

## NATIONAL ICR SYMPOSIUM – VADODARA, SEPTEMBER - 2019

### THEME: “HOMOEOPATHIC MANAGEMENT OF COLONIC DISORDERS”

#### INTRODUCTION:

Colon Disorders pose a deep and sometimes an intricate problem. Patients suffering from colonic disorders present with problem of recurrent, chronic abdominal pain, gaseous & bloating sensation, altered bowel habits and consistency, bloody & / mucoid stool, weight loss or not putting on weight, hypersensitive to certain foods etc.

They can be caused by a combination of the following:

- Abnormal Gut Motility
- Autonomic Nervous System Dysfunction
- Small Intestine Bacterial Overgrowth
- Microscopic Inflammation
- Food Intolerance & Allergy
- Psychological Factor
- Genetic Factor
- Autoimmunity Factor

Thus, clinically, representative list of colonic disorders are:

- Irritable bowel syndrome (IBS)
- Inflammatory Bowel disease (IBD): [Ulcerative colitis and Crohn's disease]
- Adenocarcinoma of the colon
- Infectious Enterocolitis
- Diverticulosis
- Intestinal Polyps
- Malabsorption syndrome: [Celiac disease, Tropical Sprue, Lactase Deficiency]
- Mesenteric Vascular Insufficiency.

In India, population-based studies estimated the prevalence of IBS is at 10–20% of adults and adolescents and the incidence of IBS at 1–2% per year. However, only about 20% of these will seek medical opinion. Whereas in Asia, recent reports have highlighted the increasing incidence of IBD. The rapid changes in incidence and prevalence in Asia may point to environmental changes associated with the so-called ‘Westernization’ of lifestyle (e.g. dietary changes, smoking, etc.) as potential risk factors.

IBS is common in both the adult and pediatric populations. Despite the benign prognoses, it can affect health-related quality of life at least as much as organic diseases.

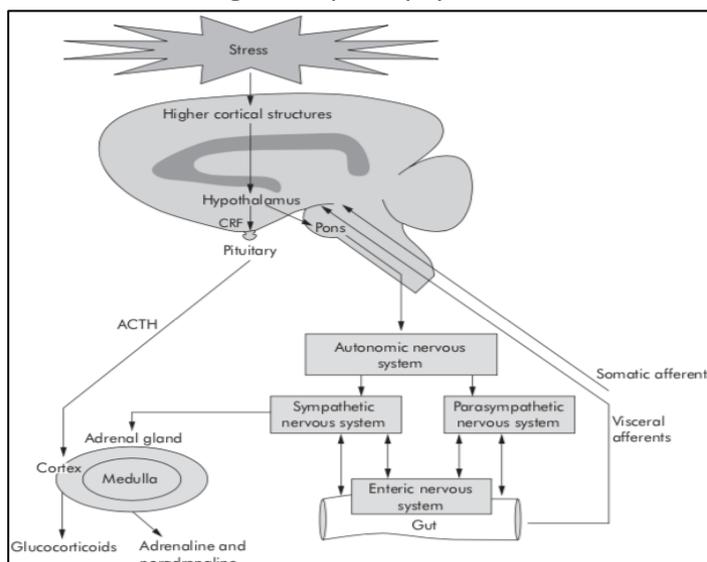
The pathophysiology of functional GI diseases [IBS] is characterized by alterations in bidirectional interactions between the brain and the gut (brain-gut axis) resulting in varying abnormalities in GI motility, secretion, immune function, or visceral sensitivity. About 30-70% of patients with functional GI diseases have an altered perception of visceral afferent stimuli (“visceral hypersensitivity”), in which normally innocuous stimuli, such as physiologic contractions, distention, or chemical stimulation of the intestine, stomach, or esophagus, lead to sensation of pain or discomfort. Abnormal autonomic and neuroendocrine

responses to psychosocial stressors are a key feature of functional GI disease and play an important role in both its cause and its exacerbation.

Inflammatory bowel disease [IBD] refers to chronic idiopathic, immune-mediated, chronic inflammatory disorders, which are diagnosed by characteristic clinical, endoscopic, and histologic features. The pathogenesis involves an interplay of genetic, environmental, microbial and immune factors, which in combination result in chronic intestinal inflammation. Psychological factors such as personality characteristics are of primary importance in the development of Ulcerative colitis.

Psychological stress has long been reported anecdotally to increase disease activity in Colonic Disorders and recent well-designed studies have confirmed that adverse life events, chronic stress, and depression increase the likelihood of relapse in patients with quiescent disease conditions.

With the evolving concept of psychoneuroimmunology, mechanisms by which the nervous



system can affect immune function at both systemic and gut mucosal levels are gradually becoming apparent. Recent data suggests that stress induced alterations in gastrointestinal inflammation may be mediated through changes in hypothalamic – pituitary - adrenal (HPA) axis function and alterations in bacterial-mucosal interactions via mucosal mast cells and mediators such as corticotrophin releasing factor (CRF). This recent finding

advances our understanding of the pathogenic role of psychological stress in Colonic Disorder.

From homoeopath perspective, above understanding of disease indicates the state of susceptibility of an individual which respond to an environmental stressor in a peculiar manner known as *fighting response* and leads to *Psycho-somatic illness* where PNE axis [Psycho-Neuro-Endocrine system] plays a leading role in the genesis of disease.

With time, our understanding of genesis of colonic diseases has expanded, but the management of these disorders from modern medicine perspective has various limitations as far as CURE is concerned. Supportive and Palliative therapy keeps the patient's suffering in the remission phase till therapy is going on.

