

CLINICAL CASE HISTORIES

Reiter's disease treated with *Nux vomica*

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We report the case of a 35 year-old man suffering from Reiter's disease. He did not respond to *Lycopodium* or *Nux vomica* in medium dilutions, but did respond to *Nux vomica* in very high potency. *Homeopathy* (2006) 95, 103–104.

Keywords: Reiter's disease; *Nux vomica*; pulse dose

Introduction

Reiter's disease, a form of reactive spondyloarthropathy, is a multisystem disease characterized by inflammatory polyarthritis, psoriasiform skin lesions, urethritis and conjunctivitis. It is associated with HLA B-27 tissue type. Occasional spontaneous remission is well known, but most patients experience variable degree of morbidity.¹ Conventional drugs used in its treatment include non steroidal anti-inflammatory drugs, methotrexate² and systemic corticosteroids.

Case report

A 35 year-old male presented with fever, joint pain and skin lesions of 6 months duration. His problem started as pain in his right knee joint which gradually involved the left knee joint, both ankles and subsequently other joints including temporo-mandibular joints during the next 2 months. He was given analgesics orally without much relief. During the next 2 months, he developed thick heaped up crusted lesions of 1–2 cm diameter on his abdomen which subsequently involved other parts of the body specially face, scalp, extremities (Figure 1), back (Figure 2) and genitalia (Figure 3).

During the next 6 months he started developing fever of 38–41 °C particularly in the evening. He noticed pain, burning, redness and discharge in both of his eyes. He also developed dysuria.

There was history of diarrhoea alternating with constipation with mucus in the stool. He denied any

history of extra-marital sexual contact. He was emaciated, poorly nourished and irritable. Multiple joints especially ankle, knee, wrist, elbow, shoulder and hip were swollen and tender, deformed with restricted movements. Total leucocyte count was 12000/cmm with 70% polymorphs, 25% lymphocyte and 5% eosinophil. Erythrocyte sedimentation rate was 150 mm in the first hour. Urinalysis showed albumin, few pus and epithelial cells. There was no occult blood found in the stool.

From the symptomatology of the patient *Lycopodium* and *Nux vomica* emerged as probable medicines in this case. We gave *Lycopodium* 200c, three doses at 10 min interval (because predominating symptoms were disposition to frown, dictatorial attitude, anger from contradiction, complaints started from right and progressed to left side of body and the aggravation time of joint pain and fever after 1600). No change was observed during next week. After 12 days *Lycopodium* 1 M, three doses was given with aggravation of joint pain, but no change in other symptoms. Since the symptoms were unchanged, after 1 month *Lycopodium* 10 M, three doses was given.

There were marked changes in the symptoms in the next 20 days. Evening aggravation became less regular; and the patient became hypersensitive to noise and wanted to be left alone in a peaceful atmosphere longing for repose and tranquility.

Considering these changes, *Nux vomica* 200c three doses at 10 min interval was given, there was no change during the next 24 h. Then *Nux vomica* 1 M, three doses at 10 min interval was given, with some relief in mental state in the next 3–4 days when the symptoms became static.

He continued to complain of severe joint pains, multiple crusted skin lesions with fever of 41 °C. At this juncture we gave *Nux vomica* 50 M, three doses at

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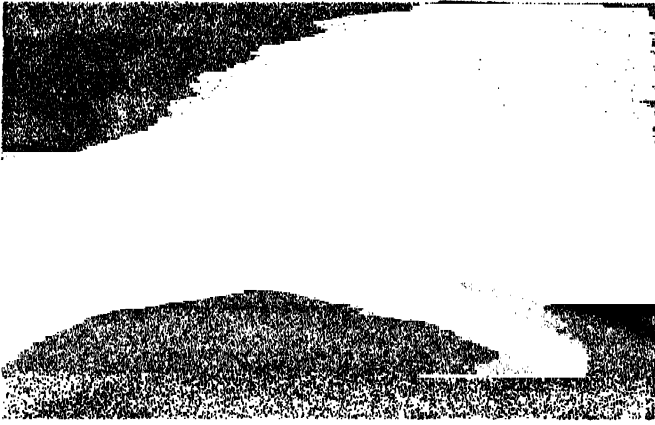


Figure 1 Thick heaped up crusted lesions on hand with joint involvement.

