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LESSER KNOWN HOMOEOPATHY MEDICINES UTILITY IN FUNCTIONAL DYSPEPSIA, A MODERN LIFE STYLE DISORDER

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Abstract

Functional dyspepsia is one of the common Gastrointestinal (GI) disorders &a burning problem of today's life with a high prevalence throughout the world, it occurs more commonly in females than males.In present life style where people have no time for themselves, no regular eating habits, where life is full of worries, tensions and stress which imposes both social and economic burden worldwide.Homoeopathy has a great scope in the treatment of dyspepsia because of its DYNAMIC, INDIVIDUAL AND HOLISTIC concept where individual is considered for the treatment and not the disease.Lesserknown Homoeopathic medicines are of great value in the acute condition where the complete totality of the patient is not available.

Keywords: Functional dyspepsia, Homoeopathy, Lesser known medicines.

Introduction

"There is no sincerer love than the love of food" (George Bernard Shaw)

"Eating is one of the great pleasures of life, yet poor eating habits can lead to major problems that degrade the quality of our life".

We are living in an ultramodern computer age with unprecedented material prosperity but our human body is essentially the same since thousands of years. "Modern life has bought a number of luxuries to one live but it has also posed many challenges for people today including its impact on each and every system of our body."

It is reasonable to suggest that we would not be at all, if we did not eat. The process of consuming food seems to be trivial; nevertheless, it is vitally important for our bodies. Food supplies us with all the nutritious elements, which, when digested and assimilated in the body, make it possible for us to live.

Thus, the digestive system of the human body is of the primary significance, than the other systems. Its work, state, and health are in the spotlight of the doctor everyday attention.

If any part of the digestive system gives a crack, the whole body is in danger. All the other organs suffer from the lack or the excessive amount of some substances and elements.

Nowadays, busy work schedules often mean, that people miss breakfast or a proper lunch, & because of time pressure many, "eat on the run".

Irregular eating habits can also diminish productivity and create stress in life.

FD is one of the common GI disorders, which imposes social and economic burden worldwide.[1] FD is a burning problem of today's life with a high prevalence throughout the world.8%-30% and 8%-23% of Asian people suffer from UD and FD, respectively.[2] It has been estimated that as many as 25% to 40% of adults will experience dyspepsia in a given year [3]In recent studies several European and North American populations, more than 50% of dyspepsia sufferers were on medication most of the time and approximately 30% of dyspeptics reported taking days off work or schooling due to their symptoms.[4] These are related to family food habits as our healthy and proven food style has been taken over by the western food, on the manifold increase in the consumption of alcohol and tobacco.

FD is a burden at both the community and national levels[5] and it is characterised by troublesome early satiety, fullness, or epigastric pain or burning. It can easily be overlooked as the symptoms overlap with GORD and IBS.[6]

"*Today stress and tension is the part and parcel of our modern lifestyle".*

In this stressful jet life gastric disorder often reflect the emotional outburst at the physical level. If we treat them without understanding the body mind link, merely with help of some antacids or antiulcer medications it will turn out to be superficial.

Conventional system of medicine treats dyspepsia and leads to re-occurrence, by considering one or two symptoms like burning in the stomach treated by antacids etc, for obtaining temporary relief and it suppress the problem, acts as palliative rather than curative. Repeated suppression may lead to structural changes leading to peptic ulcer and several other complications.

Homoeopathy has a great scope in the treatment of dyspepsia because of its DYNAMIC, INDIVIDUAL AND HOLISTIC concept where individual is considered for the treatment and not the disease.

Homoeopathic treatment is more advantageous in cases of functional disturbances like dyspepsia and effective in preventing and treating a complication's associated with dyspepsia. Homoeopathy recognizes the inseparability of body, mind & spirit treating the patient as whole and not just the disease. Homoeopathy is growing in popularity all over the world because its medicines are gentle, non-toxic, harmless as compared to the harsh drugs and treatment by other system of medicines.

