KLE HOMOEO CHRONICLE

THEME BASED SCIENTIFIC JOURNAL

ACID PEPTIC DISORDER

KLE Homoeopathic Medical College and Hospital
Yellur Road, Belagavi, Karnataka

EDITORIAL BOARD

EDITORIAL

Greetings!

Welcome to the maiden issue of KLE Homoeo Chronicle.

It is with profound pleasure and humility that we are celebrate the launch of KLE Homoeo Chronicle a theme based scientific journal with this inaugural issue.

This journal aims to contribute to the present Homoeopathic education system with emphasis primarily on providing high quality content to all homoeopathic fraternity.

The theme titled for this issue (2023) “ACID PEPTIC DISEASE” is aimed to improve everyone’s skill in clinical application.

KLE Homoeo Chronicle is committed to publishing all the discoveries, methods, resources, and reviews that will advance the field of homoeopathy. We are happy to get an over whelming response from all the faculty in the form of their articles on “Acid Peptic Disease”.

I welcome you to this journal with your support as authors, reviewers, editors, and readers to uplift our wonderful system of healing.

Let us march for the best....

Dr Rinku Porwal

HAVE A HEALTHY DAY !

Today each one of us are undergoing a lot of stress and stress is being considered as 21st century's PLAGUE, a silent KILLER. Everyone wants to succeed in life but we forget the very definition of Success. Success is defined as continued expansion of happiness and progressive realization of worthy goals. The word worthy is more vital. For this accomplishment we need to approach very sincerely each day. And each day needs to be well planned following are some tips for a planning a day.

Plan your day properly

1. **Get up Early:** If I say our each day begins as if a 3rd world war, it is not an exaggeration. This happens because our sleep pattern is not regular which has cascading effect on every activity of the day.
2. **Have adequate water** once you get up in the morning.
3. **Prioritize the activities of the whole day** depending on their importance and urgency.
4. **Regularize your food habits.** Do not begin your day without having Breakfast which has direct impact on your routine performance. Follow 80% rule. Simple message is do not keep your stomach empty for long time and do not eat unless you are hungry and ensure that you do not overeat.
5. **Eat light food at night.** Quality and quantity of food matters a lot. Eat only 80% of what you can. **Preferably vegetarian food.**
6. **Have nice sound and adequate sleep at night.** (minimum 7hrs daily)
7. **Have a regular exercise daily.** Recommend is 45 minutes of brisk walk daily for 5 days in a week.
8. **Maintain discipline:** If we are disciplined both internally and externally by following the first TWO limbs of astaang yoga. They are YAMA (External discipline) and NIYAMA (Internal Discipline) we will be achieving a great thing.
9. **Manage your TIME:** start 10 minutes early it will give you 10 years LIFE. The only KEY is do not postpone anything but do everything ON TIME.
10. **Follow things to do concept.** Write things to be done one day early. Never DELAY the statutory payments such as Income tax and other taxes, pay on time.
11. **Never read or see news before going to bed and on waking up in the morning.** It will avoid a NEGATIVE beginning and end of the day.
12. **Learn to discriminate** your NEEDS from WANTS.
13. **Avoid Comparison and competition with others.**
14. **Avoid being judgmental:** do not judge anything without knowing full facts.

I feel if we follow these on a day to day basis our each DAY to be a GOOD DAY will be incidental and inevitable. HAVE A GOOD DAY.

Dr Mukund Udachankar
Principal,
KLE Homoeopathic Medical College, Belagavi

ACID PEPTIC DISEASE

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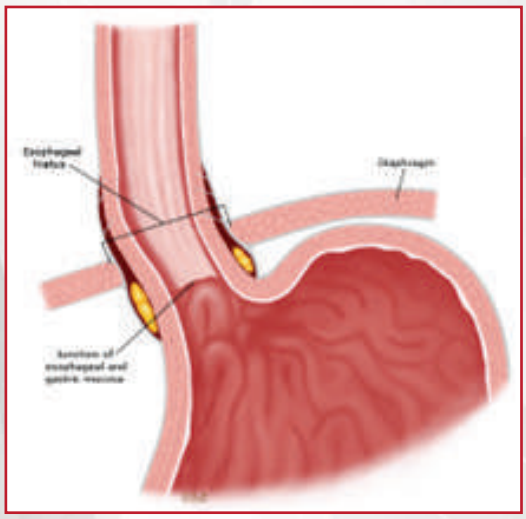
ANATOMY OF GASTROINTESTINAL TRACT

1. The Abdominal part of the oesophagus is only about 1.25 cm long.
2. It enters the abdomen through the oesophageal opening of the diaphragm situated at the level of vertebra T10, slightly to the left of the median plane. It continues with the cardiac end of the stomach.
3. The oesophageal opening also transmits the anterior and posterior gastric nerves, the oesophageal branch es of the left gastric artery, and the accompanying veins.
4. These veins of oesophagus drain partly into the portal and partly into the systemic circulation. Veins accom panying the left gastric vein drain into portal vein.
5. The oesophagus runs downwards and to the left in front of the left crus of the diaphragm and of the inferior surface of the left lobe of the liver, and ends by opening into the cardiac end of the stomach at the level of vertebra T11
6. Its right border is continuous with the lesser curvature of the stomach, but the left border is separated from the fundus of the stomach by the cardiac notch.
7. Anterior gastric nerve contains mainly the left vagal fibres, and the posterior gastric nerve mainly the right vagal fibres. Each gastric nerve is represented by one or two trunks and combines a few sympathetic fibres from the greater splanchnic nerve.

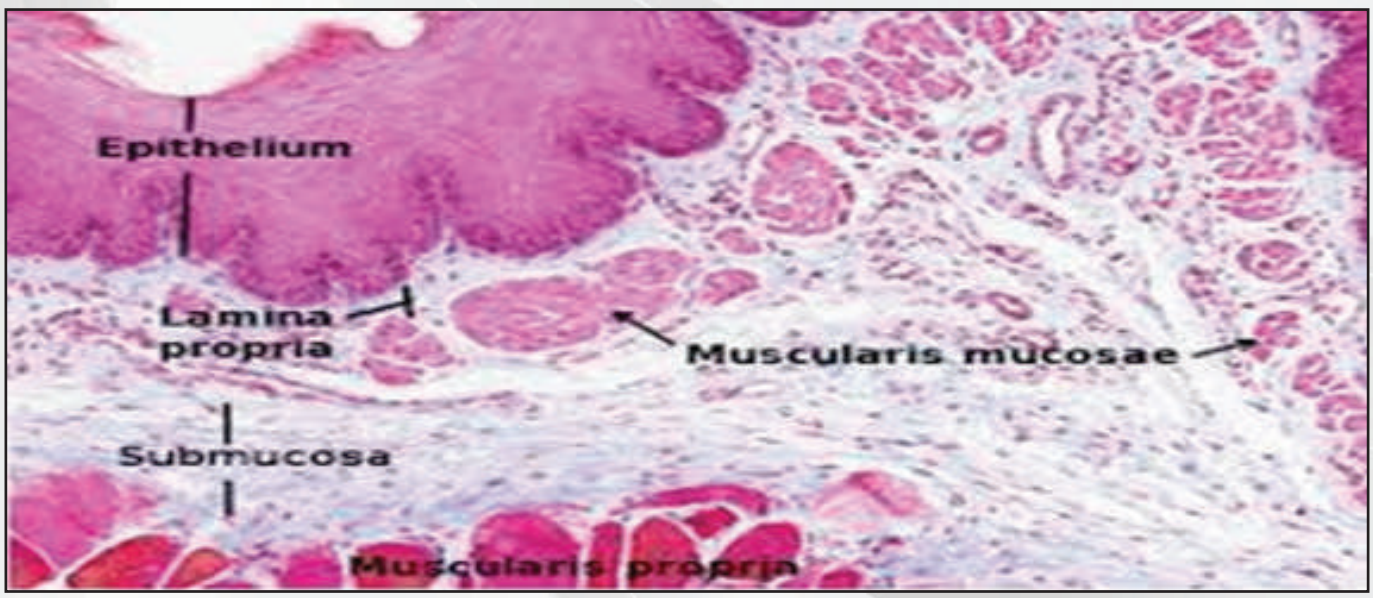


Mucous Membrane: Epithelial lining is stratified squamous non-keratinized in nature. Lamina propria consists of loose connective tissue with papillae.

Muscularis mucosae are distinct in the lower part and formed by longitudinal muscle fibres. Submucosa contains mucus-secreting oesophageal glands.

Muscularis externa is composed of striated muscle in the upper third, mixed type in the middle third, and smooth muscles in the lower third. Its outer layer comprises a longitudinal coat and its inner layer comprises

A CIRCULAR COAT OF MUSCLE FIBRES



STOMACH

The stomach is also called the gaster (Greek belly) or venter from which we have the adjective gastric applied to structures related to the organ.

Definition:

The stomach is a muscular bag forming the widest and most distensible part of the digestive tube. It is connected above to the lower end of the oesophagus, and below to the duodenum. It acts as a reservoir of food and helps in the digestion of carbohydrates, proteins, and fats.

Location:

The stomach lies obliquely in the upper and left part of the abdomen, occupying the epigastric, umbilical, and left hypochondriac regions. Most of it lies under cover of the left costal margin and the ribs.

Size and Capacity:

The stomach is a very distensible organ. It is about 25 cm long, and the mean capacity is one ounce (30 ml) at birth, one litre (1000 ml) at puberty, and 1½ to 2 litres or more in adults.

Two Parts: The stomach is divided into two parts - Cardiac and Pyloric

Cardiac Part:

1. The fundus of the stomach is the upper convex dome-shaped part situated above a horizontal line drawn at the level of the cardiac orifice. It is commonly distended with gas which is seen clearly in radiographic examination under the left dome of the diaphragm.
2. The body of the stomach lies between the fundus and the pyloric antrum. It can be distended enormously along the greater curvature. The gastric glands, distributed in the fundus and body of the stomach, contain all three types of secretory cells, namely:

a. The mucous cells.

b. The chief, peptic or zymogenic cells that secrete the digestive enzymes.

c. The parietal or oxyntic cells secrete HCl.

Pyloric Part:

1 The pyloric antrum is separated from the pyloric canal by an inconstant sulcus, sulcus intermedius present on the greater curvature. It is about 7.5 cm long. The pyloric glands are richest in mucous cells.

2 The pyloric canal is about 2.5 cm long. It is narrow and tubular. At its right end, it terminates at the pylorus.

INTERIOR OF STOMACH

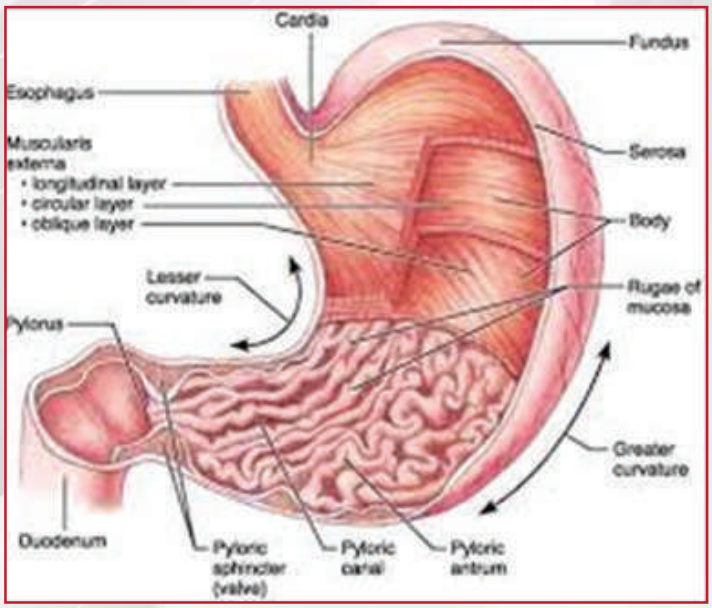
1. The mucosa of an empty stomach is thrown into folds termed gastric rugae. The rugae are longitudinal along the lesser curvature and may be irregular elsewhere. On the mucosal surface, there are numerous small depressions that can be seen with a hand lens. These are the gastric pits. The gastric glands open into these pits.
2. The part of the lumen of the stomach that lies along the lesser curvature, and has longitudinal rugae, is called the gastric canal or Magen Strasse. This canal allows rapid passage of swallowed liquids along the lesser curvature directly to the lower part before it spreads to the other part of the stomach. Thus, lesser curvature bears maximum insult of the swallowed liquids, which makes it vulnerable to peptic ulcer. So, beware of your drinks.
3. Submucous coat is made of connective tissue, arterioles, and nerve plexus.
4. Muscle coat is arranged as under:

a. Longitudinal fibres are most superficial, mainly along the curvatures.

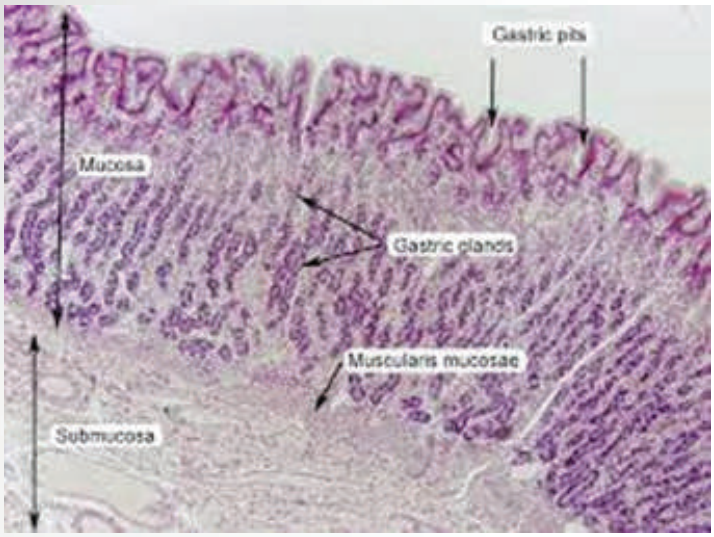
b. Inner circular fibres encircle the body and are thickened at the pylorus to form the pyloric sphincter.

c. The deepest layer consists of oblique fibres which loop over the cardiac notch. Some fibres spread in the fundus and body of the stomach.

5. Serous coat consists of the peritoneal covering.



HISTOLOGY OF STOMACH



Cardiac End Mucous membrane: The epithelium is a simple columnar with small tubular glands. The Lower half of the gland is secretory and the upper half is the conducting part. Muscularis mucosae consist of smooth muscle fibres.

Submucosa: It consists of loose connective tissue with Meissner's plexus.

Muscularis Externa: It is made of the outer longitudinal and inner circular layers including the myenteric plexus of nerves or Auerbach's plexus.

Serosa: It is lined by a single layer of squamous cells.

