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Systemic lupus erythematosus with cardiac complication: A comprehensive case study

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Abstract

Systemic Lupus Erythematosus (SLE) is a long-term autoimmune disease that causes the immune system to attack the body's tissues, leading to inflammation and damage in various organs. While it commonly affects joints, skin, kidneys, and the nervous system, it's increasingly clear that the heart is also significantly impacted. This can result in conditions ranging from mild pericarditis to severe issues like myocarditis, valve diseases, and rapid-onset atherosclerosis.

Diagnosing and treating heart-related symptoms in SLE patients is challenging due to the variety of symptoms they may experience, such as chest pain, shortness of breath, irregular heartbeat, and fainting. These symptoms can be mistaken for other heart or non-heart related issues. Therefore, it's crucial to identify heart problems early in SLE patients to start the right treatment promptly and avoid permanent heart damage.

A case study highlighted the effectiveness of homeopathic treatments in a patient with SLE who is having global hypokinesia. After following standard procedures for case taking and examination, homeopathic medicine was chosen using computerized repertory with reference to *Materia Medica*. The patient showed significant improvement, indicating that homeopathy can play an important role in treating SLE and its complications.

Keywords: Case study, homeopathy, systemic lupus erythematosus, cardiac complaint

Introduction

Systemic Lupus Erythematosus (SLE) is a connective tissue disease characterised by production of autoantibodies affects all organ system. Young age women are most likely to be affected by the disease and females to male prevalence ratio is 1:10^[1]. Cardiac involvement can be seen in over 50% of lupus patients, affecting all structural components of the heart. The postulated mechanisms underlying the pathogenesis of cardiac involvement including risk factors and genetic predisposition will be discussed^[2]. Since SLE can affect multiple body systems, patients present with a variety of clinical features. These include constitutional symptoms, which include fatigue and fever, mucocutaneous lesions, and musculoskeletal manifestations, such as arthritis and arthralgia. It is noteworthy that approximately half of SLE patients also experience blood and neuropsychiatric disorders, and that the disease can affect many other organ systems, including the heart, lungs, eyes, kidneys, and gastrointestinal tract. Additionally, SLE is linked to the antiphospholipid syndrome, which linked to several cardiac manifestations in patients with SLE including valvular disease and cardio vascular disease and also the risk of foetal loss in pregnant women^[3]. As the number of SLE patients has been recently increased in few decades, annual number of death increased due to the involvement of cardiac affections.

Material and Methodology

A case of SLE with global hypokinesia of heart was registered in the In-patient department (I.P.D). Case taking and thorough examination was done as per the homeopathic case recording guidelines. Selection of medicine is based on computer repertorization and in reference with *Materia Medica*. Follow-ups were recorded in the case sheet and documentation was evidenced with lab reports of the patient.

Case Report: A 31 years old female came with the complaint of difficulty in breathing, weakness all over the body and palpitations since 1 ½ years.

Initially the patient had anaemia and she took allopathic treatment then gradually patient started severe aching pain in whole body and then she got severe allergic reaction in skin and then epilepsy. After the episode she became unconsciousness and developed oedema all over the body. Then she got admitted in the allopathic hospital and took treatment and then got relief. Again few days after one day she had toothache then she also had chest pain so went to allopathic hospital for treatment. That Time her creatinine level is increased so she consulted nephrologist then she diagnosed as Lupus nephritis and other investigation also done where they found that she is having global hypokinesia of heart, moderate systolic dysfunction and moderate mitral regurgitation. Her ejection fraction is 39.9% and got diagnosed with SLE. She took allopathic treatment for this complaint. In allopathic treatment the doctors said the patient will live for 2 months only. Then the family members decided to take homeopathic medicines. While coming, patient bring all her reports (ANA positive, ECHO) and her complaint was palpitation, difficulty in breathing which is worse when walking, fatigue and depressed.

Physical Examination

The patient exhibits signs of anemia with mild pallor, low blood pressure (90/70 mm Hg), a slow pulse rate (50 bpm), and faint cardiac sounds, indicating potential cardiovascular concerns that require further investigation.

Physical generals

The patient maintains a normal appetite and sleep pattern,

with no specific dreams reported. Thirst is decreased, yet urine flow and bowel movements are regular. There is a general tendency to sweat, with a preference for warm food and an affinity for the rainy season.

