

ROLE OF HOMOEOPATHY IN AUTO-IMMUNE DISEASES*

Ch. Raveendar**

Introduction

The immune system consists of an integrated constellation of various cell types, each with a specific function, and with their secreted molecules (Cytokines) are responsible for interactions, modulation and regulation of the system. The organisation of the immune system occurs at the level of gene, the cell and the mediator. Therefore, any qualitative and quantitative changes in this system results in alteration of immune regulation, immunological helper/suppressor mechanism, cytokine mediation and through the specific mechanisms of immunological tolerance. Immunological tolerance is a state in which the individual is incapable of developing an immune response to a specific antigen. Self tolerance refers to the lack of responsiveness to an individual's antigen and obviously underlies our ability to live in harmony with our own cells and tissues. A defect in immunological tolerance may either occur spontaneously or be induced by some exogenous factors such as virus infection often in a genetically predisposed individual. Abnormal regulation of immune system may result in immune deficiency or it may allow the host to react to its own tissues resulting in an auto-immune process.

Auto-immunity refers to the abnormal immune reactions to our own body cells or tissues, resulting in various diseases known as auto-immune diseases. In pathogenesis of auto-immune diseases, various interactions among the immunological components like T-S, T-H, T-C, T-D cells, B-lymphocyte, complement HLA, feed back mechanism play an important role in initiating and expressing the various auto-immune diseases.

The following theories explain the probable mechanism of auto-immunity, understanding of which is essential and useful in treatment approach.

1. Loss of suppressor functions: According to this in auto-immune diseases there is loss of suppressor T-Cell (T-S) control of the T helper cells (T-H).

2. Sequestered antigen: There are some antigens which do not normally come into contact with immunological system, as such there has been no opportunity for immunological tolerance or self recognition to develop. For example sperm if extravasated following unilateral blockage of vas deferens may induce the antibody formation and contribute to sterility.

It is observed that sperm antibodies were produced following vasectomy in normal men.

3. Infection: Certain invading micro-organisms may have an antigen that also occur in host tissues, a microbial antigen may thus induce the formation of antibodies which cross react with these tissues. For example sharing of the antigen between some group A Haemolytic Streptococci and the heart results in Rheumatic carditis, which is an occasional late complication of streptococcal Tonsillitis.

4. Drugs: Occasionally the development of auto-antibodies is a side effect of certain drugs. Some of the patients treated with methyl dopa develop a haemolytic anaemia due to RBC auto-antibodies.

5. Genetic factors: It is evident from the experimental animal models and from family studies that auto-immune diseases are associated with MHC system. In certain auto-immune diseases like Insulin-dependent diabetes, the cells of the target organ express MHC class-2 antigens on their surfaces. This facilitates the sensitisation and activation of the TH-Cell. Viruses are implicated in abnormal expression of MHC-antigens.

In general auto-immune reactions occur in related groups reflecting spectrum of auto-immune diseases ranging from the organ specific to the non-organ specific. It is evident that the number of auto-antibodies formed to the different thyroid antigens in auto-immune thyroid disease, and the patients with one of the organ specific group tend to have an increased prevalence of auto-antibodies to the target organs of other diseases in the group. This explains diffuse involvement of the organism in auto-immune diseases.

The following is the spectrum of auto-immune diseases ranging from organ specific to the non-organ specific.

Organ Specific: Hashimoto's thyroiditis, Primary myxoedema, Thyrotoxicosis, Pernicious anaemia, Auto-Immune Addison's disease, Type-I Diabetes mellitus, Pasture's Good Syndrome, Myasthenia gravis, Auto-Immune haemolytic anaemia, Idiopathic thrombocytopenic purpura, Primary biliary cirrhosis, Chronic active hepatitis, Sjogren's syndrome.

Non-organ Specific: Rheumatoid arthritis, Dermatomyositis, Systemic sclerosis, Systemic lupus Erythematosis.

In auto-immune diseases basically tissue destruction and proliferation occurs by means of acute and chronic inflammatory changes resulting in the loss of function of the affected organ. In most of the auto-immune disor-

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** Research Assistant (H), Regional Research Institute for Homoeopathy, (CCRH), Gudivada, A.P.

ders all organ systems are involved resulting in deterioration of the health of the individual as a whole. During the disease course, the auto-immune activity will differ or vary individually, and also will differ from time to time in one individual depending upon the various exogenous and endogenous factors.

