

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 48, No. 11, February 2023

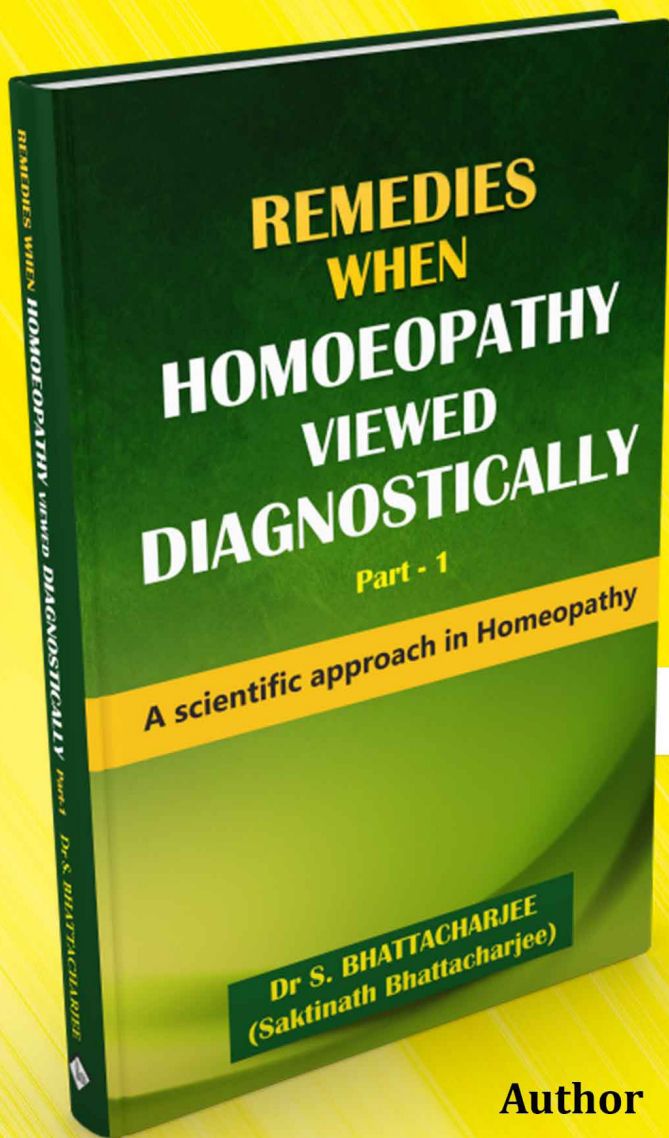


Utilising Regional Repertories In Practise

- Role of *Minton Uterine therapeutics* in a case of dysfunctional uterine bleeding
- Management of a case of gout using rheumatic remedies by H.A. Roberts: a case report



BJAIN



Remedies *when* Homoeopathy *Viewed* Diagnostically

A scientific approach in Homoeopathy



Author

Dr S. Bhattacharjee

PRICE- 345/-

PP -260

ISBN - 9788131919590

- 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

Vol. 48, No. 11, Feb 2023,
Total No. of pages: 116

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Layout and Design : Ankita

Website

www.bjainbooks.com

Published by

Mr Kuldeep Jain on behalf of
M/s. B. Jain Publishers (P) Ltd.

Printed at M/s Narain Printers & Binders,
D-6, Sector-63, NOIDA, UP-201307

Published from 1921/10, Chuna Mandi,
New Delhi - 110055

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

Cover: Mature Doctor

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Dear Readers,

General repertories such as Kent repertory, Synthesis repertory, etc. due to their large volume are very difficult for a physician to carry to the bedside and moreover these repertories do not have any Materia Medica part combined with them. In such cases, regional repertories mainly focus on the information relevant to a particular system or a region. They are mainly used for reference purposes, not for individualisation, but having the advantage of elaborating on a particular theme with a high degree of specificity. The clinical repertories were born out of the need of the profession and the genius of the great homoeopathic practitioners. They are fruit of many years of labour and contain the hidden treasure of homoeopathic literature. There are many repertories which are time proven but few of them become popular and remain in mind of a physician. For example, Berridge's eye, Morgan's urinary organs, etc.

The grouping of the medicines according to the name of diseases, though discouraged by many stalwarts, has given birth to several clinical repertories. Master Hahnemann was certainly not happy with such kind of practice; he described it as – "Treating the names of the diseases with names of therapeutic actions". Such a kind of practice was much favoured by Dr J Compton Burnett. He expresses it as – "The fact is, we need any and every way of finding the right remedy, the simple simile, the simple symptomatic similitum and the furthest reach of all the pathological similitum, and I maintain that we are still within the lines of Homoeopathy that is an expensive, progressive science". Dr Burnett in his writings, has given examples of different cases, such as "Diseases of the Liver", "Organ diseases of Women", etc. Such repertories can be used for repertorisation of cases where clinical conditions mask the characteristic symptoms of the patient. In such cases, the physician finds the prominent common symptoms/clinical conditions with a few modalities and concomitants.

Despite emphasis on individualised prescription based on characteristic expressions, the emergence of clinical repertories could not be prevented in homoeopathic practise even in Hahnemann's time.

Though clinical repertories have not been put to their fullest utility, this can be very useful too if the scope and limitations are properly understood and implemented in practise. Regional repertories can be used as a quick reference book while in doubt and confusion at bedside. Not only this, it also helps to reduce the number of probable medicines for a given disease condition bearing a nosological label. They help in finding out the most similar medicine in a specific clinical condition as well as in acute cases, it helps best as the patient usually does not say all his symptoms during sufferings except particular symptoms.

This issue of *The Homoeopathic Heritage* is dedicated to utility of regional repertories in practise as a homoeopath. 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 cases using regional repertories during practise 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. 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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Utilising regional repertories in practise

In every system of medicine selection of remedies follow their specific principles using the needful consideration of symptoms and disease. Homoeopathic system with its quite different approach for understanding diseases in an individual patient required a holistic approach for finding out the medicine for an individual suffering from disease. To bring unity among all the related phenomenon of life needed a calculative process to arrive at a single medicine. This constitutional understanding of diseases needs selection process based on the totality of symptoms. This need was felt at the very initial formative stage of homoeopathy during Dr Hahnemann's time. Repertorial approach for selection of medicine emerged as a unique device to select medicine while considering the patient as a whole. This approach is widely accepted among almost all the classical practitioners of homoeopathy. Yet with limited understanding to specific area different types of repertory also came into existence. These repertory were constructed using the specific needs to follow respective thoughts. Under the wide umbrella of homoeopathic system of medicine, now a days, one can witness different ways to make simplified application of repertory.

Regional repertories are the outcome from giving more priority for the specific region of body. Today, there are several such regional repertories meant for specific region. In spite of emphasis on individualised prescription based on characteristic expressions, the emergence of clinical repertories could not be prevented in homoeopathic practise even in Hahnemann's time. The grouping of the medicines according to the name of diseases, though discouraged by many stalwarts, has given birth to several clinical repertories. Master Hahnemann was certainly not happy with such kind of practise as he was aware of the limitation of such practice which is basically done on generalized understanding of the community. The greatest modern exponent of this practise was Dr J. Compton Burnett, who has thrown more light on the vast therapeutic treasures which he believed that it had been forgotten in the works of our great masters. Dr J Compton Burnet expressed as – "The fact is, we need any and every way of finding the right remedy, the simple simile, the simple symptomatic simillimum and the furthest reach of all the pathological simillimum, and I maintain that we are still within the lines of Homoeopathy that is an expensive, progressive science" Dr Burnett in his writings, has given examples of different cases, i.e. like "Diseases of the Liver", "Organ diseases of Women" etc. from where we can understand that he has preferred certain medicines for certain clinical conditions. For example- He has treated many cases of jaundice, enlargement of liver, tumour of liver by

Chelidonium majus; for traumatic uterus, he used Hypericum perforatum, Arnica montana, Bellis perennis, Kalium chloricum, Cuprum aceticum, Cedron, etc. Dr J. Compton Burnett advocated more in favour of such practise but he could not compile a separate repertory for that purpose and the credit for compiling the first useful clinical repertory goes to Dr J. H. Clarke. J. H. Clarke in the introduction of his clinical repertory has written – "Certain diseases come to have certain remedies arranged to them and all the patients who are found to be suffering from any given disease must be denoted with one of the remedies credited to it." *Clinical repertory of J. H. Clarke* is based on his *Dictionary of Materia Medica*. Though *Clarke's Clinical repertory* was popular at that time but O. E. Boericke's repertory gradually takes upper hand in popularity probably due to its arrangement of rubrics in different anatomical section, which is more practical and useful. The use of nosological is one method by means of which a similar, if not the most similar, correspondence remedy may be discovered. Clinical repertory serves an index of remedies applicable to various more or less fixed symptoms syndromes to which nosological labels can be given. It can be general clinical repertory (*Boericke's Clinical repertory, Clarke's repertory*), disease oriented clinical repertory (*Bell's diarrhoea, Repertory of leucorrhoea*) organ based clinical repertory (*Minton's uterine therapeutics, Berridge eye repertory*) so there are many clinical repertory but now days except *Boericke's repertory* all other are become ancient heritage. These repertories facilitate the selection of remedy on the basis pathological similarity, causation, modalities and concomitants. They are not commonly used the purpose of repertorisation, however, these repertories can be used for repertorisation of cases where clinical conditions mask the characteristics of the patients in such cases physician finds modalities and concomitants.

Another method of attaining simillimum by ascertaining the similarity is the seat of action. Some drugs have a predominant affinity for certain organs and that drugs will often relieve a great variety of affections seated in or arising from disease of particular organs. So here we get rubrics like heart affections, gastric affections. The work of Paracelsus and his disciple, Rademacher, deals largely in Specifics based on the homoeopathicity of organ affinity. The greatest modern exponent of this practice is Dr Compton Burnett who has brought to light vast therapeutic treasures which lie forgotten.

Scope and limitations of clinical repertories

Though clinical repertories have not been put to their

fullest utility, this can be very useful too if the scope and limitations are properly understood and implemented in practise.

Scope

1. Clinical repertories can be used in the study of homoeopathic therapeutics as well as *materia medica*.
2. They help us to repertorise the following types of cases –
 - a. Cases lacking in mental symptoms and physical general symptoms
 - b. Cases with clinical diagnosis
 - c. Cases with a few symptoms
3. They are used as quick reference books while in doubt and confusion at bedside. Not only that it also helps to reduce the number of probable medicines for a given disease condition bearing a nosological label.
4. Clinical Repertories contain some rubrics, which are not found in other general repertories; therefore they can become a good companion in the study of such rubrics.
5. Clinical repertories help to find the most appropriate palliative medicines in incurable cases.
6. Regional repertories help in finding out the most similar medicine in a specific clinical condition.
7. In acute cases, it helps best as the patient usually does not say all his symptoms during sufferings except particular symptoms.
8. It saves lot of space. The main indications of a remedy are the same in any disease and the fine indications will be found on referring to the headings under which they occur in the Schema.
9. The name of the remedy printed in Italics or ordinary roman, does not represent in grade in evaluation,

but when a remedy appears in Italics, it signifies that the same remedy occur under the same heading in the Prescriber.

- 10 It affords a convenient basis for compiling a clinical index.

Limitations

Clinical Repertories are based on nosological terms and clinical conditions, which are the results of clinical observations; hence their use is limited to particular type of cases. They are mainly used for reference work. Need of pathology in prescribing helps to understand the symptom in context with the whole; with respect to natural history of disease and place each symptom in proper relative importance. They are important to prescribe the truly homoeopathic remedies, not the seemingly homoeopathic ones.

The importance of clinical repertories in homoeopathy cannot be neglected, (Considering FN\$235 of *Organon of Medicine, 5th ed.*) though Master Hahnemann has criticised treatment of so-called “disease entities” as it is a personal event to an individual; but it is impossible to build science merely by compiling a great number of individual observations. It is a “prima facie” method of reducing the number of probable similar drugs for a diseased condition bearing a nosological label. Dr O. E. Boericke says- “It is only by the persistent use of one repertory, that its peculiar and intricate arrangements gradually crystallise itself in definite outline, in the mind of student of the same, and thus he attains the ready ease and practical insight of the collator, thereby rendering such a bee-line well-nigh indispensable in our day of labour-saving devices.”

Dr M.K. Sahani

Utility of *Repertory On Diarrhoea* by Dr James Bell in case of acute diarrhoea

By Dr Shrutika Sawant

ABSTRACT

Bell's Diarrhoea Repertory is classified under regional repertoires; were used as a reference book. This repertory helps us to facilitate the selection of remedy based on pathological similarity; cause; modalities and concomitants. This case shows that *Repertory On Diarrhoea* by Dr James Bell were used and help to find out simillimum through its working method for case and administration of remedy mentioned in book helps in treating the acute diarrhoea.

Keywords: acute diarrhoea; *Bell's Repertory*.

Abbreviations: O/e: On examination; c/c: chief complaints, L – litre, ICD – International Classification of diseases

Introduction

Diarrhoea can be described as a decrease in stool consistency (increased fluidity), stools that caused urgency or abdominal discomfort or an increase in the frequency of stool¹. Diarrhoea means loose watery stools more than 3 times in a one day². Acute diarrhoea persist for less than 2 to 3 weeks or, rarely, 6 to 8 weeks. The most common cause of acute diarrhoea is infection¹. Causes of diarrhoea include bacteria; viruses and parasite, certain medicine; food intolerance and diseases that affect the stomach; small intestine or colon². Approximately 80% acute diarrhoeas are due to infections with viruses; bacteria; helminths and protozoa. Most infectious diarrhoeas are acquired through faecal –oral transmission from water; food or person to person³. Diarrhoea is primarily due to alterations of intestinal fluid and electrolyte transport and less to smooth muscle functioning. Diarrhoea can result from increase secretion by the small intestine or the colon if the maximal daily absorption capacity of colon (4L) is exceeded⁴

Epidemiology^{1,5}

Diarrhoea is the 2nd leading cause of mortality worldwide and is particularly problematic for elder people and for children younger than 5 years of age in developing nations. Infectious diarrhoeal conditions cause 1.8 millions childhood death annually; despite the improved use of oral rehydration solutions; zinc and vitamin A supplements. About 1/3rd of these deaths have

been due to rotavirus infection. The complaint of diarrhoea account for more than 7 million outpatient visit per year¹. Worldwide, acute infectious diarrhoea has a huge impact, causing over 5millions death per year. While most death are among children under 5 years of age in developing nations, the impact, even in developed countries⁵

Diagnostic Code: ICD-10-CM code diarrhoea; unspecified R 19.⁷

Case

Preliminary data

Date: 1/12/2022

Name: abc

Age: 8 years

Gender: Male

Religion: Hindu

Address: Kamothe; Sector 16

Chief complaints

Location	Sensation	Modality	Concomitant
Rectum	Loose, watery Stool+++	< eating after++	Weakness+
Onset: Sudden	Colour: yellowish		Irritable++
Duration: Since yesterday	Quantity: Scanty		Appetite: Diminished++
Frequency: 3to 4 times in a day	Odour: Offensive+		Thirst: Thirstless
	Spluttering around		No taste in mouth
Abdomen	Colicky Pain++	< Before stool++	Sleepy.
	Sensation of rumbling passing flatus		
	No fever; no nausea; no vomiting		
	O/E:		
	Temperature: 98F		
	Pulse: 74/min		
	RR: 14 cycles/min		
	Skin Turgor: Normal		

Physical general

Appetite: Diminished++ since c/c

Thirst: thirstless

Desire: Nothing specific

Perspiration: moderate

Urine: Normal; No burning micturation; No dribbling.

Thermals: No change

Sleep: sleepy since c/c

Dreams: Nothing specific.

General examination

Cyanosis: not present

Pallor: not present

Icterus: not present

Lymph node: not enlarged

Skin pinch (skin turgor): normal

Arms and legs: warm to touch

Abdominal examination: Tenderness++; increased peristalsis

Central nervous system: conscious; oriented

Case processing

- (i) Diagnosis of disease: acute diarrhoea²
- (ii) Diagnosis of phase: dynamic acute disease of individual type
- (iii) Susceptibility: high
- (iv) Nature of disease: acute
- (v) Nature of symptoms: characteristics
- (vi) Pathology: reversible
- (vii) History of suppression: not present

- (c) Modalities
- (d) Concomitants
- (e) General accompaniments

Totality of symptoms

- (1) Diarrhoea
- (2) Stools: loose, watery, yellow
- (3) Abdomen: colicky pain++ < before stool
- (4) Aggravation: <eating after++
- (5) Abdomen : rumbling sensation
- (6) Irritability+++
- (7) Appetite: Diminished++
- (8) Thirst: thirstlessness
- (9) Taste, loss of
- (10) Sleepiness
- (11) Character of stool: smell: offensive
- (12) Quantity: scanty (small)

Working method of case ⁶

Cases of loose evacuation can be worked out easily with the help of this repertory. The symptoms should be arranged as follows:

- (a) Pathological names
- (b) Character of stools

Repertorial sheet

Remedy Name	Puls	Ars	Apis	Bell	Croto-L	Coloc	Pod	Nux	Amm	Ip	Nux-v	Rhus-L	Sulph	Bd
Totality	10	12	10	10	9	9	9	8	8	8	8	8	8	8
Symptom Covered	9	8	7	6	6	4	4	6	6	6	6	6	6	4
[SP] [Diarrhoea]Pathological names:Diarrhoea:	2	2	1		2	2	2	1	1	1	1	1	1	1
[SP] [Diarrhoea]Character of the stools:Watery .Yellow:		1	2		2				1	1		2		
[SP] [Diarrhoea]Aggravations:Eating After (see also after m		2	1		3	3		1	1		1		1	
[SP] [Diarrhoea]Concomitants (Before Stool):Abdomen Co	1			2		3	3	1	3	1			1	
[SP] [Diarrhoea]Concomitants (Before Stool):Abdomen Rul	2	1	1						1					1
[SP] [Diarrhoea]Concomitants (Mind and mood):Irritability	1	1		1					1	3	2			3
[SP] [Diarrhoea]Concomitants (Appetite):Appetite:Diminish	3	1	1	3			1		1		1	1	1	3
[SP] [Diarrhoea]Concomitants (Appetite):Thirstlessness:	3		3				3			1				
[SP] [Diarrhoea]Concomitants (Mouth):Taste:Lost:	2													1
[SP] [Diarrhoea]Concomitants (Sleep):Sleepiness:				2						1				
[SP] [Diarrhoea]Character of the stools:Smell :Offensive:	1	2	1		1			3			1	2		

Administration of the remedy⁷

With the use of the twelfth; fifteenth; thirtieth; two hundred; and often higher potencies of our remedies; administered in water; and repeated every 1 to 6 hours according to the urgency of the symptoms and suspended as soon as decided improvement appeared.

Prescription *Pulsatilla nigricans* 200 4 pills in water every 3 hourly X 2 days.

Auxillary line of treatment

1. Drink boiled water
2. Take bland diet
3. Avoid spicy and oily food.
4. Take oral rehydration solution water (Ideally management of acute diarrhoea should begin at home and early home management will result less emergency; hospitalisation)⁸.

Follow Up

Date	Symptoms	Treatment
3/12/2022	Loose watery stool –o- Abdomen: Colicky pain –o- Rumbling Sensation –o- Flatus –o- Sleep: refreshing Appetite: Normal Thirst: Normal Weakness: >>+++ Active; Looked fresh	Rx <i>Cosmos</i> 4 pills thrice a day x 5 days.

Conclusion

In this case; an 8 year old boy suffering from acute diarrhoea since 1 day; having characteristic symptoms. Regional repertories like *Repertory On Diarrhoea by D.Bell* has been used for finding out a simillimum. Forming totality based on working method of Dr Bell and Hompath Software were used for repertorising case. *Pulsatilla* 200 4pills in water every 3 hourly has prescribed for 2 days and advice to suspend remedy as soon as improvement is seen; this administration of remedy was mentioned in *Bell's repertory* which shows result when used in case of Acute diarrhoea. Patient's management of acute diarrhoea should begin at home to reduce complications eg dehydration and poor nutrition . Patient was better and general condition was also good with homoeopathic management .

References

1. Goldmann L, M.D; Andrew I. Schafer M.D; Cecil Medicine; 24th Edition; International Edition; Elsevier Saunders; 2008 ; Page No. 895.
2. 2023 ICD-10-CM Diagnosis Code R19.7. Diarrhoea unspecified. Available at: <https://www.icd10data.com/ICD10CM/codes/R00-R99/R10-R19/R19-R19.7>

3. Goldmann L, M.D; Andrew I. Schafer M.D; Cecil Medicine; 24th Edition; International Edition; Elsevier Saunders; 2008 ; Page No. 897
4. Goldmann L, M.D; Andrew I. Schafer M.D; Cecil Medicine; 24th Edition; International Edition; Elsevier Saunders; 2008 ; Page No. 896
5. Diarrhea. Available at <https://www.healthof children.com/D/Diarrhea.html>
6. Tiwari SK; Essentials Of Repertorisation; 5th edition'2012 24th impression 2013; B Jain Publisher (P) Ltd; Pg No. 543.
7. Bell JB; The Homeopathic Therapeutics Of Diarrhoea; 13th edition; Reprint edition 2002;2007; B Jain Publishers (P) Ltd; Pg. No 22.
8. Centers for Disease control and Prevention. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00018677.htm>

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A case study on calcaneal spur treated by *Aranea diadema*. (a spider group remedy)

By Dr Sonal Panchmatiya, Dr Isha Mankad

ABSTRACT

Calcaneal spur is a bony growth that develops around heel bone, sometimes it causes severe pain and affects patient's day to day activity also. In allopathic mode of treatment there is no cure for it except surgery or corticosteroid injections, instead of it carefully selected homoeopathic medicine can bring about cure in rapid, gentle, and permanent way. The following is the case of 35 years old woman who was freed of her pain of calcaneal spur with homoeopathic medicine, *Aranea diadema* drug from spider Group)

Keywords: calcaneal spur, *Aranea diadema*, corticosteroid injections. **Abbreviations:** *Aranea d.* (*Aranea diadema*), *Calc c* (*Calcarea carbonica*), *Rhus tox* (*Rhus toxicodendron*), *Ars alb* (*Arsenicum Album*), O.P.D. (outpatient department), B.D.S. (twice a day)

Introduction

A calcaneal spur (also known as a heel spur) is a bony projection forward from the calcaneal tuberosity (heel bone). Calcaneal spurs are typically detected by x-ray examination. It is a form of exostosis that is a benign outgrowth of cartilaginous tissue on a bone.¹

When a foot is exposed to constant stress, calcium deposits build up on the bottom of the heel bone. Generally, this has no effect on a person's daily life. However, repeated damage can cause these deposits to pile up on each other, causing a spur-shaped deformity, called a calcaneal (or heel) spur.

A posterior calcaneal spur develops on the back of the heel at the insertion of the Achilles tendon. An inferior calcaneal spur is located on the inferior aspect of the calcaneus and is typically a response to plantar fasciitis over a period, but may also be associated with ankylosing spondylitis (typically in children).¹

An inferior calcaneal spur consists of a calcification of the calcaneus, which lies superior to the plantar fascia at the insertion of the plantar fascia. A posterior calcaneal spur is often large and palpable through the skin and may need to be removed as part of the treatment of insertional Achilles tendonitis. Cause may be due to excess accumulation of calcium in the body. Heel spur often leads to pain in heel and also associated with planter fasciitis (the inflamed tissues that run across the bottom of foot). It is caused by a degenera-

tive problem in the tissues that connect the toes and heel bone.¹

Causes:

1. Heel pain is most commonly caused by plantar fasciitis (i.e. inflammation of the plantar fascia).² Plantar heel pains is a disorder of the plantar fascia, which is the connective tissue which supports the arch of the foot² It results in pain in the heel and bottom of the foot that is usually most severe with the first steps of the day or following a period of rest.
2. Pain is also frequently brought on by bending the foot and toes up towards the shin. The pain typically comes on gradually, and it affects both feet in about one-third of cases.
3. The considerations that affect plantar heel pain are the alignment of the foot with lower leg, foot and ankle mobility, strength and endurance of muscle.²
4. Calcaneal spur develops when proper care is not given to the foot and heels.
5. People who are obese or who often wear high-heeled shoes are most susceptible to heel spurs.²
6. Flat feet can potentially be attributed to the minimal amount of ankle dorsiflexion during stance phase of the gait cycle causing more tension on the plantar fascia and producing calcaneous spur.

