

Treatment of Rumination Syndrome with Constitutional Homeopathy in a 6-Year-Old Child: A Case Report



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ABSTRACT

Introduction: Rumination syndrome, characterized by repeated regurgitation of ingested food, is an underdiagnosed condition with no consensus on treatment. Homeopathic management has not been suggested or reported. This case report details successful treatment using constitutional homeopathy.

Case Description: A 6-year-old Caribbean-Canadian female experienced food regurgitation after most meals for 8 months triggered by emotional stress. Symptoms persisted despite previous treatments, including lansoprazole, digestive enzymes, probiotics, gluten and dairy elimination, and abdominal castor oil application. Abdominal ultrasound and endoscopy showed no abnormalities. A constitutional homeopathic intake suggested a mental-emotional component, leading to the prescription of Phosphorus 200CH at one pellet once a day for 3 days. Initial dosing reduced regurgitation frequency, with significant improvement after re-dosing at one pellet twice a day for 5 days. Anxiety and stress-provoking events retriggered regurgitation episodes, but re-dosing Phosphorus at one pellet twice a day for 5 days significantly reduced regurgitation.

Conclusion: Constitutional homeopathy significantly reduced regurgitation frequency in a 6-year-old with rumination syndrome triggered by anxiety and stress. This case suggests that mental-emotional factors may underlie rumination syndrome and supports the potential efficacy of constitutional homeopathy. Future studies should explore these processes and assess homeopathy's efficacy through small trials.

Key Words Vomiting, regurgitation, pediatrics, functional gastrointestinal disorders, pediatric gastroenterology, phosphorus

INTRODUCTION

Rumination syndrome (RS) is characterized by repeated regurgitation of ingested food or fluid during or soon after eating, followed by either re-swallowing or expelling.¹ Most commonly, regurgitation occurs 10 to 15 minutes after a meal, but it can occur and last up to 2 hours afterwards.² In a recent systematic review and meta-analysis, the pooled prevalence of RS in children of all ages was 0.4–2.1%.³

A 2018 expert review and clinical practice update for the diagnosis and treatment of RS recommends clinicians diagnose the condition primarily based on the Rome IV criteria after an appropriate medical work-up.² According to the criteria, RS in children and adolescents is classified as a functional gastrointestinal disorder and diagnosed if all of the following are present for at least 2 months:

1. Repeated regurgitation and rechewing or expulsion of food that begins soon after ingestion of a meal and does not occur during sleep.
2. Not preceded by retching.

3. After appropriate evaluation, the symptoms cannot be fully explained by another medical condition. An eating disorder must be ruled out.⁴

Patients with RS may also present with halitosis, dental erosions, frequent caries, or weight loss.² Gastrointestinal symptoms of nausea, heartburn, abdominal discomfort or pain, bloating, diarrhea, or belching are uncommonly seen, yet the presence of these symptoms does not rule out a diagnosis.²

The pathophysiology of RS involves the reversal of the normal pressure gradient between the esophagus and stomach, with increased intragastric pressure exceeding lower esophageal sphincter (LES) pressure, allowing gastric contents to flow upward.⁵ This pressure increase, often due to involuntary contractions of abdominal muscles combined with LES relaxation, leads to regurgitation.⁵ The exact trigger for this behaviour is unclear, but it may develop unconsciously in response to upper gastrointestinal discomfort.⁵

Due to a lack of awareness of this condition, children often consult multiple practitioners and undergo repeated and unnecessary testing.² This often delays diagnosis, which, unfortunately, is associated with a lower likelihood of symptom resolution after

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treatment.⁶ However, awareness of the condition appears to be improving. In a 2003 study, the average length of time between symptom onset and diagnosis in children was 2.2 years compared with a median of 1 year in a more recent 2024 study.^{6,7}