Fundus and Body of Stomach:

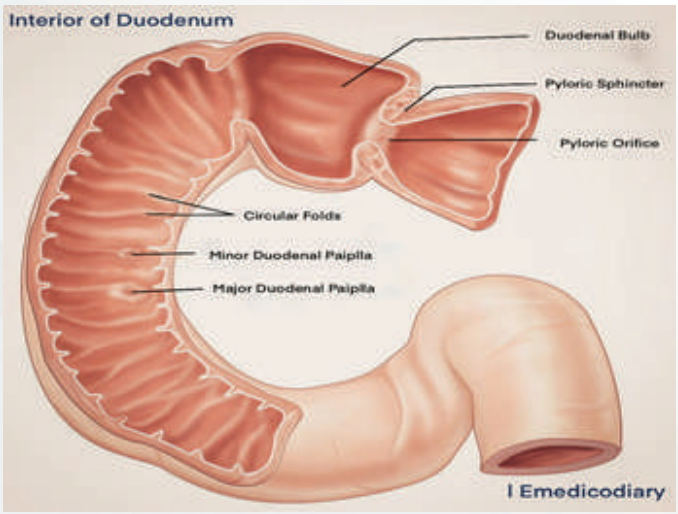
Mucous Membrane: It contains tall simple tubular gastric glands. The Upper one-third is conducting, while the lower two-thirds is secretory. The various cell types seen in the gland are chief or zymogenic, oxyntic or parietal, and mucous neck cells

Pyloric Part Mucous Membrane:

There are pyloric glands which consist of the basal one-third as mucus secretory component and the upper two-thirds as conducting part. Muscularis mucosae are made of two layers of fibres. Muscularis externa comprises a thick layer of circular fibres forming the pyloric sphincter.

DUODENUM

Definition and Location



The duodenum is the shortest, widest, and most fixed part of the small intestine. It extends from the pylorus to duodenojejunal flexure. It is curved around the head of the pancreas in the form of the letter 'C'. The duodenum lies above the level of umbilicus, opposite the first, second, and third lumbar vertebrae.

Length & Parts

Duodenum is 25 cm long and is divided into the following four parts

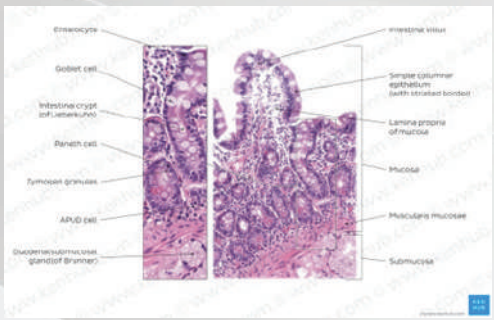
1. First or superior part, 5 cm or 2 inches long.
2. Second or descending part, 7.5 cm or 3 inches long.

The interior of the second part of the duodenum shows the following special features.

a. The major duodenal papilla is an elevation present posteromedially, 8 to 10 cm distal to the pylorus. The hepatopancreatic ampulla opens at the summit of the papilla.
b. The minor duodenal papilla is present 6 to 8 cm distal to the pylorus, and presents the opening of the acces sory pancreatic duct.
c. Below major duodenal papilla, a longitudinal fold called plica longitudinalis is seen.

3. Third or horizontal part, 10 cm or 4 inches long.
4. Fourth or ascending part, 2.5 cm or 1 inch long.

HISTOLOGY



Mucous membrane shows evaginations in the form of villi and invaginations to form crypts of Lieberkühn. Lining of villi is of columnar cells with microvilli. Muscularis mucosae comprise two layers.

Submucosa is full of mucus-secreting Brunner's glands.

The muscularis externa comprises the outer longitudinal and inner circular layer of muscle fibres.

The muscularis externa comprises the outer longitudinal and inner circular layers of muscle fibres

UNDERSTANDING PHYSIOLOGY OF STOMACH TO UNDERSTAND ACID – PEPTIC DISORDER

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INTRODUCTION

Acid–peptic disorder is mainly due to disturbance in the secretion of gastric juice present in the stomach especially the hydrochloric acid and the pepsin. Gastric glands in the stomach are responsible for the secretion of gastric juice.

PARTS OF STOMACH:

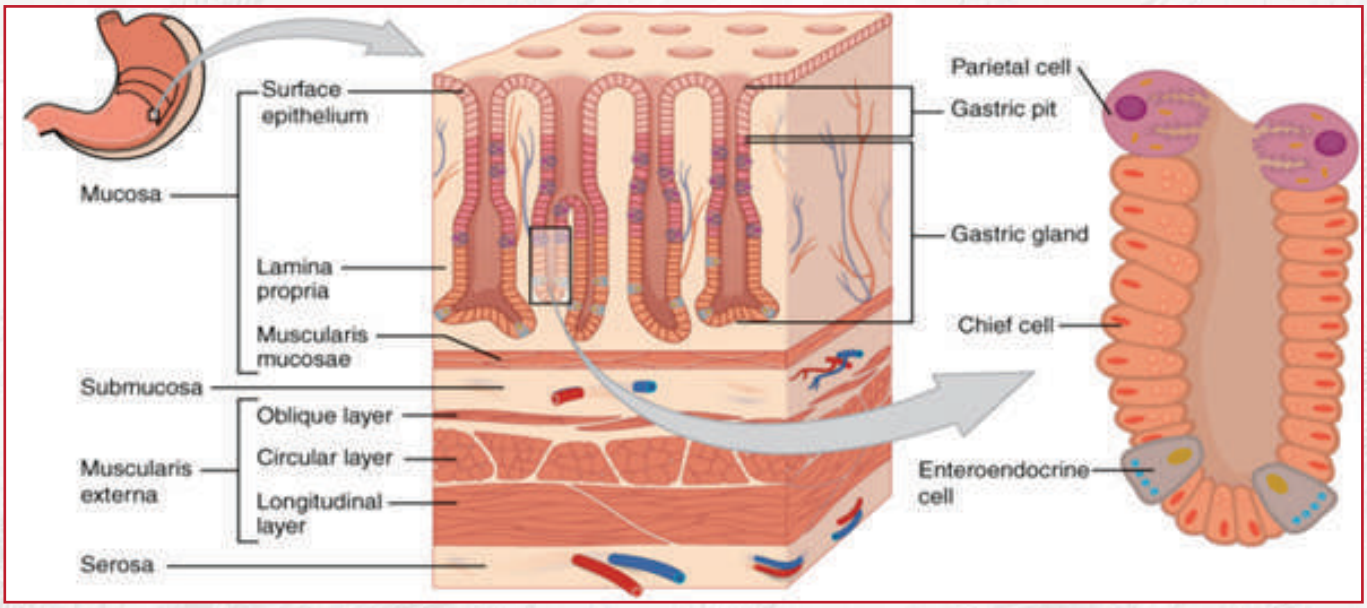
It can be subdivided into three parts: The fundic, the body and the pylorus, each of which contains a particular type of gland.

HISTOLOGY OF STOMACH:

Histologically, the stomach consists of four layers (Fig.1) with certain characteristic differences.

1. The outer serous coat - It consists of the peritoneum.
2. Inside the serous coat is the muscular coat - It consists of three layers: The outer longitudinal, the middle circular, and the inner oblique layer.
3. Beneath the muscle coat is Submucus layer - It is formed by areolar tissue, blood vessels, lymph vessels, and Meissner nerve plexus.
4. Inner mucus layer- It is lined by mucus-secreting columnar epithelial cells. The gastric glands are situated in this layer.1

Figure 1 - Layers of Stomach



GASTRIC GLANDS:

Gastric glands are classified into three types, on the basis of their location in the stomach:

1. Fundic Glands - Fundic glands are considered as the typical gastric glands. They are situated in fundic portion and body of stomach. These are responsible for major secretions of gastric juice.

Different Cells of fundic glands:

a. Chief cells or pepsinogen cells
b. Parietal cells or oxyntic cells
c. Mucus neck cells
d. Enterochromaffin (EC) cells or Kulchitsky cells
e. Enterochromaffinlike (ECL) cells.

2. Pyloric Glands - Pyloric glands are short and tortuous in nature. They are present in pyloric part of stomach. These glands are formed by G cells, mucus cells, EC cells and ECL cells.
3. Cardiac Glands - Cardiac glands are also short and tortuous in structure, with many mucus cells. EC cells, ECL cells and chief cells are also present in the cardiac glands.2

Figure 2(a & b) -Tubular Gastric Glands in Mucosa of Stomach

Figure 2.a

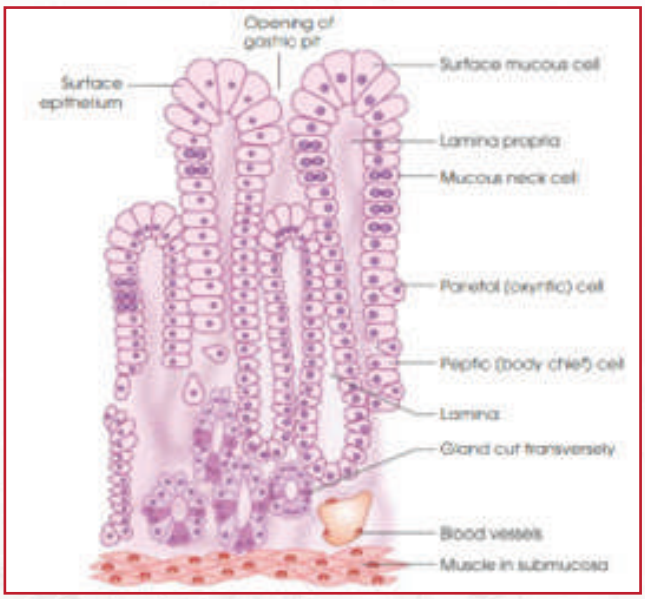
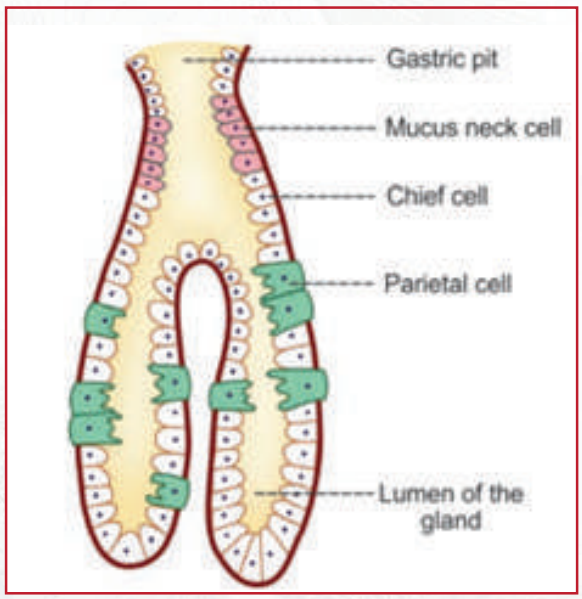


Figure 2.b



Function of gastric gland:

Function of the gastric gland is to secrete gastric juice. Different cells of gastric glands and their Secretory activities are listed below.

SECRETORY FUNCTION OF CELLS IN GASTRIC GLANDS

Cell	Secretory Product
Chief Cells	Pepsinogen, Rennin, Lipase, Gelatinase & Urase
Parietal Cells	Hydrochloric Acid Intrinsic Factor of Castle
Mucus Neck Cells	Mucin
G Cells	Gastrin
Enterochromaffin (EC) Cells	Serotonin
Enterochromaffinlike (ECL) Cells	Histamine

GASTRIC JUICE:

Gastric juice is a mixture of secretions from different gastric glands.

Properties of Gastric Juice:

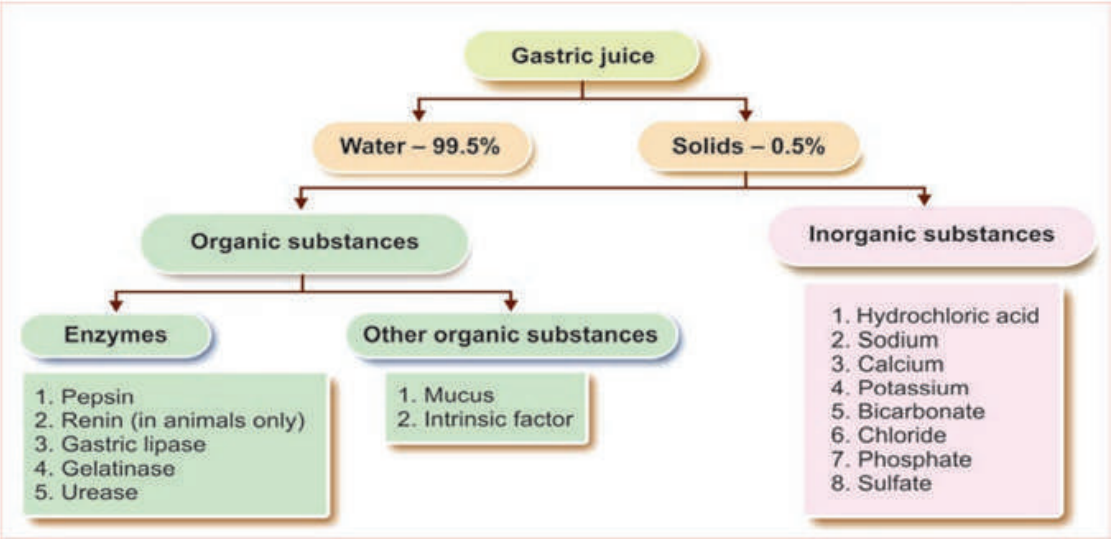
Volume: 1200 mL/day to 1500 mL/day.

Reaction: Gastric juice is highly acidic with a pH of 0.9 to 1.2. Acidity of gastric juice is due to the presence of hydrochloric acid.

Specific gravity: 1.002 to 1.004

Composition of Gastric Juice:

Figure 3: Composition of Gastric Juice



FUNCTION OF STOMACH AND GASTRIC JUICE:

1. **Mechanical Function:**

a. Storage of food- Food is stored in the stomach for a long period, for about 3 to 4 hours, and emptied into the intestine slowly.

b. Formation of chyme

2. **Digestive Function:** Gastric juice acts mainly on proteins. Proteolytic enzymes of the gastric juice are pepsin rennin, which help in the digestion of protein. Even digestion of carbohydrates and some amount of fat takes place in the stomach.

3. **Haemopoietic Function:** Intrinsic factor of Castle, secreted by parietal cells of gastric glands plays an important role in erythropoiesis. It is necessary for the absorption of vitamin B12 (which is called an extrinsic factor) from the GI tract into the blood. The absence of the intrinsic factor in gastric juice causes a deficiency of vitamin B12, leading to pernicious anemia.

4. **Protective function:**

a. Function of Mucus-

i. It protects the gastric wall from irritation or mechanical injury, by virtue of its high viscosity

ii. Prevents the digestive action of pepsin on the wall of the stomach

iii. Protects the gastric mucosa from hydrochloric acid of gastric juice because of its alkaline nature and its acid-combining power.

b. Function of Hydrochloric acid-

i. Hydrochloric acid is present in gastric juice: Kills some of the bacteria entering the stomach along with food substances. This action is called bacteriolytic action.

ii. Activates pepsinogen into pepsin.

iii. Provides acid medium, which is necessary for the action of hormones.

