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Homoeopathic management of duodenal ulcer: A case report

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Abstract
Introduction: Duodenal Ulcer is one of the most common gastrointestinal disorders encountered in clinical practice. It causes various distressing symptoms like dyspepsia, nausea and vomiting, abdominal bloating and weight gain due to post prandial amelioration of symptoms. Commonest complications include upper gastrointestinal bleeding, increased Blood Urea Nitrogen (BUN) and varying degrees of anaemia with associated fatigue.
Case report: We present a case of 56year old male complaining of burning pain in epigastrium with nausea, vomiting and dyspeptic troubles for 6months. The endoscopic report confirmed it to be a case of Duodenal Ulcer. After thorough clinical evaluation, the patient was treated with different potencies of *Nux vomica* and *Sulphur* at different point of time as suggested by patient's symptom-complex. Marked improvement in symptomatology was noted with Individualised Homoeopathic treatment for 16 months. The outcome was also recorded with endoscopy report following the treatment.
Conclusion: The case shows excellent response of a patient suffering from duodenal ulcer to Individualised Homoeopathic medication. However, a single case report may not draw any significant inference regarding efficacy of Homoeopathic treatment in duodenal ulcer. So large scale clinical trials are required to establish the effectiveness of Homoeopathic therapeutic tools.

Keywords: Duodenal ulcer, individualised, homoeopathic medicine

Introduction
Duodenal ulcers occur when the surface of the duodenal mucosa is disrupted, and these ulcers are part of a larger disease state known as peptic ulcer disease. Peptic ulcer disease refers to a clinical state that arises when the mucosal membrane of the stomach or the first segment of the small intestine, the duodenum, is disrupted [1].
Duodenal ulcers are thought to affect 5 to 15% of people in Western countries, according to numerous research that looked at the prevalence of the condition. Because H. pylori was not properly identified and treated in the past and so the prevalence and recurrence rates were very high. The rates are substantially lower now, according to a recent systematic review of seven studies [2, 3].
While dyspepsia is the most common symptom of a duodenal ulcer, the severity of the symptoms might vary, including gastrointestinal bleeding, gastric outlet obstruction, perforation, or the formation of a fistula. As a result, treatment is heavily dependent on the patient's progress of disease at the time of diagnosis. Patients with dyspepsia or upper abdominal pain who also have a history of non-steroidal anti – inflammatory drug (NSAID) usage or a previous Helicobacter pylori (H. Pylori) diagnosis should be considered for a duodenal ulcer diagnosis [6].
A history of recurrent or heavy NSAID usage, as well as a diagnosis of H. pylori, are the two main causes of duodenal ulcers. The mechanism through which H. pylori predisposes people to duodenal ulcers is unknown. However, it is thought that H. pylori colonization and prolonged inflammation weaken the mucosal surface layer, making it vulnerable to stomach acid exposure. Prostaglandins, on the other hand, are important in the development of protective mucosa in the gastrointestinal system, especially the mucosa of the stomach and small intestine. The enzyme cyclooxygenase (COX), which comes in two forms, COX-1 and COX-2, catalyses the biosynthesis of prostaglandins. NSAIDs exhibit their therapeutic effect by inhibiting the COX-1 and COX-2 pathways.

Recurrent use of NSAIDs results in a considerable and long-lasting reduction in prostaglandins, making the mucosa vulnerable to damage. It is regarded to be one of the main pathophysiological variables that contribute to the formation of duodenal ulcers [4, 5, 6].

The treatment plan for duodenal ulcers is initially determined by the severity of the disease at the time of diagnosis. Complications such as perforation or bleeding may necessitate surgical intervention [10]. The majority of patients, however, are given antisecretory medications such as H2 receptor antagonists and proton pump inhibitors to assist minimize acid exposure to the ulcerated area, which provides symptomatic relief and promotes healing [11, 12].

But Long-term use of these antisecretory medicines, however, has been related to a number of side effects, including headaches, nausea, diarrhoea, abdominal discomfort, tiredness, disorientation, rash, itching, flatulence, constipation, anxiety, and depression [7, 8, 9].

