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Chronic ulcerative colitis treated with individualised homoeopathic treatment: A case report

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Abstract
Ulcerative colitis is one of the important component of Inflammatory Bowel Disease(IBD) which involves the colonic mucosa starting from rectum spreads proximally to involve the entire length of colon, though some isolated case with proctitis have been reported with patchy inflammations but usually uncommon. Many patients opt for homoeopathic treatment for this idiopathic colonic inflammatory disease condition. This patient came to out patients department (OPD) with frequent passage of bloody stool along with abdominal pain. Patient was diagnosed with ulcerative colitis and was taking modern medicine from last 5 years but the unsatisfactory outcome led the patient to opt for homoeopathy. Initially the patient was given Calcarea phosphoricum and further follow ups done by symptomatic, individualised homeopathic treatment. The remission of the acute condition and gradual subsidence of the symptoms led the patient towards cure.

Keywords: Ulcerative colitis, case study, homoeopathy, individualised treatment

Introduction
Crohn's disease (CD) and ulcerative colitis (UC) are the two contributing factors of Inflammatory Bowel Disease amongst which UC is the dominant one. Though these two condition shares some common presenting features but through proper and thorough evaluation they can be differentiated through some distinct histo-pathological examinations (HPE). Though this idiopathic condition lacks any specific aetiology but increased susceptibility is seen in genetic predispositions causing alteration in the mucosal immune response against the gut flora which leads to ulcerative colitis [1]. A positive family history is a single most important risk factor beside that this condition have shown higher prevalence among Grade-A personalities as 5.7% to 15.5% patients of ulcerative colitis come in that category [2, 3, 4]. Ulcerative colitis have higher predilection towards males and follows bimodal pattern of incidence where individuals between 15-30 years and 50-70 years of age with peak incidence for the disease [5]. Improper use of NSAIDs for a long period, previous infections with Salmonella sp. or Shigella sp. thought to enhanse the risk of developing the disease [6, 7]. Appendicectomy before 20 years of age reduces the risk of developing UC, a meta-analysis showed that it reduces the risk upto 69% and at times appendicectomy were used to treat UC [8, 9, 10]. Lack of specific treatment in modern medicine and failure of palliative approach turn the patients towards homeopathy [11, 12].

Clinical presentation and Diagnosis: As the condition shares some common spectrum of symptoms with CD so it is difficult to differentiate on the basis of clinical symptoms (Table-1) only. It is mainly diagnosed with Endoscopic features (Table-2) and histo-pathological examination (Table-3) report along with clinical symptoms [13]. Before making the diagnosis of UC other infectious causes (e.g. bacterial, viral or parasitic) and non-infectious causes (e.g. malignancy, drug induced diarrhoea or mal absorption syndrome) of diarrhoea should be excluded. UC mostly starts in the rectum and goes proximally to involve entire colonic mucosa thus it is called 'Backwash ileitis'. Depending upon the involvement of the colonic segment the disease can be divided into proctitis, left sided colitis or pancolitis, which is not only important for anatomical structure involved but also useful for the long-term and short-term follow up of the case [14]. During the time of initial diagnosis patients comes mostly with distal colitis involving sigmoid colon and rectum (30%-50%) than Left sided colitis (25%-30%) or pancolitis (20%); amongst which the first variety mostly runs extensive course [15]. UC has several complications like Toxic dilatations, perforations and bleeding, venous thrombosis, colonic carcinoma etc. The severity of the disease is judged by True Love and Witt's criteria which is based on motion/day, bleeding per rectum,

body temperature at 6 a.m., pulse rate, serum haemoglobin and Erythrocyte Sedimentation Rate (ESR) [16].

Table 1.

Clinical Features:
• Rectal Bleeding
• Diarrhoea
• Abdominal pain
• Tenesmus
• Fever (Occasional)
• Extraintestinal features

Table 2.

Pathological Features:
• Crypt Abscess
• Crypt shortening
• Lymphoid aggregation
• Mucin depletion
• Erosion or Ulceration
• Cellular infiltrates in Lamina propria

Table 3.