Treatment of Auto-immune diseases by Homoeopathy

Before looking into the scope of Homoeopathy in the case of Auto-immune diseases, as mentioned earlier; the outcome of Auto-immune diseases is the disturbance in the immune regulation-- which involves a favourable, harmonious interactions of various immunological components and genetic factors in a natural way. Any therapy, which by virtue of its action paves the way to establish natural way of regulating the functions, thus keeping the organism in Homeostasis, can have a considerable scope in treating the auto-immune diseases.

Individual, constitutional approach of Homoeopathy has got considerable scope in the treatment of various auto-immune diseases. There is a definite constitutional disturbance in all auto-immune diseases. According to the Hahnemann's Miasmatic Theory, auto-immune diseases can be classified as chronic complex miasmatic diseases where all the three miasms viz. psora, syphilis and sycosis are involved. According to the various concepts of Homoeopathy, most of the chronic diseases have an inherited dyscrasia, where homoeopathic medicines act and annihilate such hereditary dyscrasia. Modern genetics explain the role of genes in hereditary dyscrasia. Therefore, it may be assumed that Homoeopathic medicines may either modify the genes pattern or play as the metagenic agent. During the pre-clinical period of auto-immune diseases where the altered immune regulation starts, the auto-antibodies may be found in the serum and clinically the individual will not have the established clinical signs and symptoms. At this stage psoric miasm operates in the body. As the disease advances, syphilitic and sycotic miasms come into play manifesting various pathological signs and symptoms. It is clear that any disease before getting established itself by means of clinical signs and pathological changes, there occur primary changes at cellular and bio-chemical level. It is quite possible from the observations of homoeopathic clinical results and from the overview of the basic research done in homoeopathy, it can be presumed and believed, that when homoeopathic drugs are prescribed on individual approach, the drug acts at these planes. It can be said in general from the clinical results, after administration of constitutional homoeopathic medicine, that it stimulates the biological system via neuro-endocrinal system and paves the way for attaining the homoeostasis,

thus keeping the system in a balanced healthy condition.

The basic approach of treatment in auto-immune diseases should include three lines of treatment.

1. Constitutional Approach.
2. Miasmatic Approach.
3. Attending the manifestations during the active stage of auto-immunity.

Constitutional Approach: This line of approach aims at treating the various auto-immune diseases, where the serum contains auto- antibodies, the individual may not have developed the clinical manifestations. Assessing the individual constitution, by means of totality, and treating accordingly with deep acting constitutional remedies may arrest or annihilate the disease completely.

Miasmatic Approach: In general as the auto-immune activity progresses in the individual depending upon the stage, various miasms come into the seen expressing themselves with varying degrees of intensity during the course of the disease. Anti-miasmatic remedies will help in annihilating the various manifestations of the miasms. Dominant miasm first, and followed with order of expression of the other miasms. Anti-miasmatic drugs should be used in this line of approach.

Attending the manifestations during the active stage of Auto-Immunity: In most of the auto-immune diseases during their course at the active stage of auto-immunity they will manifest various local symptoms along with constitutional disturbance. These acute manifestations can be treated by means of various indicated acute homoeopathic drugs depending upon the organ involvement.

The above three lines of treatment can be administered to the individual suffering from an auto-immune disease in a planned way according to the stage of the disease.

In addition to the above lines of totality approach, the rare, peculiar, uncommon, key-note, characteristic symptoms including various alternating symptoms may give the clue for selection of the remedy. (as observed-given in the case record). It is definitely possible by means of homoeopathic approach to arrest the auto-immune activity or even to completely annihilate depending upon the stage of the disease.

Homoeopathic Repertory is the store house of enormous clinical manifestations and serves as the guide for drug selection. The following are certain important auto-immune diseases with their brief clinical manifestations and related rubrics found in Kent's Repertory.

1. **Hashimoto's Thyroiditis:** Characterised by firm enlargement of thyroid gland with or without hypothyroidism, discomfort in neck, mild dysphagia.

Related Rubrics found in Kent's Repertory:

External Throat: Goitre (471), constriction (471), indurated (472)

External throat: Constriction (471), Thyroid gland (471), Throat pit (471)

Throat: Swallowing difficult (467)

Related Drugs: Bromium, Calcarea carb., Iodum, Spongia, Crotalus cascavella, Lachesis, Stram., Strych.

2. **Sjogren's Syndrome:** Characterised by the gradual dryness of the eyes, nose, mouth, throat, larynx and all the mucous membranes. This is due to atrophy of mucous secreting glands. It is associated with pleurisy, pericarditis, nephritis, neuritis etc.

