



A CLINICAL STUDY ON HOMOEOPATHIC MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Abstract: Background: Systemic Lupus Erythematosus (SLE) is a chronic, multisystem autoimmune disorder characterized by immune dysregulation, production of autoantibodies, and immune complex deposition leading to inflammation and multi-organ damage. The prevalence of SLE in India is reported to be 3.2 per 100,000 population, with a rising trend. Conventional treatment mainly includes glucocorticoids and immunosuppressants, which are associated with long-term adverse effects.

Index Terms - Systemic lupus erythematosus(SLE), Homoeopathy, Autoimmune disease, Constitutional treatment, SLAQ score, Immune regulation.

I. INTRODUCTION

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disorder characterized by loss of immune tolerance, leading to the production of pathogenic autoantibodies against nuclear and cytoplasmic antigens. These immune complexes deposit in tissues and cause inflammation and damage to multiple organ systems.

SLE presents with a wide spectrum of clinical manifestations, including constitutional symptoms such as fatigue, fever, and malaise, along with cutaneous lesions, joint pain, oral ulcers, alopecia, and systemic involvement. The disease predominantly affects females, especially during the reproductive age group.

The prevalence of SLE in India is approximately 3.2 per 100,000 population, with increasing trends due to urbanization and improved diagnostic facilities. Conventional treatment includes glucocorticoids and immunosuppressants, which, although effective, are associated with long-term adverse effects such as osteoporosis, metabolic disturbances, and cardiovascular complications.

Homoeopathy offers an individualized, holistic approach by addressing the constitutional makeup of the patient and aiming to restore immune balance. This study aims to evaluate the role of homoeopathic treatment in the management of SLE.

Objective: To evaluate the efficacy of homoeopathic management in patients with SLE using clinical and statistical parameters.

Methods: A prospective observational study was conducted on 30 patients selected from OPD and IPD of a government homoeopathic hospital. Individualized homoeopathic treatment was administered based on totality of symptoms. Disease activity was assessed using the Systemic Lupus Activity Questionnaire (SLAQ). Statistical analysis was performed using paired t-test.

Results: Maximum cases were observed in the age group 41–50 years (36.3%) with female predominance (93.3%). Psychological trauma was the major risk factor (63.3%). Marked improvement was observed in 33.3% cases, moderate improvement in 40%, and no improvement in 26.6%. The calculated t-value (14.10) was significantly higher than the table value (2.05), indicating statistically significant improvement.

MATERIALS AND METHODS

Study Design: Prospective observational study

Study Setting: JSPS Government Homoeopathic Hospital, Hyderabad

Sample Size: 30 cases

Study Duration: 2023–2025

Sampling Method: Simple purposive sampling

Inclusion Criteria

- Diagnosed cases of SLE
- Patients of all age groups and both sexes

Exclusion Criteria

- Immunocompromised patients
- Irreversible pathological conditions
- Pregnant and lactating women

Methodology

- Detailed case taking with holistic approach
- Miasmatic analysis and repertorization
- Individualized remedy selection
- Follow-up: 6–18 months

Assessment Tool

Systemic Lupus Activity Questionnaire (SLAQ), a validated patient-reported outcome measure with good reliability and validity

Outcome Criteria

- Marked improvement (≥ 9 point reduction)
- Moderate improvement (4–8 points)
- No improvement (≤ 3 points)

Statistical Analysis

Paired t-test was used to determine significance.

RESULTS AND DISCUSSION

This section contains description of data collected from 30 cases, who attended the OPD and IPD of Dharma Kiran Govt. Homoeopathic hospital attached to JSPS GHMC, Hyderabad. The cases were selected on random basis, sampling method. The data collected from these patients subjected to the statistical analysis. The observations made and results of this analysis are presented in the form of tables, diagrams, and charts.

TABLE NO. 01
DISTRIBUTION OF STUDY ACCORDING TO AGE GROUPS

AGE GROUP IN YEARS	NO. OF CASES	PERCENTAGE
10-20	2	6.6
21-30	6	19.9
31-40	8	26.6
41-50	11	36.3
51-60	3	9.9
Total	30	100%

In the present study of 30 cases, there are 2 cases (6.66%) between the age group of 10-20 years, 6 cases (19.9%) between 21-30, 8 cases (26.6%) between 31-40, 11 cases (36.3%) between 41-50, 3 cases (9.9%) between 51-60.

