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Homoeopathy in integrative management of reduced left ventricular ejection fraction: An evidence-based case report

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Background: Left ventricular ejection fraction (LVEF) is the central measure of left ventricular systolic function. It is one of the most useful tools to evaluate cardiac diseases. Heart failure with a reduced ejection fraction affects more than 50% of individuals. This subject is inadequately documented in Homoeopathy. This case study intends to create evidence-based documentation and generate the hypothesis that Homoeopathy can treat these potentially fatal illnesses. **Case Summary:** A 33-year-old female presented with complaints of palpitation, dyspnoea on least exertion and pain in both upper and lower limbs with associated numbness extending downwards for three months. She had a low pulse rate of 44–46 beats/min. As per echocardiography report, she had severely reduced LVEF (25%). Following the principles of Homoeopathy, *Kalmia latifolia* was prescribed in 50-millesimal potency. The patient was advised to continue her conventional medication schedule. The subjective evaluation was done using Outcome Related to Impact on Daily Living (ORIDL) scale, which improved gradually. Her pulse rate also increased to 74 beats/min with a regular sinus rhythm. Echocardiography reports are presented as objective evidence, where 50% enhancement of LVEF was recorded. Modified Naranjo Criteria for Homeopathy (MONARCH) established (score +8) the likelihood of improvement between the given intervention and the clinical outcome of the patient. Here, in addition to conventional medicine, *Kalmia latifolia* in 50-millesimal potency from 0/1 to 0/12 was found to be useful and efficiently managed to show results within six months. Further documentation of this integrated approach is warranted in the future.

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The authors are very much thankful to the competent authority of the institute for the guidance and support. We are also grateful to the patient for his immense faith in Homoeopathy.

Homoeopathy in integrative management of reduced left ventricular ejection fraction: An evidence-based case report

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Abstract

Background: Left ventricular ejection fraction (LVEF) is the central measure of left ventricular systolic function. It is one of the most useful tools to evaluate cardiac diseases. Heart failure with a reduced ejection fraction affects more than 50% of individuals. This subject is inadequately documented in Homoeopathy. This case study intends to create evidence-based documentation and generate the hypothesis that Homoeopathy can treat these potentially fatal illnesses. **Case Summary:** A 33-year-old female presented with complaints of palpitation, dyspnoea on least exertion and pain in both upper and lower limbs with associated numbness extending downwards for three months. She had a low pulse rate of 44–46 beats/min. As per echocardiography report, she had severely reduced LVEF (25%). Following the principles of Homoeopathy, *Kalmia latifolia* was prescribed in 50-millesimal potency. The patient was advised to continue her conventional medication schedule. The subjective evaluation was done using Outcome Related to Impact on Daily Living (ORIDL) scale, which improved gradually. Her pulse rate also increased to 74 beats/min with a regular sinus rhythm. Echocardiography reports are presented as objective evidence, where 50% enhancement of LVEF was recorded. Modified Naranjo Criteria for Homeopathy (MONARCH) established (score +8) the likelihood of improvement between the given intervention and the clinical outcome of the patient. Here, in addition to conventional medicine, *Kalmia latifolia* in 50-millesimal potency from 0/1 to 0/12 was found to be useful and efficiently managed to show results within six months. Further documentation of this integrated approach is warranted in the future.

Keywords: 50-millesimal potency, Homoeopathy, *Kalmia latifolia*, Left ventricular ejection fraction (LVEF)

INTRODUCTION

Ejection fraction (EF) is essentially a measurement of the amount of blood which can be pumped from the left ventricle at every contraction and is expressed as a percentage.^[1] Left ventricular EF (LVEF) is the central measure of left ventricular systolic function.^[1,2] EF can be measured using various procedures such as echocardiography, cardiac magnetic resonance imaging and cardiac computed tomography, the most used being echocardiography.^[2,3] Heart failure (HF) is mainly stratified based on the measurement of LVEF. Classically, two types of HF have been described related to left ventricular performance: HF with reduced EF and HF with preserved EF (HFpEF).^[4,5] Conditions leading to a decrease in EF are HF, cardiomyopathy, heart valve disorders, etc. An EF of more than

