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Homeopathic Management of Gastroesophageal Reflux Disease (GERD): Evidence Based Case Report

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ABSTRACT

Background: Gastroesophageal Reflux Disease (GERD) is a chronic condition where stomach acid frequently flows back into the esophagus, the tube connecting the mouth and stomach. This backwash, known as acid reflux, can irritate the lining of the esophagus. GERD occurs when the lower esophageal sphincter, a muscle that acts as a valve between the esophagus and stomach, weakens or relaxes abnormally, allowing stomach contents to rise. Common symptoms include heartburn, regurgitation of food or sour liquid, and difficulty swallowing. GERD can also lead to complications like esophagitis, Barrett's esophagus, or even esophageal cancer if left untreated. Lifestyle factors such as obesity, smoking, and certain dietary habits can increase the risk of GERD. Management typically involves lifestyle changes, medications to reduce stomach acid, and in severe cases, surgical interventions. Understanding GERD's causes and symptoms is crucial for effective treatment and improving quality of life.

Methods: Homeopathic medicine selected based on state of mind, in low potency, single medicine and infrequent repetition, can be implemented with good results. Sulphur in 30 potency stimulation can be implemented on symptom similarity.

Result: In GERD with regurgitation and vomiting ,unable to sleep after 3 doses of homeopathic medicine Sulphur in 30 potency at every 15 mins time interval regurgitation reduced and patient was comfortable, with subsequent follow up. Patient recovered within 3 wks with no further relapse.

Conclusion: Accuracy in homeopathic prescription by concept of individuals' mental state during the illness can yield good clinical results in case of Diagnosed case of GERD, after treatment with homeopathic medicine, clinical and evidence based results can be achieved.

Keywords: *GERD, OGD scopy, regurgitation, Prescription on mind symptom alone, Sulphur, Homeopathic medicine*

1. INTRODUCTION

GERD

Reflux of gastroduodenal contents into the esophagus, larynx or lungs with or without esophageal inflammation. Incidence/Prevalence: 65% of adults have suffered heartburn; 24% have had symptoms for > 10 years. 17% of adults use indigestion aids at least once weekly, only 24% of sufferers have consulted a physician. Children affected 1/300-1000. 30-80% of pregnant women report heartburn. Predominant age: All ages. Predominant sex: Male = Female

Signs & Symptoms

- Heartburn (pyrosis) 70-85%
- Regurgitation 60%
- Dysphagia (possible stricture) 15-20%
- Angina-like chest pain 33%
- Bronchospasm (asthma) 15-20%

• Laryngitis (dysphonia)

• Chronic cough

• Globus sensation

• Loss of dental enamel

• In infants: Recurrent emesis, failure to thrive, apnea syndrome

Causes

• Inappropriate relaxation of lower esophageal sphincter (LES) (idiopathic, food or drug-related)

• Chronic eructation (belching), aerophagia

• Pregnancy (progestational hormones cause decreased LES pressure)

• Scleroderma (reduced esophageal motility and incompetent LES)

• Chalasia of infancy

• Delayed gastric emptying (impaired acid clearance)

• Acid hypersecretion (e.g., Zollinger-Ellison syndrome)

• Heller's myotomy for achalasia

Risk Factors

• Foods that lower LES pressure (high-fat content, yellow onions, chocolate, peppermint)

• Foods that irritate esophageal mucosa (citrus fruits, spicy tomato drinks)

• Hiatus hernia - acid trapping

• Chronic belching, aerophagia

• Indwelling nasogastric tube

• Chest trauma

• In children: repaired tracheoesophageal fistula

• Eradication of H. pylori infection (resulting in increased acid production, loss of acid buffering, etc.)

• Risks for erosive Oesophagitis: male, caucasian, hiatus hernia, basal metabolic index (BMI) >30 and NSAID

Pathological Findings

• Acute inflammation (especially eosinophils)

• Hyperplasia (thickening) of the basal zone of the epithelium seen in 85%

• Lengthening of vascular channels within vascular papillae so that they approach the luminal surface

• Barrett's epithelial change - gastric columnar epithelium (intestinal metaplasia) migrates upward into the distal esophagus; may be associated with strictures and peptic ulceration; dysplasia and malignant transformation

Special Tests

• Esophageal pH monitoring (antacids, H2 blockers, proton pump inhibitors and other antisecretory agents can give false negative pH monitoring)

• Esophageal manometry (anticholinergics, theophylline, calcium channel blockers, meperidine, diazepam may give falsely low LES pressure on manometry)

Imaging

• Barium swallow: Presence of a sliding hiatus hernia appears to be a predictor of reflux esophagitis; mucosal irregularity due to inflammation and edema; prominent longitudinal folds, erosions, ulcers; smoothly tapered strictures; pseudodiverticula

• Radionuclide scintigraphy

2. DIAGNOSTIC PROCEDURES

• "Once in a lifetime" endoscopy in chronic GERD patients to exclude Barrett's and adenocarcinoma is becoming an accepted practice

• Endoscopy (or upper GI series), pH monitoring to evaluate patients with warning symptoms (dysphagia, hematemesis, unexplained weight loss, chest pain, etc.)

• 50-70% of patients with heartburn have negative findings on endoscopy (nonerosive or endoscopy-negative reflux disease [ENRD])

• Patients with esophagitis are graded according to the LA (Los Angeles) Classification as follows:

- Grade A: one or more mucosal breaks < 5 mm in maximal length (30-35% of patients)
- Grade B: one or more mucosal breaks > 5 mm in length but not continuous between the tops of two mucosal folds (40% of patients)
- Grade C: mucosal breaks continuous between the tops of two or more mucosal folds but involving < 75% of the esophageal circumference (20% of patients)
- Grade D: mucosal breaks involving > 75% of the esophageal circumference (5-7% of patients)

• Barrett's change suspected when salmon colored mucosa extends > 2 cm above normal squamocolumnar junction (in up to 10%).

• Mucosal biopsy

• Cytology for Barrett's dysplasia (flow cytometry useful adjunct when available)

• Metoclopramide or cisapride may give falsely negative gastric emptying results

• Empiric trial of proton pump inhibitor compares well to pH monitoring as a diagnostic tool in diagnosing reflux in patients without alarm symptoms.

3. TREATMENT

Appropriate Health Care

Outpatient (typical heartburn history has a positive predictive value of > 80%; warrants empiric therapy in absence of alarm symptoms)

General Measures

• Elevate head of bed, avoid lying down directly after meals; avoid stooping, bending, tight-fi tting garments

• Avoid drugs that decrease LES pressure

• Weight loss

• Avoid voluntary eructation

• Stepped therapy

Phase I: lifestyle and diet modifications plus antacids or OTC H2 blockers

Phase II: H2 blockers in prescription doses; proton pump inhibitors

Phase III: (1) proton pump inhibitor or high-dose H2 blocker or (2) H2 blockers or proton pump inhibitor plus promotility agent

Phase IV: surgery

• Endoscopic therapy - designed to increase pressure and/or improve the anti-reflux barrier

◊ Radiofrequency energy delivered to LES area (Stretta procedure) improved symptoms, but did not reduce acid exposure or need for medications when compared to a sham procedure

◊ Plication of the LES by endoscopic suturing system

◊ Injection of microspheres into the LES

Surgical Measures Open or laparoscopic Nissen ot Toupet fundoplication. Good-excellent

response: if abnormal 24 hr pH score, typical primary symptom and poor prior response to medical treatment; poor response: if normal 24 hr pH score, poor esophageal motility, aerophagia

Diet:Avoid chocolate, peppermint, onions, high-fat foods, alcohol, tobacco, coffee, citrus

4. MEDICATION

Mild to moderate disease: H2 blockers, Proton pump inhibitors may be used as initial therapy for symptomatic GERD.

• Erosive esophagitis: Proton pump inhibitors are significantly more effective than the H2 blockers in ulcer healing doses

• Severe disease (refractory to initial therapy): Proton pump inhibitor given once or twice daily or higher

5. EXPECTED COURSE/PROGNOSIS

• Majority of patients respond well to antisecretory therapy. Overall healing rate at ≤ 12 weeks for PPIs =84% vs. H2 blockers 52%.

Speed of healing is 12% per week for PPI vs. 6% per week for H2 blockers.

Complete freedom from heartburn is 77% for PPI vs. 48% for H2 blockers.

• Symptoms and esophageal inflammation often return promptly when treatment withdrawn

• Relapse prevention therapy with H2 blockers/proton pump inhibitor often requires the full healing dose to be maintained

• Anti-reflux surgery (e.g., fundoplication) for complications or "refractory" disease; excellent short-term results. But long-term follow up shows many patients eventually require medical therapy for acid suppression; doses of 40 mg/d omeprazole or equivalent yield similar long-term results compared to surgery.

• Regression of Barrett's epithelium does not routinely occur despite aggressive medical or surgical therapy

• Cost effectiveness of long-term maintenance therapy has been shown for PPIs and H2 blockers (PPI more cost effective than high dose H2 blockers)

• Successful eradication of Helicobacter pylori associated with worsening of GERD in some patients

• Long-term safety of omeprazole (up to 11 years) recently demonstrated

6. CASE REPORT

A 9 yrs old male k/c/o GERD came on 06/04/2024 with complaints of same complaints one year ago Eructation's after eating or drinking anything. Burning in chest frequency 2-3 times/wk, vomiting after drinking water, regurgitation better by vomiting. but eructation's persist. Currently on Soft diet and fruits. Regurgitation and vomiting after heavy Food .complaints agg when patient doesn't have good refreshing sleep.dry cough on and off.

Mental state: He is unable to sleep after meal, mother keeps him awake (so disturb him) telling him to be in sitting or standing position as lying down in bed leads to eructation's and regurgitation and vomiting and chest pain with burning. I want to sleep and mother doesn't allow me to sleep. Observation frowning on the forehead while narration of the symptoms.

