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"A CLINICAL STUDY OF GASTRITIS AND EFFICACY OF HOMOEOPATHIC MEDICINE"

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ABSTRACT

Background

Gastritis is an inflammatory condition of the gastric mucosa and ranks among the most frequently encountered disorders of the upper gastrointestinal tract [1, 2]. It may be acute or chronic, and is commonly precipitated by irregular dietary habits, spicy and acidic food, prolonged use of non-steroidal anti-inflammatory drugs, alcohol, tobacco, psychological stress and Helicobacter pylori infection [3, 4, 5, 6]. Conventional management with antacids, proton pump inhibitors and eradication regimens provides symptomatic relief but is frequently followed by recurrence [7, 8]. Homoeopathy offers an individualized, constitution-based therapeutic model, yet systematic clinical evaluation of its role in gastritis remains limited.

Methods

A prospective, single-group, before–after interventional study was conducted over 12 months in the outpatient department and peripheral centres of Ananya College of Homoeopathic Medicine & Hospital, Kalol, Gujarat. Fifty patients with a clinical diagnosis of gastritis, fulfilling predefined inclusion and exclusion criteria, were enrolled by purposive sampling. Detailed case taking was carried out according to the guidelines of the Organon of Medicine; symptoms were analysed, evaluated and repertorised, and an individualized homoeopathic medicine was prescribed in a suitable potency and repetition. Symptom severity was measured with the Gastrointestinal Symptom Rating Scale (GSRS) before and after treatment, and the paired sample t-test was applied.

Results

The mean GSRS score fell from 31.50 ± 4.92 before treatment to 9.52 ± 4.03 after treatment, a mean reduction of 21.98 points (95% CI 20.76–23.20). The paired sample t-test showed a highly significant difference ($t = 36.13$, $df = 49$, $p < 0.00001$), and pre- and post-treatment scores were moderately correlated ($r = 0.553$, $p = 0.00003$). The mean percentage improvement was 70.51%. Marked improvement was recorded in 12 patients (24%), moderate improvement in 27 (54%) and mild improvement in 11 (22%); no patient remained unimproved. Nux vomica (22%) and Lycopodium (18%) were the most frequently indicated remedies.

Conclusion

Individualized homoeopathic treatment was associated with a statistically highly significant and clinically meaningful reduction in gastritis symptom severity as measured by the GSRS, and all patients showed some degree of improvement. As the study used a single-group design without a parallel control arm, the findings should be regarded as preliminary; randomized controlled trials with larger samples and longer follow-up are recommended to confirm the observed effect.

KEYWORDS: Homoeopathy; Gastritis; Gastrointestinal Symptom Rating Scale; Individualized medicine; Practice of Medicine; Nux vomica.

INTRODUCTION

Gastritis denotes histologically confirmed inflammation of the gastric mucosa and is one of the commonest conditions encountered in general and gastroenterological practice [1, 2]. It is conventionally classified as acute or chronic on the basis of the temporal profile and the predominant inflammatory infiltrate, and as erosive or non-erosive on the basis of mucosal appearance [3]. Chronic gastritis is further graded and staged according to the extent of atrophy and intestinal metaplasia, which carry prognostic significance for the later development of gastric malignancy [2].

The aetiology of gastritis is multifactorial. Since the identification of Helicobacter pylori as a colonising organism of the gastric antrum, infection with this bacterium has been recognised as the single most important cause of chronic gastritis worldwide [4]. Prolonged ingestion of non-steroidal anti-inflammatory drugs produces mucosal injury by suppression of prostaglandin-mediated cytoprotection [5], while psychological stress alters gastric secretion, mucosal blood flow and motility through the brain–gut axis [6]. Irregular meal timings,

excessive intake of spicy, oily and acidic food, alcohol consumption and tobacco use are additional and highly prevalent contributory factors [7]. Untreated or recurrent gastritis may progress to peptic ulceration, gastrointestinal haemorrhage and, in a small proportion of long-standing atrophic cases, gastric carcinoma [3, 8].

Patients typically present with epigastric burning or pain, sour or bitter eructation, acid regurgitation, nausea, vomiting, abdominal bloating, early satiety, heaviness after meals and loss of appetite [8, 9]. Conventional management is directed largely at acid suppression by means of antacids, H2-receptor antagonists and proton pump inhibitors, together with antibiotic eradication therapy where H. pylori is demonstrated [7, 9]. Although such treatment gives prompt symptomatic relief, it does not modify the individual susceptibility of the patient, and discontinuation is frequently followed by relapse. Concerns regarding long-term acid suppression and repeated antibiotic exposure have led an increasing number of patients to seek complementary systems of medicine.

