

Irritable Bowel Syndrome and Homoeopathy

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Abstract: *Irritable bowel syndrome (IBS) is characterized by recurrent abdominal pain in association with abnormal defecation in the absence of a structural abnormality of the gut. As the homoeopathy deals with individualistic approach, it provides a cure to the patient and it maintains the quality of life.*

Keywords: Irritable bowel syndrome, Rome criteria III, Homoeopathy

1. Introduction

Irritable bowel syndrome (IBS) is characterised by recurrent abdominal pain in association with abnormal defecation in the absence of a structural abnormality of the gut. About 10–15% of the population is affected at some time but only 10% of these consult their doctors because of symptoms. Nevertheless, IBS is the 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.

Pathophysiology:

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.

- Behavioural and psychosocial factors.
- Physiological factors.
- Luminal factors.

Clinical Features:

- The most common presentation is recurrent abdominal discomfort.
- Usually colicky or cramping in nature, felt in the lower abdomen and relieved by defecation.
- Abdominal bloating worsens throughout the day; the cause is unknown, but it is not due to excessive intestinal gas.
- The bowel habit is variable. Most patients alternate between episodes of diarrhoea and constipation.
- Those with constipation tend to pass infrequent pellety stools, usually in association with abdominal pain or proctalgia.
- Those with diarrhoea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms.
- Passage of mucus is common but rectal bleeding does not occur.
- Patients do not lose weight and are constitutionally well.
- Physical examination is generally unremarkable, except for variable tenderness to palpation.

Differential Diagnosis:

Diarrhoea-predominant patients justify investigations to exclude,

- Coeliac disease,
- Microscopic colitis,
- Lactose intolerance,
- Bile acid diarrhoea,
- Thyrotoxicosis,
- Parasitic infection.

Investigations

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

Rome III criteria for diagnosis of irritable bowel syndrome:

Recurrent abdominal pain or discomfort on at least 3 days per month in the last 3 months associated with two or more of the following:

- Improvement with defecation.
- Onset associated with a change in frequency of stool.
- Onset associated with a change in form (appearance) of stool.

Supporting diagnostic features and alarm features in irritable bowel syndrome:

- a) Features supporting a diagnosis of IBS:
- Presence of symptoms for more than 6 months.
 - Frequent consultations for non-gastrointestinal problems.
 - Previous medically unexplained symptoms.

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- Worsening of symptoms by stress.
- b) Alarm features:
- Age > 50 years; male gender.
 - Weight loss.
 - Nocturnal symptoms.
 - Family history of colon cancer.
 - Anaemia.
 - Rectal bleeding.

Management

The most important steps are to make a positive diagnosis and reassure the patient. Many people are concerned that they have developed cancer. A cycle of anxiety leading to colonic symptoms, which further heighten anxiety, can be broken by explaining that symptoms are not due to a serious underlying disease but instead are the result of behavioural, psychosocial, physiological and luminal factors. In individuals who fail to respond to reassurance, treatment is traditionally tailored to the predominant symptoms. Dietary management is effective for many patients. Up to 20% may benefit from wheat-free diet, some may respond to lactose exclusion, and excess intake of caffeine or artificial sweeteners, such as sorbitol, should be addressed. Probiotics, in capsule form, can be effective if taken for several months, although the optimum combination of bacterial strains and dose have yet to be clarified.

Dietary management of irritable bowel syndrome:

- Eat regularly and avoid missing meals.
- Take time to eat.
- Ensure adequate hydration and avoid carbonated and caffeinated drinks.
- Reduce alcohol intake.
- Reduce intake of 'resistant' starch and insoluble fibre.
- Avoid foods with artificial sweeteners.
- Consider a wheat-free diet.
- Consider a lactose exclusion diet.

Homoeopathic Remedies:

- **Argentum Nitricum:** Apprehension, on getting ready for church, opera, etc., has an attack of diarrhoea. Irresistible desire for sugar; gastric ailments, with violent loud belching's. Stool; green, mucous, like chopped spinach in flakes; turns green on remaining on diaper; expelled with much spluttering.
- **Bryonia Alba:** Dryness of mucous membranes generally (lips, mouth, stomach, wants drink in large quantities, at long intervals; intestines, dry hard stools as if burnt). Constipation (no desire) or diarrhoea, < mornings on beginning to move. Sitting up causes nausea and faintness. Modalities: < from motions, warm weather after cold. > from quiet, lying on painful side.
- **China:** Vomiting of undigested food. Slow digestion. Hungry without appetite. 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. Bloating better by movement. Abdomen.-Much flatulent colic; better bending double. Tympanitic abdomen. Pain in right hypochondrium. 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.

- **Colocynth:** Colic, relief by bending double or pressing something hard against the abdomen. Dysentery-like diarrhoea; renewed after least food or drink, often with the characteristic colic pains. Modalities: < evening, anger; after eating; > from coffee, bending double and hard pressure
- **Dioscorea:** 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. Gripping, 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.
- **Gratiola:** Obstinate ulcers. Nux symptoms in females often met by Gratiola. Diarrhoea; green, frothy water, followed by anal burning, forcibly evacuated without pain. Constipation, with gouty acidity. 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.
- **Lycopodium:** Everything tastes sour; eructation's, heartburn, water brash, sour vomiting (between chill and heat). Gastric affections, Excessive accumulation of flatulence; constant sensation of satiety; good appetite, but a few mouthfuls fill up to the throat, and he feels bloated; fermentation in abdomen, with loudgrumbling, croaking, especially lower abdomen (upper abdomen, Carbo veg entire abdomen, Chin.); fullness, not relieved by belching.
- **Nux vomica:** Eructations, Sour, bitter; nausea and vomiting every morning with depression of spirits; after eating. Nausea, Constant; after eating; in morning; from smoking; and feel "If I could only vomit, I would be so much better. Stomach, pressure an hour or two after eating as from a stone; pyrosis, tightness, must loosen clothing; cannot use the mind for two or three hours after a meal; sleepy after dinner; from anxiety, worry, brandy, coffee, drugs, night watching, high living, etc. Constipation; with frequent unsuccessful desire, passing small quantities of feces (in upper abdomen, Ign., Verat.); sensation as if not finished. Frequent desire for stool; anxious, ineffectual, > for a time after stool; in morning after rising; after mental exertion.

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