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Irritable bowel syndrome and it's homoeopathic therapeutics

Dr. Anshul Chahar and Dr. Samridhi Sharma

Abstract
Irritable Bowel Syndrome (IBS) is Characterised by Recurrent Abdominal Pain in Association with Abnormal Defecation in the absence of structural Abnormality of Gut. Nevertheless, IBS is most common Cause of Gastrointestinal referral and accounts for Frequent Absenteeism from work and impaired quality of life. Young Women are affected 2- 3 times more often than men. Coexisting conditions such as Non Ulcer Dyspepsia, Chronic Fatigue Syndrome, Dysmenorrhoea and Fibromyalgia are Common. IBS is Sometimes Associated with History of Physical or Sexual Abuse and this is an Important Aspect of the history as these patients benefit from psychologically based therapy.

Keywords: IBS, D-IBS, C-IBS, mast cells, gastroenteritis, probiotics, FODMAPs

1. Introduction
Irritable bowel syndrome (IBS) is the most common reason for referral to gastroenterology Clinics [2]. The disease is characterized by abdominal pain, diarrhea, constipation or a combination of both diarrhea and constipation, mucus discharge along with stools and changes in the form (appearance) of stools. The main cause of disease is not entirely apparent as various factors play key roles in its etiology. IBS is a disorder that is not confirmed by a specific test Instead, diagnosis is based on specific symptoms termed the Rome criteria. Ruling out other conditions that cause similar signs and symptoms is essential for an accurate diagnosis [3, 4].

2. Etiology
The cause of IBS is incompletely understood but biopsychosocial factors are thought to play an important role, along with luminal factors such as Diet and the Gut Microbiota, as discussed below.

2.1 Behavioural and Psychosocial Factors
Most Patients seen in general practice do not have psychological problems but about 50% of patients referred to hospitals have a psychiatric illness, such as anxiety, depression, somatisation and neurosis. Panic attacks are also common. Acute Psychological Stress and overt psychiatric disease are known to alter visceral perception and gastrointestinal mobility. There is an increased prevalence of abnormal illness behavior, with frequent consultations for minor symptoms and reduced coping ability. These factors contribute to but do not cause IBS.

2.2 Physiological Factors
There is some evidence that IBS may be Serotoninergic (5-HT) disorder, as evidenced by relatively excessive release of 5-HT in diarrhea-predominant IBS (D-IBS) and relative deficiency with constipation-predominant IBS (C-IBS). Accordingly 5-HT3 receptor antagonist are effective in D-IBS, while 5-HT4 agonist improve bowel function in C-IBS. There is some evidence that IBS may represent a state of low grade gut inflammation or immune activation, not detectable by tests, with raised number of mucosal mast cells that sensitise enteric neurons by releasing histamine and tryptase. Some patient responds positively to mast cell stabilizers, such as Ketotifen, which supports pathogenic role of mast cells in at least some patients. Immune activation may be associated with altered CNS processing o visceral pain signals. This is more common in women and in D-IBS, and may be triggered by a prior episode of gastroenteritis with Salmonella or Campylobacter species.

2.3 Luminal Factors

Both quantitative and qualitative alterations in intestinal bacterial microbiota have been reported. Small intestinal bacterial overgrowth (SIBO) may be present in some patients and lead to symptoms. This 'Gut Dysbiosis' may explain the response to probiotics or the non absorbable antibiotic rifaximin. Dietary factors are also important. Some patients have chemical food intolerance (not allergy) to poorly absorbed, short chain carbohydrates (lactose, fructose, sorbitol, among others) collectively known as FODMAPs (fermentable, oligo-, di- & monosaccharides and polyols). Their fermentation in the colon leads to bloating, pain, wind and altered bowel habit. Non coeliac gluten sensitivity (negative coeliac
Serology and normal duodenal biopsies) seems to be present in some IBS patients, while others may be intolerant of chemicals such as salisylates or benzoates found in certain foods [1].

3. Clinical Features

- Recurrent Colicky Cramping Lower Abdominal Pain that is ameliorated by Defecation.
- Abdominal Bloating worsen throughout Day.
- Passage of mucus Rectal bleeding does not occur [1].

4. Diagnosis

The diagnosis is clinical in nature and can be made confidentaly in most patients using the rome criteria combined with the absence of alarm symptoms, without resorting to complicated tests [1].

4.1 Rome III Criteria for Diagnosis of IBS

Recurrent Abdominal Pain or Discomfort on Atleast 3 days per month in last 3 months, associated with two or more of the following:
Improvement with defecation
Onset associated with change in frequency of stool.
Onset associated with a change in form (appearance of stool) [1].

