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INSPIRATION

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EDITORIAL BOARD

A CASE OF GASTROESOPHAGIAL REFLUX DISEASE

INTRODUCTION:

This case highlights the efficacy of individualized homoeopathic medicine in the management of GERD presenting with regurgitation and Burning sensation in epigastrium highlight the potential role of homoeopathy as a safe and effective.

PRELIMINARY DATA

A female patient aged 41 yrs married, Hindu, housewife residing in kadapa presented on 02/05/2025 with following symptoms.

INITIAL PRESENTATION OF ILLNESS

Complaints of regurgitation of food since 5 months. Burning sensation in epigastrium and chest since 4month Difficulty in swallowing since 2weeks

HISTORY OF PRESENTING COMPLAINTS

Patient was apparently well before 5months back and gradually she started developing complaints of regurgitation of food since 5 months. It gets worsened after meals and lying down++, bending forward+ .There is sour taste in mouth during regurgitation at least twice a week followed by burning sensation in epigastrium and chest since 4 months. Worse after heavy meals, walking+, Difficulty in swallowing since 2 weeks gets worse during swallowing solids.

No H/o of abdominal distension/Belching/vomiting, Malena/Hematemesis, No H/o weight loss.

PAST HISTORY- Nothing significant.

TREATMENT HISTORY: Took allopathic medicine for same complaints 2 weeks Ago (antacids) got temporary relief

FAMILY HISTORY: Mother known case of Hypertension on medication, father expired due to cardiac arrest.

LIFESPACEINVESTIGATION

Patient was born and brought up in a middle-class family and studied up to pre degree and got married at the age of 24 she has 2 sibling son younger sister and one younger brother. She is the eldest. All her milestones were normal. She is an housewife. She is happy with the family life. She became anxious about her health after the complaints got started.

PERSONAL HISTORY:

- Appetite: Reduced, since 2 months
- Thirst: Reduced
- Bowels: Regular, passing stools2times
- Micturition: 4-5times/day, 1-2times/night
- Habits: Nothing significant
- Desires: Nothing significant
- Aversions: Nothing significant
- Sleep: Disturbed due to complaints
- Dreams: Nothing significant
- Thermals: chilly patient (like hot weather, gets relief from warm applications, and covers their face even during the summer season).

MENTALGENERALS: Anxiety about health

GYNAECOLOGICAL HISTORY:

Menarche: 13years, LMP : 6/4/25, Regular, 5 days, normal flow
Obstetrical history, G-2, P-2, L-2, A-0 2 children FTND

GENERAL PHYSICAL EXAMINATION:

Nothing abnormal detected on examination
Height: 157 cm Weight: 48kg BMI: 19.4

VITAL SIGNS:
Blood pressure: 120/70mmH Temperature: 98.6 F
Pulse rate: 7o beats/min Respiratory rate: 18breaths/min

LOCAL EXAMINATION

Throat

- Inspection: No redness, No tonsillar enlargement
- Palpation: No enlarged lymph nodes

SYSTEMIC EXAMINATION:

GASTRO INTESTINAL SYSTEM:
Inspection: Umbilicus inverted and centrally placed No scar marks, discolouration, visible pulsation, pigmentation
Palpation: no tenderness Auscultation: Normal bowel sounds heard.

Percussion: Tympanic sound heard except over the region of liver; dull sound felt

DIFFERENTIAL DIAGNOSIS

- Achalasia cardia
- Eosinophilic esophagitis
- Esophageal diverticula
- Esophageal stricture

DIAGNOSIS:

Gastroesophagial reflux disease totality of symptoms

- Regurgitation of food- < lying down++, < bending forward+, <after heavy meals+
- < walking+, < swallowing solids
- Burning sensation in epigastrium and chest, Sour taste in mouth, Difficulty in swallowing
- Thirst reduced

REPERTORIAL RESULT:

Phos: 22/8, sulph: 22/8, Nux vom: 20/8, Calc Carb: 18/7

PRESCRIPTION:

1. PHOSPHORUS 30C 1DOSE
2. PLACEBO (2-0-2) - 15 DAYS

First follow up: on 20/5/25

- Difficulty in swallowing reduced 50%
- Burning in epigastric region <after food reduced 20% but still persist
- Regurgitation reduced by 20%
- Other physical generals are normal
- GERD SCORE- 50

