

Evidence-Based Case Study of Chronic Gastritis Managed with Individualized Homeopathic Medicine

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ABSTRACT

Background: Chronic gastritis, which is a long-term inflammatory disorder affecting the gastric mucosa, is recognized as one of the most prevalent, serious, and gradually developing conditions among people globally. Its significance as a severe health issue is frequently underestimated in clinical settings. A clinical diagnosis of chronic gastritis can be made through serological testing, endoscopic examinations, and histological analysis. However, the results of endoscopy and serological tests do not consistently indicate the presence of mucosal inflammation.

Case Presentation: A 34-year-old male presented with complaints of burning discomfort in the epigastric area that radiated to the retrosternal region. The symptoms worsen after eating and improve with belching. The patient also experiences belching that lasts for 15 to 20 minutes following meals. Endoscopy findings reveal pangastritis.

Intervention: Homeopathic case-taking was done thoroughly, giving importance to mental, physical, and characteristic symptoms, and repertorization was done using the complete repertory, resulting in the choice of *Calcarea carbonica* as the

individualized remedy. The medicine was prescribed with a suitable potency, and frequency was repeated for the clinical symptoms.

Outcome: There was a gradual improvement in the symptoms seen during the follow-up, and the frequency and intensity of the symptoms were reduced significantly. The symptoms were evaluated using the modified Naranjo criteria, which showed a good score, indicating a likely causal link between the homeopathic medicine and the clinical improvement seen.

Conclusion: This case report shows that individualized homeopathic medicine will help in managing chronic gastritis.

Keywords: Chronic gastritis, Individualised homoeopathy, *Calcarea carbonica*, Case report, Modified Naranjo criteria.

INTRODUCTION

Gastritis refers to the inflammation of the gastric mucosa and can be triggered by various factors, such as *Helicobacter pylori* infections, persistent bile reflux, and prolonged use of nonsteroidal anti-inflammatory drugs.^[1] It can present clinically in many forms, ranging from sudden nausea, vomiting, and abdominal pain to cases that show no symptoms.^[1]

Chronic gastritis (CG), which is the most common digestive system disorder, is characterized by damage to the stomach mucosa due to an imbalance between protective and harmful factors.^[2] Essentially, it arises from repeated harm to the gastric mucosal epithelium, leading to changes in the stomach mucosa's structure and ultimately resulting in irreversible atrophy or even the elimination of the normal gastric glands.^[2] Based on endoscopic and histopathological findings, chronic gastritis is mainly divided into atrophic and non-atrophic types. Chronic superficial gastritis is a non-atrophic form marked by continual inflammatory changes limited to the surface layers of the gastric mucosa.^[2]

The diagnosis of gastritis and its underlying causes involves the evaluation of clinical symptoms, laboratory tests, gastroscopy, as well as histological and microbiological

analysis of tissue samples. When treating H. pylori-related gastritis, the mucosal layer progressively returns to its normal state, the chronic inflammatory cell infiltration diminishes, and the presence of polymorphonuclear cells rapidly resolves.

CASE REPORT

PRELIMINARY INFORMATION

Name: G.B.B

Age: 34 yrs.

Sex: Male

Address: At post suldal, Tal Gokak, Dt. Belagavi.

Occupation: Assistant Eng. (shift duty in a company)

OPD No: 34959 DOV: 9/5/2012

PRESENTING COMPLAINTS

Pain in the upper abdomen and Eructation's in the past 8 months.

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
I. Gastrointestinal tract system Abdomen: The left upper epigastric region, Radiating to retrosternal region For 15 -20 min Rx Allopathic medication	Burning type of Pain+ Bloating+ Eructation+	<ul style="list-style-type: none"> • < eating after • eructation • < pressure • < after food, • < during day time 	Headache

HISTORY OF PRESENTING COMPLAINTS

The patient appeared to be in good health eight months ago, but then began to experience pain in the left upper epigastric area with Burning type of Pain that radiating to the retrosternal region and was aggravated by eating, Pressure and ameliorated by eructation. He had Bloating feeling continuously. Patient also complains about eructation, which lasts for 15-20 min and is aggravated by eating food and during the daytime. Along with this patient also complains of headache.

PAST HISTORY

- Typhoid during childhood
- H/O Chikungunya 1 year back

- Headache, ear pain after using a mobile phone. All investigations like MRI & audiogram, which were normal in 2010, but now also get on & off pain in the ear & headache
- Family history
Father & grandmother suffering from Hypertension.

PERSONAL HISTORY

Diet: Mixed

Appetite: Reduced

Desires & Aversions: Nothing specific

Thirst: Normal, 2-3 Lites/day

Micturition: D/N 5/2, occasionally burning+

Bowels: Regular, occasionally constipated

Habits: NIL

Sleep: Disturbed

Thermally: Chilly patient.