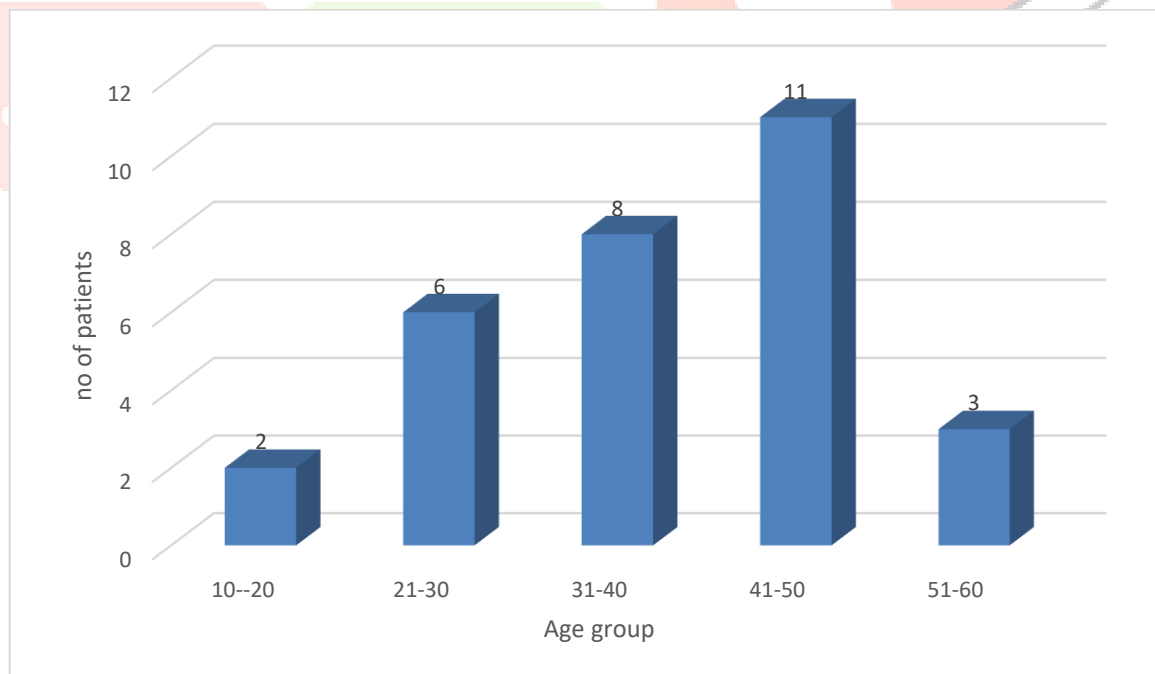


TABLE NO. 2
DISTRIBUTION OF STUDY ACCORDING TO GENDER

GENDER	NO. CASES	PERCENTAGE
MALE	2	6.67
FEMALE	28	93.3
TOTAL	30	100

In the present study of 30 cases, 2 are male cases (6.67%) and 28 are female cases (93.33%).

