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Sonam Sahu
PGT (2ND Year), Department of Medicine, The Calcutta Homoeopathic Medical College & Hospital (Govt. of WB), West Bengal, India

Shabnam Reyaz
PGT (2ND Year), Department of Medicine, The Calcutta Homoeopathic Medical College & Hospital (Govt. of WB), West Bengal, India

Somnath Paul
PGT (2ND Year), Department of Materia Medica, The Calcutta Homoeopathic Medical College & Hospital (Govt. of WB), West Bengal, India

Rupali Bhaduri
Reader & HOD of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital (Govt. of WB), West Bengal, India

Corresponding Author:
Sonam Sahu
PGT (2ND Year), Department of Medicine, The Calcutta Homoeopathic Medical College & Hospital (Govt. of WB), West Bengal, India

Chronic rheumatic heart disease: An evidence-base case report

Sonam Sahu, Shabnam Reyaz, Somnath Paul and Rupali Bhaduri

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Abstract
Introduction-Rheumatic heart disease is the most commonly acquired heart disease in people under age 25. The disease results from damage to heart valves caused by one or several episodes of rheumatic fever, an autoimmune inflammatory reaction to throat infection with group A streptococcus (streptococcal pharyngitis or strep throat). It most commonly occurs in childhood, and can lead to death or life-long disability. Case summary: At the medicine OPD of the Calcutta Homoeopathic Medical College & Hospital, a 39-year-old male patient arrived with complaints of multiple joint pains all over the body for 7-8 years, but the pain had increased over the last 6-7 months, accompanied by chest pain, palpitations, weakness, sleepiness, and flatulence. His 2-Dimensional ECHO report showed a final diagnosis of CRHD (chronic rheumatic heart disease) with mild mitral regurgitation (MR) and aortic regurgitation (AR), ejection fraction is 60%. He was on penicillin prophylaxis for rheumatic fever. After detailed case taking, repertorization, and consultation with Materia Medica, the homoeopathic medicine *Spigelia* 200C was prescribed. Result: After regular treatment for 6 months, the patient showed 80% improvement and ejection fraction is increased 71%.

Keywords: Rheumatic heart disease, autoimmune inflammatory reaction, homoeopathic medicine *spigelia*.

Introduction

Rheumatic heart disease [ICD-10 code range I05-I09][1] is the most commonly acquired heart disease in people under age 25.

The disease results from damage to heart valves caused by one or several episodes of rheumatic fever, an autoimmune inflammatory reaction to throat infection with group a streptococcus (streptococcal pharyngitis or strep throat). It most commonly occurs in childhood, and can lead to death or life-long disability. Rheumatic heart disease can be prevented by preventing streptococcal infections, or treating them with antibiotics when they do occur First prescription As on (Dec 2023): – Causticum 200C 1p weekly & Sac Lac BD for 1monT_2h.

Diagnosis: revised jones criteria [3]

• **Major manifestations**	• **Minor manifestations**
• Carditis	• Fever
• Polyarthritis	• Arthralgia
• Chorea	• Raised ESR and CRP
• Erythema marginatum	• Previous rheumatic fever
• Subcutaneous nodules	• Leukocytosis
	• First degree atrioventricular block

Plus supporting evidence of preceding streptococcal infection: recent scarlet fever, raised antistreptolysin O or other streptococcal antibody titre, positive throat culture**.**

Diagnosis based on [3]

2 Major or more major manifestations
or
1 Major and 2 or more minor manifestations
+
Evidence of preceding streptococcal infection

Treatment/management

According to the world heart federation, the only cost-effective approach to preventing the progression of rheumatic heart disease is secondary prophylaxis in the form of penicillin injections every 3 to 4 weeks to prevent recurrent group a streptococcal infection that causes recurrent episodes of acute rheumatic fever, which leads to progression of rheumatic heart disease [4, 5]. Angiotensin-converting enzyme (ACE) inhibitors, diuretics, and beta-blockers.

Case Report

Presenting complaint

A 39 yrs., male patient present to our medicine OPD with complaint of multiple joints pain all over the body since 7-8 yrs but pain is increased since last 6-7 months, with chest pain, palpitations and weakness, sleepiness and flatulence.

