



A Case of Polymyositis Treated with the Homoeopathic Medicine *Lathyrus Satyvus*

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Case Report

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Abstract

Polymyositis is one of the idiopathic inflammatory myopathies, a rare connective tissue disorders defined by the presence of weakness of muscles and inflammation. The estimated prevalence of polymyositis and dermatomyositis is 5 to 22 per 100,000 persons, and the incidence is approximately 1.2 to 19 per million persons at risk per year. Polymyositis rarely occurs in the paediatric age group, and the mean age is between 50 to 60 years. This article is on a case of polymyositis which was completely bed ridden before reaching our hospital. With thorough case taking and finding out the Totality *Lathyrus Sativus* 200 was prescribed. Muscle strength grading was done to evaluate the improvement before and after treatment. The case started improving within a period of 1 week. The muscle strength grading which was Grade 1 during the beginning of treatment improved to Grade 3 within a period of 1 month. The improvement was gradual and also within a period of 1 month the patient started walking with support. This shows the management of polymyositis with the Homeopathic medicine *Lathyrus Sativus*.

Keywords: Dermatomyositis; Homoeopathy; *Lathyrus sativus*; Musclestrength; Polymyositis

Introduction

Polymyositis, a rare connective tissue disorders is defined by the presence of weakness of muscle and inflammation [1]. The actual onset of Polymyositis is not easily determined, and the patients delay seeking treatment for several months [2]. The incidence is 2-10 per million/year with no significant world-wide variation [3]. The aetiology is unknown. Usually only skeletal muscle is affected in this condition. Occasionally, the distribution is focal (e.g. orbital myositis) [2]. An autoimmune etiology of the inflammatory myopathies is indirectly supported by an association with other autoimmune or connective tissue diseases; the presence of various autoantibodies; an association with specific major

histocompatibility complex (MHC) genes; demonstration of T cell- mediated myocytotoxicity or complement mediated microangiopathy. Systemic symptoms, which includes fever, malaise, weight loss, arthralgia, and Raynaud's phenomenon occurs especially when inflammatory myopathy is associated with a connective tissue disorder. Cardiac disturbances, which includes arterioventricular conduction defects, tachyarrhythmias, a low ejection fraction, and congestive heart failure rarely occur.

Materials and Methods

This case was taken in standardised case record format from UNIT VII of Sarada Krishna Homoeopathic Medical

College. Muscle Strength Grading was used to evaluate the improvement in strength of the patient. The overall improvement of the case was analysed by further follow-ups.

Case Report

Sixty years old male patient presented with weakness of

both lower limbs especially on left leg and weakness of both upper limbs since 20 years. He had loss of control over whole body, loss of pain with trembling of hands and he was unable to raise his arms. Reflexes were absent and the muscle strength grading was Grade 1. The complete symptoms of the patient is mentioned in (Table 1).

Location	Sensation	Modalities	Concomitants
Lower limb especially left leg	Weakness descending down the limb, unable to hold the body. Sensation intact Loss of control No pain	Nil	Nil
Weakness of upper limbs	Weakness Trembling of hands Difficult to raise the hands		
Sole - left	Burning sensation of soles		

Table 1: Presenting complaints.

History of Presenting Complaints

The patient's complaints started 20 years back as difficulty in lifting heavy weights above shoulders. This difficulty gradually progressed within next 6 months and he had difficulty in doing all overhead activities with both upper limbs. He was diagnosed to have rheumatoid arthritis 18 years back and took allopathic medications for that. In 6 months time he also had difficulty in squatting and getting up from squatting position and difficulty in climbing stairs. There was also h/o loss of weight of 12 kg during that period. Then he was evaluated and diagnosed as polymyositis in 2005 which responded to steroids then. He was tapered off in 2 years. He had a relapse of symptoms in 2007 again restarted on steroids which he discontinued. Thereafter steady progression of symptoms started. For the past 2 years the complaints got worse and he is completely bed ridden with complete weakness of upper limbs and lower limbs.

Past History

In 1994 Affected with Rheumatoid arthritis and took Allopathic medication and is still Persists. In 2000 had Bilateral breast abscess and surgery was done and is relieved. In 2004 affected with Polymyositis, Diabetes mellitus, hypertension, hyperlipidemia and is under Allopathic medication. In 2016 had Malleolar injury and surgery was done and is relieved.

Physical Generals

Patient was weak and debilitated, thermal reaction of the patient is chilly. The Thirst was decreased and Sleep was disturbed. Stool was large dry and hard and was having Sensation as if loaded in rectum. He was also having Difficulty in passing urine due to constipation.

Mental Generals

Mentally he is emotional, Anxious about health, Fastidious and was impulsive in nature.

Systemic Examination

Gait was unsteady, Difficult to flex and unable to raise the arm above head, weakness of fingers, tremor of both hands, active movements were not possible, Climbing up and down stairs was not possible, squatting was not possible, only passive movements were possible.

