



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(2): 96-99

Received: 22-02-2022

Accepted: 24-03-2022

Dr. Amritpreet KaurAssistant Professor,
Department of Pharmacy,
HMC&H, Chandigarh, Punjab,
University, Punjab, India**Dr. Ravneet kaur**Intern, Homoeopathic Medical
College & Hospital,
Chandigarh, Punjab,
University, Punjab, India

A homoeopathic approach to inflammatory bowel disease (IBD)

Dr. Amritpreet Kaur and Dr. Ravneet KaurDOI: <https://doi.org/10.33545/26164485.2022.v6.i2b.544>**Abstract**

Inflammatory bowel disease (IBD) is defined as chronic inflammation of intestines both large intestine and small intestine that results from genetic factors, environmental factors and immunological factors. Inflammatory bowel disease (IBD) comprises of two major forms, that are known as Ulcerative colitis and Crohn's disease. The clinical presentation of IBD are pain in abdominal region, diarrhoea, blood-stained stools and vomiting. In most of the cases of IBD, intestinal epithelial barrier function were predicted defected. In this review, we first describe both forms of Inflammatory bowel disease (IBD) that are Ulcerative colitis and Crohn's disease with complete symptomatology and investigations along with rubrics and homoeopathic management.

Keywords: Inflammatory bowel disease, ulcerative colitis, Crohn's disease, clinical presentation, rubrics, homoeopathic management

Introduction

Inflammatory bowel diseases are defined as several conditions, such as

1. Ulcerative colitis
2. Crohn's disease

There are also some uncommon inflammatory bowel diseases which includes

1. Microscopic ulcerative colitis
2. Microscopic lymphocytic colitis
3. Microscopic Collagenous colitis

Table 1: Comparison of ulcerative colitis and crohn's disease

	Ulcerative colitis	Crohn's disease
Age Group	Any	Any
Gender	M = F	Slight female preponderance
Incidence	Stable	Increasing
Genetic Factors	HLA-DR*103; colonic epithelial barrier function	Defective in net immunity and autophagy
Risk Factors	More common in non-/ex- smokers Appendectomy protects	More common in smokers
Anatomical Distribution	Colon only; Begins at interactive margin with variable proximal extension	Any part of gastrointestinal track; perianal disease common; Patchy distribution, skip lesions
Extra-intestinal manifestation	Common	Common
Presentation	Bloody diarrhoea	Variable; Pain, diarrhoea, weight loss, all common
Histology	Inflammation Limited to mucosa; crypt distortion, cryptitis, crypt abscesses, loss of goblet cells	Submucosal or transmural inflammation common; Deep fissuring ulcers, fistulae; patchy changes; granulomas

Corresponding Author:**Dr. Amritpreet Kaur**Assistant Professor,
Department of Pharmacy,
HMC&H, Chandigarh, Punjab,
University, Punjab, India

Ulcerative colitis is an inflammatory disorder which affects the large intestine mainly the colon that begins at margins and extends to proximal part and characterised clinically by recurrent attacks of bloody diarrhoea and pathologically by diffuse inflammation of colonic mucosa.

Ulcerative colitis is subdivided into two types according to extent of involvement or according to symptom severity.

- Proctitis- Involvement of rectum
- Proctosigmoiditis- Involvement of rectum and sigmoid colon

Left-sided ulcerative colitis - Involvement of descending colon, sigmoid colon and rectum. Pancolitis-Involvement of whole colon or most of the colon.

Causes

Familial or Genetic

- a. Strong family history
- b. Occurrence in Monozygotic twins

Infectious

- a. Mycobacterium
- b. Measles virus
- c. Listeria Monocytogenes
- d. Yeast
- e. Bacteriodes
- f. *E. coli*

Dietary factors

Deficiency or excess of certain nutrients (butyric acid, sulphides, L-arginine, glutamine)

Immunological factors

- a. 40kDa Colonic protein
- b. Cellular mechanisms
- c. Cytokines
- d. Neuroimmune

Psychological

Symptoms are precipitate and outburst due psychological stresses.

