

Homoeopathic treatment of Ulcerative Colitis: A case report

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Abstract

Ulcerative colitis (UC) is one of the most common inflammatory bowel diseases. As in most of the cases, the exact cause is unknown Homoeopathy, however, provides a better response in such conditions, one such case report is presented below. Patient attended out patient department (OPD) chiefly for complaints of frequent passage of bloody stool and abdominal pain. He was suffering from idiopathic UC for the past 10 years. After unsatisfactory outcome with modern medicine, patient turned to homoeopathic treatment. After detailed case-taking and repertorization, *Hydrastis* was given in low potency, and gradually, the potency was raised as per the response of the medicine upon patient. Within 3–4 months of homoeopathic treatment, the patient started improving and continues to be free from his complains at the time of last follow-up visit in OPD.

Keywords: Berberine, Case report, Colonoscopy, Homoeopathy, *Hydrastis*, Occult blood

INTRODUCTION

Ulcerative colitis (UC) is lapsing and remitting inflammatory disorder of the colonic mucosa. It may just affect the rectum or extend proximally to involve part of the colon or entire colon.^[1] Exact cause is unknown, and there is some genetic susceptibility (first-degree relatives of people with UC have an increased life time risk of developing the disease). It is found world wide, but common in most of Europe and Northern America.^[2] The incidence/prevalence of UC varies not only to geographical region but also with race and ethnicity. For unknown reasons, an increased frequency of this condition has been observed recently in developing nations. Symptoms manifest mostly around the age of 15–30 years and are 3 times more common in non smokers.^[1] There is no specific treatment for UC in modern medicine,^[3] and in most cases, it is of palliative in manner.^[4]

Clinical presentation and investigation

The main symptoms of UC are diarrhea, rectal bleeding, tenesmus, passage of mucus, and crampy abdominal pain. The severity of symptoms correlates with the extent of disease. Although UC can present acutely, symptoms usually have been present for weeks to months. Occasionally, diarrhea and bleeding are so intermittent and mild that the patient does not seek medical attention.^[1] Patients with

proctitis (just involving rectum) usually pass fresh blood or blood-stained mucus, either mixed with stool or streaked onto the surface of a normal or hard stool. They also have tenesmus or urgency with a feeling of incomplete evacuation but rarely have abdominal pain. When the disease extends beyond the rectum, blood is usually mixed with stool or grossly bloody diarrhea occurs. When the disease is severe, patients pass liquid stool containing blood, pus, and fecal matter. Diarrhea is often nocturnal or post prandial. Although severe pain is not a prominent symptom, some patients with active disease may experience vague lower abdominal discomfort or mild central abdominal cramping. Severe cramping and abdominal pain can occur with severe attacks of the disease. Other symptoms in moderate-to-severe disease category include anorexia, nausea, vomiting, fever, and weight loss. Most serious complications are perforation and bleeding. Toxic dilation of colon, venous thrombosis, and colonic cancer is also common.^[5]

The disease severity is, assessed by True love and Witts' criteria which grade the disease condition as mild, moderate,

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and severe as per the parameters such as motions/day, rectal bleeding, temperature at 6am, pulse rate, haemoglobin, and erythrocyte sedimentation rate (ESR).^[1,6,7] As there is no gold standard for diagnosis, the ultimate diagnosis relies on a combination of symptoms, the appearance of the colonic lining at the time of endoscopy, histological features of biopsies of the colonic lining, and studies of stool to exclude the presence of infectious agents that may be causing the inflammation. Among investigations, sigmoidoscopy, colonoscopy, bariumenema X-ray, routine blood examination, stool test for cal protect in as well as routine analysis to exclude infection, parasites, etc., are helpful in reaching to a diagnosis. Video capsule endoscopy might be useful for detection of UC with a typical features and who might be suspected of actually having Crohn's disease.^[6,7]

HOMOEOPATHY IN ULCERATIVE COLITIS

Although there are some studies carried out on irritable bowel syndrome,^[8] very less work has been done exclusively on UC. In a retrospective study case analysis, Homoeopathy was found to be effective in UC.^[9] Twenty-four people suffering from UC were treated in a clinical in Argentine Clinic using constitutional Homoeopathy over a period of upto 19 years. Out of these 24, 16 patients were assessed as having good outcome.

