

# Homeopathic treatment of two patients with coronary artery disease: case-report

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## ABSTRACT

The homeopathic materia medica includes a number of remedies potentially useful in heart diseases and that could be an effective complementary tool in cardiology and cardiovascular surgery. As conventional doctors demand evidence on the efficacy and effectiveness of homeopathic treatment backed with independent laboratory evaluation by accredited specialists, this paper reports the outcome of two patients diagnosed with severe coronary artery disease treated with homeopathic remedies.

Key words: coronary artery disease; low dilutions remedies;

## Introduction

The most common cause of coronary insufficiency is the decrease in the blood flux due to atherosclerosis of the main epicardial coronary arteries; angina pectoris is the form of presentation in 45% of patients, myocardial infarction in 42% and sudden death in 13% [1]. In 1978, Gruntzig introduced percutaneous transluminal coronary angioplasty with balloon catheter. According to the indications of this procedure, the rate of cardiovascular accidents after myocardial infarction diminished from 20-30% in the pre-thrombolytic era to 5%. About 30% of patients exhibit alteration of the left ventricle function in the following 2-3 months, whereas other patients show improvement, illustrating the difficulty in classifying risk at a given moment [2].

In this context, homeopathy has a potential role as complementary tool in the treatment of patients with coronary artery disease. This paper reports the outcome of two such cases followed up during 5 years, accompanied with the due complementary exams.

### Case 1.

66 year-old female patient, consulting in August 2004 due to episodes of tachycardia and arrhythmia, with dyspnea and angina pectoris when walking or ascending stairs. She also presented a state of overwhelming anxiety, with fear of death. Treated without response with atenolol, alprazolam and

isosorbide, the value of blood cholesterol rose coronary risk index to 7.97. Heart function tests performed at that time indicated:

- 1) stress/rest myocardial perfusion test: posterolateral ischemia; the test had to be interrupted due to the appearance of ischemia (Figure 1);
- 2) ergometry: positive for ischemia with rectification of segment ST in V5 and inversion of T wave in V5 and V2 (Figure 2).

*Cactus grandiflorus* 6cH was prescribed in 2 daily doses.

A significant remission of symptoms was observed few weeks after the onset of treatment. Ecodoppler was performed 6 months later, in February 2005, reporting: mild aortic insufficiency; normal size, systolic function, mobility and thickness of the left ventricle; normal mitral valve; normal left and right atria and right ventricle.

A new coronariography performed in May 2005 revealed: some irregularities in the main left coronary artery without significant lesions; anterior descending artery of good size and diameter, without significant lesions; 30-40% obstruction of the middle third of the right coronary artery, without significant lesions; left ventricle: not dilated, hypertrophic, normal mobility of the wall; Conclusion: no significant lesions in the coronary arteries.

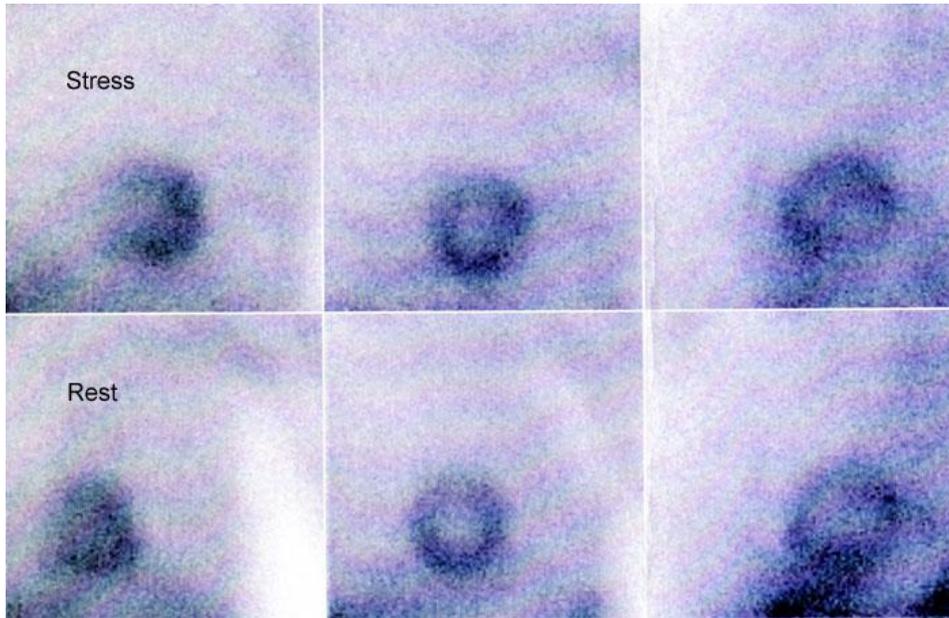


Figure 1. Stress/rest myocardial perfusion test: (23 June 2004)