Related Rubrics found in Kent's Repertory : *Eyes:* Dryness (238), *Ears:* Dryness (287), *Nose:* Dryness (334), *Mouth:* Dryness (403), Dryness, Palate (404) Dryness tongue (404), *Throat:* Dryness (450), *Rectum:* Dryness (616), *Larynx and trachea:* Dryness, Larynx (748), Trachea (748).

Drugs Common to all the Rubrics:

I Grade: Aconite, Arsenic, Bell, Nux.m., Sulphur, Lyco., Phos.

II Grade: Puls., Graph., Arg. nit., Nux, v., Rhustox, Sep., Cham., Caust.

3. **Chronic Active Hepatitis:** Characterised by fatigue, anorexia, jaundice, fever, arthralgia, epistaxis, hepato-splenomegaly, migrating polyarthrits, urticaria, lymphadenopathy etc.

Related Rubrics found in Kent's Repertory:

Generalities: Lassitude (1370), Malaise (1373), weakness, inervation (1413), Weariness (1421). Pain wandering (1389).

Stomach: Appetite diminished (476).

Skin: Discoloration Yellow, Jaundice (1307). Eruptions Urticaria (1321),

Extremities: Pain Joints (1047),

Nose: Epistaxis (355)

Abdomen: Enlarged liver (546), Spleen (547).

4. **Myasthenia Gravis:** Characterised by the abnormal fatiguebility of the skeletal muscles, tiredness, ptosis, diplopia, tiredness while chewing, speaking, masticating, "Hanging jaw sign".

Related Rubrics Found in Kent's Repertory:

Generalities: Weakness, (1413), Weariness (1421),

Extremities: Weakness (1224), *Eye:* Heaviness of lids (241) opening the lids difficult (247), *Vision:* Diplopia (277).

Larynx and Trachea: Voice weak: (761) *Mouth:* Speech difficult weakness from (419), open (409), *Face:* Hanging down of jaw (375), Dropping of jaw (364).

5. **Rheumatoid Arthritis:** Characterised by the general symptoms like ill-health, weakness, fatigue, malaise, loss of weight, excessive sweating of palms & soles, gradual stiffness and swelling of smaller and bigger joints, followed with deformities, spindle shaped joints etc., and may be associated with other diseases.

6. **Dermato-myositis:** Characterised by dermatitis, rash, pigmentation and atrophy of skin, stiff and painful muscles, and symptoms of other organs may be found.

7. **Systemic Sclerosis:** Characterised by thickness of skin which becomes hard and rigid, may be localised or generalised.

8. **Systemic Lupus Erythmatosis:** Characterised by arthralgia, various types of skin lesions and cardio-pulmonary, renal features.

In the above indicated manner rubrics can be worked out to find out the related drugs.

During the plan of treatment the above symptoms or rubrics must be viewed on the background of individual constitution and treated accordingly to achieve better results.

While treating the auto-immune diseases, in addition to the observation of improvement at clinical parameters it is needed to identify and monitor sensitive parameters at cellular and biochemical level in order to understand and widen the scope of indicated homoeopathic drugs.

Important Constitutional Drugs for Various Auto-Immune Diseases

Ars. alb., Calc. carb., Carbo veg, Caust., Graph., Kali- bi., Lach., Lyco., Merc. sol., Nat. mur., Nit. ac., Nux vom., Puls., Sulph. etc.

Miasmatic Drugs: Sulph., Psor., Calc. carb., Thuja, Nit. ac., Nat. sul., Merc. sol., Aur. met, Syph., Tuber.

Cases Being Treated

Most of times homoeopaths come across the cases of auto-immune diseases during their late stages where the other therapies have been tried and failed. Had the cases come in the pre-clinical stages, where there are no clinical and pathological changes, the constitutional drugs could definitely annihilate the disease and arrest further progress.

CASE NO. 1: RHEUMATOID ARTHRITIS

Patient Smt. K.N. aged 41 years came in OPD in Feb., 1991 with the complaints of generalised joint pains, big and small since 8 years, with the H/o of pyrexia and constitutional disturbances. On examination there was swelling of joints and flexion deformities of the finger joints. The case was already diagnosed as Rheumatoid Arthritis with Rose-waller Test (Rheumatoid factor) positive and increased ESR. ie. 54 mm/1st hour. Pain and stiffness of joints usually aggravated during morning and on cold exposure. The patient was lean, mild, feels in general better by warmth. Earlier since 8 years she has been using regular NSAIDs and steroids (Prednisolone ie. Wysolone). During the early period of treatment patient was asked to taper the prednisolone dose and she has been given the following drugs based on indica-

