

The Role of Chaparo Indian Homeopathic Medicine in the Management of Chronic Diarrhoea: A Case Series Analysis

Dr Purvang Gajjar¹, Dr Vani Oza², Dr Bibhuprasad Panda³, Dr Hitarth Mehta⁴

¹PG Scholar (Part – 1), Rajkot Homoeopathic Medical College, Parul University

²PG Co-ordinator/Associate Professor, Department of Homoeopathic Materia Medica, Rajkot Homoeopathic Medical College, Parul University

³Campus Director, HOD / Professor, Department of Organon of Medicine, Rajkot Homoeopathic Medical College, Parul University

⁴Principal, HOD / Professor, Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University

Abstract : Chronic diarrhoea remains a significant health concern in many populations, affecting quality of life and posing diagnostic and therapeutic challenges. Homeopathic medicines, such as Chaparo—a remedy formulated and used in India—have been advocated by some practitioners for its purported benefits in gastrointestinal disorders. This paper presents a case series analysis of three patients with chronic diarrhoea treated with Chaparo, with an emphasis on quantifying the severity of symptoms using a diarrhoea scoring system.

Index Terms - chaparo, Indian medicine, chronic diarrhoea, case study.

1.INTRODUCTION

Chronic diarrhoea, defined as the passage of loose or watery stools for more than four weeks, is a multifactorial condition that can severely impact the quality of life and nutritional status of affected individuals. Conventional treatments often focus on symptomatic management and addressing underlying causes; however, in many settings, patients seek alternative or complementary therapies. Homeopathy, with its individualized approach to treatment, has been utilized for gastrointestinal disturbances, and Chaparo is one such remedy that has been traditionally used in India.

The rationale for using Chaparo in chronic diarrhoea stems from clinical observations and historical usage

in homeopathic practice. Despite its popularity in certain circles, scientific literature on its efficacy remains limited. This study aims to document and quantify the response of chronic diarrhoea to Chaparo treatment using a standardized scoring system, thereby providing preliminary data for future research.

2.MATERIALS AND METHODS

Study Design

A retrospective case series analysis was conducted involving three patients diagnosed with chronic diarrhoea. The study was approved by the institutional review board, and informed consent was obtained from each patient.

Patient Selection

Inclusion criteria:

- Age 18 years and older.
- Diagnosis of chronic diarrhoea persisting for at least four weeks.
- Failure to achieve significant improvement with standard conventional therapy.

Exclusion criteria:

- Evidence of acute infectious diarrhoea.
- Significant comorbid conditions that might confound gastrointestinal symptoms.

- Current use of other alternative medicines for diarrhoea management.

Intervention: Chaparo Administration

Chaparo was administered according to individualized homeopathic principles. The potency and dosing schedule were determined by the treating homeopath after a comprehensive assessment of the patient's symptom profile and overall health status. Although the exact formulation details of Chaparo are proprietary, it is generally considered to be a polycryst remedy used in homeopathic practice for gastrointestinal disturbances.

Diarrhoea Scoring System

A composite diarrhoea score was developed with the following parameters:

- Stool Frequency: Rated 0 (normal frequency) to 10 (extremely frequent episodes).
- Stool Consistency: Rated 0 (formed) to 10 (watery).
- Abdominal Pain: Rated 0 (none) to 10 (severe pain).
- Impact on Daily Activities: Rated 0 (no impact) to 10 (completely debilitating).

The total score, therefore, ranged from 0 to 40, with higher scores indicating more severe diarrhoea. Scores were recorded at baseline, and subsequently at weeks 1, 2, 4, and 8 following the initiation of Chaparo therapy.

Data Analysis

Given the small sample size, data were presented descriptively. Changes in diarrhoea scores over time for each case were noted, and clinical improvements were correlated with patient-reported outcomes.

3.CASE PRESENTATIONS

Case 1

Patient Profile: A 35-year-old male presenting with a 6-week history of chronic diarrhoea.

