VOLUME - 15, ISSUE - 05, MAY - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Homeopathy

EFFICACY OF GRATIOLA OFFICINALIS IN ACUTE GASTRITIS A RARE AND EFFECTIVE HOMOEOPATHIC APPROACH

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ABSTRACT Acute gastritis is an inflammatory condition of the gastric mucosa characterized by symptoms such as epigastric pain, nausea, vomiting, belching, and gastric discomfort. This case report presents the management of acute gastritis in a 42-year-old female patient using an individualized homeopathic approach based on symptom totality. The patient reported burning epigastric pain with a sensation of heaviness, severe belching, nausea, vomiting aggravated after food and water intake, and a persistent bitter taste in the mouth. Gratiola officinalis was selected based on a detailed case evaluation. The patient showed marked improvement during follow up. This case indicates that individualized homeopathic treatment is effective in managing acute gastritis.

KEYWORDS : Acute Gastritis, Homoeopathy, Gratiola Officinalis.

INTRODUCTION

Gastritis is an important health issue that a considerable burden on societies in both developed and developing countries. This condition plays a key role in influencing individuals' health behaviours, as well as their socioeconomic status, lifestyles, living environments, and daily habits.[1]Acute Gastritis is an inflammation of the gastric mucosa that mainly involves the superficial layers of the stomach wall and infiltration of inflammatory cells, predominantly neutrophils. Chronic gastritis inflammation of the deeper layer and infiltration of more lymphocyte.[2]

The main cause of gastric problem consuming spicy food, junk or fatty food, high intake of aerated or cold drinks, alcohol, caffeine like tea, coffee, cigarette smoking etc. Additionally, excess use of aspirin and other non-steroidal anti-inflammatory drugs.[3]Acute gastritis is most caused by infections, particularly Helicobacter pylori. Other bacterial agents, including organisms such as Helicobacter heilmannii, can also lead to acute inflammation of the gastric mucosa. Rare forms, such as phlegmonous gastritis, may occur. In addition, acute gastritis can result from mycobacterial, syphilitic, viral, and parasitic infections, especially in immunocompromised individuals.[4]

Common symptoms of acute gastritis include abdominal discomfort or a burning pain in the epigastric region, nausea, vomiting, anorexia, indigestion, a feeling of fullness in the upper abdomen, and belching.[2]Gastritis is diagnosed based on the patient's personal and family medical history, along with a physical examination. To confirm the diagnosis, the following tests may be recommended: upper gastrointestinal endoscopy, complete blood count (CBC), and tissue biopsy.[5]

The Homoeopathic Approach

Homeopathy is based on the principle of similia similibus curentur, meaning "like cures like." The selection of medicine is based on individualization and the totality of symptoms. In homeopathy, gastritis is viewed not just as a local stomach disorder but as a disturbance of the vital force. The main aim of treatment is to restore this balance and enhance the body's natural healing ability. Remedies are selected based on symptom similarity, providing a holistic and individualized approach to treatment. In acute gastritis commonly use remedies like Nux vomica, Arsenicum Alb, Kali bichromicum, Ipeacacuanha, Carbo veg., Colocynth. etc. The following rare medicines are effective in the treatment of acute gastritis.

Gratiola Officinalis

Gratiola mainly acts on the gastro-intestinal system. It produces symptoms such as ineffectual attempts to eructate with pressure from the stomach to the throat, hiccough, regurgitation of bitter fluid, and constant nausea with retching. vomiting of bitter, acid, or bilious contents, sometimes with nasal blockage. feels fullness, heaviness, and pressure in the stomach, especially after eating, along with uneasiness, epigastric pain, and a sensation of a stone-like weight. These symptoms are frequently associated with nausea and are sometimes relieved by eructation.[6]

Bismuthum Subnitricum

Bismuth mainly acts on the alimentary canal, producing irritation and catarrhal inflammation. In the stomach, there is vomiting with convulsive gagging and pain. Water is vomited as soon as it reaches the stomach, and all fluids are often ejected. eructation after drinking, a burning sensation, and a feeling of heaviness or a load in the stomach. Will eat for several days and then vomit. Digestion is slow, with foul-smelling eructation. Gastric pain extends from the stomach to the back , and gastritis is commonly present. Cold drinks provide temporary relief, but vomiting occurs when the stomach becomes full.[7]

Magnesium Carbonicum

It is indicated in gastro-intestinal catarrh with marked acidity. It is often useful in complaints arising in individuals who have used remedies to "sweeten" the stomach.[7]a sensation of emptiness and constrictive pain, sometimes resembling ulcerative pain. Sour eructation, heartburn after eating cabbage, potatoes, greasy food, or milk, and frequent acid risings. Sour belching and vomiting of bitter or watery fluid. During pregnancy, eructation may have a rotten egg-like taste. Nausea and vertigo may occur during meals, followed by retching and vomiting of bitter or salty fluid. Vomiting of undigested milk.[8]

