

International Journal of

Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485

www.homoeopathicjournal.com IJHS 2023; 7(1): 99-101

Received: 03-01-2023 Accepted: 10-02-2023

Dr. P Pavithran

Assistant Professor,
Department of Homoeopathic
Pharmacy, MNR
Homoeopathic Medical College
and Hospital, Fasalwadi,
Sangareddy, Telangana, India

Dr. P Jahnavi

Intern, MNR Homoeopathic Medical College and Hospital, Fasalwadi, Sangareddy, Telangana, India

A clinical study to evaluate the efficacy of asafoetida in the management of irritable bowel syndrome

Dr. P Pavithran and Dr. P Jahnavi

DOI: https://doi.org/10.33545/26164485.2023.v7.i1b.738

Abstract

Irritable bowel syndrome (IBS) is not life-threatening, but it has enormous influence on quality of life (QOL) and mental health. Its chronic nature, signs, and symptoms, which vary periodically from mild to severe, have many negative effects on the quality of life for the sufferer; therefore, the appropriate treatment of these patients is highly important and can improve patients' Quality of life. This clinical study is aimed at evaluating the therapeutic efficacy of Asafoetida in improving the quality of life of IBS patients through the IBS-QOL questionnaire. This study was done on 20 patients, where 10 patients were given Asafoetida and 10 patients were given a placebo. The statistical results showed that Asafoetida gave better results compared to the control group.

Keywords: Irritable bowel syndrome, quality of life, asafoetida, IBS-QOL

Introduction

The presence of persistent or recurrent symptoms of stomach pain, diarrhoea, constipation, and/or abdominal distension is the best way to characterise irritable bowel syndrome ^[1]. The aetiology of this complicated illness, which affects the brain-gut axis, is not fully understood ^[2]. There is no radical cure for the condition because of its complex and unidentified pathomechanics, and medical intervention focuses on symptom relief ^[3]. A third of those who have IBS symptoms report higher levels of anxiety and poorer quality of life ^[4]. In addition to physical function, the HRQoL (Health) measurement aims to take into account the emotional and social aspects of the patient's disease.^[5] IBS sufferers appear to have lower health-related quality of life (HRQoL) than those with other diseases, including diabetes, end-stage renal disease, and gastroesophageal reflux disease, whose effects have been underappreciated ^[6].

Analgesics, non-steroidal anti-inflammatory medicines (NSAIDs), and other drugs are currently used as therapeutic methods in traditional medicine, however they only provide palliative effects and their prolonged usage may result in consequences.

Homoeopathic Material Medical is the systematic collection of symptoms from the data collected from drug proving's, poisonings and clinical cures are arranged according to standard schema of location A thorough review of material medical literature of Asafoetida showed its indications in abdominal pain, bloating, fetid eructation's, constipation, diarrhoea, alternate constipation and diarrhoea which are the chief symptoms of irritable bowel syndrome [7-11].

Through the use of an IBS-QOL questionnaire, this study sought to determine whether asafoetida is effective at enhancing IBS patients' quality of life. Asafoetida was selected for its unstudied positive effect as a major choice of selection as a specific drug in the management of IBS in homoeopathic practise as the justification.

Material and Methods

Source of data: MNR Homoeopathic Medical College & Hospital

Type of study: Experimental study

Study design: Randomized -Controlled Clinical trial.

Sample size: 20

Inclusion criteria

- 1. Patients aged between 16 and 45 years.
- 2. In the case of women who are not pregnant and not lactating.
- 3. Patients exhibiting the Roman Criteria III symptoms.

Corresponding Author: Dr. P Pavithran

Assistant Professor,
Department of Homoeopathic
Pharmacy, MNR
Homoeopathic Medical College
and Hospital, Fasalwadi,
Sangareddy, Telangana, India

Exclusion criteria

- Females who were pregnant or lactating were not included in the study.
- 2. People who have malignant disorders.

Proposed Intervention

Depending on the patients' susceptibilities, different potencies of asafoetida are administered.

Data collection

A pre-designed case pro-forma and the IBS-QOL questionnaire are used to collect data.

Analysis of data

- Each patient's gathered symptoms were examined, and the experimental group received Asafoetida.
- The potency was chosen based on the case's requirements, taking into account the case's requirements for susceptibility, vitality, and changes in the structural and functional level.
- Placebo was administered to the control group.
- These cases were monitored for a total of six months.
- Each case was carefully examined during the follow-up, including the severity of symptoms before, during, and after treatment.

Follow ups

- Cases were evaluated for the subjective and objective changes every 15 days.
- For the purpose of the study, each case was followed for a minimum of 6 months after the commencement of treatment.

Assessment of effectiveness

- On the basis of clinical improvement, the elimination or relief of symptoms, and an improvement in overall health, the effectiveness of the medications was evaluated.
- After finishing the course of treatment, the posttreatment illness intensity was compared while taking the patient's overall health and IBS symptoms into account.

Plan and data analysis

- Descriptive statistics were used to analyse the data, and the results were then presented using tables, percentages, and graphs as necessary.
- An unpaired "t-test" was used to determine the significance of the treatment before and after utilising homoeopathic medicine.

