ISSN: 2320-2882

IJCRT.ORG



## INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

# To Evaluate The Efficacy Of Nux Vomica In The Homoeopathic Management Of Patients With Gastro-Oesophageal Reflux Disease.

Author-Dr. Prajakta R Mandge

(Dr. Muskan M Momin

Designation- Dr. Sanhita Sharma (HOD FMT Dept)

Dr. Mohit Jain (Assistant prof.Dept of Hom.Pharmacy)

Dr. Gulfisha Mirza(Assistant professor of department of surgery)

College- Dhanwantari Homeopathic Medical College Nashik

Abstract: Background and Aim: Gastroesophageal Reflux Disease (GERD) is a chronic condition marked by the backward flow of stomach acid into the esophagus, causing symptoms like heartburn and regurgitation. It is increasingly prevalent, particularly in India, and influenced by factors such as diet, stress, lifestyle, and obesity. While conventional treatments like antacids and proton pump inhibitors offer temporary relief, they may not be ideal for long-term use due to potential side effects. Homeopathy, focusing on treating the root cause and restoring balance, offers an alternative approach. This study aimed to evaluate the effectiveness of the homeopathic remedy Nux vomica in managing GERD. Method: A clinical study was conducted on 30 GERD patients selected through simple random sampling from OPD/IPD, peripheral OPDs, and health camps. Diagnosis was confirmed using a standardized GERD questionnaire. Detailed case histories were recorded, and Nux vomica was prescribed based on symptom similarity. Symptom scores were noted before and after treatment using the same questionnaire to assess changes. Results: Out of 30 patients, 23 showed significant improvement in symptoms, including reduced heartburn, regurgitation, and decreased dependence on antacids. Seven patients did not show notable changes. The findings suggest a promising role of Nux vomica in alleviating GERD symptoms. Conclusion: The study indicates that Nux vomica may be effective in managing GERD, offering a natural alternative with fewer side effects. Larger, controlled studies are recommended to validate these findings and explore its broader therapeutic potential

Index Terms - Gastroesophageal Reflux Disease, GERD, Nux vomica, GERD questionnaire, Homeopathy

#### Introduction

Gastroesophageal Reflux Disease (GERD) is a chronic and relapsing condition caused by the backward flow of stomach contents into the esophagus, leading to symptoms like heartburn, regurgitation, chest discomfort, and a sour taste in the mouth. GERD affects up to 15% of the population weekly and 7% daily<sup>.1</sup> The primary cause is the inadequate closure of the lower esophageal sphincter, which allows acidic gastric contents to irritate the esophageal lining. Factors like obesity, stress, pregnancy, smoking, tight clothing, and certain medications increase the risk<sup>2</sup>

Conventional treatment includes antacids, H2 blockers, and proton pump inhibitors (PPIs), which provide temporary relief but may lead to long-term side effects and do not cure the root cause<sup>3</sup>. In contrast, homeopathy offers a holistic and individualized approach, addressing both the physical and emotional aspects of GERD  $\frac{4}{2}$ 

Homeopathic remedy Nux vomica is widely recognized for its action on the gastrointestinal system. It is particularly effective for individuals with GERD symptoms aggravated by stress, sedentary lifestyle, irregular eating habits, and excessive intake of stimulants. Nux vomica helps regulate acid production, improves digestion, reduces dependency on antacids, and enhances overall well-being<sup>.5</sup>

Homeopathic prescriptions are based on a detailed understanding of the patient's lifestyle, emotional state, and specific symptoms. By working on a deeper level, homeopathy not only relieves GERD symptoms but also prevents recurrence and improves quality of life.<sup>6</sup>

Thus, Nux vomica offers a safe, effective, and holistic alternative in the management of GERD Gastrooesophageal reflux (GER) is the backward flow of stomach contents into the oesophagus.<sup>7</sup> When this occurs frequently, causing symptoms or complications, it's termed gastro-oesophageal reflux disease (GERD<sup>8</sup> It's the most prevalent oesophageal disorder, comprising nearly 75% of cases. GERD results from a malfunction of the lower oesophageal sphincter (LOS), often due to factors like obesity, smoking, alcohol, certain foods (e.g., fatty or spicy items), hiatus hernia, and delayed gastric emptying.<sup>9</sup> Increased intra-abdominal pressure and lifestyle factors like stress and lack of physical activity also contribute . Typical symptoms include heartburn and acid regurgitation. Atypical and extra-oesophageal symptoms range from chest pain to chronic cough and even dental erosion. Complications include oesophagitis, Barrett's oesophagus (a pre-cancerous change in oesophageal lining), anaemia from chronic bleeding,<sup>10</sup> and oesophageal strictures. Diagnosis involves endoscopy, pH monitoring, manometry, and imaging studies. Management includes lifestyle changes (e.g., avoiding trigger foods, weight loss, elevating the bed), medications like proton pump inhibitors (PPIs), and occasionally surgery (e.g., Nissen fundoplication).11 Homoeopathy offers holistic support in managing GERD symptoms. Nux vomica is particularly beneficial in patients with sedentary lifestyles, high stress, and a tendency to overindulge in stimulants or rich foods<sup>12</sup>. It helps alleviate symptoms like acidity, bloating, nausea, and constipation. A comprehensive, individualized approach combining conventional treatment and homoeopathy can significantly improve the quality of life in GERD patients

JCR

#### 3.methedology

Study Setting - OPD, Peripheral OPD & Camps organized at Nashik, Maharashtra.