Lobelia Inflata

Lobelia inflata acts mainly on the stomach. It produces acidity, flatulence, and shortness of breath after eating. Heartburn with profuse salivation, along with extreme nausea and vomiting, including morning sickness. A feeling of faintness and weakness in the epigastric region. Despite profuse salivation, the appetite remains good.an aversion to the smell or taste of tobacco, and an acrid, burning taste in the mouth.[7]

Oxalic Acid

violent pain in the epigastrium, which is often relieved by the emission of flatus. Gastralgia and pyrosis, along with a

sensation of coldness below the epigastrium. Burning pain extend upward, and the area is extremely sensitive, with even slight touch causing severe pain. bitter and sour eructation, which are worse at night. In the abdominal region, pain in the upper abdomen and around the navel about two hours after eating, accompanied by marked flatulence.[7]

Case Study:
Patient information:
Name: XYZ
Age: 42 Year
Sex: Female
Date of visit: 19/12/2025

Chief Complaints
A 42-year-old female patient presented to the OPD with complaints of severe burning pain in the epigastric region, sensation of heaviness as if a stone in the epigastrium after eating, associated with severe belching, nausea, and frequent vomiting. The vomiting is aggravated after eating and drinking water. She also complains of a persistent bitter taste in the mouth.

History of Present Illness
The patient was apparently well 2 days ago, after which she developed a burning type of pain in the epigastric region. The pain is described as a sensation of heaviness, as if a stone is lying in the epigastrium after eating. It is associated with severe belching, persistent nausea, and repeated episodes of vomiting of bitter substance, aggravated after eating and drinking water. The symptoms are aggravated after taking spicy food. The pain is also worse on pressure over the epigastric region and when the stomach is empty. The patient further complains of a constant bitter taste in the mouth, along with loss of appetite, general weakness and a cold feeling in the abdomen.

Past History
Dengue 7 year before, which recover after allopathic treatment.

Family History
Mother – osteoarthritis.
Father - Hypertensive

Physical Generals
Appetite – Decreased.
Desire – spicy food
Aversion – Potato
Bowel - Regular
Urine - Normal Flow, clear urine
Sleep – Disturb due to pain.
Thermal – chilly patient
Tongue – coated White.

General Examination
Blood pressure – 110/80mm of hg
Pulse rate- 80/ min
Respiratory Rate – 18/ min
Temperature- Afebrile

Systemic Examination
Gastrointestinal system
Inspection- Normal
Palpitation – Epigastric Tenderness
Percussion – Tympanic
Auscultation – Bowel sound Present.
Other system – Normal

Investigations:
USG Abdomen
Abdomen and pelvic sonography revels normal finding. No evidence of organ enlargement, mass lesion, calculi or any abnormality detected.

Om Imaging Centre

[redacted]
F/42yrs
December 19, 2025

ABDOMEN & PELVIC SONOGRAM

Liver shows normal size and echogenicity. No mass lesion detected. Portal vein and porta hepatis show no abnormality. CBD and intrahepatic radicles show no dilatation.

Gall bladder is well distended and reveals no calculus or mass lesion. No pericholecystic fluid present.
Pancreas and spleen show normal size and echogenicity. No mass lesion detected.

Both kidneys show normal size and echogenicity Central and parenchymal echoes are normal.Both kidneys reveal no obvious hydronephrosis/ calculus.

No evidence of ascites or pleural effusion noted. No retroperitoneal lymphadenopathy.
Urinary bladder is full and normal.
Bowel loops appear normal. No bowel wall thickening seen. No mass or collection is seen in right iliac fosse.

Uterus is normal. Endometrial thickness measures 6mm. No mass lesion is seen.
Both ovaries are normal.

CONCLUSION : NORMAL SONOGRAM.

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Differential Diagnosis
Acute Gastritis
Gastroenteritis
Peptic Ulcer

Confirm Diagnosis
Acute Gastritis

Analysis and Evaluation of symptoms.
Table-1 Analysis & Evaluation of Symptoms

Symptoms	Analysis
Desire spicy food	Physical General (Uncommon)
Aversion Potato	Physical General (Uncommon)
Scanty perspiration	Physical General (Uncommon)
Sleep disturbed during pain	Physical General (Uncommon)
chilly patient	Physical General (Uncommon)
Burning pain in epigastric region	Physical Particular (Uncommon)
Epigastric pain as from a stone after eating.	Physical Particular (Uncommon)
Severe belching	Physical Particular (Uncommon)
Cold feeling in abdomen	Physical Particular (Uncommon)
vomiting of bitter substance	Physical Particular (Uncommon)
Vomiting aggravated after eating and drinking water	Physical Particular (common)
Constant bitter taste in mouth	Physical Particular (Uncommon)
Pain worse on pressure	Physical Particular (Uncommon)
Pain worse on empty stomach	Physical Particular (Uncommon)

Totality of Symptoms
Burning pain in epigastric region.
Epigastric pain as from a stone after eating.
Severe belching.
vomiting of bitter substance.

