

A Miasmatic Approach to Gastro Esophageal Reflux Disease and its Homoeopathic Management

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Abstract: *Gastroesophageal reflux disease (GERD) is a chronic digestive condition characterized by the recurrent backflow of stomach contents into the esophagus, resulting in symptoms such as heartburn, regurgitation, and dysphagia. The disease arises from the dysfunction of the lower esophageal sphincter (LES), which normally acts as a barrier to prevent gastric acid from entering the esophagus. GERD can lead to complications including esophagitis, esophageal stricture, and Barrett's esophagus. The pathophysiology of GERD involves a combination of LES dysfunction, transient LES relaxations, and impaired esophageal clearance. Diagnosis is often confirmed through clinical evaluation, endoscopy, and pH monitoring. Management strategies include lifestyle modifications, pharmacological treatments such as proton pump inhibitors (PPIs) and H2-receptor antagonists, and, in severe cases, surgical interventions. Early diagnosis and appropriate treatment are crucial for mitigating symptoms, preventing complications, and improving quality of life for affected individuals. Homeopathic treatment for GERD focuses on individualized symptom relief and the restoration of overall balance, based on the principles of homeopathy which emphasize the holistic treatment of the patient.*

Keywords: GERD, Individualized Homoeopathic medicines, GERDQ score

1. Introduction

Gastroesophageal reflux disease (GERD) is defined as a condition which develops when the reflux of stomach contents causes troublesome symptoms (i.e., at least two heartburn episodes per week) and/or complication.¹

GERD is the most common gastrointestinal disease encountered in both western and Asian countries. The most typical clinical manifestation of GERD are burning sensation in chest (heartburn) and regurgitation. Burning sensation in chest is defined as burning sensation in retrosternal area, while regurgitation is defined as perception of flow or reflux of stomach contents into the mouth or hypopharynx. Gastroesophageal reflux resulting in heartburn affects approximately 30% of the general population.²

The studies in the Asian region have shown that older age, males, family history, high socioeconomic status, increased body mass index (BMI), smoking, alcohol use are risk factors for GERD. Three reports from South-East Asia identify that the Indian population is at higher risk for GERD³

GERD come under code K21.9 of ICD 10⁴.

Therapeutic protocols vary depending on the severity of symptoms and the degree of esophageal injury disease. The patient may present with mild symptoms minimal lesions at endoscopy or severe symptoms so they may be classified as long term or short-term depending on the severity of the symptoms and lesions. Overall, it appears that patients with extra-esophageal symptoms may present with more severity and erosive disease⁵. Proton pump inhibitors (PPIs) remain the mainstay of treatment for GERD due to their profound and consistent inhibitory effect on acid secretion. However, PPIs do not reduce the number of reflux events and do not provide long-term cure for GERD. The recent population-based studies have suggested that long-term PPI use may be associated with a variety of adverse events. They include osteoporosis-related hip and spine fractures, community-

acquired and nosocomial pneumonia, various enteric and non-enteric infections, fundic gland polyps and many others.⁶ whereas in homoeopathy holistic treatment is provided to the patient with potentized medicines and even there are no side effects of these medicines.

Anxiety and depression are strongly associated with reflux symptoms.⁷ GERD has an impact on the daily lives of affected individuals, interfering with physical activity, impairing social functioning, mental well-being, disturbing sleep, and reducing productivity at work.⁸ GERD patients have significantly impaired QOL in both physical and mental health status as compared with normal population.⁹

As this disease impairs both physical and mental state of patients, treatment with the holistic approach of homoeopathy will bring overall improvement which is hallmark of homoeopathic response when prescribed on totality of symptoms. In homoeopathic literature, a large number of medicines are mentioned for management of symptoms such as heartburn and regurgitation.^{10,11,12,13,14}

Theory of miasm

A miasm is an invisible polluting substance, which one gains entrance into the system of a living human being, and overpowers the vital-dynamis, pollutes the person as a whole in such a way, that it leaves behind a permanent stigma or dyscrasia, which if not completely eradicated with the help of suitable anti-miasmatic treatment, will persist through-out the life of the patient and may be transmitted through generation after generation.