Selection of samples: - 30 cases.

Inclusion criteria -

- 1. Both sexes
- 2. Age 18-50 years
- 3. Dura on of complaint < 5 years
- According to the operational definition of subjects with GERD Questionnaire Frequency score for symptoms of GERD>=8.

#### Exclusion criteria: -

- 1. Peptic Ulcer Disease
- 2. Age below 18 and above 50
- 3. Chronic complaints of more than 5 years.
- 4. Pregnancy and Malignancy
- 5. Known case of cardiac disease
- 6. Known case of liver disease

**Study design:** randomized controlled trial comparing the efficacy of Nux Vomica and standard homeopathic treatments in managing GERD.

Participants (age 18-50, symptoms <5 years) will be randomly assigned to either the experimental group (Nux Vomica) or the control group (standard remedies). The primary outcome will be a reduction in GERD symptoms using the GERD Symptom Assessment Scale (GSAS) over 4 weeks. Data will be analyzed using appropriate statistical methods to compare symptom improvement between the groups. **Intervention: -** With Homoeopathic medicine.

Selection of tools: History of patient Homeopathic software RADAR GERD QUESTIONNAIRE (GSAS Scale)

#### Data Collection:

Data is grouped on the basis of symptom score obtained in GERD questionnairre. The total score of frequency scale for symptoms of GERD is 18. Subjects having score more than equal to 8 were diagnosed as GERD patients and were assessed for change in scores at the end of treatment.

Statistical Techniques and Data analysis:

The data generated is quantitative type. Therefore, proportion is used for data analysis. To evaluate the effect of homoeopathic medicine NUX VOMICA in the management of GERD students paired \_t'test is used.

Ethical issues, if any: Ethical clearance was obtained from the ethical committee of the institute.

#### **1.** OBSERVATIONS AND RESULTS

Charts/Figures/Diagrams

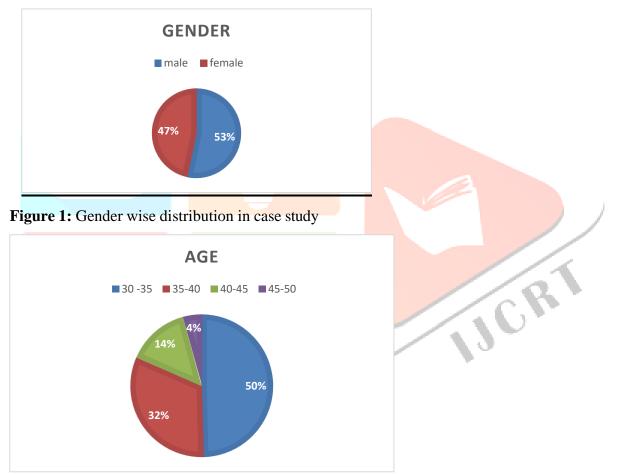
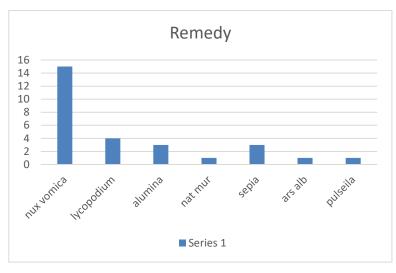
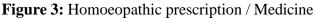


Figure 2: Age distribution in case study





## 2. STASTICAL ANALYSIS

A PAIRED SAMPLE T-TEST WAS CONDUCTED TO EVALUATE THE EFFECTIVENESS OF A TREATMENT BY COMPARING MEASUREMENTS TAKEN BEFORE AND AFTER THE TREATMENT FOR THE SAME GROUP OF PARTICIPANTS. THE RESULTING P-VALUE WAS LESS THAN 0.0001, INDICATING A HIGHLY STATISTICALLY SIGNIFICANT DIFFERENCE BETWEEN THE PRE- AND POST-TREATMENT VALUES. THIS SUGGESTS THAT THE TREATMENT HAD A SIGNIFICANT EFFECT ON THE MEASURED OUTCOME.

## 3. DISCUSSION

From the above study conducted on 30 cases of GERD selected from the Institutional OPD, the following key points emerged and should be considered for further understanding and homeopathic management of GERD:

In our study, the most commonly affected age group was between 18–50 years, which constituted 60% of the cases. This may be due to increased work stress, irregular eating habits, and lifestyle issues such as lack of exercise and poor sleep hygiene. GERD was also observed in patients above 50 years of age (30%) possibly due to age-related physiological changes like reduced lower esophageal sphincter tone and delayed gastric emptying

Out of 30 patients, 16 were males (53%) and 14 were females (46%). Although both sexes are affected, males were more likely to seek treatment in the OPD. However, females, especially in the reproductive age group, showed a high incidence of symptom aggravation during hormonal fluctuations such as menstruation or menopause. This might be due to the influence of estrogen and progesterone, which can affect GI motility.