Environmental factors

- a. Smoking
- b. Sulphate-reducing bacteria
- c. Appendectomy
- d. Anti-inflammatory drugs

Clinical features of ulcerative colitis

- Onset is usually gradual
- There are exacerbations and remissions
- Diarrhoea; stool is blood-stained and there is also presence of mucus and pus in the stool
- Presence of lower abdominal pain with fever, weight loss, loss of appetite
- Patient is also suffered from dehydration and symptoms of anaemia
- On palpation, there is tenderness over the colon, especially in the left iliac fossa. Relapses due to emotional stress, intercurrent infections and use of antibiotics.

Acute variety

1. The entire colon is involved in acute variety of ulcerative colitis
2. Fever, weight loss and loss of appetite are severe in nature
3. Patient suffered from severe form of diarrhoea and dehydration

4. There is condition of tachycardia and postural hypotension
5. Due to serosal involvement, there is lower abdominal pain, tenesmus and tenderness in left iliac fossa

Chronic variety

1. Colon become rigid tube due to permanent damage of bowel by fibrosis and also leads to incapability of absorbing fluids and acts like a faecal reservoir
2. There is no systemic manifestations or toxemia in chronic form of ulcerative colitis
3. Patient suffered from chronic diarrhea

Disease confined to rectum (proctitis)

1. Systemic symptoms are trivial or absent
2. Diarrhoea with blood-stained stool
3. Presence of severe tenesmus and frequent urge to watery stool
4. Bleeding from rectum and presence of mucus in rectum

Distal colitis

1. Patient suffers from constipation rather than diarrhoea
2. There is retention of faeces in the proximal colon and stool is hard

Investigations

1. Presence of anaemia, raised ESR and leucocytosis
2. Electrolyte abnormalities are detected
3. Hyperproteinaemia
4. Abnormal liver function tests
5. Stool examination and culture is performed to exclude infective pathology
6. Stool for clostridium defficile toxin is done
7. Plain radiograph of abdomen
8. Barium enema
9. Sigmoidoscopy
10. Colonoscopy
11. Rectal biopsy shows mucosal inflammation 13) Serologic markers are also advised

Crohn's disease

A non-specific granulomatous inflammation which involves single or multiple areas of the intestine, causing submucosal or transmural inflammation with deep fissuring ulcers, fistulae and granulomas due to various exciting agents. It can affect any part of the GI tract, but most commonly affects the terminal ileum or the ileocecal region.

Causes

1. Genetic factors

There is mutations in the CARD15 (NOD2) gene on chromosome 16 in patients present with crohn's disease. Genes within HLA region influence colonic involvement and causes extra- intestinal manifestations.

2. Smoking is also one the maintaining cause

- ✓ Infective organisms: Mycobacterium paratuberculosis is one of the factor responsible for the occurrence of disease

✓

3. Diet

Occurrence of crohn's disease may be due to high intake of refined sugar and low intake of fibre from fruits and vegetables

4. Immune mechanisms

In crohn's disease, down regulating mucosal immune response are impaired

1. Clinical features

Table 2: Symptoms depend on site of disease

Disease site	Clinical features
Ileum	There is presence of abdominal pain, diarrhoea and mass in the right iliac fossa with the condition of acute ileitis
Colon	There is bleeding in rectum, perianal disease and extra-intestinal manifestations
Rectum	Proctitis
Other sites	Mouth, stomach, duodenum affected (rarely)

2. Extra intestinal manifestations

- Aphthous ulceration
- Erythema nodosum
- Pyoderma granulorum
- Acute arthritis
- Eye complications: conjunctivitis, episcleritis, uveitis

Investigations

- Presence of normochromic normocytic or macrocytic or hypochromic anaemia in IBD patients
- There is raised ESR and leucocytosis
- Abnormal liver function test
- Hyperproteinaemia
- Stool culture and routine examination are performed to exclude infectious causes of diarrhoea
- Sigmoidoscopy and colonoscopy
- Schilling test for malabsorption of vitamin B12
- Typical granulomatous inflammation is indicated by biopsy of colonic mucosa, ileal mucosa, anal skin tags and perianal inflammatory lesions
- Barium meal follow through and barium enema
- High-resolution ultrasound and spiral CT scan is done to detect the thickness of the bowel wall and intra-abdominal abscesses.
- Radionuclide scan
- Serologic markers

