



## Editorial



# The Evolving Paradigm of *Helicobacter pylori* Management: Insights from the Second Beijing Consensus on Holistic Integrative Medicine for the Management of *Helicobacter pylori*-associated “Disease-Syndrome”

Duowu Zou\*

Department of Gastroenterology, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Received: June 03, 2025 | Accepted: June 26, 2025 | Published online: June 30, 2025

*Helicobacter pylori* (*H. pylori*) infection represents one of the most prevalent bacterial infections worldwide, with global adult infection rates of approximately 43.9%, and 42.6% in mainland China.<sup>1</sup> Affecting over 4.4 billion individuals globally, it poses a significant public health burden. This infection is recognized as the primary etiological factor for gastritis, peptic ulcer disease, and gastric cancer. In 2018, nearly 800,000 new gastric cancer cases were attributable to this infection.<sup>2</sup> However, the current management of *H. pylori* infection faces substantial challenges: resistance rates to key antibiotics such as clarithromycin, metronidazole, and levofloxacin have exceeded 15% for both primary and secondary resistance<sup>3</sup>; eradication rates of standard triple therapy are declining<sup>4</sup>; and adverse drug reactions reduce patient adherence, further contributing to eradication failure and the emergence of refractory cases.

In response to these pressing challenges, Professor Fulian Hu and her team have led the development of the Second Beijing Consensus on Holistic Integrative Medicine for the Management of *Helicobacter pylori*-associated “Disease-Syndrome”.<sup>5</sup> The consensus aims to address critical gaps and unresolved issues in the management of refractory *H. pylori* infections. It offers renewed hope and practical solutions for patients who have failed conventional therapies, while also contributing to global gastric cancer prevention through improved eradication strategies.

The consensus is systematically structured around five interconnected core components that provide comprehensive clinical guidance: (1) a thorough analysis of the current challenges in *H. pylori* treatment in China, including rising antibiotic resistance and declining eradication rates; (2) the formal definition and classification of “refractory *H. pylori* infection”, accompanied by a differentiated management approach; (3) an emphasis on the unique advantages of integrative medicine, balancing antimicrobial efficacy

with holistic regulation; (4) the development of a comprehensive, individualized assessment framework, incorporating gastric mucosal status, antibiotic resistance profiles, and patient compliance, to facilitate precise patient stratification; and (5) the proposal of three integrative therapeutic models grounded in syndrome differentiation and personalized treatment strategies. Throughout the consensus, a consistent emphasis is placed on the “disease-syndrome-individual” triad, reflecting the core philosophy of modern integrative medicine.

Compared to the inaugural 2018 version, this updated consensus achieves three major methodological and clinical breakthroughs: (1) a shift in focus from general patient populations to the targeted management of refractory cases, addressing a key gap in clinical practice; (2) the establishment of a systematic framework for individualized and holistic evaluation, providing a theoretical foundation for precision treatment; and (3) the introduction of a three-phase therapeutic strategy, “state-target-syndrome-guided intervention”, which integrates pathological state identification, targeted therapy, and syndrome-based regulation. This model emphasizes both symptom resolution and long-term disease modification. Collectively, the consensus refines clinical practice pathways and provides a structured framework for the application of integrative care in *H. pylori* management, offering new insights into personalized approaches tailored to the Chinese healthcare context.

The consensus is fundamentally grounded in the principles of holistic integrative medicine, achieving seamless organic integration of “state regulation” and “targeted therapy”. Traditional Chinese medicine (TCM) emphasizes “state regulation”, aiming to improve symptoms and clinical signs through comprehensive restoration of the body’s homeostasis and internal physiological balance. In the management of *H. pylori* infection, TCM seeks to enhance the body’s innate resistance mechanisms and improve overall health status through evidence-based interventions such as spleen–stomach conditioning, heat-clearing and detoxification, and blood-activating and stasis-resolving methods.<sup>6</sup> These approaches focus on optimizing the host immune response and creating an internal environment less conducive to bacterial persistence. Western medicine, by contrast, focuses on “targeted therapy”, emphasizing direct pathogen elimination through precise antimicrobial interventions designed to rapidly and effectively resolve

\*Correspondence to: Duowu Zou, Department of Gastroenterology, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, 197 Ruijin II Road, Shanghai 200025, China. ORCID: <https://orcid.org/0000-0002-2461-5304>. Tel: +86-021-6437 0045-600936, E-mail: [zdwjxh66@sjtu.edu.cn](mailto:zdwjxh66@sjtu.edu.cn)

How to cite this article: Zou D. The Evolving Paradigm of *Helicobacter pylori* Management: Insights from the Second Beijing Consensus on Holistic Integrative Medicine for the Management of *Helicobacter pylori*-associated “Disease-Syndrome”. *Cancer Screen Prev* 2025;4(2):65–66. doi: 10.14218/CSP.2025.00013.

infectious processes at the molecular level. The strategic combination of TCM's holistic conditioning approaches with Western medicine's precision treatment creates a synergistic therapeutic framework that enables more individualized, systematic, and clinically effective treatment strategies.

