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ORIGINAL PAPER

Case reports on integrated management of tubercular disease

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Background: **Host immunity plays an important role in prevention of disease as is evident by the increased incidence of Tuberculosis (TB) in immuno-compromised population of HIV infected, diabetes inflicted, immune-suppressant therapy and elderly people. Rising incidence of antibiotic resistance has led to resurgence of TB of epidemic proportions. Integrated treatment with add on homeopathy in addition to anti-tuberculosis treatment (ATT) appears to improve outcome in TB. The intervention has been integrated treatment with homeopathy regime, which is using a patient specific, disease specific and supportive medicine simultaneously, all individualized for the patient and the disease.**
Cases: Case 1: **Pott's spine with paravertebral abscess, not responding to ATT. Addition of homeopathy led to fall in temperature, improved appetite, increase in weight and reduction of abscess.**
Case 2: **Recurrent sub-acute intestinal obstruction. The patient could not tolerate ATT but responded to homeopathy by reduction of abdominal pain and distension, vomiting, loose stools and queasiness.**
Case 3: **Pulmonary TB, treated with both ATT and homeopathy from beginning, led to rapid recovery and shortened treatment time.**
Conclusion: **The addition of homeopathy to ATT is patient friendly, cost effective and appears to reduces the duration of treatment. Its role as immuno-modulatory therapy should be evaluated and explored.** *Homeopathy* (2017) ■, 1–9.

Keywords: Immunity; Integrated treatment; Homeopathy; Antibiotic resistance; Pott's spine; Intestinal obstruction; Pulmonary TB

Introduction

About one third of the world population is infected with *Mycobacterium tuberculosis* (*Mtb*),[1] it is the asymptomatic stage called latent tuberculosis. Only 10% of these develop active disease. Host's immunity plays an important role in prevention of disease as is evident by the increased incidence of Tuberculosis (TB) in immuno-compromised population of HIV infected, diabetes inflicted, those on immune-suppressant therapy and elderly people.[2]

Anti-tuberculosis treatment (ATT) is directed against the bacteria. It is a slow replicating, intracellular organism with a variety of intrinsic resistance mechanisms that allow active neutralization of antibiotic actions.[3] The rising incidence of antibiotic resistance has led to resurgence of TB of epidemic proportions.[4]

A randomized double blind placebo controlled study conducted on 120 diagnosed Multi-drug resistant (MDR TB) patients concluded that "Add on homeopathy in addition to standard therapy appears to improve outcome in MDR TB".[5] Another clinical study on 25 patients of tubercular lymphadenitis indicated a homeopathy regimen for the treatment of TB.[6]

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Materials and methods

Cases not responding to ATT or having adverse drug effects were referred to Homeopathy department of Pushpanjali Crosslay hospital for homeopathic intervention.

The intervention has been integrated with homeopathy regime developed earlier of using a patient specific, disease specific and supportive medicine simultaneously, all individualized for the patient and the disease.[6]

Informed consent from each patient/relative has been taken.

Case 1

26 year old female, complaining of progressive backache of one year duration, was initially treated with various analgesics without any improvement. Her symptoms progressively worsened and fever (102F−103F) with paravertebral swelling appeared. She was diagnosed as a case of Pott's spine on Magnetic Resonance Imaging (MRI) of dorsal spine Figure 1A and B. On 17/09/14 conventional anti tubercular treatment started with *Akt4 + Tab Levofloxacin 750, Tab Pan, Tab Acivin tds, Tab. Pyridoxin 20 mg, Tab. Sumoflam*; 30 ml of pus drained from cold abscess. Advised use of Taylor Brace for back support (for drug details refer Table 1).

12 days later she was admitted for inability to accept orally as a case of drug induced gastritis. 25 ml of pus drained again and stopped ATT for 2 days. Liver enzymes were deranged. Treated with *Injection Emset*, *Injection Rantec, Injection Streptomycin, Injection Supra spas, Injection Oflox, Injection lesuride*, *Syrup Sparacid ds*. Advice on discharge: *Tab. Risorine empty stomach, Tab Rabelet-L bd, Tab. Combutol 100, Tab Oflox 400 mg bd, Injection Streptomycin 0.75 I/M od, Syrup Sporacid ds bd*.

