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CASE REPORT

Clinical and Radiological Stabilization of Pulmonary Sarcoidosis During Homoeopathic Treatment: A Case Report at Dr Batra's

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ABSTRACT

Pulmonary sarcoidosis is a chronic multisystem granulomatous disorder of unknown etiology that most commonly affects the lungs. Patients frequently experience persistent cough, breathlessness, wheezing, chest congestion, and reduced exercise tolerance, substantially impairing quality of life. Long-term corticosteroid therapy remains the cornerstone of conventional management but is associated with adverse effects and frequent relapses during dose reduction. This case describes a 46-year-old female diagnosed with pulmonary sarcoidosis who presented with recurrent dry cough, episodic breathlessness, wheezing, chest congestion, and repeated dependence on inhaled bronchodilators and oral prednisolone. Previous investigations, including HRCT, had confirmed pulmonary sarcoidosis, while subsequent CT thorax demonstrated no active structural lung abnormalities, suggesting disease stability with persistent symptomatic airway involvement. Individualized homoeopathic treatment was prescribed based on constitutional characteristics, respiratory symptomatology, and general modalities. During follow-up, the patient demonstrated progressive reduction in frequency and severity of respiratory exacerbations, decreased steroid requirement, improved exercise tolerance, and better overall quality of life while maintaining stable radiological findings.

Keywords: *Pulmonary sarcoidosis, Homoeopathy, Natrum sulphuricum, Bronchial obstruction, Chronic cough, Case report*

INTRODUCTION

Sarcoidosis is a chronic inflammatory granulomatous disease characterized by non-caseating granulomas that may involve virtually any organ, with pulmonary involvement occurring in approximately 90% of affected patients. Clinical manifestations range from asymptomatic disease to chronic cough, dyspnea, wheezing, chest tightness, and progressive pulmonary fibrosis. Although corticosteroids remain the standard treatment for symptomatic pulmonary sarcoidosis, prolonged therapy may lead to adverse effects and dependency, emphasizing the need for individualized long-term management strategies.

Homoeopathy adopts an individualized approach by considering the patient's constitutional characteristics, general symptoms, and disease-specific manifestations. This case illustrates the role of individualized homoeopathic treatment in improving respiratory symptoms, reducing exacerbation frequency, and enhancing quality of life in a patient with chronic pulmonary sarcoidosis receiving conventional therapy.

CASE PRESENTATION

A 46-year-old female presented with a known diagnosis of pulmonary sarcoidosis, initially diagnosed in 2018 following HRCT evaluation and transbronchial biopsy. She had been receiving conventional treatment, including inhaled bronchodilators and Prednisolone 5 mg daily, with intermittent calcium supplementation and proton pump inhibitors.

Despite treatment, she continued to experience recurrent episodes of:

- Dry spasmodic cough
- Occasional scanty expectoration
- Recurrent shortness of breath
- Wheezing during exacerbations
- Chest congestion
- Difficulty in breathing after exertion
- Breathlessness aggravated during cold, damp, and rainy weather
- Night aggravation of cough
- Recurrent requirement of rescue inhalers and intermittent corticosteroids

She reported that respiratory symptoms frequently worsened after:

- Exposure to cold air
- Dust
- Damp weather
- Rainy season
- Physical exertion
- Night-time

Relief was obtained from:

- Warm water
- Steam inhalation
- Oral corticosteroids
- Inhaler use

The disease had significantly affected her daily routine because climbing stairs, prolonged walking, and household work often precipitated breathlessness.

Past History

- Pulmonary sarcoidosis diagnosed in 2018
- Long-term corticosteroid therapy
- Recurrent bronchial obstruction
- No other major systemic illness reported

Family History

No significant family history of sarcoidosis or chronic respiratory illness was reported.

Personal History

- Appetite satisfactory
- Regular bowel and bladder habits
- Sleep generally refreshing between acute episodes
- Warm water preferred during exacerbations
- Careful avoidance of cold exposure

Mental Generals

The patient was observed to be:

- Caring towards family
- Emotionally sensitive
- Anxious regarding health
- Responsible homemaker
- Concerned about recurring respiratory attacks
- Fearful of disease recurrence after tapering steroids

Physical Examination

General examination revealed:

- Conscious and oriented
- Mild respiratory distress during acute episodes
- Oxygen saturation maintained during stable visits
- Occasional wheeze during exacerbations
- Chest auscultation often clear between attacks
- Wheeze noted during acute episodes

