LEPROSY: HOMOEOPATHIC TREATMENT

*An Analysis of a Series of 58 Cases**

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INTRODUCTION

A patient was referred to me (D.B.D.) by a dermatologist (A.D.K.). The patient was under standard allopathic treatment for tuberculoid leprosy, for one-and-half years. Patient had intense generalized burning and intolerance to heat. The patient was referred for homoeopathic treatment for these complaints.

After studying the case, Calc. iod. 6 was given. The patient improved fast. Along with the constitutional symptoms of burning and intolerance to heat, leprosy also improved. Compared to the earlier treatment the recovery was very fast (4 months).

After witnessing this result, the referring Dermatologist promised to refer those cases of leprosy which were not responding to the standard allopathic treatment. He also agreed to collaborate with me as a specialist investigator and assessor. My teacher, Dr. M. L. Dhawale, suggested me to take up leprosy as a project for research, as there was hardly any work done on the homoeopathic treatment of leprosy.

METHOD OF STUDY

Our study is conducted on patients from my private practice. This has limited the number of patients as well as the modes of investigations. We could carry out only skin biopsy.

We shall be reporting presently our clinical experience in respect of 58 patients observed upto five and a half years.

HOMOEOPATHIC PRESCRIBING: PROBLEM AND RESOLUTION

We encountered the following problems in homoeopathic prescribing:

(1) Scanty data, or absence of characteristic symptoms.
(2) Suppression: Result of previous treatments.
(3) Miasmatic base: Tubercular.
(4) Dominant miasmatic expression: (a) Syphilitic, (b) Sycotic, (c) Tubercular.

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The problems were resolved by adhering to the following:

1. By treating first the dominant miasm with appropriate anti-miasmatic remedy.

2. Alertness in spotting the changes in symptoms and miasmatic phases, and effecting appropriate changes.

3. Prolonged medication with anti-syphilitic remedies in low potencies.

4. Frequent use of Tuberculinum or Bacillinum as intereurrent remedies.

5. Demonstration of *Hering's Law of Cure.*, as reliable evidence of progress of the patient while under homoeopathic treatment.

CASE REPORTS

Case No. 1: Male. Age 25 yrs. This case of leprosy with contractures of hand and fingers, was referred to by a surgeon (A.T.T.) who had earlier witnessed eures with homoeopathic treatment. He thought that after the sensations and nerve changes improve, he would be able to perform surgery for contractures. This patient was already under standard allopathic treatment for leprosy for the last 4 years. Merc. iod. flav. 30 was given 4-hourly. In two to three weeks his contractures became less, he was able to keep his fingers straight. Wasting also reduced considerably. Tuberculinum bov. 10M was given weekly along with Merc. iod. flav. 30 for two and a half years continuously. Sensations (touch and pain) returned within 2 weeks. The treatment was continued to effect an improvement in motor function and wasting. 85% improvement was noted at the end of two and half years. The treatment was discontinued when symptoms of throat trouble, indicative of over-effect of Merc. iod. flav., were obtained. Within a week, these symptoms disappeared. The patient went to Dubai later and is no longer under observation.

Case No. 2: Male. Age 35 yrs. This patient was under allopathic treatment for leprosy for the last six and half years. When he came to me, he was having left foot-drop. The treatment plan was similar to that of Case No. 1. During two years, under homoeopathic treatment, his foot-drop disappeared. He maintained the improvement after discontinuing medication. He remained under observation for six months thereafter.

Case No. 3: Male. Age 13 yrs. This child was having a light-coloured patch on his right knee for the last 5 years. The family physician had diagnosed it as vitamin deficiency. In his school, when there was a lecture on leprosy, he tested himself for sensations and demonstrated their absence. That is how his case was detected. Merc. iod. flav. 6 was given 4-hourly; he was advised to start the medicine after the biopsy was done. In one week all the sensations returned to normal and skin patch became normal. Biopsy showed infiltration of nerves. Tuberculinum 10M at weekly intervals along with Merc. iod. flav. 30 was continued for 6 months. The patient is under observation for the last five and half years. This case had not received any allopathic anti-leprosy treatment earlier.

