

Guest Editorial



Dr. V. G. Mohan Prasad
MD, DM (GASTRO), FRCP(E), FASGE, FICP, FSGEI
Chairman, VGM Hospital, Coimbatore

Newer Vistas in the Management of Functional Dyspepsia...!

The word Dyspepsia originating from two Greek words, “dys”(bad) and “peptos” (digested) denotes indigestion. In a dyspeptic patient, if no organic cause could be found on routine investigations including ultrasonography and endoscopy, then it is called “functional”.

The Rome Committee on functional disorders classified it into 2 subtypes EPS and PDS. EPS denotes Epigastric Pain syndrome (EPS) which is similar to Moynihan's Disease with classic hunger pain, but without duodenal ulcer on endoscopy. The Post-Prandial Distress Syndrome (PDS) is one with fullness after food and early satiety.

The majority of our dyspeptic patients do not have identifiable pathologies on testing. Many physicians would refer them for psychiatric counselling or prescribe PPIs. They fail to realise that there are other tests which can be of avail in solving the puzzle. One such is the “Urea Breath test” which detects H.pylori in the gastric mucosa. Eradication of H.pylori can reduce the gas formation.

Lactose breath test can detect lactose intolerance due to intestinal brush border disaccharidase deficiency. Avoiding lactose products or adding lactase can relieve the gas bloat. In people with constipation and bloating methane breathe test becomes positive if there is infection by Methanobrevibacter smithii and rifaximin course can get rid off the problem.

Yet another milestone is ElectroGastrography. Eventhough invented 101 years ago, it has become user friendly only since the past 5 years because of incorporation of artificial intelligence to interpret data. Patients who have post-prandial distress, bloat or nausea may suffer from gastroparesis, especially so in long-standing poorly controlled diabetes or post-COVID situation or with active H.pylori infection, which can be treated. Gastric functional outflow obstruction can be identified and treated endoscopically. If fundic accommodation is the issue, acotiamide can help overcome the problem.

To conclude, in dyspeptics without recognizable causes, we should remember that there are newer vistas of investigative modalities which can bring a smile of gratitude!

Prof. Dr. V. G. Mohan Prasad
MD, DM, (GASTRO) , FASGE, FRCP(E), FICP, FSGEI,
HOD. Gastroenterology, VGM Hospital, Coimbatore.
Advisory member National Board of Examinations,
Past National President Indian Society of Gastroenterology & Endoscopy Society.