

ICR SYMPOSIUM – VADODARA, SEPTEMBER 2019
HOMOEOPATHIC MANAGEMENT OF COLONIC DISORDERS

CASE: 01

DR. JAYAMIN PATEL / DR. PRITI MAKWANA

OBJECTIVES:

1. Experiencing “Pressure” to treat Hopeful, Sensitive Medical Fraternity suffering from Auto-immune disease and its impact on Doctor ⇔ Patient relationship.
2. Importance of observations of behavior in clinic for differentiation in selection of medicine.
3. Learning to perceive shades of ANXIETY of an individual with his Strength ⇔ Weakness, Capacity ⇔ Performance and Coping Mechanism against stress and stressors and its impact on genesis of Auto- immune disease.
4. To learn application of concept of Structure-Function-Form-Time (SFFT) in understanding the Clinico-Pathological-Psychological and Miasmatic co-relation.
5. Demonstrating the value of SCR tools (Life Space Table [LST], Psychosomatic & Psychodynamic, [PSPD], Conceptual Image [CI], Essential evolutionary Totality [EET] and Planning and Programming [P & P]) to maintain balance while treating / managing such case.
6. To learn the tenets of Treatment and Management of Auto-immune disease.

DIRECTIVES:

EXHIBIT: 1 [HISTORY FORM + INVESTIGATIONS + CASE RECORD]

1. Go through write up & case document & share the pressure you experience.
2. Identify the Dr ⇔ Patient relationship and share location of Physician and its impact on case definition.
3. Present SFFT and give your assessment of clinical diagnosis and miasmatic diagnosis.
4. Do LST and give your understanding of patient as a person and Present your PSPD.
5. Process the data in CI and construct EET.
6. Select a suitable approach and state your final choice of remedy with differentiations to closely coming medicines.
7. Do P & P and TPD - TPR & focus on doses & repetition of medicine.

EXHIBIT: 2 FOLLOW UPS

1. Do follow up analysis & give your critics on remedy response.

Reference Reading:

1. ICR Operation Manual
2. Symposium Volumes
3. Inflammatory Bowel Disease, Harrison’s Principles of Internal Medicine

Send your working to:

- Dr. Priti Makwana. BHMS; Mo. 7405563153, Email: pritimakwana90@gmail.com
- Dr. Jayamin Patel. MD (Hom), Mo: +91 9825872726, Email: shreespandan@gmail.com

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EXHIBIT: 1 - WRITE UP (English translation from Gujarati)

PRELIMINARY INFORMATION

1) Dr. BDR Mo: xxxxxxxxxx
Date of Birth: 06/11/1978 Married Hindu Brahmin
Vegetarian + Occasional eggs 1-2 times Betel nuts /day since last 3 years

2) Educational:

- M.D. Pathology in Jamnagar (2005)
- Address: xxxxxxxx Mo: xxxxxxxxxx, xxxxxxxxxx
- Responsibilities: Main responsibility to handle laboratory, Home responsibility less, Satisfaction from current work
- Family Life:
 - Wife: ABC 39 years M.D. Pathology (9-5 Job)
 - Son: ABC 01 year Daughter: ABC 09 year
 - Mother: ABC 60 year Housewife

Dead people

Relation	Age	Reason Of Death
Father	60year	Heart Attack (30/12/15)
G. Father	76 year	HTN + Haemorrhage + Platelet dysfunction, 2005
G. Mother	72 year	Natural+ mental Instability

Daily schedule:

Wake up: 7:30 to 8:00 am
8:00 to 9:00 am – newspaper read, relax
9:00 to 10:00 am- Breakfast + Bath (2 Bhakhri + milk)
10:00 to 5:00 pm- laboratory
5:00 to 5:30 pm- Lunch (5 roti + sabji + dal + rice + butter milk)
6:30 to 10:00 pm -Laboratory
10:00 to 11:00 pm-Dinner (2 bhakhri + khichdi + sabji)

Financial & social Responsibility

- Financial responsibility is less
Me and my wife-both Earning
Father – pensionable
- Social responsibility is less

Most of the responsibility is handle by Mother and Father.

