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Original Article

To Study The Efficacy Of Homoeopathic Medicine In Treatment Of Amoebic And Bacillary Dysentery

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ABSTRACT

Backgroung: *To understand the concept of amoebic and bacillary dysentery and their treatment from the Homoeopathic point of view. Most common problem in developing country. Most common and prevalent water borne disease.* ***Methods -****The study consisted of two parts, theoretical and practical.* ***First theoretical part*** *was completed by studying, collecting and compiling the data by going through extensive literature review. In the* ***second practical part*** *of the study 30 cases of Amoebic and Bacillary dysentery were treated according to the various criteria mentioned in the methodology. This was a type of interventional study, total 36 cases registered in which 6 cases not attended the regular follow up so that case is droped out.* ***Results*** *Out of the 30 cases studied, 25 were males and 5 were females. The patients between the age of 10 – 50 years were studied out of which majority of patients belonged to 20 - 30 years age group. From the study of 30 patients presenting with 21 cases of Amoebic and 9 cases of Bacillary dysentery, Statistical evaluation of pre and post treatment scores showed that the Homoeopathic medicines prescribed according to the individual peculiarities of the patient was found to be more effective in the treatment of Dysentery. From the response of patients I found that 14 patients showed marked improvement, 11 patients showed moderate improvement and 5 patients showed mild improvement.Since homoeopathic treatment has found to be effective in managing Amoebic & Bacillary dysentery cases.* ***Conclusion :****This study is an attempt to evaluate the effectiveness of homoeopathic medicines with appropriate statistical analysis. The method of approach is a clinical study without the use of control.*

Key words: *Dysentery, Amoebic and Bacillary dysentery, Shigellosis, Gastroenteritis*

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INTRODUCTION

Dysentery is an inflammatory disorder of the intestine, especially of the colon, that results in severe diarrhea containing mucus and or blood in the feces with fever, abdominal pain, and rectal tenesmus, caused by any kind of infection. Water-borne diseases are among the most recent emerging and re-emerging infectious diseases throughout the world. it have recently proven to be the biggest health threat worldwide and they contribute between 70-80% of health problems in developing countries. The most well known water-borne

diseases such as cholera, dysentery, and typhoid are the leading causes of morbidity and mortality.

Accessibility of safe drinking water, particularly among the low-income communities is still a problem in developing countries. Poor waste disposal mechanisms in both urban and rural areas are below satisfactory requirements, and this contributes in the pollution of water sources.

Dysentery results from viral, bacterial infections or parasitic infestations. These pathogens typically reach the large intestine after entering orally, through ingestion of contaminated food or water, oral contact with contaminated objects or hands, and so on. Two classic symptoms of dysentery include abdominal pain and cramps. Dysentery is spread among humans through contaminated food and water. Study showed that there is a strong association between shigellosis and drinking unboiled water. A study conducted on the illnesses associated with waterborne diseases showed that the following are common symptoms: abdominal cramps (80%), diarrhea and dysentery (75%), appetite loss (69%), nausea (68%), and the mean duration of these diseases were 7 days. The studies above clearly show that water-borne diseases are a serious health threat, particularly in developing countries. Dysentery broadly refers to gastrointestinal disorders characterized by inflammation of the intestines, chiefly the colon. The World Health Organization (WHO) defines dysentery as any episode of diarrhea in which blood is present in loose, watery stools. It is a disease in which ulceration occurs in the large intestine as a result of two organisms, protozoan and bacilli cause the infection and are known as amoebic dysentery and bacillary dysentery respectively. Shigellosis or bacillary dysentery, which is caused by one of several types of Shigella bacteria - In this the stool, comes mixed with blood- In Amoebic dysentery mucus may present in the stools, along with the organism Entamoeba histolytica amoeba. The World Health Organization (WHO) has estimated that 90 million cases of Shigellosis are contracted annually, with 100,000 of these resulting in death. Bacillary dysentery is far more prevalent in the developing world, where the main burden falls on children. Amoebiasis is infecting over 50 million people each year, killing about 50,000. This infection affects nearly 10% of the population of the developing world, where overcrowding, poor sanitation and economic backwardness are common

Entamoeba histolytica is a protozoan parasite responsible for a disease called amoebiasis. It occurs usually in the large intestine and causes internal inflammation as its name suggests (histo = tissue, lytic = destroying). Human infection usually begins with the ingestion of the cyst which is present in food and/or water contaminated with human fecal material. Cysts survive the acidic pH of the stomach and pass into the intestine. In the ileo-cecal region, cysts undergo excystment and each cyst gives rise to eight trophozoites. These migrate to and multiply in the colon. Trophozoites attack and invade the intestinal mucosa causing dysentery and/or progress through the blood vessels to extra-intestinal locations like liver, brain and lungs, where they may form life-threatening abscesses. In the intestine, many of the trophozoites encyst and produce quadrinucleated cysts. Both trophozoites and cysts are excreted along with the feces.

