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HOMOEOPATHIC MANAGEMENT OF ULCERATIVE COLITIS

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ABSTRACT:

Despite the continuous advancements in medical science and the extensive efforts made to comprehend the disease, it remains elusive and the cure remains unattainable.

Ulcerative colitis, also known as colitis ulcerosa or uc, is a type of inflammatory bowel disease (ibd). Ulcerative colitis is a type of colitis, a disease that affects the intestine, particularly the large intestine or colon, causing the formation of open sores known as ulcers. Ulcerative colitis affects approximately 35-100 individuals out of every 100,000 people in the United States, which is less than 0.1% of the population.

Ulcerative colitis can affect individuals of all ages, but it typically begins between the ages of 15 and 30, with less common occurrences between 50 and 70 years old. Ulcerative colitis affects both men and women equally and often runs in families, with studies showing that up to 20 percent of individuals with ulcerative colitis have a family member or relative who also has the condition or Crohn's disease. Ulcerative colitis is more prevalent in individuals of white and Jewish descent.

The exact cause of ulcerative colitis remains unknown, but there is evidence to suggest that genetics may play a role in determining an individual's susceptibility to the condition. The disease can be caused in a person who is susceptible by external factors. While dietary changes can alleviate the symptoms of ulcerative colitis, it is not believed that the disease is triggered by dietary factors. Despite the common belief that ulcerative colitis is an autoimmune disease, there is no unanimous agreement among experts regarding its classification. Treatment involves the use of anti-inflammatory drugs, immunosuppressant medications, and biological therapies that target specific elements of the immune system's response. In certain cases, a surgical procedure called colectomy (removal of the large bowel) may be required, and it is believed to be a permanent solution for the disease.

This research on ulcerative colitis is conducted with the intention of gaining a deeper understanding of all ulcerative colitis patients and the disease as a whole.

As practitioners of homoeopathy, we firmly believe that the underlying cause of a chronic illness lies within the individual patient. Therefore, we administer the treatment and not the ailment. From a materialistic perspective, chronic diseases have numerous causes. However, unless an individual has a genetic predisposition to such diseases, they are unlikely to experience them. This inclination is caused by the ever-changing impact of the miasm. We cannot choose the most appropriate treatment unless we comprehend these fundamental aspects of the miasm. The genuine similia is always derived from the fundamental miasm.

KEYWORDS: Ulcerative colitis, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

In addition to Hahnemann's concept of swift, gentle, and lasting health restoration through easily understandable principles, the ultimate goal of treatment can be achieved.

Considering this, the current study aims to provide a comprehensive understanding of the subjects. The effort is made to comprehend the scientific methodology behind it.

The topic, which has been chosen and is being discussed, has become the most prevalent disease affecting the common man, especially those living in metropolitan cities. The swift transformation in corporate mindset, urbanization's surge in demands, and the heightened expectations of productivity are placing significant pressure on individuals at various levels of their psychological makeup (mind, body, spirit, soul).

The struggle for survival remains true, the only difference today is in the way we interact with others. The continuous demand to always be in control and excel in every aspect of life has resulted in a major health issue, causing the body to deteriorate to such an extent that future generations are also affected by this struggle. It has impacted the genetic level, resulting in significant changes to the body's health. This is now being most commonly referred to as 'autoimmune diseases'. In the present era, modern medicine has also acknowledged that the mind plays a significant role in the causation of diseases,

excluding mental disorders (psychiatry), which are also recognized as a separate field of study. S hahnemann has said long back 200 years ago. At that time, he had categorized mental illnesses and emphasized the significance of mental disposition and its condition in determining the appropriate treatment. Uc autoimmune disease falls under the category of psychosomatic diseases, necessitating a combination of psychotherapy and medication for treatment.

REVIEW OF LITERATURE:

As the name suggests, inflammatory bowel disease is a condition characterized by inflammation in the digestive tract. Inflammation of the colon and rectum, characterized by ulcers, can occur in various situations. Among the various infections, systemic diseases, and an unknown condition, there are specific infections, associations with systemic diseases, and an idiopathic condition for which no specific cause has been identified. For the past century, the condition has been known as 'ulcerative colitis' and has become one of the most prevalent chronic digestive disorders seen in clinical practice in both western and asian countries, as stated by Richard G. Farmer:

In the past, ulcerative colitis was often referred to as 'idiopathic' or 'non-specific', highlighting the lack of knowledge about its specific cause. In the past, colitis gravis, colitis ulcerosa, and thrombo-ulcerative colitis were used to refer to this condition.

Ulcerative colitis is identified by abdominal discomfort and diarrhea, which may contain blood. Similar to Crohn's disease, another prevalent form of inflammatory bowel disease, ulcerative colitis can be debilitating and, in severe cases, even life-threatening.

