

# Exploring the Efficacy of Homeopathy in Alleviating Irritable Bowel Syndrome Symptoms: An In-Depth Analysis of Therapeutic Strategies

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**Abstract**— irritable bowel syndrome (IBS) is a functional condition of the bowel that is diagnosed using clinical criteria. This paper discusses the nature of the diagnostic process for IBS and how this impacts epidemiological measurements. Depending on the diagnostic criteria employed, IBS affects around 11% of the population globally. Around 30% of people who experience the symptoms of IBS will consult physicians for their IBS symptoms. These people do not have significantly different abdominal symptoms to those who do not consult, but they do have greater levels of anxiety and lower quality of life. Internationally, there is a female predominance in the prevalence of IBS. There is 25% less IBS diagnosed in those over 50 years and there is no association with socioeconomic status. IBS aggregates within families and the genetic and sociological factors potentially underlying this are reviewed. Patients diagnosed with IBS are highly likely to have other functional disease and have more surgery than the general population. There is no evidence that IBS is associated with an increased mortality risk. The epidemiological evidence surrounding these aspects of the natural history is discussed.

**Indexed Terms-** Irritable Bowel Syndrome, Epidemiology, Prevalence, Mortality, Natural History

## I. INTRODUCTION

Defining IBS: one disorder, or many?

Irritable bowel syndrome (IBS) is a functional bowel disorder characterised by chronic or recurrent abdominal pain associated with either relief or exacerbation by defecation, or a change in bowel habit.

### Irritable Bowel Syndrome Types

There are four subcategories of IBS, each with equal prevalence:

- Mostly diarrhea and abdominal discomfort (IBS-D).
- Mostly constipation and abdominal constipation discomfort (IBS-C).
- Alternating loose stools and with abdominal discomfort (IBS-mixed).
- Undefined subtype (IBS-U) — symptoms vary.

### Epidemiology

Population-based studies estimate the prevalence of irritable bowel syndrome (IBS) at 10-20% [24] and the incidence of irritable bowel syndrome at 1-2% per year. However, when a 2016 population-based study compared the prevalence of irritable bowel syndrome with the Rome IV criteria versus the Rome III criteria in the United States, Canada, and the United Kingdom, investigators reported a nearly 50% reduction in its prevalence in these countries—potentially attributable to removing "discomfort" from the definition. [25]

Of people with irritable bowel syndrome, approximately 10-20% seek medical care. An estimated 20-50% of gastroenterology referrals relate to this symptom complex. The incidence is markedly different among countries.

Adolescent and young adult women are most commonly affected. [2] In Western countries, women are 2-3 times more likely to develop irritable bowel syndrome than men, although males represent 70-80% of patients with irritable bowel syndrome in the Indian

subcontinent. Women seek health care more often, but the irritable bowel syndrome–specific influence of this occurrence remains unknown. Other factors, such as a probably greater incidence of abuse in women, may confound the interpretation of this statistic.

Patients often retrospectively note the onset of abdominal pain and altered bowel habit in childhood. Approximately 50% of people with irritable bowel syndrome report symptoms beginning before age 35 years. The development of symptoms in people older than 40 years does not exclude irritable bowel syndrome but should prompt a closer search for an underlying organic etiology.

#### Causes

The exact cause of IBS isn't known. Factors that appear to play a role include:

- Muscle contractions in the intestine. The walls of the intestines are lined with layers of muscle that contract as they move food through your digestive tract. Contractions that are stronger and last longer than usual can cause gas, bloating and diarrhea. Weak contractions can slow food passage and lead to hard, dry stools.
- Nervous system. Issues with the nerves in your digestive system may cause discomfort when your abdomen stretches from gas or stool. Poorly coordinated signals between the brain and the intestines can cause your body to overreact to changes that typically occur in the digestive process. This can result in pain, diarrhea or constipation.
- Severe infection. IBS can develop after a severe bout of diarrhea caused by bacteria or a virus. This is called gastroenteritis. IBS might also be associated with a surplus of bacteria in the intestines (bacterial overgrowth).
- Early life stress. People exposed to stressful events, especially in childhood, tend to have more symptoms of IBS.
- Changes in gut microbes. Examples include changes in bacteria, fungi and viruses, which typically reside in the intestines and play a key role in health. Research indicates that the microbes in people with IBS might differ from those in people who don't have IBS.

