

Understanding The Role Of Miasms In Recovery Through The Study Of Three Cases Of Chronic Renal Failure: A Retrospective Purposive Case Study

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Abstract: Background: The chronic Renal Failure is the disease which requires constant monitoring of patient with conservative treatment ultimately leading to either renal transplantation or death of the patient. Its causes include from uncontrolled hypertension to diabetes mellitus, iatrogenic and hereditary. Homoeopathy treats patient as a whole and deals with the cause of the disease rather than giving symptomatic treatment of the disease, basically considering the miasm, diathesis, patho-physiology of the disease and susceptibility of the patient. This study of the three cases, shows that if we consider all the factors mentioned above we can give quality life to the patient helping him not only physically but also by reducing his economic burden. Material And Methods: Retrospective purposive study. Case reports of the subjects attending the OPD. The three cases diagnosed to be suffering from chronic renal failure and were not undergoing dialysis with regular follow ups along with repeated investigations were selected for retrospective study at least for a year. The cases were analysed for the expression of miasm, susceptibility and pathology of chronic renal failure in particular case. The conclusions were drawn from the understanding of pathophysiology of medicine, pathology present in the case, susceptibility of the patient and final result the patient had after homoeopathic medicine. Result: In the three cases studied, the miasms that were present were Syphilis, Psora+Syphilis and Sycosis+Syphilis. The case of Syphilis was palliated, the case with Psora+Syphilis could be reverted and one with Sycosis +syphilis could be maintained at the pathology presented at the entry level. Conclusion: This retrospective study reflects that the application of knowledge of Organon to the pathology of the case and prescribing the remedy as per the pathology along with the characteristics symptoms of the case can revert the clinical presentation of the case. [Dave P Natl J Integr Res Med, 2020; 11(3):72-76]

Key Words: Chronic Renal Failure, Miasms: Psora, Sycosis & Syphilis, Patho-physiology

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Introduction: Chronic Renal Failure is consequent to many systemic diseases, major predisposing causes being Diabetes mellitus and uncontrolled systemic hypertension. Other causes include recurrent urinary tract infections, atherosclerosis, exposure to heavy metals, Obesity and hypercholesteremia etc. since it is progressive disease it requires constant monitoring and ultimately requires dialysis which is painful and expensive process and restricts the free movement of the patient. Homoeopathy can provide the best possible comfortable life to the patient depending upon the stage of the disease when patient approaches for the treatment.

The study of the three cases provides the bird's eye view into the role of miasms in the treatment and its outcome as well as the efficacy of Homoeopathic medicines in treatment of CRF. The three cases were studied retrospectively to understand the role of Homoeopathy in different stages of the CRF and which can be the best indicated homoeopathic medicine in different patho-physiological situations.

Causes of Renal Failure:

1. Hypertension

2. Obesity
3. Diabetes mellitus
4. Cholesteremia
5. Glomerulo-nephritis
6. Chronic pyelonephritis
7. Thrombosis
8. Atherosclerosis
9. Hereditary & Genetic
10. Heavy Metal
11. Drug induced

Causes of Reversible Renal Failure:

1. Volume Depletion
2. Nephrotoxic Drugs
3. Infection.
4. Urinary Tract Infection
5. Ischaemic Nephropathy
6. Congestive Heart Failure
7. Metabolic & Electrolyte Disturbance

Stages of Chronic Kidney Disease:

Stage1: Healthy kidneys or kidney disease with normal GFR i.e. GFR 90ml /min. or more.

Stage2: Kidney disease with mild decrease in GFR i.e. GFR 60-89ml /min.

Stage3: Kidney disease with GFR between 30-59 ml/ min.

Stage4: Kidney disease with severe decrease in GFR i.e. 15-29 ml /min.

Stage5: Kidney failure with GFR < 15ml/ min or on dialysis.

Material & Methods: Site of Project: Dr. V. H. Dave Homoeopathic medical College & S. I. Patel Homoeopathic Hospital, Anand.

Material: Case reports of the subjects attending the OPD.

Methodology: Type of study: Retrospective purposive study.