Homoeopathy approaches gastritis not as an isolated lesion of the stomach but as the local expression of a disturbance of the whole individual. Following the principle of Similia Similibus Curentur, the remedy is selected on the totality of symptoms, which incorporates the characteristic particulars of the gastric complaint, its causative and modifying factors, and the mental, emotional and general constitutional state of the patient [10, 11]. In chronic and recurrent presentations, the constitutional remedy is expected to correct the underlying predisposition and thereby reduce the tendency to relapse [10, 11]. Notwithstanding the widespread empirical use of homoeopathic medicines in gastric complaints, prospective clinical documentation employing a validated symptom-severity instrument remains scarce.

The present study was therefore undertaken to document the clinical presentation of gastritis in patients attending a homoeopathic teaching hospital, and to assess the change in symptom severity, measured on the Gastrointestinal Symptom Rating Scale (GSRS) [12], following individualized homoeopathic treatment.

MATERIALS AND METHODS

Study Design

A prospective, single-group, before–after (pre–post) interventional study was carried out over a period of 12 months in the outpatient department and peripheral centres of Ananya College of Homoeopathic Medicine & Hospital, Kalol, Gandhinagar, Gujarat, attached to Adarsh Homoeopathic Hospital. Each patient served as his or her own control; no parallel placebo or comparator arm was employed.

Participants and Eligibility Criteria

Fifty patients attending the outpatient department with a clinical diagnosis of gastritis were enrolled consecutively by purposive sampling according to the following criteria:

- **Inclusion Criteria**

o Patients of all age groups and of either sex.

o Patients diagnosed clinically as suffering from gastritis, irrespective of socioeconomic status and religion.

o Patients willing to participate in the study and to give written informed consent.

- **Exclusion Criteria**

o Patients suffering from autoimmune disease.

o Patients immunocompromised as a result of disease or of medication.

o Patients receiving any other mode of treatment for gastritis.

Ethical Considerations

The study protocol was approved by the Institutional Ethics Committee of Ananya College of Homoeopathic Medicine & Hospital, Kalol . Written informed consent was obtained from every participant, or from a parent or legal guardian in the case of minors, after the nature, purpose, possible benefits and possible discomforts of the study had been explained in a language the participant understood. Participation was voluntary and participants were free to withdraw at any stage without prejudice to their routine treatment. All personal and clinical information was kept confidential and used solely for research purposes.

Diagnosis and Baseline Assessment

The diagnosis was established on the basis of presenting symptoms, detailed case history and physical examination, supported where clinically indicated by ultrasonography of the abdomen and pelvis and by a complete blood count, principally in order to exclude other causes of upper abdominal pain. Baseline symptom severity was recorded on the GSRS before the first prescription.

Intervention

Case taking was conducted in accordance with the guidelines laid down by Dr. Samuel Hahnemann in the Organon of Medicine and was recorded on a specially designed case proforma [10]. Particular emphasis was placed on the history of the presenting complaint with its location, sensation and modalities, causative factors such as diet, stress, drugs and

habits, past history, family history, personal history including appetite, thirst, desires, aversions, sleep and bowel habit, the mental and emotional state, and general physical, systemic and local examination.

The symptoms so elicited were analysed and evaluated, the totality was erected, and repertorisation was performed with the aid of Kent's Repertory and the CARA and Complete Dynamics homoeopathic software [13]. The group of remedies obtained on repertorisation was referred back to the Materia Medica, and the single medicine most similar to the totality was selected [14, 15, 16]. The potency was chosen according to homoeopathic principles and the susceptibility of the individual patient, and the dose and its repetition were regulated according to the directions of the Organon of Medicine (§ 248) and the observations of Kent [10, 16]. All medicines were administered by the oral route. Medicines were procured from Good Manufacturing Practice certified homoeopathic pharmacies and dispensed through the hospital dispensary [17].

In addition to the medicinal intervention, all patients received standard dietary and lifestyle advice, namely avoidance of spicy, oily and highly acidic food, maintenance of regular meal timings, adequate hydration and reduction of stress. Patients were followed up at intervals of seven days, or earlier where the severity of symptoms so required, and the prescription, potency and repetition were reviewed at each visit.

Outcome Measures

- **Primary outcome:** change in the Gastrointestinal Symptom Rating Scale (GSRS) score [12] between baseline and the end of treatment. In the present study the scale was applied with a maximum attainable score of 48, a higher score denoting greater symptom severity. A fall in the score was taken to indicate improvement, a rise to indicate aggravation and no change to indicate status quo.
- **Percentage change:** calculated as Status (%) = [(Baseline score – Score at end of treatment) / Baseline score] × 100.
- **Grade of improvement:** marked improvement, a reduction of 80% or more in the GSRS score; moderate improvement, 60–79.99%; mild improvement, 40–59.99%; and no improvement, a reduction of less than 40%.