Hahnemann's theory of miasms and the origin of the chronic disease is the most fundamental and original approach to the understanding of the phenomenon of the disease from the evolutionary point of view. The primary disturbances of the disease are exhibited at the level of mind.

In Hahnemann's words, the true natural chronic diseases are those that arise from chronic miasm, when left to themselves, improper treatment, go on to increase, growing worse and

Volume 13 Issue 8, August 2024

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

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torment the patient to the end of his life. Hahnemann spent 12 years investigating miasms and collecting proof of his findings, the results of which can be found in his work, *The Chronic Diseases*. He named three miasms – Psora, Sycosis, and Syphilis. Later a fourth miasm was added (by J. H. Allen), called Pseudo Psora or Tubercular Miasm.

Psoric Manifestations of GERD

- Unnatural hunger, hunger an hour before or an hour after eating regularly.
- Hunger during sleep or at night hour.
- Full stomach with hunger, with weak gone feeling in the abdomen with great prostration, perspiration after eating.
- Dull feeling with distension of abdomen after eating, with flatulence.
- Fainting when hungry.
- Constrictive feeling around the abdomen. Audible rumbling in the bowels.
- Disagrees to too many food items.
- Pain > gentle pressure.
- Constipation or inactivity of the bowels.
- Diarrhoea from overeating.

Sycotic manifestations of GERD

- Abdominal colic > doubling up
- >motion, hard pressure.
- Abdomen pains even from slightest or simplest food.
- Colic is prominent in painful diarrhoea. Loud eructation
- Changeable stool with mucous.

Tubercular manifestations of GERD

- Extreme hunger
- Constant hunger and eating beyond their capacity to digest.
- Worse from constipation and inactivity.
- Saucer shaped abdomen. Highly sensitive to cold.
- Diarrhoea with great exhaustion with a feeling as if whole vitality is leaving after each evacuation
- Sudden urgency <meat, potatoes.
- Vomiting and retching after stool.

Syphilitic manifestations of GERD

- Irregular peristalsis resulting in spasm associated with dysentery
- Diarrhoea worse at night.
- Diarrhoea accompanies with profuse warm or cold perspiration which is very much exhausting
- Stool mixed with lots of mucus, scrapings of the intestine and sometimes blood.¹⁴

So, by now we all know that GERD patients are influenced by multiple factors like type of constitution, occupation, mode of living, habit, age and social relations etc. So, I will also be observing whether any of these factors are triggering the diseased condition. I intend to conduct the study by treating patient with individualized homoeopathic medicine and also observe the change in symptoms by seeing the change in GERD Questionnaire score.

Questions	Frequency score for symptoms (points)			
	0 day	1 day	2-3 days	4-7 days
How often did you have a burning feeling behind your breastbone (heartburn)?	0	1	2	3
How often did you have stomach contents (liquid or food) moving upwards to your throat or mouth (regurgitation)?	0	1	2	3
How often did you have pain in the center of the upper stomach?	3	2	1	0
How often did you have nausea?	3	2	1	0
How often did you have difficulty getting a good night's sleep because of your heartburn and/or regurgitation?	0	1	2	3
How often did you take additional medication for your heartburn and/or regurgitation, other than what the physician told you to take) (such as Tums, Roloids and Maalox?)	0	1	2	3

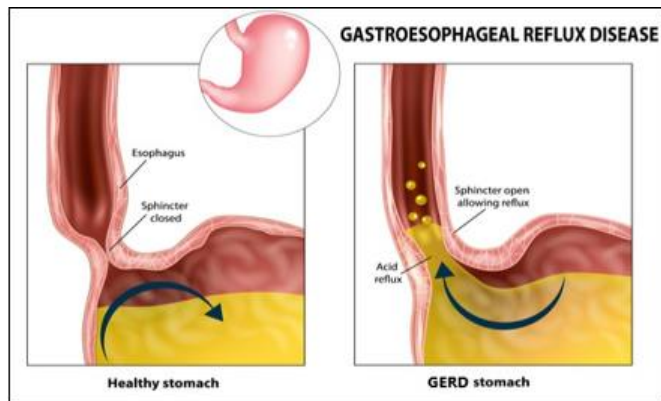
Note: Add the point values for each corresponding answer. Total score of 0 to 2 points = 0 percent; 3 to 7 points = 50 percent; 8 to 10 points = 79 percent; 11 to 18 points = 89 percent.¹⁵

