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CLINICAL CASE HISTORIES

Elaps in advanced pathology—a case study

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The case of a patient with severe complications after rectal adenocarcinoma surgery is reported. Homeopathic treatment was selected on the basis of individualization of symptoms ('minimum syndrome of maximum value') and prescribed in Korsakovian potencies. It is discussed what it may be expected in the treatment of severely ill patients. Homeopathy (2004) 93, 51–53.

Keywords: *Elaps*; severely ill patients; individualization; minimum syndrome of maximum value; Korsakov; therapeutic goals

Introduction

IPGA, female, 70-years old. First consultation on 12 June 2002, 5 years after surgery for rectal adenocarcinoma, with several post-surgical complications that had required eight laparoscopies, she had a colostomy (presently leaking). Also arterial hypertension, bilateral cataracts extraction, osteoporosis, severe emaciation and dyspnoea.

Symptoms at presentation

- Since surgery, she does not want to leave the house owing to discomfort and the embarrassment produced by the colostomy. Before, she used to love parties.
- Anticipatory anxiety.
- Fear of snakes, even on TV. Twelve years ago, almost fainted while watching a snake climbing a tree at the zoo.
- Lack of appetite with loss of weight.
- Very thirsty, especially for orange juice (could drink 5-6 glasses at a time).
- · Aversion to ice cold water.
- Aversion to sauces; desire for soup.

- Flatulence, worse after eating vegetables and drinking milk.
- Colicky abdominal pain, half an hour after eating vegetables.
- Thin, almost liquid stools.
- · Excessive urination, dysuria.
- Dry continual cough for the last 6 months, feeling as if tickling in throat.
- Pain in coccyx since falling on it 8 years ago, she needs to sit on cushions.
- Pain in hands and feet, ameliorated by rubbing and movement.
- Intermittent sleep.
- Recurrent dreams of falling into a pit.
- Great sensitivity to cold.

Physical examination

Weight: 31.8 kg. Arterial pressure: 16/10 kPa. Heart rate: 120. Pallid. Eye pupils vertically elongated. Widespread pulmonary wheezing.

Laboratory tests

- Abdominal ultrasonography: Cysts in right kidney.
- (2) Cardiac doppler: slight aortic regurgitation. Ejection fraction: 0.83.
- (3) Chest X-ray/CAT scan: cavities in right superior and middle lobes; thickened septa; alveolar nodules in left lung; perihilar lymphadenopathy.
- (4) MRI: multiple uterine fibroid tumors; bilateral renal cysts; subpleural densities at the base of right lung.

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- (5) Bone densitometry: osteoporosis—vertebral, from L2 to L4 and neck of femur.
- (6) Bone isotope scan: normal.
- (7) Blood chemistry: see Table 1.

Prescription

The minimum syndrome of maximum value was considered to be:

- dreams of falling, dreams falling into a pit, fear of falling.
- · desire/aversion of oranges,
- · dreams/fear of snakes.

This suggested *Elaps corallinus*, which was prescribed in 31 K (Korsakovian), 1 drop daily. The dilution was gradually increased to 35 then 60 then 90, always 1 drop/daily. Symptoms were cross-referenced with *Elaps*' materia medica (Table 2), in its original proving by Benoit Mure.¹

Follow-up

The patient has been followed up for 1 year, showing:

- Subjective feeling of well-being, better disposition.
- More active life, leaving her house for leisure activities, talking to her friends and performing domestic duties, particularly cooking (which she used to enjoy before her initial disease).
- Amelioration of her anxiety from anticipation.
- · Improvement of sleep patterns.
- Appetite improved, with weight increase (Table 3).
- · Harder stools.
- Urinary pain improved.
- Pain in hands and feet pain improved.
- The only symptom that did not improve was her pain in the coccyx.

Laboratory tests see Table 1.

Concerning her chronic respiratory symptoms, Chest X-ray at the beginning of the treatment showed two cavities in the right lung, suggesting pulmonary tuberculosis. The pneumologist confirmed this but did not advise specific chemotherapy, owing to the patient's poor overall condition. These symptoms remarkably improved in the course of treatment. The

patient was also referred to a dietitian for dietary advice.

Discussion

This case is interesting on account of several features. Concerning the choice of the remedy, our approach includes not only symptoms as actually presented but all their possible modes of presentation. This is the reason why we added up dreams and fears concerning imaginary contents ('falling', 'snakes') and desire and aversion of oranges. Pathological imaginary contents might appear in different ways during the life of a patient. This addition approach allows widening of the range of possible medicines (Table 4).

We emphasize the importance of strict individualization. Only strikingly peculiar symptoms are selected to construct the symptom picture. This approach allows building of the minimum syndrome of maximum value (MSMV) (Table 5), which synthetically represents the most particular features. Korsakovian dilutions were selected as in our previous experience; they are consistently effective in severely ill patients.

Table 2 Materia medica of Elaps according to Mure's provings

- · Almost continual cough
- Pain in elbows
- Pain in knees
- · Cramp-like constriction of fingers
- Sleepiness during the day and sleeplessness at night.
- Violent hunger
- · Pain in urethra on urinating; copious urine
- Unquenchable thirst
- Great sensitiveness to cold.
- Sudden colic with diarrhea
- She completely loses her appetite and does not eat but oranges.
- Remarkable desire for oranges and salads.
- Dreams with deaths; embraces dead people; falls into pits and embraces her own feet.