An objective test that can confirm the diagnosis of RS is postprandial high-resolution impedance or esophageal manometry (HRIM/HREM).^{2,5,8} This test measures gastric and LES pressures for 30 minutes after a meal is consumed.⁵ Postprandial HRIM/HREM characteristically shows increased gastric pressure, decreased LES pressure, and bolus movement into the esophagus in patients with RS.⁵ Although this test is not necessary to make a diagnosis,² However, limitations of HRIM/HREM are a lack of standardized protocols for testing as well as some children not being able to tolerate the test due to discomfort.^{2,9}

The current recommendation for first-line treatment that is the most effective is postprandial diaphragmatic breathing, which lowers intragastric pressure and increases pressure in the LES, stopping the retrograde movement of stomach contents.^{1,2,5,10} Biofeedback or cognitive behavioural therapy in conjunction with diaphragmatic breathing may result in further improvements.^{5,11} For refractory patients, the addition of the pharmaceutical baclofen, which increases postprandial LES pressure, is recommended.^{2,5,10} Other therapies that have been studied but are currently not recommended as treatment options are the antipsychotic medication levosulpiride,¹² low-dose tricyclic antidepressants,¹³ psychotherapy,¹² chewing gum,^{14,15} fundoplication surgery,^{5,16} and subtotal gastrectomy surgery.¹⁷

Further research is needed to explore other treatment options, particularly in children. Homeopathic management of RS has not previously been suggested or reported. Homeopathy is an inexpensive and safe complementary and alternative medicine therapy that is particularly effective in children. This case report details the successful management of RS using constitutional homeopathy in a 6-year-old female. Informed consent was obtained from the patient's mother to publish the details of the case.

CASE DESCRIPTION

Presenting Concern

ES is a 6-year-old Caribbean-Canadian female who has experienced food regurgitation after every meal for the past 8 months. Symptoms began in December 2019 as regurgitation after dinner only but increased in frequency to after every meal by January 2020. Regurgitation occurred primarily within 1 hour of finishing a meal but occasionally occurred before the completion of a meal and occurred regardless of the type of food consumed. The vomitus was watery with pieces of food, which was expelled or occasionally re-swallowed. Abdominal pain that lasted a few minutes occurred after regurgitation episodes. No weight loss or personality changes were noted.

ES separately trialed a digestive enzyme supplement before meals and a probiotic supplement once daily. The former decreased regurgitation frequency slightly, but no changes were noted with the latter. She was prescribed lansoprazole 15 mg daily by her

family physician, which she began in June 2020. A decrease in regurgitation frequency was noted; however, episodes continued to occur daily. At the time of the initial appointment, ES continued to take lansoprazole daily.

Psychosocial History

ES is an only child and lives with both parents, with whom she has very close relationships. She is very social, loves interacting with other children, and prefers the company of her friends to being alone. She is artistic and loves to sing, draw, and write in cursive. Her mother described her as sensitive and feeling all emotions strongly.

In December 2019, ES was told she would be held back in the Casa Montessori program because her reading skills were not at an appropriate level to graduate. She was switched to a new class in January 2020, which she described as difficult because she did not have any friends in the new class and was often playing alone. In March 2020, ES began online education at home due to the COVID-19 lockdown, which was a difficult transition for her, and regurgitation episodes increased in frequency. In July 2020, she began a homeschooling program at a neighbouring house with other children her age. Over time, she came to really enjoy this environment, made new friendships, and bonded with the teacher. Her parents decided not to return her to the Montessori program, and ES continued with the homeschooling program into 2021.

Physical Examination

No abnormalities were noted on abdominal physical exam. She was bright, cheerful, talkative, and engaging in the visit.

Past Medical History

ES had a dairy sensitivity approximately 1 to 2 years prior, experiencing increased nasal and pharyngeal mucus after consumption, but no longer experiences any reactions. She uses salbutamol and fluticasone puffers together approximately twice a year for lingering cough post upper respiratory tract infections. She has no prior history of gastrointestinal symptoms, major illnesses, hospitalizations, or other diagnoses.

Diagnostic Assessment

Abdominal ultrasound and endoscopy showed no abnormal findings. Differential diagnoses that were considered and ruled out were cyclical vomiting syndrome, food allergy/sensitivity, gastroesophageal reflux disease, eosinophilic esophagitis, achalasia, gastroparesis, gastroenteritis or other infections, bowel obstruction, volvulus, and intussusception. A working diagnosis of RS was suggested as all conditions of the Rome IV criteria were met.

