



## **HOMOEOPATHIC MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)**

***DR. SAMPADA SANDEEP PATIL, B.H.M.S.***

PROFESSOR, DEPARTMENT OF PRACTICE OF MEDICINE.

SHRADDHA HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTER, KONDALA ZAMBRE, TQ DIST-WASHIM - 444505 M.S. (INDIA)

E-mail: drsampadapatil123@gmail.com

### **ABSTRACT:**

One of the most common gastrointestinal conditions is gastroesophageal reflux disease, which manifests as symptoms with or without tissue damage brought on by frequent or extended exposure of the esophageal lining to acidic or non-acidic stomach contents. According to population-based studies, 7% of adult men and women experience symptoms every day, and 1 in 5 experience heartburn and/or vomiting at least once a week. Patients with GERD have a very poor quality of life (QoL). Affected people's everyday lives are impacted by GERD, which interferes with physical activity, social functioning, mental health, sleep, and work productivity. According to three South-East Asian reports, Indians may be more susceptible to GERD. Reflux symptoms are directly associated with anxiety and depression. Numerous medications that can be used to treat symptoms like heartburn and vomiting are mentioned in homeopathic literature. This experimental, uncontrolled study sought to determine the effectiveness of homeopathic constitutional therapy in the treatment of gastroesophageal reflux illness.

**KEYWORDS:** Gastroesophageal reflux disease, GERD, Homeopathy, Homoeopathic Medicine.

### **INTRODUCTION:**

Gastro-esophageal reflux disease, or GERD, is a condition that arises when the stomach's contents cause unpleasant symptoms or complications that negatively impact a person's quality of life. The occurrence of unpleasant heartburn and/or vomiting characterizes the normal reflux syndrome. About 75% of people with esophageal diseases have GERD, making it the most prevalent. Western research indicates that between 15% and 20% of people in general have GERD. Asia has a low prevalence of GERD (2.3% to 8%), which may be caused by genetic variety, low body mass index, low dietary fat consumption, and a high prevalence of *Helicobacter pylori*. Reflux esophagitis is more frequent in males than in women, according to several GERD epidemiological research. The prevalence of erosive reflux disease was 1.57/1 in men and women. According to population-based studies, 7% of adult men and women experience symptoms every day, and 1 in 5 experience heartburn and/or vomiting at least once a week.

In daily practice, it has been shown that the most common complaint is gastroesophageal reflux disease. Accurate diagnosis and the best possible treatment are crucial for those with persistent and recurrent symptoms of gastroesophageal reflux disease.

An ineffective blockade at the gastroesophageal junction causes gastric acid and other stomach contents to backflow into the esophagus, resulting in symptoms. When stomach contents are close to the gastroesophageal junction, when stomach pressure rises, and when stomach volume rises, reflux of stomach contents is most likely to happen. Unusual dietary patterns may be a contributing factor to the rise in these illnesses. Our modern, stressed lifestyle has made us more vulnerable to these illnesses. Demands, deadlines, difficulties, and problems abound in modern life.

For many people, stress is so prevalent that it has become a way of life. Stress eventually begins to seriously impair one's health. About 15% of the medical expenses associated with digestive illnesses are related to gastroesophageal reflux disease, one of the gastrointestinal ailments. Because homeopathic medicine addresses the source rather than the symptoms, it is said to be better than other forms of therapy. Homeopathy does not attempt to cure specific parts; instead, it views the human being as a whole. The majority of illnesses that frequently arise in clinical settings, such as gastric reflux disease, can be prevented, controlled, and cured with homeopathy.

The "law of like" is the foundation of the homeopathic medical system. To properly help a patient return to a state of health, a doctor must comprehend the patient on all levels. Additionally, homeopathic remedies show an awareness of the human being as a whole in relation to his surroundings.

Homeopathic medicine respects the integrity of the human organism and works with the body's natural healing instincts to rapidly, gently and permanently correct imbalances.

### **REVIEW OF LITERATURE:**

The stomach and esophagus are referred to as gastroesophageal. Acidic or non-acidic stomach contents returning to the esophagus is referred to as reflux. According to Harrison's Textbook of Internal Medicine, GERD is defined by symptoms with or without tissue damage that arise from the esophageal

lining being repeatedly or prolongedly exposed to either acidic or non-acidic material from the stomach.