2. Review of Literature

Gastroesophageal reflux disease (GERD) is considered to be a common and chronic gastrointestinal disorder. The prevalence of GERD is believed to be less in Asia than in Western countries¹⁶. Traditionally, GERD has been thought to be a disease of the western world. Prevalence rates have been estimated to be lower in Asia when compared to that of the western countries (<5% vs. 10% to 20%). The prevalence of GERD in India was estimated at 7.6% in a large prospective multicenter study involving 12 centers and 3224 subjects in 2011.

Gastro-oesophageal reflux disease is a condition characterized by reflux of stomach contents causing

troublesome symptoms and complications. Typical symptoms include heart burn (a retrosternal burning sensation), regurgitation (perception of flow of refluxed stomach content into the mouth or hypopharynx) and chest pain. The condition can also present with extra-oesophageal symptoms, including chronic cough, laryngitis, asthma and dental erosions.¹⁷



GERD is caused by multiple different mechanisms that can be intrinsic, structural, or both, leading to the disruption of the esophagogastric junction barrier resulting in exposure of the esophagus to acidic gastric contents.

Several other risk factors have been independently associated with the development of GERD symptoms that include

- >50years age
- tobacco use,
- Consumption of excess alcohol,
- Pregnancy,
- postprandial supination and
- different classes of drugs which include NSAID

Diagnostic tests are not typically needed unless the symptoms are severe which include dysphagia, odynophagia, bleeding, weight loss, anemia. Esophagogastroduodenoscopy (EGD), Barium swallow and pH monitoring are diagnostic tests. EGD should be considered in patients with long standing (>=10 years). 24-h esophageal pH testing, despite being the gold standard, has no utility in routine clinical settings and hence its availability should be limited to tertiary care setting.¹⁸

As GERD is a chronic disease, assessment of accessory circumstances is another important aspect of the disease evaluation. Samuel Hahnemann in his book, *The Organon of Medicine*, while defining the accessory circumstances writes "In case of chronic diseases accessory circumstances has to be considered in order to discover the fundamental cause which is generally due to chronic miasm. The biological, psychological and social factors are being incorporated into bio-psychological model in relation to understand the disease or illness. This has been so because the goals of managing GERD are to address the resolution of symptoms and to prevent complications.

When GERD is concerned there are many effective medicines available in Homoeopathy, but the selection depends upon the individuality of the patient, considering mental and physical symptoms. Some of the important medicines used are:

- **ARSENIC ALBUM** –Burning pain in stomach. Stomach pain from slightest food or drink. Nausea, retching and vomiting after eating or drinking. Heartburn, gulping up of acid and bitter substances which seem to excoriate the throat. Burning pain in the throat, worse on swallowing. Everything swallowed seems to lodge in the esophagus.
- **CALCAREA CARBONICUM**—Heartburn and loud belching. Frequent sour belching, sour vomiting. Swelling over pit of stomach like a saucer turned bottom up. Pain in

epigastric region to touch. Sour taste in mouth, causes nausea. Burning from esophagus to throat. Continued belching after food, with a cough and nausea, worse from milk. Hyperchlorhydria. Calcarea carb is suited to fair, flabby person, who catch cold very easily. Special craving for eggs is characteristic to calcarea carb. Craving for indigestible things like dirt, chalk, coal, pencils etc.