LIFE SPACE INVESTIGATIONS

This patient hails from a middle-class socioeconomic status; his father worked as a shopkeeper, while his mother was a homemaker. He had 3 siblings; he being the eldest one. All received a good education and are married and well settled. During his schooling, he was good at studies, and he used to participate in all the activities, and he had a good number of friends, and he completed his graduation successfully.

Patient as a person

Timid, Emotional, short-tempered, easily angered, Anxious, cannot tolerate selfishness, anticipatory anxiety, can't fight with others, no particular aim in life.

GENERAL PHYSICAL EXAMINATIONS

Well oriented regarding time, place, and person. Of moderate build and nutrition.

No indications of pallor, clubbing, jaundice, cyanosis, oedema, or lymphadenopathy are present.

On examination

Temperature: Afebrile at the time of examination.

Pulse: 82 beats per minute with a regular rhythm.

Blood pressure: 130/80 mmHg measured on the right arm while in a supine position.

Respiratory rate: 19 breaths per minute.

Systemic examination

Cardiovascular system: S1 and S2 are audible with no unusual murmurs present.

Central nervous system: There are no signs of focal neurological deficits.

Respiratory system: Normal vesicular breath sounds are auscultated, with no additional sounds detected.

LOCAL EXAMINATION:

PER ABDOMEN: Inspection: In epigastric area no observable mass or pulsation felt, no discoloration and visible peristaltic activity seen. Palpation: Tenderness elicited upon palpation in the epigastric area. Percussion: Tympanic note heard all over the abdomen. Auscultation: Bowel sounds heard.

INVESTIGATIONS:

Patient already came with the esophago-gastro-duodenoscopy report.

DIAGNOSIS ASSESSMENT

The pan gastritis, which is diagnosed based on clinical presentation and ICD-10 code and Patient was already diagnosed with oesophageal-gastro-duodenoscopy.

TOTALITY OF SYMPTOMS

- Timidity
- Anticipatory anxiety
- Pain burning < eating extending to throat
- Pain < eating after
- Chilly patient
- Eructation's burning
- Stomach eructation burning
- Stomach pain burning eating after <
- Stomach pain extending to throat.

REPERTORIAL TOTALITY

1. Mind Timidity.
2. Mind Anxiety-Anticipation.
3. Stomach-Pain Burning, Eating after Agg.
4. Stomach-Pain Burning.
5. Stomach-eructation's Burning.
6. Stomach Indigestion.

Kennedy Name	Arn	Calc	Calc-x	Lys	Phos	Sulph	Kali-c	Sil	Puls	Pho	Hel-m	Calc-s
[C] [Mind]Timidity	11	11	11	11	10	10	9	9	8	8	8	8
[C] [Mind]Anxiety-Anticipating	7	5	5	5	5	4	5	5	5	5	5	5
[C] [Stomach]Pain Burning Eating, after Agg	2	3	2	3	3	3	3	4	4	3	2	3
[C] [Stomach]Pain Burning	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Stomach]Eructation's Burning	1	2	2	1	1	2	1	1	1	1	1	1
[C] [Generalis]Pain Radiating	1	2	2	2	2	1	1	1	1	1	1	1
[C] [Stomach]Indigestion	2	3	3	3	1	3	1	1	3	1	2	3

Fig 1 Repertory sheet.

THERAPEUTIC INTERVENTION

Considering the patient's symptoms on mental, physical and particulars the simillimum was selected as calcarea carbonica with reference to homeopathic materia medica and prescribed to the patient.

CASE ANALYSIS AND REPERTORIZATION

Following a thorough case-taking, the totality was formed, and the rubrics derived from the totality were examined through the complete repertory. Upon completing the repertorization, the highest-ranked remedies

identified were Arsenicum album, Calcarea carbonica, Carbo vegetabilis, Lycopodium, Phosphorus, and others. The important mental symptoms like timidity was ranked highest gradation in repertorization hence Calcarea carbonicum was prescribed.

FOLLOWUP AND OUTCOMES

The outcome was assessed after the complete case analysis and prescription of individualised homeopathic medicine administered with an endoscopy report before and after the intervention of the medicine.

