TREATMENT IN GENERAL PRACTICE

This article is one of a series on the management of some diseases of the digestive system met with in general practice.

SPASM OF THE COLON AND MUCO-MEMBRANOUS COLIC

BY

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Spasm of the colon and muco-membranous colic are functional disorders, similar in kind, differing only in degree. They depend fundamentally on an increased excitability of the neuro-muscular mechanism, which disturbs the motor, and to a lesser extent the secretory, functions of the colon. The motor disturbance takes the form of a contraction or tonic hardening of the colon in whole or in part, and leads to constipation of the spastic type or, less commonly, to an alternation of constipation and diarrhoea. Locally there is pain and tenderness referred to one or more areas of the colon, which may be palpated as a firm, contracted, and sometimes tender rod. Reflex dyspepsia is often present from an accompanying pylorospasm. Muco-membranous colic is due to a severe degree of spasm of the colon associated with the passage of large amounts of mucus, either uncoagulated or in the form of shreds or casts. Mucus is to be regarded merely as a protective secretion, and the response on the part of the colon to prolonged irritation. By itself it does not denote inflammatory changes, which are very unusual in these functional conditions. In mild cases mucus is frequently absent. Spasm of the colon and muco-membranous colic are therefore disorders of the same type, having a common aetiology and yielding to similar lines of treatment.

It is noteworthy that since the war muco-membranous colic has become a rare condition, while milder cases of spasm of the colon seem to be on the increase, and account for about a quarter of all cases with chronic abdominal complaints of a medical nature. The sex incidence shows a preponderance of females, varying with different observers, and early middle age seems to be the period of greatest prevalence. It is exceptional to meet with a patient under 20 or over 60 years suffering from colonic dysfunction.

Aetiology

Some acquaintance with the main aetiological factors of spasm of the colon is essential if treatment is to deal with the primary causes as well as with the local symptoms for which the patient seeks advice. No consideration will be given here to organic diseases of the colon such as cancer, dysentery, and non-specific colitis, which of necessity disturb function; nor to toxic causes such as lead poisoning; nor to those reflex causes of spasm of the colon from disease of the gall-bladder, appendix, and pelvic organs, except to emphasize the difficulties of diagnosis and the need for definite evidence before resorting to surgery. Infections which lower the general health, such as influenza, and upper respiratory disorders, are occasionally met with in the histories of patients suffering from spasm of the colon, but in the great majority an abnormally excitable nervous system, especially in its autonomic function, renders the colon a prey to diverse influences. Emotional instability is frequently prominent, and patients tend to be depressed, introspective, and even hypochondriacal. Such symptoms

may be the result of spasm of the colon, but in most cases an unstable nervous system, inherited or acquired, is the most important predisposing factor.

Certain physiological and psychological types can often be recognized, notably the spare, lean type of individual, wiry of build, dark and sallow in complexion, with his anxieties and perplexities engraved on his features. In such a soil a number of different factors will affect the nervous and muscular co-ordination essential to visceral harmony. The most important of these are chronic constipation and the abuse of purgatives, unsuitable food, carbohydrate indigestion, allergic reactions, fatigue, cold winds, and tobacco.

The Abuse of Purgatives

Constipation, past or present, real or alleged, is complained of by the majority of patients, but more important are the methods adopted for its relief by purgatives, enemata, and unsuitable dietaries. The amount of purgative medicine taken by patients with spasm of the colon in the belief, often mistaken, that they are constipated, is enormous, and results largely from the view, still widely held, that the colon is a septic tank and must be emptied completely at least once a day if health is to be maintained.

The chief purgatives in use—rhubarb, aloes, cascara, senna, and the synthetic product phenolphthalein—all act by irritating the colon. Phenolphthalein is especially harmful when taken regularly, being in part absorbed and excreted in the bile, so that its effects are produced over two or three days. It is accessible to the public in many palatable preparations, and notably as a principal ingredient of certain emulsions of agar-agar and mineral oil. The daily use of such combinations of purgatives cannot be too strongly condemned.

Dietetic Indiscretions

We live, as Hutchison says, in an age of food faddery, and one of the worst fads is the treatment of spastic constipation by large quantities of irritating residue in the form of bran or vegetables. Another is the deliberate undernutrition of the slimming dietaries of fruit and salad, which affect the colon by their lack of bulk. Similarly, a colon dyspeptic often reduces his diet to relieve his indigestion, but actually aggravates it by increasing his constipation.

Sensitization to certain foods is believed to provide an explanation of some of the acute attacks of colonic spasm. The analogy with asthma has been noted by Hurst, and Ryle has called attention to the frequency of migraine and asthma in the personal and family histories of many patients. The chronic intestinal invalid, however, is notoriously intolerant of certain articles of food, and careful investigation is desirable before attributing any given case to food allergy.

Carbohydrate dyspepsia, too, may promote colonic spasm by the formation of gas and irritating organic acids in the caecum in cases in which the digestion of starch, and especially potato starch, is deficient owing to catarrh of the small intestine.

Finally, mention should be made of such influences as cold, fatigue, and perhaps tobacco. "Colon patients"

are particularly susceptible to cold winds, and especially to cold east winds, which often cause an exacerbation of symptoms. The mental fatigue consequent upon anxiety, worry, or overwork will likewise often precipitate an attack, and tobacco will cause colonic spasm in susceptible individuals.