Signs and symptoms:

1. Pain is usually the major symptom. The pain remains in the region surrounding the spur. This pain typically increases in intensity after prolonged periods of rest.
2. Patients may report heel pain to be more severe when waking up in the morning.
3. Patients may not be able to bear weight on the affected heel comfortably.²

Diagnosis:

Spur outgrowths can be detected through physical exam followed by a lateral foot x-ray.

Treatment:

1. It is often seen as a repetitive stress injury, and thus lifestyle modification is typically the basic course of management strategies.
2. A person should begin doing foot and calf workouts. Strong muscles in the calves and lower legs will help to take the stress off the bone and prevent heel spurs.
3. Icing the area is an effective way to get immediate pain relief.²
4. There is evidence that corticosteroid injections may reduce pain for up to one month after the injection, which can have an impact on the formation of calcaneal spurs.
5. Since the disease is caused by the bony growth that develops around the heel bone often caused by ill-fitting shoes. It causes calcium deposits which leads to bony projections on the underside of heel bone. On x-ray, the heel spur could extend by half an inch. Whereas without x-ray its referred as 'heel-spur' syndrome.²

CASE STUDY

Name: XYZ

Sex: female

Age: 35 years

Date: 13/08/2022

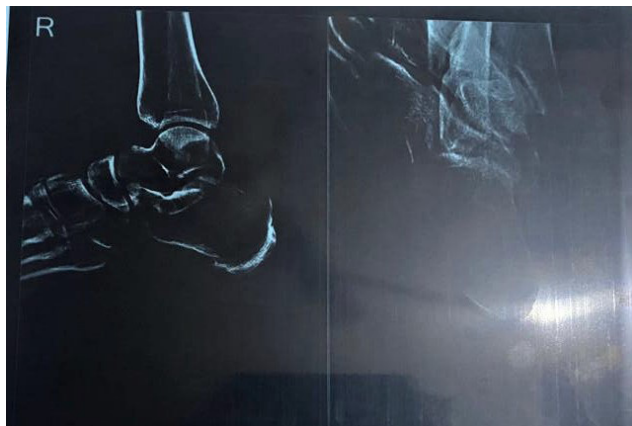
HISTORY OF PRESENT ILLNESS

- Patient was presented to the O.P.D. with pain in right heel since last 20 to 25 days.
- Patient also had a history of pain in right heel before 10 years and recovered using homoeopathic treatment.
- Patient had sensation of heaviness and numbness in right heel.
- Her pain became worse immediately on waking up and during beginning of movement.
- Her pain subsided gradually as she kept on moving.
- She noticed that her pain always started during morning after waking up.
- All her symptoms become worse in damp weather and better in open air.

PHYSICAL GENERALS

- She was a chilly patient who took drafts of cold easily.
- Patient had marked thirst but with decreased appetite.
- There was increased tendency to urination almost ineffectual (had to urinate every half an hour)
- Patient also tendency to itching all over body during every spring season. There was sensation in skin as if something was creeping and crawling.
- Bowel habits were regular.
- Menses: Early and Profuse. Lasts for five days, no other abnormality detected.
- Patient had hydrogenoid constitution.
- The patient had whitish almost pale lips and had dark circles around her eyes.
- Patient also had general lethargy and weakness.

Laboratory investigations



Patient Name: # Nehaben S. Jethwani Age: 35 Yrs-F
Study Date: 13 August 2022

X-RAY BOTH HEEL - CALCANEUM (Axial & LATERAL) – ONLY REPORTING:

Plantar calcaneal spur is noted.
No evidence of any fracture is seen.
No evidence of any lytic or sclerotic lesion is seen. No evidence of any cortical erosion is seen.
Soft tissue reveals no obvious abnormality.

Totality of symptoms:

1. Calcaneous spur of left heel.
2. Pain aggravated in morning on waking up and first motion.
3. Pain better by continuous motion.
4. Aggravation in damp weather.
5. Lethargy and weakness.
6. Chilly patient
7. Marked periodicity.
8. Sensation of heaviness.

9. Menses early and profuse.
10. Bluish rings around eyes.
11. Decreased appetite and marked thirst.
12. Creeping and crawling all over body during every spring.

Analysis and evolution of symptoms

After detailed case taking, the case was analysed for the symptoms related to the disease and the symptoms that are specific to the patient. After converting symptoms into rubrics following evaluation was done according to intensity of symptomatology of the patient –

TOTALIY OF SYMPTOMS	ANALYSIS AND EVALUATION	Miasm ³
1. Calcaneous spur of left heel. (+3)	Physical particular	Sycotic
2. Pain aggravated in morning on waking up and first motion(+3)	Particular aggravating modality	Psora
3. Pain better by continuous motion(+1)	Particular ameliorating modality	Psora sycotic ³
4. Aggravation in damp weather(+1)	General aggravating Modality	Sycotic ³
5. Lethargy and weakness(+3)	Physical general	Psora
6. Chilly patient(+3)	Physical general	Psora
7. Marked periodicity.(+2)	Physical general	Tubercular
8. Sensation of heaviness	Mental general, sensation	Sycotic ³
9. Menses early and profuse	Physical general	Latent psora
10. Bluish ring around eyes	Particular	Syphilitic
11. Decreased appetite and marked thirst	Physical general, sensation	Sycotic
12. Creeping and crawling all over body	Physical general, Sensation	Psora

Repertorial totality

- Boring pain in os calcis
- (ext/pain/boring/foot/heel/os calcis/continued motion amel;)
- Marked periodicity
- (gen/periodicity)
- Lassitude
- (Generalities/weakness, enervation)
- Aggravated in damp weather
- (dampness, wet weather, working in water agg.)

- Chilly patient
- (bones: cold,chilly feeling)
- Menses frequent and profuse
- (gen female/menses/too early/too soon)
- Heaviness of limbs
- (ext/heaviness/tired/ lower limbs)

Miasmatic analysis:

Repertorisation was done by using *Kent repertory and Phatak repertory* in Hompath-release.apk (Zomeo-elite). Analysing the symptoms with reference to mi-asm, sycosis and psora have grasped the entire case. So, this case lies in the zone of psora-sycotic miasm.³

Repertorisation(*Zomeo elite*)

➤ Repertorisation yielded the following result:

Symptoms : 11 Remedies : 284 Filters : Normal

Remedy	Rhus-t	Ars	Calc	Aran	Nux-v	Lyc	Nat-m	Sulph	Chin	Phos	Sil	Alum	Cocc	Ferr	Puls
Totality	23	21	21	20	19	18	18	17	17	17	17	16	16	16	15
Symptoms Covered	9	9	9	11	8	9	8	9	8	8	8	7	7	7	9
Kingdom	🌿	🌿	🌿	🐜	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿
[Kent] [Extremities pain]PAIN:Boring:Foot:Os calcis,continued motion,am...				1											
[Phatak] [Phatak A-Z]DAMPNESS, WET WEATHER, WORKING IN WATER:...	3	2	3	2		1		1			1	1			2
[Kent] [Generalities]LASSITUDE: (139)	2	2	3	3	3	2	2	2	3	2	3	3	2	3	1
[Phatak] [Phatak A-Z]BONES: Cold chilly feeling: (7)			1	2											
[Kent] [Generalities]PERIODICITY: (74)	2	3	2	1	2	2	3	2	3	2	3	3	1	1	2
[Kent] [Extremities]HEAVINESS,TIRED LIMBS:Lower limbs: (135)	3	2	3	2	2	2	2	3	1	2	3	3	3		2
[Kent] [Genitalia female]MENSES:Frequent,too early,too soon: (160)	3	3	3	2	3	1	3	2	2	3	2	1	3	3	1

Justification for the remedy

Hompath-release.apk (Zomeo -elite) was used in repertorising the case. *Aranea diadema* covered all physical generals and particular symptoms as well as constitution of patient. The other remedies are *Calcarea carbonicum*, *Arsenicum album* and *Rhus toxicodendron*. *Calcarea carbonicum* has leucophlegmatic constitution⁴ whereas our patient has hydrogenoid constitution. *Rhus toxicodendron* is restless⁴ but our patient is having lassitude and weakness. Though *Arsenicum album* is similar⁴ in many aspects to the case it does not cover the symptom of calcaneous spur. So, *Aranea diadema* was selected.

- Based on the symptoms as given under various materials, the medicine *Aranea d.* was sought for:
- **The symptoms as mentioned in Boericke's Materia Medica**

Common name: Papal-cross spider

All spider poisons powerfully affect the nervous system.

All symptoms of *Aranea diadema* are characterised by periodicity, and coldness, and great susceptibility to dampness. It is the remedy for constitution favourable to malarial poisoning, where every damp day or place favours chilliness. Patient used to feel cold to the very bones. Coldness not relieved by anything. Felt as if parts were enlarged and heavier. Woke up at night with hands feeling twice their natural size. Spleen swollen. Hydrogenoid constitution, i.e. abnormal sensitiveness to damp and cold, inability to live near fresh water, lakes, rivers, etc. or in damp, chilly places.⁴

- **The symptoms as mentioned in *Materia medica* by Dr Phatak.**
- "There is abnormal susceptibility to damp and cold." "Sensation "AS OF ENORMOUS

- ENLARGEMENT" or numbness of parts worse on waking or she wakes with such a feeling."
- "Creeping as of ants all over the body."
 - "Pain in os calcis, better continued motion."⁵
- **The symptoms as mentioned under Dr J.H. Clarke's 'A dictionary of Practical Materia Medica'**
- "It is one of the leading remedies for hydrogenoid constitution"
 - "Exhaustion. Pains like electric currents. Great desire to lie down, many symptoms better lying down."
 - " Many symptoms occur on The right side.
 - "Boring and digging in the right tibia and os calcis, continuing on moving the foot, and disappearing by continuing the motion."
 - "Restless, on awaking, some part of the body feels as if it were swollen."⁶
- **The symptoms as recorded during proving in Dr T.F. Allen's Encyclopedia**
- "Violent, dull, burrowing bone-pains in the right os calcis, for several days, continued motion, however, it gradually disappeared (first day after second dose)."
 - "Lassitude, thirst."
- "(Moving foot from quiet position), Pains in right os calcis."
 - "Periodical at same hour."
 - "Continual motion of foot, Pain in right os calcis."⁷
- **Textbook of materia medica by Dr A.V. Lippe**
- "Boring and digging in the os calcis, continuing on moving the foot, and disappearing by continuing the motion."
 - "Aggravation in wet habitations and from being on the water-Daily, at precisely the same hour."⁸
- **Clinical Materia Medica By Dr E.A.Farrington**
- "Aranea was suggested by Grauvogl as one of the remedies for what she called the hydrogenoid constitution, their being a constitution which could not tolerate moisture. Under Aranea all the symptoms are worse during damp weather or from dwelling in damp localities."
 - "It is especially indicated in disease of the os calcis when the patient complains of violent, dull, boring pain in that bone. This may be due to a simple periostitis, or it may be associated with caries."⁹

Prescription

- Based on the above results, *Aranea diadema* was prescribed in 30 potency B.D.S for seven days.

Follow up;

Date	Follow up	Remedy given	Reason
13/08/22	First prescription	<i>Aranea diadema</i> 30 B.D.S For seven days.	Based on repertorisation, and the complaints of patient being acute, hence the medicine was repeated frequently
20/08/22	Good energy level, slight relief in pain, generally better.	Advised to continue medicine again for Seven days.	As the patient was feeling well, hence there was no need to change the remedy. ¹⁰
27/08/22	Much relief in pain almost 50%. Heaviness in limbs also better.	Again medicine was continued for fifteen days.	Remedy's action continued as patient was on the road to improvement. So no need to change medicine. ¹⁰
12/09/22	Patient was almost relieved of her heel pain.	<i>Saccharum lactis</i> was given for one month.	Patient was almost relieved of her complaints, so no medicine was given. ¹⁰
12/10/22	Patient was almost free from pain. No lassitude.	<i>Saccharum lactis</i> was given for one month.	Patient cured completely.

Conclusion:

The patient was almost better, thus according to fourth observation of Dr Kent, i.e. no aggravation with recovery of patient, hence the selected remedy, it's potency and the dose seemed to be exactly suitable to the case. It can be concluded that if fourth observation is noticed in acute diseases, it's very good and cures the case rapidly and in a gentle manner. And repetition of the remedy has to be stopped which proved to be curative in acute cases.¹⁰

Above case of calcaneal spur treated with homoeopathic medicine shows that we can treat the patient in a rapid and gentle manner and can avoid surgery as well as steroidal injections. *Aranea diadema* is a specific drug that can cure the patient of calcaneal spur. Even though diagnosis can only be confirmed with x-ray, but one can definitely relieve the patient of their complaints.

References:

1. Das S. A MANUAL ON CLINICAL SURGERY BY S. DAS(7TH EDITION)(PAGE NO.248) REF: CE4RT.COM (NOVEMBER 18, 2013). [RADIOGRAPHY OF THE FOOT](#). P. 19. RETRIEVED DECEMBER 9, 2017

2. Banerjee SK. MIASMATIC PRESCRIBING (SECOND EXTENDED EDITION) Boericke W. POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA WITH INDIAN MEDICINE AND REPERTORY (9TH EDITION REVISED AND ENLARGED) PUBLISHED BY INDIAN BOOKS AND PERIODICALS PUBLISHERS.
3. Phatak SR. MATERIA MEDICA OF HOMOEOPATHIC MEDICINE. SECOND EDITION REVISED AND ENLARGED BY B JAIN PUBLISHERS
4. CLARKE JH. *A DICTIONARY OF PRACTICAL MATERIA MEDICA IN THREE VOLUMES (VOLUME 1)*. DELHI, INDIA: B. JAIN PUBLISHERS;VOL 1. 1996
5. Allen TF. ENCYCLOPEDIA OF PURE MATERIA MEDICA. REPRINT EDITION 2000 BJAIN PUBLISHERS
6. Lippe AV. KEYNOTES AND REDLINE SYMPTOMS OF THE MATERIA MEDICA. INDIAN BOOKS AND PERIODICAL PUBLISHERS REPRINT EDITION OCTOBER 2004
7. Farrington H. CLINICAL MATERIA MEDICA EA FARRINGTON B JAIN PUBLISHERS 4TH EDITION (REVISED AND ENLARGED Babu GN. COMPREHENSIVE STUDY OF ORGANON.B.JAIN PUBLISHERS.

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A case of gout and degenerative arthritis and its homoeopathic management

By Dr Jaykumar Chandarana, Dr Anjana Juneja

ABSTRACT

Gout is a painful form of arthritis and a metabolic disease characterized by the deposition of excess uric acid crystals in the joints leading to swelling and extreme tenderness. Diet and life style changes controls hyperuricaemia. Homoeopathic treatment is very efficacious in eradicating such metabolic diseases but it's important for the patient to be prompt as well as sincere enough to give all the symptoms for proper treatment. The art of case taking is equally important.

Keywords: Gout, degenerative arthritis, metabolic disease, hyperuricaemia, individualisation. homoeopathic treatment.

Introduction

Gout is a painful form of arthritis and a metabolic disease. It consists of a constellation of clinical features resulting from deposition of excess uric acid microcrystals i.e. sodium urate monohydrate in the body(1). The sharp crystals in the joints, lead to swelling and extreme tenderness. This happens from hyperuricaemic body fluids. Gout usually starts in the big toe but can affect other joints. It is typically characterised by episodic ac arthritis or chronic arthritis caused by deposition of MSU in joints. There is also a risk of deposition in kidney interstitium or uric acid nephrolithiasis(2). These include acute arthritis, tenosynovitis, bursitis or cellulitis, tophaceous deposits and urolithiasis(1). Gout is a treatable condition, and the uric acid levels can be decreased by medication and lifestyle changes.

Medically, gout is placed under the umbrella of the term "arthritis" which covers a broad range of joint diseases which leads to joint pains. Some forms of arthritis cause inflammation in the joints, while others do not. Gout is a common form of inflammatory arthritis caused because of crystal deposition of uric acid in the joints. Mainly the deposition occurs in the big toe. But it's also found in other joints, including the knee, ankle, foot, hand, wrist and elbow.

After many acute mono or oligoarticular attacks, a portion of gouty patients may present with a chronic non symetru-ic synovitis causing potential confusion with rheumatoid arthritis.

Aetiology

Gout can affect anyone. It usually occurs earlier in men than women. It generally occurs after menopause in

women. Men can be three times more likely than women to get it because they have higher levels of uric acid most of their lives. Women reach these uric acid levels after menopause.

Genetic and environmental factor leads to gout and hyperuricaemia by reducing excretion of uric acid (90%) and or increased production of uric acid (10%)(1)

RISK FACTORS(3)

- [Obesity](#).
- Surgery
- Trauma
- Sepsis
- Stress
- Starvation
- Dehydration
- [Congestive heart failure](#).
- [Diabetes Mellitus](#).
- Family history of gout.
- [Hypertension](#) .
- [Renal diseases](#).
- Persons consuming a diet rich in animal proteins.
- Persons consuming large amounts of alcohol.
- Persons who are on diuretics, pyrazinamide, and aspirin.

PATHOGENESIS

What causes gout?

The human body makes uric acid during the breakdown of chemicals called purines found in certain food

and drinks. URIC ACID IS THE END PRODUCT OF PURINE METABOLISM IN HUMANS WHO LACK THE ENZYME URICASE(1). This normal byproduct goes through the kidneys and exits the body when a person passes urine. Two thirds of urate formed each day is excreted by the kidneys and one third from gastrointestinal tract(1).

(3) Sometimes the body produces too much uric acid. At concentrations > 6.8 mg/dl, urate can crystallise as MSU in and around the joints. Monosodium urate monohydrate crystals are released into the joint cavity, activate synovial lining cells, recruit and activate mastocytes and peripheral blood monocytes. At the cellular level inflammation induced by urate crystals is brought by innate immune engagement of the crystals by plasma membrane receptors including toll like receptors (2,4). In turn they produce various cytokines such as interleukins and chemokines leading to endothelial cell activation. Neutrophils are recruited in the joint cavity leading to MSU crystal phagocytosis and cell activation. The sharp, needle-like crystals cause gout. It is seen that some people do have higher uric acid levels but still never get gout.

Genetic and environmental factors lead to gout and hyperuricaemia either by increasing the production of uric acid or by reducing excretion of uric acid(1).

CLINICAL FEATURES

Symptoms of gout?

THE NATURAL HISTORY OF GOUT HAS 4 STAGES(1) –

1. Asymptomatic acute hyperuricaemia
2. Acute gout
3. Intercritical gout
4. Chronic tophaceous gout

ACUTE GOUT(1)

It may be precipitated by many factors and the first attack occurs commonly in men age d 30 to 60 years. Usually the monoarticular, the metatarsophalangeal joint of the great toe is the first joint affected in 70 % cases. Ac gouty arthritis could occur elsewhere also.

An episode of gout is called a gout attack. Gout attacks are very painful and can happen quite suddenly, often overnight. During a gout attack, symptoms in the affected joint(s) may include:

- Intense pain.

- Redness.
- Stiffness.
- Swelling.
- Tenderness, even to light touch, such as from a bedsheet.
- Warmth, or a feeling like the joint is “on fire.”

A gout attack can last a week or two. Between gout attacks, you may have no symptoms at all. Very ac attacks may be accompanied by fever, leucocytosis and raised ESR.

Here, its important to note that recurrent attacks may result in bone and cartilage erosion, tophaceous deposits, secondary osteoarthritis. A patient may also develop restricted movement of the joint or disability.

INTERCRITICAL GOUT(1)

Here a patient experiences a time of symptom free periods between acute attacks. A progressive shortening of the intercritical period between attacks is seen. Some people have gout attacks frequently, while others go years between episodes. If gout isn't treated, attacks may become more frequent and last longer. Gout attacks can happen over and over again in the same joint or affect different joints.

CHRONIC TOPHACEOUS GOUT(1)

If a patient experiences episodes of recurrent attacks then he enters into this stage. Here there is asymmetrical joint swellings. Massive accumulation of micro crystals of uric acid and amorphous urates surrounded by histiocytes, giant cells and fibrosis occurs. This takes place in the periarticular tissue, cartilaginous helix of the ear, bursae and tendon sheaths. Surprisingly, although rare, TOPHI formation is seen in the eyes, tongue, larynx and heart. Occasional interference with valvular function and cardiac conduction is also seen.

DIAGNOSIS

Several things have to be considered for diagnosing and confirming gout:

- **Symptoms: Symptomatology obtained is very important for any doctor and even more so for the Homoeopathic physician.**
- **Physical examination: a systematic examination including checking the individual joints is of much aid.**
- **Blood investigations:** raised s. uric acid levels. its important to understand that s. uric acid levels could be normal also at times intermittently. This

limits its importance.

- **Urine investigation:**

A 24 hour urine collection for for uric acid can be useful. If there is excretion of > 800 mg of uric acid per 24 hours on a normal diet it suggests over production of Purine.

- **Imaging tests:**

soft tissue swelling with patchy calcification may be seen. There could be cortical erosions of phalanges, punched out erosions and secondary degenerative changes⁽¹⁾. Ultrasound could aid earlier diagnosis by showing a double contour sign overlying the articular cartilage. Dual energy CT Scan usually shows presence of urate crystals⁽²⁾.

- **Aspiration and polarizing light microscopy⁽¹⁾ : demonstration of needle shaped negatively birefringent crystals of monosodium urate in synovial fluid neutrophils.**

- **MANAGEMENT AND TREATMENT**
Here although a brief description is given about the allopathic medications let us stress that Homoeopathic treatment is PAR EXCELLENCE.

- NSAIDs⁽¹⁾ can reduce pain and swelling. Some people with kidney disease, stomach ulcers and other health problems are unable to take NSAIDs.
- Colchicine⁽¹⁾ can reduce inflammation and pain if you take it within 24 hours of a gout attack. It's given by mouth.
- Selective COX2 inhibitors⁽¹⁾ like etorocoxib, etc.
- Corticosteroids⁽¹⁾ can relieve pain and swelling. You take steroids by mouth or with an injection.

Hypouricaemic therapy⁽²⁾

Drugs that help lower levels of uric acid in your body to prevent or reduce future episodes of gout attacks:

- Allopurinol, taken as a pill.
- Febuxostat, taken as a pill.
- Pegloticase, given as an intravenous (in the vein) infusion.
- Probenecid, taken as a pill.

BASIC MANAGEMENT⁽³⁾

A person should make certain lifestyle changes to help prevent gout:

- Drink plenty of water to help kidneys function better and avoid dehydration.
- Exercise regularly. Having overweight/obesity increases uric acid in your body and puts more

stress on your joints.

Try limiting the purines in the body, since these chemicals can trigger uric acid buildup. Foods and drinks containing high purine levels include: Alcohol, red meat and organ meats (liver, for example), shellfish, gravy, drinks and foods high in fructose (fruit sugar), Protein from animal sources as they can potentially lead to elevated uric acid levels.

Avoid certain medications which can lead to elevated uric acid levels. These medications include:

- Diuretics, also known as “water pills.”
- Immunosuppressants, or drugs used to slow the immune system (common in organ transplants, for example).

IMPORTANCE OF HOMOEOPATHIC TREATMENT -

Untreated gout can lead to permanent joint damage. The build-up of uric acid in the joints and soft tissue is called tophus. Some people with gout can also develop other health problems, such as severe arthritis, kidney stones and heart disease. It's important to discuss these symptoms with a Homoeopathic physician. HOMOEOPATHY OFFERS excellent treatment to eradicate but its important for the patient to be prompt as well as sincere enough to give all the symptoms for proper treatment. Herewith we are enclosing a case study which becomes very interesting as investigations confirmed that the patient had degenerative arthritis of the knee joints too. The efficacy of Homoeopathic medicines is well established and this case bears testimony to this fact.

Case study

Case of Mr. XYZ 67 years, Male (21/01/2019) –

Complaint of Pain right shoulder ++ since 6 months.