History of present complaint

The patient presents with a gradual onset of pain and stiffness, primarily affecting the finger joints and toes. The pain exhibits a diurnal variation, worsening in the morning and improving throughout the day. Additionally, the patient experiences palpitations that are exacerbated by stooping.

Past history

History of Rheumatic fever at age of 8 yrs old
History of worms

Family history

Mother having heart issue

Physical general

The patient has a tendency towards hot reactions and prefers warm food, with a strong desire for pure vegetarian options, milk, paneer, and sweets. However, fast food intolerance leads to flatulence. The patient experiences excessive thirst, consuming 3-4 litters of water per day. The tongue is moist with a yellowish coating at the posterior and blackish pigmentation. Profuse sweating occurs all over the body, leaving white stains on clothes. Bowel movements are regular, with soft stools 2-3 times a day, and occasionally, worms are present. Urine is clear, and sleep is sound, lasting 7 hours per day, with no specific dreams reported.

Mental generals

He's generally mild-tempered but has episodes of anger and shouting at his wife. He's easily offended and prefers company, but he is nervousness and indecisive.

Physical examination

He is well-oriented to time, place, and person, with a good build and nourishment. No abnormality was detected in any of the systems. However, the patient was mildly anaemic and cyanosed. On systemic examination of the respiratory system, breath sounds were vesicular at 15 breaths per minute. On examination of the cardiovascular system, the pulse was 88 beats per minute, and blood pressure was 128/82 mmHg. On auscultation, S1 and S2 sounds were present with a murmur.

Final diagnosis- CRHD- mild MR/AR, LVEF -60% [Figure 1]

Analysis and Evaluation of the case [Table- 1**]**

Totality of symptoms

After analysing the case by considering the physical generals, mental generals and particular symptoms, the following totality is formed.

1. Prefer company
2. Easily offended from slightest things
3. Difficulty in taking decision
4. Nervous
5. Mild nature
6. Desire – milk, paneer, sweets+
7. Intolerance – fast food cause flatulence.
8. Thirst-profuse
9. Tongue- moist, yellowish coated at posterior and blackish pigmentation
10. Perspiration – profuse causes white staining
11. Stool- reg, soft 2-3 times /day, sometimes worms are present
12. Chest pain
13. Palpitations on stooping
14. Joints pain, Agg-morning, Amel- daytime

Miasmatic analysis

Thorough case taking and analysing the case, the Miasmatic analysis came out to be Psora and Sycosis as the pre-dominant Miasm according to The Principles and Art of Cure by Homoeopathy by Herbert A. Roberts [6] [Table 2]

Follow-up and outcomes

Date of Visit	Response	Prescription
12/8/24	• Patient is improving • Flatulence much better • Raynaud's phenomenon is decreased • Sticky sweat from hand after doing hard work • Chilliness sensation • Appetite-ravenous	1.spigelia 500/2doses Od x ac x 6 days 2.rubrum 600 /1 month
29/9/24	• Patient is improving • Pain in multiple joints decrease (40%) • Stiffness decreases • Weakness decreases • Flatulence better • Chest pain better	1.spigelia 600/2 dose 2.placebo30/ 4globules O.d x 28 days

	• Pricking sensation in fingertips • Pain in back	
14/11/24	Improved condition	1. Spigelia 700/ 2 dose 2. Placebo30/ 4globules O.d x 28 days
18/12/24	• Improvement up to marked level • Joint pain is not present • Weakness is not present • Pain in back as if cold air passes • Chest pain is sometime present • LVEF – 71%	1.spigelia 200/1dose [sac-lac] 2. Placebo30/ 4globules O.d x 28 days

Study design and setting
This was a prospective, single-case interventional study conducted at the Outpatient Department (OPD) of The Calcutta Homoeopathic Medical College and Hospital, Kolkata, West Bengal, India. The study was carried out between July 2024 and December 2024.

Participant
A 39 yrs., male patient present to our medicine OPD with complaint of multiple joints pain all over the body since 7-8 yrs but pain is increased since last 6-7 months, with chest pain, palpitations and weakness, sleepiness and flatulence. Patient was on penicillin prophylaxis for rheumatic fever.

Ethical considerations
The patient provided written informed consent for participation, clinical photography, and publication of findings, in accordance with the ethical principles outlined in the Declaration of Helsinki (2013 revision).