Rx

Phosphorus 200C I DOSE for one week,

PL BD for one month

Second follow up on 20/6/25

- Difficulty in swallowing reduced 70%
- Burning in epigastric region <after food reduced 60% but still persist
- Regurtitation reduced by 50%
- Other physical generals are normal

- GERD SCORE - 35

RX

1. SAC LAC 1 DOSE
2. PL BD for 2 month

Third follow up

- Difficulty in swallowing reduced 80%
- Burning in epigastric region <after food reduced 70% but still persist
- Regurtitation reduced by 80%
- Other physical generals are normal
- GERD SCORE –25
- No new complaints

GENERAL MANAGEMENT

- Life style modification
- Weight loss -Obesity
- Diet, smoking cessation, alcohol moderation
- Sleep position-Elevating head of the bed during sleep and avoiding meals 2-3 hours before sleep
- Avoid stooping whenever possible
- Take small meal at a time

TAKE AWAY MESSAGE

In case of GERD, careful totality based remedy selection is crucial. This case shows how effective is individualized homoeopathic remedy in case of GERD

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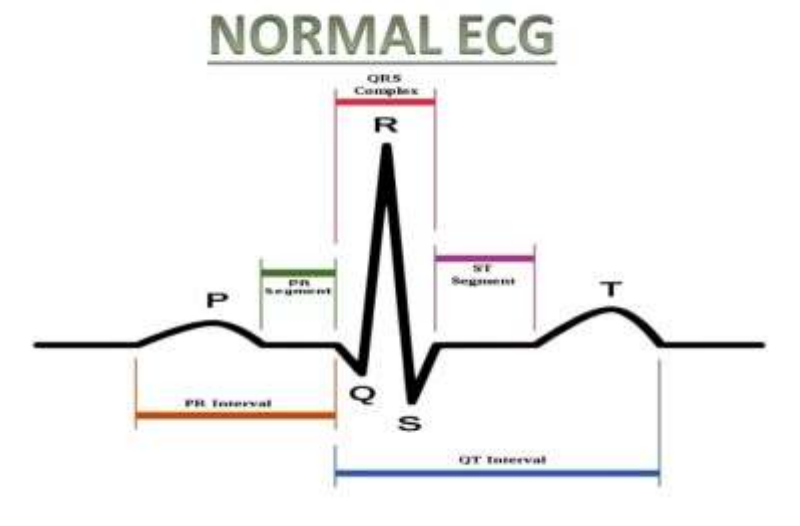

INTRODUCTION TO ECG

ELECTROCARDIOGRAPHY (ECG)

DEFINATION: An electrocardiogram is a non-invasive recording of the heart's electrical activity obtained from electrodes placed on the body surface.

Used for:

1. Heart rate Rhythm analysis.
2. Detecting ischemia / infarction.
3. Conduction abnormalities.
4. Chamber enlargement.
5. Electrolyte imbalance.
6. Drug effects (e.g. digoxin).

CONDUCTION SYSTEM

• Conduction system controls the rhytmic contraction of heart.

• The electric current that spread through three components

1. Cardiac pacemaker cells.

2. Specialised conduction tissues.

3. Heart muscles.

• SA NODE: Primary Pacemaker.

• AV NODE: Delays impulse.

• BUNDLE OF HIS (RBB & LBB).

• PURKINJE FIBERS.

WAVES OF ECG

• P WAVE : ATRIAL DEPOLARISTION

• QRS COMPLEX : VENTRICULAR DEPOLARISATION

• T WAVE : VENTRICULAR REPOLARISATION

ECG LEADS SYSTEM

• CHEST LEADS(HORIZONTAL PLANE) : V1 – V6

• LIMB LEADS(FRONTAL PLANE):

1. BIPOLAR: I II III

2. AUGMENTED: aVr, aVl ,aVf

CALCULATION OF ECG

• Speed 25 m/s

• Small squares : 0.04 sec

• Large squares : 0.2 sec

• 1500 small square represents 1 min.

Determining Heart Rate

• 300 Rule: 300 ÷ no. of large squares between R waves.

• 1500 Rule: 1500 ÷ no. small squares.

