



EVALUATION OF CONCEPT OF HAHNEMANNIAN PSORIC MIASM & ITS APPROACH IN HOMOEOPATHIC MANAGEMENT OF FUNCTIONAL DYSPEPSIA IN THE PATIENTS OF AGE GROUP 20-40YR

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ABSTRACT

Background-Functional dyspepsia is one of the most common condition with prevalence of 30.4 in India. Along with all the functional sign and symptoms it also affects the quality of life of a patients.

Homeopathic mode of treatment being holistic in its approach the effectiveness of homeopathic psoric medicine in treatment of patients with functional dyspepsia and its effect on improving quality of life of a person must be studied in detail.

Method- 30patients with functional dyspepsia in 20-40yrs were included in the study. The most simillimum psoric medicine was selected and employed after detailed case taking .The score of GIQLI questionnaire of all 30 patients were recorded before and after the treatments.

Results- The score of each patients before and after treatment was analyzed using paired t test.the result showed less than 0.001 and thus the results were found to be statistically significant. The study also showed most commonly affected age group was 35-40 years. The most commonly affected occupational group was company employee followed by business man. The most common commonly indicated medicine was pulsatilla followed by Lycopodium, calcarea and Nux vomica.

Conclusion- the study showed that homeopathic psoric medicine were effective in treatment of cases with functional dyspepsia in 20-40years.it also show improvement in all the parameters of functional dyspepsia.

KEYWORDS : Homeopathy, psoric medicine, psora, GIQLI, functional dyspepsia

INTRODUCTION

The miasm: psora

Over a long period of twelve years Hahnemann investigated the source of this incredibly large number of chronic affections through most painstaking observations. He searched through his past records as well as the case records of other physicians as far as any record was available. He closely questioned his patients. Even historical cases were examined. At the end he confirmed that the chronic miasm psora was at the root of all the recurring non-venereal chronic diseases. In the year 1828, the 74th year of his life, Hahnemann gave out his discovery to the world in his famous book "Chronic Diseases",⁽¹⁾ the fruits of his labor were incorporated in the 5th edition of Organon published in 1833.⁽²⁾ Hahnemann, was very sure of his discovery but doubted whether his contemporaries will give it a trial and derive the benefit. He pinned his faith on a more conscientious and intelligent posterity who will have "the advantage to be obtained by a faithful, punctual observance of the teachings here laid down, of being able to deliver mankind from numberless torments which have rested upon the poor sick owing to the numberless, tedious diseases even as far back as history extends.What is psora?

Psora is Hahnemann's term for the "itch dyscrasia", which is the basis of all chronic diseases leading to functional disorders of the body. The syphilitic miasm causes necrosis, sycotic miasm causes cauliflower like abnormal growths, while the psoric miasm makes the other way conditions possible by causing the functional disorder of the body was thus instructed by my continued observations, comparisons and experiments in the last years that the ailments and infirmities of body and soul, that in their manifesting complaints, vary so radically, which, with varied patients so very unlike (if they don't belong to the 2 venereal diseases, syphilis and sycosis) are but fragmentary manifestations of the former miasm of leprosy/itch i.e. merely descendant of one and the same vast original malady, the almost innumerable symptoms of which form but one whole and are

to be regarded and to be medicinally treated as the parts of the one and same disease in the same way as in a great epidemic of typhus fever." (ibid p.33).⁽³⁾

According to Dr. Robert the interpretation of the word Tsorat (Hebrew) thought by Hahnemann can be understood as a pollution, grove, stigma, fault and it is often applied to plague or manifestation of leprosy. He emphasize that this basic and original Hebrew word should be regarded for understanding this constitutional defect.⁽⁴⁾

Dr. Kent not only gives the physical aspect of psora but also metaphysical aspect. Psora is the beginning of all physical sickness. Kent has explained psora by using the term itch. If psora miasm was never established upon human, another 2 chronic disease would not has been possible. Also the susceptibility of man for acute disease is based upon psora. Therefore psora is the foundation of illness and other sickness which came afterwards.⁽⁵⁾