#### Triggers

Symptoms of IBS can be triggered by:

- Food. The role of food allergy or intolerance in IBS isn't fully understood. A true food allergy rarely causes IBS. But many people have worse IBS symptoms when they eat or drink certain foods or beverages. These include wheat, dairy products, citrus fruits, beans, cabbage, milk and carbonated drinks.
- Stress. Most people with IBS experience worse or more-frequent symptoms during periods of increased stress. But while stress may make symptoms worse, it doesn't cause them.

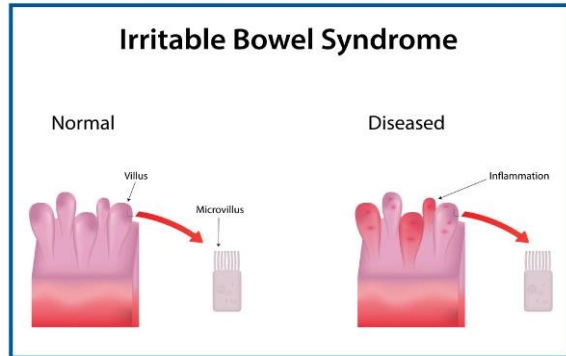
#### What foods usually trigger IBS?

- Beans, foods that contain sorbitol, mannitol, or xylitol, onions and some other vegetables, fruits, certain dairy foods, few carbohydrate containing foods.

#### Pathophysiology-

- Traditionally, irritable bowel syndrome has been considered to be a disorder with no known underlying structural or biochemical explanation, but this concept is likely to be outdated. In this Review we challenge the widely accepted view that irritable bowel syndrome. There is epidemiological evidence that, in a major subset of patients, gastrointestinal symptoms arise first and only later do incident mood disorders occur. Additionally, possible mechanisms for gut–brain dysfunction have been identified, suggesting primary gut disturbances might be the underlying cause in a subgroup. Underlying mechanisms that could lead to irritable bowel syndrome include genetic factors (most notably an identified mutation of SCN5A); post-infectious changes, chronic infections and disturbances in the intestinal microbiota; low-grade mucosal inflammation, immune activation, and altered intestinal permeability; disordered bile salt metabolism (in 10–20% of cases with diarrhoea); abnormalities in serotonin metabolism; and alterations in brain function, which could be primary or secondary factors. Identical irritable bowel syndrome symptoms are probably due to different disease processes; grouping patients with this disorder into either diarrhoea-predominant or constipation-predominant subtypes promotes

heterogeneity. An approach based on the underlying pathophysiology could help to develop therapies that target causes and ultimately provide a cure for patients with irritable bowel syndrome.



### Symptoms

Symptoms of IBS vary but are usually present for a long time. The most common include:

- Abdominal pain, cramping or bloating that is related to passing a bowel movement
- Changes in appearance of bowel movement
- Changes in how often you are having a bowel movement

Other symptoms that are often related include sensation of incomplete evacuation and increased gas or mucus in the stool.

More-serious symptoms include:

- Weight loss
- Diarrhea at night
- Rectal bleeding
- Iron deficiency anemia
- Unexplained vomiting
- Pain that isn't relieved by passing gas or a bowel movement
- Many people have occasional symptoms of IBS. But you're more likely to have the syndrome if you:
  - Are young. IBS occurs more frequently in people under age 50.
  - Are female. In the United States, IBS is more common among women. Estrogen therapy before or after menopause also is a risk factor for IBS.
  - Have a family history of IBS. Genes may play a role, as may shared factors in a family's

environment or a combination of genes and environment.

