

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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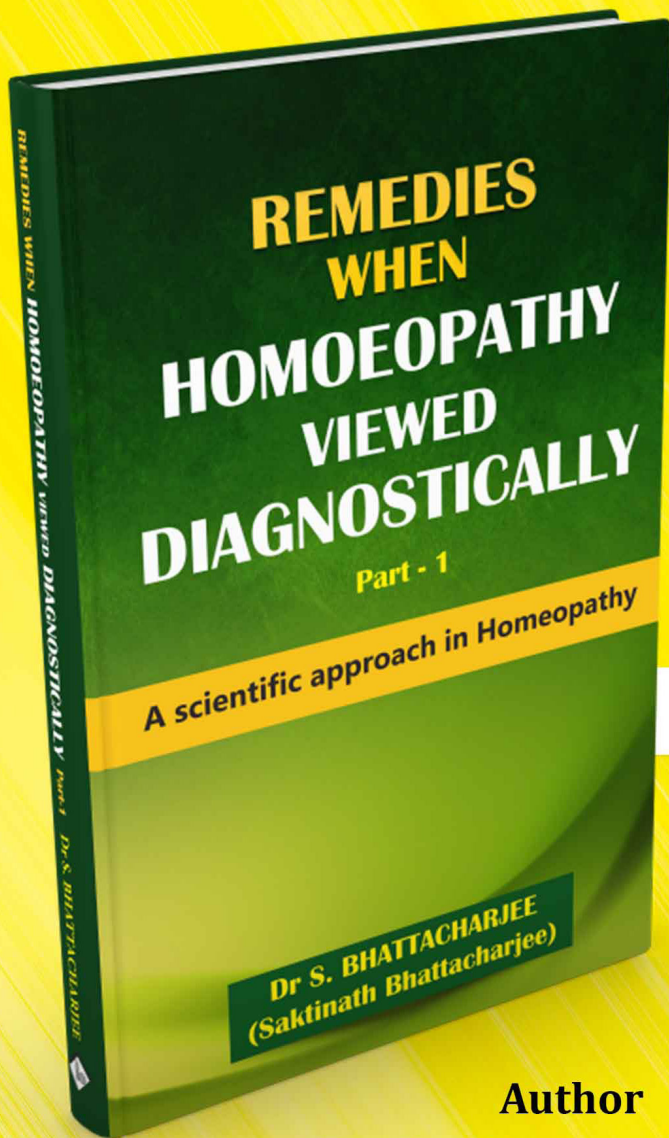


Scope Of Homoeopathy In Autoimmune Disorders

- A case study of acne vulgaris treated with LM potency
- Efficacy of *Nux vomica* in management of constipation in children



BJAIN



Remedies *when* Homoeopathy *Viewed* Diagnostically

A scientific approach in Homoeopathy



Author
Dr S. Bhattacharjee

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- Why does Lachesis 'cannot bear anything tight anywhere'? Or, why does Pulsatilla show 'no two stools alike'? All such unanswered questions are explained here diagnostically.
- The aim of this book is to find out a reasoning based approach in Homoeopathy to the disease-drug relation.
- The process of selection of a remedy should have a pathogenic conformity to become a scientific method for which a diagnostically established disease-drug relationship is required for a distinct impact towards curing a disease.

THE HOMOEOPATHIC HERITAGE

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Dear Readers,

Autoimmune disorders constitute a large group of diseases with diverse clinical manifestations. They occur due to uncontrolled abnormal immune responses to self-tissue and organs. For the understanding of autoimmune diseases, 1901 was arguably 'year zero'. It was in this year that Dr Paul Ehrlich first speculated that the immune system might target host tissues and coined his now-famous term 'horror autotoxicus'. The past few decades have witnessed a sharp rise in the incidence of autoimmune diseases due to changing lifestyle, dietary habits, etc. Ever since those first visionary speculations, autoimmune disease has proven to be a unique conceptual and medical challenge.

When we see the autoimmune diseases in the light of homoeopathy, then the miasm theory plays a major role. These diseases show a destructive trait which in turn indicates towards its Syphilitic nature; and the functional disturbances indicate towards the Psoric traits. The autoimmune diseases originate at the psoric level, and gradually advance towards the syphilitic pathology. Several and varied case reports have been included that show its effectiveness in cases such as rheumatoid arthritis, psoriasis, lichen planus, and vitiligo.

This issue of *The Homoeopathic Heritage* is devoted towards scope of homoeopathy in autoimmune disorders.

All the articles published under this issue, includes high quality research papers, subjective articles, case reports, which cover all the major field autoimmune disorders and their homoeopathic management. We are thankful to all our authors and express our deep gratitude for their contribution and hard work in the form of wonderful articles for this issue.

We hope this issue will help the fellow homoeopaths to understand and manage the autoimmune disorders in a better way and thus help in curing the patients from their sufferings.

Lastly, we will like to invite research papers, articles and case studies of our readers. It is rightly said by Benjamin Franklin:

"Either write something worth reading or do worth something writing."

You may also login to our website, www.homoeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora Malhotra

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Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of 'peer reviewed'. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at hheditor@bjain.com.

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Last date for submission
February 2023	Utilising Regional Repertories In Practise	December 15, 2022
March 2023	Managing Pseudo Chronic Diseases With Homoeopathy	January 15, 2023
April 2023	Tele-homoeopathy: Current Scenario And Future Possibilities	February 15, 2023

Autoimmune disease and homoeopathy

Introduction

An autoimmune disorder occurs when the body's immune system attacks and destroys healthy body tissue by mistake. There are more than 80 types of autoimmune disorders.

Causes

The blood cells in the body's immune system help protect against harmful substances. Examples include bacteria, viruses, toxins, cancer cells, and blood and tissue from outside the body. These substances contain antigens. The immune system produces antibodies against these antigens that enable it to destroy these harmful substances.

When you have an autoimmune disorder, your immune system does not distinguish between healthy tissue and antigens. As a result, the body sets off a reaction that destroys normal tissues.

The exact cause of autoimmune disorders is unknown. One theory is that some microorganisms (such as bacteria or viruses) or drugs may trigger changes that confuse the immune system.

An autoimmune disorder may result in:

- The destruction of body tissue
- Abnormal growth of an organ
- Changes in organ function

An autoimmune disorder may affect one or more organ or tissue types. Areas often affected by autoimmune disorders include:

- Blood vessels
- Connective tissues
- Endocrine glands such as the thyroid or pancreas
- Joints
- Muscles
- Red blood cells
- Skin

A person may have more than one autoimmune disorder

at the same time. Common autoimmune disorders include:

- Addison disease
- Celiac disease - sprue (gluten-sensitive enteropathy)
- Dermatomyositis
- Graves disease
- Hashimoto thyroiditis
- Multiple sclerosis
- Myasthenia gravis
- Pernicious anemia
- Reactive arthritis
- Rheumatoid arthritis
- Sjögren syndrome
- Systemic lupus erythematosus
- Type I diabetes

Homoeopathic management:

Most of the patients with autoimmune disorders are either on anti-inflammatory or immunosuppressive therapy, but unfortunately it gives only temporary relief and after few months starts giving side effects. Modern medicine has no cure for this group of illnesses, whereas homoeopathy can offer safe and permanent solution to this problem.

Miasmatically, it falls between tubercular to syphilitic miasm. What one needs to do is giving constitutional homoeopathic treatment to improve the immune system.

Case study

A young girl aged 34 years presented with psoriatic arthropathy for 6 years. She was on tab folitrix for last 3 years, there was only partial relief in her pain and skin lesions hence she came to me for homoeopathic healing.

History of presenting complaints

She recently got married, and worked in a corporate sector. As a child, she was very obese and during her teenage, she developed severe obesity with excessive hair on hands, legs and face. This invited lot of embarrassment and ugliness in her nature, she used to feel very ugly and unattractive in front of family, friends, and especially young boys. This continued for many years till she

joined college and then she could not take it anymore. Then she consulted dietician and lost around 20 kgs, but unfortunately, her hair on unusual parts refused to disappear. She got laser therapy done but that permanently darkened her skin. Finally, she gave up and started accepting her looks, that's when psoriasis started, After 3 years, she fell in love with a boy, but unfortunately, they started quarrelling regularly which affected her mental status. She could not concentrate in her job, and many a times. dreamt of dead people. After 7 years of regular conflicts with her boyfriend, she finally married him but then in 2 months of marriage, arthritis started in all joints with swelling. There were no modalities for pain but pain changed its character regularly. She used to suffer stiffness in joints early morning, she loved to drink milk and craved for butter scotch ice cream. She used to snore during sleep. She also has anxiety for health as she took immunosuppressants for long period. Her husband said that she was very conscience in whatever she did. Her husband was a very quiet person, hence she felt that he didn't love her.

Rubrics

MIND - AILMENTS FROM - embarrassment

MIND - ANXIETY - health; about - own health; one's

MIND - CONCENTRATION - difficult

MIND - CONSCIENTIOUS about trifles

MIND - DELUSIONS - body - ugly; body looks

MIND - DELUSIONS - criticized, she is

MIND - DELUSIONS - separated - world; from the - he is separated

MIND - DETACHED

MIND - GRIEF

MIND - GRIEF - silent

MIND - OFFENDED, easily

MIND - SADNESS - morning - waking - on

RESPIRATION - SNORING - sleep; during

EXTREMITIES - PAIN - Hips

EXTREMITIES - PAIN - Joints

EXTREMITIES - PAIN - Knees

EXTREMITIES - PAIN - Legs

EXTREMITIES - PAIN - Shoulders

EXTREMITIES - STIFFNESS - morning

EXTREMITIES - STIFFNESS - morning - rising agg.; after

EXTREMITIES - STIFFNESS - rising agg.

EXTREMITIES - STIFFNESS - Shoulders

GENERALS - FOOD and DRINKS - ice cream - desire

GENERALS - FOOD and DRINKS - milk - desire

GENERALS - OBESITY

Prescription

Loxosceles reclusa 30c in 5 cup method.

Dosage

1 tsf 3 times a day for 2 weeks followed by placebo for 4 weeks.

Follow up

She had initial aggravation followed by substantial amelioration. She was asked to become vegetarian and learn meditation to reduce her anxiety. After three months, she was given two more doses of 200 potency every month for six more months. Her psoriasis and arthritis got better almost 90%. She was then given a few doses of intercurrent remedy, *Sycotico* 30. Till date, two years have passed by and there was no trace of arthritis observed.

Dr Farokh Master

A case of type 2 diabetes mellitus treated with homoeopathy

By Dr Nipun Singh Dabi

ABSTRACT :

Diabetes mellitus is a metabolic syndrome and its cases are rising at an alarming rate along with increased prevalence among children and adolescents as well. Homoeopathy plays a major role in the management of chronic diseases and can prevent patients from undue stress of prolonged medications. Here's a case of 50-year-old diabetic female suffering from symptoms of weakness and numbness who was treated using homoeopathy.

Keywords: *Acidum phosphoricum*, diabetes mellitus, Type 2 diabetes mellitus, HbA1C

Abbreviations: HbA1C – glycosylated haemoglobin, TDS – thrice a day

Introduction

Diabetes mellitus is a metabolic syndrome characterized by hyperglycemia. Type 1 diabetes occurred due to autoimmune destruction of insulin-producing cells (β cells) in the pancreas, causing insulin deficiency while type 2 diabetes is caused by peripheral resistance to insulin action and a decreased response by the pancreatic β cells to overcome this resistance. Majority of diabetic patients have type 2 diabetes, and most of these individuals are overweight. Type 2 diabetes mellitus is a disease originating in adulthood but the prevalence nowadays is rising in children and adolescents on account of obesity. Increased blood sugar level for long time gradually disposed patient to microvascular and macrovascular complications.

Aetiology²

Clinical findings^{3,4}

Genetic factors are implicated in type 2 diabetes mellitus where concordance rate is 100% in monozygotic twins. Positive family history in first degree relative have higher chance of developing diabetes. Obesity, sedentary lifestyle and weight gain are important risk factors in development of diabetes.

Pathophysiology³

Insulin resistance develops in body as target tissues fail to respond to insulin. The liver, skeletal muscle, and adipose tissue are the major tissues where insulin resistance manifests in a normal glucose tolerance. In earlier stage β -cell increases its function to counter insulin resistance. However, increase insulin production by β cells result in exhaustion and destruction of these cells which results in relative insulin deficiency.

Symptoms	Complications
<ul style="list-style-type: none">• Polyuria, increased thirst and polydipsia• Weight loss• Fatigue• Visual blurring• Pruritis vulva	<p>1. Microvascular complications</p> <ul style="list-style-type: none">• Diabetic retinopathy• Diabetic nephropathy• Diabetic neuropathy

Symptoms	Complications
<ul style="list-style-type: none"> • Balanitis • Acanthosis nigricans • Hypertension • Erectile dysfunction • Skin infections 	<p>2. Macrovascular complications</p> <ul style="list-style-type: none"> • Atherosclerotic vascular disease • Heart failure

CASE PROFILE

A 50-year-old female presented with complaint of weakness, numbness, increased urination frequency and swelling over whole body. She complained of fatigue and lethargy during any exertion. Patient was sad, grieving on account of loss of her mother and was much involved in providing care to her father. She felt exhausted due to lack of sleep. On subsequent investigations, increased level of blood sugar was noted.

History of present complaints and treatment history:

She was suffering from these complaints since one year and took conventional medicine without any relief.

Family history

Mother had a history of rheumatoid arthritis and epilepsy. Father was alive, suffering from diabetes mellitus and benign prostatic hyperplasia. All her siblings were positive for diabetes mellitus.

Physical general:

Patient was chilly with increased thirst and appetite. There was frequent urging of urination. Her sleep was

Analysis, evaluation and totality of symptoms

Analysis and evaluation	Totality of symptoms
<p><u>Characteristic mental</u></p> <ul style="list-style-type: none"> • Sadness, grief <p><u>Characteristic physical</u></p> <ul style="list-style-type: none"> • Thermal - Chilly • Increase frequency and urge of urine 	<ul style="list-style-type: none"> • Thermal - chilly • Grief, sadness • Increased frequency of urination • Feeling of numbness over whole body • Feeling of fatigue and lethargy

disturbed as she was indulged in taking care of her father.

Mental generals:

Patient was sad and grieved over loss of her mother.

Clinical findings

Patient was oriented with time, place, and person. Swelling was present on face and limbs. There were no signs of pallor, cyanosis, clubbing, icterus, and lymphadenopathy. Her blood pressure was 142/88 mm of Hg, pulse 82/minute and she was afebrile.

Disease diagnosis⁴

Type 2 diabetes mellitus - Diabetes mellitus is diagnosed when level of HbA1C > 6.5% or fasting plasma glucose > 126 mg/dl and post prandial >200 mg/dl.⁴ On analysing the patient’s symptoms and considering the positive family history of diabetes, an investigatory report asking for HbA1C was advised which came out to be positive (7.8 percent) cementing diagnosis of diabetes mellitus.

Case study

<u>Characteristic particular</u> <ul style="list-style-type: none"> • Numbness over body • Weakness and lethargy • Swelling over body 	<ul style="list-style-type: none"> • Swelling over body
--	--

Repertorial Sheet⁵

7 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12
Remedy	<i>Nux-v</i>	<i>Ph-ac</i>	<i>Grap</i>	<i>Phos</i>	<i>Calc</i>	<i>Caust</i>	<i>Lyc</i>	<i>Staph</i>	<i>Puls</i>	<i>Lach</i>	<i>Merc</i>	<i>Kali-c</i>
SympS. covered	7	7	7	7	8	7	7	7	6	7	6	6
Totality	19	19	17	17	15	16	16	16	16	14	15	14
1. BLADDER, URG . .												
2. BLADDER, URI . .												
3. GENERALITIES, . .												
4. GENERALITIES, . .												
5. GENERALITIES, . .												
6. GENERALITIES, . .												
7. MIND, AILMEN . .												

Repertorial Sheet⁵

1. BLADDER, URGING to urinate	1. Nux-v Nux vomica S:7 R:19
2. BLADDER, URINATION, frequent	2. Ph-ac Phosphoricum acidum S:7 R:19
3. GENERALITIES, HEAT, vital lack of	3. Graph Graphites naturalis S:7 R:17
4. GENERALITIES, NUMBNESS, externally	4. Phos Phosphorus S:7 R:17
5. GENERALITIES, SWELLING	5. Calc Calcarea carbonica Hahnemanni S:8 R:15
6. GENERALITIES, WEARINESS	6. Caust Causticum Hahnemanni S:7 R:16
7. MIND, AILMENTS, from, grief, sorrow, care	7. Lyc Lycopodium clavatum S:7 R:16
	8. Staph Staphysagria S:7 R:16
	9. Puls Pulsatilla nigricans S:6 R:16

First prescription with justification^{6,7}

On repertorisation, *Nux vomica* and *Acidum phosphoricum* were more indicated. Considering materia medica and investigation reports, *Acidum phosphoricum* was

selected as it is one of the most common remedies for diabetes in homoeopathy. The potency 30C was prescribed repeatedly for a few months along with dietary advise and lifestyle changes which included daily exercise and long walks.

Date	Symptoms	Prescription
5/08/2020	Frequent urination, oedema, numbness, weakness, and lethargy. HbA1C - 7.9%	<i>Acidum phosphoricum</i> 30C/TDS/30 days Rubrum 30/TDS/30 days
7/09/2020	Numbness and weakness improved. Decrease in frequency of urination. No swelling on face and limbs.	<i>Acidum phosphoricum</i> 30C/ TDS/30Days Rubrum 30/TDS/30 days
14/10/2020	Patient better.	<i>Acidum phosphoricum</i> 30C/ TDS/15Days Rubrum 30/TDS/30 days
12/11/2020	Patient better	<i>Acidum phosphoricum</i> 30C/ BD/30Days Rubrum 30/TDS/30 days
1/12/2021	No new symptoms HbA1C - 6.9%	<i>Acidum phosphoricum</i> 30C/ BD/30Days Rubrum 30/TDS/30 days
4/01/2021	No new symptoms	<i>Acidum phosphoricum</i> 30C/ OD/30Days Rubrum 30/TDS/30 days
6/02/201	No new symptoms	<i>Acidum phosphoricum</i> 30C/ OD/30Days Rubrum 30/TDS/30 days
02/03/2021	No new symptoms HbA1C - 5.8%	Rubrum 30/TDS/30 days Phytum 30/TDS/30 days

Investigation report




राजस्थान सरकार, राष्ट्रीय स्वास्थ्य मिशन एवं क्रस्ना डायग्नोस्टिक्स प्रा.लि. के संयुक्त गठबंधन

निःशुल्क जाँच योजना के अंतर्गत **विशिष्ट जाँच सेवा**

हेल्पलाइन नं. 7420014030 / 7420014031

Patient Name : Ms YASODA W/O VERENDER SINGH
 Age and Gender : 50 / Years / F
 Category : OPD - PMO SIROHI - Zonal Lab - Udaipur
 Referring Doctor :

Patient UID No : RF5200800222818
 Prescription ID : 12564
 Registered On : 05.08.2020 12:17
 Sample UID No.  51251107

BIOCHEMISTRY

Test Done	Observed Value	Units	Reference Range
HbA1c (EDTA) HPLC (EDTA WB)	7.9	%	Non diabetic : 4.0 - 6.0 Target of therapy: < 7.0 Change of therapy: > 8.0

Foot Note : Kindly correlate clinically

Note : This test has been performed on BIORAD VARIANT™ II TURBO System

Diagnosing diabetes American Diabetes Association (ADA)
 -Hemoglobin A1c (HbA1c) > or =6.5%

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

The ADA recommendations for clinical practice suggest maintaining a HbA1c value closer to normal yields improved microvascular outcomes for diabetics.(1) Target goals of <7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease. However, in patients with significant complications of diabetes, limited life expectancy, or extensive comorbid conditions, targeting a <7% goal may not be appropriate.

--- END OF REPORT ---

DR.KAMLESH PATEL
Pathologist

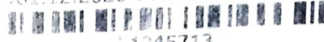
This is a machine generated report if there is any discrepancy in the results please repeat test within 24 hrs **

Sample Collected On : 05.08.2020 12:17 Sample Accepted On : 05.08.2020 20:20 E10066
 Results Authorized : 05.08.2020 21:43 Printed On : 07.08.2020 09:01



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 निःशुल्क जाँच योजना के अंतर्गत **विशिश्ट जाँच सेवा**
 हेल्पलाईन नं. 7420014030 / 7420014031

Patient Name : Ms YASODA W/O VIRENDER JI
 Age and Gender : 50 / Years / F
 Category : OPD - PMO SIROHI - Zonal Lab - Udaipur
 Referring Doctor :

Patient UID No. : P5201200205392
 Prescription ID : 129273
 Registered On : 01.12.2020 13:57
 Sample UID No. :  51245713

BIOCHEMISTRY

Test Done	Observed Value	Unit	Reference Range
HbA1c (EDTA) HPLC (EDTA WB)	6.9	%	Non-diabetic : 1.0 - 6.0 Limit of therapy : < 7.0 Change of therapy : > 8.0

Foot Note : Kindly correlate clinically

Note : This test has been performed on BIORAD VARIANT™ II TURBO System

Diagnosing diabetes American Diabetes Association (ADA),
 -Hemoglobin A1c (HbA1c) > or =6.5%

Therapeutic goals for glycemic control (ADA)

- Adults:
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 - School age (6-12 years): <8%
 - Adolescents and young adults (13-19 years): <7.5%

The ADA recommendations for clinical practice suggest maintaining a HbA1c with a 1% or lower goal, based on clinical and personal outcomes for diabetics. (1) Target goals of <7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease. However, in patients with significant complications of diabetes, limited life expectancy, or extensive comorbid conditions, targeting a <7% goal may not be appropriate.

--- END OF REPORT ---



NABL
 Certificate No. MC - 3374

This is a machine generated report if there is any discrepancy in the results please repeat the test.


DR. KAMLESH PATEL
 Pathologist

Sample Collected On : 01.12.2020 13:57	Sample Accepted On : 01.12.2020 13:47	E10750
Results Authorized : 01.12.2020 20:53	Printed On : 01.12.2020 13:57	



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 हेल्पलाईन नं. 7420014030 / 7420014031

Patient Name : Ms YASODA W/O VIRENDER SINGH Patient UID No : RF5210300286280
 Age and Gender : 50 / Years / F Prescription ID : 7413
 Category : OPD - PMO SIROHI - Zonal Lab - Udaipur Registered On : 02.03.2021 13:21
 Referring Doctor : Sample UID No. 051471141

BIOCHEMISTRY

Test Done	Observed Value	Units	Reference Range
HbA1c (EDTA) (HbA1c)	5.8	%	Non diabetic : 4.0 - 6.0 Target of therapy: < 7.0 Change of therapy: > 8.0

may correlate clinically

Note : This test has been performed on BIORAD VARIANT™ II TURBO System

Diagnosing diabetes American Diabetes Association (ADA)
 -Hemoglobin A1c (HbA1c) > or =6.5%

Therapeutic goals for glycemic control (ADA)

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- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

The ADA recommendations for clinical practice suggest maintaining a HbA1c value closer to normal yields improved microvascular outcomes for diabetics.(1) Target goals of <7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease. However, in patients with significant complications of diabetes, limited life expectancy, or extensive comorbid conditions, targeting a <7% goal may not be appropriate.

--- END OF REPORT ---



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DR.KAMLESH PATEL
 Pathologist

Sample Collected On : 02.03.2021 19:23 Sample Accepted On : 02.03.2021 19:23 E10066
 Authorized : 02.03.2021 21:17 Printed On : 04.03.2021 13:02

Conclusion

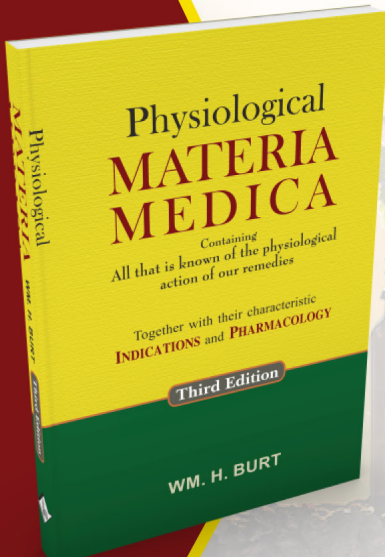
The global burden of disease study found that the three leading risk factors for global disease burden in 2019 are high blood pressure, high fasting plasma glucose and high body mass index.⁸ All of these conditions arise due to lifestyle changes and are part of metabolic syndrome. Here Homoeopathy plays an effective role in such disorders of chronic nature as our individualised holistic approach consisting of physical and mental plane for therapeutic selection is helpful in management of these cases.

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9. selected as it is one of the most common remedies for diabetes in homoeopathy. The potency 30C was prescribed repeatedly for a few months along with dietary advise and lifestyle changes which included daily exercise and long walks.

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PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT

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A holistic way to manage fears and anxiety

By Dr Rohit Kumar Priya

ABSTRACT :

Anxiety and fear both are alerting signals and act as a warning of an internal and external threat. Anxiety can be conceptualised as a normal and adaptive response that has lifesaving qualities and warns of threats of bodily damage, pain, helplessness, possible punishment, or the frustration of social or bodily needs; of separation from loved ones; of a menace to one's success or status; and ultimately of threats to unity or wholeness. This study aimed to throw light on the management of different fears, phobias, anxieties with the help of homoeopathy.

Keywords: Anxiety disorder, fears, PTSD, OCD, homoeopathy

Abbreviations: PTSD – post-traumatic stress disorder, OCD – obsessive compulsive disorder, GAD - generalised anxiety disorder, DSM-V - diagnostic and statistical manual of mental disorders, fifth edition

Introduction

Everyone experiences anxiety. It is characterised most as a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms such as headache, perspiration, palpitations, tightness in the chest, mild stomach discomfort, and restlessness, indicated by an inability to sit or stand still for long. The constellation of symptoms present during anxiety tends to vary among persons.^[1]

Fear versus anxiety

Anxiety is an alerting signal; it warns of impending danger and enables a person to take measures to deal with a threat. Fear is a similar alerting signal, but it should be differentiated from anxiety. Fear is a re-

sponse to a known, external, definite, or non conflictual threat; anxiety is a response to a threat that is unknown, internal, vague, or conflictual.^[1]

Clinical features

The experience of anxiety has two components: the awareness of the physiological sensations (e.g., palpitation and sweating) and the awareness of being nervous or frightened. A feeling of shame may increase anxiety – “others will recognize that I am frightened.” Many persons are astonished to find out that others are not aware of their anxiety or, if they are, do not appreciate its intensity. In addition to motor and visceral effects, anxiety affects thinking, perception, and learning. It tends to produce confusion and distortions of perception, not only of time and space but also of persons and the meanings of events. These distortions can interfere with learning by lowering concentration, reducing recall, and impairing the ability to relate one

Clinical findings^{3,4}

Symptoms	Complications
<ul style="list-style-type: none">• Polyuria, increased thirst and polydipsia• Weight loss• Fatigue• Visual blurring• Pruritis vulva	<ol style="list-style-type: none">1. Microvascular complications<ul style="list-style-type: none">• Diabetic retinopathy• Diabetic nephropathy• Diabetic neuropathy

item to another—that is, to make associations.[1]

Classification of Anxiety Disorder[2]

1. Generalised anxiety disorder
2. Panic disorder
3. Phobic disorder
4. Post traumatic stress disorder (PTSD)
5. Obsessive compulsive disorder (OCD)

GENERALISED ANXIETY DISORDER

Patients with generalised anxiety disorder (GAD) have persistent, excessive, and/or unrealistic worry associated with muscle tension, impaired concentration, autonomic arousal, feeling “on edge” or restless, and insomnia. Onset is usually before age 20 years, and a history of childhood fears and social inhibition may be present. It’s diagnosis is based on the DSM V diagnostic criteria. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The disturbance is not due to the direct physiologic effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a mood disorder, a psychotic disorder, or a pervasive developmental disorder.[2]

PANIC DISORDER

Presence of recurrent and unpredictable panic attacks, which are distinct episodes of intense fear and discomfort associated with a variety of physical symptoms, including palpitations, sweating, trembling, shortness of breath, chest pain, dizziness, and a fear of impending doom or death. Panic attacks have a sudden onset, developing within 10 minutes and usually resolving over the course of an hour, and they occur in an unexpected fashion. The aetiology of panic disorder is unknown but appears to involve a genetic predisposition, altered autonomic responsiveness, and social learning. The differential diagnosis of panic attack includes thyrotoxicosis, hypoglycaemia and pheochromocytoma. The diagnostic criteria for panic attacks have been shown in the figure.[2]

PHOBIC DISORDER

The cardinal feature of phobic disorders is a *marked and*

persistent fear of objects or situations, exposure to which results in an *immediate anxiety reaction*. The patient avoids the phobic stimulus, and this avoidance usually impairs occupational or social functioning. Common phobias include fear of closed spaces (claustrophobia), fear of blood, and fear of flying. Agoraphobia is the fear of places that are difficult or embarrassing to escape from.[2]

POST TRAUMATIC STRESS DISORDER

Patients may develop anxiety after *exposure to extreme traumatic events* such as the threat of personal death or injury or the death of a loved one. The reaction may occur shortly after the trauma (*acute stress disorder*) or be delayed and subject to recurrence (PTSD). Example-natural disasters, terrorist activity, serious accidents, witnessing violent deaths, etc. It is hypothesised that in PTSD there is excessive release of norepinephrine from the locus coeruleus in response to stress and increased noradrenergic activity at projection sites in the hippocampus and amygdala. These changes theoretically facilitate the encoding of fear-based memories. Recurrent intrusive memories (flashbacks) of the trauma, sleep disturbance, especially nightmares. Symptoms of autonomic arousal like anxiety, palpitation, enhanced startle, emotional blunting and avoidance of situations evoking traumatic memories.[2]

OBSESSIVE COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is characterised by obsessive thoughts and compulsive behaviours that impair everyday functioning. Fears of contamination and germs are common, as are handwashing, counting behaviours, and having to check and recheck such actions as whether a door is locked. Comorbid conditions are common, the most frequent being depression, other anxiety disorders, eating disorders, and tics.[2]

Role of homoeopathy

Homoeopathic health professionals should record every individual case as per the case taking guidelines mentioned in aphorisms 83 to 104 as well as give emphasis on aphorisms 210 to 230. After case recording, individualisation of disease and the patient as a person is of prime importance. For individualisation of disease in context to psychiatric disease diagnosis made as per the DSM-5 because it provides a common language for

Subjective

clinicians to communicate about their patients and establishes consistent and reliable diagnosis that can be used in the research of mental disorders.

Repertorial approach

Kent's Repertory^[3]

MIND, ANXIETY, sudden : *COCC., tab.*

MIND, ANXIETY, BAD news, ailments from : **CALC., GELS.**

MIND, FASTIDIOUS : *Ars., nux-v.*

MIND, FEAR, misfortune, of : **CHIN-S., PSOR.**

MIND, FEAR, Narrow place, in- *Arg. Nit*

DELUSIONS, imaginations, hallucinations, illusions: ARG-N., BELL., CANN-I., COCC., HYOS., IGN., LACH., PETR., PH-AC., SABAD., STRAM., SULPH.

Boger's Repertory^[4]

MIND, Escape, impulse to – Bell., Bry., Cupr., Hyos., Mez., Nux v., Op.

MIND, Fastidious – Ars., Graph., Nux v.

MIND, Fearsome, anxious, fright, etc. – ACON., ARS., PHOS.,

MIND, Frightened or startled easily – IGN.

MIND, Future, death, misfortune, evil forebodings, presentiments, etc., dread of- ACON., ARS., CALC., PSOR., PULS.

MIND, Ideas, compelling- Nit. Ac.

MIND, SUICIDAL IMPULSES, weary of life, etc.: ARS., AUR., Chin., Dros., Lach., Merc., Nat-s., Nit-ac., Nux-v., Psor., Puls., Thuj., Tub.

Phatak's Repertory^[5]

Future, misfortune, evil forebodings: ACO; ARS; CALC; PSOR; PUL IDEAS, compelling- *Lach., Nit.ac*

IDEAS, Fixed: Anac; Ars+; Chin; Hell; Nat-m; Saba; Stan; Sul; Thu

IDEAS, Persistent – Med.

FEAR, Fright, of, remains- Op.

O.E. Boericke's Repertory^[6]

MIND, Fright, fear- *Acon., Apis, Aur., Bell., Gels., Hyos., Hyper., Ign., Nat. m., Morph., Op., Puls., Samb., Ver. a.*

MIND, Fear, dread, Crossing streets, crowds, excitement -- *Acon., Hydroc. ac., Plat.*

MIND, Fear, Space (agoraphobia)- *Acon., Arg. n., Arn., Calc. c., Hydroc. ac., Nux*

MIND, Fear, Water (hydrophobia)- *Agave, Anag., Ant. c., Bell., Canth., Coccinel., Fagus, Hyos., Lach., Laur., Lyssin, Spirea, Stram., Sul., Tanac., Ver. a., Xanth. Sp.*

MIND, Anxiety- *Acon., Æth., Agn., Amyl, Anac., Ant. c., Arg. n., Ars., Asaf., Aur., Bell., Bism., Bor., Cact., Calc. c., Camph., Can. ind., Cham., Cim., Cinch., Coff., Con., Cupr. m., Dig., Hep., Ign., Kali c., Lach., Lil. t., Med., Nat. e., Nat. m., Nit. ac., Nux. v., Op., Phos., Plat., Psor., Puls., Rhus t., Sec., Sep., Sil., Staph., Stram., Sul., Tab., Ver. a.*

MIND, NIGHT-TERRORS- *Acon., Aur. br., Calc. c., Cham., Cic., Cina, Chloral., Cyrip., Kali br., Kali p., Scutel., Solan. n., Stram., Tub., Zinc. m.*

Therapeutic approach^[6,7]

Aconitum napellus

Great fear and anxiety of mind, with great nervous excitability; afraid to go out, to go into a crowd where there is any excitement or many people; to cross the street. The countenance is expressive of fear; *the life is rendered miserable by fear*; is sure his disease will prove fatal; predicts the day he will die; fear of death during pregnancy. Restless, anxious, does everything in great haste; must change position often; everything startles him.

Arsenicum album

The greater the suffering, the greater the anguish, rest-

lessness and fear of death. Mentally restless, *but physically too weak to move*; cannot rest in any place: changing places continually; wants to be moved from one bed to another, and lies now here now there. Anxious fear of death; thinks it useless to take medicine, *is incurable*, is surely going to die; *dread of death*, when alone, or, going to bed. Attacks of anxiety at night driving out of bed, < after midnight.

Argentum nitricum

Acute or chronic diseases from unusual or long-continued mental exertion. Apprehension when ready for church or opera, diarrhoea sets in. *Time passes slowly*; impulsive, wants to do things in a hurry; must walk fast; is always hurried; anxious, irritable, nervous.

Aurum metallicum

Lively, restless, anxious about the future. Constantly dwelling on suicide. Profound melancholy: feels hateful and quarrelsome; desire to commit suicide; life is a constant burden; after abuse of mercury; with nearly all complaints. Uneasy, hurried, great desire for mental and physical activity; cannot do things fast enough.

Calcarea carbonicum

Apprehensive; fears loss of reason, misfortune, contagious diseases. Forgetful, confused, low-spirited. Anxiety with palpitation. Ideas crowding in her mind prevent sleep. Start at every noise; fears that she will go crazy. Drowsy in early part of evening. *Same disagreeable idea always arouses from light slumber.* Night terrors. Dreams of the dead.

Natrum muriaticum

Awkward, hasty, drops things from nervous weakness. Marked disposition to weep; sad weeping mood without cause, but consolation from others < her troubles. For the bad effects: of anger (caused by offence); to grief, fright, vexation, mortification or reserved displeasure

Staphysagria

Very sensitive to slight mental impressions; least action or harmless words offend. Apathetic, indifferent, low-spirited, weak memory from sexual abuses. Was insulted; being too dignified to fight, subdued his wrath and went home sick, trembling and exhausted

Conclusion

A fascinating aspect of anxiety disorders is the exquisite interplay of genetic and experiential factors. Little doubt exists that abnormal genes predispose to pathological anxiety states; however, evidence clearly indicates that traumatic life events and stress are also etiologically important. Thus, the study of anxiety disorders presents a unique opportunity to understand the relation between nature and nurture in the aetiology of mental disorders. The distinction between anxiety and fear may be difficult to make because fear can also be caused by an unconscious, repressed, internal object displaced to another object in the external world. Nevertheless, according to post Freudian psychoanalytic formulations, the separation of fear and anxiety is psychologically justifiable. A double blind, randomised, placebo-controlled, pilot trial^[8] was conducted on 62 patients of generalised anxiety disorder at National Institute of Homoeopathy, Kolkata indicating small but positive direction of anxiolytic effect favouring homoeopathy. Hence, more study needs to be conducted to show the efficacy of homoeopathy in cases of anxiety disorders and managing different fears and phobias.