75% is considered to be high and may signify hypertrophic cardiomyopathy.^[3,6] The European Society of Cardiology has provided some guidelines for the diagnosis and treatment of acute and chronic HF based on LVEF.^[6] The reference ranges of LVEF are as follows: Normal or preserved LVEF (>50%), moderately reduced LVEF (41–49%) and reduced LVEF (<40%).^[6] According to the National Library of Medicine, based on various disease-specific estimates of HF, it can be estimated that the prevalence of HF in India due to diseases

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such as rheumatic heart disease and coronary heart disease ranges from 1.3 to 4.6 million, with an incidence of about 4,91,600 - 1.8 million million every year.^[7]

The treatment of low EF depends on the underlying cause. In cases of heart valve abnormalities, surgery is the suggested method of treatment. Likewise, some conditions which cannot be treated surgically may require heart transplantation. Modern medicine also uses certain medications, such as beta blockers and renin-angiotensin-aldosterone system blockade in patients having HFpEF.^[2,3,6] The major problem in this regard is the expense of the treatment. In a country like India, where innumerable patients suffering from such diseases cannot afford the expense, the financial aspect^[8,9] of these treatments and surgeries, which can cost several lakhs, is a huge obstacle in patient care.

Homoeopathy is a non-invasive therapeutic treatment, which provides a gentle recovery without any extra suffering to the patient. It is mainly based on the individualisation of a patient. Homoeopathic treatment can be provided to patients easily due to the cost-effectiveness of medicines. Homoeopathic literature^[10-12] has fragmentary evidence of its action in the affection of the heart. Homoeopathy has some published studies^[13,14] which demonstrate a positive outcome in the treatment of cardiac disorders, including HF, with the use of homoeopathic medicine. However, systematic documentation is lacking on this particular topic of reduced LVEF in Homoeopathy.

In this case study, subjective as well as objective evidence are presented, and the likelihood of treatment outcomes attributable to homoeopathic intervention has also been assessed. The case is reported in accordance with the HOM-CASE guidelines.^[15]

PATIENT INFORMATION

A 33-year-old female visited with complaints of palpitation with dyspnoea on least exertion and pain in both upper and lower limbs extending downwards for the past three months. The complaints were aggravated by motion and relieved by rest. Besides, the pain was associated with numbness. She also complained of vertigo, which was aggravated by looking downwards. The stool was unsatisfactory, hard, constipated, passed every 2–3 days and very difficult to pass. She was advised to take conventional medicines for supportive measures only and to go for the surgical intervention (Cardiac Resynchronisation Therapy with Defibrillation) at the earliest. She has been taking allopathic medicines for the last few months without adequate relief. To avoid surgery and owing to financial constraints, the patient opted for Homoeopathy.

From her past history, it was found that she had suffered from jaundice five years ago. She had also undergone a caesarean section in 2017. When asked about family history, she mentioned that her father was suffering from hypertension and diabetes mellitus. She was a homemaker and got married around twelve years ago. She had three children, of which two

were born through normal vaginal delivery and the youngest was born in 2017 by a caesarean section.

Clinical Findings

On examination, the patient had anxious facies, her pulse rate was 44–46 bpm, pulse volume was so feeble sometimes that it was found alternately high and low volume pulse (pulsus alternans). Blood pressure (BP) was 100/64 mmHg.

She was unable to tolerate cold weather and tended to catch a cold easily. Her appetite was good, and she could tolerate hunger. She also had a profuse thirst with a dry mouth. Her tongue appeared cracked and white-coated. Her stool was unsatisfactory, hard, constipated, passed every 2–3-day interval, and it was very difficult to pass. She had frequent urination, mostly during the day. Her sleep was disturbed due to palpitations, especially during the early morning hours.

As regards the mental sphere of the patient, she was found to have a fear of the dark and an aversion to company. She preferred to stay alone and had a mild and gentle disposition.

Diagnostic Assessment

The patient presented with palpitations on least exertion and vertigo on looking downwards. On examination, a slow and feeble pulse was detected. BP was 100/64 mmHg. Echocardiography report revealed dilated cardiac chambers, severely reduced LV systolic function and mild tricuspid regurgitation with LVEF 25%.

Totality of symptoms

- Palpitation with dyspnoea on least exertion
- Complaints were aggravated by motion and relieved by rest
- Pain in both upper and lower limbs extending downwards
- Vertigo on looking downwards
- Pulse rate 44-46 bpm.

