

A Case of Sarcoidosis Cured with Homoeopathy

© Dr. Rajneesh Kumar Sharma
BSc, BHMS, MD (Homoeopathy), DI (Hom) London, hMD (UK) etc.
Homoeo Cure & Research Institute
NH 74, Moradabad Road, Kashipur (Uttaranchal)
INDIA, Pin- 244713 Ph. 05947- 260327, 9897618594
draineeshhom@hotmail.com, draineeshhom@yahoo.co.in
www.homeopathicreatment.org.in, www.treatmenthomeopathy.com,
www.homeopathyworldcommunity.com



Article Outline

Sarcoidosis- Definition, Incidence, Etiology, Symptoms, Diagnosis, Prognosis, Homoeopathy and Sarcoidosis, Case History

Sarcoidosis- Definition

Sarcoidosis is an inflammatory disease that affects multiple organs in the body, but mostly the lungs and lymph glands. In patients with sarcoidosis, abnormal masses or nodules, called granulomas consisting of inflamed tissues form in certain organs of the body. These granulomas might alter the normal structure and possibly the function of the affected organ(s).

Incidence

Sarcoidosis *most often* occurs between 20 and 40 years of age, and is diagnosed more often in women than in men.

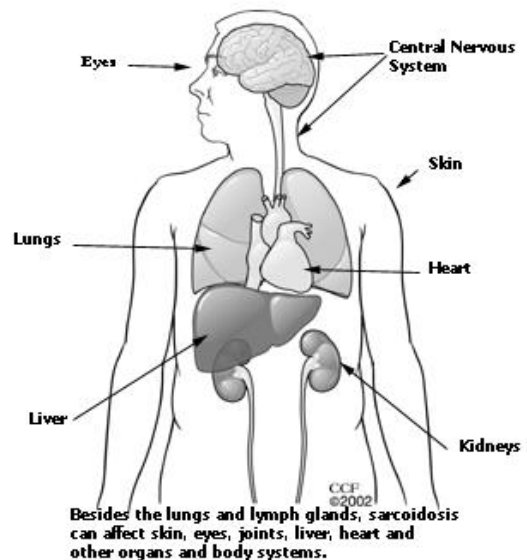
Etiology

The exact cause of sarcoidosis is not known. The disease is associated with an abnormal immune response, but what triggers this response is uncertain. How sarcoidosis spreads from one part of the body to another is still being studied.

Symptoms

The symptoms of sarcoidosis can vary greatly, depending on which organs are involved. Most patients initially complain of a persistent dry cough, fatigue, and shortness of breath. Other symptoms and disease characteristics might include:

- Tender, reddish bumps or patches on the skin
- Red and teary eyes or blurred vision
- Swollen and painful joints
- Enlarged and tender lymph glands in the neck, armpits, and groin.
- Enlarged lymph glands in the chest and around the lungs
- Nasal stuffiness and hoarse voice
- Pain in the hands, feet, or other bony areas due to the formation of cysts in bones
- Kidney stone formation
- Enlarged liver
- arrhythmias, pericarditis, or heart failure
- Nervous system effects, including hearing loss, meningitis, seizures, or psychiatric disorders (for example, dementia, depression, psychosis)



In some people, symptoms might begin suddenly and/or severely, and subside in a short period of time. Others might have no outward symptoms at all even though organs are affected. Still others might have symptoms that appear slowly and subtly, but which last or recur over a long time span.

Diagnosis

There is no single way to diagnose sarcoidosis, since all the symptoms and laboratory results can occur in other diseases. The following are the main tools to diagnose sarcoidosis.

- **Chest X-rays** for cloudiness (pulmonary infiltrates) lymphadenopathy.
- **CT scan** for more detailed look at the lungs and lymph.
- **Pulmonary function tests** to measure how well the lungs are working.
- **Bronchoscopy** to inspect the bronchial tubes and biopsy to look for granulomas and to obtain material to rule out infection.

