

In the name of GOD

Case report

IBD

History

- Age: 9-10 y
- BMI: W: 36.6 kg, H: 142 cm
- PMH: HSP, Aphthous stomatitis
- FH: IBD(father)

History

- Symptoms:
 - Rectorrhagia/ dysentery (esfand 99), aphthous stomatitis, perforation & sepsis, Ileostomy, anemia, thrombocytopenia, COVID
 - obstruction: mint+rosewater+plantago major 2/D + Chamomile & damask rose
 - Abdominal Pain improved with massage (chamomile oil)
 - Exacerbation & relief:?

History

- **Diagnosis: IBD**
- **Treatment: infliximab**
- **Drug history: C.s, mesalover, azaram, Packed cell, plt, AB**

Mizaj

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- Body composition: normal
 - Skin color : **pale** + darkness
 - Hair condition :from curly to straight
 - Physic: normal
 - palpation: **cold & dry (cold liver, stomach, intestine was warm)**
 - Function: **↑ sense, tendency to slow movement**
 - Waste matter: **↑↓ stool volume, incomplete defecation**
 - Hot, cold, wet, dry impressibility : hot weather
 - Psych: **introverted, sensitive**
 - Sleep and wakefulness: non maintenance because of night time defecation, night owl(11-12)-8am, Duration:8 h

Life style

- Nutrition & drink: favourite (**sour, sweet, salty** taste)
- Body movement & repose: **used to swim a lot (1.5 y), now just walking**
- Sleep and wakefulness: 8 h without delay onset
- Evacuation and retention: **defecation frequency**
- Psychological and mental reactions: **introverted, sensitive**

skin

- Pruritis: non
- **Hyperpigmentation** due to c.s consumption
- Urticaria : non

GI

- Defecation frequency with $\uparrow\downarrow$ stool volume, incomplete defecation
- Thirst+
- Hunger normal
- Appetite: sour, sweat, salty , watery food
- Diet: dairy free (except for yogurt drink), walnut, viscous food (HALIM)

- She used to have too much glaze
- Abdominal Pain, distention, rumble, eructation, impressibility: non

skull

- Rhinitis, sinusitis, PND
- Sleep
- Function: normal with tendency to slowness
 - Sensory:
 - Motor

Physical exam

- Pulse: **weak, tachycardia, low altitude**
- Tongue: **narrow red**
- Urine: high volume
- Sweat: normal
- Musculoskeletal

Differential diagnosis

- Weakness : pulse
- Viscous phlegm(thirst, favorite taste, incomplete defecation, dry skin, hard to digest food in diet)
- Combusted black bile: dry skin, hot palpation of intestine, introverted & sensitive, thin stiff pulse, tendency to eat watery food

IBD

- Cause: interaction between **genetic** and **environmental** factors which influence the **immune** responses, **dysbiosis** between protective and harmful bacteria
- Symptoms: **digestive** disorders and **inflammation** in the gastrointestinal tract, part of the intestine is destroyed
 - diarrhea, abdominal pain, rectal bleeding, and weight loss
- CD: 15-35 years, large intestine, stomach, esophagus, or even mouth, bleeding in **severe** cases, **folate and vitamin D deficiency**, cause problem for skin and biliary stones, severe **infections**
- UC: **mucosal** layer the rectum and the intestine, malabsorption, malnutrition, **blood in stool**, **severe pain**, and diarrhea, **iron** deficiency, associated with **osteoporosis** and possibly **colon cancer** if it lasts over 8–10 years

IBD: nutrition & lifestyle

- Results showed that **foods do not cause the disease, but some foods worsen** the symptoms. Some of the most common foods that **worsen** the symptoms include alcohol, coffee, soft drinks, **spicy** foods, beans, **fatty** foods, nuts, seeds, unrefined fruits and vegetables, **red meat**, and **dairy** products.
- **frozen foods**(enzymatic activity of psychotropics in refrigerators can contribute to IBD), **sugar**
- Fish oil
- learning stress management techniques can help improve IBD

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Treatment

- Clinical treatment and improvement of the individual's clinical condition
- Reducing the clinical side effects of the patient
- Improving the quality of life
- Reducing the drug poisoning
- Nutritional support
- Restricting the patient's need for admission or surgery

