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Treatment of celiac disease permanently with single medicine

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Abstract

A case of celiac disease is well taken with all the information regarding patient like personal information, family history, past history of any complaints and worked out according to the principles of Law of Similia, took many symptoms regarding celiac disease as well other than celiac disease like physical complaints and mental complaints which may or may not be related to celiac disease so selected all the symptoms present in body. Then comes the follow up which is full of fluctuation of symptoms as well as reports regarding celiac disease i.e TTG-IgA and which is overall a different and essential task and the result fundamentally depends upon the unadulterated prescription. Further to processed the need for Repertory felt, so according to the case selected Kent Repertory because of much and more prominent physical symptoms. Now with the help of Repertorisation, symptoms have been converted to rubrics. Then most similar medicine has been selected. Lycopodium is selected, which covers maximum symptoms and marks. The well selected medicine Lycopodium 30 had great role in the eradication of disease. The aim of this article is to show the efficacy of Homoeopathic medicine in celiac disease although each and every cases of celiac is different from every case of celiac disease.

Keywords: Celiac disease, repertory, lycopodium, homoeopathy

Introduction

In Celiac disease (CD) is a life-long autoimmune disorder characterized by an immunologically mediated enteropathy induced by the dietary gluten, which improves with the exclusion of the toxic protein from diet. The disorder affects genetically susceptible individuals carrying the human leukocyte antigen (HLA) class II DQ2 and/or DQ8^[1].

Celiac disease (CD) is associated with genetic characteristics and gluten exposure. In recent studies in which genetic markers were used, small intestinal histologic changes, serum immune reactivity and clinical features show that there are subjects with some but not all of its characteristics, posing a difficult question of how to de-fine the disease^[2].

CD is associated with HLA molecules DQ2 (90%–95%) and DQ8 (5%–10%), and in the continued presence of gluten the disease is self-perpetuating. CD is one of the most common lifelong disorders worldwide and is characterized by a variety of clinical presentations. These include the typical malabsorption syndrome (classic symptoms) and a spectrum of symptoms potentially affecting any organ or body system (non classic symptoms). Because CD often is atypical or even clinically silent, many cases go undiagnosed and are exposed to the risk of long-term complications. There is growing interest in the social aspects of CD because the burden of illness related to this condition is doubtless higher than previously thought^[3].

Abdominal symptoms are common in primary care, with an annual incidence of 35 to 40 per 1000 individuals. Chronic abdominal symptoms can adversely affect daily functioning and quality of life. For the primary care physician, the diagnostic challenge is to discriminate between patients with functional gastrointestinal problems only and those with organic disease, such as celiac disease^[4].

Pathogenesis

Celiac disease results from the interaction between gluten and immune, genetic, and environmental factors.

1. The role of gluten

Celiac disease is an auto immune disorder. In which gluten play an important role. Gluten is water insoluble protein. It is present in some grains like wheat, barley and rye.

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In celiac affected person has taken gluten content food in diets, it start to react and causes damages in the inner layer of small intestine. Due to damages in the intestine, it affects the absorption. It resulting lacking of nutrients, like iron, calcium, foliate.

Mal-absorptions through small intestine causes any systemic complaints. The classical symptoms are failure to thrive and weight loss.

The gastro-intestinal are diarrhea, steatorrhea, flatulence, bloated abdomen, discomfort, anorexia, nausea and vomiting.

