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HOMOEOPATHIC INTERVENTION FOR IRRITABLE BOWEL SYNDROME- A CASE REPORT

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ABSTRACT: Irritable Bowel Syndrome (IBS) is a chronic functional gastrointestinal disorder characterised by abdominal pain, altered bowel habits, bloating, and discomfort. This case study describes a 26-year-old male with recurrent dysentery, abdominal sensitivity, diarrhoea, mucus in stool, and anxiety related to his digestive health. He had a long history of treatment through allopathic, homoeopathic, and Ayurvedic medicines with limited improvement. After initiating individualised homoeopathic treatment, including constitutional, acute, and intercurrent remedies, the patient demonstrated progressive improvement in digestive function, normalisation of bowel habits, resolution of mucus in stools, weight gain from 58 kg to 78 kg, and reduction of anxiety within 11 months. This case highlights the effectiveness of a holistic, individualised homoeopathic approach in managing chronic IBS with associated psychological stress.

INTRODUCTION

Irritable Bowel Syndrome (IBS) is a prevalent functional gastrointestinal disorder characterised by chronic abdominal discomfort, bloating, and alterations in bowel habits, including diarrhoea and constipation [1]. The exact etiology remains unclear; however, several factors contribute to its pathogenesis. Disruptions in the gut-brain axis, leading to visceral hypersensitivity, are central to IBS [2].

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Additionally, gastrointestinal dysmotility, alterations in gut microbiota, and psychosocial stressors play significant roles in symptom manifestation [3]. Post-infectious reactivity, such as following episodes of dysentery, has also been identified as a potential trigger for IBS development [4]. The clinical presentation of IBS varies among individuals but commonly includes recurrent abdominal pain or discomfort, bloating, and changes in bowel habits. These symptoms often correlate with defecation and can vary in severity and duration. The condition is frequently associated with psychological stress, leading to a bidirectional relationship between gut function and mental health [5]. Complications arising from IBS are generally non-life-threatening but can significantly impact a patient's quality of life. Chronic symptoms may lead to nutritional deficiencies due to dietary restrictions, psychological distress, and increased healthcare utilization. The absence of structural abnormalities in the gastrointestinal tract complicates diagnosis, often leading to a diagnosis of exclusion [6]. Understanding the multifactorial nature of IBS is crucial for developing effective management strategies. Treatment approaches often involve dietary modifications, stress management, and pharmacological interventions aimed at alleviating symptoms and improving patient quality of life. Integrative therapies, including homeopathy, have been explored as adjunctive treatments, with some studies suggesting benefits in symptom management and overall well-being [7].

CASE PROFILE

A 26-year-old male, initially presented with multiple complaints including a sensitive abdomen aggravated by dysentery (IBD tendency), and hemorrhoids present for almost one year which is sometimes painful, mild depigmented skin lesions on the chest associated with itching, calloused skin on the hands and feet and excessive skin exfoliation during winters (Nov–Dec). He also reported anxiety, hypochondriacal tendencies, and an over-possessive nature. The patient first underwent allopathic treatment for dysentery, where his symptoms improved in 4–5 days, recurrence occurred within 15 days, which increased his anxiety. He then tried homeopathy for 4–6 months, but his stomach allergies worsened, and no investigations were carried out. Later, he shifted to Ayurveda for 7–8 months, but the strong preparations were poorly tolerated. On detailed case taking, Homoeopathic remedy was prescribed, after that his condition showed steady improvement. Within six months, he experienced marked relief in his digestive issues and his skin lesions gradually disappeared, returning to near-normal skin colour. Over time, his digestive system stabilized, with no recurrence of dysentery, except for occasional mucus in stool after heavy

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intake of fried or chocolate foods. On USG, a 4 mm stone was detected in the right ureter, for which he experienced temporary stinging pain, but his overall digestion remained good. Later, he developed a fungal infection in the penile region, which also improved with treatment.

Psychologically, he continued to show traits of anxiety and a strong desire to be superior, to be the centre of attraction, and occasional anger, but otherwise reported mental well-being. Over the course of treatment, he showed excellent physical improvement: his weight increased from 58 kg to over 78 kg (a gain of more than 20 kg), reflecting good nutritional recovery and health restoration.

