Abdominal pain, bloating, constipation and diarrhea are common symptoms that affect up to two million Americans. Inflammatory bowel disease is usually manifested between the ages of 15 and 40. More often than not, the symptoms are minor and come and go. They tend to go untreated professionally, as people are inclined to chalk it up to dietary indiscretions or a “nervous stomach” and will self-medicate with antacids, laxatives and other over-the-counter digestive aids. Other conditions such as Crohn’s disease are more serious, and people are more likely to seek the attention of a medical doctor and use prescription medications for symptom relief.

Inflammation or irritation of the bowel ranges in intensity and location within the intestinal tract. Diverticulitis affects the large intestine when balloon-like pouches push out from the walls of the intestine and create pockets that can become blocked, infected and inflamed. This condition is one of the most common colon diseases affecting about 10% of Americans and up to 50% of those over age 60, according to the Harvard Medical School Family Health Guide.

The inflammation in Crohn’s disease most commonly affects the end of the small or large intestine but can appear in any part of the gastrointestinal tract. Repeated bouts of inflammation can cause obstruction and ulceration sometimes requiring surgical removal of a piece of the intestine.

She was told that maybe it was irritable bowel syndrome and that there was nothing that could be done for this.

The more benign of the bowel diseases is called irritable bowel syndrome, IBS or spastic colon due to the characteristic cramping, diarrhea and bloating. Irritable bowel syndrome affects 10-22% of otherwise healthy adults, primarily women, and usually starts in early adulthood, reports the Harvard Medical School Family Health Guide. The American Medical Association states that the cause of Crohn’s disease, irritable bowel syndrome and diverticulitis is unknown. The incidence has increased over the last 30 years, however, and everything from heredity, to stress to abnormal allergic responses have been cited as factors.

The course of these diseases is one of chronicity with periodic exacerbations and remissions. Treatment options vary and run the gamut from anti-inflammatory medication to corticosteroids and surgery. The rate of recurrence after surgery, however, is high. The question of how to resolve the inflammatory response has sent researchers, clinicians and patients themselves into a scurry for a quick fix solution. Probiotics to stabilize the intestinal flora and fish oils rich in Omega-3 content are known to decrease inflammation. These are gaining acceptance in the conventional community and are recommended with increasing frequency. Increasing fiber content in foods is always recommended.

The mind-body component of chronic disease is recently receiving attention with the help of people such as the Dalai Lama and Jon Kabat-Zinn. Their work on mindfulness based stress reduction through meditation has been incorporated in many hospitals beginning in Massachusetts in the early 1980s. There is now a rich database of stress reduction techniques that can be used in chronic pain situations.

The prominent heart surgeon, Mehmet Oz, has gone public with his theory of energy’s role in creating disease. In an interview with Paula Zahn on CNN in Dec. 2004, Dr. Mehmet commented that it would be wonderful if you could walk into a doctor’s office and have your energy evaluated when looking for the cause of disease. As Dr. Hahnemann said in Aphorism 12, “It is the disease-tuned life force alone that brings forth diseases.”

While it is true that conscious awareness plays a role in the reduction of stress and thus the symptoms it provokes, chronic diseases often cannot be alleviated by stress reduction alone. Wenda O’Reilly aptly annotates Samuel Hahnemann’s theory in her edition of The Organon of The Medical Art when she says, “The life force, by itself, is not capable of curing, or even lessening the chronic misasms.” Try as they might some people simply cannot stop the thoughts, worries and anxieties that cause their suffering.

And this brings us back to Dr. Samuel Hahnemann and the basic philosophy of homeopathy. Aphorism 5, “It will help the physician to bring about a cure if he can find out the data of the most probable occasion of an acute disease, and the most significant factors in the entire history of a protracted wasting sickness, enabling him to find out its fundamental cause.” In other words, ascertain the totality of symptoms. “There is nothing curably diseased nor any curable, invisible disease alteration in the human interior that, by disease signs and symptoms, would not present itself to the exactly observing physician for discernment – quite in keeping with the infinite goodness of the all wise Life-sus-
A CASE OF IRRITABLE BOWEL SYNDROME

Molly's symptoms began as a baby with constipation and continued throughout her toddler years. When she reached school age, her stomach problems got worse. They escalated to a point where she was incapacitated socially, unable to attend school, use the school bus or even ride in a car.