4.2 Manning Criteria

Some studies suggested that the Rome III criteria demonstrated low validity and that the Manning criteria were more widely validated for clinical use.(5,6) In 1978, the Manning criteria was initiated as an objective method to diagnose IBS. The criteria stated that there were four symptoms significantly more common in people with IBS, including: [5, 7].

- Abdominal pain relief with bowel movement
- Visible distention
- More frequent stools with the onset of pain
- Looser stools with the onset of pain.

Over time, two additional symptoms were found to be of increased prevalence in IBS and were added to the Manning criteria. The symptoms were fecal mucus and sensation of incomplete evacuation. Presently, these six symptoms are known as the Manning criteria. Unlike the Rome III criteria, the Manning criteria does not provide a method to differentiate between diarrhea-predominant IBS from constipation- predominant IBS [5].

5. Laboratory Investigations

Full Blood Count and Faecal Calprotectin, with or without sigmoidoscopy are usually done and are normal in IBS. Colonoscopy should be undertaken in older patients (over 40 years of age) to exclude colorectal cancer. Endoscopic examination is also required in patients who report rectal bleeding to exclude colon cancer and IBD.those who present atypically require investigations to exclude other gastrointestinal diseases [1].

6. Differential Diagnosis [1, 8].

- Microscopic Colitis
- Lactose Intolerance
- Bile Acid Diarrhoea
- Parasitic Infections
- Certain rare endocrine tumors (such as gastrinomas or carcinoid tumors)
- Carcinomas of the intestine
- Symptoms which suggest obstruction of the intestine, called intestinal pseudo-obstruction, as in diabetes or scleroderma
- Abuse of medications such as laxatives or bowel binders
- Psychiatric disorders (such as depression, anxiety or somatization disorder)
- Infections of the digestive tract
- Malabsorption syndromes (such as celiac disease or pancreatic insufficiency)
- Endocrine disorders (such as hypothyroidism, hyperthyroidism, diabetes or Addison's disease)

7. Management

The most important step is to make a positive diagnosis and to reassure the patient. Dietary management is effective for many patient. Upto 20% benefit from wheat free diet, some may respond to lactose exclusion and excess intake of caffeine or artificial sweetners such as sorbitol should be addressed [1].
A more Restrictive low FODMAPs-(fermentable oligo- di- and monosaccharides and polyols) diet. Studieshave shown that up to 70% of IBS patients benefited from eating a low FODMAP diet. Symptoms likely to improve from such a diet include urgency, flatulence, bloating, abdominalpain, and altered stool output. This diet restricts various carbohydrates which are poorly absorbed in the small intestine, as well as fructose and lactose, which are similarly poorly absorbed in those with lactose intolerances to them. Reduction of fructose and fructan has been shown to reduce IBS symptoms in a dose-dependent manner patients with fructose malabsorption and IBS [9]. Many individuals with IBS are lactose intolerant and a trial of a lactose- free diet is recommended [10].

7.1 Dietary fiber: Some evidence suggests soluble fiber supplementation (e.g. psyllium /ispaghula husk) is effective. It acts as a bulk agent, and for many IBS-D patients, allows for a more consistent stool. For IBS-C patients, it seems to allow for a softer, moister, more easily passable stool [11].

8. Treatment

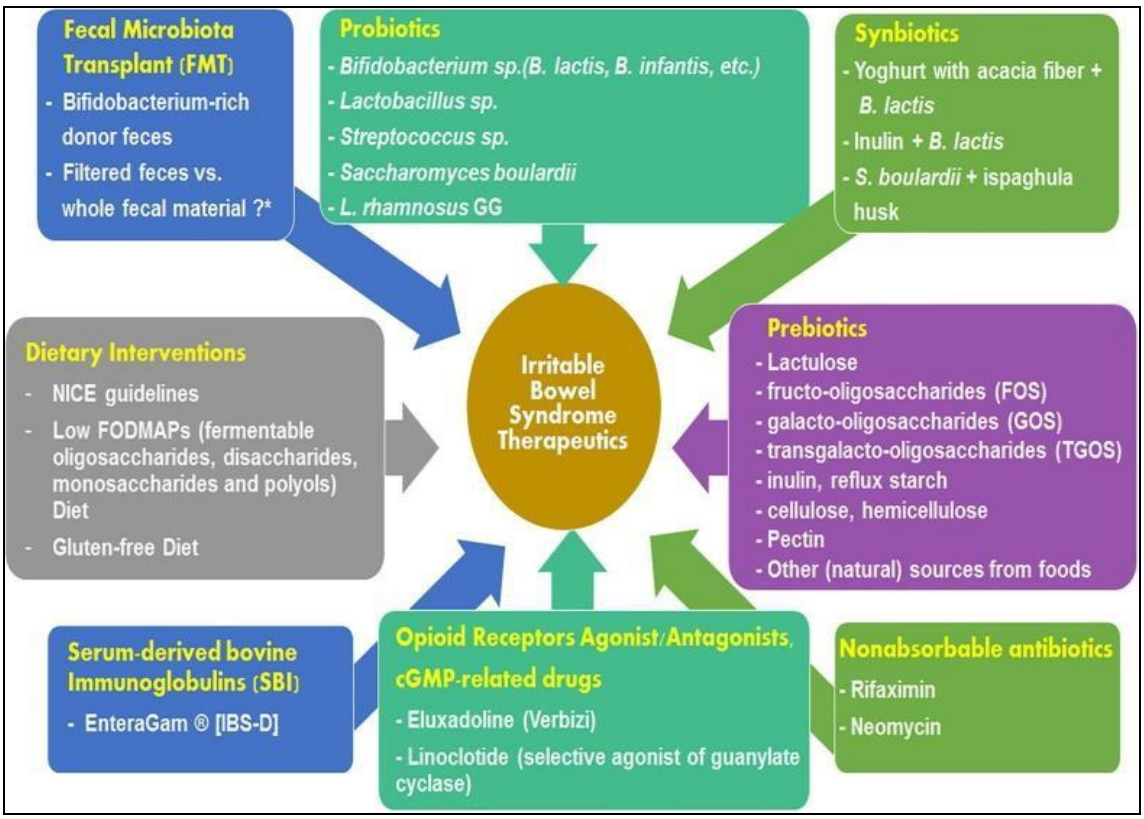
Patients with intractable symptoms sometimes benefit from several months of therapy with tricyclic antidepressant such as amitrypityline or imipramine (10-25