At follow-ups through 2024–2025, he consistently reported feeling well, with no diarrhoea for over three months, good digestion, improved skin condition, and stable weight. By September 2025, he was declared cured, enjoying a normal, healthy life with no major complaints, and continued to maintain his progress with minimal supportive care.

HISTORY OF PAST ILLNESS:

For 2 years - Haemorrhoids and anxiety - Ayurvedic, Homoeopathic, and Allopathic treatments.

The patient also reports a history of excessive exfoliation during the winter months and occasional fungal infections near the penile region

HISTORY OF FAMILY ILLNESS:

Mother: History of Breast cancer

Father: Long-standing gastric issues, present for over 20–25 years.

GENERAL SYMPTOMS

The patient’s appetite was increased with a tendency to overeat, and his thirst was normal. He has a specific desire for spicy, seasoned food and an aversion to fried food items. His bowel movements were not stable, with alternating diarrhoea and constipation. He had no difficulty in voiding urine. His perspiration was profuse, and sleep was refreshing. Thermally, he was a hot patient.

EXAMINATION OF THE PATIENT

The patient's general appearance shows no signs of pallor, cyanosis, clubbing, icterus, or lymphadenopathy. Examination of the skin revealed a mild, itching depigmented lesion on the chest and calloused skin on the palms and soles. The abdomen was found to be soft and non-tender on palpation, though it was noted as mildly sensitive. There was no evidence of hepatosplenomegaly, and bowel sounds were normal

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LAB INVESTIGATION

USG abdomen (Feb 2025): 4 mm calculus in right ureter.

MENTAL GENERALS

The individual grew up in a warm and supportive family environment, living with both parents, who are teachers. Since childhood, there has been a deep emotional bond with the mother, whose influence has been the strongest. The love is unconditional and almost possessive — any harm or unhappiness related to her creates intense emotional distress. As a child, academic performance was consistently good. School life was smooth, and parental expectations were never felt to be excessive. An extroverted and cheerful disposition made the person popular and loved.

Personality traits include impatience, hyperactivity, and stubbornness. There is a tendency to lose temper easily, especially if the mother is teased, criticized, or disrespected. Though outwardly sociable and friendly, there is marked oversensitivity and excitability. There is also a strong desire for praise, admiration, and being the centre of attraction. In terms of anxieties, earlier there was little to none, but after illness set in a few months back, significant health-related worries developed. The person became hypochondriacal, constantly anxious about recovery, and at times fell into despair, determined nevertheless to regain health by any means. Emotionally, the happiest moments come from seeing the mother happy and healthy. The saddest moments have been when achievements failed to bring joy or appreciation to him, which left a lasting impression.

CASE ANALYSIS

Repertorial totality

Repertory used	RUBRIC SELECTED
KENT	1. Mind, anger, irascibility 2. Mind, anger, violent 3. Mind, fear, disease, of impending 4. Stomach, desires, highly seasoned food

Table 1: Repertorial Analysis and Totality

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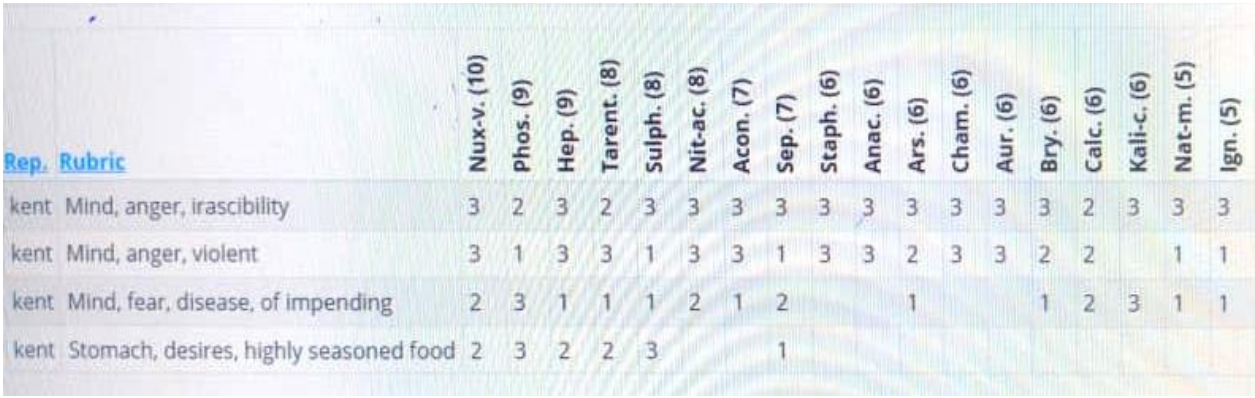
REPERTORY CHART