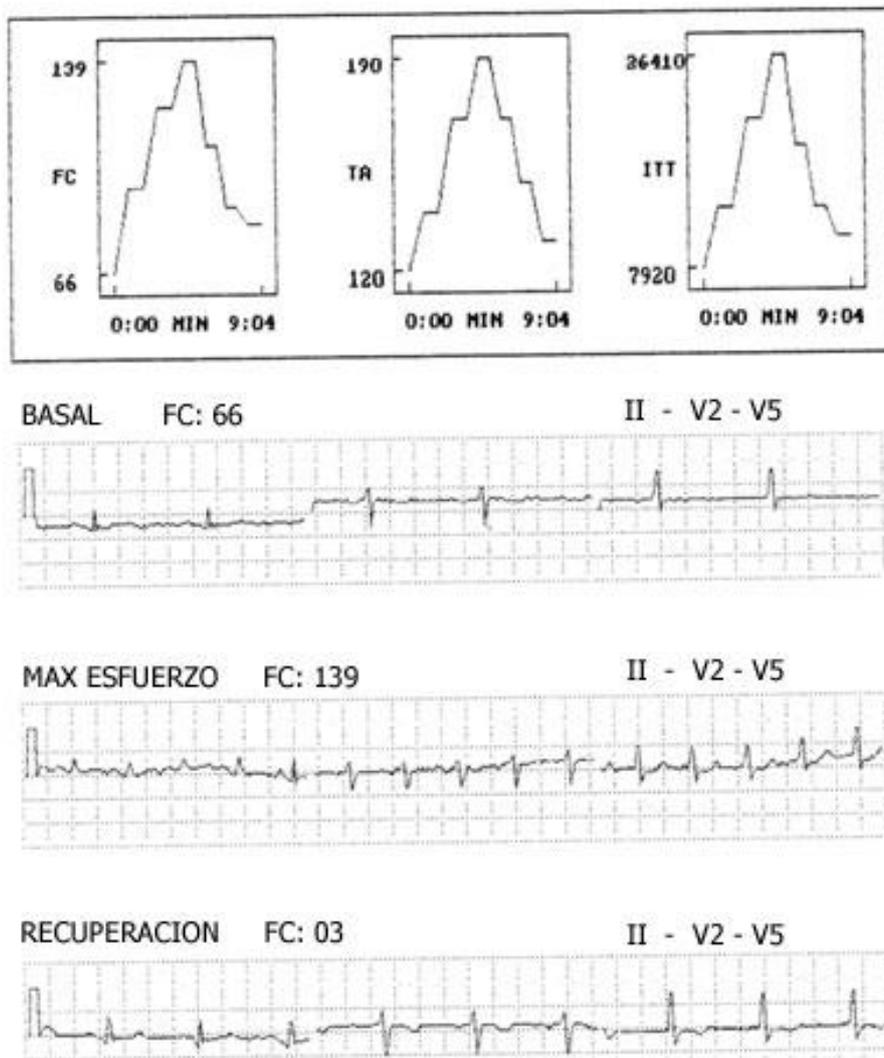


Figure 2. Ergometry (23 June 2004)

To summarize, clinical improvement, with remission of arrhythmia and angina correlated with the results of tests showing absence of pre-treatment posterolateral ischemia.

Clinical outcomes and complementary exams allow inferring that in Case 1, treatment with *Cactus* 6cH allowed the shift from “evidence of ischemia indicating angioplasty” to “non significant lesions” in coronariography. (complementary exams, in Spanish, are available at <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/337/389>).

The patient remains asymptomatic and under cardiology care; intake of *Cactus* 6cH continues until today (May 2009). Use of *Cactus* 6cH continues as in this kind of illnesses, the primary causes remain active and even increase with age. For this reason, it cannot be said they are ever healed, but rather that their progression is controlled.