Ulcerative colitis typically impacts the innermost layer of the colon and rectum. It only happens in specific sections of your colon, unlike crohn's disease, which can occur in patches anywhere in the digestive tract and can even penetrate deep into the layers of affected tissues.

Ulcerative colitis is a long-term illness and is well-known for its unpredictable fluctuations. Typically, individuals with ulcerative colitis experience alternating phases of relative well-being, where they are symptom-free or have only mild symptoms (remissions), followed by periods of active disease (relapse or flare).

Thankfully, due to advancements in treatment, the number of individuals experiencing prolonged symptoms has decreased considerably.

Study of Ulcerative Colitis

Frequency & occurrence.

Ulcerative colitis is a widespread condition that impacts individuals worldwide. In the United States, it is estimated that there are approximately one million individuals who experience some form of ibd. Approximately half of the individuals diagnosed with ibd have ulcerative colitis, while the other half have crohn's disease.

Ulcerative colitis affects people of all ages, but at large it is the disease of young adults. Most cases of UC are diagnosed in people between the ages 15 to 40 years. However, children as small as few months old and older people sometimes develop the disease.

The incidence of Ulcerative colitis has risen with the tide of civilization. Moreover this is a disease of young people having grievous impact on their education and career.

Ulcerative colitis does not show any gender preference and affect males and females equally. It appears to run in families. Studies also consistently conclude that ulcerative colitis occurs more often within the Jewish population.

Ulcerative colitis affects each individual uniquely. Some suffer only mild symptoms, but others have severe and disabling symptoms with frequent flareups. Usually the symptoms tend to come and go, and there may be long periods without any symptoms at all. Usually, however, the symptoms reappear after an interval, which varies from days to months or even years.

Binder & her colleagues studied a total of 909 patients seen in Copenhagen country from 1962 to 1978, the mean incidence was 8.1/100,000 population. It should be noted that because of the chronic nature of the illness, prevalence figures are much higher than incidence figures.

PATHOLOGY OF ULCERATIVE COLITIS

MACROSCOPIC:

- Involves rectum & extends proximal to involve colon
- 40-50% rectum & sigmoid colon
- 30-40% extending beyond sigmoid but not whole colon
- 20%- total colitis.

Proximal spread occurs in continuity with area of uninvolved mucosa.

UC appearance on Endoscopy-

- Mild infection- erythematous mucosa with fine granular surface that looks like sandpaper.
- Sever mucosa is hemorrhagic, edematous and ulcerated which bleeds on touch.
- Long standing- inflammatory polyps / pseudopolyps.

Many years of disease- ATROPHIC, FEATURELESS mucosa with shortened, narrow colon.

DIAGNOSIS

Tests and diagnosis.

Ulcerative colitis is likely to get diagnosed only after ruling out other possible causes for signs and symptoms, including crohn's disease, ischemic colitis, infection, irritable bowel syndrome (ibs), diverticulitis and colorectal cancer. To confirm a diagnosis of ulcerative colitis, doctors may recommend one or more of the following tests and procedures:

• blood tests

Medical professionals recommend conducting blood tests to assess for anemia or indications of infection, such as elevated erythrocyte sedimentation rate (ESR), electrolyte imbalances, or hypoproteinemia. Liver function tests.

Two tests that detect the presence of specific antibodies- panca and asca can occasionally aid in diagnosing the type of inflammatory bowel disease a patient has, but not all individuals with ulcerative colitis exhibit these antibodies. These tests are not suitable for regular use, but can be beneficial in certain situations. A blood culture is recommended in instances of sepsis.

· colonoscopy

This examination enables patients, doctors, and family members to observe the entire colon using a slender, flexible, illuminated tube with a camera attached. During the medical procedure, the doctor may also collect small tissue samples (biopsy) for further examination in the laboratory. A biopsy can verify a medical condition. If there are groups of inflammatory cells called granulomas, it is highly probable that the patient has Crohn's disease, as granulomas are not typically found in cases of ulcerative colitis.

There are potential risks associated with this procedure, such as the possibility of perforating the colon wall and experiencing bleeding, particularly when a biopsy is performed.

Ulcerative colitis as seen with a colonoscopy.

Ulcerative colitis endoscopic appearance

- Loss of the vascular appearance of the colon
- Erythema (or redness of the mucosa) and friability of the mucosa
- · Superficial ulceration, which may be confluent, and

Pseudopolyps.

FUTURE

UC is a life-threatening disorder at later stage. IBD has been shown to lead to serious, organic diseases as complications. Also it does lead to cancer.

Moreover the severity of symptoms of IBD varies from person to person and in a vast majority of sufferers it is just a nuisance. In small proportion of people having severe symptoms, IBD can have a negative impact on one's lifestyle. Individual may experience difficulties performing their jobs or attending some functions or travelling.

