

MY MOST UNFORGETTABLE CASE (S.L.E-Systemic lupus erythematosus)

In December 1972, Mr. M.S. telephoned from Vijayawada and requested this author to treat his wife, 44 years, who was laid down with continued fever for six weeks and lately developed diarrhoea. She was under the treatment of the top physician of the Postgraduate Medical Centre, with no effect. It seemed Mr. M. S. was given no hope for his wife's survival. He did not like to bring the patient to Hyderabad, because he wished her death at his residence amidst his larger family. The author had just then returned from a trip to U.K. and Europe, after a few months, absence from his consultation clinics at Hyderabad. However, he had no option except to visit the patient in Vijayawada, because of the involved problem of intractability, even in an acute disease like fever.

On examination the following symptoms were observed and elicited: continuous fever of six weeks with temporary remission with steroid treatment; enlargement of both liver and spleen of about two fingers was noticed; sleepiness during fever; desire for cold drinks; appetite good even during fever; desire for open air; slow pulse; did not relish sweet drinks or sugar in the beverages; sore bruised pains, nausea and vomiting now and desire for salty foods; respiration rate normal to 104/105; lungs and normal; daily 10 to 15 loose bowels, offensive, with sudden urge but pain.

Blood picture showed high E.S.R 140 mm first hour and marked leucopenia. Urine analysis normal except trace of albumen. Stool analysis significant. Culture reports of stool, urine and blood were sterile.

After thoroughly discussing the case with Drs. Bhaskara Rao, Pinnamaneni and Kuppuswami, who were in charge of the patient for six weeks, the author stopped all allopathic drugs and put her straight on homeopathic medicines.

After a week's treatment with *Phosphorous* 30 to 10M, the temperature touched normal, remained so throughout the day, with no complaints. But in 48 hours the temperature shot up again to remittent type with typical arthritis like swelling of joints and urticaria. The skeletal medical staff attending the case regularly kept both the author (who had returned to Hyderabad) and Dr. P. Deekshitulu (at Rajahmundry) informed of the condition of the patient.

Case-taking at that stage revealed the following symptoms: desired cold drinks and foods, also open air. External cold applications ameliorated both joint and skin symptoms. Stiffness of joints at the beginning of movement with no difficulty after a few paces. Thirstlessness persisted; disturbed sleep and restless nights with aggravation of the symptoms at night. *Pulsatilla* 30 to 10M gave temporary relief in pain of joint swellings and hectic temperatures (99^o-100^oF). There was no significant h/o illness in her past life or in the family.

At this stage blood picture showed leucopenia with the same E.S.R. reading. An interesting observation was positive L.E. (lupus erythematosus) cell phenomena with anti-nuclear bodies and Wassermann test was positive which were negative in the beginning of treatment. But culture reports of urine, stool and blood were still sterile. With these findings, Dr. Shanti Narayan Mathur, F.R.C.S., Professor of Medicine, Osmania Medical College, Hyderabad and Dr. K.K. Sandozi, F.R.C.S., Professor of Pathology, Gandhi Medical College, Hyderabad, agreed with this author on the diagnosis of *systemic lupus erythematosus*.

Syphilinum IM was given for one week with complete relief in all directions. But within ten days there was jaundice with pain in the right hypochondriac region with enlargement of liver of three fingers. Van den Bergh reaction showed no obstructive relationship to the jaundice. At this stage the patient's symptoms were: craving for sweets; desire for warm foods and drinks. Hot fomentation ameliorated the pains. This clinched the prescription of Lycopodium. She was given 30 to 10M for two weeks with good relief in all symptoms. But within ten days of remission of all complaints, one evening she developed severe restlessness with anxiety and temperature of 99°-100°F, tachycardia, urticarial rash and sore bruised pains. She was given Pyrogenium 10M daily one dose for three days. In one week again she became quite normal. Investigations showed 60 E.S.R., neutrophil count normal, L.E. cell phenomena and anti-nuclear bodies were positive. Cultures of urine, stool and blood were sterile but urine was loaded with albumen.

Then she was given Mercurius sol. 30 to CM for two months with good relief in all respects with no further setback in her complaints.

