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Restoring digestive harmony: A scientific prespective on integrative homeopathic and holistic management of post bariatric dumping syndrome

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Abstract

Dumping syndrome (DS) is a well-documented post-surgical complication of upper gastrointestinal surgeries, particularly gastric and bariatric procedures. It is characterized by rapid gastric emptying, leading to early and late dumping symptoms, including gastrointestinal distress, vasomotor instability, and hypoglycaemia. Prevalence rates for dumping syndrome after obesity surgery vary between 20 and 40%. Standard treatments focus on dietary adjustments and pharmacological interventions such as somatostatin analogs, α -glucosidase inhibitors, and GLP1 receptor agonists. However, complementary therapies, including Homoeopathy, have been explored as adjunctive strategies. This paper reviews the pathophysiology, clinical features, and standard management of DS while evaluating the role of Homoeopathic remedies in symptom modulation.

Keywords: Dumping syndrome, post-bariatric surgery, gastric surgery

Introductions

Dumping syndrome, also known as rapid gastric emptying, is a condition in which food, particularly high-sugar foods, moves too quickly from the stomach into the small intestine after eating and an abnormal release of gut hormones, leading to a combination of gastrointestinal, cardiovascular, and metabolic symptoms. Obesity is a preventable global health issue, affecting more than 1.9 billion adults in 2016. In the last decade, bariatric surgery has gained increasing popularity with 833,687 procedures registered across 61 countries in 2019, making dumping a hot topic in daily practice. Whether dumping is merely an undesired complication of bariatric surgery, or rather a facilitating factor in achieving sustained weight loss, is subject of ongoing debate. This condition commonly follows surgeries such as gastrectomy, vagotomy, esophagectomy, or bariatric procedures and significantly impacts nutrient absorption and glycaemic control.

While dietary modifications and pharmacotherapy remain the cornerstone of DS management, Homoeopathy has been explored as a non-invasive adjunctive therapy. Homoeopathic remedies derived from plant and mineral sources may aid in stabilizing gut function, modulating vagal activity, and improving postprandial symptoms.

This paper examines the scientific basis of DS, its conventional management strategies, and the potential role of Homoeopathic remedies in alleviating DS symptoms.

Pathophysiology of Dumping Syndrome

Dumping syndrome occurs due to postsurgical alterations in gastric anatomy and physiology, leading to uncontrolled gastric emptying. It is classified into:

1. Early Dumping Syndrome (0-60 minutes postprandial)

- **Mechanism:** Hyperosmolar gastric contents rapidly enter the small intestine, drawing fluid from the intravascular space into the lumen.
- **Symptoms:** Abdominal cramping, bloating, nausea, diarrhoea, tachycardia, hypotension, dizziness, and flushing.
- **Hormonal Involvement:** Increased release of vasoactive intestinal peptide (VIP), serotonin, neurotensin, and insulin contributes to symptoms.

2. Late Dumping Syndrome (1-3 hours postprandial)

- **Mechanism:** A rapid spike in blood glucose triggers excessive insulin release, leading to reactive hypoglycaemia.
- **Symptoms:** Weakness, confusion, hunger, irritability, sweating, tremors, palpitations, and syncope.
- **Hormonal Involvement:** Excessive secretion of glucagonlike peptide1 (GLP1) and glucose dependent insulinotropic polypeptide (GIP) leads to hypoglycaemic symptoms.

Dumping syndrome occurs in 20-50% of post-gastrointestinal surgery patients, with bariatric procedures such as Rouxen-Y gastric bypass (RYGB) carrying the highest risk.

Diagnostic Tests

Several tests help confirm the diagnosis:

- Glucose Tolerance Test (Provocation Test)
 - Patient drinks 50-75g glucose solution.
 - Blood glucose, haematocrit, heart rate, and blood pressure are measured over 3 hours.
- **Positive test**
 - 1. Early Dumping: Heart rate increase >10 bpm, haematocrit increase >3% at 30 minutes
 - 2. Late Dumping: Blood glucose drop <50 mg/dL (2.8 mmol/L) after 90-180 minutes
- **Radiologic Studies**
 - Barium swallow with contrast: Shows rapid gastric emptying and increased bowel motility.

▪ **Differential Diagnosis**

- Exclude other conditions like insulinoma, neuroendocrine tumours, Crohn’s disease, and pancreatic insufficiency.

Management

Conventional Treatment Approaches

1. Dietary Modifications

- Frequent, small meals with high protein and fibre content.
- Avoidance of simple sugars, which exacerbate osmotic shifts and hypoglycaemia.
- Delayed liquid intake to prevent rapid gastric emptying.

2. Pharmacotherapy

- **Acarbose (α -glucosidase inhibitor):** Delays carbohydrate absorption, reducing postprandial glycaemic fluctuations.
- **Somatostatin analogs (e.g., Octreotide, Pasireotide):** Inhibit gut hormone secretion and slow gastric emptying.
- **GLP1 receptor antagonists (e.g., Exendin939):** Reduce excessive insulin release and hypoglycaemia.

3. Surgical Interventions

Pyloric reconstruction procedures (e.g., Braun anastomosis) may be considered in severe, refractory cases.

Despite advancements in medical and surgical management, some patients experience persistent symptoms, prompting interest in alternative therapies such as Homoeopathy.

Homoeopathic Remedies Relevant to Dumping Syndrome
Several Homoeopathic remedies have been suggested for managing postprandial disturbances, vagal imbalance, and metabolic fluctuations in DS patients:

Remedy	Indications in Dumping Syndrome
Argentum Nitricum	Anxiety related rapid gastric emptying, bloating, and nausea
Nux Vomica	Postsurgical gut dysmotility, indigestion, and spasms
Iris Versicolor	Indicated for excessive acidity, burning in the stomach, and diarrhoea soon after eating. Best suited when symptoms are accompanied by nausea and headache.
Lycopodium	Bloating, early satiety, and carbohydrate intolerance
Phosphorus	Postprandial dizziness, weakness, and hypoglycaemia like symptoms
Carbo Vegetabilis	Abdominal distension, flatulence, and circulatory disturbances
China Officinalis	Bloating, diarrhoea, and weakness after meals due to fluid loss.

Challenges and Future Research Directions

a. Scientific Limitations of Homoeopathy

- Lack of randomized controlled trials (RCTs) evaluating Homoeopathy for DS.
- Mechanistic uncertainty regarding how ultra diluted substances exert biological effects.

b. Potential Areas for Future Study

- Metabolomic and gut microbiome studies to explore Homoeopathy's effects on postsurgical gut physiology.
- Comparative studies between Homoeopathy and conventional pharmacotherapy.
- Evaluation of patient reported outcomes in integrative DS management.

Conclusion

Dumping syndrome is a complex postsurgical complication, with significant impacts on quality of life. While dietary modifications and pharmacological agents remain first line

treatments, some patients explore Homoeopathy as a complementary option. The proposed benefits of Homoeopathy include neuromodulation, gut motility regulation, and metabolic stabilization. Future clinical trials and mechanistic studies are needed to establish precise role of Homoeopathy in DS management.

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