



Study of Gastro Oesophageal Reflux Disease and Role of Polychrest Homoeopathic Remedies

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Abstract

Gastro Oesophageal Reflux Disease is a Very common problem now the days, it is very common amongst the western world. Very common cardinal Symptoms Of this disease are heartburn, retrosternal pain, Regurgitation, Dysphagia. The aim of the study is to gain knowledge about the GORD and role of Polychrest homoeopathic remedies in treatment of GORD in order to relieve the suffering humanity. **Methods:** The study has been done on the 60 diagnosed cases of GORD, incidence of GORD has been observed on the basis of Age, Sex Habitat, Dietary habits, etc. **Result:** During study it is observed the maximum number of cases range Between the Age group of 21-30 yrs (40%, 24), 41-50 yrs (23%, 14) etc. More incidence of Gastro Oesophageal Reflux Disease is noticed among Males (39) than Females (21). It is observed that 8 (13%) patients have shown no change and does not given proper response to the treatment, 7 (12%) patients have shown mild change in their condition, 3 (5%) have shown marked response to the treatment where as above all 42 (70%) have shown moderate improvement from their condition after treatment, the result has been analyzed by using paired t-test whose calculated value is 14.93 is greater than the value of t in the table hence it rejects the null hypothesis and accepts the alternative hypothesis. **Conclusion:** Polychrest remedies helped in improvement of GORD Patient's condition significantly.

Key word- Gastro Oesophageal Reflux, GORD.

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INTRODUCTION

Gastro Oesophageal Reflux Disease is a very common condition now the days. The specific cardinal symptom for this condition is heartburn, which specifies an empirical approach for the

treatment along with modification in lifestyle.

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GORD is defined as symptom or mucosal damage produced by the abnormal reflux of gastric contents into the oesophagus. The clinical symptoms of GORD differs in infant and adults. Gastro Oesophageal Reflux Disease is a common Relapsing condition that also consider the risk of potential mortality and also of significant morbidity because of resultant complications of Gastro-Oesophageal mainly refers to the stomach and oesophagus. This is a condition where oesophagus becomes irritated or inflamed becomes acid backing up from the Stomach. Therefore, Gastro-Oesophageal reflux is the return of the stomach's content back up into the oesophagus. It develops mostly when LES fails to relax or when there is marked dysfunction and dysmotility of LES or Gastro-Oesophageal Sphincter.

Dietary and lifestyle choices contribute to GORD. Certain foods and beverages, including coffee, chocolate, peppermint, fried or fatty foods, or alcoholic beverages may trigger reflux and heartburn. Studies show that cigarette smoking relaxes the LES. Obesity and pregnancy can also play important role in development of **GORD**.

Heartburn is the very common symptom of GORD and during heartburn patient usually feels like a burning chest

pain beginning behind the breastbone and moving upward to the neck and throat. Most of the time patient says they feel like food is coming back into the mouth leaving an acid or bitter taste.

Barrett's Oesophagus is another chronic complication of Gastro Oesophageal Reflux Disease as Most of the patients with GORD are found suffering with this severe condition of Barrett's Oesophagus.

Common Symptoms of GORD :

- Heartburn,
- Acid or food Regurgitation,
- Sour or Bitter taste in mouth and Bad Breath,
- Dysphagia
- Chocking
- Vomiting blood
- Hoarseness or sore throat
- Chest pain
- Dry Cough
- Retrosternal Pain

Triggering Factors

- Cigarette smoking
- Chewing tobacco
- Obesity
- Stress
- Drugs- Aspirin and other non steroidal anti-inflammatory drugs
- Infective agents- H. pylori infection

Endoscopy is not every time necessary to make diagnosis of Gastro Oesophageal

Reflux Disease. Indeed, Normal findings on endoscopy does not exclude Gastro Oesophageal Reflux Disease as overall sensitivity of endoscopy in Gastro Oesophageal Reflux Disease is only 70%.

