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Homoeopathic Treatment of Esophageal Candidiasis: A Case Report

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Abstract: One of the causes of infectious esophagitis is esophageal candidiasis. Of patients that have infectious esophagitis, 88% are from candida albicans. Candida infections of the esophagus are considered opportunistic infections and are seen most in immunocompromised patients. I A case is presented in this paper with Endoscopic evidence of candida infection. The patient was treated with constitutional medicine Calc sulph. Follow up Endoscopy showed Normal study within 8 months with complete resolution of esophageal candidiasis. This report suggests homoeopathic treatment as a promising complementary therapy. The remedy was selected based on the presenting totality as perceived by the physician.

Keywords: Esophageal candidiasis; Homoeopathy; Case report; synthetic prescription; calc sulph

1. Introduction

Oesophageal candidiasis is a type of opportunistic infection of the oesophagus, most commonly caused by Candida albicans, and is the leading form of infectious esophagitis. It affects individuals with weakened immune systems, such as those undergoing chemotherapy, Diabetes mellitus. Candida albicans accounts for approximately 88% of infectious esophagitis cases, followed by herpes simplex virus (10%) and cytomegalovirus (2%). 1, 2, 6, 3. This condition is frequently seen in patients with diabetes, cancer, chronic kidney disease, alcoholism, or those receiving long-term antibiotic or corticosteroid therapy, organ transplants, or chemotherapy.3 Infectious esophagitis may result from fungal, viral, or bacterial pathogens.3 A recent systematic review estimates that around 4.1% of India's population—about 60 million people—are affected by serious fungal infections, including candidiasis.4 The condition typically presents with symptoms such as difficulty swallowing (dysphagia), painful swallowing (odynophagia), and retrosternal discomfort, although some patients may remain asymptomatic.2, 3 Diagnosis is usually confirmed through upper gastrointestinal endoscopy, which reveals characteristic white plaques or exudates on the oesophageal mucosa, often supported by histological analysis.5 complications can be Usually Oesophageal stricture, necrotizing oesophageal candidiasis ⁶.

Despite being well-recognized in conventional medicine, there is a notable absence of clinical literature supporting homeopathic approaches to its management.5 This case study seeks to bridge that gap by presenting a rare instance of oesophageal candidiasis successfully treated with the homeopathic remedy *Calcarea Sulphurica*, leading to complete symptom resolution and normalization of endoscopic findings.

2. Case Study

A female patient, aged 60 years, residing in Medak district who is known case of diabetes mellitus and hypothyroidism came to the outpatient department of JIMS Homoeopathic medical college and hospital on August 07, 2024 with complaints of Burning sensation over whole body, severe burning sensation especially in throat and chest region with dryness of throat for 11 months.

History of presenting complaint

 Onset gradual, duration 11 months, burning sensation, sensation of something struck in throat with pain in throat and neck for last 11 months which aggravated only at night. History of eructation used allopathic medication, with Generalised weakness and pain in multiple joints only after exertion.

Past History:

- Treatment history: T Glimepiride 2 mg, T Agiator cv 10 mg T sitagliptin 100/10mg since 25 years for diabetes mellitus
- Hypothyroidism on T Thyronorm 75 mcg. Since 15 years
- Surgical History of hysterectomy due to Uterine Fibroid 15 yrs ago

Family history

- FATHER: Expired due to old age
- MOTHER: K/C/O DM –II expired due to old age

Physical generals: Appetite -decreased due to sensation of something struck in throat. Thirst-increased due to dryness of throat -2-3 lit /day. Patient has healthy physiological eliminations such as stool, urine. Perspiration – moderate, Disturbed Sleep due to present complaint

Thermally patient is HOT.

MENSTRUAL HISTORY -Underwent Hysterectomy 15 yrs ago

OBSTETRIC HISTORY -P2 L2 A0 -FTNVD

Mental generals: A female patient of 60 yrs of age, belongs to upper middle-class family. She is mild by nature, thinks over small issues, always feels that no one shall be troubled because of me, because of this feeling she will never tell her complaints to family members. Wants everything to be neat, very particular about cleanliness and order; gets irritated if

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things are not as per her requirement. She is very sensitive about what others talk about her, cannot take any criticism. Does not believe others easily. She does not like when others cross questions her -feels sad and thinks about that all day. She always thinks that what others thinks about her, always feels that someone thinks negatively about her.