Heartburn and regurgitation were the most consistent symptoms across the cases, often aggravated by lying down after meals, consumption of spicy/oily food, stress, and night-time aggravation. Amelioration was typically observed by cold drinks, sitting upright, or avoiding food triggers. These modalities played a key role in remedy selection.

The most common causative and maintaining factors identified were irregular food habits (like late-night meals), spicy food, caffeine, alcohol, emotional stress, and sedentary lifestyle. Counseling on lifestyle modification played a vital role in the management alongside homoeopathic medicines.

The dominant miasm identified in most cases was **Psoro-Sycosis**, indicating a combination of functional disturbance with structural involvement. Psora contributed to the chronicity and recurring nature of symptoms, while sycotic background indicated involvement of mucosal overgrowths and sensitivity.

Among the 30 patients, different individualized strategies were adopted:

- 15 cases (50%) were treated with nux vomica.
- 15 cases (50%) were treated with constitutional medicine.

The most frequently indicated remedies were **Nux Vomica**, **Lycopodium**, **Robinia**, **Iris Versicolor**, **and Natrum Phosphoricum**, each selected based on individual symptomatology and modalities.

Moderate susceptibility was observed in most cases, guiding the selection of **200C potency** with infrequent repetition. In highly sensitive cases or those with intense acute symptoms, **30C** was used initially, followed by higher potency after observing the response.

- Improved: 23 patients (76%) showed marked improvement in symptoms with reduced frequency and intensity of GERD episodes.
- Not Improved: 7 cases (23%) showed minimal to no improvement. Two of these patients continued with maintaining causes like alcohol and tobacco use, despite counseling. One case had an associated hiatal hernia, which limited the scope of homoeopathic intervention alone.

Follow-ups revealed that, with consistent remedy administration and lifestyle modifications, the recurrence of symptoms gradually diminished. This indicates the role of homoeopathy not only in symptom relief but also in improving susceptibility and quality of life.

## 4. CONCLUSION

OUT OF 30 CASES 23 CASES THAT IS 57% SHOWED IMPROVEMENT AND 7 CASES THAT IS 43% HAD NO IMPROVEMENT. KEEPING IN MIND THE SEVERITY OF GERD CASES WITH NO IMPROVEMENT WERE EITHER PRESCRIBED NUX VOMICA HOMEOPATHIC MEDICINE OR STANDARD MANAGEMENT. THIS STUDY SHOWS THAT FICUS RELIGIOSA HAS POTENTIAL ROLE IN CONTROLLING GERD. YET FURTHER STUDY WITH LARGE SAMPLE SIZE IS NEEDED TO EXPLORE MORE GERD PROPERTIES OF FICUS RELIGIOSA.

### 7.ACKNWOLEDGEMENT

I SINCERELY THANK THE PRINCIPAL, FACULTY OF THE ETHICAL COMMITTE, AND THE HOSPITAL STAFF FOR THEIR VALUABLE SUPPORT AND GUIDANCE THROUGHOUT THIS STUDY. I AM GRATEFUL TO THE PATIENTS WHO PARTICIPATED AND COOPERATED DURING THE TREATMENT PROCESS.

#### Conflict of Interest: none

### REFERENCE

- 1. El-Serag HB, Sweet S, Winchester CC, Dent J. Update on the epidemiology of gastro-oesophageal reflux disease: a systematic review. Gut, 2014; 63:871–880.
- Locke GR, Talley NJ, Fett SL, Zinsmeister AR, Melton LJ. Prevalence and clinical spectrum of gastroesophageal reflux: a population-based study in Olmsted County, Minnesota. *Gastroenterology*. 1997;112(5):1448-56.
- 3. Pluta, R. JAMA patient page: Gastroesophageal reflux disease. JAMA, 2011.
- 4. Ang, D., Sifrim, D., & Tack, J. Mechanisms of Heartburn. Gastroenterology and Hepatology, 2008.
- 5. Allen, H. C. Keynotes and Characteristics with Comparisons. Thorsons Publishers, 1898.
- 6. Boericke, W. Pocket Manual of Homeopathic Materia Medica. Jain Publishers, 1927
- 7. Davidson's: Principles and Practice of Medicine. 8th Edition.
- 8. Harrison's Principles of Internal Medicine. 18th Edition, Volume-2.
- 9. Golwalla, A. F., & Golwalla, S. A. Golwalla's Medicine. 23rd Edition.
- 10. Kahrilas PJ. Clinical practice: Gastroesophageal reflux disease. N Engl J Med, 2008.
- 11. Arjamad ST et al. *Laparoscopic Nissen fundoplication in the management of gastroesophageal reflux disease: A single-centre experience.* International Surgery Journal, 2019.
- Farup, P., Heibert, M., & Hoeg, V. Alternative vs. conventional treatment given on-demand for gastroesophageal reflux disease: a randomized controlled trial. BMC Complementary and Alternative Medicine, 2009

Clarrett, D. M., & Hovhem, C. Gastroesophageal Reflux Disease (GERD). Mo Medicine, 2018.