Molly is a lovely and lively adolescent. It was a crisp fall day when I first saw her in consultation and she wore a tank top, had flushed cheeks and sat with her face turned to the air from an open window. Molly had just begun her freshman year in high school and was having difficulty attending classes due to her stomach problems as well as the severe nausea that she experienced every morning. In order to take the bus trip she needed to use Dramamine daily. As she waited for the bus in the morning she had a sense of dread and panic anticipating the severe pain and need to immediately go to the bathroom. Her mom told me, "It would start with severe stomach pains and an immediate need to access a bathroom which was not always easy as a lot of her teachers would not believe her. At the onset of the pain she would need at least four to five trips to the bathroom, spaced anywhere from 10-20 minutes apart. Each time the pain would worsen, bringing tears, screams and very little relief. She would start vomiting and then the end would come with severe diarrhea. There would be at least two episodes of severe diarrhea and then complete fatigue." During an attack she perspired profusely. She would call her mom in and she would have all her clothes off, in a cold sweat, with the back of neck and forehead clammy and a pail in front of her in case she vomited.

Molly's stomachaches were increasing in frequency. They began as her "once a month stomachaches" with no pattern to their occurrence. When I first saw Molly, they were happening once a day approximately three times per week. Molly had panic attacks at night. She slept with her tank top on and the comforter pulled all the way up to her neck. She was afraid of someone breaking into the house. "If I hear a little creak on the stairs, I'll get all the way up to her neck. She was afraid of someone pulling all the blankets over my head and close my eyes and fall asleep because I don't want to be up," Molly said. She keeps the television on all the time as it makes her feel like someone is there with her. Molly is very sociable and likes to have her friends over. She cares a lot about what they think of her and it upsets her if they are talking about her or making fun of her. In middle school, she walked around with a note giving her permission to get up and leave the classroom at any time but as her condition became worse she had to use the nurse's bathroom because the kids would make fun of her smelling up the bathroom.

Although she desires the good opinion of others, she runs a tight ship with her friends. She admits that she can be overbearing and domineering. "If my friends are acting hyper, I'll get so mad. If they don't listen to me if I'm trying to talk and someone talks over me, I'll tell them to shut up," she says. Her mother says that she is jealous. She wants all the attention. Molly admits it. "I want my friends to myself. I don't want to share them. We are always together but if they do something without including me, I get really mad. I cry and have a temper tantrum".

When she and her friends make movies she must be the director. If anyone messes up she gets mad because she wants it to be perfect. Likewise, she needs her notes to be perfect. When taking notes, if she writes the wrong word, she has to cross it out and start all over again. "I can't stand it to be messed up. I like it to be perfect. It needed to be right and if I copied it wrong and then went back to study it, it could be wrong and then I'd fail." The perfection issue is one that is common to all three of these cases, each in their own way, of course.

Another issue that they all share is one of obsession and obsessive thoughts. The feeling of someone being in the house is one of Molly's obsessive thoughts. Another is her obsession with books and movies. When she reads a book, she reads it for weeks on end. When she watches a movie that she likes, she will be obsessed with that movie. She wants the DVD, and a sequel. She will watch it over and over again. "I get really into it." When she watches a doctor show and sees the operation and the blood she goes into a panic. She feels that it is happening to her. This obsession with the thought that it is actually happening to her leads to severe anxiety attacks where she feels that she can't breathe. Nevertheless, she is obsessed with watching these shows and does so despite the anxiety it provokes.

Menarche and her high school years began at roughly the same time. Molly would get "deathly sick" at these times and was missing so much school that her grades were dropping. She would get anticipation anxiety before a report card was due and a severe attack would ensue. "I would be walking up the stairs to get my report card and my legs would start shaking. I would start sweating and my stomach gets tight because I'm nervous", Molly told me.

By the time I consulted with Molly and her mother she had run the gamut of specialists, testing, diets and antibiotics. There had been no improvement. She was told that since there seemed to be no reason for her illness, they would have to do invasive testing, endoscopy and exploratory surgery in order to determine a cause. She was told that maybe it was irritable bowel syndrome and that there was nothing that could be done for this.

