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# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Vol. 46, No. 05, August 2020

PEER REVIEWED

## Utility of Homoeopathic Remedies in cases of Kidney failure

- Homoeopathic management of chronic kidney disease
- Utility of morgan group of bowel nosodes in clinical practise
- Understanding scope of homoeopathy in renal failure through literature review

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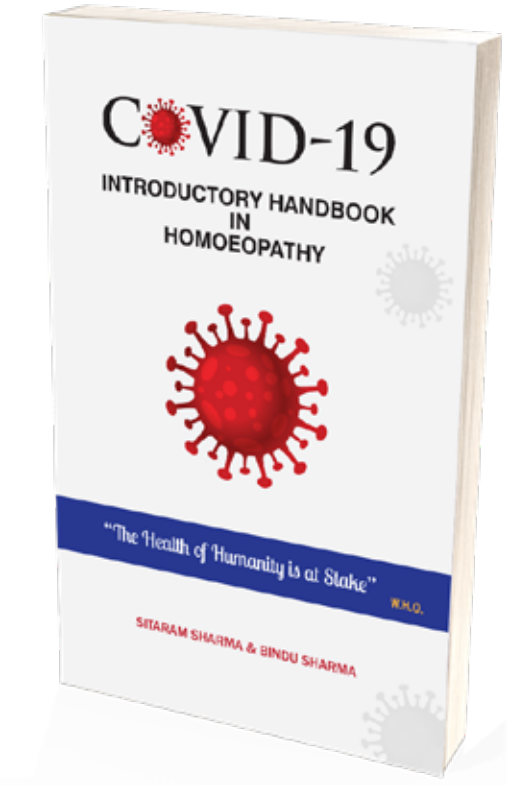


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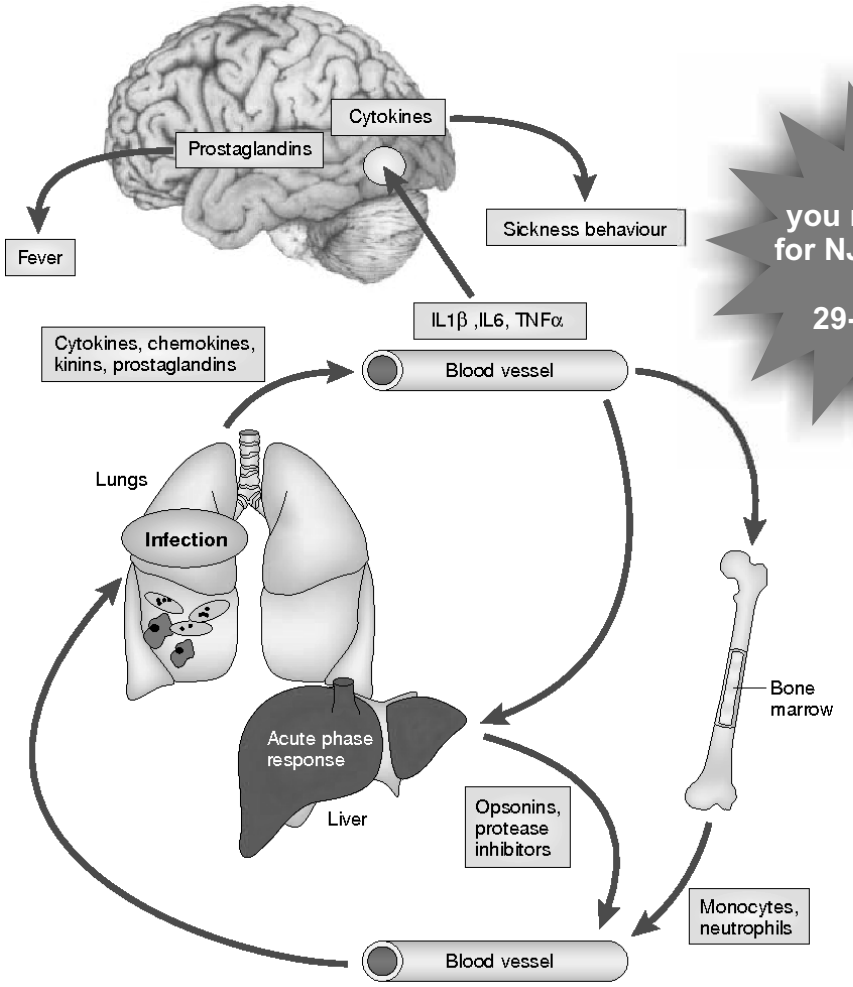




## Pandemic or no! Viruses are here to stay!!

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**Cover:** Picture of kidneys



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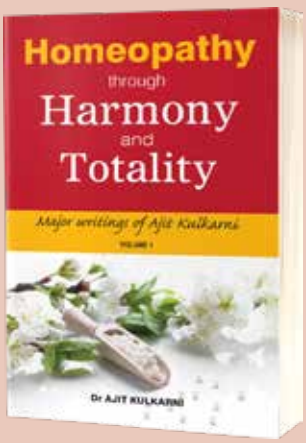


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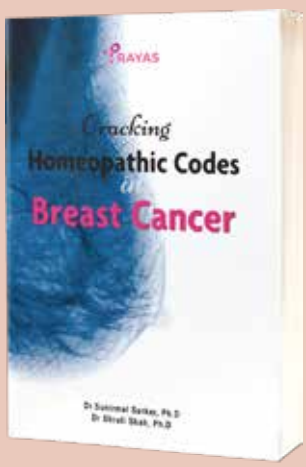


- Around 80 remedies well-explained from all kingdoms such as plant, animal and mineral, as well as from nosodes, sarcodes, radioactive substances, synthetic sources, and new plant remedies.
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- Constitutes golden experience of homoeopathic Masters such as Dr Grimmer, Dr T.F. Allen, Dr Bernoville, Dr Boericke, Dr Clarke, Dr Knerr, Dr Samuel Lilienthal and Dr Pulford, integrated with latest research findings.
- All the scattered information on breast cancer remedies altogether at one place.

**ISBN: 978-81-319-1382-6 | ₹ 249 | 216pp**

Dear Readers,

While discussing about chronic kidney disease in this issue, one needs to remember that any problem in the kidney will show itself as symptoms after the internal damage done is extensive. Hence, as physician, one must strongly adhere to the norm of prevention rather than walk the risk of cure with respect to kidneys. The myth that renal failure is incurable and is a sure road to death remains just that – a myth! Expensive renal transplant or dialysis are not the only known solutions to homoeopathy. Chronic renal failure is a challenge for the modern medical world and with the changes towards a cosmopolitan life style, its incidence is increasing manifold. Unlike renal replacement therapies, homoeopathic treatment helps in both, prolonging life as well as maintaining/improving the quality of life.

The psychodynamics of the kidneys when seen in co-relation to life is that the kidneys are akin to partners in progress. When left uncared for, as a loyal partner too would turn face, the kidneys directly suffer the neglect, and homoeopathy would address the problematic kidneys as well as maintain the perspective that the kidneys belong to an individual and that individual has to be treated in his entirety to obtain optimum results. Thus the kidneys are the final recipients of the treatment but each individual's kidneys will have to be treated differently. Though all kidneys might have definite common actions and functions, the kidneys in each individual might have different afflicting causes and have, therefore, different remedies which is the basic tenet of homoeopathic science. The researches proving the efficacy of homoeopathy in chronic kidney diseases till date underline the long-term relief to the suffering individual and his mental, financial and emotional burden employing the art of homoeopathy.

A Quick Word on Issue Content:

All the articles published under this issue, includes high quality case studies, covering the role of homoeopathy in the management of cases of chronic kidney disease, thus proving that homoeopathy can bring about miraculous results even in renal disorders.

Homoeopathic management of chronic kidney disease by Dr Dewesh Kumar Dewanshu and understanding scope of homoeopathy in renal failure through literature review by Dr Maurya Manjurani Sheopal and Dr Partha Pratim Pal are the highlighted articles of this issue. The clinical articles constitute homoeopathic approach for pemphigus vulgaris Dr Satish P Ladda, case study on vitiligo by Dr Sujata Naik, homoeopathic treatment of oesophageal candidiasis by Preeti Verma, Palas Ghosh, Birendra Prasad Srivastava, Aniruddha Banerjee, and effect of homoeopathic medicines in cases of renal failure by Dr Anit Acharya, Dr Ayushi Malhotra and Dr Aishwarya Pratap Singh. A special article on epidemics and the role of homoeopathy by Dr Yashvi Mandavia is another feather in the cap of this issue. The subjective articles include homoeopathic approach in cases of chronic renal failure by Prof. Dr S. Sabarirajan, Prof. Dr S. R. Ameerkhan Babu and Dr K. Lakshmi, acute kidney injury by Dr Nidhi Dave, utilities of rare remedies of homoeopathy in the cases of acute renal failure by Dr Priyanka Bharti, a few lesser known remedies for chronic kidney disease by Dr Kanika Malhotra, Dr Vibhu Malhotra, Dr Yashika Arora, dimensional study of *Eel serum* as homoeopathic medicine in the cases of renal failure by Dr Vinita Choudhary, utility of morgan group of bowel nosodes in clinical practise by Sandhya Kashyap, Irene B. Thomas, Prof (Dr) Neeraj Gupta, utility of homoeopathic remedies in cases of renal failure by Dr Bhaskar Sarkar and Dr Dewesh Kumar Dewanshu, management of psychiatric aspects of renal disorders – an integrated approach with homoeopathy by Dr Diana R, study on the evolution of miasm in the cases of Renal failure-homoeopathic understanding by Dr Manila Kumari.

In all, homeopathic remedies are not only effective in treating the deadliest of disorders but they do it in a gentle and cost-effective manner, understanding the ethos of the majority of the world populace who live on the edges of poverty line.

Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homoeopathy.

**Dr Yashika Arora**
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■■

Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of 'peer reviewed'. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at **hheditor@bjain.com.**

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# Homoeopathic management of kidney failure

Kidney failure denotes that the kidneys have stopped working well enough for the patient. In such cases, going for early homoeopathic treatment is the best possible choice. It is true that there is no cure for total kidney failure (also called end-stage renal disease (ESRD)). But many patients may live for long when treated with homoeopathy alone, or homoeopathy along with dialysis, or homoeopathy with a kidney transplant. A homoeopath needs to decide which treatment is best for the patient.

While treating kidney failure with homoeopathy, one must remember the following points:

- Monitor blood pressure (the most important step you can take to treat kidney disease is to control blood pressure. High blood pressure can damage your kidneys. One has to protect their kidneys by keeping their blood pressure at or less than the goal set by the homoeopath. For most of my patients, the blood pressure goal is less than 140/90 mm Hg.)
- Monitor sugar levels if patients have diabetes (check A1C regularly)
- Monitor allopathic supportive drugs
- Monitor diet
- Monitor weight
- Monitor GFR (keep it above 60)
- Monitor albumin in urine
- Monitor creatinine

Note: One can usually warn the patients to refrain from using drugs like anti-inflammatory (NSAIDs). especially ibuprofen, naproxen. Stopping of tobacco products and alcohol is a must.

## Case of acute on chronic renal failure

### Chief complaints

A 65 years old elderly patient came to the Bombay hospital way back in 1982, who had severe urinary tract infection for which he was treated with appropriate antibiotics, but the problem was that he was also suffering from severe osteoarthritis of both knees for which he was on tab. ibuprofen for last many years. As a result, his creatinine shot up to 12 mg. and urea up to 160 mg. His B. P was 190/110mm Hg. He developed symptoms of ureamia, so the doctors become panicked and suggested urgent haemodialysis, for which the patient and his children were reluctant to undergo.

The patient was seen on a saturday evening at 4 p.m. in the hospital and the following symptoms were observed. The rest of the history was given by his children.

### On observation

Sad, weeping all the time, restless accompanied by anxiety, as he did not want dialysis and was constantly worried about his prognosis. He had become very fearful about his disease, all he wanted was not to suffer from torture of dialysis. His head was heavy, and his eyes were sunken, he wanted someone to rub his head, he was very restless and anxious about what will happen during his stay in hospital. The doctors were insisting on dialysis, and at every hour, his anxiety was increasing. His upper lip was cracked. His tongue was brown coated. Appetite was diminished with empty, constant eructations. Constant nausea, frequent vomiting, used to take little water from time to time. Abdomen was distended with flatulence and it was difficult to pass the gas. The urine report showed albumin, hyaline casts and pus cells. He had severe burning in the urethra while passing urine. His stools were covered with mucus. His hands were icy cold. There was constant drowsiness with high fever. In the hospital, he was on augmentin 625mg along with painkillers, vitamins, and anti-hypertensive.

### Selection of rubrics

MIND - ANXIETY - breathing - suffocative

MIND - ANXIETY - fear; with

MIND - ANXIETY - health; about

MIND - ANXIETY - thoughts, from - disagreeable

MIND - COMPANY - desire for

MIND - DESPAIR - recovery, of

MIND - FEAR - happen, something will - himself; to

MIND - FEAR - suffering, of

MIND - RESTLESSNESS - anxious

MIND - SADNESS - disease, about

MIND - WEEPING - fear; from

HEAD - HEAVINESS

HEAD - PAIN - rubbing - amel.

EYE - SUNKEN

FACE - CRACKED - Lips - Upper

MOUTH - DISCOLORATION - Tongue - brown

STOMACH - APPETITE - diminished

STOMACH - ERUCTATIONS - constant

STOMACH - ERUCTATIONS; TYPE OF - empty

STOMACH - HICCOUGH - vomiting - while

STOMACH - NAUSEA

STOMACH - NAUSEA - constant

STOMACH - THIRST - drinking - a little at a time

STOMACH - VOMITING - frequent

ABDOMEN - DISTENSION

RECTUM - FLATUS - difficult

STOOL - MUCOUS - covered with mucus

KIDNEYS - INFLAMMATION - acute

KIDNEYS - RENAL FAILURE

URETHRA - PAIN - urination - during - agg. - burning

URETHRA - PAIN - urination - urging to urinate

URINE - ALBUMINOUS

URINE - CASTS, containing - granular

URINE - CASTS, containing - hyaline

| | phos. | ars. | puls. | lyc. | sulph. | merc. | nux-v. | lach. | sep. | bell. | sil. | calc. | kali-c. | ant-t. | ph-ac. | carb-v. | verat. | canth. | hep. | plb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| | 43 | 32 | 28 | 27 | 26 | 26 | 25 | 25 | 24 | 24 | 24 | 23 | 23 | 23 | 23 | 22 | 22 | 22 | 22 | 22 |
| | 69 | 67 | 49 | 58 | 49 | 42 | 46 | 45 | 39 | 38 | 37 | 41 | 38 | 36 | 33 | 43 | 36 | 35 | 34 | 34 |
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| 2 | 1 | 2 | 3 | 1 | 1 | 3 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | - | - | 1 | 1 | - | |
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| 4 | 3 | 2 | 3 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 3 | 1 | 1 | 1 | 1 | - | 1 | 1 | |
| 1 | 3 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 4 | 1 | 1 | 1 | - | 1 | - | - | - | |
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| 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | |
| 2 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | |
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| 2 | - | 2 | - | 1 | - | 2 | - | 2 | 1 | - | 1 | 2 | - | 1 | - | - | - | 2 | - | |
| 3 | 3 | - | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | - | - | 1 | 1 | 2 | 1 | 1 | 2 | 3 | |
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| 2 | 3 | 1 | 3 | 2 | 2 | 1 | 2 | 3 | 1 | 1 | 2 | 2 | 2 | 3 | 2 | - | 2 | 2 | 3 | |

*Repertorial sheet*

URINE - SEDIMENT - dark

URINE - SEDIMENT - purulent

RESPIRATION - PANTING

EXTREMITIES - COLDNESS - Hands - icy

SLEEP - SLEEPINESS

FEVER - ZYMOTIC FEVERS

GENERALS - FOOD and DRINKS - food - aversion - seen; if food is

GENERALS - LABORATORY findings - sedimentation rate - increased

GENERALS - SEPTICEMIA, blood poisoning

## Repertorial analysis

*See repertorial sheet.*

## Prescription

The relatives requested the doctors for 24 hours before they could start the dialysis. In the meantime, *Phosphorus 1M* was prescribed in every 2 hours.

## Justification

The biggest differential remedy was *Arsenicum album*. The points in favour of *Phosphorus* was the kidney pathology like urine casts, albumin, inflammation leading to severe uraemia. *Arsenicum album* did not match that intensity and pathology.

## Follow up

Next day, at 12 noon, the creatinine level came down to 8 mg/dL, urea level up to 95 mg/dL. Hence, *Phosphorus* was continued every 8 hourly. After prescribing *Phosphorus* for 7 days, the creatinine level came down to 3.5 mg/dL. There was no need for dialysis after 7 days. The patient was discharged from the hospital on the seventh day.

■■

# Homoeopathic approach in cases of chronic renal failure

*Dr Bhavita Malvi and Dr Megha Parmar*

**Abstract:** Homoeopathy does not recognise kidneys as a mere organ of excretion or selective filtration but always recognises it in relation to an individual as a whole. Kidneys have generalised function, the fluids coming to it and going from it influence every organ, tissue, and cell of the body. Kidney function influences the complete vital economy of our body. When there is disturbance in harmony occur this normal function disturbance and produce various diseases and produces disturbance at mental level. The state of patient with chronic renal failure or end-stage kidney disease is very pathetic not only for patient himself but also for family and society. Homoeopathic treatment can help to improve patient's quality of life through relief of troublesome symptom, limit renal damage, and preserve existing renal functioning as well as prevent complications.

**Keywords:** Chronic renal failure, homoeopathy, dialysis, end stage kidney disease, fluid, and electrolytes.

**Abbreviations:** HIV: human immuno virus, CKD: chronic kidney disease.

## Introduction

The major function of kidney is to remove waste products and excess fluid from body through urine. It also maintain overall fluid balance. Also, regulating and filtering minerals from blood. When there is disturbance occurs in the harmony due to any causes various disease occurs. One of dangerous diasease is chronic renal disease. The term "chronic renal disease" means lasting damage to the kidneys that can get worse over time. If the damage is very bad, then kidney may stop working. This is called kidney failure or end stage renal disease. If kidney fails, it need dialysis or a kidney transplant in order to live. Chronic renal failure is progressive, irreversible deterioration in renal function in which the body's ability to maintain metabolism, fliud and electrolyte balance fails resulting in uraemia.[1,2]

## Causes of chronic renal failure [3,4,5]

### Primary glomerular disease

- Focal and segmental glomerulonephritis
- Membranoproliferative glomerulonephritis
- Immunoglobulin A nephropathy
- Membranous nephropathy

### Secondary glomerular disease

- Diabetic nephropathy
- Amylodosis
- Post infectious nephropathy
- HIV-associated nephropathy
- Collagen-vascular disease
- Sickle cell nephropathy
- HIV-associated membranoproliferative glomerulonephritis
- Tubulointestitial nephritis
- Drug hypersensitivity
- Heavy metals
- Analgesic nephropathy
- Reflux/ chronic pylonephritis
- Idiopathic

## Obstructive nephropathies such as

- Prostatic disease
- Nephrolithiasis
- Retroperitoneal fibrosis/tumour

## Hereditary disease

- Polycystic kidney disease
- Medullar cystic disease
- Alportis syndrome

*(See Figure 1)*

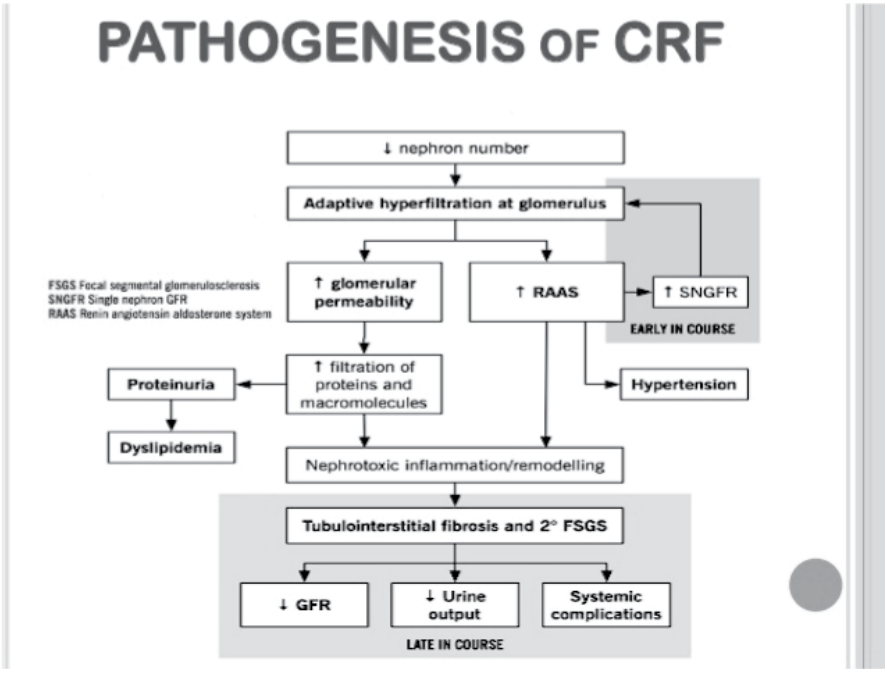
## Clinical presentation of chronic renal failure[5]

### Initial symptoms may include the following:

- Fatigue
- Frequent hiccups
- General ill feeling
- Generalised itching (pruritus)
- Headache
- Nausea, vomiting
- Unintentional weight loss.
- Loss of appetite.
- Increased frequency of urination.
- Excessive urination at night
- Swelling of face.

### Later symptoms may include the following:

- Blood in the vomit or in stools
- Decreased alertness, including drowsiness,confusion, delirium, or coma.
- Decreased sensation in the hands, feet, or other areas
- Easy bruising or bleeding
- Increased or decreased urine output
- Muscle twitching or cramps
- Seizures
- White crystals in and on the skin (uraemic frost).




*(Figure-1)* [6]

- Hallucinations.
- Stupor.

**Additional symptoms that may be associated with this disease:**

- Abnormally dark or light skin
- Agitation or irritability.
- Breath odour
- Excessive thirst
- High blood pressure
- Loss of appetite
- Nail abnormalities
- Paleness
- Diarrhoea.
- Oliguria.
- Difficulty in breathing.
- Pain in chest.
- Cramps.
- Bone pains.
- Bruises.
- Epistaxis.

## Complications of chronic renal failure[5]

- Anaemia
- Decreased immune response
- Decreased libido, impotence
- Haemorrhage from any orifice
- High blood pressure
- Increased risk of infections
- Joint disorders
- Liver inflammation (hepatitis B or hepatitis C)
- Liver failure
- Loss of blood from the gastrointestinal tract
- Menstrual irregularities, miscarriage, infertility
- Ulcers
- Seizures
- Weakening of the bones causes fractures

## Diagnosis of chronic renal failure[5]

Chronic kidney disease is identified by a blood test for serum creatinine. Higher levels of serum creatinine indicate a falling glomerular filtration rate (rate at which the kidneys filter blood) and as a result a decreased capability of the kidneys to excrete waste products. Creatinine levels may be normal in the early stages of CKD, and the condition is discovered if urine analysis (testing of a urine sample) shows that the kidney is allowing the loss of protein or red blood cells into the urine.

To fully investigate the underlying cause of kidney damage, various forms of medical imaging, blood tests and often renal biopsy (removing a small sample of kidney tissue) are employed to find out if there is a reversible cause for the kidney malfunction.

## General management of chronic renal failure[3,4]

- Fluid restriction according to urine output.
- Maintain electrolyte balance.
- Control of blood pressure
- Correction of anaemia (anaemia of renal failure does not respond to any therapy).
- Dialysis and kidney transplantation, if general and medical management fails.
- Protein restriction to 0.5gm/kg body weight.

## Homoeopathic aspect:

Homoeopathy treats the person as a whole. This implies that homoeopathic medicine for chronic renal failure focuses on patient as a person as well as his pathological condition. The homoeopathic medicine for chronic renal failure are selected after a fullindividualise examination and case analysis, which includes medical history of patient, physical and mental constitution, etc. a maismatic tendency is also often taken into account for the treatment of chronic renal failure.[2,7]

## Commonly indicated homoeopathic remedies[5,8]

- *Aconitum napellus*
- *Allium cepa*
- *Apis mellifica*
- *Argentum nitricum*
- *Arnica montana*
- *Arsenicum album*
- *Aurum metallicum*
- *Belladonna*
- *Benzoicum acidum*
- *Berberis valgaris*
- *Bryonia alba*
- *Cannabis indica*
- *Cannabis sativa*
- *Cantharis*
- *Chelidonium majus*
- *Crotalus horridus*
- *Eupatorium purpureum.*
- *Helleborus niger*
- *Helonias dioica.*
- *Hepar sulphuricum*
- *Kalium chloratum*
- *Lachesis mutus*
- *Laurocerasus*
- *Lycopodium clavatum*
- *Mercurius corrisivus*
- *Natrum muraticum*
- *Nux vomica*
- *Phosphorus*
- *Rhus toxicodendron*
- *Sabina*
- *Sarsaparilla*
- *Senecio aureus*
- *Silicea terra*
- *Stramonium*
- *Streptococcinum*
- *Sulphur*
- *Terebinthiniae oleum*

### *Aconitum napellus*

- Urine: scanty, red, hot, painful.
- Tenesmus and burning at neck of bladder.
- Burning in urethra.
- Urine suppressed, bloody.
- Anxiety always on beginning to urinate.
- Retention, with screaming and restlessness, and handling of genitals.
- Renal region sensitive.
- Profuse urination, with profuse perspiration and diarrhoea.

### *Allium cepa*

- Pains in renal region, and region of bladder very sensitive.
- Sensation of weakness in bladder and urethra.
- Increased secretion of urine with coryza.
- Urine red with much pressure and burning in urethra.
- *Pain in kidney region, more left side. Urine frothy and iridescent. Red.*

### *Apis mellifica*

- Homoeopathic medicine for chronic renal failure having swelling or puffing up of various parts, oedema, red rosy hue, stinging pains, soreness, intolerance of heat, and slightest touch, and afternoon aggravation are some of the general guiding symptoms.
- Generalised swelling, acute inflammation of kidneys is the characteristic pathological states corresponding to *Apis mellifica*.
- Extreme sensitiveness to touch and general soreness is marked. Much prostration.
- Pain in both kidneys (bright's disease). Renal pains; soreness; pressure on stooping.
- Burning and soreness when urinating.
- Urine suppressed, loaded with casts; frequent and involuntary; stinging pain and strangury;
- Urine scanty, high coloured. Last drops burn and smart.
- Suppression of urine.
- "Acute inflammatory affection of kidneys, with albumin in urine.
- Typical *Apis mellifica* is thirstless: intolerant of heat.

### *Argentum nitricum*

- Touching the kidney region increases the pain to the highest degree.
- Acute pain of kidneys, extends down ureters to bladder; worse slightest touch or motion, even deep inspiration.
- Typical *Argentum nitricum* has apprehension. Gets diarrhoea from anticipation.
- Craves sweets, which disagree: salt.
- Is nervous: hurried: walks fast.

### *Arsenicum album*

- Homoeopathic medicine for chronic renal failure having inflammation of kidney with stitches pain in renal region; on breathing or sneezing.
- Debility, exhaustion, and restlessness, with nightly aggravation, are most important.
- Great exhaustion after the slightest exertion.
- Urine, dark-brown; dark yellow: turbid: mixed with blood and pus; greenish.
- Urine like thick beer; rotten smell. Suppression of urine.
- Extreme restlessness, anxiety, prostration.

### *Belladonna*

- Stinging, burning pain, from region of kidneys down into bladder.
- "No remedy has a greater irritation in the bladder and along the urinary tract."
- Pains clutch: come and go suddenly.
- Typically, has redness, great heat to touch.

### *Benzoicum acidum*

- Kidney pains, which penetrate

the chest on taking a deep breath.
- Sore pain in back: burning in left kidney; with drawing pain when stooping.
- Urine of a very repulsive odour. Pungent. Contains mucus and pus.
- Strong, hot, dark-brown urine.

### *Berberis vulgaris*

- Soreness in lumbar region and kidneys.
- Can bear no pressure: no jar Has to step down carefully.
- Jar or jolt intolerable.
- Burning; burning stitches, loins and kidneys.
- Sore kidneys with urinary disturbances.
- Has bubbling sensation, and pains that radiate from a point.
- "Pain in back a chief indication for *Berberis vulgaris*."

### *Cantharis vesicatoria*

- The whole urinary organs and genitalia are in a state of inflammation and irritation.
- Discharge of bloody urine burns like fire.
- Intensity and rapidity are the features of this remedy.
- Homoeopathic medicine for chronic renal failure having dull pressing or paroxysmal cutting and burning pains in both kidneys: very sensitive to slightest touch.
- Urging to urinate. Painful evacuation, by drops, of bloody urine, or pure blood.
- Intolerable urging, before, during and after urination.
- Violent, acute inflammation.

### *Mercurius corrisivus*

- Inflammation of kidney with diminished secretion of urine, with great desire to pass it.
- Urine saturated with albumin.
- Dark brown: mixed with blood: with dirty white sediment.
- Violent and frequent urging to urinate.
- Urine dark-red; becomes turbid and foetid: smells sour and pungent.
- Burning and scalding sensation during urination as from raw surfaces.
- Worse at night.

### *Stramonium*

- Kidneys secrete less urine or none, in acute diseases, in children, in eruptive fevers, etc.
- Great desire to urinate, though secretion is suppressed.
- Urine dribbles away very slowly and feebly.
- Retention: sensation urine could not be passed, because of narrowness of urethra.
- After straining, a few drops are passed.
- Better after drinking vinegar.