Therapeutic intervention
Based on the repertorial analysis [Table 3] derived from the HOMPATH ZOMEO SOFTWARE version 13.5.8, [7] leading remedies with the score from highest to lowest are:
Arsenic album - 30/14>Lycopodium- 27/11 >Natrum Mur-26/12>Spigelia-19/8

Points in favour of selection of medicine [8, 9, 10]
Spigelia is an important remedy in pericarditis and other diseases of the heart, because the provings were conducted with the greatest regard for objective symptoms and the subjective symptoms are by innumerable confirmations proved to be correct (C. Hering). Adapted to anaemic debilitated subjects of rheumatic diathesis. *Spi*gelia corresponds to rheumatism as well as to heart affections the consequence of rheumatism. Persons with light hair; pale, thin, bloated, weak. Palpitation: *violent, visible and audible*; from least motion; when bending forward; systolic blowing at apex. The left-sidedness of *Spigelia* is shown in its affinity for the heart. The anthelmintic properties of *Spigelia* must not be lost sight of by homeopaths. A patient whom I successfully treated for a serious heart affection with *Spigelia* 3 told me that under the treatment he had lost a pain in the right knee which he had had for eighteen months, and which he had not mentioned to me at first.

Prescription
Spigelia 200C/ 2 Doses, early morning, empty stomach for 2 days; then PLACEBO for 28 days. The case was reviewed monthly, Repetition of medicine after 6 months.

Follow-up and assessment
The patient was followed up monthly over a total of four consecutive follow-ups, from the start of treatment in July 2024 until December 2024. No standardized quantitative outcome measures were applied; instead, therapeutic progress was evaluated through direct clinical symptoms and 2D Echocardiography. [Figure 2]

Documentation tools
2D ECHO **[**Two-Dimensional Echocardiography] [Figure 1&2]

Results
At baseline, the patient presented with multiple joint pains, chest pain, palpitations, weakness, sleepiness, and flatulence. After administering *Spigelia* 200C, two doses for two days in the early morning on an empty stomach, followed by a placebo over 28 days, progressive improvement was noted at each monthly follow-up. By the first follow-up, improvements began, and by the second follow-up, the patient had improved by up to 40%. By the fourth and final follow-up, the patient showed marked improvement. Additionally, the 2D echocardiogram report showed better results, Good biventricular systolic function with LV ejection fraction of about: 71%. Normal LV diastolic function.

Discussion
- Homoeopathy is a system of therapeutics which aims at a rapid, gentle and permanent restoration of health. In this case, *Spigelia* was selected on the basis of totality of symptoms and this was successful in the treatment of the condition as well as recovered the accessory complaints of the patient. Repertorisation was done using hompath software. There are few similar cases of RHD, where successful result was seen with individualised homoeopathic treatment.
- In the following article, a case of RHD is being discussed where cardiologists and surgeons concluded on surgery as being the only option. Which was treated with the help of constitutional medicine *Thuja occidentalis 200*. Homoeopathy plays a significant role in such cases by its holistic approach [8].

Table 1: CRHD- mild MR/AR, LVEF -60%

Analysis of symptoms	Evaluation of symptoms (as per kentian hierarchy)
Mental generals	Characteristics mental generals
Mild nature	Nervous
Easily offended from slightest things	Prefer company
Prefer company	Difficulty in taking decision
Difficulty in taking decision	Easily offended from slightest things
Nervous	Mild nature
Physical generals	Characteristics physical generals
Thermal reaction – hot	Desire- milk, paneer, sweets.
Appetite – good, prefer warm food.	Intolerance- fast food cause flatulence
Desire- milk, paneer, sweets.	Thirst- profuse, 3-4 lit/day
Thirst- profuse, 3-4 lit/day	Tongue- moist, yellowish coated at posterior and blackish pigmentation
Intolerance- fast food cause flatulence	Perspiration – profuse causes white staining
Perspiration-profuse on whole body cause white stain on clothes.	Stool- reg, soft 2-3 times /day, sometimes worms are present
Stool- reg, soft 2-3 times /day, sometimes worms are present	Characteristics particulars
Particular symptom's	Chest pain
Chest pain and murmur	Palpitations on stooping
Palpitations on stooping	Joints pain, agg-morning Amel- daytime
Joints pain	Murmur sound

