

Gastritis and Homoeopathic Management

Gurkirat Singh

Abstract: *Inflammation of gastric mucosa is known as GASTRITIS. It may occur as a short episode or may be of long duration.*

Keywords: gastritis

1. 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.

2. 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.³

Types of gastritis

- 1) Acute gastritis.
- 2) Chronic gastritis.

Acute gastritis

It is a transient acute inflammation of gastric mucosa.

Etiopathogenesis

a) Diet and personal habit–

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

Infection – bacterial, viral.

- 1) Bacterial infection – H. pylori, diphtheria, salmonellosis, pneumonia, staphylococcal, food poisoning.
- 2) Viral infection – viral hepatitis, influenza, infectious mononucleosis.

b) Drugs: NSAIDS, aspirin, cortisone, indomethacin etc.

c) Chemical and physical agents

- 1) Intake of corrosive chemicals like – caustic soda, phenol, Lysol
- 2) Gastric irradiation
- 3) Freezing

Severe stress

- 1) Emotional factors like shock, anger, resentment.
- 2) Extensive burns.
- 3) Trauma.
- 4) 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.

3. 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 body-fundic 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.
- 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.

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 chr. Gastritis.

Chr.superficial gastritis

There is inflammatory infiltrate consisting of plasma cells 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 chr. Sup gastritis due to H.pylori remain asymptomatic, they may develop chr.atrophic gastritic , gastric atrophy, peptic ulcer disease.

Chr. 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 metaplasia.

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.

Miscellaneous forms of gastritis.

- Eosinophilic gastritis.
- Follicular gastritis.
- Haemorrhagic / erosive gastritis.
- Granulomatous gastritis.⁴

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.
- Neuroendocrine tumors.³

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.

Abeis canadensis- 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.⁵

Arsenic alb: 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, seems raw, as if torn. Gastralgia from slightest food or drink. Ill effects of vegetable diet, melons, watery fruits. Craves milk.

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

Bismuthum: vomits with convulsive gagging and pain. Water 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.

Bryonia Alb: 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 from flatulence. Contractive pains extending to the chest with distension of abdomen. Faint, all gone feeling in the stomach, not relieved by eating. Food putrefies before it digest. Gastralgia in nursing women with excessive flatulence. Aversion to milk, meat, 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.⁵

Very particular, zealous persons, inclined to get angry and excited, nervous people, who lead sedentary life.⁶

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.

Lycopodium Clav: Dyspepsia due to farinaceous and fermentable food, cabbage, beans etc. Excessive hunger. Aversion to bread. Food taste sour. Eating ever so little creates fullness. Can not eat oysters. Desires for sweets. Incomplete burning eructations rise only to pharynx there burn for hours. Sinking sensation, worse at night. Abdomen is bloated, full, immediately after light meal.⁵

Cardialgia and flatulent colic of children and young girls. Fan like motion of alae nasi occurs in cerebral, pulmonary and abdominal complaints. Thirst for little and often, but drinking cold water causes to nausea. Cord like tension across hypochondria.⁶

A case report

A 28yrs old female reported with 1yr old history of pain in abdomen, heartburn, and constipation with long standing anxiety and depression. Clinical evaluation ruled out organic causes of dyspepsia such as peptic ulcer disease, H. pylori infection and NSAIDs induced dyspepsia.

Treatment consisting of soft tissue manipulation, individualized homoeopathic prescription (IgnasiaA.), nutritional supplement, and lifestyle modification greatly improved gastrointestinal and mental -emotional symptoms after 2 weeks.

The case exemplifies the role that HHS manipulation, magnesium supplementation, and Homoeopathic medicine

may play in the management of dyspepsia, constipation, and mood disorder.⁷

Rubrics related to gastritis

- Acid reflux
- Belching – aggravated from, fats after, incarcerated, ineffectual, loud, suppressed followed by pain
- Digestion – slow
- Disordered stomach – simplest food from
- Distension – satiated after, oysters after
- Esophagitis
- Gastritis
- Gastro-enteritis
- Heartburn – children in, flatulent food after
- Hiccough – children in, smoking while, violent
- Nausea – air travels during, eating after, smoking while
- Waterbrash – pregnancy during⁸
- 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

[8] Murphy R. Homoeopathic Medical Repertory. Revised 3rd ed. Noida: B Jain publishers (p) ltd; 2010: p. 327,331,332,443.

[9] Boger : Boger's boeninghausen's characteristic repertory.

References

- [1] Munjal Y. API textbook of medicine. 9th ed. Mumbai: Association of Physicians of India; 2012.
- [2] Imre Laszlo Szabo, Kata Cseko, Jozsef Czimmer and Gyula Mozsik (January 16th 2013). Diagnosis of Gastritis – Review from Early Pathological Evaluation to Present Day Management, Current Topics in Gastritis – 2012, Gyula Mozsik, IntechOpen, DOI: 10.5772/52884. Available from: <https://www.intechopen.com/books/current-topics-in-gastritis-2012/diagnosis-of-gastritis-review-from-early-pathological-evaluation-to-present-day-management>
- [3] Azer SA, Akhondi H. Gastritis. 2021 Apr 7. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. PMID: 31334970.
- [4] Mohan, H., *Textbook of pathology*. New Delhi: 9 e, Jaypee Brothers Medical Publishers, 2013
- [5] Boericke William. Pocket Manual of Homoeopathic Materia & Repertory ,9 e, New Delhi, BJain Publishers, 2012
- [6] Clarke JH. The Prescriber. Available from: <http://www.homeoint.org/books1/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.