Dr. James Gordon, a mind-body specialist, asserts that "the mind and body are essentially inseparable." The endocrine and immunological systems, the brain and peripheral nerve systems, all of our body's organs, and all of our emotional reactions are all in constant communication with one another through a shared chemical language.

"While the gastroesophageal tract and the central nervous system share embryonic origins, there are inherent organic connections between the psyche and the body, particularly the stomach, that may manifest at both the microscopic and macroscopic levels in a variety of ways". "During periods of emotional stress, anxiety, depression symptoms, and work stress, the stomach is more vulnerable to toxic substances. Emotional and occupational stress has been linked to the development of gastroesophageal reflux.

---

## Pathophysiology

LOS pressure, the crural diaphragm's external compression of the LOS, the LOS's intra-abdominal location, the integrity of the phreno-esophageal ligament, and the preservation of its acute angle all contribute to the functional integrity of the normal anti-reflux barrier at the gastro-esophageal junction. Despite being a minority overall, esophagitis is the best-defined category of GERD patients. When pepsin and refluxed stomach acid necrotize the esophageal mucosa, erosions and ulcers result. This condition is known as esophagitis. It should be noted that while some degree of gastroesophageal reflux is physiologically linked to the belching mechanism (transient LES relaxation), excessive reflux causes esophagitis, which is frequently accompanied by problems with the drainage of refluxed stomach fluids. The anatomical and physiological integrity of the esophagogastric junction, a complex sphincter including the LES and the surrounding crural diaphragm, is essential to limiting reflux to what is physiologically desired. There are three main ways that esophagogastric junction dysfunction occurs:

(1) Temporary LES exemption.

LES hypotension (2).

esophagogastric junction anatomical abnormalities, such as hiatus hernias. Esophagogastric junction anatomic disturbance, the third factor, is noteworthy since it interacts with the first two pathways and is significant in and of itself. In healthy individuals or GERD patients without a hiatus hernia, at least 90% of reflux is caused by transient LES relaxation; however, the mechanistic profile of patients with a hiatus hernia is more varied.

## Symptoms

Nausea and heartburn are common signs of GERD. Chest pain and dysphagia are less frequent. In each instance, a number of plausible mechanisms that go beyond the fundamental ideas of mucosal erosion and afferent sensory nerve activation are involved in the genesis of symptoms. Functional discomfort and hypersensitivity in particular are becoming more widely acknowledged as aggravating concerns. However, empirical treatment with acid inhibitors is the most common clinical approach, with additional testing reserved for patients who do not react. Patients with recurrent dysphagia or chest pain are significant exceptions to this rule, as both may be signs of more serious illnesses. Chest pain should be carefully evaluated in conjunction with heart disease. Chronic reflux can cause peptic stricture or adenocarcinoma in cases of persistent dysphagia; both conditions benefit from early detection and/or targeted treatment.

Asthma, dental caries, laryngitis, and persistent cough are some esophageal symptoms that have been linked to GERD. Pharyngitis, chronic bronchitis, pulmonary fibrosis, chronic sinusitis, cardiac arrhythmias, sleep apnea, and recurrent aspiration pneumonia are among the illnesses that have been linked to GERD. The intensity of coughing and sputum production is significantly correlated with GERD symptoms. Reflux symptoms, but not stomach dysmotility symptoms, were found to be substantially correlated with cough severity, but not sputum. Nonetheless, it is crucial to stress correlation rather than causality in both situations. Rather than strict causality, the disorders are likely to coexist in many situations due to common pathogenetic processes. The vagusvagal reflex, in which reflux activation of esophageal afferent nerves triggers efferent vagal reflexes like bronchospasm, cough, or arrhythmias, or regurgitation with direct contact between refluxate and supraesophageal structures are two possible mechanisms for extraesophageal GERD manifestations.

