gastric distension for over 3 months." She reported intermittent gastric bloating ac-

accompanied by a burning sensation in the stomach, palpitations, poor emotional state, and depressive symptoms with sleep disturbance, requiring sleep medication regularly. She had a 10-year history of hypertension with a maximum blood pressure of 150/90 mmHg; admission blood pressure was 140/79 mmHg, classified as Stage 1 hypertension (moderate risk). She also had a 17-year history of hypothyroidism and had previously undergone breast nodule surgery (specific date unknown).

### 1.2 Physical Examination

**General Condition:** The patient was conscious but in poor spirits, with a normal facial appearance and slightly pale complexion. Vital signs were stable: blood pressure 140/79 mmHg, pulse 76 beats/min, respiration 18 breaths/min, temperature 36.5°C.

**Specialized Examination:** The abdomen was flat and soft, with bowel sounds at 4 times/min, no tenderness or rebound tenderness, and no palpable hepatosplenomegaly.

**TCM Four Diagnostic Methods:** Inspection revealed conscious but poor spirits, lackluster eyes, stable breathing, a dark-red tongue with thin white coating, and normal tongue body. Auscultation and olfaction showed clear speech without special odor. Inquiry revealed intermittent gastric distention with burning sensation, palpitations, emotional distress, sleep disturbance, and one daily bowel movement with formed stool. Pulse examination revealed a wiry pulse.

### 1.3 Auxiliary Examinations

Ultrasound examination revealed gallbladder polypoid lesions and uterine fibroids. Gastroscopy showed chronic atrophic gastritis (C3) with intestinal metaplasia.

### 1.4 Diagnosis

**Western Medicine Diagnosis:** Chronic superficial gastritis

**TCM Diagnosis:** Stomach fullness syndrome, liver-stomach qi stagnation pattern

**Pattern Differentiation Basis:** Liver qi stagnation transversely invading the stomach prevents stomach qi from descending properly, causing epigastric distention and blockage. Emotional distress and sleep disturbance manifest as liver qi stagnation and restlessness of the mind. The dark-red tongue with thin white coating and wiry pulse are typical signs of liver-stomach qi stagnation. Based on comprehensive four diagnostic methods, the pattern was identified as stomach fullness syndrome with liver-stomach qi stagnation.

## 1.5 Treatment

The TCM treatment principle focused on dispersing liver qi, descending counterflow, and harmonizing the stomach. The patient was prescribed oral Chinese herbal medicine daily to soothe liver qi and harmonize the stomach. Auricular point composite therapy was administered twice weekly for 30 minutes per session, including auricular massage, auricular scraping, and auricular bloodletting. Guided music therapy (“Visiting the Apple Orchard”) was provided twice daily for 15 minutes each time. After 8 treatment sessions, the patient’s gastric distention, heartburn, and sleep symptoms improved, and she was discharged on March 31, 2025.

## Assessment Instruments

### 2.1.1 Functional Dyspepsia Patient-Reported Outcome (PRO) Scale

The Functional Dyspepsia Patient-Reported Outcome (PRO) Scale [5] is a self-administered questionnaire comprising six dimensions: gastroesophageal reflux, dyspepsia, bowel habits, psychological-emotional state, social function, and general physical condition, with higher scores indicating more severe symptoms. The total scores are 20 for gastroesophageal reflux, 26 for dyspepsia, 30 for bowel habits, 11 for psychological-emotional state, 6 for social function, and 24 for general physical condition.

### 2.1.2 Self-Rating Anxiety Scale (SAS)

The Self-Rating Anxiety Scale (SAS) [6] assesses anxiety severity, with scores <50 indicating normal, 50-59 mild anxiety, 60-69 moderate anxiety, and >69 severe anxiety. After introducing the SAS to the patient, her total score was 61, indicating moderate anxiety.

### 2.1.3 Self-Rating Depression Scale (SDS)

The Self-Rating Depression Scale (SDS) [7] assesses depression severity. Scores of 0-9 indicate no depressive symptoms, 10-18 mild depression requiring attention and possible self-regulation or counseling, 19-29 moderate depression requiring professional psychiatric help, and 30-63 severe depression requiring immediate treatment. The patient’s total score was 20, indicating moderate depression.