After I concluded my consultation and arrived at a remedy selection, I called them in for an appointment. Molly's mother was doubtful that a remedy called Pulsatilla, the size of an ice cream sprinkle, taken only one time, could take care of so many ailments. She went home and searched the internet and found something about the plant that worried her. She then went back to her pediatrician who also researched Pulsatilla and said that maybe she should look into another G.I. specialist, as little was
A CASE OF CROHN’S DISEASE

Cindy is an eleven-year-old who has suffered with bowel disorders since fourth grade. The picture is much the same as Molly’s. In the summer after fourth grade, Cindy started having very frequent bowel movements that were loose and proceeded by pain in the lower right quadrant of the abdomen. Her mother says that you can almost see it coming across her face. The discomfort, pain, and nausea are apparent immediately. This can happen six to seven times a day though it will not always be accompanied by a bowel movement. There were skin issues present that are concomitants to Crohn’s disease. All non-invasive tests were negative. Colonoscopy, endoscopy and upper bowel series showed the presence of inflammation and irritation of the very lower bowel. Medications “smoothed her out” and reduced the inflammation. In February, preceding our consultation, things were not working out. Cindy was in full blown mode. She was waking at night with the pain and had bloody diarrhea all the time. She is very nauseous, mostly in the back of her throat and feels like she is going to vomit. She sits on the toilet for a long time and doesn’t want to go to anyone’s house for fear of getting sick. Her mother says that she is very sensitive and empathetic. If she sees a child with a deformity, she can’t look because it will make her feel sad and upset and sorry for them.

Cindy takes school very seriously. She worries. She is concerned that what she is doing is not complete. If she swims in a swim meet, she feels the weight of the team on her. She feels the responsibility that the team is depending on her to do well. She has an eclectic group of friends and prefers one-on-one relationships. She doesn’t like to say “no” because she doesn’t want anyone to feel bad or left out. She does have an issue with appearance, especially with weight. It upset her that she wasn’t able to fit into peer group style clothes. Her hair has to be perfect or else she won’t go out.

Attention is an issue that echoes throughout all the cases. Cindy’s mother says, “She is the middle child and will push all the buttons. She wants me to say that I will spend as much time with her as I do with the others. She wants assurance that she is getting attention. She’s smart. She’ll try to manipulate me”. The mom goes on to say, “She wants to be comforted and will pout to make me give her the attention. She won’t say exactly what is bothering her. She might give you a piece but you have to drag the rest out of her. You have to sit and talk quietly and calmly about what’s happening. She needs undivided attention, alone and without the others.”

The issue of obsessive thoughts and its place in this disease became apparent from the first words that Cindy spoke. “I have this stomach problem that usually just happens and I make it worse by keep thinking about it and I don’t know how to handle it. I can’t stop myself. It just keeps going on. Some nights I make myself nauseous and everything hurts me. I’m usually up all night thinking and trying to make myself stop but I can’t. Then I have to rush to the bathroom and I keep running back and forth. Once it starts I can’t really stop it. I have to try to go

The issue of feeling alone, needing company and wanting someone to be there with you in your suffering is an issue in each of these cases.
to sleep. I sleep with the radio on. It soothes me. The radio music is like company. I would like to have company with me when I have this. It makes me feel like I'm not alone. Like I had no one to go to.

The issue of feeling alone, needing company and wanting someone to be there with you in your suffering is an issue in each of these cases. In Molly's case, she needed her television on all the time. When she suffered an attack, she needed her mother there with her. For Cindy, the radio represents the company she needs. When she is worried and during an attack she needs her Dad to sit with her and talk her down. Cindy was increasingly limiting her life. She was unable to go out or sleep over anyone's house for fear of having to go to the bathroom. She would become home-sick and frantic and have to come home or would become sick. This extended into her play dates, and the school dance, where she would stay for one hour, get sick and have to come home.

Our first meeting was in July. Cindy was to start middle school in September, an unfamiliar situation. Her parents anticipated the problem of staying in school, and not being able to take the bus. Cindy was concerned that she wouldn't know where the bathrooms were and that even if she did, she might not be able to get to them in time. Her mother had arranged a tour of the school and reviewed the floor plan ahead of time but it didn't seem to quell Cindy's apprehension.

