



Homoeopathic Management Of ‘Irritable Bowel Syndrome’ By Individualized Homoeopathic Treatment—A Case Report

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Abstract:

Irritable Bowel Syndrome is a lifestyle disorder and is becoming very common now a day. It is characterized as a functional bowel disorder in which abdominal pain or discomfort is associated with defecation and/or a change in bowel habit. IBS symptoms tend to reoccur in episodes, with periods of remission and relapses. Conventional treatments focus on specific symptoms, such as antispasmodics for pain, antidiarrheals for diarrhea, and laxatives for constipation; but fails to prevent from relapse and reoccurrence of the condition. Homoeopathy offers an effective treatment of such cases through its unique holistic approach.

Background-

Herein, a Case of 29 years old male suffering from IBS has been reported. He was diagnosed using a screening form based on Rome IV diagnostic criteria for IBS. After thorough case analysis and evaluation, individualized medicine *Lycopodium* was prescribed to him.

Outcome and evaluation- Patient was followed-up fortnightly for 6 months and assessed using IBS-Symptom severity scale (IBS-SSS) at baseline, after 3 months and after 6 months. With the treatment he found much significant improvement in his complaints and their relapse along with the general health of the patient as evident in the scores of IBS-SSS.

Keywords: Irritable Bowel Syndrome, IBS, Homoeopathy, Homeopathic, IBS Severity Scoring System, IBS-SSS.

Review of Literature

Irritable bowel syndrome (IBS) is a chronic, often debilitating and the most prevalent functional gastrointestinal disorders (FGIDs). It is an important health care concern as it greatly affects patients' quality of life and imposes a significant burden to the health care system worldwide.⁽¹⁾

IBS affects around 9%-23% of the population globally, among them only 12% patients consult physician for IBS symptoms and is by far the largest subgroup seen in gastroenterology clinics.⁽¹⁾ Whereas in the Indian community, research studies estimated the prevalence of IBS ranged between 0.4% to 4.2%.⁽²⁾ It is believed that the disease burden will increase in future because of changes in diet and infectious risk factors.^(1, 3)

The exact cause and pathogenesis of IBS remain unknown, but it is a multifactorial condition involving genetic predisposition, physiological and psychological responses to stress, diet, age, geographical origin, infections, and antibiotic use. Research suggests that disordered communication between the gut and the brain, leading to motility disturbances, visceral hypersensitivity, and altered central nervous system processing, plays a role in IBS.^(1, 4)

IBS is characterized by chronic or recurrent abdominal pain associated with either relief or exacerbation by defecation, or change in bowel habits in the absence of any organic cause. Not all symptoms are gastrointestinal, for instance, fatigue is often presented among IBS patients. Also, psychological and psychiatric co morbidities are believed to influence gut function or symptoms as predisposing, precipitating or perpetuating factors. Diagnosing IBS relies on clinical criteria rather than specific laboratory or imaging tests. Several diagnostic criteria have been developed over time, including the Manning Criteria (1978), Kruis Criteria (1984), and Rome Criteria (1992), which have evolved to Rome IV (2014).^(1, 2)

Conventional medical management of IBS has focused on symptomatic treatment of the patient. However, the problem still persists as no one drug fits all, since the IBS population is very diverse with each individual presenting with different prevailing complaints. Apart from this, potential side effect of allopathic drugs further discourages its usage for the patients.⁽⁵⁾ Therefore, many patients turn to non-conventional treatments, such as Homoeopathy, for long-lasting relief. Homoeopathy offers a promising approach as it works on the dynamic plane of the individual, which is crucial in managing a complex and multifaceted condition like IBS. Dr Hahnemann identified psoric miasm as linked with functional disturbances of digestion and hypersensitivity to diet, which is hallmarks of IBS. So, remedy should be selected on the basis of individualization, by assessing the unique physical, emotional, and mental symptoms of the patient.⁽⁶⁾ As per Dr John Henry Clarke, approach to address IBS should not just include digestive symptoms, but consider the whole patient and seek a remedy that resonates with their overall constitution.⁽⁷⁾

Peckham (2012, 2014, 2019) significantly contributed to understanding Homoeopathy's use in IBS. He reviewed four studies, including his own, which demonstrated positive effects of Homoeopathic treatments like asafoetida and nux vomica in alleviating IBS symptoms. Studies done by Aphale and Rajgurav (2017), Martínez-Islas et al. (2021) and Das et al. (2023) reported significant improvement in IBS patients treated with Homoeopathic treatments.⁽⁸⁾

CASE REPORT

A 29-year-old male patient attended outpatient department with the complaints of pain in abdomen, feeling of fullness or bloating and constipation with disgust for food from the last 7-8 months. He remains irritable and anxious due to discomfort in abdomen. Even small meals often make him feel bloated and may cause headache. While case taking, patient revealed that he shifted to a new place/city due to job change almost a year ago.

