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Paediatric Gastro-oesophageal Reflux Disease Managed With Acupuncture and Chinese Herbal Medicine: A Case Report

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Abstract

Background: Paediatric gastro-oesophageal reflux disease (GERD) may persist beyond infancy despite conventional management. In traditional acupuncture theory, reflux beginning in infancy may reflect disruption of regulatory systems, including the Ren Mai.

Case description: A 10-year-old girl presented with reflux since infancy, including nocturnal reflux, postprandial regurgitation three to four times weekly, vomiting, and sleep disturbance requiring positional elevation. Birth history included placental abruption, emergency caesarean section, continuous positive airway pressure (CPAP), neonatal antibiotics, and prolonged hospitalisation. Endoscopy showed mild reflux-related changes. Proton pump inhibitors had provided limited sustained benefit.

Intervention: A meridian therapy root treatment supporting the Lung, Spleen, and Stomach channels was followed by six Ren Mai treatments, with moxibustion at each session to warm the middle jiao. Ban Xia Xie Xin Tang granules were prescribed for epigastric heat–cold clumping, with dietary guidance emphasising warm, moist foods and daily bone broth.

Outcomes: After the first treatment, nocturnal reflux, postprandial vomiting, and abdominal discomfort resolved, and she slept without positional elevation. After seven treatments, symptoms were largely absent. At 12-month follow-up, the patient remained symptom-free apart from mild flares with richer foods, which she self-managed through diet. At 24 months, reflux was less but flared with stress and certain foods.

Brigitte Linder



Brigitte Linder is a registered Chinese medicine practitioner with over 20 years of clinical experience in acupuncture and Chinese herbal medicine. Her clinical work is grounded in careful observation, reflective practice, and patient-centred care, with particular interest in complex, chronic, and multi-system presentations. She values case reporting as a means of articulating clinical reasoning, supporting professional learning, and contributing practice-based knowledge to the field. Alongside her clinical practice, Brigitte is currently a PhD candidate at Western Sydney University, where her research explores the role and value of structured case reports in Traditional East Asian Medicine.

Conclusion: Meridian therapy root treatment followed by Ren Mai regulation, combined with Chinese herbal medicine and dietary modification, may benefit children with persistent GERD beginning in infancy.

Keywords: gastro-oesophageal reflux disease; paediatric; acupuncture; Chinese herbal medicine; case report

Introduction

Gastro-oesophageal reflux (GOR), the passage of gastric contents into the oesophagus with or without regurgitation or vomiting, is common in infancy, affecting at least 40–65% of otherwise healthy infants, and typically resolves within the first year of life (Royal Children's Hospital Melbourne, 2026). Gastro-oesophageal reflux disease (GERD) occurs when reflux causes troublesome symptoms or complications (Rosen et al., 2018), and persistent symptoms beyond infancy warrant assessment to distinguish GERD from other gastrointestinal conditions. The prevalence of paediatric GERD in Australia is uncertain; a national general practice survey recorded GERD in 0.5% of consultations involving infants younger than 12 months (Bell et al., 2018), though this reflects consultations rather than population prevalence. Older children may report heartburn, epigastric pain, nausea, or dysphagia. Management includes age-appropriate feeding and dietary modifications, caregiver education, and, when indicated, proton pump inhibitors (PPIs). Treatment response varies, and persistent symptoms require reassessment (Rosen et al., 2018). Limited response to conventional treatment in some children supports investigating additional approaches, although evidence for acupuncture and Chinese herbal medicine in paediatric GERD remains insufficient.

In traditional East Asian medicine (TEAM), reflux is understood primarily as the failure of Stomach qi to descend, with disharmony involving the Spleen, Stomach, and Liver; pattern differentiation may identify combinations of qi deficiency, stagnation, dampness, heat, or yin deficiency (Maciocia, 2015). In persistent presentations beginning in infancy, constitutional factors may also inform assessment. The eight extraordinary vessels provide a complementary framework for understanding constitutional resources, nourishment, and physiological regulation (Matsumoto & Birch, 1986).

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The Ren Mai, the Sea of Yin, is associated with nourishment and constitutional development, and its relationship with the Du and Chong Mai and its abdominal and thoracic course provide a rationale for considering it in longstanding digestive symptoms. Cecil-Sterman (2013) emphasises the significance of birth in Ren Mai theory.

