Clinical Treatment of Functional Dyspepsia and *Helicobacter pylori* Gastritis

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Summary

In this standardized prospective study, 50 patients of both sexes with confirmed diagnosis of functional dyspepsia were treated for four weeks with the complex homeopathic (antihomotoxic) preparations Gastricumeel®, Nux vomica-Homaccord®, and Lymphomyosot®. At the end of the treatment period, 37 patients (74%) were completely symptom-free and 5 additional patients showed slight improvement. Thus, the homeopathic medication had a positive effect on symptoms of dyspepsia in a total of 42 out of 50 patients (84%). No side effects were observed. If economic and socio-medical factors are taken into account, therapy with this selection of complex homeopathic preparations deserves to be the treatment of choice for functional dyspepsia.

In 5 additional patients, a complex homeopathic program to eradicate *Helicobacter pylori* was carried out, with gastroscopic monitoring at the beginning and end of the treatment period. After four weeks of therapy, no evidence of *H. pylori* was found.

Introduction

One third of the population suffers from symptoms of dyspepsia. One quarter of these individuals seek medical treatment. Organic causes are found in one third of these patients, while two thirds are diagnosed with functional disturbances or dyspepsia. Some common synonyms are indigestion, non-ulcerative dyspepsia, and non-specific gastroduodenitis.

A variety of criteria must be considered in defining functional dyspepsia (see Table 1). Patients frequently complain of a number of symptoms including epigastric pain, a premature sensation of fullness when eating, postprandial sensation of fullness, nausea (vomiting is rare), increased acid belching, heartburn, loss of appetite, and upper abdominal bloating.

Diagnosis by exclusion establishes a diagnosis of functional dyspepsia, which is then confirmed by means of multistage diagnostics (see Table 2).

Factors of very different types influence dyspepsia symptomatology (see Figure 1). These factors make it apparent that dyspepsia requires a holistic treatment such as that which can be implemented with complex homeopathic therapy.

Conventional medicine, focusing on the main symptom, divides dyspepsia into five types:

- dyspepsia resulting from motility disturbances
- ulcerative dyspepsia
- gastro-esophageal reflux
- aerophagia (swallowing air)
- idiopathic or essential dyspepsia (= different or variable symptoms).

On the basis of these main symptoms, different conventional medications are administered: prokinetic agents for dyspepsia of the dysmotility type, histamine H_2-receptor blockers, proton pump inhibitors or antacids for reflux and ulcerative types, and anti-gas medications for the aerophagia type.

However, since these pharmaceutical therapies are frequently accompanied by a number of undesirable effects (e.g., vertigo, headache, gastrointestinal disturbances, joint and muscle pain) which have a negative effect on patient compliance, this present study is intended to determine the efficacy of a complex homeopathic therapy, antihomotoxicology, known to have few side effects. In addition, it is meant to establish whether the high costs of conventional pharmaceutical therapy can be reduced by substituting complex homeopathic therapy, which is much less expensive, at least in milder cases.

The Current Study

Patients and Methods

A total of 50 patients of both sexes, ranging in age from 28 to 64 years, were examined in the context of a standardized prospective study. Complex homeo-

- persistent or recurrent upper abdominal symptoms/pain >4 weeks (>25% of the time)
- clinical and endoscopic examinations and laboratory findings do not reveal any cause
- no prehistory of significant operations
- no history of ulcers