Therapeutic Intervention

ES was first prescribed abdominal castor oil application nightly before bed and a trial of dairy and gluten elimination. Castor oil was chosen to aid in decreasing suspected inflammation in the gastrointestinal tract, and dairy and gluten elimination was chosen due to suspected food sensitivities.

Constitutional homeopathy was then proposed due to the suspicion that ES's symptoms were largely due to mental-emotional factors. A constitutional homeopathic intake was taken, and the following key symptoms were used to select a remedy:

- Open, sociable, and impressionable personality
- Desire for company
- Artistic
- Sympathetic and empathetic
- Fear of the dark
- Desire for cold drinks and salty food
- Restless sleep
- Epistaxis
- Hot body temperature
- Vomiting in children

The single homeopathic remedy Phosphorus was selected after consulting three resources: (1) *The Homeopathic Treatment of Children: Pediatric Constitutional Types*, by Dr. Paul Herscu, ND;¹⁸ (2) *Homeopathic Clinical Repertory*, 3rd edition, by Dr. Robin Murphy, ND;¹⁹ and (3) Complete Dynamics homeopathy software.²⁰ Three resources were used because repertorization was done by a fourth-year naturopathic student who was becoming familiar with different homeopathy resources. The key symptoms, noted above, were used with all three resources.

The posology chosen was one 200CH pellet once a day for 3 days, and ES was instructed to place the pellet under her tongue and allow it to dissolve. The remedy strength of 200CH was selected due to the intensity and chronic nature of symptoms. The restricted diet was maintained when Phosphorus was initiated, but the castor oil abdominal application was discontinued. To re-dose Phosphorus, the posology was increased to one 200CH pellet

twice a day for 5 days. A second re-dosing was prescribed at the latter posology.

Follow-up and Outcomes

A timeline detailing treatment outcomes is presented in Table 1.

Prior to starting naturopathic recommendations, lansoprazole was discontinued. Nightly abdominal castor oil application with dairy and gluten elimination resulted in only a slight decrease in regurgitation frequency over 3 weeks.

Phosphorus resulted in a decrease in regurgitation frequency over 1 week. Parents also noted a positive change in ES's personality/disposition. To evaluate whether regurgitation frequency could be further reduced, Phosphorus was re-dosed at a stronger posology. Re-dosing resulted in further decreases in regurgitation frequency, with only one regurgitation episode occurring over 2 weeks. Parents also noticed great improvements in ES's academics, social interactions, and enthusiasm for learning.

ES experienced an increase in regurgitation frequency in October and November 2020, totalling 20 episodes, likely due to stress and anxiety surrounding various medical appointments. Phosphorus was re-dosed, which resulted in only three regurgitation episodes in the following 7 1/2 weeks.

At the last appointment in January 2021, parents stated that they believed Phosphorus was the only treatment that has worked for ES in decreasing regurgitation frequency.

2024 Update

As of October 2024, ES is 11 years old and has recovered from RS. While it took a few months after her final appointment in January 2021 for the regurgitation episodes to subside completely, they eventually resolved. Phosphorus was not re-dosed after her final appointment. Since then, ES has experienced occasional