The phenomenon of Life, in all its varying Forms and Expressions, is due to Susceptibility – a fundamental property of the Living World. Susceptibility is responsible for the peculiar forms of Reactivity exhibited by the Cell in response to the various inputs it receives from the Environment. It is obvious that among other factors, the genetic code (Predisposition) determines the Susceptibility. All pathological changes are as a result of an abnormal adaptation of the life force to internal & external stresses.

As homoeopaths, we have a wide scope to deal with the problems of recurrent (acute exacerbation) or continuous ongoing, chronic colonic disease expressions are due to aberrant immune response resulting from morbid Susceptibility. This is so as our Concept of disease individualizes the patient which determines the degree of pathogenicity of each factor held responsible for development of disease. Thus, it indicates the state of individual Susceptibility (Qualitative & Quantitative) and Sensitivity to various factors expressing at the level of MIND and BODY / TISSUE. With the right SIMILIMUM, homoeopathic force will prevent the disease from proceeding on its course and produce a permanent CURE. There are two approaches to the acute phase / attacks of colonic disorder - [1] Acute prescription based on prescribing totality; [2] Constitutional Prescribing as in chronic diseases.

As a homoeopath, we do believe in Holistic healing. Therefore, this disease poses great challenges in our practice. Can we produce an ever-lasting CURE with current understanding of the etio-pathogenesis of the colonic disease with respect to current change in life style?

The focus in this symposium is cases which visit homoeopath commonly. All the cases should be worked out by the following methods and discuss our experience so that maximum learning occurs.

1. Structure, Form, Function Time to understand the Clinical diagnosis / State; derive the Susceptibility and Miasmatic diagnosis
2. Person diagnosis (Constitution)
3. Establish Correlations: Psycho-Clinico-Pathological-Miasmatic
4. Analysis and Evaluation of Symptoms
5. Approach to the case
6. Totalities – Phase – Chronic – Intercurrent - Related
7. Reasons for choosing a final Prescription
8. Planning & Programming
9. TPD & TPR
10. Criteria
11. Follow up Evaluation

Let's come to gather to fathom the depth & width of this disorder and let us try to bring order into chaos.

**OBJECTIVES OF THIS SYMPOSIUM:** [What we can expect from symposium]

1. Learning to APPROACH cases of Colonic Disorder to understand the “SUFFERINGS / DISEASE”.
2. Learning to receive the DATA sensitively to understand the language of disease.
3. Learning to apply the Concept of S-F-F-T to establish clinico-pathologico-miasmatic correlations; clinical stages / state (reversible / irreversible) and understanding the qualitative aspects of susceptibility in cases of Colonic disorder.
4. Understanding the Patient as a person (Constitution); Diathesis and Causes (fundamental, exciting, maintaining) in the genesis of colonic pathology.
5. Understanding the PSYCHOSOMATIC AND PSYCHODYNAMIC aspects of Colonic disorders.
6. Studying and Identifying the individual patterns of response to various environmental factors in the evolution of disease and pathologies vis-a-vis the travel of miasms through plotting a case in EET.
7. Learning to arrive at a qualitative and quantitative assessment of susceptibility in colonic disorder cases and demonstrating its value in case management.
8. Demonstrating the Concepts of Cure, Suppression, Palliation and Recovery through application of the Concept of Susceptibility.
9. Learning to apply the homoeopathic concept of chronic disease (colonic disorders) and its different phase / state in creating different totalities - Acute, Phasic, Miasmatic, Chronic and then it's application in selection of different homoeopathic force like – Acute / Chronic, Superficial / Deep acting, Constitutional / Phase, Intercurrent while management of colonic disorder.
10. Learning the role of ancillary measures like Balanced Diet, Exercise & Yoga in management of Colonic disorder.
11. Importance of proper planning & programming and establishing TPD & TPR in management of Colonic Disorders.
12. Learning the importance of defining follow up criteria and carefully assess the Remedy Response through RREF.

**Reference Reading:** [Refer as per the Theme of Symposium]

1. Principal of Anatomy & Physiology – Tortora; Chapter on Digestive System
2. Guyton and Hall Textbook of Medical Physiology; Chapter on Gastrointestinal Physiology
3. Harrison's Principal of Internal medicine; Chapter on Disorders of the Alimentary Tract
4. Goldman's Cecil Medicine; Chapter on Gastrointestinal disorder
5. Robbin's Pathology of Basic of Disease; Chapter on Gastrointestinal Tract
6. API Textbook of Medicine; Chapter on Gastroenterology
7. Kaplan & Sadock's Comprehensive Textbook of Psychiatry; Chapter on Psychological factors affecting medical conditions - Gastrointestinal disorders.
8. ICR Operation Manual – Read related to various tools used in SCR.
9. ICR Symposium Volume – Area: G-2; Homoeopathic Prescribing

**NATIONAL SYMPOSIUM**

*is Organized By*

**HOMOEOPATHIC EDUCATION & CHARITABLE TRUST – VADODARA,  
INSTITUTE OF CLINICAL RESEARCH - VADODARA BRANCH,**

*with*

**SMT. MALINI KISHORE SANGHVI HOMEOPATHIC MEDICAL COLLEGE - KARJAN  
DR. M. L. DHAWALE MEMORIAL HOMEOPATHIC INSTITUTE - PALGHAR**

*On*

**Date: 20<sup>th</sup> - 22<sup>nd</sup> September, 2019**

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THE BARODA RESIDENCY, 16, Alkapuri Society, Alkapuri, Vadodara.

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**FEES:**

For INTERNS & UG STUDENTS – Rs. 2500/- (After 15/09/19) – Rs. 3000/-

For PG STUDENTS & DOCTORS – Rs. 3000/- (After 15/09/19) – Rs. 3500/-

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