

Homoeopathic Management of Muscular Dystrophy

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Abstract

Muscular dystrophies are group of genetic diseases of muscles. The commonest is Duchenne's muscular dystrophy, prevalence been 1:3500 live male births. Disease manifests at approximately 4years of age with the symptoms like clumsy walking, difficulty in standing, and respiratory failure. Life expectancy is about 20years^[1]. There is no specific treatment for curing this disease. Homoeopathy, however, provides a better response in such conditions; one such case report is been presented below. Patient attended outpatient department (OPD) chiefly for complaints of weakness of both the lower limbs, difficulty in walking & falling down frequently. Complaints had increased since last 1 year. Occasionally patient experienced pain in both lower limbs. Dissatisfied with the outcome after taking treatment with modern medicine, patient turned to homoeopathic treatment. After detailed case-taking and repertorization ,he recieved *Cina* 200 followed by *Rhus Tox* 200 and *Rhus Tox* 1M. Along with homoeopathic medicines patient continued with physiotherapy and naturopathy. Within two months of treatment, the patient showed significant improvement in his symptoms and biochemical parameters.

Keywords: Homoeopathy, Duchenne's muscular dystrophy, Serum creatine kinase, *Cina*. No.1, January–March 2008 page no. 50.

Introduction:

Muscular dystrophies are inherited disorders caused by mutations in a number of genes. These genetic mutations cause either a dysfunction or lack of proteins that are essential for muscle cell stability, leading to progressive destruction and weakness in the muscles^[3,4]. The total combined prevalence for all muscular dystrophies for studies classified as having a low risk of bias ranged between 19.8 and 25.1 per 100,000 person per year. Myotonic dystrophy (0.5- 18.1 per 100,000), Duchenne muscular dystrophy (1.7-4.2 per 100,000) and fascio-scapulohumeral muscular dystrophy (3.2-4.6 per 100,000) were found to be the most common types of disorder.² The primary abnormality may be in the muscle membrane. Secondary effects are marked as variation in size of individual fibres and deposition of fats and connective tissue. The commonest is Duchenne's muscular dystrophy (3/1000 male live births; sex-linked recessive— 30% from spontaneous mutation). The Duchenne gene is on the short arm of X (Xp665), and its product, dystrophin, is non-functional. It presents at around 4yrs of age with clumsy walking, then difficulty in standing, and respiratory failure. Pseudo hypertrophy is seen, especially in the calves. Serum creatine kinase is increased to more than 40 fold. There is no specific treatment. Some survive beyond 20yrs. Genetic counseling is vital^[1]

Investigations:

In patients with DMD, the serum CK is very high, usually in thousands, and the EMG shows myopathic findings. The muscle biopsy shows features of degeneration and regeneration with increase in the connective tissue. Inflammatory cells are seen eating away the necrotic muscle fibres. Presently, it is

possible to perform dystrophin immunocytochemistry on the fresh frozen muscle to achieve an accurate diagnosis. It is also possible to study the gene which has an application in the genetic counseling. Mother and sisters of the patient should be studied for the presence of genetic abnormalities and, if positive, they have a risk of bearing affected children. It is possible to study the DNA from chorionic villous biopsy from an 'at risk' pregnancy and carry out abortion only if the DNA shows gene defect. Knowledge of these aspects has certainly resulted in benefits in antenatal counseling.

Presently, in addition to physiotherapy, some physicians use corticosteroids in the doses of 0.75 to 3.0 mg per kg wt. in various regimens like daily dose, ten day on and 10 day off or 20 day off pattern. This therapy reduces the CK values. Inflammatory response as seen on muscle biopsy also reduces. The muscle strength also tends to improve in a limited manner for the period of 6 to 12 months, leading to reduced falls and improvement in the quality of life. However, substantial lasting clinical improvement is rare and hence the therapy cannot be justified universally. In the author's personal view, a dose of 0.75 mg per kg per day on a ten day on and 10 day off period is perhaps the best in avoiding the changes in the Hypothalamo-pituitary axis. Contracting a disease like tuberculosis is also a genuine concern in our country. Attempts at gene therapy and stem cell therapy are gaining ground and, in recent future, may have practical applications. ^[4]

Prognosis varies with some patients experiencing mild, though usually progressive symptoms, while others experience severe disability and early mortality. ^[3]

Case Summary:

A 7 Year old male patient attended the outpatient department on 13 January 2017 came with complains of difficulty in walking and falling down frequently. He was not able to wear clothes or shoes on his own. Weakness of both the lower limbs was since 3 years but now his complaints had increased since last 1 year. He also experienced muscular pains . He was on Allopathic treatment for few months. But since last 1 month did not take any medicine.