## Case 2

77 year-old male patient, consulting in October 2004 with angina pectoris and dyspnea under stress; antecedents of arterial hypertension and dilated cardiomyopathy secondary to a large myocardial septal-apical and anterior infarction in 1988. Perfusion studies, echocardiography and coronariography performed in 1999 already exhibited 60-70% obstruction of the anterior descending artery; the perfusion test reported: ischemic-necrotic cardiomyopathy with large necrotic area and viability of the anterolateral middle and apical levels.

A coronariography performed in 2000 revealed coronary atherosclerosis and moderate disease of the anterior descending coronary artery. In November 2004 perfusion test showed: dilated ischemic-necrotic cardiomyopathy in a large apical, septal, anterior, inferoapical and lateroapical necrotic area, with slight anteroapical perinecrotic ischemia. At this time, coronariography reported: 50% obstruction of the left coronary artery at the ostium in its distal end; 90% obstruction of the anterior descending artery; severe affection of a middle branch of the circumflex artery. (complementary exams, in Spanish, are available at <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/337/390>).

The patient had been prescribed alternatively timolol, diltiazem and Medocor® (isosorbide and aspirin), amiodarone, spironolactone, acenocoumarol and furosemide; after the last exams performed, surgery was indicated (triple angioplasty). While waiting for the scheduled surgery, the patient

consulted us. It was prescribed *Crataegus oxyacantha* 3x, 10 drops, three times a day.

Clinical improvement began a few weeks after the onset of treatment, particularly a significant reduction of episodes of angina. A coronariography performed in December 2004 reported:

- main left coronary artery: 20% obstruction at the distal level;
- Anterior descending artery: good size and diameter, severe proximal and ostial lesion, normal distal bed.
- Circumflex artery: no significant lesions.
- Right coronary artery: 40% obstruction of the distal third, rest without significant lesions.
- Conclusion: non significant lesion of the distal third of the main left coronary artery; ostium and proximal lesion of the anterior descending artery; moderate lesion of the distal third of the right coronary artery.

In Case 2, after 2 months of treatment with *Crataegus* 3x there was:

- Main left coronary: irregularities; no significant lesions;
- Anterior descending artery: good size and diameter; no significant lesions.
- Circumflex artery: irregularities; no significant lesions.
- Right coronary artery: 30-40% obstruction of the middle third; no significant lesions;
- Conclusion: coronary arteries without significant lesions.

As a result, surgery indication also shifted from triple to simple angioplasty, which was performed in December 2004 with full success. Ergometry performed 5 months later showed: absence of angina and dyspnea; no changes in ST-T; polymorphous isolated and asymptomatic ventricular extrasystoles during recovery; normal behavior of blood pressure.

The patient continues taking *Crataegus* 3x until today (May 2009) together with conventional medication and is fully recovered.

## Discussion

Obstructive coronary artery disease represents the model of lethal risk clinical picture. Homeopaths facing this challenge require a sound knowledge of the disease and need to plan a therapeutic strategy aiming chiefly at the etiopathogenesis of the

disease. In this context, so-called “small remedies” [3] can be particularly useful.

In fact, such “small remedies” are so only because they have been insufficiently studied. Most symptoms reported in the materia medica have clinical and toxicological origins; no homeopathic pathogenetic trials (HPTs) have been conducted for many of them, for this reason they lack florid descriptions of mental and general symptoms as so-called polycrests have.

Prescription of such “small remedies” emerges from an accurate understanding of signs and symptoms within the framework of Hering’s guidelines for hierarchization. In this context, the following symptoms were taken into account:

#### Case 1:

- Chest; Angina pectoris
- Chest; Heart, complaints of the; accompanied by; respiration; complaints of
- Respiration; Difficult; ascending
- Mind; Fear; heart; disease of

Symptoms analysis pointed out to *Cactus grandiflorus* and *Spongia tosta*, requiring differential diagnosis between both.

