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*Research Article*

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# Ulcerative Colitis: A Bioregulatory Systems Medicine Approach, Case Report

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**ABSTRACT**

Ulcerative colitis (UC) is a chronic inflammatory disease of the large intestine, characterized by ongoing mucosal inflammation beginning in the rectum and extending proximally [1]. The incidence of UC is increasing globally, with a peak onset between 15 and 30 years of age [2]. Diagnosis is based on a combination of clinical, biological, endoscopic, and histological findings. Typical symptoms include bloody diarrhea, abdominal pain, fecal urgency, and tenesmus. Endoscopy reveals ongoing colonic inflammation, and biopsies confirm chronic inflammation. Fecal calprotectin is useful for assessing disease activity and relapses [3]. Treatment aims to induce and maintain remission. For mild to moderate UC, 5-aminosalicylates are the first-line treatment. In moderate to severe cases, corticosteroids are used to induce remission, followed by biologic agents. Proctocolectomy is considered in refractory cases or in cases with high-grade dysplasia. [4]. UC is associated with an increased risk of colorectal cancer, especially after 20 years of disease. Regular surveillance with colonoscopies is crucial for the early detection of dysplasia [5].

This article presents a case report of a 27-year-old patient diagnosed with ulcerative colitis 10 years ago, who presented with symptoms of rectal bleeding and diarrhea and was non-adherent to oral drug treatment due to intolerance. We will analyze the clinical presentation and diagnostic approach, as well as the integration of traditional medicine with bioregulatory techniques, highlighting the importance of comprehensive and personalized care in the management of this pathology, with the goal of restoring balance to the system and improving the patient's quality of life.

This article presents a case report of a 27-year-old patient diagnosed with ulcerative colitis 10 years ago, who presents with symptoms of rectal bleeding and diarrhea, and is non-adherent to oral pharmacological treatment due to intolerance. We will analyze her clinical presentation and diagnostic approach, as well as the integration of traditional medicine with bioregulatory techniques, highlighting the importance of comprehensive and personalized care in managing this condition, restoring stem balance and improving patient quality of life.

Introduction

Ulcerative colitis is a chronic inflammatory bowel disease (IBD) characterized by inflammation and ulceration of the colonic mucosa, resulting in symptoms such as bloody diarrhea, abdominal pain, and urgent bowel movements. This condition significantly affects patients' quality of life and can lead to serious complications if not managed properly. Worldwide, the prevalence of ulcerative colitis ranges between 5 and 50 per 100,000 inhabitants, being more common in developed regions [6]. In Colombia, although epidemiological information is limited, an increase in the incidence of inflammatory bowel diseases has been documented, reflecting worrying global trends [7].

The diagnosis of ulcerative colitis is based on standardized scales such as the Montreal classification and the Truelove-Witts scale. The Montreal classification categorizes patients based on disease severity (Table 1) and extent (Table 2), with classifications ranging from E1 to E3, and classifications assessing disease extent from proctitis to complete colitis [8]. The Truelove-Witts scale (Table 3) classifies disease activity as mild, moderate, or severe, based on clinical criteria such as stool

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frequency (less than 4 stools per day in mild cases, 4-6 stools per day in moderate cases, and more than 6 stools per day in severe cases), the presence of blood in the stool, and the patient's general condition [9].

Conventional treatment for ulcerative colitis includes anti-inflammatory medications such as mesalamine, corticosteroids (prednisone), and immunosuppressants such as azathioprine and mercaptopurine [10]. However, many patients face side effects and limitations in the effectiveness of these treatments, leading to the search for therapeutic alternatives.

Bioregulatory medicine focuses on the regulation of the body's biological processes, seeking to restore homeostasis and promote overall health. Within this context, Traumeel is a homeopathic medicine that combines multiple plant extracts and natural compounds, known for its anti-inflammatory and analgesic properties. It has been proposed that Traumeel acts by modulating the immune response and reducing inflammation at the cellular level, which could be beneficial for patients with ulcerative colitis [11].

Despite promising results in preliminary studies, there are therapeutic gaps in the literature regarding the efficacy and safety of Traumeel in the management of ulcerative colitis, underscoring the need for more extensive research. This article presents a clinical case documenting the use of Traumeel in a patient diagnosed with ulcerative colitis, analyzing its effects on symptoms and quality of life.

**Timeline**

| |
|---|
| 2024-06-20 Fiesta visita, in chica té paciente las diagnosis with mild ulcerative colitis (S1) according to the Montreal Classification. Therapeutic management was initiated based on lifestyle changes, bioregulatory medicine, and pharmacological therapy. Fecal calprotectin was 435 µg/g. |
| 2024-08-05 Follow-up visit, in which an improvement in the severity of the colitis was observed, classifying it as clinical remission (S0). Good adherence to the established therapy, which was indicated for continuation. |
| 2024-09-15 Third visit, the patient continued in clinical remission. Treatment was reinforced with vitamin C intravenous therapy, highlighting its antioxidant effect. Fecal calprotectin decreased to 40 µg/g. |

**Narrative**

**First Consultation**

April 21, 2024

**Patient Information**

Age: 27 years

Sex: Female

Personal History: No significant history. Disease Course: 10 years of ulcerative colitis. Consultation History: Multiple visits for bleeding and diarrhea.

