

Homoeopathy in Clotting

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Abstract: The current article discusses clotting through Pulmonary Embolism (PE), thereafter, it delves in to the epidemiology of PE, its clinical features, management & finally the application of homoeopathy to deal with this issue. It concludes with the cost effectiveness & therapeutic effectiveness of the homoeopathic system of medicine & suggests its involvement on a large scale in the nation. It only reinforces the age old concept of managing these chronic conditions through diet, regimen, exercise & homoeopathy. The suggestion of large scale use of homoeopathy is based on the premise of the modalities of essential medicines. The National List of Essential Medicines (NLEM) envisages that a medicine can be called essential only if it is cost effective, clinically effective & has no side effects. Homoeopathy fits into this triad fully. The article also suggests a treatment protocol based on the typical clinical features of PE & aspires that the public benefits from the protocol at large.

Keywords: Pulmonary Embolism, Clotting, Homoeopathy, Miasms.

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INTRODUCTION

A blood clot formed in a blood vessel in one area of the body which somehow dislodges & travels to another area of the body via blood is called as an embolus. An embolus can lodge itself in a blood vessel & block the blood supply to a particular organ. Such an event occurring in the lungs is termed as pulmonary embolism. As a result, pressure builds up in the right side

of the heart. This process can eventually lead to heart failure that can be life threatening [2, 10]. Pulmonary Embolism (PE) is a significant cause of sudden death & is the third leading cause of cardiovascular death. In 25% of the cases, the first manifestation of PE is sudden unexpected death [2, 10]. The concept of chronic inflammation inside the body in the internal organs & in the blood is the base on which the clotting issues like PE is manifested. One should understand that this chronic

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condition is multi factorial. Therefore the issue has to be dealt with not only medications but life style modifications. The medication suggested here is the homoeopathic system of medicine of the Ministry of AYUSH, GOI [10, 20].

Epidemiology of PE

As per one study, the prevalence of PE is about 2-2.5% in India. The calf's Deep Vein Thrombosis is a significant cause of PE. Another study mentions that it occurs frequently in Indian patients with symptomatic Deep Vein Thrombosis (DVT). Increasing awareness will provide cleaner ideas about the prevalence of Venous Thrombo-Embolism (VTE) in Asian countries. Acute Deep Vein Thrombosis (DVT) alone is responsible for the substantial burden of VTE in Indian patients as per another study. Bleeding was not the limiting factor for anticoagulant treatment in most patients as revealed by another study. Relatively high mortality was observed for intermediate risk PE, necessitating better sub-classification of the PE group to identify candidates for more aggressive approaches as per the finding of a study [1, 3-5]. A review of four studies is profiled in this paragraph. Thrombolytic therapy is not recommended in patients with low risk PE. Anticoagulants should be given for at least 3 months. Pulmonary Embolism Response Team (PERT) are to be formed. PE is in three categories & these are massive PE, sub-massive PE & low risk PE. Prevalence of Venous Thrombo Embolism (VTE) in Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) is higher among Indians than among other Asian ethnicities. The absence of Deep Vein Thrombosis (DVT) of lower limbs does not rule out PE in the setting of AECOPD. It is essential to sensitize individuals about the inconspicuous yet perilous condition of VTE & its corresponding risk factors. There is a need to maximize the impact of the VTE campaign through public awareness. Acute PE presented more than a decade earlier in Indian patients compared with their western counterparts & associated with a very high mortality. Creation of regional centers of excellence serving PE cases with application of PERT concept will lead to improved patient outcomes [6-9].

Clinical Features of PE

The calf's Deep Vein Thrombosis (DVT) is a significant cause of PE. The patient typically presents with persistent cramping that aggravates over several days. Leg swelling & discoloration may add discomfort. Upper extremity DVT may cause otherwise idiopathic upper arm or neck swelling. Surgery, age related inactivity, Hormone Replacement Therapy (HRT), obesity, hypertension, cancer & certain genetic elements may predispose an individual to DVT leading to pulmonary embolism [2, 10]. Even air travel leading to prolonged inactivity has been attributed to be a cause of DVT & pulmonary embolism. In 2020, at least 2 out of 10 COVID 19 patients had developed PE. Early symptoms could be more specific for PE & are often

ignored. Symptoms may include unexplained shortness of breath. This is the most common sign of PE. Other symptoms are chest discomfort, usually worse with a deep breath or coughing, a general sense of anxiety or nervousness, lightheadedness or blacking out [2, 10, 16].

Diagnosis of PE

It is important for a medical practitioner to clarify the patient's history especially of any injury, trauma or surgery. Diagnosis is typically based on blood work up, including D-Dimer & tests to detect a pro thrombotic state [2, 10]. Imaging modalities like Computerized Tomography (CT) scan is employed to make an accurate diagnosis. PE gradation can range from mild to severe. Mild PE is managed with blood thinners like anti coagulants. Severe PE requires additional measures such as clot busters that include thrombolytic therapy. The other is Embolectomy, a procedure in which the clot is surgically removed. The cases may need oral anticoagulants to prevent future occurrences of pulmonary embolism [2, 10].