Tab. 1: Criteria for defining functional dyspepsia

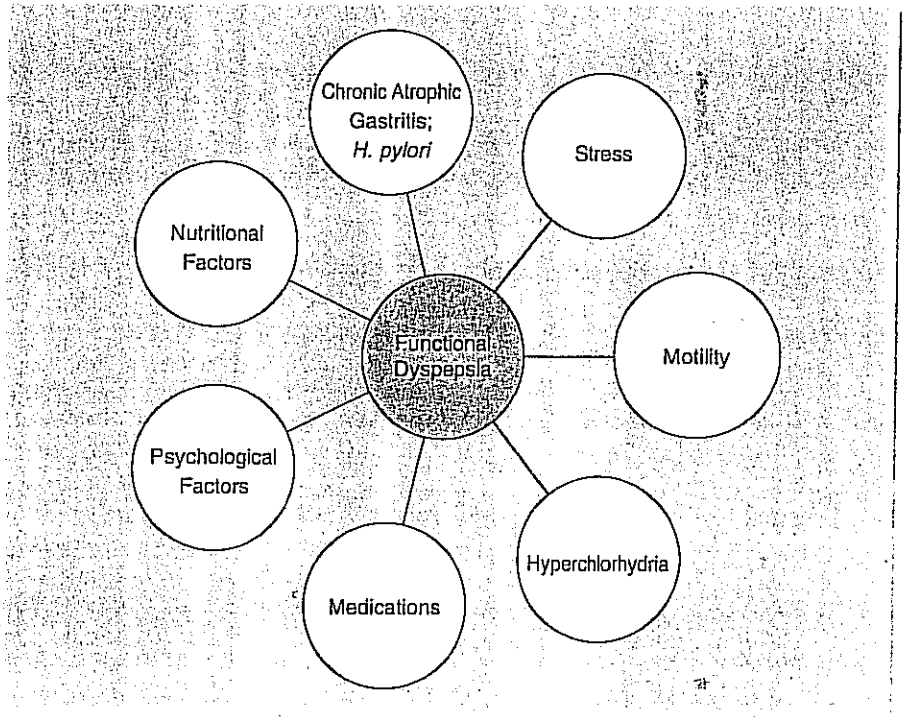


Fig. 1: Factors influencing functional dyspepsia

Stage 1: Medical history

Stage 2: Physical examination

Stage 3: Basic laboratory tests: ESR, SGPT, gamma-glutamyl transpeptidase, lipase, hemogram

Stage 4: Instrumentation-based laboratory examinations:

- upper abdominal sonography
- esophagogastroduodenoscopy, including checking for *Helicobacter pylori*
- as needed, EKG, CAT scan, ERCP, angiography, etc.

Tab. 2: Multi-stage diagnosis of dyspeptic symptoms

	Consultations				
	1 Beginning	2 after 1 Week	3 after 2 Weeks	4 after 3 Weeks	5 after 4 Weeks
epigastric pain	82	70	42	14	10
feeling of fullness	78	62	52	24	18
loss of appetite	52	40	38	20	14
premature feeling of satiety	62	50	42	22	16
nausea	58	46	38	18	8
upper-abdominal bloating	84	60	50	30	26
increased acid belching	38	30	24	16	6

Tab. 3: Frequency of symptoms of dyspepsia (in per cent)

pathic therapy was administered for a period of 4 weeks according to the following regimen:

Gastricumeel®	1 tablet 3 times a day
Nux vomica-Homaccord®	10 drops 3 times a day
Lymphomyosot®	15 drops 3 times a day

The diagnosis of functional dyspepsia was made on the basis of symptomatology and confirmed through diagnosis by exclusion:

- upper abdominal sonography yielded no pathological findings
- results of basic upper abdominal lab tests (ESR, SGPT, gamma-glutamyl transpeptidase, lipase) were normal
- endoscopy: the possibility of gastritis associated with *Helicobacter pylori* was ruled out by gastroscopy

No additional therapies were implemented during the four-week period of homeopathic therapy. Before treatment began, at weekly consultations, and at the end of the treatment period, patients were questioned about the following symptoms: epigastric pain, feeling of fullness, loss of appetite, premature feeling of satiety, nausea, upper abdominal bloating, and increased acid belching (see Table 3). Upon conclusion of treatment, improvement in the patients' quality of life was documented on the basis of freedom from symptoms or noticeable improvement.

Results

37 of the 50 patients admitted to the prospective study, i.e., nearly three quarters (74%) of all patients, were free of symptoms after 4 weeks (see Figure 2).

