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Hot Psorinum in Celiac Disease- A Case Study

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Abstract:

Celiac disease is also known as Non tropical sprue, celiac sprue, adult celiac disease, gluten-sensitive enteropathy. The symptoms range from significant malabsorption of multiple nutrients, with diarrhoea, steatorrhoea, weight loss, and the consequences of nutrient depletion of a single nutrient (e.g., iron or folate deficiency, osteomalacia, edema from protein loss) to the absence of any gastrointestinal symptoms. In this case report a case of 8 years old girl suffering from celiac disease was treated with constitutional anti psoric remedy, Psorinum. It was prescribed in 200th potency. 2 doses were given to take in consecutive 2 days. This was repeated after 2 months. In this case we can see the improvement (serological marker and symptomatic) by the Anti psoric remedy which is selected on the basis of "Totality of symptoms".

Keywords : Anti psoric remedy (psorinum), Celiac disease, Homeopathy, Modified Naranjo Criteria

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Introduction:

Celiac disease is also known as Non tropical sprue, celiac sprue, adult celiac disease, gluten-sensitive enteropathy. The symptoms range from significant malabsorption of multiple nutrients, with diarrhoea, steatorrhoea, weight loss, and the consequences of nutrient depletion of a singlenutrient (e.g., iron or folate deficiency, osteomalacia, edema from protein loss) to the absence of any gastrointestinal symptoms. Celiac disease is considered an "iceberg" disease. A small number of individuals have classical symptoms and manifestations related to nutrient malabsorption along with a varied natural history. A much large number of individuals have "atypical celiac disease", with manifestations that are not obviously related to intestinal malabsorption. Finally, an even larger number of persons have "silent celiac disease", they are essentially asymptomatic despite abnormal small-intestinal histopathology and serologies[1].

In Homoeopathy, name of the concerned disease carry little importance in selecting the medicine. Rather, individualizing examination of the case of disease can give proper indication to the required medicine. This individualizing examination comprises of all the details of the sufferings as narrated by the patient. Family and friends of the patient can also add to that. Physician also takes note of the events he has observed peculiar to the patient. In chronic diseases, the most minute peculiarities must be attended to. Patients do not pay heed to these lesser accessory symptoms because, they become somewhat used to their long sufferings. On the other hand, they are the most characteristic and are often very useful in determining the choice of the remedy[2].

Common causes for celiac diseases are Gliadin (a component of gluten that is present in wheat, barley and rye), Serum antibodies – IgA, antigliadin, antiendomysial, anti-tTG antibodies. Celiac disease is prevalent more among whites, low among blacks, 10% among first-degree relatives of sufferer. All patients with celiac disease express the HLA-DQ2 or HLA-DQ8 allele, although only a minority of people expressing DQ2/DQ8 has celiac disease. Absence of DQ2/DQ8 excludes the diagnosis of celiac disease[1].

Our vital force, as a spirit-like dynamis, cannot be attacked and affected by injurious influences otherwise than in a spirit-like (dynamic) way, and in like manner, all morbid derangements (diseases) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic) alterative powers of the serviceable medicines acting upon our spirit-like vital force, which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, so that it is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony, after the changes in the health of the patient cognizable by our senses (the totality of the symptoms) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.[2]

A girl of 8 years old, visited OPD of National Institute of Homoeopathy, Kolkata, complainting, pain at abdomen, from the age 2 ½ years. The pain was localized around umbilicus which is aggravated before passing stool. She was under the allopathic treatment for last 5 ½ years. She reported past history of skin eruptions at the age of 2 years and had taken allopathic treatment, applied allopathic ointment externally. She also reported intermittent fever annually. In her family, her first maternal uncle had suffered from hepatic trouble. Her second maternal uncle had celiac diseases, lactose intolerance. Her maternal grandfather had cardiac disease. Her mother had hyperemesis gravidarum. Her younger brother suffers from ADHD.