This case report presents a 10-year-old girl with gastro-oesophageal reflux since infancy, mild reflux-related findings on endoscopy, and limited, though sustained response to PPIs. It examines the reasoning behind meridian therapy followed by Ren Mai acupuncture, alongside Chinese herbal medicine and dietary modification, in light of her complex birth history, and how meridian therapy and extraordinary vessel theory integrate with Chinese medicine pattern differentiation.

Case Description

A 10-year-old girl presented with gastro-oesophageal reflux dating from infancy. The primary complaint was reflux before sleep with frequent postprandial regurgitation, present "for as long as she could remember." She vomited small amounts of partially digested food after the evening meal three to four times per week and slept on two pillows to elevate her chest. She rated symptom severity at 3/5 for reflux-related discomfort, 2/5 for vomiting, and 2/5 for abdominal pain.

Several times a year, she woke at night and vomited a large bolus of undigested food, usually after high-fat evening meals. Abdominal pain was prominent earlier in childhood but had reduced with age.

Perinatal and Early Medical History

Placental abruption led to an emergency caesarean section under general anaesthesia. The mother recalled a low Apgar score, although the numerical value was unavailable. The patient required continuous positive airway pressure (CPAP) for the first 24 hours of life, along with intravenous antibiotics. She remained in hospital for approximately eight days, including four to five days in the special-care nursery.

In early childhood, she had hyperreflexia of the hands and received occupational therapy. Otherwise, she was generally well and resilient, with only common childhood illnesses.

She was breastfed for approximately six months, directly and with expressed milk by bottle, then formula fed until 1 year of age. Baby-led weaning began at approximately 5 months.

The mother found the early postnatal period emotionally challenging because of the emergency birth, though the child's physical and emotional health stabilised thereafter, with an emphasis on regular movement, nutritious food, and strong family connection.

Current Systems Review

Bowel movements were daily and well formed, appetite was good, and thirst was normal. She slept from approximately 21:00 to 07:00 but moved frequently and would "wiggle" in bed. Energy was lower in the morning and higher in the evening, and she stayed awake easily at night.

She tended to feel warm and had sweaty hands and feet. Fevers were infrequent and mild. She had no history of recurrent ear infections or steroid use, and antibiotic exposure was limited to the neonatal period and one later course. Vaccinations were up to date, with no reported adverse reactions.

Psychosocial Context
The child participated regularly in netball, swimming, drama, trampoline play, and social activities with peers, and enjoyed both social engagement and solitary time.

Her sibling occasionally complained of unpleasant breath, which the parents associated with reflux episodes.

Clinical Findings
At the initial consultation, the pulse was thin, tight, and fast, with the Lung position weak and the Liver moderate. The tongue was pale red with no coat, and the lips were red.

Diagnostic Assessment

A paediatric gastroenterologist had investigated the reflux. Upper endoscopy at age 9 showed mild reflux-related changes, including mild oesophageal irritation, and biopsies were negative. At times, gastric emptying appeared delayed, with episodes of vomiting partially digested food.

She had taken esomeprazole over several years, and occasionally pantoprazole, with limited sustained benefit. At presentation, she was not taking any prescribed medications, supplements, or herbal medicines. A barium swallow had been discussed, but the family paused further biomedical testing to explore acupuncture, feeling they had reached the limits of conventional management.

The pulse indicated a primary Lung pattern according to meridian therapy, so the first treatment addressed the Lung and Spleen primary channels. Because the reflux had begun in infancy, the eight extraordinary vessels were identified as a focus for subsequent treatments. In the classical tradition, these vessels are not addressed at the first consultation because they are understood to work more deeply, at the yuan level and with the patient's jing. Treatment therefore began gently with the primary channels, allowing the practitioner to observe the patient's response before progressing to this deeper level.

Given the emergency birth (placental abruption, neonatal respiratory support, and early antibiotic exposure) and persistent digestive and respiratory symptoms, the practitioner focused on early developmental regulation and the Ren Mai. She chose acupuncture to regulate the Ren Mai, along with Chinese herbal medicine and dietary therapy.