Stuart close advocating the theory of bacteriology. He explains that functional or dynamic changes take place before any tissue changes. We may not see these beginning of the disease.no microscopic organism is the absolute or sole cause for any disease but it is only the exciting cause for underlying condition. The predisposing factor must exist before microorganism becomes active.⁽⁶⁾

J. H. Allen advocated that in order to study psora one must not look as just the chemical site but also from the potential side. Psora is that potential that when it becomes well bounded with the dynamic life force, the same life force has no power within itself but it's bound from it. Psora is potential, binded with life force and through its cooperation with the life force as well as other miasm causes all functional derangement and physiological alteration.⁽⁷⁾

Symptoms Of Latent Psora Related With Functional

Gastrointestinal (GI) Complain-

Sensation of emptiness in the stomach. Repugnance to cooked, warm food especially to meat (principally with children). Repugnance to milk. Now insatiable hunger, then again want of appetite.^[3]

Symptoms Of Secondary PSORA Related With Functional GI Complain-

Eructation with the taste of food, heartburn, nausea always after eating, hunger, eating, vomiting immediately after eating, sensation of coldness in the pit of the stomach etc.^[3]

ACCORDING TO Dr. H A Robert there is a weak, gone feeling in the stomach in the middle of the forenoon; hunger at night also is a prominent symptom.it is observed that these patients would lack the power to assimilate, and undoubtably becomes the cause for continual craving. This is closely related with the grawing (characteristic) in the stomach. Along with sensation of cold & heat. There is great repulsion for boiled foods, craving for fried/highly seasoned food, greasy food, meats etc. Meat should stimulate the psoric patients and arouse the underlying situation to activity. During fever patients might have aversion to sweets and craving for acids. Which is marked psoric traits and are often accompanied with heartburn and waterbrash.the aggravation of most of the symptoms of psora because after eating.^[4]

FUNCTIONAL DYSPESIA:

Definition: many patients have upper gastrointestinal symptoms but have normal results on upper gastrointestinal endoscopy so called functional dyspepsia or non-ulcer dyspepsia.^[8]

Functional dyspepsia is one of the most common disorders and can clearly affect the quality of life of patients. According to the Rome III classification criteria, the chief symptoms of functional dyspepsia include disturbed postprandial fullness, epigastralgia, early satiety, and epigastric irritation. In 2014, a guideline for functional dyspepsia patients was also provided in Japan. This condition is treated by 2 major categories of drugs: acid inhibitors like H2-receptor antagonists and proton pump inhibitors (PPIs), and prokinetic drugs that increase disturbed gastrointestinal (GI) motion by modulating distorted gastrointestinal sensitivity. In 2016, the Rome IV criteria defined that the diagnosis of functional dyspepsia required disturbed clinical symptoms, and the brain – GIR axis was accepted as an important factor in the etiology of functional GI disorders.

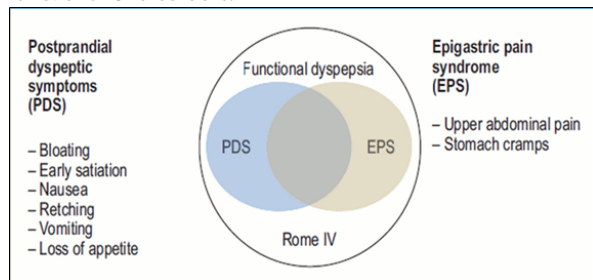


Figure no.1: Symptoms of functional dyspepsia^[9]

About 50 to 70% people suffers from dyspepsia, out of which 70% cases are attribute to functional dyspepsia.^[10]

Many types of interventions are used in their management, including pharmacological and non-pharmacological approaches, but difficulty in deciding on the 'treatment of choice'. Research studies on homeopathy treatment for indigestion have found that there is a lot of scope to treat such cases on the basis of symptoms. The concept of psora as the primary cause for functional disorder, homeopathy proves to be of great value. In Organon of medicine, FGID comes under

the psychosomatic disease and chronic disease it comes under in aphorism no 5, 72, and 73,78,79,80,81,82,83.^[11]

