

CASE REPORT

Naturopathic Approach to Functional Dyspepsia: A Case Report

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Abstract

Functional dyspepsia is a common presenting concern that includes symptoms such as gastrointestinal reflux, postprandial bloating, and abdominal pain. Aside from mainstay conventional therapies such as proton pump inhibitors and antacid tablets that seek to manage symptoms, naturopathic therapies can similarly offer symptom relief and simultaneously address factors underlying functional digestive disturbances. In this case, a 25-year-old female and first year graduate student presented with abdominal bloating, epigastric pain, flatulence, eructations, reflux, and straining with stool. Onset of symptoms occurred after her transition to graduate school, which resulted in a more stressful and rigorous workload, time-pressured eating habits, and a dearth of whole food consumption. Physical exam findings were unremarkable except for moderate epigastric pain, hyperactive bowel sounds, and a geographic tongue. While she met all the Rome IV criteria for functional dyspepsia, clinical findings did

not warrant referral for endoscopy to rule out structural/organic causes of disease. As a result, therapeutic interventions consisted of an elimination diet and the use of apple cider vinegar and L-glutamine powder, in addition to a compounded homeopathic formula containing UNDA #4 and *Nux vomica*. Within 1 week, the patient reported significant improvement in presenting concerns, and within 1 month had denied the presence of every presenting symptom except for straining with stool. This case demonstrates that a naturopathic approach to functional dyspepsia can offer significant symptom relief as soon as 1 week after treatment, and that an effective treatment plan can be offered to patients in 1 visit lasting no longer than 60 minutes. Furthermore, compliant patients can experience a significant improvement in overall gastrointestinal function as early as 1 month after treatment initiation.

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Introduction

A 25-year-old female presented to an outpatient naturopathic clinic with a chief complaint of abdominal bloating for 1 year. Concomitant symptoms included epigastric pain, eructations, flatulence, reflux, and straining with stool. Presenting symptomatology was consistent with both functional dyspepsia (FD) and gastroesophageal reflux disease (GERD). There was no imaging of the upper gastrointestinal (GI) system to rule out structural/organic causes of disease.

Functional dyspepsia is a common affliction of the GI system that can co-present with organic causes such as GERD. More often, however, FD presents without an

organic cause.¹ Broadly, both diseases, though they create uncomfortable or distressing symptoms, are manageable for affected patients because they exist in the absence of true pathology, eg, peptic ulcer, hence why they are considered functional. A true diagnosis of FD requires an evaluation of the upper GI tract and biliary tree to rule out other organic causes such as *H Pylori*, cholecystitis, or malignancy. However, clinical signs and symptoms are often adequate to formulate a suitable treatment plan without the need for additional laboratory testing or imaging, particularly in an outpatient naturopathic setting, as demonstrated in this case report.

Problematically, standard therapies for the management of FD and GERD are not intended to address underlying disease etiology, particularly when extensive workup reveals no organic etiology. Antacid tablets, proton pump inhibitors (PPIs), and antibiotic therapies comprise the mainstay therapies for management of FD and GERD, but typically provide only temporary relief or are ineffective. Patients whose symptoms do not respond well to these therapies often become frustrated, with