Rep.	Rubric	Nux-v. (10)	Phos. (9)	Hep. (9)	Tarent. (8)	Sulph. (8)	Nit-ac. (8)	Acon. (7)	Sep. (7)	Staph. (6)	Anac. (6)	Ars. (6)	Cham. (6)	Aur. (6)	Bry. (6)	Calc. (6)	Kali-c. (6)	Nat-m. (5)	Ign. (5)
kent	Mind, anger, irascibility	3	2	3	2	3	3	3	3	3	3	3	3	3	3	2	3	3	3
kent	Mind, anger, violent	3	1	3	3	1	3	3	1	3	3	2	3	3	2	2		1	1
kent	Mind, fear, disease, of impending	2	3	1	1	1	2	1	2			1			1	2	3	1	1
kent	Stomach, desires, highly seasoned food	2	3	2	2	3			1										

Figure 1: Repertorial analysis and Result

SELECTION OF REMEDY

Type of Remedy	Remedy Name	Potency	Dose	Indications / Reason for Selection
Constitutional	*Nux vomica*	30	1 dose stat	Strong correspondence with mental symptoms (oversensitivity, hypochondriasis, irritability) and physical symptoms (digestive complaints).
Acute	*Sepia officinalis*	30	2 Dose per day	Selected for skin depigmentation (Tinea versicolor).
Intercurrent	*Kali phosphoricum*	6X	2 tab per day	Used for persistent anxiety.

Table 2: Analysis of Remedy Selection

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OBSERVATION AND RESULTS

Month / Date	Progress / Observations	Prescription
1st Month (10 Nov 2024)	Skin lesions with itching; taking treatment for hemorrhoids and anxiety. Mucus occasionally in stool.	NUX VOMICA 30 STAT SEPIA 30, 2 Doses/day KALI PHOSPHORICUM 6X, 2 Doses/day
2nd Month (9 Dec 2024)	All digestive issues resolved; taking all kinds of food. Skin lesions almost disappeared. Mild symptoms after fried/spicy food.	KALIUM PHOSPHORICUM 6X, 2 Doses/day SEPIA OFFICINALIS 30, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 2 Doses/day
3rd Month (4 Jan 2025)	Mild mucus in stool after eating chocolate/fried food (New Year).	KALIUM PHOSPHORICUM 6X, 2 Doses/day SEPIA OFFICINALIS 30, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 2 Doses/day
4th Month (2 Feb 2025)	Digestion good. Pain in right abdomen 2–3 days (renal pain). USG: 4 mm stone in right ureter.	BERBERIS VULGARIS Q 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day LYCOPODIUM CLAVATUM 30, 2 Doses/day
5th Month (30 Mar 2025)	Digestive issues resolved. No diarrhoea for 3+ months. Fungal infection near penile region.	BERBERIS VULGARIS Q 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day LYCOPODIUM CLAVATUM 30, 2 Doses/day ECHINACEA Q- local application on skin

