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Homoeopathy for varicose ulcer due to SLE

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Abstract

Systemic Lupus Erythematosus (SLE) is an autoimmune condition that affects multiple systems and it causes mild problems like skin rashes, and arthritis to severe ailments like lupus nephritis, neuropsychiatric problems, and other organ issues. There is an involvement of genetic aspect to lupus affinity. The worldwide incidence of SLE is around 5.14 per 1, 00,000 person-years. The treatment of SLE involves the use of non-steroidal anti-inflammatory drugs (NSAIDs), glucocorticoids, or immunosuppressants. These multiple conventional treatments for SLE may require extreme adherence and patient compliance which may not be most patients. Moreover, the side effects involved in the use of such drugs are extensive so often patient feels hopeless and stops medications on his own. In such hopeless cases, homeopathy offers a ray of hope and brings along effective treatment of diseases in a natural and sustainable way without any side effects. In this paper, a long-standing case of a 40-year-old male patient with systemic lupus erythematosus and its various complications like venous ulcers, arthritis, acute renal failure, etc., and the effective treatment that was given to the patient that resulted in marked improvement in the patient. Homeopathic medicine helps in the enhancement of the immune function of an individual so that there is a reduction in the intensity of the symptoms.

Keywords: Systemic lupus erythematosus, autoimmune, venous ulcers, homeopathy, arthritis, acute renal failure

Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disorder that affects multiple organ systems and manifests from mild ailments like skin rash, and arthritis to very serious consequences like lupus nephritis, neuropsychiatric problems, and other different organ problems. There is genetic involvement noticed in lupus predisposition.

SLE is mainly seen when an environmental trigger like an infection, affects a genetically predisposed person and causes the introduction of antinuclear antibodies (ANA). Recently, epigenetic mechanisms have also been associated with SLE manifestations and those refer to the alteration in the expressions of genes but not the DNA sequence. These mechanisms are highly sensitive to external stimuli, and therefore, environmental effects have a great influence on immune response modification.

The clinical features associated with SLE include inflammatory changes in all organs, primarily the skin, musculoskeletal, mild hematologic, renal, CNS, and serologic involvement. Some constitutional symptoms like fatigue, fever, and weight loss may occur in 50-100% of patients. Joint complaints may occur in more than 90% of patients at some point in time. The skin and mucous membranes may be involved at some point in more than 80% of patients. Around 75% of SLE patients may have lupus nephritis. Lymphadenopathy may happen in around 50% of patients. The occurrence of the Raynaud phenomenon (cold- or emotion-induced discoloration in digits of extremities), hematologic, cardiovascular, neurologic, pulmonary, gastrointestinal, and ophthalmologic complications may also happen in certain susceptible individuals^[1].

The frequent use of steroid medication in such cases has a host of different adverse effects and often causes drug tolerance so higher potency drugs may have to be employed to validate a response that may not even be long-lasting. Homeopathy is found to be very helpful in those cases where the immune response is deranged and there is marked dysfunction in the body's immunity. Proper case-taking is essential in order to under the symptom maze of the patient in detail so that effective homeopathic treatment can be given for the effective relief of the patient.

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Case Profile

A 40-year-old male patient came to Dr. Batra’s Positive Health Clinic as he had been suffering from SLE since 2005. He came to Dr. Batra’s with an oozing venous ulcer, skin allergy, and blackened discoloration of both of his legs from ankle to mid-shin. He was recently hospitalized for acute renal failure, arthritis, and dyspnea with venous ulcers. He was prescribed high doses of corticosteroids and was asked to continue it on discharge. With the frequent use of corticosteroids in high potency, he was affected by hypothyroidism and a borderline diabetic state. The doctor advised him to reduce corticosteroids, but he stopped it completely causing the aggressive return of venous ulcers accompanied by edematous legs and persistent oozing. When he visited Dr. Batra’s clinic he was only on antibiotics and anti-thyroid medications.

Table 1: Physical Generals

Diet	He was very food and his mood gets elevated on taking good food
Appetite	Good
Desire	Sweet++, Otherwise, he prefers all taste.
Aversion	Nil
Thermal Reaction	Hot patient
Thirst	Normal
Stools	Regular normal
Urine	Normal
Perspiration	Profuse
Sleep	Normal
Dreams	Not so frequent and cannot remember

Examination

Lower left leg- Venous ulcer approximately measuring 2.5 inch with surrounding blackish discoloration.

Investigation

White blood cells count (WBCs) - 8,900 WBCs per microliter
 C - reactive protein (CRP) - 6.33 mg/dL
 Serum Creatine- 0.9 mg/dL
 Serum Uric acid - 6.4 mg/dL
 Blood glucose (fasting sugar) - 112 mg/dL
 Blood glucose (postprandial sugar) – 210 mg/dL. (Sugar was fluctuating).

Mental Generals

The patient was a VIP as he was a district judge. He was compelled to rest, due to his debilitating ulcer for many days to even months. He had his reservations at first about homeopathy and its efficacy. He was extremely glad he got referred to our clinic via a friend after the improvement in his health status.
 He had done schooling and then B.Com and LLB from Kolkata and used to be a lawyer for 5 years. He was an average student and had no interest in extracurricular

Case analysis

Table 2: Repertorial totality

Repertory used	Rubrics selected
Complete Repertory	[Mind] obstinate headstrong. [Mind] eating, amel, mental symptoms [Mind] play aversion to, indisposition to, in children [Mind] irresolution, indecision [Mind] anxiety, fear with

activities. He always let his parents make decision for him as he was not ready to task his brains. He married with the girl of his own choice later he became very dependent on his wife. He lost his father due to chronic renal failure when he was 26 and lost his mother due to CA (Cancer) when he was 36. He suddenly felt the pressure of family on him and he started giving different judiciary exams to become a judge. He had reservations with mixing friends, and was happier within family.

He was intellectual but was slow in comprehension. We can see in the follow-ups. His wife explained him and ensured him. He was ambitious but within limits. He was stubborn in nature and whatever he wished he would have it. He was always obese and he did not like to get involved in any activities. He was also pampered, so he became more headstrong and lazy.

Past History

- Hyperthyroidism with benign enlargement of thyroid gland.
- Tookeltroxine for yrs.
- 2005 - Fever with hematuria and high blood pressure.
- After examining (acute pyelonephritis) infection in kidney was found and was hospitalized.
- 2005: Pleural effusion and malarial flushes resulting in venous ulcer
- He was put on WY solon (corticosteroid) -5 mg daily which reduced his prevailing symptoms.
- But the developed ulcer was not getting healed.
- Due to high corticosteroids his sugar was going high and after putting him on insulin the venous ulcer got healed.
- Patient had been advised to reduce steroid gradually with doctor’s advice but he did not do so and abruptly stopped corticosteroid.
- Then the ulcers again started coming.
- He was managing it with antibiotics and corticosteroids again
- But when this symptoms was continuously recurring and the venous ulcer became 1 inch (2.5) to 3 inch size in 3 months then only he got a references from his friend and visited Dr. Batra’s.

Patient presentation

- Black discoloration till mid shin bone with a round ulcer with yellow oozing sticky fluid
- Patient was pouring boric powder to keep it dry.
- Arthritis.
- Swelling of leg
- Hypothyroidism
- Palpitation with exertion dyspnea.

Family History

- Father died of chronic renal failure
- Mother died of cancer

	[General] hypothyroidism [General]-diabetes mellitus [General]- food and drink, sweet desires [Extremities]-ulcers. Lower limb Extremities-ulcers, lower limb deep Perspiration- profuse
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Repertorisation Of Speed Case Reg. No. : Visit Date : 23/10/2015

Repertorisation: Normal

Remedy Name	Calc	Lyc	Sil	Sulph	Ars	Merc	Pbos	Psoor	Puls	Sep	Bar-c	Nat-m	Nit-ac	Carb-
Totality	22	21	19	19	19	17	17	17	16	15	14	13	13	13
Symptom Covered	11	9	10	10	9	9	9	7	9	9	6	8	8	7
[C] [Mind]Obstinate, headstrong:	3	2	2	2	2	1	1	2	1	1	3	1	2	1
[C] [Mind]Eating:Amel. mental symptoms:							1							
[C] [Mind]Play:Aversion to, indisposition to, in ch:	1	2		2		1				1	2			
[C] [Mind]Irresolution, indecision:	2	2	2	2	2	2	2	2	2	2	4	2	1	1
[C] [Mind]Anxiety:Fear, with:	2	2	1	1	3	2	2	3	2	2	2	2	2	2
[C] [Generalities]Hypothyroidism:	1													
[C] [Generalities]Diabetes:Mellitus:	1	3	2	1	1		3			1		1		1
[C] [Extremities]Ulcers:Lower limbs:	2	3	3	2	3	2	1	3	2	2		2	1	3
[C] [Extremities]Ulcers:Lower limbs:Deep:	3		3	3	1	3		3	2				2	
[C] [Perspiration]Profuse:	3	3	3	2	3	3	2	3	2	3	2	3	2	3
[C] [Generalities]Food and drinks:Sweets:Desires	2	3	1	3	3	2	2	1	2	2	1	1	2	2

Symptoms 13 Remedies 415

Fig 1: Repertory screenshot

Table 3: Selection of Remedy

Remedy	Reasons
Constitutional Calcerea carbonica 200 - 2 doses	The patient constitutionally exhibited the signs and symptoms that resonated with the carefully selected homeopathic remedy.
Acute Belladonna 30	During the acute suffering, the patient’s relief was attributed to the symptom similarity seen effectively.