### 2.1.4 Pittsburgh Sleep Quality Index (PSQI)

The Pittsburgh Sleep Quality Index (PSQI) [8] assesses sleep quality over the past month, with total scores ranging from 0-21, where higher scores indicate poorer sleep quality: 0-5 excellent, 6-10 good, 11-15 poor, and 16-21 very poor. The patient’s total score was 15, indicating poor sleep quality.

## Nursing Diagnosis

Gastric distention was related to liver qi transversely invading the stomach and preventing stomach qi from descending properly. Chest burning sensation was associated with stomach qi failing to descend and rebelling upward. Liver-stomach qi stagnation causes impaired qi flow, affecting blood circulation and nourishment to the heart, resulting in palpitations. Additionally, stomach fullness syndrome patients often experience epigastric distention and blockage, which may affect the heart through neural reflex mechanisms, causing palpitations. Epigastric distention and blockage, especially when lying flat at night, can cause gastric contents to reflux into the esophagus, leading to heartburn, acid regurgitation, and sleep disturbance, as stated in the *Huangdi Neijing*: “When the stomach is disharmonious, one cannot sit or lie peacefully.” Anxiety and depression were related to insufficient disease knowledge, recurrent symptoms, and decreased quality of life.

## Nursing Plan

Based on the patient’s condition and nursing diagnoses, a comprehensive nursing plan was developed: to utilize TCM syndrome differentiation and treatment principles to leverage the advantages of TCM characteristic techniques, achieving the goals of dispersing liver qi, descending counterflow, and harmonizing the stomach, thereby improving gastric distention and heartburn symptoms, alleviating anxiety and depression, preventing complications, and enhancing quality of life and nursing satisfaction.

## Nursing Interventions

### 2.4.1 Syndrome-Based Treatment Techniques

**Auricular Massage:** The procedure involved: (1) Preparation: After hand hygiene and nail trimming, the patient assumed a supine position. The auricle was disinfected with 75% alcohol cotton swabs to remove skin debris, and a small amount of gua sha oil was applied. (2) Massage technique: Using empty fists, the thumbs and index fingers performed large and small heavenly circle massages. Large heavenly circle: along the helix crus 4, 3, 2, 1—auricular apex—upper ear root to anterior auricle, anterior edge of tragus—anterior edge of earlobe—lower edge of earlobe, joining helix crus 4. Small heavenly circle: from subcortex—pituitary—brainstem—thyroid—neck—chest—subcostal region—abdomen—inferior antihelix crus to sympathetic point—external sympathetic point—external ear—anterior tragus—eye 1—blood pressure elevation point. The massage was performed at 120 cycles per minute for 5 minutes until the auricle became congested and warm, which can open the body’s conception and governor vessels and promote smooth qi and blood circulation [9].

**Auricular Scraping:** The procedure involved: (1) Point selection based on pattern differentiation: Helix crus digestive tract, Shenmen, and sympathetic

points [10]. (2) Technique: The patient assumed a sitting or supine position with gua sha oil applied. The right thumb and index finger fixed the anterior and posterior auricle to fully expose the scraping area. Using a bian stone auricular scraper, slow pushing-scraping was performed 10 times along the direction from mouth—esophagus—cardia—stomach—duodenum—small intestine—sigmoid colon—small intestine—large intestine. Positive reaction points at cardia and stomach were scraped using the tendon-dispersing method. For Shenmen and sympathetic points: the left hand supported the auricle while the right hand held the bian stone scraper at a 45° angle, scraping 25 times from bottom to top and inside to outside using point-pressing and kneading methods. Appropriate pressure and intensity were applied based on patient tolerance, with slow speed and pauses at each point. Each point was scraped once every three cycles, with three cycles constituting one treatment course.

