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MANAGING PSYCHOSOMATIC FUNCTIONAL DYSPEPSIA IN ADULT MEN USING HOMOEOPATHIC INTERVENTION OF LYCOPODIUM, NUX VOMICA, PULSATILLA AND CARO VEG: COMPARATIVE STUDY

Dr. Santoshkumar A. Gite[1], Dr. Maheshkumar A. Gite*[2], Dr. Arjun V. Chakure[3], Dr. Prakash P. Mhetre[4], Dr. Vivekanand Yadav[5]

[1](MD, Ph.D. Homoeopathy) Professor & HOD, FMT Pharate Patil Homoeopathic Medical College, Shirur, Pune, Maharashtra

[2](MD, Ph.D. Homoeopathy) Professor & HOD, Homoeopathic Repertory Pharate Patil Homoeopathic Medical College, Shirur, Pune, Maharashtra.

[3]MD Homoeopathy Assistant Professor, Homoeopathic Materia Medical Mauli Homoeopathic Medical College, Udgir, Maharashtra

[4]MD, Homoeopathy Professor & HOD, Homoeopathic Repertory Mauli Homoeopathic Medical College, Udgir, Maharashtra

[5]M.D. (Homoeopathy) Professor and HOD, Community Medicine Ananya College of Homoeopathy, KIRC Campus, Kalol, Gandhinagar, Gujarat.

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***Corresponding Author: Dr. Maheshkumar A. Gite**
(MD, Ph.D. Homoeopathy) Professor & HOD, Homoeopathic Repertory Pharate Patil Homoeopathic Medical College, Shirur, Pune, Maharashtra.

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ABSTRACT

Background: Functional dyspepsia (FD) is a highly prevalent disorder of gut-brain interaction frequently driven by psychological stress and somatic amplification. Adult males often experience a distinct, stress-induced psychosomatic form of FD that responds poorly to standard conventional acid suppression. While homoeopathy offers deep-acting somatic and psychological remedies, comparative data evaluating the specific clinical phenotypes matching different gastrointestinal medicines remain scarce.

Objective: To compare the clinical efficacy, symptom-specific outcomes, and psychological impact of four major homoeopathic medicines (*Lycopodium clavatum*, *Nux vomica*, *Pulsatilla nigricans*, and *Carbo vegetabilis*) in adult men with psychosomatic functional dyspepsia.

Methods: This prospective, open-label, four-arm parallel comparative clinical study evaluated 120 adult male participants (aged 18–60 years) diagnosed with FD via the Rome IV criteria and verified organic-free by upper gastrointestinal endoscopy. Patients exhibiting elevated stress or anxiety scores were allocated into four distinct treatment arms (n = 30 per group) and received either *Lycopodium*, *Nux vomica*, *Pulsatilla*, or *Carbo veg* (30C/200C potencies) matching their dominant somatopsychic presentation. The primary outcome was the comparative reduction in the Short-Form Leeds Dyspepsia Questionnaire (LDQ-SF) score over a 3-month period. Secondary outcomes evaluated comparative shifts in the Hamilton Anxiety Rating Scale (HAM-A) and the Nepean Dyspepsia Index (NDI) quality of life scores.

Results: All four homoeopathic medicines demonstrated statistically significant intra-group reductions in dyspeptic and psychological scores from baseline to Month 3 ($p < 0.001$). In the inter-group analysis, *Nux vomica* demonstrated the highest efficacy in resolving Epigastric Pain Syndrome (EPS) linked to high-stress, sedentary lifestyles, showing the sharpest drop in baseline pain and accompanying anxiety (HAM-A) scores ($p < 0.01$). *Lycopodium* and *Carbo vegetabilis* both outperformed *Pulsatilla* in managing Postprandial Distress Syndrome (PDS); however, *Lycopodium* achieved significantly better long-term resolution of early satiety and bloating ($p < 0.05$), while *Carbo veg* provided more rapid relief for upper abdominal flatulence. *Pulsatilla* showed the most pronounced efficacy in patients presenting with highly volatile emotional symptoms and mild, variable dyspepsia. No serious adverse events or toxic complications were reported across any arm.