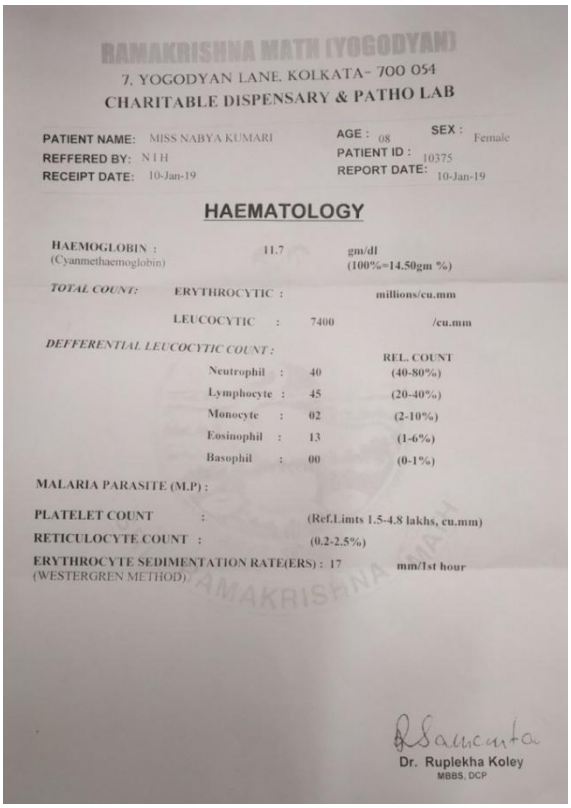
She is more troubled in hot weather, (does not want to cover even in winter), having less appetite. She is having desire to eat sweets, fried food. She cannot tolerate odor of egg. She is having profuse thirst for chilled water. Her stool is fetid smelling. And her perspiration is also offensive at the same time. She is intellectually keen, having sharp memory. She fear darkness. And she is apprehensive too. On palpation, tenderness around umbilicus is elicited. Her tongue was white coated, dry, with clean tip. She was weighting 18 kg. First prescription was done on 30/05/2018, Psorinum 200 / 2 Doses. It was advised to be taken on consecutive 2 days, early morning in empty stomach.

Table-1: Investigations:–

Date	**Haemoglobin**
10/01/2019	11.7gm/dl
02/03/2019	12.4gm/dl
Date	**Tissue transglutaminase antibody. Iga (elisa)**
04/12/2017	> 100 U/ml.
27/12/2018	20.47 U/ml
04/03/2019	13.83 U /ml

Table-2: Treatment and Follow-up

Follow up of the case				
DATE	**SYMPTOMS**	**MEDICINE**	**POTENCY**	**DOSES**
27/06/2018	Abdominal pain is better, felt once in last one month. **Weight – 20 kg.**	Placebo	30	OD× 30 days.
31/07/2018	Constant abdominal pain for last 10 days.	**Psorinum**	**200**	**2 doses, OD× 2 days.**
		Placebo	30	OD × 30 days
03/09/2018	Pain in abdomen not any more present, sometime only before stool.	Placebo	30	OD × 30 days.
25/09/2018	Pain in abdomen at morning sometime.	Placebo	30	OD × 30 days.
23/10/18	Pain in abdomen < after taking fried food, otherwise better. **Weight – 21 kg.**	Placebo	30	OD × 30 days.
27/11/2018	Better than before. Pain in abdomen preceding the urge for stool. **Weight - 22kg.**	Placebo	30	OD × 30 days.
26/12/2018	No pain in abdomen at present.	Placebo	30	OD × 30 days.
23/01/19	No pain in abdomen. **Weight – 24kg.**	Placebo	30	OD × 30 days.
02/03/2019	Pain in abdomen reappeared from 10 days > lying on abdomen. H/o- Taking some irregular meals. Skin eruptions appears at forearm with redness from 12-15 days.	Placebo	30	OD × 30 days.



