



RESEARCH ARTICLE

IBS & IT'S HOMOEOPATHIC APPROACH.

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Abstract

Dismissed initially as stomach upset or infection from roadside eating, it took a while and a change of physicians for the young working woman to know that she had IBS. In fact, it was the first time that she even heard about it.

Also known as spastic colon, IBS is a type of gastrointestinal disorder. It is a functional disorder, which means there is a problem with the movement in the digestive system, and there is no damage to the digestive tissues. Homoeopathic treatment was said to be effective in Irritablebowelsyndromeasitworkson individualistic approach.

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Introduction:-

Irritable bowel syndrome (IBS) is the functional disorder of the gastrointestinal tract particularly associated with lower bowel for which no structural, infective or biochemical cause can be found.² IBS is a benign, chronic symptom complex of altered bowel habits and recurrent abdominal pain in the absence of a structural abnormality of the gut.¹ Irritable bowel syndrome (IBS) has been recognized as one of the most common and best studied disorders among the group of functional gastrointestinal disorders.

Homoeopathy deals with the diseased individual rather than the disease which makes its scope quite wider in dealing with this type of diseases.

Description-

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities. No clear diagnostic markers exist for IBS, thus the diagnosis of the disorder is based on clinical presentation.

Epidemiology And Prevalence-

It was reported that approximately 10-20% of adults in Western countries have IBS symptoms.. Globally, Southeast Asia has lowest prevalence of IBS (7.0%) and South America the highest (21.0%).

Pathophysiology-

The cause of IBS is incompletely understood but bio psychosocial factors are thought to play an important role, along with luminal factors, such as diet and the gut microbes.

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Behavioural and psychosocial factors- Most patients seen in general practice do not have psychological problems but about 50% of patients referred to hospital have a psychiatric illness, such as anxiety, depression, somatisation and neurosis.

Physiological factors- There are some evidence that IBS may be a serotonergic (5-HT) disorder, as evidenced by relatively excessive release of 5-HT in diarrhoea-predominant IBS (D-IBS) and relative deficiency with constipation-predominant IBS (C-IBS).

Luminal factors- Both quantitative and qualitative alterations in intestinal bacterial contents (the gut microbiota) have been reported. Small intestinal bacterial overgrowth (SIBO) may be present in some patients and lead to symptoms.

Dietary factors- Some patients have chemical food intolerances (not allergy) to poorly absorbed, short-chain carbohydrates (lactose, fructose and sorbitol, among others), collectively known as FODMAPs (fermentable oligo-, di- and monosaccharides, and polyols).

Classification:

1. Constipation predominant IBS(C-IBS) - Those with spastic colitis, having primarily chronic abdominal pain and constipation.
2. Diarrhoea predominant IBS (D-IBS) –Those with chronic intermittent watery diarrhoea often without pain.
3. Mixed IBS (M-IBS) –Those with both features and alternating diarrhoea and constipation.

Clinical Features

1. The most common presentation is that of recurrent abdominal discomfort which is usually colicky or cramping in nature, felt in the lower abdomen; provoked by food and relieved by defecation Abdominal bloating worsens throughout the day
2. Those with constipation tend to pass infrequent pellety stools, usually in association with abdominal pain or proctalgia.
3. Those with diarrhoea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms.
4. Passage of mucus is common but rectal bleeding does not occur.
5. Physical examination is generally unremarkable, with the exception of variable tenderness to palpation.

Associated symptoms (Non gastrointestinal features) related to IBS-⁷

1. Genitourinary.
2. Psychological illness.
3. Fibromyalgia.
4. Headache.
5. Backache.
6. Chronic pelvic pain.
7. Sexual dysfunction.
8. Lower urinary tract dysfunction.
9. Depression and Anxiety.

Diagnosis-

No clear diagnostic markers exist for IBS, thus the diagnosis of the disorder is based on clinical presentation. In 2006, the Rome III criteria for the diagnosis of IBS was given.³

Rome III criteria for diagnosis of irritable bowel syndrome ¹ Recurrent abdominal pain or discomfort at least 3 days/month in the last 3 months, 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 (appearance) of stool

Differential Diagnosis-

The list of differential diagnoses is following-

1. Biliary tract disease

2. Peptic ulcer disorders
3. Intestinal ischemia
4. Carcinoma of the stomach and pancreas
5. Diverticular disease of the colon
6. Inflammatory bowel disease (Including ulcerative colitis and Crohn's disease)
7. Gastroparesis or partial intestinal obstruction
8. Lactase deficiency

Investigations:-

The American Gastroenterological Association has delineated factors to be considered when determining the aggressiveness of the diagnostic evaluation. Unnecessary investigations may be costly and even harmful.

