

Ulcerative Colitis

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Case presentation

- Italy, 1997-99
- Patient A.R., a 54 y.o. male with a diagnosis of Ulcerative Colitis

Medical History:

- Patient refers that from childhood has always had a very “delicate intestine”. Any occasion of even slight dietary abuses immediately was followed by intestinal cramps and diarrhea.
- For decades had known to have “colitis”, but in the last 5 years has been labeled as Ulcerative Pan Colitis from diagnostic colonoscopy and biopsy.
- Any dietary abuse is followed by severe intestinal cramps and bloody diarrhea.
- Recently had been prescribed corticosteroids to control bleeding and in preparation for surgery which the patient wanted to avoid at all costs and had thus become open to other forms of treatment. Medical dietary recommendations were to “eat light” without too many other explanations.
- The patient's family and social life had become a continuous source of renouncements and embarrassments.

Physical Exam:

Patient appeared underweight, tired and dehydrated. Upon palpation of the abdomen, tenderness was diffuse and significantly painful over the descending colon even with light pressure

Therapeutic approach

Ulcerative colitis (affecting mucosa from different portions of the colon to the rectum) together with Crohn's Disease (affecting mucosa of the small intestine) comprise the two major GI pathologies referred to as **Inflammatory Bowel Diseases (IBD)** due to a chronic state of **apparently** dysregulated mucosal immune function of the GALT, triggered by luminal flora and/or other contents probably based on inherited predisposition/abnormalities of the intestinal epithelial cell barrier and/or inherent inability to regulate inflammation once started (Harrison's Principles of Internal Medicine).

Therapeutic Rationale:

I. Dietary - Avoidance of GI-Irritants

- Patient was **Blood-Type 0** and was suggested to very strictly follow a diet for this blood-type (these individuals are basically to avoid all dairy products and grains in any form).
- Avoid known intestinal irritants (alcohol, spicy foods, processed foods, coffee, high-fiber foods, sweets, deep-fried foods, barbequed foods, acid foods like tomatoes and vinegar, etc.).
- Liquid poly-vitamin/mineral supplements.

II. Treatment of Dysbiosis - Probiotics to re-establish a normal intestinal flora (Eubiosis).

III. Biotherapeutics - Typical example in the usefulness of the application of the concept of 3 Pillars.

Biotherapeutic approach

DET phase: Degenerative, Endodermal

Case of classical application of the 3 Pillars of Homotoxicology

Symptomatic or Basic Medications (week 1 and 2):

- 1 Arnica-Heel vial +
- 1 Podophyllum compositum vial +
- 1 Veratrum-Homaccord vial

Materials & Method: (may be used orally, best mesotherapeutically. Can also use drops)

- Contents of the 3 vials are mixed in a 10 cc syringe
- Use “meso” needles (4 mm x 27 g)
- Multiple small mesodermal or subcutaneous injections on the abdomen along the anatomical projections of the L.I. (ascending/transverse/descending colon)

Points of Injections:

- Projections of L.I.
- Frequency: 3x/wk, for 2 weeks

Application of the 3 pillars

Home therapy started after 1 week (to avoid possible toxic overload).

1st Pillar: Drainage & Detoxification (start after 1 week of mesotherapy with basic remedies - thus, at week 2)

- Nux vomica-Homaccord drops (8-10 drops 3x/day) - GI
- Lymphomyosot drops (8-10 drops 3x/day) - Lymphatic
- Hepeel tablets (1 tab 3x/day, sublingually) - Liver
- Solidago compositum vial (orally, 1 vial 3x/week) - Kidneys

2nd Pillar: Immuno-regulation/Modulation (add at week 3, for 2 weeks - thus weeks 3 & 4)

- Echinacea compositum S vial (orally, 1 vial 3x/week)
- Pulsatilla compositum vial (orally, 1 vial 3x/week)

3rd Pillar: Cellular Support/Regeneration (add at week 5, for 2 weeks - thus weeks 5 & 6)

- Mucosa compositum vial (orally, 1 vial 3x/week)

Frequency:

- 2 complete consecutive cycles, with 1 week rest in between (starting each time with the first week of abdominal mesotherapy)

Maintenance

Follow-up every 2-3 months and interventions according to symptomatology.

This patient required 1 cycle 4 times in the first year + home therapy with the basic symptomatic medications (vials taken orally, 1 of each 3x/week) almost continuously.

Results:

After 3 months, patient's symptoms had significantly improved and it was no longer necessary to take prescription medications. After 9 months colonoscopy results confirmed significant reduction in inflammation (from a pan inflammation that had become “patchy”). Patient has been living a 'normal' life after 1 year.