ACID- PEPTIC DISORDER:

Acid peptic disorder includes gastric ulcers, duodenal ulcers, and gastro-oesophageal reflux disease. They are caused when there is

- Increased peptic activity due to excessive secretion of pepsin in gastric juice.
- Increased hydrochloric acid secretion of gastric juice.
- Reduced alkalinity of duodenal content.
- Decreased mucin content in gastric juice or decreased protective activity in the stomach or duodenum.

CONCLUSION:

Any imbalance in hydrochloric acid secretion and gastric mucous defence in the stomach leads to Acid-peptic disorder.

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ACID PEPTIC DISORDER – PATHOLOGICAL PERSPECTIVE

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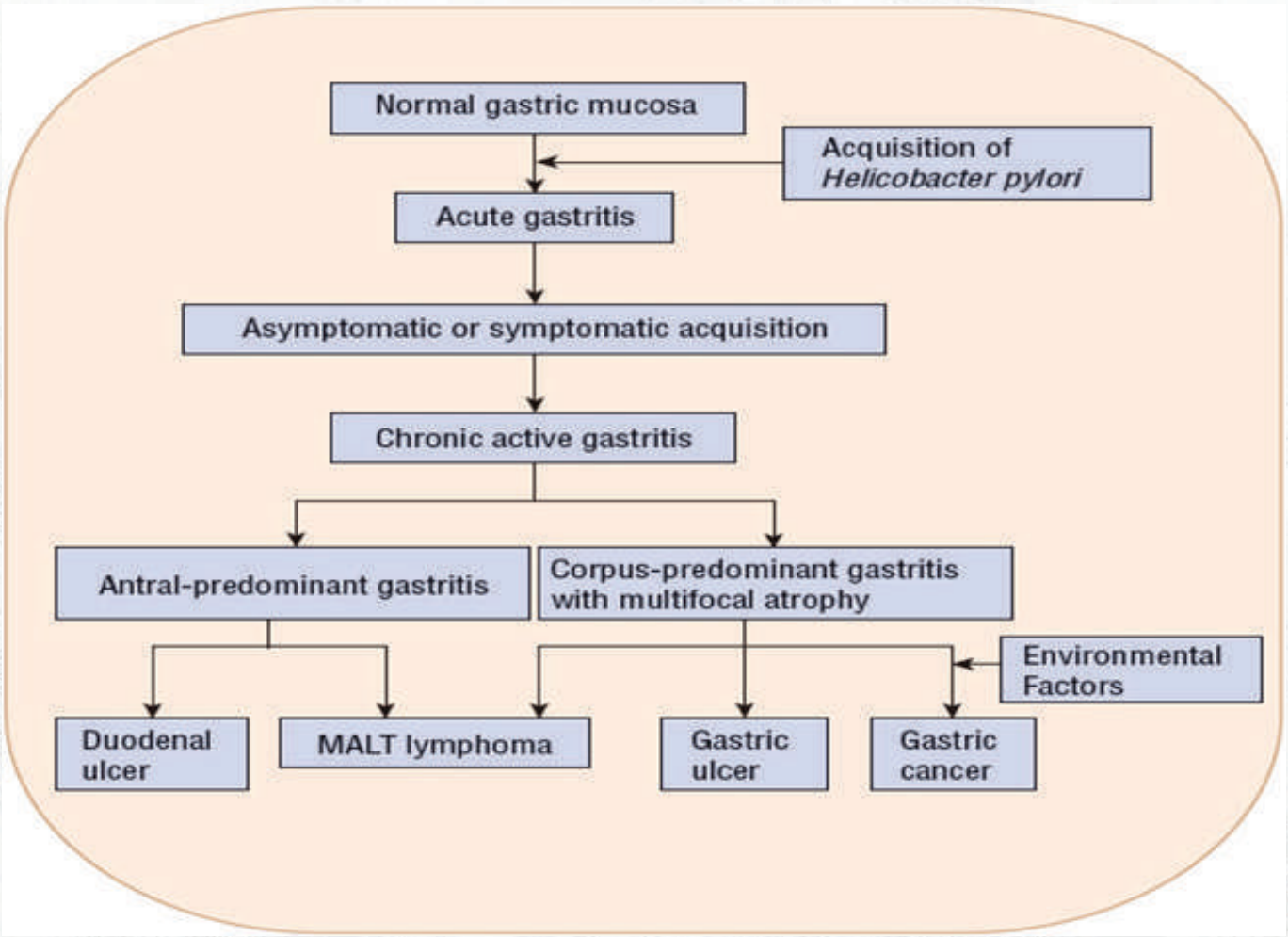
Acid peptic disorder caused by various upper GI inflammation and chronic ailments such as esophagitis, barrettes oesophagus, gastritis etc. which is mainly involves an imbalance between acid secretion and gastric mucosal defences.

a) **Reflux oesophagitis:**

Reflux of gastric juice is the commonest cause of oesophagitis.

Pathogenesis: In some clinical conditions, the gastro-oesophageal reflux is excessive, resulting in inflammation of the lower oesophagus

b) **Barret's Oesophagus:** a clinical condition in which following reflux oesophagitis, stratified squamous epithelium of the lower oesophagus is replaced by columnar epithelium (columnar metaplasia).



c) **Gastritis:** a clinical condition with upper abdominal discomfort like indigestion or dyspepsia in which specific clinical signs and radiological abnormalities are absent. It has been classified into acute and chronic gastritis.

Acute gastritis: It is a transient acute inflammatory involvement the stomach mainly mucosa.

Etiopathogenesis:

1. Diet and personal habits: spicy food, excessive alcohol consumption, malnutrition, heavy smoking.
2. Infections: bacterial infection H-pylori, viral infection- herpes hepatitis
3. Drugs: consumption of non-Steroidal anti-inflammatory Drugs (NSAIDs)
4. Chemical and physical agents
5. Severe stress

Chronic Gastritis:

Chronic gastritis is the commonest histological change observed in biopsies from the stomach.

Aetiopathogenesis: recurrent attacks of acute gastritis may result in chronic gastritis. Some additional causes are as under:

1. Helicobacter pylori infection
2. Other causes

d) **Peptic ulcers**:

Peptic ulcers are the areas of degeneration and necrosis of gastrointestinal mucosa exposed to acid-peptic secretions. They occur most commonly in either the duodenum or the stomach in the ratio of 4:1.

1. Acute peptic (stress) ulcers:

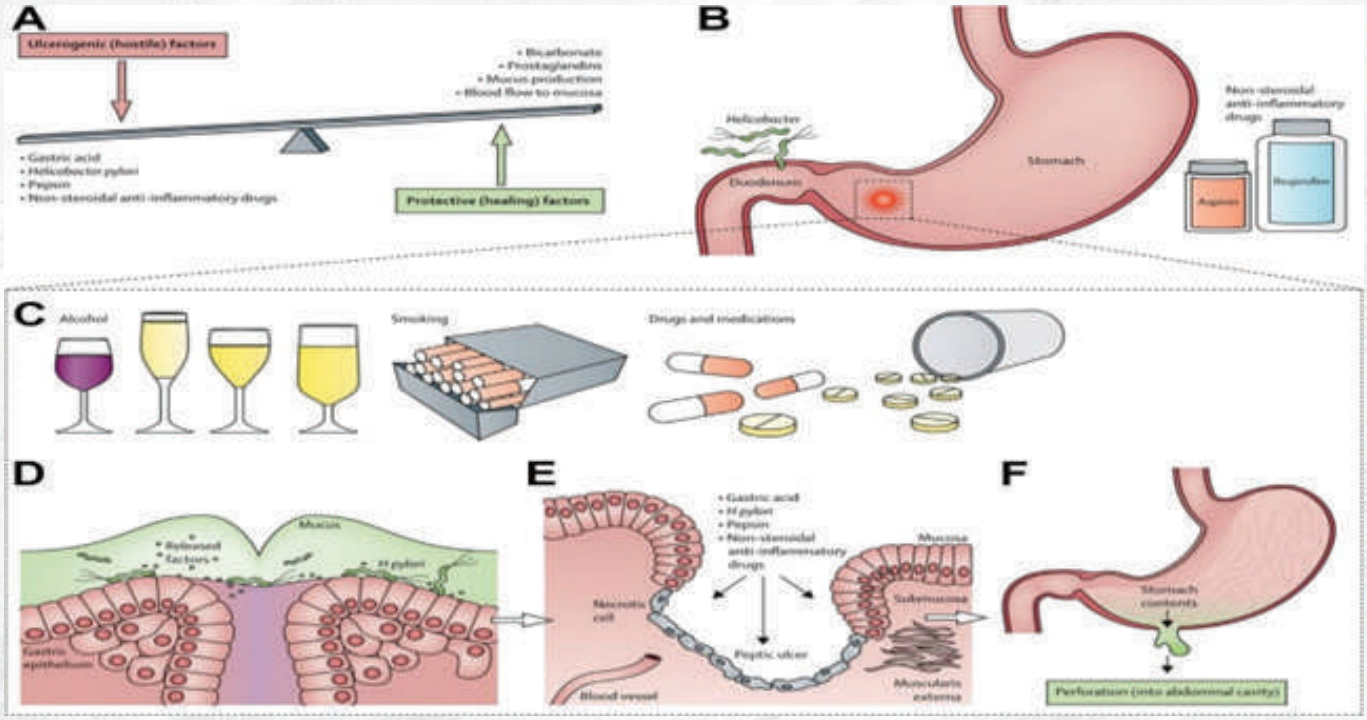
Acute peptic ulcers or stress ulcers are multiple, small mucosal erosions, seen most commonly in the stomach but occasionally involving the duodenum.

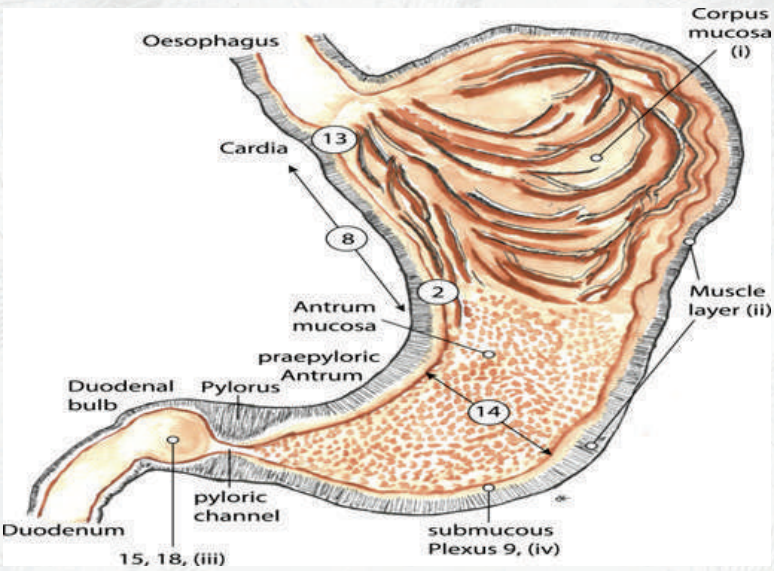
2. Chronic Peptic Ulcers (gastric and duodenal ulcers):

Two major forms of acid-peptic ulcer disease of the upper Gi tract in which the acid-pepsin secretions are implicated in their pathogenesis.

Aetiopathogenesis:

i) Chronic H-pylori infection
ii) NSAISDs induced mucosal injury.
iii) Chronic gastritis
iv) Other local irritants
v) Dietary factors
vi) Psychological causes
vii)Genetic causes
viii)Hormonal causes





ACID PEPTIC DISORDERS

(Synonyms - Acid peptic disease, Acidity, Sourness)

Practice of Medicine

Diagnostic Approach in Management of Acid Peptic Disorders.

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Dr. Jessica Monteiro MD (Hom) HOD & Associate Professor. Department of Practice of Medicine
Dr. Apurva Ajane MD (Hom) HOD & Assistant Professor. Department of Practice of Medicine

Introduction: - APD is highly prevalent and quality of life impaired and substantial work absenteeism and financial burden due to stresses in today's life like erratic food habits, fast foods, electronic gadgets, hectic schedules and targets, sedentary life, and socioeconomic /relationship, etc. Modern medicine uses antacids, proton pump inhibitors, and H2 receptor blockers as conservative approach and surgical specially PUDs which is of palliative nature.1

Homoeopathy with its holistic causative individualized miasmatic approach with dilutions being safe, efficacious, and cost-effective conservative therapy apart from commonly diagnosed medicines there are lesser prescribed medicines rare and biochemical remedies as adjuvant therapy.

GIT normally secrets the acid required for the breakdown and digestion of food. When there is excess of acid secretion leads to acid peptic disorders and physiologically there is a defensive mechanism against acid in the stomach and proximal intestine mucosal linings.2

There is a secretion of bio carbonates which neutralizes acid and also hormones that are prostaglandins to keep blood vessels dilated otherwise it may result in ulcers due to less blood flow and APD is higher in emotional and nervous subjects (psychosomatic).2

Acid Peptic Disorder

Definition: Acid peptic disorders is a term to describe a group of syndromes: Dyspepsia-Gastritis-GERD-Oesophageal Ulcers-Peptic Ulcer Diseases-Zollinger-Ellison Syndrome- 2Meckel's Diverticulum Ulcer, whose converging mechanism of pathogenesis of damage from Acid-Pepsin secretions and weakened mucosal defences characterized earlier by symptoms of discomfort - uneasiness, heartburn, water brash, nausea [functional dyspepsia and gastritis] later by upper abdominal pain, fullness-bloating, anorexia weight loss and severe cases by complications- ulcer, bleeding GIT and is of mixed miasmatic aetiology and predominantly psoro-psycotic and sometimes syphilitic.1 &2

Etiopathogenesis: The pathogenesis of APD is an imbalance between acid secretions and gastric mucosal defences of converging mechanisms acid-pepsins imbalances & of mixed miasmatic aetiology & predominantly psoro-psycotic and syphilitic with relation to complications2.

Aetiology:

- Stress: Erratic lifestyle- psycho-somatic2
- Helicobacter pylori infection1
- Drugs (Antipyretics, NSAID's, Aspirin etc)1
- Tobacco smoking and chewing, Alcohol abuses
- Foods (Caffeinated, fried, spicy, refined and low fibre diet)
- Heredity and blood group O
- Functional Dyspepsia: is indigestion-functional inability to digest early in nature in day-to-day practice of nervous temperament due to stress irregular food habits and H. pylori.
- Gastritis: is inflammation of gastric mucosa and of acute and chronic type by H. pylori, abuse of alcohol and drugs associated with weakened mucosal defence.
- GERD: Gastro-oesophageal reflux disease commonly known as acid reflux due to regurgitation of stomach contents (acid and pepsin) into oesophagus is of multi factorial causes and temporary lower oesophageal sphincter relaxation, hiatus hernia, oesophageal contractions and emptying of stomach and manifesting as heartburn, regurgitation and nausea.
- At times heavy meal, increased intra-abdominal pressure by straining or lifting.
- Peptic ulcer diseases (gastric and duodenal) occur in normal protecting lining of stomach or duodenum due to excessive acid secretions causing corrosion.
- Zollinger-Ellison Syndrome: is a condition of gastric acid hypersecretion because of stimulation by tumours in pancreas and duodenum (gastrinoma) with manifestation of mild oesophagitis, strictures, Barrett's mucosa, diarrhoea and cause of peptic ulcer.
- Of all the above Functional dyspepsia, gastritis, GERD, PUD are well defined disease states of APD and clinically presenting as clinical features.2

Clinical Presentations:

1. Functional Dyspepsia: Epigastric pain heartburn, fullness, nausea, acidity, overeating, anxiety similar to angina.
2. Gastritis and GERD: Heartburn, reflux, odynophagia, water brash chest pain, and lung symptoms may be the only symptoms of GERD i.e., chronic cough, thick voice, wheezing, breathing difficulty, eructation and dyspepsia.
3. Peptic Ulcer Diseases: - Many with minimal indigestion or nothing.