Of the 13 patients who were not completely free of symptoms on conclusion of treatment, 5 reported only slight improvement, and 8 (16%) showed no improvement in their symptoms. In four of the patients who showed no improvement, latent depression emerged.

In summary, it was possible to achieve

an improvement in dyspeptic symptoms in a total of 42 out of 50 (84%) of patients. Looking at the symptoms individually (see Table 3) also reveals a good response to this complex homeopathic therapy.

Discussion

In the care of ambulatory as opposed to hospitalized patients, a standardized prospective study is well suited to systematically monitoring their treatment, making it possible to document both the efficacy and harmlessness of the therapy and the improvement in the patients' quality of life, thus confirming the usefulness of complex homeopathic therapy.

Functional dyspepsia is defined by a typical complex of symptoms in the absence of evidence of organic disease in the upper gastrointestinal tract. In addition to upper abdominal complaints, patients also complain of general symptoms such as tiring quickly, exhaustion, decreased productivity, adynamia, sleep disturbances, hyperhidrosis, hot flashes, orthostatic circulatory disturbances, functional cardiac disorders, bladder irritation, myogelosis, and a general worsening of symptoms when under stress. Because of these general symptoms, holistic treatment should be considered, rather than treating the single primary symptom as is still customary in conventional medicine.

Because functional disease means a disturbance in functioning, all of the organism's disturbed regulatory mechanisms ("functions") require therapeutic help: dysmotility, hyperacidity, dysbiosis, visceral hyperalgesia, and vegetative dystonia in the truest sense of the word, which includes the enteral nervous system.

The positive results of antihomotoxic therapy (freedom from symptoms in three quarters of the patients after 4 weeks) confirms the validity of that therapy with regard to functional dyspepsia. Because of its proven effectiveness and high ratio of benefits to risks and the resulting high level of patient compliance, complex homeopathic therapy as administered in this prospective study

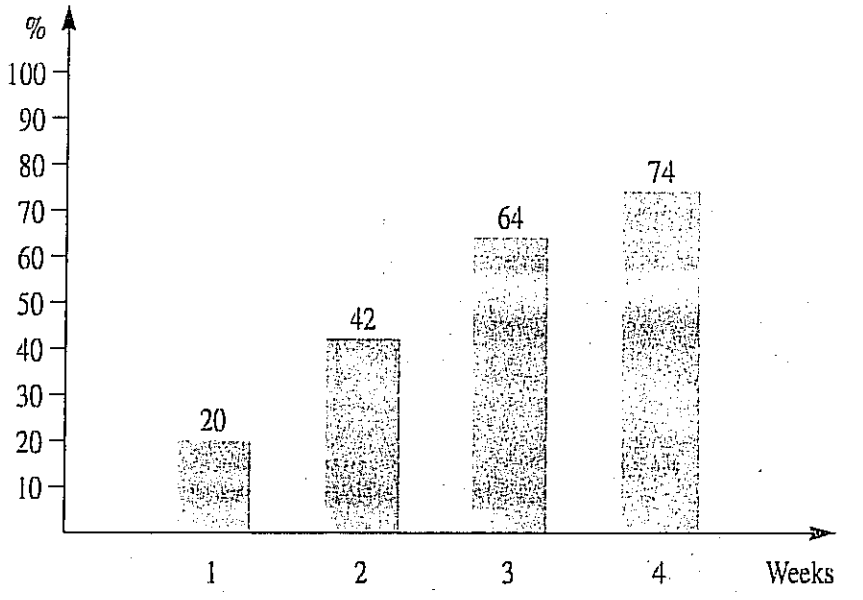


Fig. 2: Freedom from symptoms of functional dyspepsia over the entire treatment period of 4 weeks, in percentages of patients (n = 50)

should come to occupy a secure place among strategies for treating dyspepsia.

Because of its prevalence, dyspepsia is also of considerable economic significance. Therefore, the treatment of choice should be inexpensive and have few side effects. The complex homeopathic preparations administered in this study meet these requirements.