C/o Pain in right leg and knee joint when walking feel as if bone is breaking Especially in the region of the tibia-fibula since 5-7 years.

When sitting cross leg and then after pain in knee joint and feeling of heaviness in right leg shooting type of pain.

< waking

> rest

Also, complaint of inability to sit in cross leg position.

Physical examination

Blood pressure – 150 / 80 mm of Hg
Pulse rate – 99 / minute

Respiratory rate – 18 / minute
Personal history

Appetite – good

Bowel – Regular

Urine – 6.7 times / day

Sweat – more in armpit area

Sleep – Sound

Rubrics taken from Kent's Repertory⁽⁴⁾

1. Anger – Chapter Mind – Page No. 2
2. Religious – Mind – Pg. 71
3. Tranquility – Mind – Pg. 89
4. Company Aversion – Mind – Pg. 12
5. Irritability – Mind – Pg. 57
6. Desire, Pungent thing Stomach – pg. 486
7. Pain, joint, gouty – Extremities – Pg. 1047
8. Pain, Knee, Walking on – Extremities – Pg. 1074
9. Pain, Lower limbs amelioration waking Extremities – pg. 1063

Repertorial Analysis – Case was repertorised manually with the *Homoeopathic Kent repertory*.

Prescription

Calcarea carbonicum 200 / 1 dose

31/01/2019 – Complaint of shoulder pain

Pain in right knee - Decreased

Pain in right shoulder joint - Decreased

Crackling sound present

No other complaint

17/02/2020 –

50% better

c/o pain in right knee pain - Decreased

No shoulder pain

No other complaints

12/07/2021 –

Case study

No New Complaints

Knee pain – Decreased. Patient was much better and happy too.

Conclusion

Homoeopathy proves to be effective in the management of gout and degenerative arthritis.

References

1. Aspi F Golwalla, Sharukh A Golwalla, Milind Y Nadkar, Metabolic and crystal arthropathies, Golwallas medicine for students, 25th edition reprint, 2018, Jaypee brothers medical publishers p ltd.pg [664 – 669]
2. Harrisons, Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo – Gout and Crystal-Associated Arthropathies, Principles of internal medicine , 19th edition, McGraw hill education – 2015.pg no.[2233-2234]

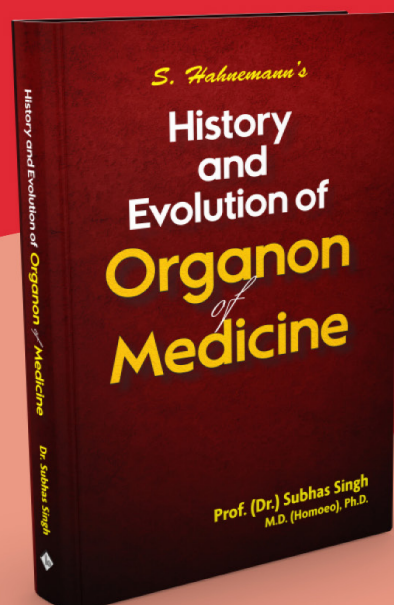
3. Yp Munjal, SK Sharma, AK Agarwal, P Gupta, SA kamath, MY nadkar, RK Singal, S Sundar, S Varma, GS Pangtey, A Prakash, SN Shah.Disorders of purine and pyrimidine metabolism, Gout and other crystal arthritides, API Textbook of medicine vol 2,, 10th edition, , 2015, Jaypee brothers medical publishers p ltd. Pg [2483 – 2488]
4. Dr. J T Kent, Extremities pain gouty, Repertory of Homoeopathic Materia Medica, 6th edition, B jain Publisher 2006. Pg no [1047 - 1048]

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Bechterew's disease: homoeopathic approach for movement of unmovable with miasmatic approach

By Dr Dipika Sindha

ABSTRACT :

Ankylosing spondylitis is also known as Marie-Strumpell disease or Bechterew's disease. Ankylosing spondylitis is an autoimmune disease. It's a form of inflammatory arthritis that primarily affects spine. It leads to structural changes which may eventually progress to fusion of spine. Spine becomes stiff and less flexible later on joints fuse together and become unmovable. Homoeopathic treatment reduces functional and structural changes and gives better quality of life

Keywords: Bechterew's disease, axial spondyloarthritis, ankylosing spondylitis, Marie-Strumpell disease, homoeopathic approach

Abbreviations: Ankylosing spondylitis (AS), axial spondyloarthritis (ax-SpA), human leukocyte antigen (HLA), tumour necrosis factor- α (TNF- α) and transforming growth factor- β (TGF- β)

Introduction

AS is an inflammatory disorder of unknown cause that primarily affects the axial skeleton: peripheral joints and extraarticular structures are also frequently involved. Disease usually begins in second or third decade. The term axial spondyloarthritis (ax-SpA) is now in common use and supported by criteria formulated in 2009.[1]

EPIDEMIOLOGY

AS shows a striking correlation with the histo-compatibility antigen HLA-B27 and occurs worldwide roughly in proportion to the prevalence of B27 [1]

There is male to female ratio is about 3:1. Overall prevalence of AS is below 0.5% in most population. Over 75% of patient are able to remain in employment and enjoy good quality of life. Even if severe ankylosis develops, functional limitation may not be marked as long as the spine is fused in an erect posture^[2]

Clinical features Articular manifestations

Sacroiliitis manifests as stiffness and pain in the buttocks, sometimes radiating to the thighs. Alternating buttock pain is a characteristic. Patient presents with an insidious onset of dull pain in the lower lumbar region and morning stiffness, which improves with the activity. After few months, the pain usually becomes persistent and bilater-

al. There may be nocturnal exacerbation of pain.^[3] The disease eventually involves lumbar, thoracic and cervical vertebrae causing pain and stiffness in the spine. This stiffer and flexed vertebral column is known as 'poker back' and 'rocker back' respectively. ^[3]

- Involvement of the lumbar spine results in low back pain with nocturnal exacerbations. Characteristically, this is associated with low-back morning stiffness that improves with activity. Low-back stiffness may be precipitated by inactivity. Early physical signs include failure to obliterate the lumbar lordosis on forward flexion and restriction of the movements of lumbar spine in all directions.
- Enthesitis is common. Inflammation at the Achilles tendon and plantar fascia calcaneal insertions is particularly common and manifests as heel pain. Like arthritis, enthesitis typically is aggravated by rest and improved with activity. Other areas of enthesitis include superior and inferior aspects of patella, metatarsal heads and spinal ligament insertions on vertebral bodies. ^[4]
- Involvement of the thoracic spine, costovertebral joints and costosternal joints results in chest pain, diminished chest expansion (<5 cm) and thoracic kyphosis. ^[4]

- Involvement of the cervical spine results in neck pain and a forward stoop of the neck.^[4]
- Peripheral arthritis is usually late and asymmetric. Involvement of hips and shoulders results in pain and limitation of movement. Hip involvement may lead to flexion contractures, compensated by flexion at knees.^[4]

Extra articular manifestations:

Eye: Acute anterior uveitis (unilateral pain, photophobia, lacrimation; tends to recur in the opposite eye)^[3]

Cardiac: Aortic insufficiency (regurgitation), conduction abnormalities, which may include even Third Degree Heart Block^[3]

Pulmonary: Apical fibrosis, cavitation, restrictive lung disease (Respiratory failure may result from fixed rib cage with kyphoscoliosis and from fibrosing alveolitis)^[3]

Neurological: Cauda equina syndrome
Others include cataract, glaucoma, nephropathy and cervical myelopathy.^[3]

HOMOEOPATHIC THERAPEUTICS:

- *Aesculus hippocastanum*: Backache affecting sacrum and hips, worse walking and stooping. Lameness in neck, back and legs give out; often associated with haemorrhoids. Backache unfits the patient for work.⁽⁵⁾
- *Bellis perennis*: Backache of gardeners, railway workers, people working for long in stooping position.⁽⁵⁾
- *Bryonia alba*: Stitches and stiffness in small of back, worse movements.⁽⁵⁾
- *Kalium carbonicum*: Stiffness and paralytic pain in back. Sharp pains extending up down back and to thighs. Pain from hip to knee; complaints often associated⁽⁵⁾
- *Silicea terra* – Stiffness of nape, with headache. Swelling of glands of nape, in the neck, and under the axillae (with suppuration), sometimes with induration. Suppuration of axillary glands. Caries of clavicle. Stitches between the hips. Coccyx painful, as after a long carriage ride.- Stinging in os coccyges on rising, painful to pressure. Scabby elevation on coccyx, above fissure of nates. Pain in the loins, which prevents rising up, and forces patient to remain lying down. Inflammatory abscess in lumbar region (on the psoas muscle). Weakness and paralytic stiffness in back, loins, and nape. Tearings and shootings in the back. Shootings in the loins, when seated or lying down.- Burning in back when walking in open air and becoming warm. Aching, shooting, burning, and throbbing in lumbo-sacral region. Swelling and distortion of spine (curvature of the vertebrae). Contusive pain between the shoulder-blades.⁽⁶⁾
- *Calcarea phosphoricum* – Rheumatic pain and stiffness of neck with dullness of head, from slight drought of air. Cramp-like pain in neck first one side then the other (right to left). Throbbing or jerking pains below scapula. Violent pain in region of back when making the least effort. Backache and uterine pains. Sharp pains in sacrum and coccyx. Soreness as if separate in sacro-iliac synchondrosis. Curvature of the spine to the left, lumbar vertebrae bend to the left, spina bifida. Soreness in sacro-iliac symphysis, as if broken.⁽⁶⁾
- *Calcarea flourica* – Homoeopathic medicine for ankylosing spondylitis has pain in lower back with burning sensation.⁽⁶⁾
- *Calcarea carbonicum* – Pain as if sprained; can scarcely rise; from over-lifting. Pain between shoulder-blades, impeding breathing. Rheumatism in lumbar region; weakness in small of back. Curvature of dorsal vertebrae. Nape of neck stiff and rigid.
- *Sulphur* – Stiffness of neck, in nape, with paralytic, sprained pain. Child cannot hold head up neck muscles so weak. Tetters on nape. Swelling and inflammation of glands of nape and of neck. Swelling and suppuration of axillary glands. Cracking in vertebrae of neck, especially on bending backwards. Weakness and wrenching pains, or pain as from a bruise in loins, coccyx, and in back, especially on walking, or rising from a seat. Gnawing pain in small of back. Pain in small of back not permitting one to stand erect. Finds himself at night lying on back. Cannot lie on back on account of rush of blood to head. Pain in back after manual labour. Shootings in loins, back, and shoulder-blades, sometimes with obstructed respiration. Sharp and rheumatic pains, drawing, tension, and stiffness in loins, back, and nape.. Sprained pains in back. During whole day aching in small of back, worse when urinating. Distortion (curvature) of spine. Vertebrae softened. Cracking of vertebrae on bending head backward.⁽⁶⁾
- *Kalium bichromicum* – Homoeopathic medicine for ankylosing spondylitis has pain in coccyx and sacrum extending up and down, cannot walk.⁽⁶⁾
- *Conium maculatum* – coccydynia; dull aching in lumber and sacral region⁽⁶⁾
- *Phosphoricum acidum* – Tension and cramp-like drawing in muscles of neck, especially on moving

head. Miliaria on neck. Boring pain between scapulae. Spondylitis of cervical vertebrae. Eruption, painful to touch, on back, shoulder-blades, neck, and chest. Burning pain in a spot above small of back. Itching stitch in coccyx, fine stitches in coccyx and sternum. Crawling (formication) tingling in back and loins. ⁽⁶⁾

- *Phosphorus*: Homoeopathic medicine for ankylosing spondylitis has rigidity of nape of neck. Pressure on shoulders. Swelling of neck. Engorgement of axillary glands and of those of nape of neck and of neck. Paralysed sensation in upper sacrum and lower lumbar vertebrae. Contusive pain in loins and back (as if back were broken), especially after having been seated a long time, hindering walking, rising up, or making the least movement. Pain in small of the back when rising from a stooping position. Sensitiveness of spinous processes of dorsal vertebrae to pressure. Softening of spine. Heat or burning in back, between scapula. Pain in coccyx impeding easy motion, can find no comfortable position, followed by painful stiffness of nape. Coccyx painful to touch as from an ulcer. Transient pain from coccyx though spine to vertex that drew head back during the stool. Backache and palpitations prevail. ⁽⁶⁾
- *Symphytum officinalis*: Pain in back from a fall, from sexual excess. Pott's disease after injury. Psoas abscess. Much used among herbalists in caries of spinal and other bones. Symphytum facilitates union of fractured bones; lessens peculiar pricking pain; favors production of callous; when trouble is of nervous origin. Irritability at point of fracture; periosteal pains after wounds have healed. ⁽⁶⁾

Rubrics from *Augmented Clinical Synthesis*: ⁽⁷⁾

Back, Ankylosing, spondylarthritis: allox, carc, mand, med, sarcol-ac, tub-r

Back, Ankylosing, fibrous ankylosis : tub-r

Pathophysiology with homoeopathic miasmatic approach:

Ankylosing spondylitis is a chronic inflammatory disease with an insidious onset. Initially, psoric manifestations are seen in the form of chronic inflammation. Progressive musculoskeletal, and often extraskelatal, signs and symptoms are characteristic of the disease.. The primary pathology of spondyloarthropathies is enthesitis with chronic inflammation, including CD4 and CD8 T lymphocytes and macrophages. Cyto-

kines, particularly tumour necrosis factor- α (TNF- α) and transforming growth factor- β (TGF- β), are also important in the inflammatory process by leading to inflammation, fibrosis and as disease advanced syphilitic miasm's manifestation are seen in the form of ossification at sites of enthesitis. This leads to spine to fuse in a fixed, immobile position (ankylosis).

Conclusion: With the help of homoeopathic medicine, not only disease symptoms are relived but underlying cause and susceptibility of person can be treated by anti-miasmatic medicine. This can be achieved through individualisation and by holistic approach of homoeopathy. This will helps to reduces suffering by constitutional medicine and miasmatic treatment.

References:

1. Kasper, *Harrison's Principles of Internal Medicine*. Vol 2. 20th Edition, New Delhi: McGraw Hill, 2018, 2564-2566
2. RALSTON S H & CLUNIE, DAVIDSON'S Principles and practice of medicine, 23rd edition. Elsevier india Pvt.Ltd, New Delhi, 2018, p-1030-1031
3. Team of homoeopathy360, Available from: <https://www.homoeopathy360.com/2017/01/18/an-approach-to-ankylosing-spondylitis/>
4. Mathew G, Aggrawal P, *Medicine, Premanual for undergraduates*, 6th edition, Elsevier Pvt. Ltd, New Delhi, 2019, p-732
5. Kansal K& Kaushal R, *Textbook of practice of medicine with homoeopathic Therapeutics*, 3rd edition, 9th impression, B.Jain Publisher (P) Ltd, New Delhi, 2019, p-354
6. Dr. Manish Bhatia, *hpathy, Homooapthy for ankylosing spondilytistreatment*, 2009
7. Available from: <https://hpathy.com/cause-symptoms-treatment/ankylosing-spondylitis/>
8. Dr schroyens F, **Augmented clinical synthesis, 9.1 edition**, B.Jain Publisher (P) Ltd, New Delhi, 2016, p-1341

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A case of alopecia areata managed with Phosphorus 200C : a case report

By Dr Aman Deep Kaushal, Dr Bhavneet Kaur

ABSTRACT :

This case report is about a 30-year old female who was suffering with recurrent episodes of alopecia areata on scalp and was not getting relief by allopathic treatment and thus she visited OPD of Government Homoeopathic Health Centre, Chamba, Himachal Pradesh for treatment. After case taking, *Phosphorus 200 C* was prescribed on the basis of repertorisation and the bald spot was fully recovered within approximately two months which suggests significant role of homoeopathic medicines in managing cases of alopecia areata.

Keywords: alopecia areata, hairfall, homoeopathy, homoeopathic medicines, *Phosphorus*

Abbreviations: AA – alopecia areata , IBD- inflammatory bowel disease , OPD- outdoor patient, ICD – International Classification of disease

Introduction

Alopecia areata is an auto immune disorder which is characterised by well-defined bald patches in hair bearing areas, chiefly the scalp. It is non-scarring , diffuse, non-inflammatory and localized type of alopecia. It has a strong genetic component with a positive family history in 20% cases. The prevalence is 0.1 to 0.2% with 1.75% life time risk for developing alopecia areata. The age group of 15- 29 years is more vulnerable to development of AA. It is T-cell mediated auto immune disorder which results in the arrest of hair follicles in the late anagen phase of hair growth. It has a strong association with other diseases such as Type 1 diabetes mellitus, IBD, atopy, auto immune thyroid disorders, pernicious anaemia, vitiligo, down's syndrome and auto immune polyendocrinopathy.

The initial presentation is of a single bald spot which usually resolves within 2-6 months but recurrency is common which is more severe and the chances of spontaneous regrowth gradually decrease with each episode. The characteristic finding of phase of active hair loss is of the exclamation mark at the margin of alopecia which is seen as broken hairs tapering towards scalp. It can involve eyebrows, eyelashes , beard and body hair as well. If it involves whole scalp , it is termed as alopecia totalis and if it involves whole body hair then it is termed as alopecia universalis. Nail pitting can also occur.^[1,2]

Case study

A 30-year-old married female patient visited OPD of Government Homoeopathic Health Centre, Chamba, Himachal Pradesh on 23rd March 2022 with complaint of hairfall and baldness in a solitary patch in scalp. There was no sign of inflammation or scarring. She didn't complain of any sort of irritation or itching in the spot.

History of chief complaintsThe patient was diagnosed with alopecia areata when she was 19 years old. At that time she had two circular patches on scalp. She took allopathic treatment for approximately six months and there was regrowth of hair. Once again, she had three bald spots in scalp when she was 23 years old for which she again opted allopathic treatment and it was managed in seven months. In June 2021, she again suffered with a single bald spot on scalp but this time she got no relief from allopathic treatment, so she left the treatment after continuing it for six months. Meanwhile, she applied home remedies such as onion juice on the bald spot for three months but there was no change. After three months, she visited OPD of Government Homoeopathic Health Centre, Chamba, Himachal Pradesh for treatment.

Past historyPatient has history of recurrent upper respiratory tract infections in every change of weather in her childhood

Family history

Case study

Her mother suffered with bronchial asthma since 2009. Father had history of alopecia areata in 2002. Grandparents and siblings are healthy.

Personal history Patient is non vegetarian, non smoker and non alcoholic. She had all her vaccinations done at proper time and had no after effects. Her milestones developed on appropriate time.

Obstetric And Gynecological History:

She had her first menses at the age of 14 years. Duration of her cycle is 26 to 28 days, bleeding is scanty and occurs for 3-4 days. She has one male child through normal delivery and has no history of abortion.

Physical generals:

Patient is sensitive to cold weather. She drinks water frequently, around eight glasses per day and has strong desire for ice creams and cold drinks. She has aversion to fatty food. Her appetite is good, has 3 meals per day. She has constipation with dry hard stools. Perspiration is scanty and non-offensive. She has sound sleep of 7-8 hours at night with anxious dreams as if she is losing someone she loves like her husband or parents.

Mental generals:

Patient describes herself as a sensitive person. She gets hurt easily. She desires love and affection from her husband but when she doesn't get that much amount of love from him, she gets highly irritable and even doesn't want to take care of her 2 year old child. She be-

comes quarrelsome and doesn't want to talk to anyone. She told that even in her childhood, she had forsaken feeling and didn't get as much love from her parents as she expected from them. She has a good friend circle and loves partying with them. She has fear of being alone. She feels that she can imagine the things that are going to happen before they actually happen and her intuitions are always correct.

General physical examination:

Patient is 5'5 inch tall and weighs 55 kg. Her pulse was 79 beats per minute, blood pressure was 122/84 mm of Hg and respiratory rate was 18 breaths per minute. There was no sign of pallor, icterus and cyanosis. Skin and nails were healthy.

Local examination:

There is a single small bald spot on scalp. The patch has no sign of inflammation.

Diagnosis:

Alopecia areata (2023 ICD 10 CM Code is L63.9)^[3]

Diagnosis was made on the clinical picture of the disease

Differential diagnosis:

Differential diagnosis in this case includes trichotillomania, tinea capitis, congenital hypotrichosis, syphilis, alopecia tick bites and loose anagen hair.^[4]

Analysis and evaluation of symptoms with miasmatic analysis [5]

S.No.	Classification of symptoms	Symptoms	Intensity	Miasm
1.	Mental general	Sensitive, offended easily	+++	Psora
		Irritability	+++	Psora, sycosis
		Fear of being alone	+++	Psora
		Clairvoyance	+++	Psora
		Forsaken	+++	Psora
2.	Physical general	Desire cold	++	Psora, syphilis
		Aversion fatty food	+	Psora
		Dreams of death	++	Psora
		Constipation, Dry hard stool	+	Psora
3.	Physical particular	Baldness in patches	+++	Psora

Totality of symptoms

1. Sensitive, offended easily
2. Irritability
3. Fear of being alone
4. Forsaken feeling
5. Clairvoyance
6. Desire cold food
7. Aversion fatty food
8. Dreams of death
9. Constipation with dry hard stool
10. Bald spot on scalp

and this time, she was not getting relief by allopathic drugs, the case required a constitutional medicine. Thus, the case was repertorised giving importance to mental generals, physical generals and particulars for reaching to most suitable remedy for the case.

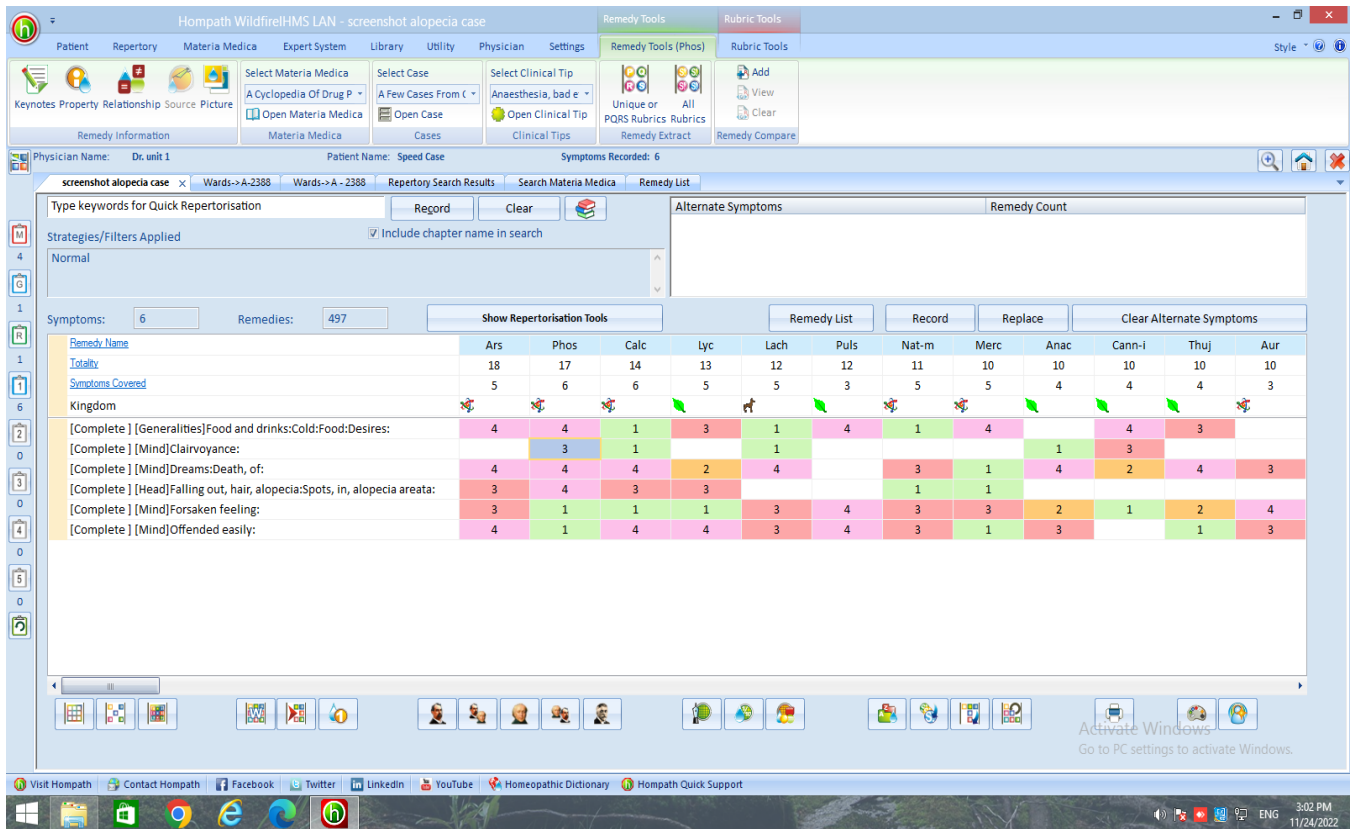
The following rubrics were selected for repertorisation:

1. Mind, Fear of being alone
2. Mind, Clairvoyance
3. Mind, Dreams of death
4. Mind, Forsaken
5. Generalities, food and drinks, cold food desire
6. Head, falling out, hair , alopecia, spots in , alopecia areata

Repertorial analysis

As the patient had suffered with alopecia areata thrice,

Repertorial analysis chart is as under: [6]



Repertorial result :

Arsenicum album – 18/5

Phosphorus – 17/6

Calcarea carbonicum – 14/6

Lycopodium clavatum – 13/5

Lachesis mutus – 12/5

Pulsatilla nigricans – 12/3

Natrium muriaticum : 11/5

Prescription

Phosphorus was selected as it covered all the rubrics and the following keypoints mentioned in *materia medica*:^[7,8]

- Patient was anxious
- Lean and tall

- Chilly
- Desire for cold drinks and ice cream
- Desire for love, affection and company
- Had a history of aggravation by change of weather
- *Phosphorus* shows a good action in cases where hair falls out in bunches.