In this case, I began each session by having Cindy fill out a visual analog scale of fears suited for children. Her worries were fairly amorphous. This gave me an objective tool to identify her worries and measure the progress of the remedy. I gave her a BUBBLE UP YOUR FEAR WORKSHEET where she listed the things that worry her most from 1-10 and then filled in the number of bubbles that correspond to the worries starting from most to least worrisome. Her list looked like this:

1. Being in school and thinking about being away from home, so I get nauseous. (10 bubbles)
2. Going to a far away place without my parents (9 bubbles).
3. Eating lunch in school (7 bubbles).
4. Sleeping over at a friend's house (6 bubbles).
5. Going to a friend's house (4 bubbles).

I asked Cindy what worries her. "Thinking about something you don't know is going to happen but you think it might. I get frightened and nervous. I'm scared I will ruin other people's time if I get sick when I'm out with them. I don't want myself to be sick or worried but that's just the way it goes for me. I would feel embarrassed or mad at myself. I would be sitting in my room for days thinking about the past and what happened and how it's my fault."

Similar to Molly, Cindy also cares about what people think of her. "I don't like when people talk behind my back. It's their opinion but it's not worth it because it will get me sick if a lot of people agree with it. It's important that people have a good opinion of me. If people thought I was a bad person, that there was something mean about me, that would upset me."

Cindy goes on to say, "When it starts, I need to know how to calm myself down. I feel bad that I don't know how to handle this; that I should have fixed this myself. I should know how to handle the mind part. My stomach hurts on its own but I make it worse by thinking about it. I should relax and calm myself down and not be worried about things. I think I should be able to do it myself. They (parents) aren't inside of me. They can't make my mind stop from being so worried."

The pattern of Cindy's discomfort began at birth. Her mom told me that she "screamed her head off" for two years. "She was always difficult to soothe. From 2 am to 4 am we would walk her in a carriage to soothe her. Rocking her or putting her in the walker also helped quiet her down." "She was not relaxed with herself. She was never able to entertain herself. Never able to soothe herself. She needs a lot of sleep but never slept well."

Interestingly, there were no stomach or abdominal complaints present. The first organic signs of her disease began in second grade with twelve cases of strep throat! Her mom tells me that, "She was a worrier. In second grade I got her a book called Wimberly Worried."

This case beautifully illustrates the "unknown cause" of Crohn's disease. The literature on Crohn's relates the unpredictability of the inflammation to appear anywhere in the gastrointestinal tract, even the throat. Although she had the tonsils and adenoids removed in second grade, she experiences pain in the back of her throat as a concomitant to the abdominal cramping. Indeed, when I asked her to point to the location of her pain, she pointed to her throat and her abdomen and described the feeling in the throat as a "sensation" of discomfort. The energetic body never lies! Hindsight being 20/20, had we repertorized her symptoms of recurrent infections; sleeplessness in babies who need to be rocked constantly; the strong worrying component along with the family history of irritable bowel syndrome, perhaps a well selected remedy would have averted the progression of a now chronic pathology.

I was sitting in the airport waiting for my flight as I repertorized Cindy's case. I was certain that she would do well with Argentum Nitricum and so prescribed it for her. One week later, when I saw her in my office, the hangdog look of pain and despair on her face was a testament to my incorrectly selected remedy. Ah! How well it serves one to be free of ego in cases like this. At this point we had three days left until school began and her parents were already planning for the father to be home that morning to ensure that Cindy got on the bus to school under her own steam, or his. The pressure was on for me to find the "miraculum" in this case. I asked one question, "Were you angry
at your Dad when he made you stay at your Aunt’s house even though you begged to come home because you were sick?” “No”, she answered. I found this quite unusual. I would be furious with him. She explained that she would never express that to her Dad. I asked her if she thought that he was too strict with her and her eyes lit up. “Yes”, she said. Her mother quickly added that nothing the father asks of her is really too much for her to accomplish and elicited Cindy’s agreement. Thank you! I prescribed Carcinosin 200c. The day before school began I met with Cindy. The bright smile was radiant. “It worked!” her mother said.

