BASED CASE STUDY ON ULCERATIVE COLITIS

Prof.(Dr.)Niranjan Mohanty
www.the homoeopathy.com
Bhubaneswar

Abstract: A patient reported us on 01-01-2011 for loose stool since 12yrs. Stool was associated with mucus. There was sudden urging for defecations & motion was early morning, making him wake up from bed to go to closet. At time there was bleeding per rectum but no tenesmus. There was gripping pain abdomen relief after defecations. There was weakness & exhausted after little work. Periodically he was fever with perspiration, was giving relief. He was having tinea corporis of whole body. In past took allopathic & Ayurvedic treatment without any relief. Case was taken in predesigned format, thereafter case was analyzed and evaluated totality was built up. Case was repertorised and found that sulphur is the drug of choice, in the other hand miasmatic assessment was done and it was determined to be a mixed miasmatic state with preponderance of psoric miasm. Hence Sulphur: 0/1,0/2,0/3,0/4(2oz, 16doses, twice daily.) was prescribed. First there was improvement during the treatment hence it was continued with higher 0/6,0/7,0/8,0/9,0/10,0/11,0/12 for three months then there was a standstill state. Case was reviewed and repertorised with new totality where Merc, sol. found to be new medicine keeping in mind the anti-syphilitic medicine a dose of Merc. sol.200/was prescribed. Patient developed severe colic pain >by pressure hence a dose of colocynth200 one dose, which gave relief there after sulphur in ascending scale of 50 millesimal was prescribed, improvement continued. Towards recovery it is again observed totality of the case is changing hence it was reviewed and repertorised and found the new medicine is Lycopodium. Hence a dose of Lycopodium-200 was given as finishing dose. Modified naranjo case assessment criteria was applied. The score was nine. Hence it is a good case of cure.

Conclusion: It is understood the cure took place as per Hahnemann’s chronic disease treatment guidelines. This is an evidence based case study with colonoscopy finding. It is a defeating answer to the Hufeland journal ‘Homoeopathy can remove the symptoms but the disease remains as such’

Keywords: Ulcerative colitis, Case analysis, Evaluated totality, Miasmatic & Nosological diagnosis, Repertorial analysis;

Introduction: Ulcerative colitis is a major type of Irritable Bowel Disease. The incidence varies within different geographic areas. Ulcerative colitis occurs at the highest incidence in Europe, United Kingdom, and North America. In North America the incidence ranges from 2.2–14.3 cases per 10,000 persons-years and prevalence ranges from 37-246 cases per 10,000 person-years. In Europe, incidence ranges from 1.5-20.3 cases per 10,000 person-years and prevalence ranges from 21.4 – 243 cases per 10,000 person-years. The incidence is rising in Japan, South Korea, Singapore, northern India, and Latin America, areas previously thought to have low incidence. The peak age of onset of ulcerative colitis is between 15 and 30 years. A second peak occurs between the ages of 60 and 80 years. The male to female ratio for ulcerative colitis is 1:1.

Case history: Mr. Bhagaban Das aged 58yrs presented with the following complaints:

Present complaints: Loose stool since 12yrs., Stool was associated with mucus., There was sudden urging for defecations & motion was early morning; making him wake up from bed to go to closet. At time there was bleeding per rectum but no tenesmus., There was
gripping pain abdomen relief after defeactions , There was weakness& exhausted after little work. Periodically he was fever with perspiration was giving relief., He was having tinea corporis whole body.

Past history of skin disease,, Family history: Father—Bronchitis, Mother—Arthritis

T/H: Had taken Allopathic & Ayurvedic medicine but there was no permanent cure.

