

# Sarcoidosis and Homeopathy: A Case Study

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**Abstract:** A Case of stage II sarcoidosis was treated with a few doses of *Vipera* 6 and showed improvement in clinical features as well as radiological investigations (CT scan) in about 7 months. Later prescription of *Calcarea carbonica* in LM potencies over a year resulted in complete disappearance of symptoms and pathology.

**Keywords:** sarcoidosis, the homeopathic treatment of: *Vipera herpessans*, *Calcarea carbonica*

## Introduction

Sarcoidosis<sup>1a</sup>, also called Sarcoid or Besnier-Boeck disease, is a systemic disease of unknown cause<sup>2a</sup> in which abnormal collections of inflammatory cells (granulomas) form as nodules in many organs of the body. These granulomas most often appear in the lungs or the lymph nodes, though virtually any organ (muscle, eyes and/or skin) can be affected.

Sarcoidosis most commonly affects young adults of both sexes with a higher incidence in females. The incidence is highest for individuals younger than forty and peaks in the age range from twenty to twenty-nine years; a second peak is observed in women over fifty.<sup>1</sup>

Geographical factors also play some role, as it is found more often in people of Scandinavian, Irish, African, or Puerto Rican descent<sup>2</sup>. Moreover, the most commonly involved organ in sarcoid-related deaths was reported to be the lung in western countries, while it was the heart in a Japanese autopsy series.<sup>3</sup>

The onset of the disease is gradual and its course may be asymptomatic or chronic. If the latter, symptoms ranging from fatigue unchanged by sleep, lack of energy, weight loss, aches and pains, arthritis, dry eyes, swelling of the knees, blurry vision, shortness of breath, a dry hacking cough, or cutaneous lesions (rashes, nodules, erythema nodosum or lupus pernio) may be present. In female patients, sarcoidosis is significantly associated with hypothyroidism, hyperthyroidism and other thyroid diseases.<sup>4</sup>

Staging of the disease is based on radiological findings:

Stage 1: bilateral hilar lymphadenopathy

1a From *sarc* meaning *flesh*, *-oid*, *like*, and *-osis*, *process*

2a Current working hypothesis is that this disease occurs in genetically susceptible individuals through alteration in immune response after exposure to an infectious agent; other researchers have proposed that it may be inherited, caused by inhaled allergens or toxins found in the environment.

Stage 2: bilateral hilar lymphadenopathy and reticulonodular infiltrates

Stage 3: bilateral pulmonary infiltrates

Stage 4: fibrocystic sarcoidosis, typically with upward hilar retraction, cystic and bullous changes

The disease can remit spontaneously or become chronic, with exacerbations and remissions. About thirty to seventy percent of patients do not require therapy, as in mild cases the disease is known to improve spontaneously.<sup>5</sup> The higher the stage of disease, the greater is the chance that medical therapy will be applied. Statistics reveal that more than two-thirds of people with pulmonary sarcoidosis tend to have no symptoms after nine years; about fifty percent have relapses, and about ten percent develop serious disability<sup>6</sup>. Lung scarring or infection may lead to respiratory failure and death.

In certain cases sarcoidosis and cancer may mimic one another, making the distinction between the two difficult<sup>7</sup>. Most often, sarcoidosis presents as a restrictive disease of the lungs; hence radiological investigations like chest X-ray and CT chest are used to diagnose/assess the condition. Investigations to assess involvement of other organs frequently involve electrocardiogram, ocular examination by an ophthalmologist, liver function tests, renal function tests, etc. Angiotensin converting enzyme (ACE) blood levels are useful in diagnosing and monitoring sarcoidosis. In women, close surveillance of thyroid function is recommended in that hypothyroidism is commonly associated with this disease.