Rubrics of IBD

1. Abdomen, inflammation –Region, colan (=Colitis): abrot mp4• all-sbri1 arg-nmrr1 arsmrr1 asaf mrr1 asarptk1 bism mrr1 cadm-s mrr1 calc-ar mrr1 canth br1* caps mrr1 carc mrr1* Cenchtmf chin mrr1 coch ptk1 cop ptk1 crot-t mrr1 dys fmmt • eberth jl2 enteroc jl2 Ferr-I mrr1 Gamb mrr1 guat sp1 hell mrr1 hoit mtf1 influ jl2 kall-bi mrr1 kalin mrr1 kali-p ptk1 lack mrr1 lil mrr1 mag-c mrr1 malar jl2 merc mrr1 Merc-c mrr1 nat-c mrr1 nat-m mrr1 nat-s mrr1 nit-ac mrr1* nux-v mrr1* olnd mrr1 parathyrl jl2 petr mrr1 p h - a c mrr1 phos mrr1* podo mrr1 ptel mrr1 raphgk1 rhus-t ptk1 sulph mrr1 syph jl2* ter t11 tub jl2* tub-d jl2 uncartorn mp4• verat mrr1 zinc mrr1 zinc-val ptk1

Page Number. 888, Synthesis Repertory

2. Abdomen, inflammation –Region, ileum (=ileitis): but-ac sp1 toxo-g jl2 yersjl2

Page Number 889, Synthesis Repertory

3. Abdomen, pain –lower abdomen: Acon↓ agar ↓ agn ↓aloe↓ alum↓ am-c↓ Am-m↓ ambr↓ anac ↓ ang↓ ant-t↓ Apis↓ arg-met↓ am↓ Ars↓ asaf↓ asar↓ aster↓ aur↓ bar-c↓ Bell↓ bism↓ borx↓ bov↓ Bry↓ calc↓ camph↓ cann-s↓ canth↓ caps↓ carb- an↓ Carb-v↓ caust↓ chel↓ chin↓ chlam-trbcx2• cic↓ cemic↓ Clem↓ Cocc↓ colch↓ Coloc↓ Con↓ cupr↓ cycl↓ dig↓ euphr↓ guaj↓ hell↓ hyos↓ Ign↓ iod↓ kali-c↓ kali-n↓ Lach↓ laur↓ Lyc↓ m-arct↓ m-aust↓ mag-c↓ mag-m↓ mang↓ Meny↓ merc↓ m e z↓ Nat-c↓ nat-m↓ Nit-ac↓ nux-m↓ Nux-v↓ olnd↓ par↓ Ph-ac↓ Phos↓ plat↓ plb↓ puls↓ Ran-b↓ rheum↓ Rhus-t↓ ruta↓ sabad↓ sabin↓ samb↓ Sec↓ seneg↓ Sep↓ silt↓ spig↓ spong↓ squil↓ Stann↓ staph↓ stront-c↓ sul-ac↓ sulph↓ Tarax↓ teucr↓ thuj↓ valer↓ Verat↓ verb↓ viol-t↓ Zinc↓

Page Number 937, Synthesis Repertory

4. Rectum, diarrhoea, accompanied by I Weakness: diosptk1

Page Number 974, Synthesis Repertory

5. Rectum, diarrhoea, accompanied by appetite: loss of: arsbg2 chinbg2 nux-m bg2 phos bg2 puls bg2

Page Number 974, Synthesis Repertory

6. Stool, bloody- streaks, in: agarbro1 aloebg2* am-ch2* amprly4• ant-tbg2 apisbg2 arg-nbro1 amk* arundhr1 bellbro1 bry calc* canthbg2* Capsbro1 carb-anh2* cina colchk* Colchk* colock* con k* cuprbg2 Cupr-arbro1 cycl bg2* Elathr1 erighr1 e u pbro1 Ipbro1 Kali-bik* kali-cbg2 kreosbro1 led lil-t bro1 mag-cbro1 mag-mk* Merck* merc-cbg2* merc-dbro1 mezb2 nat-cbg2 nat-mbg2 Nat-sk* Nitack* Nux- vk* ox-acbg2 phosbg2* plbbg2 Podok* Psorbro1 puls pyrobg2 rhus-tbg2* selbg2 squil streptocry4• sulach2* Sulph k* thuj k* irt-Pbro1 Trom k*

