



Homeopathic Management of a Greyhound with Addison's Disease

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Introduction

Tom (Fig. 1) is a neutered male greyhound born in September 2000. In December of 2005, he began displaying a variety of symptoms, starting with decreased appetite, and polyuria/polydipsia. This progressed over a month to staggering gait, generalised weakness, disorientation, weight loss, and muscle atrophy. Curiously, the sclera of his right eye was bloodshot, and he had ulcers on his gums. Serum chemistry showed elevated values for ALT (Alanine Aminotransferase), amylase, BUN (Blood Urea Nitrogen) and creatinine, and potassium. His blood pressure was low. He was diagnosed with Addison's disease (hypoadrenocorticism).

When I first took his case four years ago (February 2006), Tom was being treated with Florinef (fludrocortisone) and prednisone. When first started on these drugs, his symptoms improved, but then he began to act exhausted, his legs swelled, his nose and head became quite hot, and he stumbled going down stairs. After a few weeks, these symptoms abated to some degree. His thirst decreased.

History

Tom had been a racing greyhound, and Kelly, his caretaker, had acquired him from a track at 3.5 years of age. At that time, he would guard a bone or rawhide, but not food. He also had separation anxiety, which decreased over the years.

Generalities

Tom liked the hot sun, but would eventually move to the shade. He was not easily chilled.

Personality and behaviour

Kelly described Tom as loving people, enthusiastic, excitable, and very happy. He did not like other dogs, and was generally indifferent to them. There was one dog in particular that he would bark at while being walked on leash (Mind: Hatred). If a dog acted in a friendly way to Tom, he would be fearful, and might snap (Mind: Suspicious, Mind: Contrary). In the prior two years, Tom had begun to bark and growl at moving cars while on a walk. When in the car, he would go berserk if he saw a motorcycle.

Tom had a strong prey drive, and absolutely loved to chase and retrieve a ball thrown for him. In response to my last question, Kelly told me that he could be very silly and goofy.

Prescription

I started with the rubric Kidneys: Addison's disease (48): abel., adren., ant-c., apom., aqmar., arg-n., ars., ars-i., bac., bell., **Calc.**, calc-ar., calc-i., calc-p., carb-v., caust., chin., cortiso., cupr., ferr., ferr-i., hydr-ac., **Iod.**, kali-ar., kali-c., kreos., lyc., mang., med., **Nat-m.**, nat-s., nit-ac., ol-j., petr., **Phos.**, pic-ac., psor., sarcol-ac., sec., sep., **Sil.**, spig., sulph., supren-cort., ther., thuj., tub., vanad.

I recognised the prevalence of rabies miasm in this case, which was most clear in barking and growling at moving cars, which was also relatively recent. Tom had intensity in play that, along with his other characteristics, led me to prescribe *Belladonna*. I decided to start with 12C twice daily since he was on Florinef twice daily. Once I had evidence of improvement from the *Belladonna*, I would try to wean him off the prednisone first.

Response

After ten days on *Belladonna* 12C twice daily, the biggest change reported was increased energy and strength. He had paleness of the gums, which at one point became nearly gray before improving. His eyes were getting bloodshot towards evening each day.

Kelly took Tom to her local veterinarian after one week on the *Belladonna*, and repeat blood work showed the ALT was down to normal, the potassium was down to normal, and the BUN and creatinine were much lower, to just above normal. Her local veterinarian recommended decreasing the prednisone from one 5 mg tablet once daily to three quarters of a tablet once daily.

At this point, I incrementally decreased the prednisone, went up in potency to 18C once daily, and ten days later had Kelly stop the prednisone altogether. After one day of decreased appetite, Tom did very well, had high energy, and was running up and down stairs, as had been his norm. He had redness of his eyes, episodes of shivering (*not* from chilliness – he was seeking cooler spots, which was a change for him), and extreme thirst at times. His bowel movements decreased in frequency from four to one daily. He seemed to Kelly to have less of an attitude, to be less mischievous. He had gained some weight back.