Corticosteroids, such as prednisone, are considered the first-line treatment for reducing inflammation associated with sarcoidosis. Oral corticosteroids can have some serious side effects if taken in high doses for long periods, including high blood pressure, diabetes, peptic ulcers, tuberculosis, or osteoporosis. Other medications sometimes used for sarcoidosis include those that suppress the immune system,

such as methotrexate, azathioprine (Imuran), and infliximab (Remicade); however, there are no long-term studies of their efficacy in sarcoidosis.<sup>8</sup>

Homeopathy has the potential to treat sarcoidosis with its patient-centric<sup>3a</sup> 'mind-body medicine' approach. The homeopathic therapeutic approach requires identification of the entire etio-pathological and morbid manifestations of diseased/ ill person in order to determine the characteristic features (unique, highlighting features within the entire patho-biography), which guide to the indicated remedy. Homeopathic Materia Medica (Pharmacology) is enriched with symptoms derived from human pathogenetic drug trials as well as authentic toxicological data and clinical observations.

One of the latest homeopathic repertoires, *The Essential Synthesis*<sup>9</sup>, under the chapter 'CHEST: Sarcoidosis pulmonalis,' mentions the following twelve remedies: *ars-br*, ***Ars-i***, ***Beryl***, *lyc*, ***Mang-s***, *nat-ar*, *parathyr*, *pin-s*, *puls*, ***Tub-m***, *tub*, *v-a-h*.<sup>4a</sup>

One of the earliest articles on sarcoidosis was published in the *British Homœopathic Journal* in the year 1961<sup>10</sup>. In the subsequent year<sup>11</sup>, a case study was also published in the same journal. Individual case reports showing successful treatment have also been published by some e-journals<sup>12</sup>.

Veterinary practice has also witnessed successful application of homeopathic therapy in cases of sarcoidosis. The British Veterinary Association published an analysis of practice of homeopathic veterinarians in *The Veterinary Record* 166:234-238 (2010)<sup>13</sup>, the abstract of which is reproduced below:

Twelve Faculty of Homeopathy veterinarians recorded data systematically at 777 consecutive homeopathic appointments for horses over a period of 12 months. ....Data from 289 horses comprised a total of 305 individual conditions identified as chronic in nature, of which 234 had a follow-up assessment. ....The eight chronic conditions most frequently treated with homeopathy were: arthritis, headshaking, laminitis, chronic obstructive pulmonary disease, sweet itch, dermatitis, sarcoidosis and Cushing's syndrome.

The tirade against homeopathy is persistent and can be best judged from a case study of sarcoidosis published in the

in a leading medical journal, the abstract<sup>14</sup> of which is here reproduced:

Reference to alternative medicine frequently appears in newspaper headlines, advertisements and in articles in medical journals. The practice of alternative medicine has increased, even as the number of critical articles warning of deleterious effects have also increased. Public demand is strong and growing, but there are no clear rules as to what is not permissible, particularly when treatment is not by qualified physicians. There are still no clear indications and contraindications for complementary (not alternative) medicine in patients with organic injuries and life-threatening conditions. However, it is obvious that in these patients complementary medicine should not be substituted for conventional therapy. We present a 32-year-old man with sarcoidosis who discontinued conventional therapy on his own initiative and began alternative medicine (homeopathy)<sup>5</sup> with subsequent deterioration in his condition. He was hospitalized for a relapse of his sarcoidosis which required large doses of corticosteroids.

Here is a case summary from my practice:

A 34 year-old male, Mr. K., diagnosed as a case of stage II sarcoidosis, consulted on 25<sup>th</sup> August, 2008, as he had been advised to take steroids, which he wanted to avoid. His Chest CT scan, dated 14 August 2008, revealed: "CT findings are suggestive of mediastinal and hilar lymphadenopathy with interstitial thickening in both lungs predominantly involving upper and mid zones of right lung, highly suggestive of sarcoidosis."

On observation, he was of average height, pot-bellied (due to sedentary lifestyle), and had a receding hairline, dark brown eyes and hair, scanty eyebrows, sharp nose and tapering fingers.

He complained of shortness of breath, poor appetite, low energy levels and constipation. He was also having intense heaviness/fullness around the ankles, bilateral pedal edema, and felt most comfortable with his feet elevated. He also experienced recurrent attacks of tonsillitis/sore throat, with delayed recovery since childhood.

*Past history:* measles in childhood, Ascariasis about two years ago, Tinea cruris a few years ago, treated with quadrim (a topical anti-fungal ointment).

