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THE SILVER SECRET: ARGENTUM NITRICUM IN THE BATTLE AGAINST IRRITABLE BOWEL SYNDROME [IBS]

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ABSTRACT

IBS is a functional bowel disease in which abdominal pain is associated with defecation or a change in bowel habit. IBS is one of the psycho-somatic disorders, in which physical diseases are prone to worsen by anxiety and tension. Homoeopathy provides wide spectrum of treatment for the digestive disorders including IBS without any side effects and withdrawal symptoms. Review aims to establish scope of Argentum Nitricum in the management of irritable bowel syndrome.

**Keywords: Irritable bowel syndrome [IBS], Argentum Nitricum, Homoeopathy,
Diarrhoea, constipation**

INTRODUCTION:

IBS is a benign, long-term symptom digestive illness that causes irregular bowel complex that includes abdominal pain and movements and abdominal pain without any abnormal bowel patterns [1]. IBS is a obvious structural problems [2]. Only 10%

of the general population seeks medical attention for gastrointestinal symptoms, despite the fact that about 20% of people meet the diagnostic criteria for IBS [3].

AETIOLOGY AND RISK FACTORS:

It is a disorder of the young people with most new cases presenting before 45 years. Reports suggests that the elderly are troubled by IBS symptoms up to 92% as often as middle-aged persons. women are diagnosed with IBS 2-3 times more often as men and make up 80% of the population with severe IBS [4]. Global prevalence of IBS is 11.2% with 21% predominance in south America and lowest in south asia at 7%.^[4] and reported 4.2-7.5% prevalence in the Indian population [5]. Some risk factors are as follow,

- Inherently sensitive gastrointestinal system: in certain families many members suffer from IBS.
- Diet: certain food substances such as milk and bakery products, are not well tolerated by some; on consumption of these, they develop bowel symptoms.
- Infections: chronic infections, both amoebic and bacterial are known to precede the onset of IBS.
- Allergy: certain allergic disorders may sometimes be associated with IBS.

- Drugs: abuse of laxatives is well known to cause IBS. In addition, certain antibiotics, digoxin and a few other drugs are known to cause hypermobility of the bowel.
- Emotional stress is a well-known factor precipitating the onset of or aggravating IBS [6].

PATHOPHYSIOLOGY:

- Both peripheral(gut-based) and central (abnormal brain responses to peripheral bowel signals) mechanisms play etiopathogenetic role. [American journal of med^l [7].
- Manometric studies of colon show an increased contractile activity in patients with this syndrome, particularly after food. Another hypothesis is that visceral sensation from the gastrointestinal tract is somehow enhanced.
- There is also evidence that psychiatric disease and abnormal illness behaviour are more common in patients with irritable bowel syndrome [8].

CLASSIFICATION:

there are two major clinical types of irritable bowel syndrome,

- **Constipation predominant IBS:** Constipation is common, but bowel habits vary. Most patients have pain over at least one area of the colon,

associated with periodic constipation alternating with a more normal frequency. The pain is either colicky, coming in bouts, or a continuous dull ache; it may be relieved by a bowel movement.

- **Diarrhoea predominant IBS:** It is characterized by precipitous diarrhoea that occurs immediately on rising or immediately after eating.

Nocturnal diarrhoea is unusual [9].

CLINICAL FEATURES:

Abdominal pain: Abdominal pain in IBS is variable in intensity and location. Pain in IBS is localized to the hypogastrium in 25%, the right side in 20%, to the left side in 20% and the epigastrium in 10% of the patients. Pain is episodic and crampy but may be superimposed on a background of constant ache.

Altered bowel habits: common pattern is constipation alternating with diarrhea, usually with one of these symptoms predominating. most patients also

experience a sense of incomplete evacuation, thus leading to repeated attempts at defecation in a short time span. In cases of constipation, the stool is typically hard and constricted, indicating severe dehydration brought on by prolonged intestinal retention and spasm. Diarrhoea resulting from IBS usually consists of small volumes of <200ml. Diarrhoea due to disturbed emotion or eating.

Gas and flatulence: Patient with IBS frequently complain of abdominal distention and increased belching or flatulence, all of which they attribute to increased gas. Belching can be explained by the fact that patients with IBS exhibit gas reflux from the distal to the more proximal gut.

Upper gastrointestinal symptoms: Between 25 and 50% of the patients with IBS complain of dyspepsia, heartburn, nausea and vomiting. This suggests that areas of the gut other than the colon may be involved [2].