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First step is **pharmaceutical**

corticosteroids,
aminosalicylates(Sulfasalazine),
antibiotics(amoxicillin, ciprofloxacin, metronidazole, and azithromycin), living
microorganisms (probiotics) on the reduction of bowel wall inflammation,
supportive medications and
immunosuppressive, Methotrexate can also be used in patients who cannot
tolerate azathioprine and mercaptopurine,
Mesalamine as a nonsteroidal anti-inflammatory

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Table 1:

Treatment proposed by Mesuri et al. (1994) for ulcerative colitis

Mild to moderate

Distal colitis Oral or rectal aminosaliclates (suppository), rectal corticosteroid

Extensive colitis Oral aminosaliclates

Medium to severe

Distal colitis Oral corticosteroid, rectal corticosteroid

Extensive colitis Oral corticosteroid

Chronic or critical

Extensive colitis Intensive corticosteroid colitis, intravenous cyclosporins

Recovery

Distal colitis Oral or rectal aminosaliclates, oral azathioprine or mercaptopurine

Extensive colitis Oral aminosaliclates, oral azathioprine or mercaptopurine

Diagnosis

Intestinal diarrhea :enterorrhea: zosantaria

- Vascular
 - treatment venesection, astringent
- Ulcer: intestinal abrasion : pain
 - Choleric
 - Phlegmatic(salty or viscose)
 - Combusted black bile
 - Dry stool
 - Toxic Drug :zarnikh
 - Laxative

Ulcer: intestinal abrasion : pain

- Choleric(1-2w) : choleric diarrhea, pain (**sever** pain above navel (**poor prognosis**) or moderate pain under the navel)→ perforation & death
- Phlegmatic(salty or viscose)(1m): usually post PND: mucus defecation, distention, rumble, pain without inflammation
- Combusted black bile(40 d): ongoing cramp, dark stool(purple), agitation(کرب), **sever** pain & faint, **poor prognosis**
- Dry stool: constipation & eating astringents in advance
- Drug :zarnikh
- Hot Laxative:4d): **good** prognosis

Choleric treatment

nutrition(prohibition of meat unless small birds),?

Anti inflammatory: barley soup, coriander, barberry, sour grape, **Sour paste**, plum,

GI(stomach) and main organs tonifying

- Cause eradication

- Downfall eradication of yellow bile: sour paste(sour grape, pomegranate),
?phytole farateb(Tamarindus indica, Prunus domestica L, Prunus spinosa L, Cordia myxa, Ziziphus jujuba)
- Main organ cleansing & tonifying:
?golghand(combustion excretion: anti inflammatory)

- Ulcer treatment: orally or enema:

- Maghliasa (Plantago ovata , (تخم مرو), basil seed, Plantago major seed, Arabic gum, poppy seed, portulaca & starch)/ Rheum officinale
- **Cold mucilage?**(Plantago major),
- **Moghri(viscous):** starch, Arabic gum
- Pain relief: Plantago ovata , (تخم مرو), basil seed, Plantago major seed+ hot water+ rose oil

Phlegmatic(salty or viscose) Treatment

- Cause eradication:
 - Downfall eradication of phlegm & phlegm excretion
- Ulcer treatment: (مغرى ليين): Basil seed, Plantago major seed, Terminalia chebolic(black), enema(astringent)

Melancholic Treatment

- Nutrition: prohibition of thick , hard to digest food, sour taste/ food restriction
- Cause eradication: Downfall eradication of black bile & black bile excretion & spleen tonifying (fig, caper)
- Ulcer treatment (تخم لين مناسب)/ enema (starch+ Arabic gum+ dragon blood,,)

Dry stool Treatment

- Gliding medication(مزلق): laxative & pain relief: Plantago ovata,, viola odorata, quince seed
- **Prohibition of astringents** unless after gut feces removal

Toxic drug Treatment

zarnikh

- Emesis
- Pain relief and laxative: milk, starch

Hot Laxative Treatment

- Cold viscous: Maghliasa, sour yogurt drink

References

- Teb-e-Akbari
- Review article (IBD)

Thank you for your attention