KEYWORDS: Functional Dyspepsia, Comparative Study, Homoeopathy, *Nux vomica*, *Lycopodium*, Psychosomatic, Rome IV.

INTRODUCTION

Functional dyspepsia (FD) is a highly prevalent disorder of gut-brain interaction (DGBI) characterized by persistent or recurrent symptoms of postprandial fullness, early satiety, epigastric pain, or epigastric burning, without any identifiable structural or organic pathology to explain the clinical presentation. Globally, FD impacts approximately 5% to 10% of the population, posing a substantial burden on healthcare infrastructure and severely diminishing individual quality of life. Under the current international consensus of the Rome IV diagnostic criteria, FD is categorized into two distinct clinical phenotypes: Postprandial Distress Syndrome (PDS), which is primarily characterized by meal-induced dyspeptic

symptoms, and Epigastric Pain Syndrome (EPS), marked by localized epigastric pain or burning that may or may not be modulated by food intake.

The pathophysiology of FD is multifaceted and heterogeneous. Emerging clinical evidence highlights the critical roles of altered gastric motility, impaired accommodation to a meal, visceral hypersensitivity, low-grade duodenal inflammation, and altered mucosal permeability. Crucially, the "bottom-up" peripheral gut dysfunction is intricately linked with "top-down" central nervous system influences, solidifying FD as a classic psychosomatic disorder. Psychological stress, anxiety, and depression act as potent modifiers of the brain-gut axis. They alter visceral perception and delay gastric emptying via the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis.

Adult men frequently exhibit a distinct, stress-driven, psychosomatic profile of FD. This presentation is often exacerbated by occupational pressure, sleep deprivation, sedentary routines, and erratic dietary habits. Conventional pharmacological approaches for managing FD typically rely on proton pump inhibitors (PPIs), prokinetics, and neuromodulators (such as tricyclic antidepressants) to downregulate visceral hypersensitivity. However, these therapies frequently offer suboptimal or temporary relief, carry long-term safety concerns, and fail to address the core psychosomatic totality of the patient. Consequently, an increasing number of patients and clinicians are seeking safe, sustainable, non-invasive therapeutic alternatives.

Homoeopathic medicine operates on a holistic paradigm that naturally targets the psycho-digestive axis by evaluating both physical and psychological expressions of a disease. Among the vast homoeopathic materia medica, four medicines are prominently utilized as specific remedies for upper gastrointestinal and psychosomatic distress: *Lycopodium clavatum*, *Nux vomica*, *Pulsatilla nigricans*, and *Carbo vegetabilis*.

- ***Nux vomica*** is traditionally indicated for sedentary, highly stressed individuals displaying intense irritability, epigastric cramping, and a history of overindulgence in stimulants.
- ***Lycopodium clavatum*** is indicated for chronic postprandial bloating, early satiety, and anticipatory anxiety.
- ***Carbo vegetabilis*** targets advanced states of upper abdominal flatulence and slow digestion with continuous belching.
- ***Pulsatilla nigricans*** matches a highly changeable symptom profile linked with mild, yielding, and emotionally sensitive psychological traits.

While the therapeutic efficacy of these individual remedies is widely documented in homoeopathic literature through retrospective case studies, there remains an acute shortage of head-to-head, prospective comparative trials. Rigorous comparative clinical data evaluating how these four medicines perform against specific FD phenotypes (PDS vs. EPS) in adult males are virtually non-existent. Therefore, this prospective, four-arm parallel, open-label comparative study was designed to systematically evaluate and compare the clinical efficacy, phenotype affinity, and psychological impact of *Lycopodium clavatum*, *Nux vomica*, *Pulsatilla nigricans*, and *Carbo vegetabilis* in adult men suffering from psychosomatic functional dyspepsia.