Prognosis

In many people with sarcoidosis, the disease appears briefly and then disappears without the person even knowing they have the disease. Twenty percent to 30 percent of people have some permanent lung damage. For 10 percent to 15 percent, sarcoidosis is a chronic condition. In some people, the disease might result in the deterioration of the affected organ. Sarcoidosis can be fatal in up to 5 percent of patients.

Homoeopathy and Sarcoidosis

Synthesis 9.2.1b - CHEST - SARCOIDOSIS pulmonalis

ars-br. Ars-i. Beryl. lyc. Mang-s. nat-ar. parathy. pin-s. puls. Tub-m. tub. v-a-b.

Case History

Patient's name- Gurdev Singh Goraya, Male- 24 years, DOC- 02-09-2007

Presenting complaints

Low Grade Fever worse evening, Loose motions off and on, Nausea, Vomiting off and on, Thirst- Normal, Appetite- Normal, Stool- Frequent- normally formed stool, Urine- Normal, Perspiration- Normal, Mentals- Suspicious, Irritable, loathing of life, Desire- salt, Aversion- Fats, Sleep- Normal, Alopecia, H/O Malaria- Plasmodium vivax

Investigations-

SGPT- 62

ACE (04-11-2007) - 122 (Normal- 08- 52 U/L)

Mx- Negative

TB Elisa- Equivocal

CT Thorax (02-11-2007) - Mediastinal Lymphadenopathy. Bilateral Hilar Lymphadenopathy.

Diagnosis-

Increased ACE- Negative Mx- CT Findings positive for lymphadenitis = Sarcoidosis

Homoeopathic Treatment-

First prescription- 05-09-2007

Ars. iodatum 200 weekly

Sac lac TDS

Second Prescription- 09-11-2007

Much better.

Tenesmus, Dysentery, Aphthous ulcers in mouth with much salivation.
Merc sol. 30 TDS

Third Prescription-21-12-2007

Much Better. CT- Single Subcarinal Lymphnode. Other nodes dissolved.
ACE- 99.9 U/L
CST

Fourth Prescription- 05-03-2008

Almost asymptomatic, cheerful.
ACE- 58.8 U/L (Normal Range- 08- 52 U/L)
CST

Result

Complete cure of Sarcoidosis with Homoeopathy.

All reports attached.

R S DIAGNOSTIC & RESEARCH CENTER
Near Cheema Charaha, Ramnagar Road, Kashipur 224142
Dr. Nishikanta Agrawal
M.B.B.S., M.D. M.A.C.C.
Consultant Pathologist

ELISA FOR MYCOBACTERIUM (IgM)
RESULT: 1.658
IgG: 0.0
IgM: 0.0
Specificity: 0.0

ELISA FOR MYCOBACTERIUM (IgA)
Result: 291.8
IgG: 0.0
IgA: 291.8
Specificity: 0.0

GOEL C. T. SCAN CENTRE

RAMNAGAR ROAD, KASHIPUR-244173, UTTARAKHAND
241442, 215942

Dr. B. M. Goel
M.B.B.S., M.D. M.A.C.C.
RADIOLOGIST

Dr. A. K. Goel
M.B.B.S., M.D. M.A.C.C.
RADIOLOGIST

PATIENT'S NAME: MR. GURDEV SINGH AGE: 23 YRS/SEX/M
REFD. BY: DR. R. K. SHARMA, MD DATE: 21/12/2007

PLAIN & CONTRAST ENHANCED CT CHEST
Contrast enhanced CT chest was done by taking serial 10mm x10 mm axial parallel continuous sections from thoracic inlet to dome. Thinner sections were taken at the level of interest.

LUNG FIELDS:
Both lung fields are clear. No evidence of any abnormal opacity / hyperdensity is seen in both the lungs. No mass lesion is seen. No evidence of pleural thickening / effusion is seen on either side. Both CP angles are normal.

MEDIASTINUM:
There are enlarged lymph nodes in pretracheal and right paratracheal region. One of the lymph node in right paratracheal region shows calcification. Small lymph nodes are also seen in both hilar region. Heart and great vessels are normal. Mediastinal fat planes are preserved. Trachea is normal in calibre. No pressure effect seen. Major bronchi and region of carina are normal.