Then I made a mistake. For a variety of reasons I prescribed one dose of *Calcarea car-*

ABSTRACT

This is a case report on a greyhound dog with Addison's disease (hypoadrenocorticism). A sequence of three remedies over four years' time – *Belladonna*, *Calcarea carbonica*, and *Lachesis* – has not only improved his individual symptoms, but has dramatically raised his general level of health in spite of the ongoing, presumably incurable, condition.

KEYWORDS Addison's disease, Hypoadrenocorticism, *Belladonna*, *Calcarea carbonica*, *Lachesis*



Fig. 1 Tom the greyhound.

bonica 30C. Three days later he was clearly having a bad response, but one that brought out some symptoms that turned out to be characteristic for Tom. He was trembling more, lethargic and eating poorly. His mouth was dry, he was sleeping with his eyes open more of the time, and *his front feet were icy cold*. He was also craving bread. I quickly decided to go back to *Belladonna*, and had Kelly give a single dose of 30C.

Tom's response to this dose was mixed, with improvement in some of his symptoms, but then some vomiting, which prompted Kelly to restart the prednisone. I switched to *Belladonna* LM6 twice daily in order to wean him off of the prednisone again, and he had a "huge improvement" in energy, strength, appetite, and playfulness.

Over the next five months we continued once daily LM potencies of *Belladonna*, going up in potency as needed, generally about every three weeks. Tom did quite well for the most part, with his characteristic symptoms showing up from time to time. Then he would develop a different problem, such as diarrhoea, and really go downhill, whereupon Kelly would restart the prednisone, and we would have to wean him off it again. Finally, we were able to switch from LM 15 to a single dose of *Belladonna* 200C, to which he responded very well. Kelly described him as being "like a new dog".

The characteristic symptoms that had emerged by this point were:

- trembling,
- redness of the sclerae,
- icy cold front feet,
- extreme thirst, and
- excessive shedding.

He would also exhibit, at various times, generalised weakness, with or without poor appetite, vomiting, or diarrhoea with flatulence.

In December 2006 I began an unsuccessful attempt to wean Tom off of the Florinef. I was able to reduce the dosage up to a point, but then he took a nose dive, with all of his characteristic symptoms much worse. I realized that since the Florinef was clearly not interfering with Tom's response to the *Belladonna* 200C, that it should not be considered suppressive, but rather hormone replacement therapy. He has stayed on the Florinef ever since.

Tom had good responses to two doses of *Belladonna* 1M, ten weeks apart, and then *Belladonna* 10M. Each time he would have rapid improvement, which would last only the minimum expected length of time before starting to regress. This told me that, although a very good remedy for Tom, *Belladonna* was acting in a relatively superficial manner, and the next remedy would have to be deeper acting.

Sixteen days after *Belladonna* 10M, Tom was doing really well, had lots of energy,

and was outdoors running hard when he suddenly screamed and fell. His left scapula had sustained a comminuted fracture. I felt that this was a symptom of the next remedy [Generalities, Bones, complaints of, brittle (22)], and that the shift to that next remedy had occurred. None of Tom's other symptoms were especially pronounced, but he did have "horrible breath".

Of the remedies that are complementary to *Belladonna*, and in the rubrics for Addison's disease and bone fractures, *Calcarea carbonica* seemed a clear choice. He was given *Symphytum* 6C three times daily for a week, and then a single dose of *Calcarea carbonica* 30C.

After an initial aggravation (diarrhoea all night long, one night only), all of his symptoms gradually improved, with occasional brief recurrences of diarrhoea. Over the following year, Tom was given ascending potencies of *Calcarea carbonica*: 30C, 200C, 1M, and 10M. I repeated each potency once before going up in potency.