-Burning or gnawing sensation in middle or upper abdomen between meals or at night.
-Bloating, heartburn, nausea and vomiting.
-Anorexia and loss of weight.
-Duodenal ulcer pain is relieved by eating food.
-Often ulcers come and go spontaneously unless a serious symptom like bleeding/perforation and some experience no pain at all.

4. Zollinger-Ellison syndrome: -Manifests as PU, mild esophagitis, stricture and diarrhoea.1, 2 &3

Of these, Functional dyspepsia, gastritis, GERD, PUD, are common and well-defined clinical entities.

Complications:

- Chronic Dyspepsia and Gastritis may lead to GERD, PUD and even to cancer.
- GERD: Oesophageal ulcers and bleeding, strictures, Barrett's oesophagus, cough and asthma, throat and larynx inflammation, pulmonary infection, fluid in sinuses and middle ear (children).
- PUD: Ulcer bleeding, ulcer perforation, gastric obstruction.
- ZE Syndrome: Pre-cancerous state2

Investigations- Diagnosis

Apart from investigations diagnosis can be clinical by medical case history and investigation is helpful to diagnose ulcers in oesophagus, stomach and duodenum and in homoeopathy diagnostic approach is threefold i.e., nosological-miasmatic-remedial.

Investigations:

1. Barium Swallow meal examination: - Inflammation- active ulcer craters deformities scarring
2. Biopsy of ulcer: - To rule out cancer.
3. Endoscopy: - Upper GIT endoscopy for diagnosing GERD
4. X-Rays
5. Examination of throat and larynx
6. Oesophageal acid testing for GERD by 24hrs pH test
7. Oesophageal motility testing for working of muscles
8. Gastric emptying studies for abnormal emptying of stomach rather GERD
9. Acid perfusion test to see chest pain is caused by Acid reflux

Differential Diagnosis: Infectious, pills, eosinophillic esophagitis, PUDs, Dyspepsia, Biliary colic, coronary artery diseases, oesophageal motility disorder, Ca stomach.1

Treatment

Diet and Regimen:2

The most significant part of management is to identify and avoid the causative factors.

1. Foods: Spicy, Chilly, Acidic should be avoided along with regular and healthy eating habits for prevention. | 2. Drugs: NSAID's, Steroids and Self-medication | 3. Modified lifestyle and stress bursting measures | 4. Alcohol | 5. Fatty foods, bakery foods | 6. Caffeinated drinks | 7. Smoking | 8. Chocolate | 9. Peppermint

Lifestyle changes: 2

Elevation of upper body at night for GERD patients | To sleep on left side | Yoga and meditation | Eating balanced meals | Stress management and exercise | Recommended diet (Milk, low fat cheese, walnuts, vegetable oils, olive oil, apple, papaya, melon, banana, leafy greens, carrot, beans, lentils, soybean lean meat and natural juices).

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EFFECT OF HYPEREMESIS GRAVIDARUM ON ACID PEPTIC DISORDER

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Abstract – Gastro intestinal disorders represent some of the most frequent complaints during pregnancy possibly due to elevated levels of progesterone. Certainly, gastroesophageal reflex symptomatology and hyperemesis gravidarum are the primary associated upper gastrointestinal illness during pregnancy. Patients with previous history of complicated peptic ulcer diathesis should be suspected of having recurrent ulcer disease and treated accordingly. There is thought to be some improvement in peptic ulcer disease with pregnancy, which may be secondary to lower gastric acid output and increased protective mucus production associated with elevated progesterone level.

Introduction – Nausea and vomiting are common during pregnancy. The severe form of vomiting the hyperemesis gravidarum affects <1 % of women but the symptoms are more severe in multiple pregnancy and molar pregnancy due high level of HCG hormone. Patients who are smokers and have previous history of peptic ulcer disease are at high risk for ulcer during pregnancy.

High risk factors

1. It is mostly limited to the first trimester and resolves by 20 weeks.
2. It is more common in first pregnancy, with a tendency to recur again in subsequent pregnancies.
3. Younger age
4. Low body mass
5. History of motion sickness or migraine
6. It has got a family history – mother and sister also suffer from the same manifestation.
7. Women suffered from nausea and vomiting whilr on COC. It is more prevalent in hydatidiform mole and multiple pregnancy.
8. It is more common in unplanned pregnancies but less amongst illegitimate ones.

Causative factors

- Hormonal theories- Excess of chorionic gonadotrophin or higher biological activity of Hcg is associated. This is proved by the frequency of vomiting at the peak level of Hcg and also the increased association with hydatidiform mole or multiple pregnancy when the Hcg titre is very much raised.
- High serum level of Oestrogen and progesterone leading to relaxation of the cardiac sphincter and simultaneous retention of gastric fluids due to impaired gastric motility. Other hormones involved are thyroxin, prolactin, leptin and adrenocortical hormones.
- Psychogenic theory – it is probably aggravating the nausea once it begins. But neurogenic element sometimes plays a role.
- Dietetic deficiency – probably due to low carbohydrate reserve, as it happens after a night without food. Deficiency of Vit B6, vit B1 and proteins may be the effects rather than the cause.
- Allergic and immunologic basis
- Decreased gastric motility.

CLINICAL FEATURES

- EARLY SYMPTOMS

The patient is usually a nullipara; in early pregnancy the onset is insidious.

- Vomiting occurs throughout the day. Normal day to day's activities is curtailed. There is no evidence of dehydration or starvation.
- LATE
- Symptoms- vomiting is increased in frequency with retching. Urine quantity is diminished even to the stage of oliguria. Epigastric pain, constipation may occur. Complications may reappear if not treated.
- Signs – Features of dehydration and ketoacidosis. Dry coated tongue, sunken eyes, acetone smell in breath, tachycardia, hypotension, rise in temperature may be noted, jaundice is a late feature. Such late cases are rarely seen these days. Vaginal examination and /or ultra sonography is done to confirm the diagnosis of pregnancy.

Complications

- Maternal complications
- Neurological complications- Wernicke's encephalopathy beriberi due to thiamine deficiency, Pontine myelinolysis, peripheral neuritis, Korsakoff's psychosis.

- Stress ulcers in stomach
- Esophageal tear
- Jaundice, hepatic failure
- Convulsions and coma
- Hypoprothrombinaemia due to Vitamin K deficiency
- Renal failure

Effects on the foetus

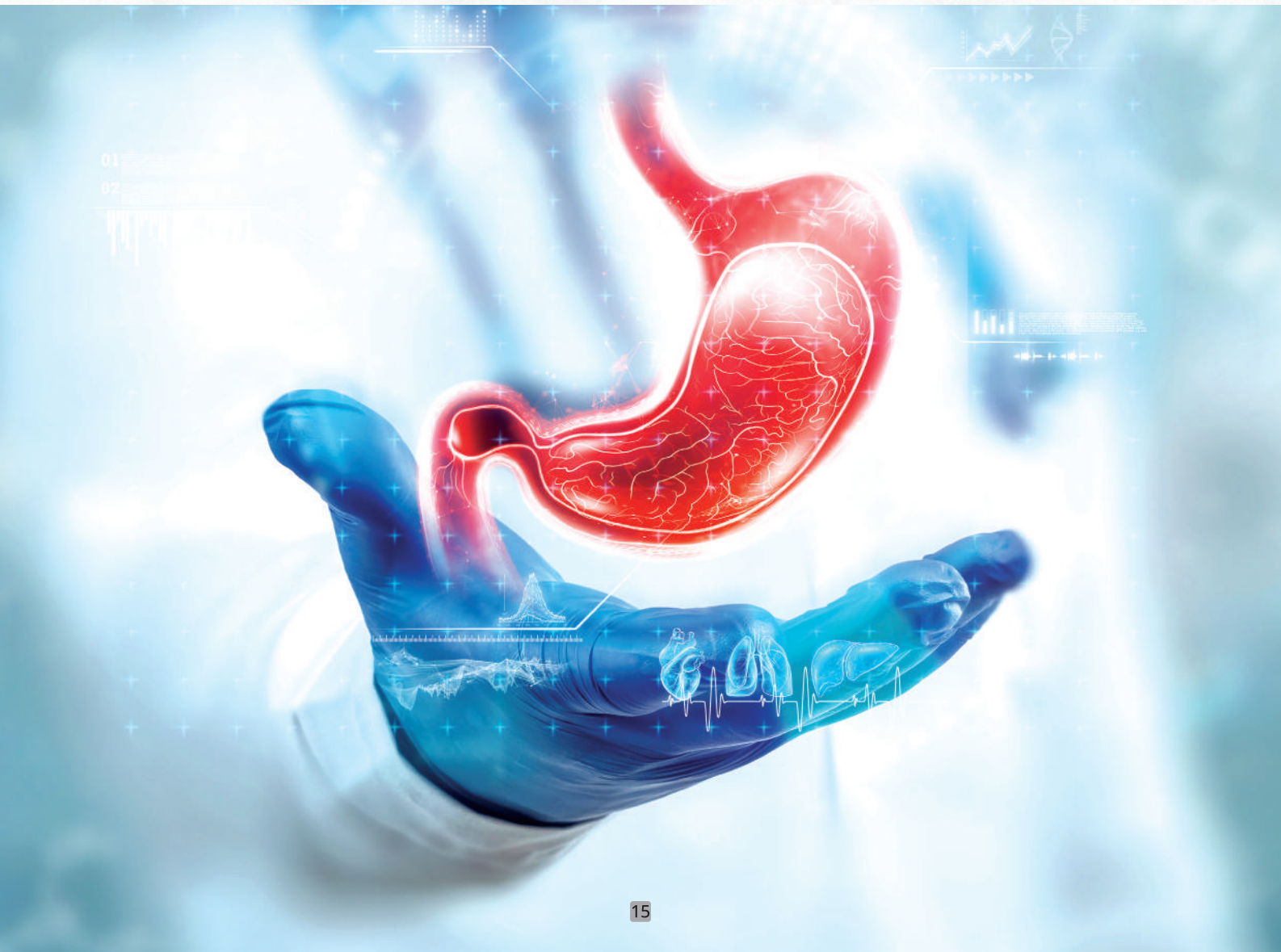
- Usually, foetus remains unaffected once the problem is resolved. Foetal risks may be due to low birth weight and preterm birth.

Management

- Maintenance of hydration
- To control vomiting
- To correct the fluids and electrolyte imbalance
- To correct metabolic disturbances (acidosis and alkalosis)
- To prevent the serious complications of severe vomiting
- To correct vitamin deficiencies
- Care of pregnancy

Homoeopathic therapeutics for hyperemesis gravidarum

Arsenic alb, Carbolic acid, Ferrum met, Phosphorus, Sepia, Cocculuis indicus, Nux vomica, Graphitis and kreosote.



Acid Peptic Disorder with Homoeopathic Medicines and Dietary Management Department of Homoeopathic Materia Medica, Forensic Medicine and Toxicology

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Introduction: Acid peptic diseases result from distinctive but overlapping pathogenic mechanisms which involve diminished mucosal defense due to acid effects. Glands in the stomach produce acid and an enzyme called pepsin that helps the body to digest food in the process of digestion.1 Normally, the stomach and the duodenum also produce mucus that protects the inner lining of the wall of these organs from the effect of acid secreted during the process. But sometimes excessive gastric acid secretion occurs and so, due to repeated attack of this acid, there is decreased mucosal defense activity of the wall lining of these organs, due to which various symptoms of Acid Peptic Disorder develops.4

Acid peptic disorder includes:-

✠ **Dyspepsia:** Dyspepsia describe an inability to digest food. It includes epigastric pain, heartburn, distension, nausea or an acid feeling occur after eating and drinking. It is caused by Helicobacter pylori, psychological, neurological and gut peptide factors which are implicated in the genesis.2 There are no diagnostic signs, apart perhaps from inappropriate tenderness on abdominal palpation. Patients often appear anxious.3

✠ **Gastritis:** Inflammation of gastric mucosa is called gastritis. The two types of gastritis are known i. e. acute and chronic. Aetiological factors may include Helicobacter pylori, excessive consumption of alcohol, NSAIDs, constant physical and emotional stress, spicy food, smoking and decreased mucin content in gastric juice or decreased protective activity in stomach and duodenum.4

✠ **Gastro esophageal reflux diseases:** Several mechanisms operate into esophagus to prevent the reflux of gastric contents. When these mechanisms fail to prevent, gastric content reflux into the lower esophagus.3 The reduced lower esophageal sphincter (LES) tone is an important cause of reflux. This is called as gastro-esophageal reflux disease (GERD).5

Causes:

1. Abnormalities of the lower oesophageal sphincter.
2. Hiatus Hernia
3. Delayed oesophageal clearance
4. Gastric contents
5. Dietary and environmental factors3

Clinical features:

1. Heartburn and regurgitation, provoked by bending, straining or lying down.
2. 'Water brash', which is salivation due to reflex salivary gland stimulation as acid enters the gullet.
3. Patients are woken at night by choking as refluxed fluid irritates the larynx.
4. Odynophagia or dysphagia.
5. Chest pain.3

✠ **Peptic Ulcers:** Peptic ulcer refers to an ulcer in the lower esophagus, stomach or duodenum, in the jejunum after surgical anastomosis to stomach, and in the ileum adjacent to a Meckel's diverticulum. It's incidence is 10% of all adult males. There are following two types:3

Acute peptic ulcer: Acute peptic ulcers present with gastrointestinal bleeding. Sometimes it may occur following stress than they termed as 'stress ulcer'. The main aetiological factor is sepsis. It may be seen after cerebral trauma or neurological operations.6

Chronic peptic ulcer: Gastric ulcer and Duodenal ulcer are the two types of chronic peptic ulcer. Gastric ulcer occurs at the age more than 40 years. It is equal in both sexes while duodenal ulcer occurs between 20-50 years of age and more common in females.3

Aetiology 7:

Causal Factors	Gastric ulcer	Duodenal ulcer
Helicobacter Pylori	Important	Very important
Nsaids And Aspirin	Important	Important
Acids	Normal or low acid output	High or normal acid output
Bile Reflux	Important	Unimportant
Smoking	Important	Important
Stress	Evidence of head injuries and burns only	
Family History	Uncommon	Common

Clinical Features:

✠ Epigastric pain with localised at the site of one finger. It is burning in character.
✠ Pain occurs in episodes, lasting 1-3 weeks every time, 3-4 times a year. Hunger pain occur on empty stomach.
✠ Pain increased at night around 3 A.M. and relieved by food, milk or antacids.
✠ Waterbrash, heart burn, loss of appetite and vomiting.
✠ Anorexia, nausea and dyspepsia.3

Lesser-Known Homoeopathic Medicines for APD

1. Euphorbium officinalis: Ulcers in stomach, burn like coal fire. Great hunger. Sialorrhea.8 Waterbrash. Thirst for cold drinks.9
2. Gratiola officinalis: Dyspepsia with distention of abdomen. Cramps and colic after supper and during night with swelling of abdomen.9
3. Nyctanthes arbor tristis: Burning in stomach with nausea and vomiting8 better by cold application. Thirst, better vomiting.9
4. Ornithogalum umbellatum: Ulceration of pylorus and caecum with distention of abdomen. Belching, offensive flatus, agonizing pain must loosen clothes. Gastric and duodenal ulcers.8 Painful sinking across epigastrium.9
5. Ptelea: Chronic gastritis.8 Weight and fullness of abdomen. Gripping in epigastric region. Eructation, nausea and vomiting. Constant sensation of corrosion, heat and burning in stomach.9
6. Salicylic acid: Dyspepsia with putrid eructation, excessive accumulation of flatus. Acidity of stomach, nausea gagging and waterbrash.8
7. Uranium nitricum: Pyloric and gastric ulcer.8 Boring pain in pyloric region. Gastric and duodenal ulcers. Burning pain. Abdomen bloated.9
8. Valeriana officinalis: Heartburn with gulping of rancid fluid. Hunger and nausea. Eructation foul. Abdomen bloated.9

• Argentum Nitricum One of the best Homeopathic medicines for stomach ulcers with radiating pains. Argentum Nitricum also used when a person feels symptoms such as vomiting, nausea, and belching along with pain in the stomach.