CASE REPORT

A 40-year-old male patient attended outpatient department (OPD) in June 2015 with the following complaints:

- Frequent passage of stool (9–10 times) with blood for 10 years, intermittently with severe exacerbations, especially after taking chewing or smoking with increased frequency mostly in the morning. During defecation, there was severe pain and burning. Urgency and tenesmus were also present
- Pain in abdomen diffuse, cramping in nature, and ameliorated by passage of flatus, occurring empty stomach or even after eating. Everything he eats turns into gas with excessive flatulence.

History of present complaint

He was under treatment in a State General Hospital (N.R.S. Medical College and Hospital) since 2007 with complaints of frequent passage blood and mucous mixed in stool. Three consecutive reports on examination of stool revealed positive occult blood test, but endoscopy report dated September 8, 2007 showed normal study. Since the value of ESR was 45 mm (1st), he was given some antiallergic, along with antibiotic, non steroidal anti-inflammatory drug, B-complex supplementation, and acytoprotective agent. In spite of such amultiangle prescription, there was no remarkable improvement. Patients suffering continued even after being referred to other hospital, where he was given similar treatment. In 2009, again colonoscopy was done

which confirmed the diagnosis of idiopathic UC. Ultimately, he decided to start homoeopathic treatment and came to our OPD.

Colonoscopy report: Mucosa of rectum, sigmoid colon, and descending colon is erythematous with loss of vascular pattern with spontaneous bleeding (Seen up to splenicflexure); impression-Acute exacerbation of idiopathic UC (February3,2009).

Past history

Patient at the age of 15 years had anal fissure which was cured after homoeopathic treatment.

Family history

Both mother and father were diabetic.

Personal history

Patient by occupation is a businessman having his own grocery shop, belonging to middle class socio economic group with occasional habit of taking tobacco, opium, cocaine.

Generals

His appetite is good and cannot remain empty stomach for prolonged period, as it causes a sensation of weak feeling and faintness. He has desire for egg and thirst is of moderate amount, with scanty sweat. Bowel movements are irregular with urgency and tenesmus. Stool is of thin consistency. Thermal reaction of patient is hot (craves cold drinks, prefers winter, and can not tolerate heat) and seems to be always depressed with his present complaints. A general feeling of weakness accompanies the patient most of the time.

Local and systemic examination

Diffuse tenderness all over abdomen and tongue was yellowish white and moist.

Analysis of the case

After analyzing the symptoms of the case the characteristic mental and physical generals and particular symptoms were considered for framing the totality. Sadness with mental depression, lassitude in general, aggravation from tobacco, indigestion, flatulence, desire for eggs, and diarrhea in morning were the important general symptoms. Emptiness in stomach, abdominal pains, burning pain in rectum, and yellowish white discoloration of tongue, bloody stool were the particulars included in totality. Miasmatic evaluation for the presenting symptoms was done with the help of "The Chronic disease by Dr. Samuel Hahnemann" showed the predominance of psoric miasm.^[10] Considering the above symptomatology, Kent's Repertory was preferred and using HOMPAT software, systemic repertorization was done.^[11,12] The Repertorization chart is given in Table 1.

Hydrastis 6C, TDS for 7 days was prescribed on first visit (June 25, 2015) considering the reportorial totality and miasmatic background. The patient improved symptomatically although the pathology remained which was evident on

comparing the colonoscopy report on December 31, 2015 which stated- “Loss of vascular pattern with friable mucosa noted from rectum to cecum. However no growth, polyp noted”. The detail of follow Up is in Table 2.

DISCUSSION AND CONCLUSION

Homoeopathy treats the person as a whole; it eliminates the exciting and fundamental causes by annihilating the

disease manifestations (signs and symptoms) In this case, important mental, physical generals and particulars, i.e., sadness with mental depression, lassitude in general, aggravation from tobacco, indigestion, flatulence, desire for eggs, diarrhea in morning, emptiness in stomach, abdominal pains, burning pain in rectum, yellowish white discoloration of tongue, and bloody stool were included for repertorization purpose. After repertorization, many medicines were competing which each other, namely, *Hydrastis*, *Arsenic album*, *Sulphur*, *Lycopodium*, *Calcarea carb*, etc. but after consultation with *Materia Medica*, *Hydrastis* was prescribed which remained unchanged in the subsequent follow-ups as the patient was responding well to the medicine.^[13]

