



A STUDY ON EFFECTIVENESS OF HOMOEOPATHIC MANAGEMENT OF ISCHEMIC HEART DISEASE WITH BOTHROPS LANCEOLATUS

Dr K P Madhusudana Panicker¹, Dr Lakshmi Madhusudanan²,

S N Homoeo Hospital, Kalavoor, Alappuzha, Kerala.

⁴Sarada Krishna Homoeopathic Medical College and Hospital,
Kulasekharam, Kanniyakumari District, Tamil Nadu- 629161,

Contact no. 9894132132, Email id- chandrajarathish@gmail.com

ABSTRACT

This descriptive study evaluates the effectiveness of Bothrops in treating ischemic heart disease. Bothrops Lanceolatus is the venom of yellow viper. This snake belongs to the animalia kingdom of reptilia class and phylum chordate. They are also known as fer-de-lance, martinician pit viper generally found in the island of Martinique. Its venom is anticoagulant. So it is expected to be useful in thrombosis and thrombotic affections such as stroke^[2]. In this study 10 patients diagnosed as coronary artery disease with coronary angiogram were given bothrops and effective improvement were noted in both exertional dyspnea assessed by NYHA classification and the occurrence of angina which is assessed by Canadian Cardiovascular Society Grading Of Angina Pectoris.

KEY WORDS: Coronary artery disease, ischemic heart disease, NYHA , Canadian cardiovascular society grading of angina, Bothrops

INTRODUCTION AND BACK GROUND.

Coronary Artery Disease (CAD), is a type of **Ischemic Heart Disease (IHD)**,^[2] involving the reduction of blood flow to the heart muscle due to build up of plaque in the arteries of the heart.^[3,4,5] It is the most common of the cardiovascular diseases.^[6] Types include stable angina, Acute coronary syndromes including unstable angina, NSTEMI, and STEMI^[7] A common symptom is chest pain or discomfort which may travel into the shoulder, arm, back, neck, or jaw.

Risk factors include high blood pressure, smoking, diabetes, lack of exercise, obesity, high blood cholesterol, poor diet, depression, and excessive alcohol. A number of tests may help with diagnoses including: electrocardiogram, cardiac stress testing, coronary computer Tomographic Angiography, and coronary angiogram.^[8] It makes up 15.6% of all deaths, making it the most common cause of death globally.^[9]

Signs and symptoms are chest pain that occurs regularly with activity, after eating, or at other predictable times and is termed stable angina and is associated with narrowing's of the arteries of the heart.

Angina that changes in intensity, character or frequency is termed unstable. Unstable angina may precede myocardial infarction.

Coronary artery disease is the leading cause of death for both men and women. Evaluating effectiveness of alternative system in managing heart disease is essential. Studies are required to prove that homoeopathic system can be used in case of emergency management.

MATERIALS AND METHODS:

Study setting: S N Homoeo hospital, Kalavoor Alappuzha

Study duration: minimum one year and more

Study design: Descriptive study to estimate benefits of bothrops in treating ischemic heart disease and the usage of medicines like Cratages Q, Cal ars 3X, Ceonanthus Q, Galanthus Nivalis 6 at appropriate times.

Selection of samples: Purposive sampling

Sample size: 10

Tools used:

- New York Heart Association (NYHA) functional classification of heart failure⁽¹⁰⁾
- Canadian cardiovascular society grading of angina pectoris⁽¹¹⁾

Inclusion criteria

- Patients of age group between 50 and 80yrs, of both sexes previously diagnosed as having coronary artery disease.

Exclusion criteria

- Patients with other type of heart disease like valvular heart disease, Cardiomyopathies, other debilitating diseases like malignancies

PROCEDURE

A total of 10 patients who were previously diagnosed as coronary artery disease with coronary angiography are selected from S N Homoeo Hospital Kalavoor Alappuzha. They were examined and a detailed case taking was done. The level of dyspnea in all the 10 patients were assessed by using NYHA Classification,(New York Heart Association) functional classification of heart failure) which is widely used in practice and in clinical studies. It is based on symptom severity and the amount of exertion needed to provoke symptoms the occurrence of angina is graded by the

**CANADIAN CARDIOVASCULAR SOCIETY
GRADING OF ANGINA PECTORIS,**

A classification system used to grade the severity of exertional angina..· The

data was collected by random sampling technique as per the inclusion criteria and processed in our case record. The case was analyzed accordingly and totality was evolved. Medicines were prescribed mainly on the pathological base. Patients who were under modern system were advised to stop all medicines which were taken previously the potency selection and repetition of the dose was done according to the demand of the case. Medicines like Cratagus Q, Cal Ars - 3x, Ceonanthus Q and Galanthus Nivalia 6 were given in certain conditions appropriately. The patients were given one month medicine and were reviewed on each month. Each case was followed for a minimum period of one year and more.

Data collection and assessment:

Datas were collected during case taking and assessment were done during the follow up period during every month Statistical analysis

The parameters were assessed pre and during the treatment with the NYHA classification and Canadian cardiovascular grading of angina. Comparison and correlation of the parameters were done. Students paired t test was done to analyze means of NYHA and Angina score between the 2 groups.

RESULTS:

In this study all the 10 cases had improved in the NYHA classification in which 2 patients who had done angioplasty previously were on the same class 1 of NYHA. Regarding the Canadian coronary society of angina grading all the 10 cases had shown effective improvement in the occurrence of angina.

Among the 10 patients 9 were males and 1 was female (Table: 1). The youngest was 51yrs of age and the eldest was of 74 yrs of age and the mean age was 61.80 with a standard deviation of 6.795. The duration of treatment was a minimum of 14 months and maximum of 74 months with a mean of 34.5 months and a standard deviation of 19.478. Among 10 patients 6 were not having any family history of CAD, 2 patients had family history of CAD in father and 2 patients had history of CAD in mother (Table: 3).