• Nux Vomica Highly effective among Homeopathic medicines for stomach ulcers where eating worsens pain. This stomach pain arises due to eating outside food such as fast food or spicy food, alcohol drinks, coffee, tobacco and more for that Nux Vomica homeopathic remedy is this kind of stomach pain.

• Kali Bichromicum: One of the most wonderful Homeopathic medicines for ulcers in the stomach. This remedy helps when a person feels heaviness in the stomach and also some gastricular problems.

• Lycopodium Clavatum One of the effective Homeopathic medicines for stomach ulcers with the bloated abdomen is Lycopodium Clavatum. Mostly used when a person feels a burning sensation in the abdomen and bloating. This remedy used to consume with warm water get relief from stomach pain. Do no eat food like cabbage and beans in this condition.

• Carbo Veg: One of the known Homeopathic medicines for peptic ulcers is the Carbo veg. This remedy is useful when a person feels sour belching or heartburn with stomach pain. Sometimes this pain moves towards the backside of a person.

• Graphites: If a person suffers from vomiting or burning sensation after eating then this homeopathic medicine Graphite used for peptic ulcers.

• Phosphorus Common Homeopathic medicine for peptic ulcers using cold drinks to get relieves pain. People feel burning sensation after eating more, even feel different tastes such as sour and bitter.

Alumina phos. – wonderful medicine for peptic ulcer; useful when the patient vomits food mixed with blood and is suffering from Tuberculosis of the intestines. Bleeding peptic ulcers.

Anacardium – pain and burning begins 2-3 hours of taking the meals when the stomach is empty. Eating gives relief temporarily. Weak digestion, with fullness and distention. Empty feeling in stomach. Eructation, nausea,

vomiting. Eating relieves the Anacardium dyspepsia. Apt to choke when eating or drinking. Swallows food and drinks hastily.

Arsenic album – lot of burning in the stomach and epigastric regions, worse at night and after eating and drinking.–Cannot bear the sight or smell of food. Great thirst; drinks much, but little at a time. Nausea, retching, vomiting, after eating or drinking. Anxiety in pit of stomach. Burning pain. Craves acids and coffee. Heartburn; gulping up of acid and bitter substances which seem to excoriate the throat. Long-lasting eructation. Vomiting of blood, bile, green mucus, or brown-black mixed with blood. Stomach extremely irritable; seems raw, as if torn. Gastralgia from slightest food or drink. Dyspepsia from vinegar, acids, ice-cream, ice-water, tobacco. Terrible fear and dyspnoea, with gastralgia; also, faintness, icy coldness, great exhaustion. Malignant symptoms. Everything swallowed seems to lodge in the oesophagus, which seems as if closed and nothing would pass. Ill effects of vegetable diet, melons, and watery fruits generally. Craves milk.

Phosphorous – best selected especially for duodenal ulcers; eating is followed by flatulence. Hunger soon after eating. Sour taste and sour eructation after every meal. Belching large quantities of wind, after eating. Throws up ingesta by the mouthfuls. Vomiting; water is thrown up as soon as it gets warm in the stomach. Post-operative vomiting. Cardiac opening seems contracted, too narrow; the food scarcely swallowed, comes up again. Pain in stomach; relieved by cold food, ices. Region of stomach painful to touch, or on walking. Inflammation of stomach, with burning extending to throat and bowels. Bad effects of eating too much salt.

Lycopodium – it is useful for peptic ulcers when the patient passes wind in both directions along with burning in the oesophagus. Incomplete burning eructation rise only to pharynx and burn there for hours. Dyspepsia due to farinaceous and fermentable food, cabbage, beans, etc. Excessive hunger. Aversion to bread, etc. Desire for sweet things. Food tastes sour. Sour eructation. Great weakness of digestion. Bulimia, with much bloating. After eating, pressure in stomach, with bitter taste in mouth. Eating ever so little creates fullness. Cannot eat oysters. Rolling of flatulence (Chin; Carb). Wakes at night feeling hungry. Hiccough. Incomplete burning eructation rise only to pharynx there burn for hours. Likes to take food and drink hot. Sinking sensation; worse night.

Robinia – great medicine for peptic ulcer where there is great acidity. The remedy for hyperchlorhydria. In cases where albuminoid digestion is too rapid and starch digestion is perverted. The gastric symptoms with the most pronounced acidity are well authenticated, and are the guiding symptoms. The acidity of Robinia is accompanied by frontal headache. Intensely acrid eructation. Acrid and greenish vomiting, colic and flatulence, nightly burning pains in stomach and constipation with urgent desire. –Acidity of children. Stools and perspiration sour. Incarcerated flatus.

Other Important Medicines:

Aloe; Argentum Nitricum; Hydrastis; Nux Vomica; Kali Bi; sepia; Psorinum; Merc Cor; Kreosote; Natrum Mur; Thuja; Uranium Nit; Sulphuric Acid; Mezarium; Kreosote; kali Iod; Graphites; Carbo Veg; Kali Ars; Natrum Phos; Calcaria Ars; Belladonna; Alumina and many other important medicines.

Dietary Management:

✠ Accepted Diet: Milk, low-fat cheese, yogurt, fermented milk, Walnuts, Vegetable oils, olive oil, Apple, papaya, melon, banana, Leafy dark green vegetables, carrot, beet, green bean, spinach, kale, radish, zucchini, leek Bean soup, lentils, chickpeas, soybean, Lean meat (beef, pork, chicken, fish) and natural juices.

✠ Restricted Diet: Small volume but frequent meals, alcohol, fatty food, caffeine, mint, orange juice.

Auxiliary measures: ✠ Minimum use of NSAIDs drugs. | ✠ Avoid weight lifting, stooping and bending at waist. | ✠ Avoid smoking. | ✠ Hot or cold compress to the epigastrium.3

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ACID PEPTIC DISEASE

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INTRODUCTION

It is a broad medical terminology for various disorders that include gastric & duodenal ulcers classified under peptic ulcers.

It is one of the commonest gastrointestinal disorders & is mostly treated through medications unless there are complications or red flag signs & disturbing symptoms distressing the normal routine.

Surgical interventions are necessary when there are signs of bleeding/adhesions/fibrosis/hematemesis/melaena or complications like perforation arises.

Stress is one of the predisposing factors for the development of ulcer. According to some psychological studies emotion such as fear is pent up in the stomach & intestine. Ulcers can even develop after burns or cerebral trauma or neurosurgical operations which is termed a 'Cushing ulcer'. Ulcers can develop even after steroid-based medications for quick relief of disturbing symptoms. Even intake of NSAIDs for arthritis is an aetiological factor for the development of ulcers.

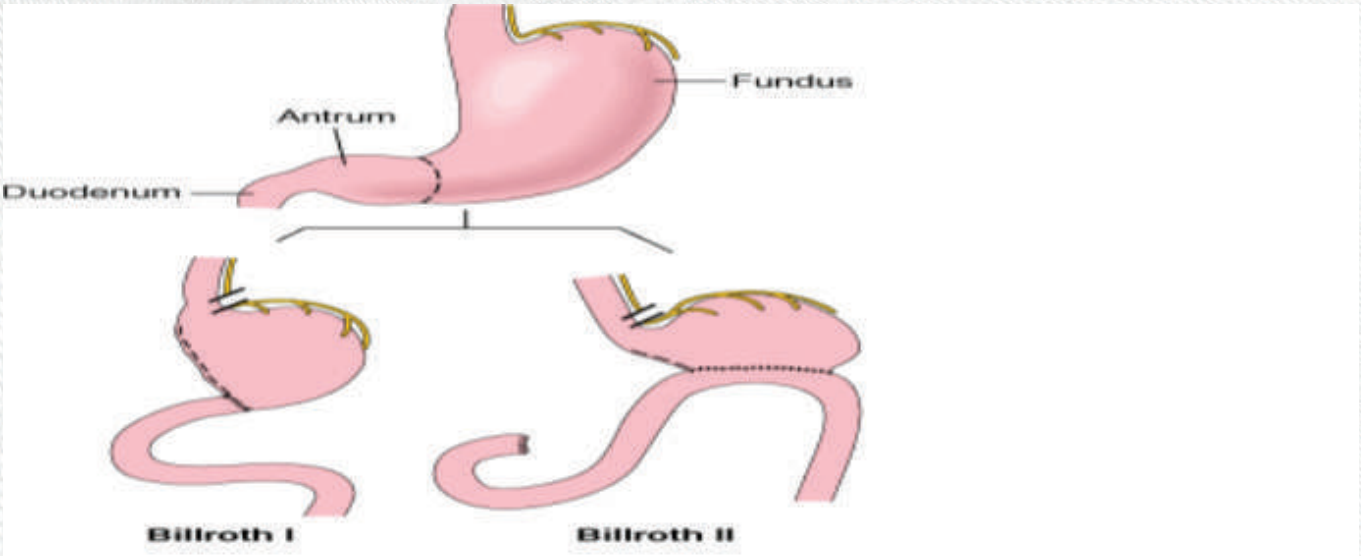
The association of H, Pylori (microaerophilic rod) as an aetiological factor is still a debatable topic. As many are for and against for the theories propounded till now.

H. Pylori has the ability to hydrolise urea resulting in the production of ammonia which is a strong alkali. This urase activity protects bacteria for hydrogen ions in gastric juice and provides a source of nitrogen for H.Pylori. Ammonia's effect on antral gastric cells causes secretion of gastrin thus resulting in hypergastrinaemia. Adherence of H.Pylori to gastric epithelial cells & its capacity to produce cytotoxin are considered as virulent factors which are generally associated with degenerative changes in epithelial ulcer.

Some of the surgical interventions for the peptic ulcers are-

A) Bilroth - I Gastrectomy

- In this procedure the distal end of stomach is mobilized & resected & anastomosed to proximal end of duodenum.
- It helps in delaying gastric emptying & reduce problems related to post-gastrectomy dumping.

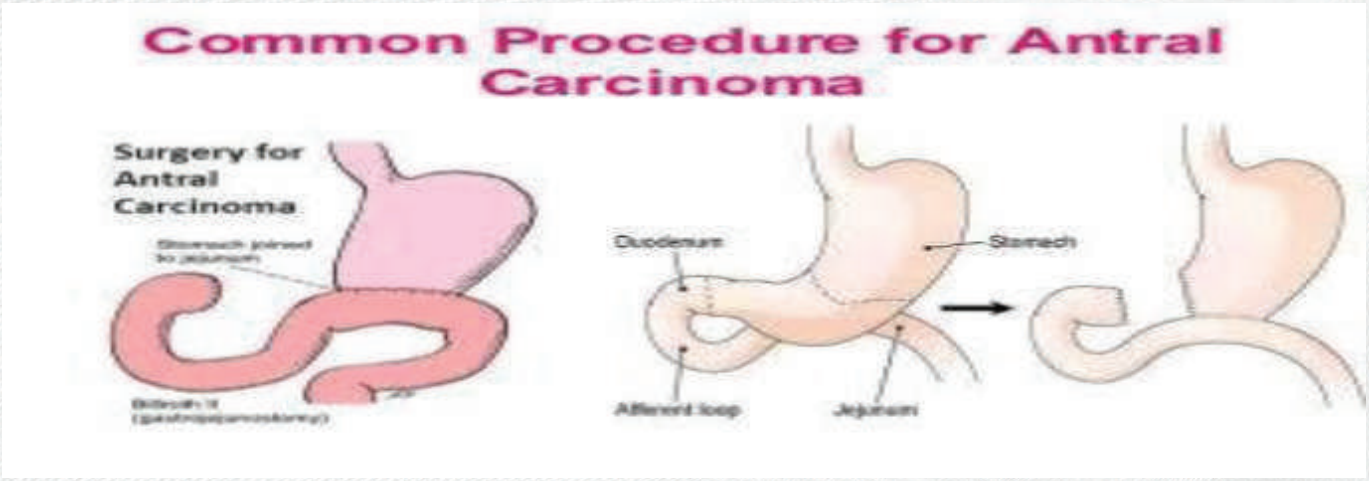


B) Bilroth- II Gastrectomy

- It was devised more by accident than the methodology or design.
- In this procedure the antrum & distal body of stomach are mobilized by opening the greater & lesser momentum & dividing the gastroepiploic arteries, right gastric artery & left gastric artery arcade at the limit of resection. The duodenum is closed off either by suturing or using staples sometimes with difficulty in patients with a very deformed duodenum. Various techniques are available to close the duodenal part of gastrointestinal tract. Following resection, the distal end of the stomach is narrowed by the closure of the lesser curve aspect of the remnant. The greater curve aspect is then anastomosed usually in a retro-colic fashion to the jejunum, leaving as short an afferent loop as feasible.

C) Gastrojejunostomy

- It is indicated when there are dense adhesions.
- As a palliative measure in gastric carcinoma around the transverse colon & applied to the anterior wall of stomach. Hence afferent loop is kept long enough not to be compressed by transverse colon. The anastomosis is made at most dependent part of the stomach & in horizontal fashion.
- Jejuno-jejunal anastomosis between the afferent & efferent loop of jejunum may be done only in case of carcinoma.
- If it is performed in other cases, it may invariably lead to form anastomotic ulcer as the alkaline juices of duodenum & jejunum will not get access to gastro-jejunal anastomosis, but will be bypassed through anastomosis between the afferent & efferent loops.