In this case, patient's rapid urease test for H. pylori was found negative and the patient had a long history of taking NSAIDs. In homoeopathic system of medicine, we approach the patient in a holistic way without giving much importance to a particular symptom of the patient [13]. Because in homoeopathic system of medicine we treat the patient depending on its symptom totality, so our system can always be considered as an alternative mode of therapy for Peptic ulcer disease (PUD) as it will not only decrease the dependency on NSAIDs of the patients, but will also cope with the PUD associated symptoms simultaneously. This case shows the effectiveness of individualised homoeopathic medicines in the treatment of a patient suffering from duodenal ulcer with a history of prolonged use of non-steroidal anti-inflammatory drugs.

Case Report

A 56 years old male patient attended the outpatient department of National Institute of Homoeopathy on 2nd March,2020 with the complaints of burning pain in epigastric region of abdomen which aggravates in empty stomach and at night for last 6months. The patient also had associated nausea, vomiting and dyspepsia which mainly aggravates in morning. He had a history of allergic manifestations, like frequent paroxysmal attack of sneezing and coryza with morning aggravation and for which he used to take NSAIDs for almost 4 years. There was history of supressed eczematous skin eruptions at the age of 30 years. The patient was chilly thermally and he used to catch cold very easily whenever exposed to cold atmosphere. The patient had undergone cholecystectomy in 2005. His constitution was thin, tall, irritable and from the early age he suffered from hepatic and gastric derangements along with allergic troubles. His occupation was related to prolonged office work and was habituated to tobacco smoking.

Mental General

Mentally the patient was very irritable and stressful. He was extremely sensitive to external impressions like noises, light etc. He disliked company and got angry very easily.

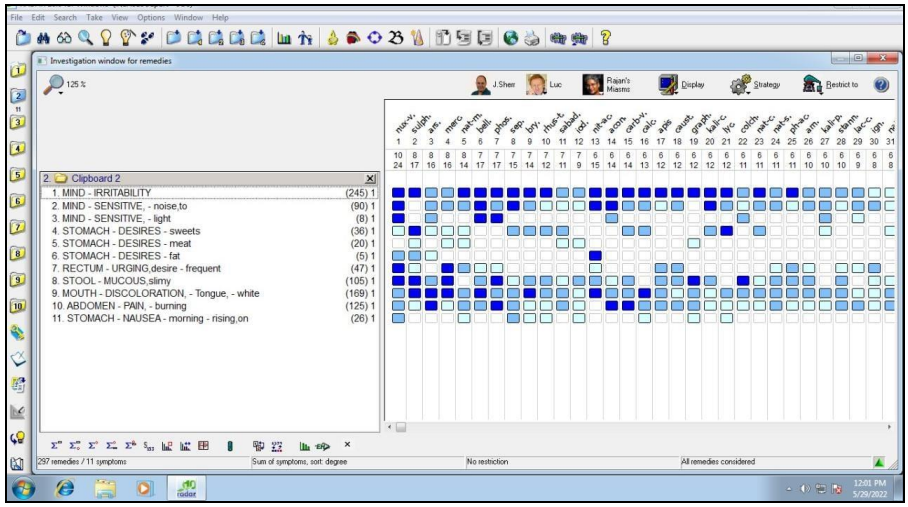
Physical General

The patient had a good appetite and he could not tolerate hunger. He had to eat at short interval to get rid of pain in abdomen although there was bloating sensation in abdomen after taking food. He had strong desire for sweet, meat, spicy and fatty food. He could not tolerate tea, milk and milk products which used to cause gastric derangements. Patient had increased thirst and used to take 3-4 lit of water per day. The patient had irregular bowel movements. There was frequent urging for stool in the morning and an unfinished sensation after stool. His sleep was disturbed because of nocturnal burning pain in abdomen. Thermally the patient was chilly. Tongue was clean and moist in the anterior part but posteriorly it was white coated.

Totality of symptoms

- Extreme irritability - angry at trifles
- Sensitivity to external influences like noise, light and crowd
- Hunger intolerance
- Eats at short interval to get rid of pain
- Bloated sensation in abdomen after taking food
- Strong desire for spicy, fatty food, meat and sweet
- Frequent urging for stool in the morning and there is unfinished sensation after stool
- Disturbed sleep due to nocturnal burning pain in abdomen
- Tongue was clean and moist in the anterior part and posteriorly coated white
- Burning pain in epigastrium which used to get aggravated in empty stomach, at night and there was associated nausea, vomiting especially in the morning.