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Allergic rhinitis (hay fever) and its homoeopathic management

By Dr Jaykumar Chandarana, Dr Anjana Juneja

ABSTRACT :

Allergic rhinitis although is never a serious or life-threatening condition, it is actually a challenge to the medical fraternity as even after decades there is no systematic sure shot medication. Hay fever every fever is very common and around 15% to 20% of the population has allergic rhinitis. Millions of children and adults have hay fever year after year. At times, it's a nuisance because it affects even within minutes of exposure to the allergen. Although a battery of medications is available in allopathy the long term answer is Homoeopathic medication. Herewith, this disease is being dissected both horizontally and vertically and also demonstrated a case treated by homoeopathic medication.

Keywords: Hay fever, allergic rhinitis, individualisation, homoeopathy.

Abbreviations: IgE – immunoglobulin E, PGD – prostaglandins.

Introduction

It is an IgE mediated immunologic response of the nasal mucosa. Allergic rhinitis (hay fever) is an allergic reaction to tiny particles in the air called allergens. It is characterised by spasmodic attacks of severe sneezing rhinorrhoea and other associated symptoms like irritation of the nose, pharynx and eyes with lachrymation. The intensity depends upon the exposure. 2 clinical types of it are recognised, i.e. perennial and seasonal. At times there is a confusion between infectious rhinitis and allergic rhinitis. Infectious rhinitis is the common cold that we get and on the other hand allergic rhinitis (hay fever) is never infectious.

Different people have allergic episodes in different seasons. Various plants do play a role in it depending upon how they bloom. However, it is important to note that if a patient has symptoms all 365 days then it is not the external causes but some indoor allergens like the animal dander, fur, mold or dust mites which could be the culprits. Can rhinitis occur without any allergies? Surprisingly, yes. For e.g. the common cold which is viral in nature. A patient could also have drug induced rhinitis and hormonal rhinitis. Inflammation is absent in non allergic rhinitis. Here the symptoms comprise of stuffy nose or running nose.

PREVALENCE AND PREDISPOSING FACTORS(1)

-

Hay fever is very common and around 15% to 20% of

the population has allergic rhinitis.

AGE – It usually affects the young around 15 years onwards but tends to recede after the middle age of 40 to 50 years. There is no known age stamp and it covers the entire spectrum from the young to the old. Chances of children developing allergy are 20 – 47%.

SEX – Both sexes are equally affected.

HEREDITY may play a role as it is seen to run in families. Higher incidence is seen in children where both the parents have it.

HORMONAL – Since the disease begins around puberty and increases during the pregnancy period, a hormonal basis is possible.

CLIMATIC FACTORS– Climate always affects us. Whenever there are changes in temperature, humidity etc it makes the nose more prone to allergies. Similarly, pollution is also a factor.

PSYCHOLOGICAL FACTORS – Stress, strain emotions may affect the nose. This factor is more likely in the case of vasomotor rhinitis.

PRECIPITATING FACTORS(ALLERGENS)⁽¹⁾ – They could be either **EXOGENOUS** such as:

1. Inhalants which are the commonest factor seen like dust, pollens, animal odour, feathers, molds, house dust and mites⁽²⁾.

2. Ingestants - Foods like eggs, fish, meat, milk, citrus fruits and cocoa.
3. Contactants – like cosmetics and powders.
4. Irritants – Like fumes and smoke.
5. Drugs – like iodides, hypotensive drugs, aspirin etc. however they differ from patient to patient.
6. Infections – Usually bacterial as well as the product of inflammation may cause allergy or they may be secondary invaders.

ENDOGENOUS ALLERGENS – These are those which are seen inside our body. For e.g. helminths or tissue proteins seen in transudates and exudates.

PATHOGENESIS, PATHOPHYSIOLOGY AND MANIFESTATIONS⁽²⁾⁽³⁾– Inhaled allergens are known to produce specific IgE antibodies especially in people who are genetically predisposed. It fixes itself to the blood basophils or tissue mast cells. On exposure the next time the antigen combines with the IgE antibody. Now several chemical mediators are released and they are responsible for the development of symptoms. Depending on the tissues involved there could be mucosal oedema, vasodilatation, smooth muscle contraction, eosinophilic infiltration, etc.

When a patient is already sensitized to an allergen he reacts strongly to subsequent exposure even if the doses are smaller. This is called **PRIMING EFFECT**.

Entrapment of the pollen and digestion of the outer coat by mucosal enzymes such as lysosomes release protein allergens generally of 10,000 – 40,000 MW. The initial interaction between the allergens and intraepithelial mast cells and then proceeds to involve deeper perivascular mast cells, both of which are sensitized with specific IgE. During the symptomatic season when the mucosae are already swollen and hyperaemic, there is increased adverse reactivity to the seasonal pollen. Biopsy specimens of the nasal mucosa during seasonal rhinitis show the submucosal oedema with infiltration by eosinophils, along with some basophils and neutrophils.

The mucosal surface fluid contains IgA i.e. present because of its secretory piece and also IgE, which apparently arrives by diffusion from plasma cells in proximity to mucosal surface. IgE fixes to mucosal and submucosal mast cells and the intensity of clinical response to inhaled allergens is quantitatively related to the naturally occurring pollen dose. In sensitive in-

dividuals, the introduction of allergen into the nose is associated with sneezing, stuffiness and discharge. The fluid contains histamine, PGD, and leukotrienes. Thus the mast cells of the nasal mucosa and submucosa generate and release mediators through IgE dependent reactions which are capable of producing tissue oedema and eosinophilic infiltration.

SYMPTOMS OF ALLERGIC RHINITIS (HAY FEVER)⁽²⁾

Clinically allergic response occurs in 2 phases –

1. **Early acute phase** – it occurs almost instantaneously i.e. within 30 minutes on exposure to the allergen. The patient develops rhinorrhoea, nasal blockage lots of sneezing, etc. there could even be bronchospasm in some cases. Histamine which is released is the chief cause.
2. **The delayed or the late phase** – it occurs several hours after exposure to the allergen and that too without any extra exposure. It is due to infiltration of inflammatory cells like eosinophils, basophils, neutrophils monocytes and CD4 + T cells which take place at the site of the event. There is swelling, congestion and thick secretion.

There could be an acute phase symptomatology overlapping if there is prolonged or repeated exposure.

Any time throughout the year, a patient could develop hay fever. In certain seasons, the outdoor factors are especially responsible. For e.g. some patients could be worse in spring some in summer and some in the fall. In warm weather when the weeds and flowers are known to bloom and when the pollen counts are higher. Indoor allergies, such as those that result from pet dander and dust mites, can get worse in winter because people spend more time indoors.

Signs and symptoms of hay fever include

1. Nasal symptoms – These include sneezing which may or may not be troublesome. Nasal stuffiness, nasal obstruction and running nose. Rhinorrhoea is watery and copious. At times the patient may complain of itching in the nose also. In some severe cases there could be loss of smell too.
2. Throat symptoms – sore throat is the most common complaint. Various types of pains like burning, pricking with feeling of obstruction is felt. Just like the nose, an itch may be felt in the throat too.
3. Head symptoms – Headache or sinus pain may be

a concomitant in many cases.

4. Chest symptoms – although not prominent, there could be cough, wheezing and troublesome breathing too.
5. Other concomitant symptoms- these include impaired hearing due to Eustachian tube blockage or fluid in the middle ear. A general feeling of feverishness, mild discomfort, fatigue and malaise may be felt by the patient.

Here, it's important to note that the symptoms of perennial allergy are not as severe as the seasonal ones.

DIAGNOSIS AND TESTS⁽²⁾ –

Blood tests – When we check the total and peripheral count, eosinophilia may be seen. However it is not an consistent finding.

Usually the symptomatology gives the diagnosis. For

investigations the immunoglobulin E (IgE) test is indicated. It can detect all types of allergies, including allergies of pollens, food, colours, etc.

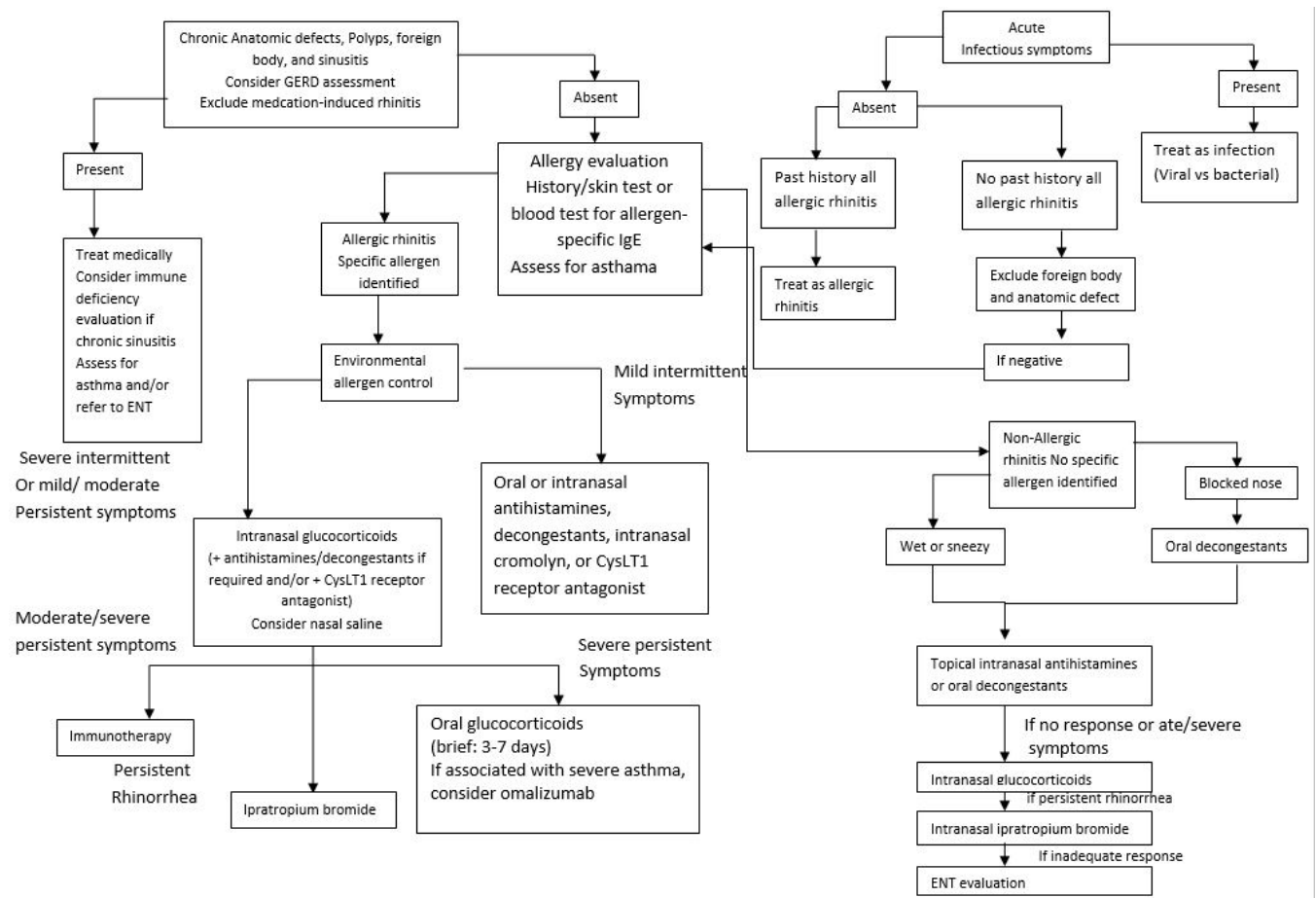
At times a skin prick test to determine specific allergens that are causing the symptoms may be done. They could be either prick or scratch and intra dermal in nature..

Eosinophilia may be seen but is an inconsistent finding and hence its utility remains limited.

Nasal smear shows a large no of eosinophils in allergic rhinitis in clinically active cases.

There is one more test called RAST i.e. radio-allergo-sorbent invitro test blood test where measurement of the specific IgE antibody is done is helpful to pin point.

MANAGEMENT AND TREATMENT – Although a brief description is given about the allopathic medications, let's stress that Homoeopathic treatment is PAR EXCELLENCE. Also, an algorithm about management of rhinitis from Harrison's principles of internal medicine volume 2 is attached herewith.



The allopathic treatments come in many forms, including liquids, pills, eye drops, nasal sprays and injections. 3 strategies are commonly adopted for the treatment.

1. Avoiding triggers⁽²⁾ – avoidance of allergen is most successful if the antigen involved is single. For e.g. change the bed sheet or encase it, a particular food article to which the patient is allergic can be eliminated from the diet.
2. Using medications to reduce symptoms and their intensity.
3. Immunotherapy.

Antihistamines⁽²⁾: They control rhinorrhoea, sneezing and pruritis. Antihistamine medications which are known to work by blocking the histamine the body releases during an allergic response come in different forms like pills, liquids, eye drops, nasal sprays and inhalers. Loratadine, cetirizine, fexofenadine, levocetirizine, etc. all antihistaminics have a side effect of drowsiness, some more than the other. The dose and type has to be individualised.

Decongestants: These medications relieve congestion in the nose and sinuses and can be taken either by mouth in solid or liquid form. Nasal sprays of different types are also available and the doctor may recommend it on case-to-case basis.

Sympathomimetic drugs⁽²⁾ – These are oral or topical in nature. The Alpha adrenergic drugs constrict blood vessels and reduce nasal congestion and along with it the oedema also. The common medicines in the allopathic arsenal are xylometazoline, oxymetazoline, phenyl propanolamine and pseudoephedrine.

Corticosteroid nasal sprays⁽²⁾: Oral corticosteroids are very effective in controlling the symptoms but they have several side effects. Topical steroids like beclomethasone, budesonide, flunisolide, etc. are used as aerosols. Here, the medicine is directly sprayed or inhaled. This not only helps to relieve symptoms of hay fever but also helps control inflammation. The most commonly used of these is rhinocort. They have fewer and milder systemic side effects but its important to note that like most other allopathic medicines they too have side effects like dullness, headaches, nasal irritation, bleeding nose, cough, etc.

Leukotriene inhibitors and sodium chromoglycate⁽²⁾: sodium chromoglycate stabilises the mast cells and prevents them from degranulation despite the formation of anti IgE antigen complex. It is useful in both seasonal and perennial rhinitis. Whenever there

is an allergic reaction inside the body release of certain chemicals like leukotriene, histamines and other chemicals takes place. They are largely responsible for causing inflammation and allergic rhinitis symptoms. These are commonly prescription medicines which block leukotriene. For eg. montelukast. Here again it is important to note that some side effects like moody nature, unusual dreams, muscular movements which are involuntary in nature and a skin rash could be seen as a side effect.

Local treatment⁽¹⁾ – hydrocortisone injections in the inferior turbinates give a pretty good relief for about a year in 70% cases.

Auto-haemo injections in the inferior turbinates once a week 4 to 5 times is also known to give long term relief.

Silver nitrate 15% topical application to inferior turbinates also gives long term relief. It is applied once a week on 4-5 occasions. In case of recurrence it can be repeated.

Immunotherapy: it's used when the medicine treatment fails. This conditions the body to tolerate allergens. A series of injections (allergy shots) with a small amount of the allergen are given gradually increasing the amount of the allergen. Gradually the immune system develops immunity to the allergen and stops reacting to it.

HOMOEOPATHIC APPROACH

According to kents repertory there are 40 remedies for allergic rhinitis. If we were to refer the Boerickes repertory, 41 remedies can be seen under the rubric nose inflammation rhinitis– acute catarrhal – Hay Fever. Similarly if we refer Homoeopathic Medical Repertory by Robin Murphy, there are 122 remedies given under the rubric nose inflammation and 180 remedies given under nose sneezing. The *Repertorium Homeopathicum Syntheticum* edited by Dr Frederik Schroyens gives 82 remedies under the rubric, “nose – inflammation” and 120 remedies are given for hay fever.

Case study

Case of Mr. XYZ 50 years, Male (03/03/2022) Having complaints of sneezing since 15 – 20 days suddenly at night. Since 10 days, had to wake up at night due to sneezing and then couldn't sleep easily. Dryness in eyes since few days. Every year when atmosphere changes (especially winters to summers), allergy came up and troubled him. These episodes were going on

since years.

Physical examination

B. P – 100 / 80 mm of Hg.

PR – 110 / min

RR – 18 / min

Temp – 97.2°F

Personal history

Thermal state – hot

Diet – vegetarian.

Desire – sweets

Thirst – 4 – 5 litres / day

Urine – 5 – 6 times / day

Bowel – once a day

Sleep – Disturbed due to complaints, kept his head high while sleeping

Repertorial rubrics

Sneezing, Nose – sneezing (Pg – 350)

Sleep, Sleep – Disturbed (Pg. – 1235)

Dryness in eyes, Eye – drgness (Pg. – 238)

Repertorial Analysis

Case was repertorised manually with *Repertory of the Homoeopathic Materia Medica* by Dr. J. T. Kent.

Group of Remedies

Arsenicum album, Sabadilla, Sulphur

Physician Name: Dr. Ranjana chhabra Patient Name: Speed Case Symptoms Recorded: 3

Kent -> Sleep-1062 Quick Repertorisation

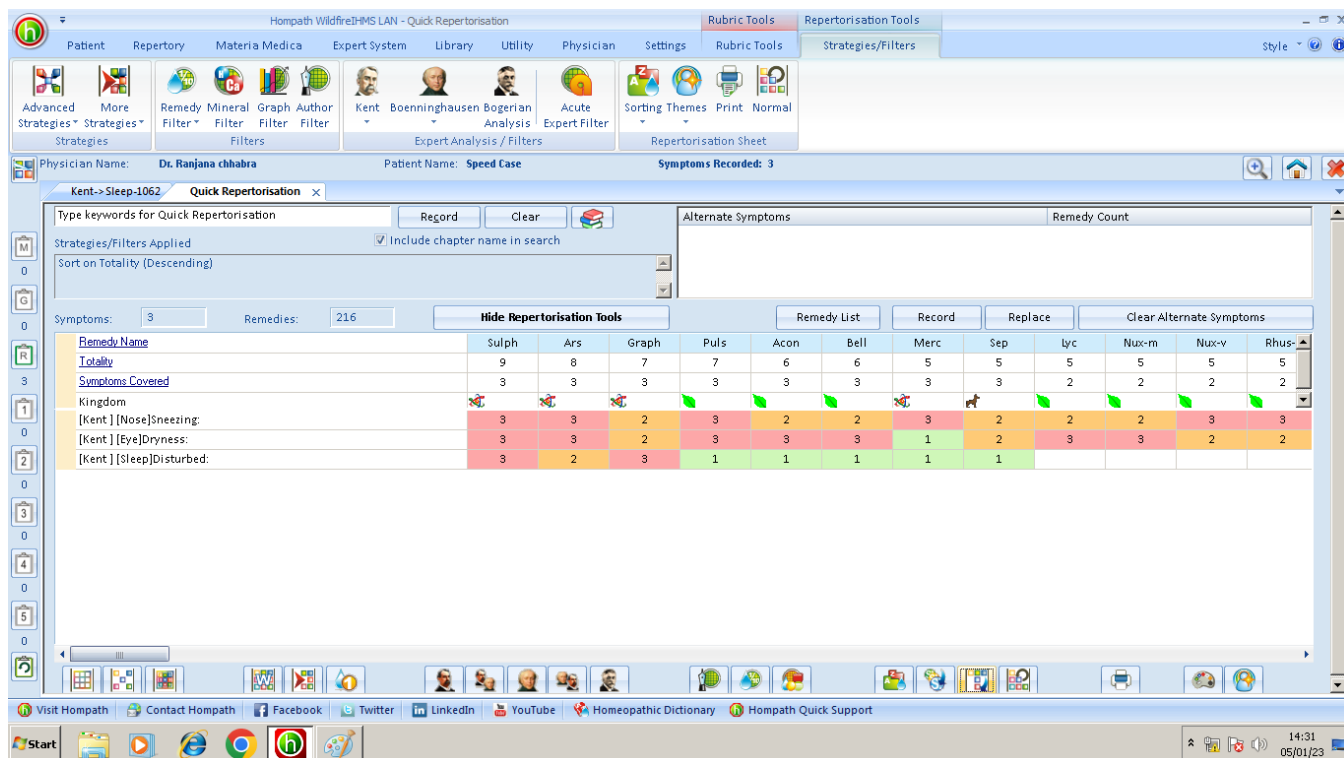
Type keywords for Quick Repertorisation: Record Clear

Strategies/Filters Applied: Include chapter name in search

Sort on Totality (Descending)

Symptoms: 3 Remedies: 216

Remedy Name	Lach	Laur	Nat-c	Nat-p	Phos	Plan	Sil	Carbn-s	Coc-c	Eup-per	Sabad	All
Totality	3	3	3	3	3	3	3	3	3	3	3	2
Symptoms Covered	2	2	2	2	2	2	2	1	1	1	1	2
Kingdom												
[Kent][Nose]Sneezing:	2		2	2	2	2	2	3	3	3	3	1
[Kent][Eye]Dryness:	1	1	1	1	1		1					
[Kent][Sleep]Disturbed:		2				1						1



Prescription

Sabadilla 30 – 3 doses once a day **Follow up**

11/03/2022 –

Sneezing was 50% better

Itching decreased

Sleep - not disturbed

Prescription

Sabadilla 30 – 3 doses once a day

19/03/2022 –

Sneezing 80% better

Sleep normal

No itching

Prescription

Sac lac – 3 doses.

Advised – to stop all medicines since the patient is totally fine, and if any recurrence is there, then they should come back for homoeopathic treatment.

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Scientific articles -reasons to publish

By Dr Santi Adhikary, Dr Chaturbhujaya Nayak

ABSTRACT :

The publication of scientific articles is an integral part of the research process. Knowledge is the property of entire mankind. For this, disseminating the knowledge is very important; you must publish anyway i.e., Publish or Perish. The purpose of this article is about the importance of publishing the scientific article concerning students, physicians, researchers, academicians, and policymakers.

Keywords: Scientific articles, publication, reasons.

Introduction

A scientific article that is published in a well-respected, peer-reviewed journal is an important goal for the researchers, particularly the novice ones. It remains one of the ultimate markers of research success and above all is something that you can always be proud of. To publish, (NOT an easy task) one has to be able to write a scientific manuscript in a format that the readers and the reviewers can follow. There are large numbers of reliable and useful resources (On PubMed more than 30,000 articles) that explain how to write the scientific articles 1-8. But many scientists/researchers do not know the value of documenting their research works.

This article is about the importance of publishing scientific articles for students, physicians, researchers, academicians, and policymakers.

Reasons for scientific publications: Scientific writing has its domain of importance concerning students, physicians, researchers, academics, and policymakers. Such benefits for the professionals of the scientific community and policymakers are discussed below:

1. For Students: ⁹

- 1.1 *Creates open-mind* ¹⁰: When you write, your brain works more effectively and new areas of the brain start working.
- 1.2 *Stimulate analytical thinking*: Scientific writings stimulate analytical thinking. And being analytical is important for academic purposes and research.
- 1.3 *Promotes critical and objective thinking*: Without

critical and objective thinking, learning is incomplete.

- 1.4 *For mandatory requirement*: In partial fulfilment of requirements of PG and PhD courses, publication of their research work is vital.
2. **For Physicians**: There are many reasons why a physician must publish; they are:
 - 2.1 *Disseminate the Knowledge* ¹¹: We know that the knowledge is power, and it has no barrier. There is also no similarity limit to medical knowledge. The physicians must disseminate their clinical skills or any advance or special technique or trick to treat the patients for different disease conditions without any hesitation. It helps other physicians to take decisions most easily and effectively in the matter of treatment. The physicians must disseminate the knowledge about the disease (Diagnosis and prognosis) through scientific publications for the benefit of colleagues.
 - 2.2 *The issue of genuine information*: ¹¹ Many times, we hear people saying Dr X or Y is an excellent physician but he/she just does not care to publish. If the physician is truly caring for the concerned patients, he or she will, naturally, turn to be the most reliable source of information for the patient as well as the disease. For example, a homoeopathic physician has treated an obstinate case of PCOS successfully by individualised medicine, Pulsatilla. Now the physician needs to publish the patient's profile as a case report in a peer-reviewed journal. Following such publication, the scientific community as well as the homoeopathic fraternity will be encouraged and gains confidence to treat such cases in future.

Naturally, there is a strong need for the physicians to publish success stories in the journals, not only for the knowledge of other physicians, but also, indirectly it benefits the patients of the whole world at large.

- 2.3 *The authenticity of work*: The type and quality of service of a physician are reflected only in the published scientific articles. It is a matter of authenticity.
- 2.4 *Building social prestige*: Directly or indirectly, the scientific publications also build up the prestige of the physicians in the society.

3. For Researchers and Academicians^{9,10}: Writing is very vital and indispensable for researchers and academicians.

- 3.1 *Publications during PhD course*: Almost all the institutions and universities have made mandatory provisions for publishing articles out of their research projects and submit before submitting PhD theses.
- 3.2 *Validation of your work*: The scientific publication is one and the only way to validate your work, in the form of research or review articles, in the scientific community.
- 3.3 *Recognition for your work*: When you publish a paper, it is quite obvious that it has gone through the rigorous peer-review process from the experts in the field. So, your work gets recognition as well as international approval by the scientific community.
- 3.4 *Adding weightage to your resume*: Publication constitutes the heart of the curriculum vitae of a researcher as well as an academician. This gives the direct impression of your proficiency in writing and research acumen. Like the impact factor of the journal, there are author label metrics which is used for assessing productivity and impact of researchers in their concerning domain or field. Besides the i-10 index and G-index, the h-index is the most popular and it measures simultaneously the quality and quantity of scientific output of the individual researcher. We can say that if a researcher's h-index is 20, it means that out of his/her publications each 20 papers are cited 20 or more times. It considers the benchmark of success for a researcher.

3.5 *A tool of intellectual contribution to knowledge domain*: A researcher or academician gives significant intellectual contribution to the existing knowledge domain through scientific publications.

3.6 *Assessing performance or promotion indicator*: All institutions give much weightage to publications for recruiting and promoting faculty members. For academicians and researchers, the publications are always reliable indicators of their expertise. For this reason, scientific publications play a vital role.

3.7 *Exchanging research output with peer community*: The researchers and academicians can exchange their thoughts or ideas with the community through scientific publications.

3.8 *Planning future research*: Scientific publications lay foundations for future work of the researchers and academicians to pursue and carry forward research studies.

3.9 *Getting project grants*: It gives a better chance to get grants from the funding agencies for the project proposal, provided the researcher/academician as Principal Investigator, has published research articles in the relevant field.

4. For Policymakers:

High-quality publications based on evidence-based research studies, may convince the policymakers to take decisions in favour of management of such diseases, through the interventions used in such studies, thereby shape many national health policies in the relevant field.³For example, after publications of high-quality articles in peer-reviewed journals, on the prophylactic action of Arsenicum album against COVID-19, the policymakers are likely to be convinced of the strengths of Homoeopathy against this dreadful pandemic and make policy decisions in favour of Homoeopathy.

In nutshell, the reasons for scientific publication can be summarized as given below.¹²

- To add to the existing body of knowledge in the concerned field;
- To disseminate one's research study outcomes to the profession;
- To convey information and exchange knowledge in a particular area of research;
- To get recognition by the scientific community in a specific field;

- To satisfy essential/desirable criteria for career upliftment in respect of appointments, promotions and financial incentives etc.;
- To obtain self-satisfaction for getting published;
- To further improve one's knowledge and skill after getting feedback from others on the quality of his/her publications;
- To act as sources for literature review by other research scholars etc.;

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CONCLUSION:

Knowledge is the property of entire mankind. Being the best species on the planet, it is our responsibility to do sincere efforts to ensure the sustainable development of mankind through research and their meaningful findings should be disseminated through scientific publications. The contents of this article show that medical professionals including students and researchers, must publish scientific articles in peer-reviewed journals and disseminate the knowledge and achievements for the benefit of themselves and others, failing which they will perish into oblivion.

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Sleep and homoeopathy

By Dr Meenakshi Soni

ABSTRACT :

Sleep problems are a major concern for now day's. More numbers of persons are suffering from disorders related to sleep. No age bar is necessary because it's a basic need of every human being and physiological function of the body whenever it has been disturbed body have starts some health issues. Disturbance of sleep is corrected by homoeopathic treatment because it works on whole not only in particular disease or part. Homoeopathic system of medicine is proper way to cure physiological disturbance and also helpful as a precautionary for future diseases. Nowadays, directly or indirectly, sleep is a bigger cause for the life style disorders like hypothyroidism, diabetes mellitus, hypertension, obesity.

Keywords: sleep disorder, homoeopathy, decubitus, sleeplessness, lifestyle disorder, PSQI pattern.

Introduction

Normal sleep in terms of quantity and quality is essential for normal functioning (1). It is essential to maintain other functions of body. Sleep quality and quantity are affected by a large number of factors as documented by innumerable studies (2). The deranged sleep pattern and sleep deprivation lead to sleep debt, which further results in alterations of normal sleep structure (2).

Sleep disturbed by extrinsic and intrinsic factors both (3). Now days there Many studies have established clear links with late night mobile phone watching, over stress, alcohol, coffee, tea addiction, occupational high job demands, long work hours, changeability in job shift, irregular meals etc. these are the external factors (3).

Internal factors those are responsible for sleep disturbance such as over thinking, overweight, any chronic illnesses, depression, anxiety, and any other systemic diseases like DM, HTN, Thyroid (4).

Sleep disorders are commonly associated with major medical problems such as chronic pain, cardiovascular disease, dementias, metabolic disorders, gastrointestinal disorders, and so on. Many studies have documented the occurrence of sleep problems with medical comorbidities (3). Position of sleep also changed after sufferings e.g. in chronic pancreatitis elbow position the patient on knees & elbows with chest elevation (4). Since sleep problems are often found with other morbidities, for understanding of sleep first understand the mental

and physical activity of patient because with the help of these we can understand the patient whole. Causes of sleep disturbance are more but finding out the correct cause is difficult (4).

Sleep problems affect everyone in all age groups, regions, societies, occupational settings and health profiles, depending on the presence of risk factors. The risk factors for sleep problems are increasingly being identified all over the world (5).

HOMOEOPATHY FOR SLEEP

Homoeopathy is commonly alternative system of medicine; in this system of medicine **sleep** is important factor that is responsible for selection of accurate medicine. When a patients complaining about health so we consider patient as a whole not a particular symptoms (6). Sleep is one factor that is responsible for origin of new diseases in human body. All symptoms related to sleep are mentioned in homoeopathic materia medica and repertory (6) (7).

Sleep patterns is important to know in homoeopathy, with the help of some following points we can evaluates the pattern of sleep and prescribe the correct medicine (7)

- Time of sleep
- Quantity of sleep
- Quality of sleep
- DECUBITUS: Lying position

- After going for sleep mind set up
- Snoring during sleep
- Difficulty getting up in the morning
- How much time of takes to fall asleep
- Use of any medication/addiction/tricks to fall asleep
- Daytime nape
- Yawning

These are some points with the help of those we can evaluating the sleep because in our system of medicine that is compulsory to all aspects of one symptom specially when symptom is related to body function, because one disturbed function is responsible for development of another systemic disorder⁽⁷⁾.

Pittsburgh Sleep Quality Index (PSQI): self reported sleep disturbance, most widely used instrument for evaluating sleep disorders ⁽⁷⁾. There are also criteria for these indexes that are:

1. Sleep quality
2. Sleep latency
3. Sleep duration
4. Sleep efficiency
5. Sleep disturbance
6. Sleep medication any
7. Daytime dysfunction/ **REM sleep**

Sleep is also an important factor because it affects physical and mental level ^{(7) (8)}.

In homoeopathy we focus on all aspect of person go to bottom of why patient having trouble then on the basis of total symptoms we come to result and prescribe the most simple similar remedy to patient⁽⁸⁾.

Reportorial approach:

Repertory is one best tool for selecting a group of remedies those are most similar to picture of patient, homoeopathy based on certain principles and philosophy repertory follows and helps us ⁽⁸⁾⁽⁹⁾. In most of the repertory sleep is important content and all factors of related to sleep are covered by repertory and most similar remedies are given with gradation ⁽⁸⁻⁹⁾.

After repertory in materia medica we also read about sleep and factors of sleep also given under most of the drugs ⁽⁹⁾.

Whenever we have a particular pattern of sleep is available in person then we differentiate and prescribe similar remedy along with totality of symptoms ⁽¹⁰⁾.

When all factors of sleep covered by medicine and the picture of drug are matched with patient we prescribe the medicine with symptom similarity ⁽¹⁰⁾

HOMOEOPATHIC MEDICINES FOR SLEEP:

On the basis of position of sleep:

- **Arsenicum album:** Must have head raised by pillows, **sleeps** with hands over head, drowsy, sleeping sickness ^{(11) (12)}.
- **Chelidonium majus:** sleep on left sidemoaning, weeping and wailing during sleep; anxious, frightened dreams, with half-open eyes ^{(11) (12)}.
- **Cina maritima:** Child gets on hands and knees in sleep; on abdomen sometimes head inclined backward ^{(11) (12)}.
- **Medorrhinum:** Sleeps in knee-chest position. Drinking dreams, Spasmodic yawning, cannot suppress it, Bites tip of tongue in sleep, Sleeps at night on her knees with face forced in pillow, other position she Can only sleep on back with hands over head; if she lies on either side, the contents of lower part of chest and abdomen seem to press on each other and cause discomfort^{(11) (12)}.
- **Natrum muriaticum:** sleep on back, sleepless from grief. Nervous jerking during sleep, yawning, stretching limbs.
- **Phosphorus:** Lying on right side mostly sleeplessness in old people, great drowsiness, especially after meals, Short naps and frequent waking ^{(11) (12)}.
- **Platina:** Back with thighs drawn upon abdomen [on], hands above head disposition to uncover lower limbs, legs far apart ^{(11) (12)}
- **Rhododendron chrysanthum:** sleep with cross legs, Strong disposition to sleep during day, with burning sensation in eyes. Profound sleep before midnight, after having gone to sleep early in evening ⁽¹²⁾.
- **Stannum metallicum:** One leg drawn up, other stretched out, Sleep retarded, Tendency to sleep during day, Moaning, weeping (timid supplications), and plaintive lamentations, while sleeping ^{(11) (12)}.

SLEEPLESSNESS:

- **Avena aativa:** useful remedy for brain and nervous system, Best tonic for debility after exhausting diseases also very good remedy for sleeplessness after disease⁽¹²⁾
- **Coffea cruda:** wild awake condition impossible to close eyes, Wakeful; on a constant move. Sleeps till 3 am, after which only dozing. Wakes with a start, sleep disturbed by dreams. Sleepless, on account mental activity; flow of ideas, with nervous excitability⁽¹²⁾
- **Cypripedium pubescens:** little babies often awake all the night and play whole night to the annoyance of their parents, Sleeplessness: with desire to talk, a constant crowding of pleasant ideas; with restlessness of body; twitching of limbs; after miscarriage for several nights in succession⁽¹²⁾.
- **Kalium phosphoricum:** mid night sleep disturbed, During sleep: mumbling and grinding teeth, Talks in sleep, Sleeplessness: from excessive mental exertion; after worry over business troubles; from nervous exhaustion; simple painless wakefulness⁽¹¹⁾⁽¹²⁾
- **Passiflora incarnata:** -Restless and wakeful, resulting from exhaustion, hypertension because of sleeplessness. Mentally worried, stressed⁸.
- **Senecio aureus:** sleeplessness during climacteric age cause is prolapsed uterus. Great drowsiness⁽¹²⁾

SLEEPINESS:

- **Alumina:** Sleepy in the evening, even while standing, as early as 6 o'clock, He always has to sleep longer in the morning than usual, and cannot rouse himself ; on the other hand, he cannot wants at once go to sleep in the evening because of imaginations⁽¹²⁾.
- **Coca-erythroxyton:** sleepy but cannot find a rest during sleep, during teething very restlessness⁽¹²⁾.
- **Cyclamen europeum:** sleepiness with lassitude, energy level is very low, great inclination to lying down every time, feeling of sleepy all time⁽¹²⁾.
- **Lupulus humulus:** abnormal deep sleep, during the day sleepy and drowsiness⁽¹²⁾.
- **Indolum:** no desire to work sleepiness all the time more weakness physical and mentally both⁽¹²⁾
- **Scrophularia odosa:** more drowsiness in morning and before and after meals.

- **Staphysagria:** Sleepy all day, sleepless all night, Violent yawning and stretching, which cause tears to come into the eyes. Body aches all over, Jerking of limbs, when sleeping, Disturbed sleep, with unquiet dreams⁽¹²⁾.

Conclusion:

Sleep is a function of body when this normal function is disturbed then other body organs and functions also affected and these are the cause of diseases like diabetes mellitus, hypertension, and thyroid disorders etc lack of knowledge about our disturbed normal function of body is root cause for that. So with the help of homoeopathy we are able to cure and reduce the chances of other secondary diseases in body.

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A case report of major depressive episode with social phobia treated with individualised homoeopathic medicine

By Dr Arpana Sandeep Pareek

ABSTRACT :

Background: Major depressive disorder is a common psychiatric illness with high levels of morbidity and mortality. These types of diseases are treated with antidepressants in conventional medicine, which suppresses the condition and invites other troublesome diseases. The author is treating very successfully such kind of patients through individualised homoeopathic medicines following the law and principles of homoeopathy. The following case report is one of them.