2. Mucosal immune responses

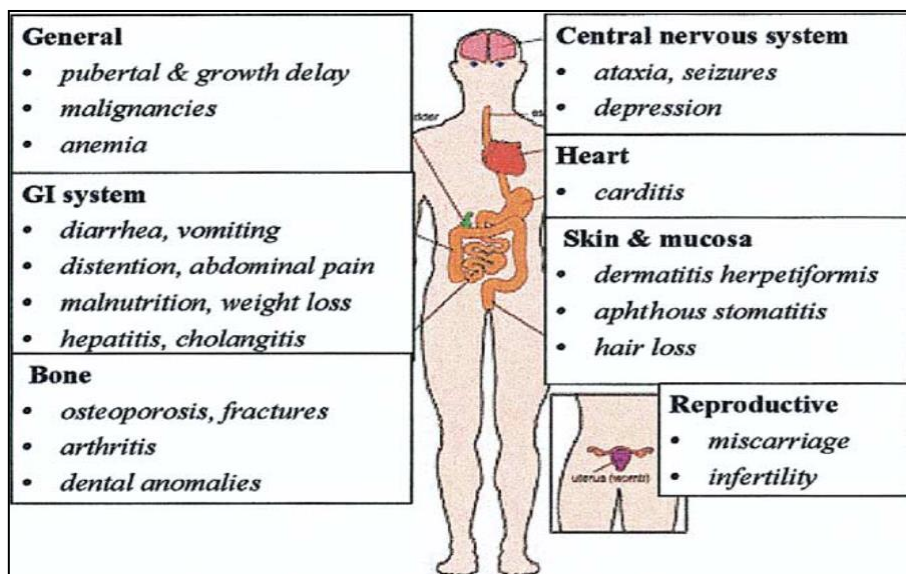
In patients with celiac disease, immune responses to gliadin fractions promote an inflammatory reaction, primarily in the upper small intestine, characterized by infiltration of the lamina propria and the epithelium with chronic inflammatory cells and villous atrophy (Fig. 1). This response is mediated by both the innate and the adaptive immune systems. The adaptive response is mediated by gliadin-reactive CD4+ T cells in the lamina propria that recognize gliadin peptides, which are bound to HLA class II molecules DQ2 or DQ8 on antigen- presenting cells; the T cells subsequently produce proinflammatory cytokines, 5 particularly interferon-γ.6 Tissue transglutaminase is an enzyme in the intestine that deamidates gliadin peptides,

increasing their immunogenicity.7 The ensuing inflammatory cascade releases metalloproteinases and other tissue-damaging mediators that induce crypt hyperplasia and villous injury. 8 Gliadin peptides also activate an innate immune response in the intestinal epithelium that is characterized by increased expression of interleukin- 15 by enterocytes, resulting in the activation of intraepithelial lymphocytes expressing the activating receptor NK-G2D, a natural-killer-cell marker.9 These activated cells become cytotoxic and kill enterocytes with surface expression of major-histocompatibility-complex class I chain related A (MIC-A), a cell-surface antigen induced by stress, such as an infection.10,11 The mechanism of the interaction between the processes in the epithelium and lamina propria has not been elucidated [5].

Diagnostic criteria

- Growth problems, Failure to gain weight
- Chronic diarrhoea, which can be bloody or may be Chronic constipation
- Vomiting, Fatigue
- Abdominal bloating and pain, Irritability
- Anemia, associated with iron deficiency, is most often due to increased blood loss, or impaired iron absorption. Iron-deficiency anemia is often recorded in newly diagnosed celiac disease [6].

System wise symptoms [7]



1. Prognosis

Complications of celiac disease include refractory disease, collagenous sprue, and intestinal lymphomas. Intestinal lymphomas affect 6 to 8% of patients with celiac disease, usually manifesting after 20 to 40 yr of disease. The incidence of other GI cancers (eg, carcinoma of the esophagus or oropharynx, small-bowel adenocarcinoma) also increases. Adherence to a gluten-free diet can significantly reduce the risk of cancer. If people who have been doing well on a gluten-free diet for a long time once again develop symptoms of celiac disease, physicians usually do upper endoscopy with small bowel biopsy to check for signs of intestinal lymphoma [8].

The association between type 1 diabetes and celiac disease is well documented in young people, although reported rates vary. Prevalence rates from both cross-sectional and

longitudinal studies range from 1.6% to 16.4% worldwide, with the majority of studies only including children and adolescents. In contrast, CD prevalence is 0.3% to 1.0% in the general population of all ages. A greater risk is conferred by female gender, younger age, and, in type 1 diabetes, younger age at diabetes diagnosis [9].

