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Case Report

Homoeopathic Management of Peptic Ulcer Disease: A Case Report

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Abstract Peptic ulcer is a chronic disease affecting up to 10% of the world's population. The pH of gastric juice and a decline in mucosal defenses are the two factors that lead to the development of peptic ulcers. Both Helicobacter pylori (H. pylori) infection and non-steroidal anti-inflammatory medicines (NSAIDs) are the main causes of the disruption of the mucosal resistance to damage. Proton pump inhibitors (PPIs) and histamine-2 (H2) receptor antagonists, two common therapies for peptic ulcers, have been linked to side effects, relapses, and a variety of pharmacological interactions. Conversely, Homoeopathic medications are helpful in the management and prevention of a wide range of illnesses. Therefore, popular homoeopathic medications that had been used to cure or prevent peptic ulcer in this case study.
Keywords *Peptic ulcer; Homoeopathy; Management*

Introduction

A Peptic ulcer is defined as the disruption of the mucosal integrity of the stomach and/ or duodenum leading to the local defect or excavation due to active inflammation. Although burning epigastric pain exacerbated by fasting and improved with meals is symptom complex associated with peptic ulcer disease, it is now clear that more than 90 percent patient with this symptoms complex (dyspepsia) do not have ulcers and that the majority of patient with peptic ulcer may be asymptomatic. An ulcer occurs within the stomach and/or duodenum and is often chronic in nature. Acid peptic disorders are very commonly found in people. Lifetime prevalence of Peptic Ulcer disease is 12% in man and 10% in women. Peptic ulcer disease significantly affects quality of life by impairing overall patient well-being and contributing substantially to affect daily work activity [1, 2].

There are two types of peptic ulcers [2]

1. Gastric Ulcer
2. Duodenum Ulcer

Gastric Ulcer: - Gastric ulcer are most often found distal to the junction between the antrum and the acid secretory mucosa. Benign Gastric ulcer is quite rare in the gastric fundus and are histologically similar to Duodenal Ulcer. Benign Gastric Ulcer associated with H. Pylori is also associated with antral gastritis. Gastric Ulcer generally occur in later life than the duodenal lesion, with peak

incidence reported in sixth decades. Mostly Gastric ulcer remains silent and presenting only after a complication develop. Majority of Gastric Ulcer can be attributed to either H. Pylori or NSAID-Induced mucosal damage.

Duodenal Ulcer: - Duodenum ulcer occur most often in the first portion of duodenum (95%), with (90%) located within 3cm of the pylorus. They are usually 1cm in diameter but it can be occasionally reach 3-6cm (giant ulcer). Duodenal ulcer is estimated to occur in 6-15% in the population. H. Pylori and NSAID-induced injuries account for the majority of Duodenal ulcers. Many acids secretory abnormalities have been described in Duodenal ulcer patients.

Causes of peptic ulcer [2]: -

•Excessive consumption of alcohol
•Infection with Helicobacter pylori
•Prolonged or regular use of nonsteroidal anti-inflammatory drugs (NSAIDs)
•Radiation therapy
•Smoking
•Stomach cancer

Signs, symptoms & pathophysiology of peptic ulcer[2]

- Abdominal pain at night
- Bloody stools
- Burning abdominal pain (mild to severe)
- Changes in appetite
- Chest pain
- Dark stool
- Indigestion
- Nausea and vomiting
- Weight loss

Pathophysiology[2]

Stomach contains acidic secretions (HCl) which can digest substances. Gastric mucus protects the stomach from:

- Auto-digestion
- Mechanical trauma
- Chemical trauma
- Prostaglandins provide another line of defense.
- Gastric ulcer occurs due to destruction of the mucosal barrier.
- The duodenum is protected from ulceration by the function of Brunner's glands. These glands produce a viscid, mucoid, alkaline secretion that neutralizes the acid chyme.
- Duodenal ulcers appear to result from excessive acid protection. Helicobacter pylori release a toxin that destroys the gastric and duodenal mucosa, reducing the epithelium's resistance to acid digestion and causing gastritis and ulcer disease.
- Salicylates and other NSAIDs inhibit the secretion of prostaglandins (substances that block ulceration).
- Certain illnesses like pancreatitis, liver disease, Crohn’s disease, gastritis, and Zollinger-Ellison syndrome, can cause ulceration.