Investigations**Initial Investigations (2018):**

- HRCT Thorax suggestive of pulmonary sarcoidosis
- Transbronchial biopsy confirmed sarcoidosis

Recent CT Thorax (23 July 2025):

- Normal bronchovascular markings
- No pulmonary mass lesion
- No mediastinal lymphadenopathy
- Normal pleural spaces
- Trachea central
- Impression: CT findings within normal limits, indicating stable pulmonary status without active radiological progression

CLINICAL DIAGNOSIS

Pulmonary Sarcoidosis with recurrent bronchial obstruction and chronic inflammatory airway symptoms

CASE ANALYSIS

This patient presented with a chronic relapsing course of pulmonary sarcoidosis characterized by recurrent inflammatory airway symptoms despite prolonged conventional therapy. Although imaging demonstrated stable pulmonary architecture without active disease progression, clinically she continued to experience recurrent bronchospasm, nocturnal cough, exertional dyspnea, and seasonal exacerbations requiring intermittent corticosteroid use.

The constitutional picture was characterized by chronic respiratory complaints aggravated by cold, damp weather, recurrent wheezing, persistent cough with scanty expectoration, and dependence on warmth for relief. Considering the totality of constitutional features, respiratory modalities, and repertorial analysis, Natrum sulphuricum was selected as the constitutional remedy, while Arsenicum album was prescribed during acute exacerbations due to marked breathlessness, nocturnal aggravation, anxiety, and relief from warmth.

The patient continued appropriate conventional management alongside individualized homoeopathic treatment, with gradual clinical improvement documented over serial follow-ups.

TOTALITY OF SYMPTOMS

Mental Generals

- Anxiety regarding health and recurrent breathlessness
- Emotionally sensitive and caring towards family
- Fear of recurrence whenever steroids are tapered
- Responsible homemaker with concern for her children's well-being

Physical Generals

- Chilly patient
- Marked aggravation from cold, damp weather and rainy season
- Better from warm drinks and steam inhalation
- Appetite good
- Sleep generally refreshing but disturbed during acute respiratory attacks

Particulars

- Pulmonary sarcoidosis with recurrent bronchial obstruction
- Dry spasmodic cough with occasional scanty white expectoration
- Breathlessness on exertion
- Wheezing during acute attacks
- Chest congestion with difficulty in breathing
- Night aggravation of cough and dyspnea
- Symptoms aggravated by cold exposure, damp weather, dust and physical exertion
- Relief after warm drinks, steam inhalation, inhaler and corticosteroids

REPERTORIAL ANALYSIS

The following rubrics were considered:

- Respiration difficult; exertion aggravates
- Cough; dry; night
- Cough with difficult expectoration
- Chest; wheezing

- Generalities; damp weather aggravates
- Generalities; cold aggravates
- Generalities; warmth ameliorates
- Mind; anxiety about health

Repertorial Result

- Natrum sulphuricum covered the constitutional totality with marked correspondence to chronic respiratory complaints aggravated by damp weather
- Arsenicum album covered the acute respiratory distress with anxiety, nocturnal aggravation, wheezing, and relief from warmth

Remedies	calb-x	lach.	sep.	kreos.	sulph.	calc.	con.	am-c.	sil.	sabin.	graph.	phos.	plut.	ars.	clin.	nit-ac.	spong.	caust.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	5	5	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3
Intensity	9	7	10	8	8	7	7	6	6	5	4	7	7	6	6	6	6	5
Result	5/9	5/7	4/10	4/8	4/8	4/7	4/7	4/6	4/6	4/5	4/4	3/7	3/7	3/6	3/6	3/6	3/6	3/5
Clipboard 5																		
Parts of the body and organs - Cough - expectoration; without [dry cough]	3	2	3	2	3	2	2	2	1	1	1	4	3	3	3	2	4	3
Clinical - A - asthenopia	1	1																
FEMALE GENITALIA/SEX - LEUKORRHEA - menses - during - beginning of menses - agg.																		
FEMALE GENITALIA/SEX - LEUKORRHEA - menses - during - agg.	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
FEMALE GENITALIA/SEX - LEUKORRHEA - milky	2	2	3	2	2	3	2	2	2	1	1	2	3				1	
FEMALE GENITALIA/SEX - LEUKORRHEA - offensive	2	1	3	2	2	1	2	1	2	2	1			2	2	3		1

Figure 1. Repertorization chart showing comparative remedy scores.

