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TO STUDY THE EFFECTIVENESS OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN THE TREATMENT OF GASTRO ESOPHAGEAL REFLUX DISORDER - A CASE SERIES STUDY

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Abstract

Background: Gastroesophageal reflux disease (GERD) is characterized by troublesome symptoms related to reflux of gastric contents and may affect daily functioning and quality of life. This case series describes clinical outcomes recorded during individualized homoeopathic management in patients presenting with GERD symptoms.

Objective: To describe the clinical profile, prescriptions and changes in Frequency Scale for the Symptoms of GERD (FSSG) scores among 45 patients managed with individualized homoeopathic medicines.

Methods: This observational case series included 45 patients recruited through the college's outpatient/inpatient services, medical camps and peripheral outpatient clinics over a planned 12-month period. Clinical history, examination and GERD-related questionnaires were used. Medicines were selected individually after case-taking and reportorial analysis. Outcomes were classified in the dissertation as recovered, improved or not improved. FSSG scores before and after treatment was summarized descriptively.

Results: The sample comprised 23 females (51.1%) and 22 males (48.9%); the largest age groups were 21–30 and 31–40 years (15 patients each, 33.3%). Symptoms had been present for 7–12 months in 19 patients (42.2%). Nux vomica was prescribed most often (10/45; 22.2%), followed by Pulsatilla and Carbo vegetabilis (8/45 each; 17.8%). Forty-four patients (97.8%) were recorded as receiving 200C potency. Outcomes were recorded as recovered in 23 (51.1%), improved in 17 (37.8%) and not improved in 5 (11.1%). Results of the paired-t test indicated that there is a significant large difference between Before (M = 15.4, SD = 2.8) and After (M = 8.5, SD = 4.1), $t(44) = 15.8$, $p < .001$. P-value= 9.47e-20, t= -15.7991, Sample size (n) = 45, Average of differences (Xd) = -6.8889, SD of differences (Sd) = 2.925, Normality p-value = 0.01325.

Conclusion: In this uncontrolled case series, symptom scores and recorded clinical outcomes improved in many participants during the observation period. The design cannot establish that the intervention caused the changes. The present study was conducted on a relatively small scale; therefore, the findings may vary when the study is conducted on a larger sample size. Further studies involving a larger population are recommended to validate and generalize the results.

Keywords: gastroesophageal reflux disease; GERD; FSSG; case series; individualized homoeopathy; symptom score

Introduction

Gastroesophageal reflux disease (GERD) develops when reflux of gastric contents causes troublesome symptoms or complications. Heartburn and regurgitation are typical manifestations, while some patients also report epigastric discomfort, nausea, belching, bloating or sleep disturbance. GERD is multifactorial: transient lower oesophageal sphincter relaxations, impaired sphincter function, hiatal hernia, reduced oesophageal clearance and increased intra-abdominal pressure may contribute to reflux. Symptom triggers vary among individuals and may include large or late meals, high-fat foods, caffeine, alcohol, smoking and lying down soon after eating. [1–4]

GERD is common internationally, although prevalence estimates differ by region and by the definition used. Its clinical importance relates to symptom burden, impaired quality of life and complications in a subset of patients. Dysphagia, gastrointestinal bleeding, persistent vomiting, unexplained weight loss or anaemia warrant timely medical evaluation rather than empirical treatment alone. Contemporary guidelines recommend a symptom-based approach in appropriate patients, lifestyle measures when indicated, and acid-suppressive treatment—particularly protons pump inhibitors—for symptom control and healing of erosive oesophagitis. Further testing is considered when alarm features are present, the diagnosis is uncertain or symptoms persist despite treatment. [2–6]

Patient-reported tools can help standardize assessment. The Frequency Scale for the Symptoms of GERD (FSSG) was developed to evaluate reflux and dysmotility-related symptoms and can be used to track symptom frequency over time. [7] In the dissertation from which this article is derived, individualized homoeopathic case management involved detailed history-taking, consideration of mental and physical symptoms and modalities, repertorial analysis, and selection of a medicine for each case. The clinical records also described dietary, lifestyle and emotional factors alongside symptom patterns.