RAMAKRISHNA MATH (YOGODYAN)

7, YOGODYAN LANE, KOLKATA- 700 054

CHARITABLE DISPENSARY & PATHO LAB

PATIENT NAME: MISS NABYA KUMARI AGE : 08 SEX : Female

REFFERED BY: NTH PATIENT ID : 10375

RECEIPT DATE: 10-Jan-19 REPORT DATE: 10-Jan-19

HAEMATOLOGY

HAEMOGLOBIN : (Cyanmethaemoglobin)	11.7	gm/dl (100%=14.50gm %)	
TOTAL COUNT: ERYTHROCYTIC :		millions/cu.mm	
LEUCOCYTIC :	7400	/cu.mm	
DEFFERENTIAL LEUCOCYTIC COUNT :		REL. COUNT	
Neutrophil :	40	(40-80%)	
Lymphocyte :	45	(20-40%)	
Monocyte :	02	(2-10%)	
Eosinophil :	13	(1-6%)	
Basophil :	00	(0-1%)	

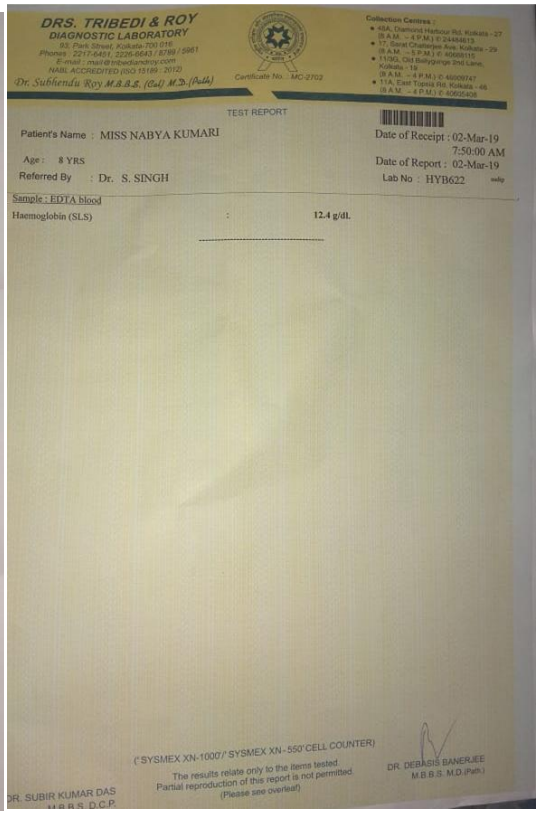
MALARIA PARASITE (M.P) :

PLATELET COUNT : (Ref.Limts 1.5-4.8 lakhs, cu.mm)

RETICULOCYTE COUNT : (0.2-2.5%)

ERYTHROCYTE SEDIMENTATION RATE(ERS) : 17 mm/1st hour (WESTERGREN METHOD)