**Auricular Bloodletting:** The procedure involved: (1) Location: Bilateral auricular apex points and helix 1 and 3 [11]. (2) Preparation: After hand hygiene and nail trimming, the patient assumed a supine position. The auricle was disinfected with 75% alcohol cotton swabs, skin debris removed, and a small amount of gua sha oil applied. (3) Technique: The thumb and index finger of one hand pinched the skin around the auricular apex point. A disposable blood lancet was used to quickly puncture the auricular apex point plus helix 1 and 3. The skin around the auricular apex was gently squeezed from far to near, expressing 1-20 drops of blood until the color changed from dark red to bright red or became lighter. The area was then disinfected twice with 75% alcohol cotton swabs, maintaining sterile technique throughout. Common complications include hematoma; pressure was applied to the puncture site until bleeding stopped. The same procedure was performed on the contralateral ear. Auricular apex bloodletting clears heat, resolves toxins, and calms the spirit, which can relieve gastric discomfort caused by liver qi stagnation in stomach fullness syndrome patients with liver-stomach qi stagnation pattern [12].

**Guided Music Therapy:** The audio “Visiting the Apple Orchard” was created by our hospital’s Huang Yanping and demonstrates excellent adjunctive effects for treating depression, insomnia, and anxiety in digestive system disease patients. It can reduce or eliminate anxiety, tension, or depression, establish and strengthen feelings of security and relaxation, and improve patient self-efficacy. The patient listened to this guided music daily at 10 AM and 3 PM.

#### 2.4.2 Syndrome-Based Dietary Guidance

Patients were instructed to maintain regular, easily digestible, and light meals. Based on the patient’s liver-stomach qi stagnation pattern, she was advised to consume qi-regulating and stomach-descending foods such as oranges, hawthorn, and radish, while avoiding gas-producing foods like soda, potatoes, yam, and pumpkin that obstruct qi flow [15].

### 2.4.3 Syndrome-Based Music Therapy

Music therapy has a long history in TCM theory, with earliest records in *Lüshi Chunqiu* · *Gule Pian*. The *Huangdi Neijing* first proposed the five-element music therapy theory, establishing the theoretical foundation for traditional Chinese music therapy and constructing its basic framework. Emotional regulation belongs to the function of “liver governing dredging and dispersing,” where “dredging” means smoothing and “dispersing” means venting and dispersion [16]. The *Huangdi Neijing* states: “The liver is the organ of a general, from which planning and deliberation emanate. The liver governs dredging and dispersing, regulating emotions. If liver qi stagnates, emotions become blocked, affecting all organs.” Five-element music therapy is a characteristic TCM treatment method [17], with records in the *Huangdi Neijing* indicating that different musical tones enter different organs and regulate qi and blood. Patients were guided to listen to “Visiting the Apple Orchard,” whose soothing rhythm creates a sense of tranquility as if in a peaceful orchard. “Music is also medicine,” using harmonious sounds to dredge stagnant liver and stomach qi, providing an outlet for pathogenic factors. The *Huangdi Neijing* · *Suwen* · *Zhenjie* mentions that “human voice corresponds to sound, and human yin-yang and qi harmonize with musical tones,” indicating that the human body has inherent rhythms. When music resonates with these rhythms, yin-yang and qi-blood become harmonized [18], allowing liver qi to expand and stomach qi to descend properly. As the *Huangdi Neijing* states, “When wood qi flows smoothly, earth qi harmonizes,” promoting smooth blood flow, coordinated qi movement, emotional relief, and disease recovery.