Psora is the most common cause of the disease it comes under the aphorism 80 every individual has a basic psoric characters in him it is the most fundamental cause of the disease in which only functional changes will takes place later on when he gets attracted to the surroundings the miasma will change.^[11]

The etiology of this condition is not understood clearly. It is considered as a multifunctional disorder in which: environmental factors like smoking and alcohol consumption, psychosocial factors, poor dietary habits, stress are chief contributors. Homeopathy can be a holistic type of medicine during which a person is considered totality. A comprehensive case history has been taken, which considers the patient's unique way of manifesting the disease both physically and emotionally, both internally and emotionally as a response to the environment and the world of life. The most characteristic symptom is a holistic guide to finding the patient's specific homeopathic treatment. Although more research is needed to understand the efficacy of homeopathic remedies, measures commonly used in homeopathy for acute dyspepsia include Nux vomica for nausea and vomiting after an overuse of rich food and alcohol, Antimonium crudum for swelling and discomfort after eating more. Lycopodium clavatum is indicated for satiety, bloating, and heartburn directly after a meal. Lifestyle and changes in diet are also evitable for the management of functional dyspepsia. Patients are given standard advice including: exercising; Eat during a quiet environment; Chew the food thoroughly; Eliminate junk foods / drinks; Eating a diet with fresh fruits and vegetables; And replacing wheat-based bread with alternative grains such as bread. Anteriorly, patients state that a portion of papaya before meals (with pips if desired) improves digestion and acid reflux symptoms. "Swedish Bitters" is a particularly popular herbal home remedy for indigestion, and I often recommend this remedy.

MATERIAL AND METHODS

It was a "evaluation of concept of Hahnemannian psoric miasm & its approach in homoeopathic management of functional dyspepsia in the patients of age group 20-40yr" theoretical study of this topic was collected from Organon of medicine 6th edition, the genius of homoeopathy by Stuart close, study of miasm from the Hahnemann's theory of chronic disease, authentic internet sites, and previous homoeopathic research work related to this topic and homoeopathic materia medica (Allen keynotes, Boericke).

Patients related to functional dyspepsia disorders including of both sexes in the age group of 20 -40yrs group were taken in this study. Case taking was done according to the standard case taking Performa as per homeopathic principles.

Inclusion \ Exclusion-

Inclusion-

- 1) All the patients fulfilling case definition.
- 2) All the patients presenting with functional dyspepsia complains.
- 3) Patients of both sexes in the age group of 20-40yrs.
- 4) Patient who had provided the written consent form.

Exclusion-

- 1) All such cases complicated with other physical or mental illness.
- 2) All such cases which not match in inclusion criteria.
- 3) Patients was not taking medicine as per direction or not co-operated for follow up.
- 4) Patient was suffering from life threatening diseases.
- 5) Advance pathology of GIT like CA, Intestinal Obstruction, GIT polyp, malignancy, surgical cases, was not be included in studies.
- 6) Patients without written consent.

Selection Of Sample, Site And Duration Of Study:

- Site of study: the study was conducted at Bharati Vidyapeeth homeopathic hospital OPD, IPD and various rural and urban camps organized by the hospital.
- Duration of study- study was conducted for 18 months.
- Selection of sample: case as per definition were selected by the guide of department of Organon of medicine and homeopathic philosophy.

Data Collection:

- A standard Homeopathic case proforma.
- Questionnaire

Study Design:

It was non randomized clinical trial. Study was carried out Bharati Vidyapeeth (Deemed to be university) Homeopathic Hospital, hospital Katraj, pune 43. Collection of data was done thorough GIQLI (THE GASTROINTESTINAL QUALITY OF LIFE INDEX) and through case taking. Minimum 30 cases satisfying the case definition, inclusion and exclusion criteria were to be studied. Help of Guide, senior Homeopathic physician, physician from allied science Researchers, various journals/articles were studied altogether. The time duration was 18 months. Follow up was differ from patient to patient.