If found necessary, further evaluation with ambulatory Oesophageal manometry and pH monitoring and scintigraphy may be indicated to establish the diagnosis. Radiology is useful in body motility and barium swallow with fluoroscopy. Endoscopic examination and radiographic examinations can provide diagnostic information for and about the most oesophageal diseases and then often these two tests have to be combined.

Dr. Hahnemann says it right that “there are no disease but the sick individuals” and “the study of disease is really the study of man and his environment”. Homœopathy is a great system based on various laws and had large number of medicines, some of those medicines are used most commonly by every physician and that covers most of the complaints every patient suffers now the days. The most commonly used Homœopathic remedies are referred to as Polychrest.

Dr. Hahnemann in his *Materia Medica Pura* from his introduction to *Nux vomica*, defines Polychrest as “There are some remedies in which the majority of symptoms correspond in similarity to

some common disease, and which can therefore often be effectively applied homœopathically and we could call these remedies as Polychrest.

Aims and Objectives

- To gain knowledge about Gastro Oesophageal Reflux Disease, and its prevalence among the population.
- To study the about the severity of symptoms and complications of GORD.
- To study the effect of Polychrest Homœopathic Remedies in treatment of GORD.
- To relieve the suffering Humanity From Gastro Oesophageal Reflux Disease with the help of Minute doses as per the teaching of Dr. Hahnemann.

MATERIAL AND METHODS

Study Setting & Duration: The Study was conducted at 1 site. O.P.D/I.P.D of Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Sri Ganganagar (Rajasthan)

Study: The Study duration was 1 Year

Selection of Sample: Minimum 60 appropriate cases were Selected, randomly from college, OPD/IPD.

Inclusion Criteria-

1. Patients of above 10 years of age and of both the sexes are included for the study.

2. All Patients who are agreed with formal consent with proper case taking as per the case taking performa are considered for the study.
3. Patients who are not found allergic to any kind of medical treatment that is given during the period of study are included for study.
4. Patients who are not found suffering from any other severe disease other than Gastro Oesophageal reflux Disease are taken for study.
5. The patients who have given their consent and were willing to participate in study with minimum 6 follow ups.

Exclusion Criteria:

1. The Cases which do not fulfill the inclusion criteria.
2. Patients Below the age of 10 years are excluded.
3. Patients who are mentally unstable are excluded.
4. Patients who are non co-operative and who does not behave properly are excluded.
5. Patients who are not able to communicate properly and narrate their complaints or improvement in complaints through any measure are excluded.

Study Design: A Pre - Post study design.. It involves one set of measurements taken before and after treatment on one group of

subjects. The effect of treatment is determined by comparing pretest and posttest scores.

Intervention: Polychrest drugs based on totality of symptoms.

Potency and doses:- Selection of dose & potency was done according to the nature of case following homoeopathic principles.

Selection of tool: The patients were selected one the basis of their present complaints and by case taking according the instruction given in organon of medicine from aphorism 83-104. Diagnosis was made on the basis of clinical signs, symptoms & investigations Hypothesis was tested by using 't' table and 't' paired test was used to nullify the Null Hypothesis and alternate Hypothesis was established. Alternate Hypothesis was established by analyzing the data.

Statistical Techniques Paired T- test is used as a statistical technique.

Data Analysis -The data analysis was done on the basis of symptom score before treatment and after treatment using Severity scoring scale for patients with symptoms of GORD.

Advice Supportive dietary advice, auxiliary measures, meditation and yoga were advised as necessary.

Follow up: The follow ups of the cases were done at an interval of 7-14 days.

RESULT

During study it is observed the maximum number of cases between the age group of 21-30 yrs (40%, 24), 41-50 yrs (23%, 14) than 31-40 yrs (22%, 13), 11-20 yrs (10%, 6), 51-60 yrs (3%, 2) and above 60 yrs is 1 patient. More incidence of Gastro Oesophageal Reflux Disease is noticed among Males (39) than Females (21). Persons Living in Rural areas (62%) are found suffering from GORD more than those living in Urban areas (38%). GORD is Found more amongst non vegetarians (54%) than vegetarians (46%).

