

Individualised Homoeopathic Treatment In Case Of Adult Female Ibs: A Case Report

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ABSTRACT

Irritable Bowel Syndrome is defined as a group of symptoms that can have a major negative effect on a person's quality of life ^[1]. This cryptic illness affects the large intestine and can cause a variety of extra-intestinal and gastrointestinal symptoms ^[2]. Its diagnosis is based on clinical findings and ROME criteria is widely used for the diagnosis ^[3]. It is believed that visceral hypersensitivity, altered motility, dysfunction of the gut-brain axis, and the complex interaction of genetic predisposition and environmental factors contribute to the pathogenesis of IBS, characterized by chronic evolution, requiring maintenance treatment, in some cases for years ^[4,12,13]. The distinction among its types—IBS-D (diarrhoea predominant), IBS-C (constipation-predominant), IBS-M (mixed), and IBS-U (unclassified)—highlights the diverse clinical presentations ^[5,12,13]. The burden of the disease includes both physiological and psychological impacts on the patients. Population-based studies estimate the prevalence of irritable bowel syndrome (IBS) at 10%-20% and the incidence of irritable bowel syndrome at 1%-2% per year ^[4]. The occurrence of IBS is noticeably influenced by gender, with women being diagnosed with the condition at a greater rate than males ^[11]. The prevalence of IBS within the community is between 10% and 25%. the ratio of females to males in India is 1:3. In a study, prevalence of IBS in India was seen in 12.27% of the study population with male-to-female ratio of 1.44:1. The prevalence rates of IBS was maximum in 45–50 years age group ^[5]. Stress in professional and personal life, anxiety, and sleep quality are factors that may affect the disease's susceptibility and severity. Thus, a holistic approach toward the case is ideal, that would encompass the individual lifestyle, and the impact on the quality of life. This case report entails the description and result of individualised homoeopathic treatment of an adult female suffering from IBS with Diarrhoea with *Pulsatilla* in higher centesimal potencies.

KEY-WORDS: Irritable Bowel Syndrome, Diarrhoea, Homoeopathy, Pulsatilla, Kent's Method

INTRODUCTION

Irritable bowel syndrome (IBS) is the most prevalent of the functional gastrointestinal disorders (FGIDs). It has a range of symptoms which may include abdominal pain or discomfort, bloating, associated with a change in stool form or frequency or be relieved by a bowel movement ^[7]. These may adversely affect the quality of life of the patient ^[5]. The burden of the disease includes both physiological and psychological impacts on the patients. Based on these factors, Population-based studies estimate that the prevalence of irritable bowel syndrome (IBS) at 10%-20% and the incidence of irritable bowel syndrome at 1%-2% per year ^[4]. The prevalence of IBS within the community is between 10% and 25%. the ratio of females to males in India is 1:3. In a study, prevalence of IBS in India was seen in 12.27% of the study population with male-to-female ratio of 1.44:1. The prevalence rates of IBS was maximum in 45–50 years age group ^[5]. *“Irritable Bowel Syndrome is defined as a group of symptoms that can have a major negative effect on a person's quality of life, this cryptic illness affects the large intestine and can cause a variety of extra-intestinal and gastrointestinal symptoms ,that affects with a maximum prevalence among the age group between 45-50 years. It is believed that visceral hypersensitivity, altered motility, dysfunction of the gut-brain axis, and the complex interaction of genetic predisposition and environmental factors contribute to the pathogenesis of IBS, characterized by chronic evolution, requiring maintenance treatment, in some cases for years”* ^[1,2,3,5,12,13]. Stress in professional and personal life, anxiety, and sleep quality are factors that affect the disease's susceptibility and severity ^[2]. Thus a holistic approach toward the case is ideal, that would encompass the individual lifestyle, and the impact of acne on the quality of life. Recent studies suggest that there are broadly 4 types of influencing factors for the development of IBS, i.e., genetic factors, environmental factors, and psychological factors, and biological factors, environmental factors, social environment, and environmental factors ^[5]. The first line of treatment in conventional therapy includes pharmacotherapy, Probiotics, laxatives, dietary modifications, psychological interventions, and lifestyle changes to manage symptoms and improve quality of life ^[6]. In more severe cases, antibiotics are prescribed in addition to limit the spread of infections ^[5]. These therapies give prompt results in most cases, but they do not prevent the recurrence and they are may followed by adverse of modern

therapeutic agents. In contrast, evidence in recent years suggests that homoeopathy has helped patients with IBS a holistic approach and improve the quality of life of the patient.^[7]