Results

Table 1: Showing age group of patients

S. No.	Age	No. of patients	Percentage	
1.	16-25	6	30%	
2.	26-35	8	40%	
3.	36-45	6	30%	

Table 2: Showing gender distribution in groups

S. No.	Gender	No. of patients	Percentage	
1	Male	11	55%	
2	Female	9	45%	

Table 3: IBS-QOL scores before and after of both Asafoetida and Control group

S.No	IBS – QOL Score Asafoetida Group			IBS – QOL Score Control Group				
No	Name	Before	After	Difference	Name	Before	After	Difference
1	Mr. S	85	64	21	Mr. A	85	80	5
2	Mr. R	88	66	22	Mr. V	76	73	3
3	Mrs. K	90	70	20	Mrs. N	80	79	1
4	Mrs. S	82	60	22	Mrs. K	75	74	1
5	Mrs. K	83	61	22	Mr. H	88	86	2
6	Mr. T	89	58	31	Mr. M	90	87	3
7	Mrs. A	80	55	25	Mrs. L	78	77	1
8	Mr. N	87	62	25	Mr. S	82	80	2
9	Mrs. P	84	56	28	Mr. R	79	78	1
10	Mrs. R	81	67	14	Mr. A	68	67	1

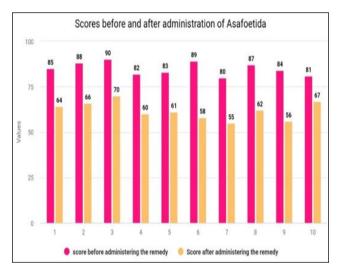


Fig 1: IBS-QOL scores before and after administering Asafoetida

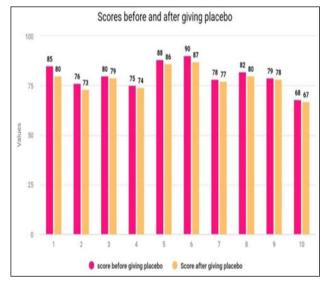


Fig 2: IBS-QOL scores before and after administering Placebo

P Value and statistical significance:

- The two-tailed P value is less than 0.0001.
- By conventional criteria, this difference is considered to be extremely statistically significant.

Confidence interval

- The mean of ASAFOETIDA GROUP minus Control Group equals 21.00
- 95% confidence interval of this difference: From 17.79 to 24.21.

Intermediate values used in calculations

- T = 13.7477.
- DF = 18.
- Standard error of difference = 1.528.

Table 4: Unpaired T-Test results

Group	Asafoetida group	Control group
Mean	23.00	2.00
SD	4.64	1.33
SEM	1.47	0.42
N	10	10

- Based on p value, mean and standard difference of Asafoetida group (23±4.64) and Control group (2.00+1.33).
- The above unpaired t test reveal that Asafoetida showed appreciable efficacy in the improvement of Quality of life of individuals suffering with irritable bowel syndrome.

Discussion

The patients for this clinical trial are chosen from the O.P.D, I.P.D, and camps of MNR Homoeopathic Medical College and Hospital, and it lasts for around 6 months. 20 patients were chosen at random, and 10 of them received medication while the other 10 received a placebo.

The follow up for each patient is taken for 15 days. Unpaired t test statistical analysis was performed using the values of the IBS-QOL scoring that were acquired from the patients before and after the treatment after collecting data from all the patients.

Unpaired t test statistical analysis was performed using the values of the IBS-QOL scoring that were acquired from the patients before and after the treatment after collecting data from all the patients.

Administration of the Asafoetida yielded positive results. At the conclusion of the Asafoetida treatment, all patients displayed a considerable improvement in their symptoms, as evidenced by the IBS-QOL score, with no new symptoms developing.

- The patient's condition significantly improved as a result of the medication's effect when compared to a placebo.
- The usage of medication did not result in the emergence of any new symptoms, but rather a reduction in the already present symptoms.

Conclusion

Males are more afflicted than females among the chosen patients, and out of the 10 patients that received Asafoetida, the majority of them significantly improved compared to the control group. The results of the given study's administration of asafoetida showed remarkable efficacy in improving the Quality of Life of people with irritable bowel syndrome, according to an unpaired t test that revealed the p value is significant.

Financial support and sponsorship: Nil.

Conflicts of interest: None declared.

References

1. Drossman DA, Camilleri M. Irritable bowel syndrome:

- a technical review for practice guideline development. Gastroenterology. 1997;112:2120-37.
- 2. Testa MA, Simonson DC. Assessment of quality-of-life outcomes. N Engl J Med. 1996;334:835-840.
- 3. Fichna J, Wood JT, Papanastasiou M, *et al.* End cannabinoid and cannabinoid like fatty acid amide levels correlate with pain-related symptoms in patients with IBS-D and IBS-C: a pilot study. PLoS One. 2013;8:e85073
- Canavan C, West J, Card T. The epidemiology of irritable bowel syndrome. Clinical epidemiology. 2014:6:71.
- Fitzpatrick R, Fletcher A, Gore S, Jones D, Spiegelhalter D, Cox D. Quality of life measures in health care. I. Applications and issues in assessment. Br Med J. 1992;305:1074-1077.
- 6. Mönnikes H. Quality of life in patients with irritable bowel syndrome. Journal of Clinical Gastroenterology. 2011;45:S98-S101.
- 7. Allen TF. The Encyclopaedia of pure material medical. Boericke & Tafel; c1874. p. 1.
- 8. Burt WH. Physiological Materia Medica: Containing all that is known of the physiological action of our remedies; together with their characteristic Indications and Pharmacology. Gross & Delbridge; c1881.
- 9. Boericke W. Materia medica with repertory. In Material medical with repertory; c1927. p. 1049-1049.
- 10. Kent JT. Lectures on homoeopathic material medical. Jain Publishing Company; c1980.
- 11. Clarke JH. A dictionary of practical material medical. Homoeopathic publishing Company; c1902. p. 2.

How to Cite This Article

Pavithran P, Jahnavi P. A clinical study to evaluate the efficacy of asafoetida in the management of irritable bowel syndrome. International Journal of Homoeopathic Sciences. 2023;7(1):99-101.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.