Table 2: Miasmatic analysis

Symptoms	Miasm
Joints pain with stiffness	Sycosis
Palpitations	Psora
Chest pain (rheumatic)	Psora, sycosis
Weakness	Psora
Flatulence	Psora
Company desire	Psora
Irresolution	Psora
Nervous	Psora
Rheumatic fever	Psora, sycosis
Worms	Psora
Warm food desire	Psora
Intolerance fast food	Sycosis

Repertorization was done using HOMPATH ZOMEO Software version 13.5.8

Remedy Name	Ars	Lyc	Nat-m	Sulph	Calc	Nux-v
Totality / Symptom Covered	30 / 14	27 / 11	26 / 12	26 / 11	25 / 11	24 / 12
complaints after substances not otherwise ...			3	2		2
[Kent] [Chest]Palpitation,heart:Bending forward chest: (2)						
[Kent] [Abdomen]Flatulence (see Rumbling): (165)	3	3	2	3	3	2
[Kent] [Generalities]Weakness,enervation (see lassitude,weariness): (309)	3	2	3	3	3	2

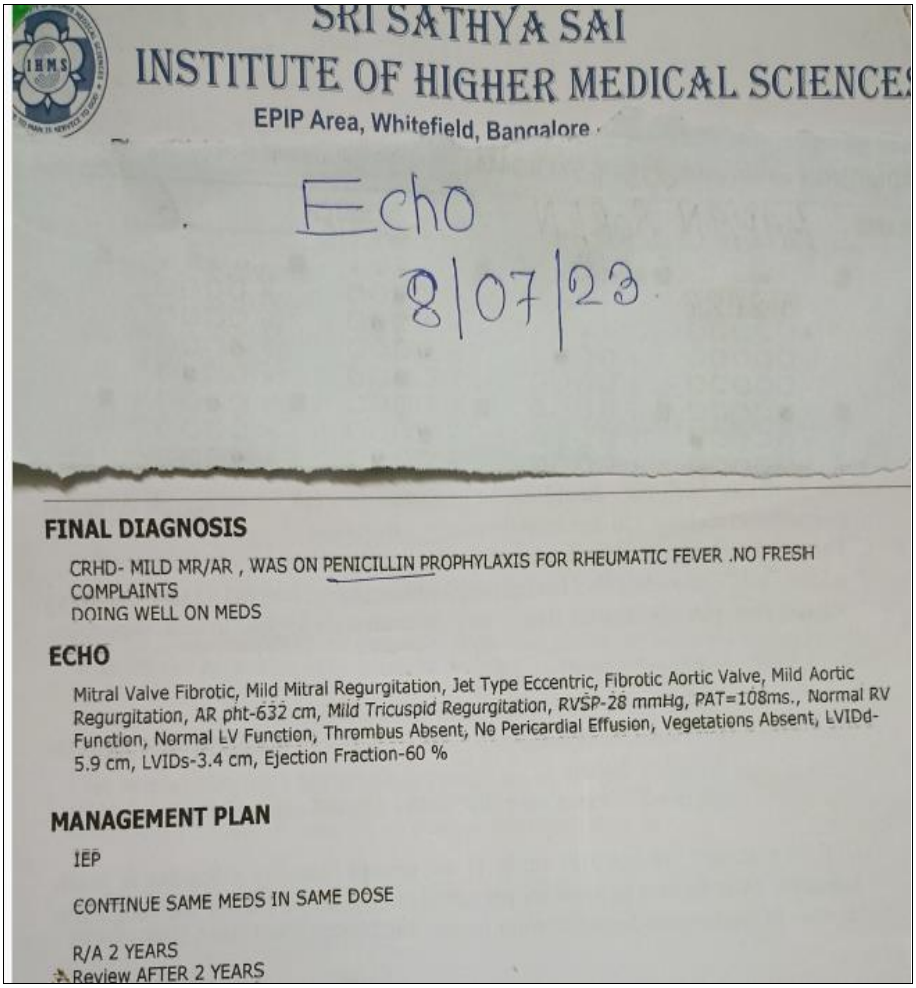
Symptoms: 17 Remedies: 362 | Applied Filter

