Rheumatic Heart Disease and Homoeopathy

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Definition

Rheumatic (roo-MAT’ik) heart disease is a condition in which the heart valves are damaged (Psora- Syphilis) by rheumatic fever, an inflammatory condition (Psora- Sycosis) affecting several body tissues including the heart, brain and joints.

Prevalence

It can affect anyone of any age but is more commonly seen in children.

Pathophysiology

Rheumatic fever develops as a consequence of a strep throat infection (Psora), also called strep pharyngitis (caused by β Streptococcus haemolyticus Lancefield group- A, Gram positive bacterium) that has progressed and been left untreated. It is the most common bacterial infection of the throat.

Electron Micrograph of Streptococcus haemolyticus Group- A Bacterium

Lancefield simplified the classification of streptococci by showing that surface antigens (carbohydrates) extracted from the cell wall of streptococci could react with carbohydrate-specific antisera prepared in rabbits. Group- A streptococci may be subdivided into over 130 different types based on a variable surface protein, called M protein.

Rheumatic fever often leads to rheumatic heart disease. The valves of the heart can become diseased by this disorder and may become so inflamed and damaged (Pseudopsora) that they cannot close fully or open properly due to stiffness (Psora). This can cause the blood to in-flow ineffectively through the valves and can also contribute to blood leaking backwards resulting in an accumulation of fluids (Sycosis). These fluids can cause enlargement of the heart (Sycosis) and can lead to fluid overload in the lungs and limbs causing swollen ankles (Sycosis).

Signs and Symptoms

As the condition affects mainly the valves of the heart, the symptoms are similar to those with other conditions of the valves and can include dizziness, chest pain, shortness of breath and tiredness (Psora). There may be no symptoms initially, but they can develop over the course of time.
Symptoms of strep throat

Symptoms include:

- sudden onset of sore throat (Psora)
- pain on swallowing (Psora)
- fever, usually 101–104°F (Psora)
- headache (Psora)
- red throat/tonsils (Psora)
- abdominal pain, nausea and vomiting may also occur, especially in children (Psora)

In some people, strep throat is very mild with just a few symptoms. Also, sore throats are caused more often by viruses than by a strep infection. Viral throat infections don’t raise the risk of rheumatic fever.

Symptoms of rheumatic fever

Symptoms may include:

- fever (Psora)
- painful, tender, red swollen joints (Psora- Sycosis)
- pain in one joint that migrates to another one (Pseudopsora)
- heart palpitations (Psora)
- chest pain (Psora)
- shortness of breath (Psora)
- skin rashes (Psora)
- fatigue (Psora)
- small, painless nodules under the skin (Psora)

The symptoms of rheumatic fever usually appear about three weeks after the strep throat.

Clinical examination

A- Mitral Stenosis

Symptoms of pulmonary congestion-

- dyspnoea (Psora- Sycosis)
- cough, and, occasionally (Psora)
- hemoptysis (Pseudopsora)

Physical signs of pulmonary venous congestion-

- right heart volume and (Sycosis)
- pressure overload (Sycosis)

On auscultation-

- Loud S 1, early diastolic opening snap, and
- rumbling diastolic murmur (Pseudopsora)

Echocardiography-
The diagnosis and severity of MS can be confirmed by two-dimensional and Doppler echocardiography. Transesophageal echocardiography (TEE) can also be used to confirm the diagnosis, define the anatomy more fully, and provide diagnostic information in patients in whom transthoracic echocardiography is suboptimal.

Cardiac catheterization-

It is indicated in patients in whom there is a likelihood of concomitant coronary artery disease and in whom echocardiographic studies are either technically suboptimal or nondiagnostic.

Valves Damaged by RHD

B- Aortic Stenosis

The diagnosis of significant AS may be difficult, as the condition may be asymptomatic for a number of years. Clinical suspicion often is raised by the presence of one or more of the classic symptoms in the triad of-

- angina
- syncope, (Psora) and
- heart failure. (All the three miasms)

Physical findings-

- slowly rising carotid pulse that is sustained (pulsus parvus et tardus) and (Psora)
- mid- to late-peaking systolic murmur that is typically harsh in quality. (Pseudopsora)

The pressure gradient across the stenotic aortic valve is directly related to the severity of obstruction and cardiac output. Therefore, the intensity of the systolic murmur may diminish as the cardiac output decreases with increasingly severe AS. In general, murmurs of long duration that peak late in systole indicate severe AS.