Reportorial analysis



The selection of the remedy was done on the basis of Repertorization by Radar Software version 10.0 using Kent Repertory. The Repertorization chart is shown here. In the chart, the top two remedies were *Nux vomica* 24/10 and *Sulphur* 17/8. *Nux vomica* scored highest in the reportorial results with covering 10 out of 11 rubrics that was considered for the analysis. On the basis of physical and mental constitution of the patient, results of reportorial analysis and with consultation of Boericke's Materia Medica; *Nux vomica* was chosen as the first prescription. *Sulphur* had also covered 8 rubrics, but considering the physical and mental constitution of the patient and reportorial results, *Nux vomica* was preferred over *Sulphur* for the first prescription. But, as the symptom complex of the patient changed during the course of treatment, *Sulphur* was also prescribed according to the totality of symptoms of the patient with beneficial effects at the later stages.

Clinical Diagnosis

The patient was already a diagnosed case of duodenal Ulcer [ICD 10 CODE – K-26]. The patient first reported on 2nd march 2020, with an endoscopy report done on 2nd November 2019, which showed 8-10 tiny duodenal ulcerations in first part of duodenum. [fig – 1]

Selection of medicine and potency

Based on Repertorization of characteristic symptoms and final consultation with Materia Medica, *Nux vomica* was selected as the first prescription. On the basis of susceptibility of the patient, nature and intensity of the disease, stage and duration of the disease and previous treatment of the disease 200th centesimal potency was selected.

First prescription – On 2nd march, the patient was prescribed with *Nux vomica* 200;4 doses in sac lac, to be taken once in a week at bed time for four weeks.