Homoeopathy is a natural system of medicine that utilizes minute doses of carefully selected medicines made from plants, animals, minerals sources and many other natural substances, to enhance the body's natural healing processes. Its strength lies in its effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual, and physical levels.

According to Homoeopathy, medicines are given on the basis of individualization and holistic approach but,Hippocrates aphorism says, "Life is short; the art is long; the occasion is

sudden, experience deceptive, and judgement difficult", so "Practice on keynote symptoms alone is our absurdity, but the right use of keynote symptom is an immense saving of labour."

Lesser known Homoeopathic medicines are of great value in the acute condition where the complete totality of the patient is not available. These drugs are highly suitable for the conditions where the "time is short and judgement is difficult". Proving of these drugs mainly contains of less important symptoms such as clinical symptoms, pathological symptoms, pharmacological actions, & clinical experiences of doctors where the striking or keynote symptoms are very few.

In Homoeopathy system of medicine, there are many polycrest medicines for treatment of FD and among these many have been proved or reproved but nothing has been done for the evaluation of the lesser known Homoeopathic medicines.

Definition

Functional dyspepsia refers to troublesome upper gastrointestinal symptoms including inability to finish a meal (early satiety), postprandial fullness, and epigastric pain or burning.

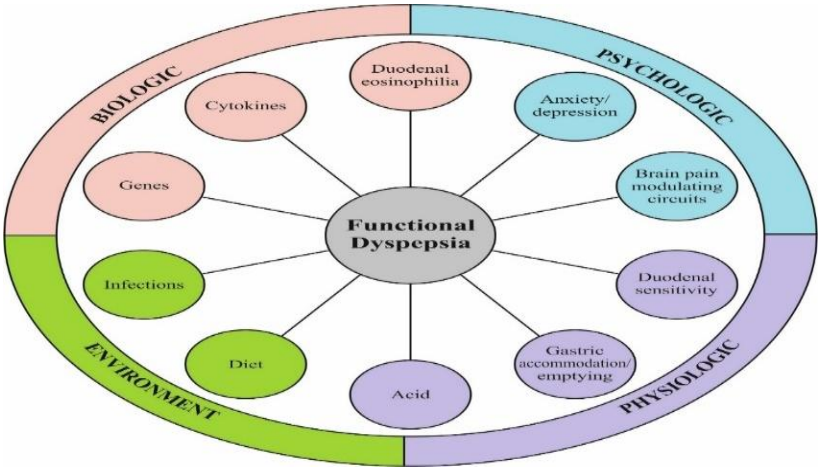
Types

There are two subtypes of functional dyspepsia, the largest group (70%) have early satiety or postprandial fullness, termed postprandial distress syndrome. The other group experience ulcer-like pain or burning, termed epigastric pain syndrome.

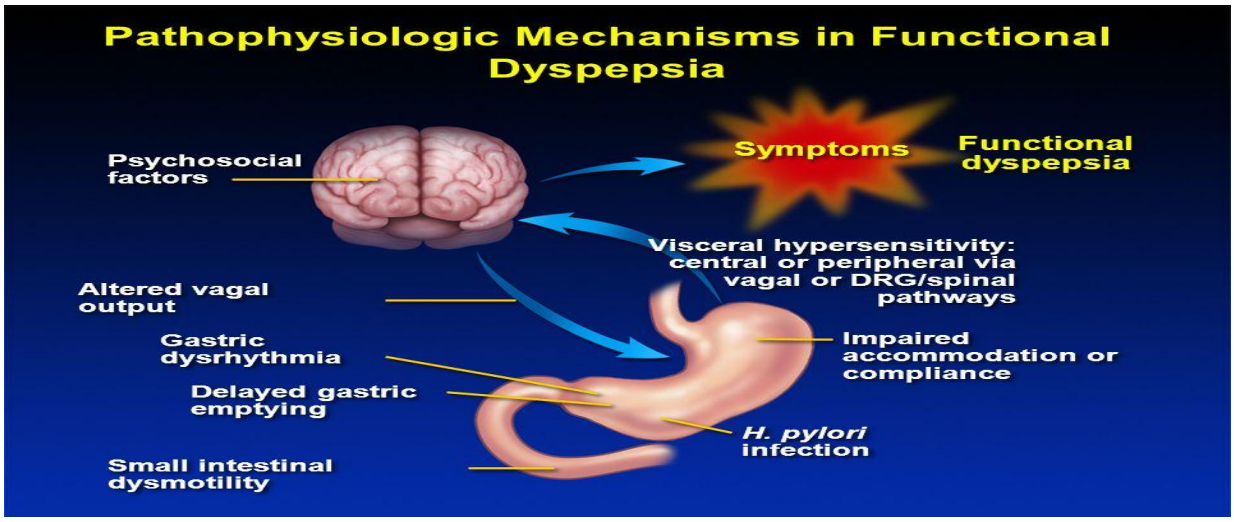
Rome IV diagnostic criteria for functional dyspepsia subtypes