- Have anxiety, depression or other mental health issues. A history of sexual, physical or emotional abuse also might be a risk factor.

### Diagnosis

There's no test to definitively diagnose IBS. Your health care provider is likely to start with a complete medical history, physical exam and tests to rule out other conditions, such as celiac disease and inflammatory bowel disease (IBD).

After other conditions have been ruled out, your provider is likely to use one of these sets of diagnostic criteria for IBS:

- Rome criteria. These criteria include belly pain and discomfort averaging at least one day a week in the last three months. This must also occur with at least two of the following: Pain and discomfort related to defecation, a change in the frequency of defecation, or a change in stool consistency.
- Type of IBS. For the purpose of treatment, IBS can be divided into four types, based on your symptoms: constipation-predominant, diarrhea-predominant, mixed or unclassified.

Your provider will also likely assess whether you have other symptoms that might suggest another, more serious, condition. These include:

- Onset of symptoms after age 50
- Weight loss
- Rectal bleeding
- Fever
- Nausea or recurrent vomiting
- Belly pain, especially if it's not related to a bowel movement, or occurs at night
- Diarrhea that is ongoing or awakens you from sleep
- Anemia related to low iron

If you have these symptoms, or if an initial treatment for IBS doesn't work, you'll likely need additional tests.

#### Additional tests

Your provider may recommend several tests, including stool studies to check for infection. Stool studies also can check to see if your intestine has trouble taking in nutrients. This is a disorder known as malabsorption. Additional tests may be recommended to rule out other causes of your symptoms.

Diagnostic procedures can include:

- Colonoscopy. Your provider uses a small, flexible tube to examine the entire length of the colon.
- CT scan. This test produces images of your abdomen and pelvis that might rule out other causes of your symptoms, especially if you have belly pain.
- Upper endoscopy. A long, flexible tube is inserted down your throat and into the esophagus, which is the tube connecting your mouth and

Laboratory tests can include:

- Lactose intolerance tests. Lactase is an enzyme you need to digest the sugar found in dairy products. If you don't produce lactase, you may have problems similar to those caused by IBS, including belly pain, gas and diarrhea. Your provider may order a breath test or ask you to remove milk and milk products from your diet for several weeks.
- Breath test for bacterial overgrowth. A breath test also can determine if you have bacterial overgrowth in your small intestine. Bacterial overgrowth is more common among people who have had bowel surgery or who have diabetes or some other disease that slows down digestion.
- Stool tests. Your stool might be examined for bacteria, parasites or the presence of bile acid. Bile acid is a digestive liquid produced in your liver.

#### Complications

Chronic constipation or diarrhea can cause hemorrhoids.

In addition, IBS is associated with:

1. Poor quality of life. Many people with moderate to severe IBS report poor quality of life. Research indicates that people with IBS miss three times as

many days from work as do those without bowel symptoms.

2. Mood disorders. Experiencing the symptoms of IBS can lead to depression or anxiety. Depression and anxiety also can make IBS worse.

#### General Measures

Patients with IBD are vulnerable to water and electrolyte balance disorders and malnutrition and there are severe cases such as chronic anemia, and high homocysteinemia that threaten the patients' life. Therefore, appropriate symptomatic treatment measures are necessary.

Body mass index (BMI), iron, calcium, and vitamins (especially vitamin D and B12) should be monitored and adjusted accordingly. Nutritional support treatment should be given to patients with severe illnesses. Enteral nutrition is the first choice, and parenteral nutrition can be supplemented if enteral nutrition is insufficient (234).