Remedy Name	Ars	Lyc	Nat-m	Sulph	Calc	Nux-v
Totality / Symptom Covered	30 / 14	27 / 11	26 / 12	26 / 11	25 / 11	24 / 12
[Kent] [Stomach]Desires:Milk: (27)	2		2	1	2	2
[Kent] [Stomach]Indigestion (includes complaints after substances not otherwise ...			3	2		2
[Kent] [Chest]Palpitation,heart:Bending forward chest: (2)						
[Kent] [Abdomen]Flatulence (see Rumbling):						

Symptoms: 17 Remedies: 362 | Applied Filter

Remedy Name	Ars	Lyc	Nat-m	Sulph	Calc	Nux-v
Totality / Symptom Covered	30 / 14	27 / 11	26 / 12	26 / 11	25 / 11	24 / 12
[Kent] [Extremities pain]Pain:Joints:Rheumatic: (94)	1	3	2	2	2	2
[Kent] [Perspiration]Profuse: (133)	3	3	3	2	3	2
[Kent] [Stomach]Desires:Warm :Food: (11)	3	2				
[Kent] [Stomach]Desires:Sweets: (36)						

Fig 1: CRHD- mild MR/AR, LVEF -60%


SRI SATHYA SAI
INSTITUTE OF HIGHER MEDICAL SCIENCES
EPIP Area, Whitefield, Bangalore

Echo
8/07/23

FINAL DIAGNOSIS

CRHD- MILD MR/AR , WAS ON PENICILLIN PROPHYLAXIS FOR RHEUMATIC FEVER .NO FRESH COMPLAINTS
DOING WELL ON MEDS

ECHO

Mitral Valve Fibrotic, Mild Mitral Regurgitation, Jet Type Eccentric, Fibrotic Aortic Valve, Mild Aortic Regurgitation, AR pht-632 cm, Mild Tricuspid Regurgitation, RVSP-28 mmHg, PAT=108ms., Normal RV Function, Normal LV Function, Thrombus Absent, No Pericardial Effusion, Vegetations Absent, LVIDd-5.9 cm, LVIDs-3.4 cm, Ejection Fraction-60 %

