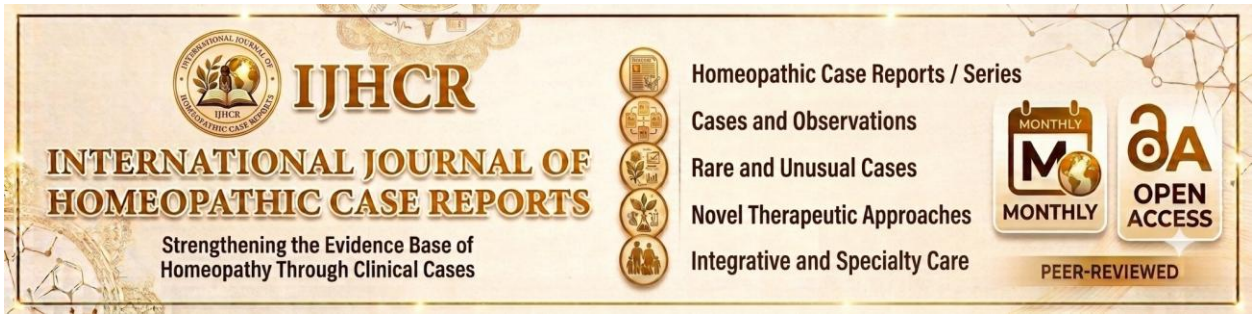

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Chronic Acid Peptic Disease Using Individualized Homoeopathic Treatment: A Case Report at Dr Batra's

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Abstract

Background

Acid Peptic Disease (APD) is one of the most prevalent gastrointestinal disorders worldwide and includes a spectrum of acid-related conditions affecting the stomach and proximal duodenum. Patients commonly present with retrosternal burning, epigastric discomfort, acid regurgitation, bloating, early satiety, and dyspeptic symptoms that significantly impair quality of life. Although proton pump inhibitors and antacids remain the cornerstone of conventional treatment, relapse following discontinuation is common. Individualized homoeopathic treatment aims to restore constitutional balance while addressing both local pathology and the patient's overall susceptibility.

Case Presentation

A middle-aged female presented with a history of chronic Acid Peptic Disease of approximately ten years' duration. She complained of recurrent retrosternal burning, acidity, bloating, fullness of abdomen, burning throat, sour eructations, and gastric discomfort aggravated by spicy food, delayed meals, and stress. Associated comorbidities included Type 2 Diabetes Mellitus and Hypertension, both managed with conventional medication. Food allergy evaluation demonstrated multiple dietary sensitivities involving cereals, legumes, nuts, seafood, dairy products, vegetables, and specific food additives. Constitutional evaluation, together with characteristic gastric symptoms, led to the prescription of **Nux vomica** as the constitutional remedy, supported by **Robinia pseudoacacia**, **Asafoetida**, and **Natrum sulphuricum** according to clinical indications.

Outcome

During serial follow-up over several years, the patient demonstrated progressive reduction in retrosternal burning, abdominal fullness, bloating, dyspepsia, and gastric discomfort. General health improved considerably with reduction in the frequency and intensity of acute gastric episodes. Long-term improvement was maintained while continuing dietary regulation and lifestyle modification.

Conclusion

This case demonstrates sustained clinical improvement in chronic Acid Peptic Disease following individualized homoeopathic treatment integrated with dietary counselling and lifestyle modification.

Keywords: Acid Peptic Disease, Gastroesophageal Reflux Disease, Dyspepsia, Homoeopathy, Nux vomica, Case Report

Introduction

Acid Peptic Disease (APD) comprises a group of disorders resulting from an imbalance between aggressive factors such as gastric acid and pepsin and the defensive mechanisms of the gastric and duodenal mucosa. The disease spectrum includes functional dyspepsia, gastritis, gastroesophageal reflux disease (GERD), gastric ulcer, and duodenal ulcer.

Globally, gastroesophageal reflux symptoms affect nearly 15–20% of adults, while dyspeptic symptoms remain among the leading causes of outpatient gastroenterology consultations. Persistent acid exposure may result in chronic inflammation, impaired quality of life, sleep disturbance, dietary restriction, and reduced work productivity.

Management primarily involves proton pump inhibitors, H2 receptor blockers, antacids, eradication of *Helicobacter pylori* where indicated, dietary modification, and lifestyle measures. Despite effective symptomatic control, recurrence after discontinuation of medication remains common.

Individualized homoeopathy approaches chronic gastrointestinal disorders by integrating constitutional characteristics, mental and emotional profile, physical generals, and disease-specific modalities to select the most appropriate remedy.

