Clinical Comparative Study on Massage Therapy and Cisapride in Treating Functional Dyspepsia

ZHANG Jia-fu(章家福), LIN Qiang(林强), LIU Hong-bo(刘洪波), ZHOU Ping(周萍)
First People's Hospital Affiliated to Shanghai Jiaotong University, Shanghai 200080, P. R. China

Abstract  Objective: To observe the clinical efficacy of massage therapy and Cisapride in the treatment of functional dyspepsia (FD). Methods: Eighty subjects were randomized into two groups: treatment group in which 40 cases were treated by massage therapy and control group in which 40 cases were treated by Cisapride, with a course of 4 weeks; meanwhile, another 40 healthy people were taken as normal group. Abdominal fullness, acid regurgitation, diminished appetite and anorexia, nausea and vomiting and health survey were observed; symptom scores were recorded. Results: These two treatment methods were effective for FD. Conclusion: Mental disorder is one cause of FD; massage therapy is quite effective for it.

Key Words  Dyspepsia; Tuina; Massage

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Clinical Data

1. Diagnostic Criteria
The diagnostic criteria for functional dyspepsia in Internal Medicine are as follows: a. Fullness and distention in the upper abdomen, belching and acid regurgitation, poor appetite and anorexia, nausea and vomiting, lasting for more than four weeks; b. Gastroscopy and enteroscopy finds no organic diseases in the stomach and intestine; c. No organic diseases in liver, gallbladder, pancreas and intestine; d. No diabetes mellitus, kidney diseases, connective tissue diseases and history of abdominal operation. Functional dyspepsia is categorized according to clinical feature into ulcerative type, gastric motility disorder type and nonspecific type.

2. Inclusive criteria
There is no surgical history in the abdomen and back. The patients understand treatment and test requests and agree to receive this research.
3. Exclusive criteria
Serious organic diseases of heart, lungs, liver and kidneys or ulcers; pregnant women and lactation women; additional medicines are used in this observation period.

4. Selection of subjects
The subjects included the FD patients in the First People's Hospital Affiliated to Shanghai Jiaotong University, and some healthy volunteers.

Eighty FD patients were collected and randomized into treatment group and control group, 40 cases in each group. Among 40 cases in treatment group, 18 cases were men and 22 cases were women; their ages were between 20-65 years old, averaging 41.2 ± 6.69 years; their duration was 16.7 ± 9.56 months. Of 40 cases in control group, 17 cases were men and 23 cases were women; their ages were between 23-60 years old, averaging 40.4 ± 7.32 years; their duration was 17.9 ± 9.09 months. There was no difference between these two groups in age, gender, disease severity and duration, indicating comparability between the two groups.

Forty people in normal group are healthy volunteers. Among them, 15 people were men and 25 people were women; their ages were between 22-60 years old, averaging 40.4 ± 9.02 years; they had no digestive symptoms and other general disorders.

Evaluation of Therapeutic Effects

1. Evaluation methods
The people in the three groups were required to fill out the health survey (SF-36)[4]. FD patients were additionally asked to fill in the symptom scales about four symptoms of fullness and distention in the upper abdomen, belching and acid regurgitation, poor appetite and anorexia, nausea and vomiting. Each symptom was graded into four levels in light of its severity: no point for no symptoms; one point for occasional light symptoms; two points for frequent symptoms affecting daily work and life; three points for persistent symptoms obviously affecting daily work and life. Total score (S) means the sum of the points of each symptom. The points of each symptom and total score of all symptoms were compared to evaluate the therapeutic effects.

2. Evaluation standards
According to the standard formulae, SF-36 health survey respectively calculates the scores of physical functioning (PF), role physical (RP), role emotional (RE), vitality (VT), mental health (MH), social functioning (SF), bodily pain (BP) and general health (GH). After four-week treatments, the therapeutic effects were evaluated. Clinical cure was defined as the clinical symptoms basically disappeared and S=0; marked effectiveness was defined as most symptoms disappeared and total score fell by 20%; effectiveness was defined as clinical symptoms were obviously abated and the total score fell by 60%; failure was defined as clinical symptoms were not improved and the total scores did not fall.

3. Data analysis
The data were expressed by means ± standard deviation. All the statistical analysis was done with SPSS10.0 for windows software.

4. Results
After treatment, the symptoms were all significantly improved in both groups (table 1), indicating

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<tr>
<th>Table 1. The total score of treatment group and control group</th>
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<tr>
<td>Group</td>
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<td>Treatment</td>
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<td>Control group</td>
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Note: compared with that before treatment, 1) P<0.001