Life Space Investigation

The patient, raised in a moderate family, expresses no personal distress about her illness but is concerned about being a burden to her family. Despite receiving a good upbringing and education, she now finds herself dependent on others, which diminishes her sense of courage. Her stamina has significantly decreased, necessitating company for travel, as she tires easily when alone. This dependency contrasts with her previous independence, causing discomfort. Before her marriage, neighbourhood gossip about her cancer diagnosis led to feelings of embarrassment. However, she fondly recalls the security and happiness felt during childhood moments spent with her father, especially the protective gesture of his hand on her shoulder. The patient emphasizes the importance of protection; its absence leads to feelings of solitude and even suicidal thoughts. She takes pride in being Thanghamani’s daughter and avoids confrontations that could tarnish her identity. If criticized, she prefers to cry and withdraw rather than engage in arguments that could escalate into quarrels.

Intervention

The totality of symptoms was erected and subjected to Repertorization by using software [Figure 1]. Based on the totality of symptoms medicines are selected.

| Remedy | Kali-i | Kali-c | Nat-m | Caus-t | Merc-c | Kali-ar | Kali-chl | Mur-ac | Kali-s | Kali-bi | Ant-t | Kali-br | Kali-fcy | Kali-n | Mag-m |
|------------------------------------------------------------------------|--------|--------|-------|--------|--------|---------|----------|--------|--------|---------|-------|---------|----------|--------|-------|
| Totality | 16 | 14 | 10 | 9 | 9 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Symptoms Covered | 6 | 6 | 4 | 4 | 3 | 4 | 3 | 2 | 4 | 3 | 2 | 2 | 2 | 2 | 2 |
| [Murphy] [Clinical]Lupus, erythematosum: | 1 | 1 | 2 | 2 | 0 | 1 | 2 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| [Complete] [Mind]Insecurity: | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Complete] [Mind]Sadness:Burden, as from a: | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Complete] [Generalities]Weakness: | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 |
| [Complete] [Heart & Circulation]Pulse, heartbeat:Slower, bradycardia: | 4 | 3 | 3 | 1 | 2 | 0 | 2 | 4 | 1 | 1 | 3 | 3 | 3 | 3 | 3 |
| [Murphy] [Breathing]Difficult, breathing:Walking: | 2 | 2 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| [Complete] [Generalities]Food and drinks:Warm:Drinks:Desires: | 1 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Fig 1: Reportorial totality

Treatment

Selection of remedy and potency

The Remedy selected was Kali Chloricum 30 and Strophanthus Q and by further reference to Materia medica.

Justification

According to Boriecke’s Materia Medica, Strophanthus acts on the heart by increasing the contractile power of all striated muscles. It enhances systolic function and rapidly diminishes diastole. Strophanthus is indicated in cases of mitral regurgitation with subsequent edema and dropsy, as well as anemia accompanied by palpitations and

breathlessness [4].

Justification for Kali chloricum - Allen’s Encyclopedia notes that the chest pulse rate increases from 65 to 80 beats within three hours after taking the drug, and further to 90 beats after several hours. A low potency was chosen because diseases characterized by increased vital action respond better to lower potencies [5].

According to Boger’s Synoptic Key, Kali chloricum primarily affects the blood, kidneys, and heart. Kali-carb has a significant action on the blood and heart, while Kali iod exhibits a more pronounced effect on the glands.

Results

The patient visited the IPD on 11/12/22. Initially Digitalis 30/BD was administered immediately, then after taking a detailed case, Kali chloricum 30 and Strophanthus Q was given. After six months the ECHO reports make it quite evident that EF is improved. On 08/07/2022 the Ejection

fraction is 39.2%, after administration of our medicines there is a 45% improvement in the Ejection Fraction on 25/3/23.

