



Role of homeopathic medicine for symptoms management in GERD : A case report

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Abstract

INTRODUCTION:

Gastroesophageal reflux disease, often known as GERD or acid reflux, is a condition where the stomach's liquid content flows back (refluxes) into the Oesophagus. The liquid that returns typically includes acid and pepsin produced by the stomach. Additionally, the refluxed liquid may also contain bile that has flowed back into the stomach from the duodenum. GERD is a long-lasting condition. Once it starts, it is generally a lifelong issue.(1)

Case summary:- A 32 year IT professional male was well before 3 months ago than he started experiencing burning in the chest after heavy and spicy meals. Gradually the burning began occurring daily, especially:

- After overeating
- At night on lying down
- After tea and coffee

He reports sour belching and occasional acidic fluid coming into throat at night causing disturbed sleep. Symptoms are temporarily relieved by cold milk and antacids.



Complaints are worse from

- Late-night meals
- Stress

After thorough clinical evaluation, Nux vomica was prescribed during 1 months of follow up.

This case report demonstrate a remarkable improvement of patient's presenting complaints with individualised homeopathic treatment with in 1 month.

Key words: GERD, Homeopathic medicine, Nux vomica

Introduction

Gastro-oesophageal reflux (GER) is a normal physiological event where gastric contents move retrogradely from the stomach to the oesophagus. It occurs multiple times throughout the day without causing mucosal damage or discomfort. GERD arises from a malfunction of the anti-reflux mechanism. This condition is influenced by multiple factors.(2)

Gastroesophageal reflux affects approximately 30% of the general population. A small amount of reflux occurs in healthy individuals, but prolonged exposure can lead to mucosal damage. Gastroesophageal reflux disease (GERD) is 75% more prevalent among all patients with gastric and oesophageal disorders. The prevalence of GERD in India is elevated, influenced by factors such as diet, obesity, sedentary lifestyles, smoking, and its rapid progression in society. (3) The reflux Of duodenal fluid into the oesophagus, decreased motility of the oesophagus, and continuous Contractions of the oesophagus can also contribute to the condition. (4)

RISK FACTORS OF GASTRO-OESOPHAGEAL REFLUX DISEASE

The risk factors include but are not limited to:

- Male sex
- White ethnicity
- Age 50 or older
- Tobacco use
- Alcohol consumption
- Delayed gastric emptying
- Metabolic dysfunction-associated steatotic liver disease



- Chronically decreased thoracic pressure
- Psychosocial stress. (5)

PATHO-PHYSIOLOGY

Reflux is followed by peristaltic waves in the oesophagus that effectively clear it, and alkaline saliva neutralizes any remaining acid, preventing the onset of symptoms. Gastro-oesophageal reflux disease occurs when the lining of the oesophagus is exposed to stomach and duodenal contents for extended periods, leading to symptoms and, in some cases, oesophagitis. Various factors contribute to the onset of gastro-oesophageal reflux disease.

- Lower oesophageal sphincter abnormalities
- Hiatus hernia
- Delayed oesophageal clearance
- Gastric contents
- Defective gastric emptying

Clinical features:

- Heartburn
- Regurgitation
- Water brash
- Night time choking
- Painful swallowing (odynophagia)
- Difficulty swallowing (dysphagia).
- Atypical chest pain

Complications:

Esophagitis

Barrett's oesophagus

Management:

Lifestyle changes are often recommended as a treatment for GERD. Avoiding foods that lower lower Oesophageal sphincter (LES) pressure, which can lead to reflux. Avoid eating within two hours before bedtime who experiences sleep disruption , heartburn may find relief through elevating the head of their bed.(5)

INVESTIGATIONS:

Endoscopy is the preferred Investigation method. This procedure involves attaching a thin catheter with a pH-sensitive probe at the gastro-oesophageal Junction, which measures the



intraluminal PH. The pH is recorded as the patient goes about their Daily activities, correlating symptom episodes with pH levels. A pH reading below 4 for more than 6-7% of the monitoring period confirms the presence of reflux disease.(6)

Patient information

A 32 year IT professional male patient had visited the AJ savla homeopathic medical College mehsana gujarat OPD on 1st January 2026. He was well before 3 months ago than he started experiencing burning in the chest after heavy and spicy meals. Gradually the burning began occurring daily, especially:

- After overeating
- At night on lying down
- After tea and coffee

He reports sour belching and occasional acidic fluid coming into throat at night causing disturbed sleep. Symptoms are temporarily relieved by cold milk and antacids.