Statistical Analysis

Descriptive statistics, namely mean, standard deviation, frequency and percentage, were computed for all variables. As the same fifty patients were assessed before and after treatment, the paired sample t-test was applied to test the significance of the change in GSRS

score, and the Pearson product–moment coefficient was used to examine the correlation between pre- and post-treatment scores. A p value of less than 0.05 was taken as statistically significant. All computations were performed in Microsoft Excel.

RESULTS

All fifty patients enrolled in the study completed the prescribed course of treatment and the final assessment; there were no dropouts and no missing data. The demographic and baseline clinical characteristics of the study population are presented in Table 1.

Table 1: Demographic and baseline clinical characteristics. (n = 50)

Variable	Category	No. of patients	Percentage (%)
Age (years)	21–30	20	40.0
	31–40	11	22.0
	41–50	12	24.0
	Other age groups	7	14.0
Sex	Male	25	50.0
	Female	25	50.0
Baseline severity	Mild	1	2.0
	Moderate	30	60.0
	Severe	19	38.0

The largest proportion of patients belonged to the third decade of life, the age group of 21–30 years accounting for 40% of the sample, followed by 41–50 years (24%) and 31–40 years (22%). Male and female patients were represented in equal numbers. At enrolment the majority of patients were in the moderate severity category (60%), while 38% were severe and 2% mild; no patient was asymptomatic at the time of enrolment.

Primary Outcome: Gastrointestinal Symptom Rating Scale

Table 2: Paired samples statistics of GSRS.

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	GSRS PRE	31.50	50	4.92	0.70
	GSRS POST	9.52	50	4.03	0.57

Table 3: Paired samples correlations of GSRS.

		N	Correlation	Sig.
Pair 1	GSRS PRE & GSRS POST	50	0.553	0.00003

Table 4: Paired samples test of GSRS. (pre- vs. post-treatment)

Paired Differences	Mean	SD	Std. Error Mean	95% CI Lower	95% CI Upper	t	df	Sig. (2-tailed)
PRE & POST	21.98	4.30	0.61	20.76	23.20	36.13	49	< 0.00001

The mean GSRS score before treatment was 31.50 ± 4.92, and fell to 9.52 ± 4.03 after treatment, a mean reduction of 21.98 points with a 95% confidence interval of 20.76 to 23.20. The paired sample t-test yielded t = 36.13 at 49 degrees of freedom with a two-tailed p value of less than 0.00001, indicating that the observed reduction is highly unlikely to have arisen by chance. A moderate positive correlation was observed between the pre- and post-treatment scores (r = 0.553, p = 0.00003), indicating that patients with higher baseline severity tended also to record higher residual scores after treatment. Since the p value is well below 0.05, the null hypothesis was rejected and the alternative hypothesis accepted.

Grade of Clinical Improvement

Table 5: Distribution of patients according to grade of improvement. (n = 50)

Grade of improvement	Reduction in GSRS score	No. of patients	Percentage (%)
Marked improvement	≥ 80%	12	24.0
Moderate improvement	60–79.99%	27	54.0
Mild improvement	40–59.99%	11	22.0
No improvement	< 40%	0	0.0
Total		50	100.0

The mean percentage improvement for the group as a whole was 70.51%. Moderate improvement was the commonest outcome, recorded in 27 patients (54%), followed by marked improvement in 12 patients (24%) and mild improvement in 11 patients (22%). No patient fell into the no-improvement category.

Distribution of Medicines Prescribed

Table 6: Frequency of homoeopathic medicines prescribed. (n = 50)

Medicine	No. of patients	Percentage (%)
Nux vomica	11	22.0
Lycopodium clavatum	9	18.0
Sulphur	5	10.0
Carbo vegetabilis	4	8.0
Robinia pseudoacacia	4	8.0
Other individualized remedies	17	34.0
Total	50	100.0

Nux vomica was the most frequently indicated medicine, prescribed in 22% of cases, followed by Lycopodium clavatum (18%), Sulphur (10%), Carbo vegetabilis (8%) and Robinia pseudoacacia (8%). The remaining patients received a range of other individualized remedies, including Phosphorus, Pulsatilla, Argentum nitricum, Arsenicum album, Natrum phosphoricum, Antimonium crudum, China officinalis, Ipecacuanha and Sepia, each selected on the totality of the individual case.

DISCUSSION

The present study was undertaken to document the clinical profile of gastritis and to assess the change in symptom severity following individualized homoeopathic treatment in fifty patients attending a homoeopathic teaching hospital.

The preponderance of patients in the 21–30 year age group is consistent with the recognised association of gastritis with irregular dietary habits, frequent consumption of spicy and fast food, occupational and academic stress, a sedentary pattern of living, and the use of tobacco and alcohol, all of which are especially prevalent among young adults [6, 7]. The equal distribution between the sexes suggests that dietary, occupational and psychological factors are of greater aetiological importance in this population than sex itself. That 98% of patients presented in the moderate or severe category indicates that medical advice was generally sought only after a considerable burden of symptoms had accumulated.