Echocardiography-

Doppler echocardiography provides a noninvasive estimation of the aortic valve gradient and aortic valve area, which correlates well with the findings at cardiac catheterization.

Cardiac catheterization-

Most adult patients being considered for aortic valve replacement (AVR) require preoperative cardiac catheterization to determine the extent of concomitant coronary artery disease.

C- Mitral Regurgitation

Physical findings-

- well-preserved carotid pulsations (Psora)
- an enlarged point of maximal impulse, and (Psora)
- an apical holosystolic murmur. (Psora- Sycosis)
Echocardiography-

Doppler and two-dimensional echocardiography confirm the diagnosis, estimate the severity of MR, and provide clues to its etiology. TEE is particularly useful for the evaluation of the mitral valve and is commonly used to evaluate the patient with MR.

**D- Aortic Insufficiency**

It may be suspected on the basis of clinical findings, including-

- a wide pulse pressure (Psora- Sycosis)
- bounding pulses, (Psora- Sycosis) and
- an aortic diastolic murmur. (Psora- Sycosis)

The presence of AI can be confirmed by two-dimensional and Doppler echocardiography or cardiac catheterization with ascending aortography.

**Radiological Examination**

(Figs. 1a and 1b)

(Figs. 2a and 2b)
The PA and lateral chest x-ray shows marked enlargement of the cardiac silhouette. The course of the unipolar pacer suggest marked right atrial enlargement. There is a "double density" and splaying of the carina c/w left atrial enlargement (Fig. 1a and b). The CT shows massive enlargement of the right and left atria (Fig 2a.), with marked enlargement of both the coronary sinus and great cardiac vein (Fig 2b.) The ventricles are of normal size.

The differential diagnosis of right atrial enlargement includes tricuspid insufficiency secondary to bacterial endocarditis (often seen in IV drug abusers), carcinoid syndrome, hyperthyroidism and Ebstein's anomaly. When coupled with the presence of a giant left atrium, rheumatic heart disease is a primary consideration. In the setting of right atrial enlargement and tricuspid valve disease, it is important to determine the state of the right ventricle. The most common cause of tricuspid valve disease is secondary to right ventricular failure/pulmonary artery hypertension. It is important to consider right ventricular disease in the evaluation of tricuspid valve disease. CT shows evidence of a component of tricuspid insufficiency, with enlargement of the intrahepatic IVC and reflux of contrast into the IVC following the patients subclavian vein injection. Tricuspid insufficiency can cause a mottled appearance of the liver in early phase of the contrast bolus, and can occasionally mimic metastatic disease of the liver.

Rheumatic heart disease has a number of classic radiographic findings, including the "double density" of the enlarged left atrium, the splaying of the mainstem bronchus, and posterior displacement of the left lower lobe bronchus and left atrial enlargement on the lateral film. Left atrial appendage enlargement is felt to be highly suggestive of mitral stenosis secondary to rheumatic heart disease.

**Laboratory Investigations**

- Increased acute phase reactants, including sedimentation rate (ESR) and C-reactive protein (CRP)
- Bacteriological or serological evidence of group A
- antistreptolysin O (ASO),
- Streptozyme, or anti-deoxyribonuclease B (DNase)
- Anemia

**Differential Diagnosis**

- Valvar Aortic Stenosis
- Human Immunodeficiency Virus Infection
- Aortic Valve Insufficiency
- Kawasaki Disease
- Bicuspid Aortic Valve
- Congenital Mitral Stenosis
- Appendicitis
- Mitral Valve Insufficiency
- Arthritis, Septic
- Mitral Valve Prolapse
- Cardiac Tumors
- Viral Myocarditis
- Dilated Cardiomyopathy
- Malignant Pericardial Effusion
- Carnitine Deficiency
- Bacterial Pericarditis
- Coccidioidomycosis
- Viral Pericarditis
- Bacterial Endocarditis
- Sarcoidosis
- Congestive Heart Failure
- Systemic Lupus Erythematosus
- Histoplasmosis
### Transient Synovitis