The presentation suggested a mixed cold–heat pattern with focal clumping in the middle jiao, characterised by nocturnal regurgitation when lying supine, intermittent epigastric burning, a red tongue, and sensations of internal heat at night. Ban Xia Xie Xin Tang was prescribed to harmonise the middle jiao, resolve cold–heat disharmony, and restore the descent of Stomach qi.

Therapeutic Interventions

A practitioner with over 20 years of clinical experience in TEAM provided treatment. The initial treatment supported the Lung, Spleen, and Stomach primary channels to strengthen qi regulation, harmonising the Stomach channel to address rebellious qi manifesting as reflux and postprandial regurgitation.

Needles were retained for 10 minutes in primary channel treatments and 20 minutes in Ren Mai treatments. Japanese-style silicone-coated needles (AcuGlide 0.14 × 30 mm) were used for the initial meridian therapy treatment, and classical-style uncoated needles (Vinco 0.18 × 25 mm) were used for the Ren Mai treatments. Moxibustion was applied at each session to warm the

middle jiao, given the concurrent heat and cold clumping in the epigastrium. Extra Pure Wakakusa Grade Moxa Punk (MX20B) was used for cone moxa, Ibuki super pure gold grade (MX20C) for rice grain moxa, and smokeless moxa rolls by Wuuan Jiutio were also used. The patient was supervised continuously, with checks for heat sensation and comfort.

Ban Xia Xie Xin Tang granules (Empirical Health) were administered after the first treatment. The label lists prepared pinellia rhizome (ban xia (jiang zhi)), Chinese skullcap root (huang qin), white ginseng root (ren shen (bai)), dried ginger (gan jiang), prepared liquorice root (gan cao (zhi)), jujube fruit (da zao (hong zao)), and coptis rhizome (huang lian), in a base of maltodextrin from non-GMO corn; the concentration ratio is not stated. The label dose is 1 tsp (~5 g) of granules dissolved in a cup of warm water twice daily; the paediatric dose was ½ tsp in the morning and at night, until further notice. The formula and dose did not change. The patient started the herbs a week after her first acupuncture session and had finished 100 g by the seventh treatment, after which she took no more.