MORPHOLOGY OF WAVES

•P Wave: (study in lead 2)

i. Lt atrial Enlargement

ii. Rt Atrail Enlargement

iii. P Mitrale

iv. P Pulmonale

v. nodal rhythm (inverted p wave)

Normally P-R interval is 3-5 mm if more than 5 mm it is first degree AV block. If P-R interval less than 3 mm look for slurring of r wave in lead I and v6 to rule out wpw syndrome.

QRS COMPLEX:

• It is generally 2-2.5 mm wide.

• If it is wide more than 3 mm studies lt LBBB or RBBB.

• QRS COMPLEX reD IN v1, v2, v3, v4, v5, v6.

ST WAVE:

If ST SEGMENT elevated or depressed then pattern must be studied pericarditis, myocardial infarction, myocardial ischemia.

HOW TO APPROACH ECG

• CALCULATE HR

• DETERMINE RHYTHM

• WAVES

• AXIS

• INTERVALS P-R (120-200 MILLISECONDS)

• START WITH aVr lead

• START WITH aVr lead

In this lead all leads are inverted if upright then limb leads are wrongly connected Except in Dextrocardia.

RHYTHM ANALYSIS

• Rhythm Analysis Steps

i. Regular or irregular

ii P waves present

iii. PR interval normal

iv. QRS narrow or wide

v. One P for every QRS

vi. Calculate rate

AXIS DEVIATION

• left axis deviation :

Prominent R wave in lead I and prominent negative deflrction either q or s in lead III.

RIGHT AXIS DEVIATION:

Prominent negative deflection in lead I

Prominent r wave in lead III.

RVH & LVH

• LVH : In left ventricular enlargement there is normal progression from negative deflection in lead v3 to positive deflection in lead v6

a) Deep s wave in v1 & v2.

b) R and S wave equal in v3 and v4.

c) Tall r wave I v5 & v6.

• s wave in v1 more than25 mm

R wave in v6 more than 25 mm then it is LVH

• RVH

• LEAD V1: Prominent R wave.

• Lead v2: Prominent R wave.

• Lead v3 & v4 : equal R& S wave.

• Lead v5: deep S wave.

• Lead v6: Prominent S wave.

R wave in v1 more than 7mm.

S wave in v5 or v6 more than 7mm.

ATRIAL HYPERTROPHY

• LT ATRIAL HYPERTROPHY

P wave broad or wide more than 2 mm. Study p wave in lead II.

• RT ATRIAL HYPERTROPHY :

P wave Tall more than 2 mm. Study p wave in lead II.

NODAL RHYTHM

• INVERTED P WAVE IS NODAL RHYTHM.

BUNDLE BRANCH BLOCK

• Intraventricular conduction disturbance leads to prolongation of QRS interval.

• Width of QRS complex more than 3 small squares i.e,0.12 sec.

RIGHT BUNDLE BRANCH BLOCK

• Wide QRS complex 3 mm or more wide.

• Wide s wave in v5 & v6.

• M Pattern.

LEFT BUNDLE BRANCH BLOCK

• Width of QRS complex is 3 mm or more.

• Very deep & broad s wave in lead v1 with no R wave.

• Broad slurred R wave or R' pattern Q wave in lead v5 & v6.

• Always associated with Left Axis Deviation.

MYOCARDIAL INFARCTION

• Three basic changes, in the leads, facing the infracting wall

1. Elevation of the st segment indicating zone of injury.

2. Inversion of t'wave indicating the effect of surrounding zone of ischemia.

3. A Deep & wide Q' wave indicating a zone of infract on dead

• STEMI LOCALISATION

NSTEMI FEATURES

• ST depression

• T-wave inversion

• No ST elevation

• Troponin essential

ELECTROLYTE CHANGES

• Hyperkalemia: Tall T, wide QRS

• Hypokalemia: U waves

• Hypercalcemia: Short QT

• Hypocalcemia: Long QT

REFFERENCE

• HARRISON’S PRINCIPLES OF INTERNAL MEDICINE.

• MANUAL OF PRACTICAL MEDICINE ALAGAPPAN.

• P J MEHTAS PRACTICAL MEDICINE.

• DR VS PALEKAR’S CLINICAL MEDICINE.

• ECG COMPLETE BY STEVEN BOWBRICK, ALEX N BORG.

DR. INDRAJIT PATIL
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IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome is a chronic functional gastrointestinal disorder characterized by:

• Altered bowel habits without any structural abnormalities.

• Affects gut–brain axis, motility, sensation, and stress-response pathways.

