

Lupus of Larynx: A Case of SLE?

INTRODUCTION

SLE, Systemic Lupus Erythematosus, is a multi-system disease characterized by recurrent erythematous eruptions, occurring mainly in women. Inflammatory lesions are seen in the kidneys, joints, skin, heart and other organs.

Diagnostic hallmarks are immunology and histology. Initial symptoms along with erythematous rashes are fatigue and melancholy. Untreated cases have poor prognosis. 75% patients may survive five years, 25% may live longer or die during acute stages due to misdiagnosis. They develop early complications because of their compromised immune system. Majority of researchers agree to include SLE in the category of auto immune disorders.

THE CASE

Mr MI, 35 yr, was brought to us on 19.1.04 in a critical condition. He was well built and fair with multiple-pox like scars over his face and nose. His jaws were locked and lips eroded with ulcers extending inside mouth and throat. Tongue was coated and mouth filled with saliva with a cadaveric odour. He was very weak, sad and frightened with dyspnoea.

When opened his mouth to speak his hoarse voice, his teeth got exposed and saliva dripping like a wounded wolf. He said "I can't swallow my saliva, can't eat, can only take milk in sips with difficulty. Food and water choking." We observed his neck veins got engorged when describing his sufferings showing severe exertion to talk.

He was carrying a big file with batteries of tests, final option was surgery. Tata Memorial Hospital, Mumbai,



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advised immediate removal of Larynx, as he would die any time due to suffocation. He refused removal of sound box and preferred alternative medicine.

CASE TAKING

Patient was accompanied by his brother. He said: "Doctor, I have come here from another state, came to get treatment at Jaslok and lost all my funds. I know I won't survive. Someone has directed me to you, so please give me some medicine so I can reach my hometown safely. If I die there I won't mind, everybody has to die one day."

Patient was a businessman. Since the past few months, he was suffering from recurrent pustules, mostly on face, dense around nose. At his hometown in UP, he consulted many dermatologists but no respite, despite steroid treatment. On one occasion, he developed severe cough and cold along with these rashes and then pneumonia, for which he underwent long hospitalization. Thereafter he started getting cough and cold with mouth ulcers and rashes of such intensity that he required frequent hospitalization.

A discharge note from St Stephen's Hospital, Delhi, dated 16.8.03, stated: Oral candidiasis. Since patient has taken several courses of antibiotics.

The ENT hospital Maujpur, Delhi, dated 30.8.03, diagnosed it as oropharyngitis.

Another ENT hospital, Vats centre, Delhi, dated 20.11.03, diagnosed as autoimmune disease. Also they evaluated that Typhoid and Para-Typhoid antibodies were the cause of vocal cord affection.

At this stage, an ENT surgeon warned "Avoid Broad Spectrum Antibiotics," and referred him for dental check up.

On 29.12.03: Patient landed in Jaslok Hospital, Mumbai, the Mecca of Medicinie.

A Battery of Tests were performed:
VDRL Negative. HIV Negative. ESR 78 mm
SGPT 92 UI/L.

Treated as antifungal and sent for biopsy to TN Medical College and BYL Nair Hospital, Mumbai.

2.1.2004 Histopathology revealed. DISCOID LUPUS ERYTHEMATOSUS. By now patient developed more respiratory distress and fever; treated as malaria, developed further complications, then shifted to the Institute of Immuno Haematology, KEM Hospital.

9.1.04: Patient's Antiglobulin Test; ANF and Anti-dS DNA were negative.

From KEM Hospital he had been shifted to Tata Memorial Hospital, from where he came to us.

DISCUSSION

I asked my group of students: What could be his remedy? *Arsenic* said some. Others prompted *Carcinosin*! Symptoms noted were cadaveric smell, choking, can't even swallow his saliva. Prostration and anxiety. Repertorisation revealed the remedy as *Acid-nitric*. So shall we give him *Acid-nitric*? "Yes", said most. But what if he dies! Silence. "Yes indeed he has clinical symptoms of *Acid-nitric*, but is he frightened for death? Or looked composed?" (Patient was relaxed and listening to us). I added further: Fear of death in *Acid-nitric* is very marked. On the contrary our patient looks composed. His fear is not for death, is rather anxiety that he may not reach home. While we were discussing his case, he was coolly watching us, no expression of anxiety with fear. (Perhaps because of my coolness, he was also relaxed. I had already decided *Thuja* as his remedy). I told them: *Acid-nitric* like *Ars*, *Phos* and *Lachesis* is known to cause euthanasia, this would be better mercy killing than cortisone. Shall we give him? Some laughed, some still doubted my analysis and some were looking into their repertories.

