



CASE REPORTS

CELIAC DISEASE: A CASE STUDY

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Abstract

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Key Word- Coelic, Homoeopathy, Gluten allergy, intolerance etc.

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A case of a young boy suffering from celiac disease recovered by medicine Lachesis. The shy/reserved side of Lachesis is discussed in this case which is uncommon in daily homeopathic practice. In these cases change in blood reports takes time of 1 month or 2 or even more but the change in behavior of the patient can be observed very early by homeopathic treatment.

INTRODUCTION

Gluten allergy, often referred to as gluten intolerance or sensitivity, is observed when there is a reaction to gluten (a protein) found in rye, barley, triticale, and wheat.

TYPES:

Three main types of disorders are related to gluten:

1. **Celiac Disease:** This is an autoimmune disorder. In this, there is damage in the small intestine, which is caused by gluten. Symptoms include diarrhoea, fatigue, weight loss, bloating, and anaemia. It can also cause skin rashes and neurological issues.

Diagnosis-

- **Serology Testing:** In Blood tests elevated levels of certain antibodies, such as Tissue Transglutaminase IgA (tTG-IgA) and Deamidated Gliadin Peptide (DGP) antibodies.
- **Genetic Testing:** Tests for human leukocyte antigens (HLA-DQ2 and HLA-DQ8) can help rule out celiac disease.
- **Biopsy:** An endoscopic biopsy of the small intestine is considered the gold standard for diagnosing celiac disease. It checks for damage to the intestinal villi.

2. **Non-Celiac Gluten Sensitivity (NCGS):** Its symptoms are similar to celiac diseases, such as bloating, diarrhoea, and fatigue, but without the autoimmune response or intestinal damage.

Diagnosis-

- **Exclusion of Celiac Disease and Wheat Allergy:** Since there are no specific tests for NCGS, celiac disease and wheat allergy are diagnosed by excluding them through serology and genetic tests.
- **Symptom Monitoring:** When the patient is given gluten and

when the patient is on a non-gluten diet

3. **Wheat Allergy:** This is an allergic reaction to proteins found in wheat, but mostly it is not limited to wheat, other allergens also show reactions. Symptoms can range from mild reactions such as hives and nasal congestion to severe reactions such as anaphylaxis.

Diagnosis-

- **Skin Prick Test:** This test involves placing a small amount of wheat protein on the skin and pricking it to see if there is an allergic reaction.
- **Blood Tests:** Tests like the Immunoglobulin E (IgE) test measure the immune system's response to wheat proteins.
- **Oral Food Challenge:** Under medical supervision, the patient consumes wheat to see if it triggers an allergic reaction.

SIGNS AND SYMPTOMS:

Celiac disease can cause the following symptoms:

Digestive Symptoms:

1. Abdominal pain
2. Loose motion/diarrhoea: in most cases just after eating gluten
3. Weight loss
4. Bloating

5. Fatigue
6. Constipation: in some cases, alternate with diarrhoea
7. Nausea
8. Vomiting

Non-Digestive Symptoms:

1. Iron deficiency
2. Joint pain
3. Numbness in hands and feet
4. Reduced bone density
5. Skin rashes and dryness
6. Headache
7. Mouth ulcers
8. Reduced spleen function
9. Elevated liver enzymes

COMPLICATIONS:

If left untreated, celiac disease can lead to several complications:

- **Malnutrition:** Due to poor nutrient absorption, leading to weight loss and anaemia
- **Bone Health Issues:** Osteopenia and osteoporosis from calcium and vitamin D deficiencies
- **Lactose Intolerance:** Damage to the small intestine can lead to temporary lactose intolerance
- **Neurological Issues:** Peripheral neuropathy and ataxia
- **Reproductive Issues:** Infertility and miscarriage
- **Cancer:** Increased risk of certain types of intestinal cancer

MANAGEMENT:

1. Gluten-Free Diet:

- a. **Avoidance of Gluten:** Eliminate all foods containing wheat, barley, rye, and their derivatives. This includes many processed foods, sauces, and even some medications and supplements.
- b. **Reading Labels:** Carefully read food labels to check for gluten-containing ingredients. Look for certified gluten-free products.
- c. **Cross-Contamination:** Be cautious about cross-contamination in kitchens and restaurants. Use separate utensils, toasters, and cooking surfaces.