- **CARBO VEGETABILIS** –Heartburn. Flatulent stomach. Belching, heaviness, fullness and sleepiness, tense from flatulence with pain, worse lying down. Rancid, sour or putrid belching. Contractive pains extending to chest with distension of abdomen. Epigastric region very sensitive. Burning sensation in throat. Throat painful on swallowing food.
- **NATRUM PHOSPHORICUM**— Heartburn. Sour belching. Vomiting of sour, cheesy masses. Emptiness in stomach and abdomen, even in chest, worse after eating. Difficulty in swallowing. Yellow creamy coating at the back of the roof of mouth and tongue.
- **NUX VOMICA**-GERD usually seen in alcoholics. Nausea and vomiting with much retching. Violent vomiting of bilious, sour substance. Heartburn. Pain in throat, pain worse on empty swallowing. Sensation of roughness and scraping in stomach. Indigestion. Sour taste and nausea in the morning after eating. Weight and pain in stomach. GERD with cough. Vomiting from cough.
- **PHOSPHORUS** – Larynx, raw, and sore due to GERD. Painful larynx. Hoarseness of voice, worse evening. Heartburn. Sour taste and sour belching after every meal. Regurgitates ingesta, by mouthfuls.
- **PULSATILLA NIGRICANS**- GERD from taking rich foods, fats, pork, pastries, desserts, ice cream. Heartburn. Belchings, taste of food remains a long time after fatty foods. Stomach disordered and feels heavy. Flatulence. Dry, sore throat.
- **ROBINIA** –Robinia is one of the best remedies for GERD, where the patient experiences severe acidity. Everything turns to acid. Acid stomach is characteristic. Intense heartburn. Heartburn and acidity at night on lying down. Nausea with sour belching. Profuse vomiting of intensely sour fluid. Regurgitation of acid and bitter substance.
- **SULPHURIC ACID**—Heartburn. Sour belching, sets teeth on edge. Relaxed feeling in stomach. Sour vomiting. Throat painful. Liquid regurgitates, on swallowing. Larynx moves up and down violently.^{10,11,12,13,14}

MIASMATIC Background

In Hahnemann's words, the true natural chronic diseases are those that arise from chronic miasm, when left to themselves, improper treatment, go on to increase, growing worse and torment the patient to the end of his life. (Aphorism 78 *Organon of Medicine*).

Types of Miasm: Miasms are two types – acute and chronic.

Acute Miasm: This is a dynamic disease producing power, causing acute, specific, infectious or epidemic diseases, having almost fixed manifestations.

Dr. J.T. Kent says, "An acute miasm is one that comes upon the economy, passes through its regular prodromal period, longer or shorter, and has its period of progress and period of decline and in which there is tendency to recovery."

Acute miasms are of two types – recurrent and non-recurrent.

- **Recurrent Acute Miasm:** These recur in the same manner. It can keep recurring in the same manner again and again. The recurrence may also be seasonal. For examples; plague Levant, Asiatic cholera, yellow fever of the sea coast etc.
- **Non-recurrent or Fixed Miasm:** These occur once in life-time of a person with almost in all fixed in its manifestations. For examples; small pox, whooping cough, measles, bright red scarlet fever etc.

Chronic miasm: These are the fundamental cause of chronic diseases, bring the tendency to suffer from chronic diseases, and make a person prone to suffer from acute diseases also. They are three – Psora, Syphilis and Sycosis.

- **Psora-** It is the oldest, most universal, most pernicious and yet least known chronic miasmatic disease, which has been deforming and torturing the nations for thousands of years.
- **Sycosis-** It is a venereal chronic miasm developed due to suppression of gonorrhea and is primarily manifested externally by cauliflower like excrescences on the genitals.

Syphilis – It is a venereal chronic miasm primarily manifested as venereal chancre on genitals following impure coition and when suppressed by some local application, it leads to development of bubo, which when again suppressed leads to secondary manifestations.¹⁴

Research In Homoeopathy

An open-label pilot study to explore usefulness of Homoeopathic treatment in nonerosive gastroesophageal reflux disease. In this study, 78 patients were screened and 34 were enrolled, having symptoms of heartburn and/or regurgitation at least twice a week, having a gastroesophageal reflux disease (GERD) symptom score of more than 4. Homoeopathic medicine was prescribed on the basis of presenting symptoms. Response to treatment was assessed on GERD symptom score, visual analog scale (VAS) for heartburn, and World Health Organization quality of life-BREF (WHO-QOL) questionnaire evaluated at baseline and at end of 8 weeks of treatment. Results: Significant difference was found in pre- and post-treatment GERD symptom score. The study has its limitation in terms of small sample size, absence of control group, and lack of laboratory evidence of improvement in all cases.