### *Terebinthiniae oleum*

- "Congestive kidneys, with dull aching, and smoky-looking urine."
- Violent burning and drawing pains in kidneys, bladder and urethra.
- Pressure in kidneys when sitting; relieved by motion.
- Stiff all over; heaviness and pains in region of kidneys.
- Renal disease producing dropsy. Rapid attack with lumbar pain.
- Urine greatly diminished: loaded with albumen: contains casts and blood.
- Urine smoky: with "coffee grounds" or thick, slimy, sediment.
- "Haemorrhage from all outlets, especially in connection with urinary or kidney troubles."
- Kidneys inflamed: feet swollen.
- Urine: profuse, light yellow: contains sugar: foams, scanty, exceedingly dark.
- Pain left kidney to epigastrium.

## Conclusion

Homoeopathy can give better life support to patient having CKD. Homoeopathic treatment helps in both prolonged life and improving quality of life. Homoeopathic treatment can reduces frequency of haemodialysis.Patient with both hemodialysis and on homoeopathic treatment have better life then patient only on haemodialysis.

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# Acute kidney injury

***Dr Nidhi Dave***

**Abstract:** Acute kidney injury (AKI) is a common condition in multiple clinical settings. Patients with AKI are at an increased risk of death, over both the short and long term, and of accelerated renal impairment. As the condition has become more recognized and definitions more unified, there has been a rapid increase in studies examining AKI across many different clinical settings. This review focusses on the classification, diagnostic methods and clinical, Homoeopathic management that are available, or promising, for patients with AKI. The classification of AKI includes both changes in serum creatinine concentrations and urine output. Currently, no kidney injury biomarkers are included in the classification of AKI, but proposals have been made to include them as independent diagnostic markers. Treatment of AKI is aimed at addressing the underlying causes of AKI, and at limiting damage and preventing progression. The key principles are: to treat the underlying disease, to optimize fluid balance and optimize hemodynamics, to treat electrolyte disturbances, to discontinue or dose-adjust nephrotoxic drugs and to dose-adjust drugs with renal elimination.

**Keywords:** Acute kidney injuries, renal disease, water balance, volume overload, nephrotoxicity, KIDGO criteria.

**Abbreviations:** acute kidney injury (AKI), glomerular filtration rate (GFR), urine output (UO), urea (Ur), creatinine (Cr), acute kidney injury network (AKIN), kidney disease improving global outcomes (KDIGO), risk, injury, failure, loss, and end-stage disease (RIFLE), serum creatinine (SCr), milligram per decilitre (mg/dL), millilitre per kilogram per hour (mL/kg/hr), chronic kidney disease (CKD), end-stage renal disease (ESRD), acute tubular necrosis (ATN), renal blood flow (RBF), non-steroidal anti-inflammatory drugs (NSAIDs), angiotensin converting enzyme (ACE-I), nephroblastomatosis (NBM), angiotensin II receptor blocker (ARB), electrocardiography (ECG), potassium ion (K+), international normalised ratio (INR), prothrombin time (PT), activated partial thromboplastin time (APTT), white blodd cell (WBC), systemic lupus erythematosus (SLE), disseminatedd intravascular coagulopathy (DIC), bicarbonate ($HCO_3$), sodium ion (Na +), calcium ion (Ca 2+), phosphate ion (PO4), arterial blood gas (ABG), c-reactive proteoin (CRP), liver function test (LFT), decreased (↓), increased (↑), renal replacement therapy, (RRT), population per million (PPM), ITU: intensive treatment unit (ITU), tubulointerstitial nephritis (TIN).

## Introduction

Acute kidney injury (AKI) (formerly acute renal failure) is the syndrome arising from a rapid fall in GFR (over hours to days). Acute kidney injury (AKI) is defined by the impairment of kidney filtration and excretory function over days to weeks, resulting in the retention of nitrogenous and other waste products normally cleared by the kidneys. AKI is not a single disease but, rather, a designation for a heterogeneous group of conditions that share common diagnostic features. It is important to recognise that AKI is a clinical diagnosis and not a structural one. A patient may have AKI with or without injury to the kidney parenchyma. AKI can range in severity from asymptomatic and transient changes in laboratory parameters of glomerular filtration rate (GFR), to overwhelming and rapidly fatal derangements in effective circulating volume regulation and electrolyte and acid-base composition of the plasma.[1]

It is characterised by retention of both nitrogenous (including urea and creatinine) and non-nitrogenous waste products of metabolism, as well as disordered electrolyte, acid-base, and fluid homoeostasis.

## Historical limitations

- Despite a relative insensitivity to acute changes in GFR, most definitions of acute renal dysfunction have been based on serum Cr, either as an absolute value or as a change from baseline. Other definitions have incorporated urine output (UO) or the need for dialysis support.
- A 2004 survey of 598 participants at a critical care nephrology conference revealed 199 different criteria to define AKI and 90 for the initiation of renal replacement therapy.

## The RIFLE criteria for AKI: [1]

- In response, the acute dialysis quality initiative established a multi-layered definition of AKI called the RIFLE criteria.

- AKI is stratified into five stages, based on severity and duration of renal injury: risk, injury, failure, loss, and end-stage disease.

## Acute Kidney Injury Network (AKIN) classification[1]

- More recently, AKIN (an international network of AKI experts) modified RIFLE to incorporate small changes in S.Cr occurring within a 48 hour period and to remove changes in GFR as diagnostic criteria.

## KDIGO AKI definition (2012)[1]

- KDIGO have recently produced a definition that incorporates the key elements of both, and it is likely that this definition will become the accepted standard.

Key elements of KDIGO AKI definition:

- ↑ in SCr by ≥ 0.3mg/dL within 48h.
- ↑ in SCr by ≥ 1.5 x baseline (known or presumed to have occurred within prior 7 days).
- Urine volume< 0.5mL/kg/hr for 6 hours.

(Only one criterion needs to be present to fulfill the definition.)

## Epidemiology

### Incidence

Depends on the population studied and the definition used, meaning few studies historically have been able to provide accurate incidence data. However, the more recent use of AKIN/RIFLE criteria has improved this. It remains important to recognise the limitations imposed by the use of SCr and urine output for the detection of AKI.

### Prognosis

There is increasing evidence for the adverse outcomes associated with AKI (even after apparent resolution), including longer hospital length of stay, significant complication rates (including infection), risk of CKD (including ESRD), development of cardiovascular disease, and higher mortality.

### Renal recovery

Recovery of renal function will depend on underlying diagnosis. For ATN, ~50% will have some degree of residual renal impairment. This will be irreversible, dialysis-dependent renal failure in 75% (~10% in the elderly). The risk of worsening or de novo CKD and death following an episode of AKI (even if function appears to return to normal) is high.

## Causes and classification[1]

*(See Figure 1)*

### Pre-renal AKI

- Reduced renal blood flow (RBF)

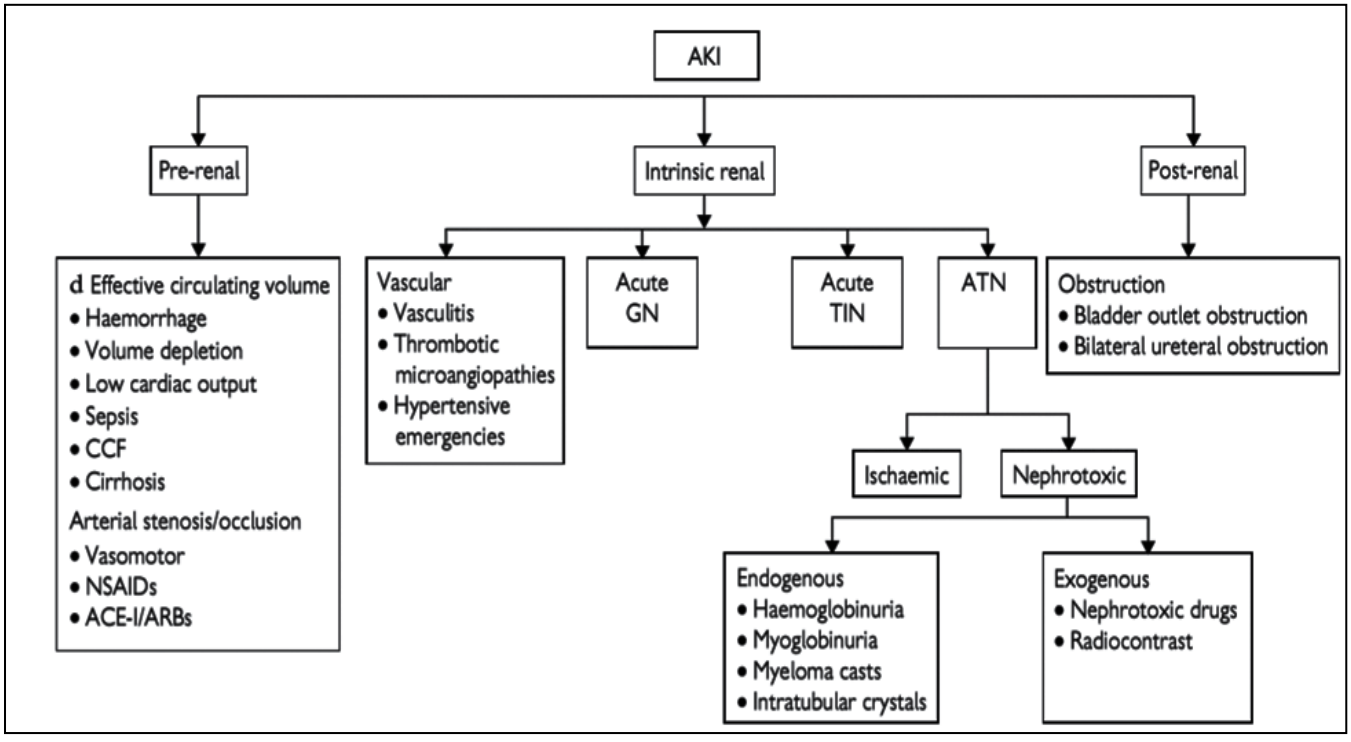


*Figure 1*

leading to decreased GFR.

- Reduced RBF may be second to hypovolaemia per se, ↓ effective RBF (↓cardiac output, vasodilatation in sepsis), or intrarenal vasomotor changes (example NSAIDs and ACE-I).
- Potentially reversed by restoration of RBF.
- Kidneys remain structurally normal.
- Intrinsic renal AKI
- The renal parenchyma itself sustains damage through injury to the renal vasculature, glomerular apparatus, or tubulointerstitial.

### Post-renal AKI

- The kidneys produce urine, but there is obstruction to its flow.
- ↑ back pressure leads to decrease tubular function.
- Obstruction may occur at any level in the urinary tract.
- AKI results when both kidneys are obstructed or when there is obstruction of a solitary kidney.
- Obstruction eventually causes structural (therefore, permanent) damage.

## Risk factors

- Increasing age.
- Pre-existing chronic kidney disease:
- ↑ Serum creatinine, ↓ eGFR, or proteinuria.
- Surgery (especially if with another risk factor)

Trauma and burns surgery (hypovolaemia, sepsis, myoglobinuria).

Cardiac surgery (poor left ventricular function, intra-operative haemodynamic instability, cardiopulmonary bypass, use of aprotinin).

Vascular surgery and endoluminal intervention (example, an endovascular stent occludes a renal artery orifice) can disturb renal perfusion or cause atheromatous emboli to kidneys. Pre- or intra-operative contrast administration. Risk of emergency abdominal aortic aneurism repairs > elective.

Hepatic and biliary surgery; over 70% of hepatic transplants complicated by AKI;

- Diabetes mellitus (especially if established diabetic nephropathy with ↓ eGFR).
- Volume depletion (NBM, bowel obstruction, vomiting, burns).
- Left Ventricular dysfunction and other cardiac disease.
- Other causes of ↓ effective arterial volume (cirrhosis).

Drugs that cause renal vasomotor changes (NSAIDs, ACE-I, ARB).

Hyperbilirubinaemia and frank jaundice.

Multiple myeloma (may just be that these patients are often dehydrated, with a degree of renal insufficiency to start with). Precipitation of casts with tubular injury is the concern.

## Clinical features

Patients may be asymptomatic during the early stages of AKI, despite nearly non-functioning kidneys, and may be very unwell by the time the diagnosis is apparent (emphasising why it is so important to be familiar with high-risk patients and high-risk situations)

Presenting features of AKI:

Usually,

- ↑ Urea and ↑ S. creatinine.
- ↓ Urine Output (UO <400mL/d is frequent ~50%, but not invariable)

Frequently,

- Volume depletion, or
- Volume overload leading to pulmonary oedema.
- Hyperkalaemia (leading to arrhythmias or cardiac arrest).
- Non-specifically sick, often deteriorating, patient.

Rarely,

- Uraemic symptoms

Check renal function and K + in all acutely unwell patients, especially if:

- Falling or low UO, or anuria.
- Persistent nausea and vomiting, or prolonged NBM.
- Drowsiness or impaired conscious level.
- Signs of systemic sepsis.
- Hypertension or hypotension, particularly if severe.
- Pulmonary ± peripheral oedema.
- Puzzling ECG abnormalities (T wave changes and conduction delays).
- Metabolic acidosis.

## Lab findings

Err on the side of caution (i.e. assume AKI until proven otherwise).

- CBC:
- ↓ Haemoglobin develops early, typically 80–100g/L.; haemolysis, gastrointestinal bleeding.
- ↑ WBC: infection (rarely tissue infarction or vasculitis).

↑ WBC: severe sepsis (rarely SLE).

- ↓ platelets: DIC or thrombotic microangiopathy

↑ platlates: inflammatory disorder, example vasculitis.

- Pancytopaenia: marrow infiltration (? myeloma or other malignancy).

- Clotting:
- ? Liver disease (↑ NR) or DIC (↑ PT, ↑ APTT, ↑ D-dimers). • Group and save if anaemic.
- ↑ ESR with any inflammatory condition but especially myeloma and SLE.
- Urine & Electrolytes:
- ↑ plasma urea : creatinine ratio may indicate pre-renal AKI
- ↑ K +. Needed urgently.
- Na + usually normal; ↑ Na + occurs if volume overload or diuretics.
- ↓ venous $HCO_3$ – leads to metabolic acidosis (if normal with normal oxygen saturation, then ABG may not be necessary).
- LFTs:
- ↓ albumin may imply proteinuria and GN.
- ? ↑ bilirubin, ? hepatorenal syndrome, ? paracetamol overdose.
- ↑ transaminases may be of muscle origin leads to check the CK.
- Ca 2+ and PO 4:
- ↑ Ca 2+ is a cause of AKI (? myeloma, sarcoidosis, malignancy).
- ↓ Ca 2+ and ↑ PO4 are present in most cases.
- CRP for infection or inflammation. Procalcitonin if available.
- Creatine kinase (CK) if rhabdomyolysis likely.
- Urate if tumour lysis or pre-eclampsia possible.
- Lactate to assess tissue ischaemia or under perfusion.

Microbiology culture urine and blood if any clinical suspicion of sepsis.

Arterial blood gas ABG and lactate are necessary if venous HCO 3 – is low (or unavailable) or there is evidence of sepsis, hypotension, or clinical deterioration.

Radiological investigations include-

1. Chest X-ray (posterio-anterior view)
2. Ultrasound- Abdomen+ kidney, ureter, bladder+pelvis

- loss of renal parenchyma and ↓ renal size.

Renal biopsy

## Management

Many cases of AKI can be prevented or reversed at an early stage.

Three principles

1. Avoid dehydration.
2. Avoid nephrotoxins (intra-vascular contrast, NSAIDs, aminoglycosides).
3. Review clinical (especially volume) status and renal function if at risk.

## Homoeopathic Management

AKI is a type of chronic miasmatic disease, especially of intrinsic type of AKI.( § 78)[4]

Some symptoms may also be caused due to some exciting cause like hypovolaemia due to haemorrhage, trauma, post operative, excessive diarrhoea, vomiting; Here, fluid replacement has to be done in severe cases.

In cases of acute renal failure, one should assess the general condition of the patient and rule out the cause as it is an emergency condition & treat as per presenting symptoms till the patient settles.

In cases where it is due to some nephrotoxic drugs like overuse of NSAIDs, ACE-I, ARB, etc, are to be withdraw as soon as possible.

These mostly covers sycotic and sometimes syphilitic miasm in background.

## Homoeopathic theraputics

In homoeopathic system of medicine, one considers the patient as a whole, not his organ or parts or any other system which is diseased, but the man as a whole. The physician selects the most similar medicine to the presenting complaints of the patient, i.e. the simillimum with proper potency to bring out the cure.

However, some therapeutically indicated medicines are given as under, which should be selected on symptom similarities and clinical correlation.

*Apis mellifica, Apocynum cannabinum, Acidum benzoicum, Acidum nitricum, Berberis vulgaris, Belladonna, Cantharis vesicatoria, HELLEBORUS NIGER, Ipecacuanha, Liatris S, Medorrhinum, Natrum muriaticum, Nux vomica, Oxalicum acidum, SERUM-ANGUILLAE (Eel serum) , Terebinthiniae oleum, Thuja occidentalis, Urea pura, Urtica urens, Zingiber officinalis*

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# Utilities of rare remedies of homoeopathy in the cases of acute renal failure

*Dr Priyanka Bharti*

**Abstract:** Acute renal failure is a common condition, frequently encountered in both community practice and hospital in-patients. While it remains a heterologous condition, following basic principles makes investigation straightforward and initial management follows a standard pathway in most patients. Therapeutic strategies includes search for medicine, and in case of failure of conventional medicine, one has to find out remedies which were rarely indicated yet have been noticed in medical system.

**Keywords:** Acute renal failure, rare remedies, homoeopathy.

**Abbreviations:** Acute renal failure (ARF), blood urea nitrogen (BUN), glomerular filtration rate (GFR)

## Introduction

Acute renal failure (ARF) is a syndrome characterised by rapid decline in glomerular filtration rate(hours to days), retention of nitrogeneous waste products, and perturbation of extracellular fluid volume and electrolyte and acid base homoeostasis.

ARF complicates approximately 5% of hospital admission and upto 30% admission to intensive care units. ARF is usually asymptomatic and diagnosed when biochemical monitoring of hospitalised patients reveals a recent increase in blood urea and creatinine concentrations.[1]

## Pathogenesis and symptomatology

- PRE-RENAL AZOTAEMIAAZOTAEMIA/ PRE-RENAL ARF

  Decrease in GFR resulting in renal hypoperfusion which lead to retention of BUN and creatinine in blood termed as azotaemiaazotaemia. This is usually not associated with any structural change if renal blood flow is rapidly restored. Decreased in blood flow results in rapid absorption of salt and water. Thus urine osmolarity is increased and hyaline casts are formed. Pari assu low perfusion causes back diffusion of filtered urea from the tubules into the blood giving rise to increase in BUN creatinine ratio more than 20:1.2 symptoms of thirst, orthostatic dizziness and physical evidence of orthostatic hypotension, tachycardia, reduced jugular venous pressure, decreased skin turgor, dry mucous membrane and reduced axillary sweating seen in the patient .[1]

- INTRINSIC RENAL AZOTAEMIAAZOTAEMIA/ INTRINSIC RENAL ARF

  Most intrinsic renal ARF is triggered by ischaemia or nephrotoxins, insults that classically induce acute tubular necrosis.[2]

  Symptomatology in this stage includes flank pain experienced by the patient due to occlusion of renal artery or vein or the stretching of renal capsule along with oliguria, oedema, hypertension, and an active urine sediment. Urine analysis reveals proteinuria, haematuria,presence of muddy brown granular or tubular epithelial cell casts. Development of sub-cutaneous nodules, livido reticularis, bright orange retinal arteriolar plaques, and digital ischaemia are encountered.[1]

- POST RENAL AZOTAEMIAAZOTAEMIA/ POST RENAL ARF

  This stage usually indicates obstructive uropathy with cause of obstruction below the bladder. Symptomatology include suprapubic and flank pain radiating to the groin suggests acute ureteric obstruction. Presence of nocturia, frequency, and hesitancy, anuria, sometimes polyuria, haematuria and pyuria.[1]

## Homoeopathic approach

Homoeopathy carrying the holistic concept doesn't recognise renal failure as merely a disease related to the kidney alone but always consider something prior to this sickness that is to say the morbid affection of life/vital force, the suffering of the dynamis; or the life principle of the organism due to which individual as a whole suffers. His suffering is made known to us through different perceptible sign and symptoms (characteristic symptom) which constitute not only the sole guide to the choice of the curative remedy, but also to

be removed for effecting a cure. They represent "what is curable in disease."[7]

But sometimes, it is very difficult to find individual single remedy which can cover the totality, due to paucity of characteristic symptoms or due to severe suppression of the disease or due to advanced pathological changes in the body. Hence, in this situation, one has to prescribe a medicine based on the present signs and symptoms and this is the condition where rare homoeopathic medicine has its important role to play which clears the pictures of disease and provides fastest possible recovery.

## Homoeopathic rare remedies with their indications [3,4,5,6]

### *Ampelopsis quinquefolia*

Effective remedy for high level of creatinine in blood, associated with uremia or uremic coma. Vomiting, purging, tenesmus, cold sweat, and collapse are the leading symptom of this remedy. It is indicated in cases of renal dropsy which resist other remedies.

### *Aralia hispida*

A valuable diuretics. Useful in dropsy of the cavities due to renal diseases with constipation. Found to be effective for high level of creatinine. Scanty urine or complete suppression of urine. It is generally indicated in cases of urinary troubles which are associated with dropsy.

### *Apocyanum cannabinum*

It is indicated in dropsy in renal disease with thirst. Ascites, anasarca in nephropathy.

### *Ammonium benzoicum*

A remedy for albuminaria especially with patient of gouty diathesis. Smoky and scanty urine. Albuminous with large deposits and soreness in the region of kidney.

### *Alfalfa*

It has pronounced urinary action. Kidneys inactive; frequent urging to micturate. It increases elimination of urea, indicans and phosphates.

### *Argentum phosphoricum*

An excellent diuretic in renal dropsy.

### *Asparagus officinalis*

Its marked and immediate action on the urine secretion is well known. Weakness with dropsy. Mucus and pus in urine with much tenesmus; peculiar odor.

### *Balsamum peruvianum*

Urine scanty with lots of mucoid sediment.

### *Baryta muriaticum*

It is indicated in organic lesion of aged who are dwarfish, both mentally and physically. Great increase in uric acid, diminution of chlorides in urine.

### *Brachyglottis repens*

Kidney and bladder symptoms predominant with fluttering sensation.. Bright's disease. Albuminaria. Sense of swashing in the bladder. Urine contains mucus, corpuscles, epithelium, albumen, and casts.

### *Boerhaavia diffusa*

It has marked diuretic properties. Urine is scanty, and high colored.

### *Cahinca*

The remedy has been found useful in dropsical affection. Its urinary symptoms are well marked. Albuminaria with dyspnoea on lying down at night. Ascites anasarca with dry skin. Urine fiery. Pain in the region of kidney; better by lying bent backward with general fatigue.

### *Calcarea arsenicosa*

Nephritis with great sensitiveness in kidney region. Kidney region very sensitive to pressure. Albuminaria; passes urine every hour. Dropsy. Complaints of drunkards after abstaining.

### *Cannabis sativa*

It affects the urinary organs specially. Urine retained, with obstinate constipation. Painful urging. Zig-zag pain in the urethra. urethra very sensitive, walks with legs apart.

### *Cantharis vesicatoria*

It has excellent action on genitourinary organ. Kidney region is very sensitive to the slightest touch and pressure. Pressing, pricking and congestive pain during acute nephritis. Nephritis with haematuria. Violent paroxysm with cutting and burning in the entire renal region with painful urging to micturate; bloody urine passes in drops. Urine with membranous scales looking like bran in water. Urine jelly-like shreddy.

### *Carbolicum acidum*

It is a powerful irritant, a languid, foul, painless, destructive remedy. Putrid discharges in case of nephritis with marked tendency of tissue destruction. Urine almost black.

### *Chimaphila umbellata*

Acts principally on the kidneys and genitourinary tract. Scanty urine loaded with ropy, mucopurulent sediment. Urine turbid, offensive, containing ropy or bloody mucus and depositing a copious sediment. Must strain before a flow comes. Fluttering in the region of kidney. Unable to micturate without standing with feet wide apart and body inclined forward.

### *Chininum sulphuricum*

Indicated in chronic interstitial nephritis. Bloody urine with turbid, slimy, clay coloured, greasy sediment. Small amount of urea and phosphoric acid with excess of uric acid and abundance of chlorides accompanied by subnormal temperature. Albuminaria.

### *Coccus cacti*

Spasmodic pain in kidneys with visceral tenesmus. Anuria, anasarca and ascites. Brick red sediment in urine; urates and uric acid. Lancinating pain from kidney to the bladder. Deep colour , thick urine. < left side, touch, pressure of clothing. >walking

### *Copaiva officinalis*

It has powerful action on the mucous membrane of urinary tract. Burning, pressure and painful micturition with dribbling. Retention of urine with pain in bladder, anus and rectum. Urine smells of violets. Greenish, turbid colour with peculiar pungent odour.

### *Cuprum arsenicosum*

A remedy for symptoms depending on deficient renal affection. useful in nephritis of pregnancy. Indicated in uraemic convulsion. Renal inefficiency and uraemia. Garlicky odour of urine. Urine with high specific gravity; increased acetones and diacetic acid.

### *Echinacea angustifolia*

Remarkable medicine as a "corrector of blood dyscrasia." Foul discharges with emaciation and debility. Septicaemia. Kidney is involved with passage of albuminous, scanty, frequent and involuntary urine.

### *Eryngium aquaticum*

Congestion of the kidneys with a dull pain in the back, running down the ureters and limbs. Uridrosis, sweat with urinous odor which is due to presence of urea in sweat indicating the chronic renal failure.

### *Eucalyptus globulus*

An efficient diphoretic. Acute nephritis complicating influenza. Haematuria with suppurative inflammation of kidney. Urine contains pus and is deficient in urea. Sensation of loss of expulsive force in the bladder. Act as diuretics.

### *Euonymus atropurpurea*

Distress in renal region. Albuminaria. Urine scanty, high colored; acidity increased. Dull pain in the lumbar region better by lying down.

### *Eupatorium purpureum*

Excellent medicine in renal dropsy. Albuminaria, strangury with irritable bladder. Deep, dull pain in the kidneys. Insufficient flow. Milky urine. Constant desire; bladder feels dull. Weight and heaviness in the loin and back.

### Ferrum iodatum

Indicated in acute nephritis following eruptive diseases. Urine dark and sweet smelling. Crawling sensation in the urethra and rectum. Body emaciated and debility with anaemia.

### *Ferrum muriaticum*

It is indicated in chronic interstitial nephritis. Bright crystal in urine.

### *Formica rufa*

It is useful medicine in nephritis. Urine is bloody, albuminous with much urging. Large quantities of urates.

### *Formicicum acidicum*

It has marked diuretic effect. Induces greater elimination of product of disassimilation, particularly urea. Sub-acute and chronic nephritis.

### *Fuchsinum magenta*

Important medicine where cortical substances of kidney degenerated. Efficacy is seen in cortical nephritis with albuminaria. Deep, red urine and albuminous.

### *Jaborandi*

It is of efficient service in renal disease, especially with uraemia, eliminating both water and urea. Dropsy after scarlatina. Urine scanty with pain over pubes with much urging. Contraindicated in post-puerperal uraemia and in senile cases. Very efficient diaphoretic.

### *Juniperus communis*

Dropsy with suppression of urine. Catarrhal inflammation of kidneys. Old people with poor digestion and scanty secretion of urine. Scanty, bloody urine with violets' odour. sensation of weight in the kidney. Renal hyperaemia.

### *Kali chloricum*

Acts very destructively upon the kidneys, producing croupous nephritis, haemoglobinuria, etc. Useful in parenchymatous nephritis with stomatitis. Also indicated in uraemia during pregnancy. Urine albuminous, dark, suppressed presence of nucleo-albumin and bile, high phosphoric acid, with low total solids. Act as diuretics.

### *Liatris spicata*

A prompt diuretic. Used in renal dropsy. Suppressed micturition is most favourable indication. General anasarca due to renal diseases.

### *Lonicera xylosteum*

It is important medicine used in uremic convulsion due to accumulation of of high level of toxins in blood.

### *Mercurius corrosivus*

It has destructive action on the secreting portion of kidneys hence used successively in severe case of nephritis where damage is much more. Brights disease. Urine hot, burning, scanty, suppressed, bloody, albuminous with characteristic tenesmus. Albuminuria in early pregnancy.

### *Mercurius cyanatus*

Useful medicine in acute nephritis. Dysuria with scanty and amber colour urine. Nephritis with great debility and chilliness. Suppression of urine.

### *Methylene blue*

Indicated in acute parenchymatous nephritis. Post scarlatinal nephritis. Urine acquires a green color. Surgical condition of kidney with a large amount of pus in the urine.

### *Morphinum*

Paresis of the bladder. Slow and difficult micturition. Uremia, acute and chronic. Aching across the lumbosacral region; cannot walk erect. Tongue very dry, brown violent in the middle.

### *Natrium hypochlorosum*

Indicated in diffuse nephritis. Dark urine with albumin and cast. Severe pain across the lumbosacral region.

### *Ocimum canum*

Very efficacious medicine in kidney diseases. Red sand in urine is its chief characteristic and frequently verified. Renal colic especially of right side. High acidic urine, formation of spike crystals of uric acid. Thick, turbid, purulent, bloody. Brick dust red or yellow sediment. Odor of musk in urine.

### *Oxydendron abroreum*

A remedy for dropsy; ascites and anasarca. Urine suppressed. Bright's disease.

### *Phlorizinum*

It compels the secretory epithelium of the kidney to break down serum albumin into sugar.

### *Radium bromatum*

Indicated in renal irritation, albuminaria, granular, and hyaline casts. Increased elimination of solids, particularly of chlorides. Nephritis with rheumatic symptoms.

