

An Anxious Young Woman with a Rheumatoid Disorder

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Summary: The case of a young woman with “scleroderma versus lupus” is presented. Based on the history of abdominal pain which was ameliorated by diarrhea, followed by the cessation of these symptoms and the subsequent onset of arthralgias, it was apparent that this was a case of metastasis. Of interest was the patient’s development of severe anxiety, with a feeling that something bad could happen at any time, in response to the untimely death of her younger brother prior to the onset of her illness. *Abrotanum* was curative of her emotional as well as physical symptoms.

Keywords: *Abrotanum*, metastasis, diarrhea, arthralgias, anxiety

On April 20, 2001, a twenty-five-year-old woman presented with the diagnosis of “scleroderma versus lupus.” The patient was an excellent historian and she gave the following description of the onset of her ill-health. In July 1997, her younger brother was diagnosed with a brain tumor. At that time the patient was working full-time in another city and she began traveling home on the weekends to be with her brother. She began to have abdominal pain, diarrhea, and loss of weight. The quality of the pain was cramping and was often followed by diarrhea which would ameliorate the pain. The pain was typically in the left upper quadrant and was ameliorated by lying on her back. Her stool was often lienteric and on one occasion was bloody. The pain was aggravated by pressure and by eating. It was sometimes accompanied by nausea. Her brother died in 1998. In January 1999, her pain was so severe that she went to an emergency room. She was eventually diagnosed with irritable bowel syndrome and was prescribed an unknown medication. The following year she started graduate school. Her abdominal pain was aggravated by the stress of deadlines and examinations. At the beginning of her second year of graduate school, all abdominal pain resolved, but she then began to have joint pains.

In October 2000, she was evaluated by a rheumatologist. Labs were positive for ANA antibodies but negative for ds-ANA antibodies. The ANA titer was 1:1280 with a centromere pattern, which is associated with “PSS (progressive systemic scleroderma) with CREST syndrome.” The patient’s aunt had systemic lupus erythematosus (SLE), and given that the patient had arthralgias for only a few weeks at the time of her consultation with a rheumatologist, it was unclear how her disease might progress, and she was told that the diagnosis could be SLE or scleroderma. Her initial complete blood count, comprehensive metabolic profile and erythrocyte sedimentation rate were within normal limits, and urinalysis and rheumatoid factor were negative.

On the day of our initial consultation, the patient com-

plained of stiffness and pain of her shoulders, elbows, wrists, knees and ankles. The pain was aggravated by lying on the painful side. She complained of “clicking” of her knees when walking; it was painful for her knees to touch when lying in bed. Her most immediate concern was that she was unable to type because of wrist pain and she needed to type a significant amount for upcoming exams. The pain was dull and associated with lameness; it was aggravated by cold, wet weather, by rest, at night (10 or 11 pm), and by typing or writing; it was ameliorated by warmth. She kept massaging the ventral aspect of her right wrist and “shaking it” in order to “loosen it up.” When placed in cold water, her fingers would turn yellow, start tingling and become numb. Her feet tended to be cold and were also sensitive to cold water. In cold weather her feet and hands would turn blue. She began to lose a significant amount of hair and to have unusual fatigue for approximately three months prior to our meeting. She had also been losing weight.

The patient described herself as always having been a high-strung, competitive perfectionist with a desire to do well. Her anxiety increased greatly after her brother’s diagnosis and death - she described her state as “a constant state of panic” - she was “always waiting for the shoe to drop,” “waiting for the next bad thing to happen...anything can happen at any time.” She also felt very indecisive, “waiting for things to happen.” Her situation was aggravated by her very stressful life - three days after her brother’s death in 1998 she started a new job which was very stressful, and then she went to graduate school without a break. In addition to her full-time studies, she was also working part-time.

Her physical exam was unremarkable; there was no swelling, erythema, warmth or distortion of any joints.

