

CONN'S DISEASE OR CONN'S SYNDROME-Homeopathic Approach

Homeopathy is such a wonderful science if applied with "clinical correlation with patient's history" and remedy relation, then it does make wonders, I am experiencing in my everyday clinical practice.

Medical Test or Medical Investigation is a kind of Medical procedure performed to detect or diagnose diseases, disease process, and susceptibility. It helps to determine the line of treatment.

Medical examination is the process of investigating to identify the nature and circumstances of a diseased condition by - Physical examination, various Laboratory and Radiological test to determine Prognoses means a forecasting of the probable course and outcome of a disease, especially of the chances of recovery

These factors are very vital for treating the patient homoeopathically. In the modern era of advancement, to establish the effectiveness of Homeopathy and to make Homeopathy "Evidence based". It also helps the patient to understand the details about their sufferings and its progress or spread. Dr Hahnemann has mentioned it in Organon of Medicine,

The physician's high and only mission is to restore the sick to health, to cure, as it is termed. And "The highest ideal of cure is rapid, gentle and permanent restoration of health."

He also mentioned about "Obstacles to Cure" in aphorism 3&4 and the real "Obstacles" can be found with the help of Medical Test. Dr Hahnemann was a Medical Doctor and he clearly wrote to "*investigate about exciting cause, fundamental cause, obstacles to cure" etc. which only can be found with Medical investigations.* Importance of Medical investigations provides absolute safety to patients and Homeopaths and is always accepted by Conventional Practitioners..

A case of Conn's Disease

A 42 years old lady Mrs.B. visited my clinic on 2nd August 2016 with tremendous weakness and profound tiredness. She was accompanied by her husband and her parents. She called her parents from India to UK, following life-threatening possibility of diagnosis of her illness.

Her predominant concern was tiredness, generalised muscle aches and pain, lethargy, disturbed sleep as a regular occurrence. She had severe nausea & no appetite. She had to force herself to eat. She also had episodic headaches with some anxiety precipitated with the diagnosis of Hypertension. Her history revealed she have had high blood pressure at the time of birth of her son, diagnosed as Gestational Hypertension.

Developed Blurred Vision and haziness around object as a result she had anxiety for fine work.

She had a severe leg cramps which made her to cry along with pain in stomach and abdomen.

Menses were irregular, black, profuse flow and severe Breast pain in mid-cycle. She was unable to bear the touch of clothes.

She was given IBS (Irritable Bowel Syndrome) tablets but that not worked on her, due to her abdominal pain and colic and flatulence. She had sour eructation before and after food.

She had a severe tremor in both hands and was unable to hold the cup of tea...could be due to weakness or fear of dropping the things from hands (Awkwardness).

Emotionally very deeply disturbed and was constantly crying while giving history, though her husband and her mother were with her. She had a great insecurity about her three children- what will happen to them, if I die?

Palpitation at any time, as if her heart is racing with throbbing headache leading her to develop blurred vision. Her GP has also organised visual field testing.

Her BP readings at home were always random. Sometime it shows very high and sometime normal. Having High blood pressure and associated symptoms, she was suggested MRI Pituitary findings with Neuro-radiologist.

Her weight was 65.2 Kg. Since March 2016 to August 2016, she lost her weight about six kg. Suggestive Progressive weight loss. When she came to see me, she was weighing 59Kg.

Immediately, the picture of Conn`s Disease strikes to my mind, which I compared with NHS notes.

Clinical notes from NHS hospital were showing.....

1. Essential Hypertension BP: 161/89,
2. Weight:65.2 kg Since March 2016 to August 2016, she lost about six kg.
3. High Prolactin Level at **1947Mu/L.**
4. Low vitamin D Level at **32nmol/L.**
5. **Empty Sella syndrome with Hyperprolactinaemia? MRI was done.**

She was prescribed by Consultant at hospital:

1. Anti-Hypertensive
2. Vitamin-D replacement maintenance
3. Potassium Tablets.... considering probable diagnosis of CONN`S DISEASE.
But despite of taking all conventional treatment, there was NO Relief.

Investigations done by Hospital:

Routine Blood tests: Mild Anaemia Hb: 118g/L (11.8gm%)

Kidney Function: Normal. FSH, LH, Estradiol normal.

PROLACTIN level: Very high: 1947 mU/L (< 501mU/L)

Vitamin D: 32nmol/L

Neurological examinations: NAD

Homeopathic Evaluation:

Miasm	Psoric and Sycotic	Fear of death Psychologically very fearful, sensitive, emotional, weeping, Likes sympathy and assurance, Overgrowth and excessive secretion from Adrenals
Constitution	Tubercular	Lean, Thin, Dark complexion Constant Sighing, Crying.
Diathesis	Tubercular diathesis	Tendency to lose weight Severe prostration
Thermal Reaction	Very Chilly	With slightest exertion felt exhausted. Low immunity Easily tired and irritated
Susceptibility Low Spirited	Hypersensitive to every changes in life style, Family matters	Never well since her last delivery
Bad Effect of	Anti-Hypertensive Treatment	H/O: Gestational Hypertension
PQRS:	Fine and coarse, both types of tremors	Tremors intensified with anxiety with awkwardness.
Family History	No significant history of any major illness in family.	NIL
Disposition	Dark, Mild disposed to lose potassium-Hypokalaemia	Ionic Imbalance -Low level of Potassium.