The personality changes that ensued are my diagnostic criteria in this case. The parents and Cindy are reluctant to discontinue the medication they are on so there have been no episodes of pain. I do see Cindy weekly for chiropractic adjustments and am able to monitor the case quite closely this way, watching for energy dips or returning fears.

The last visual analog scale I gave to her was on 2/07/06. Only one worry was listed.

1. Going to far away places without my parents. (1 bubble).

Cindy told me that she didn’t need to fill out the worksheet anymore because she doesn’t worry anymore. “Before, I was scared to go away because I was actually sick. Now I choose to stay at home because I know that I am more comfortable in my own bed.” This from a most irresolute child!

Cindy is most at ease these days. She does not worry, sleeps well at night, and enjoys a normal social life. She has no worries about going on the school bus or about going to school. Last week she told me that she doesn’t even remember what it was like to be up all night worrying. She has not been sick once and is building an experiential data base of confidence. I am hoping that eventually she will feel secure enough to wean off the most cytotoxic of the immunosuppressant drugs. Meanwhile, she is being supported with hepatoprotective herbs and vitamins. And homeopathy!

YOUR ISSUES ARE IN YOUR TISSUES

One day as I was manually draining the lymphatic glands in the neck of a 7-year-old boy who had a head cold and sore throat, I said, “Oh, Jonnie, your issues are in your tissues!” After I had finished, I casually said, “Any more issues?” To my surprise, he answered, “Yes, I don’t like when my mother leaves me at school. Is that an issue?” I said that yes, it certainly was and we sat down and talked about it, which, to my delight, led to a remedy prescription that relieved his cold and sore throat. Since then, it has become a favorite expression of mine.

A CASE OF DIVERTICULITIS

Lily’s case is another example of bowel problems that present when your issues are in your tissues.

Lily is a 50-year-old woman whose issues began as a child and were never addressed. In fact, she never addressed any of her issues in a real way because she had a fear of confrontation. Lily’s father was extremely controlling and would not entertain discussion about his decisions. “Dad didn’t allow me to speak my mind. I felt I was disappointing my father, I wasn’t smart enough, cute enough; he didn’t like me. He was unreasonable, disapproving and there was nothing I could do about it”, Lily told me. She said, “Whenever I did something he didn’t like or when I wanted to do something he didn’t approve of, he would be nasty and stern. He would yell and scare me and never explain himself so I never knew why he felt the way he did. I didn’t need to understand anything, I just needed to do it because he was the boss and he said so.” Her mother would cover for her and she would lie to her father and manipulate him to get her way. She hates him for what he did to her and her mother and does not speak to him to this day.

Lily has experienced severe pre-menstrual issues since adolescence. “My periods are killing me,” she reported. She has migraine headaches before and sometimes after her period. Her symptoms include back and neck pain, wandering joint pain, bleeding gums, eruptions ranging from hard pimples to aphthae that appear anywhere on the body, vaginal tenderness and burning, uterine cramping and severe mood swings. Lily describes it like this, “The moods are uncontrollable outbursts at work. People don’t listen and their errors fall back on me. I’m tired with my period; I have no energy at all. I blow up but I can’t yell because I am at work. I use a stern tone and everyone knows I’m really angry but I can’t say it. The situation stays with me. I have a hard time letting it go. I keep talking about it, dwelling on it and replaying it in my mind. I try to let it go but the next day, if another situation comes up, it all comes right back. Ifa similar incident occurs, I just snap.”

Lily is sensitive to whether people are angry with her and is concerned that her stern attitude causes people to dislike her. “If a patient doesn’t like me, it bothers me. I feel like I want to cry. What did I do wrong? I know I didn’t do anything wrong, but I’ll do anything to make it better. I have won patients over who didn’t like me by working very hard at thinking about everything I was going to say before I spoke to them. Maybe when I’m having an outburst verbally or inwardly, I come across stern, like my Dad. I don’t like that. He did it to me often.”

Lily has chronic constipation with hard stool and rectal bleeding. The week before she came to see me she had serious pain in the intestines. It felt as though she had to move her bowels but she was constipated. The pain was so bad that she was in a cold sweat and felt like she would vomit. The pain subsided a bit and a few hours later she had severe, watery, gushing projectile diarrhea, four to five times with severe pain and hot sweats. This episode totally weakened her. The intestinal cramping continued through the night waking her out of sleep. In the morning she was weak and washed out. The pain had moved up to her stomach and was less frequent and less severe. There was bleeding with the diarrhea. Stomach pains and heartburn continued for the next week at which point she consulted a gastroenterologist.
who diagnosed her with diverticulitis and a hiatal hernia after doing a colonoscopy and an endoscopy.