CASE-REPORT:

Patient Information:

A 42-year-old lady visited OPD on 6th Feb. 2023, with complaints of painfully distension of abdomen, especially an hour after eating for 2 years. There was association of rumbling watery stool especially at night. No treatment has been adopted so far for the complaint. She had suffered from jaundice and malaria in the past, and currently, she takes medications for hypertension. She could not recall much about her family history.

GENERAL SYMPTOMS (MENTAL AND PHYSICAL)

She was timid with a mild disposition. Prefer company. Patient's appetite was less. Desires sour, spicy food and aversion to meat. She had an intolerance of milk causes dyspepsia. Patient was thirstless, takes one litre of water per day. Her Tongue was dry, white coated. Bitter taste in the morning. Her sleep was disturbed, wakes up frequently while sleep. Her perspiration was profuse, mostly at morning, with offensive odour. Her stool was watery, with rumbling especially at night. Her urine was clear, offensive. She was chilly patient.

ON EXAMINATION

Tenderness over the abdomen was noted on palpation.

DIAGNOSIS

A provisional diagnosis of IBS with diarrhoea was suspected.

REPERTORIAL TOTALITY:

The following rubrics were selected for repertorization from "Repertory of the Homoeopathic Materia Medica" by Dr. J. T. Kent because the case presented with characteristics mental general as well as physical generals. [fig-1]

- MIND, MILDNESS
- MIND, COMPANY, desire for
- MIND, TIMIDITY
- STOMACH, DESIRES, Sour, acids, etc,
- STOMACH, AVERSION, Meat
- GENERALITIES, FOOD, Milk; agg,
- STOMACH, APPETITE, Diminished
- STOMACH, THIRSTLESS
- MOUTH, DRYNESS, Tongue
- MOUTH, TASTE, Bitter; Morning
- SLEEP, WAKING, Frequent
- PERSPIRATION, PROFUSE
- PERSPIRATION, ODOUR, Offensive
- RECTUM, DIARRHOEA, Night
- URINE, ODOUR, offensive

FIGURE 1: Repertorization Sheets

| ← Repertorisation | | | | | | | | | | | | | |
|--|--------|---------|----------|----------|----------|--------|----------|----------|--------|----------|--------|----------|----------|
| Symptoms: 15 Remedies: 310 Applied Filter | | | | | | | | | | | | | |
| Remedy Name | Puls | Sep | Sulph | Ars | Phos | Lyc | Kali-c | Calc | Chin | Carb-v | Nux-v | Nat-m | Carbn-s |
| Totality | 37 | 34 | 34 | 33 | 31 | 30 | 28 | 28 | 26 | 24 | 24 | 23 | 23 |
| Symptom Covered | 15 | 14 | 14 | 15 | 15 | 13 | 15 | 11 | 12 | 12 | 12 | 13 | 12 |
| Kingdom | Plants | Animals | Minerals | Minerals | Minerals | Plants | Minerals | Minerals | Plants | Minerals | Plants | Minerals | Minerals |
| [Kent] [Mind]Mildness: (60) | 3 | 2 | 2 | 3 | 2 | 2 | 1 | 2 | | | | 3 | |
| [Kent] [Mind]Company:Desire for: (58) | 2 | 2 | | 3 | 3 | 3 | 3 | 2 | | 1 | 2 | | |
| [Kent] [Mind]Timidity: (78) | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 |
| [Kent] [Stomach]Desires:Sour,acids,etc.: (77) | 2 | 2 | 2 | 2 | 2 | | 2 | 2 | 1 | 2 | | 2 | 1 |
| [Kent] [Stomach]Aversion:Meat: (88) | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 2 | 3 |
| [Kent] [Generalities]Food:Milk :Agg: (57) | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 1 |
| [Kent] [Stomach]Appetite:Diminished: (112) | 1 | 1 | 1 | 1 | 1 | 2 | 1 | | 1 | 1 | 1 | 1 | 1 |
| [Kent] [Stomach]Thirstless: (87) | 3 | 2 | 1 | 2 | 1 | 2 | 2 | | 3 | | 1 | 1 | |
| [Kent] [Mouth]Dryness:Tongue: (127) | 3 | 2 | 3 | 3 | 2 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 |