- **Postprandial Distress Syndrome (PDS):** Bothersome postprandial fullness or early satiety severe enough to impact on regular activities or finishing a regular-size meal for 3 or more days per week in the past 3 months, with at least a 6-month history.
- **Epigastric pain Syndrome (EPS):** Bothersome epigastric pain or epigastric burning 1 or more days per week in the past 3 months, with at least a 6-month history.**Note:** Both require the absence of evidence of organic, systemic, or metabolic disease that is likely to explain the symptoms on routine investigations (including at upper endoscopy).[6]

Etiology



Pathophysiology



Symptoms[7]

Symptom	Description
Pain centred in the upper abdomen	A subjective unpleasant, patients may feel that tissue damage is occurring. Other symptoms may be extremely bothersome A subjective unpleasant without being interpreted as pain.
Discomfort centred in the	A subjective unpleasant sensation that is not interpreted as pain,

upper abdomen	which may include any of the symptoms below.
Early satiety	A feeling the stomach is overfilled soon after starting to eat, out of proportion to the size of the meal.
Fullness	An unpleasant sensation of the persistence of food in the stomach (may or may not occur post prandially).
Bloating in the upper abdomen	A tightness in the upper abdomen, this should be distinguished from true abdominal distension.
Nausea	A feeling of the need to vomit.
Retching	Heaving as if to vomit but no gastric contents are forced up.

Diagnosis

FD is diagnosed on the basis of clinical symptoms.

- **The Rome III -** criteria in terms of distinguishing FD from structural diseases such as peptic ulceration remain no better than previous Rome definitions, with a diagnostic sensitivity of 61% and a specificity of 69%, both suboptimal.The Rome III criteria recommend defining FD based on the presence of one of more of four cardinal gastroduodenal symptoms, namely epigastric pain, epigastric burning, postprandial fullness, and early satiety (inability to finish a normal sized meal). The symptoms of FD present over the preceding 3 months and are chronic (of at least 6 months duration). Epigastric pain or burning are typical ulcer-like symptoms and fit closely with what was previously known as NUD. The Rome III criteria labels those with epigastric pain and/or burning as EPS. Burning in the epigastrium should be distinguished from retrosternal burning (heartburn), although FD and GORD do overlap. Postprandial fullness and an inability to finish a normal sized meal (early satiety) are suggestive of gastroduodenal dysmotility; patients with one or both of these symptoms are classified by the Rome III criteria as PDS.[8]