As mentioned, the patient presented a clear history of the onset of her illness, and the key to her case was provided by her when she stated that the abdominal pain and diarrhea

stopped in October at which time the joint pains began. Whether her diarrhea was suppressed by the unknown allopathic prescription drug or the metastasis occurred spontaneously as her pathology deepened is not clear. Regardless, it was immediately apparent that this was a case of metastasis, that is, the underlying disturbance moved from one type of pathology to another. I looked for the similimum only among homeopathic medicines known to have metastasis as part of their pathogenesis. The *Complete Repertory* lists forty-six medicines for "metastasis," with *Abrotanum* being the only medicine in bold type. Knowing that both *Kali bichromicum* and *Abrotanum* had metastasis to "rheumatism" as part of their pathogenesis, I studied the materia medica for these two medicines. According to Farington, *Kali bichromicum* is characterized by alternation of gastric and rheumatic symptoms, while *Abrotanum* is characterized by alternation of diarrhea/piles with rheumatism.¹ Hering describes the metastasis of *Abrotanum* as "After sudden checking of diarrhea, rheumatism.... Aching from shoulder joints to elbows....Numb sensation in fingers....Pricking and coldness of finger tips....Drawing sensation in ankle joint....Very lame and sore all over.... Painful, inflammatory rheumatism before swelling."² The affinity for the wrist and ankle joints is mentioned by Hering for gout.³ The description of *Abrotanum* in Boericke's materia medica matches the patient's symptoms well: Pain in shoulders, arms, wrists and ankles....Cold, pricking, numb, fingers and toes. Inability to move the limbs, due to rheumatism....Falling out of hair....Worse cold air, checked secretions. Better, motion.⁴

The patient's symptoms closely matched those of *Abrotanum*, and I prescribed one dose of *Abrotanum* 30C. I chose this potency because the patient was having exams in ten days, and I did not want to cause an aggravation. I thought that it was likely that the abdominal pain and/or diarrhea would return as the joint pain resolved, and given that this discomfort had caused her to seek help in an emergency room on two occasions, I did not want to risk such a severe aggravation within days of her examinations. I asked the patient to call me in several days. She reported that diarrhea with minimal abdominal pain occurred for two days, after which her joint pains were seventy percent improved. I told her to repeat the dose when she relapsed and to follow-up with me in three weeks.

When she returned for follow-up, she had never repeated the medicine and said that she was ninety percent better and that she had had no further diarrhea. She was able to type her exams without difficulty. The clicking of her knees when walking had resolved. The hair loss and weight loss had stopped. Her energy was much improved. Her anxiety was much improved - she said that she was so calm that all her friends wanted to be around her while studying for the exams. She also said her "attitude had totally changed." The feeling that "anything could happen at any time" was no longer prominent. Because she had had no further improvement within the past week, I

repeated *Abrotanum* 30C. When she missed her follow-up appointment one month later, I called her to see how she was doing and she told me that all symptoms had resolved, that she was "overall one hundred percent better." She moved away after graduation one year later and I have not had further contact with her.

I present this case for two reasons. First, numerous materia medicae mention the "anxiety" of *Abrotanum* and there are seventy-four subrubrics under 'Anxiety' in the *Complete Repertory*. But upon reading the materia medica I never achieved good understanding of the anxiety of *Abrotanum*. Kent stated, "This remedy has no very important mental symptoms. Anxious and depressed (*Ars.*, *Aconite*, and *Rhus*). This symptom occurs in neuralgia of the heart and stomach which is of a rheumatic kind, and comes on from change of disease or metastasis; useful in chlorosis, skin yellowish-green."⁵ He described "anxiety and trembling, when there has been a history of diarrhea."⁶ Hering mentioned "Great anxiety and depression. Gastralgia."⁷ The anxiety of this patient was very strong, and there were repeated statements during the initial evaluation in which she said, "Something can happen at any time." The rubric "Fear, happen, something" may best express her