tions from time to time i.e. Rhus tox, Lycopodium Medorrhinum Syphilinum, Causticum, Ruta, Bryonia, Mag phos., Kalmia, Ars, alb, in varying potencies ranging from 30 to 10M over a period of 12-15 months, with varying degrees of fluctuating improvement with complete stoppage of prednisolone and other NSAIDs. Time monitoring of ESR though fluctuated, it gradually reduced and came to normal indicating reduction of Rheumatoid activity. (ESR. Feb, '91, 24 mm/1st H; May, 1991 ESR 35mm/1st hour; June, 1991 16mm/1st hour, March, 1992 12mm/1st hour). Later she developed burning pain in epigastrium, belchings, nausea and flatulence (July, 1992) lasting for about 2 months. The drugs given were Lycopodium, Nux vomica, Carbo., veg, Ipecac., Bryonia, Bismuth. The important point is that it was clearly observed during this period of gastric symptoms, she was absolutely free from joints pains. And the joint pains started appearing after relief of gastric symptoms. And on deep probing she revealed that she gets similar attacks of gastric complaints once in 1 to 2 years, and she was also free from rheumatic symptoms during this time. This gave the clue to the synthesis of "alternating symptoms" i.e. rheumatism alternating with gastric symptoms gave the clue for selection of Kali bichromicum. In Kent's Repertry under the section Extremities, there is a single drug in 1st Grade i.e. Kali bich. against the Rubric *pain, rheumatic, alternating with gastric symptoms*. (Page 1045) and the patient was given Kali bichromicum which gave her good relief in pain and stiffness of joints, though flexion deformities persisted, swelling of joints was reduced. She experienced a noticeable marked improvement, which she did not experience during the last 1 year treatment. The case is still under follow-up under the influence of Kali bichromicum 1M, 10M.

CASE NO. 2: JUVENILE RHEUMATOID ARTHRITIS

Patient Mr.N.A.K. aged 9 years came in OPD in April, 1990 with the complaints of swelling of small joints of hands and feet, inter-phalangeal and metacarpo-phalangeal joints, with tenderness and limitation of movement in almost all bigger and smaller joints, with the h/o association of pyrexia and constitutional disturbances. Small joints are swollen, tender with marked limitation of movements. The case was already diagnosed as "JUVENILE RHEUMATOID ARTHRITIS-POLY ARTICULAR RF NEGATIVE TYPE. The case was treated with NSAIDS & Steroids which gave him only temporary relief, often resulting in complications like haematuria. The boy was lean, craves for sweets, often tendency to catch cold, average in studies and little bit irritable. He was given the following drugs based on indications over a period of 2 years. Rhus tox, Bell., Puls., Bry., Lyco., Tuberculinum, Medorrhinum, Colocynth, Mag. phos., Merc. sol., Syphilinum, Causticum, Silicea in potencies

ranging from 30 to 10 M. Calc. fl., Mag.phos., Ferr. phos., Kali.sulph. in 6x potencies. And the case is still under follow up.

The observation regarding the improvement is that during initial stages of treatment he was advised to taper the doses of NSAIDs and prednisolone. Under the influence of Homoeopathic drugs, he has completely stopped NSAIDs and steroid therapy, There were absolutely no episodes of pyrexia and constitutional disturbances for last two years. Though the limitation of movement of various joints did not improve, it did not progress further. In general the boy is feeling better. Time to time ESR monitoring showed normal ranges indicating no activity of Rheumatoid or auto-immunity.

CASE NO: 3: SYSTEMIC LUPUS ERYTHMATOSIS

Patient Smt.D.V. aged 35 years came in OPD a month ago, with complaints of generalised, dermatitis, urticarial rash on face, neck, hands, with blackish discoloration on exposed areas since 12 years, H/O joint pains with pyrexia, chronic hypertension and frequent episodes of oedema of face and legs. The case was diagnosed as Systemic Lupus Erythmatosis. Investigations revealed.

Urine: Albumin: + + +
24 hours protein: 0.77 Gms.
Blood for ANAB: Negative.
Blood for L.E. Cells: Positive (+ +)
O/E: Pulse rate—100/min. BP: 170/120mm of Hg.

Skin complaints-Itching and burning ameliorated by cold application. She was under the treatment with cortico-steroids and other drugs with absolutely no relief, often frequently was given regular intravenous cortisones.

Patient is obese, desires cool open air, aversion to sweets, became irritable after affected with disease, no specific perspiration. The case is under influence of Sulphur, Apis mel., Rhus tox and is under follow-up and observation.

It is clear from the above case records that the planned homoeopathic therapy has the capacity to arrest the auto-immune disease process and will not allow the progress of disease.

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