Age	Age- Group	No. of Patients	Percentage
	11-20 years	6	10%
	21-30 years	24	40%
	31-40 years	13	22%
	41-50 years	14	23%
	51-60 years	2	3%
	Above 60 years	1	2%
Sex	Male	39	65%
	Female	21	35%
Habitat	Rural	37	62%
	Urban	23	38%
Diet	Vegetarian	28	46.66%
	Non Vegetarian	32	53.34%

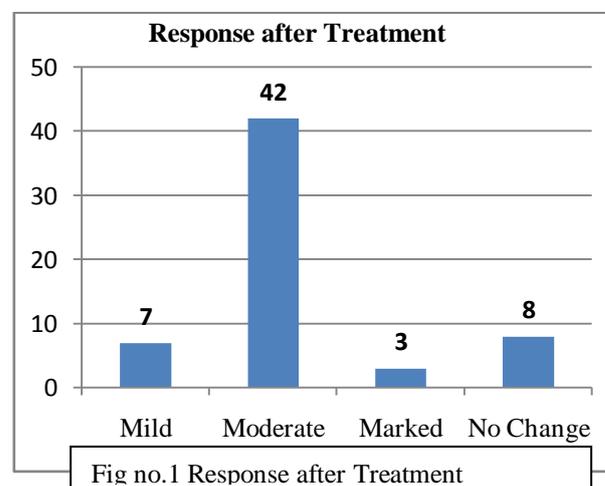
Table 1. Basic Demographic Profile

Polychrest Homœopathic remedies which are use during the period of study among 60 patients in different potencies are:

S.N	Name Of Medicine	No. of Patients
1	Abies Nigar	1
2	Arsenic Album	4
3	Arsenic Iodatum	1
4	Antim. Crud.	1
5	Belladonna	1
6	Bismuth	2
7	Carbo Vegetabilis	3
8	Calcarea Sulphuricum	1
9	Graphitis	1
10	Lycopodium	5
11	Magnesium Phos.	1
12	Natrum Muriaticum	1
13	Natrum Sulphuricum	2
14	Nux Vomica	20
15	Phosphorus	5
16	Pulsatilla	3
17	Plumbum Metallicum	1
18	Robinia	2
19	Silicea	2
20	Sulphur	3

Table 2. Homoeopathic Medicine used

After study out of 60, 7 case show mild improvement, 42 cases show moderate, 3 case show marked and 8 cases show no improvement.



Paired T test Calculation					
Mean	Standard Deviation	Standard Error	T Calculated	Df	P Value
3.9	2.02275	0.261	14.93	59	0.75

Table 4. Paired t test analysis

We compare the calculated value of t in the test statistics with the tabulated value of t at degree of freedom (df) 59 and 0.05% significance level (α), and whose p value is 0.75, we see that a calculated value of t in the test statistics i.e. 14.93 is greater than value of t in the table. So we reject the null hypothesis and accept alternative hypothesis i.e. Polychrest homœopathic remedies have significantly marked role in treatment of gastro oesophageal reflux disease.

CONCLUSION

This study is a small step to alleviate and enhance my knowledge in gastro oesophageal reflux disease and treatment with Polychrest Homœopathic remedies by exploring the previously available literature about the topic. In less period of time this study is done on the available data to gain more knowledge and provide more knowledge about the role of Polychrest Homœopathic remedies in treatment of patients suffering from GORD, yet further more studies can be done to explore more about the topic as still many things might be left untouched.

As it is a major problem worldwide now the days, it requires more time and more researches to be done so that we can try more to reduce the suffering of mankind.

Yet as the result of the study is positive and is analyzed statistically by applying paired t test for the sample, whose value rejects the null hypothesis and accepts the alternative hypothesis and proves that Polychrest homœopathic remedies play major role in treatment of gastro oesophageal reflux disease.

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