Endoscopic Features:
• Loss of Vascularity
• Bleeding on touch
• Granularity
• Friability
• Erosions
• Ulcerations
• Erythema

Case Presentation

- Present Complaint: A 33 year old female patient came to our OPD in the month of January of 2011 with the following complaints: Frequent passage of watery stool mixed with blood and mucus, 4-6 times daily associated with Spasmodic abdominal pain every day after rising from sleep every morning.
- History of Present Complaint: She was under treatment of a state general hospital (School of Digestive and Liver Disease at IPGME&R and SSKM Hospital) since 2007(Fig 1), where she went with the complains of bloody diarrhoea and abdominal colic. Along with medicines she was advised for endoscopy and routine blood examination. The endoscopy revealed that the patient was suffering from Ulcerative Colitis and the blood report showed increased ESR with mild anaemia. Further Colonoscopy was performed and the similar finding was confirmed from R. G Kar Medical College Hospital(Fig 2). Initially the patient was better with conventional therapies but later on the patient was unresponsive towards the drugs after 4 years of treatment and then the patient came to our OPD.
- Past History : The patient suffered from chicken pox at the age of 5 years, Viral Hepatitis at the age of 20 years and Oophorectomy done at the of 29 years.
- Family History: Parents are Diabetic.
- Personal History: She was married at the age of 22 and is a house wife. Socio economic status good and she doesn't have any addiction.
- Generals: Her appetite is good and she prefers moderately hot food and can tolerate hunger. She desires salty food, meat and prefers fried and rich food with good amount of thirst for water. Stool is thin and watery in consistency with much tenesmus and pain in abdomen with occasional passage of blood. She is a hot patient prefers to take cold drinks and feels better during winter in general. She is outspoken ad anxious, always thinking about her ailments which worsen the condition.
- On Examination: Diffuse tenderness over abdomen with increased tenderness over Left Iliac Fossa. Tongue shows scattered white patches.

Analysis of the Case

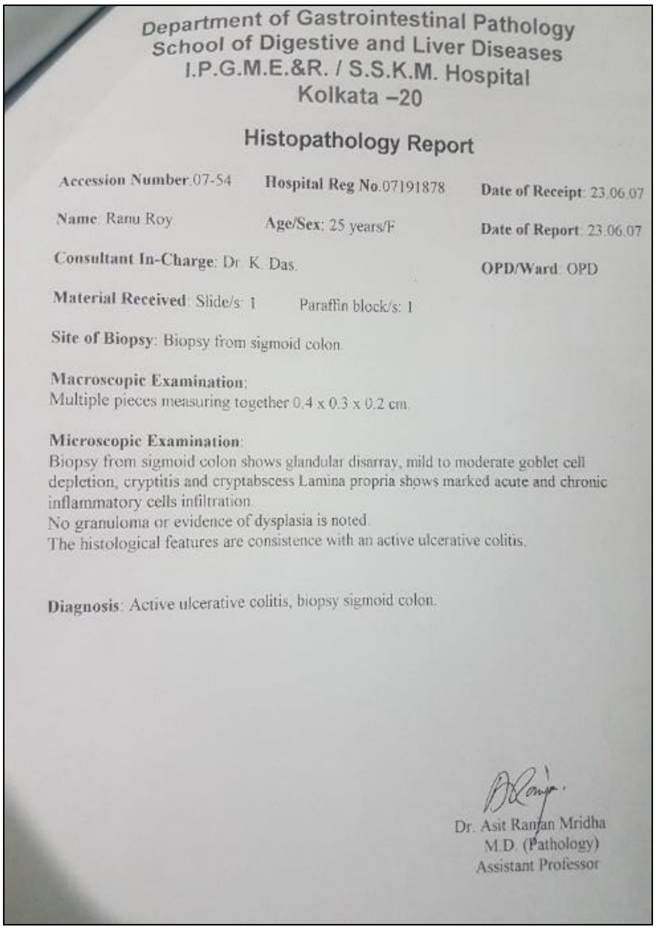
After analysing the case characteristic mental and physical symptoms were taken to form the totality of symptom and individualize the case. Anxiety regarding her trouble, constant dwelling I the thoughts regarding her abdominal pain, desire for meat, spicy food, profuse thirst and disgust for milk, character of stool helped us to choose a medicine by considering the patient as a whole. Considering the miasm after forming the totality the patient was prescribed Calcarea Phosphoricum 200CH, 4 doses (Fig 3 and 4) and was instructed to take twice daily for 2 days in empty stomach followed by Rubrum for next 28 days in the similar way. As because it was a case if chronic UC so regular follow ups were done at an interval of a month. Initial remission of the symptoms were a very promising sign as result the patient continued homoeopathic treatment. Patient also received medicines like Pulsatilla, Thuja and Phosphrus during the course of treatment. Occasional paroxysms with mild to moderate flaring up of symptoms gradually diminished. After treatment of 5 long years another endoscopy were performed from School of Digestive and Liver Disease and it showed normal colonic mucosa without any Ulcer.