Hydrastis was found not only homoeopathically most specific remedy for this particular case of disease but also chemical similarity was found when chemical analysis was made. The main alkaloid constituent of golden seal is berberine (others are hydrastine, palmatine, canadine, and hydrastinine).^[14] Studies reveal that incases of pro-inflammatory cytokines induced intestinal epithelial tight junction damage *in vitro* berberine may be one of the targeted therapeutic agents that can restore barrier function in intestinal disease states, and it is observed in the pathogenesis of UC that the immune response is indicated by marked increase in interleukin (IL)-4, IL-5, and IL-10 and IL-13 levels which are different types of cytokines only. Hence, the alkaloids of *Hydrastis* also strongly correlate with the simillimum.^[15]

Table 1: Repertorisation Table

Symptoms Covered	Medicines														
	Hydr	Ars	Sulph	Lyc	Calc	Puls	Nux-v	Alum	Nat-m	Chin	Graph	Lach	Phos	Coloc	Verat
Totally	25	25	24	22	21	21	21	20	19	19	19	18	18	17	17
Symptoms Covered	12	10	10	10	9	9	8	10	10	9	8	9	8	9	8
[K T] (Mind) Sadness, mental depression:	2	3	3	3	3	3	2	2	3	3	3	3	2	2	3
[K T] (Generalities) Lassitude:	2	2	2	2	3	1	3	3	2	3	3	3	2	2	1
[K T] (Generalities) Tobacco Agg:	1	3	1	2	1	3	3	2	2	1			2	2	1
[K T] (Stomach) Desires Eggs:	1					2									
[K T] (Stomach) Indigestion (includes complaints after substances not the):	3	2	3	3	3	3	3	3	2	3	3	2	2		
[K T] (Stomach) Emptiness, weak feeling, faintness, goneness, hungry feeling:	3	2	3	2	2	3	3	1	2	2	2	2	3	2	3
[K T] (Abdomen) Flatulence (see Rumbling):	3	3	3	3	3	2	2	1	2	3	3	2	2	2	3
[K T] (Abdomen) Pain Cramping, gripping, Flatus, from passing Amel:	2		1	1					2		2				2
[K T] (Rectum) Diarrhoea Morning:	2	2	3	2		2	2	1	1	1		1	3	2	2
[K T] (Rectum) Pain Burning Stool During:	2	3	3	2	2	2		3	2	1	2	2	1	1	2
[K T] (Stool) Bloody:	2	3	2	2	2	2	3	3	1	2	2	1	3	3	2
[K T] (Mouth) Discoloration, Tongue, Yellow White:	2	2						1							

Table 2: Timeline including follow-up of the case

Follow-up date	Indications for prescription	Medicine with doses
July 27, 2015	Frequency of stool (6-7 times) per day reduced. Stool is sometimes accompanied with blood. Tenesmus during defecation not occurring. Pain abdomen is slightly less. Flatulence occurring excessively	<i>Hydrastis</i> 30C; OD × 7 days followed by placebo for 7 days
August 11, 2015	Frequency of stool (4-5 times) more reduced. Stool is not at all mixed with blood, but still mucous persisting in considerable amount. Although there is no tenesmus, abdominal pain is present. Flatulence improved to some extent	Placebo for 14 days
August 25, 2015	Frequency of stool 2-3 times/day now. Blood and mucous not present in stool. It is now soft and yellowish in color. Pain abdomen very rarely felt in the last month. Flatulence occurring. Since there was no bleeding per rectum, no medication was given as patient was improving well, and so it was decided not to disturb the action of medicine	Placebo for 30 days
September 17, 2015	Frequency of stool not > 2 times/day. But passage of blood occurred once in the last month but no mucous in stool. Urgency and tenesmus not felt. Slight abdominal pain was felt probably due to some irregularity in meal habits. Flatulence much less but persisting	<i>Hydrastis</i> 200C; OD × 4 days followed by placebo for 26 days
October 03, 2015	No passage of blood per rectum during defecation. Frequency of stool is twice daily with bowels being satisfactorily clear. No abdominal pains felt during the last medication	Placebo for 14 days
October 17, 2015	No bleeding per rectum. Rest of the complaints almost normal and not a matter of concern for the patient anymore	Placebo for 30 days
November 26, 2015	Mild bleeding per rectum after passage of hard stool from eating meat 3 days back but now fine. No pain/tenesmus in rectum, bowel movement also regular. No other complaints. Patient advised for colonoscopy	Placebo for 15 days
December 08, 2015	Dry cough for past 2 days after exposure to draft of cold air while traveling by motorbike. Constant cough which aggravates on evening. Mild fever with thirst. No exacerbation of previous complaints	<i>Aconite</i> 30 TDS for 2 days
December 17, 2015	Patient was doing well; no new or specific complaints; patient once again advised for colonoscopy	Placebo for 15 days
January 03, 2016	Colonoscopy shows pancolitis without any major pathology. No specific complaints, patient doing well. He was advised to continue with normal diet and report back for any further ailments	Placebo for 1 month

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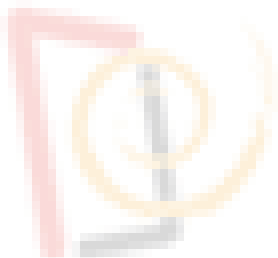
Nil.