- Excess use of alcohol, coffee, and tobacco, may contribute by accelerating gastric acid emptying and promoting mucosal breakdown.
- Emotional stress also contributes to ulcer formation because of the increased stimulation of acid and pepsin secretion and decreased mucosal defense.
- Physical trauma and normal aging are additional predisposing conditions

Complication of peptic Ulcer [1, 2]: -

- Gastric perforation
- Gastric outlet Obstruction
- Hemorrhage
- Shock

Diagnosis methods/tests of peptic ulcer [2]:

- Barium swallow or upper GI and small bowel series
- Gastric secretory studies
- Serologic testing
- Stool analysis
- Upper GI tract X-rays

Case report

A 32 years old male patient on 12th April, 2023 with the complaints of burning pain in epigastric region of abdomen which aggravates in empty stomach and at night for last 6 months. The patient also had associated nausea, vomiting and dyspepsia mainly aggravates in morning. He had a history of allergic manifestations, like frequent paroxysmal attack of sneezing and coryza with morning aggravation and for which he used to take Conventional medicines for long years. The patient was chilly thermally and he used to catch cold very easily whenever exposed to cold atmosphere. His constitution was thin, tall, and irritable from the early age he suffered from hepatic and gastric derangements along with allergic troubles. His occupation as engineer was related to office work and was habituated to tobacco smoking.

Mental General

Mentally the patient was very irritable and stressful. He was extremely sensitive to external impressions like noises, light etc. He disliked company and got angry very easily.

Physical General

The patient had a good appetite and he could not tolerate hunger. He had to eat at short interval to get rid of pain in abdomen although there was bloating sensation in abdomen after taking food. He had strong desire for sweet, meat, spicy and fatty food. Patient had thirst and about used to take 3-4 lit of water per day. The patient had irregular bowel movements. There was frequent urging for stool in the morning and an unfinished sensation after stool. His sleep was disturbed because of nocturnal burning pain in abdomen. Thermally the patient was chilly. Tongue was clean and moist in the anterior part but posteriorly it was white coated.

General physical Examination: -

Pulse Rate- 60

BP- 106/70mmHg

Temp-99^0F

Height-175cm

Weight-70kg

-No sign of jaundice, clubbing, pallor, lymphadenopathy etc.