REMEDY DIFFERENTIATION

Natrum sulphuricum

Natrum sulphuricum was selected as the constitutional remedy because the patient exhibited the classical respiratory sphere of the remedy. Chronic pulmonary complaints with recurrent bronchial obstruction, aggravation during damp and rainy weather, wheezing, chronic cough, and constitutional susceptibility to respiratory illness closely matched the remedy picture. The patient's chronic tendency toward recurrent airway inflammation despite stable radiological disease further supported its selection.

Arsenicum album

Arsenicum album was prescribed during acute exacerbations characterized by marked breathlessness, nocturnal aggravation, anxiety during attacks, burning sensation in the chest, exhaustion, and amelioration from warmth and warm drinks. It complemented the constitutional remedy during episodes of acute respiratory distress.

PRESCRIPTION RATIONALE

The prescription was individualized according to the constitutional totality rather than the pathological diagnosis alone.

Constitutional Remedy: Natrum sulphuricum

Acute Remedy: Arsenicum album

Supportive advice included:

- Continue prescribed pulmonologist medications
- Avoid sudden exposure to cold and damp environments
- Perform breathing exercises regularly
- Maintain warm hydration
- Avoid respiratory allergens whenever possible

MIASMATIC ANALYSIS

The case demonstrated a mixed chronic miasmatic background.

Psoric Manifestations

- Recurrent cough
- Wheezing
- Allergic tendency
- Functional airway obstruction

Sycotic Manifestations

- Chronic inflammatory tendency
- Persistent bronchial congestion
- Recurrent relapses
- Long-standing disease

Tubercular Traits

- Pulmonary involvement
- Recurrent respiratory infections
- Variable course with repeated exacerbations
- Progressive tendency requiring long-term management

The dominant miasmatic influence appeared to be Tubercular with Psoro-sycotic background.

FOLLOW-UP SUMMARY

Follow-up	Clinical Findings
Initial	Frequent breathlessness, recurrent cough, wheezing, steroid dependence.
3 Months	Reduction in cough frequency; improved breathing between attacks.
6 Months	Steroid requirement reduced; fewer nocturnal episodes; exercise tolerance improved.
12 Months	Significant reduction in respiratory exacerbations; improved quality of life; inhaler requirement reduced.
Long-term Follow-up	Intermittent seasonal exacerbations persisted but were milder, less frequent, and managed with minimal conventional medication. Radiological findings remained stable.

OUTCOME

The patient showed sustained clinical improvement following individualized homoeopathic treatment used alongside conventional pulmonary care.

Major improvements included:

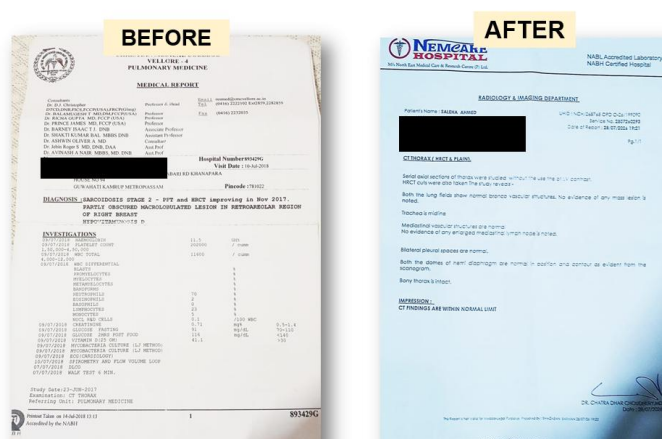
- Marked reduction in frequency of respiratory attacks
- Decreased dependence on systemic corticosteroids
- Reduced inhaler requirement
- Improved exercise tolerance
- Less nocturnal cough
- Reduction in wheezing episodes
- Improved energy levels and ability to perform household activities
- Stable pulmonary imaging throughout follow-up

CLINICAL OUTCOME ASSESSMENT

Parameter	Baseline (Before Treatment)	Final Follow-up
Dry cough	Persistent, recurrent	Occasional, markedly reduced
Breathlessness	Frequent, especially on exertion	Mild, infrequent episodes
Wheezing	Recurrent, requiring inhaler	Rare episodes
Chest tightness	Present during exacerbations	Minimal
Expectoration	Occasional scanty sputum	Negligible
Exercise tolerance	Reduced; difficulty climbing stairs and household work	Improved; able to perform routine activities comfortably
Nocturnal symptoms	Frequent nocturnal cough and breathlessness	Rare nocturnal symptoms
Steroid dependency	Prednisolone 5 mg daily with intermittent escalation	Steroid requirement reduced; maintained on lower requirement under physician supervision
Inhaler use	Twice daily with rescue use during exacerbations	Reduced frequency of inhaler use
Respiratory exacerbations	Frequent	Markedly reduced frequency and severity
General energy	Reduced	Improved
Sleep	Disturbed during respiratory attacks	Improved, restful sleep
Health-related quality of life	Significantly affected	Markedly improved