Following treatment, the mean GSRS score fell by 21.98 points, corresponding to a mean improvement of 70.51%, and the paired sample t-test demonstrated that this reduction was statistically highly significant ($t = 36.13$, $df = 49$, $p < 0.00001$). Every patient in the series recorded some degree of improvement, and three-quarters recorded moderate or marked improvement. Beyond the numerical change in score, patients reported relief of epigastric pain, burning, acidity, nausea, bloating and acid regurgitation, together with improvement in appetite, sleep, energy and general sense of well-being, which accords with the homoeopathic understanding of a return towards health in the whole person rather than the suppression of a local symptom [10, 11].

The predominance of Nux vomica and Lycopodium among the medicines prescribed is readily explicable. The symptom pictures of these two remedies correspond closely to the complaints most often encountered in this series, namely hyperacidity, sour eructation and epigastric pain aggravated by dietary indiscretion and stress in the case of Nux vomica, and post-prandial bloating, flatulence and early satiety in the case of Lycopodium [14, 15, 16]. It is to be emphasised that the medicines were selected on the totality of symptoms of the

individual patient and not on the diagnostic label of gastritis, in keeping with the fundamental homoeopathic principle of individualisation.

Limitations of the Study

Certain limitations must be acknowledged. The sample size of fifty patients was relatively small and drawn from a single centre. The study employed a single-group before–after design without a parallel placebo or comparator arm; consequently the observed improvement cannot be attributed to the homoeopathic medicine alone, since the natural course of the illness, regression to the mean, expectation effects and the dietary and lifestyle advice given concurrently to all participants may each have contributed. The diagnosis was established clinically and was not confirmed by upper gastrointestinal endoscopy or by testing for Helicobacter pylori. The period of observation was limited, so that the durability of the response and the rate of recurrence could not be assessed. Randomized, controlled and adequately powered studies with endoscopic confirmation and extended follow-up are therefore recommended.

CLINICAL INDICATIONS OF THE FREQUENTLY PRESCRIBED REMEDIES

The therapeutic outcomes observed in this study may be understood through the specific indications of the medicines most often employed:

- **Nux vomica:** indicated in patients with marked acidity, sour or bitter eructation, nausea in the morning, heaviness and cramping pain in the stomach after meals, and constipation with frequent ineffectual urging. Such patients are characteristically irritable and oversensitive, and the complaints are aggravated by spicy food, alcohol, tea, coffee, overeating and mental stress — a combination frequently encountered in the present cohort [14, 15].
- **Lycopodium clavatum:** suited to cases marked by excessive bloating and a sense of fullness after even a small quantity of food, with sour belching, flatulence, loud abdominal rumbling and right-sided abdominal discomfort. The characteristic aggravation between four and eight in the evening, with relief after the passage of flatus, distinguished these cases clearly [14, 16].
- **Sulphur:** employed chiefly in chronic gastritis with a pronounced burning sensation in the stomach and epigastrium, sour vomiting, offensive belching and characteristic hunger at about eleven in the forenoon, with aggravation from spicy and hot food and a tendency to recurrent acidity [15, 16].

- **Carbo vegetabilis:** indicated where abdominal distension is extreme, digestion sluggish and flatulence excessive, the patient feeling weak after eating and describing a sensation as though food remained undigested for a long time; frequent eructation affords temporary relief [14, 18].
- **Robinia pseudoacacia:** of particular value in severe hyperacidity with sour vomiting, acid regurgitation and intense heartburn extending from the stomach to the throat, the gastric pain being worse at night and on lying down [14, 19].

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CONCLUSION

Individualized homoeopathic treatment was associated with a substantial and statistically highly significant reduction in the severity of gastritis symptoms, the mean GSRS score falling from 31.50 ± 4.92 before treatment to 9.52 ± 4.03 after treatment ($t = 36.13$, $df = 49$, $p < 0.00001$), with a mean improvement of 70.51%. Marked or moderate improvement was recorded in 78% of patients and no patient remained unimproved, indicating that the change was clinically as well as statistically meaningful. Nux vomica and Lycopodium were the medicines most frequently indicated, reflecting the symptom patterns prevalent in the study population. The null hypothesis was accordingly rejected and the alternative hypothesis accepted.

These results suggest that individualized homoeopathic medicine, prescribed on the totality of symptoms and supported by appropriate dietary and lifestyle advice, may offer a safe and well-tolerated option in the management of gastritis. However, because the study was uncontrolled and of limited duration, the findings must be regarded as preliminary and hypothesis-generating. Multicentric randomized controlled trials with larger sample sizes, endoscopic confirmation of diagnosis and prolonged observational windows are recommended in order to establish efficacy and to evaluate the prevention of recurrence.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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