



HOMOEOPATHIC MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE WITH LYCOPODIUM CLAVATUM: A CASE REPORT

Mansi Lekhwani ¹, Praveen Jaiswal ²

¹MD scholar, Department of Practice of Medicine, Govt. Homoeopathic Medical College and Hospital, Bhopal, Madhya Pradesh, India.

²Professor and HOD, Department of Practice of Medicine, Govt. Homoeopathic Medical College and Hospital, Bhopal, Madhya Pradesh, India.

ARTICLE INFO:

Article History:

Received On: 02/04/2026

Accepted On: 09/04/2026

Published On: 11/04/2026

eISSN No: 3048-6270

DOI:

<https://doi.org/10.59939/3048-6270.2026.v4.i2.2>

Website:

<https://www.homoeopathicchronicles.com/archives/volume-iv-issue-ii>

Keywords: GERD,
Homoeopathy, GerdQ,
Holistic treatment,
Lycopodium.

ABSTRACT: Gastroesophageal reflux disease (GERD) is a common upper Gastrointestinal disorder. It is a condition due to the retrograde flow of the stomach content into the oesophagus, leading to troublesome symptoms and potential complications. The most common symptoms of gastroesophageal reflux disease include heartburn and regurgitation. It is a condition with varied triggers and varying presentation, aligning it to the principles of homoeopathy, where individualised treatment can yield good results. This is a case of GERD managed with Lycopodium. The improvement was assessed with the help of the GerdQ tool. This case shows the role of homoeopathic medicines in managing gastroesophageal reflux disease.

INTRODUCTION

Gastroesophageal reflux disease is a chronic disorder of the upper gastrointestinal tract. It is among the most common upper GI disorders. Montreal consensus defines GERD as “a condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications”.¹ GERD is coded in ICD-11 under code DA22, with further classification as DA22.0 and DA22.1 into two types as Non erosive reflux disease and reflux esophagitis.²



The prevalence of the condition is increasing in developing countries, which is linked to the changing lifestyle and dietary patterns.³ Risk factors for GERD include obesity, stress, improper sleeping patterns, pregnancy, dietary habits, including non-vegetarian food intake, citrus food, consumption of alcohol, and smoking.⁴ Classic symptoms of GERD include heartburn and regurgitation. Other symptoms include atypical chest pain, waterbrash, dysphagia, globus sensation. Extraesophageal manifestations can also be presented which include sore throat, dental caries, hoarseness, chronic cough related to eating, aspiration pneumonia.⁵ Symptoms often occurs after meals and can be triggered by stooping. History taking is a crucial step in understanding the disease and its related risk factors for proper management. There is no single gold standard for the diagnosis of the GERD.

According to the ACG guidelines, the diagnosis of GERD is primarily based on clinical symptoms like heartburn and regurgitation in cases without any alarming symptoms, or with the empirical Proton pump Inhibitor Trial.⁶ The use of invasive procedures is limited to selected cases. Various questionnaires are also available, which aid in the diagnosis of the condition. Although the condition is not a life-threatening disease by itself, it can lead to complications like upper GI bleeding, stricture, and Barrett's esophagus. Since the condition has various risk factors and varying presentations, management strategies need to be tailored according to the needs of the patient. This suggests the potential advantages of homoeopathic management, which is based on the holistic approach, emphasising the whole person and selection of medicine based on the individuality of the patient.

PATIENT INFORMATION

Demographic information

A 31-year-old male patient residing in Bhopal who is currently employed in a private job. He is married and lives with his wife, kids and father.

A detailed case taking was done, and the patient was prescribed a homoeopathic medicine based on the totality of the symptoms.

Chief complaints

Patient presented with burning in the retrosternal region since 5-6 months. The patient also complained of regurgitation of food with a sour taste in the mouth occurring on and off since 5-6 months. There is no accompanied nausea and vomiting seen. Heartburn and regurgitation was occasional initially with increase in the frequency of episodes since 3-4 months. Symptoms



are worse mostly in evening. He had taken allopathic medicines for the symptoms and got temporary relief from it with recurrence of symptoms. The patient also complained of joint pain for 3 years, which had increased over time.

Medical, Family, and Psychological History

The patient has been a known case of Diabetes Mellitus since 2022 which was an incidental finding and had been on anti-diabetic medication since then. No other chronic illness is reported. Patient's family history reveals that his father and brother have diabetes mellitus, while his mother is deceased. The patient was closely attached to his mother, who passed away three years ago. He exhibit a mild and timid disposition. with the presentation of acid reflux patient also include the comorbidities of arthritic symptoms.