### 2.4.4 Syndrome-Based Health Preservation

Based on the patient’s TCM pattern, midnight-noon ebb-flow theory was applied to guide qigong Baduanjin exercise between 9:00-11:00 AM (Si hour) [19]. As the *Huangdi Neijing* states: “Humans correspond to heaven and earth and align with the four seasons,” emphasizing that physiological activities are closely related to natural laws, with organ functions intimately connected to circadian rhythms. “Heavenly timing is natural law; exercising the spleen meridian during Si hour enhances efficacy” because spleen qi is vigorous at this time, making exercise most effective. Baduanjin movements are gentle and slow, as described in *Zunsheng Bajian*: “Seeking stillness within movement, with movement and stillness complementing each other.” The movement “Hands Holding Heaven to Regulate Triple Burner” stretches the whole body’s meridians and regulates qi; “Regulating Spleen and Stomach by Raising One Hand” pulls the abdominal cavity and strengthens spleen-stomach function; “Rubbing Up to the Five Zang Organs and Six Bowels” massages the abdomen and promotes gastrointestinal motility. Regular practice enhances blood circulation, unblocks meridians, regulates emotions, and achieves body-mind harmony. The *Huangdi Neijing* states: “When righteous qi exists internally, pathogenic factors cannot invade.” Regular Baduanjin practice strengthens righteous qi, enhances self-healing capacity, pro-

motes disease recovery [20], and achieves the state of “body and spirit united, living out one’s natural lifespan.”

#### 2.4.5 Daily Living Care

Patients were instructed to keep the gastric area warm according to seasonal changes and avoid cold exposure. After meals, they should maintain an upright position or take a walk after 1 hour for 30 minutes, until the body feels slightly warm with mild sweating but not fatigued. No food should be consumed before bedtime, with at least 3 hours between dinner and sleep. Abdominal massage can be performed clockwise with the palm three times daily for 10 minutes each to promote gastrointestinal motility.

### Nursing Evaluation

Following auricular point composite therapy combined with guided music therapy and individualized nursing interventions, the patient’s symptoms were significantly alleviated. She reported enhanced gastric comfort and substantially decreased overall symptom scores (see Table 1 for Functional Dyspepsia PRO Scale scores). Prior to intervention, her Pittsburgh Sleep Quality Index (PSQI) score was 15, indicating poor sleep quality. Through auricular therapy and guided music treatment, her sleep quality improved significantly. Auricular massage and bloodletting helped regulate the nervous system and improve sleep, while guided music therapy promoted relaxation and sleep through soothing melodies. At discharge, her sleep quality improved markedly, with PSQI scores returning to normal range.

Pre-intervention, her Self-Rating Anxiety Scale (SAS) score was 61, indicating moderate anxiety. Syndrome-based music therapy and guided music therapy alleviated her anxiety, promoting physical and mental relaxation. At discharge, her anxiety symptoms improved significantly, with SAS scores returning to normal range and emotional state notably enhanced. Pre-intervention, her Self-Rating Depression Scale (SDS) score was 20, indicating moderate depression. Through emotional regulation and psychological support, her depressive symptoms were significantly relieved. Syndrome-based music therapy and guided music therapy helped adjust emotions and enhance psychological resilience. At discharge, her depressive symptoms were markedly reduced, with SDS scores returning to normal range and psychological state significantly improved (see Table 2 ).

### Results and Follow-up

The patient was discharged on June 20, 2025, reporting 明显改善 in intermittent gastric distention and sleep quality. One week post-discharge, telephone follow-up revealed enhanced gastric comfort with improved gastric distention and heartburn symptoms.

## Discussion

Stomach fullness syndrome is a common digestive disorder whose pathogenesis is closely related to liver-stomach qi stagnation. The *Huangdi Neijing* states: “The liver is the organ of a general, from which planning and deliberation emanate. The liver governs dredging and dispersing, regulating emotions. If liver qi stagnates, emotions become blocked, affecting all organs,” demonstrating the liver’s crucial role in emotional regulation and organ coordination. This case presented with epigastric distention, blockage sensation, gastric burning, palpitations, emotional distress, and sleep disturbance, consistent with liver-stomach qi stagnation pattern.