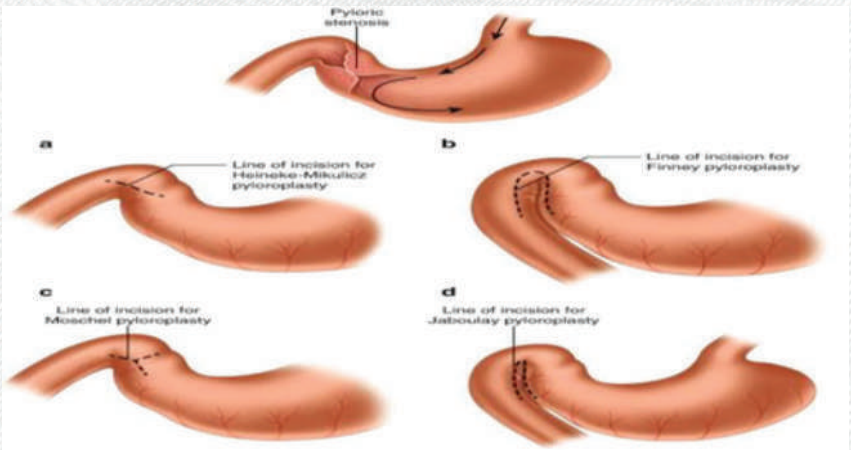
D) Pyloroplasty

- • The indications for pyloroplasty are
- - Uncomplicated duodenal ulcer.
- - Gastric ulcer along with vagotomy after excision & biopsy of suspected specimen.
- - Peptic perforation.
- • Contraindications for pyloroplasty are
- - Pyloric stenosis.
- - Pyloro-duodenal scarring & in deeply placed ulcers in obese individuals.

Drainage operations under pyloroplasty

1) Heinke Milkulicz Pyloroplasty

In this procedure an incision is made through all the coats of anterior wall of pyloric canal midway between greater & lesser curvature starting from 3.5cm proximal to pylorus extending upto 2.5cm distal to pylorus of anterior wall of duodenum. The contents in the stomach are aspirated & the inner walls are inspected to know the position of ulcer & ensure that there is no stenosis distal to incision. If the ulcer is found very close to incision, it should be encircled & excised along with the incision. A pair of tissue forceps is applied to upper edge & one at lower edge, both at the midpoints of the incision. These two pairs of forceps are now pulled apart so that the proximal & distal ends of the incision approach to each other & the defect becomes vertical thus widening the pyloric canal. Now the defect is closed using all coats suture of 00 chromic catgut, leaving a vertical suture line.



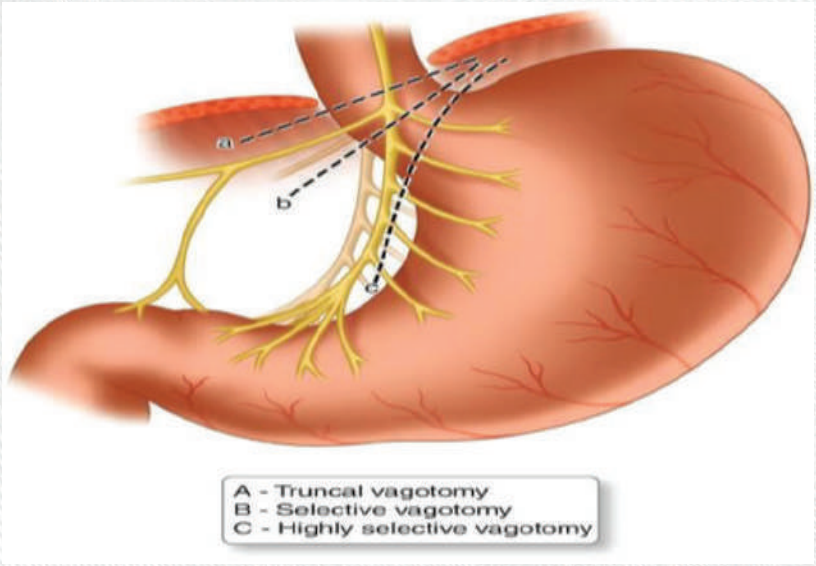
2) Finney Pyloroplasty

In this procedure Kocher's method is used generously to mobilize whole of the second part of duodenum so that this part of duodenum will lie against greater curvature of gastric antrum. A seromuscular lembert suture is used to unite the greater curvature of the stomach & the descending duodenum closing the angle below the pylorus. The anterior walls of the stomach & duodenum are incised about 5mm away from the suture line along an inverted horse shoe shaped line.

The contents of the stomach & duodenum are aspirated. The position of the ulcer is determined. If the ulcer is found very close to the incision, it should be encircled & excised along with the incision. An all-coats stitch is used to unite the greater curve edge of the stomach to the left edge of the duodenal wall from above downwards. This stitch is continued around the corner to unite the right edge of the duodenum to the left edge of the stomach. The closure is completed with a seromuscular stitch to invaginate the all-coats suture line.

E) Truncal Vagotomy & Drainage

- It was first introduced in 1943 by Dragstedt combined with drainage for the treatment of duodenal ulceration.
- The principle of the operation is that section of vagus nerve, which are critically involved in secretion of gastric acid reduces the maximal acid output by approximately 50%. Because the vagal nerves are motor to the stomach; denervation of the antro-pyloro-duodenal segment results in gastric stasis when truncal vagotomy is performed.
- The operation of truncal vagotomy & drainage is substantially safer than gastrectomy.

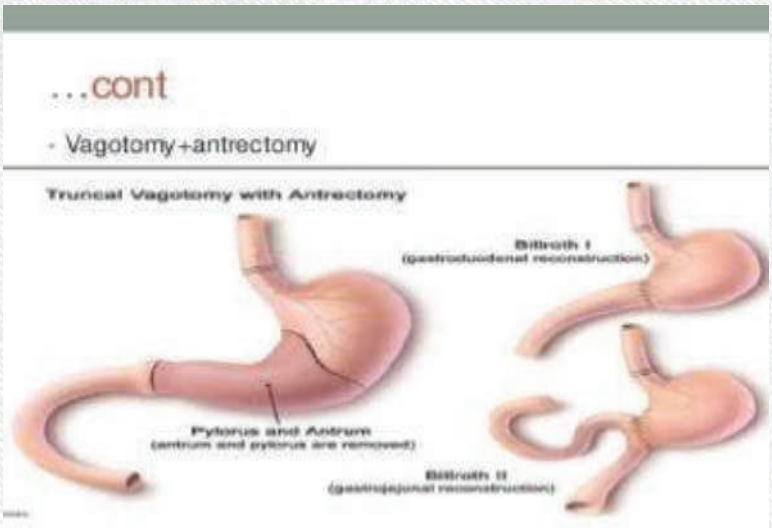


F) Highly Selective Vagotomy

In 1968, Johnston & Amdrup independently devised the operation of highly selective vagotomy in which only the parietal cell mass of the stomach was denervated. It is the most satisfactory operation for duodenal ulceration with low incidence of side effects & acceptable recurrence rate when performed according to the highest technical standards. Although there is possibility of receptive relaxation of stomach leading to epigastric fullness & mild dumping & at large terrible symptoms deleterious to health can be avoided after gastric operations.

G) Truncal Vagotomy & Antrectomy

In this procedure along with truncal vagotomy, the antrum of stomach is resected out hence removing the source of gastrin & the gastric remnant is joined to duodenum. The recurrence rates are extremely low after this procedure. However the operative mortality is higher than that after vagotomy & drainage.



These are some of the remedies indicated for therapeutic purpose in Acid Peptic Disease as prescribed by homoeopathic medical system- "Anacardium, Argentum Nitricum, Arsenic album, Asteria rubens, Carbo veg, Causticum, Chelidonium, China, Clematis, Carbo veg, Causticum, Chelidonium, China, Clematis, Conium, Condurango, Cuprum met, Dulcamara, Euphorbinum, Fluoric acid, Graphites, Hepar sulph, Hydrastis, Ignatia, Kali bichromicum, Kali carbonicum, Kreosote, Mercurius, Mezereum, Natrum carb, Natrum mur, Nitric acid, Nux Vomica, Phosphorus, Plumbum, Ranunculus bulbosus, Sanguinaria, Secale cor, Silicea, Sulphur, Thuja".

ACID PEPTIC DISEASE - HOMOEOPATHIC APPROACH

1. **Dr. Swaroopa Patil** MD (Hom) HOD & Professor, Department of Organon of Medicine with Homoeopathic Philosophy
2. **Dr. Nagraj H** MD (Hom) Associate Professor, Department of Organon of Medicine with Homoeopathic Philosophy
3. **Dr. Nilesh Choudhari** MD (Hom) Assistant Professor, Department of Organon of Medicine with Homoeopathic Philosophy

According to Homoeopathic philosophy, disease is not caused by a single factor. Homoeopathy sates that every disease is general and no disease is local although it may have local manifestations. The aetiological perspective is studied in homeopathy in depth.

In aphorism 9 Dr Hahnemann states

In the healthy condition of mind, the spiritual vital force (autocracy), the dynamis that animates the material body (organism) rules with unbounded sway and retains all parts of organisms in admirable harmonious, vital operation, as regards both sensations and functions, so that our indwelling reason gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

In aphorism 7 he mentions

Attention to be paid to totality of symptoms - this outwardly reflected picture of internal essence of disease or affection of vital force because it is the sole means where by the disease can make known what remedy it requires - only thing that can determine the choice of most appropriate remedy, and thus in a word, the totality of symptoms must be the principal and only thing the physician has to take note.

In aphorism 5. Dr Hahnemann reminds us that

Useful to the Physician in assisting him to cure are the particulars of the most probable EXCITING CAUSE of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits. his social and domestic relations, his age, sexual function etc, are to be taken into consideration.

Here Dr Hahnemann instructs Homeopathic Physicians to consider the causes which excite and maintain a disease such as the patient's behaviour and other dietary habits, which may remain as an obstacle to recovery, even though the similimum is exactly indicated. Dr Hahnemann calls this as "causa occasionalis". Dr Hahnemann also mentions about the "FUNDAMENTAL CAUSES" of diseases, called Miasms, which are the real cause of all chronic disease and complete cure can be achieved only by giving the appropriate anti miasmatic remedy.

According to Dr Allen, the nature of disturbance may be varied, often depending on the original constitution or previous life of the patient, his character, vocation, education, temperament, predisposition, latitude and altitude, season of the year, circumstances of life and many other conditions. Through this he opines that a deep understanding of the patient's life is necessary for making a good homeopathic prescription.

And as Roberts says, removal of end products of the disease without prior constitutional treatment based on law of similars is a form of suppressive therapy. Again, Dr R P PATEL mentions, non-removal of the exciting and maintaining causes is one of the major reason of failures in homeopathic practice. IS From the sayings of all these masters, we can conclude that in homeopathic prescribing, it is not only the presenting symptoms of the patient that should be considered while prescribing, but those causes which has excited and maintained the disease is equally important. In aphorism 12 Hahnemann quotes; "It is the morbidly affected vital energy alone that produces disease, so that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamis; in a word, they reveal the whole disease; also, the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly affects and necessarily implies the restoration of the integrity of the vital force and, therefore, the recovered health of the whole organism"

Thus the "HOLISTIC CONCEPT" is absolutely necessary to understand the living phenomena of any being. When it is said that a body is a whole or unity it means the parts owe their nature to the fact of their being parts of the whole and are bound by necessary relations to other parts forming together a new entity. To understand these theories and views of Stalwarts of Homeopathy the step was taken lo make an attempt to study the same.

MIASMATIC BACKGROUND

The discovery of the miasms by Hahnemann was a death blow to the erroneous conceptions of the aetiology of disease, in his day and it is nonetheless true in our day, although a century of years lie between. An army of thinkers, and investigators, along these lines have arisen, and many of them departed this life, since Hahnemann said that psora was the parent, or the basic element of all that is known as disease. "This source or germ of suffering and death is positive, demonstrable and perfectly recognizable." Hahnemann called it the miasm.? Disease ending are found in its pathology but its beginnings no man can see, except as he sees it though law and knowledge of the nature of the chronic miasms.

Hahnemann has recognized three forms of miasms, which he designated as Psora, Sycosis and Syphilis. This triune of the subversive forces also called the chronic miasmata, are the vicarious embodiment of the internal disease, each having its own peculiar type or character by which its sole purpose and effort is to conform the organism to its nature. Each of these forces becomes a creative force, and at no time, the life force is able to free itself from the bond of any of them (either alone or in combination with others), without some assistance. Just how these subversive forces Psora, Syphilis or Sycosis combine in the organism, or rather with life force, can probably never be explained or accounted for with no external etiological reason. They seem to come from within the organism itself, developing from some peculiar dynamis within.

Psora is the beginning of all physical sickness. Had psora never been established as a miasm upon the human race, the other two chronic disease would have been impossible. All the disease of man are built upon Psora; hence is the foundation of sickness; all other sickness came afterwards. Psora is the underlying cause. And is the primitive or primary disorder of human race. This state expresses itself in the forms of the varying chronic disease, or chronic manifestations.

Sycosis is the miasm or constitutional state of excess, of exuberance, ofostentation, of flight. Morbific causes are aggressive; confronted with aggression; the Psoric condition produces inhibition, while the Sycotic one is stimulated to flight. The third miasm, which we call Syphilis, is the constitutional state engendering perversion i.e.., destruction, degeneration, aggressiveness.

Miasms are the foundation of all chronic diseases. The fact is we cannot select the most similar remedy possible unless we understand the phenomena of the acting and basic miasms, for the true similia is always based upon the existing basic miasms. The very remarks of the various stigma (miasms) show their respective characters. 2 "Disease is the totality of the effects by which we recognize or perceive the action of a peculiar order of subversive force upon which an organism which has been specifically adapted, or prepared for their reception.

"When a miasm enters the organism, it immediately bonds itself with the life force, and the life force immediately takes its subversive nature, and its actions from hence forth are in accordance with its nature".

"As an individual develops from the embryonic stage to death so also his disease condition goes on developing due to its genetic cause controlled, guided and modulated by the miasmatic cause inherited from ancestor as well as acquired by self. causing various changes from inner most, the mental symptoms to the outermost, the Physical symptoms; depending upon the susceptibility of the patient."

"With our growing knowledge of the so-called deficiency disease, we are coming to realize that the lack of certain elements in the system or the inability to assimilate them from food, is the great common denominator or of almost all the so called psoric condition, plus a lack of balance in the equilibrium of health, that manifest through a hypersensitivity of impressions, functional disturbance and the patients recognizes of the disturbances that varies from consciousness to neurosis."

Regarding syphilis "This stigma has its effect on protozoan, and the off spring shows the effect in many ways. When the offspring is affected with the syphilitic taint, he will not show the direct effect in the primary chancre or ulcer, for by the time the disease has passed into the second generation the fault has become thoroughly married to the life force and it became a part of his being. This results in many constitutional tendencies such as deformities, chronic catarrhal conditions of the nose and throat, malformation of teeth and of the bony structure, ulcers and many other manifestations. In the secondary generation we find none of the primary local manifestation have changed their character, showing that the economy is thoroughly impregnated with the deadening destructive effect of the stigma.

