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Homoeopathic therapeutic for Amoebiasis

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Abstract

Amoebiasis is the second leading cause of death from parasitic disease worldwide. The causative protozoan parasite, *Entamoeba histolytica*, is a potent pathogen. It has been found that contaminated water may cause it as epidemic disease. Its prevalence rate may vary from 2% to 60% and may remain as endemic disease causing high levels of transmission and constant reinfection. Amoebiasis is very common infection in India, about 10% of total Indian

population may affects. It is found throughout the India and prevalence rate is about 15%. Homeopathic medicines treat amoebiasis by boosting the immune mechanism of the body. Homeopathic medicines treat amoebiasis very effectively. The selection of the homeopathic medicine that will suit a given case of amoebiasis requires a thorough analysis and evaluation in details.

Keywords: Amoebiasis, India, Homoeopathy

Introduction

Amoebiasis is the second leading cause of death from parasitic disease worldwide. The causative protozoan parasite, *Entamoeba histolytica*, is a potent pathogen. Secreting proteinases that dissolve host tissues, killing host cells on contact, and engulfing red blood cells, *E. histolytica* trophozoite invade the intestinal mucosa, causing amoebic colitis. In some cases amoebas breach the mucosal barrier and travel through the portal circulation to the liver, where they cause abscesses consisting of a few *E. histolytica* trophozoite surrounding dead and dying hepatocytes and liquefied cellular debris. Amoebic liver abscesses grow inexorably and, at one time, were almost always fatal, but now even large abscesses can be cured by one dose of antibiotic. Evidence that what we thought was a single species based on morphology is, in fact, two genetically distinct species--now termed *Entamoeba histolytica* (the pathogen) and *Entamoeba dispar* (a commensal)--has turned conventional wisdom about the epidemiology and diagnosis of amoebiasis upside down. New models of disease have linked *E. histolytica* induction of intestinal inflammation and hepatocytes programmed cell death to the pathogenesis of amoebic colitis and amoebic liver abscess.

Intestinal amoebae are protozoa of which there are three main species; *Entamoeba histolytica*, *E. dispar* and *E. moshkovskii*, which are morphologically identical. Intestinal disease (amoebiasis) is primarily caused by *E. histolytica*. *E. dispar* is generally considered non-pathogenic and the pathogenicity of *E. moshkovskii* is uncertain.

It is a very common worldwide gastro intestinal tract infection causing major health problem especially in China, Latin America, South Asia, East Asia and Mexico. After epidemiological study it has been found that about 50 million people throughout the world carrying *Entamoeba histolytica* in their intestinal tract and about 10% of people may develop invasive amoebiasis carrying substantial morbidity and mortality. It has been found that contaminated water may cause it as epidemic disease. Its prevalence rate may vary from 2% to 60% and may remain as endemic disease causing high levels of transmission and constant reinfection. Amoebiasis is very common infection in India, about 10% of total Indian population may affects. It is found throughout the India and prevalence rate is about 15%.

Most infections are asymptomatic but clinical manifestations include dysentery and extra-intestinal disease. Worldwide *E. histolytica* and *E. dispar* infect approximately 500 million people, although the majority of people previously thought to be infected with *E. histolytica* actually carry the non-pathogenic *E. dispar*. There are around 100,000 deaths per year due to *E. histolytica*.

Homeopathic medicines treat amoebiasis by boosting the immune mechanism of the body. Homeopathic medicines treat amoebiasis very effectively. The selection of the homeopathic medicine that will suit a given case of amoebiasis requires a thorough analysis and evaluation in details. The homeopathic remedies (medicines) given below indicate the therapeutic affinity but this is not a complete and definite guide to the homeopathy treatment of this condition.

The symptoms listed against each homeopathic remedy may not be directly related to this disease because in homeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy

Definition: World Health Organization defined amoebiasis as “the condition of harbouring the protozoan parasite *Entamoeba histolytica* with or without clinical manifestation”.

Types: Less than 10% people may develop symptoms of amoebiasis after infection. As per symptoms it is divided into two groups:

Intestinal: Invasive amoebiasis may develop among a very small percentage people who are having intestinal infection. In this type infected person may develop abdominal discomfort, diarrhea and acute dysentery.

Extra intestinal: In this type generally liver, lung, brain, skin, spleen etc, is involved causing like liver abscess etc.

Epidemiological study

Agent factors

Agent: *Entamoeba histolytica* is the causative organism of amoebiasis. Generally vegetative (trophozoite) and cystic forms of *E. histolytica* are found in human intestine. Trophozoites are dwelling in the colon and they multiply and encysted in the colon. The cyst are coming out side of our body through stool and it get entry into our body through ingestion of contaminated food and cyst releases trophozoite which colonize in the large intestine causing ulceration in the caecum, ascending colon, rectum and sigmoid colon. Some trophozoite may enter into vein and may reach into the liver and other organs.

