ISSN: 2347 - 8136

Review Article

Scope of Homeoepathic Management in Gastritis

Akhila Doppalapudi* and Shankar Hulekar

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna

ABSTRACT

Inflammation of gastric mucosa is known as gastritis. It may occur as a short episode or may be of long duration. Gastritis can be treated with homoeopathy; it is important to remember that there is no specific remedy for gastritis. In Homoeopathy remedy is given on the basis of totality of symptoms. Depending on susceptibility of patient dosage and repetition differ from person to person.

Keywords: Gastritis, Homoeopathy, treatment



Address for Correspondence: Dr. Akhila Doppalapudi

Guru Mishri Homoeopathic Medical College & PG

Institute, Shelgaon, Jalna

Conflict of Interest: None Declared!

QR Code for Mobile Users

(Received 10 February 2022; Accepted 25 February 2022; Published 4 March 2022) ISSN: 2347-8136 ©2022 JMPI

INTRODUCTION

Epidemiology

In western countries there is evidence of declining incidence of infectious gastritis caused by H. Pylori with an increasing prevalence of autoimmune gastritis.

Chronic gastritis relatively common in developing countries.

Prevalence

Prevalence of H. Pylori infection in children in the western population is approximately 10% but about 50% in developing countries, Prevalence of H. pylori varies depending on geographical region and socioeconomic condition.

Types of gastritis

Acute gastritis.

Chronic gastritis.

Acute gastritis. It is a transient acute inflammation of gastric mucosa.

Etiopathogenesis

Diet and personal habit

- 1. Highly spiced food.
- 2. Excessive alcohol consumption.
- 3. Malnutrition.
- 4. Heavy smoking.

Infection- bacterial, viral. Bacterial infection H. pylori, diphtheria, salmonellosis,

pneumonia, staphylococcal, food poisoning

Viral infection-viral hopatitis, influenza,

Infectious mononucleosis.

Drugs-NSAIDS, aspirin, cortisone,

indomothacin etc.

Chemical and physical agents

Intake of corrosive chemicals like-caustic

soda, phenol, Lysol

Gastric irradiation

freezing

Severe stress

Emotional factors like shock, anger,

resentment

Extensive bums

Trauma

Surgery

Pathophysiology of acute gastritis

Due to any cause

The barrier is penetrated.

Hcl comes in contact with mucosa.

Injury to small vessels.

Reduced blood flow. = mucosal

hypoperfusion due to ischaemia.

Decreased production of bicarbonate buffer.

Oedema, haemorrhage, ulcer formation.

Pathology of acute gastritis

Morphological features

The gastric mucosa is edematous with abundant mucus and haemorrhagic spots.

Microscopically

Depending on the stage: there is variable amount of edema and infiltration by neutrophils in lamina propria.

In acute haemorrhagic and erosive gastritis, the mucosa is sloughed off and there is haemorrhages on the surface.

Chronic gastritis

Etiological factors

Reflux of duodenal contents into the stomach.

Eg-surgical intervention in region of pylorus. Infection with H. Pylori.

Associated disease of stomach and duodenum

Eg-Gastric and duodenal ulcer, gastric carcinoma.

Hypochromic anaemia.

Immunological factors

Eg-auto antibodies against intrinsic factor Age-older adults.

Classification of chronic gastritis Based on type of mucosa affected.

Type A gastritis.

Type B gastritis.

Type AB gastritis.

Type A gastritis - it involves mainly bodyfundic mucosa. It is also called autoimmune gastritis due to the presence of circulating antibodies.

Patho physiology of type A gastritis.

Antibodies against parietal cells & intrinsic factor.

Depletion of parietal cells and impaired secretion of intrinsic factor. Gastric atrophy Pernicious anemia.

Due to depletion of parietal cells and impaired secretion of intrinsic factor

Hypo/achlorhydria

Hyperplasia of gastrin producing G cells in the antrum

Hyper gastrinaemia

Type B gastritis, - H. Pylori related

It involves the region of antral mucosa

It is also called as hyper secretory gastritis due to excessive secretion of acid

It is commonly due to H. Pylori It is may be associated with peptic ulcer

Type AB gastritis.

Mixed, environmental,

It affects the mucosal region of A & B i.e. fundic and antral mucosa.

It is common in all type of gastritis and in all age group.

Type AB gastritis

Chronic gastritis.

Atrophic gastritis.

Mucosal atrophy.

Intestinal metaplasia/pseudopyloric.

Based on morphology

Superficial gastritis.

Atrophic gastritis.

Gastric

Hypertrophic gastritis [Menetrier's disease] Uncommon forms of chronic Gastritis.

Chronic superficial gastritis

There is inflammatory infiltrate consisting of plasma calls and lymphocytes in the sup. layer of gastric mucosa. Chr. sup. gastritis may resolve completely or may progress to chr. gastric atrophy.

Common etiological agent- H.pylori.

Most patient of chronic Superficial gastritis due to H.pylori remain asymptomatic, they develop chronic atrophic gastritis, gastric atrophy, peptic ulcer disease.