Important Clinical symptoms Selected:

1. Constantly Sighing. Oh, God! What happens to me!!! What happens, If I die?
2. Never well since her last pregnancy or last child birth due to Gestational Hypertension.
3. Fear of Death and deep-seated effect of grief.
4. Severe cramps everywhere in body-Stomach, muscles, back, fingers.
5. Great Insecurity about family – What happens, if I die?
6. Palpitation and anxiety starts thinking about her complains.
7. Anxiety about Family. Herself and others.
8. Anxiety with sleeplessness. Can` t Bend or lean.
9. Severe throbbing pulsating headache, with blurred vision. Can` t bend or lean and if she does, then felt breathless.

Homeopathic Management of the case:

Considering her complains symptoms and investigations in to the Homeopathic totality.

Homeopathic treatment and management of the case was planned as shown:

Stage:1 To relieve her Anxiety, Fear of death, Palpitation, Nervousness, Trembling, Spasms.

**Once her Anxiety gets relieved, the adrenaline and aldosterone secretion will come under control.*

Stage:2 To treat her Hypokalemia by finding the exact cause for potassium loss.

**Low level of potassium in the blood serum to prevent Muscle weakness, High blood pressure*

Stage:3 To control her cramps and tremors

**With the cramps, tremors, she was developing Awkwardness and was dropping the things from hand and unable to hold a cup of tea.*

Stage:4 To make her to gain weight.

By boosting up her Immune System-Treating patient a whole-Holistically.

Stage:5 To control her high level of Prolactin.

While considering her complain- "Never well since her last child birth"-the prolactin derangement taken from that point along with her high blood pressure.

Her Medical Diagnosis of Conn`s Syndrome is a clinical condition where the adrenal glands produce excess of hormones called aldosterone, resulting in low renin level.

I started her treatment considering her all clinical symptoms with its Homeopathic evaluation and started with Ignatia, as considering the emotional element and Effect of the grief and worry and erratic character of her symptoms.

I will not be able to mention full treatment protocol on my web article. Further questions about this case please mailto: aachcu@gmail.com

Homeopaths are requested to write their professional membership registration number along with their question.

As our Master said in aphorism -3, "Knowledge of physician",

If we apply our knowledge of Disease and knowledge of Drug (means remedy) and relation between disease and drug (means remedy), then Homeopathy can make a wonder. This was very rare and complicated case of? Conn`s disease have been treated very successfully without any recurrence and till today Mrs.S.B``s family members have visited my clinic for minor elements & I feel very happy to see her symptom free and enjoying her normal life Thanks to Homeopathy.



Arti Clinic
Homeopathy Clinic
Since 1980

Plan:

Date: 27.06.16

Before treatment

1. Baseline blood tests requested at clinic. At the time of writing this clinic letter, her blood test results show normal kidney functions, normal estradiol, LH and FSH. The prolactin levels are raised at 1947 mU/L. The relevance of this result is not currently known but may be elevated in hypertension. Vitamin D levels are low at 32 nmol/L. Hb is 118g/L suggesting mild anaemia. Cholesterol 3.5 mmol/l which is normal.

2. Short synacthen test to exclude hypoadrenalism has been performed as out-patient in view of symptoms of tiredness. Plasma catecholamines have been checked.

3. ECG, Chest X-ray have been performed. ECHO (heart scan) requested and she will receive an out-patient appointment.

4. Stop Lisinopril for three weeks preferably from 27-06-16. I have prescribed Amlodipine 5 mg a day for BP control and explained that if home BP testing shows repeated raised values, she can increase the dose of the tablet to 10 mg a day.

After three weeks, take the blood form supplied to the lab (may be useful to make appointment and state intention of doing this particular test). I have requested plasma renin,

[LRC|GP|RLT1444007|OP Attendance (Medicine)|727266364031|24/06/2016|10:20]

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Import Date 08/02/2017 09:16:24

Location Out Patients Dept

Report Date 08/02/2017 09:14

Requester Patel, V Dr

Address 38-40 Orchard Way, Bristol, GLOUCESTER, GLOUCEST

After Treatment

Blood

Sample Number 17-670124-PRL-0

Collected 07/02/2017 16:40

Received in lab 07/02/2017 16:56

Prolactin

Prolactin

Result	Unit	Range	Status
235	mU/L	(< 501)	F

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