Treatment of *Helicobacter pylori* gastritis (Type B gastritis): New perspectives and points of departure

While dyspepsia is by definition a syndrome in which no organic changes are present, the germ *Helicobacter pylori* causes typical morphological changes in the gastric mucosa. At the moment, the gold standard among treatments to eradicate *H. pylori* is a triple therapy: histamine H2-receptor blockers or proton pump inhibitors plus antibiotics (ampicillin/amoxicillin/clarithromycin, among others), plus metronidazole.

This therapy causes certain problems that give rise to questions:

- *H. pylori* is developing resistance to metronidazole (currently seen in about 30% of cases) and to various antibiotics (e.g., clarithromycin, 2%).
- 30-50% of patients do not tolerate this treatment. Drug reactions range from the mild (diarrhea) through antibiotic-related hemorrhagic colitis (ampicillin/amoxicillin) to severe pseudomembranous colitis. The diarrhea is often induced by Clostridium difficile.
- Poor patient compliance ensues because of side effects.
- Prolonged suppression of acid production may lead to the development of atrophic gastritis.
- What treatment is successful in cases of reinfection (currently 2%)?
- How can the increasing incidence of *Helicobacter* colonization of the stomach with age be explained? (50% at age 50, 60% at age 60, 70% at age 70, etc.) Only 50% of patients have symptoms.
- Of what consequence are findings of *H. pylori* infections in children and adolescents?

- What is the path of transmission or infection; fecal-to-oral, oral-to-oral, or gastric-to-oral?
- Can *H. pylori* in dental plaque survive eradication therapy?
- There is no correlation between *H. pylori* infections and symptoms of dyspepsia.

The theory that gastritis is an infectious bacterial disease caused by *H. pylori* and that psychological factors and stress play no part in it is certainly too one-sided. Undoubtedly, the germ *Helicobacter pylori* is one, but only one, of the factors in the pathogenesis of Type B gastritis. Other factors include gastric hyperacidity, motility disorders, damage to the mucosal barrier, exogenous noxae (e.g., NSAIDs), and psychological stress factors.

Helicobacter pylori occup. s a fixed ecological niche in the gastric mucosa, since it cannot survive in other tissues. Colonization by *H. pylori* leads to different types of stomach reactio s (s e Table 4).

Infection with *H. pylori* leads to massive immigration of infection-fighting cells into the gastric mucosa. The level of local antibodies (IgA, IgG) then also

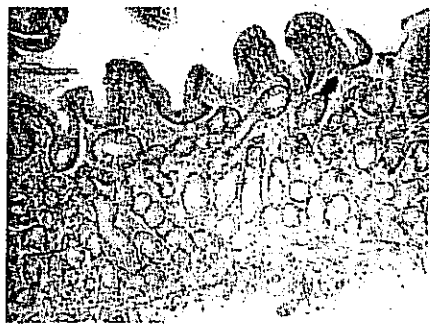
Morphological
active gastritis → chronic gastritis → atrophic gastritis (→ carcinoma?)

Biochemical
- increased acid formation (pH↓)
- decreased concentration of ascorbic acid (Vitamin C) in the gastric lumen → increase in oncogenes and nitrosamines
- increased macrophage activity in the mucosa → increase in oxygen radicals

Biological
increased cell turnover in the mucosa (→ more cell mutations)

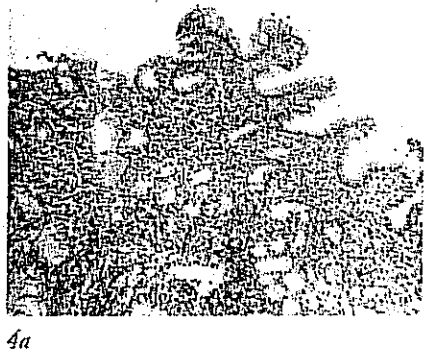
Tab. 4: Reactions of the stomach to Helicobacter pylori colonization

3a



3b

Figs.3a and b: 29-year-old male patient. a) Initial histological findings show a definite, chronic/active antrum gastritis (activity level 3), in combination with superficial erosion and ample evidence of Helicobacter pylori. b) Histological findings after homeopathic treatment show a normal antral mucosa with no evidence of Helicobacter pylori.