Chronic Atrophic gastritis

There is inflammatory cell infiltrate in the deeper layer of mucosa and atrophy of epithelial elements including destruction of glands.

Causes intestinal metaplasia or pseudo pyloric motaplasia.

Gastric atrophy.

There is thinning of the gastric mucosa with loss of glands but no inflammation though lymphoid aggregates may be present.

Hypertrophic gastritis / Menetrier's disease.

There is enormous thickening of gastric rugal folds resembling cerebral convolutions. It affects the region of fundic-body mucosa and sparing the antral mucosa.

Histologically-the gastric pits are elongated and tortuous. The mucosa is marked thickened and parts of muscularis mucosae may extend in to the thickened folds. Epithelium lined cysts are seen in glandular layer. Inflammatory infiltrate is usually mild, lymphoid follicles may be present.

Miscellaneous forms of gastritis

Eosinophillic gastritis.

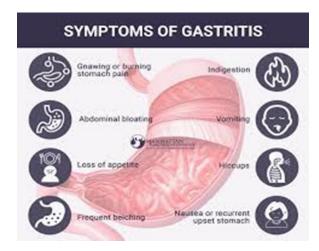
Follicular gastritis.

Haemorrhagic/erosive

Granulomatous gastritis.

Clinical features of gastritis.

- 1. Anorexia
- 2. Nausea and vomiting
- 3. Abdominal discomfort
- 4. Epigastric tenderness
- 5. Heartburn after eating
- 6. Belching
- 7. Frequent hiccough
- 8. Dehydration
- 9. Acidic test in the mouth



Diagnosis is made on the basis of-

Clinical feature.

CBC for check the anaemia.

Upper G.I. endoscopy

A blood test to check H-pylori

Gastric biopsy

Differential diagnosis

Peptic ulcer disease

Gastric carcinoma

Cholecystitis

Zollinger-Ellison syndrome

Pancreatitis

Myocardial ischaemia

Gastric involvement with inflammatory

bowel disease

Coeliac disease

Multiple endocrine neoplasias

Complications of gastritis

Peptic ulcer.

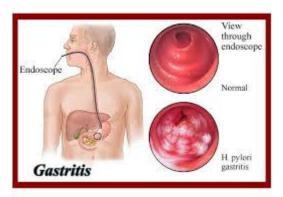
Chronic atrophic gastritis.

Gastric metaplasia/dysplasia.

Gastric carcinoma.

Iron deficiency anaemia

Vit.B12 deficiency- autoimmune gastritis



Gastric bleeding

Gastric perforation.

Achlorhydria.

Mucosa associated lymphoid tissue

(MALT)lymphoma

Neuroendocrino tumors.

General management

Avoid spiced food.

Stop smoking and alcohol consumption.

Avoid stress.

Eat nutritious diet.

Avoid using excessive use of drugs which causes gastritis.

Homoeopathic management

Homoeopathy is a holistic system of medicine. The selection of medicine is based on individualization and totality of symptoms by holistic approach. The aim of homoeopathic medicine for gastritis is not only to treat gastritis but to address its underlying cause and individual susceptibility.

Abeiscanadensis

Canine hunger with torpid liver. Gnawing, hungry, faint feeling at the epigastrium. Great appetite, craving for meat, pickles, radishes, turnips, artichokes, coarse food. Tendency to eat far beyond capacity for digestion. Burning and distension of stomach and abdomen with palpitation. Flatulence disturbs the hearts action. Pain in right shoulder blade, and constipation with burning in rectum.

Arsenic album-

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 Craves acids and coffee. Stomach extremely irritable, sooms raw, as if tom. Gastralgia from slightest food or drink.lll effects of

vegetablo diet, melons, watery fruits. Craves milk.

Argentum Nitricum

Painful swelling at the pit of the stomach, painful spot over the stomach that radiates to all the parts of the abdomen. Grawing, ulcerating pain, burning and constriction. Great craving for sweets. Gastritis in drunkards.Desires for cheese and salts.

Bismuthum

Vomits with convulsive gagging and pain. Wator is vomited as soon as it reaches the stomach. Eructation after drinking. Burning sensation of a load, will eat for several days then vomits. Gastralgia pain from the stomach to the spine. gastritis. Better cold drinks, inexpressible pain in stomach must bend backwards.

BrvoniaAlb

Nausea and faintness on rising up. Abnormal hunger, loss of taste. Thirst for large draught. Vomiting of bile and water immediately after eating. Epigastrium is sensitive to touch, pressure in stomach after eating as of a stone. Dyspeptic ailments during summer heat.

Chamomilla

Eructations foul, nausea after coffee. Sweats after eating or drinking Aversion to warm drinks. Pressive gastralgia as from a stone.

Cantharis Ves

burning sensation in the epigastrium and stomach. Disgust for everything-drink, food, tobacco. Burning thirst with aversion to all fluids. Very sensitive, violent burning. Vomiting of blood-streaked membrane and violent retching. Aggravation from drinking coffee, drinking the smallest quantity increases pain the bladder and is vomited. Thirst unquenchable.

