

Irritable Bowel Syndrome (IBS): A Comprehensive Review with a Homoeopathic Management

Prof. (Dr.) Ashwini Kumar Mishra*

*H.O.D. Dept. of Pathology and Microbiology, Maharshi Menhi Homoeopathic Medical College & Hospital, Kathihar, Bihar-845105.

Abstract

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder characterized by chronic abdominal pain, bloating, and altered bowel habits without any detectable organic pathology. It significantly impacts the quality of life and poses a diagnostic and therapeutic challenge due to its multifactorial etiology. Conventional management focuses on symptom relief, whereas homeopathy offers a holistic approach by addressing the root cause, individual susceptibility, and mind-body interactions. This article reviews the clinical features, investigations, diagnosis, and management of IBS, with a special emphasis on homeopathic principles, miasmatic influences, and leading remedies.

Keywords: Irritable Bowel Syndrome (IBS), Functional bowel disorder, Homeopathy, Miasm, Individualized treatment, Gut-brain axis

Introduction

Irritable Bowel Syndrome (IBS) is a chronic, relapsing functional gastrointestinal disorder affecting 10-15% of the global population, with a higher prevalence in women. It is classified into subtypes based on predominant stool patterns: IBS-D (diarrhea- predominant), IBS-C (constipation-predominant), IBS-M (mixed), and IBS-U (unclassified). The exact etiology remains unclear, but factors such as gut-brain axis dysfunction, visceral hypersensitivity, altered gut motility, intestinal inflammation, dysbiosis, and psychosocial stress contribute to its pathogenesis.

Homeopathy, with its individualized approach, offers a promising therapeutic option by considering physical symptoms, emotional triggers, and constitutional factors.

Clinical Features

The hallmark symptoms of IBS include:

- Abdominal pain or discomfort, relieved by defecation
- Altered bowel habits (diarrhea, constipation, or alternating)
- Bloating and distension
- Mucus in stools (occasionally)
- Sense of incomplete evacuation

Associated symptoms:

- Fatigue, anxiety, depression
- Worsening of symptoms with stress or certain foods (FODMAPs)

Investigation & Diagnosis

Diagnostic Criteria (Rome IV Criteria)

Recurrent abdominal pain at least 1 day/week in the last 3 months, associated with two or more of the following:

- Related to defecation
- Associated with a change in stool frequency
- Associated with a change in stool form (appearance)

Investigations (To Rule Out Organic Causes)

- Stool tests (for infections, parasites, calprotectin)
- **Blood tests** (CBC, ESR, CRP, celiac serology)
- Imaging (Ultrasound, Colonoscopy if red flags present)
- Hydrogen breath test (for SIBO or lactose intolerance)

Red flags requiring further evaluation:

- Weight loss
- Nocturnal symptoms

- Blood in stools
- Family history of IBD or colon cancer

Management Conventional Treatment

- **Dietary modifications** (Low-FODMAP diet, fiber adjustment)
- Pharmacotherapy:
- o Antispasmodics (Hyoscine, Dicyclomine)
- Laxatives (for IBS-C)
- Antidiarrheals (Loperamide for IBS-D)
- Probiotics
- SSRIs/TCAs (for pain and psychological symptoms)

Homeopathic Approach

Homeopathy treats IBS by addressing the individual's susceptibility, emotional triggers, and miasmatic background.