#### Education

An review reported that more than half of IBD patients were deficient in micronutrients, such as iron, vitamin B12, vitamin D, vitamin K, and folic acid

Mediterranean-style diet (DINE-CD) is another kind of dietary intervention for IBD treatment. DINE-CD requires a diet high in omega-3's and low in omega-6's, which may reduce intestinal inflammation

#### Mood and Psychology

The recurring symptoms and long-term medication will bring a heavy economic burden to the family, so IBD patients are prone to anxiety, depression and other adverse emotions

#### Homeopathic remedies for irritable bowel syndrome

Aloe Socotrina

Common Name: Aloe socotrina

Symptoms: Aloe is often prescribed to improve bowel movements. It also helps improve the following symptoms: Urgency to pass stool, Bloating and fullness, Abdominal cramping before and while passing stool, Strong urge to pass stools after eating or drinking. Watery, bright yellowish diarrhoea early in

the morning. Individuals complain of aggravation of symptoms in the morning

#### Asafoetida

Common Name: Gum of the stinkasand.

Symptoms: Erratic and occasional contraction of the stomach accompanied by the passing of gas (flatulence) is the most marked symptom that responds to asa foetida. Other common symptoms that can be managed with this remedy are: Profuse stools, both watery and thick, Abdominal pain, Diarrhoea, Offensive stool. Painful sensation in the perineum (the region in between the anus and the genitals). Symptoms are worse in warm weather and at night. Symptoms improve in open air.

#### Colocynthis

Common Name: Bitter apple

Symptoms: An extreme pain in the abdomen which is eased with bending, twisting or any kind of motion is a characteristic symptom that responds to this medicine. It also helps relieve other symptoms like: Painful sensation in the perineum (the region in between the anus and the genitals). Symptoms are worse in warm weather and at night. Symptoms improve in open air. Greenish yellow, offensive stool. Constipation with a feeling as if stones are being grounded in the abdomen, Pain while passing stool - Slimy diarrhoea. Symptoms get worse when the patient is angry or discontent and get better with warmth.

#### Lycopodium Clavatum

Common Name: Club moss

Symptoms: This remedy is prescribed in cases of constipation and other conditions related to bowel movements. Symptoms which indicate a need for lycopodium clavatum are: Small and hard stool. Ineffectual desire to pass stool. Haemorrhage even when passing soft stools. Warm climate results in aggravation of symptoms, while a drop in temperature or slight activity alleviates the pain.

#### Natrium Carbonicum

Common Name: Carbonate of sodium

Symptoms: Natrium carbonicum is prescribed to stimulate metabolic functions. Symptoms that respond well to natrium are: Aversion to milk and diarrhoea on consumption of milk, Weak digestion leading to

diarrhoea. Yellow discharge like orange pulp in stool. Sudden urgency to pass stool. Exposure to heat and sun along with any mental exertion lead to worsening of the condition but the patient feels better on moving about.

#### Nux Vomica

Common Name: Poison nut

Symptoms: Nux vomica is generally prescribed to thin, active individuals who show the following symptoms: Alternating diarrhoea with constipation. Frequent ineffectual desire to pass stool. Small quantity of stool passed each time, with a feeling of incomplete emptying. Constipation. Symptoms worsen in dry weather and in the morning. Nux vomica is advised to be taken during the evening hours when it is the most active.

### CONCLUSION

In summary, our exploration into the efficacy of homeopathy in alleviating irritable bowel syndrome (IBS) symptoms reveals promising potential for this alternative therapy. While traditional treatments for IBS often target symptoms without addressing underlying causes, homeopathy offers a holistic approach that aims to restore balance within the body. Through the use of highly diluted natural substances, homeopathy seeks to stimulate the body's self-healing mechanisms, providing relief from IBS symptoms such as abdominal pain, bloating, and irregular bowel movements. Our review of existing literature suggests that homeopathy may offer benefits in managing IBS symptoms, particularly for individuals seeking alternative or complementary therapies. However, further research is needed to fully understand the mechanisms of action and determine the effectiveness of specific homeopathic remedies for different subtypes of IBS. Homeopathy's popularity continues to grow among individuals seeking gentler, more natural approaches to healthcare. Healthcare providers should stay informed about its potential, integrating it into treatment plans to better serve individuals with IBS, enhancing their quality of life.

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