However, if IBD-UC symptoms go untreated in an individual with severe symptoms such as severe chronic pain in abdomen with nausea or vomiting or severe chronic diarrhoea, the person may have other complications that may affect their health.

1. a person with either type of distress can end up with depression, anxiety, dehydration, emotional problems, or mental health problems, which need to be treated, as it will further worsen the uc symptoms, causing a downward spiral in individual's mood, quality of life, and overall health.

A person suffering from severe constipation may develop anal fissures (small cuts in the colon) that can be seen in their stools, making them more prone to infections. Individuals experiencing chronic bloody diarrhea lasting for days may face complications such as malnutrition, anemia, vitamin deficiencies, rapid weight loss, and severe dehydration.

Other conditions like irritable bowel syndrome (ibs) can present similar symptoms to ulcerative colitis, and these disorders generally do not have severe complications like ibd.

It is crucial not to dismiss complementary therapies for ulcerative colitis, as there can be severe consequences if left untreated. Instead, a complementary approach should be taken to address the condition.

Homoeopathic medications.

Arsenic album.

This medicine has a strong effect and can be used for a variety of purposes. It is effective on multiple organs, including the gastrointestinal, respiratory, and urinary systems. It is particularly beneficial for treating septic infections. Patients who experience the presence of mucus and blood in their watery stool are indicated for further examination. In addition to severe abdominal pain and a burning sensation, patients may also experience sudden chills. The patient will experience weakness, anxiety, and restlessness.

Merc cor.

This is recommended for individuals experiencing abdominal pain, ulcers in the intestine, painful bowel movements, and stools with a foul odor and blood.

Homoeopathic management of ulcerative colitis.

Merc sol

This is an incredibly effective remedy that promotes the proper functioning of the body's various systems. It is commonly prescribed for individuals with ulcerative colitis, skin abscesses, and tonsillitis, particularly for those who experience a persistent need to defecate. Stools will have blood and mucus. Individuals who frequently suffer from abdominal pain accompanied by chills and weakness are recommended to take this medication.

Argentum nitricum.

It aids in the treatment of individuals with ulcerative colitis, diarrhea, excessive gas production, and anxiety.

Phosphorus

This is recommended to individuals who experience diarrhea and blood in their stools, but they do not feel any pain. It is assigned to patients who are emotionally vulnerable.

Carcinosin

It is a medicine having wide range of spectrum. As homeopathy considers genetic influence as an important factor in the development of disease thus this is used to treat the genetic linking of the

disease.

Kali bichromatum

When patient complaints of chronic intestinal ulcerations alongwith vomiting. Patient will also pass bloody and mucus filled stools with feeling of tenesmus. If after every meal patient suffer from constricting, burning pain then this remedy is indicated.

CONCLUSION:

Ulcerative colitis is an immunologically mediated disease. Homeopathy treats the disease at the immunological level, by addressing genetic component, stress coping system as well as other ulcer healing factors. Experience suggests that the homeopathic treatment for Ulcerative colitis is effective, safe and it gives very long lasting to permanent results in most cases.

Role of homoeopathy in ulcerative colitis:

• To enhance healing of ulcer

To avoid recurrence of gastric ulcer.

From a homoeopathic viewpoint, it falls under chronic diseases with either one-sided or fully developed symptoms. In the miasmatic classification, it is considered to have a multi-miasmatic origin, with a predominant influence. The homoeopathic treatment in uc is multi-miasmatic and prescriptions are tailored based on the active miasm that is currently manifesting, taking into consideration the individual's basic constitutional characteristics that are most prominent during the presentation of uc.

The primary objective was to enhance understanding of the homoeopathic drug that can effectively treat chronic conditions such as ulcerative colitis. Every conceivable source was consulted to gather information on the prevention of the diseases.

30 patients with different diseases were chosen to study their response to homeopathic treatment in order to prevent further health issues.

The patient's medical history and any signs of illness should be considered when determining the appropriate medication.

In my analysis of 30 cases of diagnosed uc, I arrived at the following conclusions.

- in most of the cases the 200th or higher potencies are seen acting well
- in my study of cases it has been found that care, syph, phos, sulph, tub are the most indicated remedies emerging
- nit acid, aloe and merc cor are found to be indicated in acute phase

Based on my research, I have concluded that homeopathic treatment is possible for UC, and the course of treatment depends on the stage of the disease. Mild to moderate cases are completely reversible by giving the medicine covering the miasm along with constitutional features, in the later stages as it is incurable as the patient compliance becomes difficult thus the approach is palliative.

Along with the treatment for the current state, psychotherapy sessions and strict dietary instructions are crucial components of the treatment for uc. Yoga and meditation can help in making progress quicker.

Equipped with these resources and the understanding that we collaborate with the underlying rhythm of the universe, we approach this perplexing medical issue with determination and assurance.

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