2. Nutritional Support:

- a. **Dietitian Consultation:** Work with a dietitian experienced in celiac disease to ensure a balanced diet and address any nutritional deficiencies.
- b. **Supplements:** Supplement with vitamins and minerals if deficiencies are present, such as iron, calcium, vitamin D, and B vitamins.

3. Regular Monitoring:

- a. **Follow-Up Appointments:** Regular check-ups to monitor

symptoms and nutritional status.

- b. **Blood Tests:** Periodic blood tests to check for antibody levels and nutritional deficiencies.

4. Managing Symptoms and Complications:

- a. **Medications:** In some cases, medications may be needed to manage symptoms or complications, such as corticosteroids for severe inflammation.
- b. **Bone Health:** Monitor bone density and take steps to prevent osteoporosis, such as calcium and vitamin D supplementation.

5. Education and Support:

- a. **Support Groups:** Join support groups for individuals with celiac disease to share experiences and tips.
- b. **Education:** Stay informed about celiac disease and gluten-free living through reputable sources and healthcare providers.

CASE STUDY

From a homeopathic point of view this case helps to understand the relationship between the patient's behaviors during sickness with the disease.

When the patient is healing physically, changes in the behaviour are the earliest signs that can be observed. In this case, Lachesis helped to make this change, and the reserved side of medicine is presented.

During this case, the patient doesn't know the medical name of the disease so, is always referred to as wheat allergy (commonly called name)

NAME: A

AGE: 14 YRS

SEX: MALE

OCCUPATION: STUDENT

PRESENT COMPLAIN: Today, the patient was brought up by his parents but, had no physical complaints.

I asked the patient {patient was sitting with his head down and answered everything within this position only}

Q: what happened?

A: Nothing

Q: then why did you come to me?

A: they brought me

Q: Why did they bring you to me?

A: I had pain in my stomach

Q: and now?

A: no pain

Q: do you know what is the real problem with your stomach?

A: yes, wheat allergy

Q: don't you need medicine?

A: no, I don't need it. No pain then why take medicine?

Q: if again pain starts then?

A: I will be fine in 2-3 months

Q: how do you know that you will be fine?

A: I know

Mother told me:

He always reminds me not to put wheat in his food by mistake. He suffers only from pain in his abdomen, sometimes he talks about it and sometimes does not, asks for medicine but not easily. He doesn't show that he has any problem. We never see him crying.

I asked the patient.

Q: in what condition do you ask for medicine?

A: when I feel I will not be fine without it

About his general nature:

Don't talk too much esp. To new people, mostly like to stay at home.

Bedwetting is present, gets irritated when his sisters tease him on this topic, is not very demanding, yields easily, likes to joke and tease family members only, imitates animal voices sometimes, does lose his temper easily but in severe conditions doesn't talk to anybody for 2-3 hours but after that becomes normal on his own, don't care about other ill people, not any specific fears.

History: fracture of the right hand in childhood

Rubrics: 1. Cautious {as he reminds his mother about wheat}

2. Hopeful alt discouragement {today he is hopeful but if he doesn't feel Well then, he will tell his mother or ask for medicine}