Table 4: Timeline

Date	Presenting Complaint	Medicine
10/04/2011	Frequency Stool 5-6 times/day with passage of blood.	Phosphorus 200/4Doses
	Burning sensation in abdomen relieved by drinking cold water.	Placebo 28 Days.
12/05/2011	Gradual improvement of symptom, frequency reduced, 4-5 times a day with less burning & occasional bloody stool.	Placebo 30 Days.
12/09/2011	Frequency of stool3-4 times/day with dyspepsia & colicky pain	Calcarea Phos 200/4 Doses
	Sometime with flatulence but no blood in stool.	Placebo for 28 Days
14/10/2011	Frequency of stool 3-4 times/ day, dyspepsia improved,	Calcarea Phos 1M/4 Doses
	Persisting colicky pain, Passage of blood occurred for few days.	Placebo 28 Days.
10/02/2012	Frequency of stool reduced, usually 2-3/Day, Colicky pain	Hamamelis 30/8 Doses
	Reduced but passage of blood during stool persisted.	Placebo 28 Days
15/06/2012	Frequency of Stool increased 3-4/ times, with cocky pain,	China 30/6 Doses
	Dyspepsia increased with passage of blood	Placebo 28 Days

23/7/2012	Frequency of stool remained same with no improvement.	Thuja 200/2 Doses
	Dyspepsia, bloody stool and colicky pain increased gradually.	Placebo 28 Doses
10/12/2012	Complaints improved remarkably, but dyspepsia continued	Natrum Phos 6X/14 Doses
01/02/2013	Primary complaints almost reduced, occasional dyspepsia From eating fat food, spicy food.	Wind flower 30/4 Doses Placebo 28 Days
22/03/2013	Presented with acute respiratory tract infection and cough.	Croton tig. 30/6 Doses Placebo 28 Days
05/06/2013	Patient improved and had no complaints for that period.	Placebo 30 Days.
04/11/2013	Mild Dyspepsia with fullness of abdomen and passage of watery stool, from last 2 days.	Hepar Sulph 30/4 Doses Placebo 28 Days
20/01/2014	Old symptom appeared once again with increased frequency	Thuja Occ. 200/4 Doses
	And frequent passage of bloody stool, burning pain in abdomen.	Placebo 28 Days
19/04/2014	Complaint of dyspepsia & nausea relapsed while frequency	Wind Flower 200/4 Doses
	And other complaint gradually subsided.	Placebo 28 Days.
22/12/2014	All the complaints reduced gradually but mild dyspeptic	Nux Vomica 200/4 Doses
	Problem continued with nausea and anorexia.	Placebo 28 Days.
22/05/2015	Complaints subsided with occasional dyspepsia.	Natrum phos 6X/14 Doses
18/09/2015	Patient improved with reduction of dyspeptic problem.	Placebo 60 Days.
07/03/2016	Presented with urgency of micturition without burning.	Equisetum 200/4 Doses Placebo 28 Days
03/06/2016	Dyspepsia with fullness of abdomen, passage of frequent Sour smelling watery stool.	Thuja occ. 200/ 4 Dose Placebo 28/ Days
11/08/2016	Presented with passage of watery stool, with nausea and	Aloe Soc. 200/ 2 Doses
	Vomiting from last night, unable to drink water.	Placebo 28 Days
30/12/2016	Patient presented with no active complaints.	Placebo 60 Days.
20/02/2017	Nonrecurrence of any of the past symptoms and patient	Placebo 60 Days
	Occasional dyspepsia which subsided without medicine.	
24/04/2017	Patient reported completely normal and she was advised For Colonoscopy.	Placebo 30 Days
26/05/2017	Patient reported with findings of colonoscopy which clearly Showed colonic mucosa appeared normal	Placebo 30 Days

Evidences



Department of Gastrointestinal Pathology
School of Digestive and Liver Diseases
I.P.G.M.E.&R. / S.S.K.M. Hospital
Kolkata –20