Materials and Methods

Complete repertory from Homopath classic

Miasmatic approach

Table 4: Syco-syphilitic with tubercular background

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Lupus an autoimmune disease	+		+	
Diabetes mellitus				+
Arthritis and malarial flushes		+		
Lupus nephritis		+	+	
Recurrent venous ulcer lower extremity			+	+

Results

Table 5: Respiratory system

Month	Extremities	Respiratory system	Musculoskeletal system	Renal dysfunction	Prescription
1 st month	He was better as the ulcer did not grow further. No new ulcer developed. Lower left leg- ulcer measuring 2.5 inch diameter. Surrounding discoloration ++ Oozing clear fluid++	Dyspnea+++	Arthritic pain++	Reduced	Calcarea carbonica 200, 2 doses + followed by Silicea 6x + Sac lac 30 BD. He stopped steroids. Only on glycephasesrand eltroxine 150 and antibiotics.
2 nd month	Lower left leg- ulcer measuring 2.5 inch diameter. Surrounding discoloration reduced. No new lesion. No oozing.	Dyspnea++	Arthritic pain+	Reduced	Belladonna 30 + Sac lac 30 BD followed by Silicea 6x glycephase changed to metformin.
3 rd month	Lower left leg- ulcer measuring 2 inch diameter. Surrounding discoloration reduced.	Dyspnea+	Arthritic pain+	Reduced	Sac lac 30 BD followed by Silicea 6x
4 th month	Lower left leg- ulcer measuring 2 inch diameter.	Dyspnea+	Reduced	Reduced	Sac lac 30 BD followed by Silicea 6x
5 th month	Leg- ulcer measuring 1.5 inch	Dyspnea Reduced	Reduced	Reduced	Sac lac 30 BD followed by Silicea 6x
6 th month	Leg- ulcer measuring 1 inch diameter	Dyspnea Reduced	Improved	Reduced	Sac lac 30 BD followed by Silicea 6x
7 th month	Leg- ulcer measuring 0.5 inch diameter	Dyspnea Reduced	Improved	Reduced	Sac lac 30 BD followed by Silicea 6x
8 th month	Leg- ulcer healed	Improved	Improved	Improved	Sac lac 30 BD followed by Silicea 6x
9 th month	Shin bone - completely dry. Discoloration- reduced. Swelling - reduced. Advised SLE Markers	--0--	--0--	--0--	Doctor has stopped his dytor 5 mg. As no urinary trouble noted.

Discussion and Conclusion

A 40-year-old came with the chief complaint of systemic lupus erythematosus (SLE) and he had associated manifestations like arthritis, acute renal dysfunction, venous ulcer, and dyspnea. On account of conventional therapy involving corticosteroid prescription, he had hypothyroidism and became a borderline diabetic. He was suffering vigorously until he came to Dr. Batra’s positive health clinic and was hopeful after a detailed case-taking. With proper homeopathic repertorization, Calcarea carbonica was selected as the constitutional medicine that efficaciously led to a long-standing cure. For the acute phase, the patient was prescribed belladonna 30 which showed marked symptoms similarity. The use of biochemic medicine like Silicea 6x also offered significant improvement in the healing process.

The visible transformation in the illustrated images taken

before and after homeopathic medicines gives an insight into the remarkable homeopathic prescription and its prompt attempt toward restoring patients’ well-being. All his blood investigation reports were done including blood glucose levels but it was very high so insulin 6 °C was also given and that caused the ulcer to heal promptly. The patient could breathe a sigh of relief after a consistent homeopathic treatment of 8 months with regular follow-ups and adequate patient compliance. Homeopathy helps boost the immune system and effectively reduces patient suffering if given appropriately and in time to a patient following a holistic approach that takes care of the individual as a whole. Unlike conventional medicine, there is no relapse of complaints seen, and even long-lasting relief is seen in patients. There is no involvement of drug tolerance or any side effects seen in homeopathy as it is made from natural and safe substances.



Fig 2: The transformation

Acknowledgments

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Conflict of Interest

Not available

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References

1. Garcia-Carrasco M, Pinto CM, Poblano JCS, *et al.* In: Anaya JM, Shoenfeld Y, Rojas-Villarraga A, *et al.*, editors. Autoimmunity: From Bench to Bedside [Internet]. Bogota (Colombia): El Rosario University Press; c2013 Jul 18. Chapter 25. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459474/>
2. Systemic Lupus Erythematosus. Centers for disease control and prevention; c2022. <https://www.cdc.gov/lupus/facts/detailed.html>.
3. Mahajan A, Amelio J, Gairy K *et al.* Systemic lupus erythematosus, lupus nephritis and end-stage renal disease: A pragmatic review mapping disease severity and progression; c2020. p. 1011-1020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7425376/>.
4. Ceccarelli F, Govoni M, Piga M, *et al.* Arthritis in Systemic Lupus Erythematosus: From 2022. International GISEA/OEG Symposium; c2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9604412/>.
5. Lupus. Homeopathy UK; c2023. <https://homeopathy-uk.org/conditions-directory/lupus/>.

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