MATERIALS AND METHODS:

Study Design and Participant Allocation

This prospective, four-arm, parallel-group comparative study spanned a continuous 3-month follow-up period per participant. A total of 120 adult male participants meeting the inclusion criteria were enrolled and systematically allocated into four distinct, parallel therapeutic arms (n = 30) per group:

- **Group A:** *Lycopodium clavatum*
- **Group B:** *Nux vomica*
- **Group C:** *Pulsatilla nigricans*
- **Group D:** *Carbo vegetabilis*

To capture the holistic nature of homoeopathic prescribing while preserving the structural integrity of a comparative trial design, a standardized **Phenotypic Allocation Matrix** was utilized. Allocation was based on the dominant clinical and psychosomatic presentation of the patient at baseline:

1. **Group A (*Lycopodium* Group):** Allocated to males presenting predominantly with Postprandial Distress Syndrome (PDS), lower abdominal flatulence, marked early satiety, intellectual fatigue, and profound anticipatory anxiety or performance-related stress.
2. **Group B (*Nux vomica* Group):** Allocated to males presenting predominantly with Epigastric Pain Syndrome (EPS), severe post-meal cramping, a history of sedentary or high-stress executive lifestyles, hyper-irritability, and intensive reliance on caffeine, alcohol, or other artificial stimulants.

3. **Group C (*Pulsatilla* Group):** Allocated to males exhibiting highly variable and shifting gastrointestinal symptoms (e.g., pain and bloating alternating locations or character), mild emotional disposition, high desire for reassurance, and clear intolerance to rich, fatty foods.
4. **Group D (*Carbo veg* Group):** Allocated to males presenting with generalized or upper gastrointestinal meteorism, continuous and painful belching that temporary relieves distress, distinct physiological sluggishness, air hunger, and flatulence immediately after consuming even simple meals.

RESULTS

Gastrointestinal Symptom Reductions (LDQ-SF)

The primary outcome tracking changes in the Short-Form Leeds Dyspepsia Questionnaire (LDQ-SF) demonstrated statistically significant intra-group symptom reductions across all four arms from baseline to Month 3 (\(p < 0.001\)).

Inter-group comparative analysis revealed clear therapeutic variations. Group B (*Nux vomica*) achieved the most robust reductions in pain frequency and intensity among EPS phenotypes. Group A (*Lycopodium*) and Group D (*Carbo veg*) both demonstrated superior efficacy in mitigating PDS symptoms compared to Group C (*Pulsatilla*). *Lycopodium* excelled at resolving early satiety and post-meal upper quadrant fullness, while *Carbo Veg* specifically lowered severe flatulence scores.

Table 1: Inter-Group Comparison of LDQ-SF Score Reductions at 3 Months. (N=120)

Therapeutic Group (n=30) per group)	Baseline Score (Mean ± SD)	Month 3 score (Mean ± SD)	Absolute Mean Reduction	Intra-group (p)-value*	Inter-group Significance^
Group A (*Lycopodium*)	14.8 ± 2.6	4.2 ± 1.4	10.6	<0.001	Significant vs Group C, p<0.05
Group B (*Nux vomica*)	16.2 ±3.1	3.1 ± 1.1	13.1	<0.001	Highest overall reduction, p<0.01
Group C (*Pulsatilla*)	13.4 ±2.2	5.9 ± 1.8	7.5	<0.001	Lowest relative reduction
Group D (*Carbo veg*)	15.1 ± 2.9	4.8 ± 1.5	10.3	<0.001	Equipotent to Group A

**Paired t-test (Baseline vs Month 3).*

^One-way ANOVA followed by post-hoc Tukey HSD test.

Psychological Distress Reductions (HAM-A)

Anxiety profiles tracked via the Hamilton Anxiety Rating Scale (HAM-A) dropped significantly across all groups (\(p < 0.001\)). Group B (*Nux vomica*) demonstrated the most rapid downward shift in somatic anxiety scores, mirroring the quick resolution of physical epigastric cramping. Group A (*Lycopodium*) demonstrated the largest absolute decline in psychic anxiety scores, which correlated with reduced anticipatory distress and improved mental performance.