Materials and methods: This case report describes a 51 years old man who suffered with major depressive episode with social phobia and came for homoeopathic treatment. In this case, we adopted Dr Kent's approach for repertorisation as the patient presented lots of characteristic mental as well as physical general symptoms. Through proper case taking, the case was analysed, evaluated and the medicine *Staphysagria* 200 was selected with the help of Complete Repertory.

Results: After taking medicine, the patient gradually improved and after two months of treatment the patient's all depressive symptom relieved and felt mentally and physically very healthy.

Conclusion: This case report showing the importance of analysis and evaluation as an integral step after case taking and repertorisation for administration of medicine. It also emphasises the role of cardinal principles of homoeopathy are the only way to cure the patients' sufferings. It also highlights the role of homoeopathy in psychiatric cases without making any drug dependency and any adverse effect.

Keywords: Depression, homoeopathy, *Staphysagria*

Abbreviations: SSC - staff selection commission, NAD- nothing abnormal detected, A/f – ailments from, SL – *Saccharum lactis*

Introduction

A mental health disorder characterised by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. Possible causes include a combination of biological, psychological and social sources of distress. Increasingly, research suggests that these factors may cause changes in brain function, including altered activity of certain neural circuits in the brain.

The persistent feeling of sadness or loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms. These may include changes in sleep, appetite, energy level, concentration,

daily behavior or self-esteem. Depression can also be associated with thoughts of suicide⁽¹⁾.

The mainstay of treatment is usually medication, talk therapy or a combination of the two. Increasingly, research suggests that these treatments may normalize brain changes associated with depression.

This condition affects the quality of life of patient and thus requires appropriate intervention and management. The following case report is regarding a patient who was suffering with major depressive episodes for 6 months. In spite of taking allopathic treatment for five months, there was no marked improvement. After taking homoeopathic treatment, patient's condition was improved significantly with no recurrence till

date. This shows the efficiency of homoeopathic medicines in cases of major depressive disorders.

Case study:

51-year-old male patient, tailor by profession, came to the clinic complaining anxiety, (ghabrahat), unable to speak, unable to concentrate on work. He told his self confidence and enthusiasm decreased. He felt weak, unable to cope up with daily work as if he was losing control of mind associated with palpitation and tremors in the hands since 16 years of age. These complaints started after humiliation with fear during 11th standard. All his complaints aggravated while speaking to unknown people of status higher than him. These symptoms occurred occasionally once or twice in a month but increased since 5 to 6 months. Since last 5-6 months, he also felt that he was not able to do anything meaningful in life, his sleep was unrefreshing and experienced generalised tremors with mild perspiration.

Past history: history of mumps in the childhood

Family history

Mother – Hypertension

Father – Asthma

Patient as a person:

Lean and thin, dark complexion

Sweets: likes, salt-normal, spicy: likes

Stool: Satisfaction ☉ since 2-3 months- constipated

Urine: normal Sleep: disturbed, unrefreshing, occasionally generalised tremors during sleep

Thermal reaction: C₂H₂

Life- space investigation:

Mr. M.S. is a Maharashtra male aged 51 years of a medium built, working as a tailor. The family consists of wife (H.W.) and three children - 2 sons and one daughter. Previously, he was working in a private company that closed 12 years back. After that, he studied tailoring, set up a small shop and is now earning enough for the upkeep of his family. He was born and brought up in Latur, where he did his schooling. The father was a farmer. The patient was the third among 4 brothers and one sister. They were very poor and he could not

study beyond the 11th because of poverty. He passed SSC with 44% marks. When he was in the 11th standard, he was particularly weak in mathematics. Their principal was a very strict person. One day, he made 5 boys including the patient stand up on the bench and beat them up and said that they would never pass Mathematics in the 11th std. This humiliated and frightened him a lot. The principal then made him write down that he will study well henceforth. While writing this, for the first time, he experienced tremors in his hand. This incidence frightened him so much, that he had not been able to forget it and remembered it vividly even today. This incident was been the starting point of his anxiety, fears and palpitation, which he felt while speaking to people of authority or of a status higher than him or when he had to sign documents in front of people. He was also unable to speak and could not concentrate in his work if people came to sit in his shop. He basically used to get angry, especially if contradicted but is unable to express. The anger remains in his mind and this leads to generalised trembling of the entire body. He was also a very sentimental person. He could not bear to see other people in pain, or when people narrated their woes to him, he got tears in his eyes. Though he used to mix easily with people, basically, he was very happy if he was alone. He also got very anxious, if he had to take any decisions. He was unable to take any decisions. This led to all of a sudden anxiety inside him, because he felt that his children were growing up now, and in the near future, he will have to face decision-making regarding their higher education or marriage. The patient noted a change in his mood since the last 5-6 months (refer chief complaint). He could not identify any particular incidence or stressful situation responsible for the change.

Physical examination: NAD

Clinical diagnosis:- major depressive episode, social phobia⁽¹⁾.

Repertorial approach taken: Kent's approach to treat qualified mental generals.⁽³⁾

Chronic totality

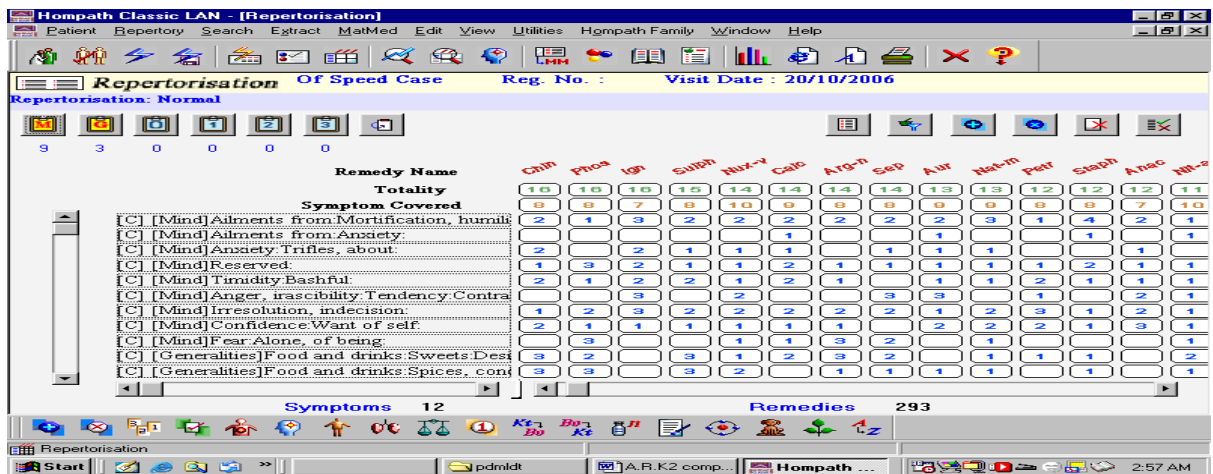
1. A/f humiliation, mortification³
2. A/f anxiety³
3. Anxiety over trifles³
4. Reserved³
5. Fear of being alone²
6. Angry on contradiction²

- 7. Shy²
- 8. Indecisive²
- 9. Confidence poor³
- 10. Craving sweets²
- 11. Craving Spicy²
- 12. Tremors all over < sleep during³

Analysis of symptoms:

A/f humiliation, mortification ³	causative emotional modality
A/f anxiety ³	causative emotional modality
Anxiety over trifles ³	qualified mental emotional general
Angry on contradiction ²	qualified mental emotional general
Fear of being alone ²	qualified mental emotional general
Reserved ³	behavioral emotional dispositional
Indecisive ²	mental intellectual dispositional
Confidence poor ³	mental intellectual dispositional
Shy ²	behavioral emotional dispositional
Craving sweets ²	physical general
Craving spicy ²	physical general
Tremors < sleep during ³	physical general characteristic modality

Repertorisation table (2)



Remedy differentiation and final selection:

- *Staphysagria* was selected as the most similar remedy as all causative modality is characteristic symptoms of *Staphysagria*.
- Mortification in childhood started the anxiety, and since then, all problems started.
- This case had fixed ideas, poor concentration, and

anxiety of depressive and agitation nature, and a few others reflecting strong dominant sycotic natures⁽⁴⁾.

Remedy selection. *Staphysagria* 200 single dose was given.

Conclusion:

Shades of anxiety identified here through complete repertory were in the form of rubrics like

- 1) A/F anxiety i.e. all complaints started from anxiety⁽²⁾.
- 2) Anxiety about trifles – anxiety about every small thing.
- 3) Anxiety from past painful experiences

Patient with such preoccupied thoughts having social phobia, depressive disorder, inability to concentrate.

- In this case, one can identify poor intellectual

operation and highly sensitive person expresses the improper responses to the environmental stresses.

- Childhood experiences creating an anxious personality, i.e. anxiety originating from past painful experiences and this anxiety giving rise to depressive disorder and social phobia so much that even patient is not able to concentrate on his work in presence of people in his shop. There are ill effects of anger and insults⁽⁵⁾.
- So anxiety can reflect at body as well as at mind level to hamper the daily routine of patients.
- So the similar remedy needed to cover this evolutionary aspect of anxiety, *Staphysagria* covers this aspect along with its other mental generals hence even *Staphysagria* stands 9th in the table, was selected as most similar remedy.

Date	Problem definition	Problem Resolution		Precaution and dangers
		Process	End Point	
	Anxiety Unable to speak Unable to concentrate on work ↓↓ self confidence feels weak ↓ enthusiasm Un-refreshing sleep	Detailed case taking Relaxation therapy Psychotherapy Moral support Deep acting constitutional Remedy Advise for meditation and self-monitoring	Expect an improvement by deep acting constitutional remedy > 80%	Regular treatment with medicines, psychotherapy sittings, motivation and avoiding stress.

Progress record:

FOLLOW-UP CRITERIA

1. Anxiety
2. Unable to speak
3. Unable to concentrate on work
4. ↓↓self confidence

5. feels weak
6. ↓enthusiasm
7. Un-refreshing sleep

Progress Notes

< = AGG > = AMEL + = PRESENT S = SAME G =GOOD 0 =ABSENT ↑ = INCREASE ↓ = DECREASE

Date	Symptom changes							Prescription
	1	2	3	4	5	6	7	
06/04/2019	1	2	3	4	5	6	7	Rx
	>+	>	S	+	+	↑	G	Staphysagria 200 - single dose HS ⁽⁶⁾ SL for 2 weeks
21/04/2019	1	2	3	4	5	6	7	Rx
	>+	>	>	↑	>	↑	>	Staphysagria 200 - single dose HS ⁽⁶⁾ SL for 2 weeks
07/05/2019	1	2	3	4	5	6	7	Rx
	> ³	> ³	> ³	> ³	> ³	> ³	> ³	SL for 4 weeks

Conclusion:

This case study shows that depressive disorders can be treated effectively with homoeopathic therapy. Depression can have a significant impact on people’s life. It not only causes mental discomfort to the patient, but it also makes patient physically weak. In homoeopathy, proper medicine selection not only improves health care, but also aids in improving quality of life of the patient.

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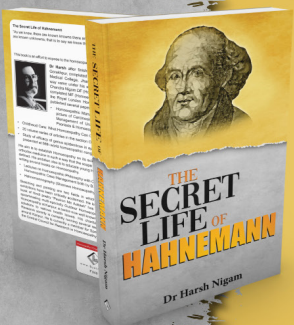
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Scope of homoeopathy in auto-immune disorders

By Dr Purnendu Padhy, Dr Debasmita Satapathy, Dr Navisha Khatoon

ABSTRACT :

Autoimmunity can be defined as the presence of immune responses against self target. It may be a harmless phenomenon, identified by the presence of low titre auto antibodies. Autoimmune disorders are one of the most difficult diseases to treat. In homoeopathy, there are medicines which can treat autoimmune disorders if similimum is prescribed. Repertory play major role in the treatment of autoimmune disorders because it has plenty of rubrics related to autoimmune disorders. Rheumatoid arthritis, Vitiligo is the common autoimmune disorders throughout the world.

Keywords: autoimmune diseases, rheumatoid arthritis, vitiligo, homoeopathy

Abbreviations: DM – diabetes mellitus, RA – rheumatoid arthritis, SLE – systemic lupus erythematosus, HLA – DR – human leukocyte antigen – DR isotype (A – alpha chain, B – beta chain), DNA – deoxyribonucleic acid

Introduction

The immune system protects human being from diseases. Autoimmune diseases can affect any part of the body or more than one organ at a time so a person may have more than one autoimmune disorder at a particular time. More than 80 autoimmune diseases have been identified. Some are well known such as DM-1, RA, vitiligo, SLE, psoriasis while some are rare to diagnose.¹

Aetiology

The exact cause of autoimmune disorders is unknown. It may results from interaction between genetic and environmental factors and that few specific microorganisms or drugs may trigger changes that confuse the immune system which is incapable to distinguish between healthy tissue and antigens. As a result, the body shows a reaction that destroys normal tissues. Anti-bodies are producing against cell, its nucleus, mitochondria, and even double strand DNA of cells. Once an antibody against cell, mitochondria, nucleus or DNA develops it will try to destroy its target destination.²

Some common types of autoimmune disease with short description

1. Rheumatoid arthritis - it is a chronic, inflammatory disorder affecting bilateral symmetrical small

joints of hands and feet.

2. Vitiligo - it is a disorder caused by the autoimmune destruction of melanocytes that presents with depigmented skin and mucous membrane.
3. Coeliac disease - an auto immune reaction to eating gluten, a protein found in wheat, barley and rye.
4. Sjögren's syndrome - an immune system disorder characterised by dry eyes and dry mouth.
5. Multiple sclerosis - a disease in which the immune system eats away at the protective covering of nerves.
6. Ankylosing spondylosis - an inflammatory arthritis affecting the spine and large joints.
7. Type 1 diabetes - a chronic condition in which the pancreas produces little or no insulin.
8. Alopecia areata - sudden hair loss that starts with one or more circular bald patches that may overlap.

Aetiology of rheumatoid arthritis

Aetiology of RA remains unknown. It is thought of that it may result from the interaction between patients' genotype and environment. The risk of developing RA has been associated with HLA-DRB1 alleles: HLA-DRB1*04, HLA-DRB1*01 and HLA-DRB1*10. It is said that polymorphism in signal transducers and activators of transcription - 4 and interleukin - 10 genes also confer susceptibility to RA. Smoking is the strongest environmental risk factor which is associated

with rheumatoid arthritis. Studies have shown in anti-citrullinated protein antibody positive individuals; there is an interaction between genes and smoking that increases the risk of RA. Changes in the composition and function of the intestinal micro- biome have been related to rheumatoid arthritis as well.³

Clinical features

- Patients predominantly complain of pain,
- Stiffness,
- Swelling of their peripheral joints
- Physical examination of the joints reveals tenderness to palpation, synovial thickening, joint effusion, and sometimes erythema and warmth.
- With longer duration of disease, there may be decreased range of Initial involvement occurs in the upper extremities.
- The joints most commonly affected are the proximal interphalangeal and metacarpophalangeal joints of the hands and wrists, followed by the metatarsophalangeal joints of the feet, ankles, and shoulders.
- In particular, patients with extra-articular RA manifestations are at an increased risk of developing cardiovascular disease or severe infections.⁴

Repertorial approach

According to Dr Kent's Repertory:⁵

Chapter- extremities

Pain – Rheumatic - 1 st Grade: Arn, Ars, Aur-m-n, Bad, Bez-ac, Bry, Caust, Cham, Chel, Colc, Form, Kali-I, Kalm, Lyco, Medo, Nat-a, Phyt, Puls, Rhod, Rhus-t, Sang, Sarc, Sulph.

Pain rheumatic right to left: Lyco

Pain rheumatic left to right: Lach, Rhus-t

Pain acute: Acon, Bryo, Colch, Merc, Rhus-t

Pain rheumatic alternating with;

Gastric symptoms: Kali-bi

Diarrhea: Kali-bi

Pulmonary trouble: Kali-bi

Pain rheumatic Cold after Amel: Led, Puls, Sec

Weather: Bry, Calc-p, Rhus-t

Drive him out of bed: Cham, Merc.

Gonorrhoea after suppressed: Medo, Thuja

Syphilitic: Kali-i

Weather cold: Bry, Calc-P Rhus-t

Tending upward: Led

Sitting: Valer

Thunderstorm agg: Med, Rhus-t

Walking on amel: Rhus-t

Warmth agg; Sec

Amel: Ars, Kali-bi, Kali-p, Mag-p, Rhus-t, Sil

Of bed agg: Merc

Amel: Ars, Rhus-t

Wet weather agg: Calc, Colch, Merc, Puls, Rhod, Rhus-t Verat

Gonorrhoea after suppressed: Med, Thuja

Shoulder, rheumatic: Colc, Ferr, Med, Rhod, And Rhus-t, Sulph

Wrist, rheumatic: Ruta, Rhus-t.

Fingers, rheumatic: Caul

Pain, lower limb, rheumatic: Led

Hip, rheumatic: Colch, Rhus-t

Foot, rheumatic: Hep, Led.

Heel, rheumatic: Rhodo

Murphy's Homoeopathic Medical Repertory:⁶

Joints – Arthritic Nodosities - **APIS, BEN ACID, CALC, CALC F, LITH CARB, GRAPH, LYCO, CAUL** , *Ant c, Aur, Bry, Guaic, Urt urens*

Joints – Arthritis Joints - **ACON, APIS, BELL, BRY, KALI C, LED, RHUS T** , *Aur, Arn, Kalm, Puls, Psor, Ruta, Rhod*

Joints - Rheumatism in general - **ARN , ARS, AUR , BEN ACID , BRY , CAUST , CHAM , CHEL , COLCH , KALMIA, PULS , SUL. ACID, MERC. .** , *Abr, Acon, Apis, Caul, Guaic, Nit acid*

Therapeutics⁷

Arnica montana

Chronic arthritis with a feeling of bruised soreness can indicate a need for this remedy. Pain is worse from touch, and may occur in joints that were injured in the past.

Belladonna

Sudden flare-ups of arthritis with a sensation of heat and throbbing pain indicate a need for this remedy. The joints look red and inflamed, and the surface may feel hot to the touch.

Bryonia alba

This remedy relieves joint pain improved by staying immobile and applying pressure.

Calcarea phosphorica

Stiffness and soreness of the joints, worse from drafts and cold, may be relieved by this remedy. The person feels worse from exertion. Calcium deposits or bone-spurs may develop, especially in the neck.

Ledum palustre

Arthritis that starts in lower joints and extends to higher ones suggests a need for this remedy. Pain and inflammation often begin in the toes and spread up through the ankles and knees. The joints may make cracking sounds and may be very swollen. Cold applications bring relief to both the pain and swelling.

Pulsatilla nigricans

Pain that moves unpredictably from one joint to another suggests this remedy. The hips and knees, heels are often affected. Symptoms are worse from warmth, and better from cold applications and open air. The patient is moody, changeable, wants a lot of attention and comforting.

Rhus toxicodendron

This relieves muscular and articular pains at the beginning of motion, and then improved by slow motion.

Aetiology of Vitiligo

- Genetic - Studies shows family history for vitiligo exists in 6.25-38% of patients. Individuals who maintain recessive homozygosity at these loci are affected by Vitiligo.
- Self destruction - formation of hydrogen peroxide, certain tyrosine analogues and intermediates in melanin synthesis are thought to cause the destruction of melanocytes.

- Autoimmune hypothesis - Vitiligo is considered as an autoimmune disease due to:

- 1) The presence of melanocytes auto-antibodies
- 2) Associated with other autoimmune disorders
- 3) Auto-antibodies in first degree relatives of patients
- 4) Associated with HLA-DR4, HLA-DR1

- Melanocytes Destruction - This says the pathogenesis of non-segmental Vitiligo as the result of a chronic detachment and loss of melanocytes resulting from altered melanocytes responses to trauma and other stressors.⁸

Clinical features

- Typical vitiligo maculae has a chalk or milky white colour, round to oval in shape often with convex margins which are usually well defined, varying from few millimetres to many centimetres in diameter.
- Areas subjected to repeated friction and trauma are likely to be affected for example feet, elbow, knees and ankle.
- Rarely, itching in the absence of sunburn.
- Koebner phenomenon - Damage to the normal skin frequently results in an area of depigmentation.
- *Quadrichrome* refers to fourth colour - perifollicular or marginal pigmentation seen in some cases of repigmenting vitiligo.
- *Inflammatory vitiligo* has an erythematous raised border similar to the one sometimes seen in pityriasis versicolour.
- Vitiligo usually associated with diseases like thyroid abnormality, pernicious anaemia, systemic lupus erythematous, diabetes mellitus, inflammatory bowel disease, RA, etc.⁸

Repertorial approach

Rubrics from *Murphy Repertory*⁶

Vitiligo, leukoderma, general- *alum*, *am-c*, *ant-t*, *ARS*, *ars-s-f*, *aur*, *berb*, *calc*, *calc-f*, *calc-sil*, *carb-ac*, *carb-an*, *carc*, *cob-n*, *coca*, *graph*, *kali-I*, *kres*, *lyc*, *med*, *merc*, *mica*, *nat-c*, *nat-m*, *nit-ac*, *ozone*, *phos*, *pip-m*, *pitu-a*, *pitu-p*, *prot*, *pyrar*, *sel*, *SEP*, *SIL*, *sulph*, *sumb*, *syph*, *thuj*, *zinc*, *zinc-p*.

Rubrics based on location: from *Kent repertory*⁵

Face – discoloration - white spot: *Ars*, *Merc*, *Nat-c*

Genitalia – spots – scrotum - white: Merc, Thuja

Extremities – discoloration - upper limbs – white - in spot: Apis

Extremities - discoloration – thigh - white, in spot: Calc

Extremities – discoloration - leg- white spot: Calc

Extremities – discoloration – ankle - white in spot: Calc

Extremities – discoloration – foot - white in spot: Apis

Skin – discoloration – white - spot: Alum, Am-c, Ars, Aur, Berb, Calc, Carb-an, Coca, Merc, Nat-c, Nit-ac, Phos, Sep, Sil, Sulph.

Rubrics from Boericke's Repertory⁹

Leucoderma (See Face, pale) - Ars. s. fl., Nat. m., Nit. ac., Zinc p.

Face – Pale - Abrot, Acet. ac., Ant. t., Apis, Arg. n., Ars, Bell, Berb. v., Bor., Calc. c., Calc. p., Camph, Carbo v., Cina, Cinch, Cupr. m., Cycl, Dig., Ferr. ac., Ferr. m., Ferr. Mur, Ipec, Kali c., Lach, Lecith, Med., Merc. c., Merc. d., Morph., Nat. c., Nat. m., Nit. ac., Phos. ac., Phos, Plumb. m., Puls, Pyr, Santon, Sec., Sep., Sil, Spit, Tab., Ver. a., Zinc m.

Therapeutics

Natrum muriaticum Greasy, oily especially on hair parts. Dry eruptions especially on the margins of the hairy scalp and bends of points Skin-raw, red, inflamed, worse-eating salt, at seashore. Greasy skin, desire salt, bitter, burning thirst, hot patient.⁹

Nitricum acidum Zigzag, irregular edges, base look like raw flesh. Exuberant granulations, Papules worse on forehead, large jagged, bleeds on washing. Sensitive splinter like pain, Agg – Evening, night, cold climate also in hot weather. Better-while riding in a carriage.⁹

Arsenicum sulphuricum flavum

Leucoderma and squamous syphilitic diseases. Sciatica and pain around the knee. Associated with sense of needle pricks from within outwards in the chest and especially right side also on forehead.⁹

Ammi visnaga

Relieves issues of Vitiligo and reduces associated anxiety. Associated with treatment of spasmodic bodily movements and in the treatment of angina pectoris.¹⁰

Psoralea corylifolia

It helps in the treatment of leucoderma, leprosy and skin diseases.

It is also helpful for treating the scorpion sting and snake bites as it has antibacterial and antioxidant properties.⁹

Conclusion

The success stories on effectiveness of such medicines are also documented by the clinicians. Future study should be done in a research mode.⁹

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Scope of homoeopathy in auto-immune disorders

By Dr Mashusree Dutta

ABSTRACT :

The ever-increasing cases of autoimmune diseases in present scenario is a great challenge for the entire medical community. When the antibodies attacks body's own cells or tissues, being unable to differentiate between foreign antigens and body's own cells the patient lands up having autoimmune diseases. The basic underlying defect is in the cell-to-cell recognition which signifies that the body as a whole is affected since the cells are the building blocks of the organism, although the symptoms may be sometimes related to an organ or a particular system. The holistic approach and the constitution treatment of homoeopathy which has no known adverse effects can be a boon for these cases. This article attempts to correlate homoeopathic philosophy, which is suggestive of how individualized homeopathic medicines can the correct the basic underlying defect of autoimmune disorders, with the evidences of immunology and molecular pathology.

Keywords: autoimmune disease, cell recognition, individualized homoeopathic medicines, homoeopathic philosophy, immunology, molecular pathology.

Abbreviations: DNA- deoxyribonucleic acid, RNP - ribonucleoproteins, H⁺/K⁺ _ATPase – Hydrogen ion-Potassium ion adenosine triphosphatase

Introduction

The immune system, double edged sword, composed of cellular, chemical and soluble protein components designed in a complex way to protect the body against foreign substances like infectious substances, tumour cells and other pathogens but not showing any reaction against self molecule. There are specific recognition molecules present on the surface of T and B lymphocytes, immuno-competent cells, which via complex mechanisms distinguishes between self and non-self molecules. There are a spectrum of disorders ranging from organ specific to systemic where the cellular recognition mechanism is lost as a result of which the antibodies and T cells react to self-antigens leading to autoimmune diseases. The self antigen may be either localized in a specific tissue or may be spread throughout various tissues in the body(1). Homoeopathic approach in these cases is completely holistic since the body or person as a whole is sick and individualized homoeopathic medicines are administered after a thorough case taking and repertorisation, if required. Homoeopathic philosophy plays the key role in the treatment as it is concerned with the chronic miasms, susceptibility and many more important required aspects. In the process of case taking first priority is given to the mental general symptoms of the patient, second comes the physical

generals and lastly the particular symptoms (2).

Susceptibility- The ability of an organism to react or get influenced by the external and internal circumstances is the primary definition of susceptibility.⁽³⁾

Miasm ⁽²⁾⁽⁴⁾⁽⁵⁾– Chronic miasm, being the fundamental cause of disease, is not only responsible for production of true Chronic disease but also pre-dispose towards acute diseases.

Objectives-

This article not only illustrates the correlation between homoeopathic philosophy and molecular pathology but also it's application in the treatment of autoimmune disorders so that it can be used for the betterment of the society. Henceforth ,it proves the immense scope of homoeopathy in autoimmune disorders.

Various homoeopathic philosophy is put into context and analysis comparing their similarities with molecular pathology, immunology and genetics.

Miasm-

Stuart Close mentioned that as per Dr Samuel Hahnemann and most of his followers miasm is an infecting

agent and a cause of disease.⁽⁶⁾

Dr John Weir mentioned that according to Hahnemann miasm means germ disease.⁽⁷⁾

Miasms are the sole cause for the production of true chronic diseases⁽⁴⁾⁽⁵⁾ including autoimmune disorders.

Classification of various types of autoimmune disorders and the miasmatic analysis –

Autoimmune disorders may be of various types which are as follows-⁽¹⁾⁽⁴⁾

Organ Specific	Putative Auto-antigen	Miasm involved
		Although autoimmune diseases are multimiasmatic but
Hashimoto thyroiditis	Thyroglobulin	Syphilitic miasm is predominantly involved as there is
Thyrotoxicosis	Thyroid stimulating	remarkable destruction of
	Hormone	the self tissues of the body.
Pernicious anaemia	H+/K+ _ATPase	
Autoimmune atropic	Intrinsic factor	

Susceptibility⁽³⁾-

It is basically defined as the way how an individual gets influenced but the external and internal circumstances. It is an expression of vacuum in the individual that attracts and pulls for the things most needed, that are on the same plane of vibration. One person will survive and remain unaffected in extreme cold environment while another may not be able to thrive and may fall extremely ill. One person may enjoy getting wet rain and most importantly without falling ill while another may fall ill after getting wet in the rain. Certain people give amazing symptoms on proving a drug while others may show no reaction to the drug. One man catches scarlet fever from an infection individual while his friends seem to be totally unaffected even after coming in contact with the same infected individual. Certain individuals have metabolic disorders including diabetes mellitus which is running in their families' generations after generations while their neighbours remain totally unaffected by it. The above-mentioned examples signify that susceptibility to the disease is sure in the individual (vacuum or any kind of deficiency), his blood line or his race to develop that disease in time.

Co-relation of homoeopathy philosophy with molecular pathology-

In other words, susceptibility is the ability of the individual to defend the body from certain diseases or certain external influences like adverse weather conditions and in modern terminology it is known as immunity and many include certain genetic disorders, chromosomal abnormalities ,hereditary disorders, all sorts of deficiency disorders, storage disorders, enzymatic disorders, certain tendencies and many more where the basic fault lies within the individual or his family, race which greatly points towards some kind of chromosomal anomaly, or gene mutation running in that family since generations and passing it over to further generation as an autosomal recessive or dominant trait, X-linked disorders, Y-linked disorders and many more ways.

Role of homoeopathic treatment –

Since the whole body is affected so we have to make a holistic approach by prescribing an individualized homoeopathic medicine most suitable for the case after a thorough case taking and abiding by all the laws and principles of homoeopathy. The similar remedy, or the similar disease is able to satisfy the vacuum or gap called susceptibility and thereby establishes the immunity⁽³⁾. Establishment of immunity done by individualised homoeopathic medicines or most similar medicines⁽³⁾ and antimiasmatic treatment whenever

required. The filling up of the gap or susceptibility is only possible when the underlying defect is corrected which can be various types of chromosomal anomalies, abnormal gene expressions, enzymatic disorders, storage disorders and many more. Vitamin and mineral deficiencies also come under this category but for their treatment in severe conditions along with homeopathic medicine, vitamin or mineral supplementation is required.

Conclusion –

This article integrates homeopathic susceptibility with molecular pathology, immunology and genetics which is the need of the hour in the present scenario. Susceptibility in other words actually deals with immunology which can easily co-related, although the establishment may be done after further researches. This integration of homeopathy and molecular pathology can be a great boon for the society and help to fight against various types of autoimmune disorders, genetic abnormalities, many more which are not curable by allopathic medications but homeopathic medicines have an immense scope in the treatment which can be delineated further by more researches. Individualised homeopathic medicines which has no known side effects can stand up and make a notice in these types of cases where a surgeon's knife cannot reach. For further elaboration and upgradation of this concept, genuine preclinical as well as clinical trials should be conducted in more quantities.

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In Italics

Miasm



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Miasm is the word from greek “miasma” and the literal meaning of miasm is stain, taint, pollution. It is the dynamic obnoxious effects of disease producing agents (microbes). The concept of miasms has been explained by Dr Hahnemann in his book ‘*The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure*’.

The miasm is about the pathology of disease, which, if once understood then the treatment strategies can be decided to cure them.

In order to understand miasms, one must know what are chronic diseases and how they are related to chronic miasms. Hahnemann has defined chronic disease in §72 of his Organon of Medicine as, “...they are diseases of such a character that, with small often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy conditions, in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed *chronic diseases*.”

Master Hahnemann has explained here that

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Potential role of homoeopathy in cases of autoimmune diseases

By Dr Twinkle R Raval

ABSTRACT

In today's time, where mostly all the people are suffering from one or the other diseases, autoimmune diseases are one of the challenging one for the physician to treat. These are the diseases which produce due to body's own immune system which attacking own cells rather than destroying foreign antigens. This disease is one of the most unexplainable diseases with a rapid pace which have psychological effects as well. Homoeopathy prove to help in such diseases as it follows holistic approach in which curing sick is more important rather than the disease itself. Homoeopathy has a lot of potential in treating various genetic, allergic, autoimmune and hereditary disorders.

Keywords: auto-antibodies, autoimmune disease, autoimmunity, complete repertory, homoeopathy, homoeopathic medicine, holistic approach, miasm, *Robin Murphy's repertory*.

Abbreviations: SLE (systemic lupus erythematosus), RA (rheumatoid arthritis), DNA (deoxyribonucleic acid), AIRE (autoimmune regulator), AIDS (acquired immunodeficiency disorders)

Introduction

In today's time, most expensive and unexplainable diseases which giving an alarming sign are the autoimmune diseases. These diseases are rapidly growing even after continued intensive research, leaving all the scientists of the whole world in a puzzle. Among the long list of this diseases, many are remaining unrecognizable and unaddressed which leads to devastating psychological effects. Homoeopathy which follows the holistic approach can play an important role in controlling this kind of rapidly progressing diseases, which can be treated or prevented by the same.¹ Homoeopathy offers lot of potential in treating various genetic, allergic, autoimmune, and hereditary disorders.²

Human body's immune system has a capacity to exhibit self-tolerance – a fundamental property of the immune system due to which it does not attack the body's own components and maintain tissue integrity of the host, but sometimes this tolerance breaks down which leads to production of autoimmune disease or autoimmunity.^{3,4}

Autoimmune disorders are of extremely important in the medical field because of the multifactorial aspect of the aetiopathology of these diseases among which most of them are idiopathic in nature. Even many

are strongly linked to genetic, infectious and/ or environmental predisposing factors.⁵

According to dictionary, the literal meaning of autoimmunity is the condition in which "self" is exempt. But in the medical world autoimmunity used for the condition in which one's own tissues are subject to deleterious effect of the immune system.⁶ According to Dorland's dictionary⁷, "autoimmunity is a condition characterised by a specific humoral or cell mediated immune response against constituents of the body's own tissues."

In autoimmune disease, immune system fails to recognise self-antigen and organize a misguided immune attack against them.³

Autoimmunity can be defined as the presence of immune response against self-tissue, characterised by presence of autoantibodies and/or autoreactive T cells. It may be represented as a harmless phenomenon with the presence of low titre autoantibodies or autoreactive T cells but it can consider as autoimmune disease if produce significant amount of organ damages which resulting into major cause of chronic morbidity and disability.^{8,9} These diseases are mainly produce due to immunologically mediated tissue destruction where the antigen involved are autologous.¹⁰

Prevalence rate of autoimmune diseases are up to 1 in 30 adults.⁸ Chances of disease production are more in monozygotic twins in compare to dizygotic twins. In case of SLE, RA [rheumatoid arthritis] and scleroderma predominantly affect females.⁹

Classification of autoimmune diseases:

1. Organ specific disease: Hashimoto thyroiditis, pernicious anaemia, type 1 diabetes mellitus, grave's disease, haemolytic and pernicious anaemia, immune thrombocytopenic purpura, good pasture's syndrome, granulomatosis polyangiitis, microscopic polyangiitis
2. Non organ specific or systemic disease: rheumatoid arthritis, SLE [systemic lupus erythematosus], Sjogren's syndrome, polymyositis⁹

Example: serum belongs to patient of SLE react with many tissues in body, due to that many antibodies are produce. Among them dominant antibody is directed against cellular double stranded DNA.¹⁰

Other example: rheumatic fever, encephalomyelitis, addison's disease, myasthenia gravis, ulcerative colitis, etc.³

Aetiopathology:

Criteria: According to the revised Witebski criteria given by Rose and Bono - a disease is considered autoimmune if,

- i) It can be transmitted by pathogenic T cells or autoantibodies,
- ii) It can be induced in experimental animals, or if
- iii) Autoimmunity is suggested by circumstantial evidence from clinical traces.⁵

There have 2 theories about the production of autoimmune disease related to T cell

001. T cell which has a capacity to react against self-protein, may escape from thymus

002. T cell that was turn off so they can't respond to self-antigen, may inappropriately get turn on.³

Mechanisms which are considered for the cause of the autoimmune diseases: Self-tolerance: Human body's own immune system has a capacity to differentiate self-antigen from the invaders, Because of that only very few antibodies or activated T cell produce against self-antigen - this phenomenon famously known as a

self-tolerance of immune system to body's own tissue.¹¹

During embryonic mutation of the lymphocyte, most self-reacting lymphocytes are removed by apoptosis or negative selection which known as a central tolerance.^{3,4} Self-tolerance mostly develop during the processing of the T lymphocyte in thymus and B lymphocyte in bone marrow - B lymphocyte processing area. Most of the clones of lymphocytes that are specific for the body's own tissue are self-destroyed by continues exposure to body's antigen during the processing of T lymphocyte in thymus and B lymphocyte in B lymphocyte processing area - this phenomena known as clone selection mechanism of self-tolerance.¹¹ A protein famously called autoimmune regulator [AIRE] which are responsible for stimulating expression of several peripheral antigens to the thymic epithelial cells can produce polyendocrineopathy due to mutation while experimenting on animals.³

During embryonic development of tolerance, some proteins of the body are normally sequestered or secluded from the immune system, because of that tolerance to that protein never develops.¹¹ It also known as hidden antigen. Example, lens protein, sperm antigen, myelin basic proteins.^{3,12}

Neo antigen: Due to exposure to irradiation, drugs, and sunlight etc. cause produce alteration in some cells.¹²

Cross reacting antigen or molecular mimicry: Several host protein and proteins of pathogens like bacteria, virus etc share structure similarity, due to that immune response generated against pathogens as well as host proteins. Ex. Rheumatic heart disease- streptococcus.^{3,12}

Role of suppressor T cell: function of the suppressor T cell is to counteract the effect of autoantibodies as well as the sensitised helper cell and cytotoxins. So, it helps to block the immune reaction against body's own tissue.¹¹ In case of Unbalanced activity of T_{H1} and T_S cell can produce optimum antibody response.¹²

Polyclonal B cell activation: some infectious agents like; gram negative bacteria, polyclonal activation of B cell, for example, AIDS, infectious mononucleosis can produce polyclonal B cell activation. Continues stimulation of T lymphocyte may also lead to polyclonal activation of B cell.³

Pathophysiology

Failure of the tolerance mechanism - destruction of

some of body's tissue

Acquired immunity - activation of T cell of antibodies: due to release of considerable amount of antigen in circulation

Some antigen combines with other proteins, like, protein from bacteria or virus

Form new type of antigen which can produce immune reaction

T cell activation

Antibodies attack body's own cell or tissue – autoantibodies¹

Homoeopathic approach

According to the *Organon of medicine*, aphorism 212, 6th edition the main feature of all diseases is an altered state of disposition and mind. In addition to that aphorism number 215 says that internal and mental dyscrasias will turn into more serious physical diseases if they are not dealt with the care. Homoeopathy believes in the role of the patient's psychological state which affects the physical side of the body and ultimately produce various kind of diseases. Homoeopathy believes in individualisation of the sick rather than disease and a holistic approach.⁵ According to Hippocrates, "disease is a natural process; that the signs and symptoms of a disease were caused by the natural reactions of the body to the disease process and that the chief role of the physician was to aid the natural resistance of the body to overcome the metabolic imbalance and restore health and harmony to the organism."¹³

A scientific clinical research work was carried out during the span of 1993 – 2015 on the diseases like alopecia areata, ankylosing spondylitis, coeliac disease, Crohn's disease, endometriosis, idiopathic thrombocytopenic purpura, lichen planus, type 1 diabetes, systemic lupus erythematosus, psoriasis, idiopathic pulmonary fibrosis, rheumatoid arthritis, Sjögren's syndrome and ulcerative colitis. this research indicates: patients were drug dependent and were gifted with adverse effects, in spite of the desired therapeutic results. Those Cases were diagnosed and confirmed on the basis of clinical, radiological, pathological, endoscopic investigation with giving importance to past and family history.