Dr. Rupiekha Koley
MBBS, DCP



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TEST REPORT

Patient's Name : MISS NABYA KUMARI

Date of Receipt : 02-Mar-19 7:50:00 AM

Age : 8 YRS

Referred By : Dr. S. SINGH

Date of Report : 02-Mar-19

Lab No : HYB622

Sample : EDTA blood

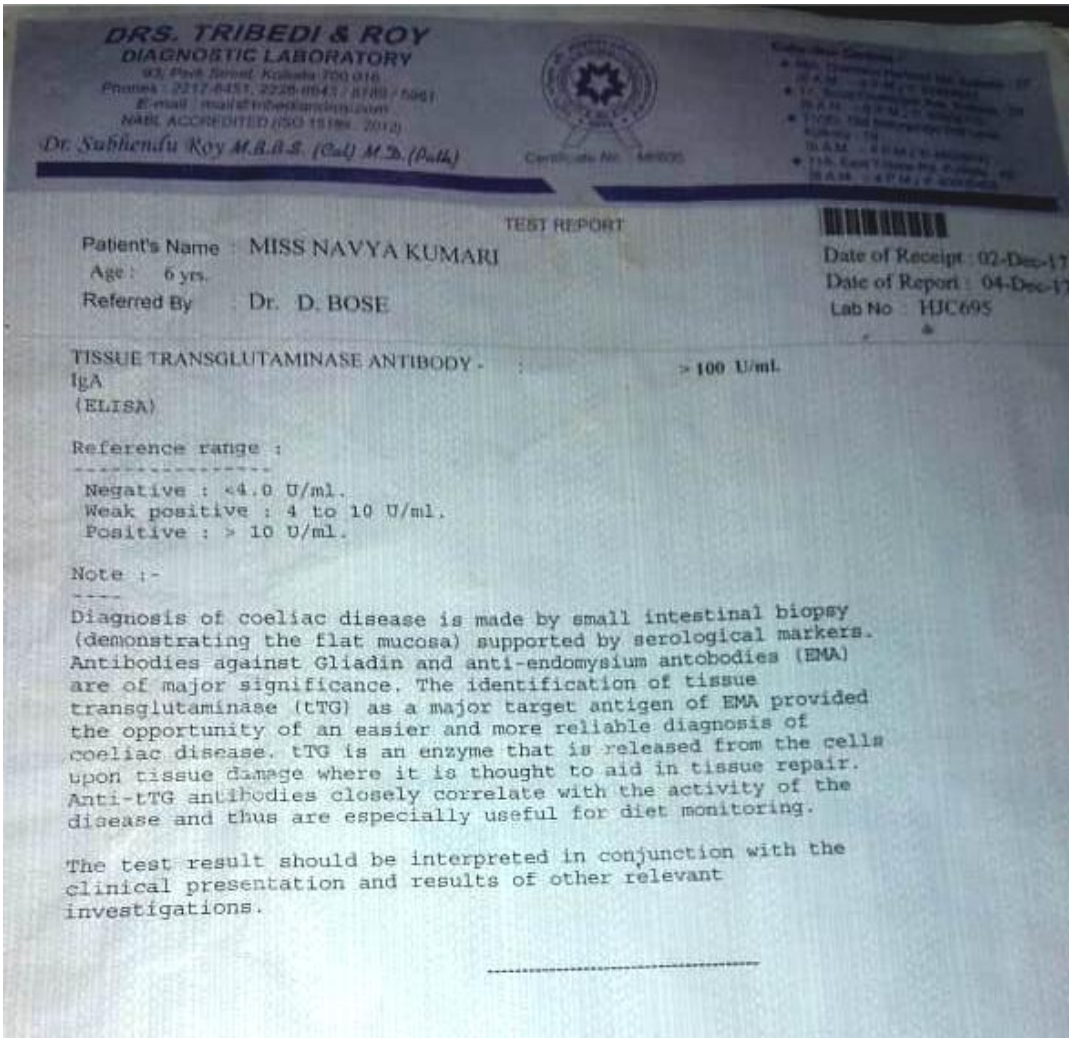
Haemoglobin (SLS)	:	12.4 g/dl.

('SYSMEX XN-1000'/'SYSMEX XN-550'CELL COUNTER)

The results relate only to the items tested.
Partial reproduction of this report is not permitted.
(Please see overleaf)

DR. SUBIR KUMAR DAS
M.B.B.S. D.C.P.

DR. DEBASIS BANERJEE
M.B.B.S. M.D.(Path.)