What must be noted in the work of the previous researchers they approach with the therapeutic concept for treating GERD. There is a good scope of homeopathy in the treatment of GERD where there is decrease in the intensity and progress of the disease. Homeopathy can be of great help for those who do not show much improvement even after lifestyle modifications. Secondly, homeopathic medicine has very less content of materialistic dose as compared to allopathic system of medicine because of which there is no direct intervention of the medicines in gastric flora and mucosa.¹⁹

Usefulness of *Robinia pseudoacacia* in the Treatment of Gastroesophageal Reflux Disease; Usefulness of *Robinia pseudoacacia* in the Treatment of Gastroesophageal Reflux Disease; this study was undertaken to explore the usefulness of *Robinia pseudoacacia* in the treatment of GERD and to understand its utility in GERD when prescribed on homoeopathic indications. This study clearly indicates the role of *Robinia pseudoacacia* in the management of GERD, although the study was conducted with a small sample size and over a small follow-up period. The improvement in patients was assessed using GerdQ which was evaluated at baseline and after 6 months treatment by using paired 't' test. This study has shown positive results in terms of usefulness of *Robinia pseudo acacia* in the treatment of GERD. Limitations include prescription on common symptoms of disease and due to short duration of follow-up, the clinical symptoms of *Robinia pseudo acacia* could not be identified.²⁰

3. Discussion

This study comprises of patients suffering from Gastro esophageal reflux disease. The study included 50 patients of age group between 20-59 years, both sexes. Patients were explained about the study as per Patient Information Sheet and consent was taken from them. The patients were diagnosed with GERD clinically with the help of GERDQ questionnaire. The prominent clinical symptoms were heartburn, regurgitation, waterbrash and nausea.

The study was A Prospective Observational Study. Patients were also interrogated according to questions given in GERDQ questionnaire. Patients were given homoeopathic similimum after forming the totality of symptoms and individualization of patient. Homeopathic medicines were given in centesimal scale. Follow-up was taken after every 15 days, 1 month and so on as per the need in all the 50 cases. The cases were followed up properly and results were evaluated with GERDQ Score (after every 1 month) and on the basis of general wellbeing of the patient as a whole. As in aphorism 253, it is stated we should observe a greater degree of comfort, increase calmness and freedom of the mind, higher spirits- a kind of return of natural state. On the contrary in case of aggravation we can closely observe a constrained, helpless, pitiable state of disposition, of the mind, of the whole demeanor, of all gestures, postures and actions. GERDQ score was calculated at the end of 6 months. Maximum patients improved but few did not get relief until the whole duration of study.

In this study, 50 patients were selected on the basis of inclusion and exclusion criteria as laid in the materials and methods but a few cases which had not completed the above said time period were also considered for analysis. These cases were analysed with respect to age, gender, marital status, risk factors, occupation, habits and lifestyle.

In earlier research, the percentage of younger individuals with GERD, particularly those between the ages of 30-39, increased significantly. As a result, out of 50 patients in my study, the age group of 30-39 years had the highest incidence, or 11 cases (36.6. percent). 50-59 years, or 7 (23.3%), 20-29 years, and 40-49 years came next (20 percent).

In my study, males (n=16) experienced the highest occurrence compared to females (n=14). However, prevalence was not well defined in earlier studies and literature, and some populations had more male dominance than female. Maximum number of GERD cases were found to be married in this study (n=25).

Out of 50 patients, (16 were factory worker, 14 was teacher, 8 were homemaker, 2 were shopkeeper, 7 were driver, 2 mobile operator, 1 was housemaid and 1 was beautician). According to literature, occupations involving sitting job are more predisposed towards GERD. Maximum cases in the study were involved in such occupation, thereby support literature findings.

Out of 24 female patients, 6 were working and 8 were not working) that means home maker are more predisposed to GERD.

