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Case Studies

Repetitive Motion Injuries and Allergies: New Indications for the Homeopathic Remedy *Scolopendra morsitans* (Red-Headed Centipede)

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Abstract

Repetitive motion injuries, common among athletes, computer users, and musicians, can be painful and disabling. Allergies, traditionally, have been difficult to treat. On studying sources for homeopathic use, according to the homeopathic principle of "Like Cures Like," the potentially severe envenomation symptoms by centipedes worldwide, genus *Scolopendra*, were analyzed. Excruciating radiating nerve pains in the affected body part included a victim's severe wrenched sensation from bitten hand to elbow; and Type III and other hypersensitivity reactions, also painful myocardial infarction, were noted, augmenting the existing materia medica of *Scolopendra*. It was established by Timothy F. Allen (editor) from historical reports of envenomation, with highlights such as pain in entire bitten part, severe local necrosis, headache, precordial anxiety, and a child's bilious vomiting followed by convulsions and death. In homeopathic practice, *Scolopendra morsitans*, 12c potency, benefited in repetitive motion injuries involving the sacrum and aided in allergic reactions.

Keywords: Allergies; Arthropod envenomation; Homeopathy; Homeopathic therapy; Repetitive motion injuries; *Scolopendra*

Introduction

The historical homeopathic materia medica by Timothy F. Allen (editor) [1] has alerted to severe local and systemic effects from bites by the identified arthropods *Scolopendra morsitans*, red-headed centipede or Tanzanian blue ringleg, and *Scolopendra heros*, the giant desert centipede. *S. morsitans* is considered native to Australia, Africa, and southern/southeastern Asia and has been discovered as introduced species in the New World, such as in northeastern Florida [2]. *S. heros* is present in southern California [3], and symptoms of *S. heros* bite from eastern Arizona and Texas are given in this article. Centipedes, marked by a multisegmented elongated body and distinct antennae, hunt at night using the modified first pair of legs, which is equipped with claws fed by a paralyzing venom from a gland located at the base of the legs. In humans, the "bite" site is immediately painful, shows two puncture wounds, erythema, and edema. The larger centipedes, such as in the genus *Scolopendra*, reach a length of 20 cm or more [3].

To augment the homeopathic materia medica, a review study of the, mostly, recent medical literature on severe centipede bites by various species, including unidentified species, was carried out using the data bases of the National Library of Medicine (PubMed), Google Scholar, and Google. Historical records were retrieved from specific library sources or sellers. In the study, excruciating nerve pains with a wrenched sensation not abating from household pain medicine and allergies were highlighted as therapeutic pointers, which guided to clinical results in repetitive motion injuries and allergies with the readily available remedy *Scolopendra morsitans*.

A homeopathic proving of *Scolopendra* does not exist (collecting symptoms in healthy people gained with attenuated doses of the proving substance), and envenomation symptoms are relied on. The historical authority Constantin Hering, when studying snakes for homeopathy, emphasized the importance of collecting bite symptoms, which would give the most severe indications that were unattainable in mere provings [4].

Homeopathic Materia Media: Bites by *Scolopendra morsitans* and *Scolopendra heros*

The bite symptoms described in the materia medica [1] were drawn from a French report of 1870 (*S. morsitans*) [5] and a North American communication of 1866 (*S. heros*) [6]. The reports, directly consulted, yielded the following main symptoms (italicized symptoms were recounted by Allen):

***Scolopendra morsitans**:* A child of eight years suffered a bite in the right little *finger*, which led to loss of the finger's middle and distal phalanx. A man aged forty-nine years, bitten below the elbow, felt an *itch*, *then a sharp pain that radiated throughout the limb*. Locally, *a red spot developed an eschar of 3.7 cm diameter. The lesion resembled cutaneous anthrax ("malignant pustule")*. Both victims showed *enlarged*, inflamed lymphatic vessels and axillary *lymph nodes*. Systemic highlights were *precordial anxiety*, frequent and irregular pulse, joint pain, *vertigo*, intense *headache* with *vomiting* of bilious matter [5].

***Scolopendra heros**:* In Texas, a *four-year-old girl* was bitten in the thumb. *The venom acted rapidly, and she felt ill "all over." She vomited a pale-yellow glairy matter, repeated at short intervals, with escalating violence*. In five or *six hours, she convulsed and died* [6].

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The precordial anxiety caused by *S. morsitans* indicated the homeopathic use in angina pectoris [7].

Recent Reports of *Scolopendra* Envenomation and a Case of 1922

Sciatica-like Pain

A thirty-year-old man of southern California was bitten in the right hip by an unidentified centipede. He felt an immediate burning pain, soon excruciating and radiating to the buttocks and down the right leg. The leg soon appeared rigid and contorted and felt weak. The right hip area, though painful, also felt numb and tingling. He was dizzy, near fainting, and nauseous. A local necrosis of about 3 cm diameter healed within a month [8].

