

MANAGEMENT OF COLITIS AND DIARRHŒA

DR. R. S. FARIS, M.D., RICHMOND

The word colitis, as we all know, means an inflammation of the colon. However, it is sometimes applied loosely to an inflammation occurring anywhere in the intestinal tract below the stomach where duodenitis or jejunitis would be more applicable. We will discuss the condition in a general way as far as possible.

The management of colitis must vary considerably according to the amount, location and severity of the inflammation.

A mild case in a child may be readily corrected by adjusting and regulating the diet, while a man suffering from chronic ulcerative colitis may proceed to die in spite of everything that may be done for him.

In an acute case, usually the first thing to do is to clean out any irritating substance which may be in the intestines. Following this, the patient should be permitted and encouraged to rest as much as possible while the indicated remedy is at work correcting the condition. At the beginning of an attack of diarrhœa, which usually accompanies colitis, the inner surface of the intestinal tract is incapable of absorbing food, so if an excess of food is ingested it will not be absorbed and a vicious cycle may be started. Therefore, discontinuance of all food for twelve to eighteen hours, and giving plenty of water, is often advantageous.

Many times the patient has been using to excess food containing much cellulose, such as bran, celery, spinach, etc.; all of which may be irritating to an already irritated bowel. The replacement of these foods with bland non-irritating substances are extremely important. Often bulk producers such as Senokot, Metamucil, Zymonal or prune pulp are of great value in soothing the intestinal tract and in absorbing substances which are deleterious to the patient. An enema of warm normal salt solution often aids these preparations in clearing out the intesti-

nal tract. Alvarez suggests that the best time to give an enema is at bed-time so as to empty the loaded colon and thus act as an aid to a peaceful night's rest.

MUCOUS COLITIS—may be mentioned here because it is fairly common and is often difficult to control.

Alvarez objects to the term "mucous colitis". He considers that it does not describe the condition accurately. He prefers to call it "irritable colon", and states that there are many cases on record where a patient had suffered useless operations on gall bladder, appendix and uterus with very little, if any, relief. One encouraging point is that through the years the condition seems to improve so we should endeavor to reassure the patient and help him to worry less about his state of health, and about the presence of mucus in the stools. To quote Alvarez again, he says, "It seems to me that the term "colitis" should be reserved for those cases in which one can demonstrate inflammation or ulceration of the colon."

Mucous colitis occurs most often in nervous hysterical women and treatment to a great extent should be directed to correcting that phase of the disease. A straight-forward talk endeavoring to allay their fears and dispel their worries about the mucous that may appear in the stools and to assure them that no operation or drastic treatment is to be anticipated. While a complete cure may not be obtained they may live an almost normal life regardless of the bowel condition. Combine with this advice, instructions relative to the proper hygienic treatment; plenty of wholesome food, fresh air and sunshine. Endeavor to instil in them a spirit of happiness and a brighter outlook for the future.

High enemata of normal salt solution are often soothing and beneficial.

The remedies required depend so largely upon the nervous symptoms that to give anything like a complete list would be impossible in a paper of this character. Ignatia, Nux vomica and Phosphoric Acid are among the first to be thought of. For the diarrhic symptoms, the following remedies may be consulted: Aloes, Ipecacuanha, Mercurius Corrosivus, Podophyllum, Colchicum, Chamomilla, China.

CHRONIC ULCERATIVE COLITIS: Dr. Joseph Felson says that the ideal treatment of chronic ulcerative colitis is the prevention of bacillary dysentery.

The maintenance of adequate nourishment in chronic ulcerative colitis requires close attention to the proper balance of water, mineral salts, proteins and vitamins as their intake is usually far below normal requirements.

Felson believes, also, that it is better to give the required elements in three major meals as any food ingested including water initiates bowel movements. He advises high protein and high vitamin in a well-balanced diet without previous preparation to insure "smoothage", as normal mastication is sufficient. All authorities do not agree on this question. The following is a modified diet list from J. Arnold Bargaen, M.D. :

<i>Breakfast</i>	<i>Dinner</i>	<i>Supper</i>
Cereal, bland $\frac{1}{2}$ cup • with cream and sugar	Meat soup with vege- tables	Steamed rice, 1 serv- ing
Bacon 2 strips	Meat 1 serving (liver three times week- ly)	Meat or fish, 1 serv- ing or 2 eggs
Eggs 1	Potato, 1 medium sized, any way ex- cept fried	Bread, white or rye, 1 slice or equiva- lent amount of
Toast 1 slice	Gravy, if desired	biscuit, zweibach, cracker, etc.
Butter 2 squares	Bread, white or rye, 1 slice or an equi- valent amount of	Butter, 2 squares
Coffee if desired	zweibach cracker	Bland dessert, 1 serv- ing. No fruit
Brewer's yeast	Butter 2 squares	Cream, 2 tablespoons- ful
	Bland dessert, 1 serv- ing. No fruit	Tea if desired
	Cream, 2 tables- poonsful	Sugar
	Tea, if desired	Brewer's yeast
	Sugar	
	Brewer's yeast	

Everything should be done to restore the tone of the nervous system and to cure the neuresthenia.

Arsenicum album, Chamomilla, Colocynthis, Cuprum arsenicosum are among the remedies often indicated.

ILIO-COLITIS IN CHILDREN is left for the pediatrician to discuss.

DIARRHŒA—Rest in bed, or if this is not feasible then the more quiet the patient is the better. When he is walking about there

is a constant change in the position of the intestines and this frequent change tends to increase irritation and to prolong the illness.

Bland foods are advisable, as coarse rough fibres in certain foods irritate the intestines.

During the attack such foods as skimmed milk, malted milk and predigested foods are of value. However, milk should be used with caution until it is known whether or not it can be digested by the patient. At times a large residue or curd is left in the intestinal tract and this interferes with recovery.

As improvement proceeds, broths, either chicken or mutton may be given, and if they are taken satisfactorily, Cream of Wheat, boiled rice, corn-starch pudding, or tapioca may be permitted. Following this stage, milk toast, oysters, well cooked spaghetti, boiled rice with beef-steak gravy, breast of boiled chicken, with baked or mashed potatoes are allowable. Normal diet should be restored within a week or less.

It is not unusual after the intestines have been completely cleaned out that there is not sufficient material left to form a good stool so the patient may fear constipation and take a cathartic that might start the diarrhoea all over again. He should be cautioned to take no medicine unless advised by his physician.

The following remedies may be considered in treating diarrhoea : Antimonium crudum, Arsenicum album, Bryonia, Cina, Colocynthis, Cornus circinata, Croton tiglium, Dulcamara, Hyoscyamus, Mercurius vivus, Podophyllum, Pulsatilla.

In chronic diarrhoea compare the following : Arsenicum, Calcareo carbonica, China, Ferrum, Graphites, Hepar sulphuris calcareum, Iodum, Kali bichromicum, Lachesis, Lycopodium, Natrum sulphuricum, Oleander, Phosphorus, Phosphoric acidum, Sulphur, Thuja.

Occasionally nothing can be accomplished toward curing the patient as long as there is some condition at home or at the office which causes constant worry and anxiety. Sometimes a vacation in new surroundings will be a remarkable aid in correcting a Diarrhoea.

—*The Hahnemannian, Oct.-Dec., '57*