

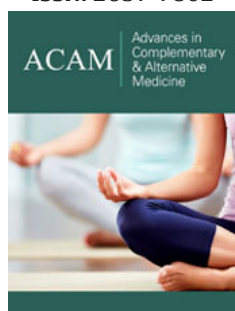
# A Case of Complementary Treatment for Idiopathic Polymyositis

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ISSN: 2637-7802



## Abstract

A case of idiopathic polymyositis treated both with conventional and homeopathic complementary treatment is presented, pointing out the main characteristics of the case and showing the advantages in associating both methods; the combination of conventional and complementary therapies made possible the avoidance of tracheostomy for a severe esophageal dysmotility.

**Keywords:** Idiopathic polymyositis; Esophageal dysmotility; Complementary treatment

**Abbreviation:** Polymyositis PM

## Introduction

Polymyositis (PM) is a systemic disease and one of several idiopathic inflammatory myopathies, together with dermatomyositis and sporadic inclusion body myositis. [1,2] Dysphagia secondary to oropharyngeal and esophageal involvement occurs in about one third of patients and may lead to aspiration pneumonia. Treatment of the disease includes mainly corticosteroids and immunosuppressants and for short-term treatment, intravenous immunoglobulin, especially for steroid-resistant cases of polymyositis. Although PM is considered a treatable disease, the prognosis is not well known [3,4] and among predictors of a poor outcome, dysphagia [5], is considered an important issue. Taking into consideration that a patient with PM and dysphagia has a poor prognostic and limited possibilities for a successful treatment, complementary homeopathic treatment was added to the conventional one for a hospitalized patient who presented this type of pathology.

## Case Presentation

Patient B.E., 62 years old, medical nurse recently retired from work, presented a sudden onset of the disease in November 2021 and was diagnosed with idiopathic polymyositis with severe esophageal dysmotility and generalized muscular atrophy, for which she was admitted on January 4th, 2022, at the Rehabilitation Department of Elias Hospital (Bucharest), being transferred from the Medical Department, Dr. I. Cantacuzino Hospital (Bucharest). Personal history: organic affective disorder, total hysterectomy for uterine fibromatosis at the age of 43, post-menopausal osteoporosis for which she previously received treatment with Actonel (without existing documents), essential hypertension gr. III high additional risk group, infection with SARS CoV-2 (November 2020 and January 17, 2022), hiatal hernia diagnosed in November 2021. She was vaccinated twice against Covid.

In Elias Hospital, she underwent rehabilitation treatment (kinetotherapy and physiotherapy), as well as cortisone drug treatment and Spironolactone, vitamin D, potassium chloride, iron, anticoagulants, antipsychotic treatment, gastric protectors, with partial recovery of the muscle strength and initiation of walking short distances with the help of a walking frame. In the Medical Department of dr. I. Cantacuzino Hospital, in Bucharest, where she was admitted on 23rd November 2021, she received intravenous treatment with human

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**Submission:**  July 24, 2023

**Published:**  August 04, 2023

Volume 7 - Issue 5

**How to cite this article:** Ileana Rîndașu\* and Mihai Berteanu. A Case of Complementary Treatment for Idiopathic Polymyositis. Adv Complement Alt Med. 7(5). ACAM. 000673. 2023.

DOI: [10.31031/ACAM.2023.07.000673](https://doi.org/10.31031/ACAM.2023.07.000673)

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normal immunoglobulins 50g (Kiovig 100mg/ml, 10 vials of 50ml each), and in December another 60 g. In the same department, a gastrostomy was already installed for severe esophageal dysmotility that prevented swallowing of both solids and liquids. The values of CK were very high (10618.40 UI/l) in November 2022, but under treatment went down to the value of 50.83UI/l in the beginning of January 2023. On 5th January 2022, a nasolaryngian fibroscopy and a test of deglutition with methylene blue were performed, where a significant stasis in the piriform sinuses at the level of the glottis was found and the deglutition test was negative (deglutition not possible both for solids and liquids).

Thus, the issue of the necessity of tracheostomy was raised, but the patient demanded to postpone the intervention and to resort to a complementary homeopathic treatment.

On January 6, a homeopathic anamnesis was performed, with the following relevant data found:

- a) in October 2021, her brother fell ill with Covid, and the patient felt this as a shock and a great fright, being convinced that he would die.
- b) the disease started approximately 10 days after the shock, with progressive swallowing disorder, joint pains, edema in the lower limbs and generalized decrease in muscle strength.
- c) she is an emotional and compassionate person.
- d) before the exams, she always used to have high emotions and diarrheal stools.
- e) she always feels emotions in the stomach area.

The totality of symptoms (mental-emotional and physical altogether) pointed out to the indication for the homeopathic medicine *Gelsemium sempervirens* [6,7].

In agreement with Prof. Dr. Mihai Berteanu, head of the Rehabilitation Department, it was decided that the patient should receive complementary treatment with *Gelsemium* CH 30, 3 times a day for 2 days, then 2 times a day for another 12 days. At the assessment made after 14 days, the patient had resumed swallowing for solids, but still more difficult for liquids, the first important signs of improvement being visible after the first three days of treatment. The indication for performing tracheostomy was abandoned. She continued the complementary treatment with *Gelsemium* CH 30, 5 granules once a day for another 14 days, then the number of administrations was gradually reduced to one administration per week, for one month, treatment which she continued at the Dr. Cantacuzino Hospital where she was transferred for further treatment. On February 17, at the follow-up consultation, she was swallowing almost normally and *Gelsemium* was recommended for another two months, with administrations once in a week, 5 granules of the same potency, CH 30. On 20 April 2022, the gastrostoma was eliminated, being considered unnecessary, as the patient could swallow both solids and liquids and receive normal food.

## Discussion

The patient was in homeopathic complementary treatment for four months and was followed up till present time by the conventional attending physicians, during the periodic hospitalizations for evaluation and treatment, the last one from March 2023, at the Internal Medicine Department of dr. I. Cantacuzino Hospital. The evaluation made in March points out that the disease has a favourable evolution, with an amelioration of the clinical symptomatology, without biological inflammation and with a remission of muscular citolysis. The patient remains at present time under conventional treatment with low doses of corticosteroids (Medrol 4mg daily) and immunosuppressive drugs (Imuran 50mg daily). The association between the conventional and homeopathic treatment was salutary for the evolution of the case, in a difficult moment when deglutition was severely affected. The indication of tracheostomy was abandoned thanks to the amelioration of deglutition which allowed the patient to resume her alimentation with semisolid food, soon after the association of the homeopathic treatment to the conventional one.

## Conclusion

Conventional and complementary treatments can coexist very well together for shorter or longer periods of time, depending on the symptomatology. In initial stages of a disease, patients can benefit more from complementary and alternative treatments, with the benefit of using small doses which are completely non-toxic and in advanced stages this type of treatments can still be of help for disorders which otherwise are difficult to solve, like this case has demonstrated.

## Acknowledgement

Assoc. Prof. Dr. Mihai Bojincă, PhD, Head of Internal Medicine Department at Dr. I. Cantacuzino Hospital, University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

## Conflict of Interest

There are no financial interests and no conflict of interest.

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