E. histolytica is diagnosed by the light microscopic examination of stool samples and identification of motile trophozoites or multinucleate cysts. The detection of E. histolytica –specific antigens and small ribosomal RNA genes (rRNA) in blood and stool samples using commercially available ELISA tests and PCR are currently widely used to diagnose E. histolytica infection.

Shigella is a genus of gamma proteobacteria in the family Enterobacteriaceae. Shigellae are Gram-negative, nonmotile, non-spore forming, rod-shaped bacteria, very closely related to Escherichia coli. Shigellosis, also known as bacillary dysentery or Marlow Syndrome, in its most severe manifestation, is a food borne illness caused by infection by bacteria of the genus Shigella.

Shigellosis is a bacterial infection of the colon that can cause diarrhoea, dysentery (diarrhoea with blood and/or mucus) and may lead to death. It occurs mainly in low- and middle-income countries where overcrowding and poor sanitation exist.

The causative organism is frequently found in water polluted with human feces, and is transmitted via the fecal-oral route. The usual mode of transmission is directly person-to-person hand-to-mouth, in the setting of poor hygiene among children.

Shigellosis is a virulent bacterial disease that is caused by a strain of bacteria of the genus Shigella of which there are four species. Shigella sonnei (most common cause of dysentery), Shigella flexneri, Shigella dysenteriae, Shigella boydii. Shigella organism enters the body through the mouth and then multiplies in the bowel, which produces a range of symptoms gastroenteritis with dysentery. Shigella is usually diagnosed after a sample of your stool is sent to the laboratory for testing.

Difference between Bacillary and Amoebic Dysentery-

	Bacillary dysentery	**Amoebic dysentery**
1	Ulcers on free edge of transverse folds of mucous membrane, distributed transversely to long axis of gut. Ulcers serpiginous with ragged undermined edges communicating with other ulcers; bases of granulation tissue.	Ulcers begin as small abscesses of submucosa in long axis of gut; flaskshaped. Ulcers oval, regular, involving all coats;
2	Rarely perforate.	Not uncommonly perforate.
3	Mucous membrane hyperaemic and inflamed. Bowel wall not thickened.	Mucous membrane not inflamed. Bowel wall thickened.
4	Stool scanty in quantity but very frequent; bright blood red, gelatinous viscid mucus, odorless, 'red currant jelly'	Stools, mingled with blood and mucus, offensive, smelling of decomposing blood. Generally copious.
5	Tenesmus very severe	Tenesmus not usual
6	Stools, microscopic picture: numerous discrete red cells; polymorphs abundant, some macrophages. Few bacteria visible.	Stools, microscopic picture: red cells numerous and in clumps; polymorphs and macrophages scanty. *E. histolytica* trophozoites containing ingested red cells present.

It is here that the holistic approach of treatment like Homoeopathy has a vital role to play. The holistic concept of disease takes not only the clinical symptoms into the cognizance but also the biological, social, Pshyological aspect of man to give the appropriate treatment. The concept of disease in homoeopathy is that disease is a total affection of mind and body, the disturbance of the whole organism. Individual organs are not the cause of illness but disturbance at the inner level (disturbance of the life force, the vital energy of the body) is the cause of illness.

Dysentery is chronic disease a person suffers from psora, sycosis or syphilis or from complex miasmatic condition due to combination of two or all. behind each case of Amoebic and Bacillary dysentery there is existence of miasmatic states either single or combined, but the psora is the fundamental miasmatic dyscrasia which primarily affect the organism for further development of sycosis or syphilis or both.

Objectives

1. The primary objective of this study was to ascertain therapeutic usefulness of homoeopathic medicine in the management of Amoebic & Bacillary Dysentery.
2. To understand the concept of amoebic and bacillary dysentery in homoeopathic perspective. Proper study of individual with its pathology & investigation.
3. To restore the health of the sick. Give faster, gentle permanent cure as mentioned by Dr Hahnemann in aph. 2 in organon of medicine 6th edition.