Homoeopathic simillimum was administered in appropriate potency on the base of law of similia after the thorough inspection and observation related to

etiology of the disease which gave instant relief in the majority of the cases.¹

Through a statistical analysis of the mental symptoms recorded in 568 clinical files stored in the database of the *International Free University of Homoeopathic Medicine (Libera Università Internazionale di Medicina Omeopatica)*, as well as of the medications that were prescribed to them, gives a conclusion that Sycosis and Psora are the predominant miasms in patients with autoimmune disease. This would mean that, "as some noted homoeopathic doctors have pointed out, this condition is not due to a perversion of the biological system (syphilis), but to an altered hypo- or hyper- state of a normal biological function. In addition, it follows that the substances involved in the autoimmune response (auto-antibodies) cannot be "strange" or "perverted" proteins in our body, but are normal and are at the service of the immune system, for example to remove old cells, repair damaged tissues and destroy malignancies."¹⁴

Due to this, nosodes and sarcodes were used to overcome this miasmatic obstacle, in spite of the indicated most similar remedy.

The list of most often prescribed remedies were *Arnica montana*, *Arsenicum album*, *Arsenicum iodatum*., *Apis mellifica*, *Calcarea carbonica*, *Medorrhinum*, *Phytolacca*, *Phosphorus*, *Rhus toxicodendron*., *Syphilinum* . and *Thyroidinum*.¹

In homoeopathic repertories like *Complete repertory* and *Murphy repertory*, autoimmune disease is mentioned under various chapters as a rubric.^{15,16}

In *Murphy repertory*, chapter 17, Disease –page no. 387, mention rubric:

Auto immune, disease – *Arsenicum album*, *Arsenicum iodatum*, *Calendula officinalis*, *Calcarea carbonica*, *Corticosteroid*, *Graphites*, *Kali Arsenicum*, *Lachesis*, *Medorrhinum*, *Mercurius solubilis*, *Nitricum acidum*, *Psorinum*, *Rhus toxicodendron*, *Syphilinum*, *Thuja occidentalis*.¹⁶

Conclusion

The above article gives information related to the autoimmune disease and role of homoeopathic treatment in cases of this kind of diseases.

Homoeopathy can be a potential science which helps to cure as well as prevent this kind of diseases in near future which will be helpful to improve the quality of the patient's life. As autoimmune immune diseases are ever increasing in today's time, medical world need a treatment which help the patient as a whole to maintain his normal healthy state which purpose can be served by homoeopathic treatment.

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the chronic diseases are the ones which begin unknowingly and keep growing till the diseased person dies. Their cure is possible only by a homoeopathic simillimum. To reach a simillimum in each case of such disease, the physician has to perceive the patient in detail to understand the chronicity of the disease suffered by each patient. The only way, so far understood in homoeopathy, has been to evaluate the characteristic symptoms in each given case. This has been well explained by Hahnemann in §153 of his Organon of Medicine, as: "In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of miasmatic details in any type of case can be known through a detailed anamnesis of the case.

Miasms can be acquired and inherited. In Hahnemannian homoeopathy, they have been referred as a direct attack on the immunological system by microbes.

If we explore into ancient pathology, we find that, every living being was born with an innate constitution, which is the outcome of the genes of the patrimonial and maternal derivations and the native qualities of the incarnate soul. So, whenever any disease came, it affected the healthy, inborn state of the man, i.e., his innate constitution. But at this stage, the correction of these diseases was possible by a mere change in diet, regimen, lifestyle etc., as the diseases were not obstinately fixed into the constitution of the human being.

Then, as the time passed, infectious diseases like scabies, small pox, chicken pox, measles affected the constitution of man and spread among the human population, as the individuals lived in groups. It may be recalled here that Hahnemann talks elaborately about infectious diseases in §73 of his Organon of Medicine.

Also, Hahnemann mentioned in his book 'The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic cure' about the paleopathology; and told that the first disease which affected the man was Leprosy. When these

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Bronchiectasis and its homoeopathic approach

By Dr Abhirami N

ABSTRACT

Bronchiectasis is condition where the walls of the airways become permanently thickened and damaged. It causes chronic cough with mucus production. Nearly all cases of cystic fibrosis results in severe bronchiectasis. This condition is more common in women than men and the incidence increases with age. Homoeopathy remedies help to manage the symptoms of bronchiectasis.

Keywords: bronchiectasis, bronchi, saccular or cystic bronchiectasis, cylindrical or fusiform bronchiectasis, varicose bronchiectasis, hemoptysis, bronchiectasis sicca

Abbreviations: HRCT-High-resolution computed tomography, ESR – erythrocyte sedimentation rate

Introduction

Bronchiectasis is the abnormal dilatation of the bronchi which increases the mucus production and it causes increase in the risk of infection. Chronic cough with expectoration, shortness of breath, hemoptysis, chest pain are the main symptoms of bronchiectasis. There are three basic morphologic types: saccular or cystic, cylindrical or fusiform and varicose [1].

ANATOMY OF BRONCHUS [2]:-

Bronchi are the airway that lead from trachea into the lung. At the level of lower border of fourth thoracic vertebra, the trachea divides into two primary principal bronchi. The right principal bronchus is 2.5 cm long and left principal bronchus is 5 cm long. Right principal bronchus is shorter, wider and more in line with trachea whereas left principal bronchus is longer, narrower. Each principal bronchus enters the lung through hilum and it divides into secondary lobar bronchi. Then it further divides into tertiary or segmental bronchi, one for each bronchopulmonary segment. Then repeatedly divides to form terminal bronchioles. The bronchi are made up of cartilages, smooth muscles and mucus membrane. The two bronchi carry air from trachea into the lungs [3].

DEFINITION:-

According to *Textbook of Medicine by K V Krishna*

Das, bronchiectasis is defined as the “permanent dilatation and distortion of the bronchi is called bronchiectasis” [4].

According to *Practical Medicine by P.J Mehta*, “bronchiectasis is an abnormal and permanent dilation of one or more bronchi that involves lung in either a focal or diffuse manner” [1].

AETIOLOGY:-

- Cystic fibrosis causes mucus build up in the airway and it results in inflammation [5]
- Obstruction to the bronchus leads to collapse of the pulmonary segment it causes dilatation of the bronchi.
- Primary ciliary dyskinesia (a disorder characterized by chronic respiratory tract infections, abnormally positioned internal organs, and infertility) can lead to bronchiectasis.
- Damaged lungs due to severe infection can cause bronchiectasis
- Congenital defects in bronchial wall
- Pulmonary tuberculosis can cause middle lobe bronchiectasis

TYPES [1]:-

Three basic morphologic types of bronchiectasis are

1. **Saccular or cystic:** It affects the major or proximal

Subjective

bronchi that end in large sac by the fourth generation of branching

2. **Cylindrical or fusiform:** It affects sixth to eighth generation of bronchi.
3. **Varicose:** This is an intermediate between saccular and cylindrical.

CLINICAL FEATURES:-

- Postural cough with production of large quantities of purulent and foul smelling sputum
- Haemoptysis
- Bronchiectasis sicca-mild or severe haemoptysis without significant sputum production
- Dyspnea and wheezing^[6]
- Fatigue, weight loss, myalgia
- Physical examination-impairment of the percussion note and diminution of respiratory sound over the affected area.
- Combination of crackles, Ronchi, wheeze-reflect damaged airways containing secretion
- The diagnostic finding is the presence of coarse and persistent leathery rales

COMPLICATION:-

- Massive haemoptysis
- Recurrent pneumonia
- Emphysema
- Brain abscess
- Cor pulmonale
- Anaemia can occur due to recurrent hemoptysis

INVESTIGATION:-

- Haemogram-It shows neutrophilic leucocytosis during the acute infective phase
- Raised ESR value
- Sputum examination-To exclude underlying pulmonary Tuberculosis^[7].
- Chest X ray
- HRCT
- Bronchoscopy

TREATMENT:-

HOMOEOPATHIC THERAPEUTICS^{[8][9][10]}:-

- *ANTIMONIUM TARTARICUM*-Great rattling mucus but very little expectoration. Rapid, Short, difficult breathing; seems as if he would suffocate; must sit up. Bronchial tubes overload with mucus. Coughing and gaping consecutively. Cough excited by eating, with pain in chest and larynx. Dyspnoea relieved by eructation. Cough and dyspnoea better lying on right side.
- *PULSATILLA NIGRICANS*- Dry cough in evening and at night; must sit up in bed to get relief; and loose cough in the morning, with copious mucous expectoration. Pressure up on the chest and soreness. Urine emitted with cough. Expectoration bland, thick, bitter, greenish. Short breath, anxiety and palpitation on lying right side.
- *KALIUM BICHROMICUM*-Metallic, hacking cough. Profuse, yellow expectoration, very glutinous and sticky, coming out in long, stringy and very tenacious mass. Cough with pain in sternum, extending to shoulders. Pain at bifurcation of trachea on coughing from mid-sternum to back.
- *ARSENICUM ALBUM*-Air passage constricted. Asthma worse midnight. Cough worse after midnight; worse lying on back. Expectoration scanty, frothy, darting pain through upper third of right lung. Wheezing respiration. Hemoptysis with pain between shoulders; burning heat all over. Cough dry, as from sulphur fumes; after drinking
- *PHOSPHORUS*-Cough from tickling in throat worse at cold air, reading, laughing, talking and going from warm room into cold air. Sweetish taste while coughing. Hard. Dry, tight, racking cough. Congestion of lungs. Tightness across chest; great weight on chest. Respiration quickened, oppressed. Sputa rusty, blood-colored or purulent. Tuberculosis in tall, rapidly growing young people. Repeated hemoptysis.
- *HEPAR SULPHURICUM*-Loses voice and cough when exposed to dry, cold wind. Cough troublesome when walking. Dry, hoarse cough. Cough excited whenever any part of the body gets cold or uncovered or eating anything cold. Croup with loose, rattling cough worse in morning. Rattling, croaking cough; suffocative attacks; has to rise up and bend head backwards. Anxious, wheezing, moist breathing, asthma worse in dry cold air; better in damp.

SURGICAL TREATMENT^[11]:-

The main aim of surgical treatment is to excise all diseased tissues of the lung (segment or lobe or whole lung). Segmental resection, lobectomy or pneumonectomy can be done. Bilateral lobectomy or segmental resection may also be performed.

REPERTORIAL RUBRICS:-

Boericke's New manual of homoeopathic materia medica with repertory ^[8]

- RESPIRATORY SYSTEM - Bronchiectasis, bronchorrhea, dilatation, with profuse, fetid purulent sputum
- RESPIRATORY SYSTEM - Cough - Type – Chronic
- RESPIRATORY SYSTEM - Respiration – Dyspnoea
- RESPIRATORY SYSTEM - Expectoration - Purulent, muco-purulent
- RESPIRATORY SYSTEM - Expectoration - Bloody, blood streaked
-
- Boenninghausen's characteristics Materia medica & Repertory ^[13]
- COUGH - Expectoration, odor of - offensive
- COUGH - Expectoration - blood - blood, pure, haemoptysis
- NOSE - Dyspnoea is felt in
- RESPIRATION – Difficult

Boenninghausen's therapeutic pocket book ^[14]

- Parts of the body and organs - Cough - expectoration; with
- Parts of the body and organs - Cough - general; in
- Parts of the body and organs - Respiration - suffocation; attacks of
- Parts of the body and organs - Trachea - mucus; production of

A Concise Repertory Of Homoeopathic Medicines ^[15]

- C - Cough - expectoration
- H - Haemoptysis - dyspnoea, with
- D - Dyspnoea
- E - Expectoration – bloody

CONCLUSION:-

Bronchiectasis is a condition occur due to the damage and dilatation of the Bronchi. It mainly caused due to cystic fibrosis or any obstruction in the bronchi or congenital defect in the bronchial wall. It causes Cough with expectoration, haemoptysis, dyspnoea, chest pain, etc. Homoeopathic remedies such as *Antimonium tartaricum*, *Pulsatilla nigricans*, *Kalium bichromicum*, *Arsenicum album*, *Phosphorus*, *Hepar sulphuricum*, etc can manage the symptoms of the Bronchiectasis.

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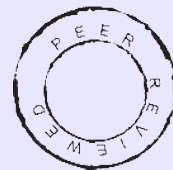
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A case study of acne vulgaris treated with LM potency

By Dr Aditi Srivastava



ABSTRACT :

Field of homoeopathy producing wonderful result in treatment of diseases and is necessary as a professional to maintain appropriate evidence and case detail for future development of homoeopathy. In this article, a detailed case report about acne vulgaris and its homoeopathic treatment is being explained. Patient was presented with the complaint of pustules, papules, comedones for 1 year, after detailed case taking and repertorisation patient was prescribed with Sulphur 0/1, twice daily for 15 days along with Saccharum lactis for 15 days., last follow up complaints of the patient was much better. With adequate knowledge and experience, homoeopathic physician can treat disease of all kind. It is one such example case of acne vulgaris cured with the well selected homoeopathic constitution remedy and improved physical as well as mental well-being of the patient.

Keywords: Acne vulgaris, *Sulphur*, global acne grading score, Cardiff acne disability index

Abbreviations: GAGS – global acne grading score, CADI- Cardiff acne disability index, NAC – no associated complaints

Introduction

Acne vulgaris is believed to be the most common disease of the skin. It is a chronic inflammatory disorder of the pilosebaceous units. This condition usually starts in adolescence, peaks at the ages of 14 to 19 years and frequently resolves by mid- twenties.¹ According to the Global burden of disease study, acne vulgaris affects 85% of young adults aged 12-25 years in 70% subjects' lesions subside in third decade.² Acne vulgaris is predominantly a disease of teenage with likeliness of impatience in the majority of sufferers. For the rapid result, they are liable to use external applications encountered in advertisements and easily accessible allopathic treatments³ but for obvious reasons, this approach is not able to cure such a chronic disease in a short while and eruptions reappear as soon as they stop their regular use. So here arises a need in search of a permanent solution and on the other hand patients are always concerned about side effects of any treatment and for some cost also matters. These all requirements exactly fit with the criteria of homoeopathic cure according to Master Hahnemann and so homoeopathic mode of treatment should fulfill all expectations of acne sufferers. To treat homoeopathically, selection of simillimum is very important. According to principles of homoeopathy remedy should be prescribed on individualistic

approach.³ this science restores the balance by gently stimulating the vital force, strengthening it naturally and completes the healing process with the help of indicated remedy, viz. simillimum.⁴

Patient was scored on the basis of lesion severity and quality of life using 2 scales:

1. Global acne grading system – GAGS scale (for lesion severity) – at the baseline and at the last follow up
2. Cardiff acne disability index- CADI scale (for quality of life) - at the baseline and at the last follow up

Diagnosis³

Points for diagnosis of acne vulgaris is based on:

- Adolescent patient.
- Background skin of face is greasy with prominent follicular openings.
- Polymorphic eruption of papules, pustules, nodules, and cysts; lesions heal with typical scarring.
- Presence of comedones (essential for diagnosis). Typical distribution: face, shoulders, upper part of

trunk and chest.

CASE SUMMARY-

A patient named abc, 17 years male, came with the complaints of eruptions on face since 1 and a half years. The lesions were on entire face which were pustules, papules, comedones. Complaints aggravated in summers and ameliorated in winters. The patient's face had redness due to active eruptions and the skin

looked unhealthy and had much scarring from the acne. He looked thin and weak. On probing, the sister had acne too. The characteristics in the case which were there were - he could not tolerate hunger in the morning around 10 – 11 am, has liking for sweets, perspiration- more on face (forehead), offensive, with heat of soles while sleeping, even in winters since always, and he was thermally hot (2+). Mentally, the patient is easily angered, sometimes hit his siblings, irritable at trifles and has a good understanding with willingness to learn new things.

General physical examination-

Built- thin and lean	B.P. – 124/84 mm Hg
Height- 5'10"	Respiratory rate – 14/min
Weight-45 kg	Pallor- absent
Tongue- white coated and dry	Icterus- absent
Temperature- afebrile	Edema- absent
Pulse – 74bpm	Lymphadenopathy – cervical and axillary nodes were not palpable

Table 1

PROVISIONAL DIAGNOSIS

Acne vulgaris

Baseline Scores- GAGS SCORE – 34- SEVERE

CADI SCORE- 11/15- SEVERE

DIFFERENTIAL DIAGNOSIS²

- Acne rosacea
- Folliculiti

CASE ANALYSIS:

ANALYSIS AND EVALUATION

SYMPTOMS	INTENSITY	COMMOM/UNCOMMON
Mental symptoms		
Irritable at trifles	2+	uncommon
Physical generals		
1. Appetite- good- can't tolerate hunger in the morning around 10 – 11 am	2+	uncommon
2. Desires- has liking for sweets	1+	common
3. Perspiration - offensive, with heat of soles even in summers since always.	2+	uncommon

Case Study

4. Thermal reaction – Hot	2+	
Particulars		
1. Redness of face with unhealthy skin	2+	
2. Acne on face	3+	
- pain and burning	2+	
- with itching	1+	Common

Table 2

REPERTORIAL TOTALITY

Mind-irritability-trifles, from

Face- eruptions- acne

Face- eruptions- acne- painful

Stomach- appetite- increased- 10h

Extremities- heat- feet- soles

Perspiration- odor- offensive

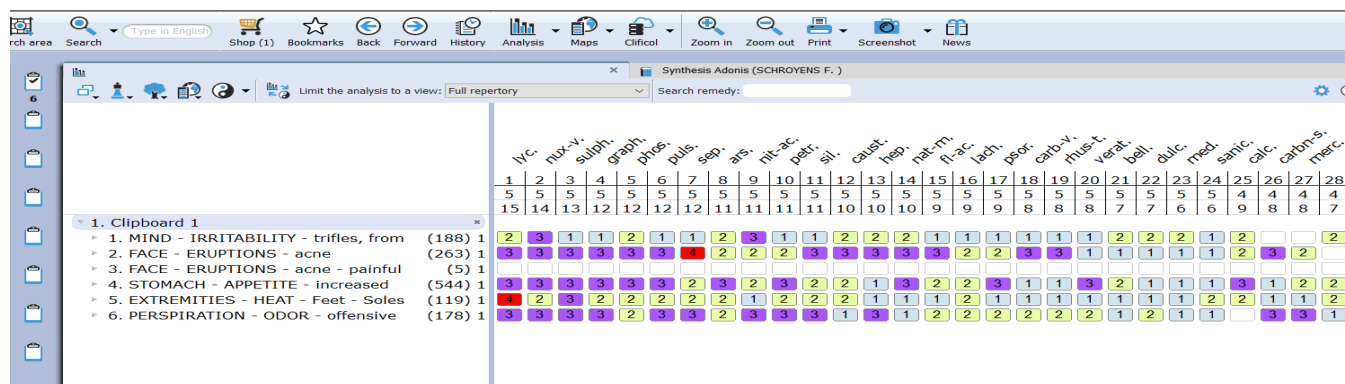


Figure 1

REPERTORIAL RESULT (RADAR)

Lycopodium clavatum – 15/5

Nux vomica – 14/5

Sulphur – 13/5

Graphites – 12/5

Phosphorus – 12/5

Pulsatilla nigricans – 12/5

PRESCRIBING REMEDY - *Sulphur* 0/1, twice daily for 15 days along with *Saccharum lactis* for 15 days.

Medicine Justification – The reason for choosing *Sulphur* as the prescribing remedy-

- It has a great affinity to skin in treating the ailments
- Morning hunger, desire of sweets, thermally hot patient and heat of soles clearly pointed towards *Sulphur*
- The patients' face clearly depicted a *Sulphur* face – redness, dirty looking with burning and itching

Potency justification –LM potency is the finer and latest scale of potency, introduced in the 6th edition of *Organon of medicine*. There is no fear of aggravation of disease or patient's condition by administering it in high or low potency and in repeated doses. Constitutional deep acting medicines can be administered and repeated for months together.

FOLLOW UPS

DATE	PROGRESS	TREATMENT
11/12/2021	A mild effect on acne was seen with slight decrease in the redness.	Rx_ <i>Sulphur</i> 0/1, twice daily for another 15 days
28/12/2021	Redness of the eruptions decreased with regression of eruptions.	Rx_ <i>Sulphur</i> 0/1, twice daily for another 15 days
12/1/2022	Face seems clearer than the first visit. Eruptions decreased and so the redness.	Rx_ <i>Sulphur</i> 0/1, twice daily for another 15 days

Table 3

PHOTOGRAPHS OF BEFORE AND AFTER TREATMENT

1st visit – 27/11/2021



Figure 2

LAST VISIT – 12/1/2022



Consent form

Protocol no: - BHMC&H/PG/2019/MM-004/R&D-001/IEC-001

36-B Knowledge Park, Phase-I, Greater Noida-201306, U.P

Phone no.-0120-2321369-70 || www.bakson.net || E-mail: college@bakson.net

Title of study: **Usefulness of Individualised Homoeopathic Medicines in the Treatment of Acne Vulgaris Using LM Potency- A Prospective Observational Study**

PARTICIPANT INFORMATION SHEET AND CONSENT/ASSENT FORM

Mr./Ms Sumit age 17 years has approached/been brought to Bakson Homoeopathic Medical College and Hospital for treatment. The treatment procedures and other details have been duly explained to the patient/attendant in detail by the doctors here and after fully understanding the same, consent has been given voluntarily by the participant/attendant for starting the treatment who has authorized the Consultants, Doctors and staff to administer treatment, conduct diagnostic examinations and investigations, perform admission or non-admission procedure and he/she declares that no guarantee has been given regarding the final outcome of the said procedures/treatment, and that the record of health services administered by the Hospital (including image(s) and clinical information) shall be maintained and kept confidential and the will not be released to others unless so directed by the participant/attendant or when law requires it. The participant/attendant understands that he/she may look into the said medical record at any time and can request a copy or report thereof as per the procedure of Bakson Homoeopathic Medical College and Hospital and further understand that:

- 1) Any information from the said medical record may be analyzed for research purposes and would be included in the PG dissertations;
- 2) The name and identity of the participant will be protected and kept confidential;
- 3) This consent form shall cover the entire course of treatment;
- 4) I understand that I am free to withdraw my consent at any time and to discontinue participation in the treatment/procedure.

Verbal assent has been taken from my child in my presence after explaining the process based on my child's understanding. I and my child have been given an opportunity to ask questions which have been answered satisfactorily. I undertake and own responsibility of my valuables, jewellery and cash, carried with me during the course of treatment/diagnostics, and if they are lost or damaged, the Hospital or its Management or employees shall not be responsible in any manner.

I know that this hospital doesn't have emergency facility and in case of emergency, I may be shifted to a higher medical centre whose medical expenses would be paid by me or my family/ relatives.

Signature of Participant: <u>[Signature]</u>	Signature of Physician: <u>[Signature]</u> 27/11/21
Name of Participant: <u>Sumit (Mohan - Suman)</u>	Name of Physician: <u>Dr. Aditi</u>
Address of Participant: <u>Sulejpur, G. N</u>	Mobile no. of Physician: <u>8076134262</u>
Mobile no. of Participant: <u>9818311504</u>	Email:

SCALE 1 -GAGS SCORE AT BASELINE – 27/11/22

GLOBAL ACNE GRADING SYSTEM

27/11/22

TABLE 11. The Global Acne Grading System (13)

	Factor (F)	Severity (S)	Local score (F x S)	Acne severity								
Forehead	2	0 Nil	2 x 2 2 x 3	<table border="1"> <tr> <td>Mild</td> <td>1-18</td> </tr> <tr> <td>Moderate</td> <td>19-30</td> </tr> <tr> <td>Severe</td> <td>31-38</td> </tr> <tr> <td>Very severe</td> <td>>39</td> </tr> </table>	Mild	1-18	Moderate	19-30	Severe	31-38	Very severe	>39
Mild	1-18											
Moderate	19-30											
Severe	31-38											
Very severe	>39											
Right cheek	2	1 Comedone	2 x 1 2 x 3									
Left cheek	2	2 Papule	2 x 1 2 x 2 2 x 3									
Nose	1	3 Pustule										
Chin	1	4 Nodule										
Chest and upper back	3											
Total Score			34									

Score = 34
Severity = Severe

GAGS SCORE AFTER ONE MONTH OF TREATMENT - 28/12/22

28/12/22

GLOBAL ACNE GRADING SYSTEM

TABLE 11. The Global Acne Grading System (13)

	Factor (F)	Severity (S)		Local score (F x S)	Acne severity	
Forehead	2	0	Nil	2 x 3	Mild	1-18
Right cheek	2	1	Comedone	2 x 1 2 x 2	Moderate	19-30
Left cheek	2	2	Papule	2 x 1 2 x 2	Severe	31-36
Nose	1	3	Pustule		Very severe	>39
Chin	1	4	Nodule			
Chest and upper back	3					
Total Score				18		

Location

Score => 18
Severity = mild

SCALE 2 - CADI SCORE AT BASELINE - 27/11/22

The Cardiff Acne Disability Index

27/11/22

<p>. As a result of having acne, during the last month have you been aggressive, frustrated or embarrassed?</p>	<input type="checkbox"/> (a) Very much indeed <input checked="" type="checkbox"/> (b) A lot <input type="checkbox"/> (c) A little <input type="checkbox"/> (d) Not at all	
<p>. Do you think that having acne during the last month interfered with your daily social life, social events or relationships with members of the opposite sex?</p>	<input type="checkbox"/> (a) Severely, affecting all activities <input checked="" type="checkbox"/> (b) Moderately, in most activities <input type="checkbox"/> (c) Occasionally or in only some activities <input type="checkbox"/> (d) Not at all	
<p>. During the last month have you avoided public changing facilities or wearing swimming costumes because of your acne?</p>	<input type="checkbox"/> (a) All of the time <input type="checkbox"/> (b) Most of the time <input checked="" type="checkbox"/> (c) Occasionally <input type="checkbox"/> (d) Not at all	
<p>. How would you describe your feelings about the appearance of your skin over the last month?</p>	<input checked="" type="checkbox"/> (a) Very depressed and miserable <input type="checkbox"/> (b) Usually concerned <input type="checkbox"/> (c) Occasionally concerned <input type="checkbox"/> (d) Not bothered	
<p>. Please indicate how bad you think your acne is now:</p>	<input checked="" type="checkbox"/> (a) The worst it could possibly be <input type="checkbox"/> (b) A major problem <input type="checkbox"/> (c) A minor problem <input type="checkbox"/> (d) Not a problem	

Score = 11/15

CADI SCORE AFTER ONE MONTH OF TREATMENT - 28/12/22

The Cardiff Acne Disability Index

28/12/22

<p>. As a result of having acne, during the last month have you been aggressive, frustrated or embarrassed?</p>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<p>(a) Very much indeed (b) A lot (c) A little (d) Not at all</p>
<p>. Do you think that having acne during the last month interfered with your daily social life, social events or relationships with members of the opposite sex?</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(a) Severely, affecting all activities (b) Moderately, in most activities (c) Occasionally or in only some activities (d) Not at all</p>
<p>. During the last month have you avoided public changing facilities or wearing swimming costumes because of your acne?</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(a) All of the time (b) Most of the time (c) Occasionally (d) Not at all</p>
<p>. How would you describe your feelings about the appearance of your skin over the last month?</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(a) Very depressed and miserable (b) Usually concerned (c) Occasionally concerned (d) Not bothered</p>
<p>. Please indicate how bad you think your acne is now:</p>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(a) The worst it could possibly be (b) A major problem (c) A minor problem (d) Not a problem</p>

Score 9/15

© Cardiff Acne Disability Index. R J Motley, A Y Finlay 1992

Conclusion

There was a marked improvement in the lesions of the patient from the first visit to his last visit. The duration of treatment was 2 months and we can see the limitless potential of our remedy prescribed in LM potency. This study done with LM potency presented the strengths such as none to less aggravation of the symptoms were seen, one medicines of the same potency was repeated for months giving positive results, no need was presented for prescribing complimentary medicines in this case.

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Under the guidance of –

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2. Dr Preeti Laroia M.D. (Hom.) Professor of Department of Homoeopathic Materia Medica Bakson Homoeopathic Medical College and Hospital

infectious diseases affected the constitution of the individuals, this disturbance in their constitution got obstinately fixed therein, i.e., this disturbance in the constitution got fixed into the being of man. Now the diseases could not get cured off by a mere change in the diet, regimen, lifestyle, etc.

Since the constitution of man got affected with certain peculiar infections and could not get rid of it, thus, a “complex state” developed. Once this fixation in the constitution began, it damaged the body’s own immune system, disturbed the psycho-neuroimmunology, and made the organisms liable to various types of diseases. Thereafter, numerous illnesses started manifesting in the human being.

The equilibrium balance which existed between the environment, host and agent got disturbed, and thus diseases affected the mankind.

The admixture of such infections caused due to the “complex state” was observed by Hahnemann, and he named them as chronic miasms, and pointed the physicians to treat them with the law of similia. To the initial group of infectious diseases, Hahnemann gave the name as Psora. Sycosis came in prehistory and its details are lost due to various reasons. Syphilis came in 1493 with the crew of Columbus and became endemic. These three different and peculiar groups of diseases are called as the ‘chronic miasms’, each one bearing three stages, namely, primary, latent and secondary stages.

In homoeopathic pathology, the ground of occurrence of disease lies in the miasmatic background of any individual. In the modern trend, the course of the disease is viewed on nosological basis. The ancient pathology and the homoeopathic pathology are dependent on holistic approach of philosophy, whereas, the modern pathology is established on reductionist approach of philosophy.

Dehydration and management

By Dr Prasoon Choudhary, Dr Riya

ABSTRACT :

Dehydration is a condition when fluid output is more than the intake. When the body loses more fluid, then some symptoms appear. The condition of dehydration is assessed on the basis of these symptoms and the severity of those symptoms. Post assessment the dehydration is characterized in 3 categories, that is, no dehydration, some dehydration and severe dehydration. The plan of management is based upon this categorization. Early intervention and timely management helps in treating the patient better and save lives.

Keywords: dehydration, rehydration, therapy, ORS, IV fluids

Abbreviations: ORS – oral rehydration solution, IV fluids – intravenous fluids

Introduction

Dehydration occurs when you use or lose more fluid than you take in, and your body doesn't have enough water and other fluids to carry out its normal functions.⁽¹⁾ If you don't replace lost fluids, you will get dehydrated.

CAUSES^(2,3):

1. Severe diarrhoea
2. Persistent vomiting
Minor illnesses affecting lungs or bladder
3. Not drinking enough water in hot weather
4. Gastroenteritis
5. Very profuse sweating
6. Drinking too much alcohol
7. Polyuria

CLINICAL FEATURES:

Symptoms of dehydration in adults and children include^(2,3):

1. Feeling thirsty
2. Dark yellow and strong-smelling pee
3. Feeling dizzy or lightheaded

4. Feeling tired
5. A dry mouth, lips and eyes
6. Peeing little, and fewer than 4 times a day

ASSESSMENT OF DEHYDRATION^(1,3):

NO DEHYDRATION:

- Awake and alert
- Normal pulse
- Normal thirst
- Eyes not sunken
- Skin pinch normal

SOME DEHYDRATION:

No danger signs AND at least two of the following:

- Irritable or restless
- Sunken eyes
- Rapid pulse
- Thirsty (drinks eagerly)
- Skin pinch goes back slowly

SEVERE DEHYDRATION:

One or more danger signs:

- Lethargic or unconscious
- Absent or weak pulse

- Respiratory distress

OR at least two of the following:

- Sunken eyes
- Not able to drink or drinks poorly
- Skin pinch goes back very slowly

PRINCIPLES OF MANAGEMENT⁽²⁾:

1. Rehydration and maintaining hydration
2. Ensuring adequate feeding
3. Oral supplementation of zinc
4. Early recognition of danger signs and treatment of complications

MANAGEMENT:

PLAN A: TREATMENT OF 'NO DEHYDRATION'

May be treated at home after explanation of feeding and the danger signs to the mother/ caregiver. The mother may be given WHO ORS for use at home. Danger signs requiring medical attention are those of continuing diarrhea beyond 3 days, increased volume/ frequency of loose stools, repeated vomitings, increasing thirst, refusal to feed, fever or blood stained stools.^(2,4)

PLAN B: TREATMENT OF 'SOME DEHYDRATION'

Oral fluid therapy must be commenced promptly and continued during transportation to the medical setups. Fluid requirement is calculated under the following headings⁽²⁾:

1. Provision of normal daily fluid requirements^(2,4)
2. Rehydration to correct the existing water or electrolyte deficits^(2,4)
3. Maintenance to replace ongoing losses to prevent recurrence of dehydration⁽⁴⁾

PLAN C: TREATMENT OF 'SEVERE DEHYDRATION'^(2,4)

1. Intravenous fluids should be started immediately. A total of 100 ml/Kg fluid is given, over 6 hours in children < 12 months and over 3 hours in children > 12 months.
2. ORS should be started simultaneously, if the child can take orally.
3. If IV fluids can not be given for any reason, nasogastric feeding is given at 20 ml/Kg/hour for 6 hours (Total 120 ml/Kg).

The child should be reassessed every 1-2 hours; if there is repeated vomiting or abdominal distension, the oral or nasogastric fluids are given more slowly. If there is no improvement in hydration after 3 hours, IV fluids should be started as early as possible.⁽²⁾

The child should be reassessed every 15-30 min for pulses and hydration status after the first bolus of 100 ml/ kg of IV fluid⁽²⁾. Management following the first bolus of Intravenous hydration is to be done as follows:

1. Persistence of severe dehydration - Intravenous infusion is repeated.
2. Hydration is improved but some dehydration is present - IV fluids are discontinued; ORS is administered over 4 hours according to plan B.
3. There is no dehydration - IV fluids are discontinued; treatment plan A is followed.

The child should be observed for at least 6 hours before discharge, to confirm that the mother is able to maintain the child's hydration by giving ORS.⁽⁴⁾

DISCUSSION AND CONCLUSION:

Dehydration is a severe condition that needs urgent attention. If left untreated, it may be fatal for the person having dehydration. So, timely intervention and seeking medical help can save lives. Dehydration is assessed on various parameters and the plan of management is planned accordingly.

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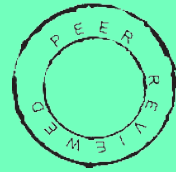
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2. **Dr Riya**, MD (PGR), Department of Paediatrics, Homoeopathy University, Jaipur, Rajasthan



“Efficacy of *Nux vomica* in management of constipation in children”

By Dr Asim M Patel



ABSTRACT :

Background and objectives: Constipation is one of the common problems in growing children, which may be related to their dietary habits or toilet training. Constipation also affects their nutrition and development as it reduces appetite and causes irritability. So, this study is intended to study the efficacy of *Nux vomica* in constipation in children.