Out of 50 patients, 6 patients have habit of alcohol, 3 have smoking habit, 1 has tea habit, 4 eat non veg diet, 4 were obese, 5 were under stress, 2 have the sedentary lifestyle. This finding is agreeing with literature that GERD is caused by various factors such as obesity, alcohol, irregular diet, smoking and sedentary lifestyle. 80% cases were improved after being advised removal possible circumstances by addition of proper diet and exercise and homoeopathic medicine

Before the study began, the cases were divided into three categories based on the severity of the disease: mild, moderate, and severe. There were 2 mild instances, 21 moderate cases, and 7 severe cases. Following treatment, three patients fell into the moderate group, 27 patients improved, and no patients were classified as severe. Each patient's response was noted in accordance with the details they provided on the GERD questionnaire in order to determine the severity of the disease.

For the assessment, GERDQ questionnaire score was applied using MS excel.

GERDQ Score at the end of study was compared with GERDQ Score at the beginning of the study. When compared to their pre-treatment scores, every patient's post-treatment score significantly decreased. Maximum number of instances showed improvement. 9 patients showed a marked improvement, 40 patients showed improvement, one patient remained the same, and no patient's condition worsened.

Homoeopathic medicines like *Abies nigra* (1), *Arsenic album* (1), *Carbo veg* (4), *China off*(2), *Calcarea carb*(1), *Lycopodium*(7), *Lachesis*(1), *Merc sol*(1), *Natrum mur*(2), *Natrum phos*(1), *Nux vomica*(4), *Staphysagria*(1) were prescribed to patients according to totality of symptoms.

Lycopodium was indicated in the majority of cases. Three male and four female patients each received a prescription for *Lycopodium*; three male and one female patient each received a prescription for *Nux vomica*; and four patients each received a prescription for *carbo veg*. *Abies nigra*, *Cinchona officinalis*, *Arsenicum album*, *Natrum mur*, *Natrum phos*, *calcarea carb*, and *staphysagria* were among the less indicated medications.

Out of 12 medicines prescribed in 50 cases, 6 medicines were from plant kingdom and 5 from mineral kingdom but only 1 from animal kingdom. While studying the repertorial approach and analysing different rubrics plant kingdom dominance has been seen.

The various types of symptoms obtained throughout the case taking were- Mental generals, Physical generals and Physical particulars. Out of all the cases 83.3% of cases were such which were prescribed remedies on the basis of key indications which belonged to mental generals only. 13.3% cases were prescribed remedies on both mental and physical generals. Only one single case was prescribed a remedy on basis of physical generals.

In this study correlation of risk factors and concept of accessory circumstances was also analysed. Because these are the conditions that cause the disease, finding and treating these conditions is crucial during treatment of the cases. Therefore, avoiding them can also help prevent the onset of disease.

Taking into consideration the accessory circumstances known to be associated with GERD, 4 cases were seen to be obese, slight change in the improvement in weight loss was seen during the study. 5 cases reported in stress as they detailed their complaints to the physician. Alcohol and smoking were associated in 9 cases. Although 5 patients said that they had reduced their habits, but no actual change was observed in habitual drinkers. 1 has tea habit, 4 eat non veg diet, 2 have the sedentary lifestyle 80% cases were improved after being advised removal possible circumstances by addition of proper diet and exercise and homoeopathic medicine

The effectiveness of homoeopathic medicine in GERD was analyzed by paired t- test. P value came out to be < 0.0001 which is statistically significant. The study has its limitations in terms of small sample size, absence of control group, and lack of laboratory evidence of improvement in all cases.

The study showed that homeopathy has good scope in the treatment of GERD where there is decrease in the intensity and progress of the disease. Secondly, homoeopathic medicines have very less content of materialistic dose as compared to allopathic system of medicine because of which there is no direct intervention of the medicines in gastric flora and mucosa, Homoeopathic treatment is quite economical as compared, to other system of medicine. Moreover, homeopathy works on the principle of similia and the medicines are prescribed on rational basis because of which there is least possibility of any side effects, Consequently, it is safe to take those medications for a long time.

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