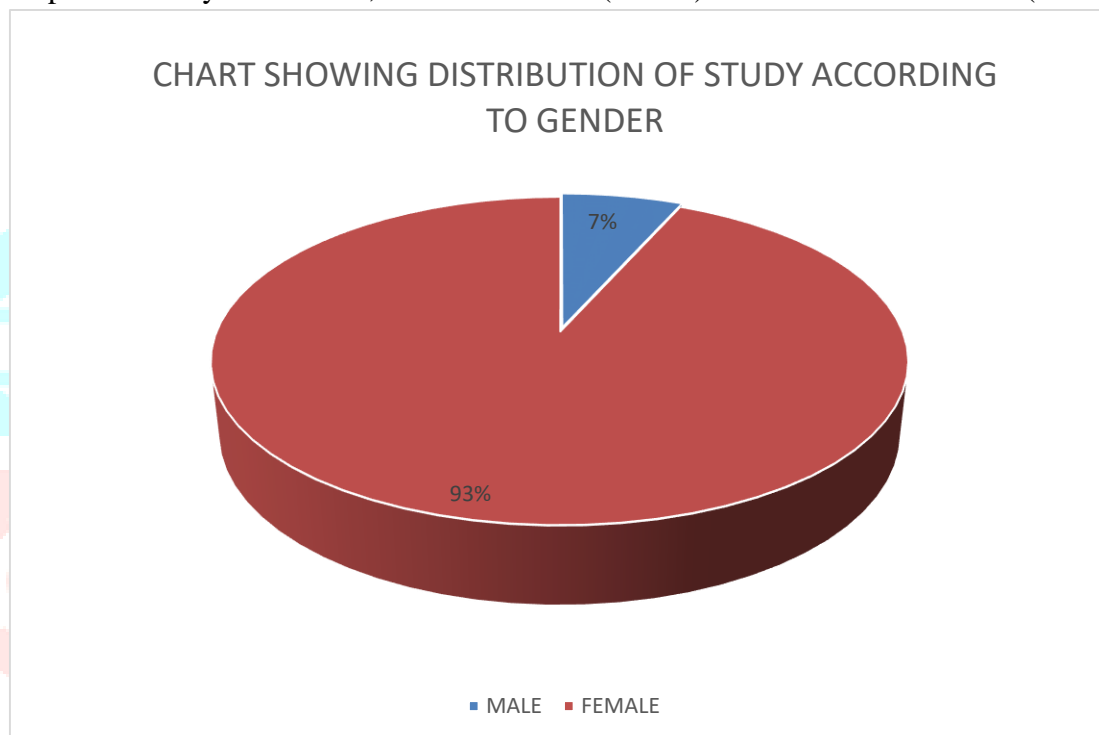


TABLE NO. 03
DISTRIBUTION OF STUDY BASED ON THE RISK FACTORS INVOLVED IN CASES

S.NO	RISK FACTORS/ PROBABLE CAUSE	CASES	PERCENTAGE
1	Psychological Trauma	19	63.3
2	Vaccination	5	16.6
3	Genetic predisposition	3	10
4	Etiologically involved Drugs	1	3.3
5	Smoking/ alcohol	1	3.3

In the present study, 19 patients are having psychological affections (63.3%), 5 are due to bad effects of vaccination (16.6%). 3 patients having genetic predisposition (10%), 1 patient having drug abuse as a risk factor (3.3%), 1 having history of alcohol/smoking (3.3%).

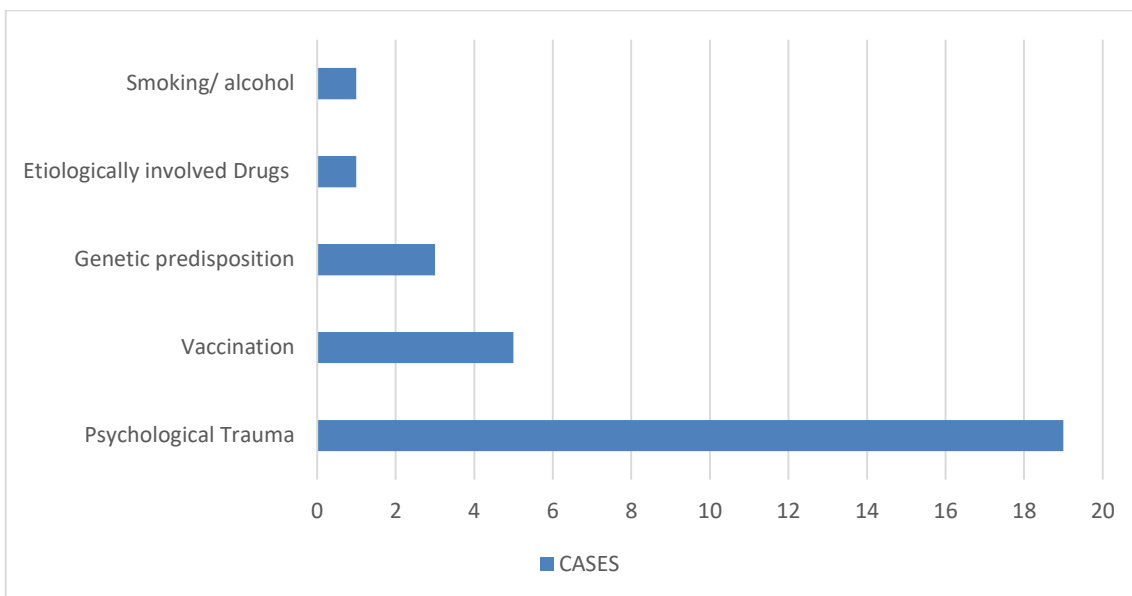


TABLE NO. 04

TABLE SHOWING THE DATA OF SOCIO-ECONOMIC STATUS

S NO.	SOCIO ECONOMIC STATUS	NO. OF PATIENTS	PERCENTAGE
1	Higher class	5	16.6
2	Middle class	12	40
3	Lower class	13	43.3