Physical generals: RHC: hot pt., easily catches cold(+++), Desire: sweet(+), meat(+), spicy food(+), Aversion: bitter, Bathing aversion(+++), Intolerance: bread(++), fat(++), Thirst: increased with dry tongue(+++), Sweat: moderate, Sleep: decreased(+) with dream amorous, Appetite: increased(+), can not wait for food, Healing: delayed(++)

Mental generals: Selfish(+++), Lazy(+++), Irritable(+++)

Physical Examination: Hypogastrium—tenderness, tympanic

Systemic examination:

Investigation:
Stool:NAD, Urine:NAD, ESR:50mm/1st hr, CRP:+ve,

Colonoscopy report:

NEELACHAL HOSPITAL PVT.LTD.
A/84,Ashok Nagar,Unit-III,Bhubananeswar-751001

GR no. OP-359

Date 02-01-2011

Patient Name: Mr Bagaban Das
Age: 58yrs

Ref. By: Dr Niranjan Mohanty

Sex: Male

COLONOSCOPY REPORT

Indication:
Frequent loose stool with blood & mucos
Paroxysmal/intermittent abdominal pain with mild fever.

Pre Medication:
IV Dizepam 8mg/Fortwin 15 mg

Colonoscopy:

The mucosa beyond 1cm up to caecum normal.
Rectal mucosa is normal.

IMPRESSION:
MULTIPLE ULCERS, COLITIS OF SIGMOID COLON

Dr. Prakash Chy, Dalai(M.D.D.M.)
Consulting gastroenterologist
Hepatologist & Endocrinologist

CASE ANALYSIS

1. unexpected deviation: Hot pt., bathing aversion(+++)

2. Causation: Irregular dietetic habit.

3. Mental general: Irritable(+++), Selfish(+++), Laziness(+++)

4. Physical general: Desire Sweet(+) meat(+), spicy(+), Aversion bathing, Intolerance bread(+) fat(++) Thirst increased, with dry tongue(+++), Sleep disturbed(+) Appetite increased with can not wait for food(++) Burning sole(++)

5. Pathological general: Wound healing late(++)

6. Characteristic particular: Ulcerative colitis, Loose stool with mucus, Motion was more in early morning making him to wake up early morning to go to closet.(++)

7. Particular: Feverish state, Little work exhausted, Bleeding per rectum(+), Tinea corporis(++)

EVALUATED TOTALITY:(as per kent)
Hot pt. bathing aversion to(+++)
selfish(+++)
Irritable(+++)
Lazy(+++)
Easily catches cold(+++)
Desire: Sweet(+) meat(+), spicy(+)

2
Intolerance: bread(++) , fat(++)
Thirst increased with dry tongue(++++)
Sleep disturbed(+)
Appetite increased can not wait for food(++)
Wound heal late(++)
Loose stool with mucus & motion was more in early morning making him wake up in early morning to go to closet(++)
Bleeding per rectum(+)
Tinea corporis(+)

<table>
<thead>
<tr>
<th>Miasmatic diagnosis \</th>
<th>PSORA</th>
<th>SYPHILITIC</th>
<th>SYCOTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot pt bathing aversion</td>
<td>Ulcerative colitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motion was more in early morning making him to wake up early morning to go to closet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable, Lazy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selfish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot pt. easily catches cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire for sweet, Desire for meat, Desire for spicy food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intolerance to bread , fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep: disturbed with amorous dreams , Appetite: increased, can not wait for food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appetite: increased, can not wait for food, Burning sole</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healing delayed, Thirst: increased with dry tongue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding per rectum, Tinea corporis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hence it is a mixed miasmatic case with preponderance of psoric miasm

**Nosological diagnosis**: Loose stool with mucus. Bleeding per rectum.

Tinea corporis, Hypogastrum: tenderness, tympanic, stool & urine-NAD, ESR: 50 mm/1st hr

**Colonoscopy report**: Ulcerative colitis. Hence a case of “ulcerative colitis & tinea corporis”

**Repertorization**

**Repertorial result and analysis**

Basis of prescription: Sulphur was evolved as no-1 drug among the panel of drugs, because of, Hot pt. bathing aversion, Burning pain palm & sole. Loose with mucoid stool early morning wake up to go to closet. It covered miasmatic aspect too.