Table 2: Clinical Outcomes and Follow-up Results

SL NO	DATE OF VISIT	SYMPTOMS	REMEDY	INTERPRETATIONS
1	09/05/2012	Considering the totality repertorization was done and individualised remedy given	Calcarea Carb 200 One dose Saccharum lactis for 1 month	
2	28/06/2012	Initially after taking medicine complaints increased and gradually was better	Placebo one dose for 1 month	Medicine not repeated as he is better
3	23/07/2012	Improvement in the complaints of pain in the epigastric region, burning pain better complaints increase after shift (Night) duty	Calcarea Carb 200 One dose Saccharum lactis for 1 month	One dose of Calcarea carb 200 repeated as symptoms return
4	25/10/2012	Much better still symptoms of burning and epigastric region persist but severity is less	Calcarea Carb 200 / 3 doses daily one dose Saccharum lactis for 1 month	Acute gastric complaints due to shift duty so Acute remedy prescribed
5	21/01/2013	Much better still symptoms of burning and epigastric region persist but severity is less	Calcarea Carb 200 / 3 doses daily one dose SL for 1 month	Repetition of Constitutional remedy as still complaints were persisted
6	18/04/2013	Much better symptoms persist occasionally	SL 1 month	No medicine as feeling better
7	06/06/2013	Pain in epigastric region burning pain eructation's putrid, complaints started after	Carbo veg 30 3 doses Calcarea carb 30 1 dose	Acute remedy Carbo veg 30 is prescribed

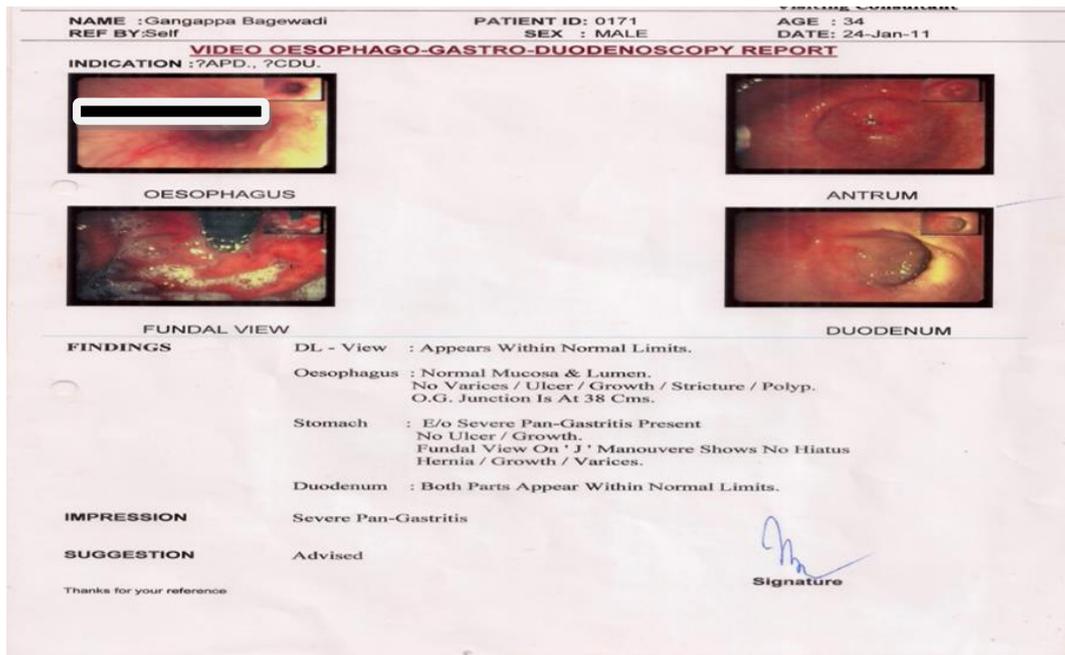


Figure 2: Observations made through endoscopy prior to treatment.

