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Functional dyspepsia: A case improved by *Curcuma longa*

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Abstract

Functional Dyspepsia is one of the common gastrointestinal disorders, which imposes social and economic burden worldwide. It is a burning problem of today's life with a high prevalence throughout the world with a burden at both the community and national levels and it is characterised by troublesome early satiety, fullness, or epigastric pain or burning. Here we have tried to reduced the sufferings with the help of following short acting, untouched and easily evaporated drug *Curcuma longa* (Turmeric).

Keywords: Functional dyspepsia, gastrointestinal disorders, *Curcuma longa*

Introduction

The term 'dyspepsia' originates from the Greek 'δυσ-' (dys-) and 'πέψη' (pepse), popularly known as Indigestion. It was first recorded in the mid18th century and since then it has been wide. In the 18th century dyspepsia was thought to be one of the 'nervous disorders' along with hypochondria and hysteria. Historically the word 'dyspepsia' was used for a heterogeneous group of abdominal symptoms^[1]. 8%-30% and 8%-23% of Asian people suffer from Functional Dyspepsia^[2]. It has been estimated that as many as 25% to 40% of adults will experience dyspepsia in a given year^[3].

Definition: Functional dyspepsia refers to troublesome upper gastrointestinal symptoms including inability to finish a meal (early satiety), postprandial fullness, and epigastric pain or burning^[4].

Types: There are two subtypes of functional dyspepsia, the largest group (70%) have early satiety or postprandial fullness, termed postprandial distress syndrome. The other group experience ulcer-like pain or burning, termed epigastric pain syndrome^[4].

Predisposing factors

- The age above 18 years or older & the references regarding dyspepsia in children are limited, it appears that dyspepsia represents a common situation (60%-80%) under the broad spectrum of recurrent abdominal pain.
- Regular alcohol intake, as a risk factor, has been studied and it has not been shown to be associated with dyspepsia in the vast majority of surveys.
- Regular usage of NSAIDs and Aspirin, bought over the counter, were strongly associated with FD.
- "Bad dietary habits" was shown to be a significant risk factor.
- Psychological disturbances is a definite risk associations, particularly for FD, have been elicited^[5].

Etiology

- Biologic- Genes, Cytokines, Duodenal eosinophilia.
- Psychologic - Anxiety, Depression, Brain pain modulating circuits.
- Physiologic -Acid, Duodenal sensitivity, Gastric accomodation/ emptying.
- Environment- Infections, Diet^[6].

Symptoms

- Pain centred in the upper abdomen.

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- Discomfort centred in the upper abdomen.
- Early satiety.
- Fullness.
- Bloating in the upper abdomen.
- Nausea.
- Retching [7].

Diagnosis

- The Rome III.
- Meal testing.
- It is otherwise reasonable to screen for *H. pylori* infection by breath or stool antigen test and treat positive cases.
- If gastroscopy is required, biopsies can be obtained from the duodenum as well as stomach to look for coexistent pathology even if the mucosa looks normal [8, 9, 10].

Differential diagnosis: GORD, IBS, Gastroparesis, FGID'S [4, 9].

Management: Diet management, Antidepressants, Psychological therapy [10].

OPD Reg. No.: 48682 **Case No.:** 1 **Date:** 18-9-18
Name of the Patient : Mrs. X Sharma.
Father's Name / Husband Name : Radheshyam Sharma.
Age / Sex : 32 yr / F.
Religion : Hindu.
Marital status : Married.
Family Size : 4 Persons.
Education : B Tech.
Occupation : Working in Genpact (BPO).
Veg./ Non-Veg./ Eggeterian : Eggeterian.
Socio -economic status : Middle class.
Full Address : Goshala, Pratap Nagar Jaipur.
Diagnosis : Functional Dyspepsia.
Miasmatic Diagnosis : Psora.

Present complaint

She was experiencing symptoms of pressure and pain in upper abdomen portion. They are present every day and worsen after eating, leaving her feeling full and queasy. She complains of having the urge to vomit, but she does not. She no longer eats out with friends because she feels nausea and pain afterward. The pressure also limits her ability to exercise. The symptoms do not improve with heartburn medication or any of the other medications she is taking.

History of present complaint

Took allopathic treatment 1 year ago & got relief for that time but conditions relapses again from 6 months. She was present with 3 months of vague abdominal discomfort. It is predominantly epigastric in location but is often accompanied by a sense of "fullness" that makes it difficult for her to eat. Over the past few weeks, she has also noted a burning sensation in her upper abdomen and reports increased abdominal bloating, as well as postprandial nausea.