First Prescription: (02/01/2011)
Rx, Sulphur—0/1…0/4 (2oz 16 d bd)
05/02/11: Loose stool with mucus < morning reduced to 30%, Sudden urging for defication reduced to 40%, Bleeding per rectum reduced, Abdominal pain reduced, Weakness & exhausted after little work is no more, Periodic fever with perspiration no more, Tinea corporis reduced to 50%, No burning sole, Hot pt., bathing aversion, Sweet, spicy food desire, Intolerance to fat, Rx, Sulphur-0/5…0/8 (2oz 16 d od)
03-03-2011: Loose stool with mucoid < early morning reduced to 40%, Sudden urging for defication, Bleeding per rectum reduced to 60%, Pain abdomen no more, No weakness, No periodic fever with perspiration, Tinea corporis reduced to 80%, No burning sole, Hot pt., Sleep disturbed, Rx, sulphur—0/9…..0/12 (2oz 16 d od)

Repertorization:

05/05/11: Loose motion with mucoid stool ass. with tenesmus < night, Salivation mouth, Bleeding per rectum again appeared, Severely reacts to both environments, Desire for sour, salt, Aversion to sweet, Thirsty with moist tongue, Sleep disturbed. Again went for repertorization with newly developed symptoms; Merc. sol. was the drug after repertorization. Rx, Merc sol. 200 (1dose), Placebo—0/2…0/4 (2oz 16 d od).

07/07/11: Loose stool with mucoid reduced 70% but tenesmus remained un change, Bleeding per rectum reduced, Abdominal pain was severe with pressure amelioration, No salivation mouth. Rx, Colocynth -200 (1dose) x weekly prescribed.

09/08/11: Loose stool with mucus standstill but no tenesmus, Early morning wake up from bed to go to closet, Itching per rectum with bleeding, Burning palm & sole, case was restudied Totality was Hot pt., desiring warm, sweet, flatulence aggravates evening, Bathing, aversion though hot pt., Standing was worst position, Desire for sweet, Tinea corporis was there, Rx, Sulphur—0/13…0/16 (2oz 16 d alt. day)

10/12/2011: Loose stool with mucus reduced to 80%, No bleeding per rectum, No itching per rectum, Burning palm & sole reduced, Tinea corporis was no more, Bathing aversion was for sweet., Rx, Sulphur-0/17…0/20 (2oz 16 d bd).

10/01/2012: Loose stool with mucus no more, No burning palm & sole, Case was restudied for prescribing finishing dose. It was observed patient was hot pt., desire for warm food and sweets, flatulence in abdomen < in the evening repertorization was done.
Rx, Lycopodium – 200(1dose) was prescribed as finishing dose

**05/03/2012**: Patient came with other complaints, Colonoscopy suggesting no Ulcerative colitis. From the above case studies it is revealed that through Anti-miasmatic Constitutional Homoeopathic Medicine Ulcerative Colitis can be successfully treated.

**Colonoscopy report:**

NEELACHAL HOSPITAL PVT LTD.
A/84, Ashok Nagar, Unit-III, Bhubaneswar -751001

Date: 04-03-2012
Ref: By Dr. Niranjan Mohanty
Sex: Male

**Patient Name:** Mr. Bagaban Das
**Age:** 59 yrs
**GR no.:** OP-3593

**Indication:**
H/O frequent loose stool with blood & mucus, Paroxysmal/Intermittent abdominal pain with mild fever.

**Pre-Medication:**
IV Diazepam 8mg/Fortwin 15 mg

**Colonoscopy:**
Seen up to 10cm of terminal ilium. The terminal ilium is normal, sigmoid colon normal, Narrow band image mucosa beyond 2cm up to caecum normal. Rectal mucosa normal.

**Impression:**
NORMAL COLONOSCOPY STUDY

**Conclusion:**
It is understood the cure took place as per Hahnemann’s chronic disease treatment guidelines. This is an evidence-based case study with colonoscopy finding. It is a defeating answer to the Hufeland journal “Homoeopathy can remove the symptoms but the disease remains as such”

**Acknowledgement:**
I express my sincere thanks to Dr. Sujata Kumari Choudhry, Dr. Santosh Kumar Jena and Dr. Bishupriya Sasmal for their assistance in all stages from case study to paper presentation. Thanks to Mr. Bhagaban Das who has given his consent for publication of this paper.
References:
4) http://www.healthline.com/health/ulcerative-colitis#Overview1
5) Hompath software