Carbo Veg

Eructations. heaviness. fullness and sleepiness, tense from flatulence, with pain worse lying down. Temporary relief from belching.Rancid, sour or putrid eructations. Waterbrash, asthmatic breathing flatulence. Contractive pains extending to the chest with distension of abdomen. Faint, all gone fooling in the stomach, not relieved by eating. Food putrefios before it digests Gastralgia in nursing women with excessive flatulence. Aversion to milk, moat, fatty things

Ipecac

tongue usually clean, mouth moist, increased saliva. Constant nausea and vomiting with pale face, twitching of face. Vomits food, bile, blood, mucus (gastric ulcer): Stomach feels relaxed, as if hanging down, hiccough.

Nux vomica

nausea in the morning, after eating Weight and pain in the stomach after eating. Ravenous hunger, especially about a day before an attack of dyspepsia. Region of stomach is very sensitive to pressure. Dyspepsia from drinking strong coffee. Desire for stimulants. Loves fats and tolerates them well. Want to vomit but cannot Very particular, zealous persons, inclined to get angry and excited, nervous people, who lead sedentary life.

Phosphorus

Hungry soon after eating, sour taste and sour eructation after every meal. Belching large quantities of wind, after eating, dyspepsia, achlorhydria Throws up ingesta by the mouthfuls. Water is thrown up as soon as it gets warm in the stomach. Post operative vomiting. Inflammation of stomach (gastritis) with burning extending to the throat and bowels. Bad effects of eating too much salt.

LvcopodiumClav

Dyspepsia farinaceous due to and fermentable food, cabbage, beans etc. Excessive hunger Aversion to bread. Food taste sour. Eating ever so little creates fullness. Cannot eat oysters. Desires for sweets. Incomplete burning eructations rise only to pharynx there burn foe hours. Sinking sensation, worse at night. Abdomen is bloated, full, immediately after light meal. Cardialgia and flatulent colic of children and young girls. Fan like motion of alaenasi occurs in cerebral, pulmonary and abdominal complaints. Thirst for little and often, but drinking cold water causes to nausea. Cord like tension across hypochondnia.

Rubrics related to gastritis.

Acid reflux

Belching-aggravated from, tats after, incarcerated, ineffectual, loud. suppressed followed by pain.

Digestion - slow

Disordered stomach - simplest food from

Distension-satin after, oysters after Esophagitis

Gastritis

Gasurus

Gastro-enteritis

Heartburn-children in, flatulent food after Hiccough-children in, smoking while violent

Nausea - air travels during, eating after, smoking while

Waterbrash - pregnancy during"

Acidity: Stomach. Acidity sour stomach

A/c gastritis: Stomach. Inflamed a/c gastritis

Belching: Eructation. Loud

Contraction of epigastrium while coughing:

Cough. Concomitant epigastria

Contraction.

Cardialgia: Stomach. Cardialgia

<&> light in general

Gastralgia: Stomach Gastralgia Peptic ulcer: Stomach Ulcer

Squeamishness: Nausea & vomiting

Squeamishness

Stony hardness of epigastria: Epigastrium

Hardness

Vomiting with diarrhoea: Nausea & vomiting Concomitant diarrhea

REFERENCES

- 1. Munjal Y. API textbook of medicine. 9th ed. Mumbai: Association of Physicians of India; 2012.
- 2. Imre Laszlo Szabo, Kata Cseko, JozsefCzimmer and GyulaMozaik (January 16th 2013) Diagnosis of Gastritis Review from Early Pathological Evaluation to Present Day Management, Current Topics in Gastritis-2012. GyulaMozsik IntechOpen, DOI: 10.5772/52884. Available from
- 3. Azer SA, Akhondi H. Gastritis 2021 Apr 7. In: StatPearls [Intemet] Treasure Island (FL): StatPearls Publishing: 2021 Jan-PMID: 31334970.
- 4. Mohan, H., Textbook of pathology. New Delhi, 9 e, Jaypee Brothers MedicaPublishers.2013.
- 5. Boericke William. Pocket Manual of Homoeopathic Materia& Repertory ,9 eNew Delhi, BJain Publishers.2012
- 6. Clarke JH. The Prescriber. Available from: http://www.homeoint.org/books t/clarkeprescriber/n.htm
- 7. Dombrowski A, Imre K, Sandberg-Lewis S. Zwickey H. Treatment of Gastrointestinal Symptoms and Mood Disorder with Physical Medicine and Supplementation: A Case Report.

Integr Med (Encinitas) 2018 Jun, 17(3):53 58. PMID: 30962796. PMCID: PMC6396765.

- 8. Murphy R. Homoeopathic Medical Repertory. Revised 3d ed. Noida: B Jain publishers (p) Itd; 2010: p. 327,331,332,443.
- 9. Boger Boger'sboenninghausen's characteristic repertory.