Severe Sprained Sensation and Type III Hypersensitivity Reactions

In the United States, a male scientist aged thirty-six years, who handles centipedes, experienced two bite events within two days (left index finger, then two bites in dorsum of right hand) by *Scolopendra subspinipes,* native to much of Asia and Pacific Islands. The bites caused a strong radiating pain to the upper arm or axilla, a swollen hand, yet no local necrosis. A severe sprained sensation from bitten hand to elbow was present, not abating from high doses of household pain medicine. It was better from a heating pad applied to the hand, heating the skin to 41°C, for six hours (first bite event) and twelve hours (second bite event). The centipede toxins involved in pain were suggested as possibly heat-labile [8].

About three weeks later, the bite sites produced a recurring swelling and delayed pruritus, for one week. These late symptoms were interpreted as a type III hypersensitivity reaction. A lump remained for three months at one of the sites. He had sustained one previous *S. subspinipes* bite, merely somewhat painful [8]. In two emergency clinics in Hong Kong, five of forty-six victims bitten by centipedes between 2006 and 2010 had shown the recurring swelling and delayed pruritus, at a range of nine to sixteen days post-bite [9].

A "Superficial Lymphangitis"

The same scientist was bitten by *S. heros* in the left little finger previous to the two *S. subspinipes* bite events. He had suffered local burning pain, edema, and radiating pain extending to both axillae. Notably, at forty-five minutes post-bite, a painless red streak had been visible for one hour, from bite site to elbow. This streak was not produced by the victim's latest reported bite, also by *S. heros*; nor was the type III hypersensitivity. Outstanding in the latest bite (left thumb) were sharp remote pains, in the mandible, within a minute post-bite, and left clavicle, at 10 minutes post-bite [8].

An early "superficial lymphangitis" has been interpreted as a hypersensitivity reaction to toxins in arthropod secretions [10]. Apparently, the allergens in the venom of *S. subspinipes* and *S. heros* are species-specific.

Late-phase Anaphylaxis

Repeated centipede bites may lead to anaphylactic reactions: In Japan, a sixty-three-year-old female had sustained many bites and was allergic to *Scolopendra subspinipes mutilans* venom. She experienced a late-phase anaphylactic reaction to a bite in the left wrist, mediated by immunoglobulin E. Bitten at 3 AM, she had walked to the clinic with generalized wheals, localized erythema, and a swollen left hand, arriving at 7 AM. Sudden nausea and a drop in blood pressure to 52/32 mmHg had occurred one hour later [11].

The female did not show sensitization to hymenoptera venom (honeybee, paper wasp, yellow hornet) [11], though such a cross-reactivity can exist. The reverse cross-reactivity (allergy to hymenoptera venom entailing allergy to centipede venom) is not confirmed [12]. Regarding the allergic female, it was concluded that centipede venom might carry various allergens, of which not all cross-react with Hymenoptera venom [11].

Effects of Nerve Compression

There is evidence that nerve compression after exposure to centipede venom can lead to paresthesias and disabling lameness, which would be additional homeopathic pointers to repetitive motion injuries. The symptoms occurred due to edema involving the naturally unyielding fascia (compartment syndrome) in two cases: In *S. heros* bite in a forty-four-year-old female in eastern Arizona [13] and in the poisoning from drinking alcohol soaked with *S. subspinipes mutilans* and sleeping in a cramped space thereafter, involving a forty-nine-year-old alcoholic male living in Taiwan [14]. The victims developed rhabdomyolysis and nonfatal acute kidney failure.

The female victim had an existing allergy to bee venom. The *S. heros* bite did not elicit allergic reactions.

Myocardial Infarction

Bites by unidentified centipedes caused myocardial infarction in two men aged twenty [15] and twenty-two years [16], who, upon examination in clinic, were free of coronary atherosclerosis. One bite, in the right leg, occurred in the town of Izmir, western Turkey [15], the other, in the left middle finger, in South India (Tamil Nadu) [16]. The victims' local pain and swelling diminished from applied cold pressure, after one hour in the second case, yet pain in the left arm, nausea, vomiting, and sweating arose. Severe chest pain was present. Inferolateral myocardial infarction was diagnosed in the former case [15]. The latter case showed reduced contraction of the anterior myocardial tissue, with a left ventricular ejection fraction of 35% [16] (about 50% to 70% is considered normal).

For homeopaths, this dynamic may indicate a suppression of symptoms by use of cold pressure from the body's periphery to vital organs, contrasting with the lasting amelioration from locally applied heat in *S. subspinipes* bite. It has been suggested that applied heat may be effective by denaturing heat-labile toxins in centipede venom, which include cardiotoxins (as reviewed) [9].

