



## *Latrodectus-mactans*

### NO: ARACHNIDA

Proved by: S A JONES and A J TAFEL

**INTRODUCTION:** A Spider of the genus *Retitelariae*, of the family *theridiidae*.

**PREPARATION:** Mother tincture is prepared from the live spider.

**SPHERE OF ACTION:** Heart, Vasomotor and Blood

*By acting on the heart produces a typical picture of Angina pectoris. Blood becomes thin, watery.*

### TOXICOLOGICAL EFFECTS:

Certain spiders of the genus *Latrodectus* have the power to inflict poisonous bites, which may bring about the death of a human being. Cases (September 4, 1853) in which a man was bitten on the prepuce. At first there was itching, nausea, abdominal pains, precordial pain extends to axilla, fingers with numbness of the extremities cold skin; bite produced tetanic effects.

By acting on the heart it produces symptoms of *Angina*. Spider poisons are akin to the serpent poisons in their property of producing a disorganization of the blood.

### KEY NOTES:

1. Precordial pain, cardiac pain, violent pain, sharp to shoulder or both arms, with numbness: Angina pectoris.
2. Extreme *apnoea* with fear of loosing breath.
3. Coldness of entire surface: *skin cold as marble*.
4. *Anxiety*: screams with pain.

### MIND:

Extreme *anxiety*, screams fearfully, exclaiming that she would lose her breath and die. Anxiety and screams



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with pain.

### CHEST:

Extreme apnoea, gasping respiration, fears losing breath. *Violent precordial pain* extending to axilla and down left arm, fingers with *numbness*. Pain from precordium extends to the back of head, Restless with cardiac pain and prostration. Pulse quick, feeble, rapid thready. Pulse is so frequent it could not be counted and so feeble it could scarcely be felt.

Sinking sensation in the epigastrium, cramping pain from the chest to the abdomen.

### EXTREMITIES:

Pain in left arm, feels as if paralyzed. Weakness of legs followed by cramps in the abdominal muscles. Parasthesia of the lower limbs.

### SKIN:

Coldness of the entire surface, skin cold as marble. Redness and itching of part bitten.

### RELATIONSHIP:

*Compare: Latrodectus hasselti, Aran, Mygale; Their, Katipa* (Newzeland spider)

### CONCLUSION:

The resemblance between the symptoms of *Angina Pectoris* and the effects of the poison of *Latrodectus mactans* are striking enough to justify the presentation of a comparison; and it is hoped that physicians of wide reading will pardon what may seem to them a piece of supererogation for the sake of many a humbler practitioner whose opportunities have not been so happy.

### CASE

Mrs Z, 37 years old, hailing from a poor socio-economic family presented in OPD of our hospital on 25-2-2002 with an acute presentation of the following complaints.



| NO | LOCATION                                                                                        | SENSATION                                                                                                                                                                                                                                    | MODALITIES                                                                                                                                                                   | ACCOMPANIMENTS                                                                       |
|----|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. | CHEST<br>Left side: Radiating to Neck & back.<br>Since 2yrs on & off.<br>Increased since a week | <b>Pain<sup>3</sup></b><br>Lasts for few minutes<br>Pricking, Burning,<br><b>Heavy sensation<sup>3</sup></b> .<br><br><b>Palpitation</b><br><b>Gasping for breath</b><br><b>Giddiness</b><br>Cold feeling<br>H\O: Loss of Con-<br>sciousness | < Exertion, walking.<br>< <b>During menses</b><br>< Lying on back.<br>< Eating after<br>< Climbing steps<br>< Night<br>> Lying on left side<br>< Walking<br>< Lifting things | <b>Fear of death</b><br>Anxiety<br>Appetite decreased<br>Sleep disturbed<br>Weakness |

**ON EXAMINATION:**

Temp: Afebrile. Pulse: 97/min, regular, feeble, all peripheral pulse felt.

RR: 18/minute.

BP: 130/80 mm of Hg, **Pallor ++, Paedal oedema - pitting on pressure ++**, No cyanosis, No clubbing. No significant lymphadenopathy.

**CVS:**

**I:** No scars, no dilated veins, no precordial bulge, apex beat is not visible, pulsation at suprasternal area.

**P:** Inspectory findings were confirmed. Apex impulse shifted laterally, Tenderness over the precordial area (She is not allowed to touch), No precordial bulge.

**P:** Normal cardiac dullness,

**A:** S1 S2 heard (even the touch of stethoscope at the precordial region couldn't tolerated by the patient), **splitting of 2<sup>nd</sup> heart sound**

**INVESTIGATION:**

Hb: 9.8gm%, TC: 9,800, N 55, L 42, E 3, M 0;

Urine: Normal study.

