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HOMOEOPATHIC MANAGEMENT OF CONSTIPATION-PREDOMINANT IRRITABLE BOWEL SYNDROME: A CASE REPORT

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ABSTRACT –

Irritable bowel syndrome is long term functional disorder which may cause severe complications if left untreated, people suffering from symptoms of IBS find it difficult to carry out their daily life peacefully and it has impacted their mental health too. No structural abnormalities is seen but the functional symptoms such as diarrhoea, constipation, abdominal pain may often create discomfort in individual life. This article describes all the aspects of IBS, its variable causes, pathophysiology along with detail case of IBS that has been treated with homoeopathy. Various homoeopathic medicines are found to be effective in managing the cases of IBS and this article aims to prove the contribution of homoeopathy in helping such patients.

KEY WORDS –

IBS, Constipation, homoeopathy, patient, stool.

INTRODUCTION

Irritable bowel syndrome is the functional disorder of gastrointestinal tract caused due to disturbance in interaction of gut with the brain and often due to other potential causes resulting in abnormal bowel motility affecting the patient with symptoms of diarrhoea, constipation, alternating diarrhoea with constipation, abdominal cramps, bloating, symptoms may be mild to severe and can vary from person to person. It last for days, weeks or months and can even have lifelong impact.

On the basis of diagnostic criteria the prevalence rate of IBS ranges from 3.8% to 11.2%, most common among people below 50 years of age but can occur in any age group, prevalence tends to decrease with the age. IBS is found to be more common in women and it is 67% higher than in men. Women are more likely to have constipation whereas men are reported more with diarrhoea, Studies shows that highest prevalence rate is in western countries as compared to the other countries. There is no structural abnormalities found in IBS and the condition is identified with characteristic of symptoms and the diagnosis of IBS is done with ROME IV criteria. Other conditions that might present similarly as IBS include inflammatory bowel disease, celiac disease, malabsorption, colon cancer etc, to rule out such conditions different investigations like blood tests, colonoscopy, ultrasonography etc is necessary for the further assessment and to prevent any complication that might arise because of misdiagnosis.

IBS is classified into 4 subtypes

1. IBS – C (constipation-predominant)
2. IBS – D (diarrhoea-predominant)
3. IBS – M (mixed)
4. IBS – U (unclassified)

Risk factors

1. Age – People below 50 years of age are more prone to develop IBS.
2. Severe bacterial or viral infection.
3. Psychological problems such as stress, mental trauma, depression etc may trigger or worsen the symptoms of irritable bowel syndrome.
4. Certain food such as wheat, dairy products, high processed food may trigger the symptoms.
5. Family history of IBS.
6. Alcohol consumption and smoking may increase the risk of developing the disease.
7. Gender- IBS is more common in females
8. Poor quality of sleep.

9. Certain socioeconomic factors such as low income, financial loss, divorce, high workload may increase the risk.

Homoeopathic treatment along with lifestyle changes can improve the quality of life of the patient and prevents the further complications.

ETIOPATHOGENESIS

IBS is a disorder of brain-gut interaction characterized by chronic gastrointestinal symptoms without an identifiable structural or biochemical abnormality. Its pathogenesis is multifactorial, involving complex interplay between environmental, psychosocial, genetic, and physiological factors.

Environmental Factors

- **Infections & Inflammation:** Prior gastrointestinal infections, ischemia, and chronic low-level inflammation can disrupt gut function.
- **Microbiome Alterations:** Changes in gut flora (dysbiosis) can impair gut health and lead to immune activation and altered gut signaling.
- **Chemical Irritants:** Excessive gut chemicals such as cytokines, bile acids, and serotonin may alter sensitivity and motility.
- **Common Pathway:** Increased gut permeability, immune cell infiltration, and serotonin receptor activity are commonly observed.