Regarding the tubercular miasm, we must remember that the tubercular patient is manifesting the union of the syphilitic and the Psoric dyscrasia. Often times we find the child who has inherited this stigmatic combination, has a tendency towards tuberculosis; this child presents the picture of the problem child in school, being slow of comprehension, dull, unable to keep a line of thought; he is unsocial, keeps to himself and becomes morose and sullen".

And regarding sycosis, "sycosis is established after a suppressed gonorrhoea when the acute infection is driven in upon the vital energy by external methods of suppression, and it then becomes a systematic stigma, permeating every living cell of the organism, and transmitting its deadly destructive forces to the o/spring as well as retaining the full destructiveness of its power in the original individual, and impregnating the mother of the child".

As we study these miasms, we see they express themselves are skin symptoms, and this in agreement with Hahnemann's theory of disease, "That disease is evolved from above down wards, and from within outwards". This is the natural order of things, which is co-operative with the saving of life and the protection and relief of the internal organism. When tertiary developments do not come out as skin lesions malignancies are almost certain to follow, as there is no other way (except by reflexes through the nervous system) of preventing the centralization of the tertiary forces upon the internal organs.

Although Hahnemann had no microscope but more than 50 years before Koch's discovery, he was first to perceive, teach and discover the parasitical nature of all infectious disease and the chronic diseases in general, in the year 1827 before publication of his famous book "Chronic Diseases." It is all the more significant that Hahnemann recognized the presence of bacteria in epidemic and acute diseases in 1818, more than sixty years before Koch isolated the tubercle bacillus.

Long time before the so-called modern medicine could even imagine, Hahnemann classified all the disease in two groups: (1) Acute and (2) Chronic. According to Hahnemann, acute diseases are divided into the three parts- (a) individual, (b) sporadic and (c) epidemic. He had also given hints of endemic and pandemic character of acute diseases.

Hahnemann divided chronic disease into two parts: (a) diseases with fully developed symptoms and (b) diseases with very few symptoms. He again divided chronic disease of category "a" in two parts-(i) Non-miasmatic and (ii) Miasmatic. Non-miasmatic disease are again sub-divided into three groups: (i) diseases from bad hygienic conditions of living, (ii) diseases due to continued application of non- homeopathic drugs in crude forms or drugs additions, (ili) occupational diseases. Miasmatic chronic diseases are sub-divided into two parts: i) single diseases by Psora, or syphilis, and (ii) compound disease by Psora -Sycotic, or Psoric -Syphilitic or Syco-Syphilitic. These are also of the three different types, i.e.., (i) continued, (ii) intermittent and (iii) Alternating. Miasmatic chronic disease which are sub-divided into two parts:

1. One-sided disease which are sub-divided into two groups, i.e., (a) diseases with only mental symptom, Mania, Insanity, etc., and (b) Diseases with only physical symptoms, e.g., backache, headache etc.
2. Local diseases which are also sub-divided into two groups, i.e., (a) Surgical and (b) Non-surgical.

This classification of diseases was the first in its character in the history of medicine which is of paramount important for treatment and management of diseases. And this is one of the greatest contributions of Master Hahnemann."

DIET AND REGEMEN:

Aphorism 261 Remove all obstacles in the way of recovery, institute wholesome modes of living, innocent recreation, active exercise in the open air, daily walks, light manual labour, proper nutrition food, drinks pure water unadulterated with any medicinal substance, get patient interested in something.

Aphorism 259 the diet and regimen of the patient must not in any way interfere with the action of the highly rarified homeopathic remedy. Avoid absolutely all extraneous medicinal influences.

Aphorism 263 the gratification of certain longing and the refreshing effect of a gratified desire is palliative and salutary. Covering and temperature must be regulated by wish of patient. Every emotional disturbance must be carefully avoided.

In general, it is the duty of homeopath to educate the patient in respect to healthy diet and to advise him to refrain from highly spiced, puttied and fermented foods, which at any cost will be determined to his health. Besides, a patient should be encouraged to take fresh, pure wholesome and simple food of course with due regard to the dietetic modalities of an individual and his constitution.

In a restricted sense food is an environment as it has a bearing on the wellbeing of a person and certain types of foods aggravates or ameliorate the disease symptoms in a patient. A patient with an ill balanced food not suiting to his constitution will be more vulnerable to the recurring exacerbation of acute miasms than a person partaking of the food and the constitutional make up. The knowledge of the food and constitutions will be of an added advantage to a homeopathic practitioner. He should therefore not ignore this aspect of health.

PREVENTIVE ASPECT OF ACID PEPTIC DISORDERS

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INTRODUCTION:- "Acid peptic disorders" is a collective term used to include many conditions such as gastro-esophageal reflux disease (GERD), gastritis, gastric ulcer, duodenal ulcer, esophageal ulcer, Zollinger Ellison Syndrome (ZES) and Meckel's diverticular ulcer. The commonest ulcers are the gastric and the duodenal ulcers.(2)

Symptoms of acid peptic disorder include abdominal pain, nausea, heart burn, regurgitation, vomiting, loss of appetite and weight loss.

Causes of Acid Peptic Disorder include: 1

- **Helicobacter pylori:** H.pylori is responsible for around 60%-90% of all gastric and duodenal ulcers.
- **NSAIDs:** Prostaglandins protect the mucus lining of the stomach. Non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, diclofenac and naproxen prevent the production of these prostaglandins by blocking cyclo-oxygenase enzyme leading to ulceration and bleeding.
- **Smoking, alcohol and tobacco:** Cigarettes, alcohol and tobacco cause an instant and intense acid production.
- **Blood group O:** People with blood group "O" are reported to have higher risks for the development of stomach ulcers as there is an increased formation of antibodies against the Helicobacter bacteria, which causes an inflammatory reaction and ulceration.
- **Heredity:** Patients suffering from peptic ulcer diseases usually have a family history of the disease, particularly the development of APD which may occur below the age of 20.
- Steroids/Other medicines: Drugs like corticosteroids, anticoagulants like warfarin (Coumadin), niacin, some chemotherapy drugs, and spironolactone can aggravate or cause APD.
- **Diet:** Low fiber diet, caffeinated drinks and fatty foods are linked to APD.
- **Other diseases:** Chronic liver, lung and kidney diseases especially tumors of the acid producing cells all predispose to peptic ulcers. Zollinger-Ellison Syndrome (ZES) is a rare pre-cancerous condition which causes peptic ulcer disease. It is a syndrome disorder wherein tumors in the pancreas and duodenum also known as gastrinomas produce a large amount of gastrin which is a hormone that stimulates gastric acid secretion. Endocrine disorders such as hyperparathyroidism are also implicated in the development of peptic ulcers.
- **Stress:** Stress and neurological problems can also be associated with the Cushing ulcer and APD

Preventive measures: 3

Certain lifestyle choices and habits can reduce risk of developing Acid peptic disorders

Few measures include:

✠ Keeping away from infections -There is no evidence on how the H. pylori bacteria spreads, but some studies show that it is transmitted through food or water and person to person. It is advised to frequently wash your hands, especially before and after your meals.

✠ Using caution while taking pain relievers -Regularly taking pain relievers put you at high risk for Acid peptic disorders. You can avoid these problems by taking your medications with meals

✠ Avoid consuming alcohol.

✠ Don't overdose on iron supplements. You may need them if you have bleeding ulcers, but taking too much can irritate your stomach lining and the ulcer

✠ Learn how to manage stress. Relaxation techniques like deep breathing, guided imagery, and moderate exercise can help ease stress and promote healing.

✠ Avoid foods that irritate your stomach. Like spicy foods, oily foods, citrus fruits, and fatty foods are common irritants. Meals should preferably be light and at small intervals.

✠ Stop smoking. Heavy smokers are more likely to get duodenal ulcers than non-smokers.4

Maintaining a healthy lifestyle by quitting smoking cigarettes and other tobacco use and eating a balanced diet rich in fruits, vegetables, and whole grains will help you prevent developing acid peptic disorders.

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REPERTORIAL APPROACH TO ACID PEPETIC DISORDERS

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INTRODUCTION:- Acid peptic disorder-commonly called APD includes a number of conditions. All these conditions are a result of damage from acid and peptic activity in gastric secretions. APD occurs when the acid starts irritating the inner cells (mucosal) of the stomach. Acid peptic diseases mostly affect the oesophagus, stomach & duodenum. (1)

Diseases that come under Acid peptic disorders are:

1. Gastric ulcer
2. Duodenal ulcer
3. Gastroesophageal reflux disease
4. Gastritis
5. Oesophageal ulcer
6. Zollinger-Ellison syndrome
7. Meckel's diverticulum ulcer

Repertory has many rubrics of acid peptic disorders which are helpful in the selection of a similimum

Gastric ulcer:

SL No	Symptoms	Rubrics	Remedies
1.	Burning in epigastric region	*Stomach-Pain, burning*	Ars, Canth, Carb-veg, Caps, Colch, Phos, Sec, Sulph
2.	Loss of weight	*Generals-Emaciation*	Abrot, Ars, Ars-iod, Bar-c, Calc, Ferr, Graph, Hell, Lyco, Nat-m, Nit-acic, Nux-v, Phos, Plum, Sel, Sil, Stan, Sulph, Tub
3.	Loss of appetite	*Stomach-Appetite, diminished*	Alum, Arg-nit, Aur, Con, Cycl, Lyc, Murex, Pic-acid
4.	Feeling fullness of stomach sooner then normal	*Stomach-Appetite, easy satiety*	Caust, Chin, Lyc, Nat-m, Nux-v, Plat, Rheum, Sil, Sulph, Thuja
5.	Excessive amount of gas	*Abdomen-Flatulence*	Aloe, Amm-m, Arg-n, Ars, Calc, Calc-s, Carbo-an, Carbo-veg, carb-sulph, Cham, Chin, Colch, Graph, Hydr, Lyc, Mag-c, Nit-a, Nux-m, Nux-v, Op, Nat-s, Pic, Sil, Sulph, Taren, Verat
6.	Bloating & Belching	*Abdomen-Distension* *Stomach-Eructation's*	Acon, Agar, Aloe, Arg-n, Ars, Carb-v, Colch, Graph, Hepar, Lyc, Nat-c, Nat-m, Ph-ac, Phos, Sulph, Ter Acon, Ambr, Arg-n, Asaf, Bell, Bry, Carb-v, Chin, Kali-bi, Mag-c, Nat-ars, Nat-mur, Nux-v, Phos, Puls, Rhus, Sep, Sulph, Tarent, Verat
7.	Intolerance to fatty food	*Generals-Food & drinks, fat agg*	Cab-veg, Cucl, Ferr, Graph, Puls, Tarent, Tarax
8.	Heartburn	*Stomach-Heartburn*	Am-c, Ambr, Calc, Carbo-veg, Cic, Con, Croc, Ferr-p, Lyc, Mag-c, Puls, Sulph, Syph

2. Peptic Ulcer:

SL No	Symptoms	Rubrics	Remedies
1.	Burning in epigastric region	*Stomach-Pain, burning*	Ars, Canth, Carb-veg, Caps, Colch, Phos, Sec, Sulph
2.	Pain in epigastrium more at night, when hungry	*Stomach-Pain, night* *Stomach-Pain, fasting agg*	Am-c, Arg-n, Bell, Carb-s, Kali-c, Sulph Anac, Bar-c, Bell, Calc, Graph, Ign, Lach, Petro
3.	Pain in epigastric region better by vomiting	*Stomach-Pain, vomiting, amel*	Hyos, Plb, Sep

3. Gastritis:

SL No	Symptoms	Rubrics	Remedies
1.	Heartburn	*Stomach-Heartburn*	Am-c, Ambr, Calc, Carbo-veg, Cic, Con, Croc, Ferr-p, Lyc, Mag-c, Puls, Sulph, Syph
2.	Abdominal bloating	*Abdomen-Distension*	Acon, Agar, Aloe, Arg-n, Ars, Carb-v, Colch, Graph, Hepar, Lyc, Nat-c, Nat-m, Ph-ac, Phos, Sulph, Ter
3.	Abdomen pain	*Abdomen-Pain*	Ars, Bry, Canth, Carb-s, Cham, Cocc, Colch, Coloc, Crup-ars, Dulc, Graph, Ipcac, Kali-ars, Kali-c, Nat-s, Op, Phos, Podo, Puls, Sec, Sep, Verat
4.	Vomiting	*Stomach-Vomiting*	Aco, Aeth, Ant-c, Ant-t, Apis, Arg-n, Ars, Bry, Cadm-s, Chin, Cham, Colch, Cupr, Ferr, Iris, Kreos, Lob, Nux-v, Phos, Plb, Sil, Sulph, Tub, Verat, Verat-v.
5.	Indigestion	*Abdomen-Indigestion* (2)	Ant-c, Bell, Bry, Carb-v, Coloc, Nux-v, Puls, Sulph
6.	Burning in epigastrium more after eating & night	*Stomach-Pain, eating after agg* *Stomach-Pain, burning* *Stomach-Pain, burning night* (3)	Nux-v, Tarent Ars, Canth, Carb-veg, Caps, Colch, Phos, Sec, Sulph Abrot, Ars, Ars-Sulph, Hyper, Kali-carb, Podo, Sulph
7.	Hiccups	*Stomach- Hiccups* (2)	Am-m, Ars, Ars-iod, Cic, Cycl, Hyos, Ign, Iod, Lyc, Mag Phos, Merc, Nat-ar, Nat-c, Nat-m, Nicc, Nux-mosch, Nux-v, Sec-cor, Stram, Teucr
8.	Loss of appetite	*Stomach-Appetite, diminished*	Alum, Pic-ac, Arg-nit, Aur met, Bar-m, Cact, Caust, Cina, Coff, Colo, Con Cycl, Dig, Ferr, Gels, Hydras, Lac-d, Lach, Lyc, Puls

4. Gastroesophageal reflux disease:

SL No	Symptoms	Rubrics	Remedies
1.	Heartburn	*Stomach-Heartburn*	Am-c, Ambr, Calc, Carbo-veg, Cic, Con, Croc, Ferr-p, Lyc, Mag-c, Puls, Sulph, Syph
2.	Chest pain	*Chest-Pain*	Am-c, Ant-c, Apis, Arn, Ars, Aur, Bell, Bry, Cact, Calc, Calc-p, Calc-s, Caust, Merc-c, Phos, Ox-a, Ran-b, Seneg, Spig, Spong, Stann
3.	Difficulty swallowing	*Throat-Swallowing, difficult*	Am-c, Am-m, Bar-c, Chin, Hyos, Kali-c, Lac-c, Lach, Lyss, nit-a, Nux-v, Stram
4.	Regurgitation of food	*Stomach-Eructation's type of – food comes up*	Ant-t, Chin, Ferr, Ferr-p, Ph-a, Phos, Puls, Rhus-t, Sulph
5.	Sensation of lump in throat	*Throat-Lump, sensation of*	Asaf, Ign, Lach, Nat-m, Psor
6.	Chronic cough	*Cough-Chronic*	Al-c, Ant-t, Dros, Nit-a
7.	Laryngitis	*Larynx & Trachea-Inflammation, larynx* (2)	Acon, Al-c, Arg-n, Bell, Dros, Gels, Hepar, Kali-bi, Phos, Rumex, Samb
8.	Worsening asthma	*Respiration-Asthmatic, gastric derangement's with* (3)	Bry, Lob, Nux-v
9.	Disturbed sleep	*Sleep-Interrupted* (2)	Alum, Anac, Carb-v, Chin, Dros, Euphr, Hyos, Mur-a, Nux-v, Rhod, Stram, Ter