### *Senecio aureus*

Urinary organs affected in marked degree. Violent backache with congested kidney. Scanty, high colored, bloody with profuse mucus and tenesmus. Great heat and constant urging. Nephritis. Irritable bladder of children with headache (minimal change nephritis).

### *Senega*

Urine greatly diminished; loaded with shreds and mucus; scalding before and after micturition. Back bursting distending pain in kidney region (nephritis).

### *Senna*

Where the system is broken down, bowel constipated, muscular weakness, and waste of nitrogenous materials, senna will act as tonic. Oxaluria, with excess of urea; increased specific gravity. Hyperazoturia, phosphaturia, and acetonuria.

### *Serum anguillae*

The presence of albumin and renal elements in urine, hemoglobinuria, prolonged anuria (24 and 26 hours). Whenever kidney is acutely affected, either from cold, intoxication or infection and resulting in oliguria, anuria, and albuminuria. Eminently efficacious to re-establish diuresis, and it rapidly arrest albuminuria. Hypertension and oliguria without oedema.

### *Solidago virgaurea*

Kidneys sensitive to pressure. Difficult and scanty urine, reddish brown, thick sediment. Albuminuria, haematuria. Pain in kidneys extend forward to the abdomen and bladder. Offensive urine. Sometimes makes the use of catheter unnecessary. Backache due to renal congestion. Bright's disease.

### *Stigmata maydis*

Uric and phosphatic diathesis. Marked oedema of the lower extremities and scanty micturition. Suppression and retention of urine. Nephritic colic; blood and red sand in urine. Tenesmus after micturating.

### *Sumbulus moschatus*

Important medicine where oily pellicle present on the surface of urine which indicates high amount of ketone bodies in urine. Hence, indicated in renal failure of uncontrolled diabetics patient.

### *Terebinthiniae oleum*

It is very efficacious remedy in nephritis following any acute disease. Urine suppressed, scanty, odour of violets. Burning pain in the region of kidneys. Drawing pain in the right kidney extending to the hip. Bright's disease preceded by dropsy.

### *Uranium nitricum*

It is important medicine in nephritis and renal failure due to uncontrolled diabetes. Great emaciation, debility and a tendency to ascites with general dropsy. Act as diuretic.

### *Urea*

A hydrogogue diuretic in the treatment of dropsies. Renal dropsy with symptoms of general intoxication. Albuminuria, diabetes; uraemia. Urine thin and of low specific gravity.

### Zingiber officinale

Complete cessation of renal function. Complete suppression after typhoid. Albuminuria. Urine thick, turbid, with strong odour. After micturating, continues to ooze in drops.

## Discussion and conclusion

Although our vast materia medica is full of rare remedies but still these are infrequently used remedies in prescriptions by homoeopathic physicians. But when we are not getting the clear picture of disease due to extensive pathology involved or application of individual medicine is not possible due to paucity of symptoms, these rare medicines are of much importance. This literature review was undertaken with an aim to highlight the uses of rare remedies in the treatment of acute renal failure which are beautifully described in materia medica but due to lack of awareness these are infrequently or rarely appearing on the pen of homoeopathic physician.

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# A few lesser known remedies for chronic kidney disease

*Dr Kanika Malhotra, Dr Vibhu Malhotra and Dr Yashika Arora*

**Abstract:** When the well proved remedies are not indicated in a case or they have failed to bring substantial curative changes, the lesser known remedies must be considered. The following article discusses a few lesser known, rare remedies which may prove to be beneficial in the management of chronic kidney disease cases, when prescribed on the basis of totality of symptoms.

**Keywords:** armamentarium, *Tribulus terrestris, Convallaria majus*, chronic kidney disease, *Convallaria majalis, Aurum muriaticum, Mitchella repens, Cuprum arsenicosum*.

## Introduction

In aphorism 164, Master Hahnemann has mentioned:

'*The small number of homoeopathic symptoms present in the best selected medicine is no obstacle to the cure in cases where these few medicinal symptoms are chiefly of an uncommon kind and such as are peculiarly distinctive (characteristics) of the disease; the cure takes place under such circumstances without any particular disturbance*."[1]

Many experienced physicians, after identifying a few keynotes of lesser known remedies, prescribe them for various cases with great success. For those physicians who wish to add to their **armamentarium**, a few lesser known remedies for chronic kidney disease are being discussed below.

***Tribulus terrestris***, an annual shrub found in Mediterranean, subtropical, and desert climate regions around the world, viz. **India**, China, southern USA, Mexico, Spain, and Bulgaria, belongs to zygophyllaceae family and is commonly known as ***Gokshur*** or ***Gokharu*** or puncture vine. Its constitutes a variety of chemical constituents such as flavonoids, flavonol glycosides, steroidal saponins, and alkaloids, because of which *Tribulus terrestris* possesses the medicinal properties as a diuretic, aphrodisiac, antiurolithic, immunomodulatory, antidiabetic, absorption enhancing, hypolipidaemic, cardiac and nervous tonic, hepatoprotective, anti-inflammatory, analgesic, antispasmodic, anticancer, antibacterial, antihelmintic, larvicidal, and anticarciogenic. The diuretic properties of *Tribulus terrestris* are attributed to the presence of large quantities of nitrates, potassium salts, and essential oil present in its fruits and seeds. The diuretic action of *Tribulus terrestris* makes it useful as an anti-hypertensive agent as well.[2] Hormonal effects of *Tribulus terrestris* were evaluated in primates, rabbit and rat to identify its usefulness in the management of erectile dysfunction as it helps to increase some sex hormones, due to the presence of protodioscin in the extract.[3] The antiurolithic activity of *Tribulus terrestris* is attributed to its inhibition of glycolate oxidase enzyme due to the presence of active components like quercetin and kaempherol. Saponin from *Tribulus terrestris* also possesses hypoglycaemic properties. [2] Dr Boericke has mentioned about this east Indian drug, as useful in urinary affections, especially dysuria, and in debilitated states of the sexual organs, as expressed in seminal weakness, ready emissions and impoverished semen. Prostatitis, calculous affections and sexual neurasthenia. It meets the auto-traumatism of masturbation correcting the emissions and spermatorrhoea. Partial impotence caused by overindulgence of advancing age, or when accompanied by urinary symptoms, incontinence, painful micturition, etc.[4] Dr Robin Murphy has quoted *Tribulus terrestris* for kidney stones, sexual neuraesthenia, dysuria, prostatitis, self-abuse of masturbation, impotence caused by overindulgence of advancing age, or when accompanied by urinary symptoms like incontinence, painful urination, etc.[5]

***Convallaria majalis*** is found to be useful in nephritis caused due to heart disorders, with irregular heart rate, oedema, or hypertension.[6] For aching in bladder; feels distended. Frequent urination; offensive; scanty urine. A research study on "Effect of *Convallaria majalis* on kidney function" by Tooba Lateef, Hafsa Rukash, Faiza Bibi, Muhammad Bilal Azmi and Shamim Akhtar Qureshi, proved that the alcoholic extract of *Convallaria majalis* 10mg/kg was found as a significant hypouricaemic agent.[7] For dropsies

of cardiac origin, especially in women having soreness in uterine region.[8]

***Aurum muriaticum*** is used to cure diseases like bright's disease (morbus brightii) that may be caused by gout or syphilis. It helps in reducing the irritability of the digestive tract and ensures that the nervous system functions properly. Vertigo is a common outcome of bright's disease. *Aurum muriaticum* helps keep vertigo in control. [6] Dropsical states from heart disease, from liver affections, with albumin in the urine after scarlet fever or with intermittent fever. Frequent urination day and night, but worse during the night. Urine dribbles. Increased flow of urine. Urine turbid, reddish sediment. [9]

***Cuprum arsenicosum*** is beneficial for painful urination, discoloured urine and kidney function. [6] For deficient kidney action. Uraemic convulsions, headache, vertigo and unconscious conditions resulting from brain oedema. Nephritis of pregnancy. Renal inefficiency and uraemia. Garlicky odour. Diabetes. Urine of high specific gravity; increased, acetones and diacetic acid. [4] Pain in sacral region, with frequent urging to urinate. Dark red urine; burning pain during and after urination. Strong smelling urine; odour of garlic. [10]

*Mitchella repens* (partridge berry) may be used for irritation at neck of bladder with urging to urinate, dysuria. Catarrh of bladder. Bladder symptoms accompany complaints, especially uterine congestion, cystitis, dysmenorrhoea, and uterine haemorrhage.[4] Heat in kidneys; dull pain in kidneys. Uneasiness in neck of bladder, urging to urinate; burning; 11 a.m. Urethra (female) and neck of bladder swollen and irritated. Increased quantity of urine. Urine high-coloured, white sediment. Catarrh of bladder, especially in women. Dysuria accompanying uterine complaints. T. C. Duncan, in his proving, induced pains and burning in the kidneys, and H. P. Hale, who observed the effect on a woman, has recorded some characteristic symptoms in the urinary and uterine sphere. A leading indication is congestion of the uterus with bladder irritation as a concomitant. [10]

## Conclusion

Sometimes, the well proved medicines do not produce desirable result in the patients suffering from chronic kidney disease, and then the lesser known remedies may help in such critical cases. Hence, clinical tips discussed above can prove to be very helpful in dealing with such cases. More research can be undertaken to prove the efficacy of the curative power of these lesser known remedies in the management of chronic kidney disease. Clinical verification studies on lesser known medicines will help to increase the symptomatology of these rare medicines and also develop a firm belief on clinical effectiveness of the same in homoeopathic fraternity.

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# Epidemics and the role of homoeopathy: since then till now

*Dr Yashvi Mandavia*

**Abstract:** With the advent of Louis Pasteur's discovery, the concept of preventive medicine opened up. Gradually the concept grew broader and by 1900s the concept of preventive medicine in non infectious diseases also started blooming. The homoeopathic literature is evident of its role in prevention and treatment of epidemic diseases. This work is an attempt to highlight all such important milestones in the field of homoeopathy during various outbreaks of epidemic diseases till now.

**Keywords:** epidemics, homoeopathy, preventive healthcare, genus epidemicus, COVID-19.

**Abbreviations:** COVID-19 – coronavirus infectious disease 2019, BC – before christ, HPI – Homoeopathic Pharmacopoeia of India.

## Introduction

Since the hunting-gathering days of humanity communicable diseases have been existed but since around 10,000 years of the shift to agricultural life the spread of these diseases have been more facilitated. An insight into homoeopathic literature and the results of recent studies undertaken are evident of the significance of homoeopathy in epidemic diseases.

## Epidemic diseases

The earliest recorded pandemic was in 430 BC, during Peloponnesian war [(1)]. There have been number of epidemic/pandemic outbreaks till now however the most fatal pandemic recorded in history till date was black death (the plague). It killed around 75- 200 million people during 14th century [(2)].

Table 1 enlists the important epidemic/ pandemic outbreaks till now and the effects caused by them [(2)(3)]:

## Homoeopathy in epidemics/ pandemics:

Dr Hahnemann even before the discovery of homoeopathy elaborately discussed various measures for preventing diseases in general with special reference to communicable diseases and importance of sanitation[(4)]. The explanation regarding epidemic diseases, their classification, prevention, management, miasm had been elaborately written by him. The details about the prevention of epidemic diseases and their outcome have must be known in order to understand the role of homoeopathy in epidemic diseases. Three methods of Homoeoprophylaxis can be described as under [(7)].

1. By finding a GENUS EPIDEMICUS: Though the term "genus epidemicus" had not been directly used by Dr Hahnemann but his writings express this concept (aphorism 73, 101, and 241). The concept of genus epidemicus was firstly given by Hippocrates and was later taken up by Paracelsus as well. The first recorded use of prophylaxis by Hahnemann was the preventive of scarlet fever by using belladonna [(4)]. Table 2 shows the use of belladonna as preventive for scarlet fever by various stalwarts and the results obtained [(4) (8) (9) (10)] . Table 3 explains about the cholera epidemic [(4) (9)]. Table 4 explains about the same in other epidemic outbreaks [(4) (10) (11)].
2. By administering NOSODE. The earliest development of concepts and use of nosodes is found by Hahnemann and Constantine Hering. Today, on the basis of preparation of nosodes the HPI has classified them into 4 groups [(11)(12)] . Table 5 shows the use of nosodes as homoeoprophylaxis with their outcomes [(13-24)]:
3. By using the constitutional medicine: The constitutional medicine would be able to strengthen a person's vital force and thereby raising his overall immunity against stress and diseases. It would remove predispositions of an individual.

### The activies by ccrh in differnt epidemic outbreaks

Various relief camps had been carried out by CCRH during the outbreaks of communicable diseases for prevention as well as treatment. Table 6 below shows the information on documented records of CCRH.[(25)]

### Homoeopathy in covid-19 outbreak

Recently a new strain of virus was found in Wuhan, china in December 2019 and it presented in the form of NCIP (novel corona virus infected

pneumonia [26]. India recorded its first COVID – 19 case on 30th January 2020 in Kerala, that rose to 3 cases by 3rd February [27]. In India, the ministry of AYUSH had been notified by the government to undertake various research works in the field of Ayurveda, Yoga, Unani, Siddha and Homoeopathy [28]. Arsenicum album 30 was the suggested homoeopathic prophylactic medicine. In April 2020, LMHI presents the newsletter to WHO addressing the viability of homoeopathy in epidemic diseases and requested WHO to consider homoeopathic mode of treatment as viable approach of treatment for COVID patients. Further it published data in April, May and June 2020 regarding the clinical experience of treating patients with COVID, including the reportorial analysis, presentation of symptoms in patients and results [29]. In Italy, the studies was undertaken with 50 patients who were symptomatic and COVID positive and were treated homeopathically under extra hospital home isolation regimen. As a result hospitalization rate in these 50 patients was 0[30]. The American Institute of homoeopathy through their study revealed the effectiveness of *Bryonia alba* and *Arsenicum album* in this situation [31].

## Conclusion

Thus the detailed study of the use of homoeopathic medicines as prophylaxis and in treatment of epidemic diseases along with the results shows the efficacy of this mode of treatment.

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**Tables are see on page 39, 42 and 78.**

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*Contd. on pg 39*

# Study on the evolution of miasm in the cases of Renal failure-homoeopathic understanding

***Dr Manila Kumari***

**Abstract:** Dr Hahnemann's discovery of miasm has expanded to dimension of understanding the causative factors of disease in depth. Evolution of disease patterns are better reflected and explained though the miasm understanding. It has widened the applicability of homoeopathic medicines to the extent of providing cure. Its role in the chronic nature of renal failure has great possibilities to provide better management and cure.

**Keywords:** Miasm, renal failure.

**Abbreviations:** CKD: chronic kidney disease, GFR: glomerular filtration rate, GBM: glomerular basement membrane, PCT: proximal convoluted tubule.

## Introduction

Homoeopathy is one of the fastest growing powerful alternative medicines available today which triggers the body's own self healing abilities. Dr Hahnemann spent twelve years of his life investigating miasms which is responsible for both, acute and chronic diseases. For the cure, similarity of symptoms is not enough, apart from this similarity of miasms is also desired. Remedy should be based on the totality grouping of the disturbed or active, chronic miasm. [1]

Hahnemann spent twelve years of his life to discover miasm analysing his relapse and uncured cases. Relapses were in changed form but the residual symptoms remained the same. *Organon of Medicine* mentioned this phenomenon as "RELIC OF DISEASE" in § 194.[2]

Allopathic perspective of the "disease" is that it is only an object which needs to be removed as they regard the organic abnormality as disease. Homoeopathic concept admits that it is never possible to know the disease-human knowledge will never go so far.[3]

The action of the miasms is to make gaps and breaches in nature that the debilitated life forces cannot repair. They deform the body, dull the intellect and destroy reason. They are co-workers with sin and with death. They are like enemies entrenched, attacking us at all our weak points, recede and advance and recede.[4]

Hahnemann discovered that the chronic diseases nearly always had a pattern that could be related to psora, sycosis, syphilis. [5] Psora is the real cause of all diseases- that all diseases are only temporary outbursts of latent psora. Psora alone is never able to cause any change in the structure. Structural changes do not come in all in, unless there is atleast one of the other two miasm, sycosis and syphilis. Two conditions are needed for structural changes: first is time; second is sycosis or syphilis, or both, against a psoric background.[6]

The disease states could be beautifully worked out on the framework of miasm and the patient understood better; it become easier to arrive at the remedy. Depending on the intensity of the roots, the person is carried through to the various stages of pathology. One should remember that it is not the pathology which shows the miasm but the state. The pathology per se is not as important as what is characteristic of the pathology in that individual. We have to find what is the state that indicates the miasm rather than finding the miasm on the basis of the pathology.[7]

With the constant evolution of the homoeopathy, the pathological symptoms have also been given importance which has been seen through Boger's repertory. With the advancement of the pathological progress of the disease or natural history of the disease conditions can be well found and the stage of the pathological advancement of the disease can be diagnosed.

Signs and symptoms precede the pathological changes. With the natural course of disease, as the pathology advances so does the sign and symptoms changes or intensifies. Knowing the stage of pathology, the prognosis can be better understood and so does the condition of the patient better evaluated. Location, sensation, and modalities are the expression of symptom where location is the element in pathology. Pathological similarity is also needed along with symptom similarity.

A disease state is usually a combination of miasms with its main focus on one miasm.

## Miasmatic interpretation of chronic kidney disease

Kidney develops from within the intermediate mesoderm, early

nephrons develop from induction of primary mesenchymal cells. It is most highly differentiated organ in the body. The kidneys are important for maintaining the body's internal balance, especially of water and minerals( sodium, potassium, chloride, phosphate, magnesium, sulphate, etc.); acid-base balance and removal of fuel or drug metabolites. [8] The kidneys also function as a part of the endocrine system and produce erythropoietin and calcitriol, thrombopoietin, renin and prostaglandin performing hemopoietic function, regulation of blood calcium level; regulation of blood pressure by regulating the volume of extracellular fluid and through Renin-angiotensin mechanism.[9]

Chronic kidney disease is defined as an abnormality of kidney structure or function for ≥ 3 months. The most common causes of CKD are diabetes mellitus, hypertension and glomerulonephritis. There is permanent and irreversible impairment of both- glomerular and tubular function of gradual onset of such severity that kidneys are no longer able to maintain the internal environment. The rate of progression is variable and it may take months or many years to reach end stage renal disease. This represents a stage of renal CKD where accumulation of toxins, fluid and electrolytes normally excreted by the kidney results in uraemic syndrome. This syndrome leads to death of the patient unless toxins are removed by any means.

Homoeopathic consideration of CKD observed through cases has built an understanding that the development of the disease itself is the ultimate. An individual case needs proper understanding of the circumstantial factors which led to the development of the disease. Miasmatic background has to be evolved in this manner. CKD is a representative chronic syndrome, since it is characterized by a gradual progression and multifactorial nature. Significant number of diseases can lead to the manifestation of CKD, and notably, many of them are idiopathic.

Considering the end stage renal disease, it is essentially syco-syphilitic in nature owing to nature of the symptoms. However the developmental stages of renal failure involves different pathological changes, and these changes will decide the miasmatic preponderance at that stage.

## Pathophysiology

Diabetes mellitus - Renal involvement is one of the complication and a leading cause of death in diabetes( in about more than 10% of diabetics).Renal complications are more severe , develop early and more frequently in type1 diabetes mellitus (30-40% cases) than in type2 diabetes mellitus ( about 20% cases).Renal involvement in diabetics is a slow progressive process undergoing different stages. initially there is loss of autoregulation mechanism in kidney, with slight reduction in GFR, systemic hypertension as clinical finding. With progression there is renal hyperperfusion; hyperfilteration and endothelial damage in kidney leading to deposition of protein in mesangium causing glomerulosclerosis which ultimately without treatment leads to renal failure.There are four types of renal lesions found , which include diabetic glomerulosclerosis—of diffuse and nodular type; vascular lesion; diabetic pyelonephritis, and tubular lesion.

Diffuse glomerulosclerosis are one of the most common lesions. Pathological changes include thickening of GBM and there is diffuse increase in mesangial matrix with mild proliferation of mesangial cells, exudative lesions like capsular hyaline drops and fibrin caps present ( hyaline arteriosclerosis). Nodular lesion called kimmelstiel wilson lesion; nodules are ovoid or spherical laminated hyaline acellular mass located within lobule of glomerulus. With the enlargement of nodular lesion, it compreses capillaries and obliterate the glomerular tuft causing renal ischaemia which further cause tubular atrophy, interstitial fibrosis leading to small contracted kidney.

If diabetes is not controlled, patient become susceptible to bacterial infection, papillary necrosis leading to pyelonephritis. In untreated diabetes mellitus, who have extremely high blood sugar level, the epithelial cells of PCT develop extensive glycogen deposits appearing as vacuoles called armanni-ebstein lesion.[10]

Hypertension leads to thickening of the walls and narrowing of the arterial opening (atherosclerosis).Transmission of elevated pressure on unprotected glomerulus with ensuing hyperfilteration ana hypertrophy. This leads to inadequate blood flow to renal cells causing tubular atrophy, interstitial fibrosis and glomerular alteration. Scarring around glomeruli occurs.

Glomerular disease due to deposition of immune complex which results in injury to the glomerulus, proliferation of inflammatory process with release of growth factors, producing fibrotic changes collagenising leading irreversible changes. All these causes renal cortices to shrink, atrophy of tubules and hyalinisation of glomeruli.[11]

## Miasmatic evolution of renal failure[12]

| | Psoric stage | Sycotic stage | Syphilitic stage |
|---|---|---|---|
| **Symptoms in prodromal stage** | Hypertension | Narrowness of blood vessels leads towards HTN | |
| | Emotional disturbances like anxieties, anger, worries or grief, etc. | | |
| **Symptoms of early stage** | Retention of urine : when expose to cold weather , fright | Renal dropsy as in case of nephrotic syndrome | Secondary hypertension and malignant hypertension |
| | Involuntary urination due to : sneezing, laughing, coughing | Thickening of glomerular basement membrane | |
| | Burning micturition due to dehydration | Excessive fats deposition | |
| | Urine: colourless, pale, copious | Hypertrophy of organs | |
| | Recurrent urinary tract infection | Accumulation of fluid in body | |
| | Albuminuria | Obesity; | |
| | | Haematuria; chyluria | |
| | | Myeloid hyperplasia | |
| Symptoms of advanced stage | | Glomerulosclerosis | Glomerulosclerosis |
| | | Renal fibrosis | Renal fibrosis |
| | | Gouty kidney | Chronic renal failure with loss of nephron |
| | | Stricture of urethra | Complete atrophy of kidney |
| | | | Destructive changes in vital organs |

## Discussion and conclusion

Renal failure represents the ultimate condition of the pathological changes that has happened in the diseased individual. The predisposition to this condition is generally attributed to the miasmatic predominance. A miasm is the body's predisposition for certain categories of diseases and something that hinders the action of the homeopathic remedy. A characteristic example in kidney failure is the structural and functional impairment of the nephrons, which are unable to maintain the body's homeostasis. This could be true for patients with CKD, in which miasmatic conditions potentially affect the body's structure. Accordingly, in some CKD cases, the behavior of the "sick" system is predefined by its composition. Thus proper evaluation of the 'state' is important for maisamatic diagnosis of the patient. This will help in the selection of similimum.

In conclusion, the multifactorial nature of CKD and the complexity of the human body should be approached both through the homeopathic theory of disease suppression, as well as that of miasms.

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# A case study on vitiligo

*Dr Sujata Naik*

**Abstract:** Vitiligo, also known as leucoderma, is an autoimmune skin condition that results in the loss of melanin pigment. It is difficult to treat and is associated with psychological distress. Homoeopathic treatment for patients is holistic and individualistic. Following case showed sufficient characteristic symptoms to enable the choice of a simillimum. It also effectively highlights the importance of careful observation and eliciting the keynote, characteristic symptoms.

**Keywords**: Vitiligo, leukoderma, autoimmune disease, depigmentation, melanin, melanocytes

**Abbreviations:** Melanin concentrating hormone (MCH), SV-segmental vitiligo, tumour necrosis factor-$\alpha$ (TNF-$\alpha$), interferon-$\gamma$ (IFN-$\gamma$), interleukin (IL), International classification of diseases (ICD), vitiligo (VTLG), hepatitis C virus (HCV), human immunodeficiency virus (HIV)

## Introduction

The case selected is of, vitiligo, which is because of loss of skin colour in patches. The discoloured areas usually get bigger with time. This particular case showed sufficient characteristic symptoms to enable the choice of simillimum. Therefore, it is perfect taken homoeopathic case in all respects.

This acquired depigmentation disorder manifests as white macules on the skin, and can cause significant psychological stress and stigmatisation. The triggers, which range from sunburn to mechanical trauma and chemical exposures, ultimately cause an autoimmune response that targets melanocytes, driving progressive skin depigmentation.[1]

### Aetiology

The exact aetiology of vitiligo is unknown. The inheritance of vitiligo may also include genes associated with the biosynthesis of melanin, regulation of auto-antibodies, and response to oxidative stress. [2]Generalised vitiligo is an acquired disorder in which white patches of skin and overlying hair result from autoimmune loss of melanocytes from involved areas. [3]

## Theories for vitiligo pathogenesis[4]

### The neural theory

This was based on the fact that SV follows the course of the dermatome with exhibiting hyperhidrosis and emotional upset.[5]

### The autoimmune hypothesis

The aetio-pathogenesis of "generalised" or non-segmental vitiligo is better explained by autoimmune mechanisms.[6] The reaction of immunity are cell-mediated, humoral (antibody-mediated), or through the cytokines.

### The biochemical theory

Oxidative stress hypothesis suggests that imbalanced redox (reduction-oxidation) state of the vitiliginous skin. This results in the dramatic production of reactive oxygen species (ROS), as $H_2O_2$. ROS oxidise components of the cell leading to melanocytes destruction and creating the depigmented macules.[7]

### Viral theory

There is a strong association between vitiligo and chronic hepatitis C virus (HCV) infection and autoimmune hepatitis[8]and Epstein-Barr virus, hepatitis E virus, herpes virus and the human immunodeficiency virus (HIV) also have suspicious association with vitiligo.[9]

### Symptoms

The only symptom of vitiligo is the appearance of flat white spots or patches on the skin. The first white spot that becomes noticeable is often in an area that tends to be exposed to the sun. It starts as a simple spot, a little paler than the rest of the skin, but as time passes, this spot becomes paler until it turns white. The patches are irregular in shape. At times, the edges can become a little inflamed with a slight red tone, sometimes resulting in itchiness. Normally, however, it does not cause any discomfort, irritation, soreness, or dryness in the skin.

Vitiligo can be divided into segmental vitiligo (SV) and vitiligo/non-segmental vitiligo (NSV).[10]

Current treatment options include:

1. Regulation of the autoimmune response using topical and systemic immunomodulatory agents (corticosteroids and calcineurin inhibitors).
2. Decrease in oxidative stress in melanocytes by means of topical and systemic antioxidants.
3. Activation of melanocyte regeneration using phototherapy and transplantation of pigment cells.
4. Patients should be educated in techniques for cosmetic camouflage. Cosmetic options include make-up, self-tanners, and skin dyes[11]

Due to side effects[12], patient compliance for long term treatment with conventional medicine is poor and recurrence of vitiligo is highly likely. Homoeopathy may provide long term relief for vitiligo as it addresses the root cause of the disease, while considering triggering factors and modalities related to the disease.

## Case study

A 10 years old, pre pubertal girl came to our clinic with her mother on 1/2/2019, with complaint of appearance of a hypopigmented patch, about 2.5 cm in diameter on the left side of her chin, increasing rapidly for 2 weeks. No history of any skin ailment in the past. Skin patch shown to a dermatologist, diagnosed as vitiligo 3 months ago. Advised Deplin cream and Decdan B for local application, but no significant change noted.

| Location | Sensation | Modalities | Concomitant |
|---|---|---|---|
| Face -Left side of chin | No sensation | Nothing Specific | Nothing Specific |

**On examination:** Hypopigmented patch, about 2.5 cm in diameter on the left side of her chin**.** There is no itching, redness, roughness of the skin. Discolouration changes from brown to pink to white

### Past history

Patient had history of repeated cold and cough with episodes of wheezing better by asthalin inhaler.

### Mother's pregnancy history

Mother- Mother conceived the patient after 2 elective abortions, as she did not want to have a child, due to differences with the father. However, the parents made up and decided to have a child through intrauterine insemination.

**Personal history-** The patient's appetite, thirst, stool and urine were normal. Perspiration was profuse, all over the body. Patient had a strong craving for eggs and has one every day.

### Mental generals

Patient was extremely sensitive to parents' quarrels as she loved both dearly. Continuous conflict at home affected the child as the parents used the word 'separation ' quite often. She was now very afraid of being left alone. A sensitive, mature and conscientious child became introvert, nervous with low confidence. She was afraid of staying alone and wants somebody in the room.

### Life space

Patient stays with her mother in Mumbai. Her parents separated when she was 8 years old. Father was extremely aggressive and abusive leading to constant fights between parents. She subsequently moved to her grandparent's residence with her mother and got extremely attached to her grandmother, who looked after her. Mother is a control freak and wants everything in order.

