

A Case Of Ulcerative Colitis

CASE HISTORY: A Hindu male, 58 y, Jain, married, having hardware-manufacturing factory and residing at Mulund with his wife and children, came to us on 10/3/2000 with the following chief complaints.

CHIEF COMPLAINTS:

Location	Symptoms	Modalities	Concomitants
G I T Colon	Stool 5-6 times/day Consistency=N		
O: 1986 (1 st episode)	Urge ³ Stool mixed with Dark red blood And mucus	< 3 morning > 2 steroid Rx > 2 Allopathic Rx for 3 years	
August '98	Stool F – 3-4 times Urge ³ Ulcerative colitis	T salazopyrine 1 – 0 – 1 Feb '2000	Weight loss 3 kg in 1 month
Pancreas	NIDDM	Tab Glyboral ½ - 0 - 0	Weight loss 9 Kg
ASSOCIATED COMPLAINTS: 1) Skin 1 st episode 1982 → L. 2 nd toe 2 nd episode 1998 → (R) lat malleolus	Eczema Dry, Itching ++ Ointment Eczema Dry, Left black Depigmentation ³	> 3 cold water > 2 Betnovate > 2 Betnovate Ointment	
2) R S Since 4 – 5 yrs	Rhinorrhoea Allergic Rhinitis	AF – Dust ² < Cold drinks ² < morning ² < C O W ² < getting wet	

PHYSICAL APPEARANCE:

Ht 5' 7" Wt 60 Kg

App: since 3 months

Generals: < hunger since 1½ months – vertigo.

Headache

Cr: sweets³, cold drinks² Av – nil

Thirst: N. Stool: C/C. Urine – N

Sweat: H/o profuse³, since 2 yrs, scanty on chest²,
nape of neck²

SLEEP: Sleep – sound and deep

Dreams: mostly nil

Once (2-3 years back): Father is alive and
working in the factory with him.

THERMAL STATE:

S W

Fan Speed 4/5 x

Cover x Thin, over head

Bath: P/H Tepid before 6 years

Now cold through out since 6 years



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Woolens: occ during morning walk
 Overall assessment: Hot C2H3
 F/H/O: Mo: T H R done 16 years back
 All brothers (3) – NIDDM
 Elder brother – Bil Renal failure
 O/E:
 Wt = 60 Kg B P = 120/70 mm Hg
 Tongue = vertical fissure in middle of tongue
 Skin = blackish depigmentation of eczema on feet
 PA = NAD R S = NAD CVS = NAD

LIFE SPACE:

Mr XYZ is a B Com graduate, 58 yrs, eldest son, runs a hardware manufacturing factory at Mulund with his brothers and residing with his BA, graduate wife, 52, and the younger son. Elder son studies computer engineering in USA and daughter is happily married after doing B Sc with home science in Fashion Designing. Father expired at 44 yrs, when the patient was just 20 yrs old. Pt, eldest of 4 brs and 1 si, and had to shoulder the entire responsibility of the house ie financial, social and familial. After passing B Com, he gave up further studies, and took up a job to support the family. Later he started a hardware-manufacturing unit, once his brothers completed their education.

Though in joint business, some interpersonal strains started developing amongst brothers over property issue. Younger brothers put impossible demands on patient. He wanted to be the “peace maker” and hence yielded to them in spite of reservations and his wife’s open disapproval. Now they live separately, yet patient’s mission is to see that everybody is happy, facing no problem.

Patient described his nature as sentimental – can’t disappoint or say “No” to anybody and tries his best to fulfill other’s demands – no matter if sometimes he has to go out of the way to do things for others. Always felt the need of a father figure in his life. “It is always good if you have somebody to guide you in times of stress”. Gets irritated if things don’t work out the way he wants. Is a very active social worker and gets tense if some social responsibility is left hanging and unfinished. Even

at family functions, he feels responsible and is tense until it gets over in the best possible manner.

2-11-99 INVESTIGATION FINDINGS:

COLONOSCOPY (Sept’98)

Distal 50 cm only shows the disease Oedema, granularity, tendency to bleed.

Ulceration and early pseudopolyp. Marked exudate Higher up colon – (N)

- 1 CBC: Hb 13.9 gm% RBC 4.6 cu mm WBC 8.200 N 68 L 30 ESR = 6
- 2 BUN 9.4 S Cr 1.0
- 3 Total Proteins 6.0 Albumin 4.3 Globulin 1.7
- 4 SGOT 14 , SGPT 18, Alk-PO4 5.2 ka
- 5 Total chol 161, LDL 90.6, HDL 52, VLDL 18.4, HDL 3.0
- 6 Triglycerides 92, Serum CEA 1.5,
- 7 Total Bil 0.78, Direct 0.48, Indirect 0.38.
- 8 Blood Sugar

	18/11/98	17/8/98	17/5/99	12/7/99	2/8/99
F	92				
PP	192	416	150	270	270
F	26/8/99	6/9/99	25/9/99	2/11/99	25/12/99
PP	192		94		
	250	305	196	137	110
Urine Sugar			Absent		Absent
DIAGNOSIS: segmatal severe ulcerative colitis					

INTERPRETATION:

The patient gave us the impression of being:

- Responsible , Yielding and a peace-maker
- A sentimental person is one who takes decisions with his heart rather than brains ... at the same time suffering from within and not knowing why he is suffering.
- He seems to have pushed his emotions to such deep level of consciousness → to survive and meet the demands of the situation, that he is hardly aware about repressed emotions within, as it manifests itself on the physical plane in the form of Ulcerative colitis.