Therapeutic Intervention

Homoeopathic medicines given to the patient were procured from a Good Manufacturing Practice (GMP) certified pharmaceutical company. Each dose was administered orally. The potency, dose and repetitions were done following the guidelines provided in the Organon of Medicine (6th edition). All the rubrics which were considered for repertorisation, using Synthesis Repertory by RADAR software, version 10.0, have been provided in Figure 1.

First prescription

Kalmia latifolia 0/1, 16 doses for 16 days, followed by *Kalmia latifolia* 0/2, 16 doses for the next 16 days, were prescribed (medicines were prepared by taking four medicated poppy seed-like globules, mixed with 100 ml of distilled water along with one ml of rectified spirit as preservative for making 16 doses in liquid form then dispensed after giving ten uniform downwards succussions). The medicines were taken every day early morning on an empty stomach and the patient was advised to give ten uniform downwards succussions before consuming every dose.

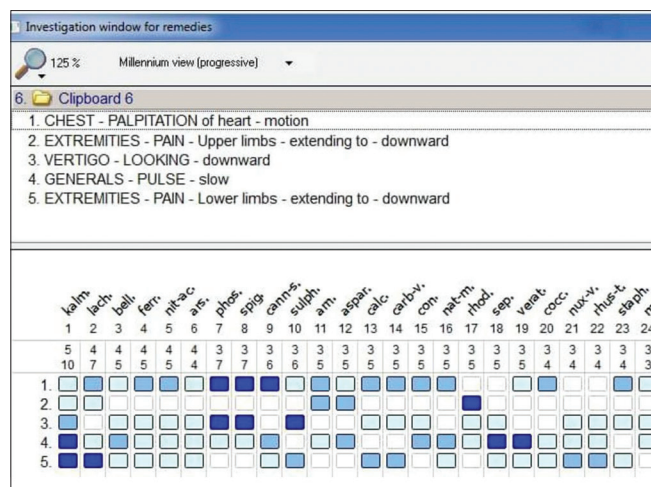


Figure 1: Repertorisation chart using Synthesis Repertory by RADAR software.

She was advised to continue with the same conventional medication schedule as advised and to consult with a cardiologist from time to time or as per the need. She was also advised not to do any household work, to take complete rest and follow a salt-restricted diet.

Basis of prescription

In the repertorial analysis, it was found that *Kalmia latifolia* covered the highest number of rubrics with maximum marks, and further confirmed after consultation with *Materia Medica*.^[10,11]

Follow-up and Outcomes

After the homoeopathic medicine, the patient reported to be doing well, and palpitations were markedly improved. The vertigo and the pain in the extremities subsided. Her pulse rate also improved to 74 beats/min with regular, sinus rhythm. She had to have a good appetite, with normal bladder and bowel movements and sound sleep. Echocardiography report revealed early DCM, LV dilated (borderline), early diastolic dysfunction, slow slurred septal motion, LVEF: 48–50%.

She was on the same conventional medication schedule throughout the treatment period. Follow-up of the case is ongoing, and she is still under the integrated approach of conventional and homoeopathic treatment. The detailed follow-up of the case is mentioned in Table 1.

Clinician and Patient Assessed Outcome

Utilising the outcome related to impact on daily living (ORIDL)^[16] scale, the patient-reported outcome was quantified. Based on patient's subjective experiences, the scale has been widely used to evaluate the progress made in treating their main complaints as well as their general well-being. In this case, the ORIDL scores gradually improved [Table 1] and were confirmed as much better after using the prescribed homoeopathic medications.

Intervention Adherence and Tolerability

The patient had been advised to report every month regarding her symptoms and tolerability of homoeopathic intervention, as well as to follow the conventional medication schedule. In this regard, she was found to be strictly adhering to the various instructions provided to her regarding the dosage and timing of the medicine, and she also consulted with a cardiologist from time to time.

Adverse or Unanticipated Events

No unanticipated event in the form of any aggravation or increase in any complaint occurred to the patient throughout the course of the treatment.

Homoeopathic Aggravation

No increase in the intensity of any of the existing symptoms of the patient was observed throughout the course of the treatment, which may be considered as 'homoeopathic aggravation'.