Complaints are worse from Late-night meals And Stress

Past History: Recurrent gastritis 2 years ago.

Family History

Father :- Diabetes Mellitus

Mother :- Hypertension

Personal History

- Appetite: Increased, feels hungry soon
- Thirst: Increased, prefers cold water
- Desires: Spicy food, fried food
- Perspiration: Profuse on face
- Sleep: Disturbed due to regurgitation
- Dreams: Of work and deadlines
- Bowel: Irregular, tendency to constipation
- Addictions: Tea 4-5 cups/day
- Thermal : Hot patient

Mental Generals

- Irritable when contradiction
- Work stress, very ambitious
- Cannot tolerate contradiction
- Anxiety about job performance



Physical Examination

- Pulse: 82/min
- BP: 130/84 mmHg
- Tongue: Coated
- Abdomen: Mild epigastric tenderness

Systemic Examination

RS: NAD

CVS: S1 S2 normal

CNS: Conscious, oriented

GIT: P/A soft and Epigastric tenderness present

Miasmatic Analysis

- Functional gastric disturbance → Psoric
- Chronicity with hyperacidity tendency → Psoro-sycotic

Provisional Diagnosis :Gastro-Oesophageal Reflux Disease

Analysis of Symptoms

- Irritable from contradiction (Mental General)
- Anxiety about work (Mental General)
- Desire for spicy food (Physical General)
- Burning in chest (physical particular)
- Sour eructations (physical Particular)
- Regurgitation on lying down (physical particular)
- Epigastric pain (physical particular)
- Aggravation:- After eating, at night and spicy food and lying down (Particular modality)

Evaluation of symptoms

- Irritable from contradiction
- Anxiety about work
- Desire for spicy food
- Burning in chest
- Sour eructations
- Regurgitation on lying down
- Epigastric pain



- Aggravation:- After eating, at night and spicy food and lying down

Repertorial analysis

Nux vom – 16/7

Phosphorus –15/7

Arsenic album –11/6

Selection of medicine :-

Out of 3 highest grading medicine Nux Vomica is covering all the symptoms so it becomes the final choice for prescription.

Repertorial sheet

MIND			
1 MIND - ANXIETY - work			X
2 MIND - IRRITABILITY - contradiction; from			X
STOMACH			
3 STOMACH - EATING - after - agg.			X
4 STOMACH - ERUCTATIONS; TYPE OF - food			X
5 STOMACH - HEARTBURN - eating - after - agg.			X
6 STOMACH - LYING DOWN - agg.			X
7 STOMACH - PAIN - Epigastrium - burning			X
8 STOMACH - SOUR FOOD agg.			X
GENERALS			
9 GENERALS - FOOD and DRINKS - spices - agg.			X
10 GENERALS - FOOD and DRINKS - spices - desire			X
Remedies	ΣSym	ΣDeg	Symptoms
nux-v.	7	16	3, 4, 5, 7, 8, 9, 10
phos.	7	15	3, 4, 6, 7, 8, 9, 10
ars.	6	11	3, 4, 7, 8, 9, 10
nat-m.	6	10	3, 4, 5, 7, 8, 10
sep.	6	9	3, 4, 5, 7, 9, 10
chin.	5	12	3, 4, 5, 9, 10
carb-v.	5	10	3, 4, 6, 7, 8

Prescription:-

Nux vom 200 BD 7 days

Auxiliary management:-

Avoid spicy food

Avoid tea and coffee.

Follow up :-



Date	Complaints	Medicine
8/01/2026	Mild relief in burning pain in chest and sour eructations and sleep disturbances due to regurgitation	Rx Nux vomica 200 BD for 7 days
16/01/2026	Relief in burning pain in chest and no regurgitation occur.	Rx SL BD for 7 days
22/01/2026	Relief in sour eructations , burning pain and no disturbances in sleep and no regurgitation occurs.	Rx SL BD for 7 days
29/01/2026	Relief in all the complaints. Patient feeling better.	Rx SL BD for 7 days

Discussion:-

After repertorisation many medicine's were competing with each other, i.e. Nux vomica, Phosphorus, arsenic album etc. After going through materia Medica and repertorial result nux vomica were prescribed. The medicine remains unchanged during the follow up visit and patient responded well to the prescribed medicine.

Conclusion:

Homoeopathic treatment is based on the principle of individualization. It takes into consideration the mental generals, physical generals, and particular symptoms of the case. The selection of medicine is done according to homoeopathic principles and a thorough study of the symptomatology of the patient.

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