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 (antihemotoxic) preparations Gastrocumeel®, Nux vomica, Homaccord®, and Lymphomyoset®. 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 symptomaticity (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: prolinistic agents for dyspepsia of the dysmotility type, histamine H2-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, antihemotoxicology, 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-
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

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<tbody>
<tr>
<td></td>
<td>Beginning</td>
<td>after 1 Week</td>
<td>after 2 Weeks</td>
<td>after 3 Weeks</td>
<td>after 4 Weeks</td>
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<tr>
<td>epigastric pain</td>
<td>82</td>
<td>70</td>
<td>42</td>
<td>14</td>
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<td>feeling of fullness</td>
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<td>62</td>
<td>52</td>
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<td>18</td>
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<td>loss of appetite</td>
<td>82</td>
<td>40</td>
<td>38</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>premature feeling of satiety</td>
<td>82</td>
<td>50</td>
<td>42</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>nausea</td>
<td>58</td>
<td>46</td>
<td>38</td>
<td>18</td>
<td>8</td>
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<td>upper-abdominal bloating</td>
<td>84</td>
<td>50</td>
<td>50</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>increased acid belching</td>
<td>86</td>
<td>30</td>
<td>24</td>
<td>16</td>
<td>6</td>
</tr>
</tbody>
</table>

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:

Gastricumez® 1 tablet 3 times a day
Nux vomica-Homaccord® 10 drops 3 times a day
Lymphomyosor® 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 homoeopathic 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
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 patient's 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, dizziness, sleep disturbances, hyperhidrosis, hot flashes, orthostatic circulatory disturbances, functional cardiac disorders, bladder irritation, myalgia, and a general worsening of symptoms when under stress. Because of these general symptoms, holistic treatment should be co-ordinated, rather than treating the single primary symptom as is customary in conventional medicine.

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

The positive results of antimethic SDS (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 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 re-infection (currently 2%)?
- How can the increasing incidence of H. pylori 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 occupies 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 reaction (see 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 increases.

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

Biochemical
• increased acid formation (pH 1)
• decreased concentration of ascorbic acid (Vitamin C) in the gastric lumen → increase in oncosens 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

Fig. 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 anaple evidence of Helicobacter pylori. b) Histological findings after homeopathic treatment show a normal antrum mucosa with no evidence of Helicobacter pylori.

Fig. 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.

Fig. 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.
Fig. 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.

Fig. 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 a superficial erosion and obtuse-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:

- Gastricum®: 1 tablet 3 times a day
- Nux vomica-Homaccord®: 10 drops 3 times a day
- Lymphomyosor®: 20 drops 3 times a day

Coenzyme 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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References


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