### Diagnosis analysis

1. Clinical diagnosis – vitiligo (ICD-10-CM Code L80)[13]
2. Reasoning:
   a) Location
   b) Appearance of lesion was coin sized patch, pale, discoloured with ill-defined margins

## Differential diagnosis [14,15]

- Congenital depigmentation
- Albinism
- Tuberous sclerosis
- Chemical depigmentation
- Psoriasis
- Atopic dermatitis
- Lichen sclerosis
- Pityriasis alba
- Pityriasis rosea
- Post inflammatory hypopigmentation
- Tinea versicolor
- Tinea incognito
- Neoplastic

| Symptoms | Type | Intensity (on scale 1 to 5) |
|---|---|---|
| Fear of separation | characteristic mental symptom | 5+ |
| Insecurity | characteristic mental symptom | 5+ |
| Abandoned, forsaken feeling | characteristic mental symptom | 5+ |
| Company, desire for | characteristic mental symptom | 5+ |
| Confidence, want of | characteristic mental symptom | 5+ |
| Desire eggs | characteristic physical general symptom | 4+ |
| White spot vitiligo | characteristic physical general symptom | 5+ |
| White discolouration skin | characteristic physical general symptom | 4+ |

### Rubrics chosen after case analysis

1. insecurity
2. fear separation of
3. abandoned, forsaken feeling
4. company, desire for
5. confidence, want of
6. desires eggs
7. white spots, vitiligo
8. white discolouration, skin

## Repertorisation[16]

| Remedy | Calc | Ars | Sil | Aur | Nat-c | Puls | Merc | Lyc | Phos | Sep |
|---|---|---|---|---|---|---|---|---|---|---|
| Totality | 20 | 20 | 16 | 14 | 14 | 14 | 13 | 13 | 11 | 11 |
| Symptoms Covered | 8 | 6 | 6 | 6 | 5 | 5 | 5 | 4 | 5 | 5 |
| [Complete ] [Mind]Insecurity: | 3 | 3 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 |
| [Complete ] [Mind]Fear:Separation, of: | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| [Complete ] [Mind]Forsaken feeling: | 1 | 3 | 1 | 4 | 3 | 4 | 3 | 1 | 1 | 1 |
| [Complete ] [Mind]Company:Desire for: | 3 | 4 | 1 | 1 | 4 | 3 | 4 | 4 | 4 | 3 |
| [Complete ] [Mind]Confidence:Want of self: | 3 | 3 | 4 | 3 | 1 | 3 | 1 | 4 | 1 | 1 |
| [Complete ] [Generalities]Food and drinks:Eggs:Desires: | 4 | 0 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| [Complete ] [Skin]White:Spots, vitiligo: | 3 | 4 | 4 | 3 | 4 | 0 | 3 | 0 | 3 | 4 |
| [Kent ] [Skin] Discoloration:White:Spots: | 2 | 3 | 3 | 2 | 2 | 0 | 2 | 0 | 2 | 2 |

### Remedy analysis and discussion

After repertorisation, the main remedies that could be considered included *Calcarea carbonicum* (20/8), *Arsenicum album* (20/6), *Silicea terra* (16/6). *Arsenicum album* doesn't have desire for eggs which is marked in this case. Also, *Arsenicum album* has great restlessness and intense thirst [17]. *Silicea terra* also comes very close to *Calcarea carbonicum* as it covers most of the symptoms of the patient. But, main theme of case is INSECURITY, FEAR OF SEPARATION as felt by patient is only covered by *Calcarea carbonicum*.[18]

## Remedy reasoning

*Calcarea carbonicum* covered all the physical symptoms as well the mental and emotional state of patient. The feeling of insecurity because of parents' continuous quarrels and their separation traumatised patient. This resulted in a sensitive, mature and conscientious child become introvert, nervous with low confidence and sense of isolation is marked, following parents' separation along with the marked desire for eggs[19] makes *Calcarea carbonicum* a perfect prescription.

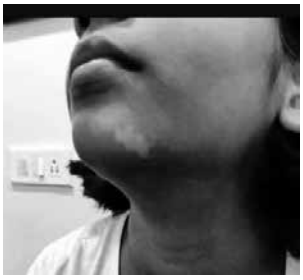
### Prescription

***Calcarea carbonicum* 30C/ single dose.**

### Follow up

| Date | Follow up | Remedy | Reason |
|---|---|---|---|
| 1 March 2019 | No new spots noted, original spots turning to brown | Placebo | Since the action of the previous given remedy was continuing and no new symptoms were noticed.[20] |
| 2 April 2019 | No new symptoms. No change in symptoms since last follow up. | *Calcarea carbonicum* 200 prescribed | *Calcarea carbonicum* continued to be the indicated remedy as no new symptoms were observed, yet no further improvement was noted. Therefore potency was increased. |
| 1 May 2019 | Skin symptoms decreased. Patient still has lack of confidence and feeling of insecurity. | *Calcarea carbonicum* 1M prescribed | The more similar the remedy, the greater the susceptibility to that remedy, and higher the potency required.[21] |

| | | | |
|---|---|---|---|
| 3 June 2019 | No new eruptions. Patient became confident. Insecurity feeling no more present | Advised to stop treatment | |

| | |
|---|---|
|  |  |
| Before | After |

## Inference and conclusion:

For disease like vitiligo, constitutional prescribing is very important to get complete cure. Since it was paediatric case, eliciting the mental symptoms was difficult and keen observation of patient throughout the case taking was essential. Physician's focus should be to get main theme of case, which in this case, was "INSECURITY".

This case effectively highlights the importance of careful observation and eliciting keynote, characteristic symptoms in a particular case.

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***Dr Sujata Naik,*** *a clinically trained Homoeopath, has done her graduation from CMP Homoeopathy Medical College, Mumbai and Post-graduation, M.D. in Homoeopathic Repertory, from Mumbai University. She has been practising extensively in Mumbai for last 32 years across 3 centres with thousands of patients from India and abroad. She is also running a charitable OPD in Konkan region of Rural Maharashtra at BKL Walawalkar Hospital, for the past 7 years with great success. Have successfully made inroads at grass root level where Homoeopathy has been previously unheard of. With a team of passionate Homoeopaths, Dr. Naik has been involved in several research projects, including the one on Homoeopathic management of chemotherapy induced peripheral neuropathy. Dr Sujata received the best oral presentation award for her research study on "Homoeopathic treatment of resistant oral candiasis in patients with cancer" at 4th International Conference on Integrative Oncology held at Kochi, Kerala in February 2020. As first International affiliate member of Faculty of Homeopathy, UK, Dr Naik has been invited to hold clinical sessions for General practitioners and homoeopaths on various topics. Dr Sujata Naik was awarded the 1st place for her Research Poster Presentation on PCOS and its homoeopathic managementat the 1st International Conference on Alternative Medicine held by AYUSH (The Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) in November 2017 at Dubai. Dr Sujata Naik is a profilic writer, columnist, orator and has been regularly invited as a speaker at various National and International Health Forums. Her book "WELLNESS SHOTS" a compilation of Health and Wellness tips posted on social media has been listed by Notion Press in Best seller category.*

■■

# Homoeopathic treatment of oesophageal candidiasis: a case report

*Preeti Verma, Palas Ghosh, Birendra Prasad Srivastava, Aniruddha Banerjee*

**Abstract:** The most prevalent cause of infectious oesophagitis is oesophageal candidiasis. Of patients that have infectious oesophagitis, 88% are from candida albicans. Candida infections of the esophagus are considered opportunistic infections and are seen most commonly in immunosuppressed patients. A case is presented in this paper with radiological evidence of candida infection noted in the esophagus with positive Rapid Urease Test. Malignancy and HIV were excluded. The patient was treated with constitutional homoeopathic medicines – *Nux vomica* 0/1, 16 doses up to *Nux vomica* 0/4 16 doses each. Follow-up imaging at 5 months showed complete resolution of the oesophageal candidiasis. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasises the need of repertorisation in individualised homoeopathic prescription.

**Keywords:** Oesophageal candidiasis; quality of life; homoeopathy; case report.

**Abbreviations:** HIV: human immunodeficiency virus, AIDS: acquired immunodeficiency syndrome, HARRT: highly active antiretroviral therapy, OPD: outpatient department, aqua dist.: distilled water, RUT: rapid urease test, HPUS: United States Homoeopathic Pharmacopoeia, PDF: potential differential field.

## Introduction

The most prevalent cause of infectious oesophagitis is oesophageal candidiasis. Of patients having infectious oesophagitis, 88% are from candida albicans[1]. The most common symptoms include dysphagia, odynophagia, and retrosternal pain. Candida infections of the esophagus are considered opportunistic infections and are seen most commonly in immunosuppressed patients. Candida can be part of the normal oral flora. When host defense mechanisms are impaired, this allows for a proliferation of candida on the oesophageal mucosa forming adherent plaques.[1, 2]

The highest risk factor for developing oesophageal candidiasis is impaired cell-mediated immunity. Immunosuppressed patients at risk for oesophageal candidiasis include HIV positive and AIDS patients, chemotherapy patients, antibiotic therapy, patients on chronic systemic or topical inhaled corticosteroids, diabetes mellitus, and advanced age.[1, 2]

The prevalence of oesophageal candidiasis in HIV-infected patients appears to be decreasing due to the effectiveness of highly active antiretroviral therapy (HARRT) [4]. However, the incidence in non-HIV patients appears to be increasing, possibly due to co-morbidities such as diabetes mellitus or from medications such as antibiotics and corticosteroids. Some studies show that smoking tobacco also correlates with developing oesophageal candidiasis.[2, 3, 4]

Diagnosing oesophageal candidiasis is via upper gastrointestinal endoscopic evaluation. Visualising the candida on the oesophageal mucosa as white plaques or exudates confirms the diagnosis. There may also be mucosal breaks or ulcerations. Biopsies of the plaques can undergo testing for histological confirmation of the infection.[1]

Evidences in support of individualised homoeopathic treatment of oesophageal candidiasis remains compromised; not a single case report could be identified after a careful search in different electronic databases.

## Case study

A female patient, aged 48 years, residing in Gosaba, West Bengal came to the outpatient department of National Institute of Homoeopathy on August 3, 2018 (OPD No. 549882/18) with complaints of aching pain and heaviness of left side of upper abdomen since 8 years which are aggravated after eating with sour eructation and relief after drinking water. There was a concomitant symptom of burning pain in lower abdomen since 3 years, aggravated in empty stomach.

**History of presenting complaints:** Onset gradual, duration 8 years, aching pain in left side of upper abdomen with sour eructation, aggravates after eating and relief by taking cold water, history of allopathic treatment without any remarkable improvement.

**Past history:** Ringworm (tinea corporis) at the age of 31 years.

**Family history:** Father having breathing difficulty (bronchial asthma?)

### Physical generals

- Appetite normal, preferred hot food, sour test in mouth.
- Thirst less, drank little in long intervals.
- Desire for sour spicy food, fatty food, meat.
- Intolerance of milk.
- Urine frequent, clear, offensive.
- Stool regular, sometimes mucoid.
- Sleep adequate.
- Dreams of eating.
- Tongue dry with scanty salivation.
- Thermal reaction: hot patient.
- Menstruation irregular, stays for 3-4 days; black clotted.
- Perspiration moderate, offensive with black staining.

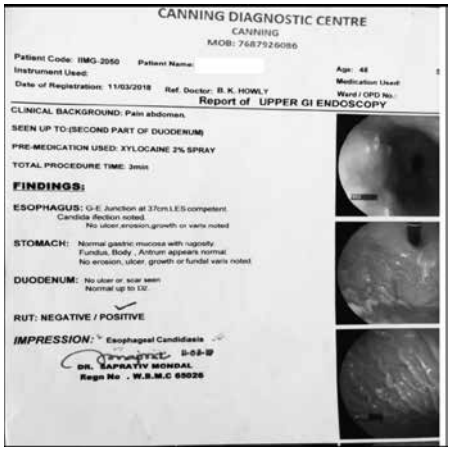
**Mental generals:** Easily irritable, expressive only at home, mild, desire for company.

### Totality of symptoms[5]

- Desire for company.
- Expressive only at home.
- Easily irritable.
- Desire for spicy food, fatty food, meat.
- Intolerance of milk.
- Pain in left side of upper abdomen with sour eructation.
- Past history of ringworm.

**Prescription:** After considering totality of symptoms, prescribed *Nux vomica* 0/1 16 doses in 100 ml aqua dist, one dose every morning in empty stomach. But after completion, some symptoms remain as before. So the case was retaken, followed by evaluation and repertorisation.

**Timeline:** Radiological imaging was done twice during the period of treatment, on March 11, 2018 and August 25, 2018.


CANNING DIAGNOSTIC CENTRE
CANNING
MOB: 7687926086

Patient Code: IIMG-2050 Patient Name:
Instrument Used: Age: 48
Date of Registration: 11/03/2018 Ref. Doctor: B. K. HOWLY Medication Used: Ward / OPD No.:

Report of UPPER GI ENDOSCOPY

CLINICAL BACKGROUND: Pain abdomen.

SEEN UP TO:(SECOND PART OF DUODENUM)

PRE-MEDICATION USED: XYLOCAINE 2% SPRAY

TOTAL PROCEDURE TIME: 3min

**FINDINGS:**

ESOPHAGUS: G-E Junction at 37cm.LES competent. Candida ifection noted. No ulcer,erosion,growth or varix noted

STOMACH: Normal gastric mucosa with rugosity. Fundus, Body , Antrum appears normal. No erosion, ulcer, growth or fundal varix noted.

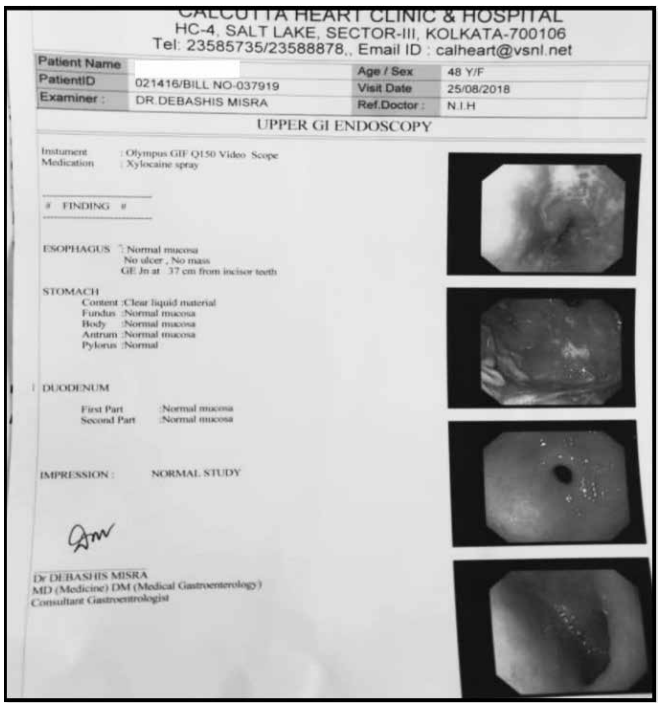
DUODENUM: No ulcer or scar seen. Normal up to D2

RUT: NEGATIVE / POSITIVE

IMPRESSION: Esophageal Candidiasis

DR. SAPRATIV MONDAL
Regn No . W.B.M.C 68026

*Upper gastroesophageal endoscopy on March 11, 2018 shows oesophageal candidiasis with positive RUT*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Tel: 23585735/23588878,, Email ID : calheart@vsnl.net

| | | | |
|---|---|---|---|
| Patient Name | | Age / Sex | 48 Y/F |
| PatientID | 021416/BILL NO-037919 | Visit Date | 25/08/2018 |
| Examiner : | DR.DEBASHIS MISRA | Ref.Doctor : | N.I.H |

UPPER GI ENDOSCOPY

Instument : Olympus GIF Q150 Video Scope
Medication : Xylocaine spray

# FINDING #

ESOPHAGUS : Normal mucosa
No ulcer , No mass
GE Jn at 37 cm from incisor teeth

STOMACH
Content :Clear liquid material
Fundus :Normal mucosa
Body :Normal mucosa
Antrum :Normal mucosa
Pylorus :Normal

DUODENUM
First Part :Normal mucosa
Second Part :Normal mucosa

IMPRESSION : NORMAL STUDY

Dr DEBASHIS MISRA
MD (Medicine) DM (Medical Gastroenterology)
Consultant Gastroentrologist

*Upper gastrointestinal endoscopy on August 25, 2018 showed normal study*

### Evaluation of symptoms

- Mental generals: desire for company, irritability ++.
- Physical generals: desire for fatty food, desire meat, easily satiety of food, aversion to milk, perspiration of offensive odour.
- Characteristic particulars: aching pain in left side of upper abdomen with sour eructation since 5 months.

## Repertorial sheet

**Name: XX, Age: 48, Sex: Female, Address: Gosaba, 24PGS(S)**

| | | | | |
|---|---|---|---|---|
| 1 | 1234 | 1 | MIND - COMPANY, - desire for | 58 |
| 2 | 1234 | 1 | MIND - IRRITABILITY | 245 |
| 3 | 1234 | 1 | STOMACH - DESIRES - fat | 5 |
| 4 | 1234 | 1 | STOMACH - DESIRES - meat | 20 |
| 5 | 1234 | 1 | STOMACH - APPETITE, - easy satiety | 68 |
| 6 | 1234 | 1 | STOMACH - AVERSION to - milk | 30 |
| 7 | 1234 | 1 | ABDOMEN - PAIN, - aching dull pain | 217 |
| 8 | 1234 | 1 | PERSPIRATION - ODOR, - offensive | 59 |

| | nux-v. 7/15 | phos. 6/15 | sep. 6/15 | sulph. 6/13 | ars. 6/12 | merc. 6/9 | lyc. 5/13 | puls. 5/13 | sil. 5/12 | nit-ac. 5/11 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 2 | - | 3 | 1 | 3 | 2 | - | - |
| 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 |
| 3 | 2 | - | - | 2 | 1 | - | - | - | - | 3 |
| 4 | - | - | - | 1 | - | 1 | - | - | - | - |
| 5 | 2 | 2 | 2 | 2 | 1 | 1 | 3 | - | 2 | 1 |
| 6 | 1 | 2 | 2 | 2 | - | - | - | 2 | 2 | - |
| 7 | 2 | 3 | 3 | - | 3 | 1 | 1 | 3 | 2 | 1 |
| 8 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 |

This case was repertorised using the software RADAR®, using *Kent's Repertory*[5]. The reportorial results were analysed giving more importance on the mentals as well as physical general symptoms than particular symptoms for selection of medicine. Fortunately, repertorisation showed highest grade medicine was *Nux vomica* which

already prescribed. Then in subsequent follow-ups from August 11, 2018 to August 27, 2018, potency was gradually increased up to 0/4 with gradual improvement in symptoms with a general improvement.

### Assessment by modified Naranjo score

| Items | Yes | No | Not sure/ Not applicable |
|---|---|---|---|
| 1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed? | +2 | | |
| 2. Did the clinical improvement occur within a plausible time frame relative to the drug intake? | +1 | | |
| 3. Was there an initial aggravation of symptom? | | 0 | |
| 4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed? | +1 | | |
| 5. Did overall wellbeing improve? | | | 0 |
| 6. Did the course of improvement follow Hering's rule? | +2 | | |
| 7. Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | | 0 | |
| 8. Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention) | | +1 | |
| 9. Was the effect confirmed by objective evidence as measured by external observation(s)? | +2 | | |
| 10. Does repeat dosing, if conducted, create similar clinical improvement? | | | 0 |

The final causal attribution score in this case was assessed using the modified Naranjo criteria, as proposed by the HPUS clinical data working group, June 2014[6]. The total score was 8, thus suggesting a "probable" association between the medicine and the outcome [definite: ≥ 9; probable 5-8; possible 1-4; and doubtful ≤ 0]. Reporting of this case adhered to the hom-CASE-CARE guideline[7].

## Conclusion

A case presented with radiological evidence candida infection noted in the oesophagus with positive rapid urease test. The patient was treated with constitutional homoeopathic medicines – *Nux vomica* 0/1 - 0/4, 16 doses each. Follow-up imaging at 5 months showed complete resolution of the oesophageal candidiasis. This case report suggested homoeopathic treatment as a promising complementary or alternative therapy and emphasises the need of repertorisation in individualised homoeopathic prescription. Totality of symptoms gives the clue about the selection of medicine which has resemblance to the potential differential field (PDF), but sometimes it may mislead the plan of treatment. At this point, repertorisation is needed for confirming the selection of remedy and treating the cases in better way.

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*TABLE 1:*

| EPIDEMIC/ PANDEMIC | TIME | EFFECTS |
|---|---|---|
| Plague of Athens | 430 to 426 BCE | During the war of Peloponnesian, typhoid fever killed about a quarter of population. |
| Antonine plague | 165- 180 AD | Five million in total were killed possibly by the measles or small pox brought to Italian cape by soldiers. |
| Plague of Cyprian | 251- 266 AD | It was said it was the second outbreak of the disease as Antonine plague which killed around 5000 peoplein a day in Rome. |
| Plague of Justinian | 5410 - 750 AD | Bubonic plague outbreak was first recorded as an outbreak in Egypt and reached Constantinople killing 10,000 people in a day at its maximum. |
| Black death | 1331 – 1353 | After eight years of last outbreak the plague returned in Europe causing an estimated death of around 71 to 200 million. |
| The great plague of England | 1665- 1666 | The major outbreak in England killing about 20% population of London. |
| Third plague pandemic | 1855 | The affection started in china and then spread to India killing about 10 million population. |
| Flu pandemic | 1918 | This flu pandemic affected large population around the world killing about 20-100 million. |
| Cholera pandemic | 1817-1824 | The pandemic stared in Bengal and consecutively spread across India by 1820. It also extended to china, Indonesia, Caspian sea. |
| Influenza | 1510 | The first pathologically described influenza pandemic. |
| | 1957-1958 | The Asian flu: H2N2 virus had been first identified in china causing around two million deaths across the globe. |
| | 2009-2010 | The swine flu: (H1N1) first detected in Mexico. |
| Typhus | 1489 | It had the first impact on Europe. |
| | 1918 to 1922. | About 25 million were affected and 3 million deaths occurred in Russia. |
| Small pox | 18th century | Around 400000 Europeans were killed by the end of 18th century |
| | 20th century | Approximately 300-500 million deaths were caused by small pox infection. |
| Measles | Before 1963 | Before vaccination there were around 3-4 million cases per year in US |
| | 2000 | There were 777000 deaths due to measles out of 40 million cases globally. |
| Tuberculosis | | One quarter of the total population of the world is affected by mycobacterium tuberculosis. |
| Leprosy | 600 BC | Leprosy has been affecting people since 600 BC |
| | 1000 AD | Leprosy outbreaks were noted in western Europe. |
| Malaria | | The disease contributed to the decline of roman empire thus came to be known as "roman fever" |
| Yellow fever | 1793 | Most marked epidemic of yellow fever occurred in the history of US |
| Corona viruses | 2020 | First case was documented in wuhan, china and it spread across the world making the global pandemic. |

*(Table 1: the effects of major epidemic/pandemic outbreaks till now.)*

*TABLE: 2*

| PHYSICIAN | BELLADONNA (PROPHYLAXIS AND ITS RESULTS). |
|---|---|
| Hahnemann | Belladonna was given to 1646 children by various doctors and out of them only 123 were affected by the disease. |
| Bloch | Gave belladonna to 270 children as prophylaxis during the malignant form of epidemic. |
| Cramer | Gave belladonna to 90 children and none of them were affected. |
| Gelnecki | Gave it to 94 children, 76 of them were protected. |
| Adolf lippe | During the outbreak of malignant scarlet fever he treated about 150 cases and there was not a single death reported. |
| Wolf | Gave it to 120 children and 81 of them remained unaffected |
| Ibrelisle | Saw 12 children being protected from fever by administrating belladonna whereas other 206 who lived with them and had not taken the prophylaxis were attacked by the fever. |
| Velsen | Out of 247 children who were given belladonna only 13 of them contacted disease. |
| Berndt | Out of 122 children who received belladonna, 82 were completely protected and only 11 got it up to the 3rd day of prophylaxis, 9 of them got affected in between 6 and 8 days , 5 got later and 15 got it after leaving the use of prophylaxis. |
| Schenk | Gave belladonna to 525 people out of which 522 escaped the affection of the disease. |
| Behr | Gave belladonna to 47 people and 41 of them escaped the attack. |
| Zeuch | Gave belladonna to 61 children in the establishment of 84 (23 of whom were already affected by scarlet fever). Out of these 61 children only 1 developed fever.<br>At another establishment he gave it to 70 children and only 3 of them got the disease. |

*(Table 2: use of homoeoprophylaxis during the outbreak of scarlet fever)*

*TABLE: 3*

| | |
|---|---|
| Hahnemann | During the epidemic of Asiatic cholera (1831), considerable cases were cured with veratrum album, camphora and cuprum metallicum which was even used as preventive. |
| Dr. J Bakody | Treated 228 patients during cholera epidemic and out of them only 8 died. |

*Contd. on pg 42*

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**Indications:**

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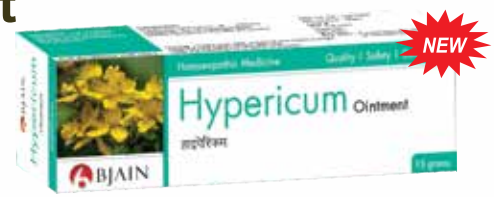


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**Indications:**

- Rough and cracked skin
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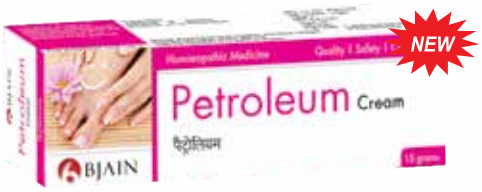


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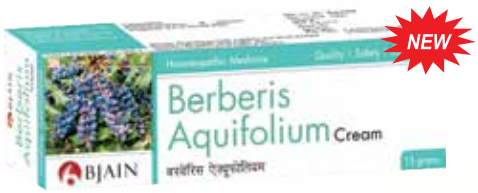


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Information for registered medical practitioner only

| | |
|---|---|
| Dr. George Henry Bute | Treated patients suffering from cholera in Philadelphia. |
| Dr. Adolphus Gerstel | Treated 300 cases of cholera with homoeopathy. |
| Dr. Seider | Treated around 109 cases of cholera with homoeopathy and only 23 amongst those died. |
| Dr. Tscherwinzky | Treated around 400 patients during cholera epidemic. |
| Dr. François Perrussel | Received a great recognition from government of France when the epidemic of cholera broke out for first time in France and was also recognized by gold medal by the government at Nantes. |
| Dr. Carl Friedrich Christoph Schwarze | Treated some severe cases with homoeopathic intervention. |
| Dr. Frederick Hervey Foster Quin | Remarkable results were obtained by him during this cholera epidemic. |
| Pastor J. M. Veith | Successfully treated cases during cholera epidemic. |
| Dr. Swoff | He treated around 939 cases. |
| Dr. Joseph Roth | His publication regarding the superiority of homoeopathic treatment in cholera epidemic is a remarkable work. |
| Dr. Seuber | Treated 116 patients during cholera epidemic (1831) and only 23 of them died. |

*(Table 3: use of homoeoprophylaxis in cholera epidemic)*

*TABLE:4*

| | |
|---|---|
| Hahnemann | Treated 183 patients suffering from typhus during the epidemic in 1813. |
| Dr. Karl | During the Severe epidemic of typhus, he cured many cases with homoeopathic intervention. |
| Boenninghausen | Mentions about the successful use of thuja occidentalis in the epidemic of smallpox(1800s) as preventive. |
| Eaton | Had a successful result of homoeoprophylaxis during the epidemic of small pox in USA. |
| Dr. Herrmann | Marked results were obtained by him while treating the patients during the epidemic of dysentery (1827) |
| Dr. G. A. Weber | Treated around 100 children during the epidemic of measles and there was not a single death. |
| Dr. Gustavus Reichelm | Had successful results while treating patients with homoeopathic medicines during the epidemics of whooping cough, scarlet fever and measles. |
| Adolph Lippe | Treated around 150 cases of malignant scarlet fever and there was not a single case of death amongst them. |
| Dr. Joseph Hippolyte Pulte | Had successful results with homoeopathic treatment during the epidemic of diphtheria. |

*(Table 4: use of homoeoprophylaxis in different epidemic outbreaks)*

*TABLE :5*

| EPIDEMIC /PLACE AND TIME OF THE STUDY | NOSODE USED AS PROPHYLAXIS | RESULTS |
|---|---|---|
| Meninggococcal meninigitis<br>1974,<br>Guaratingueta,<br>Brazil | *Meningococcinum* nosode was administered to 18,640 people | 95% effectiveness over 6 month period was observed. |
| Whooping cough.<br>1987 | *Pertussin* 30c | Study showed 82% effectivity. |
| Dengue outbreak,<br>1996,<br>Delhi | *Dengueinum* 30 was administered to 39,200 people (not affected and residing<br>in the adversely affected areas) | After the follow up of 10 days only 5 people developed symptoms. |
| Influenza | A randomized double blind prospective study of thirty participants compared standard vaccination to *Influenzinum*<br>homoeopathic medicine for 13 weeks | The study showed the efficacy of both the methods to be equal however, the vaccinated cohort showed greater adverse effects. |
| Leptospirosis.<br>2007, cuba | Homeoprophylactic preparation from dilutions of four circulating strains of<br>leptospirosis was administered to 2.3 million people orally, who were<br>at high risk in an epidemic. | The results showed<br>significant decrease of incidence<br>in the intervention regions compared to the non-intervention<br>regions. |
| Japanese Encephalitis,<br>Andhra Pradesh | Tuberculinum was used to prevent recurrence. | |
| Malaria outbreaks,<br>28 villages of district Shahdol of Madhya Pradesh | Malaria officinalis 200 | 7 villages reported reduction in incidence rate in period of 6 months |

*(Table 5: use of nosode as homoeoprophylaxis and their results)*

*TABLE: 6*

| EPIDEMICS / DISEASE OUTBREAKS | PLACE AND DURATION OF ORGANIZED CAMPS | IDENTIFIED GENUS EPIDEMICUS |
|---|---|---|
| Bacillary Dysentery | Gonda (June, 1985) | |
| | Shimla (August 1985) | |
| Chikungunya | Islands of Androth, Kalapanini, Lakshwdeep<br>(11th – 17th Dec.2006) | Bryonia alba 200 |
| | Hyderabad (June-Sept. 2006) | Eupatorium perf. 200 |

*Contd. on pg 78*

# Homoeopathic management of chronic kidney disease

***Dr Dewesh Kumar Dewanshu***

**Abstract:** Efficacy of homoeopathic treatment is demonstrated in a case of chronic kidney disease (CKD) with supplying radiological and biochemical laboratory findings.