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TEST REPORT

Patient's Name : MISS NAVYA KUMARI
Age : 6 yrs.
Referred By : Dr. D. BOSE

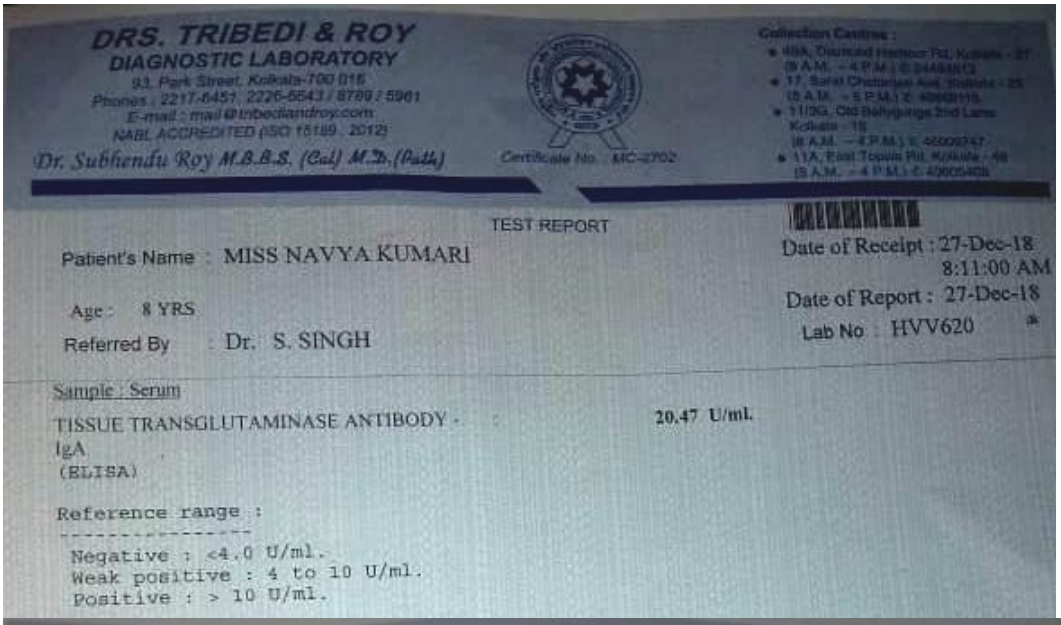
Date of Receipt : 02-Dec-17
Date of Report : 04-Dec-17
Lab No : HJC695

TISSUE TRANSGLUTAMINASE ANTIBODY - IgA (ELISA) : > 100 U/ml.

Reference range :
Negative : <4.0 U/ml.
Weak positive : 4 to 10 U/ml.
Positive : > 10 U/ml.

Note :-
Diagnosis of coeliac disease is made by small intestinal biopsy (demonstrating the flat mucosa) supported by serological markers. Antibodies against Gliadin and anti-endomysium antobodies (EMA) are of major significance. The identification of tissue transglutaminase (tTG) as a major target antigen of EMA provided the opportunity of an easier and more reliable diagnosis of coeliac disease. tTG is an enzyme that is released from the cells upon tissue damage where it is thought to aid in tissue repair. Anti-tTG antibodies closely correlate with the activity of the disease and thus are especially useful for diet monitoring.

The test result should be interpreted in conjunction with the clinical presentation and results of other relevant investigations.