1. Complete blood count (CBC).
2. Stool analysis.
3. Flexible sigmoidoscopy.
4. Colonoscopy.
5. Upper endoscopy.
6. Barium enema.
7. Abdominal computed tomography (CT).

Management-

It requires medicinal, counseling and life style changes and food habits modification. These are following-

1. Counseling and diet modification:.
2. Good bowel habit

Homoeopathic Approach To Irritable Bowel Syndrome:

Hahnemann stated about health in Organon of medicine. §9-In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.⁵

Homoeopathic Therapeutics Related To Irritable Bowel Syndrome-¹¹

Irritable bowel syndrome is a chronic problem with varying symptoms, including abdominal pain and bloating, alternating diarrhoea and constipation, flatulence, back pain, and fatigue. The cause is not clearly understood; however, since no significant tissue changes in the bowel are evident on medical examination, some speculation indicates that allergies and emotional stress may contribute to this condition. Remedies listed here may help bring some relief in moderate situations. A constitutional remedy prescribed by an experienced professional is often the best approach to help the person's system regain its balance.

Homoeopathic remedies for IBS:

Colocynthis: This remedy is indicated when cutting pains and cramping occur, making the person bend double or need to lie down and press on the abdomen. Cramps may be felt in the area of the pubic bone. Pain is likely to be worse just before the diarrhoea passes, and after eating fruit or drinking water.

Lilium tigrinum:

This remedy is indicated when the person may make frequent unsuccessful efforts to move the bowels all day and have sudden diarrhoea the following morning. A feeling of a lump in the rectum, worse on standing up, is common. Hemorrhoids may develop.

Lycopodium:

This remedy is often indicated for people with chronic digestive discomforts and bowel problems. Bloating and a sensation of fullness come on early in a meal or shortly after, and a large amount of gas is produced. Heartburn and stomach pain are very common symptoms, and the person feels better from rubbing the abdomen. Complaints are typically worse between four and eight p.m. Despite so many digestive troubles, the person can have a ravenous appetite, and may even get up in the middle of the night to eat. Problems with self-confidence, a worried facial expression, a craving for sweets, and a preference for warm drinks are other indications for Lycopodium.

Nux vomica:

Abdominal pains and bowel problems accompanied by tension, constricting sensations, chilliness, and irritability can indicate a need for this remedy. Soreness in the muscles of the abdominal wall, as well as painful gas and cramps are common. Firm pressure on the abdomen brings some relief. When constipated, the person has an urge to move the bowels, but only small amounts come out.

Podophyllum:

This remedy is indicated when abdominal pain and cramping with a gurgling, sinking, empty feeling are followed by watery, offensive-smelling diarrhoea—alternating with constipation, or pasty yellow bowel movements containing mucus. Things tend to be worse in the very early morning, and the person may feel weak and faint or have a headache afterward.

Conclusion:-

As homoeopathy is based on individualistic and holistic approach, it is highly effective in functional psychosomatic illness like IBS. All the organs are functioning harmoniously being controlled by the vital force. When a particular organ being defective, the chain of harmony is disturbed and disease result. So, Homoeopathy does not treat particular organ but to treat interior of man. To restore the sick, each and every individual peculiarities must be collected to complete the portrait of the sick person along with his general features. According to homoeopathy, Thus, Homoeopathic medicine is excellent for psychosomatic diseases like IBS.

References:-

1. Colledge Nicki R, Walker Brian R, Ralston Stuart H. Davidson's Principle and Practice of Medicine. 22nd Edi. Edinburgh: Churchill Livingstone Elsevier.
2. Owyang C. Irritable Bowel Syndrome. In: Braunwald E, Hauser SL, Fauci AS, et al. Harrison's Principles of Internal Medicine. 17th ed. Vol. 2. New Delhi: McGraw-Hill medical publ.
3. Epidemiology of irritable bowel syndrome <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4367204/> [Last cited 16-4-18].
4. Hahnemann S. Organon of Medicine. Translated from the fifth Edition with appendix by R.E.
5. Dudgeon with additions and alterations as per sixth Edition Translated by William Boericke and introduction by James Kraus. 27th impression. New Delhi: B Jain Publishers (P) Ltd; 2011.
6. <https://www.simplypsychology.org/Sigmund-Freud.html> [Last cited 16-4-18].
7. Boenninghausen CMF Von. The Lesser Writings, compiled by Bradford TL, translated from the original German by Tafel LH. 12th impression. New Delhi: B. Jain Publishers (P) Ltd.
8. [//economictimes.indiatimes.com/articleshow/62132111.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst](http://economictimes.indiatimes.com/articleshow/62132111.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst).