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**Dr. Chinmay Pramanik**  
 Post Graduate Trainee,  
 Department of Organon of  
 Medicine and Psychology,  
 National Institute of  
 Homoeopathy, West Bengal,  
 India

**Nidhi Priya**  
 Internee, Department of  
 Organon of Medicine and  
 Psychology, National Institute  
 of Homoeopathy, West  
 Bengal, India

## Homoeopathic intervention in case of pleurisy: An evidence based case report

**Dr. Chinmay Pramanik and Nidhi Priya**

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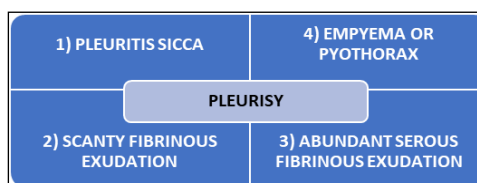
**Abstract**

‘Hippocrates’ the father of modern medicine; characterized ‘pleuritis’ by some demarcating features such as chest pain, fever, chills with shivering, dry cough associated with breathing difficulties such as orthopnoea & tachypnoea. Pleuritis can be differentiated into its marked tributaries like sanguineous, dry & bilious, which is a subject to well precised diagnosis to avoid the forthcoming execrable complications such as pleural effusion, atelectasis, empyema etc.

**Keywords:** Homoeopathic-management, pleurisy, chest-pain, pleuritis, respiratory-disorders

**Introduction**

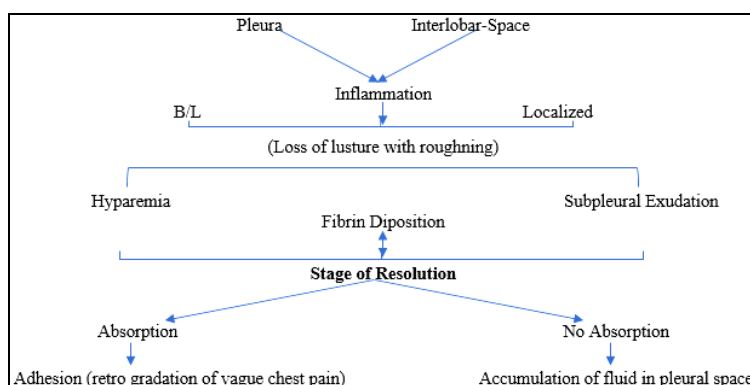
Pleura’ is a thin membrane of two-layer covering which separates lungs from chest wall; inflammation of which is termed as ‘Pleurisy’ in which smooth-sliding movement is lost enhancing the friction-in- between. Apart from the viral/bacterial/idiopathic, in rare cases pulmonary embolism is also a causation. The primary infection targets the young adult age group but secondary is much widespread in older age groups. The four different forms of pleurisy are:



**Fig 1:** Four Different Types of Pleurisy

Characteristically, the Paramount Physical Sign is the pleural friction rub which goes unnoticed in healthy individuals but appears as crackling and leathery during inflammation. This phenomenon takes place due to the friction between the two distinctive layers of pleurae during activities like deep inhalation, coughing, laughing which causes an expansion in the chest wall.

**Pathology**



**Fig 2:** Pathology of Pleural Affections

**Corresponding Author:**  
**Dr. Chinmay Pramanik**  
 Post Graduate Trainee,  
 Department of Organon of  
 Medicine and Psychology,  
 National Institute of  
 Homoeopathy, West Bengal,  
 India

One of the related terminology is ‘Pleurodynia’. The structural difference between the two:

Pleurisy	Pleurodynia
1) <b>Causation:</b> Majorly bacterial infection or viral, auto-immune.	1) <b>Causation:</b> viral infection (Coxsackie virus A/B, Echovirus)
2) Responds well to antibiotic treatment.	2) Doesn't respond to antibiotic treatment.
3) Inflammation caused by friction distinctively associated by chest pain, fever, chills/shivering & dry cough.	3) Sudden onset of lancinating pain in chest/abdomen (spasmodic).
4) Severely stabbing sharp pain associated with deep breathing/coughing.	4) Pain is intense & severely excruciating pain, lasting minutely.
5) <b>Complications:</b> Atelectasis, pleural-effusion, empyema.	5) Complications: Tachycardia, pericarditis, meningitis, myo-carditis, hepatitis, orchitis.

**Aetiology**

1. Carcinoma of Lungs.
2. Rheumatoid Arthritis.
3. Pulmonary Infarct.
4. Systemic Lupus Erythematosus.
5. Pneumonia.

\*Pleurisy with the background of viral causation might be treated on its own even if left without medication, once it completes its course of treatment.

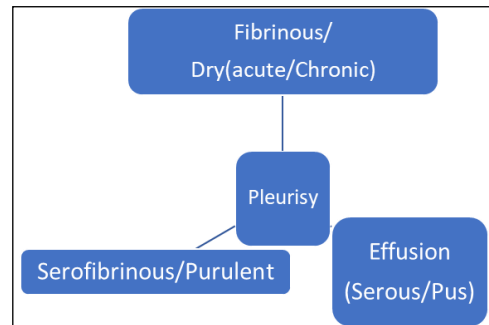
The confirmatory tests like Digital Chest X-Ray would

show normal findings.

**Complications**

1. Pericarditis/Tuberculosis-(B/L Lungs affected).
2. Bronchial catarrh/bronchiectasis.
3. Inflammation of mediastinum/peritoneum.
4. Croupous pneumonia.

**Subtypes**



Our case study report deals with ‘Acute dry fibrinous pleurisy’, detailed analysis of which is as follows:-

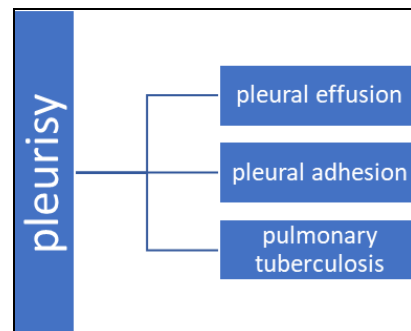
**Acute dry fibrinous pleurisy**

The dedicated aetiological causes form two major tributaries of the concerned subject:-

a) Primary-Bacterial Infection	b) Secondary-Lung Infection
Primary	Secondary
1) Pleural Infection caused by bacteria/Idiopathic. 2) Mostly common in young adults. -PNEUMONIA	1) Characterised by Lung Infections such as <ul style="list-style-type: none"> <li>▪ TB pulmonary.</li> <li>▪ Bornholm disease (Pleurodynia).</li> <li>▪ Associated with abscess.</li> <li>▪ Various kinds of injury, infarct, new extracellular overgrowth.</li> </ul>

**Clinical Delineation**

1. **Mode of onset:** Sudden with Gradual Progression.
2. **Presenting complaint:** Severe Stabbing/Excruciating Pain like Sensation in Chest Radiating towards the Lateral Sides.
3. < Inspiration (Deep), Expiration.
4. **Associated complaint:** Cough (Short but distressing).
5. **Preferred decubitus:** Majorly Lying on Painful Side (even if it restricts movement).
6. **On clinical examination of chest**
  - a) Palpation-Chest Region Appears Tender
  - b) Percussion-Diminished Resonance
  - c) Auscultation-Vesicular Breath Sound Appears Feeble (associated with pleural friction rubs disappears while holding the breath).
7. Temperature-99° F to 102° F Accompanied With Orthopnoea & Dyspnoea.



The Suggestive Lab Investigations to Strengthen the Probable Diagnosis or to Rule out the Differentials Are: EKG/ECG, Digital Chest X-Ray, MRI, CT scan, Blood Routine Examinations (to exclude autoimmune disorders).

**Case proper**

A male of age '34 years' from 'BASIRHAT/West Bengal' visited the OPD of National Institute of Homoeopathy on 2nd NOV 2022 with complaints of difficulty in breathing associated with stabbing like pain sensation in chest and fever with chills, accompanied by significant modalities. Based on clinical examination and extensive suggested lab investigations submitted by patient. Prognosis in relation to

**Complications (In Relation to Case Proper)**

Since the patient has a deep rooted and authenticated evidence-based family history of TUBERCULOSIS. Therefore it was quintessential to rule out every possible differential diagnosis. The following complication might be pondered upon regarding this thorough discussed case.

differential diagnosis were excluded and the provisional diagnosis was established to be 'Pleurisy'.