Aim and Objectives

Aim: To describe outcomes recorded during individualized homoeopathic management of patients presenting with GERD.

Objectives: (1) Describe participants by age, sex and duration of symptoms; (2) summarize the medicines and potencies recorded; (3) report the dissertation's outcome categories; and (4) describe change in mean FSSG score before and after treatment.

Materials and Methods

Study design and setting

This was an observational case series conducted through the outpatient department, inpatient department, homoeopathic medical camps and peripheral outpatient clinics associated with Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Nashik. The study duration of 12 months and a sample of 45 cases.

Participants and eligibility

The reports inclusion of patients of any age or gender presenting with GERD complaints who provided consent and agreed to follow the protocol. Reported exclusions included patients with another systemic disorder, immunocompromised patients, patients taking medicines for another systemic disease, pregnant or lactating women, and patients with carcinoid disease. Patients with irregular follow-up, those withdrawing consent, those declining consent, and those starting another treatment were listed as withdrawal criteria. The source does not provide a participant flow diagram or the number screened, excluded or withdrawn; these details should be added if available.

Clinical assessment and intervention

Clinical assessment included history-taking, physical and systemic examination, symptom questionnaires and investigations when clinically indicated. GERD-related complaints listed in the protocol included heartburn, acid regurgitation, sour eructation, retrosternal burning and water brash. The cases were analyzed individually and medicines selected following repertorial assessment. The potency prescribed but does not provide a single standardized dosing schedule applicable to all participants.

Outcome measures and analysis

The recorded outcomes as recovered (no recurrence and total control of recorded presentation), improved (reduced severity of signs and symptoms with general well-being), or not improved (no regression of symptoms by the end of observation). The FSSG score was recorded before and after treatment. Descriptive statistics are presented as counts, percentages and the reported group means. The conclusion reports means and standard deviations of 15.4 (SD 2.8) and 8.5 (SD 4.1), alongside a paired t-test

Ethics: The institutional ethical clearance was obtained and that informed consent was to be taken. The committee name, approval number/date and consent procedure should be confirmed and inserted before journal submission.

Results

A total of 45 cases were included in the master chart. There were 23 females (51.1%) and 22 males (48.9%). The two most represented age groups were 21–30 years and 31–40 years, each comprising 15 patients (33.3%). Symptom duration was 7–12 months in 19 patients (42.2%); 10 patients (22.2%) had symptoms for 25–36 months.

Characteristic	**n**	**%**
Female	23	51.1
Male	22	48.9
Age 21–30 years	15	33.3

Age 31–40 years	15	33.3
Symptoms 7–12 months	19	42.2
Symptoms 25–36 months	10	22.2

Nux vomica was the most frequently recorded prescription (10/45; 22.2%). Pulsatilla and Carbo vegetabilis were each recorded in eight cases (17.8%), and Lycopodium in six (13.3%). Arsenicum album was recorded in four cases (8.9%) and Robinia in three (6.7%). Natrum muriaticum, Stramonium, Staphysagria, Phosphorus, Calcarea carbonica and Argentum nitricum were each recorded once (2.2%). The master chart listed 200C for 44 cases (97.8%) and 30C for one case (2.2%); the specific remedy for the 30C case should be checked because the potency table and accompanying narrative are not fully consistent.

Prescription recorded	**n**	**%**
Nux vomica	10	22.2
Pulsatilla	8	17.8
Carbo vegetabilis	8	17.8
Lycopodium	6	13.3
Arsenicum album	4	8.9
Robinia	3	6.7
Other six medicines, one case each	6	13.3

Recorded outcomes were recovered in 23 patients (51.1%), improved in 17 (37.8%) and not improved in five (11.1%). Thus, 40/45 (88.9%) were classified as recovered or improved under the study's recorded criteria. The results table reported a mean FSSG score of 15.4 before treatment and 8.5 after treatment.