During this time, Tom did very well in general, and especially with the higher potencies, Kelly described him as "doing great - super energy". He had some of his characteristic symptoms, but they would come and go, and became gradually milder and less frequent. His muscle atrophy improved - he filled out for the first time since the onset of his illness. The duration of his response at each potency was much longer than it had been on *Belladonna*, and the regression after the response was done was milder and more gradual.

After *Calcarea carbonica* 10M, Tom again improved, then cycled through his symptoms one by one. Then, three weeks after the dose, he lost his appetite and energy, his breath was very bad, metallic and a bit like faeces, he had flatulence, and was acting very meek, which was new for him. There was some of the characteristic trembling and cold front feet, and he wanted open air.

Based on the new picture and remedy relations, *Lycopodium* seemed to be an obvious choice, and I prescribed one dose of 30C. This is an example of a case in which the obvious remedy was not the correct one. The response to the 30C seemed reasonably good, but after a dose of *Lycopodium* 200C, Tom went downhill. He was weak, listless, and had a poor appetite. His breath smelled like stool, and his teeth were chat-



tering. His paws were cold in the morning. He was licking and chewing at his rump, with no eruption there. He would dribble urine on first standing up in the morning. He was seeking cool at times, at other times lying in the sun.

Based largely on the strength of the symptom “breath smelling like stool”, I decided to go back to *Belladonna*, and prescribed a dose of 10M. Within one hour he was dramatically improved. Two days later, the same symptoms were coming back, and he got another dose of 10M. Again, his symptoms improved, and that night he had some diarrhoea, with loose stools *smelling like ammonia*. The faecal smelling breath was gone, the eyes were a bit pink, and there was some trembling.

The rubric Stool: Odour, ammoniacal contains only one remedy: *Lachesis*. *Lachesis* is strongly complementary to both *Belladonna* and *Lycopodium*. So if the pattern of symptoms looked very much like *Lycopodium*, and yet there was not a good response to that remedy, it could well have been *Lachesis* all along.

In the Relationship Repertory (MacRepertory, Kent Homeopathic Associates), *Lachesis* is not listed among the remedies complementary to *Calcarea carbonica*, but *Calcarea carbonica* is listed among remedies complementary to *Lachesis*. Complementarity of remedies is not one-directional, so *Lachesis* should be listed among the remedies complementary to *Calcarea carbonica*.

Interestingly, *Lachesis* does not appear in the rubric for Addison's disease.

Whether you call this keynote prescribing or a strange rare and peculiar symptom, I prescribed *Lachesis* 12C once daily. Over the following five weeks, Tom's symptoms gradually improved, and he became energetic and happy. It is now one year since starting *Lachesis*, and we have given 30C (2 doses), 200C (2 doses), and 1M. As you can tell by the number of doses, the duration of response is quite long, and when he is done responding the regression is pretty slight and gradual.

Tom has been mostly free of his characteristic symptoms. Occasionally one or another of them will crop up briefly, but overall he is happy, playful and energetic.

Discussion

I believe that Tom's Addison's disease is incurable, and that he will need to be on Florinef for the rest of his life. Nevertheless, the constellation of symptoms that were secondary to the Addison's have, for the most part, cleared up in response to homeopathic treatment.

It is interesting to note that the first remedy, *Belladonna*, is a plant remedy, and acted relatively superficially. The second remedy, *Calcarea carbonica*, is a mineral remedy, and was deeper acting than the *Belladonna*. The third remedy, *Lachesis*, is an animal remedy, and acted the most deeply of all. This is not to suggest that, for example,

plant remedies cannot be deep acting. It does, however, represent a classic example of a remedy sequence. One can also see that early on, Tom was pretty fragile, and would readily “fall apart” and become quite ill. Over the four years, and three remedies, he has become much more stable and solid.

In closing, I realise that these are all well-known and common remedies. I offer this case not as an example of brilliant prescribing, but rather as an example of careful and patient prescribing in the face of an incurable condition.

References

- ¹ MacRepertory 8.0.2.4. San Rafael (USA): Kent Homeopathic Associates; 1986–2009

Vita

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