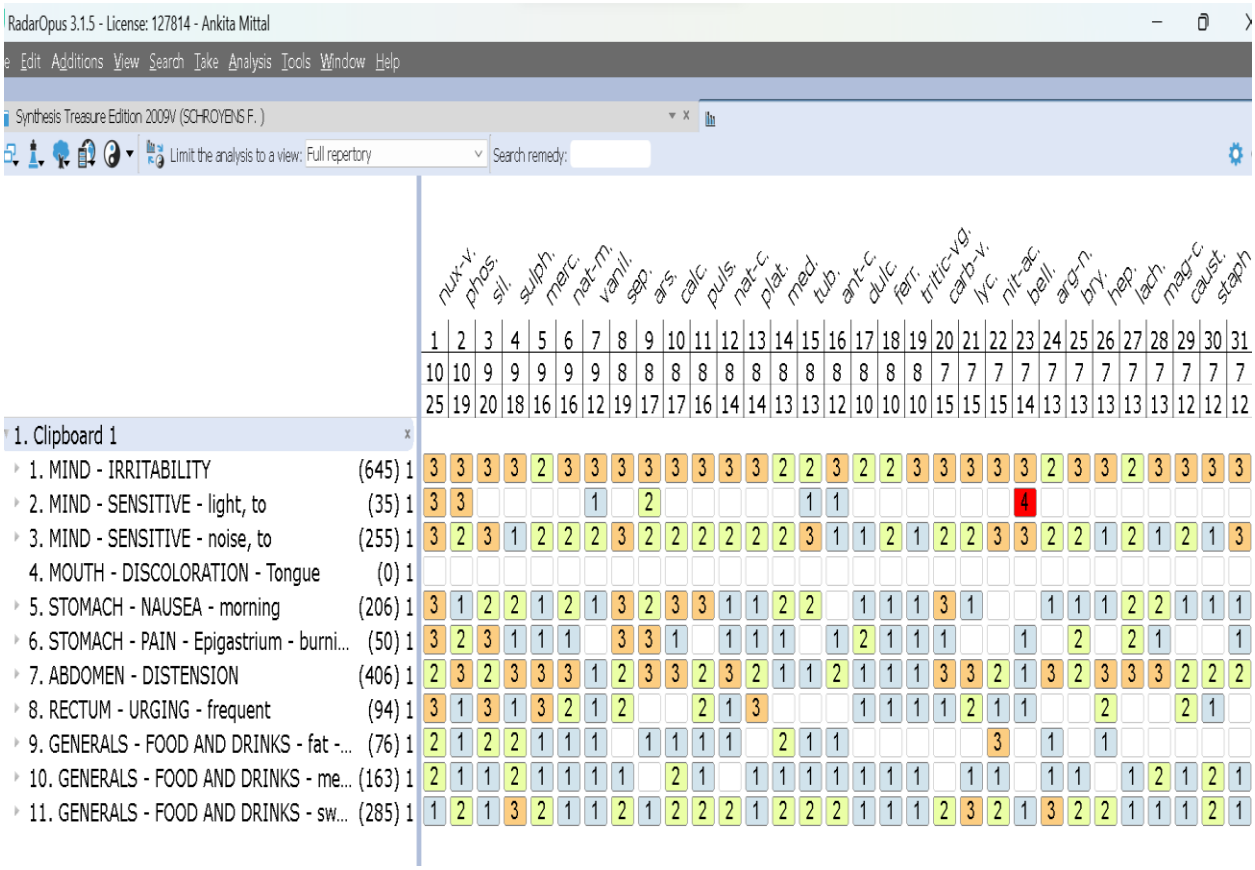
Totality of symptoms

a) Irritable - angry at trifles, small contradiction.
b) Sensitivity to external influences like noise, light and crowd.
c) Hunger intolerance, pain.
d) Eats at short interval to getting free from pain.
e) Bloated sensation in abdomen after taking food.
f) Strong desire for spicy, fatty food, meat and sweet.
g) Frequent urging for stool in the morning and there is unfinished sensation after stool.
h) Disturbed sleep due to nocturnal burning pain in abdomen.
i) Tongue was clean and moist in the anterior part and posteriorly coated white.
j) Burning pain in epigastrium which used to get aggravated in empty stomach, at night and there was associated nausea, vomiting especially in the morning.

Analysis and evaluation of symptoms: -

Sl. N.	Symptoms	Analysis	Evaluation	MIASM[3]
1.	Irritable, angry at trifles	Mental General	+++	Psoric
2.	Very sensitive to external influence, Light, Noise	Mental General	+++	Psoric
3.	Pain epigastrium burning agg in night with nausea and vomiting in morning.	Particular general	++	Psoro-sycotic
4.	Frequent urging to stool in morning with unfinished sensation after stool.	Particular general	+++	Psoric
5.	Desire for fatty food meat and sweet	Physical general	++	Psoric
6.	Abdomen distended	Particular general	++	Psoric-sycotic
7.	Tongue white coated posteriorly	Particular general	++	Psoric

Reportorial analysis



Selection of medicine and potency

Based on Repertorisation of characteristic symptoms and final consultation with Materia Medica, Nux -vomica was selected as the first prescription. On the basis of susceptibility of the patient, nature and intensity of the disease, stage and duration of the disease and previous treatment of the disease 30th centesimal potency was selected.

First prescription – On 12th April, the patient was prescribed with Nux vomica-30, 4 doses to be taken once in a day at bed time for four days & placebo for remaining days.

Table 1: Follow up

Date	Symptoms	Medicine and potency	Justification
First follow up 25/04/23	Pain of epigastrium getting improved Nausea and vomiting improved Dyspeptic symptoms were better	Nux vom-30, 4dose & Placebo-30, 1drachm, BD	After getting initial relief of previous symptoms, patient assuming a standstill condition suggest repetition of doses.
Second follow up 12/05/23	Dyspeptic symptoms getting better Burning sensation of epigastrium remain same as before since 5-6 days, nausea getting better.	Placebo-30, 1drachm BD	After complete interpretation of symptoms advice placebo for 7 days.
Third follow up 20/05/23	Symptoms of epigastric pain remain same as previous follow up. Nausea and vomiting subsided Intensity of pain increase.	Nux-Vom-200, 4dose Placebo-200, 1drachm BD	According to symptoms indication Nux vom in preceding potency selected
Fourth follow up 16/06/23	Burning Pain of epigastrium getting improved Nausea completely subsided. Intensity of pain decrease	Placebo-200, 1drachm BD	Improvement in symptoms good sign of homoeopathic remedy.
Fifth follow up 01/07/23	Pain of epigastrium after improvement before remains stand still. Stool burning during evacuation and also in Micturition.	Nux Vom-1M, 2dose, Placebo-200, 1drachm BD	After array of improvement there was reappearance of symptoms which needs preceding potency.
Sixth follow up 20/07/23	Abdominal pain getting better. Burning sensation of epigastrium better. Stool complains relief. No any symptoms present.	Placebo-200, 1drachm BD	After Taking Nux-Vom-1M there is significant improvement in previous symptom problem.
Seventh follow up 21/08/23	Patient getting better from previous symptom. No relapse of symptoms appears.	Placebo-200, 1drachm, BD	Patient was free from all symptoms. No any symptoms appear since 1 month.

Conclusion [5]

Homoeopathy, an independent system of medicine, has significant potential in treating Duodenal Ulcer, a common issue due to psychological stress, lifestyle disorders, and iatrogenic influences. In a case involving severe burning pain, nausea, and vomiting, Nux Vomica was selected for treatment. The patient experienced marked clinical and pathological improvement, with the effects worsening on empty stomachs and mornings. This treatment has shown favorable results in various potencies.

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