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6th Month (28 Apr 2025)	All symptoms improved.	BERBERIS VULGARIS Q 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day LYCOPODIUM CLAVATUM 30, 2 Doses/day ECHINACEA Q- local application on skin
7th Month (4 May 2025)	Overall good. Weight gain 4 kg in last month. Occasional anger.	BERBERIS VULGARIS 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day LYCOPODIUM CLAVATUM 30, 2 Doses/day ECHINACEA Q- local application on skin
8th Month (8 June 2025)	Diarrhoea due to overeating / food poisoning. Advised normal diet and not to overeat.	BERBERIS VULGARIS Q 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day PLATINUM METALLICUM 30, 2 Doses/week ECHINACEA Q- local application on skin
9th Month (7 July 2025)	All good. Weight: 76 kg	BERBERIS VULGARIS Q 10 drops, 2 Doses/day CHELIDONIUM MAJUS Q 10 drops, 1 Dose/day ECHINACEA Q- local application on skin
10th Month	All good. No issues or pain.	SEPIA OFFICINALIS 30, 2 Doses/day
11th Month	Cured. Gained 20 kg in total.	SEPIA OFFICINALIS 30, 2 Doses/day

Table 3: Follow-up table showing the patients improvement

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PATIENT SYMPTOM PROFILE: PRE- AND POST-TREATMENT OUTCOME

Symptoms	Before Treatment	After Treatment
Abdominal discomfort / Pain	Sensitive abdomen, recurrent stinging or cramping, worsened by dysentery	Abdomen soft, non-tender, occasional mild stinging only; overall comfortable
Diarrhoea / Loose stools	Frequent dysentery episodes, mucus in stool, triggered by certain foods	No diarrhoea for several months; tolerates all foods including spicy/fried in moderation
Bloating / Gas	Gaseous distention, discomfort, bloating especially in colder months	Bloating reduced; digestion normalized; mild occasional discomfort only
Food intolerance / Sensitivity	Certain foods (chocolate, fried, spicy) triggered symptoms	Can tolerate most foods without digestive upset
Anxiety related to digestion	Health anxiety, hypochondriacal worries about digestive health	Anxiety reduced; more confidence in health; less preoccupation with digestion
Hemorrhoids	Present for 1 year, sometimes painful	Symptoms improved; no active complaints

Table 4: Symptomatic improvement correlation of Before and after treatment

DISCUSSION

This case study illustrates the efficacy of an individualized, miasmatic-based homeopathic approach in managing a chronic, multifactorial condition presenting with digestive issues, skin lesions (depigmentation), anxiety, and hemorrhoids. The selection of remedies, including Nux Vomica for digestive and mental hyperactivity, Sepia for skin and hormonal balancing, and Kali Phos for anxiety, was guided by a holistic assessment integrating both key mental and physical symptoms, along with the underlying sycotic miasmatic predominance. Over the 11-month treatment period, the patient demonstrated progressive and comprehensive improvement, evidenced by the significant weight gain (58 kg to 78 kg), resolution of chronic diarrhoea/dysentery, clearing of skin lesions, and a marked reduction in health-related anxiety, ultimately leading to complete recovery and restoration of normal life. This outcome underscores

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the importance of considering constitutional factors, reinforcing the principle that integrated homoeopathic therapy, when complemented by supportive lifestyle and dietary advice, offers a safe and effective pathway for the gradual and sustained restoration of physical and mental health in complex chronic diseases. The gut–brain axis is a bidirectional communication network linking the gastrointestinal tract with the central nervous system through neural, hormonal, and immune pathways. It plays a major role in regulating digestion, mood, stress responses, and overall intestinal function[8]. In Irritable Bowel Syndrome (IBS), disturbances in this axis—such as altered gut motility, visceral hypersensitivity, microbiome imbalance, and heightened stress reactivity—lead to symptoms like abdominal pain, bloating, constipation, diarrhoea, and fluctuating bowel habits. IBS is therefore understood as a disorder where emotional stress, neural signalling, and gut physiology interact closely, making mind–gut integration an essential part of its pathophysiology and management.

CONCLUSION

In conclusion, this case provides compelling evidence for the efficacy of individualized, miasmatic-based homoeopathic treatment in achieving a comprehensive and sustained recovery in patients with chronic, multifactorial conditions encompassing significant gastrointestinal, dermatological, and psychological complaints. This notable outcome underscores homoeopathy's potential as a valuable, safe therapeutic option when conventional approaches may be limited. Moving forward, there is a critical need for further well-designed, rigorous clinical research and large-scale observational studies to support this concept.

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