The trophozoite cannot survive for long period outside the human body. Generally cyst can infect to man and can survive for several days in the faeces, sewage, water and soil in the presence of moisture and in low temperature. Cyst cannot be killed by chlorination during purification of water; it can be killed if it is dried or heating by 55 degree C or if it is frozen.

Reservoir of infection: Human being is the only reservoir of infection. The source of infection is faeces containing cyst. Most of the infected person may remain asymptomatic and as healthy carrier of *E. histolytica*. People those who are healthy carrier and engaged with preparation and handling of food they act as a great risk.

Period of communicability: Period of communicability may for multiple years if the cases are untreated and undiagnosed.

Host factors. Amoebiasis is considered as household infection. It may occur at any age and sex. No racial involvement in relation of disease occurrence is found. If a member of a family is infected others member may be infected. Only cell mediated immunity can play an important role in controlling the recurrence of invasive amoebiasis.

Environmental factors: It has been found that those people who are closely related with poor sanitation and poor socio-economic status they are more prone to suffer from amoebiasis. The climate has less importance in the occurrence of amoebiasis. Using night soil in agricultural purposes favours the spread of amoebiasis. The risk is higher in rainy season. Safe water supply can reduce the occurrence of amoebiasis.

Mode of transmission

Faecal- Oral route – Amoebiasis may be transmitted through faecal- oral route through intake of contaminated food or water. Cysts may present in the hands and under the finger nails and it may leads to direct transmission from hand to mouth.

Sexual transmission: It has been found that among male homosexuals it may be transmitted through oral – rectal contact.

Vectors: It has been found that vectors like cockroaches, rodents and flies can carry viable cysts and are able to contaminate foods and drinks.

Incubation period: Incubation period may be 2 to 4 weeks or more.

Pathogenesis: *Entamoeba histolytica* is generally transmitted through viable cysts contaminated foods and water. It passes through three successful stages :-

1. Trophozoite i.e. growing stage.
2. Pre cystic stage.
3. Cystic stage.

After ingestion of cysts it goes through the stomach to the small intestine. The cyst wall is resistant to the action of the gastric juice but it digested by the action of trypsin in intestine. Due to occurrence of extrypsin in the lower part of ileum each cyst liberates a single amoeba nucleus and produces eight trophozoite. It affects first caecum and produces characteristic lesion of amoebiasis.

Pathology: The following pathology may produced due to amoebiasis:-

Primary or Intestinal lesion: Generally trophozoite gets entry through the crypts of Lieberkühn and by amoeboid activity it penetrates directly the columnar epithelium and dissolved intestinal epithelial cells with proteolytic ferment. Gradually they destroy the submucus layer and forms colonies and developed ulcers.

Secondary or Metastatic ulcer: It generally appears in liver, brain and lungs. Granulomatous ulceration and mass stimulating an epithelioma may be seen in the peri anal region.

Complications: The following complications may be found due to amoebiasis

- Hemorrhage.
- Local peritonitis.
- Perforation.
- General peritonitis.
- Pericaecal and pericolic abscess.
- Fibrous stricture.
- Intestinal obstruction.
- Amoeboma.
- Sloughing and gangrene of the large gut.

Clinical features

It may be described into two head i.e, Acute Amoebic dysentery and Chronic Amoebic dysentery.

- Acute Amoebic dysentery:

- Cramping pain in abdomen.
- Onset is abrupt with high fever,
- Bloody diarrhea.
- Severe tenesmus.
- Ulceration of rectum.
- Perforation may be present.

Chronic Amoebic dysentery

- Onset is gradual.
- Intermittent diarrhea.
- Foul smelling stool.
- Abdominal pain.
- Blood stained stool.
- Lasting for many weeks or months.

Prevention and control of Amoebiasis

We can discuss about the prevention and control of amoebiasis by Primary prevention and Secondary prevention.

Primary prevention

The main objective of this is to prevent contamination of water, food, vegetables and fruits with human faeces.

Sanitation:

- To ensure the safe disposal of human excreta.
- Washing hands after defecations.
- Washing hands before eating.
- To ensure good sanitary system.
- To ensure the healthy customs and practices of the general populations.

Water supply

To ensure the supply of safe water to the population for drinking as well as domestic uses. Amoebic cyst cannot be killed by chlorination but sand filters can remove amoebic cysts.