History of Present Complaints: He has been under treatment since past few months for constipation with heaviness and distension in abdomen. He took help from modern medicine for about 2 month, but there was no relief to the patient. So, he thought of giving a chance to homoeopathy.

Past History: Not specific

Family History: Father is a diabetic and no other specific history found..

Personal History: Patient takes alcohol occasionally.

General and Systemic Examination:

Weight-80 kg, blood pressure—130/84 mm Hg, pulse— 80/min, RR-18/min.

Diffuse tenderness all over abdomen was found on examination.

Mental General: Patient is very ambitious and hard working, wants to get succeed at each step. At the same time, there is marked fear of failure in life. He is very apprehensive and gets anxious easily, desires company but of limited persons. Patient prefers to do more work and talk less.

Physical Generals: Thermal reaction- Hot; Appearance- tall, well built

Desire- salt²⁺, smoked food²⁺; Aversion- milk²⁺; Intolerance- Spicy food²⁺

Stool- Constipation, sense of incomplete evacuation, frequent urging with insufficient stool

Character of stool- Hard stool followed by soft

Appetite- decreased, disgust for food, one chappati/meal

Thirst- normal, 3 L/day; Perspiration- profuse and offensive; Sleep- restless

Provisional diagnosis: With the help of screening form, patient was diagnosed as a case of IBS. (Screening form was prepared on the basis of ROME IV diagnostic criteria of IBS)

SCREENING FORM
IBS—(A1+A2) may two from B, C or D) excluding alarming features)
Name: Amit Singh Age/Sex: 29/yr/m Reg No. 1153

Date: 20/05/2023

A1	पेट दर्द लगाना किससे कमजोर हो है?	3-4 महीना	
A2	क्या पेट दर्द बार-बार होता है?	कभी-कभी (महीने का 15 दिन से 1 बार)	
B	क्या गलाघटा/सोप से पेट दर्द से कुछ और बढ़ता है?	अक्सर (लगभग हर हफ्ते का हर 2-3 दिन में)	
C	क्या पेट दर्द की वजह से सोप की डिब्बाबंदी कमजोर होती है?	होती है	
D	क्या पेट दर्द के कारण मल का खराब महक आता है?	होती है	
E	क्या एक बार में पेट खाल नहीं होता है?	होती है	
F	क्या सोप के लिए बार-बार जाना पड़ता है?	होती है	
G	मल-मलान करने में असमर्थ होना और/या अपने और को पूरी तरह से खाली न कर सकना आसानी से होता है?	होती है	
H	क्या पेट खाल हुआ आसानी से होता है?	होती है	
I	क्या मल में खून आता है?	होती है	
J	क्या पेट खराब हो जाता है?	होती है	

Excluding features for IBS.

आवृत्ति कमजोर होना	होती है	
क्या मल में खून आता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	
क्या पेट दर्द बढ़ता है?	होती है	

[Screening]

CASE ANALYSIS & EVALUATION-

On detailed case taking and analysis, the symptoms were evaluated to construct the totality. After evaluation of symptoms, repertorisation was done. The following characteristic mental general symptoms, as well as physical general and particular symptoms, were considered for repertorisation:

1. MIND—AILMENT FROM—anxiety (3)
2. MIND—INDUSTRIOUS, Mania for work (2)
3. MIND—FEAR; failure of (2)
4. MIND—Taciturn (2)
5. ABDOMEN—DISTENTION; eating after (2)
6. RECTUM—CONSTIPATION—insufficient (2)
7. ABDOMEN— PAIN- stool- after; amel (2)
8. HEAD—Pain- gastric (2)
9. SLEEP—Restless (2)
10. STOOL—HARD; Followed by soft stool (2)

Intervention, Follow-Up and Outcome

This case was repertorised by Radar 10 software¹⁰ using synthesis repertory synthesis 8.1 V (English) (SE81V). The reportorial results obtained are: Lycopodium- 22/46; Silicea- 22/41; Nux Vomica- 21/49; Calcarea Carb- 20/26.