Allocation –Non Randomized

End point classification- Effectiveness.

Mode of intervention- Oral route

DOSE AND STRENGTH OF DRUG:

Drug was to be administered in various potencies (30, 200, 1M) on the basis of law of Homoeopathic Posology.

OUTCOME ASSESSMENT:

GIQLI QUESTIONNAIRE assessment-

Case taking was analyzed with reportorial for selection of Medicine.

It were to be done by calculating the scoring outcome of the patient from 1st visit and after the treatment of patient.

Statistical Techniques And Data Analysis:

Statistical analysis of the result was by using paired sample t-test. The graph and figure were to be provided with the help of Excel software (Version 13)

OBSERVATION AND RESULT:

Criteria To Measure Quality Of Life:

Domains	sympto ms	Emotion function	Physical function	Social function	Quality of life
Bad quality of life	>64	<17	<23	<17	<122
Somewhat bad quality of life	64-79	17-21	23-29	17-21	122-151
Good quality of life	79-94	21-25	29-35	21-25	151-180

Data Analysis And Interpretation

Demographic Characteristics Of The Patients

Table 1: Distribution Of The Patients According To Demographic Variables N=30 f: Frequency

Demographic variables	F	%	
Age	20-25 years	8	26.67%
	25-30 years	5	16.67%
	30-35 years	6	20.00%
	35-40 years	11	36.67%
Gender	Male	21	70%
	Female	9	30%

It depicts that 26.67% of the patients belongs to age class 20-25yrs, 16.67% belongs to age class 25-30yrs, 20% belongs to age class 30-35yrs and 36.67% belongs to age class 35-40yrs.

Table3: Distribution Of Patients According To Occupation

Occupation	f	%
Student	8	26.67%
Teacher	4	13.33%
Company employ	8	26.67%
Business	5	16.67%
Gov. job	2	6.67%
House wife	3	10.00%

Table No. 4: Distribution Of Patients According To Medicine Prescribed

Medicine list	f	%
Nux vomica	4	13.33%
Pulsatilla	6	20.00%
Petroleum	1	3.33%
Anacardium	1	3.33%
Sulphur	2	6.67%
Lycopodium	5	16.67%
carbo veg	1	3.33%
Phosphorus	2	6.67%
calcareo carb	3	10.00%
Antim crud	1	3.33%
China	1	3.33%
Sepia	2	6.67%
arsenic alb	1	3.33%

DISTRIBUTION OF PATIENTS ACCORDING FOUR DOMAINS OF GIQL TOOL AND GIQL TOTAL SCORE

Table5: Distribution Of Patients According To Symptoms Domain

Domain : Symptoms	Score	Baseline		Final Follow up	
		f	%	F	%
Bad QOL	>64	0	0.00%	0	0.00%
Somewhat bad QOL	64-79	14	46.67%	2	6.67%
Good QOL	79-94	16	53.33%	28	93.33%

Table reveals that regarding symptoms domain, at baseline 46.67% of the patients rated at somewhat bad QOL and remaining 53.33% rated as good QOL. After intervention only 6.67% of the patients rated as somewhat bad QOL and most 93.33% rated as good QOL.

We can see after intervention quality of life improving.

Table No.6: Descriptive Statistics Of Symptoms Score Before And After Treatment

Domain : Symptoms	Mean ± SD	T-value	p-value	Decision
Score before treatment	79.433± 3.137	10.41	0.000**	Reject H ₀
Score after treatment	88.900± 4.397			
Difference (After score – Before score)	9.467 ± 4.981	Difference is Highly Significant		

Test used: Paired t-test, **: Highly Significant Difference, T-value: Test Statistic value

Above table shows that before treatment symptoms score was 79.433± 3.137, after treatment symptoms score increased to 88.900± 4.397. To check the effectiveness of treatment paired t-test was used. Test statistic value is 10.41 and p-value (0.000) is very small, it suggests that we reject H₀ and accept H₁ that is, the remedy selected on the basis of Hahnemannian psoric miasm in functional dyspepsia complaints has effect on patient.