Phosphorus 200 C single dose was given followed by *Saccharum lactis* thrice a day for 14 days

Follow up case

S.no.	Date	Symptoms	Prescription
1.	6.4.2022	No change was noticed in the bald patch, constipation better , consistency of stool is soft than before	<i>Saccharum lactis</i> thrice a day for 14 days
2.	20.4.2022	No change in bald patch. She told that she is having anxiety issues due to no improvement and is worried whether she will be fine or not	<i>Phosphorus</i> 200C 1 dose <i>Saccharum lactis</i> thrice a day for 14 days
3.	4.5.2022	Hair started re-growing in the bald spot, mentally she felt much relaxed as she was improving.	<i>Saccharum lactis</i> thrice a day ,
4.	18.5.2022	Hair growth improved. No constipation	<i>Saccharum lactis</i> thrice a day
5.	1.6.2022	No hairfall	<i>Saccharum lactis</i> thrice a day
6.	15.6.2022	Bald patch fully covered with hair	<i>Saccharum lactis</i> thrice a day
7.	29.6.2022	No hairfall , no constipation	<i>Saccharum lactis</i> thrice a day
8.	13.7.2022	No new complaint , mentally and physically well She felt much better	<i>Saccharum lactis</i> thrice a day

Results

Bald spot was fully recovered, stool was normal and patient felt much relaxed after treatment.

Discussion and conclusion

As Patient had a positive family history of alopecia areata and she herself has suffered with alopecia areata thrice, she was very anxious about her disease. She was more worried as this time she was not getting any improvement by taking allopathic drugs or home remedies. In the beginning of the treatment when she was getting no improvement, she was very hopeless. Even though it was a small patch but she was very concerned about it and in such condition the physician is always under pressure to give quicker results and as already mentioned in the literature, with each recurrent episode of alopecia ,tendency of hair growth diminishes. But in such situations, we have to follow the principles of organon of medicine and prescribe according to inferences drawn from Kent's 12 observations. *Phosphorus* was selected on the basis of repertorisation and her physical constitution so the medicine was not changed and as Dr W. Boericke says it should not be given too

low or in too repeated doses^[7], it was repeated once after a month and it showed improvement so it was followed by *Saccharum lactis* and there was complete regrowth of hair on the bald spot.

Declaration of patient consent

Patient's consent was taken for clinical images and publication of case

Conflict of Interest

None

References:

1. Walkar B.R, Colledge Nicki R., Ralston S.H. Davidson's Principles and Practice of Medicine. 22nd ed. Edinburg; Churchill livingstone/ Elsevier; 2014
2. Munjal Y. API Textbook of Medicine. 9th ed. New Delhi: The Association of Physicians of India; 2012
3. ICD classification of disease. 2023/2022[Internet].2022[Cited 2022,November 23 2022]Available from <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L60-L75/L63-/L63.9>
4. Finner A.M. Alopecia Areata : clinical presentation, diagnosis and unusual cases. Dermatologic Therapy[Internet] 2011(cited 2022 nov 23) ;24 (1396-0296): 348-354
5. Patel RP. Chronic miasms in homoeopathy and their cure with classification

of their rubrics/symptoms in Dr. Kent' repertory(repertory of miasms), 1st ed. Hahnemann House,college road, kottayam, kerala : Dr.Ramanlal P. Patel;1996

6. Homopath software
7. Boericke W. pocket manual of homoeopathic Materia Medica: comprising the characteristic and guiding symptoms of all remedies (clinical and pathogenetic). New Delhi: Indian Books & periodicals Publishers;2012
8. Kent J.T. Lectures homoeopathic materia medica : together with kent 'new remedies' incorporated and arranged in one alphabetical order. New Delhi: B Jain Publishers (P) Ltd.

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BEFORE



AFTER

A case report on homoeopathic treatment of renal calculi

By Dr Neeta Sharma ,Dr Vanija Sharma, Dr Yasha Soni, Dr Ankita Srivastava

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: Renal stone, *Nux vomica*, homoeopathy.

Abbreviations: TDS – thrice a day

Introduction

Kidney stone disease, also known as nephrolithiasis or urolithiasis, is when a solid piece of material (kidney stone) develops in the urinary tract.[1] Kidney stones typically form in the kidney and leave the body in the urine stream.[1] A small stone may pass without causing symptoms.[1] If a stone grows to more than 5 millimeters (0.2 in), it can cause blockage of the ureter, resulting in sharp and severe pain in the lower back or abdomen.[1][2] A stone may also result in blood in the urine, vomiting, or painful urination.[1] About half of people who have had a kidney stone will have another within ten years.[3] Between 1% and 15% of people globally are affected by kidney stones at some point in their lives.[3][4] **In 2015, 22.1 million cases occurred,[5] resulting in about 16,100 deaths.[6] They have become more common in the Western world since the 1970s. Generally, more men are affected than women. Kidney stones have affected humans throughout history with descriptions of surgery to remove them dating from as early as 600 BC. The hallmark of a stone that obstructs the ureter or renal pelvis is excruciating, intermittent pain that radiates from the flank to the groin or to the inner thigh.[7] This is due to the transfer of referred pain signals from the lower thoracic splanchnic nerves to the lumbar splanchnic nerves as the stone passes down from the kidney or proximal ureter to the distal ureter. This pain, known as renal colic, is often described as one of the strongest pain sensations known.] Renal colic caused by kidney stones is commonly accompanied by urinary**

urgency, restlessness, hematuria, sweating, nausea, and vomiting. Dehydration **from low fluid intake is a major factor in stone formation.[7] Individuals living in warm climates are at higher risk due to increased fluid loss.[8] Obesity, immobility, and sedentary lifestyles are other leading risk factors.[8]**

High dietary intake of animal protein, sodium, sugars including honey, refined sugars, fructose and high fructose corn syrup, and excessive consumption of fruit juices may increase the risk of kidney stone formation due to increased uric acid excretion and elevated urinary oxalate levels (whereas tea, coffee, wine and beer may decrease the risk).[8]

Kidney stones can result from an underlying metabolic condition, such as distal renal tubular acidosis,[9] Dent's disease,[10] hyperparathyroidism, primary hyperoxaluria,[11] or medullary sponge kidney. 3–20% of people who form kidney stones have medullary sponge kidney.

Kidney stones are more common in people with crohn's disease; Crohn's disease is associated with hyperoxaluria and malabsorption of magnesium.

Case study

The reported case is 30 years old, hindu, vegetarian, female, belonging to a middle socio-economic family, residing in urban area who came to outpatient department of Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, Sindhi Camp (A Constituent College of Homoeopathy University), Jaipur,

Rajasthan, India on 28/07/2021 with the following complaints of renal stone.

History of presenting complaints: Patient was suffering from pain in left iliac region radiating towards lumbar region, and the pain was ameliorated by pressure. Pain used to come and go within 5-10 minutes. She was also suffering from pain since last 1 month.

Treatment history: Patient had been suffering from renal calculi pain since last 1 month and was taking allopathic treatment since 7 days. She also took allopathic medication for her cholasma.

Physical generals: Appetite- 2 meals/day, 2-3 chapattis/meal, satisfactory, 4-5 liter of thirst per day, Desire for spicy food, aversion to sweets, stool- 2-3 times a day, unsatisfactory, perspiration- profuse in summer, more while working, non-offensive and non-staining, addiction of tea, thermal reaction- chilly.

Past history: Swelling in whole body at the time of childhood for that she took allopathic treatment.

Family history:

- Mother- Healthy.
- Father- Healthy.

Peculiar symptoms with their intensity:

Rubrics	Intensity	Miasmatic analysis
1. Mental generals		
Anger violent	3+	Psora
Ardent	3+	Psora-sycosis
Fastidious	3+	Psora
2. Physical generals		
Thirst-thirsty	2+	Syco-syphillis
Desire – tea, spicy food	2+	Syco-syphillis
Vomiting after taking gram flour.	3+	Syco-syphillis
Aversion-sweet	3+	Psora
Stool-unsatisfactory stool	2+	Psora
3. Particulars		
Pain in left iliac region extends towards back.	2+	Psora

- Wife- Healthy .
- Children- Healthy .

Mental generals: Anger expressive and violent. She could say anything to anyone in anger and she did not care about what she said to the person. She did not like if someone interrupted her when she used to talk or say something. She was very enthusiastic about her work. She was very attentive and concerned about accuracy and detailed about whatever she did. She was very concerned about matters of cleanliness in her house.

General examination:

Patient was apparently healthy looking, decubitus/attitude on back and side, Anaemia/pallor-Absent, facies-absent, cyanosis- absent, deformity-absent, oedema-absent, skin- hyperpigmentation on face, cachexia/emaciation-absent, weight – 55 kg, SpO2- 94%, temperature – afebrile, height – 152cm, built – ectomorphic, blood pressure- 140/80 mm Hg, respiratory rate - 18/min, tongue – white coated posteriorly, pulse- 80/min.

Local examination: Tenderness in left iliac fossa on palpation of abdomen.¹²

Provisional diagnosis – Renal calculi present in left ureter-11mm and left kidney-6mm.¹²

Case study

Pre- dominant miasm - Mix miasmatic but predominantly psora.¹³

Figure-1

Repertorisation- As the generals were marked, this case was repertorised with the help of the *Synthesis repertory* from RADAR 10.0 version.¹⁴ (Figure 1)

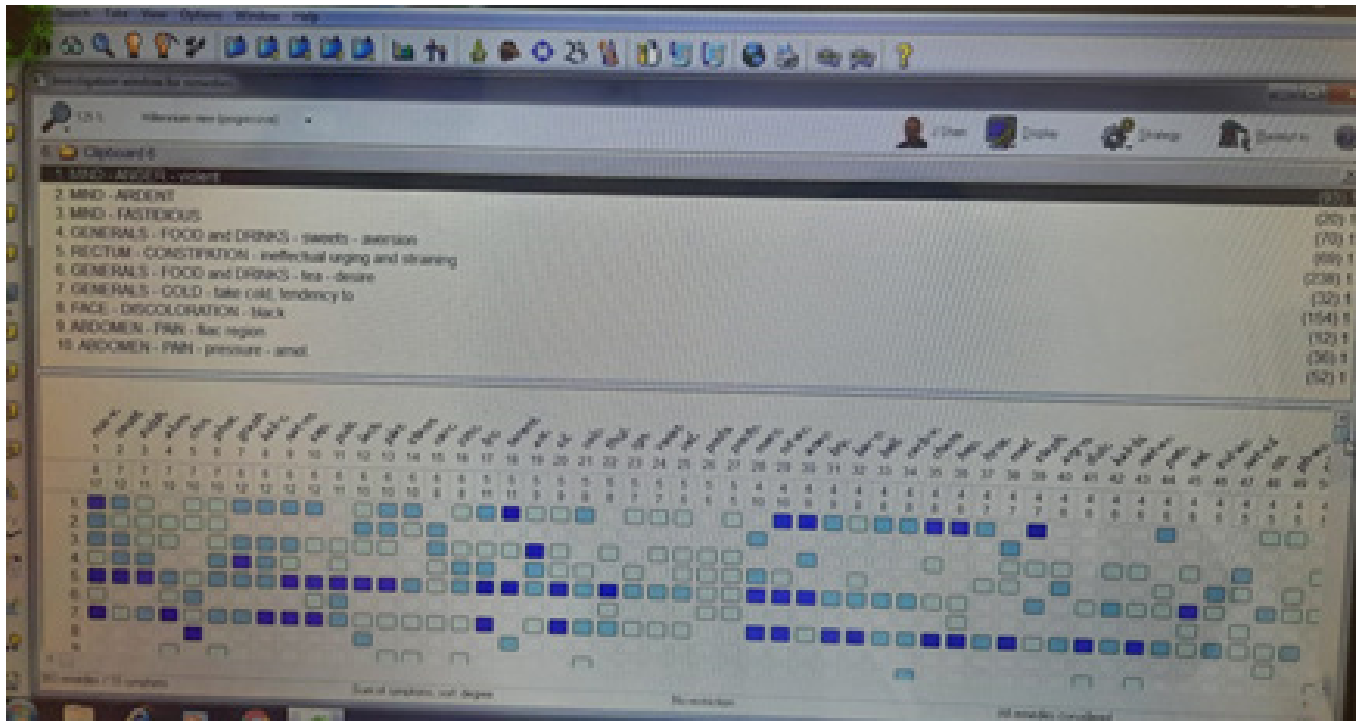


Figure 1- Repertorisation sheet from RADAR 10.0 version

Selection of remedy- *Nux vomica* was selected on the basis of repertorisation (Figure 1) and after the consultation of materia medica, considering the symptom similarity.

Selection of potency and dose - 1 dose (stat) of *Nux vomica 200c* was prescribed. (According to principles¹⁵)

Justification of repetition – Repetition was done whenever required according to principles of posology¹⁵

General management –

- Drink 4-5 litres of water per day.¹⁸
- Avoid consuming certain vegetables like brinjal, spinach, tomato and milk products, etc.¹²
-

Follow ups:

Date	Symptoms	Prescription	Justification ¹³
	Patient came with complaint of pain in iliac region with vomiting, burning during urination since 1 month ,discolouration black on face, and her anger was quite violent.	Nux vomica 200/1 dose Rubrum 30/TDS × 14days	On the basis of totality of symptoms <i>Nux vomica</i> was prescribed to the patient.
	Mild relief in pain in iliac region and rest of the symptoms.	Nux vomica 200/1 dose Rubrum 30/TDS × 14days	Slight amelioration in symptoms was observed so <i>Nux vomica</i> was repeated in same potency to the patient.
4/08/2021	Marked relief in pain of iliac region and vomiting . Slight change in chloasma also seen.	Phytum 200/1 dose Rubrum 30/TDS × 14days	No new symptom was observed ,amelioration in previous symptoms observed therefore <i>Saccharum lactis</i> was prescribed.
18/08/2021	Slight pain and burning reappeared .	Nux vomica 1M/1 dose Rubrum30/TDS ×14days	Symptoms reappeared with less severity so <i>Nux vomica</i> was given in higher potency. ¹⁶
25/08/2021	All Symptoms ameliorated .	Phytum 200/1 dose Rubrum30/TDS ×14days	No new Symptoms appeared so <i>Saccharum lactis</i> was given.
8/09/2021	Complete relief in pain ,vomiting and burning .	Phytum 200/1 dose Rubrum30/TDS ×14days	No new symptoms observed and <i>Saccharum lactis</i> was given.
22/09/2021	She became irritable nowadays and slight pain in iliac region also appeared.	Nux vomica 1M/1dose Rubrum30/TDS ×14days	Symptoms reappeared so <i>Nux vomica</i> was repeated again . ¹⁶
20/10/2021	Improvement in pain in left side of iliac region .But her anger still the same.	Phytum 200/1 dose Rubrum30/TDS ×14days	No new symptoms observed and <i>Saccharum lactis</i> was given.
03/11/2021	No pain but she came with complaint of violent anger , and with more irritability then before.	Nux vomica 10M/1 dose Rubrum30/TDS ×14days	Nux vomica was given in higher potency because of markedly increased anger. ¹⁶
21/11/2021	Anger diminished .	Rubrum 1M/1 dose Rubrum30/TDS ×14days	No new symptoms observed and <i>Saccharum lactis</i> was given.
08/12/2021	All symptoms both physical and mental ameliorated completely.	Rubrum 200/1 dose Rubrum30/TDS ×14days	Amelioration continued so <i>Saccharum lactis</i> was given.

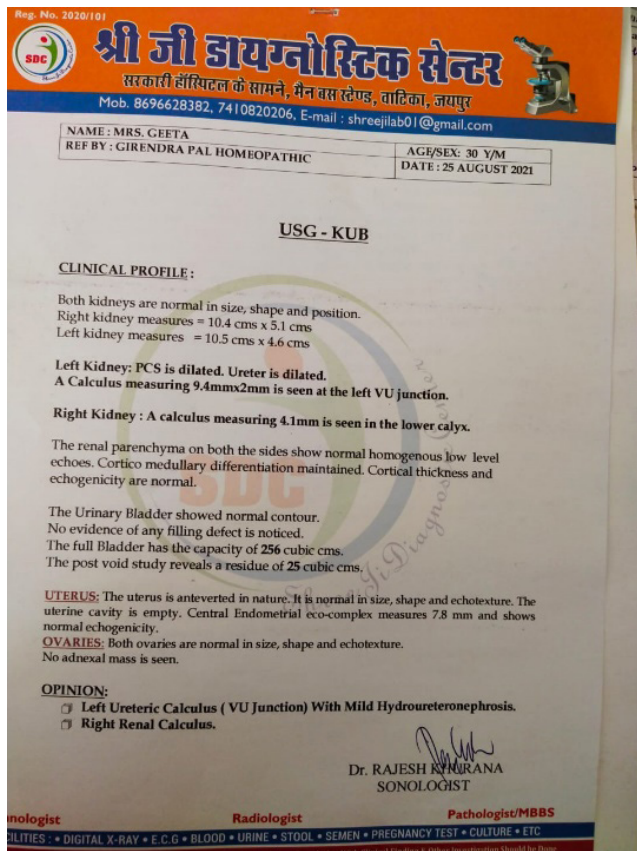


Figure- 2

Date-25/8/2021

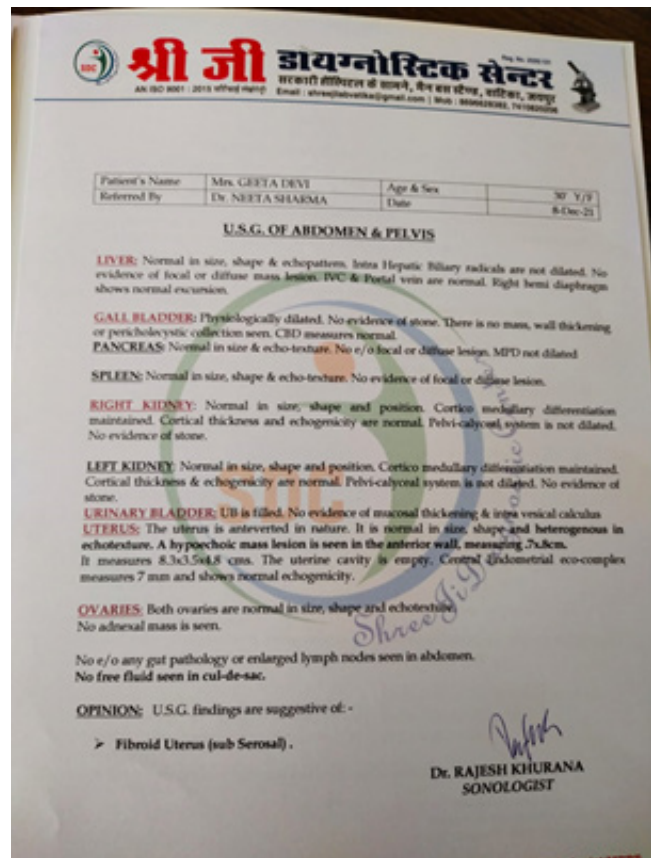


Figure-3

Date-8/02/2021

Discussion and conclusion-

When one looks into homoeopathic literature, there are lots of therapeutic medicines for renal calculi but these medicines doesn't work in every case, the medicine selected must be the exact simillimum (aphorism 147)¹⁶ in order to attain permanent cure (aphorism 2)¹⁶. Apart from these therapeutic medicines there are many other medicines which are used according to totality and individualization of the case (aphorism 7). Considering the law of similar (aphorism 26)¹⁶ and action of *Nux vomica*^{17,18} on renal stone made it the best suitable medicine in this case to cure. This study showed wonderful result of higher potency of well selected individualised homoeopathic medicine.

