



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(4): 159-161

Received: 19-08-2022

Accepted: 21-09-2022

Dr. Nithya

MD Scholar, Department of Case Taking and Repertorisation, Government Homeopathic Medical College, Kozhikode, Kerala, India

Dr. Mansoor Ali KR

Head of the Department, Department of Case taking and Repertorisation, Government Homeopathic Medical College, Thiruvananthapuram, Kerala, India

Dr. Maya BJ

Head of the Department, Department of Case taking and Repertorisation, Government Homeopathic Medical College, Kozhikode, Kerala, India

Corresponding Author:

Dr. Nithya

MD scholar, Department of Case Taking and Repertorisation, Government Homeopathic Medical College, Kozhikode, Kerala, India

Hypercholesterolemia treated with *Colchicum autumnale*: A case series

Dr. Nithya, Dr. Mansoor Ali KR and Dr. Maya BJ

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4c.653>

Abstract

Hyperlipidemia is considered as one of the leading causes of death in the world. Several lipid reducing agents and synthetic oxidants are used for the treatment but the undesirable side effects associated with those drugs emphasis in the search of alternative safe medicine with improved efficacy. This study has carried out to determine the effectiveness of *Colchicum Autumnale* in hyperlipidemia.

Five cases of hyperlipidemia were treated with homeopathic medicine *Colchicum Autumnale* without aggravating the total cholesterol value. Assessment of homeopathic treatment and its effect was carried out using repeating total cholesterol level every 2-3 months. This case series has shown promising outcomes and a further high-quality clinical trials are needed for the establishment of effectiveness data for the medicine.

Keywords: Hyperlipidemia, homeopathy, *Colchicum Autumnale*

Introduction

Hyperlipidemia is a condition characterized by raised lipid levels in the body. They are important for the different functions of our body but when they are too high, they can cause heart disease and stroke. According to the Centers for Disease Control data from a survey of 1,492 physicians who provide ambulatory care in non-government settings, hyperlipidemia is second only to hypertension in the list of the 10 most common chronic disease conditions that were present. The fact that hyperlipidemia is the one of the strong risk factor for cardiovascular disease is well established^[1].

Hyperlipidemia is estimated to cause 2.6 million deaths (4.5% of total) and 29.7 million disability adjusted life years (DALYS), or 2.0% of total DALYS. It may be major explanation for disease burden in both the developed and developing world as an important risk factor for Ischemic heart condition and stroke^[2].

It is necessary to identify those patients at risk of high lipid level in order to focus lifestyle modification advice. This is done via a cardiovascular disease risk assessment and it comprises of two main aspects, namely analysis of lipoprotein and identification of risk factors^[3].

In people with uncontrolled high cholesterol (familial hypercholesterolemia), diet is often not sufficient to achieve the desired lowering of LDL, and lipid-lowering medications are usually required^[4]. Therefore, early detection and treatment are imperative to reduce cardiovascular events and premature death^[5].

The main aim of treatment in patients with hyperlipidemia is to scale back the danger of developing ischemic heart disease or the occurrence of further cardiovascular or cerebrovascular disease. In conventional treatment Statins and fibrates are most common lipid-modulating agents^[6]. Currently available hypolipidemic drugs are related to variety of side effects. The consumption of synthetic drugs results in hyperuricemia, diarrhea, nausea, myositis, gastric irritation, flushing, dry skin and abnormal liver function. Recently, several herbal drugs are advocated for hypolipidemic actions^[7].

Plant products are frequently considered to be less toxic and free from side effects than synthetic ones. Plants play a serious role in the introduction of new therapeutic agents and have received much attention as sources of biologically active substances including antioxidants, hypoglycemics and hypolipidemics^[7].

Due to these concerns, it is necessary to develop more natural effective drugs as alternatives. Homoeopathic medicines are prepared from traces of animal, plant, mineral and other natural substances, by standard methods called dynamisation or potentisation, which comprises of successive dilutions and successions^[8].