**Keywords:** Chronic kidney disease, *Ferrum iodatum*, LM potency.

**Abbreviations:** Chronic kidney disease (CKD), complete blood count (CBC).

## Introduction

Chronic kidney disease (CKD) is a common condition that is more prevalent in the elderly population. Usually CKD in younger patients is associated with loss of kidney function, but of patients over 65 years of age with CKD, 30% do not have progressive disease with loss of kidney function over time. CKD is associated with an increased risk of cardiovascular disease and chronic renal failure. Kidney disease is the ninth leading cause of death in the United States.[1]

### Signs and symptoms

Patients with CKD stages 1-3 (GFR >30 mL/min/1.73 $m^2$) are generally asymptomatic. Typically, it is not until stages 4-5 (GFR < 30 mL/min/1.73 $m^2$) that endocrine/metabolic derangements or disturbances in water or electrolyte balance become clinically manifest.[2]

Signs of metabolic acidosis in stage 5 CKD include the following: Protein-energy malnutrition, loss of lean body mass, muscle weakness[3].

Signs of alterations in the way the kidneys are handling salt and water in stage 5 include the following: peripheral oedema, pulmonary oedema, hypertension[3]

Diagnosis: The case was diagnosed with the help of clinical sign and symptoms, laboratory findings and radiological investigation.

Laboratory studies used in the diagnosis of CKD can include the following:

Complete blood count (CBC), basic metabolic panel, urinalysis[4]

Serum albumin levels: Patients may have hypoalbuminaemia due to malnutrition, urinary protein loss, or chronic inflammation.[4]

Lipid profile: Patients with CKD have an increased risk of cardiovascular disease[4]

## Case

Mr. K. C. Dutta, 57 years old person presented on 22nd may 2015 with complaints of generalised swelling more on both legs and face for 7 months. The patient was too much weak and prostrated. He was also having breathing difficulty and some black pigmentation was also present here and there. Patient was hypertensive and used to take modern medicine. All the complaints had started after herpes zoster. Patient had no significant past history other than typhoid and family history was also not significant.

Physical general- Appetite was good and cannot tolerate hunger, thirst was moderate, tongue was clean, stool was regular, after rising from bed and after taking water, sweat was moderate, especially on both armpit, sleep was disturbed, prefer to lie on sidewise.

Mental general-Mild, desire to be alone, emotional

Physical examination- Appearance- anxious look., Blood pressure- 130/92 mm of Hg, Pulse- 78 per minute, regular, Respiration – 12 per minute, Pallor- +++, Jaundice – absent, Oedema - +++++, Clubbing – absent, Tremor- not significant, Neck vein- not engorged.

General survey- Face- puffiness of the face, Oedema- pitting oedema present, Skin- no scabies or pyoderma present.

Inspection- no any swelling is in the genital

Palpation- no scrotal swelling, no phimosis, no contact ulcer in genitalia, pitting oedema present on the lower limbs, no tenderness in the renal angle

Percussion- no liver dullness, dullness on percussion of urinary bladder

Auscultation- No renal artery bruit is present

Cardiovascular system- Neck vein not engorged, apex beat is in left 5th intercostal space ½ inch inside the mid-clavicular line, no murmur heard, no pericardial rub, S1 and S2 audible, no sign of pericardial effusion.

**Investigation- examination of blood biochemistry** *(Table 1)*

| Date | Serum urea (mg/dl) | Serum creatinine (mg/dl) | Fasting blood sugar (mg/dl) | Haemoglobin (gm/dl) |
|---|---|---|---|---|
| 19/01/2015 | 61 | 2.9 | 98 | 9.2 |
| 18/02/2015 | 60 | 3.8 | 97.4 | 9.5 |
| 16/03/2015 | 56 | 1.7 | 95 | 9.1 |
| 19/05/2015 | 98 | 6.34 | 83.5 | 7.9 |
| 14/07/2015 | 56 | 1.4 | 86 | 9.5 |

**Examination of routine urine analysis** *(Table 2)*

| Date | Albumin | Pus cell (/Hpf) | RBC(/Hpf) | Epithelial cell (/Hpf) | Cast | Bacteria |
|---|---|---|---|---|---|---|
| 18/02/2015 | Nil | 2-3 | Nil | 1-2 | Absent | Nil |
| 19/05/2015 | ++ | 4-6 | 1-2 | 1-2 | Granular | ++ |
| 01/07/2015 | Trace | 6-7 | Not Found | 2-3 | Nil | Nil |

## Ultrasonography of whole abdomen:

Date- 18/01/2015

Both the kidneys show normal in size, shape and position. Renal cortical echo texture is increased with altered corticomedullary echo-differentiation is noted of both the kidneys ----- features are suggestive of renal parenchymal diseases. Right kidney measured 94 mm. in length. Left kidney measured 90 mm in length.

Date – 01/07/2015

Both kidneys are slightly small in size. Cortical echogenicity is increased. Corticomedullary differentiation is lost. Right kidney measured – 88 mm. left kidney measured – 85 mm. (Bilateral renal parenchyma disease)

**FOLLOW UP:** As per the symptomatic improvement (Table 3)

| Date | Generalised swelling | Weakness | Breathing difficulty | Back pain | Black pigmentation | Prescription | Blood pressure |
|---|---|---|---|---|---|---|---|
| 10/06/2015 | Gradually diminished | Persist | Gradually diminished | Persist | Persist | *Ferrum iodatum* 0/1 | 130/92 |
| 03/07/2015 | Diminished | Persist | Diminished | Persist | Persist | *Ferrum iodatum* 0/2 | 140/80 |
| 20/07/2015 | Very much diminished | Improved | Very much improved. | Persist | Persist | Placebo 200 | 130/84 |
| 07/08/2015 | No more swelling | Improved | No more breathing difficulty. | Persist | Persist | *Ferrum iodatum* 0/3 | 124/82 |

Details of homoeopathic prescription of *Ferrum iodatum*-

Acute nephritis following eruptive diseases. Scrofulous affections, glandular enlargement and tumours call for this remedy[5]. Grimmer used this remedy for breast tumors, cancer, exophthalmic goiter inflammation and

enlargement of glands, symptoms and conditions based on the tubercular diathesis[6]. Berridge removed with *Ferrum iodatum*, this train of symptoms: "Morning catarrh, hot and restless in bed, sweet smell of urine."[7] P.C. Majumdar has used ferrum iodatum with success in the case of enlarged liver and spleen when unaccompanied by fever.[7]

## Analysis of symptoms

Case analysis was done on the basis of Boericke ideology, which is following:

| Determinative symptoms | Basic symptoms |
|---|---|
| Ailments, after herpes zoster<br>Desire to be alone, emotional<br>Sleep is disturbed, prefer to lie on sidewise<br>Generalised swelling<br>Black pigmentation<br>General weakness and prostration | - Back pain<br>- Blood pressure<br>- Breathing difficulty |

## Evaluation of symptoms

Case evaluation was done as per of Boericke ideology, which is following:

| Italic: 2 marks | Roman: 1 mark |
|---|---|
| Aliments, after herpes zoster$^{++}$<br>desire to be alone, emotional$^{++}$<br>Sleep is disturbed, prefer to lie on side wise$^{++}$ | - Back pain$^{+}$<br>- Blood pressure$^{+}$<br>- Breathing difficulty$^{+}$ |
| Generalised swelling$^{++}$<br>Black pigmentation$^{++}$<br>General weakness and prostration$^{++}$ | |

## Result and discussion

Prescription of *Ferrum iodatum* was done on the basis of the symptom as mentioned in *Boericke Materia medica* for acute nephritis following eruptive diseases. In this case, CKD was developed after the ill effects of skin affection of herpes zoster. From a homoeopathic perspective, one can see the gratefulness of smaller or less proved drug in the management of advanced pathological case if the cause and effect is established properly and genuinely. *Ferrum iodatum* brought about improvement at the subjective level without any change at the structural level, suggesting clear case of palliation as given by Dr Kent in his 7th observation of remedy reaction[8]. When the symptoms of the case are correlated with the laboratory finding, it is seen that the patient has gross irreversible structural change. He has generalised swelling of the whole body more on both legs and face with back pain due to degenerative changes in lumbar spine, and also black pigmentation here and there.

## Conclusion

The case demonstrates the importance of clinico-pathological correlation. With the clinical history, examination findings and relevant investigations, the clinical state of the patient was precisely defined as mentioned in Table 1 and Table 2. Management of the case required selection of the medicine, selection of potency, and its repetition along with the totality, as the clinical state of the patient went on progressing. The case suitably demonstrates palliation as a concept in cases with advanced structural irreversible changes where homoeopathy has a far better role in improving the quality of life of patients compared to modern medicine, thus defining the scope of homoeopathy, but could not reverse the structural changes already established indicating the limitations of homoeopathy. The actual expression of disease picture of patient as individual was masked. In such case an observation the link between cause and effect was established.

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# Dimensional study of *Eel serum* as homoeopathic medicine in the cases of renal failure

***Dr Vinita Choudhary***

**Abstract:** Kidney failure has been ascribed as the end-stage renal disease. It is the last stage of chronic kidney disease. At this juncture of case search for alternative medicines becomes necessity. In homoeopathic materia medica, there are wide ranges of rare medicines. *Eel serum* has earned much popularity among the homoeopathic practitioners as therapeutics application on specific basis. The serum of the eel has a toxic action on the blood, rapidly destroying its globules. The presence of albumin and renal elements in the urine, the haemoglobinuria, the prolonged anuria (24 and 26 hours), together with the results of the autopsy, plainly demonstrate its elective action on the kidneys. Secondly, the liver and the heart are affected, and the alterations observed are those usually present in infectious diseases.

**Keywords:** Kidney failure, *Eel serum.*

**Abbreviations:** ANP (atrial natriuretic peptide), VNP (ventricular natriuretic peptide).

## Introduction

*Eel serum,* or *Serum anguillae,* or *Ichthyotoxin*, is a constitutional remedy or organ remedy or renal remedy as indicated in cases of renal failure. But simultaneously, it is one of our most neglected remedies. It is neither mentioned in **Kent's nor in Clarke's** materia medica. Fresh water Eel is a sea remedy, and its toxic action is noted in the ninth edition of ***Boericke's*** *Materia Medica*, where it is stated that the **serum of eel** destroys blood globules and has an elective action on the kidneys. Not much has been known about this remedy, except the fact that it is routinely prescribed for renal failure with infrequent results especially in low potency.

The fact is that kidney has an important role in the maintenance of internal environment of the human beings. Its primary function is homoeostasis (maintenance of electrolyte balance). It maintains blood pressure, blood calcium level, water, etc.

Eel is a very interesting type of fish. It has unique mechanism of reproduction for which it migrates for spawning from fresh water to seawater. For this migration, it undergoes metamorphosis or certain adaptation to maintain the hypertonic and hypotonic environment, which resemble the features like kidney. Renal pathology also runs so far as like eel migration and finally tired of the advanced pathology, the patient gives up with the failure of kidney functions. This is the key point which indicates the use of Eel serum for renal pathology.

Eel resemble like underwater snake so it has attack and defense mechanism which is a strong animal feature; other feature like if one tries to catch the eel fish with a bit of wool tied round a hook, it will avoid for they are terrified of choking, and they hate constriction. If you stand on the tail of a wriggling eel it will die. This resembles with ***Lachesis mutus*** in the throat complaints where the sensitivity of the throat to touch and constriction is seen. For spawning, it travels so far which indicates the symptoms of travelling desire in this medicine. They are not very colourful, or attractive but they do have a strange beauty of their own with slippery or sleathery skin. The luminance in the body which is seen when it moves with water current is mesmerising to watch. Several things about eel make them unique; they are interesting not only ecologically but also because of their unique biography. This character which is not found in any other animal in this planet, that it has catadromous life cycle. Some of the specimens do not migrate and pass their entire life cycle in the sea, without ever migrating towards fresh waters.

Eel blood is toxic to the humans and other mammals but both cooking and the digestive process destroy the toxic protein. The toxin derived from eel blood serum was used by **Charles Robert Richard** in his Nobel prize-winning research that discovered anaphylaxis (by injecting it into dogs and observing the effect). Apart from that in 2010, Greenpeace International has added the European Eel, Japnese Eel, and American Eel to its sea food red list.

The keynote of the Eel serum remedy is acute **anuria, oliguria and albuminuria**, in renal failure with high creatinine, without oedema. Clinically, acute (or subacute) kidney inflammation (**frigor-cold, infection or intoxification**) is seen with albuminuria, ischuria, uraemia or even anuria. Later on

heart or liver affections are seen; or during heart disease, sudden acute kidney involvement may be noted. It has marvellous effect in severe hypertensive cases.

Heart trouble secondary to renal mischief with functional disturbance like systolic insufficiency (asystolia), decompensation, valvular (mitral) incompetency, dyspnoea (emphysema), oedema (or more) may be noticed. With some definite renal symptoms, oliguria (preparatory for renal failure), and uraemia and in addition hepatomegaly is seen. **Donald Gladwish** writes that eel's serum (serum anguillare ichthyotoxin) was very useful in hypertension with renal diseases, presenting no guiding symptom.

## Review of literature

**NATURE OF EEL** Eel belonges to the:

**Kingdom - Animalia,**

**Phylum - Chordata,**

**Class- Actinopterygii,**

**Sub-order - Elopomorpha**,

**Zoological name:** Anguilla rostrata Le Sueur.

**Synonyms:** Latin: Ichthyotoxinum, Serum anguillae ichthyotoxinum; English: Eel serum; French: Serum d'anguille.

**Uses:** Heart and kidney disease, failure of compensation and impending a systole.

**Parts used:** The serum.

An **eel** is any ray finned fish belonging to the order **Anguilliformes,** which consists of eight suborders, 19 families, 111 genera, and about 800 species. Eels are elongated fish ranging in length from 5cm in one jaw eel to 4m in the slender giant moray. Adults range in weight from 30gm to 25kg. The fresh water eels are widely distributed in all over the world.

Most of the eels live in shallow water of the ocean and burrow into sand, mud, or amongst rocks. Only members of **Anguilla** live in fresh water but they too return to the sea to breed. European eel migrate to the **sargasso sea** for reproduction. Eel breathe through skin. The reason for migration in the eel is still a mystery and when they migrate they completely disappear from the human view, no one has witnessed or unable to follow their migration. They don't return to the fresh water again and it is assumed that after completing long and mysterious journey they finally die in the same place where they were born. But why they travel so far is still a mystery. It was observed while analysing the ratio of strontium and calcium in the otoliths (earstones) of the eels. Fresh water has little strontium with respect to sea water, and its concentration in otoliths reflects the time which single individuals spend in marine or fresh water habitats.

## Description

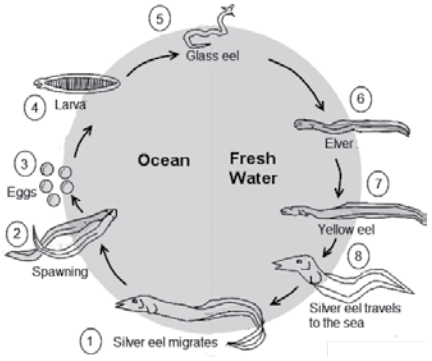
The toxic serum of the wel (Anguilla rostrata Le Sueur), a ray-finned fish with a long, slender, snake-like body, laterally compressed at the posterior end, and reaching a length of 0.6 m. The scales are minute and embedded in the yellowish-brown skin, thus giving it a smooth appearance. The eel is a catadromous fish, spending most of its life in fresh water, and moving to the ocean to spawn. Eel serum is a yellowish to greenish-yellow, opalescent liquid; it may be pink due to a slight haemolysis. Distribution: Occupies most of the rivers d eastern North America from the southern Great Plains to the Atlantic Coast, from southern Greenland and Labrador to northern South America, and in the Missippi Valley as far north as Minnesota and South America. The mature adults are found in the vicinity d Bermuda, where spawning occurs. **Preparation:** Carry out under strict condition of cleanliness. Select vigorous healthy eels weighing about 1 kg. Immobilize the eel on its back, and with a scalpel dissect the abdominal wall for a 10-12 cm length from the gills. Expose the branchial artery, separate it from surrounding tissues and clamp it. Place sterile centrifugation tube against the artery and cut the artery above the tube. Collect the blood freely by using abdominal massage. Stop the tube, allow it to stand for 1-2 hours at room temperature, centrifuge at 5,000 r. p. m. for 15 min. and decant the serum. Pure eel serum should not be stored, and attenuations up to 3X (1X1000) should be prepared without delay, with isotonic sodium chloride solution.

## Life cycle

Eel have unique characters such as a catadromous life history strategy, a long spawning migaration, and a long leptocephalus larval period. Bisexuality seen in Eel, when they live in fresh water they are male (blackish and more pigmented), but when they move to sea become 2-3 times bigger than future male. Eels undergo considerable development from the early larval stage to the eventually adult stage. Eels swim by generating body waves which travel the length of their bodies. They can swim backwards by reversing the direction of the wave. When they move from fresh water to sea water they undergo **metamorphosis**. Eyes enlarge by 10 times, skin get thicker and fins get larger.

**Multicellular complexes of chloride cell** which is of two types filament and lamella, were observed

in the integument of the body surface function as major osmo-ionoregulatory sites, at least until early leptocephalus stage. Chloride cell complexes found found in salt water eel and rarely observed in fresh water eel. Formation of the complexes is related to the salt water adaptation and are important for salt secretion in hypertonic environment, this salt secretion resemble with the salt desire of Eel serum. Towards the downstream migration of the eel to sea, the ratio of filament chloride cells increases and concomitant decrease in the lamella chloride cell.




## Defense mechanism

Plasma of the eel has highly haemolytic activity against the heterogenous erythrocytes. The defence mechanism is characterised by specific antibody acquired by the antigen stimulation, usually by infection. Eel has Immunoglobulin M antibody.

## Biochemistry

Eel has three hormones (all are natriuretic peptides). These are ANP (atrial natriuretic peptide) from atria, VNP (ventricular natriuretic peptide) from ventricles, and C-type natriuretic peptides from brains. All three harmones were circulating in the eel blood, and there plasma level invariably decreased when eels were transferred from fresh water to sea water. Eel ANP and VNP inhibited drinking in fresh water and sea water eels. Eel ANP inhibited water and Na+ absorption by the intestine of sea water eels. Eel ANP and VNP induced **antidiuresis but not antinatriuresis** in fresh water eels. Eel ANP increased plasma cortisol level in sea water eels but not in fresh water eels. Thus ANP plays a complex role in the eel osmoregulation. These mechanism is used for the effective treatment in renal pathology.

**Dr Boericke** has beautifully explained that serum of eel (*Eel serum*), has a toxic effect on the blood, rapidly destroying its globules. The presence of albumin and renal elements in urine, hemoglobinuria, prolonged anuria (24-26hours), together with the results of autopsy, plainly demonstrate its elective action on kidneys. A priori, therapeutical indications of *Eel serum* is whenever the kidney is acutely affected, either from cold, infection or intoxification, the attack is characterized by ***oliguria, anuria,*** *and* ***albuminuria*** , we will find Eel's serum eminently efficacious to re-establish dieresis, and it rapidly arrests albuminuria. Serum of eel seems better adapted to cases of ***hypertension*** and ***oliguria without oedema*** **.** Serum of Eel has has put an end to the renal obstruction and produced an abundant diuresis. But it is really specific indication seems to be for ***acute nephritis*** a *frigori* (jousset).

**Dr Nels Bergman** of Chicago used Eel serum in in low potency in hypertension and kidney disease. **Chiron** reports a case of congestive heart failure cured by Eel's serum.

Eel serum: its action is more on the kidneys than on the heart. The pathology was studied by **Pierre Jousset** in hospital saint Jacques. Late Dr Picard, who also belonged to same hospital saint Jacques, has also done some remarkable studies on the serum of eel, and in the congress of Budapest in 193, he presented an extremely interesting report on this remedy. Serum of eel in 3x is an excellent remedy for acute nephritis.

## Some important indication of *Eel's serum* symptoms

1. POSTPONING everything to next day constant postponing and wanting to avoid daily routine, kind of aversion towards doing everything.
2. There is a kind of discontended, low, irritable indifference towards their work.
3. Tendency to make fun about horrible things.
4. Pains wander from toes to knees and hips, and from fingers to elbow and shoulders.
5. Nausea concomitant of heart and kidney diseases.
6. Desire for salt, sweet, coffee.

## Rubric related to *Eel serum*

MIND - AILMENTS FROM - domination

MIND - AILMENTS FROM - domination - children; in

MIND - AILMENTS FROM - domination - children; in - parental control; long history of excessive

MIND – MYSTICISM

POSTPONING everything to next day

DISCONTENDED; work, with his

IRRITABILITY; work, about

DREAMS; amorous (358)

DREAMS; animals, of (332)

DREAMS; exciting, (33)

DREAMS; journey, travlling (140)

DREAMS; many, (315)

DREAMS; snakes, (87)

DREAMS; snakes; black with yellow

design (1)
DREAMS; storms (26)
DREAMS; vivid (271)
DREAMS; water, (219)
DREAMS; water; flood, of a (45)
JESTING; (101)
JESTING; puns, makes (4)
KICKS; (50)
KICKS; tantrum, in (6)
ABDOMEN - LIVER AND REGION OF LIVER; COMPLAINTS OF
BLADDER - RETENTION OF URINE
KIDNEYS - COMPLAINTS OF KIDNEYS
KIDNEYS - INFLAMMATION
KIDNEYS - INFLAMMATION - acute
KIDNEYS - INFLAMMATION - parenchymatous
KIDNEYS - INFLAMMATION – subacute
KIDNEYS - PAIN - cold; exposure to
KIDNEYS - RENAL FAILURE
KIDNEYS - RENAL FAILURE - chronic
KIDNEYS - SUPPRESSION OF URINE
URINE - ALBUMINOUS
URINE - BLOODY
URINE - CASTS, CONTAINING
URINE – SCANTY
RESPIRATION - DIFFICULT
CHEST - HEART; COMPLAINTS OF THE
CHEST - HEART; COMPLAINTS OF THE - accompanied by - respiration - difficult
CHEST - HEART; COMPLAINTS OF THE - accompanied by - uremia
CHEST - HEART; COMPLAINTS OF THE - accompanied by - urine - scanty
CHEST - HEART; COMPLAINTS OF THE - accompanied by - Kidneys - complaints
CHEST - HEART; COMPLAINTS OF THE - edema - without
CHEST - HEART; COMPLAINTS OF THE - mitral regurgitation
CHEST - HEART; COMPLAINTS OF THE - tricuspid regurgitation
CHEST - HEART; COMPLAINTS OF THE - Valves
CHEST - HEART FAILURE
CHEST - HEART FAILURE - Mitral valve
CHEST - MILK - decreased
CHEST - PALPITATION OF HEART
CHEST - PALPITATION OF HEART - irregular
CHEST - SWELLING
CHEST - SWELLING - Mammae
CHEST - SWELLING - Mammae - edematous
CHEST - SWELLING - Mammae - edematous - delivery; during first
CHEST - WEAKNESS
CHEST - WEAKNESS - Heart
CHEST - WEAKNESS - Heart - accompanied by - dropsy
EXTREMITIES - SWELLING
EXTREMITIES - SWELLING - Legs
EXTREMITIES - SWELLING - Legs - lymphatic swelling
EXTREMITIES - SWELLING - Lower limbs
EXTREMITIES - SWELLING - Lower limbs - injuries; after - lymphatics; of the
GENERALS - BLOOD - degradation
GENERALS - DIABETES MELLITUS
GENERALS - DROPSY - external dropsy
GENERALS - DROPSY - external dropsy - heart disease; from
GENERALS - FOOD AND DRINKS - coffee - desire
GENERALS - FOOD AND DRINKS - pungent things - desire
GENERALS - FOOD AND DRINKS - salt - desire
GENERALS - FOOD AND DRINKS - sweets - desire
GENERALS - HYPERTENSION
GENERALS - HYPERTENSION - dialysis; from
GENERALS - INFECTIOUS DISEASE
GENERALS - LABORATORY FINDINGS - creatinine - increased
GENERALS - PULSE - fluttering
GENERALS - PULSE - frequent
GENERALS - PULSE - imperceptible - almost
GENERALS - PULSE - irregular
GENERALS - PULSE - weak
GENERALS - UREMIA

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■■

# Understanding scope of homoeopathy in renal failure through literature review

*Dr Maurya Manjurani Sheopal and Dr Partha Pratim Pal*

**Abstract:** The incidence of renal failure is globally increasing with increased financial burden and poor outcome. In present conventional system of chronic renal failure management, damage is a continuous process. Therefore, if an alternative treatment like homoeopathy can be provided which may not only increase the life span of the suffering individual but also slow down the progress of the pathology up to a certain limit. Similarly, in acute failure, it may restrict any further destruction of the diseased organ without delay and supplementary treatment may also revive the damaged tissue as well. The following article is an effort to emphasise on utility of homoeopathy in such clinical conditions through systemic review of existing published literature.

**Keywords:** Review, trials, reports, renal failure, indications.

**Abbreviations:** Acute renal failure (ARF), chronic renal failure (CRF), chronic kidney disease (CKD), glomerular filtration rate (GFR), end-stage renal failure (ESRF), world health organization (WHO), gram/kilogram (gm/kg). Birmingham vasculitis activity score (BVAS), rapidly progressive glomerulonephritis (RPGN), evidence based medicine (EBM).

## Introduction

Renal failure preliminary denote failure of the excretory function of the kidney, leading to retention of nitrogenous waste products of metabolism [1]. It may be acute or chronic. Acute renal failure (ARF) is the clinical condition in which glomerular filtration declines abruptly (hours to days) and kidney loses its ability to excrete waste, concentrate urine, conserve electrolytes and maintain fluid balance and it is usually reversible [2]. Chronic renal failure (CRF) or CKD is defined as the presence of kidney damage, manifested by abnormal albumin excretion or decreased kidney function, quantified by measured or estimated glomerular filtration rate (GFR), that persists for more than three months [3] and when death is likely without renal replacement therapy it is called end-stage renal failure (ESRF) [1].

Main causes of acute renal failure may be prerenal (i.e. severe haemorrhage, blood or fluid loss, crush syndrome, drugs, etc.), may be renal (chronic nephritis, chronic pyelonephritis, acute tubular necrosis, analgesic nephropathy, etc.) or may be post renal (renal stone, tumour, inflammation, haemolytic uremic syndrome, etc). In case of CRF, diabetes mellitus and hypertension are the two major frequent factors which contribute to 20-40 % of the chronic renal failure [1].

In acute cases, there may be anuria, oliguria, apathy, confusion, muscle twitching hiccoughs, etc. In chronic cases along with features of the underlying cause, there may be proteinuria, anaemia, kussmaul's respiration, hiccoughs, muscular twitching, fits, drowsiness, coma, renal osteodystrophy, hyperparathyroidism, etc. Some important laboratory parameter includes increased urea, increased creatinine, and decline of GFR, disturb electrolyte (hyperkalaemia, hypocalcaemia, hyperphosphataemia) and acid base balance [4]. General management of renal failure involves fluid restriction according to urinary output, maintenance of electrolyte balance, control of blood pressure, correction of anaemia and protein restriction to 0.5gm/kg body weight[2].

## Materials and methods

Systemic review of published literature is made which is based on the following criteria were adopted for undertaking this review:

### Types of studies

In this review, those studies are included where intervention was targeted to show the clinical effectiveness and safety benefits of homoeopathic medications over conventional medications in the management of renal failure. All levels of evidences as per WHO was considered (clinical trials and case reports), i.e. level II, IV and level VII[5].

### Literature search strategy

An electronic literature search was conducted using specific key-words linked to homoeopathy and renal failure in the main international search databases (pubmed, medscape and science direct). Searches were limited to human trials which were reported in english only.

## Number of articles

In this review, three articles related to clinical trials and one case report were identified.

## Discussion

### Article-1: Effects of homoeopathic dilutions of *China rubra* on intradialytic symptomatology in patients treated with chronic haemodialysis [6]

It was a randomised controlled cross-over trial done in Italy. Patients with end-stage renal failure on chronic haemodialysis treatment, between age group 18 to 76 years were included in the study. The trial randomised 35 patients with end-stage renal failure on regular haemodialysis to either *China ruba* 9 CH (3 lactose granules on waking and in the evening) or placebo; after two weeks, the two groups were crossed-over. Symptoms were assessed by questionnaires (at the end of each dialysis session). For three of the symptoms (asthenia, lethargy and headache) the trial reported statistically significant improvements on active treatment (*China ruba*) compared with placebo. No differences between groups were seen for the outcomes nausea or vomiting.

### Article- 2: Chronic kidney disease – a multicentre study in Karachi, Pakistan [7]

It was prospective cohort study done in Pakistan. The main aim of the study was a comparative analysis of the effectiveness of allopathic and homoeopathic remedies in the treatment of CKD. It was a multicentric study which was carried out in 05 dialysis centres during the year 2009-14. The research work was done on patients suffering from chronic renal failure, especially those on dialysis. The basic method of data collection for clinical studies was direct observation, measurement, interview and records. The protocol of this study includes examination of the data according to age group and gender of patients, co-morbidities with renal failure like diabetes mellitus, hypertension, tuberculosis, liver disorders, carcinoma, cardiac disease, etc. There were total 200 patients included in study, 100 in each group (i.e. 100 in allopathy group and 100 in homoeopathy group).

It was found that patients of age groups 46 to 60 (48 %) and 30 to 45 (21 %) were found to suffer more from chronic kidney disease. Hypertension was found as the most frequently occurring co-morbidity along with chronic renal failure followed by diabetes mellitus.