tTg-IgA on 12-1-2015 is 76.20 U/ml

Fallow UP

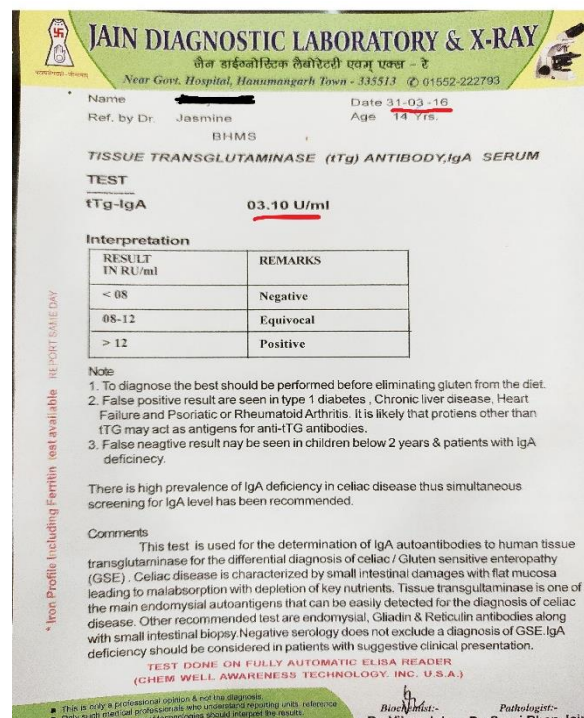
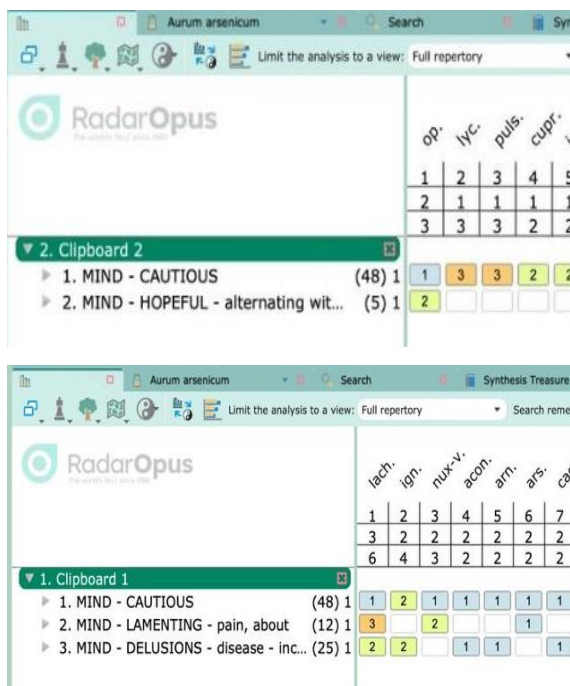
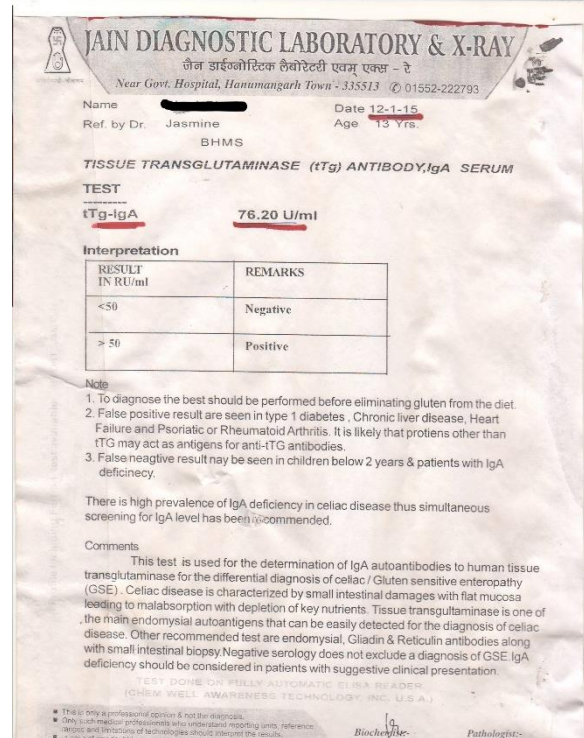
25/1/2015	After Case taking	Opium 30/3 doses Placebo x 7 days
1/02/2015	No pain/ other complaints He said he wanted to eat wheat as everyone eats. Now he wants to take medicine, but he still tells his mother not to mix wheat	Placebo x 30 days
11/3/2015	An acute problem occurs fever of 101 He is feeling cold so takes a sheet to cover himself, and wants to lie down, doesn't want to eat/drink, is not any effect by his surroundings, just lying quiet, has no complaints not asked for medicine	Opium 200/1 Placebo x 30 days
26/3/2015	He again feels ill Sneezing Cough during the day- time only	placebo 3 doses

