



“When Anxiety Speaks Through the Gut: An Individualized Homoeopathic Approach to Irritable Bowel Syndrome”

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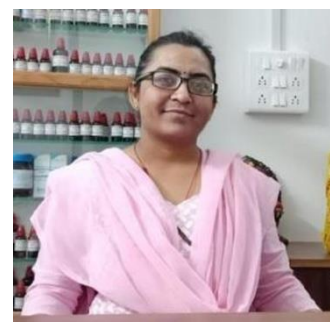
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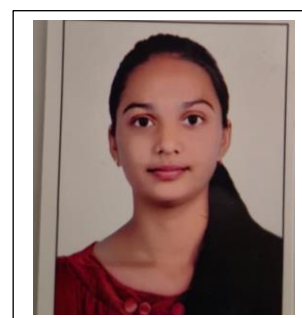


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Abstract:

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder characterized by abdominal pain, altered bowel habits, and significant association with psychological factors. Mental and emotional stress often plays a crucial role in the onset and aggravation of symptoms. Homoeopathy emphasizes individualization, giving prime importance to mental generals in case analysis. This case report highlights the successful management of a case of IBS with predominant mental symptoms using individualized homoeopathic treatment. Significant improvement was observed in both psychological



and gastrointestinal symptoms, demonstrating the role of mental rubrics in remedy selection.

Keywords: *Irritable Bowel Syndrome, Homoeopathy, Mental Rubrics, Individualization, Arsenicum album*

Introduction:

Irritable Bowel Syndrome (IBS) is a chronic functional disorder of the gastrointestinal tract characterized by abdominal discomfort, bloating, diarrhea, constipation, or an alternation of both, without any identifiable organic pathology. Psychological factors such as anxiety, anticipation, stress, and emotional disturbances are strongly associated with IBS and are known to exacerbate symptoms. Homoeopathy considers IBS as a psychosomatic disorder where mental and emotional factors play a pivotal role. According to homoeopathic philosophy, mental generals are given the highest priority in individualizing a case. This case report demonstrates the importance of mental rubrics in the successful homoeopathic management of IBS.

CASE

A 38-year-old married female patient reported to the OPD on 12/01/2025 with complaints of frequent loose stools, abdominal discomfort and bloating for the past 2 years.

She stated that the stools were more frequent in the early morning hours. The urge was sudden and compelling, often associated with cramping pain in the abdomen which was relieved after passing stool. She noticed that whenever she was under mental stress or had to go out of her house, the urgency increased markedly. Because of this fear, she had gradually restricted her social interactions.

BACKGROUND AND LIFE SITUATION

The patient belongs to a lower-middle socioeconomic background. She is a homemaker, staying with her husband and two children. While narrating her complaints, she repeatedly emphasized that her illness had “ruined her confidence” and made her dependent on others.

She said that she had always been a very responsible person, taking care of household duties meticulously. She prefers things to be done in a particular order and gets disturbed when things are not done properly. She admitted that she becomes irritable easily, especially when she is interrupted or



when her routine is disturbed.

She described herself as a person who worries excessively about the future, especially about her health. Even a minor bodily sensation makes her anxious and she starts imagining serious illness. She frequently checks her symptoms on the internet and seeks reassurance from family members.

EMOTIONAL HISTORY

On further enquiry, she revealed that the onset of her complaints coincided with a stressful phase in her life. Two years ago, her husband faced financial loss in business. During that period, she had to take additional responsibilities at home. She felt emotionally overwhelmed but did not express her stress openly, as she felt she had to remain strong for the family.

She said that she tends to keep her emotions to herself and thinks continuously about problems. At night, her mind remains active with thoughts about household matters, finances and children, resulting in unrefreshing sleep.

She is sensitive to remarks from others and feels hurt easily, though she does not express it openly. She wants appreciation for her efforts but feels that her work goes unnoticed, which makes her feel internally dissatisfied.

PATIENT AS A PERSON

While taking the case, it was evident that the patient is mentally over-active, anxious, and constantly anticipates problems. She is conscientious, dutiful and perfectionistic, but emotionally insecure. Her physical complaints appear to be closely linked to her mental and emotional state.

Her bowel complaints worsen whenever she is anxious, worried or emotionally disturbed, clearly indicating a psychosomatic relationship.