RELEVANT PAST INTERVENTION AND OUTCOME

Before seeking homoeopathic treatment, patient had taken allopathic medicines from the nearby pharmacy store. This medication provided only temporary symptomatic relief; however, the symptoms recurred after a short period, indicating that the underlying condition remained as it is. This led the patient to explore homoeopathic management for a holistic outcome.

CLINICAL FINDINGS

Physical Examination and Observations

The general condition of the patient was found to be stable and patient was examined in a sitting posture with normal decubitus., weight of the patient was 60 kgs and a height of 158cm, with a BMI of 24. The vitals were within normal limits with pulse of 76 beats per minute, Blood pressure of 110/70 mm hg, respiratory rate of 15 breathe per min. no abnormalities were found on the clinical examination of oral cavity and abdomen.

Clinical history

Selection of homoeopathic medicines was based on the pathological symptoms, physical generals, and mental generals.

Physical Generals: Physical examination revealed the patient to be stout with mild temperament. The patient's appetite and thirst were good. Bowels were irregular with soft stools. There was no noted difficulty in voiding urine. Patient desires for spicy food and smokes 2-3 cigarettes per day. Patient consumes alcohol 2-3 times per week. Dietary patterns include a non-vegetarian diet with regular meal timings. Sleep is disturbed sometimes due to regurgitation. He



was identified to be thermally chilly.

Mental generals: Patient had a normal childhood with no major illnesses. The milestones were achieved appropriately for the age. He had been an average student with a lack of confidence since childhood. Patient faced a major emotional stress when he lost his mother 3 years back. Most of his complaints started after this incidence with pain in various joints, and incidental finding of diabetes mellitus. Patient is timid with lack of confidence. Patients often make mistake while speaking with immediate correction of the words. Patient also fears of death.

Miasmatic Background: The dominant miasm was found to be sycosis.

TIMELINE

CLINICAL PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
Heartburn	Heartburn occurred 4-5 times in a week initially.	Heartburn frequency reduced to 1 day in prior week
Regurgitation	Regurgitation episodes were 2-3 in the last week.	Regurgitation occurred once in prior week with minimal suffering.

Table 1: Transformation before and after treatment

DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was primarily established through a detailed clinical history, physical examination and scoring through a symptom scale. Clinical evaluation was done based on the GerdQ score. Oral hygiene of the patient was noted to look for the other manifestations of GERD. Oral hygiene was found to be fair, with no dental caries or congestion. On abdominal examination no abnormalities were detected. The abdomen was soft and non-tender on palpation, with no guarding or rigidity. Bowel sounds were present. This indicates an essentially normal abdominal clinical finding.

GerdQ=14 (At baseline)

The patient was diagnosed with Gastroesophageal reflux disease based on the GerdQ score which was above 8.



Symptom (last week)	0 day	1 day	2-3 days	4-7 days
How often did you have a burning sensation behind your breastbone	0	1	2	<u>3</u>
How often did you have stomach contents moving upwards to your throat or mouth	0	1	<u>2</u>	3
How often did you have a pain in the center of the upper stomach	<u>3</u>	2	1	0
How often did you have nausea	<u>3</u>	2	1	0
How often did you have difficulty getting a good night sleep because of your heartburn and/ or regurgitation	0	1	<u>2</u>	3
How often did you take additional medication for your heartburn/ regurgitation other than what the physician told you to take.	0	<u>1</u>	2	3

Table 2: GerdQ score at baseline

DIAGNOSTIC CHALLENGES

The primary diagnostic challenge in this case was the reserved nature of the patient, which made it difficult to uncover the proper history of the patient and his emotional state. This presented a challenge in gathering information regarding psychological information that could be a trigger in conditions like GERD. Furthermore, the symptoms of the condition are found in many other upper gastrointestinal disorders posing a difficulty in differentiating it to the other diagnoses of the upper GI tract.

DIAGNOSTIC REASONING

GERD is mentioned in the ICD-11 Coding under DA22.0. The diagnostic reasoning followed a repertorial and miasmatic approach. While conventional diagnoses focuses on the



pathological symptoms, the homoeopathic analysis considered the psychological state of the patient that could have triggered the disease development. Repertorial result pointed towards nux vomica, phosphoric acid, lycopodium, and calcarean carbonica. Lycopodium clavatum was the primary medicine that was selected based on the symptom similarity according to the materia medica.

PROGNOSTIC CHARACTERISTICS

The prognosis of the condition was considered to be favourable due to early presentation of the condition and no extraesophageal or alarming manifestations. The prognosis also improved with the favourable response of the patient to the prescribed homoeopathic medicine which was based on the totality of the symptoms.