---

## DIFFERENTIAL DIAGNOSIS

The symptoms of GERD must be distinguished from those of infectious, ulcerative, or eosinophilic esophagitis, peptic ulcer disease, dyspepsia, biliary colic, coronary artery disease, and esophageal motility abnormalities, even though they are typically very specific. Because coronary artery disease can be fatal, it is very crucial to treat it as soon as possible. When necessary, endoscopy, upper gastrointestinal series, or biliary tract ultrasonography can be used to address the remaining components of the differential diagnosis. Endoscopy with mucosal biopsy, which is crucial for assessing eosinophilic inflammation, typically makes it simple to distinguish between the various causes of esophagitis. Compared to reflux esophagitis, infectious esophagitis has a widespread endoscopic appearance and frequently affects the proximal esophagus.

In contrast to infectious ulcerations, which are perforated and diffuse, peptic esophagitis ulcerations are typically solitary and distant. Multiple esophageal rings, linear grooves, or white punctate exudate are common signs of eosinophilic esophagitis. Pill esophagitis-related esophageal ulcerations are typically solitary and profound at luminal constriction points, particularly close to the carina, with distal esophageal dilatation.

## Examination

- 1] Endoscopy
- 2] Radiography
- 3] Ultrasound endoscopy
- 4] Manometry of the esophagus
- 5] Reflux examination

## TREATMENT

As a treatment for GERD, lifestyle modifications are frequently recommended. These can be broadly divided into three groups:

- (1) Steer clear of "refluxogenic" items, such as fatty foods, alcohol, mints, peppermints, tomato-based dishes, and probably coffee and tea, which lower lower esophageal sphincter pressure.
  - (2) Steer clear of naturally irritating acidic meals.
- adopting actions to lessen heartburn and/or reflux.

### A Homeopathic View of Gastroesophageal Reflux

"Homeopathy considers man as a whole, not just his individual parts," states Dr. Herbert A. Roberts. The basis of homeopathic medicine views man as a whole, self-contained entity with all of his components in a state of balance rather than as an individual. As a result, homeopathy does not take into account how a disease manifests in one area of the body in connection to the entire person.

"The treatment deals with the whole case, not just one part or one organ," states Dr. Stuart Close. A human being is considerably more than just a variety of eyes, ears, nose, larynx, lungs, and so on.

Organs that the general expert typically treats as separate entities if left to his discretion... Without a prior disruption of the life principle in which all other organs participate, no organ can develop a disease.

It is now crucial to comprehend the components of this psychology! We can learn about a person's mental states, traits, and dispositions by closely examining their living circumstances; Intelligence, emotions, and behavioral symptoms are only a few of the kinds of mental symptoms that make up a person's mental state. Virtue refers to "characteristics of a person and can be inferred from the analysis of a particular phenomenon in life area." Additionally, temperament is defined as "an integrated collection of basic mental and physical characteristics and tendencies formed from childhood in response to the need to adapt to changing circumstances." It is the outcome of early environmental factors influencing both physical and mental vulnerability.

## CONCLUSION:

Using a frequency scale for gastroesophageal reflux disease symptoms (FSSG), the study investigated the effectiveness of homeopathic constitutional medicines in treating GERD and in enhancing patients' quality of life. The results are very promising and pave the door for more research to gather more solid data on emotional aspects and reflux disease.

According to the data, the peak age of GERD onset is between 19 and 40 years old, and the majority of GERD patients are between 30 and 40 years old. Males are more likely than females to have GERD, and this is because to their eating habits, increased social anxiety, and stress from their jobs.

The role of physiological precipitating variables in the development of GERD as a result of different physical stresses is confirmed by this investigation. This study comes to the conclusion that worry and fear are psychological factors that contribute to GERD. The most prevalent mental illness linked to GERD is anxiety (10 instances; 33.33%). This typically manifests as concerns about one's family, one's job, an upcoming illness, etc. The second most prevalent mental elements were anger (6.66%) and fear (30%). In addition to these, there are other elements such as grief, disrespect, renunciation, illnesses brought on by the death of a loved one, sexual assault, etc.

In general, this study showed modest sensitivity. The most prevalent type of miasm is psoric miasm, which is typically regarded as the primary miasm. There were other occurrences of insanity and tuberculosis, and only one GERD case had syphilis.

Alcohol intake was linked to GERD symptoms in 13.33% of patients (4), tobacco chewing in 10% of patients (3), and smoking in only 3.33% of patients (1).