Necrotizing Fasciitis

The species *S. morsitans* was identified in Denizli, southeast of Izmir in Turkey, where its bite in a forty-six-year-old male led to a painful necrotizing fasciitis situated on the chest, distant from the bite site (neck), and caused toxic shock and death [17].

Cutaneous anthrax is a homeopathic indication [1], which includes a similar severe necrotic tissue destruction from other causes.

A Child's Death in the Philippines Dated 1922

On July 8, 1922, in the Culion leper colony, province of Palawan (Philippines), a seven-year-old female inmate was bitten in the

right temple near the canthus, at about 10 PM. She had slept on the floor with her face over a crack. The next morning, inflammation and right-sided edema of the face, neck, and shoulder were noted. At noon, she was affected by localized pain, fever, and headache. About at midnight, her gaze appeared unsteady. Later, rolling of the left eyeball was seen; the right one was covered by swollen lids. She asked for water but died at 3 AM, at twenty-nine hours post-bite. Postmortem findings were: A black spot at the bite site, about 0.2 cm in diameter; brain and meninges highly congested; the gray matter of a uniform pinkish coloration. The bite's nearness to the brain and, in the region bitten, the delicate skin and rapid, deepened absorption of a relatively large amount of venom (in a child) were considered as causative factors in the death [18]. *S. subspinipes* was named as culprit species [8]. The case highlights the venom's effect on the brain and meninges.

Therapeutic Results with Homeopathic *Scolopendra morsitans*

Three persons, two males aged seventy and forty-three and a female aged ninety-three years, were helped with *Scolopendra morsitans* 12c given three (for the female, one or two) times daily for a few days.

The elderly male's strong sacral pain, left-sided, that would assert when putting weight on the left leg on standing up from a sitting or lying position (better after a few paces), abated. He had endured this pain for the last six months, and he related it to a routinely engaged in sport activity. Yet, he felt some remaining pain during this activity, and, about five months after the intake, three doses of *Scolopendra morsitans* 200c were given over six days, with further improvement. About one month later, a few more doses of the remedy (12c) were given. He engaged less frequently in the sport activity to minimize strain. Most of the healing was due to the initial course of the 12c potency.

As side effect after the initial course, he did not experience his annual spring allergy to wet grass, with bland nasal and ocular discharge, sneezing, itchy red and burning eyes, itchy throat. A feverish feeling, heat in face, and some sweating on the neck, forehead, and above the upper lip had accompanied the attacks.

The middle-aged male's sacral pain from over-lifting was also overcome. Heavy lifting was routinely engaged in. The sciatic nerve pain had radiated down the legs. Lying on a flat surface ameliorated. As side effect, a gluten allergy was also improved; attacks occurred less frequently in relation to gluten consumed. Another course of *Scolopendra morsitans* 12c was necessary, prescribed recently. This allergy, as main complaint, is associated with a neck pain radiating to the side(s) of the head, painfully involving the occiput, temples, and eyes, with throbbing in the forehead and between the brows and eyes. Intake of gluten would arouse this reaction within one to two hours, though the pains could assert at other times.

The female had recurring itching eruptions from taking allopathic blood thinning medicine prescribed for the prevention of stroke. Red and minimally elevated round spots, about 1 cm in diameter, would appear, suggesting a delayed hypersensitivity reaction; hives were not produced. Two existing spots faded on taking *Scolopendra morsitans* 12c. She has been free of the eruptions for the last two months, an unusually long period, and she deemed herself cured. Yet, recently, after a hospital procedure, one red eruption occurred, somewhat larger than the two previous ones, but faded after two days. Thereafter, she was again prescribed *Scolopendra morsitans* 12c, two daily doses for three days.

In all cases, the Bach Flower combination remedy Rescue Remedy was also taken.

Conclusion and Recommended Regimen

In centipede bite, alert is in order: Children are more vulnerable to severe reactions than adults and need rapid medical attention; cold local applications may be suppressive and arouse myocardial infarction. In geographic regions where centipedes are encountered, a 200c potency of *Scolopendra morsitans* can be given in acute bites. It is suggested that any strong pains unresponsive to allopathic pain medicine benefit from the remedy. Other potentized *Scolopendra* species can be given for the main symptoms shown in this article. The venomous activity is similar. Some differences regarding allergens seem apparent.

In repetitive motion injuries and allergies, the following regimen is recommended based on the evidence gained in the case studies: *Scolopendra morsitans* 12c is taken three times daily for five days. Repeat the course after two weeks, if necessary. During the days of intake, Rescue Remedy is beneficial (one drop in a glass of water and sipped from four times daily).

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