INVESTIGATIONS SUMMARY

Investigation	Initial Findings	Latest Findings	Outcome
HRCT Thorax (2018)	Pulmonary sarcoidosis with mediastinal lymphadenopathy; diagnosis confirmed with transbronchial biopsy	CT Thorax (23/07/2025): Normal bronchovascular markings, no pulmonary mass, no mediastinal lymphadenopathy, normal pleural spaces	Stable radiological status with no evidence of active pulmonary progression
Transbronchial Biopsy	Non-caseating granulomatous inflammation consistent with pulmonary sarcoidosis	Not repeated	Diagnosis previously established
Clinical Respiratory Status	Recurrent bronchial obstruction with cough, wheeze and dyspnoea	Significant reduction in respiratory symptoms	Clinical improvement
Steroid Requirement	Continuous Prednisolone therapy	Reduced steroid dependency	Improved disease control
Inhaler Requirement	Regular twice-daily use	Reduced requirement	Improved airway symptoms



HRCT Thorax (2018):
HRCT revealed findings suggestive of pulmonary sarcoidosis, which was subsequently confirmed by transbronchial biopsy, establishing the diagnosis of chronic granulomatous lung disease.

CT Thorax (23 July 2025):
CT thorax showed normal lung parenchyma and mediastinal structures with no active abnormalities, indicating radiological stability and no evidence of disease progression.

Figure 2. HRCT thorax (2018) confirming pulmonary sarcoidosis, compared with CT thorax (23 July 2025) showing radiological stability.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

Before treatment, recurrent cough and breathlessness significantly affected the patient's daily activities, sleep, household responsibilities, and social interactions. She frequently required corticosteroids and inhalers during exacerbations.

Following treatment, she reported:

- Better breathing during routine activities
- Increased ability to care for her family
- Improved physical stamina
- Better sleep
- Reduced anxiety related to respiratory attacks
- Enhanced overall well-being and confidence in managing her condition

PATIENT PERSPECTIVE

"Initially, I was dependent on inhalers and steroids because every episode of breathlessness frightened me. Gradually, I noticed that the attacks became less frequent and less severe. I can now perform my household work much better, take care of my family, and feel more energetic than before. Although seasonal episodes still occur occasionally, they are much easier to manage."

LEARNING POINTS

- Individualized homoeopathic treatment may complement conventional management in chronic pulmonary sarcoidosis by reducing symptom burden and improving quality of life.
- Constitutional prescribing based on the totality of symptoms can help decrease the frequency and severity of respiratory exacerbations.
- Long-term follow-up is essential in chronic granulomatous diseases with fluctuating clinical courses.
- Improvement should be assessed using clinical symptoms, functional capacity, medication dependency, and quality-of-life parameters in addition to radiological findings.

DISCUSSION

Pulmonary sarcoidosis often follows a chronic relapsing course characterized by persistent airway inflammation and recurrent respiratory symptoms despite stable radiological findings. While corticosteroids effectively control inflammation, prolonged use is associated with significant adverse effects and recurrent dependence. Consequently, supportive therapeutic approaches aimed at reducing symptom frequency and improving patient well-being are of considerable interest.

In this case, individualized homoeopathic treatment was prescribed based on the patient's constitutional characteristics and characteristic respiratory modalities rather than solely on the pathological diagnosis. Over prolonged follow-up, the patient demonstrated progressive clinical improvement with fewer respiratory exacerbations, reduced dependence on corticosteroids, improved exercise tolerance, and enhanced quality of life while maintaining radiological stability. Although a single case cannot establish efficacy, it illustrates the potential role of individualized homoeopathy as an adjunct to conventional care in selected patients with chronic pulmonary sarcoidosis.

CONCLUSION

This case demonstrates successful long-term management of symptomatic pulmonary sarcoidosis with individualized homoeopathic treatment integrated with standard conventional therapy. The patient experienced substantial reduction in respiratory symptoms, decreased corticosteroid dependence, improved functional capacity, and enhanced quality of life while maintaining stable pulmonary imaging. Further prospective studies are warranted to explore the role of individualized homoeopathy as an adjunctive therapeutic approach in chronic pulmonary sarcoidosis.

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