Measure	**Before treatment**	**After treatment**
Number assessed	45	45
Mean FSSG score	15.4	8.5

Figures

The following figures are reproduced from the dissertation; no new graphs or values have been generated.

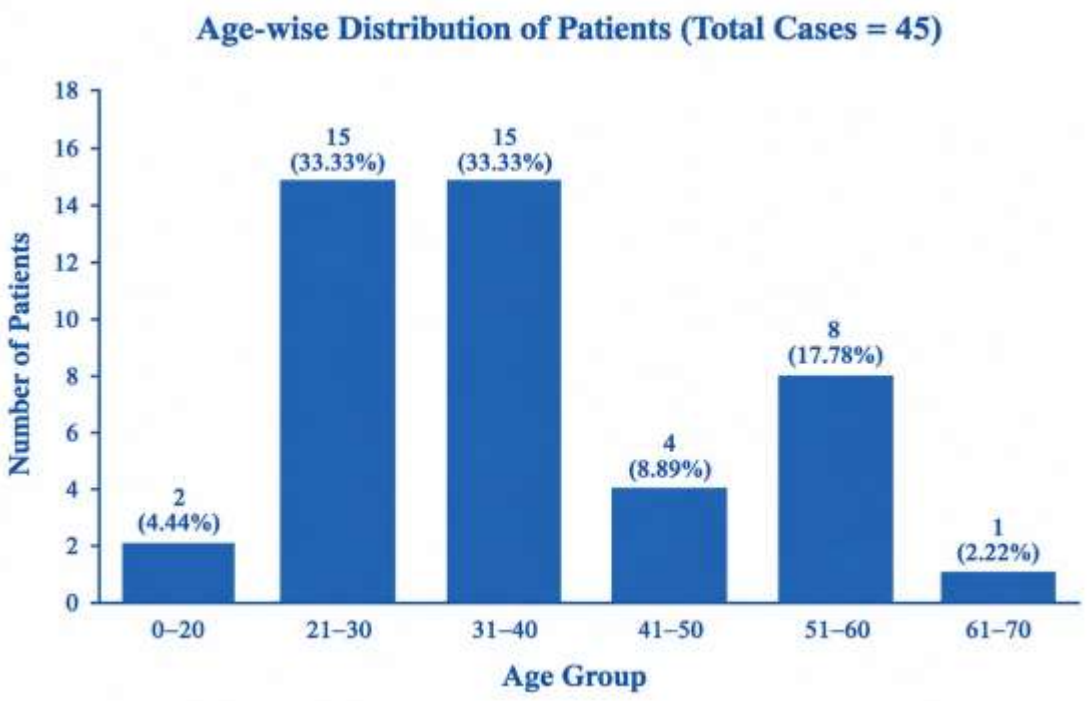


Figure 1. Age-wise distribution of patients (n = 45).