| ← Repertorisation | | | | | | | | | | | | | |
|---|--------|---------|----------|----------|----------|--------|----------|----------|--------|----------|--------|----------|----------|
| Symptoms: 15 Remedies: 310 Applied Filter | | | | | | | | | | | | | |
| Remedy Name | Puls | Sep | Sulph | Ars | Phos | Lyc | Kali-c | Calc | Chin | Carb-v | Nux-v | Nat-m | Carbn-s |
| Totality | 37 | 34 | 34 | 33 | 31 | 30 | 28 | 28 | 26 | 24 | 24 | 23 | 23 |
| Symptom Covered | 15 | 14 | 14 | 15 | 15 | 13 | 15 | 11 | 12 | 12 | 12 | 13 | 12 |
| Kingdom | Plants | Animals | Minerals | Minerals | Minerals | Plants | Minerals | Minerals | Plants | Minerals | Plants | Minerals | Minerals |
| (112) | 1 | 1 | 1 | 1 | 1 | 2 | 1 | | 1 | 1 | 1 | 1 | 1 |
| [Kent] [Stomach]Thirstless: (87) | 3 | 2 | 1 | 2 | 1 | 2 | 2 | | 3 | | 1 | 1 | |
| [Kent] [Mouth]Dryness:Tongue: (127) | 3 | 2 | 3 | 3 | 2 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 |
| [Kent] [Mouth]Taste:Bitter:Morning: (51) | 3 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 |
| [Kent] [Sleep]Waking:Frequent: (156) | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 |
| [Kent] [Perspiration]Profuse: (133) | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 |
| [Kent] [Perspiration]Odour:Offensive: (59) | 3 | 3 | 3 | 2 | 2 | 3 | 1 | | | 2 | 3 | | 3 |
| [Kent] [Rectum]Diarrhoea:Night: (84) | 3 | | 3 | 3 | 2 | | 2 | | 3 | | | 1 | 2 |
| [Kent] [Urine]Odour:Offensive: (90) | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 1 | 3 | 2 | 1 | 2 |

ANALYSIS OF THE CASE AND SELECTION OF MEDICINE WITH POTENCY:

Here, we adopted Dr. Kent's method as the patient displayed characteristic mental as well as physical general symptoms. Considering the above symptomatology and miasmatic background of the case, the medicine *Pulsatilla nigricans* in Centesimal potency was selected and it was further consulted with Homoeopathic Materia Medica. After analysing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and individualize the case. Taking the characteristic symptoms into account, repertorisation [Figure 1] was done with Kent's Repertory^[15,16] using *HOMPATH SOFTWARE*; *Pulsatilla* covered all the rubrics and was the repertorial choice. Taking the

characteristic symptoms into account, the final selection of remedy was made by consulting the materia medica based on the symptoms collected during case-taking.^[17,18]

THERAPEUTIC INTERVENTION:

Based on the totality of symptoms *Pulsatilla* 200/2 doses were prescribed on 6th Feb. 2023. The patient was called for follow-up after 1 month. She was advised to have regular follow-ups at an interval of 1 month. Gradual improvement in symptoms was seen and thus placebo was given at each follow-up. When no further improvement was noted *Pulsatilla* 1M/1dose were prescribed. [Table 1]