References:

1. "Kidney Stones in Adults". February 2013. Archived from the original on 11 May 2015. Retrieved 22 May 2015. (CITED ON-19/01/2022)
2. MillerNL, LingemanJE (March 2007). "Management of kidney stones". *BMJ*. **334** (7591): 468–72. doi:10.1136/bmj.39113.480185.80. PMC 1808123. PMID 17332586. (CITED ON-22/01/2022)
3. Morgan, MonicaSC; Pearle, MargaretS (2016). "Medical management of renal stones". *BMJ*. **352**: i52. doi:10.1136/bmj.i52. ISSN 1756-1833. PMID 26977089. S2CID 28313474.(CITED ON-25/02/2022)
4. Abufaraj, Mohammad; Xu, Tianlin; Cao, Chao; Waldhoer, Thomas; Seitz, Christian; d'Andrea, David; Siyam, Abdelmuez; Tarawneh, Rand; Fajkovic, Harun; Schernhammer, Eva; Yang, Lin; Shariat, ShahrokhF. (6 September 2020). "Prevalence and Trends in Kidney Stone Among Adults in the USA: Analyses of National Health and Nutrition Examination Survey 2007–2018 Data". *European Urology Focus*. **7** (6): 1468–1475. doi:10.1016/j.euf.2020.08.011. ISSN 2405-4569. PMID 32900675. S2CID 221572651. Archived from the original on 16 August 2021. Retrieved 16 August 2021.(CITED ON - 28/01/2022)
5. VosT, AllenC, AroraM, BarberRM, BhuttaZA, BrownA, et al. (GBD 2015 Disease and Injury Incidence and Prevalence Collaborators) (October 2016). "Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015". *Lancet*. **388** (10053): 1545–1602. doi:10.1016/S0140-6736(16)31678-6. PMC 5055577. PMID 27733282. (CITED ON-27/01/2022)
6. VosT, AllenC, AroraM, BarberRM, BhuttaZA, BrownA, et al. (GBD 2015 Disease and Injury Incidence and Prevalence Collaborators) (October 2016). "Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980-2015: a systematic analysis for the Global Burden of Disease Study 2015". *Lancet*. **388** (10053): 1459–1544. doi:10.1016/s0140-6736(16)31012-1. PMC 5388903. PMID 27733281.(CITED ON-26/01/2022)
7. Preminger GM (2007). "Chapter 148: Stones in the Urinary Tract". In Cutler RE (ed.). *The Merck Manual of Medical Information Home Edition* (3rd ed.). Whitehouse Station, New Jersey: Merck Sharp and Dohme Corporation. Archived from the original on 8 December 2014. Retrieved 7 August 2011.(CITED ON-29/01/2022)
8. Lewis SM (2017). *Medical-surgical nursing : assessment and management of clinical problems*. ISBN 978-0-323-32852-4. OCLC 944472408.(CITED ON

-30/01/2022)

9. OWMoe (January 2006). "Kidney stones: pathophysiology and medical management" (PDF). *Lancet*. **367** (9507): 333–44. doi:10.1016/S0140-6736(06)68071-9. PMID 16443041. S2CID 26581831. Archived (PDF) from the original on 15 August 2011. (CITED ON -20/01/2022)
10. ThakkerRV (March 2000). "Pathogenesis of Dent's disease and related syndromes of X-linked nephrolithiasis" (PDF). *Kidney International*. **57** (3): 787–93. doi:10.1046/j.1523-1755.2000.00916.x. PMID 10720930. Archived (PDF) from the original on 5 November 2012. (CITE ON-21/01/2022)
11. HoppeB, LangmanCB (October 2003). "A United States survey on diagnosis, treatment, and outcome of primary hyperoxaluria". *Pediatric Nephrology*. **18** (10): 986–91. doi:10.1007/s00467-003-1234-x. PMID 12920626. S2CID 23503869. (CITED ON-20/01/2022)
12. Davidson S. Davidson's Principles and Practice of medicine.23rd edition. (CITED ON-9/02/2022)
13. BanerjeeS. Miasmatic diagnosis. New Delhi: B. Jain; 2004 (CITED ON – 1/02/2022)
14. Rapid Aid to Drug Aided Research 10.0.28 software version, radar repertory programme; 2007(CITED ON-2/02/2022)
15. KentJT: Lectures on Homeopathic Philosophy. Sth ed. Reprint, B Jain Publishers (P) Ltd., 1989. (CITED ON-8/02/2022)
16. SarkarBK, Majumdar JN, Dudgeon RE. Organon of Medicine by Samuel Hahnemann. Reprint edition. Delhi: Birla Publications PVT. LTD; 2006-2007 (CITED ON-7/02/2022)
17. Kent, JT. Lectures on Materia Medica. Delhi, India: B. Jain Publishers, 1996. (CITED ON-3/02/2022)
18. BoerickeW. (2013). Boericke's New Manual of Homeopathic Materia Medica with Repertory. 9th ed. New Delhi: B. Jain Publishers (P) LTD.(CITED ON-5/02/2022)

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- FRANCIS TREUHERZ -

Case study of alopecia areata treated with individualised homoeopathic medicine

By Dr Partha Pratim Pal, Dr Madhumita Nath

ABSTRACT :

Alopecia areata is an autoimmune condition related to patchy loss of scalp hair without scarring. It can affect any race, gender or age group and has much psychosocial impact on patients. Though it is autoimmune but it is managed in conventional system of medicine with relapses and adverse effects. In homoeopathy, evidences of cure with individualised homoeopathic medicines are documented. In this case of alopecia areata following permanent annihilation of facial warts by homoeopathic treatment, has been clinically diagnosed and treated with individualised homoeopathic treatment. Initially, she was prescribed with *Causticum* which cured her warts, and finally when alopecia areata was produced, it required *Carcinosinum* as an intercurrent remedy to overwhelm the later complaint.

Keywords: Alopecia areata, individualised homoeopathic medicine, case report

Abbreviations: Alopecia areata (AA), outpatient department (OPD), once a day (OD), thrice a day (TDS)

Introduction

Alopecia areata (AA) is a common type of hair loss or alopecia in humans. It is an autoimmune condition that attacks the hair follicles, causing nonscarring hair loss. It can be variable and relapsing which can be persistent when hair loss is extensive. A study in north India found the incidence of AA was 0.7% of new dermatology outpatients. Forty to fifty per cent of patients develop alopecia areata before age 21 years, while 20% develop it after the age of 40. Men and women are affected equally, and there is no well-defined racial preponderance. Around 20% of patients have a positive family history for the disease. Females were also found to have higher rates of comorbid nail involvement and concomitant autoimmune disease, particularly thyroid disease. The scalp is the most common site of involvement, with or without involvement of other body sites (such as the eyebrows, eyelashes, and beard). Clinical patterns of hair loss in alopecia areata are usually very distinct. The most common pattern is a small annular or patchy bald lesion (patchy alopecia areata), usually on the scalp, that can progress to total loss of scalp hair only (alopecia totalis), and total loss of all body hair (alopecia universalis). (Table 1) Other than that nail changes occur in 10.5%–38% of AA patients, with common findings including pitting, trachyonychia, and longitudinal ridging.⁴ In conventional treatment

intralesional corticosteroids, topical immunotherapy, topical and systemic corticosteroids, Dithranol, Minoxidol, etc. are used which also have adverse effects with high relapsing rate. In this case, a female patient of 31 years presented with localised well demarcated patches of hair loss on scalp. She had a history of facial warts treated with homoeopathic treatment. Based on the previous complaints along with past history, she was initially prescribed *Causticum*. But, *Carcinosinum* 1M as an intercurrent remedy was prescribed to break the miasmatic predilection, which helped to improve the complaints of the patient.

Case Presentation

A female patient of 31 years came to OPD on 31.10.2020 and presented with localised well-demarcated patches of hair loss on the vertex along the parietal sutures, and also in the occipital area. It was occurring gradually for last one month and was progressing circumferentially. (Fig 1)

Analysis of the case

Actually, the patient was under treatment for verruca vulgaris (multiple, over face) for the last one year from 20.07.2019 to 24.07.2020. She was completely cured with ultra-dilutions of *Causticum*.

Personal and family history: She already had a history (6 years ago) of cauterisation of similar kind of warts

over face. She also had a history of alopecia occurred at age of 15 years and as per her memory certain injections were also given after which she recovered. She also had pneumonia during her childhood. In her family, her father was suffering from diabetes mellitus. She was married and stayed with husband and father, had one child of 4 years of age who was suffering from gross motor developmental disorder.

Mental generals: Patient was very anxious about son (who is suffering from motor dyspraxia) and constantly in a state of fear for her future. For last few years, she was in a state of depression regarding this issue. Moreover, she was very sympathetic and always worried about the welfare of others.

Physical generals: Her built was ectomorphic with weight - 48 kgs and height -152 cm. Her appetite was ravenous hunger and constantly feels hungry even after meals. Thirst was extreme thirst for water, around 4-5 litres per day. She also had complaints of urging for stool early in the morning as soon as she rises from bed and after breakfast again urging for defecation comes. There was a burning sensation during micturition due scanty water drinking. Perspiration was less and skin was dry. Easily affected by change of weather and her thermal reaction was chilly.

On detailed case taking and analysis, the symptoms were evaluated to construct the totality. After evaluation of symptoms, repertorisation was done. The following characteristic mental general symptoms as well as physical general and particular symptoms, were

considered:

Repertorisation:

- Anxiety about the future of her son
- Sadness and depression due to gross motor disability of her son
- Sympathetic in nature
- Ravenous appetite
- Extreme thirst
- Urging for stool on rising in morning
- Chilly patient
- Warts – multiple, over face, around neck, small, fleshy in nature

Repertorial analysis was as per Kent’s method using HOMPAT software. The repertorial results (Figure 7) were analysed giving more importance on the mental as well as physical general symptoms than particular symptoms for selection of medicine.

Therapeutic intervention with follow-ups (Table 2):

Considering the repertorial totality, miasmatic analysis, and consultation with materia medica, *Causticum 30, TDS x 3 days* was prescribed on 20.07.2019. Gradually, the potency was changed as per requirement of the case and finally after *Causticum 200, 4 doses, OD x 2 days* on 21.03.2020 there was remarkable decrease in size and number of the warty growths and when the patient came on 24.07.2020 there were no any warts. (Fig 2)

Table 2

Day of visit	Symptoms / Indications	Prescribed medicine
31.10.2020	On further case taking and due to improvement of previous warty lesions with <i>Causticum 200</i> , next higher potency of the medicine is prescribed. (Figure 1)	<i>Causticum 1M</i> 2 doses in sac lac pulvis OD x 2 days
02.01.2021	The hair fall kept on increasing and the area of baldness was increasing with gradual reduction of hair density (patient came after 2 months). (Figure 3)	Saccharum lactis for one month
04.02.2021	More hair loss occurred for the last month and condition was deteriorating. Hair was becoming thin and easily falling out in bunches. Hence, change of prescription was required ^{Note} . (Figure 4)	<i>Carcinosinum 1M</i> 2 doses in Sac lac pulvis OD x 2 days
20.04.2021	Patient started improving. New hair follicles were appearing in the bald areas (patient again came after 2 months). (Figure 5)	Saccharum lactis for one month
22.12.2021	Patient has recovered from alopecia areata and but still under observation. Basically, she is still coming to OPD with acute complaints related to dyspepsia, respiratory infections or other trifling derangements of health, but till date the complaint of AA did not return. (Figure 6)	

Results:

The bald patches on the head showed new hair growth. Initially, series of *Causticum* (30C and 200C) potencies showed improvement in the warts. Later on, when there was a new complaint of alopecia areata, *Causticum 1M* was prescribed initially. However, it was deteriorating gradually. However, much significant improvement was observed when prescription was changed and *Carcinosinum 1M* was prescribed. Bald spots completely disappeared within the span of 1 year (Fig 6) and hence it may be concluded that *Carcinosinum 1M* as an intercurrent remedy broke the miasmatic predilection, which helped to improve the complaints of the patient.

Discussion:

Hair loss is a disorder with significant adverse psychological effects, including low self-esteem, low confidence, and negative influence on social interactions; 52% of women and 28% of men report being very to extremely upset by their alopecia. There are series of side effects which also causes much distress to the patient of alopecia getting treated with conventional treatment with potential serious adverse events following which patients turn to get treated with complementary and alternative treatment. It has been found that application of crude onion juice had significant effect on hair regrowth compared to tap water. With aromatherapy there was also in the cases as compared to control groups. There are positive outcome of hair regrowth on bald spots with individualised homoeopathic treatment also. A 20-year-old female with alopecia universalis was treated with *Mercurius solubilis* for 3 months, which helped in a 75% improvement according to the patient’s own self-assessment. A case series of three

AA patient, prescribed with *Lycopodium clavatum*, *Carcinosinum* and *Tuberculinum* based on the presenting symptoms and miasmatic analysis have shown improvement on the bald spots and overall quality of life depicting the importance of individualised homoeopathic treatment. There are evidences of cures with such individualised homoeopathic medicines which helps to establish the importance of correct selection of medicine on the basis of homoeopathic law and principle.”

In this case report there was improvement in the AA with growth of new hairs which was an outcome of re-appearance of old symptoms following its suppression by conventional therapy years ago. As AA is a chronic disease with an unpredictable and variable course of events including relapses, remissions, or persistence of severe hair loss, with prescription of constitutional medicine followed by an intercurrent remedy which helped to accelerate the improvement within the span of 1 year, which was observed and was documented by photography for evidence.

Conclusion:

Most chronic cases in homoeopathy have given successful result after individualised treatment and especially in autoimmune conditions where the patient as a whole is affected. In such conditions, prescription on specific one-sided symptomatology may not be infallible. However, as this is a single case study and AA is associated with a variable and unpredictable remission (because of its auto-immune nature) a well-designed clinical trial must be taken up for scientific validation of results as publications involve case reports only till date.

Table 1: Types of Alopecia areata

Types	Pattern
Patchy alopecia areata	One, multiple separate or conjoined (reticular) patches of hair loss.
Alopecia totalis	Total or near-total loss of hair on the scalp
Alopecia universalis	Total to near-total loss of hair on all haired surfaces of the body.
Alopecia incognita	<ul style="list-style-type: none"> Diffuse total hair loss with positive pull test, yellow dots, short, miniaturized regrowing hairs, but without nail involvement.
Ophiasis	<ul style="list-style-type: none"> Hair loss in a band-like shape along the circumference of the head, more specifically along the border of the temporal and occipital bone
Sisaipho	Extensive alopecia except around the periphery of the scalp
Marie Antoinette syndrome	<ul style="list-style-type: none"> Acute episode of diffuse alopecia with very sudden “overnight” greying with preferential loss of pigmented hair

Figure - 1



Figure - 2



Figure - 3



Figure - 4



Figure - 5

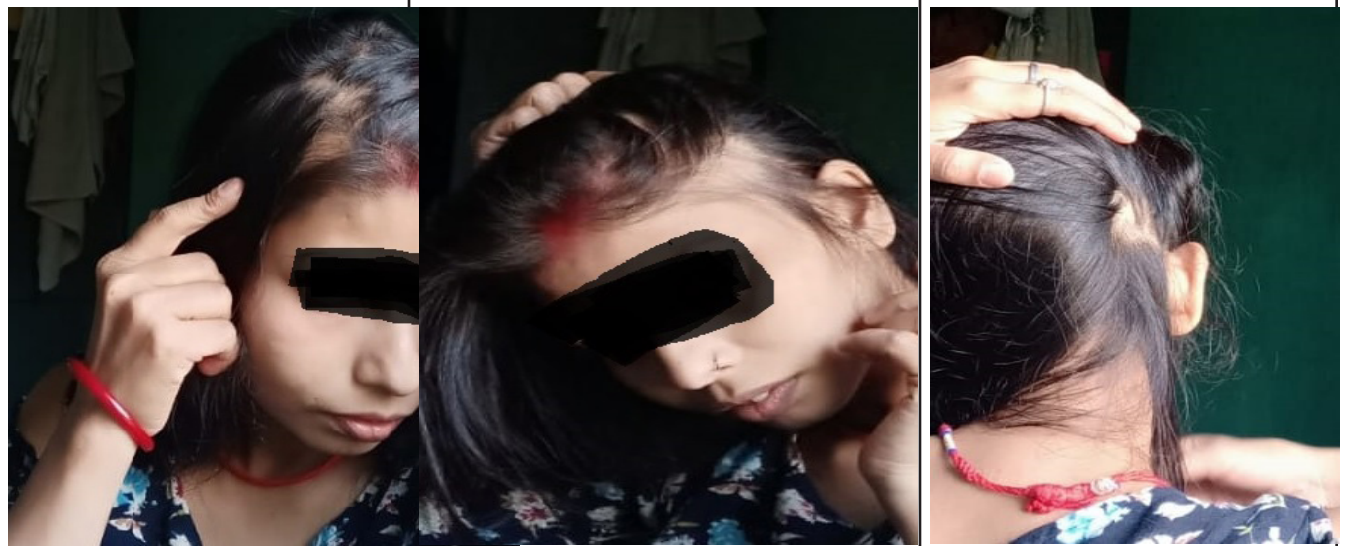


Figure - 6



Figure 7: Repertorization as obtained by using HOMPAT software

Remedy Name	Caust	M-ac	Calc	ThuJ	Sep	Sulph	Nat-m
Totality	23	17	17	14	13	13	13
Symptom Covered	9	8	7	7	6	6	5
[KT] [Mind]Anxiety,Fear,with:	3	2	2	1	2	1	2
[KT] [Mind]Sadness,mental depression:	3	3	3	3	3	3	3
[KT] [Mind]Sympathetic:	2	2					2
[KT] [Stomach]Appetite.Ravenous,canine,excessive:	2	2	3	2	2	3	3
[KT] [Stomach]ThirstExtreme:	3	2	3	1	2	3	3
[KT] [Rectum]Urging,desire (see tenesmus)Rising,on:							
[KT] [Skin]Warts (see excrescences)Fleshy:	2		2				
[KT] [Skin]Warts (see excrescences)Small:	2	2	2	2	2	2	
[KT] [Nose]Warts:	3	2		3			
[KT] [Face]Warts:	3	2	2	2	2	1	

Note: The change of prescription was considered and *Carcinosinum 1M* was prescribed keeping in mind the following characteristics of *Carcinosinum* :

- Carcinosinum* is a **deep acting remedy** which is known for its use as an **anti-miasmatic remedy** or as an **intercurrent remedy** in cases where progress was seen but stopped suddenly and where constitutional remedy has failed to show its effect.
- Carcinosinum* patients are very **sympathetic and compassionate people**. They cannot demand anything for themselves and also that they feel pain and suffering so intensely, it is easy to see why they dwell as much as they do on other peoples' problems. They are very much sensitive to the sufferings of others and often feel nothing about their own problems.
- An interesting feature that has been observed in several *Carcinosinum* cases is '**sadness but cannot weep**' even in cases of severe grief (e.g., death of the mother).
- Warts** have repeatedly been cured by *Carcinosinum*: on the lips; on the abdominal skin; on the back of the hand; on the fingers; adjacent to the finger nails; on the soles of the feet.

References

- Pratt, C H et al. "Alopecia areata." *Nature reviews. Disease primers* vol. 3 17011. 16 Mar. 2017, doi:10.1038/nrdp.2017.11
- Sharma, V K et al. "Profile of alopecia areata in Northern India." *International journal of dermatology* vol. 35,1 (1996): 22-7. doi:10.1111/j.1365-4362. 1996. tb01610.x
- MacDonald Hull, S P et al. "Guidelines for the management of alopecia areata." *The British journal of dermatology* vol. 149,4 (2003): 692-9. doi:10.1046/j.1365-2133.2003. 05535.x
- Villasante F, Alexandra C, Mariya M. "Epidemiology and burden of alopecia areata: a systematic review." *Clinical, cosmetic, and investigational dermatology* vol. 8 397-403. 24 Jul. 2015, doi:10.2147/CCID.S53985
- Pratt, C Herbert et al. "Alopecia areata." *Nature reviews. Disease primers* vol. 3 17011. 16 Mar. 2017, doi:10.1038/nrdp.2017.11
- Villasante F, Alexandra C, Mariya M. "Epidemiology and burden of alopecia areata: a systematic review." *Clinical, cosmetic, and investigational dermatology* vol. 8 397-403. 24 Jul. 2015, doi:10.2147/CCID.S53985
- Harries, M J et al. "Management of alopecia areata." *BMJ (Clinical research ed.)* vol. 341 c3671. 23 Jul. 2010, doi:10.1136/bmj.c3671
- Kent J T. *Repertory of Homoeopathic materia medica*. 6th edition
- Cash, T F et al. "Psychological effects of androgenetic alopecia on women: comparisons with balding men and with female control subjects." *Journal of the American Academy of Dermatology* vol. 29,4 (1993): 568-75. doi:10.1016/0190-9622(93)70223-g
- Hosking, Anna-Marie et al. "Complementary and Alternative Treatments for Alopecia: A Comprehensive Review." *Skin appendage disorders* vol. 5,2 (2019): 72-89. doi:10.1159/000492035
- Sharquie, Khalifa E, and Hala K Al-Obaidi. "Onion juice (*Allium cepa* L.), a new topical treatment for alopecia areata." *The Journal of dermatology* vol. 29,6 (2002): 343-6. doi:10.1111/j.1346-8138. 2002.tb00277.x
- Hay, I C et al. "Randomized trial of aromatherapy. Successful treatment for alopecia areata." *Archives of dermatology* vol. 134,11 (1998): 1349-52. doi:10.1001/archderm.134.11.1349
- Tamura R. "Effect of homeopathic treatment of 60 Japanese patients with chronic

- skin disease.” *Complementary therapies in medicine* vol. 15,2 (2007): 115-20. Doi: 10.1016/j.ctim.2006.04.005
14. Biswas B, Roy PS, Hazra A, Treatment of alopecia areata with individualized homeopathic medicines. An evidence-based case series. *J Intgr Stand Homeopathy* 2022; 67-73
 15. Sivakumar K. Alopecia Areata cured with Individualized Homeopathy Medicine – An Evidence based Homeopathy Case Report. *International Journal of AYUSH Case Reports*, 6(1), 70-75.
 16. Shivadikar, Pandurang A. Evidence- based homeopathy: Case report of alopecia areata in an 11-year-old boy. *Indian Journal of Research in Homeopathy*. 13. 251. 10.4103/ijrh.ijrh_18_19.
 17. Bhasme, Amit et al. “A Case Report of Alopecia Areata Treated with Individualized Homeopathy.” *Alternative therapies in health and medicine*, AT6713. 15 Oct. 2021
 18. Walkar SA, Rothman S. A statistical study and consideration of endocrine influences. *The Journal of investigative dermatology* vol. 14,6 (1950): 403-13. doi:10.1038/jid.1950.
 19. Foubister DM. The Carcinoin drug picture. *British Homeopathic Journal*. 1958 Jul;47(03):201-12.

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In Italics

Trituration and Succussion in the History of Medicine



Dr Iman Navab
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My beloved teacher, the late Vaikunthanath Kaviraj (author of *Homoeopathy for Farm and Garden*), often expressed his deep concern and frustration that homoeopaths still do not grasp the depth and significance of trituration and succussion that are crucial steps in making homoeopathic medicine. Homoeopaths in general appreciate their importance, but Kaviraj’s apprehension was due to the lack of high-quality research in these procedures, which could help us move the science of homoeopathy forward. To understand the gravity of his point, the history of trituration and succussion is being explored in the following article.

History reveals that trituration in medicine (pulverising in a mortar) is as old as the practice of Indian Medicine (5000 BC) also known as Ayurveda (Science of Life). In one recent study published by the *International Research Journal of Pharmacy*, scientists at the Mittal Punarvasu Ayurved College, Mumbai, demonstrated a pharmaceutical approach to making pearl into a bio-safe nano-medicine (ISSN 2230-8407). Why pearl? This gem is a valuable and highly regarded remedy in most of the Ayurvedic texts. In this research, pearl underwent the process of trituration 6 hours daily for 21 days. Through this, its particle size was reduced to the extremely minute nanoparticles, which means the pearl transformed

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Efficacy of homoeopathic treatment in psoriasis

By Dr Vandana Chopra

ABSTRACT

Psoriasis is a long-lasting autoimmune disease characterised by patches of abnormal skin, these skin patches are typically red or purple on some people with darker skin, dry itchy and scaly psoriasis. Psoriasis varies in severity while no cure is available for psoriasis in conventional treatment which includes topical corticosteroids, systemic corticosteroids, salicylic acid and phototherapy.

Here, a 24-year-old male presented with signs and symptoms of psoriasis since 2 yrs. Within 2 months of treatment patient started improving and over a period of 12 months of treatment all the psoriatic lesions were gone. This case study emphasises the efficacy of homoeopathic treatment in the treatment of psoriasis.

Keywords: psoriasis, psoriatic arthritis, autoimmune disease, PASI score

Abbreviations: HLA (human leucocyte antigen), PASI score (psoriasis area and severity index score)

Introduction

Psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterised by well-defined erythematous plaques with silvery scale which have a predilection for the extensor surfaces and scalp and by a chronic fluctuating course. (1) It is a chronic, autoimmune skin disease that changes the life cycle of skin. Exact cause is unknown, but HLA (human leucocyte antigen) marker carries very high risk for the development of psoriasis. HLA-B27 is seen up to 70% cases of psoriasis. It can start any age, but there are two peaks in age. Early onset occur 16-22 years, where positive family history present and Late onset 55-60 years, where family history is not present.(2)

There are several different forms of psoriasis, including plaque psoriasis or psoriasis vulgaris, guttate psoriasis, inverse psoriasis and pustular psoriasis. Plaque psoriasis or psoriasis vulgaris is the most common form of psoriasis that is about 80% of people with psoriasis have this type. Guttate psoriasis looks like small, salmon-pink drops on the skin. Usually there are fine scale on the drop like lesion that is much finer than the scales in plaque psoriasis. The trigger to the disease is often a preceding streptococcal infection. Inverse psoriasis consists of bright red, smooth (non-scaly) patches found in the folds of the skin. The most common areas are under the breasts, in the armpits, near the genitals, under the buttocks or in abdominal folds. Pustular

psoriasis is an uncommon form of psoriasis. People with pustular psoriasis have clearly defined, raised bumps on the skin that are filled with pus (pustules). When palms and the soles are involved, this is known as palmoplantar psoriasis. In erythrodermic psoriasis, the entire skin surface is involved with the disease³.