Possible Causal Attribution

Modified Naranjo Criteria for Homeopathy (MONARCH)^[17] was followed to assess possible causal attribution. It was done to elicit the likelihood of relationship between homoeopathic intervention (*Kalmia latifolia*) and clinical improvement of the patient. At the end of the treatment, the obtained score (+8) suggested that the clinical improvement of the patient was possibly due to the homoeopathic intervention provided [Table 2].

DISCUSSION

Being the most widely used parameter for the quantification of the overall ventricular function, EF is defined as the end-diastolic volume minus the end-systolic volume, divided by the end-diastolic volume. These volumes can be measured non-invasively through echocardiography or radionuclide ventriculography or invasively by left ventriculography.^[3]

In this era of increasing lifestyle disorders, HF and disorders of EF are becoming increasingly prevalent.^[6,7] The Homoeopathic system of medicine has a unique approach to diseases of EF, which is based on a holistic approach to treatment along with the individualisation of each patient.

In this case report, improvement was documented through different subjective and objective pieces of evidence. In every follow-up visit, improvement in the main complaint, as well as overall well-being, was measured through the ORIDL scale.^[16] The ORIDL score was gradually shifted to positive (+3), establishing a moderate improvement. Echocardiography reports were offered as unbiased proof. It is possible to speculate that the spontaneous improvement in EF resulted from any other factors that affected the improvement in the LVEF, as well as the other associated complaints. To combat these possibilities, MONARCH^[17] was utilised to assess the potential causal attributions. In this instance, a stronger likelihood of a causal association between the homoeopathic

Table 1: Timeline for important milestones related to interventions

Visits	Symptoms	Prescription	ORIDL	
			MC	OWB
Baseline visit - 15 th February, 2021	Palpitation with dyspnoea on least exertion, pain in both upper and lower limbs extending downwards, aggravated by motion and relieved by rest. Pain-associated numbness. Pulse rate 44–46 beats/min., blood pressure 100/64 mmHg. Vertigo on looking downwards, stool difficult to pass, hard and unclear, every 2–3-day interval. Advised to continue with the same conventional medication schedule as advised and to consult a cardiologist from time to time or as per the need, not to do any household work, to take complete rest and salt-restricted diet. Echocardiography: Dilated cardiac chambers, severely reduced LV systolic function, mild tricuspid regurgitation with LVEF 25%.	<i>Kalmia latifolia</i> 0/1, 16 doses, followed by <i>Kalmia latifolia</i> 0/2, 16 doses for the next 16 days. Both medicines are to be taken every day early morning on an empty stomach.	-	-
2 nd visit - 16 th March, 2021	Palpitation and dyspnoea same. Pain in both lower and upper limbs, somewhat improved. Pain associated with numbness slightly improved. Pulse rate slightly increased (48–50 beats/min). Vertigo slightly improved, stool consistency slightly softer than before, passed stool every alternate day.	<i>Kalmia latifolia</i> 0/3, 16 doses, followed by <i>Kalmia latifolia</i> 0/4, 16 doses for the next 16 days. Both medicines are to be taken every day early morning on an empty stomach.	+1	+1
3 rd visit - 18 th April, 2021	Palpitation and dyspnoea slightly improved. Pain in both lower and upper limbs moderately improved. Pain associated with numbness slightly decreased. Pulse rate 52–56 beats/min. Vertigo improved than before. No further change in the character of stool passed stool in every 1–2 days interval	<i>Kalmia latifolia</i> 0/5, 16 doses, followed by <i>Kalmia latifolia</i> 0/6, 16 doses for the next 16 days. Both medicines are to be taken every day early morning on an empty stomach.	+1	+1
4 th visit - 19 th May, 2021	Palpitation and dyspnoea improved further. Pain in both upper and lower limbs considerably improved. Pain associated with numbness decreased during the last visit. Pulse rate 60 beats/min. Vertigo almost relieved, consistency of stool much softer, passed stool every other day.	<i>Kalmia latifolia</i> 0/7, 16 doses, followed by <i>Kalmia latifolia</i> 0/8, 16 doses for the next 16 days. Both medicines are to be taken every day early morning on an empty stomach.	+1	+1
5 th visit - 15 th June, 2021	Palpitation occurring occasionally along with exertional dyspnoea. Pain in both upper and lower limbs is completely relieved. Pain associated with numbness is completely relieved. Pulse rate 64–66 beats/min. Vertigo relieved completely, passed semisolid stool every day. Echocardiography report: Post-partum cardiomyopathy, Severely reduced LV systolic function, Mild PAH, Mild tricuspid regurgitation, LVEF: 37%.	<i>Kalmia latifolia</i> 0/9, 16 doses, followed by <i>Kalmia latifolia</i> 0/10, 16 doses for the next 16 days. Both medicines are to be taken every day early morning on an empty stomach.	+2	+2
6 th Visit- 16 th July, 2021	Frequency of palpitation decreased even more. Occasional exertional dyspnoea was there. Pulse rate increased. (70 beats/min with regular, sinus rhythm). Passes semisolid stool every day. Sound sleep.	<i>Kalmia latifolia</i> 0/11, 16 doses. Medicine is to be taken every day early morning on an empty stomach for 16 days.	+2	+3
7 th Visit - 3 rd August 2021	Palpitation markedly reduced. Exertional dyspnoea much improved. Patient doing well with normal bladder and bowel movements and having sound sleep. Pulse rate 70 beats/min with regular, sinus rhythm. Echocardiography report: • Early DCM • LV dilated (borderline) • Early diastolic dysfunction • Slow slurred septal motion • No MR/AR/TR/PAH • LVEF: 48–50%	<i>Kalmia latifolia</i> 0/12, 16 doses. Medicine to be taken every day early morning on an empty stomach for 16 days	+3	+3
8 th visit - (10 th September, 2021)	Patient doing well, with no palpitations and exertional dyspnoea. She had a good appetite with normal bladder and bowel habits and sound sleep. Her pulse rate found to be 74 beats/min with regular, sinus rhythm. She continued the same conventional medication schedule throughout the treatment period. Follow-up of the case is still going on and she is still under the integrated approach of conventional and homoeopathic treatment.		+3	+3