- **Meal testing**-Meal induced symptoms are an important and increasingly recognized feature of FD. In a landmark study, a solid test meal was ingested by patients with FD who either self-reported they had meal induced symptoms such as fullness or bloating, or reported their symptoms were not meal induced. However, remarkably most subjects despite their recollection had symptoms after the meal as recorded by diary every 15 minutes for 240 minutes, and these symptoms were clearly increased compared with healthy controls. Interestingly, those who self-reported they had meal induced symptoms generally developed symptoms early (within 15 minutes) after ingestion and fullness and bloating predominated, while those who self-reported no meal relationship usually had delayed postprandial symptom induction and pain or burning predominated.**[9]**
- A typical history of long-standing troublesome early satiety and postprandial fullness is sufficient to make a clinical diagnosis and commence treatment, but often gastroscopy is required. Any of the following red flag symptoms should prompt endoscopy: new onset in older age, unintended weight loss, vomiting, bleeding, iron deficiency anaemia, family history of upper gastrointestinal cancer, progressive dysphagia or odynophagia.
- It is otherwise reasonable to screen for *H. pylori* infection by breath or stool antigen test and treat positive cases. NSAID's should be stopped before either investigation or an empiric trial of therapy, usually a proton pump inhibitor for 2–4 weeks, in those who are still symptomatic.
- If gastroscopy is required, biopsies can be obtained from the duodenum as well as stomach to look for coexistent pathology even if the mucosa looks normal.[6]

Differential Diagnosis

- **GORD** -(GORD) without oesophagitis has been an area of clinical confusion, as early satiety can occur in both conditions.GORD is often the diagnostic label applied to patients even if they have typical symptoms of FD with little or no heartburn. In patients with FD and no reflux symptoms, there is a substantially increased risk of GORD developing over the next 10 years. Some patients with GORD who fail to respond to acid suppression with proton pump inhibitors may have FD so they should be asked about their symptoms. Emerging data suggest GORD and FD are part of the same disease spectrum.

- **IBS -**Symptoms of IBS often overlap with those of FD, with epigastric pain and postprandial fullness often occurring with lower abdominal pain and bloating (diagnostic criteria in IBS). However, unlike in IBS, the symptoms of FD alone are not associated with a change in bowel habit. Both can arise after acute infectious gastroenteritis.[6]
- **Gastroparesis**-Gastroparesis is defined as a delay in emptying of food from the stomach and occurs after vagotomy for peptic ulcers; with pancreatic adenocarcinoma; with mesenteric vascular in sufficiency; or in systemic diseases such as diabetes, scleroderma and amyloidosis.[10] Gastroparesis is often confused with FD but is rare. This should be considered in patients with persistent vomiting or weight loss associated with dyspepsia. A nuclear medicine gastric-emptying test can be helpful in this setting.**[6]**
- **FGIDs**-In clinical practice, other symptoms may accompany dyspepsia and if predominant can point to alternative diagnoses. In particular, frequent vomiting is a very unusual symptom in the dyspepsia symptom complex and in addition to considering gastroparesis and other rarer causes such as brain stem disease, drugs including cannabis (that can induce cyclic vomiting and sometimes compulsive bathing behaviour) need consideration. Unrelenting abdominal pain is not a feature of FD and other possibilities such as functional abdominal pain syndrome or narcotic bowel syndrome should be considered.[9]

Treatment

There are many treatment options available for FD, with some being more effective than others. Many patients will respond to non-pharmacological management and drug therapy should be reserved for refractory cases.

- **Reassurance and explanation** -Making a firm diagnosis even in the absence of endoscopy is sound medical practice and probably therapeutic. FD is common and impacts on quality of life, but the good news is there is no associated increased mortality. Reassurance, explanation and advice to reduce stress should be routine. Depression should be excluded by asking simple screening questions.
- **Diet** -Traditionally eating smaller regular low-fat meals is the advice offered, as the stomach and duodenum can process these more easily (a high fat intake slows gastric emptying) and

gastric distension is minimised. Other triggers have been identified, including fatty, fried or spicy foods, and carbonated drinks, and avoiding these may be of benefit.