This report describes the successful long-term management of chronic Acid Peptic Disease using individualized constitutional homoeopathic treatment.

Case Presentation

A middle-aged female presented to **Dr Batra's® Positive Health Clinics** with complaints of chronic acidity for nearly ten years.

The patient reported recurrent:

- Retrosternal burning
- Epigastric burning

- Fullness of abdomen
- Bloating
- Acid regurgitation
- Burning sensation extending into the throat
- Occasional sour eructations
- Gastric discomfort

Symptoms recurred repeatedly despite prolonged use of antacids.

The patient had been diagnosed with Acid Peptic Disease and had received conventional treatment before seeking homoeopathic care.

History of Present Illness

The patient described chronic acidity associated with:

- Retrosternal burning
- Burning in throat
- Fullness after meals
- Bloating
- Dyspepsia
- Occasional aphthous ulcers
- Flatulence
- Sour and spicy food aggravation

The gastric symptoms were aggravated by:

- Spicy food
- Delayed meals
- Stress
- Sour food

The symptoms were relieved partially after food intake and temporary use of antacids.

Throughout follow-up, acidity recurred intermittently but gradually became less frequent and less severe.

Associated Illnesses

The patient was a known case of:

- Type 2 Diabetes Mellitus
- Hypertension

Both conditions were controlled with conventional medication during homoeopathic treatment.

Allergy Assessment

Food allergy evaluation identified sensitivity to multiple dietary items.

Consume Freely

- Oats
- Rice
- Corn
- Gluten
- Chana dal
- Almond
- Walnut
- Chicken
- Lamb
- Pork
- Banana
- Apple
- Garlic
- Egg
- Cow milk
- Various fruits and vegetables

Observe Intake

- Wheat
- Semolina
- Barley
- Lentils
- Green gram
- Soybean
- Potato
- Ginger
- Rye
- Flaxseed

Reduce

- Shrimp

Avoid

- Tur dal
- Cashew

Appropriate dietary counselling was provided based on the allergy profile.

Previous Treatment

The patient had been taking:

- Antacids
- Proton pump inhibitor-based symptomatic therapy

Only temporary relief was obtained before recurrence.

Past History

No significant gastrointestinal surgery or hospitalization was reported.

Comorbid illnesses included:

- Type 2 Diabetes Mellitus
- Hypertension

Family History

No significant family history of peptic ulcer disease was documented.

Mental Generals

The patient demonstrated:

- Anxiety during acute gastric episodes
- Stress-related aggravation
- Good treatment compliance
- Motivation for dietary modification

No major psychiatric illness was reported.

Physical Generals

- Appetite generally good
- Normal thirst
- Regular bowel habits with intermittent constipation
- Sleep satisfactory
- Weight remained relatively stable during follow-up
- Recurrent burning after spicy food
- Fullness after meals

Clinical Examination

General examination was within normal limits.

Repeated systemic examination demonstrated:

- Stable cardiovascular status
- Clear respiratory system
- Soft abdomen without organomegaly
- No evidence of acute abdomen

Blood pressure remained adequately controlled during follow-up.

Investigations

Laboratory investigations performed during follow-up included:

- Complete blood count
- Renal function tests
- Liver function tests
- Thyroid profile
- HbA1c
- Fasting blood sugar
- Lipid profile

These investigations were periodically monitored alongside clinical improvement.

Diagnosis

Primary Diagnosis

Chronic Acid Peptic Disease (APD)

Associated Conditions

- Gastroesophageal reflux symptoms
- Type 2 Diabetes Mellitus
- Hypertension

Differential Diagnosis

- Functional dyspepsia
- Gastroesophageal reflux disease
- Chronic gastritis
- Peptic ulcer disease
- Non-ulcer dyspepsia

Case Analysis

This patient presented with chronic Acid Peptic Disease characterized by recurrent retrosternal burning, bloating, abdominal fullness, throat burning, and dyspeptic symptoms aggravated by spicy food, delayed meals, and stress. Conventional treatment had provided only temporary symptomatic relief.

Constitutional assessment together with the characteristic gastric modalities supported the prescription of **Nux vomica** as the constitutional remedy. **Robinia pseudoacacia** was selected for marked hyperacidity and burning, **Asafoetida** for abdominal distension and functional dyspepsia, and **Natrum sulphuricum** was prescribed to support chronic gastrointestinal regulation.