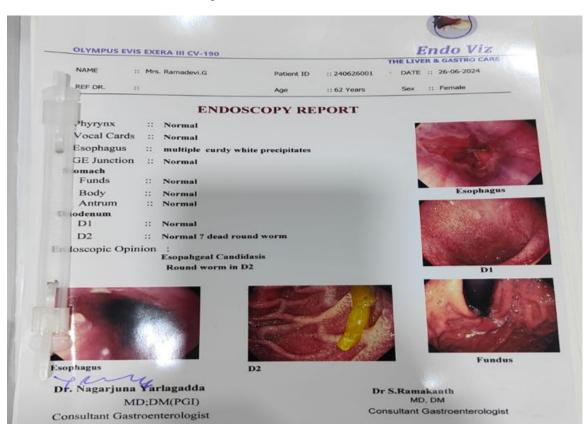
Timeline: Radiological imaging was done twice during the period of treatment, on June 26, 2024 and, April 04, 2025.

Upper gastroesophageal endoscopy on June 26, 2024 shows Oesophageal candidiasis with round worm in D2

Endoscopy Report Before Treatment on 26-06-2024

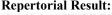
CT Scan of Abdomen and Pelvis (Plain & Contrast) ON 27-06-24

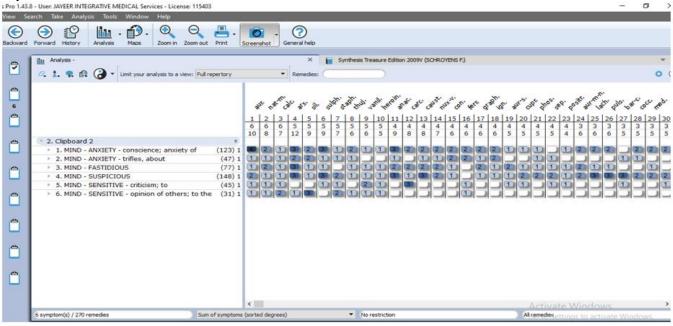
Normal Study



Repertorial Totality

Anxiety conscience of, Anxiety trifles about, Fastidious, Sensitive to criticism, Suspicious, Image conscious.





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This case was repertorised using the software RADAR, using Synthesis Repertory. The reportorial results were analysed giving more importance on the mentals. Based on development of new symptoms due to longstanding effects of earlier medicine used-At first using this as antidotal totality Ars Sulp flavum 200 was prescribed. Later repertorisation showed symptoms of *calc and sulp*. Then in subsequent follow-ups from August 28, 2024 to April 16, 2025, Patient

had gradual improvement in symptoms with a general improvement.

3. Follow-Up & Further Evaluation-

Case was followed up to 8 months, every 42 days. Burning sensation in throat and constriction feeling, weakness, joint pains considered for the evaluation.