**ECG: T-wave inversion in lead 5 & 6 chest leads, Q waves in chest lead 3,5, Left axis deviation.**

**Diagnosis:** Ischemic heart disease

**PATIENT AS A PERSON:**

1<sup>st</sup> & 2<sup>nd</sup> Abortion: 6month. 3<sup>rd</sup> alive.

4<sup>th</sup> abortion (7 month), 5<sup>th</sup> abortion (6month), 6<sup>th</sup> abor-

tion (3rd month).

All deliveries conducted at home. Tubectomy done 8yrs back.

**LIFE SITUATION:**

Patient hails from a poor socioeconomic family. She has 3 brothers. She got married at the age of 16, and her husband is a coolie. Her son is now 16 years old and working with his dad.

By occupation she does beedi rolling at home.

She developed her complaints 2 years back. Sudden onset. Diagnosed as MI. Since then she was on sublingual tablets for the last 18 months, but found it too costly, so she completely stopped tablets for the last 3 months. In these 3 months she got 2 attacks again. She was hospitalized but pain continued so she came for Homoeopathic treatment.

Basically she is a very kind natured person, mixes well with others, she cries whenever others asks about her complaints; worries about her health. Whenever she gets the chest pain, she feels she is going to die; if somebody gives her little courage, she feels relieved.

She is also worried about her future as, if something happens to her, who will look after her family. She is now staying in slums, she doesn't have her own home.

**PHYSICAL GENERALS:**

**Desires:** Vegetables, **Aversion:** Meat, Fatty food.

**Perspiration:** Increased on back.



Bowels & micturation: Regular.

Menses: Regular cycle, profuse flow, all her complaints aggravate during menses.

**MANAGEMENT:**

Since the complaints are acute and she is in severe distress, advised for immediate hospitalization with regular monitoring of vital parameters.

**FOLLOW UP CRITERIA:**

- |                           |                  |
|---------------------------|------------------|
| 1. Appetite               | 2. Sleep         |
| 3. Chest pain             | 4. Chest burning |
| 5. Heavy sensation        | 6. Palpitation   |
| 7. Loss of breath(apnoea) | 8. Weakness      |
| 9. Giddiness              |                  |

| Date                   | Complaints                                                                                                                                                                                                                                                                           | Remedy                                                           |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 25 \ 2 \ 02<br>(10 am) | Admitted to the ward                                                                                                                                                                                                                                                                 | <i>Latrodectus-mactans</i><br>3 pills 3 hourly.                  |
| 2.15 pm                | S   Ok   >+   +   >+   +   >+   S   >+<br>O/E: Splitting of 2 <sup>nd</sup> Heart sound,<br><i>Tenderness on precordial region</i> even touch of the stethoscope is intolerable,<br>Pulse: 98 \ minute, regular, feeble.<br><i>Paedal edema pits on pressure bilateral++.</i>        | 5 grain tablets 1-1-1<br>Continued the same                      |
| 4.15 pm                | S   Good   >++   >+   0   0   0   >++   >+<br>O/E: <i>Precordial tenderness reduced</i> ( she allows to keep the stethoscope on precordium) ,<br>Pulse : 78 \ minute, regular, feeble,<br><i>Paedal edema reduced.</i>                                                               | <i>Lat-mac 6</i><br>3 pills 3hourly<br><br>5 grain tablets 1-1-1 |
| 26 \ 2 \ 02<br>8.45 am | OK   Good   >++   >++   0   0   0   0   >++   >++<br>Generally she looks better; she had an acute attack of chest pain at night that time medicine was repeated she had a sound sleep afterwards.<br>O/E: Pulse: 78 \ minute, regular, feeble<br>BP: 120 \ 86 mmHg, RR: 18 \ minute. | <i>Lat-mac 6</i><br>3pills tds<br>5 grain tablets 1-1-1          |
| 27 \ 2 \ 02            | Good   Good   0   0   0   0   0   >++<br>O/E: Pulse : 76 \ minute, regular,<br>BP: 120 \ 86 mmHg, RR: 17 \ minute,<br><i>No precordial tenderness.</i>                                                                                                                               | <i>Lat-mac 6</i><br>3pills Twice daily.<br>5 grain tablets 1-1-1 |
| 28 & 29<br>Feb 2002    | Patient was kept under observation ,no attacks of chest pain<br>Discharged on 29 \ 02 \ 2002.                                                                                                                                                                                        | <i>Latrodectus -mac 6</i><br>s o s                               |

**CONCLUSION:**

Even in Homoeopathy we can manage an acute emergency condition like *IHD*, with a well indicated clinically verified medicine, for this we require faith in the system as well as cooperation from the patient.

“True friendship is like sound health; the value of it is seldom known until it be lost.”  
-Charles Caleb Colton