Family history: Grandfather is diabetic. Father has Poliomyelitis. Mother had not undergone any checkups during pregnancy. Maternal aunt has 2 children with disability.

Personal history: His appetite is reduced and he eats about 1 roti per day. He has desire for sweets and aversion to spicy food and drinks around 1-1 ½ liters of water per day, with perspiration on head. Bowel movements are regular and satisfactory. Patient is ambithermal (needs covering in winter, requires fan in summer and rainy season, bathing with lukewarm water in summer, rainy and winter season, can tolerate summer, rainy and winter season) and seems to be always timid to talk to new people.

Life space: Patient is a student in third standard. Shy in front to strangers. Average in studies. He is going regularly to school. His parents are from a low socio-economic background. He studies regularly. He has limited friends and likes to play due to his disease he cannot run and fall easily so his friends do not involve him in their games. Patient is timid and mild. He is restless , gets angered easily and when angry hits his sister .he is talkative, likes to read verses and also likes reciting them .he is cautious.

Local and systemic examination:

Upper limb Muscle power 4, Lower limb Muscle Power: 3, Knee jerk: absent, Ankle Jerk: Absent, Triceps Jerk: Poor, Hypotonia in pelvic muscles, Bulky Hamstrings , Abnormal gait. Can't walk steadily.

Investigation reports: 18/5/2016 -S.Creatinine phospho kinase: **17350 IU/L**

Basis for selection of medicine: After analyzing the symptoms of the case the characteristic mental and physical generals and particular symptoms were considered for framing the totality. Mildness, restlessness, aversion to being approached by new people, sweets desire and difficulty in movement were the important general symptoms. Lameness, complaints of lower limbs, weakness of lower limbs, weakness of upper limbs were the particulars included in totality. Miasmatic evaluation for the presenting symptoms was done with the help of“ The Chronic disease by Dr. Samuel Hahnemann” showed the predominance of psoric miasm^[10]Considering the above symptomatology, Synthesis Treasure Edition was preferred and using RADAR software, systemic repertorization was done. The repertorization chart is given in Table 1.

On 13.01.2017 Cina 30, 3 doses 8 hourly and placebo for 15 days was prescribed considering the reportorial totality and homeopathic cardinal principles. Physiotherapy 15 minutes and Naturopathy given The patient improved symptomatically.

The detail of follow up is in Table 2.

Date	Episodes of falling	Walking on floor	Climbing Upstairs	CPK level	Medicine & auxiliary therapy given
15/2/17	6-8/month	Walks with heels high	Needs support	--	Cal Phos 6X 2TDSx15 days& SL (TENS 15 min, steam bath 10min massage of medicated oil with acupressure) for 15 days
19/4/17	4-6/month	Better	With support	13223	Sac Lac
21/7/17	3 /month	Heels not touching but steady	With support	11926 IU/L	Sac Lac auxiliary therapy .naturopathy (IFT 10min , exercise etc) for 15 days
14/10/17	3/month	Steady	With support	9200	Sac Lac
21/11/17	3/month	Can walk without support	With support	--	Cina 200
20/12/17	1/month	Steady without support	With support	--	Sac Lac physiotherapy ,TENS 15 min and infra red lump massage for 15 days
16/1/18	1/month	Steady without support	With support	--	Sac Lac
26/2/18		Improved	Better		Rhus tox 200 and physiotherapy TENS 15 min and infra red lump massage for 15 days
30/4/18	Nil	Improved	Better	6533 (8/4/18)	Sac Lac
23/6/18	Nil	Improved	Better		Nat Phos 6X massage with acupressure diet exercise for 15 days
10/8/18	Nil	Improved	with support	206	Rhus Tox 1M physiotherapy TENS 15 min and infra red lamp ,massage for 15 days

*TENS – transcutaneous electric nerve stimulation *IFT- interferential current therapy

Discussion and Conclusion:

Homoeopathy is an holistic medicine and treats diseases with advanced pathology as well . It eliminates the exciting and fundamental causes by annihilating the disease manifestations (signs and symptoms).In

this case, the cause is genetic and life expectancy is low. Allopathic doctors recommended to stop the treatment. As Homoeopathy is based on symptom similarity I tried to find out most similar remedy and considered important mental, physical generals and particulars. After repertorization, remedies that prominently stood up were, *Cina*, *Lyco.*, *Sulph*, *Arsenic album*, *Bell.* etc. but after consultation with *Materia Medica*, *Cina* was prescribed and patient was responding well to the medicine. *Cina* was found homeopathically most specific remedy for this particular case of disease. *Cina* was followed by *Rhus Tox 200* along with Physiotherapy and Naturopathy. It gave relief in pain and improvement in the movements of lower limbs as well as reduced episodes of falling. The potency was increased to 1M for further improvement.

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