- **Acid suppression** -Reducing the amount of acid bathing the duodenum may be helpful. Proton pump inhibitors they have risks with long-term use in FD. The majority of patients do not respond to this therapy, and it is most useful in those with epigastric pain. An alternative is H2 receptor antagonist therapy, helpful even if proton pump inhibitors have failed. Antacids and sucralfate are not efficacious.
- **Prokinetics** -Domperidone is sometimes prescribed but the evidence for efficacy in FD is very limited. Cisapride has a better evidence base and is available from compounding chemists. Both of these drugs prolong the QT interval and must be used with caution. ECG monitoring is recommended. Prokinetics help postprandial distress more than pain. Metoclopramide should be avoided unless nausea is a serious issue as irreversible tardive dyskinesia is a concern. For nausea in such cases a 5HT3 antagonist (ondansetron) is preferred.
- **Fundic relaxors**-Fundic relaxors can be considered for people unresponsive to prokinetics. Cisapride relaxes the gastric fundus, but alternative options include the anti-anxiety drug buspirone or the over-the-counter product Iberogast.
- **Antidepressants** -Low-dose tricyclic antidepressants are superior to placebo for FD, but they are probably most helpful for those with epigastric pain. would be considered & its doses may be associated with adverse effects, especially in older patients. Selective serotonin reuptake inhibitors and selective noradrenaline reuptake inhibitors are reported to be better option. Mirtazepine may have some efficacy particularly if nausea is associated.
- **Non-absorbable antibiotic rifaximin**-The microbiome is disturbed in FD. Rifaximin an expensive off-label therapy and data on relapse and retreatment are not available. While rifaximin's predominant effect in FD is believed to be antibiotic, its anti-inflammatory properties may contribute to symptom relief.
- **Psychological therapy** -Evidence for psychological therapy in FD is limited. However, for patients with a strong psychological component, offering cognitive behavioural therapy is reasonable.[6]

Lesser Known Homoeopathic Medicines[11,12,13,14,15]

- **Abies nigra:** Useful in Dyspepsia, when there is a "hard-boiled egg" sensation in oesophagus - a feeling as though he had swallowed some indigestible substance, which had stuck at the cardiac orifice of the stomach - the main symptom and the key-note of the drug that has been frequently confirmed. The other symptoms are low-spiritedness, hypochondriasis and constipation incident to Dyspepsia.
- **Asafoetida:** Enormous meteorism and violent Gastralgia with gurgling and rolling of wind which escapes upwards with great difficulty, none downwards; burning of stomach and oesophagus and pulsation in the pit; great disgust for food with difficult rancid eructations and spasmodic tightness of the chest; sensation as if a ball started from stomach rose into the throat; an empty, gone feeling in stomach at 11 A.M. Hysterical patients.
- **Aletrisfarinosa**

  Dyspepsia from general debility; nausea, disgust for all food, the least food causes distress in stomach; frequent attacks of fainting, with vertigo; slow digestion; flatulence, constipation, sleepiness.
- **Bismuthum-sn.**

  Headache alternating with or attended by gastralgia. Sweetish and metallic taste; copious and continuous secretion of a thick saliva, brown and of a metallic taste; sensation of excoriation in mouth; swelling and sensitiveness of gums; burning heat in throat, great thirst for cold beverages; he vomits the smallest quantity of water, although the stomach retains everything else; cough when stomach is empty; soon after eating, burning and pressure in stomach, circumscribed on a narrow point and forcing patient to bend backward; nausea; eructations of a bad odor; vomiturition and vomiting; loud borborygmi and flatulency; malaise in lower abdomen; constipation, or watery, foul-smelling diarrhoea; urine abundant and limpid. Distress extends from stomach through to spine, with burning in spine opposite epigastrium.
- **Capsicum annuum**

  Dipsomania; morning vomiting, sinking at stomach; stomach icy cold or burning in it; dyspepsia from torpor, particularly in old people; flatulence and wind colic;heartburn,

waterbrash; food tastes sour, bitter while eating, worse afterwards; water causes shuddering; purging, tenesmus and thin stools; anxiety and fear of dying; peevish, irritable, angry; foul breath; haemorrhoids, lack of reaction; very offensive breath when coughing.