• Commonly impacts quality of life and daily functioning.

Despite its high prevalence and significant impact on quality of life, IBS often remains underdiagnosed or mismanaged, leading to excessive diagnostic testing, unnecessary specialty referrals, and increased healthcare costs.

PATHOPHYSIOLOGY:

The cause of IBS is incompletely understood but bio psychosocial factors are thought to play an important role, along with luminal factors, such as diet and the gut microbiota.

THE COMMON CAUSES ARE:

• Disordered gut-brain axis: Disorders of gut-brain interaction (DGBIs) primarily involve disruption of the gut-brain axis, which relies on complex signaling between the central (CNS) and enteric nervous systems (ENS) via neuronal, endocrine, immune, and metabolic pathways and is influenced by several factors, eg, genetics, diet, stress, and social factors.

• Visceral hypersensitivity: Patients with IBS often exhibit heightened visceral sensitivity due to increased signaling from intestinal receptors to the central nervous system (CNS) in response to stimuli, eg. gas distension

• Gastrointestinal dysmotility: Patients with IBS may exhibit irregular contractions or transit delays, as seen in IBS with predominant constipation (IBS-C), or exaggerated motility, as seen in IBS with predominant diarrhea (IBS-D).

• Gut microbiota dysbiosis: Distinct alterations in microbiota have been linked to IBS subtypes.

• Food intolerances: Food intolerances have been reported in 20% to 65% of patients with IBS; however, objective evidence to suggest causation is often lacking, and various other factors may contribute.

• Low-grade mucosal inflammation: Lymphocyte infiltration and eosinophilia are commonly observed on histological examination, particularly in postinfectious and diarrhea-predominant cases.

• Altered intestinal permeability: Increased intestinal permeability, particularly in IBS-D, has been linked to diet, microbiome shifts, and mediators such as serotonin and proteases.

• Psychosocial factors: Psychological factors, eg, stress, can impact intestinal sensitivity, motility, and microbiota, thereby worsening IBS symptoms.

CLINICAL FEATURES:

• The key symptoms of IBS include recurrent abdominal pain and altered bowel habit.

• Abdominal pain is usually colicky or cramping in nature, felt in the lower abdomen and related to defecation.

• Bloating due to increased gas production. Urgency and incomplete evacuation. Mucus in stool due to gut irritation. Symptoms may worsen after meals or stress.

• Those with constipation tend to pass infrequent pellety stools, usually in association with abdominal pain or proctalgia.

• Those with diarrhoea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms.

• Diagnosis is made through a careful history, exploring diet, medical, surgical and psychological history.

• Onset after gastroenteritis may point towards a diagnosis of post-infectious IBS.

DIAGNOSTIC CRITERIA

Rome V

1. **IBS may shift from "functional disorder**" → "disorder of gut–brain interaction"

• Instead of purely functional, Rome V is likely to classify IBS as a neuro-immune-microbiome disorder, acknowledging physical biological processes.

2. **Adding Biomarker-Supported Diagnosis:**

Rome IV = no biomarkers.

Rome V may include biomarkers as supportive evidence, such as:

• Methane level for IBS-C

• Post-infectious antibody markers (anti-vinculin, anti-CdtB)

• Inflammatory markers (mild elevations)

• Microbiome patterns or sequencing panels

• Breath hydrogen methane tests (for SIBO/dysbiosis subtype)

3. **New Subtyping Based on Mechanisms**

• Immune-mediated IBS

• Mast cell activation near gut nerves causing pain

• Motility-dominant IBS

• Abnormal transit time

• Gut–brain axis dysregulation subtype

• High stress reactivity, visceral hypersensitivity

4. **Greater Integration of Psychological Factors**

Rome V will likely emphasize:

• Stress

• Anxiety/depression

• Pain amplification pathways

• Central sensitization

5. More Accurate Distinction between IBS & Other Conditions

• Rome V may refine how to differentiate IBS from:

• IBD (with biomarker help)

• SIBO

• Food intolerances (lactose/fructose)

• Celiac disease

Rome IV relies heavily on “exclusion testing”.

1. **Nux Vomica – IBS with Constipation**

• Nux Vomica is the top natural medicine for IBS with constipation. The prominent symptom calling for its use is constipation with frequent ineffectual urge to pass stool. There is passage of a small quantity of stool or poop very frequently. There is constant urge

to pass stool. Inspite of passing stool a number of times, there is dissatisfaction as if bowels are still not completely empty popularly known as a ‘never get done feeling’.