mg orally at night) side-effects include drowsiness, dry mouth but these are mild and drug is usually well tolerated, although patient with features of somatisation tolerate the drug poorly and lower doses should be used.

5-HT4 agonist prucalopride \, the guanylate cyclase-C receptor agonist linaclotide, and chloride channel activators, such as lubiprostone, can be effective in constipation predominant IBS.

Trials of anti-inflamatory agents, such as ketotifen or mesalazine, and the antibiotic rifaximin may be considered.

Psychological interventions such as cognitive behavioural therapy, relaxation and gut directed hypnotherapy, should be reserved for most difficult cases [1].



9. Homoeopathic Treatment

As Homoeopathy Works on Principle of Similia Similibus Curantur so Medicine selection is on basis of Symptom Similarity. Here Listing some important medicines of IBS Below:-

9.1 Nux vomica

Abdominal pains and bowel problems accompanied by tension, constricting sensations, chilliness, and irritability can indicate a need for this remedy. Soreness in the muscles of the abdominal wall, as well as painful gas and cramps are common. Firm pressure on the abdomen brings some relief. When constipated, the person has an urge to move the bowels, but only small amounts come out. The person may experience a constant feeling of uneasiness in the rectum. After diarrhea has passed, the pain may be eased for a little while. A person who needs this remedy often craves strong spicy foods, alcohol, tobacco, coffee, and other stimulants-and usually feels worse from having them [12].

9.2 Sulphur

This remedy is often indicated when a sudden urge toward diarrhea wakes the person early in the morning (typically five a.m.) and makes them hurry to the bathroom. Diarrhea can come on several times a day. The person may, at other times, be constipated and have gas with an offensive and pervasive smell. Oozing around the rectum, as well as itching, burning, and red irritation may also be experienced. A person who needs this remedy may tend to have poor posture and back pain, and feel worse from standing up too long [12].

9.3 Lycopodium

This remedy is often indicated for people with chronic digestive discomforts and bowel problems. Bloating and a feeling of fullness come on early in a meal or shortly after, and a large amount of gas is usually produced. Heartburn and stomach pain are common, and the person may feel better from rubbing the abdomen. Things are typically worse between four and eight p.m. Despite so many digestive troubles, the person can have a ravenous appetite, and may even get up in the middle of the night to eat. Problems with self-confidence, a worried facial expression, a craving for sweets, and a preference for warm drinks are other indications for Lycopodium [12].

9.4 Natrum carbonicum

This remedy is often indicated for mild people who have trouble digesting and assimilating many foods and have to stay on restricted diets. Indigestion, heartburn, and even ulcers may occur if offending foods are eaten. The person often is intolerant of milk, and drinking it or eating dairy products can lead to gas and sputtery diarrhea with an empty feeling in the stomach. The person may have cravings for potatoes and for sweets (and sometimes also milk, but has learned to avoid it). A person who needs this remedy usually makes an effort to be cheerful and considerate, but, when feeling weak and sensitive wants to be alone to rest [12].