The following methodology was adopted for the study:

- Type of research: A prospective study.
- Sample size: Minimum 30 in number.
- Selection criteria and participant subject: On the basis of inclusion criteria, exclusion criteria and history.
- Study design: Prospective study.

A total of 30 subjects were selected depending upon inclusion and exclusion criteria from the OPD of A M Shaikh Homoeopathic Medical College Hospital. These subjects were given *Nux Vomica* 30, one dose daily for 7 days. And follow up of all subjects was done every fortnight or as and when needed.

Observation and results

In this study 30 subjects were included depending upon inclusion and exclusion criteria.

Their follow up was done every fortnight or as and when needed. Out of 30 subjects, 18 improved and 12 not improved after study.

Conclusion: After the results were statistically analysed, it is found that homoeopathic drug, *Nux vomica*, proves to be effective

in the treatment of Constipation in children.

Keywords: Constipation, children, *Nux vomica*.

Introduction

Constipation is defined as infrequent passage of dry stool, or pain or crying during passing stool, or unable to pass stool after straining for longer period. Constipation in children is a common problem. A constipation child has infrequent bowel movements or hard, dry stools. It usually occurs when waste or stool moves too slowly through the digestive tract, causing the stools to become hard and dry. Many factors can contribute to constipation in children. Including

– withholding, toilet training issues, dehydration, hypothyroidism (filling defect), cow’s milk allergy, after starting formula or processed food and soon after starting school (as in a kindergarten).

OBJECTIVES OF STUDY

1. To study cause and clinical presentation of constipation in paediatric age group.
2. To study the effectiveness of *Nux vomica* in constipation in children.

- To study miasmatic background of constipation in children.

REVIEW OF LITERATURE

The rectum is apart of the lower gastrointestinal tract. The rectum is continuous above with the sigmoid colon at the level of the third sacral vertebra. The rectum is about 12 cm long and its upper part is dilated to form rectal ampulla where faeces is stored before its release via anal canal.⁽¹⁾

The rectum is derived from the primitive rectum; i.e. the dorsal subdivision of the Cloaca. According to some authorities, the upper part of rectum is derived from the hindgut proximal to the Cloaca.⁽²⁾

Normally rectum is empty. When something arrives in rectum by mass peristalsis, the rectum becomes distended -----⊗ urge to defecate

develops-----⊗evacuation.⁽³⁾

Constipation may be defined as decrease in frequency of bowel movements, and difficult/painful passage of hard stool. Constipation may be functional (non-organic) or organic.⁽⁴⁾

Any definition of constipation is relative and depends on stool consistency, stool frequency and difficulty in passing stool. Constipation arises from defects either in filling or emptying the rectum. Constipation can generate anxiety, having a marked emotional impact on the patient and family.⁽⁵⁾

Constipation is defined as frequency of stools to less than one per week or difficulty in defecation, may result in abdominal pain, distension, and faecal impaction, with consequent obstruction or, rarely perforation.⁽⁶⁾

According to Dr Samuel Hahnemann, constipation in children comes under latent psora. Mostly, with children – Hard stools, delayed, passes of blood with the stools.⁽⁷⁾

Application of homoeopathic therapeutics in constipation by constitutional approach is easy to treat and the common remedies for constipation in children are *Alumina*, *Nux vomica*, *Rheum*, *Calcarea carbonicum*, *Silicea terra*, *Sulphur*, *Veratrum album*, *Nitricum acidum*.⁽⁸⁾

Dr Kent has mentioned remedies for constipation in *Kent repertory* are *Alumina*, *Nux vomica*, *Natrum muriaticum*, *Nitricum acidum*, *Plumbum metallicum*, *Silicea terra*.⁽⁹⁾

Dr Frederik Schroyens in *Synthesis repertory* mentioned remedies are –children; in –*Calcarea carbonicum*, *Lycopodium clavatum*, *Nux vomica*, *Opium*.⁽¹⁰⁾

Homoeopathy plays a significant role in treatment of constipation in children reducing the intensity of suffering and providing good quality of life. In this article, the main focus of the study was to give constitutional remedy on the basis of mental, particular and general symptoms and to relieve complaints in shortest possible time. As for possible effort were taken to create awareness about risk factor of constipation, and preventive measure like take high fiber content and balanced diet.⁽¹¹⁾

Constipation continues to be a problem mostly in school going children age group. Skipping breakfast, inadequate consumption of healthy food and water are the main reasons for constipation in children.⁽¹²⁾

Strychnos Nux-vomica is a polychrest remedy in homoeopathy; it has been used widely for various ailments in the homoeopathic system of medicine, including but not limited to alcoholism, anger effects of, colic, constipation, dyspepsia, gastrodynia, haemorrhoids, tea and tobacco habit, insomnia, nightmares, and lumbago. *Nux vomica* is one among the most prescribed homoeopathic medicines in general clinical practise.[1] Although it has a wide range of traditional uses from the homoeopathic point of view, research regarding most of these therapeutic uses has not reached the level of clinical trials. In fact, the current state of knowledge pertaining to *Nux vomica* research has not been consolidated. An animal study by Sukul et al. demonstrated for the 1st time the in vivo antidotal potential for *Nux vomica*.^[2] This has led to a series of studies exploring the various beneficial uses of this remedy. *Nux vomica* is an accessible and economical homoeopathic medicine that not only targets a wide range of chronic diseases with fewer side effects compared to conventional allopathic treatment but also could tackle acute diseases. To enable more directed future studies on this medicine, consolidation of scientific research with convergence between results and homoeopathic materia medica and possible gaps in the knowledge needs to be addressed⁽¹³⁾

METHODOLOGY

- 1: Type of research: A prospective case study
- 2: Sampling design: Prospective interventional study
- 3: Selection criteria: Based on inclusion and exclusion criteria and history.

Inclusion criteria:

- The cases of both the sexes and age between 5 to 15 years.
- History of constipation in children's more than 15 days.

Exclusion criteria:

- Malformation of rectum
- Hirschsprung disease
- Fissure in ano
- Fistula in ano
- Haemorrhoids
- Malignancy.

4: Participant subjects:

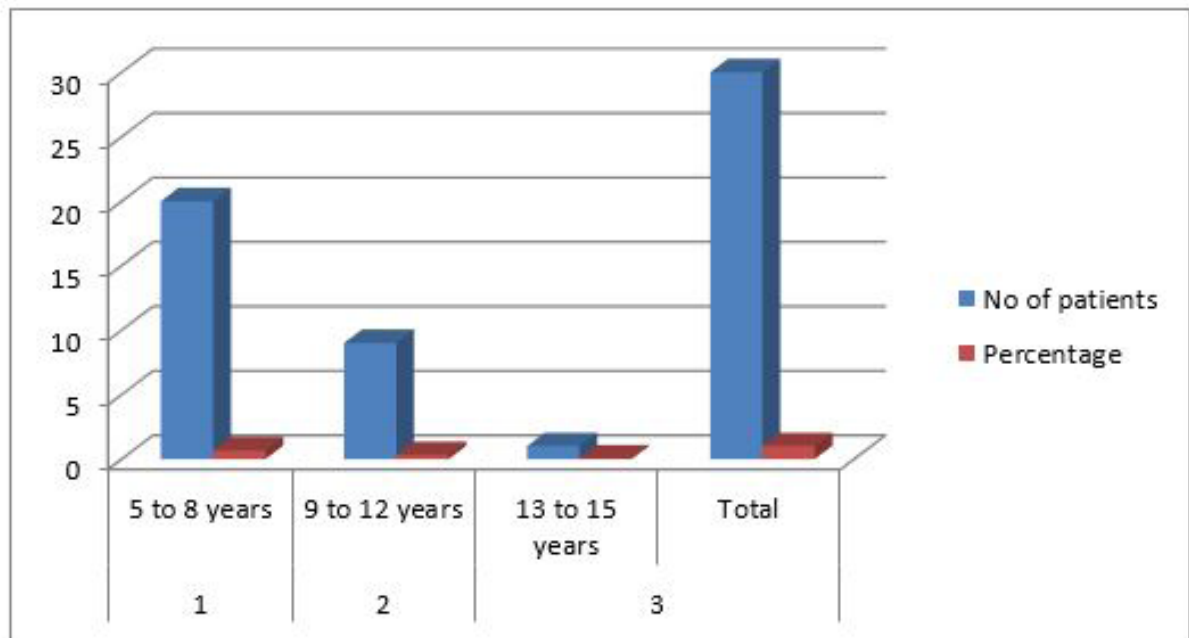
- Size of sample: On the basis of study design, size of sample is 30.

Duration of study: This study was conducted for period of 1 year.

OBSERVATION AND RESULTS

- 1. Age incidence: Statistical study was done to identify the age group with highest incidence as shown in Graph No 1.

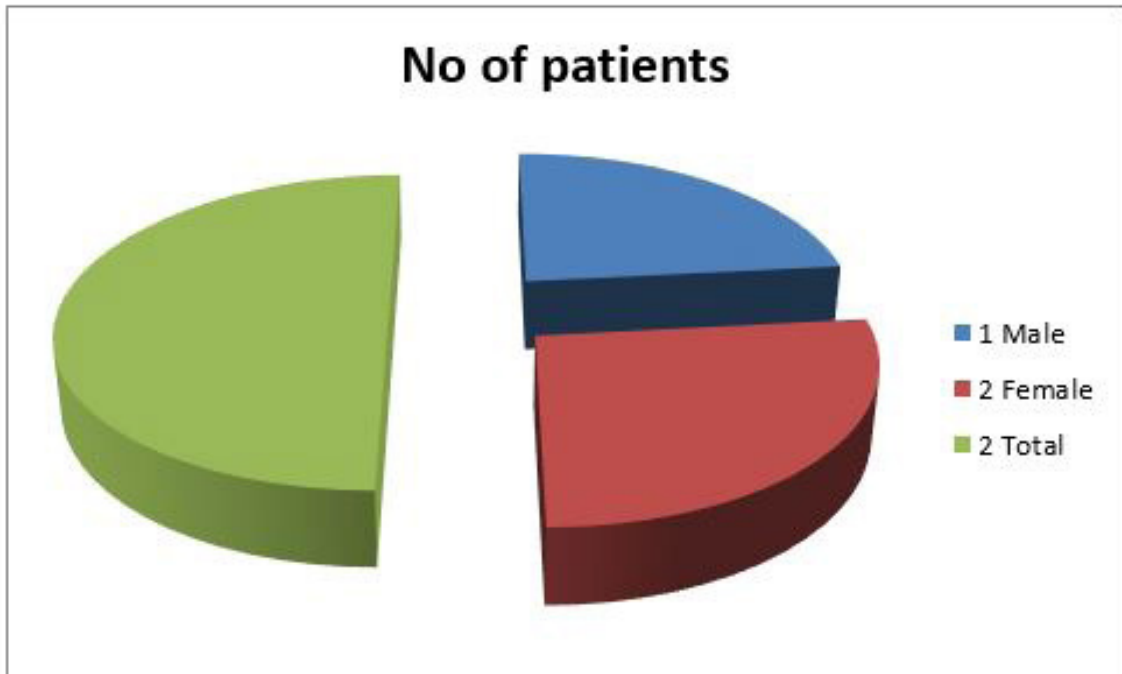
Graph No 1: Age incidence



As shown in the Graph number 1, maximum incidence of constipation was found in 5 to 8 years of age group. 66% of individuals were belonging to this age group.

- 2. Sex incidence: Statistical study was done to identify the sex incidence with highest incidence as shown in Graph No 2.

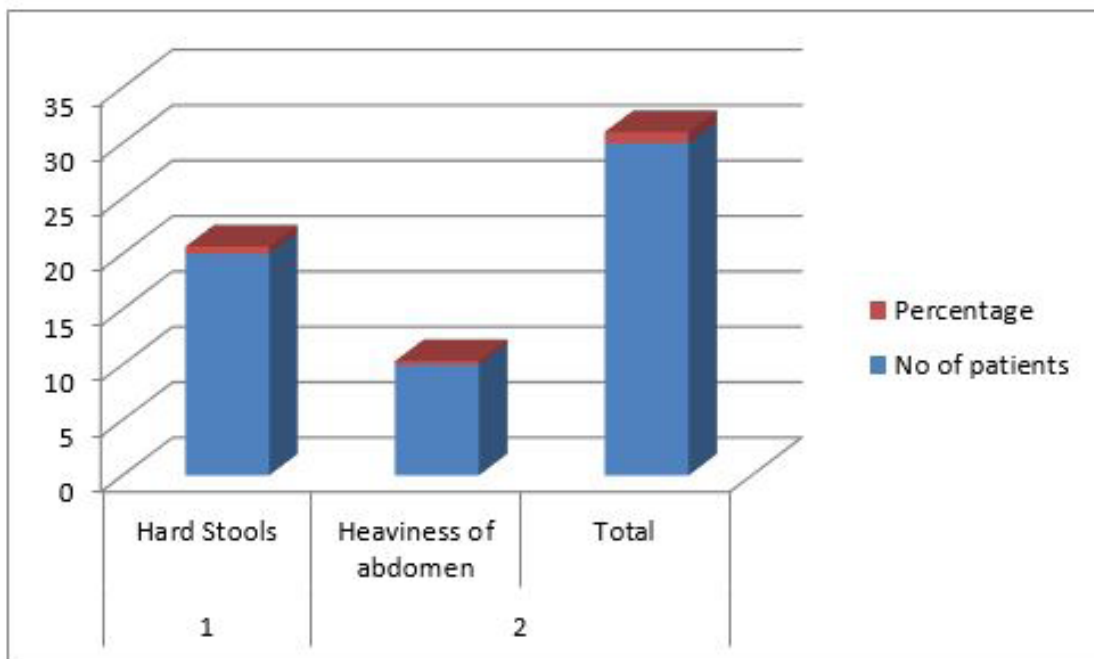
Graph No.2: Sex incidence



As shown in graph number 2, maximum incidence of constipation was found in female, 53.3% of individuals in this group are females.

3. Presenting complaints : Statistical study was done to identify the Presenting complaints of subjects ,as shown in Graph No 3

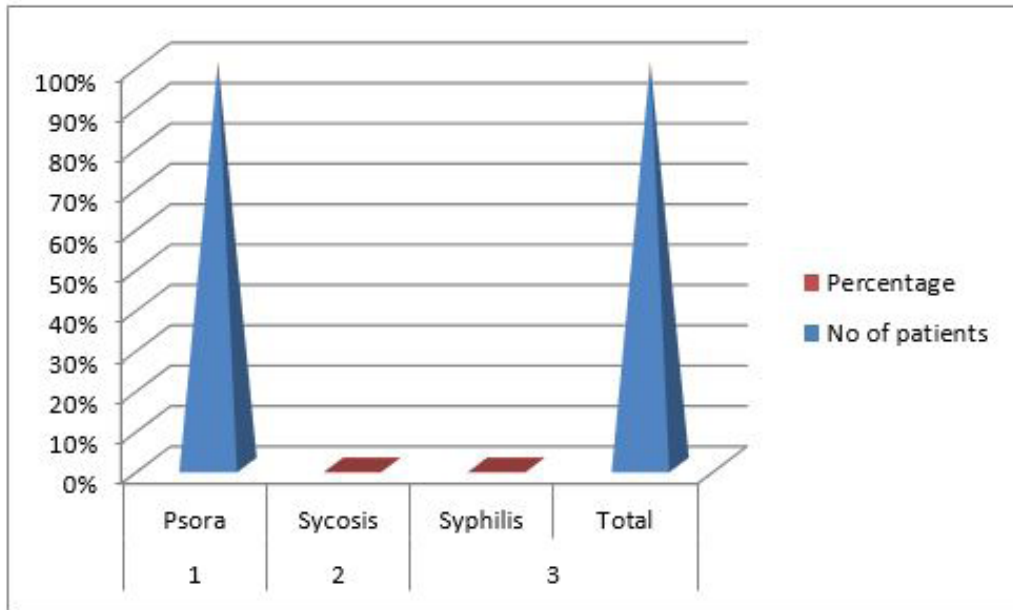
Graph No.3: Presenting complaints of subjects



As shown in Graph 3, 20 subjects were having presenting complaint of hard stools, and 10 subjects presented with heaviness of abdomen

4. Miasm : Statistical study was done to identify the Miasm of subjects ,as shown in Graph No 4

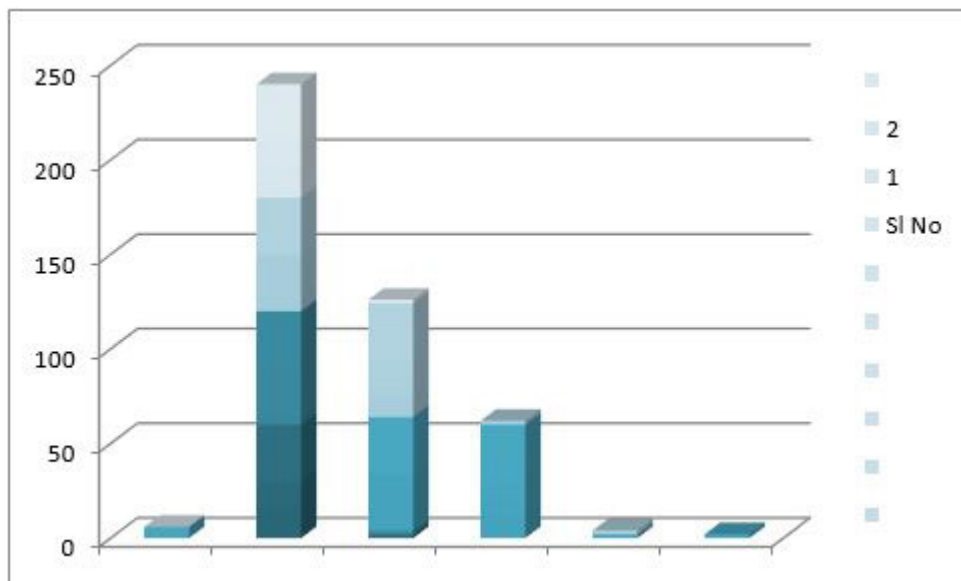
Graph No.4: Miasm of subjects



As shown in Graph No 4, all subjects were having Miasm, psora.

5. Result of treatment : Statistical study was done to identify the result of subjects after treatment as shown in Graph No.5

Graph No. 5 : Results of Treatment



As shown in the above graph, 60% of the subjects improved after the treatment.

DISCUSSION

The study taken over here is one of the common conditions in our day today practice. Many children suffer from constipation in their growing age, which may be related to their dietary habits or toilet training. But sometimes, correction of diet or toilet training also does not reduce the symptoms and it affects their appetite. And also, it causes irritability. This may affect the growth of children.

Works undertaken in the journey of this study:

The outcome of this prospective study has shown that homoeopathic

medicine, Nux vomica, is effective in the treatment of constipation in children.

CONCLUSION

The prospective interventional study shows that homoeopathic

medicine, Nux vomica, have a longer-term benefit in the treatment of constipation in children. They treat constipation successfully, and also they improve the quality of life in children.

Constipation affects the health and growth of children because it causes irritability and loss of appetite. and homoeopathic

drugs which act on individual as a whole treats the individual suffering from constipation as well as improves the appetite.

In this study 18(60%) subjects improved after giving Nux vomica 30, and 12(40%) subjects did not improve.

Therefore it is concluded that homoeopathic drug, Nux vomica, is effective in treating constipation in children.

Limitations of the study:

Like every horizontal study, this study also suffered from limitations in

terms of time period and volume of study.

Recommendation for further study:

This may be recommended that randomised control study to study the

effect of Nux vomica in constipation in children, with a large number of sample size and long duration of study can be conducted for more reliable results.

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CHOLELITHIASIS IN HOMOEOPATHY

By Dr Ashok Yadav , Dr Virendra Chauhan, Dr Dharmendra Kumar Saini, Dr Rekha Sharma , Dr Aditee Sharma

ABSTRACT

Cholelithiasis or gall stones are hardened deposits of digestive fluid that form in the biliary tract, in the usually gallbladder. Gallbladder is a small organ located just beneath the liver and stored bile that is released into the small intestine. The imbalance between the composition of bile results in the precipitation of components and this result formation of gall stones.[5] Homoeopathy as an scientific system of medicine provides an alternate way to arrange the imbalance between these bile components and thus helps in managing and curing gallstones .

Keywords: cholelithiasis, bile, cholecystitis, gall bladder, homoeopathy

Abbreviations: RBCs – red blood cells

Introduction

Gallstones form when bile stored in the gallbladder hardens into stone-like material. Too much cholesterol, bile salts or bilirubin (bile pigment) can cause gallstones. Gallstones contain varying quantities of calcium salts, including calcium bilirubinate, carbonate, phosphate and palmitate. Risk factors of gallstones are 4'f- fat, female, fertile, forty. Gallstones can be symptomatic or asymptomatic. Symptomatic stones manifest as biliary pain or cholecystitis. Pain occurs suddenly and persist for 2 hours or more in epigastrium or right upper quadrant and radiates to interscapular region or tip of right scapula and lower chest. [6,2]

Types of gallstones [1,6]

- 1. Cholesterol stones :** Most common type are radiolucent. Bile contains an excess of cholesterol because of relative deficiency of bile salts or a relative excess of cholesterol. It is most common in developed. countries.
- 2. Pigment stones:** Brown / black pigment stones due to bacterial or parasitic biliary infection. These black stones are formed by haemolysed RBCs and brownish stones due to bile stasis.
- 3. Mixed stones:** These are the mixture of cholesterol and pigment stones._

HOMOEOPATHIC MANAGEMENT OF CHOLELITHIASIS[3,4]

Asymptomatic gallstones don't require treatments. Symptomatic gallstones are treated surgically by laproscopic cholecystectomy , open cholecystectomy, dissolution therapy.

On the other hand , homoeopathy cure the patient harmoniously and by its holistic approach. Homoeopathy deals every patient and its symptoms as a individual one . Many homoeopathic medicines helps to reduce inflammation and the pain caused by the gallstones. In severe acute attack of pain in gallstones can be managed efficiently by homoeopathic medicines. Following are some of the homoeopathic medicines used in gallstones:

- **Carduus marianus:** Terrible attacks of gallstone colic. Gallbladder is enlarged and tender, region of liver is uncomfortable with sensation of fullness and constipation alternates with diarrhoea with clay-coloured stools. Distension and sharp wandering colic. [3,4] Empty eructations, heartburn, nausea ,vomiting of bile followed by burning, stitching, sore pains in stomach. Complaints are aggravated by lying on right side and on stooping motion and pressure on affected part.
- **Berberis vulgaris:** Indicated when stitching pain

extend from gallbladder region to the stomach and sometimes to the shoulder. Pain is worse on standing and from changing position. [4]

- ***Chelidonium majus*** : Indicated when pain in upper abdomen extends to the back, right shoulder and shoulder. blade. The abdomen is distended, with a constricting feeling as if a sting were pulled across it. Pain is worse from motion and lying on left with legs drawn up. [3,4]
- ***Dioscorea villosa*** : Indicated when abdominal pain from gallstones is relieved by bending backward and is worse when person is bending forward or lying flat. around in person gallstones “worse when flat. Standing up and moving around in open air can bring improvement. The person tends to feel worse in evening ,at night and also when lying down. [4]
- ***Cholestrinum***: Useful in obstinate gallstones. Pain in right hypochondriac region. Sensation of heaviness in the abdomen. Reflux of gastric contents with pain in the epigastrium. [3]
- ***Fel tauri*** : Jaundice and obstruction of gall ducts due to calculi. Works as a purgative and cholegogue. Inclined to sleep after eating. [3]
- ***Calcarea carbonica*** : Pain in liver region while stooping. Colic from gallstones . Swollen and painful inguinal and mesenteric glands. Hyperchlorhydria with heartburn and belching. [4]
- ***Chionanthus virginica***: Splenomegaly , jaundice with gall stones. Soreness of abdomen with jaundice and constipation. Tenderness in hepatic region and bilious colic. Pancreatic disorder with diabetes mellitus [3]
- ***Hydrastis canadensis***: Tenderness , pulsation in the epigastrium. Jaundice, cholelithiasis with torpid liver. Weak digestion with all gone sensation, bitter taste of mouth and atonic dyspepsia. [3]
- ***Boldo*** : Cholecystitis with jaundice, congestion in liver especially after malaria. Atony gallbladder with no appetite and constipation. [3]
- ***Nux vomica*** : Soreness and stitches in liver region. Bloating , pressure sensation in epigastrium several hours after eating. Colic from spasms and bruised soreness of abdominal region. [4]
- ***Lycopodium clavatum*** : Fullness and bloating even after a light meal immediately. Hepatitis , dropsy sue to hepatic disease. Radiating pain in abdomen from right to left .Weak digestion, sour eructations and sensitive liver. [4]

Discussion and conclusion

This article is a review of introduction, aetiology, risk factors , signs , symptoms diagnosis and homoeopathic management of gall stones non – surgically. It shows how homoeopathic remedies has a pharmacological action on liver , bile and gall bladder and how it helps in dissolving gall stones and get relief from the symptoms. Individualisation, therapeutic , miasmatic and symptom similarities helps to find a similimum medicine and thus helps in getting a complete cure in cases of cholelithiasis.

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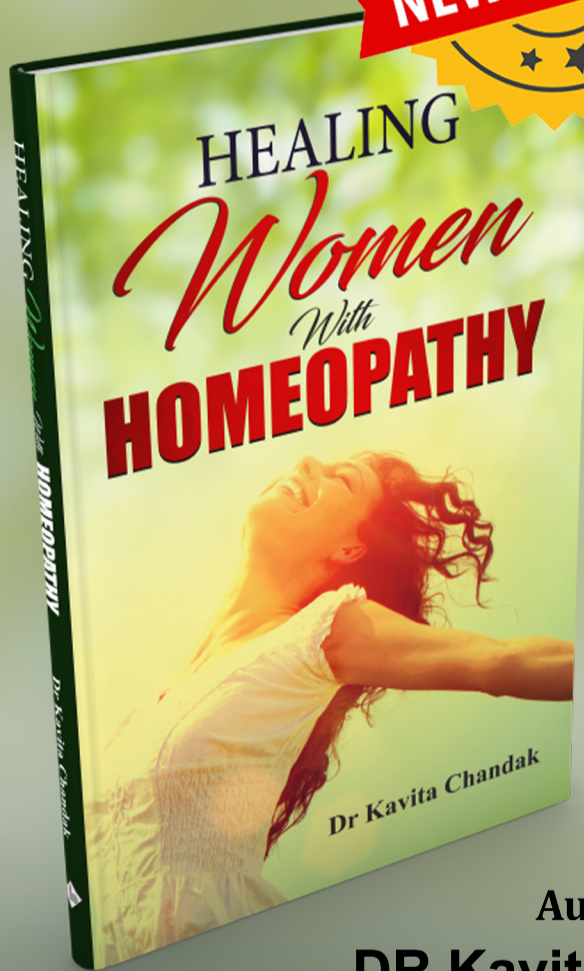
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Gluten-sensitive enteropathy

By Dr Kirti Baria, Dr Truptida Sahu, Dr Jayshree Rathwa

ABSTRACT

Gluten sensitive enteropathy also known as coeliac disease, an autoimmune disorder which occurs in the presence of HLA DQ2 and HLA DQ8 gene in genetically susceptible individuals. Homoeopathy can direct the treatment constitutionally and therapeutically. Gliadin a derivative of gluten is modified by tTg which is seen as an antigen to the Antigen presenting cells. The enteropathy can also lead to failure to thrive.

Keywords: Gluten, tTg, abdominal pain, diarrhoea and homoeopathy.

Abbreviations: CD - coeliac disease, HLA – human leukocyte antigen, tTG - tissue transglutaminase, SI – small intestine, Ig – immunoglobulin, GFD – gluten free diet

An autoimmune disorder of the proximal jejunum causing inflammation. In genetically susceptible individuals’ eating gluten damages the villi of small intestine causing malabsorption of food^[1].

Bone metabolism is related to coeliac affliction. The root causes of rickets and osteoporosis began at the early stage of life. These children have suffered from intolerance to cow’s milk.

In 1888, Samuel Gee, an English paediatrician first described coeliac disease^[2].

The disease is prevalent worldwide

Prevalence of CD in European population higher, i.e., 1:100

In South America, CD is a rare disorder but higher in African populations.

In Australia and New Zealand, prevalence of HLA DQ2 gene is more as consumption of wheat is more.

In Asia, countries like Indonesia, Korea, Philippines, CD is rare because of their low wheat consumption.

In India, in Northern states frequency of CD is more than Southern states^[3].

Type 1 diabetes, Down syndrome, turner syndrome and Monozygotic twins, first degree relatives, females and children are more prone to get coeliac disease than males.

Gluten is found in Barley, rye, oat, and wheat^[1].

Table: 1. Shows intensity of coeliac disease triggered by the environment^[4]

	Symptomatic coeliac disease
Damaged intestinal villi	Silent coeliac disease
Natural intestinal villi	Latent coeliac disease

Pathophysiology

After consuming gluten, enterocytes present in the basement membrane of mucosal layer of SI divide Gluten into *Glutenin* and *Gliadin*.

Glutenin form the elasticity of the dough while *Gliadin* form the fluffiness of the dough.

In normal healthy individual enterocytes are tightly packed and enterocyte further breakdown gliadin into small peptide. Gliadin breakdown into amino acids and transferred through blood to the body.

In coeliac disease cells in the small intestine are loosely packed and *gliadin* enters the *LAMINA PROPRIA* layer of SI where WBCs are present. Tissue transglutaminase (tTG) enzyme is present in Lamina propria which will modify the structure of Gliadin. Antigen presenting cells (macrophages and dendrites) will engulf the gliadin, as they will think it as an antigen. T_H cells will recognize the antigen and will generate the pro-inflammatory cytokines which will cause high temperature. This happen due presence of HLA DQ2 and HLA DQ8 gene. Chemical signaling will be send by the T_H to immature B lymphocytes to bind with the antigen. B lymphocytes will become mature plasma cells and will form *antigliadin antibodies* which will promote *inflammation*^[1].

Clinical manifestation

Recurrent inflammation will cause → Abdominal pain

→ Damage the mucosal lining of small intestine

↓

Atrophy of villi (Decrease bowel surface will lead to)

- Lactose intolerance
- *No absorption will take place*
[Folic acid, Iron and Calcium (FIC)]
Vitamin A, C, D and K

Which will cause -

- Diarrhoea
- Steatorrhoea
- Decrease memory, understanding and intelligence (deficiency of folic acid)
- Anaemia (deficiency of iron)
- Osteoporosis (deficiency of calcium)
- Short stature
- Rickets
- Delayed puberty
- Clubbing
- Failure to thrive^[1]

Investigations

- **Serology: tTg-IgA** - IgA antibody against tissue transglutaminase

Normal value – < 15 AU/ml

tTg-IgA is increased in coeliac disease

- **Histology**

(By biopsy) Increased intraepithelial lymphocytes [30-100 enterocytes (normal enterocytes in intestinal lining)]. Increased crypt length is seen.

Partial or total villous atrophy.

Plasma cells and lymphocytes in lamina propria^[1].

Treatment

- Lifelong GFD, the only effective treatment available for CD individuals.

According to United States Food and Drug Administration

Iron, vitamin, calcium and folic acid supplementation, the threshold of gluten ingestion must be lower than 50 mg/dl^[3].

- After initiation of GFD, all symptoms should subside, weight and height gain should be present^[1].

Homoeopathic remedies

Therapeutics

Silicea terra – Pain in abdomen which is better by external heat. Diarrhoea is of cadaverous order.

Worse in morning and feels better by wrapping the head.

Calcarea phosphorica – Colicky pain in abdomen on eating and burning sensation around the navel. Worse in damp or cold weather and better in summer days.

Kalium carbonicum – The patient has an increase desire for sweets. Food seems to be disgust. Child never wants to be left alone.

All complaints become worse at morning around 3 O'clock.

Thuja occidentalis – Flatulence and distension in the abdomen. Abdomen protrudes at different sites.

Calcarea carbonicum – Child cannot bear tight clothing or belt around the waist. Cutting pain abdomen due to swollen mesenteric glands^[5].

Sulphur – Tenesmus and Gripping pain in abdomen. Diarrhoea in the morning which drives the patient out of bed in great hurry. Worse at 5 a.m.

Arsenicum album – Mesenteric glands are indurated and swelled. Abdominal pain is always accompanied by vomiting and diarrhoea. Flatulence is very putrid. Worse at midnight. Better by warm application.

Natrum sulphuricum – Involuntary, loose, yellow, and watery stools which comes out while passing flatus and aggravate after a wet weather. Feels better in dry weather.

Pulsatilla nigricans – Abdomen is hard and distended. Evening colic and diarrhoea after eating or drinking which is ameliorated on squeezing the abdomen. The patient is thirstless.

Colocynthis – After anger there is violent colic and patient feels as if the intestines are squeezed between two stones and feels better by bending double.

Natrum muriaticum – There is abdominal colic accompanied with nausea which is ameliorated by discharge of flatulence. Sweating on face during a meal.

Bryonia alba – After drinking milk there is cramp like pain in the abdomen with diarrhoea.

Psorinum – Cutting pain in the abdomen which is ameliorated by passing of profuse offensive flatus. Diarrhoea occurs four times a day and it is green in colour.

Formica rufa – After taking meal there is desire of passing more and more loose stools^[6].

Constitutional remedies

Phosphorus – Sharp and cutting pain he abdomen. Diarrhoea makes the patient debilitating.

Worse when weather changes and better by eating cold food^[5].

There is a melancholy temperament with violent weeping. Mental exertion makes the physical symptoms worse. Vomiting after drinking cold water.

Tuberculinum – The patient has aversion to all kinds

of labour. Slightest exertion makes him extreme fatigue. Very sensitive to music and do not like to be disturbed by others. Abdominal colic with great thirst. Diarrhoea with pinching and burning pains in the rectum.

Lycopodium clavatum – A mischievous person who believes in there is no eternal salvation for him. Very obstinate and cannot overbear good conduct. Bloating abdomen immediately after a light meal. Stool is hard, difficult to pass. Aggravation occurs between 4-8 p.m. Warm drinks makes him better.

Nux vomica – A peevish, hypochondriac and a person of sedentary habits whose all abdominal sufferings start at night. Always fight and scold others. Labor like pain abdomen which is worse in open air and extending to the leg with a sensation that diarrhoea will appear.

China officinalis – The patient has a disposition to other people feelings and always feel that he is unfortunate. Crampy and colicky pain in the abdomen. There is involuntary diarrhoea which is worse at night after taking meal. Discharge of mucus with feces which gives him great weakness.

Abrotanum - Very cruel child and no humanity with wasting of the lower extremities and distended abdomen. Offensive and large vomiting^[6].

Conclusion

Gluten-sensitive enteropathy which is also known as coeliac disease which mainly affect the proximal ileum in the presence of HLA DQ2 and HLA DQ8 gene.

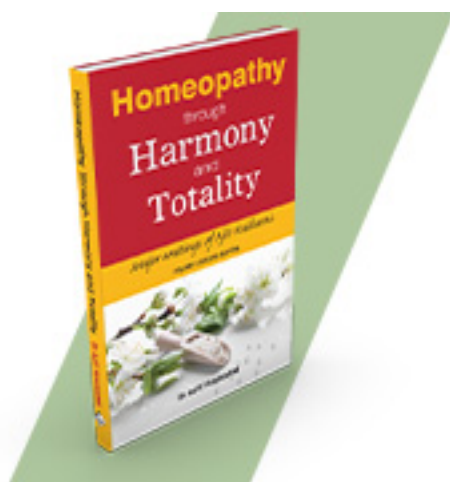
Lifelong GFD is advised for the patient. As homoeopathic medicines act on gene level can heal or subside the symptoms of CD. After completing the treatment with homoeopathy, gluten diet can also be taken and weight and height gain will be marked.

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Miasmatic prescription in autoimmune diseases

By Dr Anagha K G

ABSTRACT

The aim of this article is to understand about auto immune disease, its cause, types, general character, investigation; role of homeopathy in autoimmune diseases, understanding miasms, its role in prescribing for cases in autoimmune diseases, general protocol in treating autoimmune diseases.

Keywords: Autoimmune disease, symptom, hypersensitivity, miasm, damage, survival, homoeopathy, psora, sycosis, syphilis, tubercular, remedy.