Dr. Lal PathLabs Pvt Ltd
75, Nehru Road, New Market, New Delhi-110001, Tel: 2610 2600, 435 1881
Fax: +91-11-2616 1616, email: info@lalpathlabs.com, web: www.lalpathlabs.com

Dr. Anand Lal
M.B.B.S., D.P.M.
Chief of Laboratory Medicine

Dr. Vandana Lal
M.B.B.S., M.D. (Path)
Chief of Pathology

PATIENT'S NAME: MR. GURDEV SINGH
Age: 23 YRS Sex: M
Ref. By: DR. R. K. SHARMA

Rep. Date: 04/11/07
Collection Date: 03/11/07
P. Lab. Date: 04/11/07
Medical Request: ASPIGICIN CONVERTIN

Test Done: AspiGicin Converting Enzyme
Result: 122.00 U/L (6.00 - 65.00)

R. S. DIAGNOSTIC & RESEARCH CENTER
Near Cheema Charaha, Ramnagar Road, Kashipur 224142
Dr. Nishikanta Agrawal
M.B.B.S., M.D. M.A.C.C.
Consultant Pathologist

FACILITIES: Hbpcy, FNAC, HbA1C, TORCH, Infectivity, TB ELISA, Hormonal & ULTRASOUND

Referred by Dr. R. K. Sharma
Jaisi Kashiwar

Indraprastha Apollo Hospital
Dr. Anil Lal
M.B.B.S., M.D. M.A.C.C.
Consultant Pathologist

MR. GURDEV SINGH 23y/M 01-12-2007
NON-SMOKER
PI asymptomatic - August 07
T/CB low grade fever (49° in his evening)
rechecked as m.o.v.c. had for malaria,
but fever did not subside
Investigated further,
ELISA for Mycobacterium - 0.95 Equivocal
= (19m) - 249.6 (+ve)
MT -ve
MA -ve
Sleuthed on ATT (12/11/07) - HREZ PI now taken
during morning
fever developed vomiting, loose motions -
Ryzen omitted on 10/11/07
however, fever still persisted - low grade -
nightly 99.8°F (C=42) usually upto 77°F
usually,
of indeterminate nature, vomiting
low grade fever
No HbA1C in his point

INV. (12/11/07)
Hb-15.1
TC-7100
Pc-135 E3M1
ECR-5
SRU-0.71
SGPT-62 (*)
S.AKP-108
S.ACE-122 (*)
V/G Abdo - (-)
CT Chest - 2/6 Med Lymph
adenopathy &
hil. hilar lymphadenopathy
Imp. - To no Sarcoidosis w/o
CT findings
+ S.ACE
MT -ve
No symptomatic relief & ATT

Flow
- FTRC of lymph node (not covered)
- R/SK not visible at Apollo lab
- ACE
- ESR / Hemogram
- Malaise history / Malaise Swain
- chest fever history of Jaisi Mandley
- STOP ATT TREATMENT

Jeevan Rekha
DIAGNOSTIC CENTRE
Mansarovar Road, Near Jagan Bus Stand, Opp. Sales Tax Office, Kashipur (U.S. Nagar) Uttarakhand
Mobile: 93196 9214, 96273 3866, 96273 3606, 96273 4414

Date: 20/12/2007 S/N: 14 Reporting Date: 20/12/2007
Name: MR. Gurdev Singh Age: 24 Yrs Sex: M
Ref. By: Dr. Rajesh K. Sharma MD

NEC, CCT & HRCT CHEST
Serial contrast enhanced axial scans for chest were done from thoracic inlet to lung bases after 10 administration of iso-osmolar contrast.
Lung fields are normal. No focal lesion is seen within lungs.
Broncho-vascular pattern is normal.
Hilar are normal. No enlarged nodes are seen.
No pleural thickening or pleural fluid is seen.
Mediastinum shows normal vascular pattern.
A subcarinal lymphnode size 13x7mm is seen. A small (6mm) left lower paratracheal lymphnode is seen.
Trachea and bronchi appear normal.
Cardiac shadow is normal.
Bony cage is normal.
IMPRESSION:- Single subcarinal lymphnode (13x7mm).
Adv. clinical correlation.