Principles of Treatment

Colonic spasm and muco-membranous colic call for treatment from three aspects: (1) the nervous instability; (2) the general health; and (3) the function of the colon. The relative importance of each of these will vary from case to case, but it is essential that the widest view of the individual problem be taken and an appropriate assessment made of the contribution of each factor towards the general disability. It would be as wrong to regard the majority of such cases as local disorders requiring local treatment only as it would be to regard them all as primarily due to emotional instability and to treat them all by psychotherapy. There is, nevertheless, a tendency to treat what is demonstrable and local and evade wider issues: to treat the disorder and forget the patient.

Nervous Instability

Psychotherapeutic measures play a large and important part in the treatment of these disorders. A careful inquiry into the history, followed by a painstaking examination, with the help, if need be, of an x-ray examination, and in some cases a sigmoidoscopy, gains the confidence of the patient and enables the reassurance as to the absence of diseases such as colitis and cancer to carry its full therapeutic effect. The nature of the symptoms and their essential dependence on fatigue should be explained in simple language, and faulty ideas as to bowel habits corrected.

Judicious and sympathetic inquiry should be made into the conditions under which the disorder arose—the home environment and upbringing, conditions of work, lack of occupation, the solicitude of anxious friends: difficulties should be explained and adjusted where possible. The word “neurotic” should always be avoided. It suggests to many patients that the doctor lacks sympathy and understanding, and it induces a hostility very difficult to overcome. Cases of long-standing intestinal invalidism may sorely tax the patience and perseverance of the medical attendant, and such patients often require deeper analysis before full insight is obtained. If psychological treatment is needed, it should always be undertaken by an expert. Nothing but harm can come from meddling in inquiry.

The General Health

Treatment of the general health consists of a suitable apportioning of rest, occupation, and recreation, planned to suit the degree of fatigue and the mode of life. Patients who show signs of severe mental and physical exhaustion require a period of some weeks' rest in bed, preferably away from home surroundings. In milder cases a less restricted regime, with recreations such as walking, golf, and riding, may be prescribed. Mental occupation is most desirable in those who have none and whose minds are overshadowed by the sorrows of the colon. Adequate sleep is essential, and is often wanting in these patients, either from nervous exhaustion or bowel discomforts. Phenobarbitone in small doses, 1 grain morning and evening, or a palatable preparation of bromide and valerian such as eu-valerol C, 1 to 2 drachms in water three times a day, are very useful. For occasional use other barbiturates such as medinal, 5 grains, or dial, 1½ grains, may be taken at bedtime to promote sleep, but they should be prescribed with discretion.

Treatment of the Colon

Constipation, the faulty use of purgatives, and the relief of abdominal symptoms, are the factors which chiefly need attention in local management. In some cases this is all-important and all-sufficient, but in others, and especially in the introspective types of intestinal neurotics, it should be reduced to the least possible interference, and chief reliance be placed on psychotherapy, with appropriate mental and physical relaxation. The fact of constipation must be established, and this is best carried out by the barium meal. It is astonishing how often a normal or even an accelerated passage is reported in a patient who has alleged constipation, and is taking daily purgatives for its relief. This obsession must be dealt with, and the patient should be told that no harm can result even if the bowels do not open for two or three days, and indeed that this is a more healthy state of affairs that the constant emptying of the colon by purging.

It is a good plan to begin treatment by an injection into the rectum at night of warm olive oil (6 oz.), removed by an enema of plain water or normal saline in the morning. This procedure can with advantage be repeated weekly until normal function of the colon is established. Soap should never be used for this purpose in any disorder of the colon, as it is far too irritating. All purgatives must be stopped and their place taken by the regular use of lubricants such as liquid paraffin (1 to 4 drachms t.d.s.) or simple emulsions of paraffin and agar-agar, or better still by one of the preparations of vegetable mucilage such as i-so-gel or coreine. Either is admirable in doses of one to two teaspoonfuls after each meal. If these are insufficient alone an occasional dose of castor oil, half an ounce once or twice a week, may be tried.

Much has been heard within recent years of colonic lavage for these conditions, but unless used with great caution it is productive of harm not only to the colon but to the patient's mind. The treatment is based on the faulty assumption that mucus is an abnormal secretion and a sign of colitis, and should be washed away, whereas mucus in these disorders is protective, and will, indeed, as Hurst has shown, ultimately appear if the lavage is continued for a sufficient length of time. The careful and occasional irrigation of the colon with warm normal saline, barium, or gruel, given with a tube and funnel at low pressure in acute attacks, is helpful.

The diet must be generous, varied, and well balanced; and free from wholemeal and rye bread, coarse oatmeal, and the root vegetables, unless pulped and passed through a sieve. Many patients will have cut down unduly their food intake on account of dyspepsia, and in these cases the cause of the indigestion must be explained and they must be encouraged to tolerate temporary discomfort in the process of re-education of the colon. The general principles of a low-residue diet are embodied in the following suggestions:

Food and Drinks Allowed

Milk and Eggs.—Milk prepared in any way—junket, custard, well-cooked milk puddings, milk soup, or with Horlick's, ovaltine, etc. Plain cream, made-up cream, ice-cream, or cream soups. Butter. Eggs lightly cooked, beaten as egg and milk, or as custard.

Fish and Meat.—Fish boiled, steamed, or baked, but not fried. Chicken or game, roasted or baked (small helpings). Tripe, brains, or sweetbread, well cooked but not fried. Veal, beef, or mutton occasionally, roasted or baked—not boiled or stewed. Lightly grilled bacon in small quantities.

Vegetables.—Potatoes, well cooked and mashed. Cauliflower, cabbage, spinach, carrots, parsnips, green peas, well cooked and rubbed through a sieve. Tomatoes, fresh or cooked if rubbed through a sieve.

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