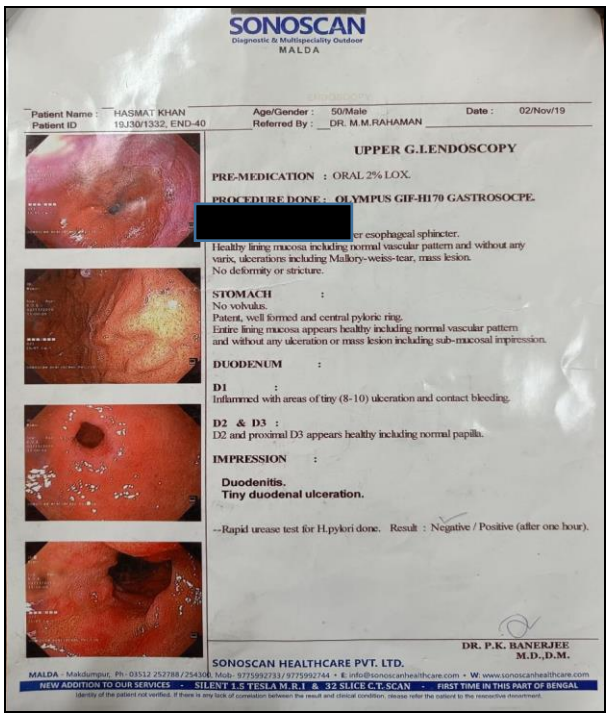
Table 1: Follow up

Date	Symptoms	Medicine and potency	Dose	Justification
First follow-up (28/04/2020)	• Dyspeptic troubles were slightly better. • Pain in epigastrium was same as before. • Nausea and vomiting were slightly relieved. • Sneezing and coryza were same as before.	*Nux vomica 200*	4 doses; in sac lac, one dose weekly at night before going to bed and *placebo* for remaining days.	After getting initial relief of symptoms, the patient was assuming a standstill condition which suggests repetition of the dose.
Second Follow-up (08/06/2020)	• Dyspeptic symptoms were better. • Pain abdomen and nausea slightly better. • Burning sensation in epigastric region was same as before. • There was mild intensification of symptoms from last 7 days.	*Nux vomica 1M*	2 doses; in sac lac, each dose at 15 days interval at bedtime and *placebo* for remaining days.	Though there were clear symptomatic indications of *Nux vomica*, the medicine could not produce much favourable result. In order to get the finer curative power of medicine, the potency was increased.
Third Follow-up (03/08/2020)	• There was no episode of vomiting since last month. • Epigastric pain was better. • Sneezing and coryza was better than before. • Burning pain in epigastrium was still persisting, but the intensity of pain was less.	*Placebo*	2 drachms; twice daily for 30 days.	Improvement was steady which contraindicates any interferences in the action of the medicine.
Fourth Follow-up (11/11/2020)	• Pain in abdomen was better than before. • Dyspeptic troubles reappeared since last 7days. • Burning sensation same as before. • Stool was regular but there was burning sensation after passing stool. • Mild burning experienced during micturition.	*Nux vomica 1M*	2 doses; in sac lac, each dose at bed time at 15 days interval and *placebo* for remaining days.	After continuous improvement there was reappearance of symptoms, which suggests repetition of the dose.
Fifth Follow-up (06/10/2020)	• Gastric complaints have improved. • Pain in abdomen was still persisting, though the intensity was less. • Burning sensation was same as before. • Burning in rectum after passage of stool. • Reanalysis of the case was done.	*Sulphur 30*	4 doses; weekly one dose to be taken in early morning and in empty stomach and *placebo* for remaining days.	After reanalysis of the case, following symptoms were considered for prescription - ▪ Burning pain in epigastric region. ▪ Mucoid stool and burning in rectum after passage of stool. ▪ Desire for sweets and meat. ▪ Oversensitive to external influences ▪ History of supressed skin eruptions. On Repertorization *Sulphur* stands just after *Nux vomica* and *Sulphur* also bears the complementary relationship with *Nux vomica*.
Sixth Follow-up (20/11/2020)	• Abdominal pain was better than before. • Burning sensation in epigastric region decreased. • Burning in rectum after passing stool was relieved.	*Placebo*	2drachms; 2globules twice daily for 30 days	After *Sulphur 30*, there was significant improvement which contraindicates repetition.

Seventh Follow-up (02/01/2021)	• The patient was better but from last 15 days the intensity of the complaints has increased.	*Sulphur 30*	4 doses; weekly one dose to be taken in early morning and in empty stomach and *placebo* for remaining days.	Reappearance of symptoms after improvement indicates repetition of the dose.
Eighth Follow-up (02/01/2021)	• Burning pain has improved. • There was no episode of nausea and vomiting. • Sleep has improved. • No burning after stool.	*Placebo*	2drachms; 2globules twice daily for 30 days	Symptomatically the patient was much better. No interference in the action of medicine was done.
Nineth Follow-up (08-02-2021)	• Patient was better as a whole.	*Placebo*	2drachms; 2globules twice daily for 30 days	-do-
Tenth Follow-up (10-03-2021)	• Complaints were slightly aggravated since last 3 days. • There was burning in abdomen and mild nauseating feeling in the morning.	*Sulphur 200*	2 doses; fifteen days once to be taken in early morning and in empty stomach and *placebo* for remaining days.	There are some residual symptoms which were not alleviated with previous potency. So, potency was increased.
Eleventh Follow-up (16-04-2021)	• There was no pain and burning in abdomen. • The patient was better in general.	*Placebo*	4 drachms; 2globules twice daily for 2 months.	No interference in the action of medicine was done as symptomatically the patient was better.
Twelfth Follow-up (20-06-2021)	• Patient was free from epigastric pain and there were no dyspeptic troubles. The patient was • advised for Upper Gastro Intestinal Endoscopy.	*Placebo*	-do-	-do-
Thirteenth Follow-up (16-08-2021)	• No residual symptoms were present. • Endoscopy report, dated 15-08-2021 showed no ulcerations in duodenal mucosa. [Fig-2]	*Placebo*	-do-	Patient was free from all the signs and symptoms. No symptoms have returned during last 4 months of treatment.