Diagnosing celiac disease

Until the 1950s, the diagnosis of CD was based on clinical observations focused on malabsorptive features. The peroral intestinal biopsies, introduced in 1956, marked a significant change in CD diagnosis. Since then, histological assessment of intestinal mucosa, with evidence of characteristic gluten-dependent mucosal damage, is considered the gold standard for CD diagnosis [10].

Capsule endoscopy (CE) is a useful tool for evaluating

small-bowel disease, but appropriate indications and rates of detection, completion, and retention vary.^[11]

Nowadays TTG-IgA test is most popular among because it is very cheap and very trustworthy.

In this we can see how much allergy.

Case study

A female Child (O.P.D. Regd. No: 18889, X Rajvani, 11 years old patient from jaipur, Rajasthan. She was diagnosed as a celiac patient at the age of 6 years.

The main symptoms present in X Rajvani were — difficulty in breathing, bloated abdomen severe chest pain, vertigo, headache, tumour on neck, difficulty in swallowing, swelling on whole body, body ache, pain in legs, severe loose motions etc.

Mother history: Takes lots of medication during pregnancy such as anti-vomiting tablets, Folic Acid Supplements injections for low haemoglobin and iron etc.

Personal history

Marital status – unmarried; Occupation – Student

Homoeopathic Generalities:

A. Physical general

General tendencies: Tendency to catch cold.

Thermal reaction: chilly patient.

Appetite: decreased; Desire: rice; Aversion: pickles; Thirst: 4-5 lit. / day; Salivation/ dryness of mouth: average; Taste: normal.

Bowel: loose stool; 4-6 times/daily.

Urine: clear.

Perspiration: average.

Sleep: decreased.

B. Mental general

Desire to be alone.

Violent Anger

Clinical examination *General examinations*

Built– lean thin; Nutrition – Emaciated; Anaemia – present; Jaundice – absent; Clubbing – not found; Oedema – not found; Neck vein – not engorged and not pulsatile; Neck gland – not palpable; Pulse –82 /min; regular; Blood pressure– 102/72 mm Hg; Respiration –12 /min; Obesity – absent; Weight- 12kg; Height- 93cms; B.M.I= 16.0; Depigmentation / hyperpigmentation – nose, cheeks; Examination of palm, sole, vertex – normal; Tongue – moist.

Final diagnosis: Celiac Disease.

Laboratory investigations: On 23-12-2013 TTG-IgA was 416 U/ml

Confirmed diagnosis: Celiac Disease as per expert's opinion.

Miasmatic Diagnosis: Mixed- Miasmatic with predominance of Psora.

Analysis of symptoms

Causation: This may be due to lots of medication taken by her mother during pregnancy such as anti-vomiting tablets, Folic Acid Supplements injections for low

haemoglobin and iron etc.

Characteristic mental generals symptom

Desire to be alone

Violent Anger

Characteristics physical generals symptom

Aversion to pickles

Desire for rice

Thermal reaction-chilly patient

Tendency to catch cold

Characteristics particulars

Bloated Abdomen

Severe chest pain

Difficulty in Swallowing

Headache after loose motion

Severe loose motions

Repertorization: Kent Repertory^[12]

Totality of the case

1. Desire to be alone
2. Violent Anger
3. Aversion to pickles
4. Desire for rice
5. Chilly patient
6. Severe chest pain
7. Bloated Abdomen after loose motions
8. Difficulty in Swallowing
9. Headache after loose motion
10. Severe loose motions

Analysis of repertorial result: LYCO - 15/7; NUX VOM 13/5; HEPAR SULPH 10/5; NAT MUR - 9/6; PHOS. 9/5

Repertorial selection with reasons: Lycopodium is the repertorial selection because it covers maximum number of rubrics with highest score. It is found that Lycopodium Clavatum seems to cover the totality of symptoms as well as miasmatic background of the patient, so Lycopodium Clavatum is finally selected for the case

Final selection of medicine (After consultation of Materia medica and with reasons)

It is found that Lycopodium Clavatum seems to cover the totality of symptoms as well as miasmatic background of the patient, so Lycopodium Clavatum is finally selected for the case.