### Article- 3: Homoeopathic management of chronic renal failure in its various stages- case studies [8]

In this article, author has tried to establish the effectiveness of homoeopathic remedies in treating the patients suffering from chronic renal failure. He added that renal dialysis as well as renal transplant therapies may increase the shell life, but it reduces the quality of life. So, as there were good numbers of patients of chronic renal failure available in their centre at Agra, author has made an attempt to reveal the homoeopathic efficacy in such cases.

The study design protocol as well as the clinical assessment was made in consider with the urology department of their hospital. From this research, it can be concluded that constitutional homoeopathic treatment is effacious in treating non dialysis dependent CKD (chronic kidney disease), homoeopathic organ specific clinical remedies has proven to be great in case of ESKD (end stage kidney disease) patients, homoeopathic treatment helps in prolonging life, improving the quality of life and reducing the frequency of haemodialysis. Lastly, ESKD patients on both homeopathic treatment as well as haemodialysis have a better quality of life as compared to those on haemodialysis alone.

### Article- 4: Individualised homoeopathic therapy in ANCA negative rapidly progressive necrotising cresentic glomerulonephritis with severe renal insufficiency–a case report[9]

In this article, author has mentioned about an old women of 60 years age who was diagnosed with rapidly progressing necrotising glomeruloneprits with severe renal insufficiency in March 2015. The laboratory parameters were serum creatinine - 4.8mg/dl, GFR (glomerular filtration rate) - 9ml/min/1.73m$^2$, haemoglobin – 8.7 mg% and BVAS (Birmingham vasculitis activity score) - 14. She underwent conventional medical treatment comprising of immunosuppressive drugs, plasmapheresis and dialysis (twice a week). However, there was no effective control over above clinical parameters. On 16/07/2015, she shifted to homoeopathic treatment. Proper case taking (including past medical history, treatment history) was done. During case taking, it was noted that she had a severe stress from the illness of her mother. She presented with initial symptoms of oedema and was diagnosed with ANCA positive RPGN.

The following homoeopathic prescription was made in

chronological order, starting with *Carcinosinum* 30C (severe weakness, lost appetite, black discoloration of nail and skin, face oedema, weight loss in 1 year) followed by *Ammoniacum gummi* 30C (emotionally stressed after her mother died, developed acute lower respiratory tract infection-dyspnoea rattling cough) and finally *Sulphur* 30C (low appetite with nausea, leg cramps, disturbed sleep, occasionally loose stool) was prescribed. The patient was undergoing homoeopathic treatment for more than 2 yrs. Initially there was slight decrease in serum creatinine in the first year, and ultimately there was marked improvement seen symptomatically as well as in laboratory parameters, i.e. serum creatinine – 2.6 mg/dl, haemoglobin – 11.9 gm%, BVAS – 4 and GFR -19ml/min/1.73m$^2$.

## Homoeopathic treatment approach:[10,11,12]

Renal failures are one of the emerging problems of the world. Over two million people are either on dialysis or receiving treatment for the kidney transplant, and the worst part of this is that these two million people just make the 10 % of the ones who actually need it [13]. Homoeopathy treats the person as a whole. It means that homoeopathic medicine for **renal failure** focuses on the patient as a person, as well as his pathological condition. The homoeopathic medicines for renal failure are selected after a full individualising examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic renal failure. It is not only increase the patients shell life but also improves the quality of living. The medicines given below indicate the therapeutic hints taken from practical experience of the whole profession but this is not a complete and definite guide to the treatment of chronic renal failure.

| Sl.No. | Name of medicines | Indications |
|---|---|---|
| 1. | *Eel serum (Serum anguillar ichthyotoxin)* | • It is eminently efficacious to re-establish diuresis (clears renal obstruction), and in rapidly arresting albuminuria<br>• It has well-known symptomatic trilogy of hypertension, oliguria, without oedema.<br>• The serum of the eel has given very small results in attacks of asystolia; but it has been very efficacious in cardiac uraemia. b |
| 2. | *Eucalyptus globulus* | • It acts as a diuretic.<br>• Burning and tenesmus on urinating.<br>• Indicated in spasmodic stricture and incontinence of urine.<br>• There is excess of pus and deficient urea in urine with characteristic smells of violets. |
| 3. | *Cuprum arsenicosum* | • It is especially indicated in uraemic convulsion, diabetic patients suffering from renal inefficiency.<br>• Urine is of high specific gravity, increased acetone and acid along with garlicky odour. |
| 4. | *Senna* | • It acts as a tonic, where system is broken down, weakness of muscles and inability to excrete nitrogenous waste.<br>• Acetonaemia with high specific gravity.<br>• Exhaustion is a typical feature. According to Farrington, it is one of the best remedies in the materia medica for "simple exhaustion with excess of nitrogenous waste". |
| 5. | *Solidago virgaurea* | • The grand keynote of this remedy lies in the condition and the action of the kidney and the quality of their secretions.<br>• Disease arising from or complicated with defective function of kidneys, where kidneys are sensitive to pressure and pain in kidney region extending to abdomen, bladder and down limbs.<br>• Uraemic asthma<br>• Urine is dark, scanty or clear, stinking, contain albumin, mucus, phosphate, voided with great difficulty.<br>• Sometime makes the use of catheter unnecessary. |

| | | |
|---|---|---|
| 6. | *Uranium nitricum* | • Its therapeutic keynote is great emaciation, debility, and tendency to ascites and general dropsy. Causes glycosuria and increased urine. Burning in urethra, with very acid urine. Unable to retain urine without pain.<br>• Glycosuria is very characteristic and persistent feature, it also produces at times a large amount of oxalate of lime.<br>• Urine is greenish and smells fishy. |
| 7. | *Urea* | • It is commonly indicated, where there is failure of the kidneys to eliminate urea from the blood leads to uraemic intoxication, delirium, convulsions, and coma.<br>• It produces profuse diuresis with rapid diminution of dropsy.<br>• Albuminuria with bloody urine and general dropsy. |

## Conclusion

Renal diseases are evolving increasingly due to a change in social and economic standards. People suffering from renal ailments have limited options for treatment. The most common are renal replacement therapies. Renal replacement treatments may lengthen one's life but are not satisfactory at maintaining a good life. The homoeopathic way of treatment, either constitutional or symptomatic, is found to be very successful in treating the renal patients. From analysis of the above studies, it was found that it not only helps in improving the quality of life but also decreases the frequency of dialysis and other renal replacement therapies. This literary review allows us to introspect on the quality of EBM (evidence based medicine) available on global platform and the need to do research in this area of discussion.

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# Utility of morgan group of bowel nosodes in clinical practise

***Sandhya Kashyap, Irene B. Thomas, Prof (Dr) Neeraj Gupta***

**Abstract:** Bowel nosodes are the homoeopathic remedies which are prepared from bacterial flora of human intestine. *Bacillus Morgan* is the most widely used bowel nosode. Dr Bach introduced it on the basis of laboratory technique. On the basis of laboratory and clinical indication, Dr Paterson divided this wide group into two: Morgan Pure and Morgan Gaertner. Morgan group has selective action on mucous membrane of the whole alimentary canal , genito-urinary, and respiratory tract, but there is a difference in the degree of action of the sub-types. *B. Morgan-Gaertner* is associated with acute inflammation of the gall-bladder and acute cholecystitis, while *B. Morgan Pure* usually associated with the chronic phase of gallstones. *Morgan Gaertner* has marked action on the genito-urinary tract especially on kidney with the formation of renal calculus. *B. Morgan Pure* has outstanding action upon the skin. However, the use of this group in clinical practice is neglected due to lack of reproving and knowledge. But when researches are made on this group, they may prove beneficial as intercurrent remedies like any other nosodes.

**Keyword:** *Lycopodium clavatum, Morgan Gaertner, Morgan Pure*, non-lactose fermenting bacteria, Sulphur.

## Introduction

Bowel nosodes are a series of homoeopathic remedies which are made from cultures of non lactose fermenting bacterial flora of human intestine and developed in a distinct class of vaccines for the treatment of chronic diseases[1].

In human body around 500 bacterial flora found in gastrointestinal tract, which are useful in maintaining health[2]. Any change in normal balance in bowel flora lead to important part in disease pathogenesis. There are many references in which it is confirmed that there is significant difference in bowel flora in patients who are suffering from diseases like colon cancer, rheumatoid arthritis, ankylosing spondylitis, etc[2]. Dr Edward Bach, who was the bacteriologist from London, started to investigate the role of intestinal bacteria in the pathogenesis of chronic diseases. He found that the certain intestinal germs belonging to non-lactose fermenting, gram negative coli, typhoid group have close connection with chronic disease and its cure. He isolated the bacilli and gave it to the patient in the form of vaccine (prepared from culture of killed organism), an autogenous vaccine, and asserted to cure the disease. Later, he potentised the vaccine according to the homoeopathic principles and named them bowel nosodes. The medicines are not prepared from morbid product of disease, but still classified under nosodes. The proving of bowel nosodes were not conducted in the strict Hahnemannian manner, but on clinical observation of the sick person[3, 4].

Later, Dr John Paterson and his wife Elizabeth Patterson focused on this researchand found out the characteristics of the bowel flora, in health, disease and during drug proving's. Dr J Paterson observed more than 20,000 stool specimens and came to the conclusions that "the non lactose fermenting non pathogenic bowel flora (B.coli) undergoes the definite changes in the disease condition". He related bowel nosode to a group of homoeopathic remedies and also advocated specific recommendation on potency, dose, and repetition of bowel nosodes[5].

## Review of literature

### Preparation of bowel nosodes[1]

Bowel nosodes are prepared from the culture of non-lactose fermenting, gram negative bacteria of intestine and potentised according to homoeopathic principles.

### Administration of bowel nosodes and its curative process in body[1]

Bowel nosodes are deep acting remedies and given in the same manner as any other homoeopathic remedies selected, i.e. on the basis of homoeopathic principles. After the administration of the suitable bowel nosode, the cure starts with alteration of other group of bacilli by non lactose fermenting bacteria and ultimately make them disappear. This happens with the disappearance of the symptoms, reappearance of the old symptoms, and the appearance of the skin eruptions with ultimate clearing and increasing the vitality of the patient.

### Potency, dose and repetition of bowel nosodes[1]

According to Paterson, high potency

should be used when mental generals are more prominent and low potency when pathological symptoms are marked. He also advised not to repeat the bowel nosode within 3 months.

Important bowel nosodes used in homoeopathy are:

1. *Bacillus Morgan* (Bach): two sub-types of *Morgan Pure* (Paterson) and *Morgan Gaertner* (Paterson).
2. *B. Proteus* (Bach)
3. *Mutabile* (Bach)
4. *Bacillus No. 7* (Paterson)
5. *Gaertner* (Bach)
6. *Dysentery Co.* (Bach)
7. *Sycotic Co.* (Paterson)
8. *Faecalis*
9. *Bacillus No. 10* (Paterson)
10. *Cocal Co*. (Paterson)

*B. Morgan* is the most widely used bowel nosode. John Paterson found most of his positive results from this group.

### *B. Morgan (Bach):*

B. Morgan is the type of non lactose organism most frequently found in the stool. Dr Bach incubated the stool specimen with sugar and observed the fermentation reaction of bacteria after eighteen hour and named this *Bacillus Morgan*. He did not consider what would happen next if continued for long period[6].

Later on, Dr Paterson having divided the Morgan group of bacteria into 2 sub classes - *Morgan Pure* and *Morgan Gaertner* on the basis bacteriological experimentation. He incubated the specimen for maximum period upto full seventy-two hours and observed the fermentation reactions of the same bacteria, the changes noted after the initial eighteen-hour period, named *Bacillus Morgan Gaertner* and reaction observed after full seventy two hours distinguished as *Bacillus Morgan Pure*.

Miasmatic concept: According to Dr Bach, nosodes prepared from non lactose fermenting bacteria are closely associated with Psora miasm. Main miasmatic influences running through the Morgan Bach nosode is psora and sycosis[6].

### Indications of *Bacillus Morgan* nosode[6, 7, 8, 9, 10]

Morgan group can be represented by the word "congestion". It is commonly indicated for congestive headache with congested or flushed face, congestion of liver with bilious attack, congestive dysmenorrhoea, congestion nasal and bronchial membrane (broncho-pneumonia) etc[7, 8].

Clinically, it is useful for migraine, pneumonia, emphysema, spondylosis, infantile eczema, conjuctivitis, keratitis, blepharitis, mastoiditis, otitis media, nasal polyps, sinusitis, rhinitis, stomatitis, aphthous ulcer, tonsillitis, pharyngitis, thyroiditis, irritable bowel syndrome, haemorrhoids, anal fissure, worm infestation, diarrhoeal diseases, etc.[7,8,910]

**Mental generals**- Introspective, anxious, self centred, hypochondriac and apprehensive. Fear of crowds and company, with a dislike of being left alone. Mental depression often with suicidal tendency, *Sulphur* has also this suicidal tendency to leap from a high window (showing the syphilitic miasm)[6, 8].

**Head-** Congestive headache, with flushed face, skin feels hot, but patient may have a sense of chilliness (*Sanguinaria canadensis*).Headache worse from hot atmosphere, thundery weather (showing sycotic miasm) , excitement, travelling in bus or train and better from eating (similar like *Lycopodium clavatum*). Vertigo from high blood pressure[6, 7, 8].

**Eye**- Non-purulent conjunctivitis. Keratitis, iritis and blepharitis[6].

**Ear**- Meniere's disease, mastoiditis, otitis media[6].

**Digestive system-***Bacillus Morgan* has a selective action on the liver and digestive organs and there are many symptoms, the commonest being dirty tongue ,never clean, bitter taste in the morning with accumulation of thick catarrhal mucus which may be vomited during the night or in the early morning after rising. Constipation is the rule in all Morgan cases, and haemorrhoids and pruritus ani common and troublesome symptoms[6,7,8].

**Desire and aversion**- Desire for butter and other fats, sweets and eggs, even though fats and eggs may aggravate bowel conditions[6].

**Respiratory system-** Congestion of nasal and bronchial membrane, especially in children, broncho- and lobar pneumonia. Inflammatory and congestive processes in respiratory system may result emphysema[6].

**Circulation-** Morgan group represents the congestive tendency such as erythro-cyanosis of lower limbs (mainly in females) or general tendency to varicose veins in both sexes. The facial appearance isfull-blooded type, pale-face is very unusual in Morgan patient[7].

**Genito-urinary system-** Congestive dysmenorrhœa. Flushing during menopause. Leucorrhoea may be either yellow to green or a definite brown, with a tendency to be corrosive. The urinary system shows

cystitis and frequent urination. During attacks, the urine is strong-smelling and corrosive and giving burning pain on micturition. Enuresis is also a feature of this medicine[6,7,8].

**Skin-**Eczema of the infant at the teething stage or later life. Dr William B. Griggs, used this remedy successfully in eczema of young children[9].Paterson also recommended *Morgan Bach* for the malignant states in the elderly[6].

Associated skin remedies are *Sulphur, Graphites, Petroleum* and *Psorinum*[8].

**Musculoskeletal system-** Rheumatic and arthritic symptoms involving particularly the shoulders, arms, wrists, hands and knees. Pain may be experienced in the soles of the feet. Joints are swollen and painful, especially at night. General loss of power and stiffness in the limbs accompanied by sensory nerve involvement giving tingling and numbness in the extremities. The grip of the hands is weakened and the sense of touch is reduced[6].

### Modality[6]-

Aggravation - at night, by heat.

Amelioration - by movement

### Related remedies-

Dr Kent relates Morgan group with trios of *Sulphur, Calcarea carbonicum* and *Lycopodium clavatum*[8].

**Comparison between *Morgan Pure* and *Morgan Gaertner* in clinical conditions[6,7 ,9, 10]**

| SYSTEM | *MORGAN PURE* | *MORGAN GAERTNER* |
|---|---|---|
| **Main Aetiology** | Consumption of Morganella infected food /chronically poor diet. Infection, alcohol, weaning | Sedentary habit , poor diet, drugs, food-borne bacterial toxins, stress |
| **Mind** | Psychotic depression<br>Bipolar depression<br>Suicidal tendency | Manic depression<br>Anxiety neurosis |
| **Head** | Bilious-headache<br>Hypertension | Alopecia areata |
| **Vertigo** | Vertigo with hypertension | - |
| **Eye** | Conjunctivitis | Blepharitis |
| **Ear** | Catarrhal otitis media | Otitis media |
| **Face** | Acne rosaceae | - |
| **Nose** | - | Polyps, nasal catarrh, maxillary sinusitis |
| **Throat** | Pharyngitis | Tonsillitis |
| **Abdomen** | Cholelithiasis, fatty liver, bilious headache and gallstones | Chronic cholecystitis, peptic ulcer, gastritis, Gastroesophageal disease |
| **Urinary** | Diabetes mellitus, Urethral caruncle | Nocturnal enuresis, Renal calculi |
| **Female** | Fibroid uterus | Vulvovaginitis |
| **Chest** | Asthma in infants and children, emphysema, pneumonia | Asthma in general, panniculitis, bronchopneumonia |
| **CVS** | | Angina pectoris |
| **Extremities** | Arthritis in small joints, erythrocyanosis foot, varicose veins and varicose ulcer | Rheumatism: wrist |
| **Back** | Rigidity and spondylosis in general | Rigidity in cervical region |
| **Skin** | Corns, callosities<br>Chilblains<br>Eczema<br>Flat warts | Herpes<br>Urticaria<br>Psoriasis<br>Jagged warts |

| | | |
|---|---|---|
| **Sleep** | Disturbed in general | Night terror |
| **Perspiration** | Offensive foot sweat | Profuse sweat in feet |
| **Modalities- aggravation** | Motion when beginning of, thunder, warmth in general, winter. | Eating after, warmth bed of, 4-8 pm |
| **Modalities- amelioration** | Eating, washing in general, vomiting - bilious | Eructation , flatus passing |
| **Related remedies** | *SULPHUR, Alumina, Baryta carbonicum, Calcarea carbonicum, Calcarea sulphuricum, Carbo vegetabilis, Corboneum sulphuricum, Digitalis purpurea, Medorrhinum, Psorinum, Graphites, Kalium carbonicum, Magnesia carbonicum, Natrum carbonicum, Petroleum, Sepia officinalis.* | *LYCOPODIUM CLAVATUM, Chelidonium majus, Chenopodium anthelminticum, Helleborous niger, Hepar sulphuricum, Lachesis mutus, Mercurius sulphuricum, Sanguinaria canadensis, Taraxacum.* |

## Conclusion

*Morgan Bach* is a largely used nosode, Paterson and many other physician used it successfully in many clinical conditions like infantile eczema, gallstone, renal stone, migraine, pneumonia, etc. *Morgan Bach* mainly acts on the vegetative system of the body, i.e. mucous membrane of the whole alimentary canal from the mouth to the anus, genito-urinary, and respiratory tract. Internally it acts on the mucous membranes; externally it acts on the skin. Its sub-types: *Morgan Pure* (Paterson) has marked action on skin and liver while *Morgan Gaertner* (Paterson) has marked action on the genito-urinary tract.

Unfortunately, with the passage of time, this group of drugs have been gradually sidelined by the profession due to lack of knowledge and lack of reproving. Further research is required in this field and so like any other nosodes, the bowel nosodes can be used as intercurrent remedies for clearing the case or curing the patient.

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# Utility of homoeopathic remedies in cases of renal failure

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**Abstract:** Homoeopathy works without any known barrier whether in case of systemic disorder or in case of psychological, whether it is acute disease or chronic. Master Hahnemann invented this beautiful system of medicine in the year 1796 when the human race was fighting with a difficulty for their real cure and when there was scarcity of any known methodology of treatment. This article is about the pathological condition of renal failure and the homoeopathic aspect for the same.

**Keywords:** renal failure; homoeopathy.

**Abbreviations:** CRF: chronic renal failure, BUN: blood urea nitrogen, GFR: glomerular filtration rate, AGN: acute glomerulonephritis, ARF: acute renal failure, ANCA: anti-neutrophil cytoplasmic antibody, BVAS: Birmingham vasculitis activity score, RPGN: rapidly progressive glomerulonephritis.

## Introduction

**Homoeopathy** is not an organ specific medical system. It always works on the principal of similia similibus curenter and holistically, considering a whole set of interacting mental and general physical process of a human being. When one deals with acute diseases, there is no consideration of miasm but while dealing with the chronic disease like CRF, one must consider the miasmatic background too. Thus, homoeopathy in renal failure or kidney failure will act obviously when it follows the principle of homoeopathy.

Renal failure preliminary denote failure of the excretory function of the kidney, leading to retention of nitrogenous waste products of metabolism. At the same time, the renal function may fail, including the regulation of fluid and electrolyte status, as well as the endocrine function of the kidney[1].

The term azotaemia is used for biochemical abnormality characterised by elevation of the blood urea nitrogen (BUN) and creatinine levels, by uraemia is defined as association of these biochemical abnormalities with clinical signs and symptoms.[2]

A renal failure can be of 2 types:

- Acute renal failure
- Chronic renal failure

These are classified as described below in the chart: [1, 2]

| ACUTE RENAL FAILURE | CHRONIC RENAL FAIURE |
|---|---|
| 1. It is characterised by sudden and reversible loss of renal function, which develops over a period of days or weeks.<br>2. Here rapid onset of renal dysfunction, chiefly oliguria or anuria, and sudden increase in metabolic waste products (urea and creatinine) in the blood with consequent development of uraemia. (path)<br>3. The causes of ARF may be classified as<br>**i. Pre-renal** (inadequate cardiac output, hypovolaemia, cirrhosis of liver, renal artery stenosis, etc. ) ,<br>**ii. Renal causes:** AGN, vasculitis, tubule interstitial nephritis, acute tubular necrosis, and pyelonephritis.<br>**iii. Post renal causes:** it usually indicates obstructive uropathy below the urinary bladder like prostatic enlargement.<br>The **clinical features** depend upon underlying causes of ARF and on the stages of the disease. The major patterns usually seen as | 1. It is a syndrome characterised by progressive and irreversible deterioration of renal function due to slow destruction of renal parenchyma, eventually terminating death when sufficient numbers of nephrons have been damaged.<br>2. The major problem in CRF is acidosis, azotaemia and clinical uraemia syndrome**.**<br>3. Regardless of cause CRF evolves progressively through 4 stages:<br>**i. Decrease renal reserve –** here damage to the renal parenchyma is marginal, the GFR is about 50% of normal, BUN and creatinine values are normal and patients are usually symptomatic.<br>**ii. Renal insufficiency –** here about75% renal parenchyma has been destroyed; GFR is about 25% of normal, BUN and s. creatinine level elevated. Polyuria and nocturia are main feature along with sudden stress leads to uraemic syndrome. |

- **Syndrome of acute nephritis**- this type is mainly associated with acute post streptococcal glomerulonephritis and RPGN. The features are mild proteinuria, haematuria, oedema and mild hypertension.
- **Syndrome accompanying tubular pathology**— a) Oliguric phase: urinary output of < 400ml/day, this leads to retention of waste products of protein metabolism in blood which results in azotaemia, metabolic acidosis, hyperkalaemia, hypernatreamia and hypervolaemia. b) Diuretic phase – in this stage, the healing of the tubules occur with the improvement of urinary output. C) Phase of recovery – full recovery with healing of tubular epithelial cells occurs in about 50% cases, while others terminates in death.
- **Pre-renal syndrome** – typically this pattern is seen in marginal ischaemia caused by renal arterial obstruction, hypovolaemia, hypotension or cardiac insuffiency. Due to depressed renal flow, there is decrease in GFR causing oliguria, azotaemia and fluid retention and oedema.

iii. **Renal failure –** 90% renal tissues has been destroyed. The GFR is 10% of normal, tubular cells are become non-functional, which causes the oedema, metabolic acidosis, hypocalcaemia and sign and symptom of uraemia.

iv. **End stage kidney –**GFR is < 5% of normal and results in complex clinical picture of uremic syndrome with progressive primary (renal) and secondary (extra renal symptoms).

4. The main clinical manifestation are
   A) Primary uraemic (renal) – metabolic acidosis, hyperkalaemia, sodium and water imbalance, hyperuricaemia and azotaemia.
   B) Secondary (extra renal ) – anaemia, shallow-yellow colour of skin due to deposition of urinary pigment like urochrome, hypervolemia leads to congestive cardiac failure , pulmonary congestion and oedema, hiccough, renal osteodystrophy.

## Homoeopathy in renal failure

Homoeopathy is a therapeutic system of medicine which is based on the principle, ***"similia similibus curentur"*** which means ***'let likes be treated by likes'***.[3] The concept of homoeopathy is related to treat the patients not only through holistic approach but also considers individualistic characteristics of the person. In this mode of treatment, one considers the sick person as a whole rather than the disease to the parts.

The symptoms are considered as the body's natural reaction to the illness and help to find a remedy against the illness. The physician perceives all the derangements at physical and mental levels of the patient, brings about conceptual image of the patient through totality of symptoms and selects the medicine, which is most similar to the symptomatic totality of the patient.

Homoeopathy works wonderfully in the management of different pathological conditions like renal failure. As homoeopathy works on the principle of similia, there is no barrier in the management of renal failure like condition. There are many proven therapeutic found for such condition in different journal, one of it is: "**Individualized homoeopathic therapy in ANCA negative rapidly progressive necrotising cresentic glomerulonephritis with severe renal insufficiency – a case report" [4]**

In this article, an old woman of 60 years age was diagnosed as RPGN with severe renal insufficiency having serum creatinine - 4.8mg/dl, GFR- 9ml/min/1.73m$^2$, haemoglobin – 8.7mg% and BVAS (Birmingham vasculitis activity score) - 14. She took conventional medication without effective improvement for 5 months till July 2015 and after that she started homoeopathic treatment. The following homoeopathic medicine was prescribed- *Carcinosinum, Ammoniacum gummi* and finally *Sulphur* considering individualisation. The patient improved symptomatically and changes were also seen in laboratory parameters, i.e. serum creatinine – 2.6 mg/dl, haemoglobin – 11.9 gm%, BVAS – 4 and GFR -19ml/min/1.73m$^2$.

Our different homoeopathic literatures are also full of many beautiful medicines mentioned by greatest homoeopaths which are also very much helpful to manage such cases of renal failure discussed below.

### Some important homoeopathic medicines in CRF are:

***Ammonium carbonicum*** **(smelling salts):[5]**

- Frequent desire to urinate with

tenesmus.

- Urine white, scanty, bloody copious turbid and fetid.
- Involuntary urination towards morning.

***Arsenicum album* (white oxide of arsenic):[6]**

- Urine is scanty, burning involuntary.
- Bladder as if paralysed. Albuminuria. Nephritis.
- Uraemia. Atony of bladder in old persons.
- Epithelial cells cylindrical clots of fibrin and globules of pus and blood.
- Feeling of weakness after urination.
- Retention of urine, as if the bladder were paralysed after childbirth.

***Aurum metallicum* (gold):[7]**

Painful retention of urine, with urgent inclination to make water, and pressure on the bladder. Frequent emission of watery urine. Urine turbid, like buttermilk, with thick mucus-like sediment.

***Aralia hispida* (wild elder):[6]**

It is a valuable diuretic, useful in dropsy caused by renal or hepatic disease with constipation**.**

***Cantharis vesicatoria* (spanish fly):[6]**

- Nephritis with bloody urine.
- Intolerable tenesmus, cutting before, during, and after urine.
- Urine is jelly-like shreddy with constant desire to pass urine.

***Chininum sulphuricum* (sulphite of quinine):[6]**

- Symptoms of interstitial nephritis predominate. Urine is bloody, turbid, slimy, clay coloured, having greasy sediments.
- Small amount of urea and phosphoric acid with excess of uric acid, chlorides are present in urine with sub-normal temperature**.**

***Eucalyptus globulus* (blue gum tree):[6]**

- Acute nephritis complicated with influenza.
- Urine contains pus and deficit in urea. Bladder feels loss of expulsive force.
- There is great burning and tenesmus while urinating.
- It produces diuresis and great increase in urea.

***Cicuta virosa* (water hemlock):[7]**

- Frequent micturition; the urine is propelled with great force.
- Retention of urine.
- Convulsions with violent distortion of body.

***Cuprum metallicum* (copper):[6, 7]**

- There is suppression of urine.
- Patient passes clear watery urine during or after spasms.
- Urgent desire to urinate with scanty emission.
- Frequent emission of fetid, viscid urine.
- Burning shootings in the urethra, during and subsequent to the emission of urine**.**

***Cuprum arsenicum* (arsenite of copper):[6]**

- Uraemic convulsions
- Kidney inefficiency and uraemia.
- Garlic odour of urine.
- Urine of high specific gravity increased, contains acetones and diacetic acid.

***Digitalis purpurea* (foxglove): [6]**

- Urine suppressed, amoniacal, and turbid, burning, as if urethra was too small.
- Brick-dust sediment.
- **Oedema** with abnormally slow pulse and extreme prostration.

***Eel serum* (serum anguillar ichthyotoxin):[6]**

- The important symptomatic triology include: of hypertension and oliguria, **without oedema**.
- It is eminently efficacious to re-establish diuresis, and in rapidly arresting albuminuria.
- The serum of the eel has given very small results in attacks of asystolia; but it has been very efficacious in cardiac uraemia.
- The serum of the eel has put an end to the renal obstruction and produced an abundant diuresis.

***Glonoinum* (nitroglycerine):[7]**

- Increased secretion of pale (albuminous) urine; has to rise frequently during the night, and must pass large quantities of albuminous urine.
- Tubal nephritis, with headache, brought on by walking in the sun; numbness in arms and hands alternating with intense tingling.

***Morphinum*: [6, 7]**

- Slow and difficult urination.
- Uraemia acute and chronic.
- Suppression of stool and urine, ineffectual efforts, turbid and slimy urine.