DIAGNOSTIC CRITERIA FOR IBS:

According to the Rome criteria

ABDOMINAL PAIN/DISCOMFORT AND	TWO OR MORE ATLEAST 25% OF THE TIME
Relieved with defecation And /or With change in stool frequency And/or With change in stool consistency	Change in stool frequency Change in consistency Difficult stool passage Sense of incomplete evacuation Presence of mucus in stool

Symptoms must have seen present for >3 months [2]

INVESTIGATION:

Prime aim of investigations is to exclude organic bowel diseases.

- Stool examination for leucocytes, Parasites, ova, occult blood
- Sigmoidoscopy

- Barium enema
- Exclude lactase deficiency, hyperthyroidism and alcohol abuse [1].

HOMOEOPATHIC CONCEPT AND MANAGEMENT OF IBS:

Master Hahnemann has written in aphorism 215, mental diseases are one-sided diseases which affect the whole psychosomatic entity with increase in dysfunction of mind and disposition and decline in the corporeal symptoms. He classified mental diseases in four categories, the last category is psychosomatic type (aphorism 225) which are arising from prolonged emotional causes like anxiety, worry, vexation, and fear. IBS is a psychosomatic disease.

HOMOEOPATHIC TREATMENT OF PSYCHOSOMATIC DISEASES

- 1) Display of confidence
- 2) Sensible friendly exhortation
- 3) Consolatory arguments
- 4) Sensible advice

Anti-Psoric medicine should be given to prevent recurrence of disease [10]

Apart from this various Homoeopathic Medicines which can be used; out of those Argentum Nitricum has significant results.

ARGENTUM NITRICUM:

PHARMACY:

- Arg-n. Nitrate of silver. Lunar caustic. Trituration and solution.

- Historical dose: trituration and all potencies, third to thirtieth potency.
- Planets: moon, Jupiter

There is diarrhoea from emotions, worse immediately after eating and drinking. After emotions with flatulence. Watery, noisy, flatulent, green like chopped spinach and distention of abdomen, very offensive. Nervous diarrhoea after sugar candy. Stools shreddy, mucus turning green like chopped spinach. Constipation, worse every complaint, alternates with diarrhoea.” [11]

As stated by MASTER HAHNEMANN, “After he was commenced to eat, there occurs a severe aching from the abdomen towards the pubic region, painful distention in the abdomen which went off without discharge of flatulence, rumbling in the abdomen at the night and discharge from flatus, shooting cutting pain on both sides in the region of inguinal ring, pressing in the hypogastrium during the stool, which is moderately soft, frequent urging to stool in lower part of rectum and evacuation of a scanty stool, during the evacuation of a soft stool a painful urging in the hypogastrium, after dinner a soft stool which is very dry and sandy but is passed without difficulty.” [12]

As claimed by DR J T KENT, “Most gastric complaints are accompanied by belching. With all of this uncomfortable fart, the abdomen become bloated. Diarrhoea

with copious flatus. strings of membrane come with the stool. Stools of green, fetid mucus with noisy flatus at night”.[13]

According to J H CLARKE, “Stools green, noisy, flatulent, like flakes of spinach. Severe bearing down in hypogastrium, stool after excitement, constipation and dry faeces, fulness, heaviness, and distention with anxiety, cutting pains, pain in hypochondria.” [14]

As stated by DR. S R PHATAK, “This drug affects the mind causing neurotic effects. Flatulence; causing distention and bursting of abdomen. Diarrhoea; emotional; noisy aggravation Immediately after eating and drinking. Stools shreddy, mucus, turning green like chopped spinach. Nervous diarrhoea, constipation; aggravation Every complaint; alternates with diarrhoea.” [15]

As written by C. HERING, “Fear or thinking brings on diarrhoea, flatulent indigestion, loud rumbling, chronic diarrhoea of adults, diarrhoea after rich meal, as soon as he drinks, diarrhoea with very sensitive abdomen, constipation aggravates every complaint and alternates with diarrhoea, constipation; feces dry, stools of green, fetid, sour, mucus with noisy flatus at night, green, brown, bloody with tenesmus. Stool like spinach flakes, passed

forcibly with much flatus, belching and stool relieves pain.” [16]

IBS ASSESSMENT:

IBS severity measures were determined according to Irritable Bowel Syndrome Severity Score (IBSSS) according to **Almansa, et al, 2011,25** which includes items such as pain, abdominal distension, bowel dissatisfaction and interference with life, rated on a 0 to 500 scale. scale interpretation was 0-75 = remission, 76-175 = mild, 176-300 = moderate and >300 = severe [5].

THE MOST COMMON TREATMENT FOR IBS OTHER THAN HOMOEOPATHY:

- 1) Antidepressants and tranquilisers or anxiolytics may be required in the highly apprehensive patients (only in emergency cases).
- 2) Dietary advice: milk, spicy food needed to be restricted in those with diarrhoea, milk, legumes and cabbage in those with gas bloat and high fibre diets are most effective in patients with constipation
- 3) Anti diarrheal drugs in patients with diarrhoea predominant IBS and various laxatives for constipation predominant IBS (when needed) [17].