Main Complain:

- At First Bleeding in stool (fresh), once or twice in a week, no other complain
- After one month, frequency ↑, two to three times a week
- Then I started local remedies like green coriander leaves, cumin-coriander for one month, I got partial relief

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- After 2.5 months stool frequency ↑, I have to go toilet twice /day
- After 1 month, I notice urgency to pass stool, tenesmus, false sense of stool & Flatulence
- Gradually I notice stool mixed with blood and mucus mainly in the evening.
- Stool Frequency remains two to three times in a day
- Then I consult Dr. B. K. - piles specialist
- He suggests colonoscopy → Findings are proctitis (rectal ulcer)

And one small ulcer at terminal ischium (nonspecific)

↓

Biopsy – findings

↓

Rectal part

Ulcerative colitis

↓

Terminal Ischemum

Nonspecific Inflammation

Since last 2 year I have two other complains

1) Photo allergy (sun burn)

2) Eye infection (early morning eye agglutination: greenish discharge); I take Ophthal opinion → allergic

LABORATORY REPORTS:

29.01.2014 – Colonoscopy - Proctitis – Bx (R). Normal colon up to cecum. A tiny ulcer in terminal ilium – Bx (L). Ileitis is not seen.

29.01.2014 – Histopathology Report –

Specimen – 1) Rectal Biopsy & 2) Terminal Ileum Biopsy

Clinical Diagnosis: IBD, Bleeding per Rectum, to rule out corn's disease.

Microscopic Description:

1. Colonic mucosa with distortion of crypt architectural, Moderate chronic active inflammation with few lymphoid aggregates and mild vascular ectasia
No Granuloma/neoplasm/parasite.
Preservation changes are seen.
2. Ileal biopsy with denuded lining epithelium and focal mild non specific inflammation
No Granuloma / Parasite. Preservation changes seen.

Diagnosis: Rectal Biopsy: Ulcerative Colitis with moderate activity.

Ileal Biopsy – No specific pathology.

STANDERDISED CASE RECORD

DATE: 05/04/16

NAME: Dr. BDR

AGE: 37 yrs

EDUCATION: MD (Pathology)

STATUS: Married

OCCUPATION: Practitioner in own Laboratory

RELIGION/CASTE: Hindu Brahmin

VEG, Eggs

SPOUSE: Dr. ABR

AGE: 39 yrs

OCCUPATION: Pathologist

FATHER: 62 yrs (died)

MOTHER: 60 yrs

BROTHER: 39 yrs

SON: 16 months

DAUGHTER: 9 yrs

ADDRESS: Ahmedabad, Gujarat

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CHIEF COMPLAINT(S)

NO	LOCATION	SENATION & PATHOLOGY	MODALITES	ACCOMPANIMENTS
01	GIT Colon & Rectum O: 2002-05 off and on ↓ May 2013 Once/week 1 month after 2-3 time / week 29 JAN 2014 At Present	Rec. Diarrhoea ² Stool: Mucous+ / Blood+ occ. Diagnosis done as: Enteritis GE Opinion: Ulcerative Colitis? / Crohn's Disease? No Ix was performed Painless Bleeding 2 → Fresh/Red H/o Stool: once/day Stool: 3 - 4 times/day Urgency ² for stool Frequent Desire to pass stool Tenesmus ² Stool: Mucus ² , occ. Pus, Bloody+ ² BIOPSY REPORT: Proctitis- Bx (R). Normal colon up to cecum. A tiny Ulcer in ileum – Bx (1) Ileitis is not seen HISTOPATHOLOGY REPORT 1) RECTAL BIOPSY: Ulcerative colitis with moderate activity 2) ILEAL BIOPY: NAD Stool: 2 times/Day Mucus: +nt Blood: +nt Tenesmus ² Hasitancy ² Weight loss 2 kg	A/F Anxiety ³ <3 Outside food > Allo. Rx <3 After Fa's death (Anxiety ³) < During stool (At last portion) <3 Evening Not relieved by All. Rx & local application < Large Quantity of food <2 Heavy food <2 Loss of sleep (UJAGARA) < Gram flour < 3 Anxiety (Stress of Laboratory work) Not taken any immunomodulators or steroids use Suppository tab. Mesacol sos (almost daily) H/o Tab. Mesacol 1200 mg → 800 (1 bd) At present SOS (while Ac. attack)	