METHODOLOGY

Clinical study/Setting: - The study has been carried out with detail case study and follows up in Bharati Vidyapeeth Medical Foundation's Homoeopathic Hospital, OPD, and IPD various rural and urban camps series

of Bharati Vidyapeeth's Homoeopathic Hospital Pune.

Study design & Sampling: - A type of interventional study without placebo group. Minimum 30 cases satisfying the case definition, inclusion and exclusion criteria have been studied. Patients diagnosed as Amoebic and bacillary dysentery has been selected for the study on basis of Random number table.

Intervention- Selection of medicine on basis of totality of symptoms, **Kent"s** Repertory/ **BTP books** has been used for each case of Amoebic and bacillary dysentery, for the selection of remedy, but the potency selection has been deal according to the Homoeopathic posological guidelines. Medicines has been given in globule, powder, liquid form.

Clinical Protocol/Ethical: - Ethical Committee approval has been availed. Data has been collected by proper method and has been processed in standard format. Total Research Project has been submitted to Ethical committee. Patients have been explained about the research project, patient's information sheet and informed consent form has been formed and filled up. Nosological diagnosis has been done after clinical study and investigations

Inclusion criteria:- 1. Patients of both sexes. 2. Patients suffering from Amebic and bacillary dysentery, willing to participate and taking treatment regularly and co-operating for regular follow-up has been included**.**

Exclusion criteria:- 1. Patients with complications of Amebic and bacillary dysentery.

2. Patients who require emergency medical intervention. 3. Immune-compromised patients.

4. Patient without written consent.

Criteria for assessment – Marked: When there is complete disappearance of symptoms of Amoebic and bacillary dysentery and non recurrence. or More than 80% reduction of symptoms.

Moderate: When the patient has symptomatic relief with more than 50% reduction

Mild: When the patient has symptomatic relief with less than 50% reduction.

No improvement: No response after treatment for sufficient period.

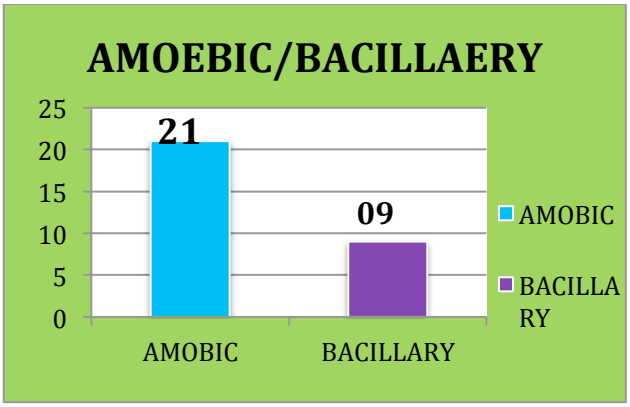
RESULT

During the study of 30 cases included 25 male i.e. 83% and 5 females i.e. 17%.

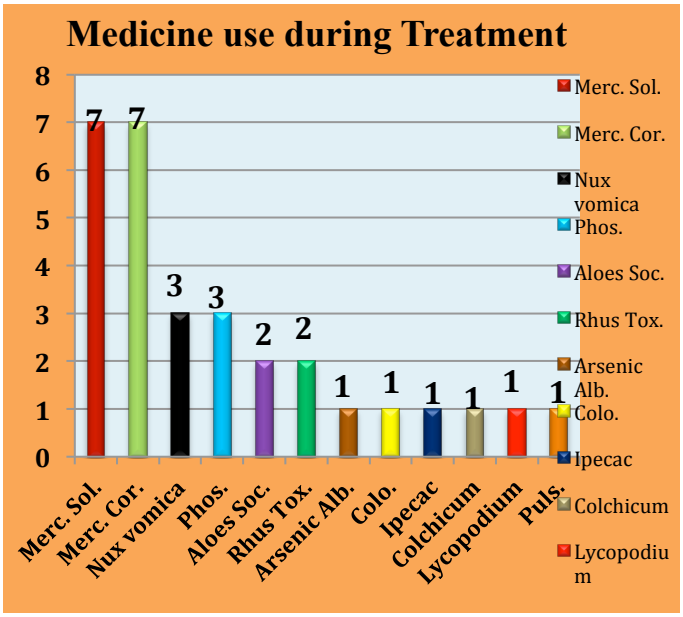
MALE	FEMALE	TOTAL
25	05	30
83%	17%	100%

Table: 1 Study Cases

During the study of 30 cases it was found those 21 cases of Amoebic dysentery and 9 cases of bacillary dysentery.