MC: Main complaints, ORIDL: Outcome related to impact on daily living, OWB: Overall well-being, LVEF: Left ventricular ejection fraction

intervention and the patient's clinical improvement is shown by the +8 score out of the highest score of +13 in MONARCH.

In Homoeopathy, each and every similar case has to be enquired and selected the similimum. As per the homoeopathic

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH)

Domains	Modified Naranjo Criteria for Homeopathy	Yes	No	Not sure/NA
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
5.	Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional and behavioural elements)	+1		
6.	(A) <i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
	(B) <i>Direction of cure</i> : Did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?			0
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)			0
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
	Total score (Maximum+13, Minimum-6)			+8

literature,^[10-12] *Kalmia latifolia* has a prominent action on the heart. In small doses, it accelerates the action of the heart. It has a significant effect on feeble and scarcely perceptible pulse rates. In addition, it has effects on rheumatic pains, particularly which are going in downwards directions. In this case, homeopathic medicine *Kalmia latifolia* was selected based on individualisation, which was very much useful and showed results within six months. The patient maintained the same conventional medication schedule throughout the treatment period and continues to do so in addition to the homeopathic medications. The integrated approach of treatment helps the patient to recover within a plausible time frame and without any extra suffering to the patient.

There are some published studies^[13,14] in Homoeopathy which demonstrate a positive outcome in the treatment of cardiac disorders, including HF, with the use of homeopathic medicine. However, on reduced LVEF, there were no studies reported.

As demonstrated in the case, the patient's symptoms gradually improved, leading to an improvement in her overall well-being despite having a drastically reduced EF. In this case study, it was discovered that individualised homeopathic medicine, selected on the basis of the patient's complete set of symptoms, was able to significantly reduce the patient's symptoms. Although the pathological and organic changes cannot be corrected by medication alone, homeopathic remedies were able to significantly improve the patient's quality of life by eliminating nearly all of her bothersome symptoms along with enhancement of ejection cardiac function.