Abbreviations: Protein tyrosine phosphatase non-receptor type 22 (PTPN22), human leukocyte antigen (HLA), cytotoxic T-lymphocyte-associated protein 4 (CTLA4), TNF Receptor Superfamily Member 1A (TNFRSF1A), autophagy related 5 (ATG5)

Introduction

Gallstones form when bile stored in the gallbladder hardens into stone-like material. Too much cholesterol, bile salts or bilirubin (bile pigment) can cause gallstones. Gallstones contain varying quantities of calcium salts, including calcium bilirubinate, carbonate, phosphate and palmitate. Risk factors of gallstones are 4f' - fat, female, fertile, forty. Gallstones can be symptomatic or asymptomatic. Symptomatic stones manifest as biliary pain or cholecystitis. Pain occurs suddenly and persist for 2 hours or more in epigastrium or right upper quadrant and radiates to interscapular region or tip of right scapula and lower chest. [6,2]

It can be due to genetic variation in HLA complex, PTPN22, CTLA4, TNFRSF1A, ATG5 or acquired cause such as infection, cigarette smoking, variation in hormonal level. ⁽¹⁾

It can be organ specific or multi-systemic involvement. ⁽¹⁾

- Organ specific: Grave's disease, Hashimoto's thyroiditis, Addison's disease, pernicious anemia, type 1 diabetes, sympathetic ophthalmoplegia, multiple sclerosis, Goodpasture's syndrome, pemphigus vulgaris, bullous pemphigoid, idiopathic thrombocytopenic purpura, autoimmune hemolytic anemia, myasthenia

gravis, rheumatoid arthritis, dermatomyositis, primary biliary cirrhosis, autoimmune hepatitis, Sjogren's syndrome. ⁽¹⁾

- Multisystem: systemic sclerosis, mixed connective tissue disease, systemic lupus erythematosus. ⁽¹⁾

Classification of autoimmune diseases:

Most widely used classification is Gell and Coomb's hypersensitivity classification, consisting of four types. (1)

- Type I hypersensitivity- Relevant in allergy but is not associated with autoimmune disease.
- Type II hypersensitivity- Injury is to single tissue/organ and is mediated by specific autoantibodies.
- Type III hypersensitivity- Generalised reaction from immune complex deposition which gives rise to systemic diseases such as SLE.
- Type IV hypersensitivity- Activated T cells and macrophages mediate phagocytosis and tissue damage.

Investigation – Autoantibody titre, measure of complement

activation (C3, C4 levels), cryoglobulins. ⁽¹⁾

Homoeopathic management:

Autoimmune disease needs constitutional treatment.⁽²⁾

General characters of autoimmune diseases:⁽³⁾

- Painful – Both at mental and physical level
- It is terrifying
- It has strange behaviour – it goes from harmony to disharmony
- If untreated, system becomes as if paralyzed
- It is self-sacrificing
- Is due to non-acceptance, antagonism with self, due to which the system becomes bitter, aggressive and wants to punish itself
- There is battling against self – Battle for survival; there can be exacerbation, remission, loss of function or structure of one or various organs
- Psychological distress can have an impact on health; poor sleep, poor nutrition, alteration in functioning of central and autonomic nervous system, immune system, endocrine system, cardiovascular system, etc.
- Usually in patients with autoimmune disease we can trace a history of stress in childhood where there is inability to express or act out adequately.

The pathology occurring here is self-destruction, which falls under syphilitic miasm. It initially begins with functional phase then proceeds to structural phase, if functional phase persists even in structural phase then it is tubercular miasm. These diseases usually have syphilitic trait. The trigger is usually by outburst of latent psora such as bacterial or viral infection, allergen exposure, emotional excitement. If the psoric stage predominates then the chance of cure is higher. (2) Psora is usually seen in initial stages – For example – Vitiligo in small spots. (3)

There can be a sycotic stage to the disease: There is problem of immunity regarding surveillance, recognition; confusion of identity. The reasoning faculty of discrimination is affected. It usually involves reticuloendothelial system. There is problem regarding self and non-self at the level of reticuloendothelial system which results in excessive, defective or absence of essential function or structure. The development of disease is slow in sycotic miasm. There is indolence, sluggishness and marked inflammation. (3)

If tubercular miasm is dominant, there is rapid pace of disease process. It starts as an acute disease and progresses to destructive changes. (3)

Eg:

- Grave's disease with emaciation, increased perspiration, diarrhea, tachycardia, atrial fibrillation⁽³⁾

- Type 1 diabetes with emaciation⁽³⁾

General protocol for treatment is to start with anti-tubercular remedy. As pathology advances a syphilitic remedy can be selected. The theme of autoimmune disease is fight that ends in destruction, which is a trait of animal kingdom (Fight for survival)

Snake remedies – usually anti-syphilitic⁽²⁾

Spider and fish remedies are usually Anti-Tubercular remedies

Insect remedies belong to multi-miasmatic category.⁽²⁾

A remedy from mineral kingdom can be chosen as anti-syphilitic remedy if structural changes are predominant. Structure is the main theme of mineral kingdom.⁽²⁾

Remedy from plant kingdom can be chosen to relieve the functional symptoms like the pain. This will not help in removing the whole disease, only symptomatic relief is obtained. Theme of plant kingdom is sensitivity.⁽²⁾

Generally – Start with fish or spider remedy and end it with a dose of *Tuberculinum* 1M or 10M.⁽²⁾

In advanced cases, prescribe snake or insect remedy and end it with a dose of *Syphilinum* 50M.⁽²⁾

If it is being treated with immunosuppressive drug, then do not stop them immediately. Take into consideration the side effects of those drugs into the totality.⁽³⁾

Some of the leading **anti-miasmatic remedies**:⁽⁴⁾

- **Anti-psoric** – *Aloe socotrina*, *Calcarea carbonica*, *Hepar sulphuris*, *Lycopodium clavatum*, *Psorinum*, *Sulphur*, *Zincum metallicum*.
- **Anti-sycotic** – *Aranea diadema*, *Conium maculatum*, *Causticum*, *Medorrhinum*, *Natrum sulphuricum*, *Nitricum acidum*, *Pulsatilla*, *Pyrogenum*, *Radium*

bromatum , Sepia , Staphysagria , Thuja occidentalis , Thyroidinum , Urtica urens , Variolinum , X-ray.

- **Anti-syphilitic** – Aurum muriaticum, Carcinosinum , Cinnabaris , Flouricum acidum , Hydrophobium , Kali bichromatum , Kali iodum , Kreosotum , Mercurius solubilis , Mezerium , Nitricum acidum , Phytolacca , Stellaria , Syphilinum , Tarentula cubensis.
- **Anti-tubercular** – Arsenicum iodatum , Bacillinum , Calcarea carbonica , Calcarea iodatum , China officinalis , Hydrastis , Iodum , Millefolium , Phosphoric acidum , Phosphorous , Silicia , Terebintina , Thlaspi bursa , Trillium , Tuberculinum.
- **Tri-miasmatic** – Argentum nitricum , Calcarea carbonica , Causticum , Hydrophobinum , Hepar sulphuris , Lycopodium clavatum , Nitricum acidum , Stellaria , Sulphur , Tuberculinum.

Conclusion

The learning from this topic is that homoeopathy has a good scope in treating autoimmune diseases anti-miasmatically according to the symptom presentation.

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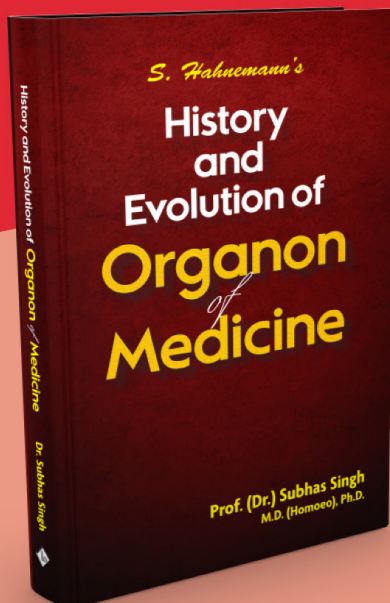
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Scope of homoeopathy in autoimmune disorders

By Dr Rup Nandi, Dr Aditi Paul

ABSTRACT :

Autoimmunity can be defined as the presence of immune responses against self tissue. It may be very bad phenomenon; it can only identify by presence of low titre auto-antibodies. It is a major cause of chronic morbidity and disability; 1 in 30 adults at some time. Prognosis is very poor and for that reason individualised homoeopathic remedies very needful for symptomatic relief as well as increases the life expectancy.

Keywords: Autoimmunity, immunological tolerance, life expectancy, homoeopathy

Abbreviations: HLA – human leukocyte antigen complex; MHC – major histocompatibility complex; ITP – immune thrombocytopenia; SLE – systemic lupus erythematosus; DM – diabetes mellitus; RA – rheumatoid arthritis; O/E – on examination; C/F – clinical feature; DIP – distal interphalangeal joint; ANA – anti nuclear antibody; Anti-ds- DNA – Anti double stranded DNA; Anti-sm – Anti –Smith; Anti –CCP – anti cyclic citrullinated peptide; GCA – giant cell artery; ALP – alkaline phosphatase; CN – Cranial nerve; CSF – cerebrospinal fluid.

Introduction

It is said that in 20th century the great achievement in medical science, is the knowledge gained about the Genetic code. If well used of this discovery, it may help Man from the diseases of inheritance. Autoimmunity refers to immune reactions against self (auto) antigens. Normal persons are unresponsive to their own (self) antigens and autoimmunity results from a failure of

self- tolerance.

Pathogenesis of autoimmune disorder^{1,2,3} - Therefore, understanding the pathogenesis of autoimmunity requires familiarity with the mechanism of normal immunologic tolerance. Immunologic tolerance is a state of unresponsiveness to an antigen that is induced by exposure of specific lymphocyte to that antigen. There are 2 type – central and peripheral tolerance.

Central tolerance	Peripheral tolerance
Occurs during lymphocyte development, when T and B lymphocytes that recognise self antigens are eliminated before they differentiate into fully immunocompetent cells.	Suppression of autoreactive cells by regulatory T cells, generation of functional hyporesponsiveness in lymphocytes, in absence of co-stimulatory signals
Active in fetal life, but continue as immature lymphocytes are generated.	T cell death by apoptosis.

There are 3 important mechanisms which may be interacting -immunological factors- polyclonal activation of B cells, decreased T suppressor and increased T helper cell activity; **genetic factors** in autoimmunity plays an important role. Autoimmune diseases have a tendency to run in families and there is greater incidence of the same disease in monozygotic than dizygotic

twins. Several autoimmune are linked with HLA locus (HLA-DR, HLA DQ mostly); **Role of infections**, tissue injury and others environmental factors are also important.

Spectrum of autoimmune disease^{2, 3} –

Type - Organ specific –	Systemic
Disease mediated by antibodies- Most common – myasthenia gravis, hashimoto’s thyroiditis, goodpasture syndrome, auto immune atrophic gastritis of pernicious anaemia, ITP, autoimmune haemolytic anaemia, Grave’s disease	SLE
Disease mediated by T cells – Type I DM, multiple sclerosis	RA, Sjogren syndrome, ankylosing spondylitis, psoriatic arthritis, scleroderma
Disease postulated to be auto immune- IBD, primary biliary cirrhosis, coeliac disease, autoimmune hepatitis	Vasculitis (giant cell arteritis and polymyalgia rheumatica), inflammatory myopathies

Scope of Homoeopathy – the role of homoeopathy in cases of autoimmune disorder with somatic and psychic involvement is being proved. Homoeopathic materia medica are full of such different symptoms. Homoeopathic indicated remedies which are based on individuality will improve patient activity and quality of life.

Brief study about most common autoimmune disorder along with homoeopathic therapeutics^{6,7,8,9} -

ANKYLOSING SPONDYLITIS^{3,4,5}- Chronic inflammatory disease of the joints of the axial skeleton with pain and progressive stiffening of the spine. Disease advance- back motion becomes limited, with normal lumbar curve flattened and thoracic curvature exaggerated. Enthesopathy hallmark. **SACROILIITIS** – earliest manifestation. **Investigation:** HLA B 27 found in 90% cases. **On X-ray** – Shiny corner sign, Bamboo spine, squaring of vertebrae.

- **RHUS TOXICODENDRON**- Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion.
- **CIMICIFUGA RACEMOSA**- Spine very sensitive, especially upper part. Stiffness and contraction. Intercostal rheumatism. Rheumatic pains in muscles of back and neck.
- **KALMIA LATIFOLIA**- Pain from neck down arm; in upper three dorsal vertebrae extending to shoulder-blade. Lumber pain of nervous origin.

POLYMYALGIA RHEUMATICA^{3,4,5}- Cardinal feature- Symmetrical muscle pain and stiffness affecting shoulder and pelvic girdles. **O /E:** Stiffness and painful restriction of active shoulder movements, but passive

movements preserved. **Biopsy finding:** fragmentation of the internal elastic lamina with necrosis of the tunica media.

- **BRYONIA ALBA**- Acts on all serous membrane. The general character of the pains here produced is a stitching, tearing; worse by motion, better rest. These characteristics stitching pain, greatly aggravated by any motion
- **CAUSTICUM**- manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicated by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints; progressive loss of muscular strength, tendinous contractures. **MAGNESIUM PHOSPHORICUM**- The great anti- spasmodic remedy. Cramping of muscle with radiating pains. Neuralgia pains relieved by warmth. Weakness in arms and hands, finger tips stiff and numb.
- **RHUS TOXICODENDRON**- Tearing asunder pains. Pains tearing in tendons, ligaments, and fasciae. Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion. Numbness and formication,

PSORIATIC ARTHRITIS^{3,4,5}; Psoriasis precedes onset of arthritis in 80% cases. Symmetric polyarthritis that resembles RA. DIP joint primarily affected; asymmetric, monoarticular; pitting of the nails and onycholysis accompany DIP involvement. Erosive arthritis targeting the fingers and toes. Skin appearances- ‘telescoped’. Predominate- HLA-B-27 + (50% case)

RHUS VENETA- Bruised feeling in the limbs. Pains as if sprained or dislocated. Rashes under the skin with

severe nightly itching. Fine psoriatic eruptions on forearm, wrist, back of hands and on fingers. Severe desquamation with severe itching. Complaints < warmth.

LEDUM PAL- Ledum pal usually affects the fibrous tissue of joints especially small joints. Ascending type in nature; Ledum pal is very valuable remedy in psoriatic arthritis; Presents with eruptions only on the covered parts of the body. reddish spots with scaly eruptions. Aggravation from warmth ; relief from putting his feet in cold water.

SYPHILLINUM-Syphillinum is another nosode prepared from syphilitic virus. Acts on the bone, nerves, mucus membrane. Indicated in psoriatic arthritis. Indicated in shifting rheumatic pains and chronic eruptions like psoriasis, presents with dry scaly or pustular eruptions on different parts of the body in patches.

Systemic Lupus Erythematosus^{3,4,5}-90% female, peak age- 20-30 yrs; **Genetic factor-** monozygotic twins, HLA DR2 and DR3 association, complement component- C1q, C2, C4. Auto-antibody formation. **C/F:** **Arthritis-** Arthralgia common symptom (90%), early morning stiffness. Joint deformity (Jaccoud's arthropathy), **but joint erosions never.** **Skin** – rash is common and classically precipitated by exposure to UV light. 3 type rash- Classic Butterfly rash (20%); (Malar rash) -70%; SCLE rash; Discoid lupus rash. **Investigation:** **ANA: + (100%)** sensitive but not specific. Anti-dsDNA and Sm antibodies are characteristic of severe active SLE (30%).

APIS MELLIFICA- Acts on cellular tissues causing oedema of skin and mucous membranes. Swelling or puffing up of various parts, red rosy, stinging, soreness, intolerable of heat, and slightest touch, afternoon aggravation are some of the general guiding symptoms.

- **BELLADONNA-** Acts upon every part of the nervous system, producing active congestion, furious excitement. Marked action on the vascular system, skin, glands. Always associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, hyperesthesia of all senses.
- **HYDROCOTYLE ASIATICA-** Curative in disorders that exhibit interstitial inflammation and cellular proliferation in any part. Has considerable reputation in lupus, when there is no

ulceration;Lupus non-exudes. Spot almost circular with raised scaly edges.

SJOGREN'S SYNDROME^{3,4,5}: Auto-immune disorder, characterized by lymphocytic infiltration of salivary and lachrymal glands, leading to glandular fibrosis and exocrine failure. HLA-B8/DR3; **C/F:** Kera-to-conjunctivitis sicca, xerostomia; lymphadenopathy. **Investigation-** Schirmer tear test. Antibodies- Anti-Ro antibody (anti-SS-A)-40-80%, Anti-La antibody (anti-SS-B)- 60%

ALUMINA- A very general condition corresponding to this drug is dryness of mucous membranes and skin. Throat – Dry, sore; Clergyman's sore throat in thin subjects.

ANTIMONIUM CRUDUM- Eyes – Dull, sunken, red, itch, inflamed, agglutinated. Canthi raw and fissured. Pustules on cornea and lids. Mouth – Cracks in corners of mouth. Dry lips.

PULSATILLA NIGRICANS- Eyes-Thick, profuse, yellow, bland discharges. Itching and burning in eyes. Profuse lachrymation and secretion of mucus. Lids inflamed, agglutinated; Dry mouth, without thirst; wants it washed frequently. Frequently licks the dry lips.

AMMONIUM CARBONICUM- Eyes-Burning of eyes with aversion to light. Asthenopia. Sore canthi. Mouth-Great dryness of mouth and throat. Cracking of jaw on chewing.

RHEUMATOID ARTHRITIS^{3,4,5}- Chronic systemic inflam. disease characterized by – persistent involvement of synovial membrane of multiple joints and variety of systemic manifestations. RA higher in monozygotic (15%), MHC- Class II, HLA-DR4, HLA DR-B1. **VIRUS-** E. B. Virus. Clinical onset of RA characterised by- Acute- effusion and Chronic- ankylosis, fibrosis. Morning stiffness, arthritis- symmetrical 3/or more joint. (PIP and METACARPOPHALANGEAL SPECIFIC). **Investigation:** Anti CCP2 +, RA factor +, **RA-DIOLOGY-** Juxta articular osteoporosis, joint erosion, narrowing of joint spaces.

AURUM METALLICUM- Rheumatic affections with swelling of the joints, pains are violent, tearing, bones ache as if they would break, not in acute fevers but in old syphilitic bone troubles; knife-like pains in the periosteum.

PHYTOLACCA DECANDRA- In acute rheumatism which is prolonged, worse at night, from the warmth of the bed, warm applications and motion; sharp, cutting, flying like electric shocks, shooting pains as if in the bones, cannot touch the floor; occupies a position between Bryonia and Rhus tox, it cures when these fails through apparently well indicated.

CAUSTICUM- Rheumatic state of the tendon and ligaments about the joints, with swelling, pain and ending in a tightening up of the joint so that it becomes ankylosed. Great stiffness.

TEMPORAL ARTERITIS^{3,4,5}- GCA- Affect medium-sized arteries in the head and neck. Cardinal symptom- headache (temporal and occipital) and accompanied by scalp tenderness. Temporal artery enlarge, nodular, tender, pulseless. Visual disturbances- catastrophic presentation with blindness. **On fundoscopy-** optic disc pale and swollen with haemorrhages; Jaw pain during chewing or talking; Asymmetrical pulse in arms.

GLONOINE – Headaches attended with marked heat and congestion. Persons needing it complain of throbbing in temples. This may worsen while walking. Relief may occur from lying and also from pressure on it. Sensation as if the head would burst mainly at temples and above ears. Temporal arteries seem to pulsate and beat violently.

SPIGELIA ANTHELMIA– It is a leading medicine to manage facial pain mainly on the left side. The pain for using this medicine can be burning, tearing, stinging or darting type. The pain may worsen from stooping and slightest motion. The pain in the left temple is a violent stitching or pulsating type where it is required.

PHOSPHORUS –It helps to manage many vision problems. In these cases, it offers help to manage complaints of blurring of vision and double vision (diplopia). Persons needing this medicine also have pain in one or the other temple burning, pulsating or pressing type.

CALCAREA CARBONICUM –It is a prominent medicine for managing jaw pain. For using it pain in the upper jaw is present when chewing. The pain is mainly drawing in nature. Another indication for using it is stitching pain in the left temple on movement of the lower jaw.

COELIAC SPRUE^{3,4,5}: Inflammatory disorder of the small bowel occurring in genetically susceptible in-

dividuals. Results from intolerance to wheat gluten and similar proteins found in rye, barley and to lesser extent oats. Tissue trans-glutaminase recognized as the auto-antigen for anti-endomysial antibodies. Mal-absorption, tiredness, weight-loss dyspepsia. **Investigation:** Endoscopic small bowel biopsy gold standard method- villous atrophy; Anti-endomysial antibodies-sensitivity (85-95%) and specificity (99%)

CHINA OFFICIANALIS- Painless diarrhea accompanied by great weakness. The loose evacuations take place chiefly after a meal or at night involuntary.

CARBO VEGETABILIS- Epigastric region very sensitive. Digestion slow; food putrefies before it digests. The simple food distress. Abdomen greatly distended; better passing wind.

KALIUM CARBONICUM- Anxiety felt in stomach. Flatulence, feeling of lump in pit of the stomach. dyspepsia of old people; burning acidity, bloating. Sour eructation.

INFLAMMATORY BOWEL DISEASE^{3,4,5}-UC and CD are chronic inflammatory bowel diseases which pursue a protracted relapsing and remitting course. **UC only involves colon and CD can involve any part of the G.I tract from mouth to anus.**

Ulcerative colitis- Involves the rectum and spreads proximally in continuous manner to involve entire colon in some cases; Genetic factor-HLA-DR 103; Presentation – passage of mucous and bloody diarrhoea; passage of 15- 20 stools/ day. Sigmoidoscopy is the key to diagnosis.

Crohn's disease: Most commonly involved area- terminal ileum and rt. side of colon. Sparing of rectum; fistula and fissure formation (50%); Perianal diseases common; Major symptoms – abdominal pain > by defecation, diarrhoea, weight loss. **Investigation:** **BAR-IUM MEAL X-RAY:** Cobble stone appearance, string sign of Kantor.

ALOE SOCOTRINA- sense of insecurity in rectum. Stool passes without effort. Lumpy waery jelly like stools with soreness in rectum after stool.

COLCHICUM AUTUMNALE- painful, scanty, transparent, jelly like mucus, pain as if anus were torn open with prolapse. Stools contain white shreddy particles in large quantities.

PHOSPHORUS- Painless, copious debilitating diarrhea. Green mucus, with grains like sago. Involuntary; seems as if anus remained open. Great weakness after stool.

MERCURIOS SOLUBILIS- Greenish, bloody and slimy, worse at night; with pain and tenesmus. Discharge accompanied by chilliness, cutting colic. Whitish grey stools.

MULTIPLE SCLEROSIS^{3,4,5}- Commonest de-myelinating disease. Cause: HLA-DRZ, Resultant lesion is a plaque of inflammatory demyelination (MC in the periventricular regions of the brain, the optic N and Cervical spinal cord.), after that formation of shrunken grey scar. C/F: Optic neuritis, 6th CN palsy, internuclear ophthalmoplegia with ataxia. In advanced case – Nystagmus, Intention tremor and scanning speech (Charcot’s triad); CSF EXAMINATION: Protein Normal; Gamma Globulin Fraction Increased.

- **ALUMINA**— Lack of muscular coordination. Locomotor ataxia. Spinal degeneration and paralysis of lower limbs. Inability to walk, expect when eyes are open or in day time.
- **ARGENTUM NITRICUM** — It is effective for multiple sclerosis, where the person feels great weakness of lower limbs. With softening of spinal cord. Walks and stands unsteadily. Legs feel as if made of wood or padded Trembling and numbness of limbs.
- **GELSEMIUM SEMPERVIRENS** —Double vision and lack of muscular coordination. Vision blurred or smoky. Optic neuritis. Blurring and discomfort in eyes even after accurately adjusted glasses. Orbital neuralgia with contraction and twitching of muscles.
- **LATHYRUS SATIVUS** —Lathyrus sativus is prescribed in multiple sclerosis with spastic paralysis of lower limbs. Reflexes increased. Tremulous tottering gait.

MYASTHENIA GRAVIS^{3,4,5}-Most commonly caused by antibodies to acetylcholine receptors in the post-junctional membrane of the neuromuscular junction. Fatigable muscle weakness (Most evident symptom); Worsening of symptoms towards the end of the day or following exercise. (Characteristic); FIRST SYMPTOM usually intermittent ptosis or diplopia. Any limb muscle may be affected- MC shoulder girdle; Respiratory muscle involve and respiratory failure cause of death. Positive edrophonium bromide test; Sensitive

test- Acetylcholine receptor antibodies (80-90%)

GELSEMIUM SEMPERVIRENS- act upon the muscles and motor nerves, weakness of throat, chest, larynx, sphincter, etc. Muscular weakness. Complete relaxation and prostration. Lack of muscular co-ordination General prostration. Fatigue after slight exercise; Heavy drooping of eyelids

CURARE- Muscular paralysis without impairing sensation and consciousness. Weakness of respiratory muscles. Reflex action diminished. Tired pain up and down spine; Weakness of hands and fingers in pianists.

PLUMBUM METALLICUM- Localized neuralgic pains, neuritis. Progressive muscular atrophy. Locomotor ataxia. Excessive and rapid emaciation. The points of attack for Plumbum are the neuraxons and the anterior horns.

TYPE 1 DM^{3,4,5}- It was previously termed ‘insulin-dependent diabetes mellitus’ (IDDM) and is invariably **associated with profound insulin deficiency, requiring replacement therapy.** It is a T cell- mediated autoimmune disease involving destruction of the insulin-secreting Beta cells in the pancreatic islets; GENETIC PREDISPOSITION: 1/3RD Portion.HLA DR3, HLA DR4, HLA DQA1, HLA DQB1. C/F- AGE – young; Sudden onset of osmotic Symptoms – Polydipsia, Polyuria or Symptoms of Ketoacidosis. Laboratory parameter- Blood insulin decrease, Glucagon high, Ketonuria, Auto-antibodies +;

Therapeutics - Abroma augusta, Cephalandra indica, Gymnema sylvestre, Syzygium jambolanum, Uranium nitricum

HASHIMOTO’S THYROIDITIS^{3,4,5}: Destructive lymphoid infiltration of the thyroid leading to fibrosis and enlargement; Positive Anti-thyroid Peroxidase auto-antibodies and firm goitre, may or may not be hypothyroid, presence of TSH receptor- blocking antibodies rather than anti-thyroid peroxidase auto-antibodies. 25% case presentation – Hypothyroid; Serum T4- NORMAL; TSH- NORMAL / RAISED; Anti-thyroid peroxidase antibodies (90%) – present; Anti –nuclear factor (ANF) – present (under the age of 20 yrs)

BARYTA CARBONICA- Pressure deep in eyes, < looking fixedly, or upward or sideways, > looking downward; opaque cornea, eye feels dry, violent long-lasting palpitations, <when lying on left side, with great anxiety, large glandular swellings

BROMIUM- Protrusion of eyes; anxious feeling about heart; violent palpitations, she cannot lie on right side; goiter; glands of neck much swollen; continued desire to urinate, with tickling sensation in tip of urethra; sweat from least exertion; emaciation.

PRIMARY BILLIARY CIRRHOSIS^{3,4,5}- Chronic disease of the liver characterized by auto-immune destruction of small intra-hepatic bile ducts and cholestasis. Association: HLA-DR8, HLA DRB1, HLA DQB1. C/F: Pruritis, hepatosplenomegaly, jaundice, steatorrhoea, signs of portal HTN. **Lab finding:** Elevation of ALP; + Anti-mitochondrial antibodies (95%).

CARDUUS MARIANUS- The action of this drug is cantered in the liver, and portal system, causing soreness, pain, jaundice. Indicated in jaundice, nausea and vomiting of a greenish fluid. There is sensitiveness in the epigastrium and right hypochondriac region.

CHELIDONIUM MAJUS- The liver symptoms of Chelidonium are very prominent. There is soreness and stitching pains in the region of the liver, but the keynote for this drug in hepatic diseases is a pain under the angle of the right shoulder blade,

PHOSPHORUS- Phosphorus is the remedy for fatty degeneration of the liver, with well-marked soreness and jaundice.

CONCLUSION

Autoimmunity is a state in which there is loss of tolerance to one's own tissues. With great contrast, homoeopathic system of medicine observe the disease from very beginning and the application of its in the clinical

field remain ever constant through different conditions through different ages. Methods of adapting and applying the principle have changed to some extent as the scope and technique of prescribing have been developed, but homoeopathy is essentially the same today that it was a hundred years ago.

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Snakes in homoeopathy

By Dr Shambhu Nath Prasad Yadav

ABSTRACT :

There are more than 3000 species of snakes in the world. All snakes are ectothermic and predatory though there is remarkable interspecies variability in size and shape. Snakes have adapted to fill niches in multiple different ecosystems, including marine, arboreal, and subterranean environments. Snakes exhibit remarkable diversity in life-history traits, ranging from age and size at maturity, to reproductive lifespan, to size and quantity of young.

Nearly 80% of the world's population from non-affluent countries depends on plant and animal-based medicines. In India, for the 65% of the population of 1.22 billion, traditional medicine is the only source of healthcare. The healing of human ailments by using therapeutics isolated directly or indirectly from animal is known as zoo therapy. In India, 15-20% of the traditional medicine is based on animal derived substances. It is certain that many animal species have become extinct or under red alert because of overexploitation.

When taking up the theme of the actions and the use of snake-venoms we pay tribute to that remarkable personality Constantin Hering who, while in Surinam, collected, prepared and tested the venom of the "bushmaster" *Lachesis muta*, then called *Trigonocephalus lachesis*.

Snakes cause decomposition and fluidity of the blood; the parts swell rapidly and proceed to rapid decomposition ; the blood is dark fluid and devitalized and hence they are suitable to disease where a poisoned condition of the blood obtains, as in typhoid fever, diphtheria, gangrene, low ulcerations etc. ; they also stain the skin yellow, not from jaundice, but owing to the decomposed blood.

Keywords: *Ophida, snakes, homoeopathic medicine*

Introduction

Snakes are limbless reptiles belonging to the suborder Serpents. There are more than 3000 species of snakes in the world. All snakes are ectothermic and predatory though there is remarkable interspecies variability in size and shape. Snakes have adapted to fill niches in multiple different ecosystems, including marine, arboreal, and subterranean environments. Subsequently they are found in the Pacific and Indian Ocean and on every major landmass except Hawaii, Ireland, New Zealand, and Antarctica. The vast majorities of snakes are considered nonvenomous and acquire prey through constriction or simply by overpowering and swallowing still living prey. Classically about 600 species of snake are thought to be venomous¹.

Snakes exhibit remarkable diversity in life-history traits, ranging from age and size at maturity, to reproductive lifespan, to size and quantity of young. For instance, while many snakes may have clutch sizes ranging from

two to two dozen, there are reports of individuals of some species having clutch sizes of over 50, or even more than 100 offspring. One of the major factors affecting life history variation is maternal body size, with larger females tending to have more offspring due to a greater capacity within the abdominal cavity to accommodate eggs. Larger females also tend to have larger offspring, though this relationship does not appear to be as strong². The relationship between maternal size and clutch size is not perfect, as number of offspring may also be related to phylogenetic constraints size of individual offspring, and ecological context. Size of offspring may trade off with number for any given amount of energy available for reproduction, resulting in a choice of whether to make a few large young or many small. Furthermore, the ecological context, which includes factors such as availability of prey and predation risk, can generate both plastic (i.e., environmentally induced) and genetic variation in life-history strategy².

Intraspecific geographic variation in life-history strategy among snakes has been described across latitudinal and altitudinal gradients, between island and mainland populations, as well as across habitat types within the same region. Well-characterized populations of western terrestrial garter snake in California, United States, provide a prime example of geographic variation in life-history strategy across habitat types. These populations are distributed across two major habitat types within the same vicinity: the rocky lakeshore of a large natural lake, and nearby grassy montane meadows. Differences among habitats are thought to be major factors in the evolution of two distinct life-history ecotypes. Lakeshore snakes exhibit rapid growth to large body sizes, early maturation, large litters, and short lifespan, whereas meadow snakes exhibit slow growth to smaller body sizes, delayed maturation, small litters, but more extended lifespans. Evidence suggests that higher resource availability as well as higher predation pressure have selected for a faster life-history strategy in lakeshore populations, which may have generated a trade-off between fast growth/high reproduction and lifespan, as theory would predict. Interestingly, while classic life-history theory predicts that fast-living organisms should age more rapidly, lakeshore snakes do not show evidence of faster reproductive senescence than meadow snakes. Rather, lakeshore snakes continue to increase their reproductive output as they get older and larger. This indeterminate growth has been proposed as a means of evading some of the trade-offs expected in determinately growing species. Though the two ecotypes differ according to a variety of physiological metrics, such as metabolic rate, DNA damage and repair, innate immunity, and corticosterone levels, the physiological mechanisms underlying differences in reproduction per se between the two habitat types have not been fully elucidated. However, there is some evidence that ecotype-differences in circulating insulin-like growth factor-1 in the wild may be related to differences in litter size².

TAXONOMY AND GEOGRAPHIC DISTRIBUTION

Snakes are in the class Reptilia and the order Squamata, in the clade Toxicofera, infraorder Serpentes (snakes). More than 2900 extant species of snakes exist within three major clades: scolecophidia, alethinophidia, and caenophidia. scolecophidians are fossorial, blind snakes with three families in the group: anomalepididae, typhlopidae, and leptotyphlopidae. scolecophidians are oviparous and retain pelvic remnants. The anomalepididae (early blind snakes) live in the forested regions of Central and South Americas. The leptotyphlopidae

(Thread snakes) inhabit the semi-desert to forested regions of the tropics and subtropics of Africa, the Americas, and Southwest Asia. Thread snakes lack the left lung, the tracheal lung, and the left oviduct. The typhlopidae (blind snakes) exist in areas ranging from the semi-desert to the rain forest regions throughout the tropics. The left lung is vestigial, and the left oviduct is absent³.

THERAPEUTIC USE OF SNAKE VENOM IN ANCIENT TO MODERN INDIA

Nearly 80% of the world's population from non-affluent countries depends on plant and animal-based medicines. In India, for the 65% of the population of 1.22 billion, traditional medicine is the only source of healthcare. The healing of human ailments by using therapeutics isolated directly or indirectly from animal is known as zoo therapy. In India, 15-20% of the traditional medicine is based on animal derived substances. It is certain that many animal species have become extinct or under red alert because of overexploitation. Apart from ecological imbalance and cruelty involved, these practices are not sustainable. Thus, unless cultivated, zoo therapy remains questionable. However, with the advancement of chemical and biological sciences, it is now possible to extract the information related to healing of diseases from animal sources and multiply the product in vitro. This mini-review aims to decipher such information available from the components of snake venoms primarily available in India. From ancient time, the remedial system of Ayurveda, has employed various toxic substances like venoms from snake, scorpion, bee etc. India has a rich diversity of about 300 species of snakes of which 67 are front-fanged venomous species of the families Elapidae and Viperidae. The Eastern part of India has 92 species under 34 genera of which 15 are venomous. The venoms contain numerous toxins that could be used to develop therapeutic agents for the treatment and prevention of human diseases. Local inhabitant of Sierra Madre (California, USA) used to say 'the more poisonous the animal, the more potent its anti-poison. There is a similar proverb in India- 'Poison kills poison'⁴.

CONCEPTUAL IMAGE

Entire universe is struggling with the duality of positive and negative side which runs parallel to each other's. There are good and bad outcomes being felt while one is in action. To win or to loose is matter of individual confidence and consciousness gathered during that particular period of life. Entire universal phenomenon are constantly changing with the relative results from

time. Expectations for the best is ultimate desire yet it has to pass test of the time being obstructed by various reasons. Within our own life we have both feelings of good and bad which keeps swinging. Only a assertive understanding makes us strong enough to withstand all the bad weathers which used to come during the course of life. Struggle for existence are subject matter which keeps us in activities throughout the life and seems to be destined for our life. There are several attraction from the surrounding which tries to influence us and take our attention to get involved. Only after experiencing the results one get sensation of effects. Diseases phenomenon also brings several options for treatment and only those which makes us convinced are undertaken irrespective of the results. Getting attractions without using own conscience are like life without any base. When we think in analytical way we get some better results. Attractive and delusions are outer edge of the life which comes first and within it lies the realities. To reach to the depth of truth we have to explore and think with meditation way. There are no end for getting back once we get involved and only we have to get satisfied with whatever results came out. Only a patience and understanding helps to at least cut short misery and come our free from these entangled situations of diseases. Getting into the history of universe it is filled with such myth and tradition which reflects about the human understanding and attempts made to recover from all the adversity. It is only a life in balance that makes a presenting understandings. No other animals has influenced human life other than snakes. In every corner of the universe history is filled with different myth and stories with human life. Fear associated with snakes are more than any other animals. Definitely these rope like creature has remained influencing the human psychology in every walk of life.

When taking up the theme of the actions and the use of snake-venoms we pay tribute to that remarkable personality Constantin Hering who, while in Surinam, collected, prepared and tested the venom of the "bush-master" *Lachesis muta*, then called *Trigonocephalus achesis*. After founding, together with Wesselhoeft, the North American Academy of Homeopathic Medicine in Allentown, PA, he published all the data available at that time on *Lachesis mutus*, *Crotalus horridus*, *Vipera berus* (then called *V. torva*), *Vipera Redii* and *Naja tripudians* (*Naja naja*) in a booklet. Though 120 years of extensive use chiefly of *Lachesis* and *Crotalus* have passed, Hering's work is still a main source of our knowledge and use of these venoms. His was the first scientific approach to a subject which has roused the imagination of men from times immemorial⁵.