***Opium*:[6]**

- Scanty, deep coloured (dark brown) urine, with sediment like brick dust.
- Retention of urine with insomnia and intermittent respiration.c
- Loss of power or sensibility of bladder.

**Phosphorus: [6, 7]**

- Urine turbid, brown, with red sediment.
- Haematuria with acute pain in the region of kidney.

***Senna* (cassia acutifolia):[6]**

- It is indicated where system is broken down, muscular weakness, bowel constipation and lack of elimination of nitriogenous material, *Senna* will acts as a tonic.
- Acetonemia.

***Solidago virgaurea* (golden rod):[7]**

- "A very old and good kidney medicine" (Rademacher).
- Pain in region of kidney. Scanty and difficult urine with red-brown thick sediment.
- Slightly sour, neutral, or alkaline urine with numerous epithelial cells or mucous particles.

***Terebinthiniae oleum* (turpentine):[7]**

- Pressure in the kidneys when sitting, going off during motion.
- Sensation of heaviness and pain in region of kidneys.
- Transient movement in region of bladder during stool as if bladder were suddenly distended and bent forward. Frequent desire to urinate.
- Violent burning drawing pain in region of kidneys.
- Suppressed secretion of urine.
- Urine smelling strongly of violets; deposit of mucus, or thick, muddy deposit.
- Thick, slimy, yellowish white sediment in urine.
- Much blood with very little urine and constant painful dysuria.
- Burning sensation, incisive pains, and spasmodic tenesmus of bladder.

***Urea* (carbamide):[6]**

- Hydrogogue diuretic in the treatment of dropsies.
- Renal dropsy with symptoms of general intoxications.
- Albuminuria; urine is thin and of low specific gravity.

***Uranium nitricum* (nitrate of uranium) :[6]**

- It is good remedy for diabetic nephropathy.
- Its therapeutic keynote is great emaciation, debility, and tendency to ascites and general dropsy.
- It causes glycosuria and increased urine.

***Uva ursi* (bearberry):[6, 7]**

- Painful micturition with burning sensation. Slime passes with blood is the key note indication
- Frequent urging with severe spasm of bladder. Green urine.
- Urine contains blood, pus, and much tenacious mucus with clots in large masses

**Miasmatic aspect:[8]** Considering the chronic aspect of CRF (chronic renal failure) the syphilitic and sycotic miasm fulfill all the criteria. The miasmatic aspect must be considered when we deal with this type of cases because sometime the miasmatic blockage may hinder the real path of healing.

## Conclusion

The homoeopathic management of renal failure is done with the artistic use of law of similia. The advance pathological condition like renal failure can be handled with use of small remedies with marvelous output. Even the constitutional remedies are also much helpful when one considers the miasmatic background. Unfortunately, the repertorial use one should not forget to get the simillimum for the pathological cases like renal failure.

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# Management of psychiatric aspects of renal disorders – an integrated approach with homoeopathy

***Dr Diana R***

**Abstract**: Renal disorders are common clinically affecting around 14% of general population especially in adults. Hypertension and diabetes are the common causes leading to renal disorders. The treatment expenses and severity of illness often makes it a stressor for the patient leading to psychiatric co morbidity in most cases. The following article gives an insight regarding management of psychiatric aspects of renal disorders with the help of psychotherapy and homoeopathy.

**Keywords**: Homoeopathic management, renal disorders, psychotherapy, constitutional medicine, integrated approach

## Introduction

It is not mandatory to develop psychiatric problem as a consequence of a serious physical illness. But persons with maladaptive or partially adaptive coping skills can develop psychiatric problems associated with serious physical illness such as acute or chronic renal failure. (1)There are high levels of association of many of these chronic conditions with psychiatric disorders. Comorbid medical and psychiatric conditions increase use of medical resources and costs, as well as amplify functional impairment.(1)

As important as a comprehensive knowledge of psychiatric diagnosis and psychosocial formulation is to a consulting psychiatrist, it is also vital to understand the pathophysiology and clinical characteristics of the medical condition that frequently coexist with psychiatric disorders. It is also important to know the behavioural and psychiatric side effects of medications and substances. Lacking this data permits only a partial and inadequate approach to diagnosis and treatment.(1)

The common renal conditions associated with psychiatric disorder are acute renal failure, chronic renal failure, end stage renal disease, haemodialysis and kidney transplant.

Acute renal failure : Acute renal failure is an abrupt decrease in renal function sufficient to result in azotaemia – retention of nitrogenous waste in the body. (2) Acute renal failure can result from a decrease of renal blood flow(prerenal azotaemia),intrinsic renal disease(renal azotaemia) or obstruction of urine flow(postrenal azotaemia). Prerenal azotaemia can be caused by renal arterial occlusion or decrease in effective blood volume. Intrinsic renal azotaemia is caused by acute tubular necrosis due toan acute ischaemic or nephrotoxic insult. Postrenal azotaemia is due to obstruction of the urine collecting system; this may occur when there is bladder outlwt obstruction or ureteral obstruction.(1)

Medical complications of acute renal failure include hyperkalaemia, hyperuricaemia, arrhythmias, anaemia, coagulopathies, vomiting, nausea and urinary tract infections. Metabolic pertubations can lead to delirium. Neuropsychiatric manifestations include somnolence, asterixis (flapping tremor), neuromuscular irritability and seizures. Mental status abnormalities in acute renal failure begin to occur for most adults when the serum creatinine level acutely rises to about 4.0mg/dl. In oliguric renal failure, serum blood urea nitrogen levels can be expected to rise by about 10 to 20 mg/dl per day.(1)

Chronic renal failure and end stage renal disease: Chronic renal failure is a progressive and irreversible loss of renal function. (3) Diabetes, hypertension, and glomerulinephritis are the most common aetiologies of renal insufficiency leading to end stage renal disease. Serum creatinine is a sensitive indicator of early, subclinical, chronic renal failure.(1)

Neuropsychiatric manifestations of chronic renal failure include irritability, insomnia, lethargy, anorexia, seizures, and restless leg syndrome.(3) In contrast to acute renal failure-where neuropsychiatric signs and symptoms may appear with a creatinine level as low as 4mg/dl-in chronic renal failure, patients my have a normal mental status examination with a serum creatinine level as high as 9 to 10mg/dl.(1)

Dementia and depression along with suicidal thoughts are common with end-stage renal failure. Disruption in sexual function, which may be physiological (example, vascular complications of diabetes, fatigue following dialysis treatments), or psychological, or both, account for at least a portion

of the dysphoria experienced by patients with end stage renal disease.(1)

Haemodialysis : The average patient on haemodialysis requires 3.5h of dialysis three times per week to achieve adequate creatinine clearance.(3) It is not a benign procedure, and has a number of potential neuropsychiatric complications. Patients on haemodialysis are at high risk for developing volume overload, pulmonary oedema, hyperkalaemia, hyperphosphataemia and metabolic bone disease if compliance with restricted diet and fluid intake us not optimal. Patient adherence to these diet and fluid-intake proticols is used as one of the criteria for making decisions about appropriateness for transplantation. Psychiatric reasons for non-adherence should be addressed and are usually reversible, with the exception of personality disorders. These include mood disorders, phobias, panic disorder, substance-related disorders, adjustment disorder and cognitive disorders.

Psychological treatment adopted for the medically ill: (1)

1. Motivational interviewing helps the patient in improving adhwrence to treatment regimes.
2. Anger management (modified cognitive behavioural therapy) helps in managing the irritability or aggressive behaviour.
3. Interpersonal therapy was initially developed for thetreatment of depression, but it has obvious applications in the field of physical illness. In the terminology of interpersonal therapy, illness represents a role transition, and the focus in therapy is therefore on negotiating that transition with key others in the patients life.(4)
4. Family therapy and couples therapy are rarely considered (or available) for adults with physical illness and yet many of the external resources needed for coping are in the family.

   Along with this the neuropsychiatric manifestations of acute renal failure should be treated by correcting the underlying cause.

   Homoeopathic approach in managing the psychiatric disorder associated with renal disorders.

The foremost merit of homoeopathy is that while curing one disease it does not create another as found mostly in allopathic treatment. Also, even a new or unknown disease can be correctly and successfully treated when the symptoms of the disease are unknown.

Master Hahnemann has given instruction about mental disease and its treatment in his 6th edition of *Organon of Medicine* in aphorism 210 to 230.[29] He considers mental diseases as one sided diseases affecting the whole psycho-somatic entity where the derangement of mind and disposition is increased while the corporeal symptoms decline. Like all other one-sided diseases, they are psoric in origin.(5)

Mental diseases constitute a class of disease sharply separated from all others, since in all other so-called corporeal diseases the condition of the disposition and mind is always altered; and in all cases of disease we are called on to cure the state of the patient's disposition, is to be particularly noted, along with the totality of the symptoms.(6)

According to Farokh J. Master, in order to cure mental disease the prescription being aimed towards inner most mental and emotional state rather than outward physical expression. The prescription should be given the form of single remedy in a single dose, in higher potency, and then wait for the response to the prescription has clearly ceased before repeating or represcribing.(6)

According to homoeopathic classification of mental disease this comes under mental disease arusing from corporeal origin (aphorism 216 - corporeal disease transformed into insanity, into a kind of melancholia or into mania by a rapid increase of the physical symptoms that were previously present, whereupon the corporeal symptoms lose all their danger.)

These are some of the medicines found useful in cases of renal disorders associated with psychiatric disease which are discussed below, but they should be prescribed based on symptom similarity only.

1. *Arsenicum album* : Great anguish and restlessness. Fears, of desth of being left alone. Great fear with cold sweat. Suicidal. Despaor drives him from place to place. Sensitive to disorder and confusion. Albuminous urine. Epithelial cells; cylindrical clots of fibrin and globules of pus and blood. Bright's disease. Diabetes.
2. *Hyoscyamus niger* **:** Very suspicious. Talkative, obscene, lascivious mania, uncovers body; jealous, foolish. Great hilarity; inclined to laugh at everything. Delirium, with attempt to run away. Low, muttering speech; constant carphologia, deep stupor. Symptoms of uraemia and acute nervous exhaustion.
3. *Sulphur* : Very forgetful. Difficult thinking. Delusions; thinks rags beautiful things-that he is immensely wealthy. Busy all the time. Childish peevishness in grown people. Irritable. Affections vitiated; very selfish,

no regard for others. Religious melancholy. Averse to business; loafs-too lazy to arouse himself. Imagining giving wrong things to people, causing their death. Sulphur subjects are nearly always irritable, depressed, thin and weak, even with good appetite. Mucus and pus in urine, parts sore over which it passes. Frequent micturition. Must hurry, sudden call to urinate. Great quantities of colourless urine.

4. *Aurum metallicum* : Feeling of self-condemnation and utter worthlessness. Profound despondency, with increased blood pressure, with thorough disgust of life, and thoughts of suicide. Talks of committing suicide. Great fear of death. Peevish and vehement at least contradiction. Anthropophobia. Mental derangements. Constant rapid questioning without waiting for reply. Cannot do things fast enough. Oversensitiveness; to noise, excitement, confusion. Turbid urine like buttermilk with thick sediment. Painful retention.

5. *Staphysagria* : Impetuous, violent outbursts of passion, hypochondriacal, sad. Very sensitive as to what others say about her. Dwells on sexual matters; prefers solitude. Peevish. Child cries for many things, and refuses them when offered. Ill effects of anger and insults. Sexual sins and excesses. Very sensitive. Cystitis in lying-in patients. Pressure upon bladder feels as if it did not empty. Sensation as if a drop of urine were rolling continuously along the channel. Burning in urethra during micturition and when not urinating. Urging and pain after urination.

6. *Pulsatilla nigricans* : Sad, crying readily; weeps when talking; changeable, contradictory. Timid, irresolute. Fears in evening to be alone, dark, ghost. Likes sympathy. Children like fuss and caresses. Easily discouraged. Morbid dread of the opposite sex. Religious melancholy. Given to extremes of pleasure and pain. Highly emotional. Increased desire to urinate worse when lying down. Burning in orifice of urethra during and after micturition. Involuntary micturition at night, while coughing or passing flatus. After urinating spasmodic pain in bladder.

7. *Lycopodium clavatum* : Melancholy; afraid to be alone. Little things annoy, Extremely sensitive. Averse to undertaking new things. Head strong and haughty when sick. Loss of self-confidence. Hurried when eating. Constant fear of breaking down under stress. Apprehensive. Weak memory, confused thoughts; spells or writes wrong words and syllables. Failing brain-power. Cannot bear to see anything new. Cannot read what he writes. Sadness in morning on awaking. Pain in back before urinating , ceases after flow, slow in coming must strain. Retention. Polyuria during the night. Heavy red sediment.

## Discussion and conclusion

Once human bodies have become stressed to the point that they have produced symptoms of illness which, in itself, can be an additional stress(8) leading to development of psychiatric disorders. Renal disorder comes in such category that puts the patients under stressful situation due to the depth of disease as well as the huge financial burden imposed by the treatment especially in cases of haemodialysis and transplant if required. Sufferes find that every area of lives is affected such as sleep, appetite, energy and mood.(8) The most common psychiatric manifestations along with renal disorders are depression, aggresiveness and suicidal ideation. Psychotherapy along with homoeopathic medicines when prescribed on the principle of similarity yields the best result. Some of the medicines found to be useful in treating psychiatric disorders associated with renal disorders *are Arsenicum album, Hyoscyamus niger, Sulphur, Aurum metallicum, Staphysagria, Pulsatilla nigricans* and *Lycopodium clavatum*. Remedy should be selected after erecting totality of symptoms and based on the principles of homoeopathy referring *Organon of Medicine*, materia medica and repertory.

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# Homoeopathic approach for pemphigus vulgaris

***Dr Satish P Ladda***

**Abstract:** Pemphigus Vulgaris is an auto immune disease characterised by symptoms affecting skin and mucous membranes. It is clinically manifested by the painful blisters and sores in the mouth, eruptions over lower lips and corners of mouth, inflamed and sore of gums, ulceration over the palate and margins of gum, crusty and moist eruptions over the scalp, itchy red eyes. The anti-inflammatory and steroidal treatment is available to control and treat the pemphigus vulgaris patient. But total recovery from the disease has not been reported up to date. Other alternative therapies like nutritional therapy, yoga therapy are used for the disease. Here, a 40 year female presented with symptoms of pemphigus vulgaris since 8 to 10 years. She was successfully treated by individualised homoeopathic medicine, *Natrum muriaticum*, selected on totality basis. After initial aggravation for few days, over the period of fifteen das of homoeopathic treatment, the patients presenting symptoms of Pemphigus Vulgaris were improved and with one year of homoeopathic treatment disease symptoms and overall condition of the patient were completely controlled. This case report suggests that homoeopathic intervention may be the sure solution for the resolution of Pemphigus Vulgaris.

**Keywords:** Pemphigus vulgaris, *Natrum muriaticum*, grief, weeps alone.

Abbreviations: ELISA – enzyme linked immunosorbent assay.

## Introduction

Pemphigus Vulgaris is a rare, severe auto-immune disease characterised by blisters of various site on the skin and on the lining of mouth and other mucous membranes. Pemphigus Vulgaris occurs when the immune system mistakenly attacks proteins in the upper layers of skin. This leads to separation cell from each other and from lower layers of skin and mucous membranes leads to blister formation. It presents in the form of blisters in mouth and other areas of body and serious skin disease. It develops most often in middle aged or older peoples, affecting both genders. The blisters are filled with thin, watery fluid; which eventually burst, slough off and lead to sore spots. The common affected sites are mouth, genitals skin. It is chronic recurring, non-contagious disease. [1]

The changes at environmental, emotional psychological level lead to produce tremendous negative impact on our body especially on our immune system. This stresses prone the simple innocent immune system to act abnormally. [2]

There is no cure with conventional treatment, it can only help for temporary relief but the dysfunction at mental emotional and psychological level, the root triggering factors can only be corrected with homoeopathic remedies so Homoeopathy will stand first choice for Pemphigus Vulgaris.

## Epidemiology

Pemphigus vulgaris has been reported to occur worldwide.

Pemphigus vulgaris is most common subtype of pemphigus in Europe, Japan and United States

Pemphigus vulgaris incidence varies from 0.5 to 3.2 cases per 100000 populations.

Epidemiological studies evaluating different european regions suggest that the incidence of disease tends to be lower at higher latitudes than lower.

Pemphigus vulgaris incidence is increased in patients of Ashkenazi Jewish descent and those of Mediterranean origin. [3]

## Diagnosis

It is best diagnosed clinically by an experienced eye.

Nikolsky's sign - When the surface of unaffected area is rubbed with finger or cotton, the skin separates easily. This is called as positive Nikolsky's sign. [4]

Skin or oral biopsy - It shows intra-epidermal vesicle caused by breaking of epidermal cells.

ELISA test - Anti desmogleins antibodies can be detected in the blood using this test. [5]

## Case history

A case of pemphigus vulgaris is presented in this article.

## Patient information

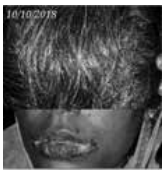
A lady, 40 years old consulted on 10th October 2018 with painful blisters in mouth over lips and corners of mouth with itching, discharging eruptions over scalp.

## History of present complaints

The patient had been suffering from painful blisters in mouth over lips and corners of mouth with itching, discharging eruptions over scalp. Before 8 to 10 years, she started with painful blisters and sores in the mouth, followed by over lower lips and corners of mouth associated with inflammation and soreness of gums with dribbling of saliva at night. Then she started developing ulcers over the palate and margins of gum. After six months of all these symptoms, she developed crusty and moist eruptions over the scalp discharging sticky, viscid discharge. The scalp and mouth eruptions and ulceration itch at night. The blisters in mouth were painful while talking and drinking water associated with burning in mouth after taking warm food. Then she started redness of eyes with severe itching. She was under the modern treatment with steroid before consulting me with temporary relief during treatment which is since second month of onset of disease till date.

## Observations and finding

Patient entered in clinic with profuse perspiration over body. She looks less talkative and gentle by nature. She is hesitating to answer my questions, just answering yes or




no. It was actually getting difficult to collect the totality. One thing observed that at every answer she is looking to her husband who was sitting beside. Her husband wasked to seat outside in the waiting room.

She was family caring and family orienting personality. She was born in the economically sound family. She was married before 13 years in a sound family. It was going well for first few years. But her husband was not taking a least care of family. She was just remaining in home, for months together, her husband didn't talk to her in sympathetic mood. She was even restricted to go outside. He was sealing the land for his personal activities, which was creating tension in the family. For this he was blaming the patient that he sealed the land for her treatment only which is not getting cured. The patient also agreed to the fact that she was taking modern medicines since man years and not getting well. She has to routine visit for consultant. She grieved, but keeping silence. She says that my father taught to maintain the respect of him in front of all. Mazya wadilanchi shikwan ahhe. As it was her basic nature, she used to tolerate all things and at the extreme she weeps alone. She was keeping smile, so that no one can find my inner turmoil. She had done everything for her husband, but now she hated him due to his bad behaviour. Even though she hated him, she never showed it on her face. She was tired of life due to disease and the metal psychological suffering.

After much mental tension she got angry for one or two times, but she was insulted very badly in front of all family members by her husband. Having financial problem since last few years and the expenditure on her treatment is again disturbing her. Now it is easy, that she was becoming more familiar with me. Talk everything loudly and friendly. She said that the modern medicines were relieving her for few days and during treatment but even a gap of few days again brought the problems back, but she was sure that homoeopathic treatment will help to cure.

### Generals

She had good appetite.

Intermittently she had strong craving for salty food.

No particular food aversion

Profuse sweat all over body, even with very less exertion

Thermally she was hot patient.

### Mind

After having detailed and long talk with patient observed following mental conditions:
She was less talkative

She was family caring and family orienting personality.

She was hearted but suffering in silence.

She used to weep alone.

Bad effects of insult

## Case analysis

| Analysis of symptoms | |
|---|---|
| **General symptoms** | **Particulars** |
| Grief ailments from | Palate ulcers |

| | |
|---|---|
| Hatred | Gum ulcers |
| Hopeful | Eruptions over lips |
| Less talkative | Eruptions, corners of mouth |
| Sadness | Eruptions mouth around |
| Silent grief | Eruptions, itching |
| Can't weep easily | Crusty eruptions over scalp |
| Weeps alone | Moist oozing eruptions over scalp |
| Bad effects of insult | Scalp eruption oozing sticky, viscid discharge |
| Desire Salt and salty food | Redness of eyes |
| Profuse sweat | Itching of eyes |

## Evaluation of symptoms

| Evaluation of symptoms | | | | | |
|---|---|---|---|---|---|
| **Sr. No.** | **Symptom** | **Type** | **Intensity** | **Miasm** | **Common/Uncommon** |
| 1 | [Mind]Grief: Ailments from, agg. | Mental Generals | 2nd grade | Psora | Uncommon |
| 2 | [Mind]Hatred | Mental Generals | 1st grade | Syphilo-syco-psoric | Uncommon |
| 3 | [Mind]Hopeful | Mental Generals | 2nd grade | Tubercular | Common |
| 4 | [Mind]:Talk: desire to be silent, taciturn | Mental Generals | 3rd grade | Syphilitic | Common |
| 5 | [Mirilli's Themes]Sadness | Mental Generals | 2nd grade | Psora | Uncommon |
| 6 | [Mind]grief | Mental Generals | 2nd grade | Syphilis | Uncommon |
| 7 | [Mind]Weeping, tearful mood: goes off alone and weeps as if she had no friends. | Mental Generals | 2nd grade | Syphilis | Uncommon |
| 8 | [Mind]:Weeping, tearful mood: Impossible, cannot weep: | Mental Generals | 2nd grade | Syphilis | Uncommon |
| 9 | [Mind]Insults, offenses: Ailments from, agg. | Mental Generals | 2nd grade | Syphilo-psoric | Common |
| 10 | [Complete][Generalities]Food and drinks: Salt and salty food | Particular | 2nd grade | Sycosis | Uncommon |
| 11 | [Complete][generalities] sweat: Profuse | Particular | 3rd grade | Sycosis | Uncommon |
| 12 | [Complete][generalities] Hot | Particular | 3rd grade | | Uncommon |
| 13 | [Mouth]:Ulcers: Palate | Particular | 3rd grade | Syphilo-Tubercular | Common |
| 14 | [Mouth] Ulcers: Gums | Particular | 3rd grade | Syco- Syphilitic | Common |

| | | | | | |
|---|---|---|---|---|---|
| 15 | [Face]Eruptions: lips | | 3rd grade | Syco-Psoric | Common |
| 16 | [Face]Eruptions: lips: corners | Particular | 3rd grade | Syco-Psoric | Common |
| 17 | [Face]Eruptions: mouth, around | Particular | 3rd grade | Syco-Psoric | Common |
| 18 | [Complete][generalities] Eruptions: itching | Particular | 3rd grade | Psora | Common |
| 19 | [Head] Eruptions: Crusts, scabs | Particular | 3rd grade | | Common |
| 20 | [Head] Eruptions: Crusts, scabs: moist | Particular | 2nd grade | Syphilitic | Uncommon |
| 21 | [Head] Eruptions: glutinous moisture | Particular | 2nd grade | Syphilitic | Uncommon |
| 22 | [Complete][eye]: redness | Particular | 3rd grade | Tubercular | Common |
| 23 | [Eye]Itching | Particular | 3rd grade | Psora | Common |

## Reportorial results:

| Remedy | Nat-m | Calc | Nit-ac | Phos | Lyc | Sulph | Lach | Ph-ac | Merc | Nux-v | Puls | Ant-c | Staph | Rhus-t | Aur |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Totality | 33 | 26 | 24 | 24 | 24 | 24 | 22 | 21 | 21 | 20 | 20 | 19 | 19 | 19 | 19 |
| Symptoms Covered | 11 | 8 | 9 | 9 | 8 | 8 | 9 | 8 | 7 | 8 | 7 | 8 | 8 | 7 | 6 |
| [Complete ] [Mind]Grief:Ailments from, agg.: | 4 | 3 | 1 | 3 | 4 | 3 | 4 | 4 | 1 | 3 | 4 | 4 | 4 | 3 | 4 |
| [Complete ] [Mind]Hatred: | 4 | 3 | 4 | 1 | 2 | 3 | 3 | 2 | 3 | 4 | 3 | 0 | 3 | 3 | 3 |
| [Complete ] [Mirilli's Themes]Sadness: | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| [Complete ] [Mind]Weeping, tearful mood:Goes off alone and weeps as if she had no friends: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| [Complete ] [Mind]Weeping, tearful mood:Impossible, cannot weep: | 4 | 0 | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 1 | 1 | 0 |
| [Complete ] [Mind]Insults, offenses:Ailments from, agg.: | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| [Complete ] [Mouth]Ulcers:Palate: | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 0 | 1 | 0 | 0 | 4 |
| [Complete ] [Face]Eruptions:Mouth:Corners: | 3 | 4 | 4 | 3 | 3 | 3 | 0 | 1 | 4 | 1 | 0 | 4 | 0 | 3 | 0 |
| [Complete ] [Head]Eruptions:Tubercles:Scalp: | 1 | 4 | 0 | 1 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| [Complete ] [Skin]Eruptions:Crusts, scabs:Oozing: | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| [Complete ] [Generalities]Complexion, color of eyes, face, hair:Red hair: | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 |
| [Complete ] [Eyes]Itching: | 4 | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 3 |
| [Complete ] [Generalities]Food and drinks:Salt or salty food:Desires: | 4 | 3 | 4 | 4 | 0 | 3 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |

### Remedies:

The chief remedies for the case are *Natrum muriaticum, Staphysagria* and *Mercurius solubilis*. [6]

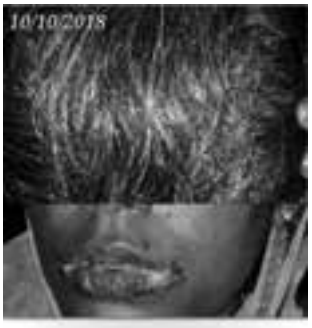
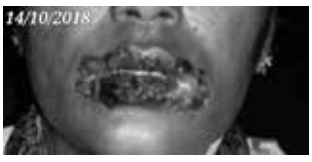
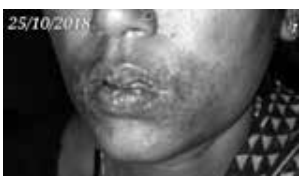
Let's overlook the remedies

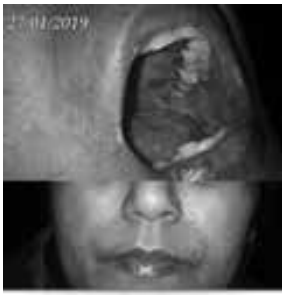
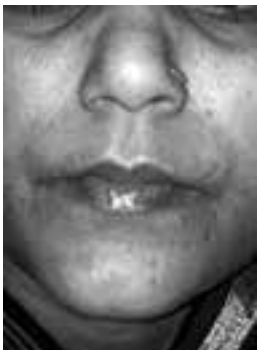
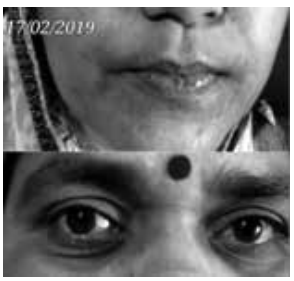
1. *Natrum muriaticum* - The sadness with obligated to weep, tired of life, hatred to the person who has formerly given offences are the mental symptoms of the case matching with *Natrum muriaticum* . Cracked excoriated, ulcerated lips with granulated and ulcerated eruptions and burning on lips and corners of mouth. Burning and smarting ulcers in mouth, pain aggravates by contact of food and even drink. Crusty and moist eruptions over the scalp are the physical symptoms of the patient matching with *Natrum muriaticum* .
2. *Staphysagria* – It is the chief remedy for physical symptoms due to suppressed anger. *Staphysagria* is very sensitive about the anger of those to whom he respects much like parents and even husband. It is predominant remedy for bad effects of insults. Husband is not considering her will, can be treated as a rejection by loved ones in repertory language. She had done everything for her husband, means she is devoted wife. All are the mental peculiarities of the patient matching with Staphysagria. The lips are scurfy, covered with ulcers and scabs with pain are one of the physical symptoms of drug.
3. *Mercurius solubilis* – It is a best remedy for crusta lacteal. The lips are rough and dry with swelling and ulceration of lips. There are yellowish scab, purulent pustules on the lip and chin. The burning, painful vesicles blister in mouth and on palate. These are physical symptoms are the patient matching the remedy. [7]

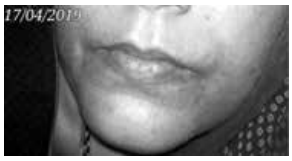
These three remedies are selected on the basis o

uncommon mental symptoms and particular symptoms of the disease. First remedy prescribed for the patient was Natrum Mur 200 single dose. But it aggravated the symptoms by aggressive spreading the blisters around the mouth with slow improvement in terms of reduction of in mouth. As per Kent's 12 observations there was long aggravation with slow improvement the second prescription was Staphysagria 200 potency. References – from www.nhp.gov.in an article about second prescription [8 ]

**Follow up:**

| Date of visit | Follow up | Justification for selection of remedy | Image of follow up |
|---|---|---|---|
| 10 October 2018 | Painful blisters in mouth over lips and corners of mouth with itching, discharging eruptions over scalp. Soreness of gums with dribbling of saliva at night. Crusty and moist eruptions over the scalp discharging sticky, viscid discharge and redness of eyes with severe itching | *Natrum muriaticum* 200/ 1 dose and<br><br>2 Rubrum 30/4 globules thrice a day |  |
| 14 October 2018 | Condition aggravated. The blisters are spreading around the mouth with itching. Even though the skin condition is aggravated the blister in mouth are reduced and now she is able to eat soft food, having better sleep and feeling fresh. | No remedy prescribed |  |
| 19 October 2018 | The condition was badly aggravated. The blisters with pustules appeared around the mouth, increased salivation, increased thirst. Small blisters get ruptured and discharging yellow sticky fluid. The eyes are fire read with the eruption around the mouth. Strong desire for sex since last few days. | Staphysagria 200/ 1dose<br><br>Rubrum four times a day<br><br>As per Kent's 12 observations there was long aggravation with slow improvement the second prescription was *Staphysagria* 200 potency. [9] |  |
| 25 October 2018 | All the eruptions around the mouth get dried with smooth look of skin. Burning micturition and intermittently irritability on little matters. Few blisters and red spots in mouth causing difficulty in eating. | Rubrum, four times a day |  |
| 11 November 2018 | Doing well with good appetite and sound sleep. Only few blisters forming here and there in mouth and getting healed within one or two days otherwise happy. | Rubrum, three times a day | NO IMAGE TAKEN |
| 18 December 2018 | Complaint of very small blisters in mouth and few times itching of scalp. Otherwise she was doing well | Rubrum/ three times a day | NO IMAGE TAKEN |

| | | | |
|---|---|---|---|
| | with good appetite and sound sleep. She started gaining weight. Her skin is looking healthy. | | |
| 27 January 2019 | Visited with redness and painful, bleeding ulceration in mouth and cracks over lower lips. She was fresh and happy. Her face is looking absolutely clean, fresh, glowing and smart. Except few cracks over lower lip nothing was there. There was no burning micturation. Her appetite and sleep was good. Her weight gain by six kilogram. | Rubrum/ three times a day |   |
| 17February 2019 | Visited with complaint of redness of eyes, few cracks on lower lips and small painful blisters in mouth associated with thirst for large quantity of water since last few with occasional dribbling saliva during sleep. Appetite is good but food taste bitter. | Rubrum/ 4 times a day |   |
| 20 March 2019 | Few very less painful white patches on gums. Only hot food causes burning and stitching pain. Thirst was normal, no dribbling of saliva. On observation a yellowish thrush found over lower lip which appears at morning and subside up to afternoon.<br>Severe headache for three times, once when she was at marriage function, second when travelling on motor cycle and third when she walked in sun heat.<br>Appetite, sleeps are good.<br>Marked irritability on contradiction. | Rubrum/ 3 times a day |  |

| | | | |
|---|---|---|---|
| 17 April 2019 | No ulceration and blisters in mouth since last 20 days. Cracked lips get healed. Mentally and physically she is doing well. | Rubrum/ 3 times a day |   |

## Discussion and conclusion

Thus, homoeopathy plays a positive role in auto immune diseases like pemphigus vulgaris. Mental symptoms are of prime importance in homoeopathic treatment. The homoeopathic remedies help to treat the patient at mental and physical plane. The suppressed emotions were eradicated by *Natrum muriaticum* and the final work for the case was done by *Staphysagria.*

## Problem during treatment

After first prescription of *Natrum muriaticum* 200 the symptoms starts aggravating, even waiting for nine days there was no relief. Patient was willing for relief. Group discussion with Dr Deepak Shah, Dr Atique Shaikh and Dr Nasser Shaikh helped a lot.