*Family history:* Mother: diabetes mellitus, hypertension; father: status-post coronary artery bypass surgery, diabetes mellitus, irritable bowel syndrome, tendency for recurrent sore throats; paternal uncle: tuberculosis, chronic obstructive pulmonary disease; paternal uncle: alcoholism.

*Personal History:* The patient was a non-vegetarian, and he had been addicted to alcohol for ten years, consuming approximately 360 ml of whiskey daily.

5 Bold and underline my own

3a This is why Hahnemann states in §1 of the *Organon*, 'The physician's high & only mission is to restore the sick to health, to cure, as it is termed.' The usage of the word sick and not sickness itself highlights the patient-centric approach in homeopathic system of medicine.

4a Homeopathic drug provings, which form the backbone of our Materia Medica, are never carried out to the stage where pathological changes occur. The other sources of our Materia Medica are toxicological data obtained from reliable sources and authentic clinical observations, repeatedly verified by authorities. Hence, all the remedies mentioned under this rubric either have a symptom similarity found in the proving records or are collected from toxicological data or clinical works of authorities.

**Generals:** He desired eggs strongly in childhood and still loved them (++), though he consumed fewer in adulthood; he also craved sweets (++). He was averse to milk (++).

**Mind and Disposition:** Since he was in college, he had consumed alcohol regularly. He was highly ambitious by nature, yet also easy going and friendly by nature. He possessed a large circle of friends. Being averse to physical activity, he was sedentary, and one of his favorite past times was watching movies.

**Life and circumstances:** He was brought up in a middle class family and was average in studies. After graduation he started his own business, worked very hard and took it to great heights in a short span of time. Though his work required him to travel constantly, he also enjoyed a comfortable married life.

**Prescription:** *Vipera bera* 6C t.i.d. for three days

**Result:** Subsequent to this prescription, the patient began feeling better and all his symptoms subsided; therefore he was given only placebo for the next few months.

CECT (contrast-enhanced CT) of chest on 5 March 2009: "Few very small insignificant sized mediastinal lymph nodes with no active lung parenchymal pathology or interstitial thickening. There is almost complete resolution of mediastinal lymphadenopathy and interstitial thickening in bilateral lung parenchyma. No fresh anomaly."

In his next review, he reported that his craving for eggs had become as strong as in childhood. He was subsequently started on *Calcarea carbonica* in LM potencies. While he was on this remedy, he developed numerous acneiform eruptions on his forehead and dorsal region, as well as tinea cruris, which later disappeared during the course of treatment. Another change observed after administration of *Calcarea carbonica* was a slight reduction in his intake of alcohol.

CT Chest on 4 February 2010: "A normal study."

## Discussion

Homeopathic therapy demands a thorough case taking (entire patho-biography) of the sick individual from which the most significant points need to be perceived (§ 5)<sup>15</sup>, in order to determine the *totality of symptoms*. (§ 6, 7)<sup>16</sup>

As directed by Hahnemann in § 6 of *Organon*, 'The unprejudiced observer....takes note of nothing in every individual disease, except the changes in the health of body and mind.', it was noted that his desire for eggs had decreased and a symptom of swelling and intense heaviness/fullness around the ankles, which was better only by raising the limbs had become prominent. The latter is a keynote feature of the homeopathic remedy *Vipera*. Corroboration from Clarke's *Materia Medica*<sup>17</sup> revealed other features of the patient (and

disease) consistent with this remedy; such as, sensitivity to cold, persistent edema, faintness, prostration, appetite lost, and suffocation or dyspnea.

It is also pertinent to note that the sensation of intense heaviness/fullness around the ankles, which was better only by raising the limbs, had no pathological correlation with the disease. In the absence of varicosities, it became the keynote or dynamic concomitant feature of the case. My teacher, Prof. L.M. Khan has also taught that whereas a striking symptom, even if it can be explained by pathology, can be useful in homeopathic prescribing, if that symptom cannot be so explained, it is far more valuable in arriving at the correct prescription. (§ 153)<sup>18</sup> Thus, in this case, the use of this symptom as a pivotal feature paved the way for the cure. Similarly, Prof. Khan explains that while use of *Lachesis muta*, with its marked symptomatic similarity to the condition, can be useful in cases of menopause, the excellent homeopathic prescriber will employ this remedy in girls and women who present with such menopausal features prior to that phase in their lives.