Pathogenesis of Chronic Renal Failure:

Cause	Pathogenesis	Differentiating Clinical Features	Homoeopathic Medicines
Glomerulopathies	<ul style="list-style-type: none"> • Non Inflammatory Injury • Segmental /Global Sclerosed Glomeruli • Inflammatory Injury 	<ul style="list-style-type: none"> • Proteinuria • Hypertension • High Cholesterol 	<ul style="list-style-type: none"> • Apis Mel • Phosphorus
Systemic & Metabolic Disease	<ul style="list-style-type: none"> • Gbm Thickening • Nodular Sclerosis • Global Sclerosis 	<ul style="list-style-type: none"> • Persistent Albuminuria • Hyperkalemia • High Creatinine 	<ul style="list-style-type: none"> • Kali Chlor • Phosphorus
Interstitial	<ul style="list-style-type: none"> • Tubulointerstitial Atrophy • Mononuclear Infiltrate 	<ul style="list-style-type: none"> • Asymptomatic • Proteinuria • Hypertension 	<ul style="list-style-type: none"> • Eel Serum • Cuprum Ars • Merc Cor
Obstructive	<ul style="list-style-type: none"> • Severe Blockage • Hydronephrosis • Atrophy Of Kidney 	<ul style="list-style-type: none"> • Proteinuria • Renal Acidosis • Recurrent Uti 	<ul style="list-style-type: none"> • Terebinth • Arsenic Alb
Vascular	<ul style="list-style-type: none"> • Fsgs/Global Sclerosis • Interstitial Nephritis • Nephron Loss 	<ul style="list-style-type: none"> • Less Proteinuria • Haematuria 	<ul style="list-style-type: none"> • Eel Serum • Digitalis

Case Presentation:

	CASE 1	CASE 2	CASE 3
Presenting History	Nauseating feeling Vomiting in early morning Difficulty in Breathing Pain in chest while walking Swelling of legs <while walking & hanging legs Urine scanty with decreased frequency.	Giddiness Weakness Easily fatigued Black rashes on Left leg Sneezing in cold weather with yellowish discharge.	Pitting Oedema on both lower limbs < Hanging limbs, walking, in morning Itching in urethra with urine
Associated complaint		Known case of Hypertension since last 3 months	Known case of thrombosis in Right leg, Hypertension & IHD
Personal history	P/H Pulmonary Koch's in 1998. Pneumonectomy Intracranial Hge in 2009 Episode of cardiac arrest before a year Herpes Zoster before a month		Pulmonary Koch's

Investigations:	(30/01/2017)	(6/11/2015)	(13/12/2011)
1. Kidney Biopsy			Fibrocellular crescent, diffuse mesangial matrix increased. Partial obliteration of capillary lumina. Glomeruli shows segmental sclerosis, wireloop like lesion. Basement membrane is thickened, focal splitting. Interstitium show patchy atrophy.
2. Ultasonography		Right kidney- 6.6 * 3.7 cm Left kidney- 7.8 *4.4 cm Increased Echogenicity of cortex. Altered C.M. differentiation. Perirenal soft tissue thickening.	-----
3. Blood Urea	-----	92 mg/dl	7.80 mg/dl
4. S. Creatinine	7.21 mg/dl	6.1 mg/dl	< 10 ml/minute
5. GFR (Calculated)	< 10 ml/minute	< 15 ml/minute	
6. Haemoglobin	8.9 g/dl	8.9 g/dl	9.5 g/dl
7. Proteinuria	+++	Nil	++
8. Blood Pressure	110/80 mm of Hg	170/110 mm of Hg	130/80 mm of Hg
9. Stage	Stage 5 Kidney Disease	Stage 5 Kidney Disease	Stage 5 Kidney Disease
10. Dialysis	Not Initiated	Not Initiated	Not Initiated
11. Totality Of Symptoms	Desire: Spicy Anaemia Perspiration; profuse Tongue: White coated Urine: Scanty, decreased Oedema: Pitting on Leg Nausea & Vomiting Dyspnoea with Pain in chest Thermal: Hot Miasm: Syphilis	Uncontrolled Hypertension Anaemia Black discoloration in LL Giddiness Weakness Easily Fatigue Miasm: Psora + Syphilis	Pitting Oedema of both Lower Limb and Face < Walking, Morning Itching in urethra Urine Yellow Anaemia Stool, Constipation Perspiration, Profuse, acrid, itching Scanty Menses P/H/O Koch's Known Case of Thrombosis in right Femoral vein, HT, IHD, DM & MI Tongue, white coated Lipoma, hand and neck Anger, wants company, Suspicious