**Clinical History**

Colonoscopy (April 2024): Diagnosis: Moderate ulcerative proctitis. Biopsy: Chronic colitis (Figure 4).

Additional Tests (April 2024):

**Co Program**

Positive occult blood, no parasites

Clostridium toxin A and B: Positive

Fecal calprotectin: 435 µg/g

Family History: Negative for inflammatory bowel disease (IBD) and colon cancer.

**Symptoms**

Stool Frequency: 2 to 3 stools per day

Stool Characteristics: Bloody and mucus-tinged, white consistency

**Previous Treatment**

Oral mesalazine and enemas, with poor adherence due to intolerance.

**Physical Examination**

General Condition: Hydrated and Pink Mucous Membranes.

Enlarged lymph nodes: None present.

Cardiopulmonary Examination: No abnormal findings.

Abdomen: With increased peristalsis, soft, depressible, slightly painful on deep palpation (digital rectal examination was not performed).

Genitourinary: Not evaluated. Extremities: Symmetrical, without edema. Reflexes: Preserved.

**Therapeutic Proposal**

The patient is guided through interventions to help manage stress, associated with a diet low in complex carbohydrates and saturated fats, avoiding ultra-processed foods and sugars, and increasing consumption of anti-inflammatory foods.

**The importance of performing at least 150 minutes of physical activity per week is also emphasized.**

Kyodophillus Adult is started: 1 capsule twice daily with meals as a strategy to modulate the intestinal microbiota and improve intestinal barrier function, thereby seeking to reduce inflammation and improve intestinal barrier integrity, which is crucial in the management of UC. Concomitant with this treatment, Detox Pro (hepeel, reen-heel, lymphomyosot) + Traumeel is started for 3 months, 1 sublingual tablet 3 times a day each, seeking to detoxify the body and strengthen the immune system.This management is complemented by treatment with metronidazole 500 mg every 8 hours for 1 week to eradicate Clostridium, and mesalamine: 500 mg rectal suppository every 12 hours until the next follow-up.

**Considerations on the Use of Probiotics**

Bioregulatory systems medicine (BrSM) considers the use of probiotics in ulcerative colitis (UC) as a strategy to modulate the intestinal microbiota and improve intestinal barrier function [12]. These can influence microbiota composition, reduce inflammation, and improve intestinal barrier integrity, which is crucial in the management of UC. According to the medical

literature, probiotics such as VSL 3 and Escherichia coli Nissle 1917 have shown efficacy in the treatment of active UC and in maintenance therapy (Huang C, 2023). However, these are not registered with the National Institute of Violence and Infectious Diseases (INVIMA), so they were not used. The decision was made to use Kyodophillus Adult, considering that probiotics can improve intestinal barrier function and immune response, promote the secretion of anti-inflammatory cytokines and reduce pro-inflammatory cytokines. [13, 14].

**Considerations on the Use of Detox Pro and Traumeel**
The use of DETOX PRO in the management of ulcerative colitis is based on its focus on detoxification and improving the patient's general condition. DETOX PRO typically contains components that aid in the elimination of toxins and the regulation of the immune system, which is crucial in patients with IBD [15].

On the other hand, Traumeel is a homeopathic medicine that combines various plant extracts and natural compounds, known for its anti-inflammatory and analgesic properties. It has been proposed that Traumeel may act by modulating the immune response and reducing inflammation at the cellular level, which could be beneficial in the context of ulcerative colitis [11, 16].

Both treatments can offer a complementary approach to improving patient quality of life and managing symptoms associated with ulcerative colitis, especially in that intolerant to conventional treatments. However, it is essential to carefully monitor the patient's progress and evaluate the individual effects of each intervention.

**Second Consultation**
August 6, 2024

**Symptoms**
Stool Frequency: 1-2 stools per day
Stool Characteristics: No traces of blood or mucus

**Therapeutic Suggestion**
Continue adherence to lifestyle changes, continued management with probiotics and detox-PRO + Traumeel, and adjusted the dosage of mesalazine 500 mg rectal suppository every 24 hours for up to 2 months. A follow-up with calprotectin is requested 3 months after starting treatment to assess remission of UC, and Clostridium toxin A and B to confirm eradication of the bacteria.