Miasmatic Influence in IBS

- Psora: Functional disturbances, bloating, indigestion
- Sycosis: Mucous diarrhea, flatulence, water retention
- Tubercular: Alternating diarrhea and constipation, food sensitivities
- Syphilitic: Severe cramping, ulcerative tendencies Leading Homeopathic Medicines
- 1. Nux Vomica
- o IBS with **constipation**, bloating, and abdominal cramps
- o Aggravation from stress, spicy food, alcohol
- o Patient is irritable, hurried, workaholic
- 2. Lycopodium
- o Bloating soon after eating, gas with rumbling
- o Evening aggravation, craving sweets
- o Lack of self-confidence, anticipatory anxiety
- 3. Argentum Nitricum
- o Diarrhea from anxiety (exams, public speaking)
- o Greenish, explosive stools with flatulence
- $\circ \quad \textbf{Craves sweets but aggravates symptoms} \\$
- 4. Colocynthis
- o Severe cramping pain, better by bending double
- o Anger-induced IBS, emotional stress triggers
- 5. Sulphur
- o Morning diarrhea, urgency, burning sensation
- Redness around anus, heat aggravates
- 6. Podophyllum
- o **Profuse, gushing diarrhea**, worse in morning
- o **Prolapse rectum**, painless watery stools
- 7. Aloe Socotrina
- **o** Urgency with inability to control stools
- o **Jelly-like mucus in stools**, sensation of fullness
- 8. Asafoetida
- o Loud belching, reverse peristalsis
- o **Hysterical IBS**, sensation of a lump in the throat.

CASE STUDY

Summary: A male aged 58 years, in my clinic with complaints of distension of the abdomen with anxiety and gastric upset. He has scanty stool with frequent urging and great tenesmus of the abdomen with an alcoholism habit for a long time with heaviness in the epigastric region.

Identification Details

Regn: 4510

Name: Master CVD Mishra Sex: Male Age: 58 years Religion: Hindu Occupation: Marketing

Executive Address: Bansh Deeh, Ballia.

History of presenting complaints:

- Flatulence and distension of the abdomen and shifting type of pain in abdomen, bursting type with sudden urging for stool.
- Stool mixed with mucus has to wait a long time without finishing sensation.

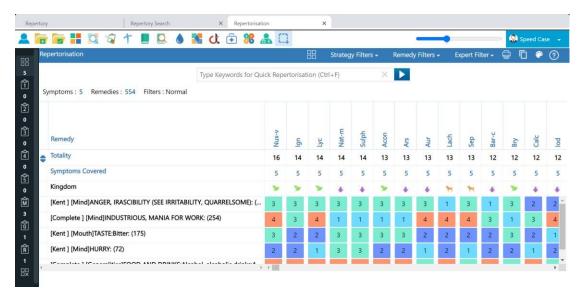
- Mode of onset rapid, 5 years ago, recurrence
- Most probable cause not known to the patient
- He has undergone allopathic treatment for the same without any remarkable improvement.
- Aggravation: Rich food, oily or fatty food, proteinaceous diet, chicken, mutton, milk, Night, during sleep
- Amelioration: After stool Past History
- Recurrent cough and cold Family History
- Father Gout and Hypertension
- Mother Gastric ulcer
- Birth History- Normal birth. Physical generals:
- His appetite was good, always wants to eat. Alcoholic. Bitter taste in mouth.
- Food desires: Normal
- Desires Spicy and fried food, Alcohol
- Disagrees- cold things and rich, fatty food.
- Aversion: Milk
- The thermal reaction of the patient is chilly.
- Stool: unsatisfactory with mucus, frequent.
- Urine: frequent, profuse, offensive
- Perspiration: Profuse.
- Sleep- Sleeplessness due to gastric upset, restlessness sleep.
- Dreams: dreams of falling from bed. General Physical Examination:
- He was of normal build with harsh behaviour. and all the vitals were normal. There were no signs of anemia, jaundice, cyanosis and lymph nodes that were palpable PR. 80/min., RR.: 18/min., TEMP: 97.6⁰F, Wt.-69 Kg.

SYSTEMIC EXAMINATION:

• C.V.S. - No abnormal sound during auscultation, C.N.S. - Sensory and motor functions are normal, RESP.-Chest clear, G.I.T.-Abdomen soft, tenderness. Rumbling sound

MENTAL GENERALS:

- Fear: Dark
- Temperament- very angry with abusive.
- Workaholic, very sensitive, ambitious, impatient. DIAGNOSIS:
- The case diagnosis was made based on the symptomatology and clinical examination, IBS??



PRESCRIPTION:

After Case taking, based on the totality of symptoms & with the consultation of Homoeopathic Materia medica NUX VOMICA 200ch, 4 doses, OD for four days was prescribed on 22/06/2024. Medicine should be taken at morning for 4 days, before food.