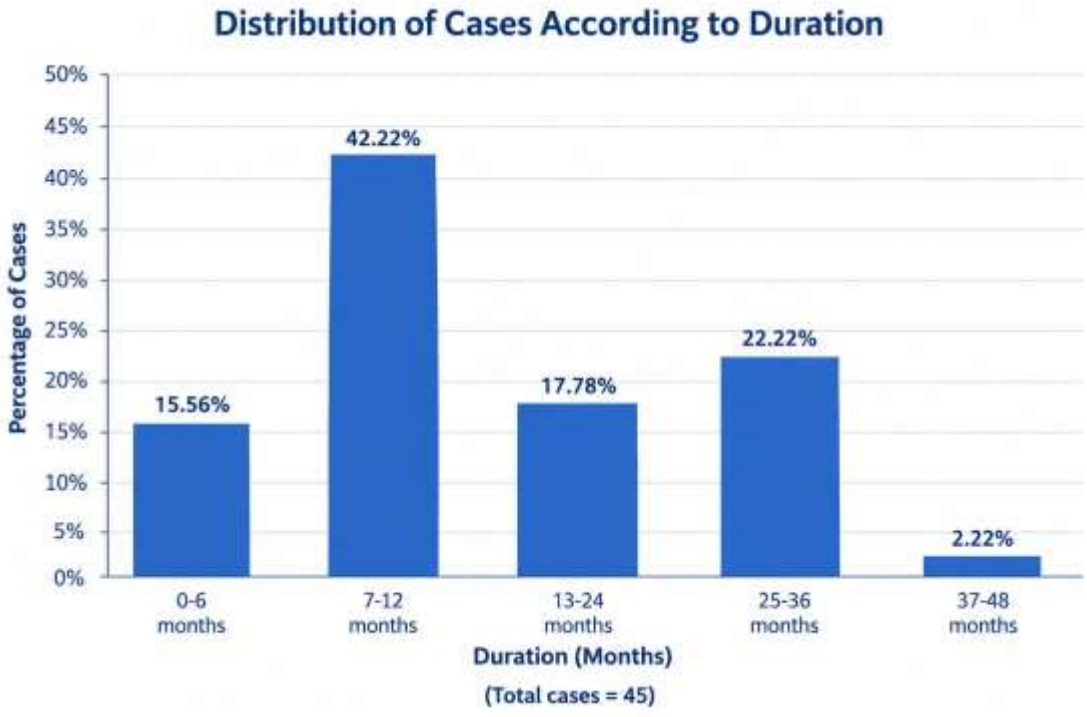


Figure 2. Distribution of cases according to duration of symptoms (n = 45).

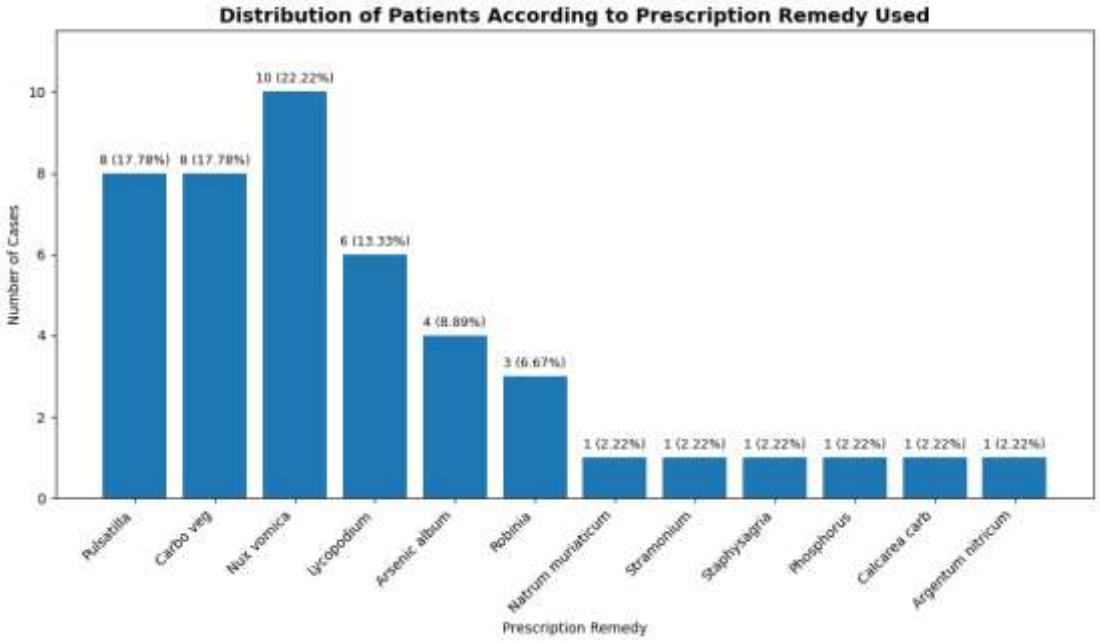


Figure 3. Distribution of patients according to prescribed remedy (n = 45).