	Total	Rhus-t.	Abrot.
	39	15	15
	Rubrics	18	12
	Families		
GENERALITIES, METASTASIS (46)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABDOMEN, PAIN, General; hypochondria, left (76)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABDOMEN, PAIN; cutting (285)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABDOMEN; PAIN, General; eating, egg; after (113)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABDOMEN; PAIN; General; diarrhea, amel. (11)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GENERALITIES, DIARRHEA, amel. (12)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STOOL, LIENTERIC (109)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RECTUM, DIARRHEA, alternating with, rheumatism (5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
shoulder, arm pain (327)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UPPER LIMBS, Shoulder, lying; painful side, on; egg. (9)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
rheumatic wrist pain or wrist stiffness (85)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
numbness or tingling of fingers (186)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ext. blue, hands (74)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITY PAIN, LOWER LIMBS, Ankle; rheumatic (42)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITIES; STIFFNESS, Ankle (35)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITIES, COLDNESS, Foot (264)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITY PAIN, GENERAL; night (54)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITY PAIN; GENERAL; weather; wet, in; egg. (32)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ext pain, cold egg (25)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITY PAIN, GENERAL; warmth, amel. (41)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXTREMITY PAIN, GENERAL; rheumatic; rest, from, egg. (4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEAD; HAIR, affections of; falling out, alopecia (159)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Weight loss (174)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MIND; ANXIETY (511)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MIND, FEAR, happen, something will (98)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

state, though *Abrotanum* is not listed in this rubric. The role that the development of cancer in her younger brother and his subsequent death at such a young age played in the onset of this patient's illness were quite apparent to the patient, and her expression of how her brother's illness and death affected her worldview was very clear. The calming influence of *Abrotanum*, especially at a time when she was under tremendous stress regarding her examinations, was striking to me. My hope is that this case may shed some light on the emotional state of the *Abrotanum* patient.

Second, because of my recognition that this was a case of metastasis, finding the curative medicine was not difficult. I wondered if I could have found the medicine without the history of the diarrhea; i.e., what other clues were present? *Abrotanum*'s similarity to *Rhus toxicodendron* is obvious - joint pains worse cold weather, wet weather, at rest, and at night; restlessness with the pains, stiffness, and anxiety. One cannot differentiate *Rhus toxicodendron* and *Abrotanum* on the basis of these modalities. One differentiating symptom is that *Rhus toxicodendron* has ailments from suppressed perspiration, while *Abrotanum* has ailments from suppressed diarrhea. Other differences may be found outside the chief complaint of rheumatism; that is, *Abrotanum* has significant hair loss and weight loss, while *Rhus toxicodendron* does not. The repertorization graph shows the repertorization results only for *Rhus toxicodendron* and *Abrotanum* (if all medicines had been included for the rubrics shown in the graph, *Abrotanum* would be the fifty-second medicine based on the totality of symptoms). Note that *Abrotanum* is in low grade for all rubrics except

for "metastasis" and "anxiety." *Abrotanum* is one of many medicines to remember for those cases in which the rheumatic symptoms and modalities are consistent with *Rhus toxicodendron* but that remedy is not curative. Questioning the patient for perhaps a forgotten history of diarrhea could lead to solving the case and bringing about a curative response.

Notes

1. E.A. Farrington. *Comparative Materia Medica*. New Delhi: B. Jain; 1986, 11.
2. C. Hering. *The Guiding Symptoms of our Materia Medica*. New Delhi: B Jain; 2000, Vol. 1, 14-15.
3. *Ibid.*, 16.
4. W. Boericke. *Materia Medica with Repertory*. 9th ed. New Delhi: B. Jain; 1991, p. 69.
5. J.T. Kent. *Lecture on Abrotanum*. In *The Homeopathic Physician 1885*, 76.
6. J.T. Kent. *Lectures on Homeopathic Materia Medica*. New Delhi: B. Jain; 1989, 2.
7. Hering, *ibid.*, 13.
8. *Complete Repertory 4.5*. In *MacRepertory Pro 7.3.2*.

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