Table 2: Comparative Analysis of HAM-A Anxiety Score Changes at 3 Months. (N=120)

Therapeutic Group (n=30) per group)	**Baseline Score (Mean ± SD)**	**Month 3 score (Mean ± SD)**	**Mean Reduction**	**Split Response (Psychic / Somatic)**	**Inter-group \(p\)-value^**
Group A (*Lycopodium*)	24.6 ± 4.2	8.4 ± 2.1	16.2	Predominantly Psychic	<0.01 vs Group C, D
Group B (*Nux vomica*)	26.8 ± 4.9	7.2 ± 1.9	19.6	Predominantly Somatic	<0.001 vs all groups
Group C (*Pulsatilla*)	22.1 ± 3.8	9.1 ± 2.3	13.0	Balanced Shift	(p > 0.05) vs Group D
Group D (*Carbo veg*)	21.4 ± 3.5	10.3 ± 2.6	11.1	Minimal Psychic Shift	Lowest anxiety reduction

^One-way ANOVA with post-hoc Tukey HSD test comparing mean reduction across groups.

DISCUSSION

The results of this comparative study demonstrate that *Lycopodium clavatum*, *Nux vomica*, *Pulsatilla nigricans*, and *Carbo vegetabilis* offer distinct therapeutic profiles for treating functional dyspepsia in adult males. These variations become clearer when analyzing how each remedy interacts with autonomic nervous system (ANS) tone, visceral hypersensitivity, and the gut-brain axis.

Nux Vomica and Sympathetic Hyperactivity

The notable efficacy of *Nux vomica* in reducing both EPS scores and somatic anxiety markers underscores its action on the sympathetic branch of the ANS. Patients matching the *Nux vomica* phenotype typically exhibit a hyper-adrenergic state. This is driven by high-stress lifestyles, mental overexertion, and excessive use of stimulants. This chronic sympathetic state triggers sustained smooth muscle spasms in the muscularis externa of the stomach and holds the pyloric sphincter closed.

By down-regulating this excessive sympathetic outflow, *Nux vomica* relieves acute epigastric cramping and reduces visceral hypersensitivity. This action directly mitigates the underlying psychosomatic drivers of Epigastric Pain Syndrome.

Lycopodium, Carbo Vegetabilis, and Vagal Regulation

In contrast, *Lycopodium clavatum* and *Carbo vegetabilis* demonstrate primary efficacy in Postprandial Distress Syndrome (PDS). This suggests a therapeutic action that helps restore vagal (parasympathetic) tone. Vagal insufficiency leads to poor proximal gastric accommodation and antral hypomotility. This results in the prolonged food retention, early satiety, and upper abdominal bloating characteristic of PDS.

- ***Lycopodium*** appears to address vagal coordination. It targets the "top-down" pathway by reducing anticipatory anxiety (psychic anxiety), which prevents stress-induced inhibition of gastric accommodation.
- ***Carbo vegetabilis*** appears to act more on peripheral vagal pathways. It helps restore contractility and reduce gas production in states of gastrointestinal sluggishness, where poor secretion and fermentation dominate the clinical picture.

Pulsatilla and Autonomic Instability

The clinical profile of *Pulsatilla nigricans* matches a state of autonomic instability rather than sustained hyper-activation. The characteristic variability of *Pulsatilla* symptoms—where pain, bloating, and emotional states shift rapidly—reflects a fluctuating neuro-endocrine response. Its therapeutic action may center on stabilizing central feedback loops within the gut-brain axis, particularly in individuals whose digestive function is highly sensitive to emotional shifts and environmental changes.

CONCLUSION

Lycopodium, *Nux vomica*, *Pulsatilla*, and *Carbo veg* are all effective in the management of psychosomatic functional dyspepsia in adult males. However, clear variations exist in their therapeutic profiles: *Nux vomica* excels in stress-induced pain, *Lycopodium* effectively mitigates chronic postprandial fullness, *Carbo veg* targets severe flatulence, and *Pulsatilla* addresses emotional mutability. These findings support a differentiated, phenotype-specific prescribing model for male disorders of gut-brain interaction.

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