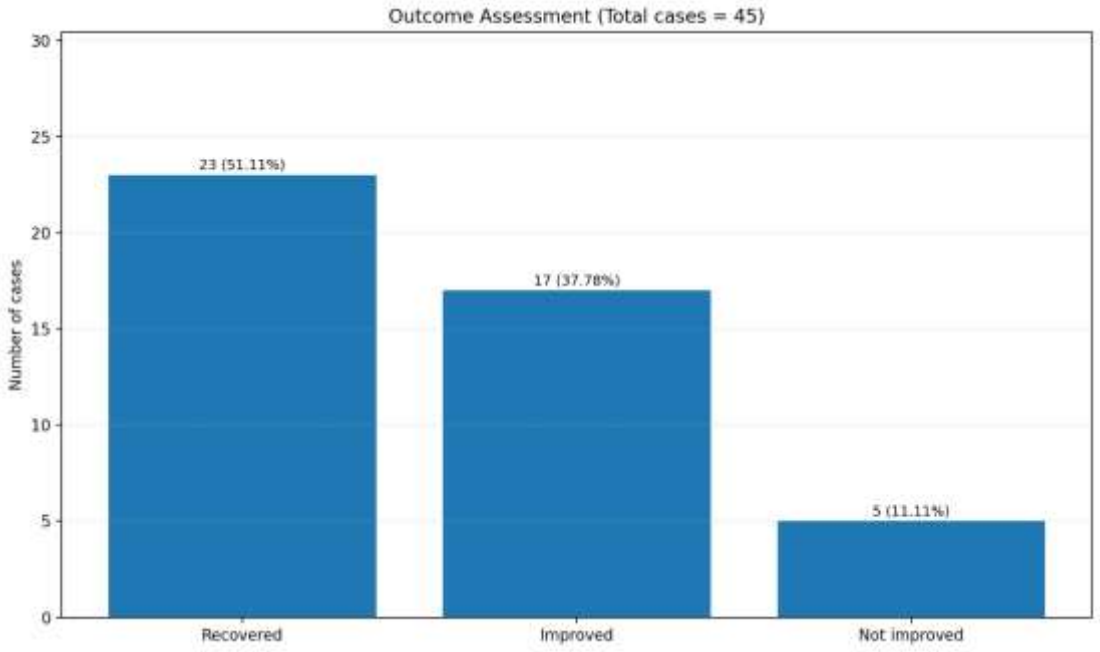


Figure 4. Outcome assessment of the 45 cases.

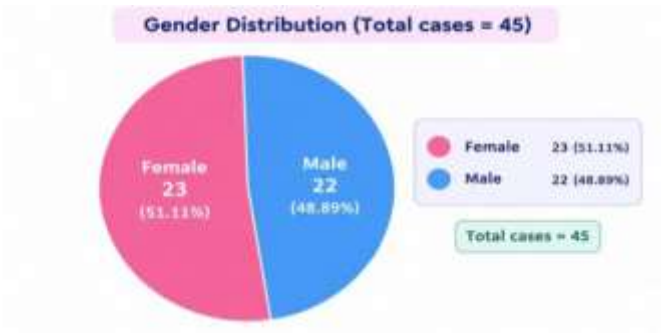


Figure 5. Distribution of patients according to gender (n = 45).