In addition to individualized homoeopathic treatment, comprehensive dietary counselling based on food allergy testing and lifestyle modification formed an integral part of management. Over long-term follow-up, the patient demonstrated sustained reduction in gastric symptoms, improved digestion, and better overall quality of life while maintaining stable control of associated metabolic disorders.

Totality of Symptoms

Mental Generals

- Stress aggravates gastric complaints
- Anxiety regarding health
- Careful regarding diet after repeated acidity
- Good treatment compliance

Physical Generals

- Appetite generally good
- Normal thirst
- Recurrent acidity
- Burning extending to throat
- Fullness after meals
- Bloating
- Dyspepsia
- Better with dietary regulation

Particular Symptoms

- Chronic Acid Peptic Disease
- Retrosternal burning
- Epigastric burning
- Acid regurgitation
- Hyperacidity
- Abdominal bloating
- Fullness after meals
- Functional dyspepsia
- Aggravation after spicy food
- Aggravation after delayed meals
- Gastric discomfort

Evaluation of Characteristic Symptoms

The following symptoms were selected for constitutional prescription:

Mental Characteristics

- Anxiety during gastric episodes
- Stress-induced aggravation
- Conscious dietary regulation

Physical Characteristics

- Hyperacidity
- Fullness after eating
- Abdominal bloating
- Burning extending into throat

Particular Symptoms

- Chronic recurrent acidity
- Functional dyspepsia
- Acid regurgitation
- Long-standing dependence on antacids

Repertorial Analysis

Kent's Repertory was used for repertorization.

Selected Rubrics

Mind

- Anxiety about health
- Ailments from stress

Stomach

- Burning
- Hyperacidity
- Eructations; sour
- Fullness after eating
- Dyspepsia
- Gastric irritation

Generalities

- Aggravation from spicy food
- Gastric disorders
- Chronic digestive disturbance

The repertorial analysis supported **Nux vomica** as the constitutional remedy.

Remedy Differentiation

Nux vomica (Constitutional Remedy)

Nux vomica corresponded closely with:

- Chronic dyspepsia
- Hyperacidity
- Gastric irritability
- Acid regurgitation
- Digestive disturbance after dietary indiscretion
- Sedentary lifestyle
- Long history of antacid dependence

It covered both the constitutional susceptibility and the characteristic gastric pathology.

Robinia pseudoacacia

Robinia was selected during acute exacerbations because of its marked affinity for:

- Severe hyperacidity
- Burning extending into the oesophagus
- Sour eructations
- Acid reflux
- Night-time acidity

Asafoetida

Prescribed because of:

- Functional dyspepsia
- Abdominal distension
- Excessive bloating
- Gastric fullness
- Functional gastrointestinal disturbance

Natrum sulphuricum

Given as a supportive remedy because of:

- Chronic digestive dysfunction
- Hepatobiliary regulation
- Long-standing gastric complaints

Differential Remedies Considered

Lycopodium

Considered because of bloating and abdominal fullness.

Rejected because characteristic constitutional features of Lycopodium were absent.

Carbo vegetabilis

Considered because of abdominal distension.

Rejected due to absence of marked collapse, excessive flatulence, and craving for fanning.

Arsenicum album

Considered because of burning pains.

Rejected because the patient lacked restlessness, marked anxiety, thirst for small quantities, and midnight aggravation.

Prescription

Constitutional Remedy

Nux vomica 200C

Weekly dosing was prescribed based on the constitutional totality.

Acute Remedies

Robinia pseudoacacia 200C

For severe acidity and burning episodes.

Asafoetida 200C

For bloating and functional dyspepsia.

Supportive Remedy

Natrum sulphuricum 6X

Prescribed regularly to support chronic digestive function.

Dietary Management

Based on the allergy profile, individualized dietary counselling was provided.

Foods to Avoid

- Tur dal
- Cashew

Foods to Reduce

- Shrimp

Foods to Observe

- Wheat
- Barley
- Semolina
- Lentils
- Soybean
- Potato
- Ginger
- Rye
- Flaxseed

The patient was encouraged to consume tolerated foods while avoiding dietary triggers associated with acidity.

Miasmatic Analysis

The case demonstrated a **predominantly Psoro-Sycotic miasmatic background**.