Dr. D. N. Goel
M.B.B.S., M.D. (RadioDiagnosis)
Consultant Radiologist

VIMTA LABS
Distinguishing Quality

LABORATORY TEST REPORT

Report Number: 109531/0708/12333111/0
Sample Received on: 2007-12-19
Sample Received on: 2007-12-20
Sample Received on: 2007-12-20
Sample Received on: 2007-12-21
Sample Name: 12333111

CLINICAL BIOCHEMISTRY
Page 1 of 1

TC/CL Test Description	Value Observed	Normal Range	U/L
ASPIGICIN CONVERTIN (ACT)	122.00	6.00 - 65.00	U/L

Remarks: Please furnish clear history for any further working, if needed. Always, these results should be interpreted only in the context of other laboratory findings and the total clinical picture of the patient.

Dr. D. N. Goel
M.B.B.S., M.D. (RadioDiagnosis)
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with same day
No compensation liability stands.

No. CPT: 1188554

VIMTA LABS
Distinguishing Quality

LABORATORY TEST REPORT

Report Number: 109531/0708/12333111/0
Sample Received on: 2008-03-04
Sample Received on: 2008-03-04
Sample Received on: 2008-03-10
Sample Name: 12333111

CLINICAL BIOCHEMISTRY
Page 1 of 1

TC/CL Test Description	Value Observed	Normal Range	U/L
ASPIGICIN CONVERTIN (ACT)	58.80	6.00 - 65.00	U/L

Remarks: Please furnish clear history for any further working, if needed. Always, these results should be interpreted only in the context of other laboratory findings and the total clinical picture of the patient.

Dr. D. N. Goel
M.B.B.S., M.D. (RadioDiagnosis)
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with same day
No compensation liability stands.

No. CPT: 1188554

Jeevan Rekha
DIAGNOSTIC CENTRE
Mansarovar Road, Near Jagan Bus Stand, Opp. Sales Tax Office, Kashipur (U.S. Nagar) Uttarakhand
Mobile: 93196 9214, 96273 3866, 96273 3606, 96273 4414

Date: 20/12/2007 S/N: 14 Reporting Date: 20/12/2007
Name: MR. Gurdev Singh Age: 24 Yrs Sex: M
Ref. By: Dr. Rajesh K. Sharma MD

NEC, CCT & HRCT CHEST
Serial contrast enhanced axial scans for chest were done from thoracic inlet to lung bases after 10 administration of iso-osmolar contrast.
Lung fields are normal. No focal lesion is seen within lungs.
Broncho-vascular pattern is normal.
Hilar are normal. No enlarged nodes are seen.
No pleural thickening or pleural fluid is seen.
Mediastinum shows normal vascular pattern.
A subcarinal lymphnode size 13x7mm is seen. A small (6mm) left lower paratracheal lymphnode is seen.
Trachea and bronchi appear normal.
Cardiac shadow is normal.
Bony cage is normal.
IMPRESSION:- Single subcarinal lymphnode (13x7mm).
Adv. clinical correlation.

Dr. D. N. Goel
M.B.B.S., M.D. (RadioDiagnosis)
Consultant Radiologist

VIMTA LABS
Distinguishing Quality

LABORATORY TEST REPORT

Report Number: 109531/0708/12333111/0
Sample Received on: 2008-03-04
Sample Received on: 2008-03-04
Sample Received on: 2008-03-10
Sample Name: 12333111

CLINICAL BIOCHEMISTRY
Page 1 of 1

TC/CL Test Description	Value Observed	Normal Range	U/L
ASPIGICIN CONVERTIN (ACT)	58.80	6.00 - 65.00	U/L

Remarks: Please furnish clear history for any further working, if needed. Always, these results should be interpreted only in the context of other laboratory findings and the total clinical picture of the patient.

Dr. D. N. Goel
M.B.B.S., M.D. (RadioDiagnosis)
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with same day
No compensation liability stands.

No. CPT: 1188554