There are several misconceptions regarding Homoeopathy in society, one of which is that it is a 'slow' method of treatment. However, this case study clearly demonstrates the length of time required to enhance LVEF. In this instance, individualised homeopathic medicine selected in accordance with the similimum not only ensures a 'gentle'^[18] but also a speedy recovery. The homeopathic medicine that was selected in this case worked well. Following the homeopathic intervention, the condition improved without any aggravation or adverse reaction, confirming Dr. J. T. Kent's fourth observation.^[19] Considering the severity of fatal illnesses, 50-millesimal potency was chosen, as it can be repeated often and the occurrence of aggravations was very little, as the dynamisations are 1/50,000th and even if aggravations occur, it will be at the end of treatment.^[18] In this case, 50-millesimal potencies worked incredibly well and improved the condition without any worsening of symptoms throughout the treatment.

Future research and case studies in this area of study are urgently needed to aid doctors in treating a variety of cardiological conditions and illnesses with homeopathic medicines when patients are unable to access modern medicine due to cost^[8,9] and a variety of risks and complications associated with any type of surgery. We can infer from this case report that, in some stubborn cases, a carefully chosen therapy is required for an effective outcome.

Nonetheless, in the field of evidence-based medicine, every degree of evidence has made a major and concrete contribution to the development of clinical science. This case report has offered significant pieces of data, and by documenting more cases that are comparable, we will be able to generate a

hypothesis that could eventually result in more controlled and extended clinical research.

CONCLUSION

The study on reduced LVEF is a step in the right direction for comprehending the range of individualised homoeopathic treatment, even in cases of severe pathological alterations. Here, we find that Homoeopathy can undeniably enhance both the patient's general health and the cardiac EF.

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Nil.

Informed consent

Written informed consent has been obtained from the patient. The patient is aware that her name and initials will not be disclosed, and diligent efforts will be made to protect her identity. However, complete anonymity cannot be guaranteed.

Conflict of interest

None declared.

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L'homéopathie dans la prise en charge intégrative de la fraction d'éjection ventriculaire gauche réduite : un rapport de cas fondé sur des données probantes

Contexte: La fraction d'éjection ventriculaire gauche (FEVG) est la mesure centrale de la fonction systolique ventriculaire gauche. C'est l'un des outils les plus utiles pour évaluer les maladies cardiaques. L'insuffisance cardiaque avec fraction d'éjection réduite touche plus de 50 % des personnes. Ce sujet est insuffisamment documenté en homéopathie. Cette étude de cas vise à établir une documentation fondée sur des données probantes et à formuler l'hypothèse selon laquelle l'homéopathie peut traiter ces maladies potentiellement mortelles.

Résumé du cas: Une femme de 33 ans a consulté pour des symptômes de palpitations, de dyspnée au moindre effort et de douleurs dans les membres supérieurs et inférieurs, associés à un engourdissement descendant associé, depuis trois mois. Son pouls était faible, entre 44 et 46 battements/min. D'après le rapport d'échocardiographie, sa FEVG était fortement réduite (25 %). Conformément aux principes de l'homéopathie, *Kalmia latifolia* a été prescrit à une concentration de 50 milligrammes. Il a été conseillé à la patiente de poursuivre son traitement habituel. L'évaluation subjective a porté sur les résultats liés à l'impact sur la vie quotidienne, qui s'est progressivement amélioré. Son pouls a également augmenté à 74 battements/min avec un rythme sinusal régulier. Les rapports d'échocardiographie sont présentés comme preuves objectives, où une augmentation de 50 % de la FEVG a été enregistrée. Les critères de Naranjo modifiés pour l'homéopathie ont établi (score +8) la probabilité d'amélioration entre l'intervention donnée et l'évolution clinique du patient. Dans ce cas, en complément des médicaments conventionnels, *Kalmia latifolia* à une concentration de 50 milligrammes de 0/1 à 0/12 s'est avéré utile et efficacement géré, avec des résultats visibles en six mois. Une documentation plus approfondie de cette approche intégrée est nécessaire à l'avenir.

Homöopathie in der integrativen Behandlung der reduzierten linksventrikulären Ejektionsfraktion: Ein evidenzbasierter Fallbericht

Hintergrund: Die linksventrikuläre Ejektionsfraktion (LVEF) ist das zentrale Maß für die linksventrikuläre systolische Funktion. Sie zählt zu den wichtigsten Instrumenten zur Beurteilung von Herzerkrankungen. Herzinsuffizienz mit reduzierter Ejektionsfraktion betrifft mehr als 50 % der Patienten. Dieses Thema ist in der Homöopathie unzureichend dokumentiert. Diese Fallstudie soll eine evidenzbasierte Dokumentation erstellen und die Hypothese aufstellen, dass Homöopathie diese potenziell tödlichen Erkrankungen behandeln kann.