Psychosocial Factors

- **Mental Health Conditions:** Anxiety, depression, trauma, and stress are strongly linked to symptom onset and severity.
- **Brain-Gut Axis Dysregulation:** Altered brain perception and control over gut sensations and motility; changes in central pain modulation and stress responses.
- **Cognitive-Behavioral Influences:** Perceived symptom severity and health-related anxiety may amplify pain and discomfort.

Genetic Factors

- **Heritable Component:** Certain genetic predispositions may increase susceptibility to altered gut function and IBS symptoms.
- **Gene-Environment Interactions:** Genetic traits may modulate the impact of environmental and psychosocial stressors on gut physiology.

Altered Bowel Motility

- **Variability:** Bowel motility may be increased, decreased, or show alternating patterns.

Consequences :

- Slowed motility can lead to constipation.
- Accelerated motility results in diarrhoea.
- Uncoordinated contractions may contribute to bloating and discomfort.

Altered Visceral Sensation

- Visceral Hypersensitivity: Increased perception of pain in response to normal gut stimuli (e.g., gas, stool).

Mechanisms:

- Hyperalgesia: Heightened pain response to stimuli that are typically painful.
- Allodynia: Pain from stimuli that are not usually painful.
- These changes are influenced by both peripheral (gut) and central (brain) sensitization

SYMPTOMS

1. Abdominal discomfort and pain
2. Excessive bloating
3. Flatulence
4. Frequent watery stools
5. Hard, dry, difficult stools
6. Diarrhoea alternating with constipation
7. Mucus in poop
8. Ineffectual urging to pass the stool
9. Loss of appetite
10. Fatigue
11. Psychological symptoms such as anxiety, depression and stress.

ROME IV DIAGNOSTIC CRITERIA

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

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form(appearance) of stool

Criteria fulfilled for the last 3 months with symptoms onset at least 6 months prior to diagnosis.

DIFFERENTIAL DIAGNOSIS

1. Inflammatory bowel disease
2. Lactose Intolerance
3. Food allergies
4. Colorectal cancer
5. Celiac disease
6. Hypothyroidism and hyperthyroidism
7. Endometriosis
8. Certain medications such as NSAIDS, Chemotherapy, antidepressants etc might induce constipation or diarrhoea.
9. Bowel obstruction

CASE REPORT

A 36 years old female patient came to OPD on 8 February 2025 with complaint of hard unsatisfactory stool since last 1 year initially she was suffering from constipation alternating with diarrhoea but now since past 1 year she has been suffering from severe constipation with ineffectual urging and straining at stool with pain and bloating in the lower abdomen every alternate day which is better after passing stool. Complaint of flatulence triggers if she takes allopathic medicine for getting relief from the constipation, on further investigations she told that her complaints aggravated on taking milk and milk products and also from the lack of sleep, she feels better with rest.

History Of Present Illness

On asking in detail about her present complaint, she narrated that 4 years back she got married to her long term boyfriend for which her parents was completely against and does not want her to get marry with that boy as he was from different caste so she waited for 8 years to convince her parents and somehow after doing lot of efforts her parents got her married to that guy everything was going fine initially but after 2 years of marriage she started feeling that her husband was not giving attention as he used to give her earlier at that time she thought she was only overthinking and she just ignored whatever was happening but gradually she started feeling that her husband is avoiding her very often and one day she find out that her husband was having extramarital affair and on asking he slapped her during an argument after that incident she felt not being good enough, discouraged and shattered, she couldn't believe that her husband could do this to her, after that incident she didn't talk to her husband for days and lost her interest in household work and inability to find joy in anything, she wants to go back to

her home but couldn't as she knew that her parents won't support her, she feels neglected and keeps on brooding and couldn't sleep at night, she does not want to look at her husband and feels disgust about her decision of marrying him, she stated that she has been suffering a lot mentally and her physical health also deteriorated over this 1 year, she wants to do better job but because of her sufferings she feels demotivated and her complaints have been aggravating since last few months not allowing her to live her life peacefully. She also stated that since last 3 days she had not passed stool due to which she is feeling a lot of discomfort and there is marked sensitiveness to pain in abdomen which is making her condition worse.