PHYSICAL GENERALS

Appetite: Good

Thirst: Moderate

Desires: Spicy food



Aversion: Milk

Thermal reaction: Chilly

Perspiration: Moderate

Sleep: Disturbed, unrefreshing

PHYSICAL PARTICULARS

Frequent loose stools, especially in the morning

Sudden urgency, worse from mental stress

Abdominal pain before stool, relieved after stool

Bloating and flatulence

ON OBSERVATION

The patient appeared anxious and restless during the interview. She spoke hurriedly and repeatedly sought reassurance regarding her condition. Facial expression showed concern and tension. She explained her complaints in detail and in a chronological manner.⁴

CASE ANALYSIS

In this case, the emotional state of the patient plays a significant role in the manifestation of physical symptoms. The gastrointestinal complaints are clearly aggravated by anxiety and anticipation. The mental state reflects fear of future, over-thinking, emotional sensitivity and perfectionism.

REPERTORIAL TOTALITY

(Repertorization done using RADAR Software – Synthesis Repertory)

Totality was constructed after careful evaluation of the patient's mental state, physical generals and characteristic particulars. Mental symptoms were given prime importance, as they were found to be directly related to the onset and aggravation of the physical complaints.



Synthesis app - Clipboard [Nidhi]

[K] = Kuenzli dot.

- 1 MIND - ANXIETY - anticipation; from
- 2 MIND - ANXIETY - health; about
- 3 MIND - FASTIDIOUS
- 4 MIND - FEAR - disease, of impending
- 5 MIND - RESTLESSNESS
- 6 MIND - SENSITIVE - criticism; to
- 7 MIND - THOUGHTS - persistent
- 8 ABDOMEN - FLATULENCE
- 9 ABDOMEN - PAIN - stool - after - amel.
- 10 ABDOMEN - PAIN - stool - before
- 11 RECTUM - DIARRHEA - morning
- 12 RECTUM - DIARRHEA - anxiety, after
- 13 GENERALS - FOOD and DRINKS - milk - aversion

Remedies	Sum Sym	Sum Deg	Symptoms
ars.	12	22	1,2,3,4,5,7,8,9,10,11,12,13
nat-m.	12	20	1,2,3,4,5,6,7,8,9,10,11,13
sil.	12	19	1,2,3,4,5,7,8,9,10,11,12,13
puls.	11	22	2,3,4,5,7,8,9,10,11,12,13
sulph.	11	21	2,3,4,5,6,7,8,9,10,11,13
phos.	11	19	2,3,4,5,7,8,9,10,11,12,13
vanil.	11	12	1,3,4,5,6,7,8,9,10,11,13
arg-n.	10	21	1,2,3,4,5,7,8,10,11,12
nux-v.	10	21	2,3,4,5,7,8,9,10,11,13
calc.	10	19	2,3,4,5,6,7,8,10,11,13



PRESCRIPTION

Arsenic album 200C

Single dose

Followed by placebo

Reason for potency & repetition:

The case being functional and psychosomatic in nature, with marked mental symptoms and good vitality, a medium-high potency in single dose was considered appropriate to stimulate the vital force without repetition.

FOLLOW-UP

Date

Follow-up Details

Prescription

27/01/2025

Frequency of stools reduced from 3–4/day to 2/day. Abdominal pain much less. Patient feels mentally calmer.

Placebo

15/02/2025

Urgency markedly reduced. Anxiety before going out decreased. Sleep slightly improved.

Placebo

10/03/2025

Normal bowel movements most days. No abdominal cramps. Patient reports improved confidence and reduced health-related anxiety.

Placebo

05/04/2025

Completely normal bowel habits. No stress-induced diarrhoea. Mental state stable.

No medicine



FINAL REMARKS

In this case, the physical pathology was clearly maintained by the emotional and mental state of the patient. The individualized homoeopathic remedy, selected on the basis of the totality of symptoms and repertorial analysis, resulted in sustained improvement at both mental and physical levels.

DISCUSSION

This case demonstrates the importance of understanding the patient as a whole. The emotional stress and anxiety acted as maintaining factors in the disease. Individualized homoeopathic treatment based on the patient's mental and emotional state brought sustained improvement.

CONCLUSION

Functional disorders like IBS require holistic evaluation. Addressing the mental and emotional dimensions is essential for lasting cure. This case highlights the role of individualized homoeopathy in psychosomatic illnesses.