THERAPEUTIC INTERVENTION

Totality

According to Dr. J.T.Kent

Mental Generals-

- Ailments from death of loved ones
- Lack of confidence
- Fear of death
- Makes mistakes while speaking

Physical Generals-

- Desires for spicy food
- Sleeplessness

Particulars-

- Heartburn
- Regurgitation.
- Pain in joints after exertion

REPERTORIAL ANALYSIS

Choice of repertory- SYNTHESIS REPERTORY

Process- Total addition process

- MIND, Confidence want of self
- MIND, Ailments from, death of loved ones

- MIND Fear, death of
- MIND, Mistakes, making, speaking, in
- STOMACH, Heartburn.
- STOMACH, Eructations, type of, food
- EXTREMITIES, pain Joints, exertion, agg
- SLEEP, disturbed.
- GENERALS, Food and drinks, spices desire

REPERTORIAL RESULT

1 MIND - AILMENTS FROM - death of loved ones	✕	8 SLEEP - DISTURBED	✕
2 MIND - CONFIDENCE - want of self-confidence	✕	GENERALS	
3 MIND - FEAR - death, of	✕	9 GENERALS - FOOD and DRINKS	✕
4 MIND - MISTAKES; making - speaking, in	✕	desire	
STOMACH		Remedies	ΣSym ΣDeg Symptoms
5 STOMACH - ERUCTATIONS; TYPE food	✕	nux-v.	8 16 1, 2, 3, 4, 5, 6, 8, 9
6 STOMACH - HEARTBURN	✕	lyc.	8 15 1, 2, 3, 4, 5, 6, 8, 9
EXTREMITIES		ph-ac.	8 15 1, 2, 3, 4, 5, 6, 8, 9
7 EXTREMITIES - PAIN - Joints - exertion, agg.	✕	calc.	8 14 1, 2, 3, 4, 5, 6, 7, 8
SLEEP		nat-m.	8 14 1, 2, 3, 4, 5, 6, 8, 9
		sulph.	8 14 1, 2, 3, 4, 5, 6, 8, 9
		vanil.	8 13 1, 2, 3, 4, 5, 6, 8, 9

Figure 1: Repertorial result

TYPES OF INTERVENTION

The intervention was combination of pharmacological utilizing individualized homoeopathic medicine and lifestyle modification. This approach was selected to provide maximum benefit with aim of removing the triggering factors and maintaining causes. Lifestyle advice includes Elevating head with two pillows while sleeping, eating small meal portions at a time and avoid large meals, Moderate physical exercise, Stop smoking, and alcohol intake.



TYPES OF HOMOEOPATHIC INTERVENTION

The treatment was an individualised homoeopathic treatment. Single homoeopathic medicine was prescribed based on the totality of symptoms, including mental and physical generals, and pathological state.

Medication details

Primary medicine: LYCOPODIUM

Potency and scale: 200 in Centesimal scale

Galenic form: medication was provided in standard homoeopathic globules for oral administration

Administration of intervention: treatment was commenced on 21/07/2025. Follow up was taken regularly with minimum of 2 months.

Changes in Intervention

No change of medicine or potency was done during the course of treatment. A repetition of the same medicine and potency was done once in October 2025.

FOLLOW UP AND OUTCOMES

DATE	PROGRE SS	PRESCRIPTION
21/07/25	Baseline- heartburn occurring 4-5 times a week, regurgitation occurred 2-3 times last week. Joint pain mainly in knee, which aggravates on exertion.	Rx Lycopodium Clavatum 200 stat.
31/07/2026	Joint pain shows marked improvement. Heartburn better in severity, but frequency show no change. Regurgitation occurred once in these days.	Rx Sac Lac 200 4 pills BD for 15 days.



August 2025	Joint pain occurs sometimes on excess exertion. Heartburn occurred once last week. No episode of regurgitation seen.	Rx Rubrum 30 4 pills BD for 15 days
October 2025	Heartburn occurred once last week followed by regurgitation of food. The episode occurred during night waking patient from the sleep. GerdQ Score= 9	Rx Lycopodium 200 stat. Sac Lac 30 4 pills BD for 15 days

Table 3: Follow-up and outcomes

GERDQ SCORE AFTER TREATMENT = 9

Symptom (last week)	0 day	1 day	2-3 days	4-7 days
How often did you have a burning sensation behind your breastbone	0	<u>1</u>	2	3
How often did you have stomach contents moving upwards to your throat or mouth	0	<u>1</u>	2	3
How often did you have a pain in the center of the upper stomach	<u>3</u>	2	1	0
How often did you have nausea	<u>3</u>	2	1	0
How often did you have difficulty getting a good night sleep because of your heartburn and/ or regurgitation	0	<u>1</u>	2	3



How often did you take additional medication for your heartburn/regurgitation other than what the physician told you to take.	<u>0</u>	1	2	3
---	----------	---	---	---

Table 4: GerdQ score after treatment

DISCUSSION

The primary strength of this case management is the integrative and holistic approach. By combining the individualized homoeopathic medicine with lifestyle modification the treatment addresses the maintaining causes that could hamper the treatment of gastroesophageal reflux disease. The 3-month follow-up period provide strong evidence for the treatment of the condition.