Table 1: FOLLOW-UP TABLE

| Table Date of visit | Symptoms | Medicines Prescribed |
|---------------------|--|----------------------|
| 06 Feb, 2023 | Complaints of painfully distension of abdomen, especially an hour after eating for 2 years. There was association of rumbling watery stool specially at night. | Pulsatilla 200/2D |
| 11 March, 2023 | Abdominal pain and discomfort were slightly reduced. | PLACEBO |
| 8 April, 2023 | Abdominal discomfort as well as frequency of watery stool markedly reduced simultaneously. | PLACEBO |
| 12 May, 2023 | Much distension of abdomen with rumbling with indigestion. | Pulsatilla 1M/1D |
| 24 June, 2023 | All complaints are relieved. Painful distension of abdomen is very negligible. | PLACEBO |

The Irritable Bowel Syndrome Quality of Life Questionnaire (IBS-36 QOL) was used to measure the improvement following the treatment with homeopathic medicine and the total score was 6. ^[14] [Table 2]

Table 2: The Irritable Bowel Syndrome Quality of Life Questionnaire (IBS- 36 QOL) Score

| S. No. | Items | Never | Yes | Always |
|--------|---|-------|-----|--------|
| 1. | Have you been afraid to eat out because of food causing bowel symptom? | | | 0 |
| 2. | Have you felt angry as a result of your bowel problem? | 0 | | |
| 3. | Did you need to go suddenly when you had a bowel movement? | | | 0 |
| 4. | Did your bowel symptoms interfere with your relationship with your children and/or partner? | | | 0 |
| 5. | Did you avoid foods that you like because you were afraid that they might cause bowel symptoms? | 0 | | |
| 6. | Did your bowel symptoms interfere with being able to do well at work/school/usual daily activities? | 0 | | |
| 7. | Have you felt tearful or discouraged as a result of your bowel problem? | 0 | | |
| 8. | Did you feel that your family /friends thought your symptoms were not real? | | +2 | |
| 9. | How often, while participating in leisure or sport activities did you have to stop because of your bowelsymptoms? | 0 | | |
| 10. | Have you felt worried or anxious about never feeling any better? | | | 0 |
| 11. | Did you miss work/school/usual daily activities because of your bowel problem? | | | 0 |
| 12. | Did your bowel symptoms interfere with being able to concentrate? | 0 | | |
| 13. | Have you felt alone or isolated from your family because of bowel symptoms? | 0 | | |
| 14. | Were you embarrassed because of your bowel symptoms? | | | 0 |
| 15. | Were you troubled by pain in your abdomen? | | +1 | |

| | | | | |
|-----------------------|---|---|----|--|
| 16. | Were you afraid that your bowel symptoms were getting worse? | 0 | | |
| 17. | Were you troubled by bowel movements that were hard/difficult to pass? | | 0 | |
| 18. | Did you check your diet from the previous day trying to find foods that might cause bowel symptoms? | | +1 | |
| 19. | Did you avoid traveling due to worry about bowel symptoms? | | 0 | |
| 20. | Did your bowel problems shorten the length of time you could work each day? | 0 | | |
| 21. | Did your bowel symptoms keep you from sleeping soundly during the night? | | +1 | |
| 22. | Were you troubled by loose bowel movements? | 0 | | |
| 23. | Did your bowel condition interfere with having sexual relations? | | 0 | |
| 24. | Has being bloated trouble you? | | +1 | |
| 25. | Did your bowel symptoms interfere with your enjoyment of leisure or sport activities? | 0 | | |
| 26. | Was passing large amount of gas a problem? | | 0 | |
| 27. | Were you concerned that your symptoms may be due to cancer? | | 0 | |
| 28. | Have you had to delay or cancel going out socially because of your bowel problem? | | 0 | |
| 29. | Were you tired in the morning because of your bowel symptoms? | | 0 | |
| 30. | Did your bowel symptoms interfere with your desire to have sexual relations with your partner? | 0 | | |
| 31. | Has feeling that you need to go to bathroom even though your bowels are empty troubled you? | 0 | | |
| 32. | Did you feel that your doctor/health professionals did not believe that your bowel symptoms were real? | 0 | | |
| 33. | How often do you immediately need to find where washrooms are when you are in a new place? | 0 | | |
| 34. | Did you avoid planning activities ahead of time because you were unsure of how your bowel symptoms would be | 0 | | |
| 35. | Has accidental soiling of your underwear troubled you? | 0 | | |
| 36. | Were you late for or did you delay work/school/usual daily activities because of your bowel symptoms? | 0 | | |
| Total score- 6 | | | | |