Rome iii diagnostic criteria for Fgid's

- **Postprandial fullness;** Bothersome postprandial fullness, occurring after ordinary-sized meals, at least

several times per week.

- **Early satiety;** Early satiation that prevents finishing a regular meal, at least several times per week.
- **Epigastric pain;** Pain is localized to the epigastrium of at least moderate severity, at least once per week.
- **Epigastric burning;** Burning is localized to the epigastrium of at least moderate severity, at least once per week.

Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis.

Associated complaints

Leucorrhoea before and after menses, thick, whitish, sticky with offensive smell since 2 years.

Past history & history of previous treatment

- Chicken pox at the age of 10.
- Typhoid fever at the age of 26 took allopathic treatment.
- Frequent Tonsillitis in childhood, took homoeopathic treatment.

Family history

N/S, Father & Mother – Healthy & alive.

Patient as a person

- **Appetite:** Early satiety after half chapati only and sometimes does not like to eat.
- **Thirst:** Decreased, 1 glass at an interval of 4-5 hrs.
- **Desire:** Spicy but can't eat due to burning.
- **Aversion:** N/S
- **Intolerance:** N/S
- **Stool:** Satisfactory once a day, sometimes constipation.
- **Urine:** Normal, Non – offensive, D4-5 N0-1
- **Reaction to temperature:** Chilly
- **Bathing habits:** Regular with water according to weather.
- **Perspiration:** Normal, Non- offensive, Non- staining.
- **Sleep & Position of sleep:** Disturbed, Unrefreshing sleep of 5-6 hrs in a day since few months.
- **Dreams:** Various dreams, but does not remember them.
- **Addiction:** Sometimes alcohol.
- **H/O Vaccination:** All done
- **Menstruation:** Regular, LMP-16-8-18, Dysmenorrhoea with profuse black clotted bleeding for 4-5 days.
- **Obstetric History:** G₂ P₂ A₀ D₀, 2 FTND – 2 daughters of 5 & 1 year old.
- **Sexual History:** Unsatisfactory, once in a 15 -20 days.

Mentals

Stress & tension at work place. She is very much disturbed from last year when she got to know that her husband is having an affair & he does not give time to family, she has fear that husband is going to leave them and what she will do after that. Married since 6 years very much tortured by in laws but from last year she is living with husband because he got transferred. She is occasionally bitten by husband, if she does something wrong. Highly emotional, weeping while telling her problems to doctor. Forgetful in nature, forgets daily routine things.

Physical examination**General**

Pulse	76 / min.	B.P.	130/ 90 mm Hg.
R/R	18/ min	Temp.	Afebrile.
Built	Lean, thin, emaciated.	Tongue	Dry tongue.
Pallor	Present	Icterus	Absent.
Cyanosis	Absent.	Clubbing	Absent.
Lymphadenopathy	Absent.	Oedema	Absent.

Systemic**GIS –**

- **Inspection;** Distension, abdominal walls normal, no visible masses, no surgical scars.
- **Auscultation;** No rubs & bruits, Normal bowel sound.
- **Palpation;** Epigastric tenderness & no abnormal masses.
- **Percussion;** Dullness absent over the liver.

Investigations

- Endoscopy 1 year ago and was normal.

Analysis of the case**Mentals**

- Stress & tension.
- Fear of bitten by husband.
- Fear of husband leaving them alone.
- Highly emotional.
- Weeping disposition.

Physical generals

- Early satiety.
- Thirst decreased.
- Desire spicy but can't eat due to burning.

Particulars

- Pressure and pain in upper abdomen.
- Epigastric in location but is often accompanied by a sense of "fullness" that makes it difficult for her to eat.
- Burning sensation in upper abdomen and increased abdominal bloating, as well as postprandial nausea.

Evaluation of the symptoms

- Stress & tension.

Follow up sheet

Name of patient – Shweta Sharma OPD No.-48682

Date	Symptoms	Prescription
27-08-18	Slight relief in symptoms, Fullness present with early satiety.	Rx Curcuma longa 30 Tds x 7days.
6-09-18	Nausea persistent with no desire to eat.	Rx Curcuma longa 30 Tds x 7 days.
15-09-18	40% relief in all symptoms.	Rx Curcuma longa 30 Tds x 7 days.
23-09-18	60% relief in symptoms with increase in desire to eat but fullness present.	Rx Curcuma longa 30 Tds x 7 days.
31-09-18	80% relief in all symptoms.	Rx Curcuma longa 30 Tds x 7 days.

GIS score

	Before treatment (1 st visit)	After treatment (last visit)
Total marks	31	6

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