4a

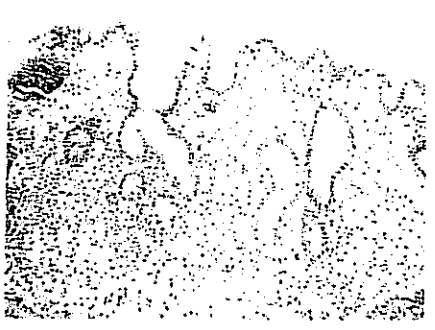
4b

Figs.4a and b: 26-year-old male patient. a) Initial histological findings show a significant, chronic/active Helicobacter pylori gastritis of the antrum ventriculi (activity level 2). b) Histological findings after homeopathic treatment show only a mild antrum gastritis with no florid inflammatory activity at the moment, and with no evidence of Helicobacter pylori.

5a

5b

Figs.5a and b: 57-year-old female patient. a) Initial histological findings show a moderate chronic/active Helicobacter pylori gastritis of the antrum ventriculi (activity level 1). b) Histological findings after homeopathic treatment show only a low-grade chronic antrum gastritis; no evidence of Helicobacter pylori.



6a

6b

Figs. 6a and b: 43-year-old female patient. a) Initial histological findings show a moderate chronic/active antrum gastritis (activity level 2), in combination with Helicobacter colonization. b) Histological findings after homeopathic treatment show only a low-grade chronic antrum and corpus gastritis without florid inflammatory activity and with no evidence of Helicobacter pylori.

7a

7b

Figs. 7a and b: 46-year-old male patient. a) Initial histological findings show a definite chronic/active antrum gastritis (activity level 3) in combination with superficial erosion and dot-shaped Helicobacter colonies. b) Histological findings after homeopathic treatment show a low-grade chronic antrum gastritis with no florid inflammatory activity at the moment and with no evidence of Helicobacter pylori.

rises. In spite of this immunological defense on the part of the host, *H. pylori* persists and the inflammation enters a chronic phase (chronic Type B gastritis).

This may be due to the immunosuppressive mechanisms of *H. pylori*, which inhibit the proliferation of lymphocytes, monocytes, and mucosal cells. Ultimately, the adequacy/inadequacy of the individual's immunological defenses determines whether gastritis associated with *H. pylori* becomes chronic.

The facts presented here lead to the conclusion that treatment of gastritis associated with *Helicobacter pylori* must take into account all of the factors involved—especially the psychoneuroendocrinological factors of Reckeweg's "great defense system"—in order to be holistic. "Destroying the pathogen" is not sufficient; changing its "milieu" is required. This can be accomplished through complex homeopathic therapy.

The following regimen was used in treating Type B chronic gastritis:

Gastricumeel®	1 tablet 3 times a day
Nux vomica-Homaccord®	10 drops 3 times a day
Lymphomyosot®	20 drops 3 times a day
Coenzyme compositum/ Ubichinon compositum®	(combination injection) once a week, intramuscularly

The Current Study

In 5 patients, an attempt was made to eliminate *Helicobacter pylori* by means of a four-week course of the homeopathic treatment described above. Gastroscopic examination was performed both before therapy began and at its conclusion, and macroscopic and histological findings were documented. Other than this, conditions pertaining to these patients were the same as for those with functional dyspepsia.

Results

In all five of the patients who received this treatment, there was no longer any evidence of *Helicobacter pylori* at the end of the four-week period of therapy (see Figures 3-7).

Surprisingly enough, the results of the complex homeopathic treatment were very good. They should be examined critically, however, because this was an open study with regard to both *Helicobacter*-related gastritis and functional dyspepsia. However, the very positive therapeutic results achieved here should be reason enough to conduct additional, controlled studies to provide a scientific foundation for this therapeutic success.

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