TABLE 1 Timeline of Appointments, Prescribed Treatments, and Outcomes

Date	Type of visit	Purpose of Visit	Prescribed Treatment	Treatment Outcome ^a
Aug 14, 2020	Video telemedicine	Initial intake	Abdominal application of castor oil nightly before bed.	Slight decrease in vomitus volume.
Aug 21, 2020	In-office	Constitutional homeopathic intake and physical examination	Continue with nightly abdominal application of castor oil. Dairy- and gluten-free diet. Parents chose to discontinue lansoprazole at this time.	Slight decrease in regurgitation frequency Aug 21–Sept 11. Two consecutive days where no regurgitation occurred after dinner.
Sept 11, 2020	Video telemedicine	Follow-up	Phosphorus 200CH: 1 pellet QD for 3 days, administered Sept 11–13. Continue with dairy- and gluten-free diet.	Decrease in regurgitation frequency Sept 11–18. Positive change in personality/disposition.
Sept 18, 2020	Video telemedicine	Follow-up	Phosphorus 200CH: 1 pellet BID for 5 days, administered Sept 18–22. Continue with dairy- and gluten-free diet.	One regurgitation episode Sept 18–Oct 2. Improvements in academics, social interactions, and enthusiasm for learning.
Oct 2, 2020	Video telemedicine	Follow-up	Gluten reintroduction.	Twenty regurgitation episodes Oct 2–Nov 29.
Nov 30, 2020	Email correspondence		Phosphorus 200CH: 1 pellet BID for 5 days, administered Dec 3–7.	Decrease in regurgitation frequency Dec 3–7. Three regurgitation episodes Dec 8–Jan 29.
Dec 11, 2020	Phone telemedicine	Follow-up	Re-dosing recommendation: 1 pellet Phosphorus 200CH before a stressful event.	
Jan 29, 2021	Video telemedicine	Follow-up	None	

^a Evaluated at a subsequent appointment
BID=twice a day; QD=once a day.

instances of vomiting, but none as severe as during her experience with RS. ES's mother cannot recall if these occasional instances of vomiting were triggered by anything. In May 2024, ES's father passed away due to an ongoing health condition, which has been a challenging time for her. Despite this, she is doing well overall, and her regurgitation episodes have not returned since his passing.

DISCUSSION

Anxiety and stress surrounding ES being held back in school and starting a new class likely was the trigger for her RS. The return of regurgitation episodes following a variety of anxiety and stress-provoking medical appointments confirmed this trigger. A decrease in regurgitation frequency was noted after initial Phosphorus dosing, but a greater and significant decrease resulted after re-dosing the remedy at a longer and more frequent posology than the initial prescription. The longer and more frequent dosing of Phosphorus also significantly reduced regurgitation frequency after ES experienced a return of regurgitation episodes following the anxiety- and stress-provoking medical appointments.

Although the pathophysiology of RS involves increased intra-gastric pressure and relaxation of the LES, the etiology is still not well understood.⁵ This case report provides evidence that mental-emotional processes may be underlying factors in the etiology of RS. It also provides evidence that mental health can affect physical health, and that mental-emotional processes may be factors to consider in other physiological conditions. Future studies should explore mental-emotional factors in patients diagnosed with RS as a potential cause of regurgitation episodes.

The successful use of constitutional homeopathy in the management of RS in ES provides evidence for a potential new treatment option for this condition. Homeopathy is a safe and cost-effective naturopathic modality that is particularly useful when there is a strong mental-emotional component in a patient's case. The reason for this is that psychological symptoms are regarded as the most important symptoms in correctly selecting a homeopathic remedy for a particular case.²¹ Homeopathy is an energetic medicine that aids in shifting the imbalanced energy in a diseased state to a balanced energy state.²² The selection of the correct homeopathic remedy that matches a patient's totality of symptoms is particularly important as it will show the greatest energetic efficacy.²² Phosphorus was correctly selected as ES's constitutional remedy, and it had the profound effect of bringing her back into a state of balanced energy. Of particular interest, her parents noted a change in her personality/disposition and stated that she acted "more like herself" after taking the remedy, an observation that supports the understanding of the mechanisms of homeopathic medicine.

CONCLUSION

This case highlights the potential link between anxiety, stress, and the onset of regurgitation episodes in children diagnosed with RS.

The successful management of RS using the homeopathic remedy Phosphorus suggests that homeopathy may be a safe, cost-effective treatment option, especially when mental-emotional factors are present. The value of selecting a homeopathic remedy based on a patient's totality of symptoms is also demonstrated. Additional studies should explore the relationship between emotional stressors and RS and the role of homeopathy in the management of this condition.

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CONFLICTS OF INTEREST DISCLOSURE

We have read and understood the *CAND Journal's* policy on conflicts of interest and declare that we have none.

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