Table No.7: Distribution Of Patients According To Domain-Emotion Function

Domain : Emotion function	Score	Baseline		Final Follow up	
		f	%	f	%
Bad QOL	<17	25	83.33%	4	13.33%
Somewhat bad QOL	17-21	5	16.67%	18	60.00%
Good QOL	21-25	0	0.00%	8	26.67%

Table reveals that regarding emotional domain, at baseline 83.33 % of the patients rated at bad QOL and 16.67% somewhat bad QOL. After intervention only 13.33 % rated in bad QOL, 60.00% somewhat bad QOL, 26.67% in good QOL.

Table No.8: Descriptive Statistics Of Emotion Score Before And After Treatment

Domain: Emotion function	Mean ± SD	T-value	p-value	Decision
Score before treatment	13.067± 2.982	10.63	0.000**	Reject H ₀
Score after treatment	18.900± 3.356			
Difference (After score – Before score)	5.833± 3.007	Difference is Highly Significant		

Test Used: Paired T-test, **: Highly Significant Difference, T-value: Test Statistic Value

Above table shows that before treatment emotion score was 13.067± 2.982, after treatment emotion score increased to 18.900± 3.356. To check the effectiveness of treatment paired t-test was used. Test statistic value is 10.63 and p-value (0.000) is very small, it suggests that we reject H₀ and accept H₁ that is, the remedy selected on the basis of Hahnemannian psoric miasm in functional dyspepsia complaints has effect on patient.

Table No. 9: Distribution Of Patients According To Domain-Physical Function

Domain : Physical function	Score	Baseline		Final Follow up	
		F	%	f	%
Bad QOL	<23	18	60.00%	4	13.33%
Somewhat bad QOL	23-29	8	26.67%	0	0.00%
Good QOL	29-35	4	13.33%	26	86.67%

Table reveals that regarding symptoms domain, at baseline 60.00% of the patients rated at bad QOL, 26.67% somewhat bad QOL and remaining 13.33% rated as good QOL.

After intervention only 13.33% of the patients rated as somewhat bad QOL and most 86.67% rated as good QOL

Table No 10: Descriptive Statistics Of Physical Score Before And After Treatment

Domain: Physical function	Mean ± SD	T-value	p-value	Decision
Score before treatment	20.13± 7.25	7.66	0.000**	Reject H ₀
Score after treatment	30.70± 6.15			
Difference (After score – Before score)	10.57± 7.56	Difference is Highly Significant		

Test used: Paired t-test, **: Highly Significant Difference, T-value: Test Statistic value

Above table shows that before treatment physical score was 20.13± 7.25, after treatment physical score increased to 30.70± 6.15. To check the effectiveness of treatment paired t-test was used. Test statistic value is 7.66 and p-value (0.000) is very small, it suggests that we reject H₀ and accept H₁ that is, the remedy selected on the basis of Hahnemannian psoric

miasm in functional dyspepsia complaints has effect on patient.

Table.no 11: Distribution Of Patients According To Domain-Social Function

Domain : Social function	Score	Baseline		Final Follow up	
		F	%	F	%
Bad QOL	<17	28	93.33%	12	40.00%
Somewhat bad QOL	17-21	2	6.67%	18	60.00%
Good QOL	21-25	0	0.00%	0	0.00%

Table reveals that regarding symptoms domain, at baseline 93.33% of the patients rated at bad QOL, 6.67% in somewhat bad QOL and remaining 0.00% rated as good QOL. After intervention only 40.00% of the patients rated as somewhat bad QOL and most 60.00% rated as somewhat good QOL.