	He was behaving normal	
25/4/2015	His parents went for reports as I told them to take reports after 3 months tTg-IgA : 2.70U/ml	
26/4/2015	No complaints His parents asked me to start wheat, I said yes give it in small quantities	placebo x 30 days
29/5/2015	His parents came to me with this report tTg-IgA: 8.60 U/ml And told me they started his wheat but he refuses to take it, they tried to give him on alternate days and mix it in his food without telling him and last week there was pain in his abdomen again, I asked where is the patient they told me that he refuses to come here as he don't want to take medicine I asked them to bring him to the clinic when he is in pain	placebo
1/7/2015	His parents again went for reports tTg-IgA - 6.10U/ml	
6/7/2015	Patient came {parents brought him forcefully} and sat on the chair with his head down Q: what happened? Why did you come? Do you want medicine? A: yesterday pain in my abdomen, they brought me, no need for medicine Q: why don't you need medicine? A: this will not be cured by medicine Q: why do you feel so? A: I just know.... His mother told me that now when he suffers from pain abdomen , He lies down in bed and starts lamenting Rubrics: 1. Lamenting pain about 2. Delusion disease incurable has 3. Cautious D/D aconite was not prescribed as there was no fear or any other strong indications	Lach 200/1 dose Placebo x7 days
15/7/2015	No pain or any other complaints The major point he started taking wheat	Placebo x 15 days
31/7/2015	No pain or any other complaints The major point he started taking wheat	Placebo x 30 days

20/8/2015	An acute problem coryza, cough He came to me to take medicine without his parents After that, he regularly came to take medicine and always with no complaints and Taking wheat regularly in his food and always prescribed placebo No repetition or any other potency/medicine prescribed	Placebo 3 dose
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CONCLUSION: this was a learning case for me, after the first prescription I just ignored the cautious behavior that was not changing, opium was helping his physical problems but his behavior towards his disease was not changing and with time his general health also suffered with frequent illnesses but after the second prescription his behavior changed in 7 days and with wheat he was improving generally as well as in reports. Since then there has been no reoccurrence of disease.

ETHICAL ISSUES: Consent of the patient was taken before publishing



**After 1 year of stopping the treatment
(Eating wheat daily)**

JAIN DIAGNOSTIC LABORATORY & X-RAY
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 Near Govt. Hospital, Hanumanagarh Town - 335513 ☎ 01552-222793

Name: _____ Date: 15-02-17
 Ref. by Dr. Jasmine Age: 15 Yrs.
 BHMS

TISSUE TRANSGLUTAMINASE (tTg) ANTIBODY, IgA SERUM

TEST
 tTg-IgA **03.11 U/ml**

Interpretation

RESULT IN RU/ml	REMARKS
< 08	Negative
08-12	Equivocal
> 12	Positive

Note
 1. To diagnose the best should be performed before eliminating gluten from the diet.
 2. False positive result are seen in type 1 diabetes, Chronic liver disease, Heart Failure and Psoriatic or Rheumatoid Arthritis. It is likely that proteins other than tTg may act as antigens for anti-tTg antibodies.
 3. False negative result may be seen in children below 2 years & patients with IgA deficiency.

There is high prevalence of IgA deficiency in celiac disease thus simultaneous screening for IgA level has been recommended.

Comments
 This test is used for the determination of IgA autoantibodies to human tissue transglutaminase for the differential diagnosis of celiac / Gluten sensitive enteropathy (GSE). Celiac disease is characterized by small intestinal damages with flat mucosa leading to malabsorption with depletion of key nutrients. Tissue transglutaminase is one of the main endomysial autoantigens that can be easily detected for the diagnosis of celiac disease. Other recommended test are endomysial, Gliadin & Reticulin antibodies along with small intestinal biopsy. Negative serology does not exclude a diagnosis of GSE. IgA deficiency should be considered in patients with suggestive clinical presentation.

TEST DONE ON FULLY AUTOMATIC ELISA READER
 (CHEM WELL AWARENESS TECHNOLOGY, INC. U.S.A.)

*Iron Profile including Ferritin test available REPORT SAME DAY

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