Conflict of interest

None declared.

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Colitis ulcerosa homöopathisch behandelt

Auszug

Colitis ulcerosa ist eine der häufigsten entzündlichen Darmerkrankungen. Wie in den meisten Fällen ist die genaue Ursache unbekannt, und es gibt keine spezifische Behandlung in der modernen Medizin. Homöopathie bietet jedoch eine bessere Therapiemöglichkeit, und ein solcher Fallbericht wird vorgestellt. Der Patient suchte die Poliklinik wegen häufiger, blutiger Stuhlgänge und Bauchschmerzen auf. Er litt seit 10 Jahren an einer idiopathischen Colitis ulcerosa. Nach unbefriedigenden Therapieresultaten seitens der modernen Medizin begab sich der Patient in homöopathische Behandlung. Nach detaillierter Fallaufnahme und Repertorisation wurde *Hydrastis* in niedriger Potenz gegeben, und allmählich wurde die Potenz abhängig von der Reaktion des Patienten gesteigert. Nach 3 - 4 monatiger homöopathischer Behandlung besserte sich der Zustand des Patienten, und er blieb beschwerdefrei bis zum letzten Follow-up in der Poliklinik.

Tratamiento homeopático de la colitis ulcerosa: un caso clínico

RESUMEN

La colitis ulcerosa es una de las enfermedades inflamatorias intestinales más frecuentes. Dado que en la mayoría de los casos, la causa es desconocida, la medicina moderna no dispone de ningún tratamiento específico. Sin embargo, la homeopatía, aporta una mejor respuesta en estas patologías. A continuación, se presenta el informe de uno de estos casos. El paciente se presentó en el ambulatorio principalmente por molestias de una evacuación frecuente de heces con sangre y dolor abdominal. En los últimos diez años, había estado padeciendo una colitis ulcerosa idiopática. Al no haber obtenido un resultado satisfactorio con la medicina moderna, el paciente decidió someterse a un tratamiento homeopático. Después de una toma de caso concienzuda y la repertorización, recibió *Hydrastis* en una potencia baja que se fue aumentando progresivamente en función de la respuesta del paciente al medicamento. En 3 a 4 meses de tratamiento homeopático, el paciente empezó a mejorar y se mantenía libre de molestias en el momento de la última visita de seguimiento en el ambulatorio.

केस रिपोर्ट

होम्योपैथिक उपचार में अल्सरेटिव कोलाइटिस के मामले की रिपोर्ट।

सार

अल्सरेटिव कोलाइटिस सबसे सामान्य आंत्र सूजन रोगों में से एक है। अधिकांश मामलों में इसका सटीक कारण अज्ञात है, होम्योपैथी इस प्रकार की स्थिति में बेहतर उपचार प्रदान करती है। ऐसे ही एक मामले की रिपोर्ट नीचे प्रस्तुत की गई है। रोगी मुख्यतः लगातार खूनी मल और पेट में दर्द की शिकायत के लिए ओपीडी में उपस्थित हुआ। वह पिछले 10 वर्षों से अज्ञातहेतुक अल्सरेटिव कोलाइटिस से पीड़ित था। आधुनिक चिकित्सा के साथ असंतोषजनक परिणाम के बाद, रोगी ने होम्योपैथिक उपचार की ओर रुख किया। मामले में विस्तृत रूप से गुज़रने और रेपटॉराइजेशन के बाद, रोगी को औषधि की प्रतिक्रिया के अनुसार पहले कम पोटेंसी और धीरे-धीरे पोटेंसी को बढ़ाकर हाइड्रास्टिसिस दी गई। होम्योपैथिक उपचार के 3 से 4 महीनों के भीतर रोगी में सुधार आना शुरू हो गया और ओपीडी में अंतिम अनुवर्ती के समय तक अपने कष्टों से मुक्त होना जारी रखा।