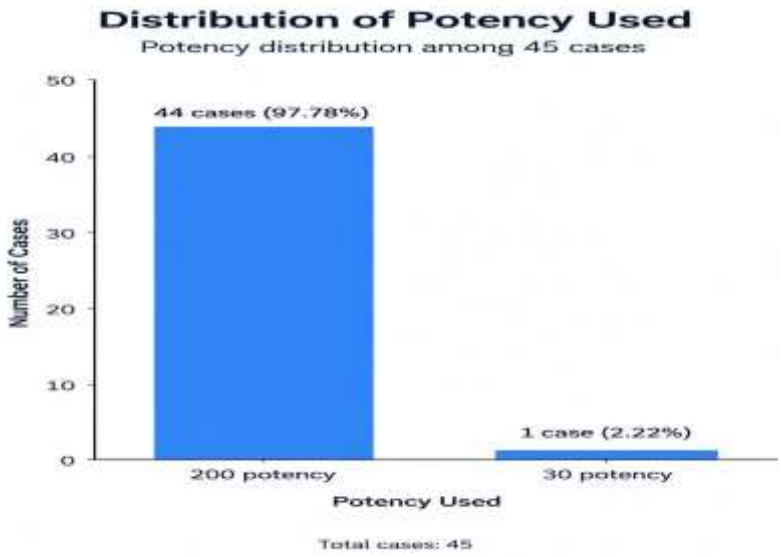


Figure 6. Distribution of patients according to potency (n = 45).

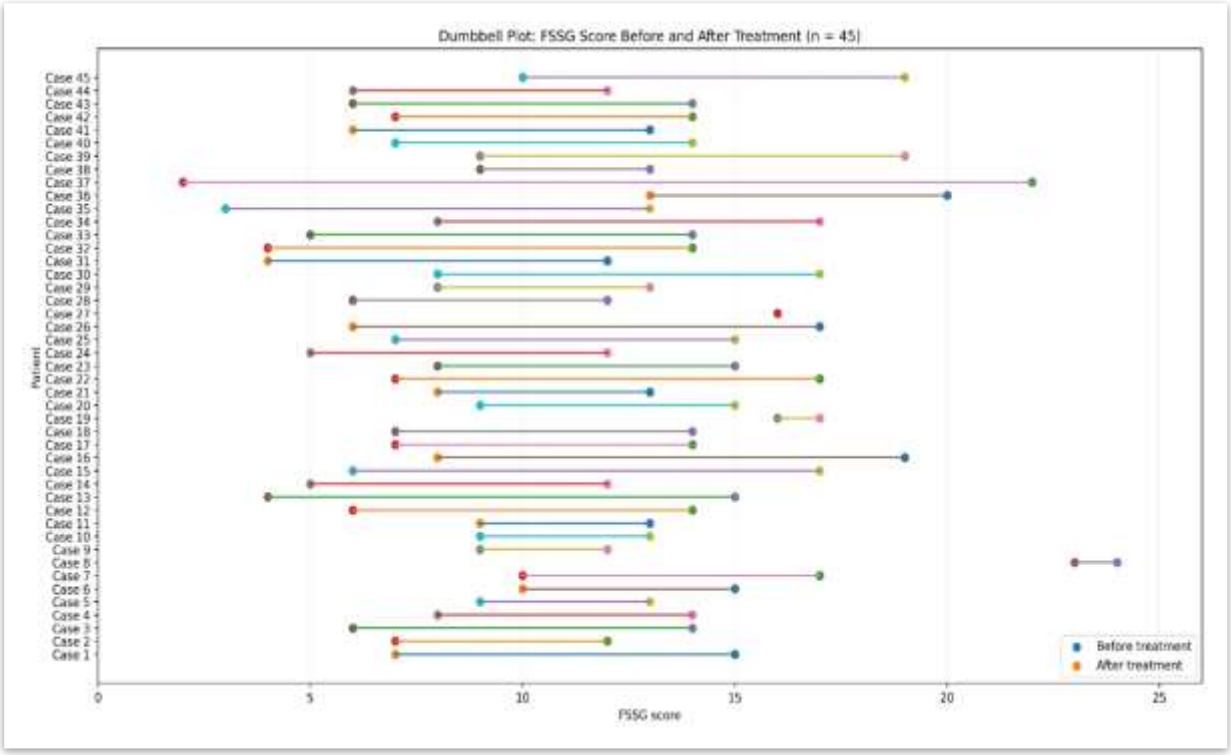


Figure 7. FSSG score before and after treatment (n = 45).