Psoric Features

- Functional dyspepsia
- Hyperacidity
- Burning
- Gastric irritation
- Food sensitivity

Sycotic Features

- Chronic recurrent disease
- Long duration (10 years)
- Repeated relapses
- Metabolic comorbidities (Type 2 Diabetes Mellitus and Hypertension)

Follow-up

Table 1. Chronological Follow-up

Follow-up Period	Clinical Findings	Outcome
Baseline	Chronic acidity for 10 years, burning, bloating, abdominal fullness, throat burning, long-term antacid use	Constitutional treatment initiated
Early follow-up	Burning episodes became less frequent. Bloating reduced.	Mild improvement
Subsequent follow-up	Acid regurgitation reduced. Better digestion. Dietary compliance improved.	Progressive improvement
Intermediate follow-up	Frequency of acute acidity episodes reduced markedly. Less dependence on antacids.	Sustained improvement
Long-term follow-up	Minimal acidity, occasional dietary indiscretion-related symptoms, overall digestive health improved.	Stable remission maintained

Clinical Outcome

At completion of follow-up:

- Significant reduction in acidity.
- Burning sensation markedly improved.
- Abdominal bloating reduced.
- Better digestion.
- Less abdominal fullness.

- Reduced requirement for acute medications.
- Improved quality of life.
- Stable control of diabetes and hypertension maintained with conventional medication.

Discussion

Acid Peptic Disease is a chronic relapsing disorder that significantly affects patients through recurrent retrosternal burning, dyspepsia, bloating, acid regurgitation, and impaired quality of life. Although proton pump inhibitors provide symptomatic relief, recurrence after discontinuation is common, particularly when dietary and lifestyle factors remain unaddressed.

In the present case, the patient had experienced chronic acidity for nearly ten years despite repeated courses of antacids. The presence of associated Type 2 Diabetes Mellitus and Hypertension increased the importance of selecting a treatment strategy that could be integrated safely with ongoing conventional therapy. Food allergy testing identified multiple dietary sensitivities, allowing individualized nutritional counselling in addition to medicinal treatment.

The constitutional prescription of **Nux vomica** was based on the overall symptom totality, particularly chronic gastric irritability, recurrent hyperacidity, and functional dyspepsia. **Robinia pseudoacacia** was employed during acute hyperacid episodes because of its well-recognized homoeopathic affinity for severe acidity and reflux, whereas **Asafoetida** addressed abdominal distension and functional gastrointestinal symptoms. **Natrum sulphuricum** was prescribed as a supportive remedy for chronic digestive regulation.

During long-term follow-up, the patient demonstrated sustained reduction in acidity, bloating, and epigastric discomfort together with improved dietary tolerance and reduced dependence on symptomatic antacid therapy. While dietary modification and lifestyle measures likely contributed to the outcome, the favourable clinical course supports the potential value of individualized homoeopathic treatment as part of an integrative approach for chronic acid peptic disease.

As this is a single case report, no causal inference can be established. Larger prospective controlled studies are needed to evaluate the role of individualized homoeopathy in chronic gastrointestinal disorders.

Health-Related Quality of Life (HRQL)

Before treatment, recurrent acidity and bloating interfered with daily activities, food choices, and overall comfort. The patient required frequent antacid medication and experienced repeated gastric discomfort. During follow-up, improved symptom control allowed greater dietary confidence, fewer episodes of gastric distress, and a noticeable improvement in overall well-being and daily functioning.

Patient Perspective

"I had suffered from acidity for many years and depended on antacids for temporary relief. After treatment, the burning and bloating gradually reduced, I could eat more comfortably, and I no longer experienced frequent episodes of acidity. Following the advised diet also helped me maintain my improvement."

Learning Points

- Chronic Acid Peptic Disease often requires long-term management because recurrence is common.
- Dietary triggers and food sensitivities should be evaluated as part of comprehensive patient care.
- Individualized constitutional prescribing should consider mental, physical, and gastrointestinal characteristics rather than local symptoms alone.
- Objective follow-up and patient-reported outcomes strengthen clinical documentation.
- Integrative management combining individualized homoeopathic treatment, dietary counselling, and lifestyle modification may improve symptom control in selected patients.

Conclusion

This case illustrates the successful long-term management of **chronic Acid Peptic Disease** in a patient with associated **Type 2 Diabetes Mellitus** and **Hypertension** using individualized constitutional homoeopathic treatment integrated with dietary modification and lifestyle counselling. **Nux vomica** was selected as the constitutional remedy, supported by **Robinia pseudoacacia**, **Asafoetida**, and **Natrum sulphuricum** according to the patient's evolving clinical presentation. Progressive reduction in acidity, epigastric burning, bloating, acid regurgitation, and dependence on antacids was observed during follow-up, accompanied by improved quality of life. Although conclusions regarding efficacy cannot be drawn from a single case, this report supports further research into individualized homoeopathic treatment as an adjunctive approach in the management of chronic acid peptic disease.