Cranial nerve examination: Jaw jerk was diminished, frowning was not possible, finger nose test was negative. Motor function: Flaccidity of muscles of both limb, lower limbs were only flickering, power of biceps, triceps, supinator were diminished, knee jerk was also diminished, patient was not able to walk and only passive movements were possible.

Life Space Investigation

Patient was born in the poor family. His father was a daily wage employee in cottage industry and his mother was a weaver. He was not interested in studies and he went for job at the age of 15 as a loadman in construction sites and he migrated to abroad at the age of 23 as daily wage worker in poultry farm for 1 year. After that he worked as a driver for 30 years. At the age of 25 he got married and had a happy life. Before the complaints started he was stressed about his life because he had no own house and no permanent job and gradually the complaints developed.

Investigations

The Electro Neuro Myography and Muscle biopsy was confirmatory of Polymyositis Serum rheumatoid factor and

ANA - Positive
 CPK: 301
 Serum CEA & PSA – Negative

Muscle Strength Grading

The following muscle strength grading is used in the grading of muscle of the patient:

- **Grade 5:** The muscle can move the joint it crosses through a full range of motion, against gravity, and against full resistance applied by the examiner.
- **Grade 4:** The muscle can move the joint it crosses through a full range of motion against moderate resistance.
- **Grade 3:** The muscle can move the joint it crosses through a full range of motion against gravity but without any resistance.
- **Grade 2:** The muscle can move the joint it crosses through a full range of motion only if the part is properly positioned so that the force of gravity is eliminated.
- **Grade 1:** Muscle contraction is seen or identified with palpation, but it is insufficient to produce joint motion even with elimination of gravity.
- **Grade 0:** No muscle contraction is seen or identified with palpation; paralysis [4].

Muscle strength grading of the patient before treatment was Grade 1 and improved to Grade 3 within a period of 1 month

Prescription

The medicine prescribed was *Lathyrus Sativus* 200.

Basis of Selection

Lathyrus Sativus 200 was prescribed based on the totality of symptoms of the patient. The following symptoms were made into consideration in reference with *Materia medica* - Paralytic affections of lower extremities. Slow recovery of nerve power. Cannot extend or cross legs when sitting. Rheumatic paralysis. Gluteal muscles and lower limbs emaciated. Toes do not leave the floor and heels do not touch floor. Patient sits bent forward, straightens with difficulty [5].

The patient's symptoms correlated with the above symptoms and hence *Lathyrus Sativus* 200 was prescribed based on the totality on 5/11/2022

Date	Symptoms	Prescription
06-11-2022	Weakness of both limbs, treampling of hands, constipation present Muscle strength grading: Grade: 1	<i>Lathyrus Sativus</i> 200
07-11-2022	Weakness persist, constipation present	Nux vomica 30
8/11/22-23/11/22	All complaints persist and better than before.	<i>Lathyrus Sativus</i> 200
24/11/22-25/11/22	Stool constipated,all other complaints better	Nux vomica 30
26/11/22-7/12/22	All complaints better Muscle strength grading: Grade: 2	<i>Lathyrus Sativus</i> 200
8/12/22-9/12/22	Whole body pain, lumbar pain present	Rhus toxicodendron 200
10/12/22-11/12/22	All complaints better but persist	Bryonia alba 200
12/12/22-14/12/22	All complaints better, stool constipated	Nux vomica 30
15/12/22-29/12/22	All complaints better	<i>Lathyrus Sativus</i> 200
	Muscle strength grading: Grade: 3	

Table 2: Details of follow up.

Results and Discussion

Homoeopathy has reasonably good reason to offer for Polymyositis, which work at two levels by controlling the further progress of disease and improving the symptoms of pain, fatigue, mobility. Muscle biopsy is a reliable instrument in the diagnosis of Polymyositis [6]. Features with elevation

of sarcoplasmic enzymes in serum (creatine phosphokinase, aldolase, transaminases and lactic dehydrogenase) is valuable both for diagnosis and for following the clinical activity and response to treatment [7]. Muscle strength testing can help to diagnose neurologic problems in which weakness is a prominent deficit [8].

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The patients with severe Polymyositis were treated with steroids which shows improvement within six months which might show various side effects, but with Homoeopathic medications patients were treated safely, which have shown improvement within a duration of 3 months.

The patient presented with weakness of both lower limbs especially on left leg and weakness of both upper limbs since 20 years. He was having loss of control over whole body, loss of pain with trembling of hands and he was unable to raise his arms. Reflexes were absent and the muscle strength grading was Grade 1 before treatment.

Based on the totality of symptoms *Lathyrus Sativus* was prescribed. The progression of the case was analysed by further follow-ups. Muscle strength grading was used to analyse the symptoms before and after treatment. Muscle strength grading of the case which was Grade 1 before treatment was and improved to Grade 3 after treatment within a period of 1 month.

Conclusion

Based on the totality of symptoms *Lathyrus Sativus* 200 was prescribed and the improvement started within a week i.e the complaints started improving. Thus showing the effectiveness of the Homoeopathic medicine *Lathyrus Sativus* in the treatment of Polymyositis.