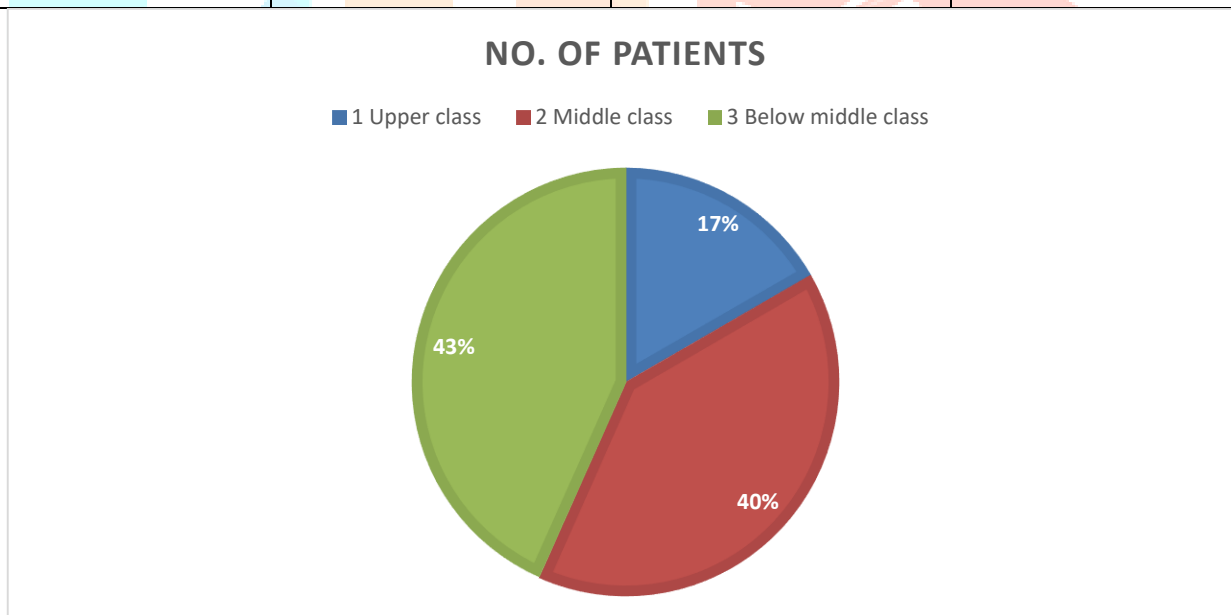
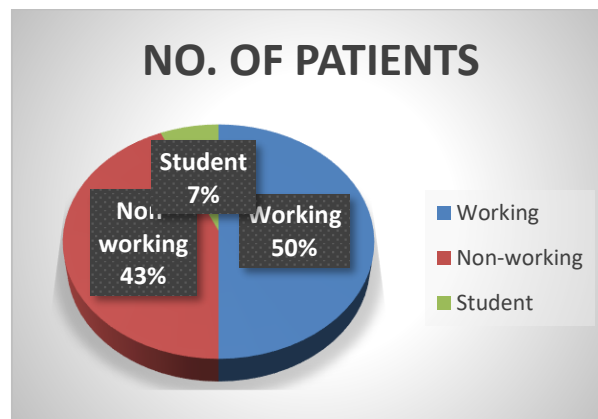


TABLE NO. 5

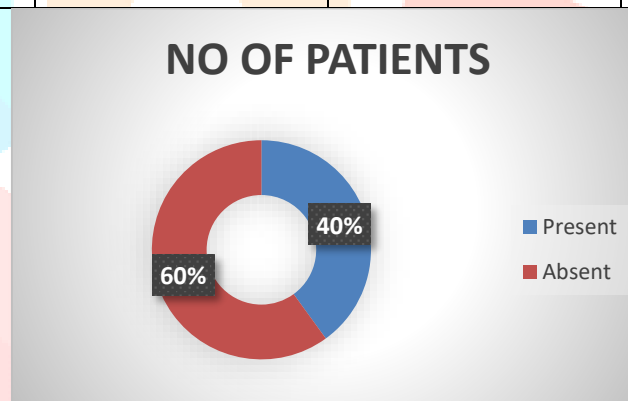
TABLE SHOWING THE DATA OF OCCUPATION

S NO	OCCUPATION	NO. OF PATIENTS	PERCENTAGE
1	Working	15	50
2	Non-working	13	43.3

3	Student	2	6.6
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**TABLE NO.6****TABLE SHOWING THE DATA OF FAMILY HISTORY OF AUTO IMMUNE DISEASES**