SELECTION OF REMEDY WITH JUSTIFICATION

The symptomatology, NUX VOMICA covers the totality of symptoms that guided us to select the remedy (mental state). Based on Repertorisation & after due consultation of textbooks of Materia Medica seems, NUX VOMICA to be

the most suitable drug in this case and thus prescribed in 200ch, four doses followed by placebo for 30 days

SELECTION OF POTENCY WITH JUSTIFICATION⁷:

The potency selection and repetition were done based on the Homoeopathic principles, susceptibility of the patient, and homoeopathic philosophy.

FOLLOW UP:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/Dose	Justification
11/05/2023	Slight improvement.	Rubrum/BD/30 Days	To wait and allow the
			medicine to act
30/06/2022	Mild improvement	Phytum /BD/30 Days	No new complaints;
			mild improvement
			occurs
02/07/2022	Stand still	Staphysagria 1M / 2 dose (as intercurrent	Suppressed anger, sex
		remedy)	desire increased
03/08/2022	Improvement noticed.	Phytum /BD/30 Days	Better
06/09/2022	Better	Phytum /BD/30 Days	Better
10/11/2022	Again tenesmus recur	Nux vom 1m/ 6dose OD	
02/01/2022	Better	Phytum /BD/30 Days	Better
04/03/2022	Better	Phytum /BD/30 Days	Better

CONCLUSION:

IBS is a complex disorder requiring a **multidisciplinary approach**. Homeopathy provides **individualized treatment** by considering physical symptoms, emotional factors, and miasmatic tendencies. Leading remedies like **Nux Vomica**, **Lycopodium**, **Argentum Nitricum**, **and Colocynthis** offer significant relief when prescribed based on symptom similarity. Further research is needed to validate homeopathy's efficacy in IBS through clinical trials.

REFERENCES:

- 1. Lacy, B. E., Mearin, F., Chang, L., Chey, W. D., Lembo, A. J., Simren, M., & Spiller, R. (2016). *Bowel Disorders*. Gastroenterology, 150(6), 1393-1407. [Rome IV Criteria]
- 2. Ford, A. C., Moayyedi, P., & Lacy, B. E. (2014). American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome. American Journal of Gastroenterology, 109(S1), S2-S26.
- 3. Enck, P., Aziz, Q., Barbara, G., et al. (2016). Irritable Bowel Syndrome. Nature Reviews Disease Primers, 2, 16014.
- 4. Hahnemann, S. (1842). *Organon of Medicine* (6th ed.). B. Jain Publishers. (For principles of individualized treatment).
- 5. Kent, J. T. (1900). Lectures on Homeopathic Materia Medica. B. Jain Publishers. (For remedy indications).
- 6. Boericke, W. (1927). *Pocket Manual of Homeopathic Materia Medica & Repertory*. B. Jain Publishers. (For symptoms of Nux Vomica, Lycopodium, etc.).
- 7. Vithoulkas, G. (1980). The Science of Homeopathy. Grove Press. (For miasmatic understanding).
- 8. Peckham, E. J., Nelson, E. A., Greenhalgh, J., et al. (2013). *Homeopathy for Treatment of Irritable Bowel Syndrome*. Cochrane Database of Systematic Reviews, (11), CD009710.
- 9. Adler, U. C., Paiva, N. M. P., Cesar, A. T., et al. (2011). *Homeopathic Individualized Q-Potencies versus Fluoxetine* for *Moderate to Severe Depression: Double-Blind, Randomized Non-Inferiority Trial*. Evidence-Based Complementary and Alternative Medicine, 2011, 520182.
- 10. Gibson, P. R., & Shepherd, S. J. (2010). *Evidence-Based Dietary Management of Functional Gastrointestinal Symptoms: The FODMAP Approach*. Journal of Gastroenterology and Hepatology, 25(2), 252-258.
- 11. Mayer, E. A., Tillisch, K., & Gupta, A. (2015). *Gut/BrainAxis and the Microbiota*. Journal of Clinical Investigation, 125(3), 926-938.