The homoeopathic similimum was prescribed as per the reportorial outcome and analysis that with the help of homoeopathic material medica. Lycopodium was selected as constitutional homoeopathic medicine and treatment was started prescribing Lycopodium 200/ single dose followed by placebo for 10 days on 20/3/2023.

There was marked improvement in the symptoms of the patient (Refer Table 1). Higher potency, that is, 1M was prescribed later on as status quo was observed in the case. Patient responded well to the medicine and reported major improvement in subsequent follow-ups. (Refer Table 1)

Table 1: Follow-Up Summary

	20/03/23	06/04/23	22/04/23	02/05/23	25/05/23	09/06/23	24/06/23	07/07/23	21/07/23	04/08/23	18/08/23	01/09/23	15/09/23
Frequency of spasmodic pain in abdomen	4-5 days in a week	2-3 days a week ↓	2-3 days a week	2-3 days a week ↓	Freq ↓	Freq ↓	Freq ↓	Freq ↓	Freq ↓	Freq ↓	1-2 days from last 2 weeks	1-2 days from last 2 weeks	1-2 days from last 2 weeks
Intensity of abdominal pain	+2	+1	+1	+1	+1	+1	+2	+1	+1	00	+1	+1	00
Frequency of bowel movement per day	2-3 times	3-4 times	Slightly better	2-3 times	3-4 times	2-3 times	2-3 times	2-3 times	2 times	2 times	2 times	2 times	2 times
Mucus in stool	-	-	-	-	-	-	-	-	-	-	-	-	-
Sense of dissatisfaction after passing stool	+2	+1	+1	+1	+1	+2	+2	+1	+1	+1	+1	+1	+1
Distention in abdomen	+2	+1	+1	+2	+2	+1	+1	+1	+1	+2	+1	+1	+1
Flatulence	+2	+1	+1	+2	+1	+1	+2	+1	+1	+1	+1	+1	+1
Ass. Sym. Headache	Int.	+2	+1	+1	+1	+1	+1	-	-	-	-	-	-
	Frq.	Mostly after meals	↓	↓	↓	↓	↓	↓	Not Reoccur	Not Reoccur	Not Reoccur	Not Reoccur	Not Reoccur
IBS-SSS	275						153						120
Prescription	PL 30/TDS	PL 30/TDS	PL 30/TDS	PL 30/TDS	PL 30/TDS	PL 30/TDS	Lyco 1M/1D	PL 30/TDS	PL 30/TDS	PL 30/TDS	PL 30/TDS	PL 30/TDS	

* Intensity of symptoms is denoted by +1(mild), +2 (moderate), +3(severe) and +4(life-threatening).

* Abbreviations: Placebo (PL); Three times a day (TDS); Lycopodium (Lyco); Single Dose (1D); Associated Symptom (Ass. Sym.); Intensity (Int.); Frequency (Frq.)

Table 2: IBS-Symptom Severity Score at baseline, after 3 months & after 6 months

	IBS-SSS (At Baseline) 20/03/2023	IBS-SSS (After 3 months) 24/06/2023	IBS-SSS (After 6 months) 15/09/2023
How severe is your pain?	50	12	12
If currently in pain, how severe is your abdominal pain?	00	00	00
If you currently have abdominal distention, how severe it is?	75	25	25
How satisfied you are with your bowel habits?	100	50	50
How does your IBS affect or interfere with your life in general?	66	66	33
Total Score	275	153	120

Discussion

Irritable bowel syndrome (IBS) is a chronic, relapsing and remitting functional gastrointestinal which significantly impacts patients' health-related quality of life (HRQOL) and work productivity. Homoeopathy, works at the dynamic plane of the individual, offers potential in treating IBS with minimal risk due to the potentized nature of its medicines.

In this case, there were characteristic mental generals: ailment from anxiety, fear of failure, hardworking etc as mentioned above. After repertorisation and consulting Materia medica, Lycopodium was prescribed using holistic approach of treatment. This case report established the fact that a similimum cannot be selected without understanding the individualized picture of the patient. Since the homoeopathic treatment act on the whole individual considering mental, physical and particular symptoms; so it targets the root cause and homoeopathy offers gentle and permanent annihilation of symptoms instead of temporary palliation.

Conclusion

The outcome of the above-mentioned case clearly proves that proper selection of homoeopathic medicine after classical individualized approach, is helpful in the recuperation of patient from illness. However, further studies are required to substantiate the results of homoeopathy in IBS as very few studies have been reported till date in this context.

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