Vital data: Pulse:78 bpm BP:110/ 70 mm hg Temp: 97 °f , Weight: 23 kg

Local examination: P/A non tender and soft

Diagnosis- GERD with esophagitis

Investigation (Gastrodeodenoscopy) reports dated 10/03/2023 reveal Lax Lower Esophageal Sphincter with linear erosions, GERD

7. DATA PROCESSING

Analysis of case:

Frown disposed to

Longing for repose and tranquility

Disturbed averse to being

Totality of symptoms:

Frown disposed to, Longing for repose and tranquility, disturbed averse to being

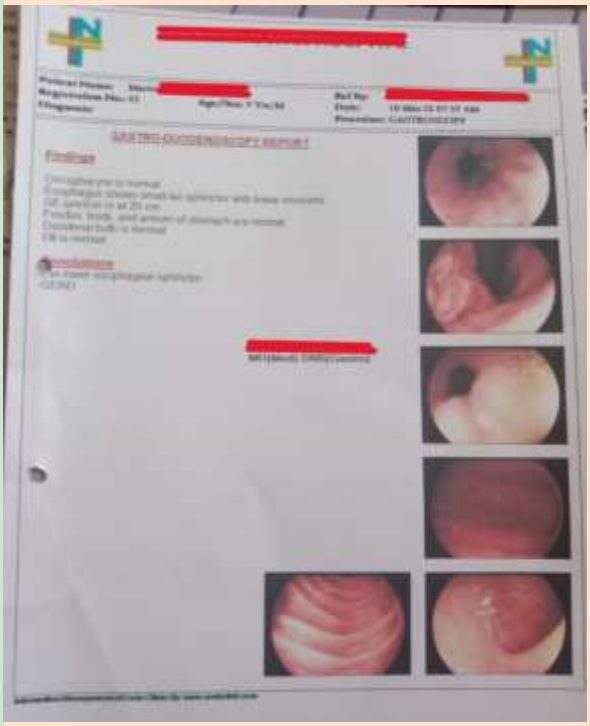
Intervention: Written informed consent was given by the patient before starting the treatment. He was prescribed Sulphur 30 (3 powder doses) on 1st day and followed by sac lac 3 pills tds for 7 days. He was advised diet avoid chocolate, peppermint, onions, high-fat foods, coffee, citrus, He was advised- Elevate head of bed, Avoid meals 2 to 3 hours before bedtime, avoid stooping, bending, and tight-fitting garments.

Sulphur- This remedy has a presentation of disturbance which doesn't want and patients sleep is disturbed so longing for repose and also tranquility as reaction to the disease, GERD this individual reacts in a way that he needs sleep and tranquility without disturbance and is expressed with frowning on forehead. This mental state in GERD decides this remedy.

Results: The use of Homoeopathic medicines such as Sulphur 30 as indicated medicine for this individual case based on

mental state of patient can treat GERD and clinical results can be obtained.

1. **Follow up table:**

Date 06/04/2024	C/o Eructation's, regurgitations, chest pain burning, dry cough on and off vomiting 2-3 times in a week. Because of this I am not getting sleep .mother disturbs me and don't allow me to sleep. Narration of these symptoms with frowning on forehead.	Rx 1. Sulphur30, 3 powders 1at 15 min interval today. 2. Sac lac 30, 3pills tds for 7days 3.General measures and diet avoid chocolate, peppermint, onions, high-fat foods, coffee, citrus, Elevate head of bed, avoid meals 2 to 3 hours before bedtime, avoid stooping, bending, and tight-fitting garments 
16/04/2024	Regurgitation relieved, no vomiting, no dry cough, no chest pain, no burning in chest. Eructation's only sometime. Refreshing sleep. Now feel like disturbed or irritated. Temp: 97.4 of Bp: 110 /60 Pulse80/min Wt-23 kg	Rx 1. Sulphur30, 3 powders 1at 15 min interval today. 2. Sac lac 30, 3pills tds for 3 wks 3.General measures and diet avoid chocolate, peppermint, onions, high-fat foods, coffee, citrus, Elevate head of bed, avoid meals 2 to 3 hours before bedtime, avoid stooping, bending, and tight-fitting garments
08/08/2024	C/o -	

	Occasional eructation 1-2 times. All other complaints relieved. Can take all type of food without suffering.. (Patients mother told-Now not even following strict diet and general measures are also not following.) Temp: 98 ºf Bp: 114 /70 Pulse- 78/min Wt-24 kg	Rx sac lac 3 doses at 10 mins interval for today 2. Sac lac 3 pills tds for 1 month

8. DISCUSSION

The evaluation and treatment of GERD with considering the individual persons reaction to the disease creating peculiar mental state. With Regular follow-ups, diet and general measures treatment of GERD with homeopathic medicine is successful.

Knowledge of homeopathic medicine with prescription based on the mental state of the patient helps in early recovery and preventing the further relapse.

9. CONCLUSION

With Homoeopathic medicines GERD can be treated with complete recovery.

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Conflict of Interest: None

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