DISCUSSION:

Though Irritable Bowel Syndrome is mostly suffering of functional plane in an individual. The symptoms like abdominal pain, discomfort and unnatural bowel habits; are quite bothersome to the patient. Irritable bowel syndrome is a distinct part of the gastro-intestinal disease spectrum that not actually due to gastro-intestinal pathology but predominantly manifest through functional phenomena. There are different pattern and course of IBS. It is usually an outcome of the unique combination psycho-somatic-physiological factors. The impact and burden of the disease varies from patient to patient. This fact bears a specific resemblance to the homoeopathic ideology of individualised treatment. Homoeopathy offers a cost-effective and safest alternative treatment in such cases with a reduced chance of recurrences. In the above-mentioned case, the patient belonged to a lower socio-economic demography, which is one of the influencing factors for IBS.^[4] Patients from such backgrounds are seldom able to afford the conventional treatment. Homoeopathy no doubt turns out to be a better alternative to help such patients. Thus, also helping to reduce the burden of the disease in society as a whole.^[7]

Patients have shown good response to homoeopathic treatment for IBS. ^[7] The patient mentioned in this report responded better to the higher potency of Pulsatilla in a smaller frame of time. Gradual improvement was seen following the initial prescription *Pulsatilla 200/2D* for 2 months, following which the physical general symptoms as well as patient's subjective symptoms were aggravated. Re-case-taking was done and *Pulsatilla 1 M/1D* was prescribed. This prescription relieved the complaints of the patient within a few weeks. In this case, the total outcome score as per Irritable Bowel Syndrome Quality of Life Questionnaire (IBS-36 QOL) was +6 [Table 2]. This explicitly shows the positive causal attribution of the individualized homeopathic treatment in this case of suspected IBS.

In the era of most advanced medical services, Hahnemann's dictum of the holistic approach towards treatment rather than identifying diseases merely by their pathological phenomena still holds.^[19] Case reports like these encourage

physicians of the homeopathic fraternity and contribute to the evidence that shows the positive results of individualized homeopathic treatment.

CONCLUSION: This case report shows the improvement of an adult female with suspected case of IBS. During her treatment improvement in her general health was also noticed and recorded. This case study has also helped us to learn that the beauty of homeopathy lies in the minimal dose of the rightly selected remedy following the principles of homeopathy. Proper learning and implementation of homeopathic principles are thus of utmost importance. However, more such case studies and clinical trials, including randomized control trials, are required with larger sample sizes to validate the outcomes scientifically.

LIMITATIONS OF THE STUDY: Though hormones and psychological factors play a crucial role in suspected case of Adult Irritable Bowel Syndrome, a hormonal assay to rule out hormonal imbalance and detection of psychosomatic dissociative factors was not done. This decision was based on the fact that the result of the hormonal assay as well as psychosomatic pathophysiology would not affect the prescription or plan of treatment.

DECLARATION OF PATIENT CONSENT: The patient's written consent has been taken for treatment and publication of data without disclosing the identity of the patient.

FINANCIAL SUPPORT AND SPONSORSHIP: Nil

CONFLICT OF INTEREST: None declared

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