Hering's law states: Symptoms disappear in the reverse order of their

occurrence, more important organs and systems improving first.

In four cases of leprosy, after the appearance of leprosy, the earlier bronchial asthma, became less severe or had disappeared. As the leprosy improved under homoeopathic treatment, the asthma attacks reappeared. Subsequently, both were set right in two cases. The other two cases are still under treatment for asthma, though the attacks are mild compared to earlier attacks. The leprosy lesions have yet to disappear. Medication is continuing.

CASE ANALYSIS

We present the analysis in 5 Tables (Appendix) which are self explanatory.

DISCUSSION

1. 88% of the patients demonstrated clinical improvement. Good improvement was seen in 65%. Fair improvement was observed in 23%. Only 12% failed to register improvement.

2. Relapse rate was nil.

3. *Lepromatous cases failed to register improvement.* The incidence of drop outs was high in this category. The total incidence of these cases is low in the present series.

4. Lepra reaction was not observed in any of the patients while under treatment.

5. Maximal incidence of improvement was observed in the tuberculoid variety (97%). Indeterminate group demonstrated 90% improvement. The neural variety showed 75% improvement.

6. The drop out incidence is high (40%) in spite of clinical improvement in 65% of the patients. We are unable to find any other reason for drop outs except for lack of awareness of the seriousness of the disease and non-acceptance of the need for protracted treatment and observation.

7. The clinical categories are not reflected in the remedy choice.

8. Protracted administration in repeated doses is tolerated on account of the low susceptibility exhibited by the majority of patients with clinical leprosy. This also accounts for difficulty in obtaining characteristic expression guiding to definite homoeopathic prescribing.

As the susceptibility is progressively normalized, we find clinical improvement in the lesions of leprosy. But medication *must be continued* till overeffects of the medicine are seen. This indicates a normalized susceptibility. Premature cessation of medication can dispose to a relapse.

9. Acute homoeopathic medication unsupported by periodic repeated administration of the indicated intercurrent remedy fails to sustain the initial progress.

10. The constitutional remedy (historically indicated) fails to register till the susceptibility is restored by medication as described under 8. Recurrence of earlier troubles is a good index of the need for switchover to constitutional

homoeopathic prescribing, now supported by another set of indicated acute homoeopathic remedies.

CONCLUSION

1. Homoeopathic treatment, when strictly guided by Hahnemannian homoeopathic philosophy (especially the theory of chronic miasms) and suitably interpreted in terms of the clinical pathology of leprosy, is highly effective in leprosy.

2. Homoeopathic treatment is quite safe. The risk of inducing lepra reactions is negligible (nil in the series).

3. Patients record improvement not only in leprosy but also in all associated conditions.

4. The relapse rate is negligible (nil in the current series).

5. The series gives a good proof of the essential validity of the theory of chronic miasms (Hahnemann).

6. New ground is broken in the field of homoeopathic posology of chronic disease with structural alterations and low susceptibility. This specific experience can be generalized for application to other similar clinical states.

7. The problem of effective treatment of lepromatous leprosy remains. More clinical experience under expert guidance should lead to a solution. The same holds good in respect of the problem of lepra reaction.

8. The study needs further extension and support at established leprosy centres so that the preliminary observations are tested out in controlled circumstance with better facilities and follow-up.

9. All the above conclusions are regarded as tentative, subject to further work and confirmation.

10. We hope that this report serves its function of making leprosy workers aware of therapeutic possibilities that work on the immunologic apparatus of the patient to lead to a complete permanent restoration of health in a trouble-free manner and based on definite principles.