Development of symptoms:

Initially, psoriasis lesion starts with red spot, then it spread other part of the body. The lesion covered with silvery scales after scraping shiny bleeding spot found (**Auspitz sign**). Lesion always develop on line of scratch (**Koebner phenomena**). Usually itching is absent. Then it effects the nail and causes brittle, thickened, pitted nails. In the later stage, it affects interphalangeal joint and forms **psoriatic arthropathy**.(1)(2)

CASE STUDY

Patient's information

On 15th february 2022, a 24-year-old male presented to the outpatient department (OPD-4) of Nehru homoeopathic medical college and hospital (NHMC), Delhi, with the complaint of erythematous, scaly, silvery lesions with itching and bleeding after scratching over scalp and face area.

History of presenting complaints:

The patient had silvery scaly lesions since last 1yr which started from an eruption on face sides (forehead), scalp and ear with violent itching and bleeding after scratching. He was taking allopathic medicine but had not much relief so he decided to begin homeopathic treatment and came to outpatient department at NHMC, Delhi.

Personal history:

The patient completed his 1st year B-Tech. He was vegetarian with no history of addictions like smoking or alcohol.

Mental generals:

The patient feels angry, irritated over little matters.

Physical generals:

The patient had good appetite and desire for sweets and spicy things. burning in urine when he drinks less water, Unsatisfactory stool with gas and bloatedness, along with profuse neck and face perspiration.

Case analysis and repertorisation:

Proper case taking was done as per the directions stated in the organon of medicine and other homoeopathic literatures. After analysis and evaluation of the symptoms of this case, the totality of symptoms was constructed and the case was repertorised using *Synthesis repertory*. (4)

The following symptoms were considered for repertorisation.

- Chilly
- Excessive perspiration during sleep.
- Nose -Discharge Copious
- Eczema on beard
- Itching worse washing
- Skin is very much dry
- Bleeding after scratching
- Eruption psoriasis on head

HEAD	
1 HEAD - ERUPTIONS - psoriasis	✕
NOSE	
2 NOSE - DISCHARGE - copious	✕
FACE	
3 FACE - ERUPTIONS - eczema - Beard, of	✕
PERSPIRATION	
4 PERSPIRATION - SLEEP - during - agg.	✕
SKIN	
5 SKIN - DRY	✕
6 SKIN - ERUPTIONS - itching	✕
GENERALS	
7 GENERALS - HEAT - lack of vital heat	✕

Remedies	ΣSym	ΣDeg	Symptoms
ars-i.	7	13	1, 2, 3, 4, 5, 6, 7
sulph.	6	15	1, 2, 4, 5, 6, 7
sep.	6	14	1, 2, 4, 5, 6, 7
calc.	6	13	1, 2, 4, 5, 6, 7
lyc.	6	10	1, 2, 4, 5, 6, 7
merc.	6	10	1, 2, 4, 5, 6, 7
staph.	6	10	1, 2, 4, 5, 6, 7
cic.	6	6	1, 2, 4, 5, 6, 7
ars.	5	13	2, 4, 5, 6, 7
phos.	5	13	2, 4, 5, 6, 7

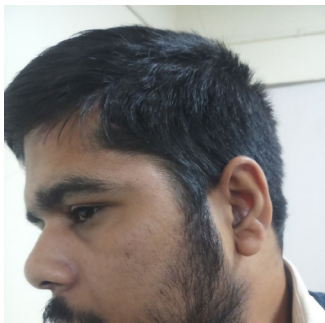
(4)

PASI SCORE(E-Erythema, S-Scaling and T-Thickness)

	Erythema		Induration		Scaling	Sum	ARea	Weighting multiplier	Re-gion
Head/Neck	3	+	3	+	4	10	5	0.1	5
Head/Neck	3	+	2	+	2	7	4	0.1	2.8
Head/Neck	2	+	2	+	2	6	3	0.1	1.8

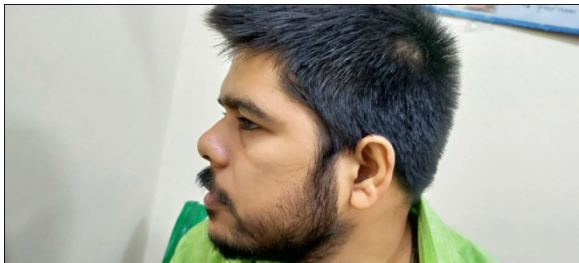
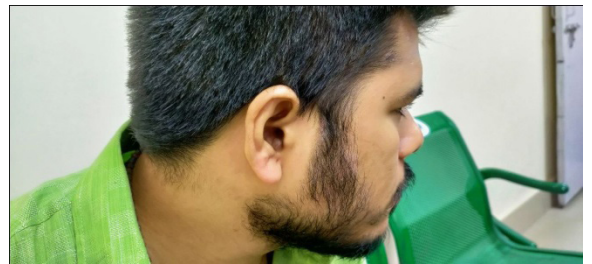
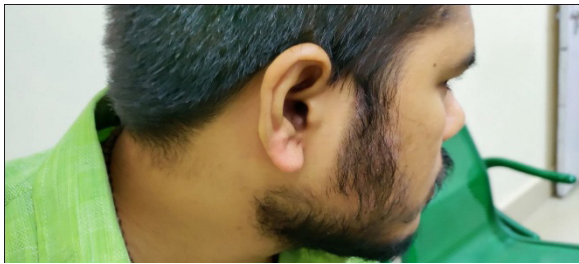
Date of visit	Symptoms / indications	Prescribed medicine with potency and dosage
15 th feb 2022	Erythematous, scaly rash with itching on whole body. Minor bleeding after scratching.	<i>Arsenicum iodatum</i> 200-1dose / Restricted diet and exercise was advised with placebo for 1months
12 th April 2022	Slight changes but no marked improvement, itching on psoriatic lesions was still present but slight relieve.	<i>Arsenicum iodatum</i> 200 - 1 dose Restricted diet and exercise was advised with placebo for 1month
17 th May 2022	Slight improvement in the conditions. Itching was present but bleeding was not there.	<i>Arsenicum iodatum</i> 200 - 1dose Restricted diet and exercise was advised with placebo for 1month.
7 th June 2022	Dandruff was better and itching was also better.	<i>Saccharum lactis</i> 200 – 1 dose Restricted diet and exercise was advised with placebo for 15days
12 th July 2022	Itching got better and lesions became red-dish.	<i>Saccharum lactis</i> 200 – 1 dose Restricted diet and exercise was advised with placebo for 1month.

During Treatment





After Treatment



Diagnostic assessment

Diagnosis was made clinically on the basis of presenting symptoms and modalities and available clinical signs like Auspitz's sign and PASI score.(1,2,3,)

Therapeutic intervention with follow-up and outcome.

On the basis of totality of symptoms, individualisation, reportorial analysis and consultation with mate-

ria medica, *ARSENICUM IODATUM* was selected as the most simillimum remedy. On the first visit, *ARSENICUM IODATUM* 200 was prescribed and clinical follow up of the patient was assessed monthly or as per requirement, for 12 months, During follow ups ,the change in potency and repetition of doses were done as per the guidelines of the homoeopathic philosophy. (5,6)

ARSENICUM IODATUM with raising potencies (200,

IM) were prescribed which improved the patient's condition. Within 12 months of successful homoeopathic treatment and maintenance of proper diet and regimen, all the psoriatic lesions were gone. (5)

Discussion and conclusion:

Homoeopathy plays a positive role in early diagnosed cases of psoriasis through constitutional corrections. Other commonly used medicines for psoriasis are *Arsenicum iodatum*, *Graphites*, *Kalium arsenicosum*, *Kalium bichromicum*, *Mezereum*, *Petroleum*, *Phytolacca decandra*, *Pulsatilla nigricans*, *Sepia*, *Sulphur*, etc.(7,8)

The approach is to understand the profile of the patient through a detailed case taking and then selecting a constitutional remedy using the individualising features of the patient.

In the above case report, the patient was treated with the homoeopathic medicine, *ARSENICUM IODATUM*, selected on the basis of holistic approach and individualisation of general symptoms, and within a period of 1 year, the patient improved and finally led to resolution of the disease. *ARSENICUM IODATUM* is frequently the first remedy indicated in such cases described above. The case is on placebo till date with overall improvement of patient.(5,6)

The case illustrated the improvement of a chronic problem like psoriasis associated with intense itching and bleeding. Still, a well-designed research studies are required for establishing the effectiveness of homoeopathy in treating psoriasis associated with other complications. A comparative study can be carried out to assess whether treatment results vary with individualised medicines or with specific medicines for a clinical condition.

Acknowledgements

The author is grateful to Dr Anu Kapoor, principal in-charge, NHMC to provide congenial environment

for research in psoriasis project and also acknowledge the participation of Dr Sanjay Gupta, intern. Psoriasis project at NHMC and H in the session 2021-2022, for giving their input and also in compilation of this case report. I am also thankful to the patient for his compliance and patience in regular follow-ups.

Declaration of patient consent: The author declares that they have obtained all appropriate patient consent forms, in the form, the patient has given written consent for his clinical information to be reported in the journal. The patient understands that his name will not be published and due efforts will be made to conceal his identity.

Financial support and sponsorship: Nil

Conflicts of interest: none declared.

References

1. Davidson, Principle and practice of Medicine, 19th ed. London: Churchill Livingstone; 2002
2. Das PC, Das PK, Textbook of Medicine, 5th ed. Kolkata: Central book International; 2009\
3. Munjal YP. API Textbook of Medicine.9/e. New Delhi, India: Jaypee Brothers Medical Publisers (P) Ltd; 2012:494 p.
4. Synthesis repertory (RADAR)
5. Hahnemann S. Organon of medicine, Re-print 5th edition, B Jain Publishers, New delhi.
6. Kent JT, Lectures on Homoeopathic Philosophy, LPE ed. New Delhi: B.Jain Publishers (P) Ltd.; 2015
7. Boericke W. New manual of homoeopathic material medica, Third revised and augmented edition based on 9th edition, B Jain publishers (P) Ltd. New delhi, 1998
8. Kent JT. Lectures on materia medica, reprint edition, 1998 B Jain publishers (P) Ltd. New Delhi.

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**Remedies
when
Homoeopathy
Viewed
Diagnostically**

Author:-
Dr S. Bhattacharjee

A scientific approach in Homoeopathy

Irritable bowel syndrome and its homoeopathic management

By Dr Ashok Yadav, Dr Virendra Chauhan, Dr Megha Vyas,
Dr Khushi Jani, Dr Garima Choudhary

ABSTRACT :

Irritable bowel syndrome is the most frequently found functional bowel disorders nowadays. Approximately 20% of the general population fulfills the ROME III criteria for IBS. But only 10% among them consult for their complaints. In India prevalence of IBS is 7.5%. IBS affects people of all age groups but is more observed in people of 20-40 years of age. People residing in urban areas are more affected than rural. Although IBS is not life threatening but, this chronic condition reduces quality of life of the patient and imposes a significant economic burden upon them.

Keywords: IBS, diarrhoea, dysentery, ROME III criteria, homoeopathic treatment

Abbreviations: Irritable bowel syndrome (IBS)

Introduction

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by periodic or chronic bowel symptoms like abdominal pain or discomfort and altered bowel habits without any detectable structural abnormalities.

AETIOLOGY⁽²⁾

Precise cause of IBS is still unclear though time to time researchers try to explain it with several theories. Symptoms in IBS sometimes seem to develop or flare as a consequence of a severe intestinal infection or to be precipitated by major life events, poor dietary habits, after eating a large meal or in a period of considerable stress.

CLASSIFICATION OF IBS⁽³⁾

IBS can be classified into:-

1. Diarrhea predominant (IBS-D)
2. Constipation predominant (IBS-C)
3. IBS with alternating stool pattern (IBS-A or pain-predominant).

SYMPTOMS⁽⁴⁾

- A. The primary symptoms of IBS are abdominal pain or discomfort in association with frequent diarrhea or constipation with a change in bowel habits.
- B. There may also be urgency for bowel movements

evacuation (tenesmus), bloating or abdominal distension.

C. Other symptoms may be found in association with primary symptoms such as –

- i) Symptoms related to genitourinary systems, viz. urinary frequency, nocturia, sense of incomplete bladder emptying etc.
- ii) Psychiatric symptoms like depression, anxiety, etc.
- iii) Chronic fatigue syndrome
- iv) Headache and backache.

DIAGNOSIS OF IBS⁽⁴⁾

There is no specific diagnostic marker to diagnose IBS, therefore, while assessing the patient with IBS, recognition of characteristic symptom pattern with the exclusion of organic gastrointestinal diseases is important.

To diagnose a case of IBS ROME III diagnosis criteria is useful; any patient fulfilling these criteria can be labeled as suffering with IBS.

Diagnostic criteria For IBS:

Onset of symptoms at least 6 months before diagnosis:-

1. Recurrent abdominal pain or discomfort.
2. At least two of the following features
 - i) Improvement with defecation
 - ii) Association with a change in frequency of stool
 - iii) Association with a change in stool form.

MANAGEMENT⁽⁴⁾

1. **Diet :-** Dietary modification is an essential compo-

ment / part of management in cases of IBS as many patients with IBS attributes their symptoms to specific food. Food that triggers these conditions must be avoided. Full meal at a time or over eating must be avoided. As it may flare the condition, it is better to take 4 to 6 small meals in a day. The soluble fiber supplementation is effective. Curd helps to improve digestion by enhancing growth of healthy bacterial flora in intestines. Eating food that have low fat and high in carbohydrates such as whole grain breads and cereals, rice, pasta, fruits and vegetables etc. are found beneficial. Carbonated beverages such as soda must be avoided. Plenty of fluids must be taken to maintain soft, regular stools.

2. Stress management :-Psychotherapy also plays vital role in management . it is helpful in reducing or coping with the stress and resulting into relief in the symptoms of IBS. Relaxation techniques like meditation, yoga, regular walk, changes to stressful situations and adequate sleep is also beneficial.

TREATMENT⁽⁵⁾

IBS requires such lines of treatment where not only physical symptoms are to be given importance but person as a whole is to be considered , that is why homoeopathy stands high in treatment of cases of migraine than any other streams of medicine.

Homoeopathic medicines for IBS are following:-

1. *Nux vomica* - Most common medicine for IBS ,mainly suited to ambitious , hard working people who cannot remain at ease till completing his work. Highly irritable, easily offended, impatient individuals who tends to fond of rich and spicy food and stimulants, for example, Tea, coffee, wine, tobacco and smoke etc. IBS is triggered from sedentary habits which include stressful life style, remain in anxiety about his work / business, over mental exertion, irregular food habits. Pain or discomfort/ heaviness in abdomen after eating.
2. *Argentum nitricum* – Another very useful medicine for IBS, mainly suited to nervous, hurried impatient personalities who always have apprehension and anticipatory anxiety, unable to cope- up stress, any stressful situation causes great apprehension which leads to diarrhea eg:- facing crowd, stage performance, examination/ interview, meeting with new people or attending an engagement, etc.
3. *Aloe socotrina* - Sudden urge for stool with great sense of insecurity in sphincter ani. Rumbling , gurgling in abdomen followed by sudden and severe urge for stool, inability to control has to rush for closet or it will leak. Great accumulation of wind which causes distress in lower bowels. Uncertain whether stool or

into nano-medicine, and this facilitates its intracellular activities. Advanced equipment was used in this study that clearly demonstrates the importance of trituration in significant reduction of particle size to increase its bioavailability (which refers to the presence of medicine where it is needed in the body). Keep in mind that in the drug industry each year, more than \$65 billion is wasted due to poor bioavailability of medicines.

As mentioned, trituration has been in use by Ayurveda from ancient times till now. Traditional Chinese Medicine (since 2700 BC) is also using this process, triturating herbs for days! Different methodologies of trituration are now utilised in laboratories, but all for the same purpose, reduction of particle size.

The art of Trituration is a natural behavior known to all animals; our teeth grind and reduce food particles for better digestion. While this procedure was not invented by homoeopathy, it was the genius of Dr. Christian Friedrich Samuel Hahnemann (April 10, 1755 – July 2, 1843) a German physician and scientist who detailed a precise standard operational procedure for the trituration process.

Dr Hahnemann also shed light on the importance of succussion in the process of potentizing homoeopathic medicine. That is, briskly shaking the liquid to create friction.

It is worth mentioning here that some biased medical-bigots ridicule and discredit Hahnemann, and they hold an opinion that these methods are irrational. As a brilliant chemist of his time, Hahnemann said: "Far be it from me to prefer irrational quackery to the well-considered medicine." I used the term 'brilliant' chemist because Hahnemann contributed to many branches of science including chemistry. Johann Friedrich Götting was an outstanding chemist and pharmacist. He was the teacher of great chemists in history. He was appointed as an extraordinary professor of philosophy and chemistry in the University of Jena. In 1794, Professor Götting said: "Chemistry has to

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flatus will pass. Diarrhoea ,after eating and drinking. Colic before and during stool.

4. *Arsenicum album* - Prostration out of all proportion even after passing stool in small quantity is the hallmark of *Arsenicum album*. Marked restlessness. Thirst increased, drinks frequent but in small sips.

5. *Colocynthis*- *Colocynthis* has characteristic sharp, cutting crampy, spasmodic pain in abdomen of sudden onset which compel the patient to bend over double. Pain< after eating or drinking.

CONCLUSION

Irritable bowel syndrome is an altered bowel habit and abdominal pain in the absence of any detectable abnormality, so that ROME criteria is useful for diagnostic purpose. The dietary management and Homoeopathic system of medicine has played great role in cases of IBS.

REFERENCES

1. Saha L. Irritable bowel syndrome: pathogenesis, diagnosis, treatment, and evidence-based medicine. World J Gastroenterol.
2. Hungin AP, Whorwell PJ, Tack J, et al The prevalence, patterns and impact of irritable bowel syndrome.
3. Christodoulides S, Dimidi E, Fragkos KC, et al Systematic review with meta-analysis: effect of fibre supplementation on chronic idiopathic constipation in adults.
4. Böhn L, Störsrud S, Törnblom H, et al Self-reported food-related gastrointestinal symptoms in IBS are common and associated with more

severe symptoms and reduced quality of life.

5. Boericke's New Manual of Homoeopathic Materia Medica with Repertory.

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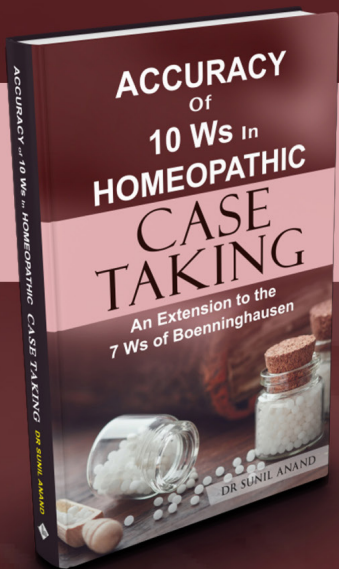
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ACCURACY OF 10WS IN HOMEOPATHIC CASE TAKING

CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

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Author:-
Dr. Sunil Anand

ISBN - 9788131926062 | ₹ 395 | 326 pp

Management of a case of gout using *Rheumatic Remedies* by H.A. Roberts: a case report

By Dr Ashok Yadav, Dr Virendra Chauhan, Dr Bhavneet Kaur

ABSTRACT

This case report is about a 43-year old male patient who suffering with gout with hyperuricaemia since 6- 7 months. After detailed case taking, the case was repertorised using H.A. Roberts Rheumatic Remedies and Bryonia alba 30 C was prescribed and there was marked improvement in pain which was analysed using VAS score. Level of serum uric acid also came back to normal. Thus it shows the effectiveness of homoeopathic treatment in the management of cases of gout.

Keywords: *bryonia alba*, Gout, rheumatic remedies, hyperuricaemia , H.A. Roberts

Abbreviations:

MTP: metatarsophalangeal

OPD: outdoor patient

CVS: cardiovascular

GIT: gastrointestinal

CNS: central nervous system

TDS: thrice daily

VAS : visual analog scale

NAD: nothing abnormal detected

ICD: International classification of diseases

Introduction

Gout is among the most common inflammatory arthritis in men and elderly women. The prevalence of gout is rising probably due to increasing obesity and metabolic syndrome. Gout is caused by the deposition of monosodium urate monohydrate crystals in and around the synovial joints. It is associated with risk factors such as hyperuricaemia, high alcohol intake, especially beer, high dietary intake of red meat and fructose and lack of vitamin C. Serum uric acid of more than two standard deviation above the mean of that population is termed as hyperuricaemia which can be caused by decreased excretion of uric acid by kidneys (due to excess alcohol consumption,

renal failure , lead toxicity , lactic acidosis , increased tubular reabsorption) or increased production of uric acid (due to psoriasis , glycogen storage disease , Lesch – Nyhan syndrome , myeloproliferative and lymphoproliferative diseases). Acute Gout causes extreme pain to the patient which is described as worst pain ever. It usually affects first MTP joint , ankle , knee , midfoot , small joints of hand, wrist and elbow. There is marked swelling of joint with red shining skin over the affected part. If there is involvement of large joint like knee, accompanying symptoms such as delirium , fever and malaise can be present. If hyperuricaemia continues for long period of time, it leads to chronic gout which is characterised by presence of tophi

(irregular firm nodules due to deposition of crystals in joints and soft tissues)[1]

Case study:

On 23.5.2022, A 43-year-old male patient visited OPD of Dr. Girendra Pal Homoeopathic Hospital & Research Centre, Sanganer, Jaipur (A Constituent College Of Homoeopathic University) with chief complaint of pain and swelling in big toe of right foot and both knees. The pain aggravates in the morning, cold weather and by motion. He gets relief by the warmth of bed.

History of presenting complaints:

The patient presented with pain and swelling in big toe of red foot and both knees since 15 days. The patient was suffering with similar symptoms since last 6-7 months. The patient was diagnosed with acute gouty arthritis in november 2021 when he got the first attack of gout. Since then, he was taking allopathic medicines to manage the pain. Initially the disease was limited to big toe of right foot but gradually the pain and swelling appeared in bilateral knees as well. ,

Past history:

He suffered with bilateral nephrolithiasis in 2017 and was managed with homoeopathic treatment.

Family history:

Father was healthy, mother was suffering with diabetes mellitus since 15 years.

Personal history:

The patient was non-vegetarian, has habit of smoking 10 cigarettes per day since last 20 years and drinks beer and whiskey 2-3 times per week since last 15 years. He was married and had 3 children. He was a teacher by profession.

Physical generals:

The patient was sensitive to hot weather and could tolerate winters well but his pain aggravates in cold weather. He used to drink water frequently, around 6-7 glasses per day especially cold water. He had craving for tobacco and beer. He had no specific aversion. His appetite was good, took 2-3 meals per day. Frequency of urine was 4- 5 times per day and was non offensive. He was suffering from flatulence and constipation since 5 years. Perspiration was profuse and non-offensive. Sleep was decreased since around 10 months and had anxious dreams.

Mental generals:

As described by the patient, he got anxious even on small matters. He became restless whenever there was any trouble in business or household matters. He was worried about his disease that why he was not getting any relief even after taking medications. Memory and understanding was good.

General physical examination:

The patient was 5'7 inches tall and weighs 63 kg. His pulse was 82 beats per minute. His blood pressure was 130/ 80 mm of Hg and respiratory rate was 18 breaths per minute. There was no sign of pallor, cyanosis or icterus.

Particular examination:

CVS Examination: NAD

Respiratory Examination: NAD

GIT Examination: per abdomen soft, non tender, no visible and palpable mass found , no scar marks. Normal bowel sounds.

Locomotor Examination:

Inspection: swelling of big toe and bilateral knees

Palpation: tenderness present

Local temperature: slightly warm

Gait: limping

Pain on movement

CNS Examination: NAD

VAS score : 8

Laboratory investigations:

Serum uric acid: 9.15 mg/dl

Diagnosis:

Acute gouty arthritis

2023 ICD-10-CM code is M 10.9^[2]

Differential diagnosis:

Differential diagnosis of the case includes rheumatoid arthritis, osteoarthritis, septic arthritis and psoriatic arthritis.

