KEY POINTS

- Digestive illness is widespread.
- Diagnostic and therapeutic frustrations abound, pushing patients to seek answers from Eastern systems of medicine.¹

DIAGNOSTIC FRUSTRATIONS

Despite advances in medicine, less than a quarter of patients with dyspeptic symptoms can be documented to have peptic ulcer disease and gastroparesis. Similarly, the lower gastrointestinal problems may not consistently yield a precise diagnosis.

Most of the patients have normal results upon routine investigation and get labeled with such waste basket diagnoses as dyspepsia, gastritis, spastic colon, irritable bowel syndrome (IBS), etc. We are usually unable to offer a precise diagnosis—much less an effective, reliable treatment plan—to such patients. Despite the lack of diagnosis in many of the patients, they are treated with not only drugs like proton pump inhibitors, but even perhaps antidepressants, despite conflicting evidence of clinical efficacy.

Almost half of the patients complaining of heartburn and diagnosed with gastroesophageal reflux disease (GERD) have normal endoscopy, esophageal motility, and esophageal pH profile but still