**Name:** Sanjay Sarkar.

**Age:** 34 Years.

**Sex:** Male.

**Religion:** Hindu.

**Occupation:** Farmer

**Address:** Vill-Nihalpur.

P.S.-Basirhat.

Dist.- North 24 Pgs.

OPD Reg. No.: 925481.

### Present Complaint

Difficulty in breathing associated with pain in chest & back specially between two scapulae since 3-4 months.

**Nature & Character of pain:** excruciating and darting sensation.

**Modalities:** - < deep inspiration/expiration, physical exertion.

> Rest

Fever along with shivering and chills occurring 2 to 3 times in a day which remains within 100-degree F to 101 degree F with malaise and profound weakness.

Pain in (B/L) knee joint and lower lumbar region since 5 months.

### Nature and Character of pain

-Lancinating, stitching and aching type.

< Morning, motion, difficulty in motion after waking up.

> Applying pressure.

### History of present complaint

Mode of onset-Sudden.

Progression-Gradual.

Duration-3-4 months.

### Past History

1. Recurrent infected tonsillitis-till 14 years of age; Tonsillectomy-14 years of age.
2. Bleeding per rectum after hard stool last 10 years. (O/E 1<sup>o</sup> haemorrhoids). Habitual intake of enema.
3. Chicken pox-16 years of age.

### Family history

1. **Paternal Side:** Grandfather died from tuberculosis grandmother died from tuberculosis.
2. **Maternal Side:** Grandfather died from tuberculosis.
3. **Own side:** Sister (history of gout) was suffering from tuberculosis 2 years ago.

**T/T:** Allopathic medicine.

**Result:** Recovered.

**Personal History:** Irregular dietary history with atypical appetite. Socioeconomic status is poor. Patient is married with no kids. Gradually sexual desire is lost. Some modern medications are taken on daily basis due to knee joint

pain/gastric complaints. All vaccination done during childhood, no adverse vaccination reaction seen.

### Physical generals

**Thermal reaction:** Hot patient but takes cold very easily.

**Desire:** meat<sup>++++</sup>, ghee <sup>++++</sup>, cold drinks and cold food.

**Aversion:** Sour, milk (but relishes when offered).

**Tongue:** Moist, white coated, ant. Part of tongue is blackish

**Thirst:** Profuse, large quantity, long interval.

**Taste:** Tasteless mouth, bitter sometimes.

**Stool:** Hard, blackish, 3-4 days interval, sometimes blood mixed with stool.

**Urine:** Sensation of something boiled in bladder, knife cutting pain after urination, dribbling flow of urine at the end of urination, turbid in colour.

**Sleep:** Disturbed sleep due to pain in chest, tendency of sleep walking on rare occasions since childhood.

**Dreams:** Dreams of affairs at workplace.

### Mental generals

1. Gets agitated very easily/utmost irritability at every trivial thing.
2. Fear of death constantly remaining in mind, apprehension regarding not being cured from medications.
3. Desires solitude; dysfunctional relationship b/w family members.
4. Future seems over casted with despair.

### Totality of symptoms

1. Apprehension and despair regarding future.
2. Fear of death, anxiety of the present ongoing ailment, despair of death, constantly pondering upon.
3. Irritability and great desire for solitude.
4. Difficulty in breathing associated with pain in chest & back specially between two scapulae since 3-4 months.  
< Deep inspiration/expiration, physical exertion  
> Rest.

\*Fever along with shivering and chills occurring 2 to 3 times in a day which remains within 100<sup>o</sup> F to 101<sup>o</sup> F with malaise and profound weakness.

\*Pain in (B/L) knee joint and lower lumbar region.

< morning, motion, difficulty in motion after waking up.  
> applying pressure.