Table 1

Treatment, Findings, Rationale, and Outcomes by Visit

Visit	Treatment	Tongue and pulse	Rationale	Patient-reported outcome
1 Week 1	Meridian Therapy root treatment Points: right LU9 (Taiyuan), tonify; right SP3 (Taibai), tonify; right ST44 (Neiting), even Moxa: direct rice-grain moxa (tōnetsukyū), 15 cones at CV12 (Zhongwan), with Shiunko ointment as a burn precaution and to help the cones adhere Depth and timing: 1 mm; acupuncture 10 min; moxibustion 15 min After treatment: sticker pin retained at left ST44 (Neiting) Herbs and diet: Ban Xia Xie Xin Tang posted to the patient; dietary advice given (see text)	Tongue: pale red, no coat; red lips Pulse: thin, tight, fast; Lung down, Liver even	Meridian Therapy root treatment for the Lungs, based on her pulse. In the practitioner's view, her "broken sequence" from womb to life was longer than the average child's: her yang could not take over, as she needed 24 hours of CPAP to breathe. Improving her yang, so it would be even and not flare up as reflux, meant addressing her yin. Focus on the Spleen, Stomach, and Lungs. Ren Mai noted for the following week, as the eight extraordinary vessels are customarily not treated in a first session; the primary channels come first (S. Tuten, personal communication, 2025). Herbs to resolve epigastric heat–cold clumping; diet to support middle jiao function (see text).	No reflux before sleep (0/5) No vomiting of partially digested food (0/5) No abdominal discomfort (0/5) Sleep onset easier, without positional modification; stress tolerated without gastrointestinal symptoms Herbs started a week later and taken when she or her parents remembered; more consistent with diet modifications
2 Week 2	Ren Mai treatment begins Points: right LU7 (Lieque), CV2 (Qugu), CV11 (Jianli), CV12 (Zhongwan), CV13 (Shangwan), CV18 (Yutang) Moxa: chinetsukyū, 8 cones at CV8 (Shenque) Herbs: Ban Xia Xie Xin Tang started	Tongue: not recorded Pulse: thin, tight, fast	Harmonise the Ren Mai to support longer-term regulation of digestion and yin function, which would also stabilise her yang. In the practitioner's view, improving the yin allows the yang to be anchored. Ren Mai cycle for adults: 12 weeks in total; weekly for 4 weeks, then fortnightly for 2 weeks, then once 4 weeks after that; 7 treatments in total. Adapted here around the holidays: weekly for 4 weeks, once 4 weeks later, then 2 treatments before school went back.	No reflux (0/5) in a stressful week No sore tummy (0/5) Burping lots Good at taking bone broth and liked it; herbs taken more sporadically
3 Week 3	Points: right LU7 (Lieque), CV2 (Qugu), CV10 (Xiawan), CV11 (Jianli), CV12 (Zhongwan), CV18 (Yutang) Moxa: chinetsukyū, 8 cones at CV8 (Shenque)	Tongue: moist, good pink colour, redder tip Pulse: not recorded	Continued Ren Mai protocol. Herbs continued to help clear the rich food of the Christmas period.	One bout of indigestion (1/5), followed by a hot flush, after eating and then jumping on the trampoline No reflux before sleep (0/5)
4 Week 4	Points: right LU7 (Lieque), tonify; CV2 (Qugu), CV10 (Xiawan), CV11 (Jianli), CV14 (Juque), CV17 (Shanzhong), CV19 (Zigong) Moxa: chinetsukyū, 5 cones at CV8 (Shenque)	Not recorded	Continued Ren Mai protocol.	No reflux during the day (0/5) or before sleep (0/5)
5 Week 8	Points: right LU7 (Lieque), CV2 (Qugu), CV12 (Zhongwan), CV16 (Zhongting), CV18 (Yutang) Moxa: chinetsukyū, 7 cones at CV8 (Shenque)	Tongue: pink, red tip, no coat, slightly dry Pulse: moderate to slightly fast; wider and fuller than before	Continued Ren Mai protocol.	Reflux twice (1/5) after excessive indulgence on New Year's Eve No reflux before sleep (0/5) Herbs taken less regularly over the holidays
6 Week 10	Points: left LU7 (Lieque), CV2 (Qugu), CV3 (Zhongji), CV11 (Jianli), CV12 (Zhongwan), CV17 (Shanzhong), CV19 (Zigong), CV23 (Lianquan) Moxa: chinetsukyū, 8 cones at CV8 (Shenque)	Tongue: red, deeper red tip, no coat, a bit dry Pulse: thin, tight, and deep on the left; floating more to the surface on the right	Tongue change put down to less bone broth and more rich food over the Christmas holidays. Pulse change read as the Ren Mai being more balanced and no longer sitting deeply at the yuan level. Continued Ren Mai protocol.	Reflux twice (1/5): after coconut ice cream, and after a chalky supplement tablet that came back up No reflux going to sleep (0/5) Herbs taken only twice while away on holiday
7 Week 11	Points: CV2 (Qugu), CV7 (Yinjiao), CV10 (Xiawan), CV12 (Zhongwan), CV14 (Juque), CV18 (Yutang), CV19 (Zigong) Moxa: moxa stick at CV8 (Shenque) and CV12 (Zhongwan), 5 min each Herbs: 100 g finished by this treatment; not continued	Tongue: red body, red spots, thin white coat Pulse: fast, slightly tight, left stronger than right; Lung low, Spleen low	Tongue changes read as heat expressing after the holiday period. With the Lungs and Spleen deficient, the practitioner completed the Ren Mai treatment, which would support the Lung and Spleen primary channels.	Reflux after a lunch of raw vegetables (1/5), with no tummy pain (0/5) No reflux before bed (0/5) After seven treatments: increased morning energy, brighter affect, absent reflux before sleep, and improved confidence; gastrointestinal symptoms no longer a prominent concern in daily life
12-month follow-up				Largely symptom-free Mild recurrence over the Christmas holidays, with richer foods and stress about starting high school; self-managed through dietary modification, with no return to previous severity or functional impairment Previously, reflux lasted all night and affected her sleep; now, if it happens, it repeats a few times, then stops
24-month follow-up				Reflux is less but flares up with stress and certain foods, which the patient can now recognise