After one month she had to be admitted again with symptoms of hepatitis e.g. anorexia and nausea, backache++, fever (102F−104F). 20 ml of pus drained again from swelling. Since there was no response, two more opinions from specialists in two different hospitals were taken, who advised same treatment. *Injection Streptomycin .75 mg I/M; Tab. Emset bd, Tab Risorine od, Tab Combutol 1000, Tab Oflox 400, Injection Arachitol (Vit D) 6 lac I/M stat, Tab. Buscopan plus, Tab pan 40 and continue use of Taylor brace*.

Patient was advised to try homeopathy by the treating surgeon.

On 06/11/14, Homeopathic treatment was added to antibiotics according to regime.[6]

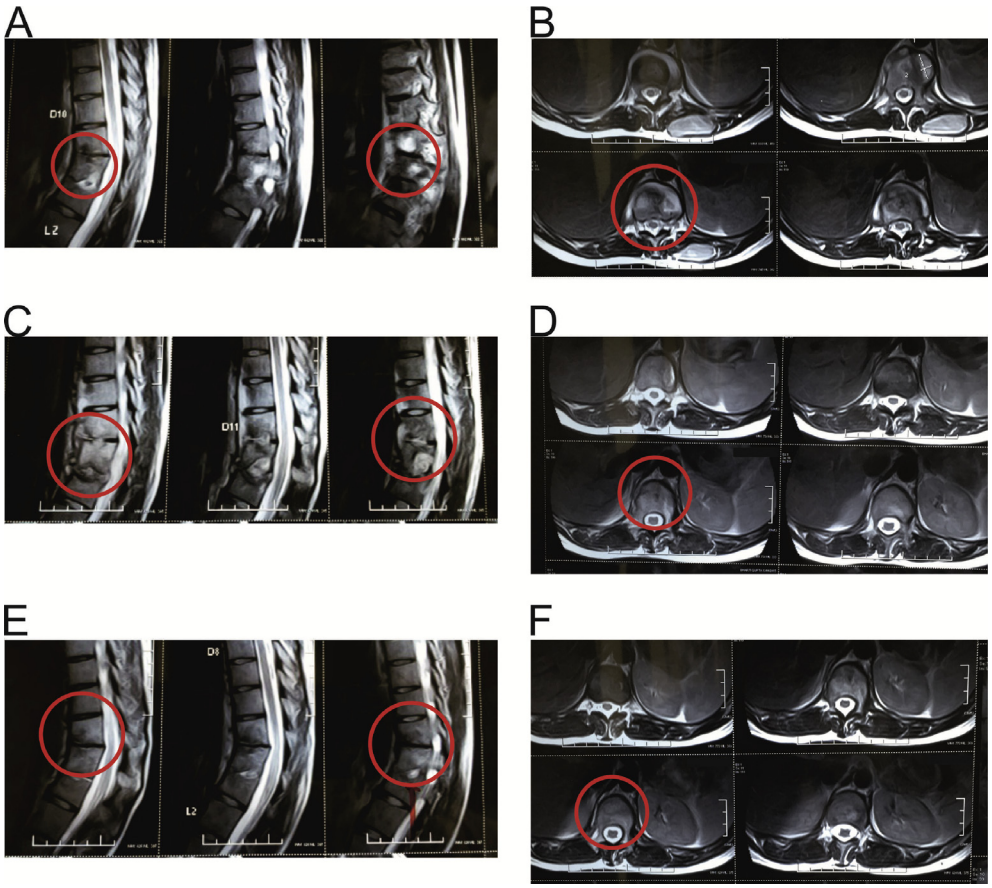

Figure 1 MRI reports of case 1. 07/09/2014 MRI dorsal spine A − features suggestive of Tubercular spine with destructive pathology involving D8 to L1 vertebral bodies; B − pre/paravertebral and left sided paraspinal muscular collection of fluid; 13/06/2015 C − partial resolution of the pathology with healing at D8 to L1 vetebral bodies and persisting infective lesion at D10, D11, D12 level; D − minimal pre-vertebral collection of fluid; 07/11/2015 E − near complete resolution of the pathology with healing at D8 to D11 vertebral bodies with persisting diskitis of D12−L1 level; F − no evidence of collection of fluid seen.

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