#### Some common Systemic Diseases With Cardiac Manifestations

<table>
<thead>
<tr>
<th>Systemic Disorder</th>
<th>Common Cardiac Manifestations</th>
</tr>
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<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>CAD, atypical angina, CMP, systolic or diastolic CHF</td>
</tr>
<tr>
<td>Protein-calorie malnutrition</td>
<td>Dilated CMP, CHF</td>
</tr>
<tr>
<td>Thiamine deficiency</td>
<td>High-output failure, dilated CMP</td>
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<tr>
<td>Hyperhomocysteinemia</td>
<td>Premature atherosclerosis</td>
</tr>
<tr>
<td>Obesity</td>
<td>CMP, systolic or diastolic CHF</td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td>Palpitations, SVT, atrial fibrillation, hypertension</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>Hypotension, bradycardia, dilated CMP, CHF, pericardial effusion</td>
</tr>
<tr>
<td>Malignant carcinoid</td>
<td>Tricuspid and pulmonary valve disease, right heart failure</td>
</tr>
<tr>
<td>Pheochromocytoma</td>
<td>Hypertension, palpitations, CHF</td>
</tr>
<tr>
<td>Acromegaly</td>
<td>Systolic or diastolic heart failure</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Pericarditis, pericardial effusions, coronary arteritis, myocarditis, valvulitis</td>
</tr>
<tr>
<td>Seronegative arthropathies</td>
<td>Aortitis, aortic and mitral insufficiency, conduction abnormalities</td>
</tr>
<tr>
<td>Systemic lupus erythematosus</td>
<td>Pericarditis, Libman-Sacks endocarditis, myocarditis, arterial and venous thrombosis</td>
</tr>
<tr>
<td>HIV</td>
<td>Myocarditis, dilated CMP, pericardial effusion</td>
</tr>
<tr>
<td>Amyloidosis</td>
<td>CHF, restrictive CMP, valvular regurgitation, pericardial effusion</td>
</tr>
<tr>
<td>Sarcoidosis</td>
<td>CHF, dilated or restrictive CMP, ventricular arrhythmias, heart block</td>
</tr>
<tr>
<td>Hemochromatosis</td>
<td>CHF, arrhythmias, heart block</td>
</tr>
<tr>
<td>Marfan syndrome</td>
<td>Aortic aneurysm and dissection, aortic insufficiency, mitral valve prolapse</td>
</tr>
<tr>
<td>Ehlers-Danlos syndrome</td>
<td>Aortic and coronary aneurysms, mitral and tricuspid valve prolapse</td>
</tr>
</tbody>
</table>

Note: CAD, coronary artery disease; CHF, congestive heart failure; CMP, cardiomyopathy; SVT, supraventricular tachycardia.

#### Complications

Review possible medical complications related to Rheumatic heart disease-

- Endocarditis
- Bacterial endocarditis
- Heart failure

#### Homoeopathic Treatment

#### Repertory of RHD

- ABDOMEN - ENLARGED - Liver - heart disease; in **aur. mag-m.**
- BLADDER - URINARY complaints - accompanied by - Heart complaints and difficult respiration **LAUR. Lyceps-v.**
- BLADDER - URINATION - feeble stream - breathing and heart symptoms; with difficulty of **LAUR.**
- CHEST - ANEURYSM of – Heart **ambr. arn. ars. CACT. calc. carb-an. Carb-v. caust. ferr. graph. guaj. LACH. Lyc. nat-m. puls. rhus-t. spig. zinc.**
- CHEST - ANXIETY in - Heart, region of - dinner; after - leaning back in a chair; when **glon.**
CHEST - ANXIETY in - Heart, region of - exertion agg.; after Lyc.
CHEST - ANXIETY in - Heart, region of - moving about - agg. Dig.
CHEST - ANXIETY in - Heart, region of - night alum. ARS. aster. calc. cench. lyc. rhus-t.
CHEST - ANXIETY in - Heart, region of - paroxysmal arg-n. KALM. lach. verat.
CHEST - ANXIETY in - Heart, region of - rheumatic complaints, in Lach.
CHEST - ANXIETY in - Heart, region of - rising and walking about; after - amel. glon.
CHEST - ANXIETY in - Heart, region of - sight of decisive colors Tarent.
CHEST - ANXIETY in - lying - side; on - left - agg. PULS.
CHEST - ANXIETY in - night Ars. aster. ign. lyc. PULS. Ran-b. sulph.
CHEST - CONSTRUCTION, chest, tension, tightness - heart disease, acute rheumatic asaf. kalm.
CHEST - CONSTRUCTION, tension, tightness - heart disease, acute rheumatism, in ASAF. cact.
CHEST - ENLARGED sensation – Heart acon. bell. bov. bufo cench. cent. ham. kali-i. lach. med. pyrog. spig. stroph-h. sulph-s. sulph.
CHEST - HEART failure - accompanied by - weakness; general adon. am-c. ars.
CHEST - HEART; complaints of the - accompanied by - Hand - left – swelling Cact.