Colchicum autumnale (*Colch.at*) is added by Dr. Frederick Schroyens in generalities chapter of synthesis repertory under the rubric hyperlipidemia with author reference Dr Othon Andre Julian from materia medica of new homoeopathic medicine [9].

The previous studies reveals the evidence basis medicinal effects of homeopathic medicines in various plant and human pathogens with positive outcome [10].

This case series explains five cases of hyperlipidemia and the effectiveness of *Colch.at* in hyperlipidemia cases.

Materials and Methods

All patients were followed up in IPD/OPD of government homeopathic medical college, Kozhikode. Patients with cholesterol level more than 240 is selected for the study. During follow up, changes in the cholesterol value and symptoms were noted.

Case presentation

The five cases that were taken had reported with high total cholesterol levels of above 200. They fell under the high-risk category for cardiovascular diseases.

Case no.1

The patient was a 60-year-old female with total cholesterol of 297mg/dl of recent origin and had not taken any other medication. She complained of knee joint pain while walking and ascending steps since 1 year. When routine investigations had been done, the results shown high total cholesterol. All other generals were found to be normal except appetite, which is reduced since 1 year.

Case no.2

The patient was a 60-year-old female diagnosed with hypercholesteremia (TC-272 mg/dl) since 2 years. She was obese with a history of wrist joint pain of right hand with numbness since 6 months.

All the reports xray, RA factor etc were found to be normal except the lipid profile where the total cholesterol levels were high.

Case no.3

The patient was a 60-year-old male diagnosed with hyperlipidemia (tc-294)3/11/21. He was Overweight with a history of diabetes and pain in big toe since 2 years and had been taking conventional treatment for diabetes. All the reports were found to be under normal limits except lipid profile where the total cholesterol were high and uric acid were 7.5 since 3 years.

Case no. 4

The patient was a 51-year-old male diagnosed with hypercholesteremia since 6 months. He had a history of occasional numbness of fingers of both hands since 1 year. During routine tests, the lipid profile showed an increase in total cholesterol. The patient had not started any medication yet.

Case no. 5

The patient was a 49-year-old female diagnosed with hypercholesterolemia (TC-257). He had weakness and body pain associated with small joint pain since 1 year he is obese leading a sedentary life during routine blood tests, He was found to have high total cholesterol level. She had not

started any other medication yet

Case 1	Case 2	Case3	Case4	Case5
Colch.at 1M	200	200	1m	1m
29716/6/21	324- 28/12/21	294- 3/11/21	295- 29/7/21	257- 17/2/21
23428/8 /21	205-3/2/22	252- 8/1/22	223- 30/11/21	198- 16/4/21

Diagnostic procedure and assessment

The condition was diagnosed through an assessment of total cholesterol levels in the lipid profile done from fasting blood sample. The AGAPPE kit used for quantitative measurement of total cholesterol. The lipid profile was repeated at entry and after every 2- 3 months for assessment. Therapeutic intervention and assessment All the five cases as per classification of total cholesterol fell under the very high category as shown in Table 1 (Based on American association of clinical endocrinologists (AACE) guideline). They were all prescribed with different potencies of *Colchicum Autumnale* according to the susceptibility and nature of the disease. The lipid profile was repeated after 2-3 months and the total cholesterol level of the five cases showed a significant reduction. Along with this finding, it was also observed that the more reduction in cholesterol levels are seen in patients associated with joint complaints.

Table 1: Criteria proposed for clinical diagnosis of elevated cholesterol levels

Cholesterol	mg/dl	Interpretation
Total cholesterol	Less than 200	Desirable
	200-239	Borderline high
	240-279	High
	>280	very high

Follow-up

As a follow-up, the patients were followed for one year. Five cases were treated during the year 2020-2021. Medicine is repeated every 10-14 days because the duration of action of medicine is 10-14 days. The patients reported back after 2-3 months and the lipid profile was repeated. The total cholesterol level were found to be reduced.