See into your repertory, fear of death; *Acid-nitric* scores 3 marks (Kent's Repertory, Page 44), while *Thuja* has no marks. But if you see anxiety with fear (Page 6), *Nitric-acid* scores 2 marks and *Thuja* 1 mark. *Thuja*

has no fear of death but has anxiety about death. If we analyse this way, patient knows he is having cancer but he is not frightened. On the contrary, he is asking for help to reach his hometown. In terms of rubric you can see this; Delusion, sees death. (Page 24). The rubric is: time has come to die. *Thuja* and *Lach* are there, not *Acid-nitric*. He has decided to go home and no surgery even if he dies. He is sure about death but also sure about rejecting surgery. Is not this a fixed idea of *Thuja*? He wants to go home not because he is home sick, but because he knows he will die, so is frightened and anxious but again not that much so as to catch you and beg like *Arsenic*, 'save me Doctor'. Or is he like an '*Opium*' who wants a little relief, so can reach home?

Certainly not *Opium* as *Opium*'s fear is very marked and they grope whom to trust! They remain confused with their half faith and run from one doctor to other. Here he looks relaxed and has come with full faith. His first specific serological report, carried out at Delhi indicates Typhoid and Paratyphoid antibodies as the cause. His biopsy carried out at Mumbai confirmed Lupus. But the special reference Tests, ANF and Anti-dS DNA are negative! Are these overruling the diagnosis, Lupus?

For an allopath or a cancer specialist this would be simple: that so and so case has no SLE, but what about a homoeopath, what have we understood homoeopathically from these tests?

Now the case was becoming intriguing, even the patient was listening to us very carefully, his fear and symptoms of disease gone. I continued explaining, "Negative antiglobulin test means he is no more in Psora now". One homoeopath raised eyebrow, "Sir, how can you say this, there is no such rubric in our repertory?"

"There are many things, which are not in the repertories or HMM, but if we are able to interpret our understanding from the knowledge of *Materia Medica* or

repertory, we are able to give meanings to these modern tests in terms of rubrics. A special Immunoglobulin Test will only furnish some information about the nature of an infection, as long as it remains at the humoral level. For a homoeopath humoral response is Psoric. For example, an AIDS patient as he entered into Full-blown he becomes HIV Negative. As long as his sufferings were at the psoric levels, medicines were helping him. You ask he must have taken lots of drugs. He was taking medicines for skin eruptions, cold and cough, then Pneumonia, Typhoid, Asthma and again Skin and Malaria before reaching to this state. Now refer the repertory, suppressed eruptions, suppressed discharges, suppressed malaria, etc. This would lead to Sycosis! Sycosis has more deeply seated cause where prognosis is death word. But no fear of death. This is peculiar in this case. Repertory is not a mechanical tool, we have to see the mind of the patient into the mind of rubrics and the mind of pathology. When I used to see repertory mechanically, I failed to get desired rubrics, which would upset me in my anger, I used to tear the repertory! I tore dozens of Kent's Repertories in fits of my desperation and rage. That was my craziness, which lead me to discover the hidden essence of a repertory.

Many times, patients may need more than one medicine, but every time prescription must be as per the law only, likes to be treated by likes. I saw many times, my guru Dr E G K Menon prescribed miasmatic remedy first then clinical. So let us see how it works. Here I will suggest *Thuja* first then *Acid-nitric*.

Thuja 200, single dose was given to him on 19/1/04, followed by *Nit-acid* 30/3 doses from next day morning, evening and morning, followed by placebo.

FOLLOW UP

Patient reported on the fourth day, ie 23.1.04: Much better, "I can now drink and breath easily (his voice was still hoarse) and feel energy within. In fact I wanted to go home but cancelled my tickets. I think I will be treated here fully." Placebos along with some

biochemics were dispensed. On 24.1.04: fever, vomiting and pain in the throat, although ulcers were healed. General condition and voice better. Talking with much ease. Rx placebo.

30.1.04 This interview took place again in the midst of learners. There was a significant improvement in him in all respects; no dyspnoea, no dysphagia and no prostration.