Analysis and evaluation of symptoms with miasmatic analysis^[3] :

H.A. Roberts *Rheumatic Remedies* was used to solve the case, thus symptoms were arranged in following manner

S.no.	Symptom	Intensity	Miasm
1.	Aggravation in morning	+++	Psora
2.	Aggravation from cold	+++	Psora
3.	Amelioration from warmth of bed	++	Psora
4.	Aggravation from motion	+++	Psora
5.	Anxious	+++	Psora, latent psora
6.	Gouty pain	+++	Psora, sycosis

Totality of symptoms:

1. Pain and swelling in big toe of right foot and bilateral knees.
2. Aggravation from cold, motion and morning.
3. Amelioration from warmth of bed
4. Anxious
5. Hot
6. Desire for tobacco and beer
7. Sleep decreased
8. Anxious dreams

Repertorial analysis:

The case was repertorised manually using H.A. Roberts *Rheumatic Remedies*^[4]

Following rubrics were selected:

1. Modalities, < morning , page 5
2. Modalities, < cold, page 6
3. Modalities, < motion , page 8
4. Modalities, > warmth of bed, page 12
5. Concomitants, anxiety , page 13
6. Extremities in general , gout in general , page 151

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 Hahnemann Marg, Diggi Malpura Road, Saipura, Sanganeer, Jaipur-302029

REPERTORIAL CHART

OPD No. _____ IPD No. _____ Ward/Bed: _____

Chapter	Rubrics	Total	Total Forward	Total	Total Forward
Abies-c					
Abies-m					
Abies-p					
Acid-s					
Acid-t					
Act-s					
Act-t					
Act-u					
Act-v					
Act-w					
Act-x					
Act-y					
Act-z					
Act-aa					
Act-ab					
Act-ac					
Act-ad					
Act-ae					
Act-af					
Act-ag					
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Act-ai					
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Act-ix					
Act-iy					
Act-iz					
Act-ka					

Clinical

- Bryonia alba : 23/6
- Calcarea carbonicum: 19/4
- Cocculus indicus: 10/3
- Nux vomica : 10/3
- Silicea terra: 9/3
- Colchicum autumnale : 8/2

Selection of medicine:

Bryonia alba 30 C was selected as it covered the most

Follow up of case:

s.no.	Date	Symptom	Prescription
1	6.6.2022	Swelling on toe reduced than before, no change in swelling over knees, warmth +, tenderness ++, VAS score : 7	Bryonia alba 30 C thrice a day for 15 days
2	20.6.2022	Tenderness + , warmth + swelling much reduced over knees as well as toe , VAS score : 5	Bryonia alba 30 C thrice a day for 14 days
3	4.7.2022	No tenderness on examination , temperature over affected joints normal VAS score: 3	Saccharum lactis thrice a day for 21 days
4	23.7.2022	No swelling or tenderness present , stools normal , VAS score : 2 Serum uric acid : 2.95 mg/dl	Saccharum lactis thrice a day for 14 days
5	6.8.2022	VAS score : 0 , patient experienced no episode of pain	Saccharum lactis thrice a day for 14 days
6	20.8.2022	VAS score : 0 , patient felt better in all complaints	Saccharum lactis thrice a day for 14 days

important symptoms in this case. i.e. modalities such as aggravation by motion, cold and morning and amelioration by warmth. The patient was thirsty and had desire for cold water. The patient was anxious and had chronic constipation. Affected parts were red, swollen and tender [5]

Prescription:

Bryonia alba 30 C thrice a day for 15 days

Patient was advised to avoid the intake of alcoholic beverages and meat.

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Plot No. 10,11,12 Mahanagar Marg, Duggi Malpura Road, Sarpana, Sangarner, Jaipur-302029

S. No. 543 Date 23/5/22
Name: LALE CHAND YADAV Age 48 Sex M
Ref. by Dr: V. CHAURHAN OPD No. 21154978

TEST	PATIENT VALUE	GUIDE VALUE	TEST	PATIENT VALUE	GUIDE VALUE
Glucose Fasting/Random	70-110	mg/dl	Urine Sugar	Absent	
1/2 hr. P.G./P.P.	<140	mg/dl	Urine Sugar	Absent	
1 hr. P.G./P.P.	<160	mg/dl	Urine Sugar	Absent	
1 1/2 hr. P.G./P.P.	<140	mg/dl	Urine Sugar	Absent	
2 hr. P.G./P.P.	<120	mg/dl	Urine Sugar	Absent	
2 1/2 hr. P.G./P.P.	<100	mg/dl	Urine Sugar	Absent	
Cholesterol	130-220	mg/dl	Total Protein	6.0-8.0	g/dl
Urea	13-45	mg/dl	Albumin	3.5 - 5.0	g/dl
B.U.N	06-21	mg/dl	Globulin	2.3-3.5	g/dl
Creatinine	0.5 - 1.4	mg/dl	A/G Ratio	1.5-2.5:1	
Uric Acid	9.15	3.1 - 6.8	Bilirubin Total	0.2-1.0	mg/dl
Calcium	8.4 - 10.4	mg/dl	Bilirubin Direct	0.0-0.3	mg/dl
Sodium	136-142	meq/L	Bilirubin Indirect	0.2-0.6	mg/dl
Potassium	3.5-5.0	meq/L	S.G.O.T.(AST)	5-40	U/L
Chloride	95-103	meq/L	S.G.O.T.(ALT)	5-36	U/L
Bicarbonate	21-28	meq/L	S.Alk.Phosphatase	15-140	U/L

BIOCHEMISTRY ON SEMI-AUTO ANALYSER-ERBA CHEM - 5 Plus
Dr. NAVEEN GUPTA
N.B. THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSE. INVESTIGATIONS ARE THERE LIMITED TO CLINICAL INVESTIGATIONS NEVER CONFIRM THE FINAL DIAGNOSIS OF DISEASE. THEY ONLY HELP IN DIAGNOSING THE DISEASE IN CORRELATION TO CLINICAL SYMPTOMS AND OTHER RELATED TEST PLEASE INTERPRET ACCORDINGLY.
TECHNOLOGIST PATHOLOGIST

Before

Conclusion and discussion:

Gout is one of the most common asymmetrical arthritis which has marked association with hyperuricaemia.

Plot No. 10,11,12 Mahanagar Marg, Duggi Malpura Road, Sarpana, Sangarner, Jaipur-302029

S. No. 724 Date 5/7/22
Name: LALE CHAND YADAV Age 48 Sex M
Ref. by Dr: V. CHAURHAN OPD No. 21154978

TEST	PATIENT VALUE	GUIDE VALUE	TEST	PATIENT VALUE	GUIDE VALUE
Glucose Fasting/Random	70-110	mg/dl	Urine Sugar	Absent	
1/2 hr. P.G./P.P.	<140	mg/dl	Urine Sugar	Absent	
1 hr. P.G./P.P.	<160	mg/dl	Urine Sugar	Absent	
1 1/2 hr. P.G./P.P.	<140	mg/dl	Urine Sugar	Absent	
2 hr. P.G./P.P.	<120	mg/dl	Urine Sugar	Absent	
2 1/2 hr. P.G./P.P.	<100	mg/dl	Urine Sugar	Absent	
Cholesterol	130-220	mg/dl	Total Protein	6.0-8.0	g/dl
Urea	13-45	mg/dl	Albumin	3.5 - 5.0	g/dl
B.U.N	06-21	mg/dl	Globulin	2.3-3.5	g/dl
Creatinine	0.5 - 1.4	mg/dl	A/G Ratio	1.5-2.5:1	
Uric Acid	3.95	3.1 - 6.8	Bilirubin Total	0.2-1.0	mg/dl
Calcium	8.4 - 10.4	mg/dl	Bilirubin Direct	0.0-0.3	mg/dl
Sodium	136-142	meq/L	Bilirubin Indirect	0.2-0.6	mg/dl
Potassium	3.5-5.0	meq/L	S.G.O.T.(AST)	5-40	U/L
Chloride	95-103	meq/L	S.G.O.T.(ALT)	5-36	U/L
Bicarbonate	21-28	meq/L	S.Alk.Phosphatase	15-140	U/L

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TECHNOLOGIST PATHOLOGIST

After

Hyperuricaemia is strongly associated to intake of alcohol especially beer which contains guanosine. Thus, while handling the case of gout , explaining the role of diet to the patient is very essential. [1] Bryonia alba is one

of the chief rheumatic remedies which has marked action on all serous membrane as well as the viscera they contain. It produces rheumatic pains and swellings. Dryness is a marked feature in *Bryonia alba* such as dry lips, dry stool, dry cough.^[5] In homoeopathy, there are plenty of rheumatic medicines and thus selecting the right one for the case is a labourious task. The Rheumatic Remedies by H.A. Roberts is a regional clinical repertory which aids in solving the cases of rheumatism. This book consist of two parts , 1st part discusses the materia medica part of the rheumatic remedies with well marked concomitants as wells as modalities. The second part consist of the repertory part which is subdivided into modalities, concomitants and parts of the body. It emphasises on the prescription based on location , sensation and modalities as well as concomitants. It has 4 typography in the descending order – CAPITALS , SMALL CAPITALS, *italics* and roman. This repertory is efficient in solving cases of rheumatism quickly and precisely and is very useful in practise.^[6]

References:

1. Walkar B.R, Colledge NR., Ralston S.H. Davidson's Principles and Practice of Medicine. 22nd ed. Edinburg: Churchill livingstone/ Elsevier; 2014
2. ICD classification of disease. 2023/2022[Internet].2022[Cited 2022, December 12 2022]Available from <https://www.icd10data.com/ICD10CM/Codes/M00-M99/M05-M14/M10-M10.9>
3. Patel RP. Chronic miasms in homoeopathy and their cure with classification of their rubrics/symptoms in Dr. Kent's repertory(repertory of miasms), 1st ed. Hahnemann House, college road, kottayam , kerala : Dr.Ramanlal P. Patel;1996
4. Roberts H.A., The Rheumatic Remedies . New Delhi: B.Jain Publishers ;1996
5. Boericke W., Pocket Manual of homoeopathic materia medica and repertory , 9th ed . Noida : B. Jain Publishers Pvt. Ltd. ; 2016
6. Tiwari S.K. , Essentials of repertorization , 5th ed. New Delhi : B. Jain Publishers Pvt. Ltd. ;2012

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thank Samuel Hahnemann for many important discoveries.”

The process of vigorous-shaking was known to Hahnemann before he systemized homoeopathy. But why did he use the term succussion instead of simply calling it shaking? History reveals that the term ‘succussion’ was used in the era of Hippocrates (460 BC – 377 BC), the Greek Physician regarded as Father of Medicine. Succussion was described by Hippocrates as a technique that consisted of shaking a patient to detect any fluid in the cavities of the body, particularly the lungs. Hippocrates insisted that the succussion process must be a firm and sudden shake; each shake should be equal in the extent of force, and those who perform it must be well trained. So how did Hippocrates come up with his technique of succussion? The answer is in his careful observation of the mechanism of cough! It is known that cough and its successive mechanism has a forceful speed up to 50 miles per hour (about 80 Km/h).

Thus Dr. Hahnemann used the term succussion to convey the essence of vigorous force that is needed in shaking the liquid to create the friction and kinetic energy that is needed for potentization.

In a book about experimental chemistry, titled “*The Sceptical Chymist*” by Robert Boyle, published in London in the year 166, I found this remarkable thought-provoking statement: “A few drops of the compound being shaken into a pretty quantity of the infusion.” This procedure suggests that the importance of succussion was known to chemists before Hahnemann. Dr. Hahnemann is guiding us in his book Organon of Medicine that “Succussion is nothing less than a Trituration of liquid substances”. After each series of succussions, comes the dilution step; these are crucial procedures. Dilution without succussion adds no kinetic energy to liquid, while succussion without an increase in dilution raises the level of potency in liquid only by one potency, regardless of how many times it is carried out.

continued on page.....71

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Cough

Medicated Syrup

Indications:

- Dry, spasmodic cough
- Prolonged & incessant cough
- Sore throat & Hoarseness
- Frequent cough with expectoration
- Chronic or recurring cough
- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

**NON
SEDATIVE**

Composition:

Rumex crispus	3X	1.0%
Justicia adhatoda	∅	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	∅	2.0%
Senega	∅	3.0%
Balsam tolu	∅	3.0%
Excipients		q.s.
Alcohol content		11% v/v

Dosage: Adults & >12years old - 2 teaspoons, 3 times a day
Children <12years old - 1 teaspoon, 3 times a day or as prescribed by the physician.



Pack sizes available:
60ml | 100ml | 200ml | 500ml



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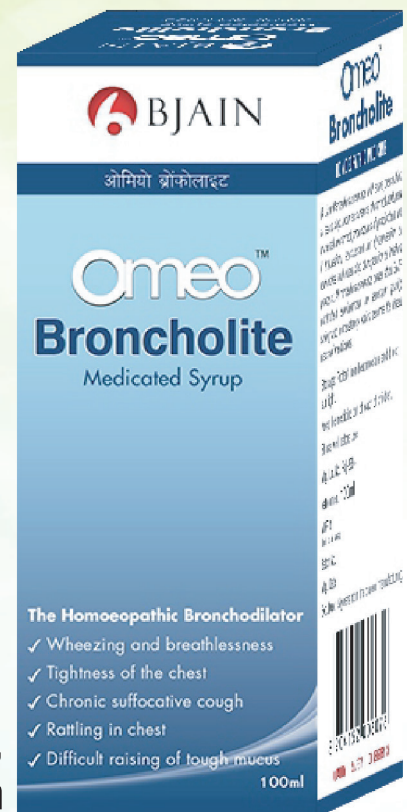
Indications:

Bronchial catarrh, Soreness and tightness of chest, Difficult raising of tough mucus, Breathlessness on lying down, Cough with dyspnea, Suffocation from great accumulation of mucus.

Composition

Blatta orientalis	∅	4.8% v/v
Justicia adhatoda	∅	2.8% v/v
Senega	∅	1.6% v/v
Lobelia inflata	∅	1.6% v/v
Ipecacuanha	∅	1.6% v/v
Grindelia robusta	∅	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
Excipients		q.s.
In syrup base		

Dosage: Adults & >12 years old – 2 teaspoons (10ml), 3 times a day. Children < 12 years old – 1 teaspoon (5ml), 3 times a day or as prescribed by the physician.



Pack sizes available:

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Information for registered medical practitioner only

Reduced sleep quality in elder abused and non-abused geriatric patients- a socio-demographic difference

By Dr Mehrotra Sakshi , Dr Gautam Vanija

ABSTRACT :

Any physical, emotional or sexual harm, neglect or an ill-treatment to an older person is said to be elder abuse. This research done on elder abused and non-abused geriatric patient suffering from reduced sleep quality was done and some socio-demographic evidences were seen according to age, habitat, gender, etc. These socio-demographic differences are seen in both the groups. The results shall help public to understand the elders more and behave better to improve the health of old age people.

Keywords: sleep quality, elder abuse, socio-demographic.

Abbreviations: WHO(World Health Organization), H-S/EAST (Hwalek-Sengstock elder abuse screening test), US (United States), NSS (National Service Scheme)

Introduction

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. " A study estimated that 15.7% people aged 60 years and above were subjected to some form of abuse. [1] Elder abuse includes physical, emotional, or sexual harm inflicted upon an older adult, their financial exploitation, or neglect of their welfare by people who are directly responsible for their care. In the U.S. alone, more than half a million reports of elder abuse reach authorities every year, and millions more cases go unreported.

As older adults become more physically frail, they're less able to take care of themselves, stand up to bullying, or fight back if attacked. Mental or physical ailments can make them more trying companions for those who live with them. And they may not see or hear as well or think as clearly as they used to, leaving openings for unscrupulous people to take advantage of them. [2]

Systematic reviews and meta-analyses done by WHO

shows 15.7% overall prevalence of elder abuse reported by older adults out of which 11.6% elders in community suffered from psychological abuse, 2.6% suffered from physical abuse, 6.8% suffered from financial abuse, 4.2% suffered from neglect and 0.9% suffered from sexual abuse.[3] According to census 2021, elderly population has grown 35.8% in 2011-2021. According to NSS 75th round, social consumption in India: health, in Rajasthan, 48%rural and 62% urban male elderly do not depend on others for economy; while 8% and 10% rural and urban females respectively do not depend on others for economy. 31% rural, 21% urban males and 68% rural, 72% urban females fully depend on others for economy. [4]

Results from a meta-analysis suggested that age-related sleep changes are already detectable in young and middle-aged participants and estimated that the percentage of slow wave sleep linearly decreased at a rate of approximately 2 per cent per decade up to 60 yr and then stabilize through the mid-90s. Moreover, evidence suggests that sleep becomes more fragmented as we age, such that there are more frequent sleep stage shifts, arousals, and awakenings. This results in decreased sleep efficiency (i.e. the proportion of actual sleep time compared to time spent in bed), which indeed, continues to decrease with increasing age,

despite slow-wave sleep proportion stabilisation[5]
Elder abuse can be screened by a scale H-S/EAST
(HWALEK-SENGSTOCK ELDER ABUSE SCREEN-
ING TEST (H-S/EAST)[6]

**HWALEK-SENGSTOCK ELDER ABUSE SCREEN-
ING TEST (H-S/EAST)**

- **Purpose:** Screening device useful to service providers interested in identifying people at high risk of the need for protective services.

- **Instructions:** Read the questions and write in the answers. A response of “no” to items 1, 6, 12, and 14; a response of “someone else” to item 4; and a response of “yes” to all others is scored in the “abused” direction.

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life—like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you’re sick when you know you’re not?
10. Has anyone forced you to do things you did not want to do?
11. Has anyone taken things that belong to you without you being O.K.?
12. Do you trust most of the people in your family?

13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home?
15. Has anyone close to you tried to hurt you or harm you recently? [6]

Yunus et al study showed that people with abuse experience poorer sleep quality as compared to those who were not abused. [7].

Materials:

A research was undertaken at M.N. Homoeopathic Medical College and Research Institute, Bikaner in 2020-21 for a period of 12 months and various methodologies were implimented which are stated in *Mehrotra et.al* [8] and homoeopathic medicines were given for improving the sleep quality of geriatric patients suffering from elder abuse. 165 geriatric patients approached OPD for reduced sleep quality, out of which 102 patients were elder abused among which only 93 fulfilled the inclusion criteria and 72 agreed to sign the consent form out of which 47 patients were randomly selected using flip coin method and were assigned in group A. 63 patients were non abused and 60 among them fulfilled the inclusion criteria out of which 56 agreed to sign the consent and thus were randomized using flip coin method and 47 patients were selected and assigned in group B.

Results:

The patients were screened using H-S/EAST scale and following demographic data was collected:

From Table 1, it is observed that among the Elder abused group, females have more reduced sleep quality as compared to males; and 60-65 years is more affected as compared to older geriatrics. Another result is that the elders living in Urban areas and educated people are more affected for Elders abuse as compared to rural areas and uneducated people (respectively). Married old people are more affected and especially those living with their spouses or children. People of middle socio-economic status suffer from reduced sleep quality more that other two socio economic status.

Table 1 : Socio-demographic distribution of all cases suffering from reduced sleep quality.

	Group A (Elder Abused) n(%)	Group B (Non-Abused) n(%)
Gender		
<i>Male</i>	17(36.17%)	26(55.32%)
<i>Female</i>	30(63.83%)	21(44.68%)
Age (in years)		
<i>60-65</i>	26(55.32%)	31(65.96%)
<i>66-70</i>	13(27.66%)	11(23.40%)
<i>71-75</i>	03(6.38%)	03(6.38%)
<i>76-80</i>	04(8.51%)	02(4.26%)
<i>81-85</i>	01(2.13%)	00(0%)
Habitat		
<i>Urban</i>	28(59.58%)	24(57.06%)
<i>Rural</i>	19(40.43%)	23(48.94%)
Education		
<i>Educated</i>	32(68.09%)	27(57.45%)
<i>Uneducated</i>	15(31.92%)	20(42.56%)
Marital Status		
<i>Married</i>	29(61.70%)	27(57.45%)
<i>Widow/Widower</i>	18(38.30%)	20(42.55%)
Living Arrangements		
<i>Spouse</i>	13(27.66%)	11(23.40%)
<i>Children</i>	13(27.66%)	14(29.79%)
<i>Alone</i>	12(25.53%)	10(21.28%)
<i>Spouse+Children</i>	09(19.15%)	12(25.53%)
Socio-economic status		
<i>Upper</i>	05(10.64%)	09(19.15%)
<i>Middle</i>	31(65.96%)	34(72.34%)
<i>Lower</i>	11(23.41%)	04(8.51%)

Discussion

The present study showed 62% prevalence of Elder abuse geriatric patients using H-S/ EAST reporting to M.N. Bikaner OPD for reduced sleep quality. A study done in Kerala by Sebastian *et al.* using H-S EAST showed that 60% of the elderly were abused. Another study in Karnataka which assessed elder abuse using a pretested questionnaire found the prevalence of abuse to be 40.9%. [9] The prevalence of elder abuse in a rural community of the People's Republic of China was found to be 36.2%. [10]

In the present study, 55.32% patients were Elder abused as compared to 65.96% Non abused geriatric patients of age group 60-65 years who suffered from reduced sleep quality which was higher than age group 66-70 years (27.66% elder abused and 23.40 non abused), 71-75 years (6.38% elder abused and non abused), 76-80 years (8.51% elder abused and 4.26% non abused), 81-85 years (2.13% elder abused and none in non abused). Contrary to these results, the prevalence of abuse was found to be significantly higher among the 80 years and older group (75%) compared to the 70-79 years age group (48.5%) and the 60-69 years age group (46%) in a study done in Puduchery. [11] Similar results were found in the study from Kerala where nearly 75% of those 80 years of age and older had experienced abuse compared to only 58% and 59.4% among the 60-69 years and 70-79 years age groups, respectively. [12] Wu *et al.* also found that the prevalence of abuse in rural China among those 80 years and older (41.4%) to be significantly higher than the 60-69 years (34.8%) and 70-79 years (37.5%) age groups. [10] In previous studies, the elderly in the 80 years and above group have a higher prevalence of physical and mental health problems; their capacity to work and provide for themselves is also relatively less. All these factors possibly increase their vulnerability, and this may have led to an increase in the prevalence of abuse noted among them. In our study, as the prevalence of elder abuse was combined with reduced sleep quality also, thus may be sleeplessness and elder abuse is more prevalent in early geriatric age group.

In the present study, 64% females suffered from elder abuse and reduced sleep quality as compared to males with only 36%. Whereas 45% females and 55% males suffered from sleep disorders in non-abused group. A study [11] done showed that women had a significantly higher prevalence of abuse (55.6%) compared with men (47.1%). A study done in Kerala also showed a higher prevalence of abuse among women (70.3%) than men (48.3%). [12] More than half the women (58.6%) were abused compared with only one-fifth of men (22.58%) in a study done by Gaikwad *et al.* in rural areas of Karnataka. [9]

In the present study, 68.09% patients were educated as compared to 31.92% who were uneducated in the Elder abused group, while there were 57.45% patients educated as compared to 42.56% who were uneducated in non-abused group. In a study [11] Elderly with a lower educational status had a higher prevalence of abuse; the highest prevalence was seen among those who had no formal education (60.8%) and the least prevalence was seen among those who had secondary education and above (11.8%). Sebastian and Sekher also found that elder abuse was less prevalent among the literate elderly than the illiterate. [12] Those with a higher education status were found to have a higher socioeconomic status and were looked upon with respect by the family and community. These may be possible reasons for the lower prevalence of abuse among the educated elderly.

Present study showed 59.58% patients in elder abused group from Urban areas and 40.43% from rural area as compared to 51.06% urban and 48.94% from rural areas in non abused group suffering from sleep disorders.

This study showed 10.64%, 65.96%, 23.41% patients from upper, middle and lower socio-economic status respectively in the Elder abused group. Puduchery research [11] showed Elderly from a lower socioeconomic status had a higher prevalence of abuse—the highest prevalence was among elderly who belonged to Class V (60%) and the least among those in Class I (31.2%). In rural Kerala, it was found that elderly who were economically independent had a lower prevalence of abuse (43.4%) compared with those who were fully dependent on caregivers (60.6%). [12] The Karnataka study corroborated these findings and showed that those who were fully dependent economically had a higher prevalence of abuse (47.6%) than those who were not (26.8%). [9] Better socioeconomic status would mean a higher per capita income of the family. Because financial worries are lesser in such households, the elderly may not be perceived as an additional burden, and this may be the reason for the lower prevalence of abuse.