When *Mercurius sol.* CM was given, it acted well in the beginning in all directions for sometime. But subsequent repetitions acted for very short periods. MM and DM potencies of *Mercurius sol.* were not available in India. Before the required potencies could be imported, the very short actions of *Mercurius sol.* were intercepted with Syphilinum 1M to 10M; the subsequent repetitions of *Mercurius sol.* were long-acting, satisfactory and the progress was from centre to circumference. Even if the MM and DM potencies were available, the same course would have been necessary because of the theory of the chronic diseases. For four weeks there was no trouble and she picked up normal weight. Appetite and sleep were good. All the tests including urine analysis, E.S.R. and differential blood count showed no abnormality at this stage. A few months later she developed scabies-like rashes all over her body with itching. She was advised not to use any topical application except coconut oil. Within a couple of weeks the eruptions disappeared.

Till now she is enjoying excellent health. This is probably the first successfully treated case of S.L.E. with all the involved systemic complications in any system of medicine and more especially in homeopathy.

Discussion

Elaborate repertorial analysis and detailed treatment are not mentioned for brevity's sake. Many homoeopathic physicians both past and present have done excellent cases for skin lupus. To date no case of systemic lupus erythematosus is reported to have been cured by homeopathic treatment. Naturally, when vital organs and systems are involved the prognosis is very grave and this patient was no exception to it! Dr. Deekshitulu with his scholastic experience and thorough knowledge, helped this author with the involved theoretical and applied homeopathic technology in the management of this multi-manifestational hydra-headed disease.

This author prefers to call S.L.E. an acute condition, although in some cases the course runs a couple of years. Undoubtedly a few months' treatment of the patient for all the involved and shifting syndromes is enough. This case resembles hydra-headed psora in an acute form, at each state of manifestation requiring a different remedy, including the miasmatic remedies.

It is not the intention of this author to discuss all the available opinions in this regard and material of nearly a thousand pages is available in the modern textbooks in medicine. The interesting aspect about the diagnosis of the case was that it was done not when the positive findings were available, but in the initial stage of the negative findings for S.L.E., not on the laboratory findings but on the clinical symptoms. Undoubtedly the steroid treatment and abuse of antibiotics, before the elaborate blood examinations, renders diagnosis more difficult.

Another interesting aspect of this case was S.T.S. positive. The allopathic opinion on it was that it was a false positive. The interesting and pertinent question is why a patient should show Wassermann positive without the infection of syphilis, acquired or hereditary? Non-materialistic (transcendental) homeopathic doctrines clearly testify to the futility of the allopathic materialistic theories and findings on the issue of infection. It is not irrelevant to mention this author's experience while studying under Dr. Elizabeth Wright Hubbard in 1966. Towards the end of 1966 she was to chair a pathological conference. I requested her to explain whether she believed the truth in the Kentian quotation which was not believed in allopathy, that the tertiary stage of syphilis transmits infection.

She affirmed the Kentian thought on infection and directed me to Dr. William Griggs who had worked with Kent and edited the earlier editions of the Repertory for the clarification of my doubts on it. The story does not end there. She spoke to him and

fixed my appointment and paid the travel expenses! Of course she told me not to give much publicity to her opinion on Kent's theory of infection because she was to preside on a pathological conference. What a generous and gracious teacher!

Syphilinum was given entirely empirically on the evidence of false Wassermann positive. Not only the first prescription helped her, but the subsequent prescriptions improved the patient's response, clearly testifying to the correct prescription of *Syphilinum*. This type of procedure is the experience of this author, nowhere mentioned in the literature of homeopathy to this date. Although false Wassermann positive has no therapeutic significance in allopathy, in homeopathic therapeutics it should be considered because in the pathogenesis of S.L.E. the Wassermann positive is pathognomonic. Dr. Deekshitulu is of the opinion that she should be given a dose of *Psorinum* or *Sulphur* in future, because S.L.E. is essentially psoric and syphilitic although she was given a few anti-psoric remedies, like *Pul.*, *Lyco.* and *Phos.* for the different manifestations with good response. In the experience of this author cases of skin lupus are very much helped by anti-tubercular homeopathic remedies. The author thanks all the doctors for their help.