S NO	FAMILY HISTORY	NO OF PATIENTS	PERCENTAGE
1	Present	12	40
2	Absent	18	60
	Total	30	100

**TABLE NO. 7****TABLE SHOWING THE STATISTICAL DATA OF CLINICAL PRESENTATION**

S.NO.	CLINICAL FEATURE	NO. OF PATIENTS	PERCENTAGE
1	Cutaneous lesions	22	73
2	Headache	4	13
3	Joint pains	20	66.6
4	Fever	5	16.6
5	Weight loss	8	26.6
6	Hair fall	4	13.3
7	Shortness of breath	2	6.6
8	Myalgias	10	33.3

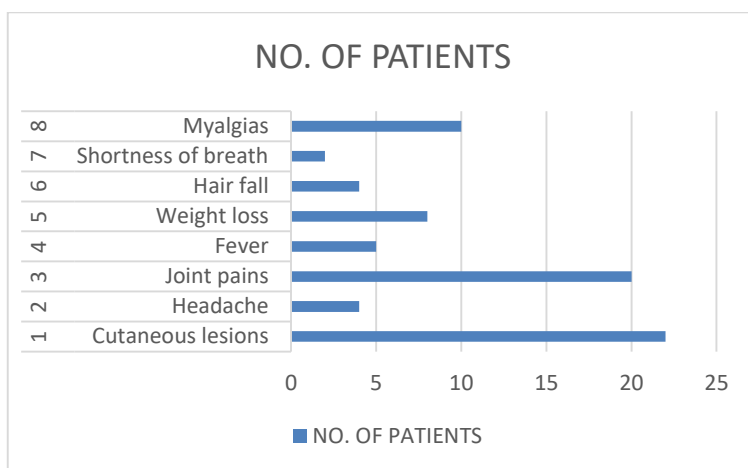


TABLE NO. 08
DISTRIBUTION OF CASES ACCORDING TO MIASMS

MIASM	NO. OF CASES	PERCENTAGE
PSORO SYCOTIC	12	40
PSORO SYPHILITIC	6	20
TRIMIASMATIC	12	40
Total	30	100

In the present study of 30 cases, 12 cases (40%) from Psorosycotic, 6 cases (20%) from Psorosyphilitic and 12 cases (40%) from tri miasmatic background.

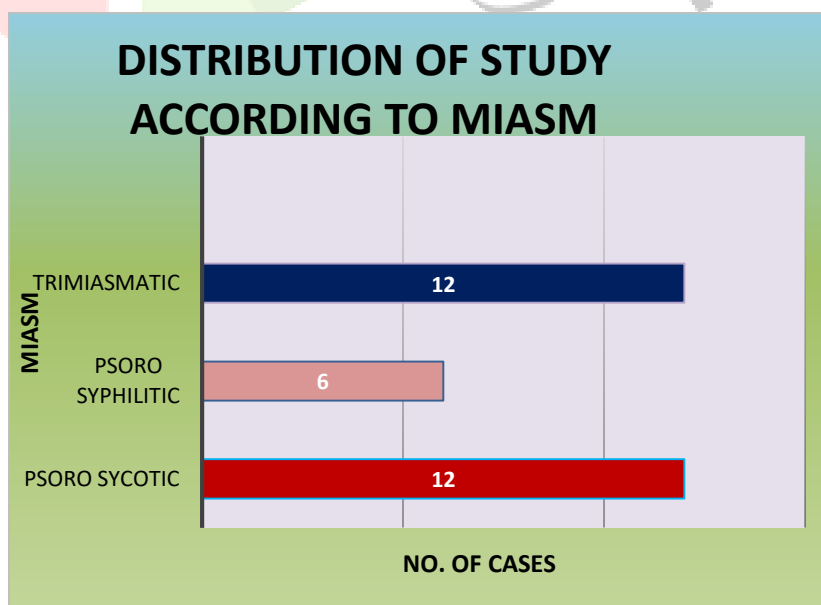


TABLE NO.09
DISTRIBUTION OF CASES ACCORDING TO THE MEDICINE PRESCRIBED

MEDICINE	NO. OF CASES	PERCENTAGE
ARENICUM ABUM	4	13.3
SULPHUR	3	10
PHOPHORUS	2	6.6
SEPIA	3	10
THUJA	1	3.3
NATRUM MURIATICUM	7	23.3
RHUS TOX	3	10
MERC SOL	1	3.3
PULSATILLA	1	3.3
CALCAREA CARB	1	3.3
STAPHYSAGRIA	2	6.6
LYCOPODIUM	1	3.3
BRYONIA	1	3.3
TOTAL	30	100