Follow Ups**Table 1: Show Complaints and Medicine**

| Date | Complaints | Medicine |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. 11.12.23 | K/C/O of SLE Difficulty in breathing <walking Palpitation on an off Tiredness Generals are good bp:100/ 60 mm of hg Pulse :50 beats /min CVS: Feeble heart sounds. RS: Normal vesicular breath sounds heard | Rx 1.Digitalis 30 3/BD |
| 2 13.1.23 | K/C/O of SLE Complaint persists. Difficulty in breathing <walking Palpitation on an off. Tiredness Generals are good BP:100/ 60 mm of hg. Pulse :62 beats /min improved CVS: Feeble heart sounds. RS: Normal vesicular breath sounds heard | Rx 1. Digitalis 30 3/BD 2. Strophanthus Q 20 gtt /BD |
| 3. 14.2.24 | K/C/O SLE Cough with whitish expectoration Sneezing with watery coryza Itching in throat Difficulty in breathing <walking Palpitation on an off tiredness Generals are good BP:100/ 60 mm of hg Pulse :62 beats /min CVS: Feeble heart sounds. | 1. Kali chloricum 30 2D/BD 2. Strophanthus Q 20 gtt xBD. |
| 4 21.2.24 | K/C/O SLE Patient feels better Cough with whitish expectoration Sneezing with watery coryza Itching in throat Sensation of mucus in throat Difficulty in breathing <walking is slight better Palpitation on an off Tiredness generals are good BP:100/ 60 mm of hg Pulse :62 beats /min CVS:Feeble heart sounds. RS:Normal vesicular breath sounds heard. | 1. Kali chloricum 30 /1D (stat) 2. Strophanthus Q 20 gtt xBD. |
| 5 27.2.24 | K/C/O SLE Patient feels better Cough with whitish expectoration <night better than before. Sneezing with watery coryza Sensation of mucus in throat Difficulty in breathing <walking Palpitation on an off Tiredness Generals are good BP:100/ 60 mm of hg Pulse :62 bests /min CVS: Feeble heart sounds. RS: Normal vesicular breath sounds heard LAB Investigation ECHO: EF: 45% IMPROVED | 1. Sac lac 2D/BD 2. Strophanthus Q 20 gtt xBD. |

| | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| | Dilated left chambers, global hypokinesia of left ventricle, mild LV dysfunction Mild to moderate MR. | |
| 1/3/24 | k/c/o of SLE Complaint persists. Difficulty in breathing <walking Palpitation on an off. Tiredness Generals are good BP:100/ 60 mm of hg Pulse :62 bests /min CVS: Feeble heart sounds. RS: Normal vesicular breath sounds heard | 1. Kali chloricum 30 /4D weekly once. 2. Strophanthus Q 20 gtt xBD. |
| 30.3.24 | K/C/O SLE Difficulty in breathing <walking is better Palpitation on an off Tiredness Generals are good BP:100/ 60 mm of hg Pulse :68 bests /min CVS: Feeble heart sounds. RS: Normal vesicular breath sounds heard. | Rx 1. Kali chloricum 30 2D/BD 2. Strophanthus Q 20 gtt x BD. |

Discussion

SLE is an inflammatory autoimmune disease that primarily affects women who are fertile and can impact nearly every organ system in the body. In general, 40-200 people per 100,000 may be affected with SLE, with Black people being the majority. More than 50% of lupus patients may experience cardiac symptoms at some point during the course of the disease, which can raise mortality. Patients with SLE have a risk of myocardial infarction that is up to nine times higher than that of the general population and 50 times higher than that of healthy women alone. However, a variety of factors contribute to the pathophysiology of cardiac involvement, which is mainly unclear [7]. Our patient currently exhibits symptoms such as palpitations, weakness, mild pallor, and difficulty breathing even with slight motion. As the condition worsens, there may be a risk of cardiac infarction for the patient. Patients are more vulnerable to stroke and coronary heart disease (CHD) as the illness worsens [8]. Due to the possibility of pericardial C3 and immunoglobulin deposition causing inflammatory alterations in the heart, autoantibodies also play a mediating role in cardiac injury. Antiphospholipid (APL) antibodies may contribute to thrombotic events and lesions affecting the heart valves, endocardium, and papillary muscles in individuals with antiphospholipid (APL) syndrome and SLE. The endocardium, myocardium, and pericardium may all be impacted by cardiac involvement in SLE. The most researched, pericarditis, is thought to impact 25% of SLE patients at the beginning of the disease or during relapses [9].

Conclusion

Heart problems can arise in around 50% of SLE patients, and they are associated with increased morbidity and mortality. All three layers of the heart may be impacted, although among SLE patients, pericarditis is the most often reported condition. Through Homoeopathic treatment we can successfully manage the SLE patients with cardiac manifestations. From the above case it clearly shows marked improvement after Homeopathic medications. It aims to address the underlying imbalances in the body's vital force, thereby alleviating the symptoms and promotes overall well-being. Homoeopathic helps to improve the quality of life by addressing the symptoms and enhancing overall health and vitality.

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Patient Consent

The Patient has given his consent for reporting his clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal.

Conflict of Interest

Not available

Financial Support

Not available

Reference

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