Limitation of this study is that it is a single case report, therefore, these findings could not be generalized to all cases. Further clinical research is needed to establish evidence.

GERD is a chronic condition resulting in troublesome symptoms and manifestations. The condition can be developed due to various risk factors and therefore needs a tailored approach according to the need of the patient. There is mention of many homoeopathic medicines that have proven to be effective in upper GI diseases. A study published by Dr Nidhi Dave on “Role of Homeopathy in Management of GERD” shows the outstanding role of Homoeopathic medicines if selected based on the symptom similarity, with marked improvement seen in 76% of the patients.⁹ This study aligns with the present case which illustrates the effective use of these principles in the management of GERD in a demanding clinical setting along with emphasis on the lifestyle modifications further contributing to the effective management of GERD.

The conclusion that the treatment was successful is supported by a direct correlation between the administration of Lycopodium and the decrease in symptom severity and frequency seen through GerdQ score. The assessment of possible causes identified that GERD is not a physical disease but an expression of internal grief and needs an integrated approach tailored according to the need of the patient.



CONCLUSION

This case demonstrates the effectiveness of a holistic, individualized homoeopathic approach in managing gastrointestinal disorders and validates the role of integrated approach in the management of chronic cases. It serves as a small evidence showing the significant role of homoeopathy. Further researches are needed to support this concept.

CONFLICT OF INTEREST

None

FINANCIAL SUPPORT

None

INFORMED CONSENT

The patient voluntarily agreed to use his demographic information, clinical history, with strict confidentiality and anonymity.

REFERENCES

1. Vakil N, Van Zanten S V., Kahrilas P, Dent J, Jones R, Bianchi LK, et al. The Montreal definition and classification of gastroesophageal reflux disease: A global evidence-based consensus. Vol. 101, American Journal of Gastroenterology. 2006.
2. World Health Organization (WHO). International Classification of Diseases, Eleventh Revision (ICD-11). 2022;
3. Nirwan JS, Hasan SS, Babar ZUD, Conway BR, Ghori MU. Global Prevalence and Risk Factors of Gastro-oesophageal Reflux Disease (GORD): Systematic Review with Meta-analysis. Sci Rep. 2020 Apr 2;10(1):5814.
4. Rai S, Kulkarni A, Ghoshal UC. Prevalence and risk factors for gastroesophageal reflux disease the Indian population: A meta-analysis and meta-regression study. Indian Journal of Gastroenterology. 2021 Apr 6;40(2):209–19.
5. Feldman M, Friedman LS, Brandt LJ. Sleisenger and Fordtran's gastrointestinal and liver diseases . 11th ed. Feldman M, Friedman LS, Brandt LJ, editors. Elsevier Health Sciences 2020;
6. Katz PO, Dunbar KB, Schnoll-Sussman FH, Greer KB, Yadlapati R, Spechler SJ. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. American Journal of Gastroenterology. 2022 Jan;117(1):27–56.
7. JONES R, JUNGHARD O, DENT J, VAKIL N, HALLING K, WERNERSSON B, et al.



Development of the GerdQ, a tool for the diagnosis and management of gastro-oesophageal reflux disease in primary care. Aliment Pharmacol Ther. 2009 Nov 20;30(10):1030–8.

8. Schroyens F. Synthesis Repertorium Homeopathicum Syntheticum . 9.1. B. Jain Publishers; 2021.
9. Dave N. Role of Homeopathy in Management of GERD. International Journal of Trend in Scientific Research and Development. 2021 Dec;6(1):1327–36.

***Address for Correspondence:**

Mansi Lekhwani, M.D Scholar,
Department of Practice of
Medicine, Govt. Homoeopathic
Medical College and Hospital,
Bhopal, Madhya Pradesh, India,
Email:

mansilekhwani1996@gmail.com

This article is Open Accessible
and licensed under a [Creative
Commons Attribution-
NonCommercial 4.0
International License](#). You are
welcome to use this work non-
commercially as long as author
is credited by citing the work.



How to cite this Article: Lekhwani M, Jaiswal P. Homoeopathic Management Of Gastroesophageal Reflux Disease With Lycopodium Clavatum: A Case Report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy. 2026 Apr 13;4(2):13–23.