Food hygiene

We have to ensure prevention method from contamination of food and drinks with human faeces. We can disinfect green vegetables and fruits with the solution of 5-10 per cent acetic acid or full strength vinegar. Food handlers should be examined treated, educated periodically about food hygiene practices.

Health education

Health education of the general people as well as school children can give us long term benefit.

Secondary prevention

Early diagnosis

- Early diagnosis is very important for the prevention of amoebiasis.
- We may take the help of laboratory as trophozoite containing red cell is diagnostic.
- Microscopy should be done before its cooling.
- Absence of pus cell in the stool may help us.
- Serological test is often negative in intestinal amoebiasis.
- Indirect haemagglutination test(IHA) is considered as sensitive test.
- ELISA technique we may use.
- Counter immune- electrophoresis (CIE) is helpful for early diagnosis.

Treatment: Early treatment always helps us for prevention

and control of any diseases as well as suffering of the affected people. There are so effective homoeopathic medicines are there we can use them as per direction of the Dr C.F.S. Hahnemann.

Homoeopathic Management

Aloe Soc

Aggravation by acids; shooting or boring pains in the region of the navel, increased by pressure; the lower part of the abdomen swollen and sensitive to pressure; the distention and movements in the abdomen are more in the left side and along the track of the colon, increased after food; fainting whilst at stool or after; frequent stools of bloody water; bloody, jellylike mucus; involuntary while passing flatus; great repugnance to fresh air which, notwithstanding, ameliorates the suffering; hunger during the stool; cutting and pinching pains in the rectum and loins, heaviness, weariness and numbness in the thighs; with the stools escape large quantities of flatus; when urinating urging to stool; sickness of stomach and great prostration; constant headache and some nausea; dryness of the mouth; thirst; discharge of a few drops of foul-smelling, bloody mucus, with violent tenesmus, which may continue after the dysentery.

Alstonia Const

Dysentery complicated with symptoms of malaria or caused by drinking swamp-water impregnated with decaying vegetable matter.

Cistus canadensis

Chronic dysentery; desire for acid food and fruit, but they cause pain and cold feeling in stomach, with increase of stools

Cornus circinata

Dysentery with inactivity of the liver; stools dark, bilious, very offensive, bearing down pains in rectum and bowels, with urgent desire to go to stool; ulceration of mucous membrane of rectum.

Cubeba officinalis

Discharges colorless, transparent mucus mixed with bright blood and plentifully interspersed with shining white bodies the shape of rice kernels; before stool severe gripping in bowels with backache, during stool the same urging to stool and to micturate, after stool long-lasting tenesmus, followed by relief of pains, except heavy, dull pain in back and bowels; tongue flabby, white, furred; throat dry, little thirst; aggr. from food or drink.

Dioscorea villosa

Just before and during stool severe pain in sacral region and bowels, of a writhing drawing character; the pains radiate upward and downward, until the whole body and extremities, even the fingers and toes, become involved with spasms, eliciting shrieks from the patient; spasmodic pains in the bowels, with unusually severe tenesmus; stools like albumen, but lumpy, with straining and burning in rectum, and sensation as if the faeces were hot; during the stool nearly fainting.

Erigeron canadense

Dysentery, with burning in any part of the alimentary canal. Extreme tenesmus, with frequent small stools, streaked with

blood, or bloody, and great irritation of the urinary organs; urination painful or suppressed.

Gambogia (gummi gutt.)

Chill and pain in back; bitter taste in the mouth; burning of the tongue; soreness all over; watery stools attended with colic or green mixed mucus, with burning tenesmus and prolapsus ani; offensive, frequent and copious stools, coming out all at once, giving great relief (Thromb., no relief).

Leptandra virginica

Black, tarry, bilious, undigested stools, followed by great distress in the liver; mushy, with weak feeling in bowels; of mixed mucus, flocculent and watery, with yellow bile and blood; stools of pure blood; pain in bowels after stool, but no tenesmus, aggr. Morning, as soon as he moves.

Lyssinum (hydrophobium).

Tenesmus during and after stool, renewed as soon as he hears or sees the water run; stools aggr. at night, consisting of bloody mucus, followed by terrible pain in rectum and small of back, which forces the patient to walk about in spite of great weakness.

Opuntia vulgaris

Excoriating sick feeling in lower part of abdomen, with sensation as if all the bowels settled down in lower part of abdomen; bowels move oftener than natural with urgent desire for stool.

Trombidium muscae domesticae

Abdominal pains begin while eating, are not relieved by stools, which are unceasing, occurring every half-hour, accompanied by tenesmus; flatus give no relief; brown fluid stools, with or e2colic, causing the patient to scream; prolapsus ani; skin dry, tongue coated, thirst moderate.

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