Fallzusammenfassung: Eine 33-jährige Frau stellte sich mit seit drei Monaten anhaltenden Beschwerden wie Herzklopfen, Atemnot bei geringster Belastung und Schmerzen in den oberen und unteren Extremitäten mit begleitendem Taubheitsgefühl nach unten vor. Sie hatte eine niedrige Pulsfrequenz von 44–46 Schlägen/min. Laut Echokardiographie-Bericht war die LVEF stark reduziert (25 %). Gemäß den Grundsätzen der Homöopathie wurde *Kalmia latifolia* in einer Potenz von 50 Millesimal verschrieben. Der Patientin wurde geraten, ihre konventionelle Medikation fortzusetzen. Die subjektive Beurteilung erfolgte anhand der Auswirkungen auf das tägliche Leben, die sich allmählich verbesserten. Ihre Pulsfrequenz erhöhte sich ebenfalls auf 74 Schläge/min mit einem regelmäßigen Sinusrhythmus. Als objektiver Beweis werden Echokardiographieberichte vorgelegt, in denen eine 50%ige Verbesserung der LVEF festgestellt wurde. Die modifizierten Naranjo-Kriterien für Homöopathie legten (Score +8) die Wahrscheinlichkeit einer Verbesserung zwischen der gegebenen Intervention und dem klinischen Ergebnis der Patientin fest. Hier erwies sich *Kalmia latifolia* in einer Potenz von 0/1 bis 0/12 in Ergänzung zur konventionellen Medizin als nützlich und effizient und zeigte innerhalb von sechs Monaten Ergebnisse. Eine weitere Dokumentation dieses integrierten Ansatzes ist in Zukunft erforderlich.

लेफ्ट वेंट्रिकुलर इजेक्शन फ्रैक्शन में कमी के एकीकृत प्रबंधन में होम्योपैथी: एक साक्ष्य-आधारित केस रिपोर्ट

पृष्ठभूमि: लेफ्ट वेंट्रिकुलर इजेक्शन फ्रैक्शन (LVEF) लेफ्ट वेंट्रिकुलर सिस्टोलिक फ़ंक्शन का केंद्रीय माप है। यह हृदय रोगों का मूल्यांकन करने के लिए सबसे उपयोगी उपकरणों में से एक है। कम इजेक्शन अंश के साथ दिल की विफलता 50% से अधिक व्यक्तियों को प्रभावित करती है। होम्योपैथी में इस विषय पर अपर्याप्त दस्तावेजीकरण पाए गए। इस केस स्टडी का उद्देश्य साक्ष्य-आधारित दस्तावेजीकरण करना और यह परिकल्पना उत्पन्न करना है कि होम्योपैथी इन संभावित घातक बीमारियों का इलाज कर सकती है।

केस सारांश: एक 33 वर्षीय महिला तीन महीने से घबराहट, कम से कम परिश्रम पर श्वास कष्ट और हाथ-पैरों में दर्द के साथ नीचे की ओर सुन्नता की शिकायत लेकर आई। उसकी नाड़ी की दर 44-46 बीट/मिनट थी। इकोकार्डियोग्राफी रिपोर्ट के अनुसार, उसका LVEF (25%) गंभीर रूप से कम हो गया था। होम्योपैथी के सिद्धांतों का पालन करते हुए, 50-मिलीसिमल पोटेसी में *काल्मिया लैटिफोलिया* निर्धारित की गई। रोगी को उसकी पारंपरिक दवा अनुसूची जारी रखने की सलाह दी गई। दैनिक जीवन के पैमाने पर प्रभाव से संबंधित परिणामों का उपयोग करके व्यक्तिपरक मूल्यांकन किया गया, जो धीरे-धीरे बेहतर हुआ। नियमित साइनस लय के साथ उसकी नाड़ी की दर भी 74 बीट / मिनट तक बढ़ गई। इकोकार्डियोग्राफी रिपोर्ट को वस्तुनिष्ठ साक्ष्य के रूप में प्रस्तुत किया गया, जहाँ LVEF में 50% वृद्धि दर्ज की गई। होम्योपैथी के लिए संशोधित नारंजो मानदंड ने दिए गए हस्तक्षेप और रोगी के नैदानिक परिणामों के बीच सुधार की संभावना (स्कोर +8) स्थापित की। यहाँ, पारंपरिक चिकित्सा के अलावा, 0/1 से 0/12 तक 50-मिलीसिमल पोटेसी में *काल्मिया लैटिफोलिया* को उपयोगी