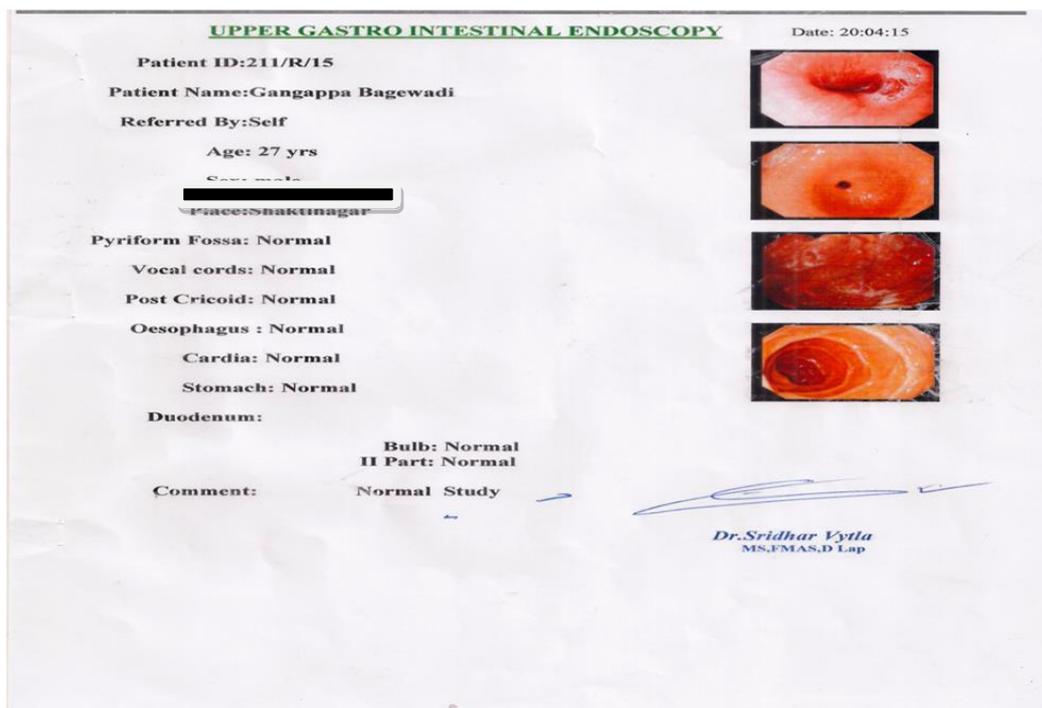


Figure 3: Observations made through endoscopy following treatment

TABLE NO-3 EVALUATION OF RESULTS USING MODIFIED NARANJO CRITERIA.

SL NO	CRITERIA	YES	NO	NOT SURE OR N/A
1	Was there an improvement in the symptom or condition for which the homeopathic medicine was prescribed?	+2		0
2	Did the clinical improvement occur within a plausible time for frame relative to the medicine intake?	+2		0
3	Was there a homoeopathic aggravation of symptoms?		0	0
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint,	+1		0

	improved or changed?			
5	Did overall wellbeing improve?	+1		0
6	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top to downward?	+1	0	0
7	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	0
8	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (i.e. Known course of disease, other forms of treatment and other clinically relevant intervention)?		+1	0
9	Was the health improvement confirmed by any objective evidence as measured by external observations?	+2		0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		0

DISCUSSION

A 34-year-old male who had chronic burning pain in the epigastric region. The pain radiated to the retrosternal region and was aggravated by eating and ameliorated by belching. The clinical symptoms, along with endoscopic findings, show pan-gastritis. A thorough evaluation of mental, physical, and characteristic particular symptoms was taken into consideration for the totality of symptoms, and individualized homeopathic medicine was prescribed.

The holistic perspective of homeopathy views the individual in entirety, rather than focusing solely on the illness. According to homeopathic principles, disease reflects a shift in the body's self-regulatory capacity. This shift manifests as specific changes across mental, physical, and emotional dimensions. Choosing an individualised homeopathic remedy seeks to restore the disrupted vital force to health by addressing the underlying cause. [3]

Several homeopathic medicines, including Carbo vegetabilis, Nux vomica, Lycopodium, Phosphorus, and Bismuthum, have been mentioned in the literature for their potential role in managing gastritis. [3] Remedies like Lycopodium, Nux vomica, Pulsatilla, and Sulphur are often cited as commonly recommended medicines for gastric disorders. [4] A study by Doppalapudi and Hulekar pointed out the potential of

homeopathic treatment for gastritis, noting the clinical benefits of remedies such as Argentum nitricum, Bismuthum, Bryonia alba, Chamomilla, Cantharis versicolor, Carbo vegetabilis, and Phosphorus. [5]

In this case, the Modified Naranjo Criteria were used to assess the relationship between the prescribed homeopathic treatment and the clinical improvement observed. The positive score indicates that the therapeutic response was likely due to the personalized homeopathic remedy, not to spontaneous recovery or outside factors. [6]

CONCLUSION

Chronic gastritis is a common gastrointestinal tract disorder that affects people of all ages and economic backgrounds. This case report shows the positive benefits of an individualized homeopathic approach in chronic gastritis.

After receiving individualised homeopathic treatment, the patient demonstrated marked improvement in the alleviation of epigastric discomfort, burning sensations, and associated gastric concerns; additionally, the endoscopic results also showed enhancement. An assessment using the modified Naranjo criteria yielded a positive score, indicating a probable connection between the administered homeopathic remedy and the observed clinical improvement.

The findings of this case suggest that individualized homeopathic medicine is a helpful treatment option for managing chronic gastritis. However, more well-designed clinical studies and systematic research are needed to support these observations and to clarify the role of homeopathy in chronic gastrointestinal disorders.

Declaration by Authors

Ethical Approval: Not required.

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Conflict of Interest: No conflicts of interest declared.

Patient Consent: The patient provided written informed consent for the publication of this case report and the related images.

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