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TEST REPORT

Patient's Name : MISS NAVYA KUMARI
Age : 8 YRS
Referred By : Dr. S. SINGH

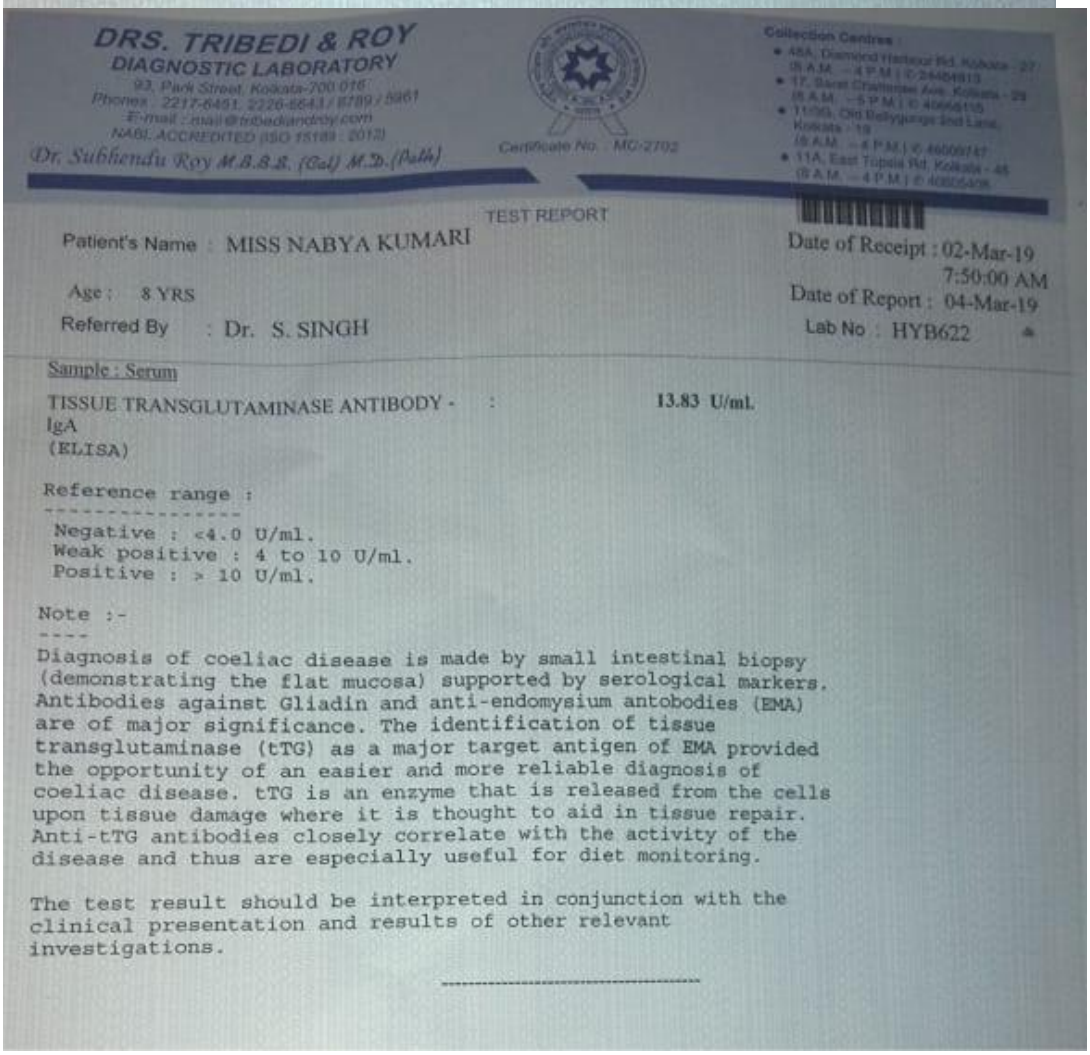
Date of Receipt : 27-Dec-18 8:11:00 AM
Date of Report : 27-Dec-18
Lab No : HVV620

Sample : Serum

TISSUE TRANSGLUTAMINASE ANTIBODY - IgA (ELISA)	:	20.47 U/ml.

Reference range :

Negative : <4.0 U/ml.
Weak positive : 4 to 10 U/ml.
Positive : > 10 U/ml.



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TEST REPORT

Patient's Name : MISS NABYA KUMARI
Age : 8 YRS
Referred By : Dr. S. SINGH

Date of Receipt : 02-Mar-19 7:50:00 AM
Date of Report : 04-Mar-19
Lab No : HYB622

Sample : Serum

TISSUE TRANSGLUTAMINASE ANTIBODY - IgA (ELISA)	:	13.83 U/ml.

Reference range :

Negative : <4.0 U/ml.
Weak positive : 4 to 10 U/ml.
Positive : > 10 U/ml.

