



HOMOEOPATHIC TREATMENT OF DYSPEPSIA: A CASE REPORT

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ABSTRACT: According to the definition Dyspepsia is a group of symptoms of Gastro duodenal region i.e. early satiation, postprandial fullness, epigastric pain or burning.

In organic (Ulcerative) Dyspepsia needs laboratory investigation to find underlying cause, where as Non-Ulcer Dyspepsia (Functional) is having no underlying cause.

In India 7.6 to 49% of population report dyspeptic Symptoms and Prevalence of dyspepsia is about 20-30% worldwide. Most prevalence studies in community report prevalence of UD (Undiagnosed dyspepsia), it is still reasonable to accept that majority of dyspeptic patients have FD (Functional Dyspepsia) as organic causes are quite uncommon.

KEYWORDS: Dyspepsia, Indigestion, Homoeopathy, Homoeopathic medicine.

INTRODUCTION:

DYSPEPSIA is a collective description of a variety of gastrointestinal symptoms.

- Upper abdominal pain, related or unrelated to food, Gastro- oesophageal reflux and heartburn ,Anorexia, nausea & vomiting, Early repletion or satiety after meals, Feeling of abdominal distension or bloating, Flatulence (burping ,belching)and aerography .
- Organic dyspepsia means clinical and laboratory investigation indicate an underlying organic disease that is likely to be the cause of symptoms .Ulcer dyspepsia is one form of organic dyspepsia where dyspeptic symptoms are associated with peptic ulcer.
- Non-ulcer dyspepsia (functional dyspepsia) is dyspepsia for which no cause can be found.

- Flatulent dyspepsia is usually occurs due to a functional disorder, where dyspeptic symptoms like early satiety , flatulence ,bloating and belching predominate.⁽¹⁾

EPIDEMIOLOGY OF THE STUDY:

It was found that 7.6 to 49% of Indian population report dyspeptic symptoms⁽²⁾.

Dyspepsia is a condition of great clinical significance as large Proportion of patients visiting gastroenterology clinics all over have dyspepsia. Prevalence of dyspepsia is about 20-30% worldwide. Although most prevalence studies in community report prevalence of UD (Undiagnosed dyspepsia), it is still reasonable to accept that majority of dyspeptic patients have FD (Functional Dyspepsia) as organic causes are quite uncommon. Therefore, from the limited data available, it may be concluded that 7.6 to 49% of Indian population report dyspeptic symptoms. However, in none of these studies, currently accepted criteria such as Rome criteria, were used to diagnose FD (Functional Dyspepsia)⁽³⁾.

CLINICAL FEATURES:

Indigestion, also known as **dyspepsia** or **upset stomach**, is a condition of impaired

digestion. Symptoms may include upper abdominal fullness ,heartburn , belching, or upper abdominal pain.⁽⁴⁾ bloating, early satiety ,postprandial fullness, nausea with or without vomiting, anorexia, regurgitation, Belching⁽⁴⁾. Burning in the upper abdomen.⁽⁵⁾Acidic taste,Growling stomach⁽⁶⁾

Causes

Indigestion has many possible causes. Often, indigestion is related to lifestyle and may be triggered by food, drink or medication. Common causes of indigestion include:

- Overeating or eating too quickly,Fatty, greasy or spicy foods ,Too much caffeine, alcohol, chocolate or carbonated beverages ,Smoking ,Anxiety ,Certain antibiotics, pain relievers and iron supplements.

Sometimes indigestion is caused by other conditions, including:

- Inflammation of the stomach (gastritis),Peptic ulcers ,Celiac disease ,Gallstones ,Constipation ,Pancreas inflammation (pancreatitis),Stomach cancer ,Intestinal blockage ,Reduced blood flow in the intestine (intestinal ischemia) ,Diabetes ,Thyroid disease ,Pregnancy⁽⁵⁾

Diseases:

- Ulcers , GERD ,Stomach cancer (rare) ,Gastroparesis (a condition where the stomach doesn't empty properly; this often occurs in people with diabetes) ,Stomach infections ,Irritable bowel syndrome,Chronic pancreatitis.

Medications:

- Aspirin and other painkillers, such as NSAIDs like ibuprofen (Motrin, Advil), and naproxen (Naprosyn), Estrogen and oral contraceptives, Steroid medications, Certain antibiotics, Thyroid medicines

Lifestyle:

- Eating too much, eating too fast, eating high-fat foods, or eating during stressful situations, Drinking too much alcohol, Cigarette smoking, Stress and fatigue⁽⁶⁾
- Acute, self-limited *dyspepsia* may be caused by overeating, eating too quickly, eating high-fat foods, eating during stressful situations, or drinking too much alcohol or coffee⁽⁴⁾.
- Potential lifestyle factors associated with dyspepsia include tobacco, alcohol, and analgesic consumption. Furthermore, dietary habits that include consumption of smoked food, fast food, salty food, coffee/tea, and spicy food were associated with aggravating the symptoms of dyspepsia; while fruits, vegetables, and water were noted to improve the symptoms⁽⁷⁾.