"So you are well, why don't you go home?" "No Doctor my problems have not gone yet! Give me some more powerful medicine, I have some friends here, they are accommodating us". He said pointing towards his friends, all were looking relaxed. I asked him to open his mouth I observed lock jaw still present but better than earlier. Redness of the tongue tip. Tongue flickered on being protruded-PQRS. I asked the attending doctors to note this important sign. He said although difficulty in respiration is much better, but it becomes heavy as he goes to sleep. He said he has to wake up many times due to gagging in sleep and while drinking water, I feel as if is getting choked.

If we combine all these three:

1. Flickering of tongue
2. Sleep aggravates and sleeps between the aggravation
3. Difficulty in drinking liquids

"*Lachesis*" would be his remedy. Redness on the tongue and stiffness of the jaws indicate the presence of viral toxins, means psora in the background. A cancer patient develops fever, it indicates better prognosis. And *Lachesis* is an anti-psoric, also anti-viral. But shall we give *Lachesis* after *Acid-nitric*? *Lachesis* is inimical to *Nitric-acid*, which itself is complementary to *Lachesis*. If we add suppressed eruption and suppressed discharges to above rubrics, *Lachesis* will further lead. Was he the patient of *Lachesis* in the beginning? Yes perhaps, but received allopathic suppressing therapy leading to different disease condition, which was not natural, was it an iatrogenesis? Shifted from

natural Psoric disease is Sycotic disease? Earlier what we treated were different phases, sycosis and syphilis but what is showing now is his natural disease. If I give *Lachesis* I will consider this as my first prescription. You can call my earlier prescriptions, miasmatic as intercurrent, and clinical as complementary. Our great guru Hahnemann gave *Thuja* and *Nitric-acid* alternately in various sycotic conditions.”

In the past, he used to change doctors and take medicines frequently for every trivial symptoms. All these helped in selecting the remedy.

30.1.04: *Lachesis* 200/one pill to take next morning- 11 AM (*Lachesis* works best at 11 AM).

6.2.04: Better but few erythematous eruptions started appearing on his nose (old symptom). No medicine. Report after a week.

13.2.04: Erythematous eruptions +++ more marked on nose, face, hands and arms. Breathing better, swallowing good, no throat pain, no mouth ulcers. But Pt tense. Anxiety that ailments are relapsing. Also had cough and cold, vomiting with loose cough. We explained that these are good signs, will eliminate toxins and will disappear in due course, but he was not be convinced.

He said, “Doctor I won’t go home until I will be completely OK. I have taken lots of medicines for these eruptions, changed many doctors, I am afraid these are going to trouble me again, in the same way. We assured him that he need not worry, but found him unconvinced.

2ND PRESCRIPTION

Like today’s youth, who are not afraid of death, and easily commit suicide but worry for every small disease, and take medicine for every symptom! Very impatient; want to be treated fast. *Virionum* nosode from HIV-I has all these characteristics in its proving. Today viral related cancers are more common than actual cancers, characterized by specific markers in form of antibodies. The antigen of the viruses are tampering the

genes causing various mysterious cancerous like condition. Yet more interesting is (in our clinical records) most of such cases respond to two nosodes, One (Nosode I) prepared from cancerous source, 2nd (Nosode II) from HIV affected patient. Our clinical records have enough evidence, that these two nosodes bring out viral toxins in form of exanthema (complexes of antigen antibody) out on the surface, also accelerate discharges, raises fever and boost humoral response.

Considering his constitution as HIV, we added Nosode II in aqua in frequent doses, daily 1 TSF for a week. He came on 20.2.04 with complaints of itching and burning and more eruptions. Loose cough, with easy expectoration. Eruptions were filled with exanthematous discharges, looked ugly with unhealthy skin. But his mind was composed, no anxiety. He took little time in FU. We continued Nosode II. On 27.2.04: much composed and relaxed. He was having slight fever, few mouth ulcers and swollen gums but throat and tongue absolutely clear. Salivation + Eye discharge + Skin eruptions showed signs of healing, most of them dried. Rx placebo. Follow up on 5.3.04, placebo. Reported on 12.3.04, no complaints, placebo.

He came on 19.3.04, with severe renal colic, Lt Side, and passed a calculus. No medicine, reported on 26.3.04, no complaints. He said, “I think now I am better and want to go home. Give me medicines for a month”. We gave him placebo. Next month 26.4.04, his friend came to collect his medicines the same one, this time for two months.

A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort.....

-Herm Albright-