Returning to the case at hand, we note that the resurgence of this patient's strong desire for eggs, coupled with his general lethargic nature, indicated *Calcarea carbonica*, which proved to be the curative remedy, as can be judged by the resulting normal CT scan, reappearance of skin eruptions and diminution of his craving for alcohol.


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**CT Scan Reports**



**NAME:** 36 YRS/M  
**DATE:** 4<sup>th</sup> FEB 2010  
**REF BY:** SELF

Asst CT scanning of the chest was performed in spiral mode without the administration of intravenous contrast. HRCT was also performed.

Both lungs appear normal with no focal or diffuse lesion. No consolidation, cavitation, calcification or ground glass opacities seen.

No significant enlarged lymph nodes are seen.

Mediastinal vascular structures otherwise appear grossly normal.

Trachea and bifurcation appears normal.

There is no significant pleural / pericardial effusion.

The visualized parts of the liver, spleen and bilateral adrenal glands appear grossly normal.

**OPINION:** CT findings are suggestive of normal study.

Please correlate clinically.

**NAME:** 36 YRS  
**DATE:** 04-02-2009  
**REF BY:**

Asst CT scanning of the chest was performed in spiral mode after the administration of intravenous nonionic contrast. HRCT was also performed.

Bilateral lungs are normal with no active parenchymal pathology on either side. No significant interstitial thickening.

Few very small insignificant sized subcarinal lymph nodes are seen in pre / paratracheal, prevascular, subcarinal and bilateral hilar regions.

Trachea and bifurcation appear normal.

No significant pleural or pericardial effusion.

Mediastinal vascular structures are grossly normal.

Liver shows diffuse fatty infiltration of the parenchyma. Visualized part of the liver, spleen and bilateral adrenal glands otherwise appear normal.

**OPINION:** CT findings in a follow up case are suggestive of few very small insignificant sized mediastinal lymph nodes with no active lung parenchymal pathology or interstitial thickening.

As compared with previous scan dated 14-06-2008 there is almost complete resolution of mediastinal lymphadenopathy and interstitial thickening in bilateral lung parenchyma. No fresh abnormality.

Please correlate clinically and with other investigations.

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 (Next to Free Church) New Delhi-16  
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 ON PANEL : COME, SMEL, INDIAN AIRLINES, BSES, ESI, FT, SCD, ROKH etc.

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 ON PANEL : COME, SMEL, INDIAN AIRLINES, BSES, ESI, FT, SCD, ROKH etc.

**Organ Imaging Research Centre (I) Pvt. Ltd.  
 M R CENTRE - GREEN PARK**

**NAME:** 34 YRS.  
**DATE:** 14-09-2009  
**REF BY:**

Asst CT scanning of the chest was performed in spiral mode after the administration of intravenous nonionic contrast. HRCT was also performed.

There is evidence of interstitial thickening and nodularity of the peribronchovascular, centrilobular and subpleural interstitium of the bilateral lungs predominantly involving the upper and mid zones of the right lung.

Multiple enlarged variable sized lymph nodes without any evidence of necrosis or calcification are seen in pre / paratracheal, prevascular, subcarinal and bilateral hilar regions measuring up to 2.5x2.7 cm and 2.3x2.9 cm across in subcarinal and right hilar regions respectively.

No significant pleural or pericardial effusion.

Mediastinal vascular structures are grossly normal.

Liver shows diffuse fatty infiltration of the parenchyma. Visualized part of the liver, spleen and bilateral adrenal glands otherwise appear normal.

**OPINION:** CT findings are suggestive of mediastinal and hilar lymphadenopathy with interstitial thickening in bilateral lungs predominantly involving the upper and mid zones of the right lung as described - highly suggestive of Sarcoidosis.

Please correlate clinically and with other investigations.

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