5. Esophageal Ulcer:

SL No	Symptoms	Rubrics	Remedies
1.	Pain while swallowing	*Throat-Pain, swallowing on*	Alum, Am-c, Arg-m, Ars, Arum-t, Aur, Bell, Chin, Coff, Hep, Kali-I, Lac-c, Lyc, Merc, Nit-a, Stann
2.	Heartburn	*Stomach-Heartburn*	Am-c, Ambr, Calc, Carbo-veg, Cic, Con, Croc, Ferr-p, Lyc, Mag-c, Puls, Sulph, Syph
3.	Feeling of food sticking in throat	*Throat-Swallowing, difficult*	Am-c, Am-m, Bar-c, Chin, Hyos, Kali-c, Lac-c, Lach, Lyss, nit-a, Nux-v, Stram
4.	Nausea & vomiting	*Stomach-Nausea,* *Stomach-Vomiting*	Ant-t, Ant-c, Arg-n, Ars, Bell, Carb-s, Cham, Chin, Cocc, Colch, Cupr, Dig, Dulc, Hell, Hep, Ip, Iris, Kali-ar, Kali-c, Lob, Aco, Aeth, Ant-c, Ant-t, Apis, Arg-n, Ars, Bry, Cadm-s, Chin, Cham, Colch, Cupr, Ferr, Iris, Kreos, Lob, Nux-v, Phos, Plb, Sil, Sulph, Tub, Verat, Verat-v.
5.	Chest pain	*Chest-Pain* (2)	Am-c, Ant-c, Apis, Arn, Ars, Aur, Bell, Bry, Cact, Calc, Calc-p, Calc-s, Caust, Merc-c, Phos, Ox-a, Ran-b, Seneg, Spig, Spong, Stann
6.	Vomiting of blood	*Stomach-Vomiting, blood, bloody (*3)	Arn, Cact, Carb-v, Chin, Crot-h, Ferr, Hamm, Ip, Phos Sabin

6. Zollinger – Ellison Syndrome:

SL No	Symptoms	Rubrics	
1.	Abdominal pain	*Abdomen-Pain (*2)	Ars, Bry, Canth, Carb-s, Cham, Cocc, Colch, Coloc, Crup-ars, Dulc, Graph, Ipcac, Kali-ars, Kali-c, Nat-s, Op, Phos, Podo, Puls, Sec, Sep, Verat
2.	Burning, aching, gnawing or discomfort in upper abdomen	*Abdomen-Pain, burning*	Acon, Ars, Caps, Carb-v, Phos, Sec, Ter, Verat
3.	Heart burn	*Stomach-Heartburn*	Am-c, Ambr, Calc, Carbo-veg, Cic, Con, Croc, Ferr-p, Lyc, Mag-c, Puls, Sulph, Syph
4.	Burping	*Stomach-Eructation, loud*	Arg-n, Asaf, Nux-v, Plat, Puls, Sil
5.	Nausea & Vomiting	*Stomach-Nausea,* *Stomach-Vomiting*	Ant-t, Ant-c, Arg-n, Ars, Bell, Carb-s, Cham, Chin, Cocc, Colch, Cupr, Dig, Dulc, Hell, Hep, Ip, Iris, Kali-ar, Kali-c, Lob, Aco, Aeth, Ant-c, Ant-t, Apis, Arg-n, Ars, Bry, Cadm-s, Chin, Cham, Colch, Cupr, Ferr, Iris, Kreos, Lob, Nux-v, Phos, Plb, Sil, Sulph, Tub, Verat, Verat-v.
6.	Bleeding in digestive tract	*Abdomen-Bleeding, intestines*	Acon, Alum, Ant-c, Ars, Carb-v, Hydr, Nit-a, Phos
7.	Unintended weight lost	*Generals-Emaciation*	Abrot, Ars, Ars-iod, Bar-c, Calc, Ferr, Graph, Hell, Lyco, Nat-m, Nit-acic, Nux-v, Phos, Plum, Sel, Sil, Stan, Sulph, Tub

7. Meckel's diverticulum Ulcer:

SL No	Symptoms	Rubrics	
1.	Gastro intestinal bleeding	*Abdomen-Bleeding, intestines* *Stools-Bloody*	Acon, Alum, Ant-c, Ars, Carb-v, Hydr, Nit-a, Phos Alum, Arg-n, Ars, Canth, Caps, Colch, Ham, Merc-c, Merc-d, Nux-v, Phos, Puls, Rhus-t, Sulph, Ter, Thuj
2.	Abdominal pain & cramping	*Abdomen-Pain,* *Abdomen-Pain, cramping*	Ars, Bry, Canth, Carb-s, Cham, Cocc, Colch, Coloc, Crup-ars, Dulc, Graph, Ipcac, Kali-ars, Kali-c, Nat-s, Op, Phos, Podo, Puls, Sec, Sep, Verat Agar, Aloe, Am-m, Apis, Ant-c, Ant-t, Aur, Bell, Calc, Carb-v, Carb-s, Cham, Chel, Cocc, Coloc, Dios, Dulc, Graph, Ign, Iris, Lyc, Mag-m, Mag-p, Nat-m, Nux-m, Nux-v, Op, Phos-ac, Plb, Podo, Puls, Senn, Sil, Spong, Stann, Stry, Sulph, Verat, Zing
3.	Obstruction of bowel	*Rectum-Constipation (*2)	Aesc, Alum, Alumina, Apis, Ars, Bry, Calc, Carb-s, Caust, Clem, Coff, Coll, Con, Graph, Lac-d, Lyc, Mag-m, Mez, Nit-a, Nux-v, Op, Phos, Plat, Plb, Ruta, Sanic, Sep, Sil, Staph, Stram, Stry, Sulph, Thuj, Verat, Zinc

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Natural ways to reduce the symptoms of Acid peptic diseases

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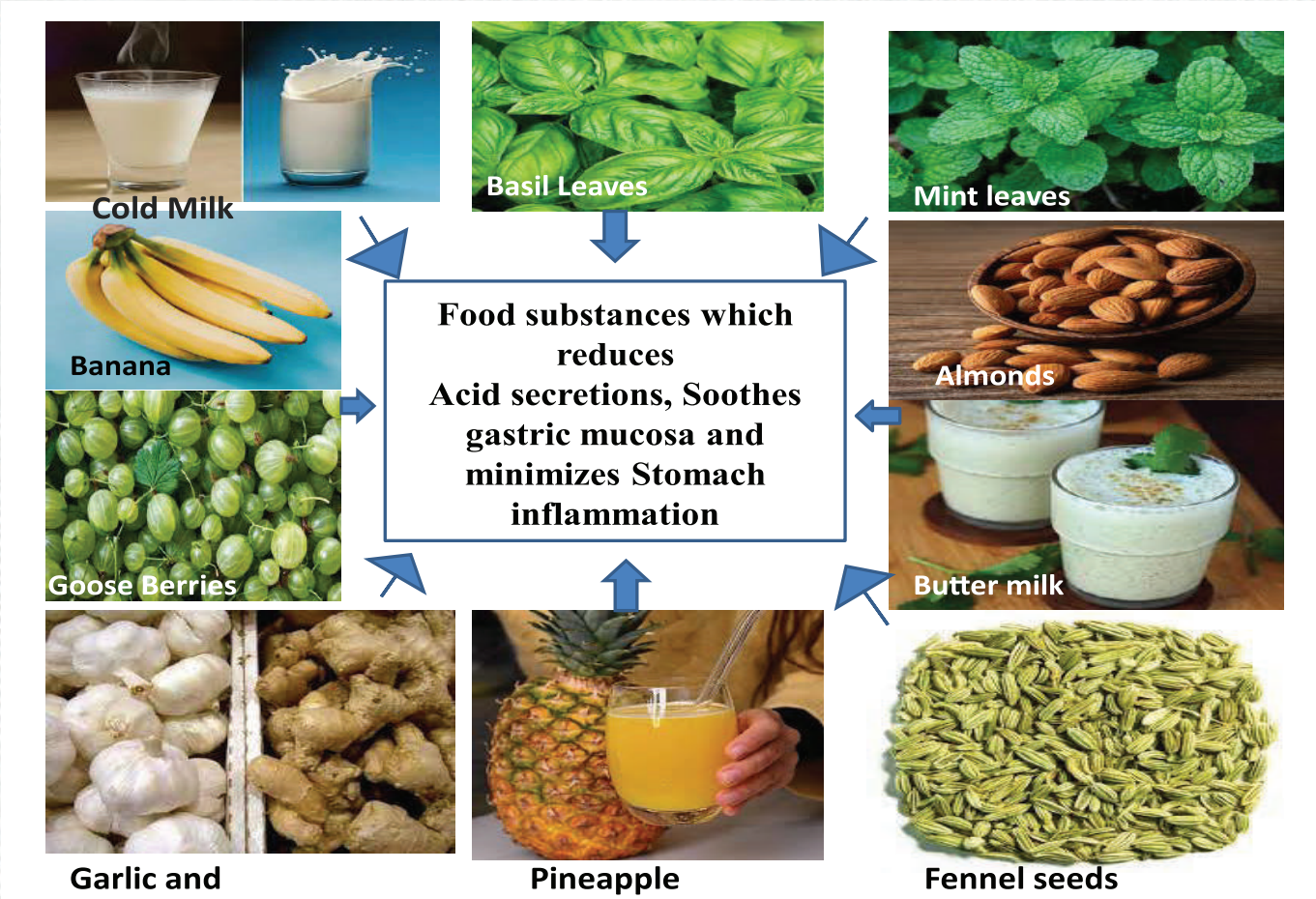
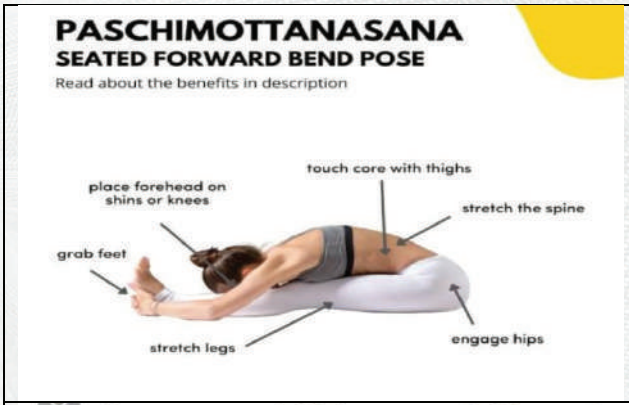
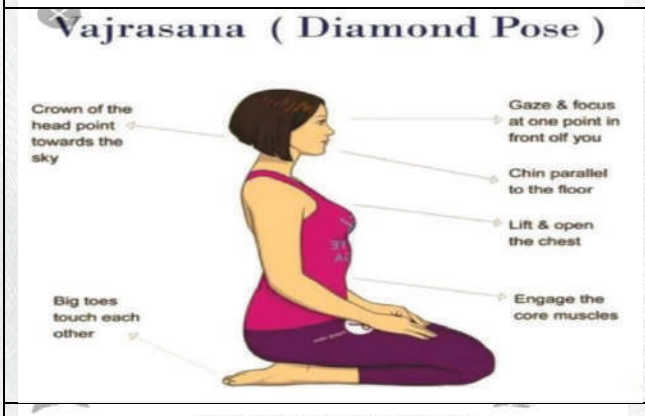
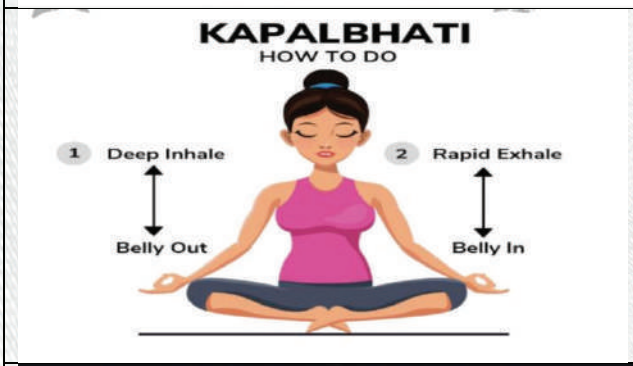
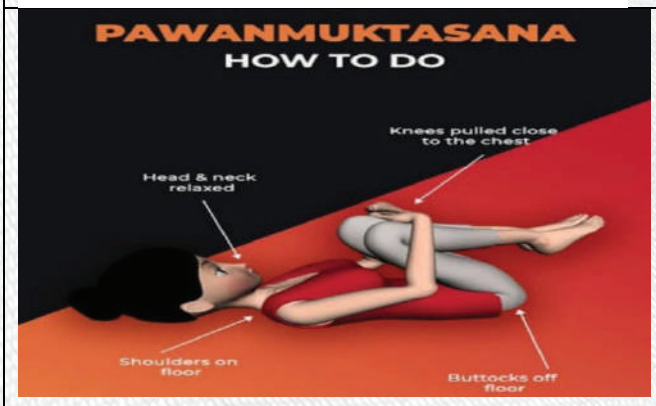
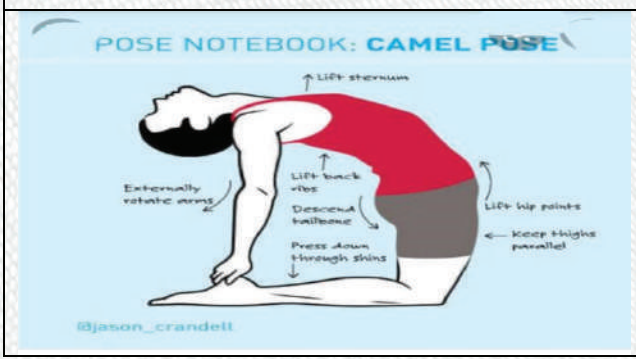


Lifestyle changes to be done to reduce the Symptoms

	**Paschimottanasana** or the Forward bend pose is an excellent yoga pose for the abdominal organs. This pose will not only help the organs to function properly and treat digestive problems but will also regulate the menstrual cycle and reduce the tummy fat.
	**Vajrasana (Thunder bolt pose)** Doing Vajrasana immediately after your meal will help you to digest the food properly and prevent acidity. This asana will improve blood circulation in the intestine and stomach, improving the digestion process.
	**Kapalabhati Pranayama** This asana is good for curing obesity, stomach disorder, digestive disorder and many other disorders related to the stomach.
	Pawanmuktasana is awesome if you struggle with sluggish digestion, or if you have trapped wind. Take this pose slow, and be sure to combine it with your breath; exhaling as you draw your knees into your chest, and inhaling as you allow them to flow away. I also recommend practicing this one before going to bed.
	**Ustrasana** stretches the stomach and intestines, alleviating constipation.

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