Histopathology Report

Accession Number: 07-54 Hospital Reg No. 07191878 Date of Receipt: 23.06.07

Name: Ranu Roy Age/Sex: 25 years/F Date of Report: 23.06.07

Consultant In-Charge: Dr. K. Das. OPD/Ward: OPD

Material Received: Slide/s: 1 Paraffin block/s: 1

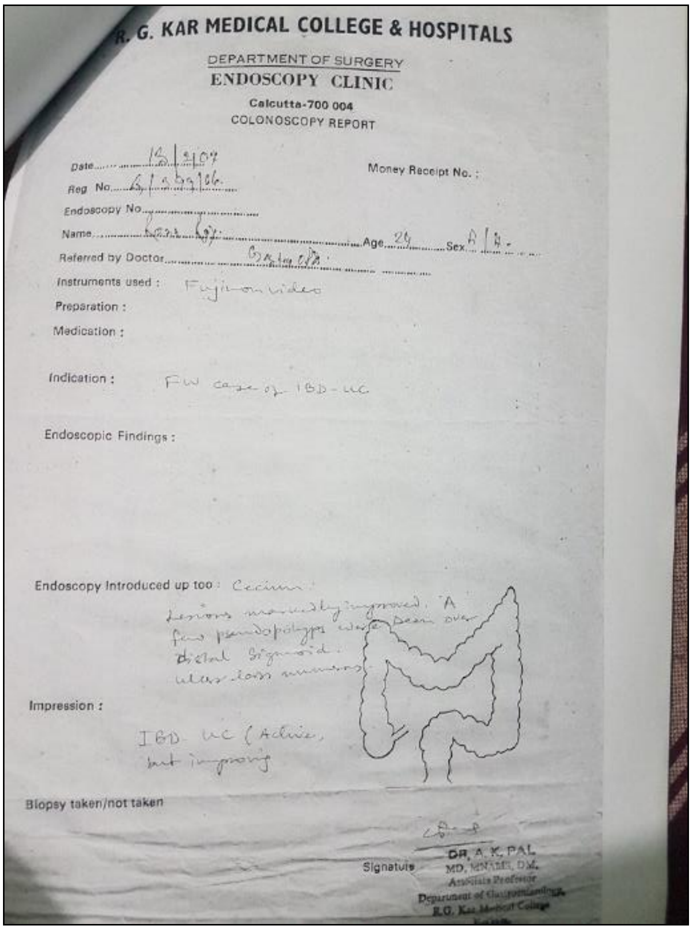
Site of Biopsy: Biopsy from sigmoid colon.

Macroscopic Examination:
Multiple pieces measuring together 0.4 x 0.3 x 0.2 cm.

Microscopic Examination:
Biopsy from sigmoid colon shows glandular disarray, mild to moderate goblet cell depletion, cryptitis and cryptabscess Lamina propria shows marked acute and chronic inflammatory cells infiltration.
No granuloma or evidence of dysplasia is noted.
The histological features are consistence with an active ulcerative colitis.

Diagnosis: Active ulcerative colitis, biopsy sigmoid colon.