Table 3 Evolution of the patient's weight

Date	Weight (kg,
22/06/2003	31.8
05/07/2003	32.0
08/01/2003	32.4
04/06/2003	32.9

Table 1 Blood tests

Laboratory test	Before treatment	After treatment	Normal values			
Red blood cells RBC: 4.12 mill./ml		RBC: 4.81 mill./ml	RBC: 3.9-5.2 mill./m			
	Hb: 9.6 g/l	Hb: 10.6 g/l	Hb: 12.0-16.0 g/dl			
	Haematocrit: 33%	Haematocrit: 32%	Haematocrit: 35-45%			
White blood cells	9800/ml	9100/ml	3800-10 800/ml			
Platelets	492 000/ml	414 000/ml	200-400 000/ml			
Blood glucose	108 mg/dl	92 mg/dl	< 110 mg/dl			
Potassium	3.7 mEg/l	3.9 mEq/l	3.5-5.5 mEq/l			
Urea	50 mg/dl	52 mg/dl	10-50 mg/dl			

	ars	elaps	kali-c	lach	lyc	merc	nat-m	rhus-t	bell	bry	carb-v	cham	chin	med	puls
MIND—AILMENTS FROM—anticipation	2	2	1	1	3	1	1	1	_	1	2	_	1	3	3
MIND—ANXIETY—anticipation;	2	_		_	2	_	3	_	_	_	2	_	_	2	_
from-engagement; an															
MIND—FEAR—snakes, of	1	2	_	2	_	_	_	_	_	_	_	_	_	_	_
MIND—HOME—desires to go	_	_	-	2	_	1	_	1	1	3	_	_	_	_	1
ABDOMEN—FLATULENCE—milk, after	_	-		_	_	1	_	_	_	_	1	_	_	-	_
ABDOMEN-FLATULENCE-vegetables, after	_	_	_	_	_	_	_	_	_	_	_		_	_	_
ABDOMEN—PAIN—cramping,	_	_		_	_	_	_	_	_	_	_	_	_	_	_
griping-vegetables, after															
STOOL—THIN	2	_	1	2	3	2	_	2	2	2	2	2	2	1	_
BLADDER—PAIN—burning—urination—during	_	_	1	_	1	_	_	_	_	_	1	_	_	-	_
COUGH—CONSTANT	2	1	1	2	3	1	1	2	1	1	2	1	3	1	2
COUGH—DRY	3	1	3	3	2	2	3	2	3	3	2	2	3	1	3
COUGH—TICKLING	1	_	3	3	3	1	3	2	2	2	2	3	1	_	2
BACK—PAIN—Coccyx—fall—after a	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
EXTREMITIES—PAIN—motion—amel.	_	-	2	1	2	1	_	3	_	_		1	1	2	3
DREAMS—FALLING—abyss, into an	_	1	_	_	_	_	_	_	_	_	_	2	_	_	_
DREAMS—FALLING—pit, into a	_	1		_	_	_	_	_	_	_	_	_	_	_	_
DREAMS—SNAKES	_	_	1	1	_	_	_	_	_	_	_	_	_	_	_
GENERALS—COLD—agg.	3	1	3	1	3	2	2	3	2	2	2	2	3	1	2
GENERALS-FOOD and DRINKS-cold drink	2	1	_	_	_	_	1	1	1	1	_	_	1	2	1
cold water—aversion															
GENERALS—FOOD and DRINKS—liquid	_	_	_	_	_	_	_	_	_	-	_	_	-	_	_
food—aversion															
GENERALS—FOOD and DRINKS—liquid	-		_	_	_	2	1	_	1	1	—		_	_	_
food—desire															
GENERALS—FOOD and	-	1		_	_	_	_	_	-	_	_	_	_	_	_
DRINKS—oranges—aversion															
GENERALS—FOOD and	_	1	_	_	_	_	_	_	_	_	_	_	-	_	_
DRINKS—oranges—desire															
GENERALS—FOOD and	1	_	1	_	2	_	1	2	1	_	1	1	1	_	1
DRINKS—soup—aversion															
GENERALS—FOOD and	_	_	-	_	_	_	_	_	-	_	_	_	_	-	_
DRINKS—soup—desire															

Table 5 Analysis of symptoms: minimum syndrome of maximum value

	Elaps	Cham	Lac-c	Lach	Sep	Abel	Alum	Ap-g	Arg-met	Arg-n	Ars	Вос	Carc
MIND—FEAR—snakes, of	2		3	2	1	2	1				1		
DREAMS—SNAKES			2	1	1		1		1	2		1	1
DREAMS—FALLING—abyss, into an	1	2											
DREAMS—FALLING—pit, into a	1												
GENRALS—FOOD and DRINKS—oranges—aversion	1												
GENERALS—FOOD and DRINKS—oranges—desire	1							1					

The incidence of vertically elongated pupils is very low in the human species. It is characteristic of ophidians except for coral snakes (the source of *Elaps*). We are not able to explain this. The pulmonary TB illustrates the principle that anatomical injury may be controlled by homeopathic treatment. Nonetheless, multidisciplinary approaches are advisable, including non-homeopathic physicians.

Conclusions

Patients with serious and irreversible anatomical pathology are capable of adaptation and partial recovery. Our patient represents a good example: the improvement of her general vitality was remarkable; her psycho-physical disposition to face the limitations of her condition suggests that the use of suitable

remedies, together with good clinical support, allow physicians to significantly alter the natural history of serious diseases. The authors expect that further research on the effect of homeopathic remedies in the severely ill will prove valuable.

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References

1 Mure B. Patogenesia Brasileira. São Paulo: Roca, 1999.