

Report of 2017 Holistic Integrative Gastroenterology (HIG) forum

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Nowadays, the Holistic Integrative Medicine (HIM) perspectives proposed by Chinese Academy of Engineering Academician Professor Daiming Fan have been increasingly recognized and extensively incorporated into medical practice (*Figure 1*) (1). The 2017 Chinese Congress of Holistic Integrative Medicine (CCHIM) was held in April 29, 2017 in Xi'an, China. A total of 52 academicians from the Chinese Academy of Sciences and Chinese Academy of Engineering, more than 200 University presidents or vice-presidents, and over 2,000 hospital presidents or vice-presidents participated in this congress. Notably, over 14,000 attendees from various subjects of medicine took part in 1 plenary lecture and 45 forums. The meeting report disseminates the major contents presented in the 2017 Holistic Integrative Gastroenterology (HIG) forum.

In the opening ceremony, Professor Kaichun Wu (State Key Laboratory of Cancer Biology & Xijing Hospital of Digestive Diseases, Fourth Military Medical University, Xi'an, China) (*Figure 2A*), who was the honorary president of 2017 HIG forum, was invited to introduce the progress of HIM and HIG.

Chinese Academy of Engineering Academician Professor Lanjuan Li (State Key Laboratory for Diagnosis and Treatment of Infectious Disease, The First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou, China) (*Figure 2B*), who also acted as the president of 2013 International Human Microbiome Consortium, summarized the research advances in the human microbiome, association of human microbiome with infective diseases, and impact of human microbiome on the development and management of liver diseases. She emphasized the characteristics of human gut microbiome



Figure 1 The founder of HIM, Professor Daiming Fan.

in liver cirrhosis, which were published in *Nature* by her team (2). These findings were very important to guide the diagnostic algorithm of liver cirrhosis by characterizing the gut microbiome.

Professor Xiaozhong Guo (Department of Gastroenterology, General Hospital of Shenyang Military Area, Shenyang, China) (*Figure 2C*), who served as the president of HIG, reported the relationship between gut microbiome and pancreatic diseases, which primarily includes acute pancreatitis, chronic pancreatitis, and pancreatic cancer. By comprehensively reviewing the current status in this topic, he proposed that oral and salivary microbiome imbalance might increase the risk of various pancreatic diseases and that probiotics might be effective for decreasing the risk of pancreatic diseases.

Professor Nonghua Lv (Department of Gastroenterology, The First Affiliated Hospital of Nanchang University,



Figure 2 Speakers in the HIG forum.

Jiangxi, China) (*Figure 2D*) reported the impact of helicobacter pylori infection on gastric and enteric microbiome and discussed the following major questions. (I) Is helicobacter pylori a component of normal flora in human beings? (II) Does helicobacter pylori infection lead to the gastric flora imbalance? (III) Does helicobacter pylori infection lead to the gut flora imbalance? (IV) Does helicobacter pylori eradication influence the gut flora? Based on the evidence based recommendations from the Kyoto global consensus and Maastricht V consensus on helicobacter pylori (3,4), she pointed out that helicobacter pylori eradication should be necessary, but may not influence the gut microbiome.

Professor Jianlin Ren (Department of Gastroenterology, Zhongshan Hospital, Xiamen University, Xiamen, China) (*Figure 2E*) reviewed the role of gut microbiome in human health, advances in the techniques of fecal microbiota preparation, and clinical applications and future directions of fecal microbiota transplantation. He also presented the benefits of fecal microbiota transplantation in inducing hepatitis B virus e-antigen clearance after long-term antiviral therapy, which were published in *Hepatology* by his team (5).

Professor Duowu Zou (Department of Gastroenterology, Changhai Hospital, Second Military Medical University, Shanghai, China) (*Figure 2F*) summarized the definition, epidemiology, pathogenesis, clinical presentations, laboratory tests, endoscopic findings, diagnostic criteria, and treatment strategy of antibiotics related diarrhea, which is also called

as pseudomembranous enteritis. He also highlights the use of probiotics and fecal microbiota transplantation in the management of antibiotics related diarrhea.

Professor Xin Wang (State Key Laboratory of Cancer Biology & Xijing Hospital of Digestive Diseases, Fourth Military Medical University, Xi'an, China) (*Figure 2G*), who served as the executive president of 2017 HIG forum, reported the current perspectives on the management of colorectal cancer. He concluded that endoscopic screening could maximize the findings of early colonic cancer and the improvement of survival and that multidisciplinary team should be established to refine the management of advanced colorectal cancer.

In conclusion, the 2017 HIG forum focused on the role of gut microbiome in digestive diseases and highlighted the importance of HIM perspectives in the management of digestive diseases. As said by Professor Xiaozhong Guo, we are witnessing the spring of HIG and expecting its fruitful autumn.

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Footnote

Conflicts of Interest: The authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org>).

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References

1. Fan D. Holistic integrative medicine: toward a new era of medical advancement. *Front Med* 2017;11:152-9.
2. Qin N, Yang F, Li A, et al. Alterations of the human gut microbiome in liver cirrhosis. *Nature* 2014;513:59-64.
3. Sugano K, Tack J, Kuipers EJ, et al. Kyoto global consensus report on *Helicobacter pylori* gastritis. *Gut* 2015;64:1353-67.
4. Malfertheiner P, Megraud F, O'Morain CA, et al. Management of *Helicobacter pylori* infection—the Maastricht V/Florence Consensus Report. *Gut* 2017;66:6-30.
5. Ren YD, Ye ZS, Yang LZ, et al. Fecal microbiota transplantation induces hepatitis B virus e-antigen (HBeAg) clearance in patients with positive HBeAg after long-term antiviral therapy. *Hepatology* 2017;65:1765-8.