DIET CHART TO FOLLOW IN IBS [18]

WHAT TO TAKE	WHAT NOT TO TAKE
Grains: cereals made from whole wheat, rice, breads	Highly spicy, seasoned and fried food
Any food rich in high fibre	High fat containing food such as sweets, trans fats and saturated (solid) fats
Vegetables: green leafy vegetables like broccoli, spinach Orange vegetables like carrots and sweet potatoes	Avoid gas producing foods such as beans, cabbage, apples, bananas, grapes, nuts, resins etc.
Fruits: fruits containing vitamin A, C and potassium, fibre like oranges, peach, kiwi, pear	Milk and milk products in the patients with lactose intolerance like cheese and yogurt prepared from high fat milk
Fat free or 1 percent fat milk, fat reduced cheese and yogurt made with fat reduced milk	Avoid excess hot and cold beverages
Leaner cuts of meat can be taken such as round loin, sirloin beef, ham, tenderloin pork, chicken or turkey without skin	Avoid alcohol, tobacco and meat containing high fat

CONCLUSION:

IBS is associated with a significant decrease in quality of life and increased healthcare costs. Symptoms sometimes seem to be triggered by major life events or occur during times of considerable stress. Argemone nitricum is suitable for all these aspects of IBS for it prioritizes patient's subjective mental symptoms and aims to provide a personalized treatment for each individual patient.

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REFERENCES:

[1] Mathew K G; Aggarwal P; medicine prep manual for undergraduates; fourth edition; 2012; Elsevier-

Advison of Reed Elsevier India private limited; New Delhi; page no: 592-593

- [2] Owyang C; irritable bowel syndrome; Harrison T R; Harrison's principles of internal medicine; volume 1; 15th edition; 2001; MC graw hill medical publishing division; page no: 1692-1693
- [3] Walker B R; Colledge N R; Ralston S H; Penman I D; Davidson's principles and practice of medicine; 22nd edition; 2014; Churchill livingstone Elsevier; New York; page no: 907,9
- [4] Brenda ruth Martinez-islas, olivia oly medal; Evaluation of individualised treatment in patients with irritable bowel syndrome: a pilot study; Alternative therapies in health and medicine; March 2021; Page no: 27(S1).
- [5] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3042224/>

- [6] Sainani G; A.P.I textbook of medicine; sixth edition; 1999; association of India; Mumbai; page no:639
- [7] Regory S. Sayuk; C. Prakash Gyawali; irritable bowel syndrome: modern concept and management options; the American journal of medicine; February 28,2015; vol: 128; issue 8; page no: 817-827.
- [8] Thompson D G; functional bowel disease and irritable bowel syndrome; concise oxford textbook of medicine; 2000; oxford university press; inc.; New York; page no: 572-573
- [9] Manning AP; et al: towards a positive diagnosis of the irritable bowel syndrome; British medical journal; 2nd September 1978; page no: 653,654
- [10] Mondal T.C; spirit of the organon a treatise on organon of medicine; part 2; second revised edition; 2006; B. Jain publishers Pvt ltd; New Delhi; Page no:125,131,133
- [11] Murphy R MD; lotus Materia medica; 2nd revised edition; 2004; B. Jain publishers (P) Ltd; New Delhi; page no: 165-168
- [12] Samuel Hahnemann; Materia medica pura; vol-1; 2017; Indian books and periodicals publishers; New Delhi; page no: 82,83
- [13] Kent J T; lectures on homoeopathic Materia medica; Indian edition; 2017; Indian books and periodicals publishers; New Delhi; page no: 120
- [14] Clarke J; A dictionary of practical Materia medica new issue with additions in their volumes; vol-1; 36th impression; 2020; B.jain publishers (P) Ltd; U.P; page no: 161,166
- [15] Phatak S R; Materia medica of homoeopathic medicines; second edition revised and enlarged; 1999; B. Jain publishers (P) Ltd; New Delhi; page no: 73-76
- [16] Hering C M.D; The guiding symptoms of our homoeopathic materia medica; vol-1; 1974; B. Jain publishers Pvt ltd; New Delhi; page no: 513,522,524,525
- [17] Munjal Y; A.P.I textbook of medicine; ninth edition; 2012; The association of physicians of India; Mumbai; page no:822
- [18] Dawn burstall, T. Michael Vallis, Geoffrey K. Turnbull; IBS relief A complete approach to managing irritable bowel syndrome; 2006; John wiley and sons, inc.; Hoboken; New Jersey; Page no: 51-56