• Abdomen pain lessens for a very short time after stool, but it renews soon after stool expulsion, along with an urge to pass stool again. When some peculiar food like spicy food, coffeae, and alcoholic drinks worsens the condition, then Nux Vomica is the best choice. The worsening of condition after anger spells is also an important marker for using Nux Vomica.

2. **Aloe Socotrina**

The stool is loose and may be accompanied by passage of a large quantity of gas. The key indication to use it is an urge to pass stool soon after eating/drinking anything. There is urgency to pass stool, the person needs to literally rush to the toilet. Sometimes mucus may be expelled along with stool.

• Pain in the abdomen before and during stool occurs. The abdominal pain vanishes after passing stool. Aloe helps in regularising the intestinal movements since they are at an increased pace in patients with IBS.

3. **Lycopodium** – For Excessive Gas and Bloating

Lycopodium is a natural medicine sourced from plant ‘club moss. It is an important medicine to deal with excessive gas and bloating in IBS cases. The abdomen feels full and distended soon after eating anything even in small quantities. Gas and bloating are most marked in the lower abdomen. Worsening of complaints may occur in evening hours, especially between 4 pm to 8 pm. It is also a wonderful medicine to manage gastric issues occurring after eating certain specific foods, like beans, cabbage, onions, etc. Alteration between diarrhea and constipation is yet another indicator to use this remedy.

4. **Bryonia Alba** – For Constipation with Hard, Dry Stool

Bryonia Alba is highly effective for constipation with dry, hard, large stool and a bloated abdomen. The stool is excessively dry as if burnt. Stool is passed with much difficulty. Burning in anus on passing stool may be observed. Headache from constipation is another indication for using Bryonia Alba.

5. **Alumina** – For Constipation with Skipped Days For Stool

•Alumina can provide great help when there is constipation with the absence of the urge to pass stool for many days in a row. This results in missing days without stool. The intestines work at a very slow pace in cases needing this medicine. The stool remains in the rectum for many days without any urge to pass stool. When the urge occurs, the stool passes by putting strain. The stool in a few patients is hard while in others it is soft; passage of stool is difficult with much effort in both cases. Potatoes seem to be the most intolerable food for patients requiring natural homeopathic remedy Alumina.

6. **Colocynthis** – To Manage Stomach Cramps in IBS

•**Colocynthis** is a top medicine to relieve stomach cramps in IBS cases. In cases needing it, eating/ drinking even in the smallest quantity leads to cramping. Bending forward or putting pressure on the abdomen may provide relief. Loose stool may be present. Stools are watery, yellow, and frothy and attended with the passage of gas.

7. **Kali Phos** – When Stress Worsens Gastric Problem

•It is very clearly understood till date that stress plays a major role in making IBS symptoms worse, and controlling stress will automatically bring down intensity of gastric symptoms. So homeopathic medicines that help to manage stress can be prescribed in IBS cases if it is found to be the main culprit in any case of IBS. The top most remedy for this is Kali Phos. It is the most widely used remedy for stress and usually physician's first choice of remedy in stress cases. Persons who are under a constant stressful state, always sad, worried, depressed or anxious, are ideal subjects to use this medicine. Most common complaints they face are loose stool and gas in the abdomen. The stool may have a foul smell and exhaustion leads to loose stool.

8. **Argentum Nitricum** – For Diarrhea and Anxiety In IBS

•Argentum Nitricum will best treat Irritable Bowel Syndrome with marked diarrhea in people with chronic anxiety, especially anticipatory anxiety. Anticipatory anxiety means anxiety arising from overthinking about events that are to take place in the future. Other than this, they may have anxiety every time they have to appear in public, crowds or in public meetings. The anxiety results in diarrhea with frequent stools. Such persons are impatient by nature and do everything in haste.

LIFESTYLE & DIET:

Increase dietary fibre gradually to avoid gas formation.

- Include probiotics for gut flora balance.

- Avoid trigger foods: caffeine, alcohol, fried items, and spicy food.

- Follow mindful eating habits.

• Practice yoga, meditation, and breathing exercises.

• Maintain hydration and regular sleep patterns.

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