Note. Visit 1 used Japanese-style silicone-coated needles (AcuGlide 0.14 × 30 mm). Visits 2 to 7 used classical-style uncoated needles (Vinco 0.18 × 25 mm), retained 20 min, with vibration technique and deep needling. In the vibration technique, the practitioner slowly ran her finger down the uppermost third of the needle so that it vibrated delicately, a very subtle stimulation to access the jing at the yuan level. Deep needling on a child is energetic rather than physical: the practitioner intended to reach the jing level while needling only to the patient's comfort, which differed each week; depth ranged from 1 to 5 mm by location, and point-specific depths were not recorded. Moxa cones were applied once the needles were in. Ban Xia Xie Xin Tang (½ tsp morning and night) was taken from Week 2 to Week 11 with no changes to the formula or dose. Symptom scores in parentheses are patient-rated on a scale of 0 to 5. CPAP = continuous positive airway pressure; CV = Conception Vessel; LU = Lung; SP = Spleen; ST = Stomach.

Advice and Precautions

Dietary advice was introduced at the first appointment: transition to warm, moist foods, including porridge instead of cereal with cold milk, miso soup,

and bone broth made from plain beef concentrate at least once a day, if not twice. The guidance aimed to support middle jiao function, increase digestive fluids, and moderate internally generated heat associated with impaired transformation and transportation. The patient and her mother began making the changes during the first week. The patient found the transition manageable, incorporating bone broth before and after school and changing to warm, moist breakfasts. Lunches remained largely unchanged, while dinners were adapted to include more stews, curries, and casseroles where possible.

Outcomes

After the first treatment, the patient reported complete resolution of reflux before sleep (0/5) and cessation of vomiting partially digested food (0/5). Sleep onset became easier and no longer required positional modification, digestive-related abdominal discomfort resolved (0/5), and she tolerated stress without exacerbation of gastrointestinal symptoms. Over the following weeks, reflux before sleep did not recur (0/5); mild episodes (1/5) followed excessive indulgence on New Year's Eve, coconut ice cream, a chalky supplement tablet, and a lunch of raw vegetables. By Week 8 the pulse was wider and fuller, and at Week 10 the practitioner noted the Ren Mai as more balanced and no longer sitting deeply at the yuan level. After seven treatments, she had increased morning energy, brighter affect, and improved confidence, and gastrointestinal symptoms were no longer a prominent concern in daily life.

At 12-month follow-up, the patient remained largely symptom-free. A mild recurrence during the Christmas holiday period coincided with richer foods and stress about starting high school. It was self-managed through dietary modification, with no return to previous severity. Previously, reflux lasted all night and disturbed her sleep; now it has recurred a few times and then stopped. At the 24-month follow-up, the reflux was less but flared with stress and certain foods, which she can now recognise.

The patient was more consistent with the diet modifications than with the herbs, which she took when she or her parents remembered. She found the sessions a little scary at first and did not like some of the needles. There were no adverse events associated with treatment.

Discussion

Reflux beginning in infancy and persisting through childhood prompted consideration of an underlying extraordinary vessel pattern alongside a meridian therapy root of Lung pattern with Spleen and Stomach disharmony. Persistent reflux in children warrants assessment for GERD and alternative diagnoses, particularly when response to acid suppression is limited (Rosen et al., 2018).

Here, investigations showed mild reflux-related changes, and repeated PPI trials provided limited but sustained benefit, supporting a broader Chinese medicine interpretation of the patient's condition.

Meridian therapy root treatment at the initial appointment addressed the imbalance in the primary channels, the appropriate level to treat at a first appointment. Her symptoms disappeared completely after that appointment, in the week dietary changes began, and a week before she started the herbs. The eight extraordinary vessels were used in the following treatments because the condition had begun in infancy, and these channels are indicated for issues that begin at that stage of life.

Matsumoto and Birch (1986) describe the clinical applications of the eight extraordinary vessels, and Maciocia (2006) emphasises their relationship with Kidney jing. The Ren, Du, and Chong Mai share a common origin and are closely associated with constitutional development. The Ren Mai was considered particularly relevant because the patient's symptoms began during the transition from intrauterine nourishment to independent feeding.

