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A case report on homoeopathic management of ulcerative colitis

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Abstract

It is an autoimmune reaction that affects the colon. It is a form of inflammatory bowel disease. The immune system of the body targets healthy cells in the colon in ulcerative colitis, which causes inflammation and ulcers in the large intestine jurisdictions. India has the highest incidence of IBD (931 cases per 100,000 people) and UC (5.41 cases per 100,000 people) among the world's developing nations [1]. Treatment of choice for patients with ulcerative colitis is based on extent and severity of disease while most patients go into remission. In such cases Homoeopathy offers remarkable improvement to patients with less chances of recurrence.

Keywords: Ulcerative colitis, homoeopathy, constitutional

Introduction

Ulcerative colitis is an idiopathic inflammatory condition of the colon causing diffuse friability and superficial erosions on the colonic wall and associated bleeding. It causes inflammation to the mucosa and submucosa of the colon. It starts in the rectum and extends proximally.

Ulcerative colitis has a bimodal pattern of incidence affecting people in the age group of 15 - 30 years and 50 - 70 years. Ulcerative colitis involves defects in epithelial barrier and immune response [2]. Certain ethnic groups are more prone to UC, but environmental factors, such as smoking, oral contraceptives, diet, antibiotics, vaccination, infections and childhood hygiene also play a role. A common histological pattern identified in UC is the distortion of the intestinal epithelium with shortening and reduced branching of the crypts [3]. Symptoms of ulcerative colitis include bloody diarrhea, with or without mucus, urgency or tenesmus, abdominal pain, malaise, weight loss, and fever. Patients experience periods of spontaneous remission with relapse.

Extraintestinal manifestations associated with disease include episcleritis, scleritis, uveitis, peripheral arthropathies, erythema nodosum etc.

Diagnosis

Diagnosis of ulcerative colitis is made clinically with supportive findings including endoscopy, biopsy, and by negative stool examination for infectious causes. Patients shows a "stove-pipe" sign on double-contrast barium enema. Colonoscopy or proctosigmoidoscopy reveal loss of typical vascular pattern, granularity, friability, and ulceration.

Patients are positive for perinuclear antineutrophil cytoplasmic antibodies (P-ANCA). P-ANCA is also found in a small number of patients with Crohn disease. Laboratory investigations are performed to evaluate increase in inflammatory factors. Biopsy confirms diagnosis.

A case of ulcerative colitis

A xyz child aged 15 years reported the presence of blood in stool every time he passes stool. This condition was persistent for 1 year though he was on allopathic medication for long. His endoscopic results revealed presence of ulcerative colitis. He passed a brown colour stool. He suffered from pain in abdomen before stool. Blood in the stool was usually of dark colour.

Past history

He suffered from typhoid 3 years back.

Family history

His mother was diabetic.

Physical general

Appetite - Normal, Thirst - Normal, Desire - Sweets, Aversion - Nil, Perspiration - Normal, Stool - Normal, Urine—Normal, Thermal - chilly, Sleep - Normal

Mental general

Company desire, anxiety about health, intellectual.

Totality of symptoms

Vomiting after eating, brown colour stool, dark blood in stool, coldness in abdomen, thermal - chilly.

Repertorial totality

Stomach - vomiting - eating aggravation

Abdomen - coldness

Stool - brown

General - heat - lack of vital heat

General - haemorrhage-- passive oozing.

After proper case taking and repertorizing through synthesis repertory. Medicine prescribed was kreozote 200/3 doses, sl 30/TDS.

Follow up

Sr. No	Date	Follow up	Prescription
1.	16/06/25	Vomiting after eating, brown colour stool, dark blood in stool, pain in abdomen.	kreozote 200/3 dose, Sl 30/tds
2.	9/07/25	Vomiting after eating and pain in abdomen improved. Episodes of blood in stool reduced.	Sl30/tds
3.	29/07/25	Recurrence of symptoms	Kreozote 200/3 dose, Sl30/tds
4.	05/08/25	Vomiting, abdominal pain were better. less episodes of blood in stool.	Sulphur 200/3 dose, Sl 30/tds
5.	26/08/25	The patient was better. Spots of blood in the stool rarely appeared.	Sl 30/tds

For constitutional treatment Sulphur 200/1 dose was prescribed to patient to prevent recurrence. Patient was intellectual, stoop shouldered, appetite increased, sweet desire so Sulphur was chosen as the constitutional remedy.

Conclusion

Ulcerative colitis is one of the main inflammatory diseases affecting bowel. There has been a global increase in its incidence. A number of approaches have been done in the past decades and still ongoing in order to identify treatments which will allow all patients to have proper relief without recurrence. In the above case discussion, kreozote was given to relieve patient of his presenting complaints. Sulphur was prescribed as a constitutional medicine to prevent recurrence of disease. Here, Homoeopathic constitutional remedies have better scope than any other treatment methods available. Homoeopathy relieves patients and decreases chances of recurrence of disease.

Conflict of Interest

Not available

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Not available

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