The first HPT of *Spongia* was performed by Hahnemann in 1821; the remedy is prepared from sea sponge, native from the seas of Crete and Cyprus. Used in therapeutics at least from the 14th century [4-6], its chemical composition was only elucidated in the 20th century, containing terpenes, diterpenes and furanoterpenes, several esterols and minerals such as iodine, bromide, silicium, iron, calcium carbonates and phosphates [7]. It is indicated in valvular disease, heart hypertrophy, acute and chronic pericarditis and endocarditis (mostly rheumatic). Angina pectoris in *Spongia* characteristically presents constrictive, oppressive or stitching pain, with heat, suffocation or fainting, sweating, violent palpitations with rush of blood to the chest or the head and heat and reddening of the face; pain wakes the patient at midnight or 1-2 a.m., with anxiety, suffocation, a typical cough, restlessness and fear of dying [8].

On the other hand, *Cactus grandiflorus* (*Selenicereus grandiflorus* (L) Britton & Rose) is a rampant plant belonging to family Cactaceae, native of Antilles and Central America, branching out in 5-6 arms; short thorns and flowers reaching 20 cm diameter; for medical purposes, young stems are used, which are rich in hordenine and rutoside [8].

Employed since older times for arrhythmias, palpitations, cardiac dyspnea, hypertrophy and

weakness of the myocardium, tobacco-related cardiopathy, endo and pericarditis and mitral or aortic insufficiency [9] it is a chief remedy in the treatment of atheromatosis and aneurisms of the heart and main arteries. Characteristically, angina in *Cactus* is described as the feeling of a hand or claw pressing the heart or increasingly constricting wires [8].

In the homeopathic literature, *Cactus* is indicated in mother tincture, first decimal and low or middle centesimal dilutions [10]. There are no reports of toxicity due to overdose and when prescribed in low repeated doses it has a remarkable sedative effect on fear of dying [11].

Evidently, the patient’s clinical picture lacked the typical traits of coronary disease in *Spongia*; she lacked rheumatic antecedents as well as the characteristic suffocation, dyspnea, cough and palpitations. On the other hand, the study of the materia medica showed a higher similarity with the pathological picture of *Cactus* that, therefore, was the remedy prescribed.

#### Case 2:

- Chest; Angina pectoris
- Generals; Arteriosclerosis
- Chest; Arteriosclerosis of coronaries
- Chest; Dilatation of the heart
- Chest; Weakness; Heart
- Generals; Hypertension
- Chest; Heart, complaints of the; accompanied by; respiration; difficult
- Sleep; Sleeplessness; accompanied by; heart; complaints of

Symptoms analysis pointed out to several remedies among which *Crataegus* was the only one covering all the symptoms, besides known as having clear action arteriosclerosis.

*Crataegus oxyacantha* L., currently classified as *Crataegus laevigata* (Poir.) DC, commonly known as English Hawthorne is a Rosaceae native of North America and Europe. In medicine it is used the variety producing white flowers and red fruits. It contains mainly triterpenic acids,  $\beta$ -sitosterol, flavones and carotenoids – responsible for its pharmacological actions; hyperoside (an antihemorrhagic flavonoid) and a cardiogenic heteroside [7]. It was introduced in therapeutics by Green, an Irish doctor who hid the name of the remedy he prescribed with success to patients with heart disease [3]. The first HPT was performed in 1910 at the Department of Homeopathy of the University of Michigan. According to homeopathic

literature, it is still prescribed in mother tincture or decimal dilutions in several daily doses [8, 12-16]. In studies *in vitro* and *in vivo* conducted on cats and dogs, *Crataegus* was associated to an increase in the amplitude of myocardial contraction, increase in minute volume with an increase in coronary flux, decrease in the heart rate, antiarrhythmic and cardioprotective effects on experimentally induced ventricular fibrillations. In models of myocardial ischemia in human beings, *Crataegus* exhibited ability to elicit vascular 14% relaxation in healthy coronary arteries and 8% in atherosclerotic arteries [11].

Extant experience allows for some reflections. First, that homeopathy has a true arsenal of remedies potentially useful in actual practice, ignored by conventional doctors and frequently forgotten by homeopaths themselves. Improperly so-called “small remedies” [17] are very poorly represented in the homeopathic materia medica and repertories; for this reason their knowledge requires special attention as their use can contribute to the treatment and improve the prognosis of many diseases, including some of lethal risk. Wider clinical experience with the use of such remedies, duly documented by objective evidence will contribute to the acknowledgment of the therapeutic effectiveness of homeopathy.

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