Auricular point composite therapy is a characteristic TCM treatment based on the *Huangdi Neijing* principle that “the ear is where all vessels converge.” The *Lingshu · Xieqi Zangfu Bingxing* states: “The qi and blood of the twelve meridians and 365 collaterals all ascend to the face and empty orifices, with essence and yang qi ascending to the eyes for vision and divergent qi reaching the ears for hearing,” illustrating the close connection between the auricle and internal organs. When organ pathologies occur, they reflect in the auricle through meridians; stimulating corresponding auricular points can unblock meridians and regulate organ function [21]. This case employed auricular massage, scraping, and bloodletting at points such as helix crus digestive tract, Shenmen, and sympathetic points. Auricular massage promotes whole-body qi and blood circulation; auricular scraping strengthens spleen-stomach ascending and descending functions, nourishing the heart spirit and achieving the therapeutic effects of “using flow as function, using descent as smoothness, and using descent to expel disease” to promote stomach harmony; auricular bloodletting clears heat, resolves toxins, and calms the spirit. These methods work synergistically to disperse liver qi, descend counterflow, and harmonize the stomach, relieving epigastric distention and blockage [23].

Guided music therapy, as an emerging treatment modality, offers unique advantages in improving emotional state and sleep quality. The *Huangdi Neijing* documents “five-element music therapy,” indicating that different musical tones enter different organs and regulate qi and blood. Combined five-element music therapy and herbal medicine for liver-stomach qi stagnation-type functional dyspepsia has increased total effective rate by 15% [22]. The selected audio “Visiting the Apple Orchard” features soothing rhythms that create a sense of tranquility as if in a peaceful orchard, allowing liver qi to disperse and stomach qi to harmonize, thereby improving anxiety, depression, and sleep quality.

Guided music imagery technology is not simply listening to music for relaxation but rather a “state-altered” consciousness that exists between conscious and subconscious states, allowing imagination to flourish, achieving deep physical relaxation, free mental expansion, releasing and relieving mental pressure, and experiencing the beauty of life and enriching inner imagination and creativity [13]. After prolonged practice, this may ultimately change the patient’s daily

psychological baseline state, maintaining it in a positive condition and helping patients view their disease and problems from more positive perspectives [14].

In nursing care, the *Huangdi Neijing* emphasizes principles of “treating disease before it occurs,” “unity of heaven and humanity,” and “nurturing both body and spirit.” This case applied TCM syndrome differentiation principles to develop individualized nursing plans, including syndrome-based treatment, dietary guidance, music therapy, health preservation, and daily living care. Syndrome-based dietary guidance instructed patients to consume qi-regulating and stomach-descending foods while avoiding gas-producing foods. Syndrome-based music therapy utilized five-element music therapy to regulate emotions. Syndrome-based health preservation combined midnight-noon ebb-flow theory to guide Baduanjin qigong practice, following natural laws to strengthen righteous qi. Daily living care emphasized gastric area warmth, postprandial exercise, and pre-sleep care to promote gastrointestinal motility and improve digestive function, thereby enhancing quality of life.

This case demonstrates that auricular point composite therapy combined with guided music therapy and individualized nursing interventions fully leveraged the advantages of TCM characteristic therapies, addressing both physical and mental aspects to break the vicious cycle between emotional distress and gastrointestinal dysfunction in stomach fullness syndrome patients, improving overall efficacy and quality of life. This method is simple, safe, and well-tolerated by patients. However, this study had a small sample size, lacked control groups, and had short hospitalization and intervention periods with discontinuous observation, warranting further in-depth research.

**Patient Informed Consent:** Publication of this case report was approved by the patient and family members.

**Conflict of Interest Statement:** The authors declare no conflicts of interest.

## References

- [1] 郭文静, 陆晋贤, 官宏, 等. 张永臣“杂合以治”治疗胃痞病经验 [J]. 河北中医药学报, 2025, 40(01):68-71+80.
- [2] 胡好颖, 刘绍能. 基于“治肝安胃”论治胃痞病 [J]. 江苏中医药, 2022, 54(10):53-56.
- [3] 程锦琰, 刘进进. 浅析功能性胃肠病伴焦虑抑郁中医治疗经验 [J]. 中医学, 2023, 12(8):2088-2092.
- [4] 卜萍, 张雅丽. 名中医张雅丽治疗肝郁脾虚型胃痞病经验浅析 [J]. 临床个性化医学, 2025, 4(2):445-450.
- [5] 张北华, 周秉舵, 唐旭东. 胃食管反流病中医诊疗专家共识 (2023) [J]. 中医杂志, 2023, 64(18):1935-1944.
- [6] Zung W K. A self-rating anxiety scale[J]. Journal of Psychosomatic Research, 1971, 15(3): 301-309.
- [7] 王征宇, 迟玉芬. 抑郁自评量表 (SDS) 的应用研究 [J]. 上海精神医学, 1984, 6(2):32-35.
- [8] 徐鹏, 何继红, 徐建华. 匹茨堡睡眠质量指数量表 (PSQI) 的应用研究 [J]. 中国初级卫生保健, 2022, 36(12):113-115