Note :-

Diagnosis of coeliac disease is made by small intestinal biopsy (demonstrating the flat mucosa) supported by serological markers. Antibodies against Gliadin and anti-endomysium antobodies (EMA) are of major significance. The identification of tissue transglutaminase (tTG) as a major target antigen of EMA provided the opportunity of an easier and more reliable diagnosis of coeliac disease. tTG is an enzyme that is released from the cells upon tissue damage where it is thought to aid in tissue repair. Anti-tTG antibodies closely correlate with the activity of the disease and thus are especially useful for diet monitoring.

The test result should be interpreted in conjunction with the clinical presentation and results of other relevant investigations.

Result and Discussion:

On 2nd of March 2019, the patient was better. There was pain in abdomen for last 10 days after taking irregular meals and skin eruption appear on forearm for last 12-15 days. Now she is on placebo. There is significant increase in weight also. On 30th May 2018, her weight was 18 kg, now on 2nd of March, weight is 24 Kg and at the same time there is significant decrease in Tissue Transglutaminase Antibody, IgA, level in the blood.There is increase in Haemoglobin level as well.

Diseases that are caused and maintained due to certain genetic influences are known to be much difficult to treat with favourable outcome. More than 90% of patients suffering from celiac disease, respond to complete dietary gluten restriction [1] and it is not said to be "cured". In the above case, the patient was treated for almost 10 months with marked improvement in serological marker (Anti - tissue transglutaminase antibody) and other blood parameter (haemoglobin level).

Table-3: Assessment by Modified Naranjo Score:

S. No.	Items	Yes	No	Not sure /NA
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+1		
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptom?		0	
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5.	Did overall wellbeing improve?	+1		
6.	Did the course of improvement follow Hering′s Rule?	+2		
7.	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8.	Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
9.	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?			0

The final causal attribution score in this case was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014[3]. The total score was 9, thus suggesting a 'definite' association between the medicine and the outcome [definite: ≥ 9; probable 5-8; possible 1-4; and doubtful ≤ 0]. Reporting of this case adhered to the Hom-CASE-CARE guidelines [4]. Prescription was done after framing a proper "Totality of symptoms" and then consulting with the Materia Medica. Repertory was not referred as it was not required in this case.

"Evaluation of the symptoms" is one of the key part in the homoeopathic prescription. Every prescriber must be keen enough to judge which symptoms to rank at which part. So, in this case one marked symptom of Psorinum, that is, **Chilliness** is given **less** importance, whereas, the offensiveness, fear and apprehension was focused more. Mode of action of homoeopathic medicines are not conceivable by usual scientific methods and techniques. Homoeopathic principles

are based on manifested symptoms in health (during drug proving – a doctrine exclusive to homoeopathy only), and in diseases. Symptoms those a drug substance can produce in a healthy human being is having the capability in curing them when produced in diseased state. This follows the age-old axiom "similia similibus curentur". How does it work in the molecular level is yet to be answered.

References:

1. Kasper, D. L.,Fauci, A.S.,Hauser, S. L., Longo, D.L.,Jamseson J.L.,& Loscalzo, J.. Harrison's principles of internal medicine. 18th ed. McGraw Hill Education, New York:2015. Pp 2469-2470.
2. Hahnemann Samuel. Organon of the medicine, English translation of 6th & 5th German edition by William Boericke & R E Dudgeon, corrected, retranslated & redacted by Dr. Mahendra Singh & Dr Subhas Singh.2nd ed. Homoeopathic publications, Kolkata:2015. Pp 17-225
3. Rutten L. Data collection: Treat every variable as a treasure. Homeopathy. 2015;104(3):190-196.
4. Van Haselen RA. Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. Complement Ther Med. 2016; 25:78-85

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This patient came to the Out-Door Patient Department of National Institute of Homoeopathy (NIH). Medicines were procured from NIH dispensary. Expenses of laboratory investigations were beared by the patient party.

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