Past History –

- Recurrent History of typhoid in childhood
- Frequent migraine attacks in 2023 but now no such episode occurred again
- No major surgeries and hospitalisations

Family History – Mother – Hypothyroidism, uterine fibroid

Father – Hypertension

Brother – Hypertension

Grand Father – died 10 years back due to Respiratory failure

No history of mental illness and other major disease in family

Medical History – Took allopathic medicine frequently for constipation.

- Occasional Ibuprofen for headache
- No other mode of treatment

Menstrual history – Menarche at the age of 13 years

- LMP – 1-2-2025
- Cycle - 28-30 days
- Duration – 5-6 days
- Flow – Heavy, partly fluid and partly clotted, dark red in colour.
- No complaint is present before during and after periods

General Physical Examination

Appearance – Tall, lean, fair complexion with multiple moles on cheeks

Skin – slight discoloration and pigmentation is present on the forehead

Nails – No pallor, lesions or clubbing is seen

BP – 128/80mm hg

Pulse – 84 bpm

Temperature – 98.6 ° F

Height – 5 feet 6 inches .

Weight – 55kg

Tongue – white coated

No enlarged lymph nodes

No signs of cyanosis and oedema is present

Abdominal examination

Inspection - No abnormality is seen

Palpation – slight tenderness in lower abdomen

Percussion - Normal resonance with no shifting dullness

Auscultation – Normal bowel sound

Physical General

Appetite – appetite has decreased initially she used to eat 3 meals /day but now very often skips her dinner

Thirst – 3 litres per day, drinks one glass at a time, drinks more water during daytime

Taste – normal

Cravings – spicy food

Aversion – milk products

Ailments – milk products

Perspiration – more on underarms

Thermal – chilly

Sleep – poor sleep since past few months , broods over her husband misdeeds , likes to sleep on left side

Stool – Hard, unsatisfactory stool, ineffectual urging to pass stool

Urine – Normal, goes 3-4times a day and twice at night

Dreams – nothing specific

Mental General

- Disinterested in everything
- Dislikes her husband and does not want to talk to him
- Sadness with no hope about her present situation, feels that nothing is going to be fine
- Feeling of not being good enough
- Wants to do better job and make her own identity
- Sensitive to loud noise

Diagnosis – Irritable Bowel Syndrome (IBS- C)

She has abdominal pain every alternate day since last 1 year

pain is better after defecation

she passes stool almost every day or 5 days per week ,

stool is hard in consistency

Since it's a functional disorder so after the complete analysis of symptoms, diagnosis is made on the basis of ROME IV. Criteria which is a standard diagnostic criteria for IBS.