- [9] 尉利苹, 于红. 耳穴综合疗法对慢性萎缩性胃炎患者负性情绪的影响 [J]. 中国中医药现代远程教育, 2024, 22(08): 98-101.
- [10] 安慧颖, 雷雷, 蒋秋焕. 耳穴贴压联合低频电刺激疗法改善胃肠道肿瘤病人化疗不良反应的效果 [J]. 护理研究, 2023, 37(03): 548-553.
- [11] 赵耀东, 韩豆瑛, 徐燕. 耳穴放血疗法的临床应用研究进展 [J]. 甘肃中医药大学学报, 2016, 33(06): 80-83.
- [12] 张维维, 吕燕, 郭敬, 白杨. 耳尖放血疗法的研究现状 [J]. 中国中医基础医学杂志, 2024, 30(12): 112-115.
- [13] 多听音乐调脾健胃 [EB/OL]. 广州市中医院, 2019-08-06.
- [14] 卢小龙, 马春树, 张学义, 等. 音乐疗法治疗精神障碍: 如何从“通用性”走向“个性化” [J]. 协和医学杂志, 2024, 15(5): 541-551.
- [15] 中国中医科学院西苑医院. 胃脘痛(慢性胃炎)中医诊疗方案(2017年版) [EB/OL]. <https://www.yaopinnet.com/tools/linchuanglujing/zy/zy2017z00602.pdf>, 2017-6-2.
- [16] 弓艳霞, 唐艳萍, 郝旭雯, 等. 吐酸病患者中医情志辨证疗效的单中心回顾性研究 [J]. 中国中西医结合消化杂志, 2023, 31(07): 523-526.
- [17] 陈聪颖, 戴燕铃, 杨紫琳, 等. 五音疗法对卒中后相关功能障碍的康复护理研究进展 [J]. 中国民族民间医药, 2024, 33(09): 57-62.
- [18] 夏悦潇, 颜沁易, 石耘菡. 中医五行音乐疗法在偏头痛的现代应用分析 [J]. 中医学, 2025, 14(5): 1955-1960.
- [19] 王晓雯, 牛明了, 张龙江等. 三和散加减方联合八段锦治疗便秘型肠易激综合征肝郁气滞证的临床疗效 [J]. 中国中西医结合消化杂志, 2024, 32(02): 145-150.
- [20] 方秀秀, 王伟, 王广伟, 等. 八段锦在治未病中的研究进展 [J]. 中国疗养医学, 2023, 32(10): 1082-1085.
- [21] 刘静怡, 韩冰, 刘希桐, 王棚, 陈乾, 李鲜. 胃食管反流病中西医发病机制及药物治疗研究进展 [J]. 时珍国医国药, 2024, 35(03): 701-705.
- [22] 范美庆, 章静, 王超. 择时中药热奄包配合五音疗法治疗餐后不适综合征临床研究 [J]. 中医杂志, 2022, 63(9): 1234-1238.
- [23] 明爱红, 罗芬, 丁丽云, 韦韩萍, 王智慧, 林思慧, 杨云帆, 冯甜, 龙秀红. 耳部铜砭刮痧联合耳穴压豆对脾胃虚弱型耳鸣患者的影响 [J]. 护理实践与研究, 2024, 21(05): 662-667

*Note: Figure translations are in progress. See original paper for figures.*

*Source: ChinaXiv –Machine translation. Verify with original.*