पाया गया और छह महीने के भीतर परिणाम दिखाने के लिए कुशलतापूर्वक प्रबंधित किया गया। भविष्य में इस एकीकृत दृष्टिकोण का और अधिक दस्तावेज़ीकरण करना आवश्यक है।

Homeopatía en el manejo integral de la fracción de eyección ventricular izquierda reducida: Informe de un caso basado en la evidencia

Antecedentes: La fracción de eyección ventricular izquierda (FEVI) es la medida central de la función sistólica ventricular izquierda. Es una de las herramientas más útiles para evaluar las enfermedades cardíacas. La insuficiencia cardíaca con fracción de eyección reducida afecta a más del 50 % de las personas. Este tema está insuficientemente documentado en la homeopatía. Este estudio de caso busca generar documentación basada en la evidencia y plantear la hipótesis de que la homeopatía puede tratar estas enfermedades potencialmente mortales.

Resumen del caso: Una mujer de 33 años presentó palpitaciones, disnea al mínimo esfuerzo y dolor en las extremidades superiores e inferiores, con entumecimiento asociado que se extendía hacia abajo, durante tres meses. Presentaba una frecuencia cardíaca baja de 44-46 latidos/min. Según el informe de la ecocardiografía, presentaba una FEVI gravemente reducida (25 %). Siguiendo los principios de la homeopatía, se prescribió *Kalmia latifolia* en una potencia de 50 milésimas. Se recomendó a la paciente que continuara con su medicación convencional. La evaluación subjetiva se realizó utilizando resultados relacionados con el impacto en la vida diaria, que mejoró gradualmente. Su frecuencia cardíaca también aumentó a 74 latidos/min con un ritmo sinusal regular. Los informes de ecocardiografía se presentan como evidencia objetiva, donde se registró una mejora del 50 % de la FEVI. Los Criterios de Naranjo Modificados para la Homeopatía establecieron (puntuación +8) la probabilidad de mejoría entre la intervención administrada y el resultado clínico de la paciente. En este caso, además de la medicina convencional, se observó que la *Kalmia latifolia* en una potencia de 50 milésimas, de 0/1 a 0/12, fue útil y se gestionó eficientemente, mostrando resultados en un plazo de seis meses. Se justifica la documentación adicional de este enfoque integrado en el futuro.

顺势疗法在左心室射血分数降低的综合治疗中的作用：一项循证病例报告

背景：左心室射血分数（LVEF）是左心室收缩功能的核心指标，也是评估心脏疾病最有效的工具之一。超过 50% 的患者患有射血分数降低的心力衰竭。然而，顺势疗法中关于这一主题的文献记载不足。本案例研究旨在创建循证文献，并提出顺势疗法可以治疗这些潜在致命疾病的假设。

病例摘要：一名 33 岁女性，主诉心悸、轻微用力时呼吸困难、上下肢疼痛，并伴有向下延伸的麻木感，持续三个月。她的脉搏率较低，为 44-46 次/分钟。根据超声心动图报告，她的左心室射血分数（LVEF）严重降低（25%）。按照顺势疗法的原则，医生开出了 50 千分之一浓度的宽叶山月桂。患者被建议继续其常规用药计划。主观评价使用与日常生活影响量表相关的结果进行，结果显示患者的生活质量逐渐改善。患者的脉搏也增加到 74 次/分钟，并呈规则的窦性心律。超声心动图报告作为客观证据，记录到左心室射血分数（LVEF）提高了 50%。改良的顺势疗法纳兰霍标准（评分 +8）确定了所给予的干预措施与患者临床结果之间改善的可能性。在这里，除了常规药物外，还发现 0/1 至 0/12 浓度的 50 千分之一浓度的宽叶山月桂有效且有效，可在六个月内见效。未来有必要对这种综合方法进行进一步的记录。