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NO	LOCATION	SENATION & PATHOLOGY	MODALITES	ACCOMPANIMENTS
02	EYE - Right Since 1 year off and on (if not use eye drops)	Agglutination ² Discharge: Sticky Greenish / Occ. Dry If not used eye drops Redness ² , itching, Lachrymation	<2 Morning on Wake up > Eye drops	

ASSOCIATED COMPLAINTS

NO	LOCATION	SENSATION & PATHO	MODALITIS	ACCOMPANIMENTS
01	Skin - Hands & Neck P/H/O 2012 for 1 yr Now	Photosensitive Dermatitis Itching ² Eruption x Discoloration: dark+ occ. Macular eruption	A/F sun exposure > Allo. Rx > steroids – Betnosole Anti Fungle-fole < monsoon	
02	Skin - Left side tip of thumb O: 4 months	Exfoliation+ Heal and again start No itching		

PATIENT AS A PERSON (ATTRIBUTES & FUNCTIONS)

APPEARANCE: Average Built, Wheatish complexion, well dressed

Hair: Dandruff+ / scale+, hard and yellowish white, bleeding on removing+ (H/o)

At present only Dandruff; white dry scale

Eyes: Vision: myopia **Teeth:** since years hyper sensitivity+, pain², <2 winter, <2 sour, <2 cold water

Perspiration: ++ < exertion **Partial:** Forehead², Chest²

Craving: SHRIKHAND³, Buttermilk³, Milk³, Fried², Icecream², Eggs², Mango, banana, loves smell of tobacco **Aversion:** vegetables², Apple²

Addiction: Supari (5-6) stress buster while season stress in lab.

Stool: C/C H/o Normal, Once/ day **Urine:** Normal

Sleep: good **Position:** on Abdomen Disturbed at 2 to 3 am; Thoughts², Anxiety²

Dreams: Daily activity²

RECTIONS TO SURROUNDINGS:

Sun: < Asso. C/o **Seasons:** < 2 monsoon **Thermal:** C3H2

LIFE SPACE INVESTIGATION:

37 years old male, MD Pathologist, who is colleague of physician's friend asked for his complaints of Ulcerative colitis and scope in homoeopathy during one CME. He answered satisfactory and asked to fill up history form and consult at clinic. He submitted written history through his sample collection boy before day. He came on time on the day of

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appointment and sat quietly and waiting for his turn without revealing his identity to observer and compounder; as there were many patients for visit. Observer surprised to see his etiquette behavior without any attitude as nobody could think that he is a doctor. He appeared calm & well groomed. Before entering the chamber, he took permission from the physician.

He originally belongs to Brahmin family from north Gujarat but family set at Ahmedabad quite before his birth. His family consisted of Father, Mother and 1 elder brother. His father was working in ESIC hospital as a senior clerk. He described his father as polite, perfectionist, anxious & rigid regarding time. He always insisted to do perfect work but never forced to do accomplish it. Mother was very compromising by nature. He described his brother as “musical minded” (whimsical). He explained; his Br. frequently changed his decisions in his business so his financial condition is unstable. He has not been able to settle in his life which made Pt. anxious for him. He added that many a time he helped him financially and need frequently advised about it. Pt. has good IPR with his brother but there was not 100% transparency in their relationship. Pt. described him as taciturn & introverted by nature since beginning. He told that he has limited friend circle and he could share freely with them but he could not adjust amongst 10 people and appeared timid in front of public, people and social gathering. He felt hesitate to talk with others “KEVI RITE VAAT KARISH, KEVI RITE BEHAVE KARISH” (HOW HE WOULD TALK OR BEHAVE IN PRESENCE OF OTHERS). So he preferred to be alone. He did not preferred to wear fancy cloths & have stylish hairstyle. He has fear of unknown people.