CHEST - HEART; complaints of the - accompanied by - rheumatic complaints Lith-c.

CHEST - HEART; complaints of the - alternating with - rheumatic complaints benz-ac.

CHEST - HEART; complaints of the - chronic - accompanied by - weakness; general ars. crat.


CHEST - HEART; complaints of the - Valves - accompanied by - rheumatic pains colch. lith-c.


CHEST - HEAT - Heart, in region of - extending to – Head GLON. lachn.


CHEST - HYPERPULSOGRAPHY - Heart; of - numbness and tingling of left arm and fingers; with ACON. cinic. puls. RHUS-T.


CHEST - INFILTRATION - Heart - Endocardium - accompanied by - Joints; rheumatism of kalm.

CHEST - INFILTRATION - Heart - Endocardium - accompanied by - pericarditis – rheumatic psor. staphycoc. streptococ.

CHEST - INFILTRATION - Heart - Endocardium - accompanied by - rheumatism kalm.


CHEST - INFILTRATION - Heart - myocardium – rheumatic beryl. iher. phos.

CHEST - PAIN - Sides - left - inflammation of the heart; with rheumatic spiG.


CHEST - PAIN - Region of heart - noise in; purring Glon. iod. pyrog. Spig. sulph.

CHEST - PAIN - Region of heart - sensation of; purring caust. pyrog. Spig.


CHEST - STRAIN - Heart - violent exertion; strain of the heart from Arn. Caust. Nat-m. Rhus-t.

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CIRCULATORY SYSTEM - Heart - Pain - From – rheumatism cimic. lith-c.

CIRCULATORY SYSTEM - Heart - Pericarditis – Rheumatic acon. anac. bry. colch. Colch-in. crat. kalm. rhus-t. SpiG.

Clinical - angina, pectoris - rheumatism, from cimic. lith-c.

Clinical - emaciation, general - heart, disease - rheumatic disease Cact.

Clinical - endocarditis, heart, inflammation - mitral valve, with insufficiency of, after acute articular rheumatism spig.


Clinical - myocarditis, heart, inflammation – rheumatic beryl. iBer. phos.


Clinical - rheumatism, general - alternating, with - heart problem kalm.

Clinical - rheumatism, general - alternating, with - pain in heart benz-ac.

Clinical - rheumatism, general - fingers, especially in, pains suddenly go to heart, urine dark red nat-s.

Clinical - rheumatism, general - heart disease, with - acute heart disease, after Colch.