The situation at Lily's workplace was of paramount importance in provoking this inflammatory outburst of both her issues and her tissues. Lily manages a doctor's office and has done so for the last 15 years. Her boss has always been unreasonable and mimicked many of the challenges she had encountered in her relationship with her Dad. At the point of her attack of "diverticulitis" the situation had become intolerable. The boss's wife was put in charge and Lily now had to confront her on every issue.

"Mary has control of the situation. She doesn't know how to do anything and mismanages it all. I have no control or authority. I am the brain of the situation. I know I could make it better but I'm not allowed to. I don't go to her because she handles things inappropriately. I feel frustrated. It makes me feel useless. What am I doing here? I could make it better. I know I could. I'm not the kind of person who can keep things bottled up, so it's very hard for me. I like to have control of things. I could make it better but my hands are tied and I can't let go of it," she explains.

Lily feels that she is treated unreasonably at work. She is not allowed to leave a bit early. The other girls call in sick whenever they want to, but Mary never gets mad at them. Lily says, "I just don't say anything. Instead of confronting my superiors, I will go and do something and hope to get away with it. I know if I asked Mary to leave early, even if she had coverage, she would say no. I will just sneak out and the girls will cover for me. I will hope that she doesn't call and find out. Which brings to mind every situation. How would I handle it? But it's getting worse as I get older."

I prescribed Lycopodium LM1 and at her follow up five weeks later Lily was elated with her progress. She had none of the anxiety and pains that usually preceded her period. The constipation and rectal bleeding are gone, as is her toenail fungus. Most importantly, Lily has been noticing that she doesn't "stress" as much at work. She is handling things better. Significantly, she notices that her colleagues are nicer to her. The dynamic of her relationships has taken on a different tone.

At her second follow-up, three months later, she remains symptom free. Lily has decided to move from her apartment, a major decision for her. "I'm being more rational. I am going on vacation and when I come back I will deal with it. I would never have said that before. I wouldn't have been able to control my anxiety."

On our most recent visit, Lily told me that the boss's wife left when the boss realized that she wasn't able to handle the job. Lily was given full responsibility and a raise in recognition of her ability. We were elated at the changes that had taken place in all her relationships. As a manager, she is more confident and has no issues with confronting her workers or her boss. "In fact," she said, "today I am going to eat my first everything bagel, seeds and all!"

This case of diverticulitis has not had another attack of abdominal "issues" since the remedy. She finished a 4 oz. bottle of Lyc LM1. On 6/8/06 she was experiencing a case of mastitis (has had this before) and some PMS returning although not as severe as before. I prescribed 1 dose of Lycopodium 200c, which cleared up the mastitis over the course of several days, as well as the emotional symptoms associated with PMS.

As Dr. Banerjea, a teacher of mine, used to say at the conclusion of every cured case, "All Glory to Homeopathy!"

BIBLIOGRAPHY


The American Medical Association Home Medical Encyclopedia, Charles B. Clayman, Medical Editor, Random House NY Publisher

Organon of the Medical Art by Dr. Samuel Hahnemann Edited and Annotated by Wenda Brewster O'Reilly

Dr. Oz, CNN Dec. 24 2005

Dr. Nancy Gahles

Health & Harmony Wellness Education

Doctor of Chiropractic (DC)

Certified Classical Homeopath (CCH)

Registered, Society of Homepaths, North America, RSHom (NA)

Member, Board of Directors, National Center for Homeopathy

Columnist, The Wave newspaper, Homeopathy Today, CAM expert, Ask The Experts, Mothering Magazine and NaturalMedicine.com

Ordained Interfaith Minister

231 East 58th St.
NYC 10022
212-753-7939

home/office 241 Beach 137th St.
Belle Harbor, NY 11694
718-634-4577
askDrNancy@aol.com
Copyright of American Homeopath is the property of North American Society of Homeopaths and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.