Pt. was clever in study. He used to be first among class and school throughout his study.

He told that he got high score in theory but his performance was weak in viva due to his shyness. He has stage fear. He has palpitation & trembling but when he performed his performance was good. He had anticipatory anxiety before exam & result. He told that he has lack of confidence and has communication block. He is sensitive to critics when his friends used to mock & pass jokes at him. He felt bad and irritability within. He never shares his problem as he thinks that “loko hasase to?” He had good relation with teachers and classmates but limited communication.

He passed out his MBBS and MD from Jamnagar. He told that he had limited friends. He used to focus at study only. He never interfered in any matter other than study. He never failed while studying MBBS. He studied 14 hours to overcome his performance anxiety. At exam time his sleep became disturbed.

In MD Part-1 he liked one girl with whom he performed task and project. That girl was part of Pt.’s group & she also liked him. Both felt that they were perfect together & could become good life partners. Both had same education (pathologist) so they could understand each other. She belonged to financially sound UP Brahmin family. Her both parents were class one job in central govt. She did not know Gujarati properly. So they used to communicate in Hindi or English. He described her nature as irritable and exited easily. She used to harm self & break things in anger. On completion of MD Part- 1, both decided to

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take permission from parents for marriage. At that time Pt. had much anxiety about their future. He used to dwell on; “would she be able to set in his family as she belonged to UP Brahmin family? Would their parents accept this proposal or not?” That anxiety affected his academic performance and he got ATKT in exam for the first time. That girl cleared exam easily without any problem. He became depressed and frustrated due to academic deterioration. His confidence level gone down. He took 6 months to get out from this depression. They declared their relationship to parents. Girl’s Fa rejected and created issue but she was firm on her decision. She threatened her parents by saying that “I will marry with him only otherwise will commit suicide”. Later on, her father agreed with one condition that he would be meet Pt. and his family first and if he would be satisfied, then only he would accept their relationship. He was satisfied after meeting them but he was concerned regarding only one issue that Pt. did not belong to financially well background just like them. So, girl’s father had anxiety that if Pt. would not get success in future then what will happen to his daughter? He put one condition that unless & until Pt. cleared MD part 2 in first trial, start a job and become financially capable; Pt. would not be supposed to talk with his daughter. That condition made Pt. insecure about their relation. He started over study; about 17-18 hours. He felt pressure to perform well rather than excellent...!! He thought “I would have to perform to prove myself as well as to get married with my love” Due to this pressure, he not only passed the exam but got 1st rank and gold medal from university & the very next day he appeared for interview at green cross laboratory and got job with 80,000/month salary. That was the toughest time for him; felt anticipatory anxiety³, decreased self- confidence and sleep disturbances. During that period, He gradually developed ulcerative colitis. Meanwhile he got married with the same girl in 2003. After marriage, His wife got job at Radhe laboratory. She took dual responsibility of home as well as profession and does well with it. He has cordial relation with wife.

He is quite good with his job. He is punctual with time and schedule. He is keen to his work. He personally used to recheck & verify all reports. Due to his perfection, he was the highest paid employee at green cross laboratory. He worked in green cross laboratory till 2007 & got 2,00,000/- per month.

Pt. started his own lab in 2007. Due to over perfection and dedication to work, he got name and fame among group of physicians and patient. He has a staff of 45 persons & has good IPR with all. Here also Pt. rechecks & verifies all the reports personally. He has anxiety for his work²; which aggravated his complaint of ulcerative colitis.

In 2015 Pt.’s father got MI and he died. On asking about effect he denied for grief but admitted that he felt anxiety as he shouldered responsibility of home. His c/o ulcerative colitis aggravated due to that. Currently his wife & his mother have problems with each other. Mother is conservative and orthodox & wife is practical and fast moving. So frequent quarrel occurs between them & many a times she shouts at mother. He cannot say anything to either one & it becomes tough for Pt. to manage the situation. It makes him more anxious. He dwells on issues, disturbs his sleep and aggravates his complaints.