GENERAL CHARACTERISTIC ACTION OF THE REMEDIES OF OPHIDIA GROUP OF MEDICINE⁶

Snakes cause decomposition and fluidity of the blood; the parts swell rapidly and proceed to rapid decomposition; the blood is dark fluid and devitalized and hence they are suitable to disease where a poisoned condition of the blood obtains, as in typhoid fever, diphtheria, gangrene, low ulcerations etc.; they also stain the skin yellow, not from jaundice, but owing to the decomposed blood. The discharges are offensive and the heart is weakened. Common Characteristics of Ophidia-

1. Paralysis-The paralysis of ophidia group occur in right side as well as left side. There will be also extensive paralysis
2. Constriction of throat – larynx and sphincters
3. Haemorrhages of dark, non-coagulable decomposed black blood oozing from all orifices of the body with ecchymosed.
4. Inflammations and fevers of low destructive type.
5. Yellow staining or colour of skin
6. Action on heart-Produces palpitation, dyspnoea and valvular lesions.
7. Appearance of face.
8. Alteration of spinal reflexes- Dimness of vision, excitability of brain or spinal cord resulting in mental restlessness and physical sensitiveness, torpidity, numbness twitching and formication.
9. Initial anxiety, mental excitability and oversensitiveness- Hallucinations and fear, followed by nervous depression which varies from debility to confusion, stupor, delirium and paralysis.
10. Periodicity:
11. Swelling
12. Action on liver- Hepatomegaly and Jaundice
13. Sleep aggravation
14. Dysarthria:

Characteristic mental symptoms⁶

1. Anxiety, mental excitement and fear. Hallucinations are regularly seen.
2. Loquacity, compelled to talk continuously, jump from one topic to the other without any connection.
3. Suspicious, fear of being poisoned, refuse the medicines offered, suspicious because of survival instincts.

4. Fear, of disease and death.
5. Religious Insanity, religious melancholy and clairvoyance.
6. Delirium, muttering like when drunk.
7. Fastidious, hurried tendency
8. Irritable and Quarrelsome
9. Competitiveness and attractiveness
10. Double standards, ophidians are known to have two sets of rules one for themselves and the other for others because of egotism and jealousy.
11. Hallucinations, delusions, insanity, delirium.
12. Greedy, jealous, quarrelsome, malicious, always playing dirty tricks.
13. Active, Ophidians have an active memory and a very striking nature.

CONCLUSION

Every year, poisonous snakes kill thousands of people around the world. But the venom that kills can also save lives. Scientists have been studying the medicinal properties of various snake venoms for decades. For example, certain Tunisian vipers have been shown to have anti-tumour properties. Others have antibacterial and painkiller features.

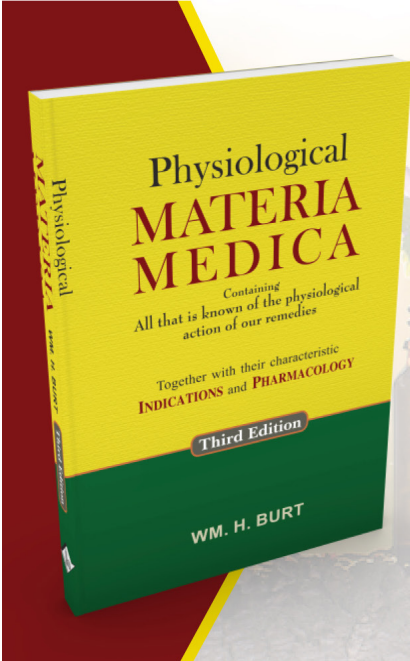
Haemotoxins in snake venom target the circulatory system, and typically attack the body's clotting ability and muscles. But scientists have also found ways to use hemotoxins for medicine — such as treating heart attacks and blood disorders. Other drugs have been developed from neurotoxins in snake venom, which are used to treat alzheimer's and parkinson's, as well as stroke and brain injuries; more research will need to be done to better understand the medicinal properties of these toxins.

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Utility of spider group of medicines in homoeopathic treatment

By Dr Debasmita Satapathy, Dr Navisha Khatoon, Dr Purnendu Padhy

ABSTRACT :

The following article discusses the utility of spider group of medicines in homoeopathy.

Keywords: Spider group, homoeopathy.

Abbreviations: CVS – cardiovascular system, CNS – central nervous system, GIT – gastrointestinal tract

Introduction

Spiders are the largest and most widely distributed order of class of animals called ARACHNIDA, which also includes the scorpions, harvestmen, false scorpions, mites and ticks. There are about 22,000 different species of spiders of which about 500 are British in origin. Spiders are of two types:

1. *Aranomorphae* or *dipneumones* with one pair of lungs. They spin cobwebs in air.
2. *Mygalomorphae* or *tetrapneumones* with two pairs of lungs. They live in funnels and tubular holes in ground.

Most of the species belong to *Aranomorphae* and they are called true spiders or tarentulas.¹

Classification²

- Kingdom - Animalia
- Phylum - Arthropoda
- Sub- phylum - Chelicerata
- Class - Arachnida
- Order – Araneae

Spider Poisons – Remedies in Homoeopathy³

Hahnemann gave details of what has occurred as histories of poisoning and as proofs of the pernicious effects of these powerful substances. No observers ever dreamed that the symptoms they recorded merely as proofs of the noxious and poisonous character of these substances were sure revelations of the power of these drugs to extinguish curatively similar symptoms occur-

ring in natural diseases, that their pathogenetic phenomena were intimations of their homoeopathic curative action, and that the only possible way to ascertain their medicinal powers is to observe those changes in health.

General Nature of Spiders⁴

Spiders remain in the webs, which are neither in the sky nor on the ground, hanging suspended in sky. They remain at the center of web motionlessly but in a state of tension and awareness; are very sensitive to the tiniest movement anywhere on their webs. They are mentally and emotionally very sensitive and can sense the mood of others but cannot understand. This disconnection both with sky and ground, leads to their disconnection from time, disorientation and clumsiness which in turn leads them to making mistakes, weakness of memory and confusion of identity. They know everything but do not comprehend the emotional and instinctual aspect of it, i.e. they know what is happening in the sky and on the earth, but cannot understand what that means and that is why the spider medicines act well in cases of autism. Spiders need great deal of energy to maintain balance and get into action once their prey gets trapped, and hence, they are restless. This difficulty in balancing leads to vertigo. Like many insects, they do not have internal digestive system and have to digest their prey externally by injecting digestive substances into them and sucking back the digested prey liquid. They do not have overactive metabolism, lack excess heat and therefore they are chilly. As this energy is not derived from solid metabolic sources, it gets exhausted developing a state of nervous excitement alternating with exhaustion. The spider is in a state of readiness and restlessness but such activeness is fruitless. Hence the spider feels that if

it must be prepared all the time then there must be some threat always for it and this creates a paranoid suspicion and feeling of persecution. There is a contradictive stage in which they may be secretive and hide their emotions and feelings; and on the other hand, they are attention seekers and want to be noticed.

Medicines under spider group

Aranea diadema (Papal cross spider)

Aranea scinencia (Grey spider)

Aranerum tela (Cobweb)

Latrodactus hasselti (Black Spider)

Latrodactus katipo (New Zealand Spider)

Latrodactus mactans (Black widow spider)

Mygale lasiodora (Black cuban spider)

Tarentula cubensis (Hairy Spider)

Tarentula hispania (Spanish Spider)

Theridion curassavicum (Orange spider)



Aranea diadema
(Papal cross spider)



Latrodactus mactans
(Black widow spider)



Mygale lasiodora
(Black Cuban spider)



Tarentula cubensis
(Hairy Spider)



Tarentula hispania
(Spanish Spider)



Theridion curassavicum(Orange spider)

Doctrine of signature

- Spiders are in constant motion – the patients are always restless.
- The action of the spider poison is very violent – the complaints of patients are also violent.
- The spider captures its prey in a very cunning way in woven web – the patients are cunning & deceptive

in their behavior.

- The male spider is known to dance during the mating season – the patient desires to dance which relieves his/her complaints.

Sphere of action:

Mind, Blood, Skin, CNS, Head, Heart, Extremities, Sexual organs, Peripheral nerves

Patho-physiology:

- CNS: Especially on the motor nerves of spinal cord, it produces symptoms like chorea, hysteria, hyperesthesia and involuntary movements. Other symptoms are anxiety, trembling, restlessness, nervous prostration.
- Skin: It produces vesicular papules, pustular rashes on body with itching.
- CVS: Action on heart and blood vessels, produces constriction. It also causes degeneration and destruction of blood vessels.
- GIT: Produces acute abdominal pain with rigidity of abdominal muscles.
- Kidney: It produces moderate albuminuria and haematuria.

General features

- Constitution: Tall, slender, restless, nervous, hypersensitive persons. People with artistic personalities, who are very active.
- Temperament: Nervous, hysterical, restless and irritable.
- Reaction to heat or cold: Chilly patients
- Miasm: It covers Psora, Syphilis, Sycosis and Tubercular miasm.

Characteristic mental symptoms

- Mind is always in turmoil. They are nervous and jerky.
- Very easily get affected by emotions. Consolation causes weeping. Least contradiction affects.

- Selfish, cunning, whimsical and quarrelsome.
- Obstructive, interfering.
- Great aversion to bright light, objects, color etc.
- Contradiction <. Ailments from contradiction
- Sensitive to music. All complaints, mental & physical are relieved by music.
- Contrariness: cheerfulness or gaiety alternating with anger, irritability. Aversion to company but wants someone present nearby.
- Hysterical. Causeless weeping, feigning and malingering.
- All mental symptoms ameliorated by eating, walking.

Characteristic physical symptoms

- All the symptoms occur at regular intervals and maintain periodicity.
- Sensation of trembling in heart with irregular pulse.
- Marked weakness and prostration from any excitement.
- Twitching and jerking movements in legs constantly.
- Females have violent, uncontrollable sexual erythrim; nymphomania.
- Increased sensitiveness of the genital organs and itching of the genitals.
- Restlessness and hypersensitiveness are the common features.
- Spine very sensitive to touch; great spinal irritation. Pain between scapulae..
- Vertigo on closing the eyes, from motion, stooping, noise with nausea, vomiting and cold sweat.
- Desire: raw foods, cold drinks, banana, alcoholic drinks, tobacco.
- Aversion to bread, meat, chocolate.

Differentiating features of Spider group medicines

Name of Medicines	Peculiar characteristics ⁵	Common features ⁵
1. <i>Aranea diadema</i>	Hydrogenoid constitution. Sensation as if parts were enlarged and heavier.	Nervous, selfish, hysterical, cunning, sensitive to music.
2. <i>Aranea scinencia</i>	Constant twitching under the eyelids, sleepiness, worse in warm room	
3. <i>Aranerum tela</i>	Cardiac sleeplessness, increased muscular energy, obstinate intermittent fever. Symptoms come on suddenly with cold, clammy skin.	Tall, slender, active, restless. People of artistic personalities.
4. <i>Latrodactus hasselti</i>	Long standing effects seem to indicate in chronic blood poisoning Arrests intense pain in pyemia. Constant delusion of flying.	Maintain periodicity, weakness and prostration, sensitiveness of the genital organs and itching of the genitals.
5. <i>Latrodactus katipo</i>	Lymphangitis and nervous twitching, scarlet burning eruption.	Chilly patients.
6. <i>Latrodactus mactans</i>	A picture of angina pectoris is presented by the action of the drug. Lowered coagulability. Coldness of entire surface. Skin cold as marble.	Covers Psora, Syphilis and Sycosis miasms.
7. <i>Mygale lasiodora</i>	Twitching of facial muscles. Chorea is the principal therapeutic field of this.	Desire: raw foods, cold drinks, banana, alcoholic drinks, tobacco.
8. <i>Tarentula cubensis</i>	Diphtheria. It is the remedy for pain of death; soothes last struggle. Pruritus around genitals.	Aversion to bread, meat, chocolate.
9. <i>Tarentula hispania</i>	Formication. Wants hair brushed or head rubbed. Constricting sensation.	
10. <i>Theridion curassavicum</i>	Sensitive to noise, it penetrates the body, especially teeth.	

Reflections of spider group of medicines in Repertories

Dr. J. T. Kent⁶

- Mind – ABRUPT - *Tarentula*
- Mind - COLOR, AVERSION TO RED, GREEN, BLACK - *Tarentula*
- Mind – CONTRARY - *Tarentula*
- Repertory of the Homoeopathic Materia Medica by

- Mind – DANCING - **Tarentula**
- Mind – DEATH, THOUGHTS OF, AFTERNOON - **Tarentula**
- Mind – DELUSION, HEAD BELONGS TO ANOTHER - **Theridion**
- Mind – GRIEF, AFTERNOON - *Tarentula*
- Mind – HURRY, EVERYBODY MUST HURRY - **Tarentula**
- Mind – HYSTERIA, MUSIC AMEL. - **Tarentula**
- Mind – VIVACIOUS, ALTERNATING WITH SORROW - **Tarentula**
- **Homoeopathic Medical Repertory by Robin Murphy⁷**
- Abdomen – ANXIETY - *Tarentula*
- Mind - ABUSIVE, INSULTING - *Tarentula*
- Mind - AGONY, ANGUISH, DEATH AGONY BEFORE - **TARENTULA**
- Mind – VIOLENT - **TARENTULA**
- Mind – ANXIETY - *Theridion*
- Mind – HYSTERICAL - *Theridion*
- Mind – BUSY - *Tarentula*
- Mind - CHEERFUL, FEELINGS, FOLLOWED BY HEADACHE - *Theridion*
- Mind - COMPANY, AVERSION TO - *Tarentula*
- Mind – CONTRARY - **TARENTULA**
- Mind - CRYING, WEEPING - *Tarentula*
- Mind – CONSOLATION - *Tarentula*

Conclusion

The spider medicines are deep acting polychrest medicines. The success stories on effectiveness of such medicines are also documented by the clinicians. But, all the spider medicines are not thoroughly proved, which should be done to obtain their full symptomatology. After thorough proving, these medicines need to be verified in clinical settings to confirm their pathogenetic symptoms. All these should be done in a research mode so that the data will be authentic and acceptable.

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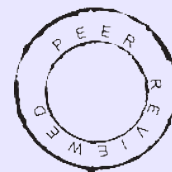
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Homoeopathy for autoimmune diseases - a case study

By Dr Karthik R S, Dr D.Esther Deva Ramya



ABSTRACT :

Autoimmune disorder happens while the immune system assaults its very own molecules due to impaired immunological tolerance to autoreactive immune cells. Gender, race, ethnic characteristics, and environmental elements are related to the chance of growing an autoimmune disorder. Modern treatment options for autoimmune problems rely upon popular immunosuppressive tablets that disrupts the complete immune system, frequently with excessive aspect impact profiles of wide immunosuppression.

Keywords: homeopathy, autoimmune diseases, Hashimoto's thyroiditis, case, repertory

Abbreviations: interferon (IF), Hashimoto's thyroiditis (HT), human leucocyte antigen (HLA), anti-thyroid peroxidase antibody (anti-TPO Ab), triiodothyronine (T3), thyroxine (T4), body mass index (BMI), thyroglobulin (Tg), thyroid stimulating hormone (TSH), thrice a day (TDS)

Introduction

Autoimmune disease happens while the immune system is being under attack of its own molecules due to impaired immunological tolerance to autoreactive immune cells. Many autoimmune issues were strongly related to genetic, infectious and/or environmental predisposing factors. According to the revised Witebski criteria by Rose and Bono, a disease is taken into consideration as autoimmune if (i) it is able to be transmitted with the aid of using pathogenic T cells or autoantibodies, (ii) it is able to be brought about in experimental animals, or if (iii) autoimmunity is suggested by using circumstantial proof from scientific clinical samples.⁽¹⁾

Hashimoto's thyroiditis (HT) is the utmost common organ-specific autoimmune disorder. It causes destruction of the thyroid gland. Hashimoto's thyroiditis (HT) is an autoimmune disorder linked with self-destructing auto-antibodies against the protein Thyroglobulin in colloid and enzyme thyroid peroxidase.⁽²⁾

On an average about 42 million people in India are suffering from thyroid diseases due to various causes⁽³⁾. A cross-sectional population survey conducted among the residents of coastal area of central Kerala in south India, states that anti-Thyroid peroxidase antibody (anti-TPO Ab) titre was elevated in 46.3% of those with thyroid

Incidence of HT raised in the recent years may be due to the predisposing factors like environmental factors, stress, diet, genetic tendencies. Pathogenesis is initiated by defective T helper cells in follicle which further leads to chronic inflammation and lymphocytic infiltration in follicular cells of thyroid gland.⁽⁴⁾ Clinically majority of the HT cases are asymptomatic in initial stage later may end up with overt hypothyroidism and goiter.⁽⁵⁾

AETIOLOGY:

The exact aetiology for HT is yet to be known, few factors which influence the increased incidence of HT are

- Genetic susceptibility : HLA - DR genes especially HLA - DREI, thyroid specific genes like Tyr26 is known to influence the thyroglobulin and thyroid stimulation hormone receptor
- Infection : Thyroglobulin is known to be influenced by the excess production of interferon (IF) which usually occurs during the viral infection.
- Excess dietary iodine : Iodine is essential for the synthesis of thyroid hormone however, the excess consumption of dietary iodine blocks the synthesis of hormone and it is toxic to the thyroid follicular cells.⁽⁶⁾

Wolff - chaikoff effect : Inhibition of organification can happen when the transient excess iodine, it results in the less production of T4 and T3 this is called as Wolff - chaikoff effect. In the normal individuals, down - regulation of the iodide transporter occurs and they escape

from the Wolff - chaikoff effect within short time . But in HT individuals, this effect persists.⁽⁷⁾ An iodine prophylaxis study conducted in Italy showed that iodine deficiency caused twofold the occurrence in incidence of HT but in excess iodine caused fourfold incidence of HT in the observational period . Studies conducted in China and Denmark also shows that the excess iodine in diet causes increase in incidence of HT. ⁽⁸⁾

- Less dietary selenium : Less content of dietary selenium is hypothesised to be one of the aetiology contributing to the higher incidence of HT ⁽⁹⁾

SIGNS AND SYMPTOMS:

Early non-specific symptoms may include the following:

*Fatigue *Constipation *Dry skin * Weight gain

More advanced symptoms may include the following:

*Cold intolerance

*Voice hoarseness and pressure symptoms in the neck from thyroid enlargement

*Slowed movement and loss of energy * Decreased sweating *Mild nerve deafness

* Peripheral neuropathy *Depression, dementia, and other psychiatric disturbances

* Memory loss *Joint pains and muscle cramps *Hair loss

*Menstrual irregularities *Sleep apnea and daytime somnolence ⁽¹⁰⁾

DIETARY MANAGEMENT:

Thyroid hormone is one of the major hormone , which performs the function metabolism and brain development , the hypo secretion of this hormone affects the metabolism , which results in high BMI , increased waist circumference ,

- Increased Fruits and vegetables intake : A study of 1,887 individuals in Europe found that eating fruits and nuts , cereals , and vegetables reduced antibody levels , and that both low and high iodine consumption related to the higher prevalence of HT . There was also an adverse effect from animal fats and butter. Phytosterols and polyphenols in the vegetables has the immunomodulatory, antioxidant and anti - inflammatory effects, which helps in the

regulation of autoantibodies ⁽¹¹⁾

- Calcium rich diet: Calcitonin secreted by thyroid gland helps regulates the calcium level in blood . Calcium deficiency is possible with hypothyroidism, hence a calcium - rich diet , such as milk products and tiny fish with bones , is recommended .
- Avoid cabbage and cauliflower since they are having goitrogenous substances ⁽¹²⁾

INVESTIGATIONS:

(i)Thyroid function test: Thyroid stimulating hormone (TSH) is the significant marker even the minute variation in the T3 and T4 will be reflected in the TSH .

(ii) Thyroid auto - antibodies : • Anti - Thyroid peroxidase antibody (TPO- Ab) and Anti - thyroglobulin antibody (Tg- Ab) both have high sensitivity in indicating HT , but the specificity is low so the absence of which doesn't not exclude the HT . Thyroglobulin Abs and TPO - Abs , as explained above , have a high sensitivity but a low specificity , meaning that when present they confirm the diagnosis but if absent they do not exclude it , since 10-15 % of patients with HT do not have circulating antithyroid Abs .

(iii)USG - thyroid gland : The Hypo - echogenic heterogeneous thyroid gland is the indication of HT in USG thyroid . Grey scale computerized sonography is the objective evidence of HT .

(iv) FNAC : Diagnostic criteria : USG guided FNAC was used previously as a diagnostic tool for HT “) , the development of Antibody assays replaced the invasive technique . The Hurthle cell is characteristic evidence of HT in cytological study .

Diagnosis of HT is depended upon the elevated level of circulating thyroid specific autoantibodies like TPO- Ab and Tg- Ab . Majority of the HT cases shows hypothyroidism in thyroid function test , among which common presentation is subclinical hypothyroidism , although some cases may present with euthyroid or transient hyperthyroid ,⁽¹³⁾

ROLE OF ANTI - Tg Ab IN HT:

Anti - Tg Ab is produced against thyroglobulin (Tg) in thyroid follicles , secreted by B lymphocytes in the thyroid gland . The accumulation of Anti- Tg Ab above a normal limit in the thyroid gland might lead to increased Tg decomposition , not only that it also hydrolyze other proteins unrelated to Tg . which results in tissue damage and systemic proteolysis . Anti- Tg Ab has high immune specificity after entering blood . It can combine with Tg and transporter cells , activate natural

killer cells (NK) it leads to the destruction of thyroid follicular cells.⁽¹⁴⁾

HOMOEOPATHIC THERAPEUTICS:

1. *Sepia officinalis* – For Hashimoto’s thyroiditis with irritability

Sepia officinalis is a medicine for Hashimoto’s thyroiditis when the condition is accompanied by lack of vital heat in the body, hair fall, irregular bowel movement and menstrual complaints. The mental symptoms associated are extreme irritability and indifferent behavior, unusually excessive craving for acidic things and pickles.

2. *Calcarea carbonica* – For Hashimoto’s thyroiditis in obese people

Calcarea carbonica is a medicine for Hashimoto’s thyroiditis in obese people who are always chilly and cannot tolerate cold air. It is also used to treat hypothyroidism with depression, nervousness, and fatigue especially in patients with sluggish dispositions.

It has been proved efficacious in women with hypothyroidism who suffer from very profuse menses that continue for long durations that occur earlier than the expected. The feet may be cold during the menstrual period.

3. *Graphites* – For Hashimoto’s Thyroiditis with constipation

Graphites is a medicine for Hashimoto’s thyroiditis and hypothyroidism in people who suffer from chronic constipation where the stool is hard and passes with great difficulty in lumps. Associated mental symptoms include depression, sadness, timidity, and an inability to make decisions.

4. *Natrum muriaticum* – For Hashimoto’s thyroiditis in anemic females

Natrum muriaticum is a medicine used to treat Hashimoto’s thyroiditis in anemic females who undergo great physical weakness, dry skin, dry mouth, and obstinate constipation.^(15,16)

CASE PRESENTATION:

Miss. N of age 9 came with the complaints of swelling present on the front of Neck since 2 months. Complaints accompanied with extreme weakness and loss of appetite.

Past history: No significant past history.

Treatment history: Swelling over neck since 2 months. Undergoing Allopathic treatment since then.

Family history: Mother : hypothyroidism; Undergoing allopathic treatment (Eltroxine)

Suffered with mild stroke 2 weeks ago, undergoing allopathic treatment

Physical generals:

Diet: mixed diet.

Appetite: loss of appetite

Thirst: decreased

Craving: junk foods

Aversion: vegetables

Bowel: constipated

Urine: normal

Thermals: hot patient

Sleep: disturbed

Dreams: of crawling creatures

Perspiration: profuse

Mental generals:

- Easily gets angered
- Depressed for not able to play with her friends
- Was Suspicious when she entered the clinic. Unsure about what was happening

EXAMINATION OF NECK:

Inspection: Swelling present in front of neck; no discolorations or scar marks present

Palpation: Diffuse swelling; Moves with deglutition

No nodules present on palpation

Not tender on palpation

LABORATORY INVESTIGATION: _previously taken on 29.01.2021

S-ATG = 236 IU/ml

S-ATPO = 42.2 IU/ml

S TSH = 9.8 mIU/l

TOTALITY OF SYMPTOMS:

- Suspicious
- Easily angered
- Depressed nature
- Loss of appetite with extreme weakness
- Craves: junk food
- Dreams : of crawling creatures
- Painless swelling infront of neck
- Hot patient

PSORA	SYCOSIS	SYPHILIS
Dreams of snakes	Mentally suspicious	
Craving for fried food	Family history of hypothyroidism	
Weakness	Swelling of thyroid gland	
Constipation		

FUNDAMENTAL MIASM: PSORA

DOMINANT MIASM: SYCOSIS

Analysis and evaluation of symptoms:

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
<ul style="list-style-type: none"> ▶ Suspicious ▶ Easily angered ▶ Depressed nature 	<ul style="list-style-type: none"> ▶ Craves: junk food ▶ Dreams: crawling creatures ▶ Hot patient ▶ Bowel: Constipated 	<ul style="list-style-type: none"> ▶ Painless swelling infront of neck

Rubrics as taken from *The Repertory of Homeopathic Materia Medica* by J T KENT:

- MIND, SUSPICIOUS
- MIND, ANGER, IRASCIBILITY (IRRITABILITY)
- MIND, SADNESS, MENTAL DEPRESSION, CHILDREN IN
- MIND, LOQUACITY
- MIND, WITTY
- DREAMS, SNAKES
- EXT.THROAT, GOITRE (18)

REPERTORIAL RESULT (19)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Clipboard 2	12	10	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	6	6	6	6	6	6	6
1. MIND - SUSPICIOUS (75) 2	3	3	3	2		2	3	3	2	2	2	2	2	1	3	1	1	3	3	2	2				2
2. MIND - ANGER, irascibility (137) 2	1	2	3	3	2	2	1	3	2	2	1	1	3	2	1	1	1	3	3	2	3	2	3	3	3
3. MIND - SADNESS, mental depressi... (6) 2	2	1	2		2			1								1									
4. MIND - LOQUACITY (96) 2	3	1	1	2	1	2	3	1	2	2	2	2		1	1	1			1	3	1	1	1	1	1
5. MIND - WITTY (9) 2	2									1	2														
6. EXTERNAL THROAT - GOITRE (49) 2	2	2		2	3	2	1		1		2			1	2		2	2	2					3	2
7. SLEEP - DREAMS, - snakes (15) 2													1					1							

Case Study

PRESCRIPTION: 13.05.2021- TSH :15.03

1. **LACHESIS MUTUS 200 / 1dose/(1-0-0)**(weekly one dose)

(suspicion, anger, mental depression in children, loquacity, swelling in front of neck)

(Potency and dosage- best results in moderate potencies and in infrequent dosage⁽¹⁶⁾)

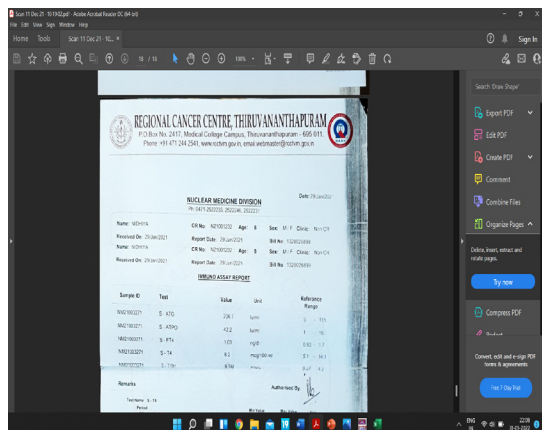
The age of the patient and the duration of the complaints helped in selecting this potency)

(20)

FOLLOW UP: After every 4 weeks

SL NO:	DATE	SYMPTOMS	PRESCRIPTION
1.	29.07.2021	Patient feels slightly better. Weakness and loss of appetite reduced TSH=7.63	THYROIDINUM 1M/(monthly one dose) Given as intercurrent remedy ⁽¹⁶⁾
2.	15.08.2021	Patient feels better. Mentally calm and composed	LACHESIS MUTUS 200 / 1dose/(monthly one dose) (Even correctly chosen medicine with action of long duration needs to be repeated to achieve success-§ 248)(20)
3.	18.09.2021	Patient feels far better. Patient feels swelling getting reduced TSH= 4.07	GLOBULES/3TDS/4weeks
4.	24.10.2021	Patient feels better with all complaints TSH= 3.69	GLOBULES/3TDS/4weeks

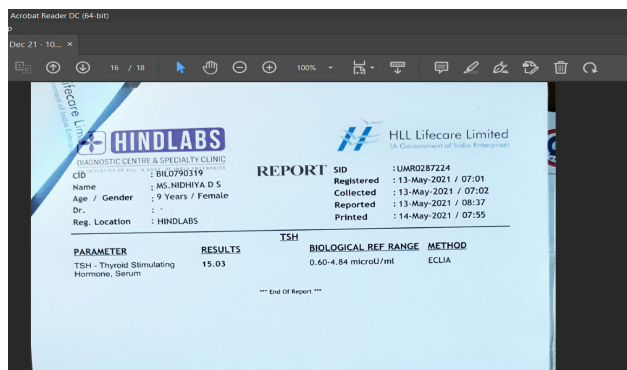
BEFORE TREATMENT:



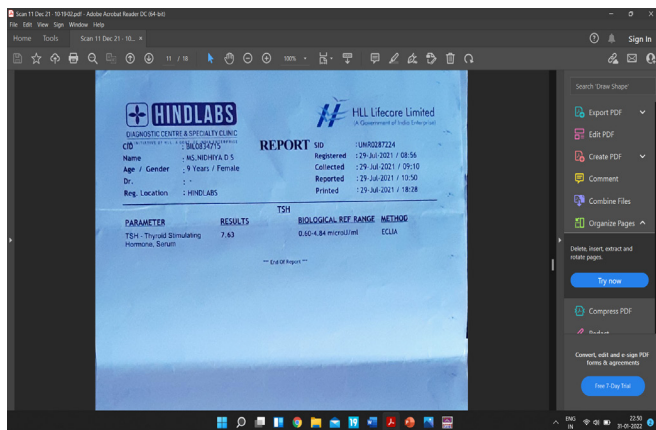
AFTER TREATMENT:

13/05/2021:

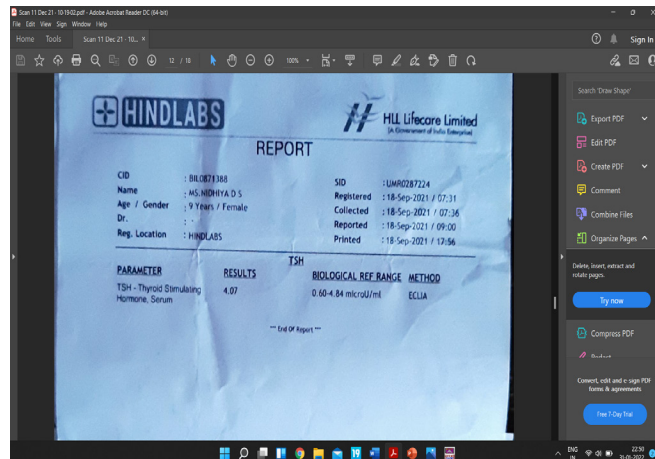
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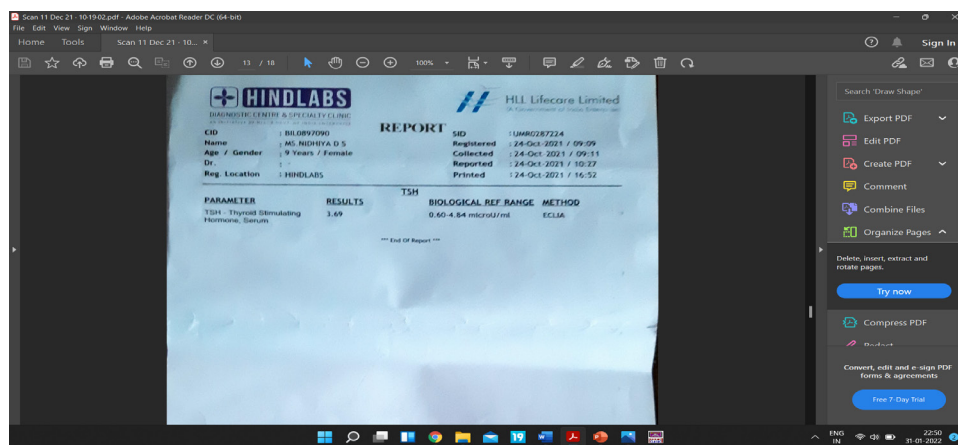
29.07.2021:



18.09.2021:



24.10.2021:



CONCLUSION:

This case indicates that homoeopathic medicines are effective in treatment of Hashimoto's thyroiditis. Thyroid hormones act through the DNA of the cell. It increases the rate of transcription and translation. So, when the antibodies are corrected the thyroid function is corrected. With this evidence it is assumed that homoeopathic individualised medicine might have acted in the genetic component which in turn created the relief in various parameters specially to the disease condition. More detailed studies should be done for the generalization of results

This case study shows a glimpse of the efficacy of

using Homeopathic medicines in treatment of Autoimmune diseases and the remarkable cures this system can ensure. More cases and detailed studies must be promoted in a wider scale.

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An observational case series: Selected COVID cases from the HHN Clinic, Part 5

By Dr Pracjek P., Dr Gray A.C., Dr Doherty R., Dr Straiges D.

ABSTRACT :

Homoeohomoeo

Background: The clients in this series received tele-health consultations and individualized homoeopathy interventions in an out-patient homoeopathy clinical setting. They were seen by individual professional homoeopathy practitioners and students under supervision working together on the Homoeopathy Help Network (HHN) in the United States.

Shomoeohomoeo

Methods: COVID-19 positive individuals self-selected for individualized care for their symptoms using homoeopathy. Cases for the series were hand-picked with the aim of being an average representation of the more than 2000 COVID-positive cases seen by members of the Homoeopathy Help Network. Cases were eligible for inclusion if the client tested positive for COVID-19, was seen by the practitioner until symptoms were resolved, and the case had clear case notes on the progression of symptoms and remedy recommendations and reactions.

Results: Cases in the full compendium are grouped according to a predominant case feature: multiple remedies, posology, time III, strange, rare and peculiar symptoms (SRP), single remedy resolution, and hospitalisation. At the time of writing, this installment of the observational case series is part of an ongoing case series. The full compendium consisting of 55 cases has been split into nine publications grouped using the categories above. homoeo

Keywords: COVID 19, homoeopathy

Abbreviations: strange, rare and peculiar symptoms (SRP), immunoglobulins (Ig), Reverse transcription polymerase chain reaction (RT-PCR), coronavirus disease 2019 (COVID 19), Homoeopathy Help Network (HHN)

Introduction

The aim of the full case series, of which this is a part, is to report individual symptom and remedy details of resolved cases of 55 symptomatic COVID-19-positive clients who used homoeopathy as adjunctive care for symptom relief. The clients in this series received tele-health consultations and interventions in an out-patient online homoeopathy clinical setting. Clients were seen by individual professional homoeopathy practitioners and students under supervision working together on the Homoeopathy Help Network (HHN) in the United States (Note: only five student cases are included here). Cases included span from March 2020-December 2021 and represent clients across various regions in the United States as well as some clients from outside the US. HHN is an ongoing volunteer group of

professional homoeopathy practitioners, administrative volunteers, student practitioners under supervision, and independent researchers. It was created in March 2020 to respond to the urgent need for care in the burgeoning number of COVID-19 cases in the United States. All cases seen through HHN contribute to large-scale clinical-outcomes studies designed to support international research in the clinical efficacy of homoeopathy.

HHN clients receive individualized case analysis and remedy recommendation; no protocols are used by the team. Individualized homoeopathy is intended to stimulate a healing response which reduces or removes symptoms. It helps those with symptoms move toward a stronger, dynamic state of health according to that person's specific array of symptoms across their health

history. ⁽¹⁾ In this system of healing, when treating individual illness associated with epidemic/pandemic disease - rather than in everyday individualized practice - the combined symptoms of a large group of people with the same condition has special importance and comes to define the 'genus epidemicus', a small cluster of homoeopathic remedies understood to address the whole "energy pattern" of the epidemic disease "as if one person". ^(2,3,4) The HHN practitioners have committed to working closely together (and with colleagues across the world) to contribute to the identification and application of such a 'genus' through careful identification and collation of peculiar and common symptoms and their indicated remedies among the greatest number of cases possible. It is understood that in different epidemic areas, various factors such as climate, collective emotional states, diet, virus strains, etc., impact how COVID-19 presents, which must be taken into account when considering an emerging set of genus remedies.

The cases collected in the full case series compendium are considered to be a fair representation of the more than 3000+ COVID-positive individuals who received care by the HHN team. Care was taken to not only include the stellar cases, but to give a more average portrayal of the kinds of cases seen across 21 months, March 2020 - December 2021. This makes for a wide variety of cases; some in the series show progression through acute phases with new symptoms emerging during care while others resolve more quickly. Follow up consultations were sometimes given as soon as an hour after the remedy was taken in severe cases, or as long as weeks later in situations of poor follow up communication from clients. Two cases include care upon reinfection months after resolution of first infection. Another important feature of the team's work is the limited availability of some first or even second-choice remedies. Where possible, notes from the practitioner about using second or third-choice remedies are included. As the work of the team developed over some months into the pandemic, a handful of 'genus'-potential remedies were emerging, and sometimes, these did not repertorize well, as may be evident in some case notes.