Constant bitter taste in mouth.
Vomiting aggravated after eating and drinking water.
Pain worse on pressure over epigastrium.
Pain worse on empty stomach.

Therapeutic Intervention

Treatment was individualized based on symptoms totality. Gratiola officinalis Medicine was selected therapeutic intervention after consulting homoeopathic Materia medica. It covers the prominent physical particular symptoms such as pain in the epigastric region, ineffectual efforts to eructate, a sensation of pressure extending from the stomach to the throat, regurgitation of bitter water, constant nausea, and vomiting of sour and bitter substances. There is marked pressure in the epigastrium after meals, as if a stone were lodged in the stomach. This remedy acts predominantly on the gastro-intestinal tract.

Selection of Potency

Potency is selected based on the susceptibility of the patient as well as the nature, intensity, stage, and duration of the disease (Aphorism 281). In this case, the patient shows mild to moderate susceptibility with an acute condition characterized by sudden onset within two days, marked gastric symptoms, and functional disturbance without structural pathology on USG (Aphorisms 3, 73). Therefore, a medium potency like 30C is selected (Aphorisms 275–276)

Prescription

1. GRATIOLA OFFICINALIS 30 4-0-4-4 FOR 2 DAYS.
   Empty stomach once a day for 2 days.
2. Placebo 4-4-4-4 For 2 Days.
   Empty stomach once a day for 2 days.

General Management

Maintain adequate fluid intake.
light diet with easily digestible food.
Avoid oily, spicy, fried foods along with caffeine and carbonated drinks.

Follow Up

Table 2 : Follow up

Date	Improvement	Plan of Treatment
22/12/2025	Eructation reduces. Nauseating feeling No episode of vomiting Heaviness in Abdomen. Abdominal pain reduces. Generalise weakness. ++ Appetite- improved, eat soft diet. Thirst – 6-7 glass/day Stool – passed, soft	SL 4-4-4-4 for 2 days.
25/12/2025	Eructation increased. Nauseating feeling Vomiting 1 episodes Heaviness in Abdomen. Abdominal pain. Generalise weakness. ++ Appetite- improved, 2 time /day Thirst – 6-7 glass/day Stool – passed, soft	GRATIOLA OFFICINALIS 200 4-0-0-0 For 2 days.
28/12/2025	No Eructation No Vomiting No Abdominal pain. Generalise weakness. + Appetite- 2 time /day Thirst – 7-9 glass/day Stool – passed, soft	SL 4-4-4-4 for 2 days.
31/12/2025	No new complaints. Weakness decreased. Appetite- 3-4 time / day. Stool- passed soft	SL 4-4-4-4 for 2 days.

CONCLUSION

This case highlights the importance of individualized homeopathic prescribing in acute gastritis based on the totality of symptoms. Gratiola officinalis use of reliving the gastric symptoms such as epigastric heaviness, burning pain and nausea and vomiting. The clinical improvement observed during follow up. The remedy was selected according to the principles of the Organon of Medicine and considering mild to moderate susceptibility with an acute condition, a medium potency of 30C was administered. This case studies and clinical observations may contribute to understanding of its therapeutic role in gastrointestinal conditions. In this case report, homeopathic medicine excellent result in treatment of acute gastritis.

REFERENCES

1. Khandelwal, V., Deshmukh, S., & K. Aurangabadi. (2024). Epidemiology and Associated Risk Factors of Gastritis in Patients at District General Hospital, Amravati. International Journal of Health Sciences and Research, 14(2), 93–100. https://ijhsr.org/IJHSR_Vol.14_Issue.2_Feb2024/IJHSR12.pdf
2. Sembulingam, K. (2019). Essentials of medical physiology (8th ed., p. 246). Jaypee Brothers Medical Publishers.
3. Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. P. (2018). Davidson's principles and practice of medicine (23rd ed., p. 798). Elsevier.
4. Loscalzo, J., Fauci, A. S., Kasper, D. L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (2022). Harrison's principles of internal medicine (21st ed., p. 2456). McGraw Hill.
5. Saleem, A. A., Rasheed, A., Ansari, T. A., Ansari, S. T., & Ahmad, R. (2025, March 5). Gastritis: Etiology, pathophysiology, diagnosis, and management. International Journal of Science, Engineering and Technology, 13(1), 1–14. https://www.researchgate.net/publication/389562588_Gastritis_Etiology_Pathophysiology_Diagnosis_and_ManagementPDF
6. Clarke, J. H. (2018). A dictionary of practical materia medica (Vol. 1, pp. 847–849). B. Jain Publishers.
7. Boericke, W. (2016). Pocket manual of homeopathic materia medica & repertory (p. 122–123). B. Jain Publishers.
8. Murphy, R. (2021). Lotus materia medica (3rd rev. ed., p. 1211). B. Jain Publishers Pvt. Ltd.