P/H/O:

Respiratory System Jan 99	Pulm Koch's - Lt Pleural Effusion Pain Lt side of chest No cough, No fever	Tapping AKT x 9 mnths Stopped Nov '99	While on AKT, developed Hepatitis, stopped AKT But pleural Effusion S Bil - 1-8 SGPT - 480 SGOT - 350
Anus, August 89	Fissure-in-ano. Haemorrhoids. Infected anal Fistula with Perianal abscess	>3 operation	

- Now let us try to understand what is the psychosomatic analysis of ulcerative colitis.
- Ulcerative colitis is the name of an inflammatory condition of the large intestine, which starts in acute form but tends to become chronic and is accompanied by bodily pain and blood and slime (mucus) in stools.

What is slimy? Which people are 'slimy'? Those prepared to 'lick asses' and ingratiate. But this involves sacrificing their own personalities and giving up all life of their own in order to live for others. Blood and slime are living substances – the primal symbols of life itself → people who are losing blood and slime are people who are afraid to realize their own personalities. By way of intestine – they are sacrificing the symbols of their own life —mainly blood and slime.

Editor: an aside: Let us take the dictionary meaning of *slimy*: Greasy, oily, slippery, slick. All these words, when applied to a human characteristic, have a connotation of being a not-so-nice character; one out to get his work done at any cost, sliming his way into your confidence. The Hindi term 'matlabi'

The feeling such a character evokes is "ugh".. The interesting point the author brings up is that these people, to become slimy, have to give up their life and their interests, to adopt the interests of the people they want to ingratiate with. I never thought of it that way. I just stopped at willing to do any-

thing to get what they want.

Anyway, this trait somehow does not fit in with my concept of Magnesium. And the trait the author has chosen the remedy on, is peace-lover rather than slimy. Which is why it has worked.

REMEDY:

What other than our grand peace lover of our Materia Medica? Of course "*Magnesium*".

Taking into consideration – other physicals such as

1. Hot.
2. Cr: sweets³
3. Suppressed skin eczema
4. Diarrhoea < 3 in the morning with urgency → driving him out of the bed and has to rush
5. Diabetes (NIDDM)
6. Skin complaints >3 cold application
7. Dreams-dead relatives

PLANNING AND PROGRAMMING OF THE CASE:

A) SUSCEPTIBILITY: At the level of tissues- mucosa & sub-mucosa—breach in its continuity

Ulceration with bleeding & mucus— Destruction of mucosal integrity

Suppression: eczema suppressed with steroids

Pace of disease- progressive yet reversible

MIASMATIC CORRELATIONS:

Tubercular—Lean, thin, flat-chested constitution

Rapid and sudden loss of weight

NIDDM- P/H/O & F/H/O

Ulcerative colitis—blood and mucus in stools

B) SENSITIVITY:

At the level of mind & nerves-moderate→low- overt expressions of emotionality, subdued feelings.

From the above understanding, we came to the conclusion of Synthetic prescription of “*Mag-sulph*” 30 C was the choice of potency.

Continued the Rx with improvement at all levels.

At present, patient is off Tab *Solazopyrine* with good control over disease activity. The latest blood sugar report showed BSF-80& BS PP – 141.

Fair control of diabetes also achieved, which used to shoot up initially in spite of continuing hypoglycemic

agents. We plan to stop slowly OHA’s also with good control of diet and exercise.

Interesting point learnt through this case: “Hering’s law of cure”. As Ulcerative colitis symptoms started getting better, the skin eczema suppressed long back started giving problem. This elated us. The implications of such a recurrence were explained to the patient to relieve his anxiety.

The use of *Tub* as an intercurrent was needed only once – thereby seeing the maximum effect of the minimum dose of the “*Similimum*”

TREATMENT & FOLLOW-UP

DATE	SYMPTOMS	PRESCRIPTION
11-3-2000	Case defined	<i>Mag-sulph</i> 30, 3P HS SL. 4PHS
17-3-2000	Pt feeling fresh Stools Fluctuating- Twice a day No mucus/No blood	Ct all x 1 week till better
7-4-2000	Right Lower limb itching ++ with ++ hyper pigment Interpretation : Hering’s Law of Cure in operation. Pt reassured Ulcerative colitis symptoms > 2	<i>Mag-sulph</i> 30 7 P HS x 1 wk Till >
9-5-2000	Skin > 3 Ulcerative Colitis >2 T <i>Salozopyrine</i> - BD to OD	Ct all
16-6-2000	Cold/ Cough Fluctuating Rest > 2	<i>Mag-sulph</i> 200 1 P HS
11-8-2000	>2 T <i>Salozopyrine</i> -alternate day	<i>Mag-sulph</i> 200 1 P HS
25-8-2000	>2 yet Respiratory symptoms fluctuating	<i>Tub-bov</i> 1M 1 P HS <i>Mag-sulph</i> 200 1P HS
13-10-2000	BS 80; PP 141; Milk started again <i>Salozopyrine</i> stopped	<i>Mag-sulph</i> 200 1P HS /weekly
8-1-2001	Wt 62 Kg; Stop <i>Glyboral</i>	Ct all till can maintain >