He described his children as good and calm by nature. He has good bonding to both.

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OBSERVATION: During the entire interview he was very calm & answered to the point.

PAST HISTORY:

Rec. Coryza Frequency depend on exciting cause since childhood.

FAMILY HISTORY:

Fa: Disc prolapse, died in MI MO: HTN, Acidity

G.Fa: HTN, Platelet dysfunction, Brain Hemorrhage (Died)

G.Mo: Lymphoma (Non-Hodgkin's); done chemotherapy M. Uncle: HTN died in MI

Physical Examination:

BP: 110/70 mm of hg

Pulse: 68/min

Weight: 70 kg

Skin: NAD

Right Eye: Conjunctiva- Mild redness

Tongue: moist, non-coated

P/A: At present Soft & NAD

Note: At Present Rx. Continued is only T. Mesacol suppository. No Oral Rx, Uses only while acute exacerbation.

Action: A

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EXHIBIT: 2 FOLLOW UP

FOLLOW UP CRITERIA:

- | | | |
|----------------------|------------------------------|------------------------------|
| 1) Stool Frequency | 6) Stool urgency | 11) Eye Discharge |
| 2) Stool consistency | 7) Allo. Rx/ Mesacol Suppo. | 12) Use of eye drops |
| 3) Stool with Blood | 8) Eye: Redness | 13) Skin: thumb- exfoliation |
| 4) Stool with mucus | 9) Eye: Itching | 14) O/E: tongue |
| 5) Tenesmus | 10) Eye: Agglutination I/D/F | 15) Colonoscopy (sos) |

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Action
12/04/2016	2/d	Soft	0	0	>3	>+	-	-	-	-	-	-	>3	Coated+	B
26/04/2016	2/d	N	Once today	>3						>2 2/wk	-	-	>3	-	C
13/05/2016	1-2/d	N	>3	+ 1/wk	>3	-	5d/wk	-	-	2/wk	-	-	>3	-	D
	AF: Emotion disturbances2 ; Quarrel b/w Mo & wife, Dreams of father														
31/05/2016	-	Semi solid	+ drops	>3	>3	>2/+	-	>2	>2	>2	>2	-	>3	-	E
15/06/2016	1-2/d	Soft	>3	-	-	-	-	-	-	>3	-	-	-	-	F
06/07/2016	1/d	Soft	erratic	>3	>3	>3	-	-	-	>3	-	-	-	-	G
23/07/2016	1/d	Soft	>3	>3	>3	>3	-	-	-	>3	-	-	0	-	H
09/08/2016	1/d	N	0	0	>3	>3	-	-	-	0	-	-	0	-	I
07/09/2016	2-3/d	N	0	0	>3	occ	-	-	-	0	-	-	0	-	J
15/10/2016	1/d	N	Once	0	0	0	3/wk	-	-	0	-	-	0	-	K
	09/11/2016	1-2/d	N	0	0	0	0	0	-	-	0	-	-	0	-
07/11/16: Colonoscopy: P/R nil, Rectum, Sig. colon, Caecum, Dec. colon, Splenic flexor, Hepatic Flex , Ascending colon: Normal															
15/05/2017	3-4/d	Soft	0	occ	0	0	0	-	-	0	-	-	0	-	M
	Anxious about complaint; will it be relapse? Hence consulted.														

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Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Action
03/06/2017	1/d	N	>3	>2	0	occ	0	-	-	0	-	-	0	-	N
24/06/2017	1/d	N	0	0	0	0	0	-	-	0	-	-	0	-	O
31/07/2019	<p>Had Telephonic talk to Pt. He is absolutely fine; No P/R bleeding, No tenesmus, No Urgency for stool. Occ. Stool frequency 2-3/d but not needed any medicines since last 3 yrs. Due to his busy schedule, he had not done any investigation. Meanwhile once he suffered from appendicitis in Dec. 2018; USG: Appendicitis. Colon was normal. Done Laparoscopic Appendectomy. He is satisfied with Homoeopathic Rx.</p>														