***Helicobacter pylori* infection**

The role of *Helicobacter pylori* in functional dyspepsia is controversial, and no clear causal relationship has been established. This is true for both the symptom profile and pathophysiology of functional dyspepsia. Although some epidemiologic studies have suggested an association between *H. pylori* infection and functional dyspepsia, others have not⁽⁴⁾.

DIAGNOSIS:

- People under 55 years without alarm symptoms can be treated without investigation⁽⁸⁾.
- People over 55 years with recent onset dyspepsia or those with alarm symptoms should be urgently investigated by upper gastrointestinal endoscopy. This will rule out peptic ulcer disease, medication-related ulceration, malignancy and other rarer causes⁽⁸⁾.
- People under the age of 55 years with no alarm features do not need endoscopy but are considered for investigation for peptic ulcer disease caused by *Helicobacter pylori* infection. Investigation for *H. pylori* infection is usually performed when there is a moderate to high prevalence of this infection in the local community or the person with dyspepsia has other risk factors for *H. pylori* infection, related for example to ethnicity or immigration from a high-prevalence area. If infection is confirmed, it can usually be eradicated by medication⁽⁴⁾.

- Your doctor is likely to start with a health history and a thorough physical exam. Those evaluations may be sufficient if your indigestion is mild and you're not experiencing certain symptoms, such as weight loss and repeated vomiting.
- But if your indigestion began suddenly, and you are experiencing severe symptoms or are older than age 55, your doctor may recommend:
 - **Laboratory tests**, to check for anemia or other metabolic disorders.
 - **Breath and stool tests**, to check for *Helicobacter pylori* (*H. pylori*), the bacterium associated with peptic ulcers, which can cause indigestion.
 - **Endoscopy**, to check for abnormalities in your upper digestive tract, particularly in older people with more persistent symptoms. A tissue sample (biopsy) may be taken for analysis.
 - **Imaging tests (X-ray or CT scan)**, to check for intestinal obstruction or another issue.⁽⁵⁾

COMPLICATIONS:

Esophageal stricture

Persistent exposure to stomach acid can cause scarring in the upper gastrointestinal tract. The tract can become narrow and constricted, causing difficulty with swallowing and chest pain. Surgery may be necessary to widen the esophagus.

Pyloric stenosis

In some cases, stomach acid can cause long-term irritation of the pylorus, the passage between the stomach and the small intestine. If the pylorus becomes scarred, it can narrow. If that happens, a person may not be able to digest food properly, and they may need surgery.

Peritonitis

Over time, stomach acid can cause the lining of the digestive system to break down, leading to an infection called peritonitis. Medication or surgery may be necessary.⁽⁹⁾

Dyspepsia diet

Dietary choices may help manage indigestion.

Tips include Trusted Source:

- following a healthful, balanced diet, limiting the intake of spicy and fatty foods, limiting caffeine and alcohol consumption, drinking water instead of sodas, avoiding acidic foods, such as tomatoes and oranges, Consuming four or five smaller meals per day instead of three larger ones can also help.⁽⁹⁾

Treatment and Management:

Lifestyle changes may help ease indigestion. Your doctor may recommend:

- Avoiding foods that trigger indigestion ,Eating five or six small meals a day instead of three large meals ,Reducing or eliminating the use of alcohol and caffeine, Avoiding certain pain relievers, such as aspirin, ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve), Finding alternatives for medications that trigger indigestion, Controlling stress and anxiety⁽⁵⁾.

HOMOEOPATHIC MEDICINES : Arsenicum album, Nux vomica, Carbo Vegetabilis, Pulsatilla, Natrum Carbonicum, Abies Nigra, Lycopodium , Sulphur, China, Hepar sulph, Natrum muriaticum, Phosphorus etc.

CASE REPORT:

A 32 years old female patient came to our Out Patient Department (OPD) in January 2021 with following complaints :

Pain in upper abdomen (epigastric region), Dull type of pain, < after eating oily , spicy foods, Early satiety, Nauseatic tendency , Stool not clear, Heavy feeling after eating , Fullness or bloating of abdomen .Heartburn .Duration: 2 months.

History of present complaints:

Family History: Father & Mother: Both are alive, Father suffering from constipation ,Mother is healthy .

Personal History: Patient by occupation doing job, always eat fast foods.

Generals: Her appetite is moderate , early satiety ; thirst normal ;Desire for spicy , oily , non-veg foods; Sleep disturbed; Stool not clear. Thermal reaction of patient is chilly (Prefer summer Season , hot foods), and always irritability is there , anger, quarrelsome .