5. Chicken pox at the age of 16 years.

6. Grandfather died from tuberculosis.

7. **Desire:** - meat<sup>+++++</sup>, ghee<sup>+++</sup>, cold food and drinks.

8. Persistent dryness of mouth with moist tongue.

9. **Thirst:** Profuse, large quantity, long interval.

10. **Stool:** -hard, blackish, 3-4 days interval, sometimes blood mixed with stool.

11. **Sleep:** -disturbed sleep due to pain in chest.

12. **Dreams:** -dreams of occupational chores/workplace affairs.

### Repertorization

Rubrics	Drug remedy							
	BRY.	NAT-M	PHOS.	SULPH.	LACH.	LYC.	SEP.	SIL.
Total Symptoms	12	9	7	9	7	10	8	8
Total Degree	22	14	13	14	11	12	13	9
1. Mind-Company-aversion to	2	2		2	2	2	3	

2. Mind-Fear-death, of	2	2	3	1	2	2	1	1
3. Mind-Somnambulism	3	3	3	2	1	1	1	2
4. Head-Stool-hard stool-during	1			1		1		1
5. Mouth-Dryness-Thirst; With	3	2	2	1	2	1		1
6. Mouth-Dryness-Tongue-moist	1					1	2	
7. Mouth-Eating-after-agg.	1	1	1	1	2	1	3	1
8. Chest Pain-lying-side on; painful side, amel.	3							
9. Generals-Food and Drinks-Desire-meat	1	1	1	2		1	1	1
10. Generals-Food and Drinks-milk	2	2	2	2	1	1	2	1
11. Generals-Food and Drinks-milk-aversion	1							
12. Generals-Food and Drinks-vegetables	2	1	1	2	1	1	1	1

**Result:** This particular case report was repertorized using synthesis repertory and software radar opus 3.1.5. The provided result was analysed; prioritizing equal importance to nearly all the symptoms but outlining the demarcating features intricately calculated through totality of symptoms, laying the basis of foundation. The most well indicated remedy turned out to be ‘Bryonia alba’.

**Prescription**

**Rx**

1. BRYONIA ALBA 200/3 DOSES 3 drops in 30 ml aqua dist. OD \* 10 ml \* 3 days.
2. BILINOGEN 200/1 DRACHM OD \* 30 DAYS.

**Timeline (Course of Treatment)**

The treatment initiated from 2<sup>nd</sup> November 2022, followed by one subsequent follow-up that is as follows:-

10.11.22.:- Chest pain reduced, fever did not recur, all generalities improved confirmed by patient.


Based on precised repertorization, Bryonia alba with centesimal potency ‘200’ was selected as the most well indicated remedy. The pt. was advised to report after one week and as per the clinical/physical examination and relying on improved generalities, he was advised to carry out another chest X-Ray/ECG investigation report (to study & understand the extent of ailment recovered).

\*The ECG reports (before/after) showed no detectable abnormalities, whereas a prime difference was noted in the chest X-RAY reading which are as follows:-



**Fig 3:** before treatment (1/11/22)




 ন্যায্য মূল্যের রোগ নির্ণয় কেন্দ্র  
 ডিজিটাল এক-স্টেপ পরিষেবা  
**বিধান নগর মহকুমা হাসপাতাল**  
 পশ্চিমবঙ্গ সরকার ও বি. সি. পোখারি হাসপাতাল-এর যৌথ উদ্যোগ  
 ঠিকানা : ডিডি-৯৯, পোস্ট-১, মহাপলক, কলকাতা - ৭০০ ০৯৯

Patient Name :	SANJAY SARKAR	Patient ID :	54460
Modality :	DX	Sex :	M
Age :	034Y	Study :	CXR PA ,RT LAT, LT KNEE AP/ LAT
Ref. Dr. :		Study Date :	11-11-2022

**Report Of X-RAY CHEST RT LAT VIEW**

No focal lung lesion seen.  
 Costophrenic angle is clear.  
 Bony thorax appear normal.


**IMPRESSION: No significant abnormality noted .**  
 Suggested clinical correlation & Further investigation .

**Report Of X-RAY LEFT KNEE AP/LAT VIEW**

No definite any bony fracture seen.  
 No bony pathology seen at present.  
 Soft tissue appear normal.  
 Joint spaces appear normal.