Clinical - rheumatism, general - heart disease, with - alternating with heart disease Kalm.
Clinical - rheumatism, general - heart disease, with - erratic pains, attacking the heart aur.
Clinical - rheumatism, general - heart disease, with - pain in heart, with Cact.
Clinical - rheumatism, general - heart disease, with - pains suddenly leave and go to heart Kalm.
Clinical - rheumatism, general - heart disease, with - pericardium or heart, are affected merl.
Clinical - rheumatism, general - suppressed, heart symptoms from Kalm.
DELUSIONS - die - about to die; one was - heart trouble; in - rheumatism; with Cact.
EXpectoration - BLOODY - heart complaints; in aur-i.
EXTREMITIES - NUMBNESS - Upper limbs - right - heart disease; in lil-t.
EXTREMITIES - PAIN - Fingers - Joints - rheumatic - goes to heart nat-p.
EXTREMITIES - SWELLING - Fingers - left - heart disease; in lycps-v.
EXTREMITIES - SWELLING - Upper limbs - heart disease; in lycps-v.
EXTREMITIES - WEAKNESS - Forearms - heart disease; in dig.
FACE - DISCOLORATION - red - circumscribed - heart disease; with aur-m.
FACE - DISCOLORATION - red - heart, with shocks at phos.
FEVER, HEAT - RHEUMATIC fever - overheated, after being, with arising heart complaints kali-chl. spong.
Fevers - RHEUMATIC, fever - heart, leaves joints and attacks Aur-m.
Fevers - RHEUMATIC, fever - overheated, after being, with arising heart complaints kali-chl. spong.
GENERALITIES - PULSE - slow, brachycardia - rheumatism of heart, during threatening dig.
GENERALITIES - PULSE - strong - threatening rheumatism of heart, during dig.
GENERALS - FAINTNESS - Heart - pressure about; with cimic. Manec. petr. plb.
GENERALS - FAINTNESS - Heart - weakness of heart, from am-c. ars. conv. crat. dig. hydr-ac. lach. laur. verat.
Generals - RHEUMATIC, pain - alternating, with - pain in heart benz-ac.
Hands - RHEUMATIC, pain, hands - fingers, joints - goes to heart nat-p.
HEAD - CONGESTION - alternating with - Heart; congestion to Glon.
HEAD - HEAT - heart - oppression of heart; during glon.
HEAD - PAIN - heart complaints; with ars-i. lach. lycps-v. symph.
Heart - ANGINA, pectoris - rheumatism, from cimic. lith-c.
Heart - ANXIETY, heart region , in - rheumatic, complaints, in kalm. Lach.
Heart - ANXIETY, heart region , in - rheumatism, of heart, in Kalm. lach.
Heart - CONSTRICTION, sensation - acute, rheumatism, in Asaf. cact.
Heart - DILATATION, heart - rheumatism, from Ant-t.
Heart - ENDOCARDITIS, heart, inflammation - mitral valve, with insufficiency of, after acute articular rheumatism spig.
Heart - HEARTBEATS, general - rapid - rheumatic carditis, in spig.
Heart - HEARTBEATS, general - tremulous, heart affections in - idiopathic and rheumatic endocarditis and pericarditis, in verat-v.
Heart - HEARTBEATS, general - turbulent, for a short time, in cardiac rheumatism Cact.
Heart - HEARTBEATS, general - violent - idiopathic and rheumatic endocarditis and pericarditis, in verat-v.
- Heart - HYPERTROPHY, heart - rheumatic, endocarditis from KALM.
- Heart - INFLAMMATION, heart - rheumatic, with severe pains in apex down to arms and finger tips cact.
- Heart - INFLAMMATION, heart - sympathetic irritation and cough, with, rheumatic naja
- Heart - MITRAL, valve, general - endocarditis, acute articular rheumatism, with spig.
- Heart - MITRAL, valve, general - rheumatic fever, with chronic, pain worse by moving, but afterwards better from movement sulph.
- Heart - MITRAL, valve, general - rheumatism, after Coll. KALM. Spong.
- Heart - MYOCARDITIS, heart, inflammation – rheumatic beryl. iber. phos.
- Heart - PAIN, heart - rheumatic, endocarditis, after repeated, affecting right ventricle, which gradually becomes dilated - rheumatic, after KALM.
- Heart - VALVULAR, heart disease - endocarditis, after repeated, affecting right ventricle, which gradually becomes dilated - rheumatic, after KALM.
- Heart - VALVULAR, heart disease - thickening, after rheumatism KALM.
- Heart & CIRCULATION - ANGINA pectoris, stenocardia - rheumatism, from cicmic. lith-c.
- Heart & CIRCULATION - ANXIETY, region of heart - rheumatic complaints, in LACH.
- Heart & CIRCULATION - PALPITATION heart – rheumatic dig.
- Heart & CIRCULATION - NOISES - murmurs - valves of heart - rheumatism and uric acid diathesis lith-c. spig.
- Heart & CIRCULATION - PAIN - heart - alternating with – rheumatism aur-m. BENZ-AC. KALM.
- Heart & CIRCULATION - PALPITATION heart – rheumatic dig.
- Heart & CIRCULATION - PULSE - slow, brachycardia - rheumatism of heart, during threatening dig.
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- Joints - RHEUMATISM, general - alternating, with heart problem, Joints - RHEUMATISM, general - alternating, with pain in heart benz-ac.
- Joints - RHEUMATISM, general - fingers, especially in, pains suddenly go to heart, urine dark red nat-s.
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- Joints - RHEUMATISM, general - heart disease, with - pain in heart, with Cact.
- STOMACH - SINKING - extending to – Heart LOB.
- STOMACH - SINKING - heart symptoms, in lepi.

Top ten Homoeopathic Remedies in decreasing order of importance:

kalm. > cact. > lach. > spig. > aur. > colch. > acon. > ars. > rhus-t. > dig.

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