- **Carduus marianus**

  Gastric ailments from abuse of alcoholic drinks and especially of beer; gastric catarrh with loss of appetite, frequent eructations, flatulency; burning in stomach, as from acidity; bitter taste, intense nausea, painful retching and vomiting of sour, greenish fluid; pressure in stomach with eructations of air, at night on awakening, lasting all day; hepatic region sensitive to pressure; pasty diarrhoea. "Bergsucht," phthisis of miners, a complex of symptoms of stomach, spleen and kidneys with insomnia, inappetency, mental irritability, languor and general weakness.

- **Cedron**

  Bitter eructations before rising in the morning, with a dull pain in temples; sensation as of a stone in stomach, of heat and fulness in stomach; distention and disposition to nausea, aggr. by rest, amel. by walking and eating; great sensitiveness of praecordial region; pulse small and hard, dryness of mouth and fauces; depressed spirits and restlessness, relieved by food and drink.

- **Chininumsulphuricum**

  Excessive repugnance to all food; swelling and sensitiveness of epigastrium; oppression after eating, nausea, desire to sleep; visceral obstructions, especially engorgement of spleen; loss of all energy; somnolence in daytime.

- **Chionanthus virginica**

  Bilious dyspepsia; hypochondriasis, wants to be let alone; tongue of a dirty, greenish-yellow color and very dry, though usual quantity of saliva; complete loss of appetite and food nauseates; hot, bitter, sour eructations, setting teeth on edge; stomach feels weak and empty, amel. by eating; foul flatus.

- **Cornuscircinata**

  Nausea, with bitter taste and aversion to all kinds of food; empty feeling in stomach, with tasteless eructations; desire for sour drinks; smarting and burning in mouth, throat and stomach, with desire for stool; sensation of faintness in stomach and abdomen.

- **Curcuma longa** Turmeric is for a variety of digestive disorders. Curcumin, for example, one of the active ingredients in turmeric induces flow of bile, which helps break down fats. Stomach upset, gas, abdominal cramps. Extracts of turmeric root can reduced secretion of acid from the stomach and protected against injuries such as inflammation along the stomach (gastritis) or intestinal walls and ulcers from certain medications, stress or alcohol.
- **Gratiola officinalis**

  Great distention of abdomen after meals; pressure at the pit of stomach as from a stone rolling from side to side with cramp like drawing which mounts into the chest, frequent urging to eructate and to vomit; great lassitude and somnolence after meals; appetite for nothing but bread; aversion to smoking; cold feeling in stomach, as if full of water; cramps in stomach.
- **Helonias dioica**

  Great prostration of nervous system; anaemia; pulse small and feeble; paleness and icteric color of skin; loss of appetite, bitter taste; constricting, pressing pain in stomach; empty eructations; vomiting, borborygmi and sensation as if diarrhoea would set in, but stools are regular; tongue red at tip and borders, white in centre; albuminuria, diabetes, sorrowfulness and melancholy; patient excitable and wishes to be let alone; renal and uterine troubles.
- **Iris versicolor**

  Nausea and vomiting of watery and extremely sour fluid, especially during early morn; constant and profuse flow of ropy saliva, hanging in a string from the mouth to the vessel on the floor; great burning distress in epigastrium; shocks of pain from umbilical region up to epigastrium, before each spell of vomiting or purging; vomiting of food an hour after eating, of bile with great heat and sweat; yellow, watery, corrosive stool, with burning in rectum and anus after it.
- **Leptandra virginica**

  Nausea, with deathly faintness upon rising in the night; painful distress in stomach, with rising of food, very sour; canine hunger; sharp cutting pains in the lower part of epigastrium and upper portion of umbilical region; weak sinking in pit of stomach; great distress in stomach and liver, worse from drinking water; stools black, tarry, bilious, undigested, followed by griping, but no straining.