**Third Consultation**
September 19, 2024

**Symptoms**
Stool Frequency: 2 stools per day
Stool Characteristics: No traces of blood or mucus

**Follow-up Tests**
Clostridium Toxin A and B: Negative
Fecal Calprotectin: 40 µg/g

**Therapeutic Proposal**
In the consultation, a vitamin C intravenous therapy application was performed at a dose of 10 g diluted in 250 cc of 0.9% NNS for its antioxidant properties. The patient was scheduled for a follow-up visit in a month for further applications.

**Considerations on the Use of Vitamin C**
Vitamin C is known for its antioxidant properties. A study showed that intraperitoneal administration of high doses of vitamin C can improve ulcerative colitis by reducing blood levels of interleukin-6, tumor necrosis factor-α, hydrogen peroxide, and iron [17]. Another study suggests that vitamin C insufficiency may exacerbate colitis, while supplementation could have a preventative effect by regulating cytokine production and inflammation. [18]. Despite these promising preclinical findings, clinical research on the use of vitamin C in inflammatory bowel diseases, such as ulcerative colitis, is still in its early stages. Further studies are needed to determine effective and safe doses, as well as the mechanisms of action in humans. [19].

**Diagnostic**

| Type | Value | Unit |
|---|---|---|
| 2024-04-09 | | |
| FC (fecal cal protección) | 435 | µg/g |
| 2024-09-16 | | |
| FC (fecal cal protección)) | 40 | µg/g |

**Discussión**
This clinical case highlights the use of Traumeel in the management of a patient with ulcerative colitis, who showed significant clinical improvement, with decreased bleeding, a reduction in the number of bowel movements, and relief of tenesmus. However, it is crucial to recognize the limitations of this report. Despite the observed improvement, the patient continued receiving conventional treatment, including mesalamine suppositories, which complicates attributing the improvement solely to Traumeel. This confusion is a common phenomenon in complementary treatment research, where the interaction of multiple interventions can make it difficult to assess their efficacy in isolation [20].

Current literature indicates that mesalamine, a 5-aminosalicylic acid, is a first-line treatment for ulcerative colitis due to its ability to reduce inflammation in the intestinal mucosa [21]. The fact that the patient started using mesalamine suppositories during the same observation period introduces a variable that must be considered when evaluating the impact of Traumeel. The improvement in symptoms could be a result of the synergistic action of both treatments, highlighting the need for more controlled studies to establish the effectiveness of complementary treatments such as Traumeel in this context.

Furthermore, it is important to mention that bioregulatory medicine, of which Traumeel is an example, is based on principles that seek to modulate the immune response and improve the body's biological regulation [11]. Although some studies have suggested benefits in the use of homeopathic treatments for inflammatory diseases, the scientific evidence is still limited and frequently questioned [22]. This implies that, despite the positive results in the case presented, further research is needed to validate the effectiveness of Traumeel in ulcerative colitis.

**Conclusion**

The combined treatment of bioregulatory medicine, probiotics, and traditional pharmacology showed a significant reduction in the frequency and severity of ulcerative colitis flares, improving the patient's quality of life. However, the combined treatment with oral metronidazole and mesalazine suppositories makes it difficult to establish a direct causal relationship between bioregulatory management and the patient's clinical outcome.

In this case, the use of probiotics, Detox Pro, and Traumeel in the management of ulcerative colitis offers an interesting perspective on complementary approaches to the treatment of this inflammatory bowel disease. Probiotics have been shown to be beneficial in restoring intestinal microbial balance and may contribute to reducing inflammation and flare frequency. Detox Pro, although lacking strong evidence of its specific efficacy for ulcerative colitis, may offer additional support in terms of digestive well-being and detoxification. Meanwhile, Traumeel, with its anti-inflammatory properties, may help mitigate symptoms associated with the disease [23-29].

As previously highlighted, it is crucial to recognize the limitations of this report and emphasize that these approaches should be considered complementary to conventional treatments, not as substitutes. Each patient responds differently, highlighting the importance of an individualized and multidisciplinary approach to the management of ulcerative colitis.

In conclusion, although the patient experienced notable clinical improvement, the difficulty in isolating the effect of Traumeel due to concomitant treatment with mesalazine limits the interpretation of the results. This case underscores the importance of conducting randomized, controlled studies to more accurately assess the efficacy of complementary therapies in the management of complex diseases such as ulcerative colitis.

**Tabla 1: Clasificacion de Montreal. Severidad de la colitis ulcerativa**

| Severidad | Definicion |
|---|---|
| **S0** Remision clinica | Asintomatico |
| **S1** Leve | <4 deposiciones/dia, VSG normal |
| **S2** Moderada | 4-6 deposiciones/dia, toxicidad leve |
| **S3** Severa | >6 deposiciones/dia, con sangre<br>FC >90 por minuto, T° >37.5°<br>Hb <10.5 g/dL, VSG >30 mm/hora |

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