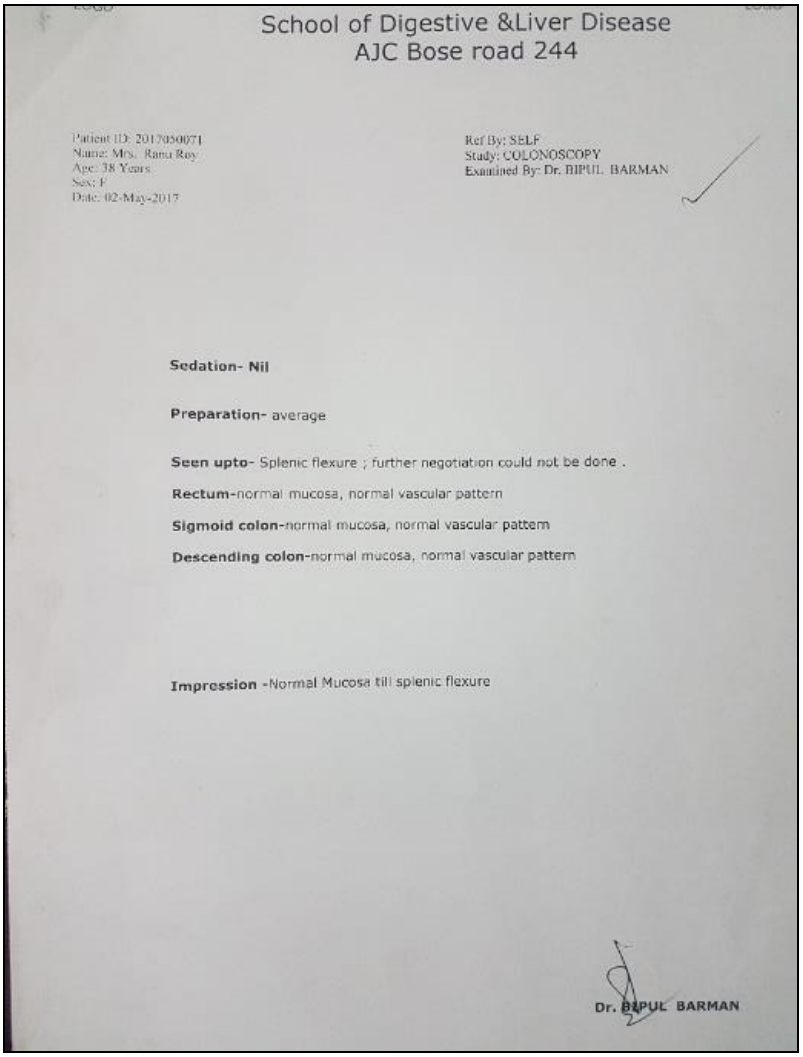
Dr. Asit Ranjan Mridha
M.D. (Pathology)
Assistant Professor



R. G. KAR MEDICAL COLLEGE & HOSPITALS
DEPARTMENT OF SURGERY
ENDOSCOPY CLINIC
Calcutta-700 004
COLONOSCOPY REPORT

Date .... Money Receipt No. :
Reg No. ....
Endoscopy No. ....
Name .... Age .... Sex ....
Referred by Doctor ....
Instruments used : Fujinon video
Preparation :
Medication :
Indication : FW case of IBD - UC
Endoscopic Findings :
Endoscopy Introduced up too : Cecum
Impression : IBD UC (Active, but improving
Biopsy taken/not taken
Signature DR. A. K. PAL

Fig 1&2: Showing Confirmation of the Diagnosis through Colonic Biopsy and Fig 3 Showing Reconfirmation of the same finding from another institute.



School of Digestive &Liver Disease
AJC Bose road 244

Patient ID: 2017050071
Name: Mrs. Rina Roy
Age: 38 Years
Sex: F
Date: 02-May-2017

Ref By: SELF
Study: COLONOSCOPY
Examined By: Dr. BIPUL BARMAN

Sedation- Nil

Preparation- average

Seen upto- Splenic flexure ; further negotiation could not be done .

Rectum-normal mucosa, normal vascular pattern

Sigmoid colon-normal mucosa, normal vascular pattern

Descending colon-normal mucosa, normal vascular pattern

Impression -Normal Mucosa till splenic flexure

Dr. BIPUL BARMAN

Fig 3: Showing Report of colonoscopy after treatment for a period of 5 years.

Discussion

In homeopathy, patients symptoms are always given more priority than underlying pathological condition. Inflammatory Bowel Disease is an important gastrointestinal disease associated with modern lifestyle. Homoeopathy has an important role to play in such conditions where long term medication is important. In this case patient was not showing any improvement with conventional therapy as a result of which the patient opted for homeopathy. After proper case-taking medicine was given to the patient and the patient was advised to take those medicines without any further delay. Patient showed improvement from the very beginning but occasional faring of the symptoms were there. Initially the bleeding through bowel controlled with Phosphorus 200 D4 but later on application of Calcares phosphoricum, Thuja occidentalis reduced the frequency of stool and intensity of abdominal colic remarkably. Low socio-economic status of the patient and lack of infrastructure in the institution was making it difficult to send the patient for colonoscopy from private institutions which stands as a reason between the gap between the initial and final report.

Conclusion

Homeopathy is being used in different chronic gastrointestinal disorders since ages. Lack of maintenance of proper database and poor infrastructure has always made efficacy of homeopathy a matter of question. In this case gradual and promising improvement was observed ultimately which lead to overcome the disease condition. Application of homeopathic medicines in the treatment of gastro-intestinal disorders as add-on therapy can be

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