9.5 Bryonia Alba

All complaints < on motion. Dryness of mucous membranes generally (lips, mouth, stomach, wants drink in large quantities, at long intervals; intestines, dry hard stools as if burnt). Effusions in serous membranes (meninges, pleura, peritoneum, etc.). Constipation (no desire) or diarrhœa, < mornings on beginning to move. Stitching pains, especially in serous membranes and joints. Sitting up causes nausea and faintness. Modalities: < from motions, warm weather after cold. > from quiet, lying on painful side. Suitable to dry, spare, nervous, slender persons, of irritable disposition; rheumatic tendency. Complaints in hot weather, or exposure to dry, cold air, in wet weather [13].

9.6 Colocynth

Disinclined to talk, to see friends, impatient, easily offended, danger within indignation; colic or other complaints as a consequence. Colic, terrible; they seek relief by bending double or pressing something hard against the abdomen. Dysentery-like diarrhœa; renewed after least food or drink, often with the characteristic colic pains. Tendency to painful cramps, with all pains. Modalities: < evening, anger; after eating; > from coffee, bending double and hard pressure [13].

9.7 Argentum Nitricum

Impulsive: time goes too slow; must walk fast. Apprehension, on getting ready for church, opera, etc., has an attack of diarrhśa. Vertigo, with buzzing in the ears and weakness and trembling. Canthi, as red as blood; swollen, standing out like a lump of red flesh. Irresistible desire for sugar; gastric ailments, with violent loud belchings. Stool; green, mucous, like chopped spinach in flakes; turns green on remaining on diaper; expelled with much spluttering. Profuse, sometimes purulent, discharges from mucous membranes, generally. Dried-up, withered patients, made so by disease. Craves fresh air [13].

9.8 Gratiola

Acts especially on gastro-intestinal tract. Obstinate ulcers. Useful in mental troubles from overweening pride. Especially useful in females. Nux symptoms in females often met by Gratiola. Diarrhœa; green, frothy water, followed by anal burning, forcibly evacuated without pain. Constipation, with gouty acidity. Hæmorrhoids, with hypochondriasis. Rectum constricted. Vertigo during and after meals; hunger and feeling of emptiness after meals. Dyspepsia, with much distention of the stomach. Cramps and colic after supper and during night, with swelling of abdomen and constipation. Dysphagia for liquids [14].

9.9 Dioscorea

As a remedy for many kinds of pain, especially colic, and in severe, painful affections of abdominal and pelvic viscera Persons of feeble digestive powers; tea- drinkers, with much flatulence Pains suddenly shift to different parts; appear in remote localities, as fingers and toes. Rumbling, with emission of much flatus. Griping, cutting in hypogastric region, with intermittent cutting in stomach and small intestines. Colic; better walking about; pains radiate from abdomen, to back, chest, arms; worse, bending forwards and while lying. Sharp pains from liver, shooting upward to right nipple. Pain from gall-bladder to chest, back, and arms. Renal colic, with pain in extremities. Hurried desire for stool [14].

9.10 China

Debility from exhausting discharges, from loss of vital fluids, together with a nervous erethism, calls for this remedy. Periodicity is most marked. Sensitive to draughts. Seldom indicated in the earlier stages of acute disease.

Tender, cold. Vomiting of undigested food. Slow digestion. Weight after eating. Ill effects of tea. Hungry without appetite. Flat taste. Darting pain crosswise in hypogastric region. Milk disagrees. Hungry longing for food, which lies undigested. Flatulence; belching of bitter fluid or regurgitation of food gives no relief; worse eating fruit. Hiccough. Bloatedness better by movement. Abdomen.- Much flatulent colic; better bending double. Tympanitic abdomen. Pain in right hypochondrium. Gall-stone colic (*Triumfetta semitriloba*). Liver and spleen swollen and enlarged. Jaundice. Internal coldness of stomach and abdomen. Gastro-duodenal catarrh. Stool is Undigested, frothy, yellow; painless; worse at night, after meals, during hot weather, from fruit, milk, beer. Very weakening, with much flatulence. Difficult even when soft [14].

9.11 Podophyllum

Is especially adapted to persons of bilious temperament. It affects chiefly the duodenum, small intestines, liver, and rectum The Podophyllum disease is a gastro-enteritis with colicky pain and bilious vomiting. Stool is watery with jelly-like mucus, painless, profuse. Gushing and offensive. Many troubles during pregnancy; pendulous abdomen after confinement; prolapsus uteri; painless cholera morbus. Torpidity of the liver; portal engorgement with a tendency to hćmorrhoids, hypogastric pain, fullness of superficial veins, jaundic [14].

10. Conclusion

IBS is a chronic functional disorder of the gastrointestinal tract with symptoms of Recurrent abdominal pain and altered bowel habits or abnormal defecation that include diarrhea, constipation, or both in absence of structural abnormality of gut. Patients who suffer from IBS often have an impaired quality of life.

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