Cecil-Sterman (2013) describes birth as a significant transition in Ren Mai functioning and emphasises the importance of the birth environment. The patient's complicated birth, including a delayed respiratory transition requiring CPAP, therefore informed the hypothesis of Ren Mai disturbance rather than continued primary channel treatment alone. This association, however, is theoretical, and does not establish that the birth complications caused the patient's reflux. The Ren Mai's designation as the Sea of Yin and its abdominal and thoracic course provided an additional channel-based rationale for selecting it.

Also, the failure of Stomach qi to descend remained central to the digestive presentation. The Chong Mai was also considered because of its constitutional associations and traditional relationship with rebellious Stomach qi (Maciocia, 2015). The Ren Mai was prioritised because of the circumstances surrounding birth, but an earlier constitutional disturbance could not be excluded, so the Chong Mai remained a possible alternative.

Whether continuing meridian therapy alone would have had a similar outcome is unclear. In the practitioner's 20 years of clinical experience, primary channel treatments alone do not always yield long-term results. She therefore chose to treat the most appropriate extraordinary vessel from the second treatment onwards, given the patient's birth history and weekly reflux since infancy.

The thin, rapid pulse contributed to the assessment but was not independently diagnostic of Ren Mai disturbance. Concurrent middle jiao disharmony was addressed with Ban Xia Xie Xin Tang, traditionally indicated for mixed cold–heat presentations with epigastric focal distension, vomiting, and digestive dysfunction (Bensky & Barolet, 1990). Research on this formula for GERD is limited by methodological weaknesses and insufficient high-quality evidence, particularly in children (Liu et al., 2022), so it was used based on Chinese medicine pattern differentiation rather than disease-specific effectiveness.

Herbal medicine was introduced one week after the first acupuncture treatment to support symptom management between consultations, particularly over the Christmas holiday period, when clinic attendance was less regular and dietary triggers more frequent. Because herbal treatment overlapped with acupuncture and adherence was inconsistent, its contribution cannot be separated from the other components of care.

The initial meridian therapy treatment drew on the practitioner's training with Paul Movsessian during Manaka Protocol training in 2005. It was selected as a gentle introduction to acupuncture for a child, consistent with her experience of using meridian therapy for abdominal pain. The extraordinary vessel approach followed Cecil-Sterman (2013), with treatment frequency and needle retention adapted to the patient's age, tolerance, family circumstances, and the time of year.

The dietary changes gave the patient and her mother an active role in managing her symptoms and formed an important component of treatment. The rapid improvement suggests the combined approach of acupuncture, herbal medicine, and diet changes was clinically useful in this case.

Limitations

As a single case report, the findings cannot establish causality or be generalised to other children with persistent reflux. Acupuncture, herbal medicine, and dietary modification were used concurrently, so improvement cannot be attributed to any individual intervention. Natural symptom fluctuations and other contributing factors cannot be excluded.

The proposed relationship between the birth history and Ren Mai disturbance is a Chinese medicine clinical interpretation rather than an independently verifiable mechanism. The outcome assessment also depends on the available symptom documentation and follow-up duration, which limits conclusions about treatment efficacy.

Patient Perspective

In the child's own words, two years after the initial treatment:
“The sessions were a little scary at first, but once I got to know Rebecca, I felt safe and calm. I liked how Rebecca provided privacy and trust and always respected my body. I liked how she made it a calming environment. I didn't like some of the needles. The reflux is less but does flare up with stress and certain foods, which I can now recognise.”

Conclusion

This case illustrates integrating extraordinary vessel theory with meridian therapy and Chinese medicine pattern differentiation in a child with longstanding reflux. The patient's complex birth history informed the selection of the Ren Mai after a meridian therapy root treatment; herbal treatment addressed concurrent digestive disharmony, and warm, moist foods and regular broth added to her inner resources. The improvement supports further investigation of this individualised approach but does not establish a causal relationship between birth complications, Ren Mai disturbance, and reflux resolution. Future research should examine the differential indications for Ren Mai, Chong Mai, and meridian therapy treatment, using clearly defined diagnostic criteria, validated outcome measures, and longer-term follow-up.

Informed Consent

The patient's mother provided written informed consent for the child's treatment and for publication of this case report, including anonymised clinical details. The child also agreed to be treated.

Statement of Safety

Acupuncture was delivered using age-appropriate techniques, needle retention, and close monitoring. No adverse events were reported.

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