**IMPRESSION : No significant abnormality noted.**  
 Suggested clinical correlation & Further investigation .

Pranat Tudu  
 Dr. Pranat Tudu  
 DMRD, (Radio diagnosis)  
 (Consultant Radiologist)  
 Reg. No: 59894  
 Date 12-11-2022 Time 11-43-57



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tools. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

Fig 4: After treatment (11/11/22)

(X-Ray Reports)

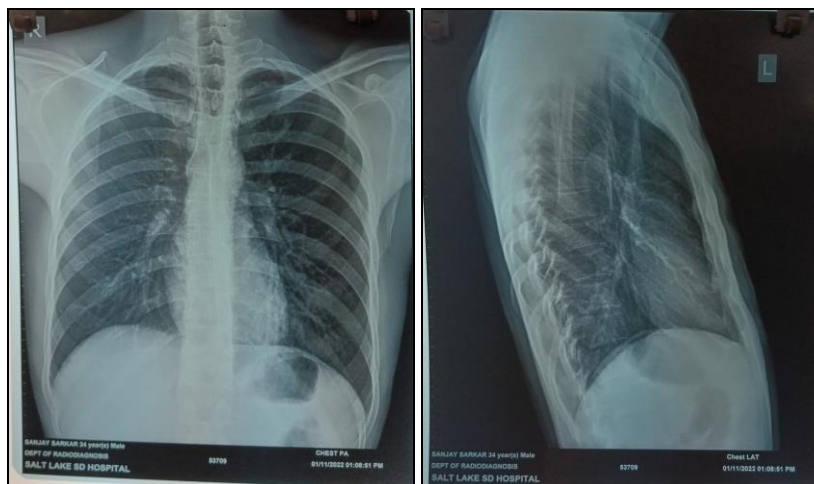
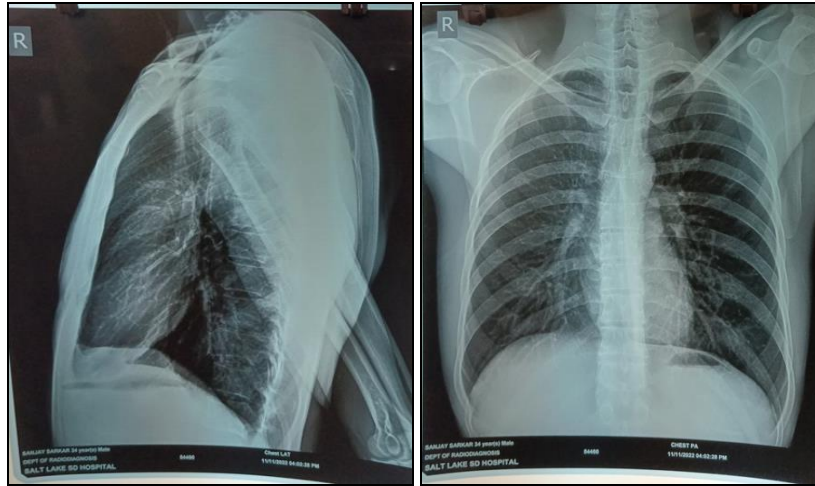


Fig 5: Before Treatment (X-Ray Plates) (1/11/22)



**Fig 6:** After Treatment (X-Ray Plates) (11/11/22)

### Conclusion

With the positive outcome, this case report paves way for the exemplary therapeutics entailing another possible certified branch of medication. Suggestive homoeopathic intervention in this case and other related affections of pleura, bronchus, pulmonary parenchyma established with authenticated evidence based case studies should be encouraged.

If observed minutely, this particular case and its timeline of cure appropriately follows the second aphorism from ‘organon of medicine’ which summarises and depicts the highest ideal of cure to be rapid, gentle and permanent restoration of health and also the annihilation of disease (whole extent) in shortest, most reliable and innocuous way which in itself proves the depth of homoeopathic principles and management.

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**Conflicts of interest:** None declared.

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