Management

As PE is a fatal condition, certain preventive measures like regular exercise prevents immobility or inactivity can avoid many idiopathic cases especially in geriatrics category. Weight control is a must to prevent fluid build-up. Those who undergo surgery should adhere to the doctor's advice while promptly reporting any post surgery abnormality or difficulty [2, 10]. Hypertension should be controlled under the supervision of a physician. Air travel though atypical has been said to be a cause. Therefore, it is advisable to avoid alcohol consumption & stay adequately hydrated during air travel. Routine stretching of limbs should be done as a preventive & promotive measure [2, 10]. The concept of Satwik, Rajasik & Tamasik diets should be a part of the management as well. To reduce inertia, one should reduce intake of Tamasik diet, moderate the intake of Rajasik diet and regularize the use of Satwik diet to avoid thickening of blood & the clotting issues [15].

Homoeopathic treatment protocol

At the outset, the concept of 'miasm' is to be applied for therapeutics approach in homoeopathy. Here, if the symptoms aggravate in the morning & evening, anti 'Psorics' are to be prescribed. Similarly, in case the symptoms aggravate during forenoon, noon & afternoon, than anti 'Sycotics' are to be prescribed. Lastly, if the symptoms tend to aggravate during night, anti 'Syphilitics' are to be prescribed [12]. The lead author has used the Phatak's repertory book to design the homoeopathic treatment protocol. The drug given under embolism is 'Kali Mur' [11]. The primary symptom is shortness of breath that is unexplained. Here the drugs are 'Antim Tart', 'Argentum Metallicum', 'Calcarea Carb', 'Carbo Veg', 'Kali Carb', 'Laurocerasus', 'Nitric Acid', 'Ranunculus Scleratus', 'Senega', 'Stannum Met', 'Sulphur' [11]. This unexplained shortness of breath is aggravated by deep breath & coughing. Here the drugs

are 'Spongia' & 'Phosphoric Acid' [11]. One of the risk factor is old age. The drugs to be used in geriatrics are 'Baryta Carb' & 'China' [11]. If the case is only aggravated by deep breathing, the drugs are 'Bryonia', 'Kali Carb', 'Argentum Nit', 'Cactus' & 'Rumex' [11]. Cases of lightheadedness need 'Sticta', 'Mezereum' & 'Gelsemium' [11]. Cases of having black out need 'Cardus Benedictus' [17]. For Generalized Anxiety, there are 'N' numbers of medicines starting from A to Z. However, the specific drug 'Cortisone' can be prescribed here [17]. Like old age, overweight or obesity is another potential risk. Here the drug 'Ammonium Bromatum' can be prescribed [17]. Based on the blood picture in which D-Dimer is high, inflammation reducers like 'Curcumin' & 'Prednisone' can be prescribed in potencies [17]. Blood thinners like 'Echinacea', 'Cholesterinum' & Liver, Spleen medicines are to be prescribed [17]. The integration of Homoeopathy will help achieve the concept of Universal Health Coverage (UHC) as the modern medicine is not at all cost effective to catalyze the UHC at the national level. It is here that the AYUSH will come in handy & homoeopathy is one the component of AYUSH here. The same idea has been mooted by authors in an article published in the Lancet [13].

Homoeopathy & GDP of India

The current GDP of India is 3.75 trillion INR. As per the available data, 10% of population use Homoeopathy currently in India. Hence, integration of homoeopathy will help India to save 0.375 trillion INR per year hypothetically. In the process, the heart health, lung health can be improved while saving the population from complications related to excess thickness of blood [18].

CONCLUSION

As all drugs in homoeopathy have a group of mental symptoms, Homoeopathy is and will be effective against clotting disorders in general. The current article adds another feather in the Homoeopathic cap as it can deal with the probable upcoming of large number of cases of clotting disorders in view of high stress levels due to the consequences of the ongoing COVID 19 crisis that is still prevalent in the form of long COVID. However, it should be also seen that along with constitutional/deep acting/polychrest Homoeopathic medicines, specific medicines are also required to deal with the cases. Simultaneously, nutrition, counseling and all psychic health modalities like life style modification, diet and stress reduction are adhered in each case [12, 16, 17]. In fact, the detailed case taking of a case & empathetic hearing are the elements of supportive therapy as clotting related cases are chronic and resistant. The Homoeopathic approach of case-taking/anamnesis exactly fits into the criteria of supportive therapy. Hence, as a part of treatment, the supportive therapy is inherent in the Homoeopathic system of treatment [12, 17]. The Homoeopathic fraternity should be ready to cover the masses as there is no other therapeutic system that can

cover the masses effectively while being economical, no side effects and to add to it, it is cost effective. Simultaneously, it has a wide range of medicines for clotting disorders as seen in the contents of the sections mentioned above [11, 12, 17].

Declaration of the lead author

Prof. Shankar Das, a co-author of the current article was the Ph.D. guide of the lead author at Tata Institute of Social Sciences, Mumbai. Professor D.P. Singh, another co-author of the article was the teacher of the lead author at Tata Institute of Social Sciences, Mumbai during 1995-1997. The lead author also certifies that he has expressed his personal opinion based upon his public health and clinical experiences. The treatment approach or the medicines suggested are only suggestive in nature.

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