Efficacy of Homeopathy in Managment of Irritable Bowel Syndrome

¹Dr. Hitarth N. Mehta, ²Dr Hasti Dekivadiya

¹Principal/HOD, Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University ²PG Scholar, Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University

ABSTRACT: Irritable Bowel Syndrome (IBS) is defined as a gastrointestinal (GI) disorder characterized by altered bowel habits and abdominal pain in the absence of detectable structural abnormality. IBS causes a great deal of discomfort and distress, but it does not permanently harm the intestines. Most people can control their symptoms with diet, stress management, and prescribed medications. For some people, however, IBS can be disabling. They may be unable to work, attend social events, or even travel short distances.

INTRODUCTION

Irritable bowel syndrome (IBS) is one of the most common psychosomatic functional disorder of the gut. As a functional gastrointestinal disorder, Irritable Bowel Disorder has no organic cause, though it impacts 10 - 25 % of the population worldwide. Although it is not associated with development of serious disease, it markedly reduces the quality of life and causes discomfort both physically and mentally. The most important clinical features of IBS include abdominal pain, altered bowel habits, gas and flatulence and upper gastrointestinal symptoms such as dyspepsia, heartburn, nausea and vomiting. Homoeopathy can be used for treating IBS as it is based on a personalized approach. It aims at permanent cure by removing the deficiencies present in the constitution, which is mainly responsible for various ailments . So homoeopathy treats the individual as a whole, not just one intestine or bowel symptom.

CLINICAL FEATURES

Abdominal discomfort or pain- IBS should not be diagnosed in the absence of abdominal discomfort or pain. The pain or discomfort in IBS typically is relieved by defecation, or its onset is associated with an increase or decrease in stool frequency or looser or harder stool. The pain often is poorly localized. Constipation or Diarrhea- Patients with IBS experiences constipation, diarrhea or alternating constipation or diarrhea; Typically bowel symptoms are variable and intermittent.

Bloating and Visible Distention- A feeling of bloating is common in IBS, and its site can be difficult for the patient to localize. Visible abdominal distention is characteristic but less common. Gas can mean excess bloating, belching, flatus, or even reflux symptoms to the patient.

Non – colonic Symptoms -They themselves are not diagnostic. Nausea is common and at least one third of patients with IBS have epigastric discomfort or pain (dyspepsia). Extracolonic symptoms including headache, backache, impaired sleep, fatigue, increased urinary frequency or urgency, and dyspareunia are common in patients with IBS but have no accepted diagnostic value.

DIAGNOSIS

The diagnosis is clinical and can be made with the help of Rome II, III, and IVcriteria with absence of alarm features. Rome criteria III

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

1) Improvement with defecation.

2) Onset associated with a change in frequency of stool.

3) Onset associated with a change in form.

INVESTIGATIONS

• The diagnosis of IBS is typically made based on the patient's medical history, with a normal physical examination. The decision to pursue further investigation is guided by factors such as the age, family history, and the presence of other symptoms that may indicate a more serious underlying condition.

MANAGEMENT

- While IBS can be a significant source of discomfort and distress, it's essential to reassure patients that there are no known complications or long-term consequences associated with the condition.
- Dietary guidance should focus on restricting specific foods that trigger symptoms, such as milk, spicy foods, and certain vegetables like cabbage, legumes, and beans. Some patients may find relief by excluding meat from their diet, and individualized advice will be necessary.
- For patients with constipation, a high-fiber diet is often the most effective approach.

CASE REPORT

Date: 23/02/2023

Name of patient: HBD Age/Sex: 38/F Religion: Hindu Marital Status: Married Family Size: 5 Education: Computer engineer Occupation: Software developer Veg. / None veg: Veg Socio-Economical Status: Middle class Address: Rajkot

HISTORY OF PRESENT COMPLAINT:

Patient has complained of heaviness in abdomen and pain sometime.< after eating. Sour eructation. Dry stool passes with difficulty. Flatulence

PRESENT COMPLAIN:

Location	Sensation	Modality	Concomitant
GIT (since 9-10 month)	 Heaviness in abdomen.Pain sometimes. Sour eructation Dry stool with decreased frequency. Flatulence 	< after eating	

ROME III DIAGNOSTIC CRITERIA FOR IBS:

Abdominal pain/ discomfort: Discomfort in abdomen with rumbling sensation

Relation with Defecation:- Better by passing stool

Consistency of stool: Dry stool

Frequency of stool: Once in 2-3 days

PAST HISTORY & HISTORY OF PREVIOUS TREATMENT: -No any major illness in past.