Page Number 1010, Synthesis Repertory

7. Abdomen, ulceration, intestines,of kali-bi, pod.

Page Number 558, Boger's Repertory

Homeopathic Management for IBD

- Mercurius Corrosivus:** For Blood and Mucus in Stool in Ulcerative Colitis
Mercurius Corrosivus is the medicine to treat patients suffering from Ulcerative Colitis. This medicine is suited to those patients in whom blood and shreds of mucus membranes are passed along with the stool. The patient has a constant urge to pass stool that is scanty, hot and have offensive odour. There is recurrent urge of stool with no satisfaction. There are cutting pains in the rectum accompany the passage of stool.
- Colchicum Autumnale:** For Ulcerative Colitis with Jelly-like Mucus in Stool
Colchicum Autumnale is suited to those patients of Ulcerative Colitis who complain of excessive jelly-like mucus in stool. Nausea and faintness from the odour of cooking food, mainly eggs and meat.
- Arsenicum Album:** For Ulcerative Colitis with Stool of

Offensive Odour and Blood

Arsenicum Album is suited to those patients who suffered from offensive and dark coloured blood stool which is aggravated at night and the patient feels lethargic. There is constant burning pain in abdomen and rectum. Patients are relieved by warm drinks.

4. Phosphorus: For Ulcerative Colitis with Stool Containing Blood and Greenish Mucus Phosphorus is indicated to those patients in whom there is blood stained stool with green mucus and contains extreme offensiveness. The complaint gets aggravated in the morning. There is excessive craving for cold drinks, ice cream and juicy things.
5. Aloe Socotrina: For Crohn's Disease with Loose Stool Aloe Socotrina is among the top remedies for Crohn's Disease in those patients who suffered from loose stool which worse immediately after eating or drinking anything. There is sudden urge to pass stool and patient has to rush to the toilet to pass the stool. There are cutting pains in lower abdomen which get worse before and during passing stool and relieved after passing the stool. Faintness usually follows stool. This medicine can also prescribed to control the diarrhoea that gets worse due to the intake of beer.
6. Podophyllum Peltatum: For Crohn's Disease with Diarrhoea Podophyllum Peltatum is given for Crohn's Disease with diarrhoea and when the stool is watery, greenish and very offensive. The diarrhoea mainly gets worse in the morning but in the evening, the stool is normal. There is prolapse of rectum before or during stool. The patient is thirsty for large quantities of cold water.
7. Cinchona Officinalis: For Crohn's Disease with Diarrhoea Worse at Night Cinchona Officinalis is prescribed to treat Crohn's Disease where the diarrhoea get worse at night. There is excessive flatulence in the whole abdomen along with diarrhoea. Diarrhoea also get worse by taking milk or fruits.
8. Argentum Nitricum: For Crohn's Disease with Watery Green Stool and Flatulence Argentum Nitricum is also indicated for Crohn's Disease where there is watery green stool accompanied by discharge of loud and noisy flatus. The diarrhoea mainly gets worse by over-eating sweets or after any emotional excitement. There is unusual craving for sweets.
9. For IBD with Diarrhoea Gambogia is a rare and very beneficial remedy for diarrhoea in Inflammatory Bowel Disease. The stool is very profuse, watery and involuntarily passes out. Diarrhoea worse in hot weather.
10. Sulphur is the another remedy for those patients who suffered from IBD with diarrhoea that get worse in the morning. Patient have to rush out of bed early morning to pass out stool. The soles of feet, palms and head are hot.
11. or controlling Tenesmus Nux Vomica is indicated for Inflammatory Bowel Disease with tenesmus. The patient suffered from ineffectual but constant urge to pass stool. The stool is scanty with no satisfaction. There is recurrent urge to pass stool at very short intervals. There is pain in the

abdomen which is relieved for a little while after passing of stool, but reappears very soon.

12. Mercurius Solubilis is another remedy which is indicated for tenesmus in Inflammatory Bowel Disease. The stool is slimy, blood-stained accompanied with excessive chilliness

Conclusion

In our clinical practice we have come across some chronic cases that are diagnosed suddenly and at various stages, IBD is one of the chronic cases. Homoeopathy have had positive results in the cases of IBD by proper case taking. Patients present with key symptoms and proper description of their sufferings leads to accurate and similar remedy. Prescription of similimum along with administration of remedy, changes in diet and lifestyle with physical exercise, yoga and meditation leads to complete healing and cure.

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