Robust clinical evidence from multiple controlled studies demonstrates that combined TCM–Western medicine protocols achieve *H. pylori* eradication rates of 92.1%, with significantly reduced adverse reactions compared to conventional monotherapy approaches,<sup>7</sup> providing a promising “Chinese solution” to the global antibiotic resistance crisis and providing sustainable alternatives to traditional treatment paradigms that rely heavily on antimicrobial agents.

The Second Beijing Consensus, led by Professor Hu, represents an important advancement in the evolving landscape of *H. pylori* management in China. It reflects a strategic shift from exclusively antibiotic-centered approaches toward more holistic, patient-oriented treatment models grounded in integrative medicine. By bridging traditional Chinese medical principles with modern biomedical practices, the consensus offers a structured framework for optimizing clinical outcomes. Notably, it outlines practical strategies to enhance treatment efficacy while reducing reliance on broad-spectrum antibiotics and contributes to the growing body of evidence supporting the integration of traditional medicine within contemporary, evidence-based healthcare systems.

The publication of this consensus represents meaningful progress in the clinical management of *H. pylori*. Beyond treatment methodologies alone, it contributes scientifically grounded evidence supporting the potential of integrative medicine to address complex medical challenges. By harmonizing diverse medical traditions, particularly traditional Chinese and Western medicine, with contemporary scientific approaches and emerging technologies, the consensus highlights a promising direction for future innovation in patient-centered care. This milestone is expected to inspire clinicians and researchers worldwide to explore integrative medicine further, setting new standards for *H. pylori* management and offering a replicable model for integrative approaches across other disease domains (Fig. 1).

## Acknowledgments

The author thanks Ruijin Hospital for the guidance and support.

## Funding

None.

## Conflict of interest

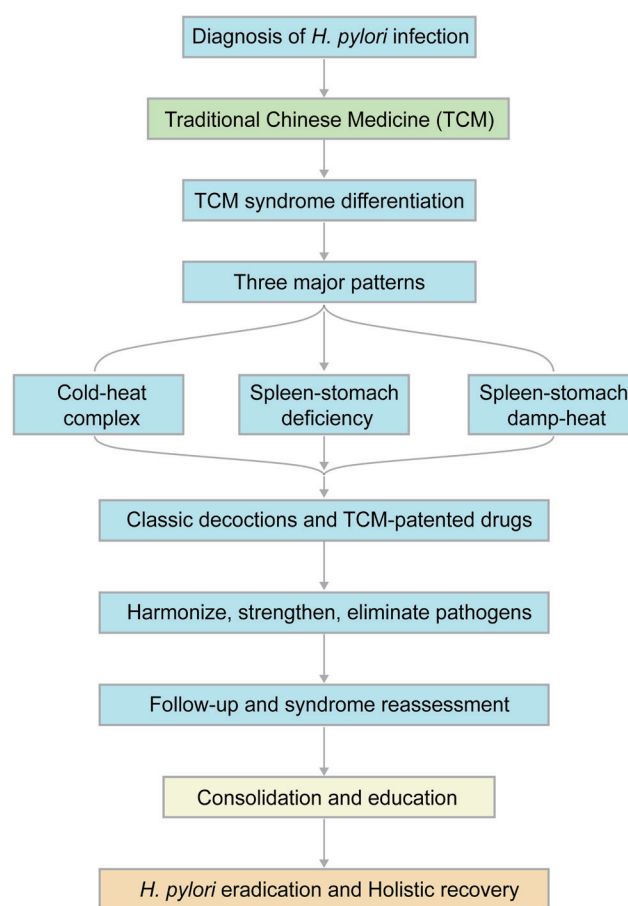
The author serves as an Editorial Board member of *Cancer Screening and Prevention*.

## Author contributions

DZ is the sole author of the manuscript.

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**Fig. 1. Schematic diagram of the Traditional Chinese Medicine (TCM) diagnostic and therapeutic framework for *Helicobacter pylori* (*H. pylori*) infection.**

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