Dry cough is the most prevalent extra-esophageal symptom (50%), followed by headache (23.66%). Other esophageal disorders that have been shown to be associated with GERD include dental caries, laryngitis, asthma, and persistent cough. The majority of the aforementioned elements were also noted in this investigation.

Treatments for GERD often include phosphorus and nux vomica. Initially, the generally utilized potency was 200C, taking into account the entirety of the situation, particularly the physical and mental normalcy as well as the unique symptoms of the illness and miasm.

The potency was altered in compliance with homeopathic principles and the demands of the situation. Three of the 27 individuals in this study have recovered, while the remaining 27 are in remission.

According to the aforementioned research, gastroesophageal reflux illness can be effectively treated using homeopathic constitutional medications.

## REFERENCES:

- 1) SHOBNA J BHATIA, PRAVEEN MATHEW. API textbook of medicine. 9th edition. The association of physicians of India, 2012: page no-801.
- 2) <http://www.aboutgerd.org/GERD/prevalence/> -07/03/2018, 8:37 a.m.
- 3) <http://www.rightdiagnosis.com/g/gerd/state-country.htm>.statisticsby country for gerd -24/03/2018, 8:44 pm.
- 4) <http://www.pubmed.com> –ANDREW J. GAWRON, DUSTIN D. FRENCH, JOHN E.PANDOLFINO et al; Economic evaluation of gastroesophageal reflux disease medical management: A systematic review. (02/02/2018, 8.00 p.m.)
- 5) DR. SAMUEL HAHNEMANN. Organon of medicine.6th edition. Published by Mayur Jain, Indian books and periodicals publishers, October 2008: page no-90.
- 6) PETER J.KAHRILAS, IKUO HIRANI. Diseases of the esophagus. Harrison's principles of internal medicine, volume 2. 18th edition. Page no- 2433.

- 7) VENKATRAMAN S. & GURUPRASAD P.AITHAL. Reflux or dyspepsia? Chamberlain symptoms and signs in clinical medicine.13th edition. Published by Hodder Arnold, an imprint of Hodder education, a Hachette livre UK company, London. Page no-109.
- 8) KAHRIILAS P J. clinical practice. Gastroesophageal reflux disease Engel J med. 359:1700, 2008.
- 9) <http://www.ijrh.org>. RENU MITTAL, ANIL KHURANA, R.K.MANCHANDA.  
Original article-an open-label pilot study to explore usefulness of homoeopathic treatment in non-erosive gastroesophageal reflux disease. Jan.03, 2017.IP:49.35.7.20.
- 10) SARAF VINAY, FERNANDEZ RUI, SARANGI KALPANA, 2000 1st edition.  
Gastroesophageal reflux disease a monograph and color atlas, published by fulford India limited, oxford house, Apollo bunder Mumbai. Page no. 16.
- 11) <http://www.ncbi.nlm.nih.gov/pmc/article-embryo> reports, 2006, mind and body therapies, 23/5/2017, 10:45pm.
- 12) <http://www.ncbi.nlm.nih.gov/pmc/article-psychological> factors influence the gastroesophageal reflux disease and their effects on quality of life. Oct.10.2016. 3/4/2018 1:15pm.
- 13) DR. SAMUEL HAHNEMANN. Organon of medicine.6th edition. Published by mayur Jain, Indian books and periodicals publishers, October 2008: page no.
- 14) CLOUSE RE, DIAMANT NE, esophageal motor and sensory function and motor disorder of the esophagus. 8th edition. Sunders Elsevier, 2004 page no.855-904.
- 15) KAHRIILAS PJ. Clinical practice. Esophageal motor disorders in terms of high resolution esophageal pressure tomograph, what has changed? AM J gastroenterology 105:981, 2010.
- 16) DR.ABDULLAZIZ ALBAKER. Pakistan oral and dental journal vol.36, no.2, April-June 2016. Gastroesophageal reflux disease: a case study. Page no.345-348.
- 17) HARDING SM, RICHTER JE. Gastroesophageal reflux disease and asthma. Semin gastrointestinal diseases.1992; 3: page no-139-150.
- 18) <http://www.ncbi.nlm.nih.gov/pmc/article-atrial> fibrillation in patients with gastroesophageal reflux disease: a comprehensive review. World journal of gastroenterology. 28/7/2014:9592-9599.