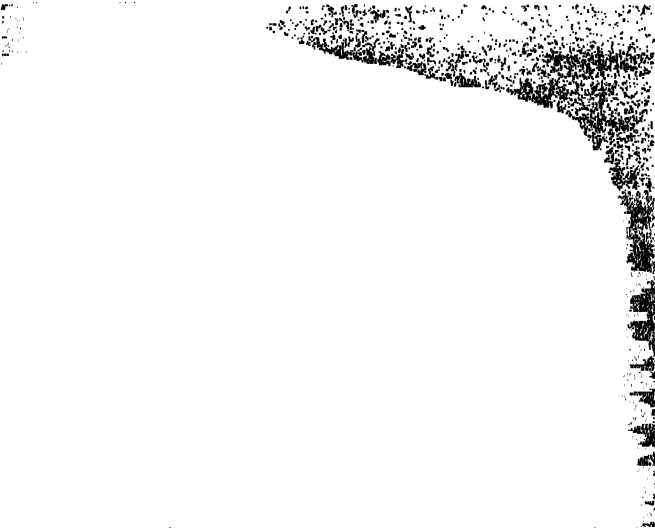


Figure 2 Thick heaped up crusted lesions on back.

10 min interval. Over the next 15 days patient started showing improvement mentally as well as physically. Fever decreased, erythema reduced, crusts of skin lesion started falling, and pain in joints improved. Then the condition again became static. Encouraged by the response to very high potency, *Nux vomica* CM, 3 doses was given. During the next 7 days, symptoms and signs of eyes cleared completely, temperature became normal in 15 days, skin lesion cleared completely over the next 3 months. Pain and swelling in all the joints also improved. However mild pain, restriction in movement and deformity persisted in hands and knee joints. With physiotherapy during the next 3 months there was complete disappearance of joint pains. After 6 months, he was able to walk freely with no skin and joint pain. There was no recurrence of

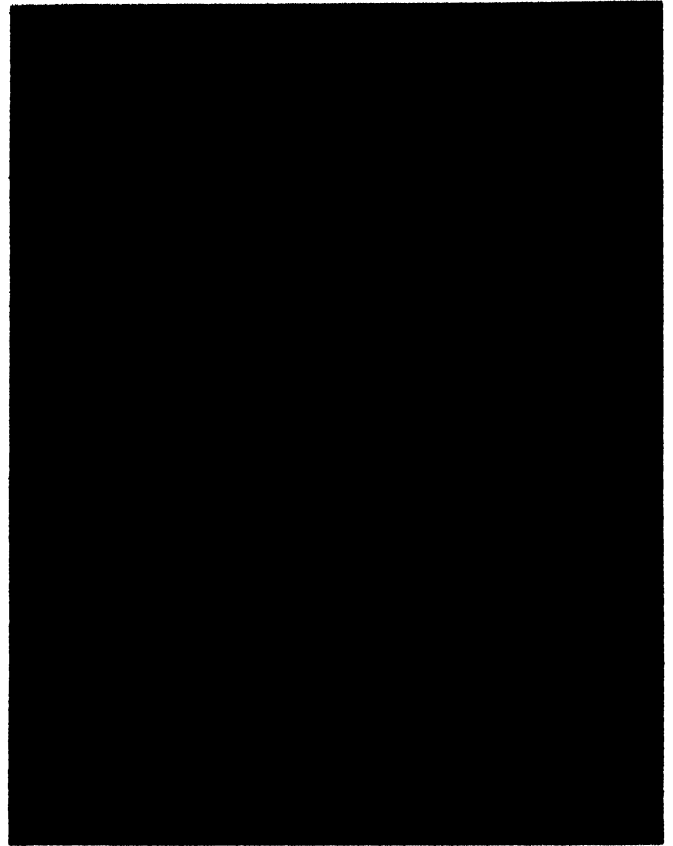


Figure 3 Lesions on genital.

any symptoms of Reiter's disease during the next 11 years of follow-up.

Discussion

Disappearance of the signs and symptoms with high potency (50M-CM) of *Nux vomica* in the present case who was almost bedridden suggest that high potency medicines can be curative in chronic diseases.

There was no effect of medicines up to 1M potency. However signs and symptoms started showing improvement during the next 15 days with 50M potency of *Nux vomica* and almost cleared in 7 days with CM potency.

References

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