## Learning from case

Homoeopathic aggravation is the key of cure, but severe aggravation also prone to think. As the skin condition gets aggravated it will be difficult to manage and there was fear that patient may leave homoeopathic treatment. Consideration of other key mental symptoms helped for second prescription. This case established a clear relationship between mind and body. It also confirmed that Auto Immune diseases can be surely helped with homoeopathy. More well-designed research studies are required for establishing the effectiveness of homoeopathy in auto immune diseases. A comparative study can be carried out to assess whether treatment results vary with individualised medicines, either the intercurrent medicines plays a supportive role with constitutional remedy.

## Acknowledgements

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# Effect of homoeopathic medicines in cases of renal failure

*Dr Anit Acharya, Dr Ayushi Malhotra and Dr Aishwarya Pratap Singh*

**Abstract:** Renal failure is a challenge for the modern medical world and with the changes towards a cosmopolitan lifestyle, its incidence is increasing manifold. Patient are often left with practical interventional treatment. Renal replacement therapies may prolong life, but the quality of life is severely compromised. In 2015, according to projection by World Health Organization (WHO) and the Latin American Society of Nephrology and Hypertension (SLANH), there is growing trend due to the exacerbation of lifestyles with few healthy one. Classical homoeopathy may be considered a potential therapeutic modality in severe pathologies. Further studies are required to help patient with classical homoeopathy regarding severe procedure such as dialysis which also causes physical and economic problems.

**Keywords:** acute kidney disease, chronic kidney disease, RIFLE criteria, polycystic kidney, renal dropsy, azotaemia, glomerulonephritis.

**Abbrevations**: acute kidney disease (AKD), chronic kidney disease (CKD), World Health Organization (WHO), end-stage renal disease (ESRD), Latin American Society of Nephrology and Hypertension (SLANH), risk, injury, failure, loss, and end-stage disease (RIFLE), systemic lupus erythematosus (SLE), glomerular filtration rate (GFR), computed tomography (CT).

## Methodology

The data related to this article is collected from the source books like Practice of Medicine by Archith Boloor and Ramadas Nayak, Practice of Medicine by Kamal Kansal and Rakesh Kaushal, Homoeopathic Materia Medica by J.T.Kent , William Boericke, John Henry Clarke.

## Introduction

Renal failure is characterised with loss of function resulting in the accumulation of metabolites in blood. As a result, the balance of fluids and electrolyte in the body gets disturbed, thereby causing serious health trouble. (1)

### TYPES:

1. Acute kidney disease (AKD)
2. Chronic kidney disease (CKD)

### Acute kidney disease (AKD)

AKD is defined as sudden deterioration of kidney function, which is usually but not invariably, reversible over a period of days or rarely over few weeks. AKD was previously known as acute kidney failure, the other term used for this is azotaemia. There is a sudden increase in metabolic waste products (urea and creatinine) in the blood with consequent development of uraemia. [2,5]

### Causes

- Renal artery obstruction, glomerulonephritis
- Kidney stones
- Prostate cancer, cervical cancer
- Heart attack, blood or fluid loss
- Liver failure
- Lupus[2]

*See Figure 1.*

### Symptoms

- Decrease urine output
- Fits and coma in severe cases
- Dyspnoea due to fluid over dose
- Epistaxis, gastrointestinal bleed
- Oedema of legs and feet
- Crepitation[2]

### RIFLE criteria

It indicates an increasing degree of renal damage, also help in distinction between AKD and CKD. It has three stages: [2]

*GFR criteria*

| | | |
|---|---|---|
| Risk (stage 1)-. | Increased serum creatinine into 1.5 times within 48 hours | Urine output <0.5ml/kg/hour into 6 hours |
| Injury (stage 2)- | Increased serum creatinine into 2 to 3 times. | Urine output <0,5 ml/kg/hour into 12 hours |

| | | |
|---|---|---|
| Failure (stage 3) | Increased serum creatinine into 3 times | Urine output, 0.3 ml/kg/hour into 24 hours or anuria for 12 hours |
| Loss | Persistent AKD = Complete loss of renal function (4 weeks) | |
| End stage of kidney disease | Persistent renal failure >3months | |

Urine output

## Chronic Kidney Disease (CKD)

It was previously termed CHRONIC RENAL FAILURE or INSUFFICIENCY. It refers spectrum of long standing (more than 3 months) usually progressive process associated with irreversible changes in renal function and decline glomerular filtration rate (GFR).[2]

Chronic kidney disease is now recognised as a major medical problem worldwide. The global burden of disease study 2015 ranked chronic kidney disease as 17th among the causes of death globally.[3]

### Causes –

- Renal stones
- Glomerulonephritis
- Prostate enlargement
- Alport syndrome
- Polycystic kidney
- Amyloidosis, SLE
- Diabetes[2,4]

### Symptoms

- Polyuria, nocturnal
- Nausea, vomiting, loss of appetite
- Fatigue, weakness
- Oedema of legs and pleural effusion
- Hypertension[2]

### Investigation

- Serum creatinine will be elevated
- Serum urea will be elevated
- Urine analysis may show proteinuria, red cell casts
- Ultrasound will show shrunken kidneys in CKD
- Chest radiograph may show pulmonary oedema and pleural effusion
- Plain abdomen radiography and CT scan to exclude low density renal stones
- ESR will be raised[2]

### Complication –

- Hyperkalaemia, hypocalcaemia
- Pericardial effusion, pericarditis
- Encephalopathy
- Urinary tract infection, septicaemia, pneumonia
- Anaemia, increased blood loss
- Toxic effects due to uraemia[2,4]

### Management –

- Restrict dietary protein
- Restrict salt intake
- Vitamins should be taken
- Potassium balance should be maintained
- Dialysis in severe cases[2]

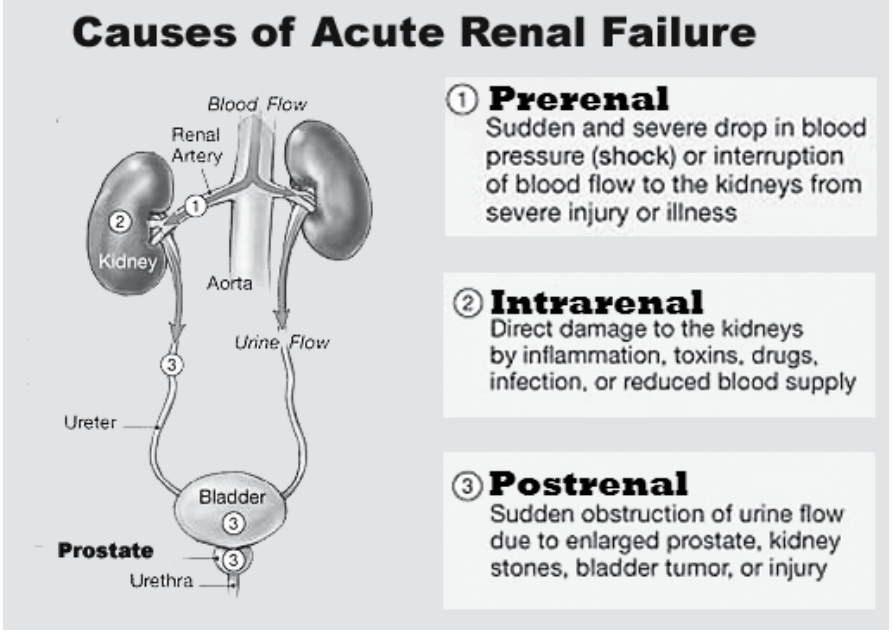


*Figure 1*

## Homoeopathic management

- ***Apocyanum cannabinum*** – Renal dropsy, turbid, hot urine, Burning in urethra after urinating. Urine scanty but flows easily. Dropsy with thirst. <cold >in hot weather. [7]
- ***Apis mellifica*** – Burning and soreness when urinating, Dropsy with thirstlessness. Scanty high coloured urine, incontinence. Last

drop burns and smarts < heat, touch > cold, open air.[6]

- ***Benzoicum acidum*** – Highly coloured urine, Strong smelling, soreness and burning in kidney region, sheets stains brown urine, Renal Insufficiency.[6]
- ***Berberis vulgaris*** – Burning pain, sensation as if some urine remained after urination, bubbling sensation. Pain in thigs and loins on urinating, Inflammation of kidneys < stooping, sitting >standing, Urine thick, yellowish like whey, Renal stones [6]
- ***Cantharis vesicatoria***– Intolerable urging and tenesmus, bloody urine, cutting and burning in renal region. Urine scalds as if passed drop by drop. Constant desire to urinate, Hematuria, Inflammation of kidneys. [6]
- ***Ampelopsis quinquefolia*** – Renal dropsy, rumbling in the abdomen, high level of creatinine, vomiting, purging, cold sweat, and collapse are leading symptoms. [6,7]
- ***Arsenicum album*** – Urine scanty, burning when urinating Albuminuria, felling of weakness in abdomen after urination, retention of urine, high level of serum creatinine in blood. [6,7]
- ***Lycopodium clavatum*** – Severe pain before urinating, incontinence of urine, renal calculus, urine flows in feeble stream, red sand in urine can be seen, Patient has to wait for long time for passing urine <4 pm -8 pm. [6,7,10]
- ***Helleborus niger*** – Scanty urine with sediment like coffee ground, feeble stream, deep coloured urine. Dropsy, convulsions, bladder distended, serum creatinine highly increased. <evening until morning, uncovering. [6,7]
- ***Urea pura*** - Tearing pain from bladder to groin, standing, albuminuria, bloody urine, general dropsy, oedema of pudenda. Urine brown in colour, uraemia. [6,7]
- ***Cuprum arsenicosum***– Uraemic convulsions, kidney action deficient, renal inefficiency and uraemia. Garlic like odour in urine with high specific gravity, increased acetones and di-acetic acid.[9]
- ***Mercurius corrosivus*** – Intense burning in urethra, urine hot, burning, scanty, suppressed, bloody greenish discharge, aluminous, tenesmus of bladder. Stabbing pain extending up urethra in bladder, preparation after urination. [10]
- ***Terebinthiniae oleum*** – Strangury with bloody urine, scanty, suppressed, odour of violet, urethritis. Inflamed kidneys, pressure in kidney when sitting going off during motion. Haematuria, spasmodic tenesmus of bladder. [6,7]
- ***Serum anguillae*** – Whenever kidney become acutely affected from cold, infection, oliguria, anuria, albuminuria, arterial hypertension without oedema. It is a renal remedy, haematuria, difficult urine secretions. [7]
- ***Petroselinum sativum***– Abluminous, yellow discharge from urethra, creeping and crawling throughout whole length of urethra. Burning and tingling from perineum through urethra during urination, pain in urination cause him to shiver, dance around the room in agony. [7]
- ***Pareira brava*** – Excruciating pain in lumbar region, dropsical swelling of feet and legs, discharge of mucus from urethra, urine smell strongly of ammonia contains thick with mucus, dribbling of urination after micturition. Can only emit urine when he goes on his knees pressing head firmly against the floor, dysuria. [7]
- ***Cicuta virosa*** – Frequent urination, urine propelled with great force, retention of urine. Convulsions with violent distortion of the body.[7]

| Conditions | Homoeopathic Medicines |
|---|---|
| Inactivity of kidney | *Benzoicum acidum, Helonias dioica, Kalium nitricum, Solidago virgaurea, Terebinthiniae oleum* |
| Weakness in kidneys | *Apis mellifica, Arsenicum album, Benzoicum acidum, Berberis vulgaris, Helonias dioica, Solidago virgaurea* |
| Function of kidney deranged | *Apis mellifica, Digitalis purpurea, Solidago virgaurea* |
| Kidneys Inactive | *Aconitum napellus, Apis mellifica, Serum anguillae, Stramonium, Terebinthiniae oleum* |
| Kidneys inactive in children | *Aconitum napellus, Apis mellifica, Stramonium* |
| Torpid action of kidneys | *Apocyanum cynapium* |
| Scanty and smoky urine | *Terebinthiniae oleum* |
| Kidney inflamed with heart failure | *Adonis vernalis, Arsenicum album, Digitalis purpurea, Glonoinum, Strophanthus hispidus, Veratrum viride* |

| | |
|---|---|
| Kidney inflammed with uraemic symptoms | *Ammonium carbonicum, Arsenicum album, Belladonna, Cannabis Indica, Carbolicum acidum, Cicuta virosa, Cuprum arsenicosum, Helonias dioica, Hyoscyamus niger, Opium, Stramonium, Urea* |
| Uraemia | *Ammonium carbonicum, Belladonna, Carbolicum acidum, Cuprum arsenicosum, Helonias dioica, Mercurius corrosivus, Opium, Veratrum viride*[2] |

## Conclusion

There is no specific remedy in any disease in homoeopathy. The specific remedy to the case is the remedy selected on the basis of totality of the symptoms. At all levels, in early stage of disease, when prognosis is favourable, and in terminal cases, when prognosis is unfavourable, the disease effects and suffering should be palliated by an acute remedy selected on acute totality of the particular case. The state of patient with end stage renal failure or progressive reversible chronic renal disease is very pathetic not only for the patient itself, but also for the family and the society as a whole. In homoeopathic treatment, case individualisation, modalities, and mental symptoms are the necessary part to select find out the exact simillimum homoeopathic medicine. Homoeopathy helps to prevent a large number of cases progressing to haemodialysis and renal transplant.

*See Figure 2.*

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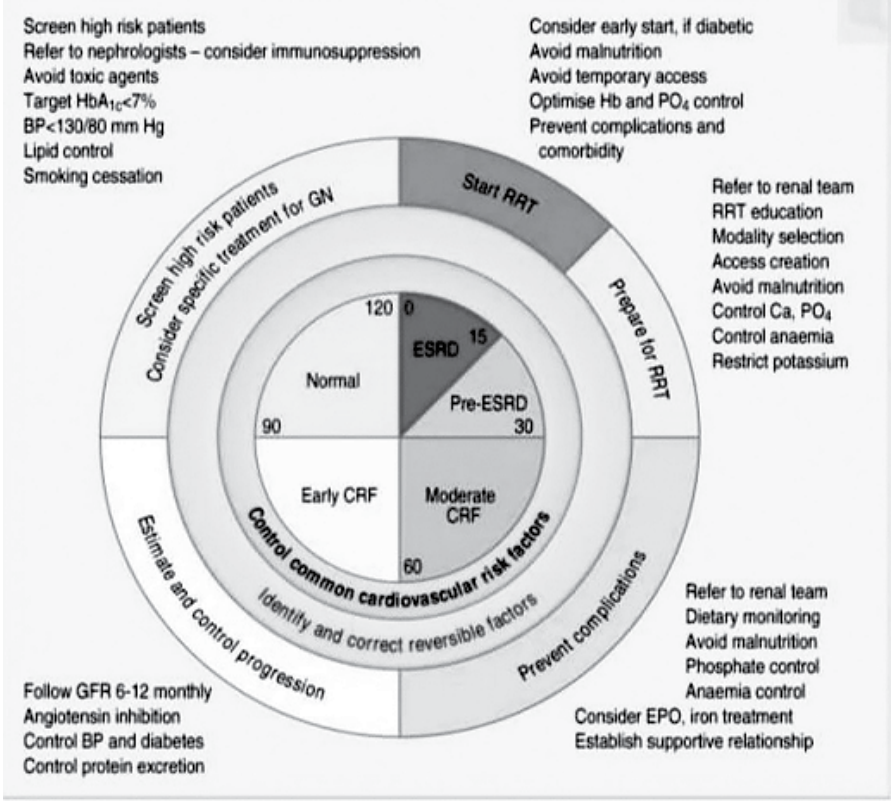


*Figure 2.*


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# Concordant Reference – Complete Classic Materia Medica

***Frans Vermeulen***

**Reviewed by Dr Yashika Arora**

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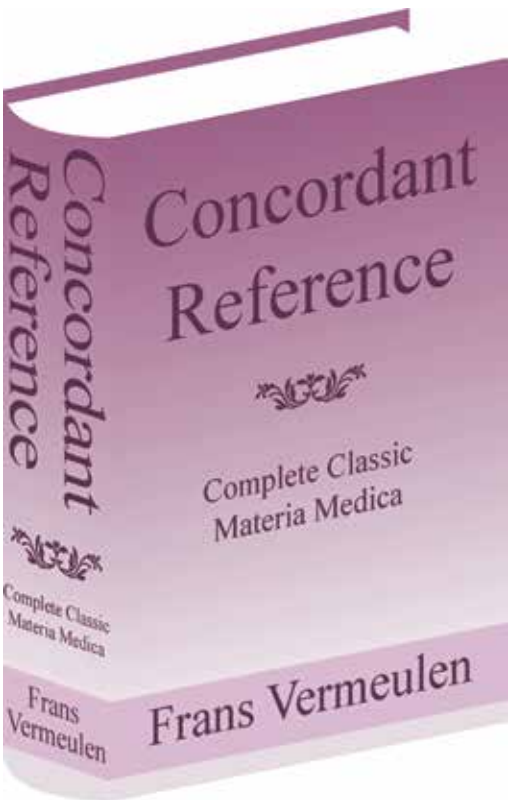


*Concordant Reference* embraces both an expansion and an essential revision of the *Concordant Materia Medica* as published in 1997. It represents an extensive sifting and culling of the classical homoeopathic materia medicas. It encompasses the investigation, collection and research of all homoeopathic remedies. This book has been constructed indispensable to keep up with today's homoeopathy, sourced from the original texts and updating the information according to advancements and changes made and can be relied upon as an authentic book. It was first published November 2011. 1209 remedies are included with more proving symptoms from *"T.F. Allen's Encyclopedia of Pure Materia Medica"* and *"Handbook of Materia Medica and Homoeopathic Therapeutics"* to complement the mostly clinical information from Hering and make it as complete as possible.

*Concordant Reference* reflects the recent changes in homoeopathic techniques and scientific knowledge. By improving the accuracy of the original material and adding scientific classification, Concordant Reference uses the classical materia medica to build a solid foundation for the modern practice of homoeopathy. The proforma of each remedy begins from generals, mind, dreams, body sections, modalities, relations and causation. Sections on food and drink, heart, limbs in general, upper limbs and lower limbs are also mentioned for easier reference. Also, each section of the body is further divided into sensation (SE), pain (PA) and objective (OB). Sections on sensation, mind and dream reflect the recent developments in case taking, case analysis and prescribing that have shown to be so effective for today's homoeopath. Concordant Reference is a single-volume work of roughly 2,100 pages, beautifully printed and bound to last through years of clinical practice, study and reference. It is the first one in Frans Vermeulen's new "Reference Series". This materia medica is a very important one to have for those who want the "source information" about each remedy, including the information about the chemical composition of the mineral and organic compounds and their applications in history or modern life, and its anthropological and mythic use and symbology.

The world's best single-volume materia medica, Vermeulen's *Concordant Reference*, has been completely revised, updated and now includes all of Boericke's remedies precisely indexed and easy to find. Those who are already familiar with Vermeulen's original *Concordant Materia Medica* will find the familiar layout of sections, symptom divisions and categories in this new *Concordant Reference*. Professional homoeopathic practice without the *Concordant Reference* is inconceivable.

*Concordant Reference* also constitutes an additional 362 remedies from the classical materia medica and there is a standardised nomenclature with latin names, common names and family groupings, family information on plants, animals, fungi, bacteria and viruses. The book has corrected source material information from the author's research and the remedies are described separately that had been combined in the classical literature. There are more proving

symptoms to complement the clinical focus of the previous versions and it is organised according to the scheme of *Boericke's materia medica*, and also including material from ten classical authors.

The previously combined remedies, like *Rhus toxicodendron* and *Rhus radicans*, have been distinguished and listed separately. In particular, dozens of substances previously hidden in the "relationship" sections of *Boericke's Pocket Manual* have been either indexed or separated into their own listings. Experience shows that small or previously unknown remedies can yield brilliant results and thus, the modern homoeopaths will have the opportunity to examine these additional remedies and broaden their use.

Besides the expanded and verified content, the new *Concordant Reference* reflects recent changes in homoeopathic techniques and scientific knowledge. By improving the accuracy of the original material and adding scientific classification, *Concordant Reference* uses the classical materia medica to build a solid foundation for the modern practice of homoeopathy.

Classical materia medica refers to the work done from 1790 – 1931, starting with Hahnemann and ending with Boericke and Boger. Concordant Reference is a one-volume compilation of the following 32 volumes of classical materia medicas, the symptom in each section are in the following sequence –

W. Boericke – *Pocket Manual of Homoeopathic Materia Medica* (1927), 9th ed.

C.M. Boger – *Synoptic Key of the Materia Medica* (1931), 4th ed. and *Boenninghausen's Characteristics and Repertory* (1905)

A. Von Lippe – *Textbook of Materia Medica* (1865), *Key Notes & Red Line Symptoms of the Materia Medica*

T.F. Allen – *A Primer of Materia Medica for Practioners of Homoeopathy* (1892)

A. & D.T. Pulford – *Homoeopathic Materia Medica of Graphic Drug Pictures and Clinical Comments* (around 1930)

A.C. Cowperthwaite – *Textbook of Materia Medica and Therapeutics* (1891)

J.T. Kent – *Repertory of the Homoeopathic Materia Medica* (1897)

J.H. Clarke – *A Dictionary of Homoeopathic Materia Medica*, 3 volumes (1900)

C. Hering – *Guiding Symptoms*, 10 volumes (1877 – 1887)

T.F. Allen – *Encyclopedia of Pure Materia Medica,* 10 volumes (1874 – 1879) and *"Handbook of Materia Medica and Homoeopathic Therapeutics"*

The book consists of 2 symptom categories, the first one being the "caused symptoms", which includes mostly the subjective symptoms from provings, self-experimentations, intoxications and poisonings and the second one, the "cured or clinical symptoms", i.e. mostly the objective symptoms, from the clinical cases. The major source for symptoms is Hering's 10-Volume Guiding symptoms, containing 410 remedies, and the symptoms with either a single or double bold vertical line, selected and extracted from medical journals, are referenced under the heading "Clinical Authorities" at the beginning of each remedy chapter.

The small, lesser known remedies are the most benefiting ones from Vermeulen's work on *Concordant Reference*. Alongwith polychrests, a full array of interesting and valuable remedies, previously regarded as small, medium or limited, have expanded sections of their own in the book, with enough useful information to elevate them to full and beneficial remedies in their own right.

The codes used include '&', i.e. concomitant; accompanied by, '#', i.e. alternating with, '=' which signifies caused by, '→' i.e. extending to, '>' meaning better; improved by, '<', i.e. worse, aggravated by. The section "Relations" is derived from Clarke and are listed in alphabetical order, including the sections such as antidotes, follow-up remedies, complementary remedies and modalities. The book is focused on the symptoms only and tune out the gradations.

This book is the latest, most up-to-date, accurate and comprehensive compilation of classic materia medica, including an expanded number of remedies, to serve the homoeopathic community at it's best, for years to come.

■■

| | | |
|---|---|---|
| | Gudivada (Oct.2006 ) | Rhus toxicodendron 200 |
| | Kerala (14th Sep.- 25th Oct. 2006) | Bryonia alba 30 |
| Cholera | Jeypore , Gonda, Bharuch and kolkatta (1985-86) | Antim. tart. 200 |
| | Delhi (July – Sept. 1988) | Camphor Q |
| Measles | Gonda, Hyderabad (1985-86 ) | Arsenic alb.30, Kali mur., Pulsatilla 30 |
| | Jaipur (1985- 1986) | |
| | Bhopal (1986-87) | Ipecac. |
| | Bharuch (1997-1998) | |
| Conjunctivitis | Gudivada, Hyderabad, (Sep.-Oct. 1985) | Argentum nitricum 200 |
| | Bahadurgarh, Ghaziabad, (1986-87 ) | Belladonna 200 |
| | Delhi (July- Sept.1988) | Belladonna 200 |
| Dengue | Delhi (1982; 1996 ) | Denguinum 30 |
| | Kottayam, Kerala (2012) | Nux vomica 30 |
| | Delhi (2012) | Eupatorium Perfoliatum 30 |
| Epidemic fever | Kerala (July 2001) | Bryonia alba 30 followed by a dose of Sulphur 200 |
| Viral Fever | Delhi (1987 – 1988) | |
| Yellow fever | New Delhi (1987-1988 ) | |
| Flu like illness | All over India (July 2010) | Arsenic album 30 |
| | All over India (2012) | Arsenic album 30 |
| Gastroenteritis | Tripura (1885-86) | Arsenic album 200 |
| | Krishna district, (1990-91) | Arsenic album 200 |
| Japanese Encephalitis | Midnapore, (1984) | Gelsemium 30 |
| | Tripura, (Agartala) Gudivada, Hyderabad, Diphu,(1986) | Opium<br>Stramonium<br>Hyoscyamus<br>Belladonna |
| | Gorakhpur, Basti Maharajganj (1989, 1990) | Belladonna 200 |
| | Gorakhpur, (28th Dec – 4th Jan.1992 ) | Belladonna 200 |
| | Gorakhpur,(Sep.-Oct. 2005 ) | Belladonna 200 |
| | Muzzafarpur (June 1995) | Belladonna 200 |
| Jaundice | Surat, Rajkot , Kolkata , Jaipur, Hyderabad (1984-85) | Chelidonium majus 6<br>Malandrinum 200C |
| | Delhi (1987-1988) | Chelidonium majus 6 |
| | Bhopal (May- June 1988 ) | Chelidonium majus 200 |
| Kala Azar | Burdwan & Hooghly (1988 -1989) | |
| | Burdwan & Hooghly (1990- 1991) | |
| | Muzzafarpur (1991- 1992 ) | |
| Malaria | Distt. of Jaipur, Bikaner, Jodhpur, Barmer, Jaisalmer (25th –30th Oct. 1994) | Arsenic alb. 30 |
| | Barmer, Jaisalmer (8th -15th Oct., 2004) | |
| Meningitis | Delhi (April, 1985) | Belladonna 200 |
| | Jagdalpur (1992 ) | Argentum nit.200 |
| | Jeypore (1987- 1988 ) | |
| | Vijaywada (1989-90) | Belladonna 200 |
| | Sagar (1987- 1988) | Argentum nit. 200 |
| | Sagar (1987- 1988) | Argentum nit. 200 |
| | Sagar (1989 -90 ) | Argentum nit.200 |
| | Sagar (1990-91) | Argentum nit. 200 & Meningococcinum 200 |
| | Vijianagaram (1989-90) | Belladonna 200 |
| Plague | Surat, (25th – 30th Sep. 1994 ) | Phosphorus 30 |
| | Beed, Solapur (1994) | Belladonna |
| | Vijayawada (1994) | Ignatia 200 |
| Typhoid | New Delhi (1987-1988 ) | Typhoidinum 200 |

*(Table 6: various activities carried out by CCRH in various epidemics.)*

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