- **Lobelia inflata**

  Sense of weakness and oppression of epigastrium and simultaneous oppression of chest, with or without heartburn, constant dyspnoea, aggr. from slightest exertion; pain in forehead from one temple to other; sensation of a lump in pit of throat, impeding respiration and deglutition; no appetite; fulness and pressure in epigastrium, aggr. after eating; difficulty of breathing from faintness and sinking at the stomach; acidity, heartburn; lateritious urine. After each vomiting sweat all over, followed by sensation as if lots of needles were piercing the skin from within outward; faintness at pit of stomach from abuse of tea or tobacco.

- **Mancinella**

  Very bitter taste, with burning and prickling in mouth; whole mouth and tongue covered with small vesicles; offensive breath; heat in pharynx and down oesophagus, without thirst; can only take liquid food on account of soreness of mouth; thirst for cold water, but is prevented from drinking by the choking sensation rising from stomach; excessive nausea; sour, greasy vomit, with aversion to water; on the vomited matter floats a white mass like coagulated fat; sensation as of flames rising from stomach, or as if stomach grew together in a lump and then suddenly opened again; fulness in rectum, with a hollow feeling in stomach; diarrhoea in alternation with constipation.

- **Oleander**

  Extreme debility of digestive power; vomiting of food just as taken many hours after a meal, food has a weak, insipid taste; ravenous hunger, with trembling of hands, and hasty eating, without appetite; violent empty eructations while eating; vomiting of food and bitter greenish water; after vomiting ravenous hunger and thirst; sudden sinking in pit of stomach, with nausea or vomiting; wants brandy, which relieves; pulsation in pit of stomach as if beats of heart were felt through whole thorax; lienteria, burning at anus before and after stool.

- **Pepsinum**

  Dyspepsia of infants and convalescents, especially where they lost a great deal of blood and have been otherwise weakened; lienteria; pot-belliedness of children (Calc. c.).

- **Ptelea trifoliata**

  Indigestion and gastric debility from hepatic troubles; mental and bodily languor; gastric

headache with nausea; disgust for meat; stool in small, hard balls; nettlerash; stitches in various parts aggr. moving, speaking, breathing; longing for acids; hepatic and gastric symptoms aggr. soon after meals, feels the effect of food at once; rectal torpor.

- **Sanicula aqua**

  Digestion slow, can taste the food hours after eating; eructations sour, rancid, burning; fulness and bloating of stomach soon after eating, amel. by opening clothing and belching; nausea after eating, amel. after vomiting; constipation or diarrhoea, no two stools alike.

- **Sinapis alba**

  Even the mildest food causes burning and smarting; intense burning in mouth, extending into oesophagus and stomach; pit of stomach painful; ulcers on tongue, burning in oesophagus with accumulations of water in mouth, causing much spitting, aggr. after a meal; violent heartburn; acute bruised pain, even on light pressure, in pit of stomach, just below ensiform cartilage.

- **Tabacum**

  Cardiac dyspepsia; abuse of tobacco causes dry skin; capricious appetite or none; constant desire for liquors; dull gray complexion, emaciation, hectic fever; nausea and vomiting on least motion; sticking in pit of stomach through to back; deathly nausea, with pallor, coldness; body cold, abdomen hot; paroxysms of suffocation; palpitations, intermittent beats of the heart; vertigo; irritability; great timidity; paralysis of rectum and bladder; extreme weakness of collapse**.**

- **Taraxacum officinale**

  Immoderate desire to sleep after eating; at night frightful or erotic dreams; bitter eructations for several days, returning after drinking; motions in abdomen as if bubbles were forming and bursting; hysterical tympany; debility and profuse sweat at night**.**

- **Zingiber officinale**

  Vomiting of old drunkards; slimy, foul taste mornings as from disordered stomach, which feels heavy like a stone; slimy vomiting; belching and diarrhoea, cramps in soles; hot and painful haemorrhoids.

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