Prescription

On 04-12-2017: at that time she was on gluten free diet with above all symptoms

Rx Lycopodium 30/tds 6 hourly; Doses; for 28 days

Follow Up

01-02-2018; improvement in appetite, relieved in difficulty in breathing, bloated abdomen, severe chest pain, vertigo, headache and hyper pigmentation same as before and prescribed

Rx PL 30/tds 6 hourly, Lycopodium 30/ bd for 28 days.

17-03-2018: Relieved in all complaints hyper pigmentation better than before and prescribed, Now Started gluten diets for one time in alternate days Rx Lycopodium 30/tds 6 hourly; Doses; for 42 days;

04-06-2018 There was mild abdominal pain with relieved in

all complaints and prescribed Lycopodium 30/tds 6 hourly; 42 days.
 2-08-2018: Patient feels better as a whole with gluten diets without previous complaints and prescribed Lycopodium 30 weekly 1 dose early morning empty stomach, PL 30/tds 6 hourly 28 days.
 4-09-2018: Patient feels better as a whole with complete gluten diets without previous complaints and prescribed PL 30/tds 6 hourly 28 days.
 6-10-2018: Patient feels better as a whole, with complete gluten diets without previous complaints and prescribed PL

30/tds 6 hourly for 28 days.
 15-11-2018: Patient feels much better, she taking gluten diets without previous complaints and prescribed PL 30/tds 6 hourly for 28 days.
 Report Dated 13-11-2018: TTG-IgA was 0.29AU/mL

Conclusion

The case of celiac was well taken and repertorized with the help of kent repertory and selected Lycopodium 30. Lycopodium 30 worked very well without complications.

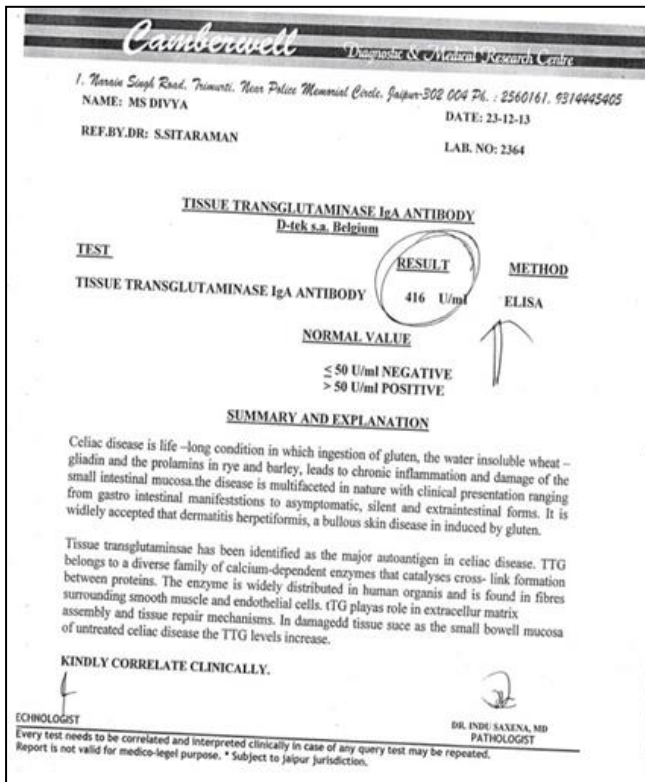


Fig: Before treatment after treatment

Comments: Patient was improving symptomatic as well as investigation gradually during treatment. So, case may be considered as “improved one”

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