Table No. 12: Descriptive Statistics Of Social Score Before And After Treatment

Domain: Social Score	Mean ± SD	T-value	p-value	Decision
Score before treatment	9.333± 2.040	8.20	0.000**	Reject H ₀
Score after treatment	12.233x± 1.736			
Difference (After score – Before score)	2.900± 1.936	Difference is Highly Significant		

Test used: Paired t-test, **: Highly Significant Difference, T-value: Test Statistic value

Above table and graph shows that before treatment social score was 9.333± 2.040, after treatment social score increased to 12.233x± 1.736. To check the effectiveness of treatment paired t-test was used. Test statistic value is 8.20 and p-value (0.000) is very small, it suggests that we reject H₀ and accept H₁ that is, the remedy selected on the basis of Hahnemannian psoric miasm in functional dyspepsia complaints has effect on patient.

Table No.13: Distribution Of Patients According To GIQL-Total Score

GIQL-Total Score	Score	Baseline		Final Follow up	
		F	%	F	%
Bad QOL	<122	16	53.33%	3	10.00%
Somewhat bad QOL	122-151	14	46.67%	3	10.00%
Good QOL	151-180	0	0.00%	24	80.00%

Table reveals that regarding symptoms domain, at baseline 53.33% of the patients rated at bad QOL, 46.67 % in somewhat bad QOL and remaining 0.00% rated as good QOL. After intervention only 10.00% of the patients rated as bad QOL, 10.00% in somewhat bad QOL and most 80.00% rated as somewhat good QOL.

Table No. 14: Descriptive Statistics Of GIQL Total Score Before And After Treatment

Domain: GIQL Total	Mean ± SD	T-value	p-value	Decision
Score before treatment	121.97± 12.65	10.00	0.000**	Reject H ₀
Score after treatment	150.73± 14.50			
Difference (After score – Before score)	28.77± 15.76	Difference is Highly Significant		

Test used: Paired t-test, **: Highly Significant Difference, T-value: Test Statistic value

Above table and graph shows that before treatment total

GIQLI score was 121.97 ± 12.65 , after treatment total GIQLI score increased to 150.73 ± 14.50 . To check the effectiveness of treatment paired t-test was used. Test statistic value is 10.00 and p-value (0.000) is very small, it suggests that we reject H0 and accept H1 that is, and the remedy selected on the basis of Hahnemannian psoric miasm in functional dyspepsia complaints has effect on patient.

Table No 15: Distribution Of Patients According To Improvement In HRQOL

Post treatment outcome		Symptoms	Emotion function	Physical function	Social function	Quality of life
Not Considerable Improvement	f	3	2	2	3	3
	%	10.00%	6.67%	6.67%	10.00%	10.00%
Slight Improvement	f	2	2	4	9	4
	%	6.67%	6.67%	13.33%	30.00%	13.33%
Good Improvement	f	25	26	24	18	23
	%	83.33%	86.67%	80.00%	60.00%	76.67%

CONCLUSION

In the study of "EVALUATION OF CONCEPT OF HAHNEMANNIAN PSORIC MIASM & ITS APPROACH IN HOMOEOPATHIC MANAGEMENT OF FUNCTIONAL DYSPEPSIA IN THE PATIENTS OF AGE GROUP 20-40YEAR" the main aim was To evaluate the effect of psoric medicine in functional dyspepsia. The objective of this study was to minimize the frequency and intensity of symptoms in chronic condition and to improve the quality of life of patients. After extensive review of literature that involve the study of all the writing and clinical experiences of stalwarts from Hahnemann till dates it was found that the administration of psoric medicine for functional dyspepsia was effective in reducing the sign and symptoms and improving quality of life of patients. The results were analyzed statistically and were found to be significant. The study showed:

- The most commonly affected age group was 35-40years (36.67%) followed by age group of 20-25years (26.67%).
- The most commonly affected occupational group was of company employ (26.67%) followed by business man (16.67%).
- The most commonly indicated psoric medicine was pulsatilla (20.00%) followed by Lycopodium (16.67%) and calcarea carb (10.00%).
- The most common parameter to show maximum improvement was symptoms (93.33%), followed by physical parameter (86.67%), social parameter (60.00%), and emotional parameter (26.67%).

CONFLICT OF INTEREST:

The author have no conflict of interest among them in the whole research experimental study.

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