The remedies used in 30 cases were Merc. Sol., Merc. Cor. and Nux Vomica, Phosphorus out of which Merc. Sol. was indicated the most i.e. in 7 out of 30 cases and Merc. Cor. was also in 7 cases.



The remedy used in 9 cases of bacillary dysentery were Nux Vomica, Aloes soc, Arsenic alum, Ipecac, etc.out of which Nux vomica & Aloes soctrina was indicated the most in 2 cases out of 9 cases.

REMEDY USED IN BACILLARY DYSENTERY

Sr. No.	NAME OF MEDICINE	No. of Pt.	%
1.	Nux Vomica	2	22.23
2.	Aloes Soc.	2	22.23
3.	Phosphorus	1	11.11
4.	Arsenic album	1	11.11
5.	Ipecac	1	11.11
6.	Merc Sol.	1	11.11
7.	Merc. Corr.	1	11.11

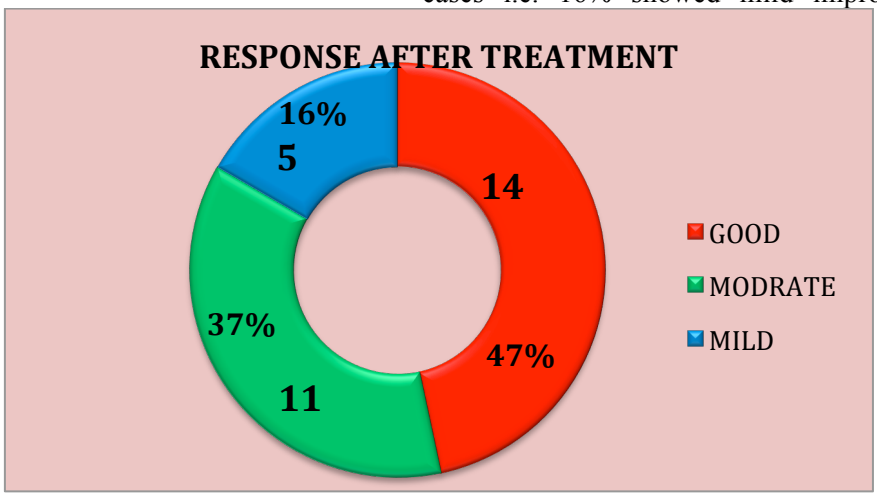
Table 2- Remedy used in Bacillary dysentery

REMEDY USED IN AMOEBIC DYSENTERY –

Sr. No.	NAME OF MEDICINE	No. of Pt.	%
1.	Merc. Sol.	6	28.57
2.	Merc. Corr.	6	28.57
3.	Rhus Tox.	2	9.53
4.	Phosphorus	2	9.53
5.	Nux Vomica	1	4.76
6.	Colocynth	1	4.76
7.	Colchicum	1	4.76
8.	Lycopodium	1	4.76
9.	Pulastilla	1	4.76

Table 3- Remedy used in Amoebic dysentery

During the study of 30 cases presenting with Amoebic & Bacillary dysentery, 14 cases i.e. 47% showed marked improvement, 11 cases i.e. 37% showed moderate improvement and 5 cases i.e. 16% showed mild improvement.



CONCLUSION

This study showed a significant role of homoeopathy in the treatment of Amoebic and Bacillary dysentery in reducing the intensity of suffering and providing good quality of life. The main focus of the study was to give the patient accurate remedy and to relieve complaints in shortest possible time. This study also established an important role of Homoeopathy in treatment of Amoebic and Bacillary dysentery, by which they were suffered from it.

The study showed that the homoeopathic treatment was effective when the remedy was selected on the basis of totality of symptoms and individualization. In the study, emphasis was to give complete cure and to prevent recurrence of Amoebic and Bacillary dysentery. So necessary anti miasmatic medicines were added at appropriate time. The predominant miasm found out in this study which was responsible for diseases which were psoro-Sycotic.There is no specific remedy for the particular disease in our system Homoeopathy, but drugs selected on strict individualization only are found useful.

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