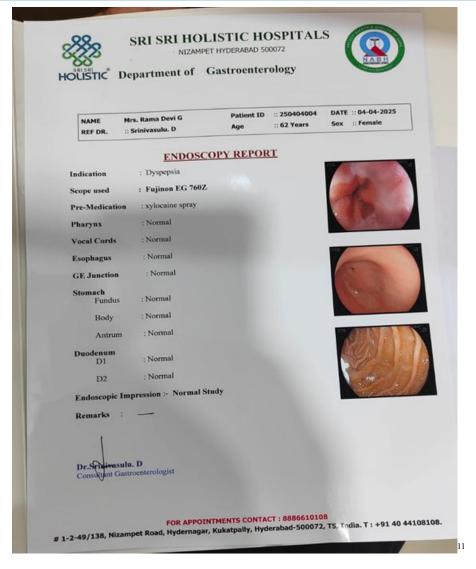
Date	Symptoms	Prescription	
07-08-2024	Burning in throat and constriction sensation in throat and chest region since 11	Rx:	
	months	Ars sulp flavum 30 1 dose	
	Pain in joints since 10 days	SI 3-0-3	
	Weakness ++	Wpt 1-0-1 for 21 days	
	Appetite -decreased due to complaints.		
	Sleep disturbed.		
	Used Rabeprazole 20mg, and other allopathic medications		
28-08-2024	Complaints better by 25%	Rx:	
	Burning in throat and constriction in neck and burning whole body > 25%	SL -30	
	After previous medicine patient felt aggravation and used allopathic medication	Rubrum 3-0-3	
	(burning in throat has increased for 2 days)	G. P. T – 1-0-1	
	Thirst – increased with dryness of mouth.		
16-10-24	Complaints -SQ	Rx	
	Case reviewed.	CALC SULP 2001 DOSE	
	Burning in throat and retrosternal burning > 20%	SL -3-0-3	
	Extreme weakness +++-SQ	PPT – 1-0-1	
	App- satisfactory, Thirst –2-3 lit/day		
09-11-2024	BETTER WITH PREVIOUS MEDICATION	RX:	
	Burning in throat and retrosternal burning > 80 %	CALC SULP 200 1 DOSE	
	Burning sensation of whole body >80%	SL 3-0-3	
	Weakness better from 2-3 days	WPT 1-0-1	
	Multiple joint pains >>		
	Dryness of mouth		
	NO NEW COMPLAINTS		
25-01-2025	• Burning in throat and retrosternal burning > 80 -90 %	Rx:	
	Burning sensation of whole body >80 -90%	• CALC SULP 200	
	Weakness>>	1 dose was given	
	Multiple joint pains >>	• SL 3-0-3	
	Dryness of mouth -occasionally CENTERALS, GOOD.	• WPT 1-0-1	
16.4.2025	GENERALS -GOOD	EMPOSCOBY BOYE	
16-4-2025	Burning in throat and retrosternal burning > 90 %	ENDOSCOPY DONE -	
	Burning sensation of whole body >90%	NORMAL STUDY	
	• Weakness>>>	RX: SL 1M 1 DOSE	
	• Multiple joint pains >>	SL 3-0-3	
	Dryness of mouth -occasionally CENTERALS, GOOD.	WPT 1-0-1	
	GENERALS -GOOD		

Endoscopy Report after Treatment – 04-04-2025

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Domains	Yes	No	Not Sure or N/A
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 drug intake?			
3. Was there an initial aggravation of symptoms?	+1		
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms improved or changed)?	+1		
5. Did overall well-being improve? (suggest using validated scale)			
6. A. <i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B. Direction of cure: Did at least two 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 individuals? - From top to downward?		0	
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?		0	
8. Are there alternative causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Note: Maximum score =13, minimum score =-6.

The final causal attribution score in this case was assessed using the modified Naranjo criteria, as proposed by the HPUS clinical data working group. The total score was 10, thus

suggesting a "probable" association between the medicine and the outcome.

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Reporting of this case adhered to the Hom-CASE-CARE guideline.10

4. Discussion & Conclusion

This case highlights the effectiveness of individualized homeopathic treatment, specifically with Calcarea Sulphurica, in managing oesophageal candidiasis. The patient achieved complete clinical recovery, confirmed by a normal follow-up endoscopy, without the risks commonly associated with conventional antifungal therapies such as drug resistance or side effects. The approach aligned with homeopathic principles, addressing not only the infection but also the patient's overall vitality and emotional well-being. This case supports the potential of homeopathy as a safe, non-invasive complementary or alternative option for fungal infections and underscores the importance of repertorization in remedy selection. However, broader clinical studies are necessary to substantiate these outcomes.

In this case, a synthetic prescription was applied as a strategic therapeutic approach. The treatment began with an antidotal prescription of Ars. sulph. flavum to address the longstanding effects of earlier medicine used. As the case progressed, a consistent pattern of symptoms emerged across multiple follow-ups. These recurring elements aligned closely with the symptom profiles of both Calcarea and Sulphur, leading to the choice of a synthetic prescription using Calcarea sulphurica. This method, rooted in the study of Inorganic Materia Medica, reflects an advanced clinical strategy described by James Tyler Kent in his Lesser Writings. 12 Kent emphasized that a compound remedy should encompass all the effects of its elemental components and potentially more. In situations where the patient's presentation lacks clear individualizing symptoms, or when multiple remedy pictures partially overlap, a synthetic prescription can provide a valuable and effective resolution. In this case, it resulted in significant clinical improvement and complete resolution of oesophageal candidiasis, as confirmed by endoscopy.

Consent for Publication-

Consent has been taken from the patient.

Conflict of Interest-

There is no conflict of interest.

Acknowledgement-

The authors thank the patient for his cooperation by reporting for the follow up timely.

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