Discussion

This case series describes 45 patients with GERD-related complaints managed using an individualized prescribing process. The sample was almost evenly distributed by sex, and two-thirds of participants were aged 21–40 years. Most participants had reported symptoms for one year or less, although a meaningful proportion had symptoms for two to three years. The recorded prescription pattern was heterogeneous, with Nux vomica most frequent and Pulsatilla, Carbo vegetabilis and Lycopodium also commonly recorded. This pattern is descriptive of prescribing in this particular case series and should not be interpreted as comparative evidence of remedy efficacy.

The recorded outcome categories placed 88.9% of cases in the recovered or improved groups. Results of the paired-t test indicated that there is a significant large difference between Before (M = 15.4, SD = 2.8) and After (M = 8.5, SD = 4.1), t (44) = 15.8, p < .001. These observations suggest that symptom improvement was recorded during follow-up for many participants. However, an uncontrolled case series cannot distinguish a treatment effect from natural symptom fluctuation, regression to the mean, changes in diet or behaviour, placebo/contextual effects, concurrent care or differences in follow-up. The article should therefore avoid claims of proven effectiveness or superiority.

FSSG is a published symptom assessment instrument, and use of a consistent patient-reported measure is strength of the dataset. [7] Results of the paired-t test indicated that there is a significant large difference between Before (M = 15.4, SD = 2.8) and After (M = 8.5, SD = 4.1), t (44) = 15.8, p < .001. P-value= 9.47e-20, t= -15.7991, Sample size (n) = 45, Average of differences (Xd) = -6.8889, SD of differences (Sd) = 2.925, Normality p-value = 0.01325.

The findings should be considered alongside established GERD guidance. Clinical evaluation of alarm symptoms and evidence-based management remain important; this report does not justify discontinuing prescribed acid-suppressive treatment or delaying investigation. Current guidelines support lifestyle interventions tailored to the patient and appropriate pharmacological management, including proton pump inhibitors when indicated. [4–6] Future research evaluating individualized homoeopathic treatment should use a prospectively registered protocol, clearly defined outcomes, an appropriate comparison group, adequate sample-size planning, blinded outcome assessment where feasible, and transparent reporting.

Limitations

Limitations include the small sample, absence of a control group, lack of blinding, unclear participant flow, limited reporting of follow-up timing and concomitant interventions. The selection process is described as simple random sampling, but the method of generating and implementing the sampling sequence is not detailed. The operational definitions of the outcome categories are reported, but independent verification and validation are not described. These limitations restrict causal interpretation and generalizability.

Conclusion

In this 45-case observational series, 23 patients were classified as recovered, 17 as improved and five as not improved. Results of the paired-t test indicated that there is a significant large difference between Before (M = 15.4 ,SD = 2.8) and After (M = 8.5 ,SD = 4.1), t(44) = 15.8, p < .001. These findings describe outcomes recorded during individualized homoeopathic management but do not establish treatment efficacy. The original patient-level data and statistical analysis should be verified before submission, and controlled studies are required to evaluate effectiveness more rigorously.

Author Contributions

Sanyukta Gajanan Agashe , Ruchita Suresh Gharat , Namrata Narendra Kamble , Dr.Manisha A. Patil, Dr. Gulfisha G Mirza contributed to the conduct and documentation of the research work and preparation of the

manuscript. The respective guide contributed to supervision, scientific review and manuscript guidance. The exact contribution statement should be finalized and approved by all authors before submission.

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Conflict of Interest

To be confirmed by all authors before submission.

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