			Hot Miasm: Sycosis + Syphilis
FOLLOW UP	(17/8/2017)	(06/07/2017)	(13/7/2017)
1. Prescription	Cuprum Ars 30C /BD Alfalfa Q Ocimum C Q	Merc Vivus 200C Eel Serum 30C Rauwolfia Q Alfalfa Q	Phosphorus 30C Merc Cor 200C Alfalfa Q Eucalyptus Q
2. Blood Urea	65 mg/dl	22.5 mg/dl	15 mg/dl
3. Creatinine	8.87 mg/dl	4.27 mg/dl	1.04 mg/dl
4.GFR (Calculated)	< 10 ml/minute	< 25 ml/minute	< 64 ml/minute
5. Haemoglobin	8.9 g/dl	13 g/dl	11.7 g/dl
6. Proteinuria	Nil	Nil	Nil
7. Blood pressure	110/70 mm of Hg.	130/80 mm of Hg.	130/72 mm of Hg.
8. Stage	Stage 5	Stage 4	Stage 2
9. Dialysis	Not initiated till Date	Not Initiated till date	Not initiated till date
10. Diagnosis of Disease	Chronic Renal Failure	Chronic Renal Failure	Chronic Renal Failure
11.Phase of Disease	Chronic Fully developed	Chronic Fully developed	Chronic Fully developed
12.Diagnosis of Miasm	Syphilis	Psora + Syphilis	Sycosis + Syphilis
13.Diagnosis of Susceptibility	Low	High	Moderate
14. Conclusion	Excessive load of miasms Creates obstacles in recovery.	Low miasmatic load facilitated action of indicated remedy.	Minimal miasmatic load and indicated remedy facilitated excellent recovery

Discussion: The retrospective study of 3 cases of chronic renal failure provides the understanding of effect of miasmatic load in recovery of the patients of chronic renal failure. The case no. 1 which has the past history of Pulmonary Koch's with pneumectomy, intracranial haemorrhage, and episode of cardiac arrest indicate fully active syphilitic miasm with low susceptibility, hence it was difficult to control the further progress of the disease even with well indicated medicine.

Case no 2 there is a recent detection of hypertension with no history of deep pathological

changes and high susceptibility it was possible to revert back the stage 5 kidney disease to stage 4 kidney disease. In 3rd case it was observed that there is past history of Pulmonary Koch's with multiple system affection, indicating miasmatic load still in the phase going from sycosis to syphilitic phase with well marked mental symptoms indicating susceptibility to be moderate. Thus indicated medicine was able to facilitate the recovery from stage 5 to stage 2. It can be observed that in case no.3 it was treatment of nearly 6 years which resulted reversion from stage 5 to stage 2.

While in case no.2 which is having Psora-syphilis could be reverted to stage 2 within 2 years of treatment.

In these two cases we can observe that even the pathology is deeper in case no. 3 than the case no. 2. Phosphorus which covers the destructive pathology as present in the case no. 3, can help to revert back at least symptoms & clinical parameters so as to offer patient the quality life and avoid haemodialysis. In case no.1 since the pathology involved only Increased Echogenicity of cortex. & altered C.M. differentiation without involvement of vascular part and thus had not reached the stage of sclerosis providing early recovery with Merc. Vivus. In case no. 1 even though the USG or Biopsy reports of kidney are not available past history of the case clearly reflects the deeper pathology thus only palliation could be offered to the case.

Conclusion: This retrospective study reflects that the application of knowledge of Organon to the pathology of the case and prescribing the remedy as per the pathology along with the characteristics symptoms of the case can revert the clinical presentation of the case.

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