FAMILY HISTORY:

Father - Hypertension

Mother - Healthy

PHYSICAL GENERALS:

Appetite: 3 times/ day,easy satiety

Thirst: 4-5 glasses/day, Thirstless

Desire: Not specific Aversion: Not specific

Intolerance:Not specific

Stool: Every alternate day

Urine: 5-6 times/ day

Thermal Reaction: ambithermal

Perspiration: scanty

Sleep & Position: 6-7 hours, supine

Dreams: water

Addiction: Not any

Menstruation: 3-4/29-30 days, regular

Obstetric History: 1, C- section

MENTAL GENERAL

Patient was born and brought up in a middle class family. Father was a businessman and mother was housewife. Her childhood was satisfactory, she was given whatever demanded. She was an extrovert since childhood. She had good relation with all family members.

After completing study she join as junior software developer. With hard work and knowledge she got promoted and now she is a manager. She is very cautious about her position. To achieve her purposes she does whatever is required. She is very strict and dominating with her team members. But very polite with higher authority. Can't tolerate contradiction. Becomes angry.

PHYSICAL EXAMINATION	J:
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General: well oriented Built: well nourished Temp.: 98.6 F Pulse: 78/min Respi. Rate:12-13/ min BP: 124/ 82 mm hg Pallor: not present Cyanosis: not present Tongue: pinkish Icterus: Not present Clubbing: Not present Oedema: Not present SYSTEMIC EXAMINATION: G.I.T.: Inspection: No abnormality detected Palpation: Soft, No abnormality detected Percussion: No abnormal sounds Auscultation: Peristaltic movement heard normal Respiratory system: Bilateral air entry equal CNS: NAD CVS: S₁S₂ heard normal TOTALITY OF SYMPTOMS: Hard to subordinates and agreeable to superiors Diplomatic Angry on contradiction Decreased appetite Thirstlessness Dreams of water Heaviness in abdomen. < after eating Sour eructation Dry stool PRESCRIPTION: Rx, Lycopodium 30 B.D.S. for 3 days Sac Lac for 7 days

FOLLOW UP SHEET

DATE	SYMPTOMS	PRESCRITION
1/3/2023	Improvement in appetite. Can eat	Rx, lycopodium 30 O.D.S. for 3
	adequately.	days
	Heaviness and Eructation persist.	Sac lac B.D.S for 15 days
	Flatulence. Dry stool.	
	Better in eructation and bloating.	Rx, Sac lac O.D.S. for 3 days
17/3/2023	Desire to eat and can eat.	Sac lac B.D.S for 7 days
	Better in bloating in abdomen.	Rx, lycopodium 30 O.D.S. for 3
	Sour eructation dry stool Passes	days
22/3/2023	with difficulty.	Sac lac B.D.S for 15 days
8/4/2023		Rx, Sac lac O.D.S. for 3 days

	Better in eructation and bloating. Desire to eat and can eat properly. Stool is dry but Better in straining.	Sac lac B.D.S for 7 days
19/4/2024 30/4/2023	Dry stool with heaviness in abdomen after eating. flatulence.	Rx, lycopodium 30 O.D.S. for 3 days Sac lac B.D.S for 15 days
17/5/2023	Improvement in consistency of stool and heaviness. Improvement in complain of flatulence.	Rx, Sac lac O.D.S. for 3 days Sac lac B.D.S for 15 days
1/6/2023	No eructation. Heaviness improved.Flatulence after some kind of food. I.e. fermented, beans etc. and.	
	Feels better in heaviness and all previous complains.	Rx, Lycopodium 30 1 dose Sac lac B.D.S for 15

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