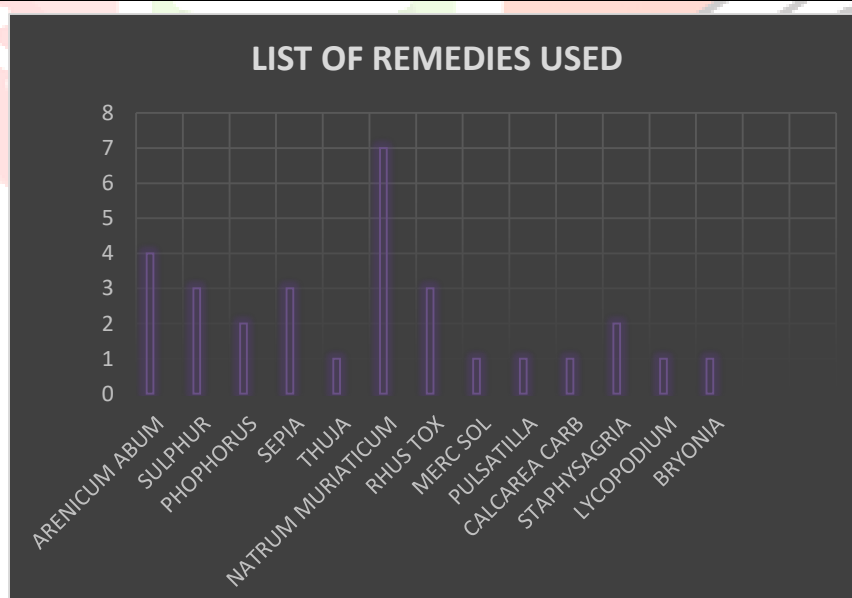
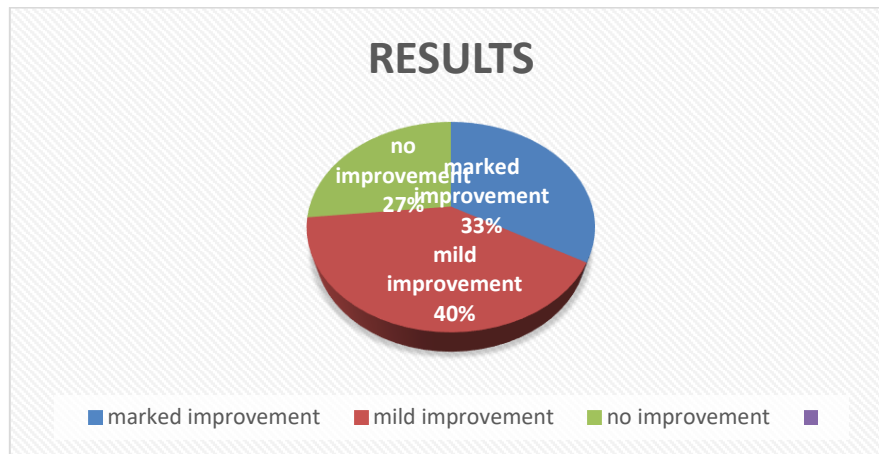


TABLE 10
STATISTICAL DATA OF RESULTS

S.NO.	RESULT	NO. OF PATIENTS	PERCENTAGE
1	Marked improvement	10	33.3
2	Moderate improvement	12	40
3	No improvement	8	26.6
	TOTAL	30	100%



DISCUSSION

The study confirms that SLE predominantly affects middle-aged females, consistent with standard medical literature.

Psychological stress emerged as a major contributing factor, indicating the role of neuro-immunological mechanisms in disease pathogenesis.

The improvement observed in patients following homoeopathic treatment suggests its potential role in modulating immune response and improving quality of life. Individualized remedies based on constitutional totality showed beneficial outcomes.

Statistical analysis further supports the clinical findings, demonstrating significant improvement post-treatment.

CONCLUSION

Homoeopathic management demonstrates significant clinical and statistical improvement in patients with Systemic Lupus Erythematosus. It can be considered as a supportive and complementary approach in managing SLE.

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