Local & Systemic examination: Mild Tenderness over abdomen, Tongue coated white posteriorly and anteriorly clean .

Analysis of the case:

After analyzing the symptoms of the case the characteristic mental and physical generals and particular symptoms were considered for framing the totality , Irritability , anger and quarrelsome in mental generals ; chilly patient, stool not clear , desire for spicy , oily , non-vegetarian foods, early satiety, white coated tongue with anteriorly clean in Physical generals and pain in abdomen , nauseatic tendency , heartburn heaviness of abdomen after a meal , fullness or bloating of abdomen as a particulars included in totality . Miasmatic evaluation for presenting symptoms was done with the help of “Miasmatic prescribing” by Dr. Subrata Kumar Banerjea showed the predominance of Psoric miasm.

Considering the above symptoms using HOMPETH Neometal software .

Repertorisation table :

Physician Name :															
Patient Name :															
Reg. No. :															
Date :															
Remedy	Nux-v	Sulp h	Pho s	Carb n-s	Ly c	He p	Nat -m	Kali -c	Chi n	Se p	Ar s	Si l	Car b-v	Di g	Kali -s
Totality	22	20	18	18	18	17	17	17	16	16	15	15	15	14	13
Symptoms Covered	8	7	8	7	7	7	7	6	7	7	7	7	6	7	7
[Kent] [Mind]Irritability (see anger):	3	3	3	3	3	3	3	3	2	3	2	3	3	2	3
[Kent [Mind]Anger,irascibility (see irritability,quarrelsome):	3	3	2	2	3	3	3	3	1	3	3	1	2	1	3
[Kent [Stomach]Appetite:Easy satiety:	2	2	2	2	3	0	2	0	3	2	1	2	0	2	1
[Kent] [Stomach]Nausea:	3	3	2	3	2	3	3	3	3	3	3	3	2	3	2
[Kent [Abdomen]Distension:	2	3	3	3	3	3	3	3	3	2	3	2	3	2	2
[Kent [Abdomen]Fullness,sensati	3	3	3	3	3	1	1	3	3	2	1	1	3	3	1

on of:																
[Special [Obesity]Stomach:Desires: Spices:	3	0	2	0	0	3	0	0	0	0	0	0	0	0	0	0
[Kent] [Stool]Scanty:	3	3	1	2	1	1	2	2	1	1	2	3	2	1	1	

After repertorisation here most indicated medicine is Nux vomica.

Rx,

NUX VOMICA 30/once daily night before bed time for 4 days

Advice to avoid spicy , fast foods.

Prescribed on 18 January 2021.

Follow up date	Indication of prescription	Medicine with Doses
02/02/2021	Pain in abdomen decreased, bloating of abdomen decreased, mild early satiety, mild nauseatic tendency, heartburn and fullness of abdomen decreased. On the basis of second prescription of Organon of medicine Repetition of the same medicine when the case comes to stand still , wait a long time , if no outward symptoms have appeared during this waiting period , repetition of the previous medicine may help to complete the cure ⁽¹²⁾ . Repetition of Dose as per 5 th edition of Organon of medicine low potency – may repeated frequently depending on the nature of the disease, repeat only when the action is over, short- acting medicine may repeat frequently ⁽¹³⁾ .	Nux Vomica 30/Once Daily for 2 Days At night before bed time .
23/02/2021	Pain in abdomen decreased, bloating of abdomen decreased, early satiety decreased, nauseatic tendency decreased, heartburn and fullness of abdomen decreased. Perceptible and continued progress of improvement contraindicates the repetition ⁽¹³⁾ .	Sac Lac 30/Once Daily in the morning for 10 days.
09/03/2021	Pain in abdomen decreased, bloating of	Sac Lac 30/Once Daily in the

	abdomen decreased, mild early satiety, mild nauseatic tendency, heartburn and fullness of abdomen decreased.	morning for 7 days.
31/03/2021	No new symptoms, patient feels better.	Sac Lac 30/Once Daily in the morning for 7 days.

DISCUSSION AND CONCLUSION: Homoeopathy deals with disease in holistic point of view. Diseases in different organs is one same disease but it appears different in different organisms and it originates from one basic hereditary miasms, causing the derangement of vital force, giving the body susceptibility to various internal and external exciting factors, producing various diseases. The holistic concept of disease takes not only the clinical symptoms into cognizance but also the biological, social, psychological aspect of man to give the appropriate treatment.

Here in this condition I would like to help the humanity through homoeopathic science. As Homoeopathy has a very good aspect on GIT.

After repertorization, many medicines were competing with each other, namely, Nux-Vomica, Phos, Nat-mur, Hepar Sulph, Lyco etc. After consultation with Materia medica, Nux-Vomica was prescribed which remained unchanged in follow ups as the patient was responding well to the medicine.^(14,15)

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