Discussion

Homoeopathy as an independent system of medicine has a commanding scope in the treatment of Duodenal Ulcer, which is quite common now a days as a result of psychological stress, lifestyle disorders and iatrogenic influences. In this case the patient showed marked clinicopathological improvement with the help of Homoeopathic similimum. At the onset the patient had the complaints of severe burning pain in epigastric region with nausea and vomiting which were worse in empty stomach and in the morning. After thorough case taking, evaluation of symptoms and Repertorization of characteristics; *Nux vomica* was selected which showed favourable result in different potencies. After a significant period of treatment, the patient was refractory to Nux vomica. At that point, the symptomatology suggested *Sulphur*, which also carried a complementary relationship with *Nux vomica*. The patient was free of symptoms with *Sulphur* at different potencies. The case demonstrates a favourable outcome in the treatment of a long-standing duodenal ulcer with individualised Homoeopathic medicines. However, a single case cannot draw a conclusive comment on the efficacy of Homoeopathic treatment of Duodenal ulcer for which a large scale randomised controlled trial is suggested.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MALDA

Patient Name : HASMAT KHAN
Patient ID 19J30/1332, END-40
Age/Gender : 50/Male
Referred By : DR. M.M.RAHAMAN
Date : 02/Nov/19

UPPER G.I.ENDOSCOPY

PRE-MEDICATION : ORAL 2% LOX.

PROCEDURE DONE : OLYMPUS GIF-H170 GASTROSOCPE.

[redacted] er esophageal sphincter.
Healthy lining mucosa including normal vascular pattern and without any varix, ulcerations including Mallory-weiss-tear, mass lesion.
No deformity or stricture.

STOMACH :
No volvulus.
Patent, well formed and central pyloric ring.
Entire lining mucosa appears healthy including normal vascular pattern and without any ulceration or mass lesion including sub-mucosal impression.

DUODENUM :

D1 :
Inflammed with areas of tiny (8-10) ulceration and contact bleeding.

D2 & D3 :
D2 and proximal D3 appears healthy including normal papilla.

IMPRESSION :

Duodenitis.
Tiny duodenal ulceration.

--Rapid urease test for H.pylori done. Result : Negative / Positive (after one hour).

DR. P.K. BANERJEE
M.D.,D.M.

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Identity of the patient not verified. If there is any lack of correlation between the result and clinical condition, please refer the patient to the respective department.

Fig 1: Sonoscane

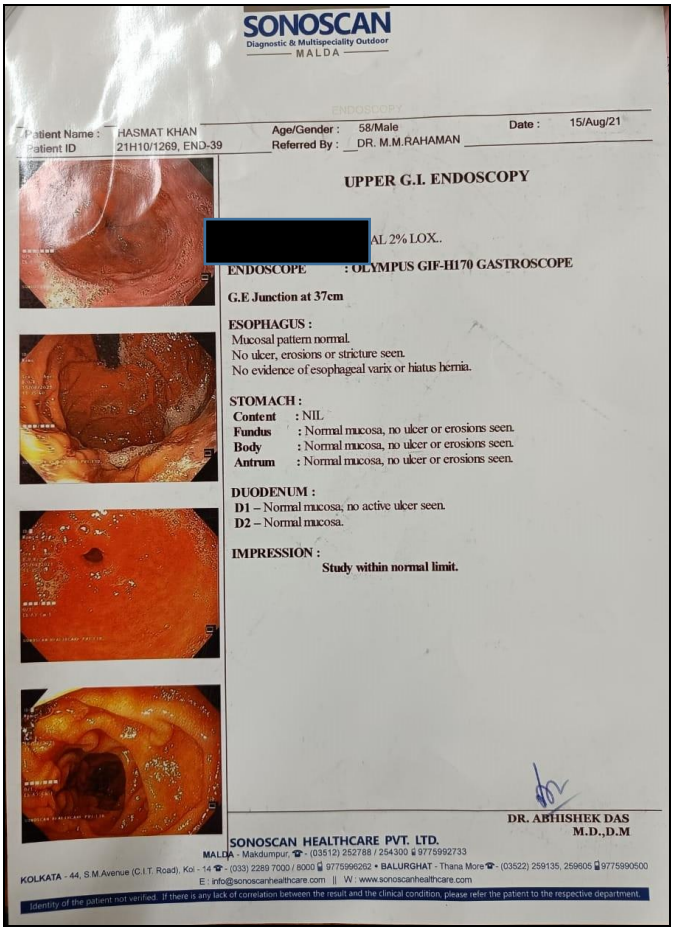

Fig 2: Sonoscane

Conflict of Interest
Not available

Financial Support
Not available

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