Remedies were recommended in centesimal potencies either in dry or liquid doses. There is a wide variety of posology strategies including number of pellets, repetition of dose, and liquid preparations. In one case, the client only had local access to remedies in liquid preparation in spray bottles. While other case studies exist and are forthcoming, the authors hope that the full case series of this scale can be a valuable contribution to the important work at hand to help mitigate the widespread

suffering of so many during this pandemic, while also elevating case examples that may give shape to our emerging genus epidemicus.

Methods

Self-selecting individuals who were COVID-19 positive or probable navigated to the HHN web portal and submitted a request for intake, basic information about their case, and a signed consent form. In initial and subsequent consultations with the assigned practitioner (conducted on phone or video conferencing software, as appropriate to the client's condition), additional relevant clinical data was added to the case notes. These included presenting symptoms, COVID-19 status at intake, other types of modalities used, comorbidities, remedy details, individual remedy intervention outcomes, and outcome at final contact.

Inclusion criteria

A case series is, by definition, observational and non-controlled. Cases were hand-picked with the aim of showcasing a wide variety of cases across a range of 21 months, geographic locations, team practitioners, severity of illness and health status prior to infection. Cases were considered for inclusion in the Case Series only if they met the following criteria:

1. Tested COVID-19 positive (Reverse transcription polymerase chain reaction (RT-PCR) positive for 2019-novel Coronavirus (2019-nCoV), Serology test positive for IgM/IgG (immunoglobulin M/immunoglobulin G) or Rapid Antigen Test specific for COVID-19);
2. Resolution of acute symptoms at final contact with client;
3. Clear case notes detailing symptoms, remedy recommendation, client compliance and the stages of resolution. (Note: cases with unclear remedy response, sometimes due to poor communication from clients or concurrent use of prescription or off-label medications were not included.)

Each case presented here outlines client symptoms throughout the intervention period to full positive resolution along with remedy and posology recommendations. Acute case-taking is already a stream-lined process in which only acute symptoms that vary from the client's chronic health state are noted, and case notes were further distilled for this case series. Where avail-

able, Repertorisations of symptoms are included using Synthesis Treasure Edition Repertory 2009V last updated in RadarOpus 2.2.16. Cases of vaccinated individuals were not included in this case series because it was a minority number which did not represent the larger sample in this date range.

Results

Case Series Part 5 focuses on cases with an extended period of illness: cases in which clients were ill for 14 days or longer before receiving the HHN homoeopathic intervention.

Table 1: Days symptomatic before intervention, resolution time and number of remedies used

Case number	Days symptomatic before homoeopathic intervention	Days to symptom resolution following homoeopathic intervention	Number of homoeopathic remedies used
104	20	32	7
106	15	10	1
242	18	48	2
507	62	2	1

Subsequent cases in the full compendium are grouped by these additional features:

1. Posology: cases which presented a unique perspective on remedy doses needed;
2. Multiple Remedies: cases which required more than two remedy recommendations to move acute symptoms to resolution;
3. Strange, Rare and Peculiar (SRP): cases which included standout symptoms not often reported in conventional medical outlets. (Note: the SRP symptoms extend beyond those presented here and were seen across numerous cases, therefore holding higher epidemiological significance);
4. Single Remedy Resolution: cases which resolved with use of one remedy only; and
5. Hospitalization: cases in which clients received homoeopathic intervention while hospitalized.

As a consequence of this being a case series involving the cherry picking of cases with no controls, this compilation is in no way making claims about homoeopathy, its efficacy in COVID-19, or suggesting homoeopathic remedy guidelines for COVID-19 symptoms.

Case 104

The client was a 42-year-old woman with a previous hysterectomy and appendectomy but no prescription medications at intake. She had been symptomatic for 20 days with the following:

1. Fever
2. Headache
3. Weakness/Fatigue – no energy, cannot wash dishes or play with daughter
4. Cough – dry, hurts in chest on left side, top of lungs, can get uncontrollable trouble breathing, worse for talking, lying, exertion
5. Sensation of something stuck in my throat, mucus in back, cannot cough it out
6. Nasal discharge - clear
7. Difficulty breathing – started a few days ago, worse for walking around/exertion, coughing, cannot breathe, choking
8. Loss of taste/smell – began on third day of illness, not yet returned
9. Appetite/thirst decreased
 1. Insomnia - Wakes up tired, as if no sleep at all
 2. Anxiety – Coughing/breathing trouble brings a rush of anxiety, feeling as if client will choke

See Figure 1, Repertorisation #1 for Case 104.

Time Ill with Symptoms

Special COVID 19 Section

RX: *Phosphorus* 30C, 2 dry doses, 1 hour apart; update on the following day.

Follow-up #1, next day:

1. Coughing improved
2. Fatigue unchanged
3. Throat – bad cough, sensation of choking, vomiting, but some expectoration and sensation of less mucus in throat now.
4. Breathing slightly improved
5. Taste/smell unchanged
6. Sleep improved - no mucus in back of throat, coughing better so breathing better. Client coughed a few times but was able to go to sleep
7. Anxiety improved along with cough

RX: Repeat *Phosphorus* 30C (dry) every 2-3 hours today, update on the following day.

Follow-up #2, 2 days later:

1. Nausea
2. Dull headache
3. This morning: coughing and choking, and couldn't breathe at all, had to be hit on back several times,
4. Started vomiting copious, clear, thick phlegm
5. Chest not hurting any more like a fire
6. Overall improved coughing, looser and not as bad
7. Client is taking two pellets of the remedy as needed, which is helping her cough, and took the remedy this morning after the choking/vomiting episode, which is helping to calm everything down.

RX: Take *Phosphorus* 30C as often as needed; *Phosphorus* 200C arriving tomorrow morning, order *Phosphorus* 1M and *Lobelia purpurascens* 200C, source *Ipecacuanha* 30C or 200C locally

Follow-up #3, 1 day later:

1. *Phosphorus* 200C (taken at 6pm, 7pm, 11:30pm,

6am) helps cough. Cough is not as frequent and is more productive.

2. Breathing improved – no more choking or coughing “frenzy”
3. Headache started with vomiting but better with *Lobelia purpurascens* 30c.
4. *Lobelia purpurascens* 30c relieved headache, nausea.

RX: *Lobelia purpurascens* 30C, dry dose, every 2-3 hours

Follow-up #4, two days later:

1. Remedy stopped helping. More phlegm, cough. Fever returned, then headache.
2. Yesterday/ last night the client switched back to *Phosphorus* 200c, which is helping everything but the headache.
3. Headache felt like the head would explode.
4. Eyes: Pain so bad the client could not keep them open but could not sleep.
5. Throat: Client changed into a camisole because she felt like her t-shirt was choking her on her throat even though it was not. Similar sensation to anxiety with a fever.
6. Vomited phlegm, triggered by cough in the morning, could not stop vomiting until it all came out.
7. Cough: Croupy, not as painful, better for warm drinks, worse for talking.
8. Client reported heart rate increased to 220 beats per minute. Worse during fever, doing dishes.
9. Weakness/Fatigue remained on par with illness
10. Sensation of something stuck in throat improved
11. Nausea improved

See Figure 2, Repertorisation #2 for Case 104.

RX: *Bryonia alba* 30C, 2 doses, 1 hour apart. Also find *Bryonia* 200C, *Lachesis muta* 30C.

Other potencies/remedies that may be needed:

Lobelia purpurascens 200C

Lachesis muta 200C

Ammonium carbonicum 200C

Follow-up #5, 1 day later:

1. Headache improved
2. Cough, nausea ameliorated by vomiting
3. Weakness in chest, sensation of pressure, as if client cannot breathe
4. Worse for pineapple juice (turned stomach)

RX: *Ipecacuanha* 30C, 2 doses 1 hour apart, update later today

Other potential remedies: *Antimonium tartaricum*, *Pyrogenium*.

Follow-up #6, same day:

1. No nausea, but vomited after lunch
2. Coughing improved
3. Fever may be returning

RX: *Ipecacuanha* 30C, 1 dose when symptoms return, update today

Follow-up #7, same day:

1. Cough, not too bad
2. Chest – fiery pain on left side
3. Fever
4. Headache, dull pain in temples, worse for vomiting
5. Mucus, worse in the morning and before bed
6. Coughing causes gagging, vomiting of mucus

RX: *Lachesis muta* 30C, 1 dose

Follow-up #8, next day

1. *Lachesis* was “not helpful” (remedy taken around 1-2pm, followed by 20 minutes of vomiting)

2. Last night fever spiked to 102.7 degrees Fahrenheit, intense head pain, pressure at temples, strong dull constant pain

See Figure 3, Repertorisation #3 for Case 104.

RX: *Ipecacuanha* 30C, 2 dry doses 1 hour apart, additional doses as needed.

Other potential remedies: *Sulphuricum acidum*, *Antimonium tartaricum*, *Carbo vegetabilis*

Follow-up #9, next day:

1. Last vomit 8-9pm (tapering after second dose of remedy)
2. Fever gone
3. Headache gone
4. Chest - burning sensation improved
5. Nausea remains
6. Cough improved
7. No vomiting of mucus yet – this usually occurs within an hour or two of getting up

RX: *Ipecacuanha* 30C, dry dose as needed. Update if necessary, check in this evening.

Follow-up #10, next day:

1. Fatigue by yesterday evening (after a long day – daughter’s birthday)
2. Vomiting yesterday evening
3. Headache, nausea today but no vomiting
4. Remedy taken a few times

RX: *Ipecacuanha* 30C, dry dose as needed

Follow-up #11, 2 days later:

1. Started to feel sick twice yesterday but remedies helped – no fever or vomiting
2. Today – some fatigue, cough remains but overall

improved

RX: Continue *Ipecacuanha* 30C as needed, update if symptoms change, worsen, or feel that remedy is palliating instead of moving things forward.

Follow-up #12, 8 days later:

1. Nausea persists, worse in the morning
2. Fatigue remains

RX: *Stannum metallicum* 200C

Follow-up #13, next day. Client ordered remedy but it has not yet arrived (has continued *Ipecacuanha* 30C):

1. Nausea, worse in the morning
2. Fatigue
3. Rib Pain
4. Cough remains

See Figure 4, Repertorisation #4 for Case 104.

RX: Wait for *Stannum metallicum* 200C, update if symptoms change or worsen notably.

Other possible remedies: *Squilla maritima*, *Carboneum sulphuratum*, *Phosphorus*, *Ammonium carbonicum*, *Carbo vegetabilis*, *Laurocerasus*, *Hydrastis canadensis*, *Bryonia*

Follow-up #14, 9 days later: Client has not yet received remedy (has continued *Ipecacuanha* 30C, less frequently):

1. Overall feeling much better
2. Just moved; two days ago client fell down while carrying things and bruised left arm and ribs. Painful, swelling, has a doctor's appointment scheduled tomorrow.

RX: *Arnica* 30C or 200c if possible (for new acute problem)

Follow-up #15, next day after a couple doses of *Ipecacuanha* 30C:

1. Light lingering cough but otherwise all symptoms are ok
2. Sister bringing client *Arnica* today

RX: *Arnica* 30C, as needed

Follow-up #16, two days later:

1. Client texted "Happy Mother's Day." No further communication.

RX: N/A, case closed.

Case 106

The client was a 64-year-old woman who has asthma, GERD, and recently diagnosed with COVID-related pneumonia and pulmonary embolism. She is on various chronic medications as well as Eliquis and Hydrocodone, prescribed at a recent hospital visit. She was symptomatic for 15 days before her intake where she presented with the following:

1. low fevers
2. chest pain like corset around middle left to spine
3. shortness of breath like cinder block on chest, struggling to breath, worse exertion, worse night while sleeping, waking up gasping for air. Must sleep in a recliner chair.
4. occasional cough, worse being excited
5. anxiety, doesn't want to be in body, worse difficult breathing at night, better, being out in fresh air
6. headaches, pain in skull, in the bone
7. constipation
8. no appetite, can only sip ice water; drinking water before eating causes vomiting with excess saliva

See Figure 5, Repertorisation of Case 106.

RX: *Phosphorus* 30C, 2 doses, 1 hr apart.

Follow up #1, 6 days alter due to delay in getting remedy, then took remedy as recommended for 2 days:

1. able to sleep through the night
2. much improved breathing
3. no chest pains, slight heaviness
4. anxiety much better
5. no headache
6. taste improving
7. constipation is unchanged

RX: *Phosphorus* 30C, dry dose as needed

Follow up #2, the following day:

1. no noticeable changes

RX: *Phosphorus* 200C, dry doses as needed

Follow up #3, the 2 days later after taking remedy 1-2 times daily:

1. still very fatigued
2. breathing is still improving
3. headache on and off- in the bone
4. constipation slowly improving
5. slight heaviness in chest

RX: *Phosphorus* 200C, dry doses every 2-3 hours

Follow up #4, the 2 days later after taking remedy every 2-3 hours:

1. only occasional cough
2. energy much improved- got groceries and walking flights of stairs

RX: *Phosphorus* 200C, dry dose once daily until feeling 100%

Follow up #5, 3 days later after taking remedy once daily:

1. at 100% today

RX: N/A, case closed.

Case 242

The client was a 45-year-old woman with pre-existing diagnoses of obesity, pre-diabetes, anxiety, and 2 prescription medications at intake. She had been symptomatic for 18 days prior to intake with the following symptoms:

1. Fever with shuddering chills, mostly in upper back, sweating with fever at night
2. Back pain, intermittent pressing pain, upper left side, resting ameliorates

3. Difficulty breathing – needs to take deep breaths to get a full breath but exertion ameliorates
4. Cough – short, dry, night.
5. Post-nasal congestion, upper nose feels swollen
6. Phlegm in nose and chest clear/green, expectoration difficult
7. Hard to sleep – frequent waking
8. Decreased appetite and thirst
9. Anxiety/panic felt in chest with burning sensation
10. Burning sensation all over body
11. Chest x-ray- shows beginning of pneumonia

See Figure 6, Repertorisation #1 for Case 242.

RX: *Phosphorus* 200C, 1 spray in water every 3 hours.

Follow-up #1, 2 days later:

1. Client took remedy every 5-6 hours, forgot to take more often
2. Less weakness
3. Swelling/irritation in throat with burning/stinging sensation over last 2 days
4. Continued low fever
5. Continued chill in back
6. Sour/salty taste in mouth
7. Back pain up and down left side

RX: *Phosphorus* 200c, liquid dose every 2 hours for the rest of day, check in tomorrow morning.

Follow-up #2, next day:

1. Client took remedy every 2.5 hours
2. Constant fever of 99.6 degrees Fahrenheit but chills improved
3. Breathing improved – less shortness of breath
4. Energy unchanged
5. Swollen throat slightly improved
6. Burning sensation improved – only comes with panic attacks
7. Slightly improved appetite
8. Coughing gone

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RX: *Phosphorus* 200C liquid dose every 2 hours

Follow-up #3, next day

1. Appetite improved
2. Energy improved
3. Fever and chill slightly improved
4. Throat swelling improved
5. Sticky post-nasal drip

RX: *Phosphorus* 200C liquid dose every 2 hours

Follow-up #4, 2 days later after taking remedy every 2-3 hours for a few days:

1. Fever, chills up and down spine continue, perspiration on waking
2. Back pain up and down spine in different spots, pressure aggravates
3. Post-nasal drip greatly improved

RX: *Phosphorus* 1M liquid dose every 2 hours

Follow-up #5, 4 days later after having taken remedy every 3 hours

1. Appetite normal
2. Energy improving slowly
3. Thirst increased – palpitations if client does not drink enough; however, this is normal for her
4. Fever – decreased frequency, chills improved
5. Back pain slightly decreased

RX: *Phosphorus* 1M liquid dose every 3 hours

Follow-up #6, 5 days later, after having taken the remedy as recommended:

1. Client texted to say that every day she felt slightly

better

RX: *Phosphorus* 1M liquid dose every 3 hours

Follow-up #7, 3 days later after having taken remedy every 4 hours

1. Chest x-ray 4 days ago was clear
2. Pain in back continues
3. Occasional difficulty breathing – nose inflamed
4. Chill felt in feet, hands, neck
5. Weakness continues
6. Nausea after eating, some heartburn (client has chronic heartburn)

RX: *Agaricus muscarius* 200C, 4 sprays in water, 1 sip 3 times daily

Follow-up #8, 13 days later:

1. Client has been taking 2 sprays under tongue 2-3x/day
2. Slight improvement in symptoms every day
3. Back pain gone
4. Energy is 80-90%
5. Chills in back if very active
6. Slight shortness of breath – possibly related to pollen allergy

RX: *Agaricus muscarius* 1M, liquid doses, twice daily

Follow-up #9, 8 days later:

1. Client started 1M yesterday, 2 doses
2. Chills in back during day – ok at night
3. Strep throat started 6 days ago, antibiotics started 4 days ago. No throat pain but knees hurt
4. Allergies – swollen nose and throat

RX: *Agaricus muscarius* 1M liquid doses 3-4 times per

day as needed

Follow-up #10, 5 days later:

1. Client has only needed 1-2 doses per day
2. Occasional chills but otherwise ok

RX: *Agaricus muscarius* 1M liquid doses as needed

Follow-up #11, 15 days later:

1. Client hasn't taken remedy for a week – no more symptoms

RX: N/A, case closed.

The client was a 36-year-old woman with pre-existing anxiety and depression who was taking prescription asthma medication at the time of intake in response to her COVID symptoms. Client has been symptomatic for 62 days with the following:

1. Constant shortness of breath, O2 drops to low 90s, needs rescue inhaler, cannot exercise anymore. "Feels like my brain is screaming for me to breathe."
2. Heart palpitations up to 130 beats per minute
3. Dizziness
4. Headaches - constant dull roar, throbbing in top back of head, worse for movement
5. Visual abnormalities (floating lights)
6. Gastro-intestinal discomfort
7. Chest (heart) pain
8. Extreme fatigue, worse 1:30/2pm, needs to lie down. "Aware and can do nothing about it."
9. Pressure sensation "on top of my brain," gentle squeezing that builds and then disappears. Must close eyes, unable to talk, overwhelming
10. Body convulsions - occurred twice with head pressure
11. While sitting at table eating, felt she was "floating away" and not in herself anymore

12. Difficulty thinking (e.g., cannot listen and read at the same time) and speaking (stuttering, cannot get a thought out)
13. Symptoms lessen and intensify periodically, worse outside in hot weather
14. Skin hurts to be touched
15. Sense of smell and taste intermittent
16. Digestive system slow, appetite diminished - can forget to eat for 2 days
17. During COVID, client was alone for 2 weeks, may have not been conscious for 2 days, worried about lingering effect on brain
18. Lingering intermittent dry, mild cough
19. All symptoms better for being in the shower
20. Difficulty regulating body temperature - easily get too hot, too cold

RX: *Nux moschata* 200C, 5-cup dilution, 1 tsp every 3 hours for 2 days

Follow-up #1, 7 days later after having taken the remedy as recommended for 5 days:

1. Client feels really well, almost 100%

RX: *Nux moschata* 200C, 5-cup dilution, 2 tsps per day for 3 days

Follow-up #2, 7 days later:

1. Client feeling 7 on a scale of 1-10 for the last week, first days on the remedy were better (9/10).
2. Fatigue continues
3. Heart palpitations and dizziness rare - once per day or every other day
4. Some difficulty in thinking persists, sense of diminished cognitive function

RX: Order *Nux moschata* 1M. On receipt, take according to 5-cup dilution, 1 tsp daily. In the meantime, continue *Nux moschata* 200C with 7-cup dilution method, 1

tsp twice daily for 3 days or longer as needed.

Follow-up #3, 27 days later after having taken *Nux moschata* 1M as recommended for 7 days:

1. Client said that her improvement was holding steady and chronic state returning. Referred to chronic care.

Discussion and conclusion

There are two general discussion points to be made, one related to the full case series compendium and one specific to this part of the case series:

First, this case series, and the full compendium of which it is a part, reflects the work of homoeopaths working closely together as a team. Team members met daily in the early days of the pandemic, and continue to meet weekly, to discuss cases and closely track emerging patterns of symptoms and remedy responses. While there is variety in remedy choice and posology evident across the cases presented here, there is a unifying alignment to Hahnemannian epidemic theory and its related guidelines.⁽⁴⁾ Moreover, the team understood each case as being a piece of a larger puzzle, with potentially profound insights both into the larger understanding of the infectious disease as well as the development of a genus of remedies. This kind of concierge/rapid-response team approach appears to be a rare and modern phenomenon in North America and should be noted as an important opportunity for our profession internationally.⁽⁵⁾ HHN has seen substantial benefits to this approach and recognizes the team-based approach in the work of Wanda Smith-Schick and Christina Garelli at Homoeopathy Institute of the Pacific (HIP) and in the Integrative Healers Action Network (IHAN). (HIP is a donation-based clinic run exclusively by volunteers, that offers low-cost homoeopathic care to the underserved, and IHAN is a disaster response network of integrative healthcare providers.) Given the observed benefits to this approach, more research into team-based case-taking and analysis is warranted.

Second, access to remedies can be limited in times of public health crisis. Case notes and team discussions highlighted clients' limited access to first-choice remedies. While operating a decentralized outpatient telehealth clinic offers innumerable advantages, this particular disadvantage was experienced consistently by the HHN team. Although many of the cases presented here resolved very well with more easily accessed remedies, lack of access to lesser-known remedies became

a limitation for team members wishing to recommend non readily available genus-potential remedies. It was observed in the early days of the pandemic that pharmacies dispensing homoeopathy became overwhelmed by orders from non-professional homoeopaths, restricting practitioner access to remedies and impacting the timely identification of genus-remedies.

Third, and specific to this case series, it is noted that there is a paucity of published COVID-19 case series with details on the time symptomatic before conventional or complementary intervention. The lack of research on time from symptom onset to outpatient care in mild or moderate cases is understandably more difficult to gather and aggregate. There is more clinical data available on severely/critically ill patients, focusing on time from symptom onset to hospitalization admission (ranging between 4-10 days in a review of 51 Asian, European and American studies).⁽⁶⁾ Similarly, there are numerous studies on time from initial symptom onset to clinical improvement for both conventional^(7,8) and complementary care^(9,10) for individuals receiving in-patient interventions. In recognition of this research gap, the authors prepared this case series to demonstrate the degree to which the time ill before seeking medical care may impact the uptake of the homoeopathic intervention and the path to full recovery. As Huang et al (2021) note, COVID-19 has presented challenges to homoeopaths as well as the broader scientific community in terms of size and quality of datasets, lack of heterogeneity, and lack of high quality observational and controlled studies.⁽¹¹⁾ The authors hope that these cases may illuminate this aspect of pandemic care which warrants further investigation.

Conflict of Interest

none

Acknowledgments

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Figures

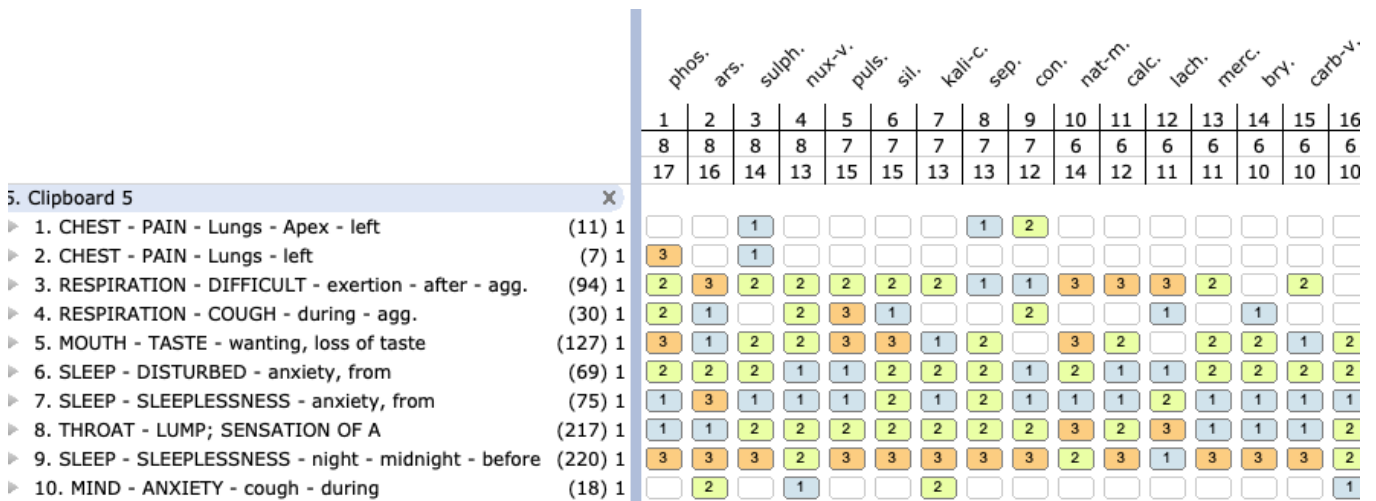


Figure 1: Repertorisation 1 for Case 104

		bell.	lach.	phos.	ant-t.	hep.	bry.	puls.	nat-m.	nit-ac.	spong.	carb-v.	nux-v.	sulph.	arn.	acon.	chin.	merc.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		8	7	7	7	6	6	6	6	6	6	6	6	6	5	5	5	5	5
		16	15	13	10	13	11	11	10	10	10	9	9	9	7	9	9	9	9
2. Clipboard 2		X																	
▶ 1. HEAD - PAIN - bursting pain	(172) 1	3	3	3		2	3	2	3	2	2	1	1	2	1	1	3	3	3
▶ 2. COUGH - TALKING - agg.	(107) 1	2	2	2	1	2	1	1	1	1	2	2	1	1	1	1	2	2	
▶ 3. STOMACH - VOMITING; TYPE OF - mucus	(162) 1	2	2	3	1	1	1	3	2	2		2	3	2	1	2	2	2	2
▶ 4. NECK - TOUCH - agg.	(13) 1		2		1			2			1		1		1		1		
▶ 5. COUGH - BARKING	(72) 1	3		1	1	4	1	1		2	3			1		3		1	
▶ 6. GENERALS - TOUCH - throat agg.; touching	(5) 1	1	3							1									
▶ 7. EYE - CLOSING THE EYES - headache; in	(21) 1	2		1	1	1			1	1		1	1	1					1
▶ 8. STOMACH - VOMITING - cough - during - agg.	(106) 1	1	2	1	3	3	4	2	2	2		2	2	2	2		1	1	2
▶ 9. CIRCULATORY SYSTEM - Heart - Pulse - Rapid	(60) 1	2	1	2	2		1		1		1	1		1	2				1

Figure 2, Repertorisation 2 for Case 104

		puls.	nux-v.	bry.	ip.	sep.	cupr.	nat-m.	phos.	sil.	bell.	hep.	ant-t.	arg-n.	ars.	cina	kali-c.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		6	6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5
		14	12	11	11	11	9	12	11	11	10	10	9	9	9	9	9	9
. Clipboard 2		X																
▶ 1. STOMACH - VOMITING; TYPE OF - mucus	(162) 1	3	3	1	2	2	2	2	3	2	2	1	1	3	2	2	2	2
▶ 2. STOMACH - VOMITING - cough - during - agg.	(106) 1	2	2	4	4	2	2	2	1	2	1	3	3	2	2	1	3	1
▶ 3. NOSE - SMELL - wanting	(107) 1	3	2	2	2	3	2	3	3	3	3	3	2	1	2		2	3
▶ 4. MOUTH - TASTE - wanting, loss of taste	(127) 1	3	2	2	1	2	1	3	3	3	3	2	2	1	1	1	1	2
▶ 5. STOMACH - GAGGING - cough agg.; during	(38) 1	1	1	1	1	1	1			1	1	1	1	2		3	1	
▶ 6. STOMACH - VOMITING; TYPE OF - bile - fever; during	(26) 1	2	2	1	1	1	1	2	1						2	2		1

Figure 3: Repertorisation 3 for Case 104

		carb-v.	sep.	sulph.	lyc.	psor.	agar.	kali-c.	petr.	staph.	verat.	calc.	tub.	ars.	con.	lach.	nat-m.	colch.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3
		9	7	7	6	6	5	5	5	5	5	9	8	7	7	6	6	5	5
. Clipboard 2		X																	
▶ 1. STOMACH - NAUSEA - morning	(206) 1	3	3	2	1	2	1	1	2	1	1	3	2	2	2	2	2	1	1
▶ 2. GENERALS - WEAKNESS - exertion - agg. - slight exertion	(86) 1	2	2	2	2	2	1	1	2	1	1	3	3	3	3	3	2	2	2
▶ 3. GENERALS - CONVALESCENCE; AILMENTS DURING	(171) 1	3	1	2	2	1	1	2	1	1	2	3	3	2	2	1	2	2	2
▶ 4. CHEST - PAIN - Ribs	(38) 1	1	1	1	1	1	1	1	1	1	1								

Figure 4: Repertorisation 4 for Case 104

		phos.	nux-v.	sil.	lyc.	puls.	merc.	ant-c.	bry.	calc.	nat-m.	nit-ac.	sulph.	verat.	acon.	bell.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	7	7	7	7	7	7	6	6	6	6	6	6	6	6	6	6
	18	15	15	14	14	13	13	13	13	13	12	12	12	11	11	

Clipboard 6		X
1. CHEST - OPPRESSION	(389)	1
2. CHEST - CONSTRICTION - band; as from a	(42)	1
3. RESPIRATION - DIFFICULT - exertion - after - agg.	(94)	1
4. HEAD - PAIN - Bones	(68)	1
5. RECTUM - CONSTIPATION - difficult stool	(230)	1
6. MOUTH - TASTE - wanting, loss of taste	(127)	1
7. STOMACH - VOMITING - drinking - after - agg.	(84)	1

Figure 5: Repertorisation of Case 106

	puls.	phos.	sulph.	sil.	calc.	sep.	ferr.	bell.	nat-m.	con.	rhus-l.	caps.	ars.	merc.	acon.	lyc.	zinc.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	9	9	9	9	8	8	8	8	8	7	7	7	6	6	6	6	6	6
	20	17	15	13	13	12	11	10	10	9	8	13	12	11	11	10	9	

Clipboard 7		X
1. CHEST - ANXIETY IN	(211)	1
2. RESPIRATION - DIFFICULT - fever; during	(52)	1
3. RESPIRATION - DIFFICULT - motion - amel.	(19)	1
4. COUGH - EVENING - bed agg.; in	(70)	1
5. EXPECTORATION - DIFFICULT	(165)	1
6. BACK - COLDNESS - extending to - Down the back	(65)	1
7. BACK - COLDNESS - extending to - Up and down the back	(20)	1
8. BACK - PAIN - Dorsal region - Scapulae - left	(115)	1
9. FEVER - NIGHT - perspiration; with	(39)	1
10. CHILL - TREMBLING AND SHIVERING	(84)	1

Figure 6: Repertorisation for Case 242

About the authors

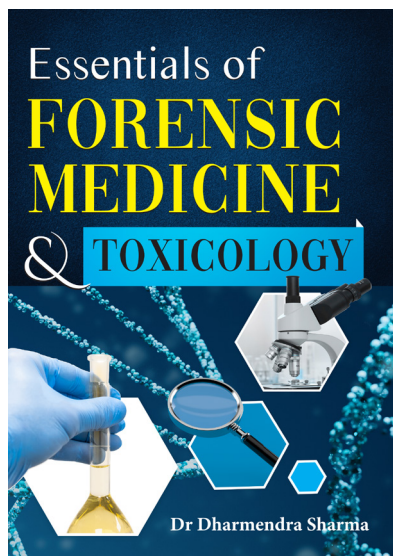
1. **Parker Pracjek**, CCH, received an M.A. in Performance Theory from NYU, spent two decades in higher education/ nonprofit, and then became a certified homoeopath and western herbalist. She is on faculty at the Academy of Homoeopathy Education, serves on the Accreditation Commission for Homoeopathic Education in North America and is Research Associate with HOHM Research. She lives between NYC and Villa de Leyva, Colombia.
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3. **Rachael Doherty**, M.A., is finishing her studies

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4. **Denise Straiges**, CCH, RSHom (NA), PCH, is pursuing graduate studies at Johns Hopkins University focusing on the origins of homoeopathy and Hahnemann’s influences in The Chronic Diseases and the evolution of potency. She is President and Clinical Director of the Academy of Homoeopathy Education (AHE) and established and is President of HOHM Foundation, which includes a research-based initiative focused on high quality, affordable homoeopathy care to all. Denise speaks and teaches worldwide and is committed to raising the bar in academic and clinical training for all Homoeopaths.

BOOK REVIEW

Essentials of Forensic Medicine and Toxicology



The city has an undeniable academic vibe and an educational culture that promotes open thought and debate. It's safe to say that, the educational environment in Pune is among the most conducive in the country for intellectual development of students.

Dr Dharmendra

Sharma belongs to such educational hub Pune, was born on 15th of June 1964, and completed his BHMS in April 1988 from University of Poona. He has completed MD in Homoeopathy in 2005 from University of Rajasthan, Did his Ph. D From Maharashtra University of Health Science, NASHIK , He has done PGDMLS from Symbiosis Institute of Health Care, Pune. His total teaching experience is 30 years in the subject of Forensic Medicine and Toxicology.

Softcover and design of the book in attractive color combination eye catching color to the 'Forensic Medicine' attract the enthusiastic reader. Big font chapter number and underlined chapter name gives a nice feeling to read.

In the preface section, he has discussed about new amendments of medico-legal acts and his dream to provide a wholesome knowledge of forensic medicine and toxicology. On one single page of chapter the entire chapter is exhibited, which will be helpful for the students for preparation of exams.

Each chapter is outlined and explained in tabular format, which will be easy to study with minimum time.

The acts, toxicological poisons certificates all are well in different manners, like flow charts tabulations

This book '*Essentials of Forensic Medicine and Toxicology*' is a student friendly book as a whole chapter is seen in one page at a single glance. It depicts each chapter in a simple tabulated form. It includes all medico-legal certificates, different acts which are important for students in future during their practise. It gives comprehensive panorama of the subject to study.

The book starts with preface in which he what made him to write this book his entire experience is depicted here which can truly inspire any reader.

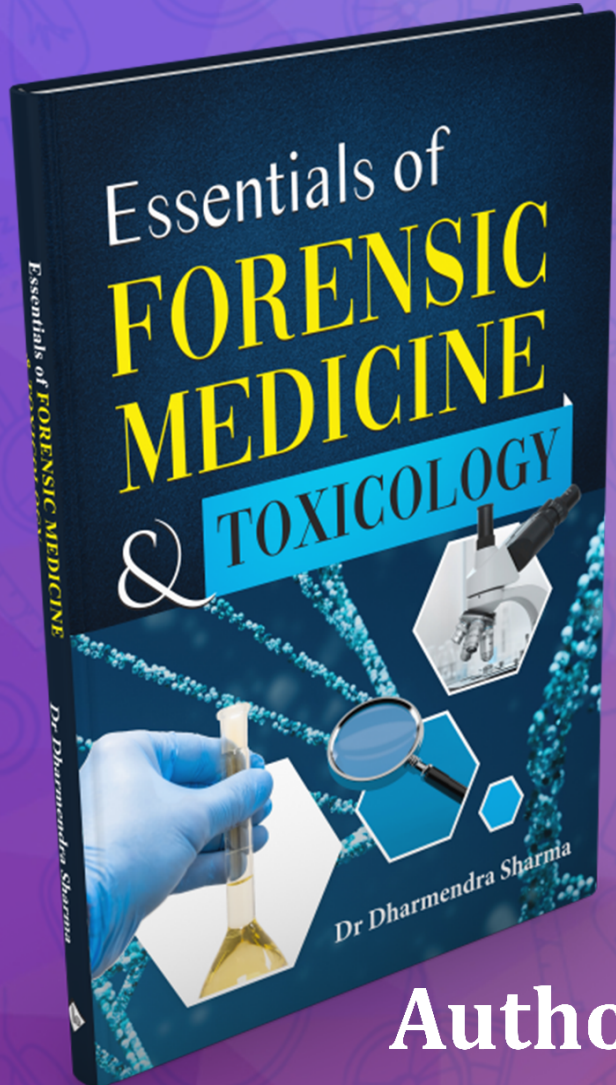
He also writes about the need of forensic medicine and toxicology for homoeopathic students. Adding cherry to the cake, it helps the student for preparation in competitive exams.

The technique he uses and advocates is so simple that any homoeopath who reads this book should be able to apply it easily in practice & produce remarkable results in medico-legal cases This, I would say, is an empowering and enlightening book for homoeopathic students.

About the reviewer:

Dr Shashikant B. Kammar, qualified as a homeopathic physician in 1996, with 26 years of clinical experience and 23 years of teaching experience, presently working as Head of Department of Forensic Medicine and Toxicology Department, in Yenepoya





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Et TOXICOLOGY

Author:-

Dr. Dharmendra Sharma

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