Totality Of Symptoms

Disappointment in love

Feels neglected

Feeling of not being good enough

Wants to do job and make her own identity

Dislikes her husband and does not want to talk to him

Sleep is disturbed because of overthinking

Bloating and abdominal pain better after passing stool

Milk and milk products aggravate

Stool is hard

Ineffectual urging and straining to pass stool

Pain in lower abdomen

Rubrics

Mind – Ailments from – love; disappointed

Mind – Ailments from – neglected; being

Mind – Discontented -himself good for nothing; sensation of being

Mind – Ambition – Increased

Mind- Aversion – husband to

Sleep – disturbed – thoughts by

Generals – Stool- after – amel

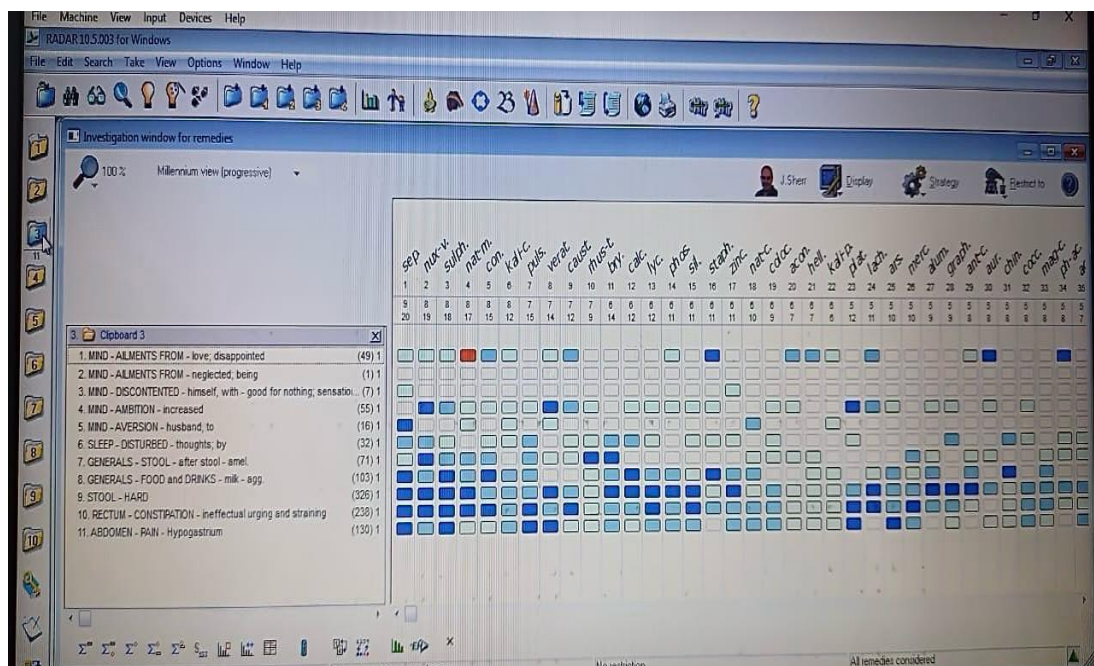
Generals- Food and drinks – milk agg

Stool – hard

Rectum – constipation – ineffectual urging and straining

Abdomen – Pain – hypogastrium

Repertorisation



Repertorial Result

Sepia – 20/9

Nux Vomica – 19/8

Sulphur – 18/8

Nat Mur – 17/8

Conium – 15/8

Selection of remedy

sepia and nux vomica was coming very close and as the patient was suffering from marked sensitiveness of abdominal pain since last 2 days and also she was taking allopathic medicine frequently for constipation, nux vomica is selected according to the present physical complaint in order to provide relief to the patient.

Prescription

Nux vomica 200 × 2 Doses

SL 30 (BD) × 7 days

Follow up

Date	Symptoms	Prescription
14-2-2025	Pain in lower abdomen is slightly better, consistency of stool is still hard, goes daily but with much straining, first 2 days sleep was better but after that sleep was disturbed again	Nux vomica 1M × 1 dose SL 30 BD × 7 days
22-2-2025	stool passes with much straining no improvement in sleep, abdominal pain is better but occurs once or twice in a week	Sepia 200 × 1 Dose SL 30 BD × 15 days
7-3-2025	Sleep much better than before, passes stool daily with less straining, feeling hopeful and confident	SL 30 BD × 7 days
14-3-2025	Stool passes with much straining since past 3-4 days, No pain in abdomen Sleep again disturbed from past few days	Sepia 200 × 1 Dose SL 30 BD × 15 days
27-3-2025	No improvement symptoms, same as before	Sepia 1M × 1 Dose SL 30 BD × 15 days
10-4-2025	Sound sleep, no abdominal pain, stool is sometimes soft, sometimes hard goes twice daily without any straining, feeling much better than before	SL 30 BD × 7 days
16-4-2025	Much improvement, only hard stool occasionally, no occurrence of other symptoms	SL 30 BD × 7 days

CONCLUSION

The patient responded well to individualized homoeopathic treatment based on totality of symptoms and constitutional analysis. Gradual but consistent improvement was observed in both physical and mental symptoms without any adverse effects. The case highlights the importance of holistic assessment and the efficacy of homoeopathy in managing chronic conditions gently and effectively. Regular follow-up and lifestyle advice contributed to sustained recovery and overall well-being.

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