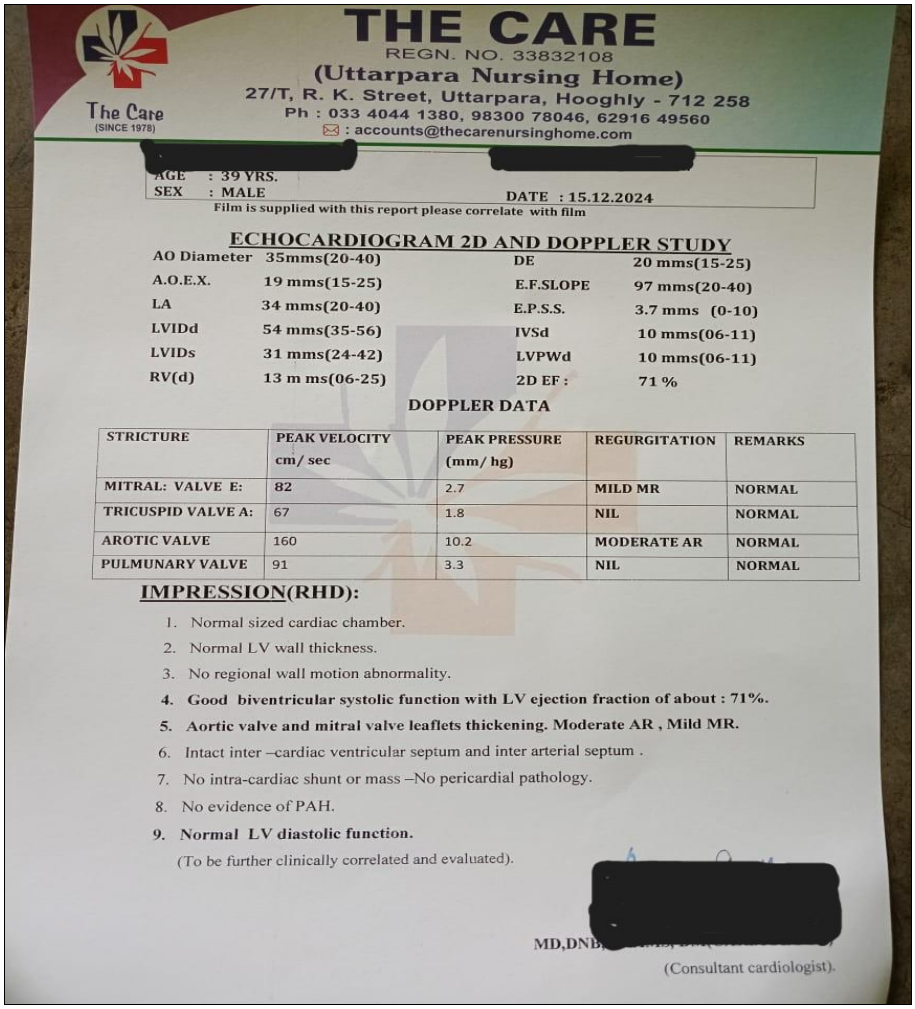
MANAGEMENT PLAN

IEP

CONTINUE SAME MEDS IN SAME DOSE

R/A 2 YEARS
Review AFTER 2 YEARS

Fig 2: Two-Dimensional Echocardiography



THE CARE
REGN. NO. 33832108
(Uttarpara Nursing Home)
27/T, R. K. Street, Uttarpara, Hooghly - 712 258
Ph : 033 4044 1380, 98300 78046, 62916 49560
: accounts@thecarenursinghome.com
The Care (SINCE 1978)

[redacted]
AGE : 39 YRS.
SEX : MALE
DATE : 15.12.2024
Film is supplied with this report please correlate with film

ECHOCARDIOGRAM 2D AND DOPPLER STUDY

AO Diameter	35mms(20-40)	DE	20 mms(15-25)
A.O.E.X.	19 mms(15-25)	E.F.SLOPE	97 mms(20-40)
LA	34 mms(20-40)	E.P.S.S.	3.7 mms (0-10)
LVIDd	54 mms(35-56)	IVSd	10 mms(06-11)
LVIDs	31 mms(24-42)	LVPWd	10 mms(06-11)
RV(d)	13 m ms(06-25)	2D EF :	71 %

DOPPLER DATA

STRICTURE	PEAK VELOCITY cm/ sec	PEAK PRESSURE (mm/ hg)	REGURGITATION	REMARKS
MITRAL: VALVE E:	82	2.7	MILD MR	NORMAL
TRICUSPID VALVE A:	67	1.8	NIL	NORMAL
AROTIC VALVE	160	10.2	MODERATE AR	NORMAL
PULMUNARY VALVE	91	3.3	NIL	NORMAL

IMPRESSION(RHD):

1. Normal sized cardiac chamber.
2. Normal LV wall thickness.
3. No regional wall motion abnormality.
4. **Good biventricular systolic function with LV ejection fraction of about : 71%.**
5. **Aortic valve and mitral valve leaflets thickening. Moderate AR , Mild MR.**
6. Intact inter –cardiac ventricular septum and inter arterial septum .
7. No intra-cardiac shunt or mass –No pericardial pathology.
8. No evidence of PAH.
9. **Normal LV diastolic function.**

(To be further clinically correlated and evaluated).

[redacted]
MD,DNB
(Consultant cardiologist).

Conclusion

In case of CRHD, homoeopathy proves to be of vast scope. A homoeopath treats the patient according to the symptomatology and the dynamic medicines does not produce any kind of side-effects. Homoeopath believe in the individualistic approach, and in the above case it is seen that CRHD can be managed by homoeopathic medicines. Homoeopathy can successfully cure mild to moderate cases of CRHD. The secret to a successful recovery is an early diagnosis. Since CRHD is an autoimmune disorder, homoeopathy can correct the internal immune system and treat the condition. When compared to other forms of therapy, homoeopathy provides long-term relief. It significantly lowers the likelihood of relapse. Thus, homoeopathic medicines help to enhance the quality of life in patients along with CRHD.

Main takeaway lessons of this case report

- Homeopathy can be an effective treatment approach for managing Chronic Rheumatic Heart Disease (CRHD), particularly in mild to moderate cases.
- This case study demonstrates the successful treatment of a 39-year-old male patient with CRHD using individualized homeopathic medicine, *Spigelia* 200.
- The patient showed marked improvement in symptoms and cardiac function, with a notable increase in Left Ventricular Ejection Fraction (LVEF) from 60% to 71%.
- This case highlights the potential of homeopathy in providing long-term relief and improving the quality of life for patients with CRHD

Conflict of Interest

None declared

Financial support: Nil

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