Discussion

The prescription of *Colchicum Autumnale* was given to the cases that had come to the OPD with total cholesterol more than 220 and also those who either didn't start any other treatment or had no decrease in the lipid profile even after taking conventional treatments for a period.

With this series of cases, we want to reveal the efficacy of *Colch.at* in reducing the cholesterol levels without any side effects.

Colchicum Autumnale has a property of reduction of the level of fats by 10% to 30% and reduction of the cholesterol level by 10% to 30% [11].

Colch.at is not used frequently for hypercholesterolemia by homoeopathic practitioners. We have used this medicine mainly for gout and rheumatic complaints. Using this medicine, we got excellent results in hypercholesterolemia, and all the four cases out of this five is associated with joint complaints.

The treated cases showed a significant level of reduction in the total cholesterol level within 6 months. The positive role of *Colch.at* is seen in the above five cases. However, for further authentication of the results, studies with significant

representative sample size such as, randomized controlled trials may be taken up. All these should be proved with large scale randomized control trial examining homeopathy use for hyperlipidemia.

Conclusion

The homoeopathic medicine Colch.at was very effective in all five cases in this series the patient reported reduction in total cholesterol value along with general wellbeing.

The present cases bring to light the effectiveness of Colch at in the treatment of hyperlipidemia. In future randomized controlled trials with larger sample size may be undertaken for validation of the results.

Informed Consent

The consent to publish the information obtained from the patients.

Source of Funding: None.

Conflict of Interest: None.

References

1. Nelson RH. Hyperlipidemia as a Risk Factor for Cardiovascular Disease. Prim Care. 2013 Mar;40(1):195-211.
2. WHO | Raised cholesterol [Internet]. WHO. World Health Organization; [cited 2020 Jun 1]. Available from: https://www.who.int/gho/ncd/risk_factors/cholesterol_text/en/
3. Mannu G, Zaman M, Gupta A, HU R, Myint P. Evidence of Lifestyle Modification in the Management of Hypercholesterolemia. Curr Cardiol Rev. 2013 Feb;9(1):2-14.
4. Management of Familial Hypercholesterolemias in Adult Patients: Recommendations From the National Lipid Association Expert Panel on Familial Hypercholesterolemia - PubMed [Internet]. [cited 2020 May 30]. Available from: <https://pubmed.ncbi.nlm.nih.gov/21600528/>
5. Epidemiology and Management of Hyperlipidemia [Internet]. AJMC. [cited 2020 Jun 1]. Available from: <https://www.ajmc.com/journals/supplement/2017/pcsk9-inhibitors-a-guide-for-managed-care/epidemiology-and-management-of-hyperlipidemia-article>
6. Qin S, Huang L, Gong J, Shen S, Huang J, Ren H, *et al.* Efficacy and safety of turmeric and curcumin in lowering blood lipid levels in patients with cardiovascular risk factors: a meta-analysis of randomized controlled trials. Nutr J [Internet]. 2017 Oct 11 [cited 2020 Jun 1];16. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5637251/>
7. Kaushik V, Saini V. Hyperlipidemia: Its Management and Induction.
8. Hahnemann SCF. Organon of medicine, tr. by R.E. Dudgeon; c1849. p. 382.
9. Schroyens F. Synthesis Repertory: Version 9.1. B. Jain Publishers (P) Limited; c2007. p. 2088.
10. Patil A, Shah Jay, Chinche A, Peerzada Sana, Singh Atulkumar, Barkund Snehal. Ultra high dilutions: A review on *in vitro* studies against pathogens. Afr J Biotechnol; c2019 Mar 29.
11. Julian OA. Materia Medica of New Homoeopathic

Remedies. Beaconsfield Publishers; c1984. p. 625.

How to Cite This Article

Nithya, Ali MKR, Maya BJ. Hypercholesterolemia treated with *colchicum Autumnale*: A case series. International Journal of Homoeopathic Sciences. 2022;6(4):159-161.

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4c.653>

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.