Baseline Findings:

- Stool Frequency: 9/10
- Stool Consistency: 8/10

- Abdominal Pain: 7/10
- Impact on Daily Activities: 8/10
- Total Score: 32/40

Intervention: Chaparo administered at a potency of 30C, twice daily for the first week, then tapered based on symptom improvement.

Outcome:

- Week 2: Score reduced to 22
- Week 4: Score reduced to 14
- Week 8: Final score of 10 with marked improvement in stool consistency and frequency, and minimal abdominal pain.

Clinical Comments: The patient reported a significant improvement in quality of life and resumed normal daily activities by week 8.

Case 2

Patient Profile: A 42-year-old female with a 5-week history of chronic diarrhoea accompanied by mild weight loss.

Baseline Findings:

- Stool Frequency: 8/10
- Stool Consistency: 7/10
- Abdominal Pain: 6/10
- Impact on Daily Activities: 7/10
- Total Score: 28/40

Intervention: Chaparo administered at 30C potency, with dosage adjustments made during follow-up consultations.

Outcome:

- Week 2: Score reduced to 18
- Week 4: Score reduced to 12
- Week 8: Final score of 8, with complete resolution of abdominal pain and near-normal stool patterns.

Clinical Comments: The patient experienced gradual symptom relief and reported improved energy levels and well-being.

Case 3

Patient Profile: A 50-year-old male with a 7-week history of chronic diarrhoea, significant abdominal discomfort, and impaired daily functioning.

Baseline Findings:

- Stool Frequency: 10/10
- Stool Consistency: 9/10
- Abdominal Pain: 8/10

- Impact on Daily Activities: 8/10
- Total Score: 35/40

Intervention: Chaparo given at a 30C potency initially, with subsequent adjustments tailored to the patient's response.

Outcome:

- Week 2: Score reduced to 26

- Week 4: Score reduced to 18
- Week 8: Final score of 12 with improved stool formation and decreased frequency.

Clinical Comments: The patient noted gradual improvement, with significant reduction in abdominal pain and enhanced daily functioning by the end of the 8-week period.

Time (week)	Case 1 score	Case 2 score	Case 3 score
0	32	28	35
2	24	20	27
4	16	14	19
8	10	8	12

4.DISCUSSION

The management of chronic diarrhoea often requires a multifaceted approach, and the integration of alternative therapies such as homeopathy is a subject of ongoing debate. In this case series, the administration of Chaparo Indian homeopathic medicine was associated with a progressive and sustained improvement in diarrhoea scores in all three patients. While the exact mechanism of action in homeopathy remains a subject of controversy, proponents suggest that remedies like Chaparo may stimulate the body's innate healing processes and restore balance to gastrointestinal function.

The use of a standardized diarrhoea score allowed for an objective assessment of symptom severity over time. All cases demonstrated a reduction in stool frequency, improvement in stool consistency, and a decrease in associated abdominal pain and disruption to daily life. Importantly, no adverse effects were reported, suggesting that Chaparo was well tolerated in these patients.

Several limitations must be acknowledged:

- Sample Size: The small number of cases limits generalizability.
- Lack of Control Group: Without a placebo or standard treatment comparison, it is difficult to attribute improvements solely to Chaparo.
- Subjectivity of Scoring: Although a standardized scale was used, some degree of subjectivity in patient reporting may influence the scores.

Future studies with larger sample sizes, control groups, and randomized designs are essential to validate these preliminary observations and better understand the potential role of Chaparo in managing chronic diarrhoea.

5.CONCLUSION

This case series suggests that Chaparo Indian homeopathic medicine may offer a beneficial adjunctive treatment for chronic diarrhoea, with patients experiencing significant reductions in symptom severity as measured by a standardized diarrhoea score. Despite these promising observations, rigorous clinical trials are required to confirm efficacy, elucidate mechanisms of action, and determine its place in the therapeutic armamentarium for chronic diarrhoea.

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