APPENDIX

TABLE No. 1

Total number				58				
No. presented for leprosy (primary complaint)				30				
Drop outs				23				
No. under observation				35				
Period of observation	5 yrs.	4 yrs.	3 yrs.	2 yrs.	1 yr.	6 months to 1 yr.	Less than 6 months	Total
Number of cases	6	8	12	10	10	5	7	58
Result clinical cure								
Good*	5	6	8	7	6	3	3	38
Fair**	1	2	4	1	2	1	2	13
Nil				2	2	1	2	7
Relapses	—	—	—	—	—	—	—	—0

*Good — Sensations, discoloration, lesions disappeared or disappearing—result on all counts.
**Fair — Partial, sensations improving but discoloration or lesions same or slightly less.

TABLE No. 2

	Period of Observation							
Categories	5 yrs.	4 yrs.	3 yrs.	2 yrs.	1 yr.	6 months to 1 yr.	Less than 6 months	% Improved
Tuberculoid	6 (6)	5 (5)	10 (10)	7 (6)	5 (5)	2 (2)	6 (6)	97 %
Indeterminate	– (—)	2 (2)	2 (2)	2 (1)	2 (2)	2 (2)	—	90 %
Neural	– (—)	1 (1)	– ( )	1 (1)	2 (1)	– (—)	—	75 %
Lepromatous	– (—)	– (—)	– (—)	– (—)	1 (—)	1 (—)	1 (—)	(—) 0 %

NOTES: 1. Basic types: tuberculoid—and typical lepromatous. All other forms will be considered as indeterminate or dimorphous.
2. Figures in brackets indicate cases which improved.

TABLE NO. 3A

	Drop outs							
	Period of Observation							
Improvement	5 yrs.	4 yrs.	3 yrs.	2 yrs.	1 yr.	6 months—1 yr.	Less than 6 months	Total
Good				2	1	3	1	7
Fair				1	2	5	1	9
Nil				2	2	1	2	7
							Total	23

TABLE No. 3B

Clinical Improvement	Period of Observation						
	5 yrs.	4 yrs.	3 yrs.	2 yrs.	1 yr.	6 months—1 yr.	Less than 6 months
1. Lesions							
A. Colour/Size/Induration	6	8	10	10	8	4	2
B. Sensations	6	8	12	10	8	4	4
C. Nerve thickening		2	2		1		
2. General health	5	7	9	4	5		
3. Associated diseases Asthma/Warts./Corn./Colitis	3	—	1	2	1		

Note: Overlap of criteria explain the discrepancy in the totals.

TABLE No. 4

*A single case at times demands more than one acute remedy at different times. The total number thus exceeds the total number under observation

Acute	Merc iod. flav.	Hepar sulph.	Arsenic alb./iod.	Hura b.	Calotropis	Merc. iod. rub.	Calc. fluor.	
	25	20	4	6	4	2	10	
Constitutional	Calc. iod.	Nat. mur.	Calc. fluor.	Silicea	Antim. crud.	Kali. bich.	Mag. sulph.	Ferrum. sulph.
	6	2	2	4	1	6	3	1
Intercurrent	Tuberculinum/ Bacillinum							
	58							

TABLE No. 5

Prescribing Indications As Observed in The Series						
Merc. iod. flav.	Hepar sulph.	Arsenic alb.	Hura b.	Calotropis	Merc. iod. rub.	Calc. fl.
Dominant syphilitic miasm Hot patient Throat complaint Post. 1/2 tongue coated Or No contra-indication, i.e. not Silica patient	Chilly patient Syphilitic base Suppurative tendency	Chilly patient Pain burning > Local heat	Leprosy Burning Lt. foot Rt. foot cold Throat	Resistance to Hep. sulph. & Merc. iod. flav.	Glands Throat⇒Lt.→Rt.	Sycotic dominant Joint pains Backache Varicosity
Constitutional Remedy	This is selected on classical lines, adhering to the totality that forms the portrait of disease (6, *Orgonon of Medicine*)					
	Tuberculinum			Bacillinum		
	Tubercular base Hot patient *Nerves*			Tubercular base Chilly patient Respiratory concomitant		