Prevalence of abuse was found to be higher among those who had lost their spouse (59%) compared to those who were married (42.1%). A study done in Kerala showed that the prevalence of abuse among the widowed elderly (72.7%) was much higher than those who were married (50%). [12] Similar results were seen among the elderly in China. [10] In our study, a higher proportion of women were widowed compared with men. Elderly widows are often lonely, at the mercy of their children, and hence may be more likely to suffer abuse than those who are married.

Few elderly individuals lived alone possibly because their children had migrated to a different village/town or had chosen to stay in a separate house in the same village. Such individuals had a higher prevalence of abuse (60%) compared to those who lived with their families (38.6%). They suffered abuse when they were occasionally visited by their children or relatives. The study done in Kerala showed that the prevalence of abuse among the elderly who live alone was higher than those who lived with their children or relatives in the same house. [12] Wu *et al.* found that the elderly who lived alone had a higher prevalence (51.6%) of maltreatment compared to the others (32.5%). [10]

Conclusion

From the above research results it is evident that initial ages of geriatric age group, i.e. 60-65 years is more prone to elder abuse and reduced sleep quality as it is the time when they enter this group and a new and different experience makes them and their family difficult to cope and the older people land up in over thinking their situation and also the behaviour of their surrounding younger ones is not easy to digest which results in diminished sleep quality. The females in Indian families tend to over think more than the males and thus result in more sleep related problems.

This research proves to be helpful to the public in understanding the old age group and how the behaviour of society and family affects their health in general and will probably help in better behaviour and thus helping our aged people to live life happily.

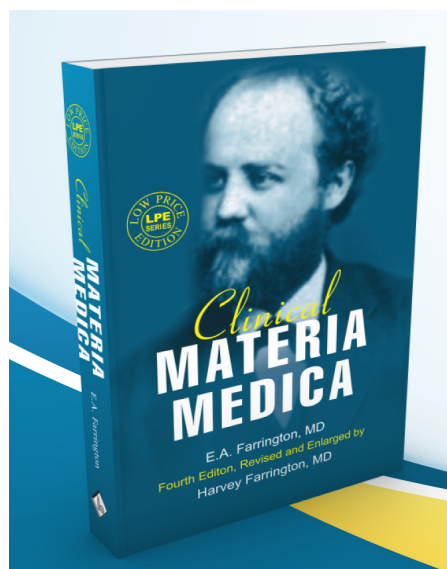
References

1. Elder Abuse. World Health Organization. News fact sheet. 2018 June 8. Available from: <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>

2. Lawrence Robinson, Joanna Saisan, MSW, and Jeanne Segal, Ph.D. Last updated: January 2021. Cited: 15.09.2019. Available from: <https://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm>
3. Elder abuse. Fact sheet World Health Organization. Oct 4, 2021.[online] Available from: <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>
4. NSO (2021), Elderly in India, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.
5. Oha yon MM, Carskadon MA, Guilleminault C, Vitiello MV. Meta-analysis of quantitative sleep parameters from childhood to old age in healthy individuals: Developing normative sleep values across the human lifespan. *Sleep* 2004; 27 : 1255-73.
6. Neale, A. V., Hwalek, M. A., Scott, R. O., and Stahl, C. (1991). Validation of the Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4), 406-415.
7. Yunus RM, Wazid SW, Hairi NN, Choo WY, Hairi FM, Sooryanarayana R, et al. (2017). Association between elder abuse and poor sleep: A cross-sectional study among rural older Malaysians. *PLoS ONE* 12(7): e0180222. <https://doi.org/10.1371/journal.pone.0180222>
8. Mehrotra S., Gautam V. A detailed methodology: homeopathic medicines for improving sleep quality in elder abused and non-abused geriatric patients- randomized comparative trial. *WJPR* 2022; 11(17):730-738.
9. Gaikwad V, Sudeepa D, MadhuKumar S. A community based study on elder abuse and depression in Bangalore rural. *Int J Public Health Hum Rights* 2011;1:1-4.
10. Wu L, Chen H, Hu Y, Xiang H, Yu X, Zhang T, et al. Prevalence and associated factors of elder mistreatment in a rural community in people's republic of China: A cross-sectional study. *PLoS One* 2012;7:e33857.
11. Archana Ramalingam, Sonali Sarkar, K.C. Premarajan. Prevalence and correlates of elder abuse: A cross-sectional, community-based study from rural Puducherry.
12. Sebastian D, Sekher TV. Abuse and neglect of elderly in Indian families: Findings of elder abuse screening test in Kerala. *J Indian Acad Geriatr* 2010;6:54-60.

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Managing pseudo-chronic diseases with homoeopathy

By Dr Vandana Gupta, Dr Rahul Kumar, Dr Manoj Kumar Bharati

ABSTRACT

The pseudo chronic disease is a false chronic disease because there is no chronic miasm in their background. In this disease, a person is regularly exposed to those noxious agents which slowly destroy health. The pseudo-chronic disease is the disease of the modern world where we are living in a world of pollution of a broad spectrum, addictions to alcohol-smoking, modern living style, devoid of adequate exercise, indulgence adequately in sugar and sodium-rich diets, developing a habit of emphasising junk, chemical-based foodstuff, occupational problem and even many more. These above causes contribute largely to the growing population of obese, diabetics, hypertensive, and low bone mineral density among the adult mass. Many people are suffering from this disease and their investigation shows there is no pathology, there is a maintaining cause that causes this disease. In homoeopathy by removing this maintaining cause and proper case taking with anti-psoric remedy we can cure the patient.

Keywords: Pseudo chronic disease, maintaining cause, homoeopathy, anti-psoric remedy

Introduction

Dr Hahnemann has divided clinically all disease conditions into two broad groups (aphorism 72):

1. Acute disease
2. Chronic disease

1st of all we will know about chronic disease. Chronic diseases are that disease that arises from chronic miasm have the following characteristics-

- Gradual, insidious, imperceptible beginning.
 - Unlimited, lifelong suffering.
 - Is not extinguished by vital force alone.
 - No tendency to decline or recovery, may continue through next generations unless treated homoeopathically.
 - Destroys the organism in the long run, if untreated.
- [1]

Dr Hahnemann classified chronic disease into 3 types:

1. Pseudo-chronic disease
2. True chronic disease
3. Artificial chronic disease

Pseudo chronic diseases: -

Aphorism 77 is a clear attempt to completely separate those cases of apparent disease expression that could improve from a good diet, regimen, and hygiene, from those that were due to fundamental chronic miasm present that affected the harmonious functioning of the vital force. The apparent disease expression has been termed PSEUDO-CHRONIC DISEASES.

Pseudo-chronic diseases are those diseases that persons bring upon themselves due to continuous exposure to some avoidable noxious influences. These avoidable noxious influences are also known as maintaining causes. These maintaining causes are:

- Addictions to liquors or other dissipation.
- Prolonged abstinence from things that are necessary for the support of life.
- Residing in unhealthy localities, especially in the marshy district.
- Housing in cellars or other confined dwellings.
- Deprivation of exercise or of open air.
- Overexertion of body and mind.
- Living in a constant state of worry, etc.

Because such a condition continues for long, they look like chronic diseases and are named so, but in fact, they are not. These states of ill- health, which persons incur themselves disappear spontaneously with the

removal of maintaining causes, provided no chronic miasm lurks in the body. So, they cannot be called

chronic diseases.

Aphorism “77” of Organon of Medicine:-What it conveys:-

TO BE AVOIDED	TO BE ENCOURAGED
Exposure to avoidable noxious influences.	To take things that are necessary for the support of life.
The habit of indulging in liquors and other wrong habits.	To do regular exercise in the open air.
Addiction of many kinds which are injurious to health.	To lead to an improved natural mode of living.
The abstinence from things that are necessary for the support of leading a healthy life.	The improved mode of living ultimately and spontaneously help in the disappearance of symptom provided no chronic miasm is lurking.
To reside in unhealthy localities, especially marshy areas and to be housed in cellars or other confined dwellings.	
The overexertion of body and mind.	
To live in a constant state of worry (stress).	

True chronic disease:

The true natural chronic diseases are those that arise from a chronic miasm. The miasm are psora syphilis and sycosis. These diseases may be due to a single miasm or more. On this basis, true chronic diseases are of the following types: -

1. Single --- psora, syphilis, sycosis.
2. Complex ---psora-syphilis, psora-sycosis, syphilis-sycosis, psora-syphilis-sycosis.

Artificial chronic disease:

Artificial chronic diseases are those chronic diseases that are produced artificially by the allopathic non-healing art due to the prolonged use of violent heroic medicines in large and ever-increasing doses.

Among all chronic diseases, these are the most deplorable, the most incurable. It is apparently impossible or difficult to hit upon any remedies for their cure when they have reached any considerable height.

If the vital force is not too much weakened by such mischievous acts, the diseases must be remedied by the vital force itself (appropriate aid should be given for the eradication of any chronic miasm, if present in

the background) provided the vital force remains undisturbed for several years.^[2]

Clinical importance of pseudo-chronic disease: -

Until the later part of the 20th century, the main causes of morbidity and mortality in the entire world have been epidemics of communicable diseases including typhoid, cholera, smallpox, diphtheria, influenzas, etc. Although some of these diseases remain epidemic in third-world countries, industrialisation and progressive modernization of many communities have resulted in major improvements in housing, sanitation, water supply, nutrition, etc. The discovery and availability of antibiotics as well as vaccines have radically changed the profile of many diseases. But extreme modernisation and rapid urbanisation gave birth to yet another most difficult, long-lasting chronic problem known in homoeopathic prevalence “pseudo chronic disease”.

Today the disease burdens have shifted from the era of “communicable disease to non-communicable disease”. Today, doctors must develop a vision to judge a patient from a non-communicable disease point of view. It is of high clinical importance. It works as a pre-disposing factor and reduces the immunity of the person thereby making them vulnerable, and susceptible to allergens, pollutants, and infective agents. No bacteria, no pathogens are supposed to enter and implant their foot-hold in the interior of the human anatomy. Therefore, patients are advised to adopt appropriate

natural methods of management with natural lifestyle in food habits, and environmental conditions and even adopt a natural system of medication as far as possible with minimum medication, i.e. preferably homoeopathy. It is also one of the reasons for overmedication by doctors. It so happens when medicines are prescribed/administer without addressing the portion of non-communicable diseases, then overmedication remains the only option. So, minimising “overmedication”, is the only way to correct the lifestyle of the patients. Prioritizing lifestyle modification is today’s 1st protocol for the treatment of any disease which ultimately will decide/lead to the effectiveness of the treatment by medication in preferably low and rational doses otherwise overmedication will automatically occur and thereby the chances of the appearance of iatrogenic diseases increases extremely. Dedicating alcoholics, smokers, and fast food (junk) eaters, to adequate exercise preferably under the morning/evening sun, and adequate supplementation of proper nutrition supplements and others as supportive therapy can provide a “BOOST” to the immune system. The obstacle to cure (Aphorism 4 of *Organon of Medicine*) is removed and the path for the small dose of the minutest medicine can be allowed to go obstacle-free, hurdle free in the good going to the world of cure.

Pseudo-chronic diseases are basically lifestyle-related non-communicable diseases. The epidemic of infectious diseases which ruled and rained the world for over 10 decades with innumerable losses of precious human lives in the mid-19th century to mid-20th century were largely been combated with the use of antibiotics of different spectrums. Today, we are living in an epidemic of non-communicable diseases. It is casting a big shadow on the health and economy of our country.^[3]

Treatment of pseudo-chronic disease in homoeopathy: -

Dr Hahnemann has stated 77 aphorisms about the treatment of pseudo-chronic disease. He said first we will remove the maintaining cause such as their residence or any diet irregularity or any type of addiction, then we will prescribe anti-psoric remedy as simillimum to the patient’s condition.

And in aphorisms 259-261, Dr Hahnemann has stated the diet and regimen of chronic disease. He said the most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse; innocent moral and intellectual

recreations, active exercise in the open air in almost all kinds of weather (daily walks, slight manual labour), suitable, nutritious, unmedicinal food and drinks, etc. If the patient is suffering from any kind of mental stress, we have to counsel the patient regularly in follow-up.

Conclusion: -

The pseudo chronic disease is a false chronic disease because there is no chronic miasm in their background. People are constantly struggling with various problems which show that they have some pathology. After all the examination, one comes to know that there is some maintaining cause that keeps on aggravating the disease.

Most patients are suffering from the pseudo-chronic disease. So, from this, it is concluded that due to this maintaining cause patients are suffering from chronic disease which we are called pseudo-chronic disease.

Homoeopathy is the best platform to remove this pseudo-chronic disease. The patient will improve and cure in homoeopathy. By removing maintaining cause and giving an anti-psoric medicine, one can cure the patient.

References:-

1. Das A. K. A Treatise on organon of medicine. 2nd ed. Kolkata: Souvik Homoeo Publication; 2007.
2. Hahnemann S. Dudgeon R. E. Organon of medicine. 5th ed. New Delhi: B Jain Publishers(P) Ltd; 2002.
3. Prasad S. Kumar N. Pseudochronic disease and its homoeopathic view. Indian Journal Of Applied Research. 2020 Apr; 10(4).

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Regional repertory-Headache and its Materia Medica by Dr Underwood B.F

By Dr Vibhavari Vinayak Pande

ABSTRACT

Regional repertories are those repertories, which pertain to the different regions or parts of the body. These repertories are useful in cases where there is special pathology or symptoms pertaining to any organ or part of body¹. In years between 1890 to 1910, many of the regional repertories were published. One of the useful regional repertory is *Headache and its materia medica* by Dr Underwood B.F.

Keywords: regional Repertory, Headache, materia medica

Abbreviations: e.g. - example

Introduction

In homoeopathy, we always concern about a person as a whole, yet we deal with some set of symptoms more frequently over the others and the general repertory too, is divided into sections and subsections grouping the symptoms concerning some particular system or organ in order to facilitate us in search of the simillimum. This practise gave birth and gradually developed into a systematic form assisting a busy practitioner as a ready reference work grouping about the particular symptoms/rubrics, rich clinical experiences along with the remedies, that were found affective². One of the useful repertory is *Headache and its materia medica* by Dr B.F. Underwood³. This repertory was written by Dr B.F. Underwood in 1888. Published in New York : A. L. Chatterton & Co. in 1889.

Plan and construction³-

This repertory is divided into 4 parts-

[1] Preface

[2] Different types of headache

[3] Materia medica of headache

[4] Repertory

1] In preface, Dr Underwood stated –

It is probably true that in no other disease is careful discrimination and judgement more necessary in the selection of the remedy than in headache, if the best re-

sults are to be obtained; it is equally true that the simillimum being found, no other disease is more amenable to treatment. Headache in most cases is a symptom, rather than a disease, yet to certain extent headache constitute of itself a disease. The pathology of the cerebral lesions involving in headache is obscure. According to the exciting cause from which they spring, *Repertory of headache* is classified in various divisions³-

2] Describes different types of headaches, Its pathophysiology, affected location of head, sensations and concomitants of each type of headache.

a] Anaemic

b] Hyperaemic

c] Nervous

d] Reflex

e] Rheumatic

f] Toxic

g] Catarrhal.

h] Dyspeptic

3] Materia medica – Under materia medica of headache 117 drugs are discussed with some cases under the respective drugs. *Belladonna, Nuxvomica, Bryonia alba, Cimicifuga racemosa, Sanguinaria canadensis, Iris versicolor, Gelsemium sempervirens, Ignatia amara, Pulsatilla nigricans, Glonoine, Cinchona officinalis, Sepia, Arsenicum album, Aconitum*

napellus, Chamomilla, Coffea cruda, Natrum muriaticum, Calcarea carbonica, Sulphur, Spigelia anthelmia, Silicea terra, Arnica montana, Ferrum metallicum, Camphor, Cocculus indicus, Agaricus muscarius, Asarum europeum, Aurum metallicum., Colocynthis, Crocus sativus, Dulcamara, Lachesis mutus, Mercurius solubilis, Opium, Platina, Rhus toxicodendron, Thuja occidentalis, Zincum metallicum, Veratrum album., Acidum picricum, Phosphoricum acidum, Argentum nitricum, Naja tripudians, Carbo vegetabilis, Phosphorus, Kalium bichromicum, Bovista lycoperdon, Cactus grandiflorus, Graphites, Kalmia latifolia, Hepar sulphuricum, Natrum carbonicum, Petroleum, Palladium metallicum, Paris quadrifolia, Aloes socotrina, Ammonium carbonicum, Phellandrium, Plumbum metallicum, Nickel sulphate, Anacardium occidentale, Antimonium crudum, Antimonium tartaricum, Carbo animalis, Sticta pulmonaria, Stannum metallicum, Acidum hydrocyanicum, Aethusa cynapium, Baptisia tinctoria, Cannabis sativa, Cannabis indica, Caulophyllum thalictroides, Agnus castus, Alumina, Cedron, Euphrasia officinalis, Formica rufa, Digitalis purpurea, Aesculus hippocastanum, Aranea diadema, Asclepia syriaca, Cornus, Eupatorium perfoliatum, Helonias dioica, Lachnanthes tinctoria, Leptandra, Lobelia inflata, Phytolacca decandra, Selenium, Theridion curassivicum, Capsicum annuum, Lycopodium clavatum, Melilotus alba, Oleander, Psorinum, Rannunculus bulbosus, Lac defloratum, Lithium carbonicum, Magnesia muriaticum, Acidum carbolicum, Causticum, Cyclamen europeum, Ipecacuanha, Juglans cathartica, Nux moschata, Helleborus niger, Hydrastis canadensis, Sabadilla, Indigo, Lilium tiglium, Mercurius-iodus-flavus, Tarentula cubensis, Chiononthus virginica, Epiphegus vulgaris, Usnea barbata, Salicylate of sodium.

He described solved cases under many medicines in materia medica part as follows-

Case I. Mrs. B., aged 40, of stout build, had suffered for some time from a rheumatic pain in the foot for which she liberally painted the foot with iodine. This caused a cessation of the pain, but three or four days later she was taken with a violent pain in the head, which, although continuous, was markedly aggravated from about 2 P.M. until 6 A.M. Walking the floor all night, with frequent paroxysms of anger and desire to destroy something or to injure someone. chilliness, Face pale, darting pains, with keep the head wrapped up, very sensitive to the least cold air, can feel the moment a door or window is opened downstairs, even with head closely enveloped in shawl. *Belladonna* tincture, 2m. in four ounces of water, teaspoonful every hour, gave decided relief, but pain was still felt on motion, laughing, etc. *Belladonna* 3 every two hours. The following day the headache had returned with more

than former violence. *Belladonna* tincture, 4 m. in four ounces of water, a teaspoonful every two hours, gave entire relief, and neither the headache nor the pain in the foot have since returned.

Case II. Mrs. J., aged 40, slender, of a nervous, hypochondriacal temperament, was taken with a violent pain in the forehead extending through the head to the occiput. Worse from 3 P.M. to 6 A.M. Great sensitiveness to cold air, must have the head wrapped, a door or window opened in any part of the house is felt at once. *Belladonna* tincture, 2 m. in four ounces of water, gave prompt relief.

In both cases *Belladonna* drug gave marvellous result.

Under *Natrum muriaticum* he described case-

Case.- Mrs. P., seamstress, has a sick headache whenever she eats rich food. The attack commenced with dazzling in the eyes, like lightning, which lasted half an hour and ushered in a throbbing headache in the forehead and vertex, with nausea; she can hardly hold her eyes open; the feet are cold, and there is great chilliness all over; occasional sour or bilious vomiting. Prescribed *natrium muriaticum* 200, every three hours. The first dose cured the attack. [Dr. J. C. Morgan.]

Under *Nux vomica*- **Case.-** A woman, aged twenty-seven years, of sanguine temperament, passionate, choleric, sensitive, suffered from sensation of wavy motion in the brain; sensation in the head as if she had been on a spree; pressive pain in the occiput early in the morning; pressive, beating headache upon the slightest attempt to do a problem in arithmetic; increased by coffee and wine; after eating, drawing pain in the teeth and temples; looseness of the teeth; bitter taste in the mouth. *Nux vomica* 24 cured in six days. [Schreter.]

4]Repertory-Repertory part is given under following headings-

A]Types of headache-

- 1]Anemic
- 2]Catarrhal
- 3]Hyperaemic
- 4]Nervous
- 5]Neuralgic
- 6]Reflex-uterine
- 7]Dyspeptic
- 8]Rheumatic

9]Toxic

B]Causes-Causes are arranged alphabetically. Many mental and emotional causes of headache are given by Dr. Underwood so that a homoeopath can find easily the totality of symptoms. For e.g.-

Air, cold-

Anger, contradiction-

Concussion-

Emotional excitement-

Fright-

Grief-

Shame-

Suppression of eruptions-

C]Conditions-In conditions many useful aggravating, exciting and ameliorating factors are given. For e.g.-

Air, in open-

Climaxis during, when menses used to appear-

Hat, sensitive to pressure-

Schoolgirl, headache of-

Writing, when-

Yawning, when-

D]Times-Time modalities are discussed in this chapter. For e.g.-

3 a.m.-

Morning-

10 a.m.-

Noon Afternoon-

4-8 p.m.-

Constant-

Periodical-

Every day-

Every third or fourth day-

It is indisputable that ongoing, unbiased high quality research studies with advanced technology are needed to further investigate this science so we can truly understand how molecules and of a substance behave during their transformation in trituration, succussion and dilution.

So far, one can observe that nature teaches us that grinding food into minute nutrients by the teeth is similar to the trituration process. Also, the mechanism of a forceful cough could be the origin of the succussion method. In regards to dilution, the following example can be stated to express the point. It is known by science that for human conception, in one ejaculation a male may send as many as 500 million sperm to the vagina. That transfers about 15,875 Gigabyte (GB) of data, equivalent to the capacity that is in about 7,000 computers. However, out of so many sperm, only one will fertilize an ovum. This single tiny sperm contains about 37.5 Megabytes (MB) of DNA information. You may find this example as irrelevant to the dilution process in preparation of homoeopathic medicine; however, it may serve as food for thought to explore the potentials (in terms of information) that is in a single drop of homoeopathic medicine.

Conclusion

Homoeopathy is indeed waiting for science to catch-up. Hence, it can be concluded with Hahnemann's quote: "It is infinitely easier to contradict than to investigate."

Certainly, God is omniscient.

Every seventh day-

During full moon-

E]Accessory symptoms-Many concomitants are added by Dr. Underwood which helps for selection of simillimum. For e.g.-

Agitation-

Asthma-

appetite, loss of-

constipation, with -

colic with-

coryza with-

Epistaxis-

indifference with-

Melancholy-

Moans with-

Nausea with, etc.

F]Sensation-In this chapter, different sensations are described under different locations.

eyes-e.g. As if receiving a blow on the eye

Forehead-e.g. As if it would burst

Temples-e.g.-As if a nail were thrust in

sides of the head- e.g.-As if a plug were driven into left side

Vertex-e.g.-As if top of head would fly

Occiput-e.g.-s if ice on the

Brain-e.g.-As if the brain was expanding

Cerebellum-e.g.-As if laced together in cerebellum

Skull-As if skull would split open

Hair-e.g.-Feels as if standing on end

Neck.g. As if the nape were broken

Head-e.g.-As if the head would split

General sensation-e.g.-pain comes in terrific shocks

G]Location-For e.g.-

Supra-orbital

Forehead,

temples,

sides,

semilateral,

vertex,

occiput,

brain,

bones of head,

periosteum,

scalp,

whole head.

H]Direction-

Eyes

supraorbital

forehead

temples, one side

occiput,

neck, nape of

general.

I]Character of pain-

Starts with aching. Each character of pain consists of location.

J]Aggravation-Starts with Times of -3 to 4 a.m. and then Conditions of aggravations are given alphabetically

K]Amelioration-Starts with Times of morning and conditions of ameliorations are given alphabetically.

Index of medicines contain list of 113 medicines.

Discussion and conclusion

Merits⁴-

-It serves as a ready reference book and also a useful tool for restudy of materia medica and therapeutics of

headache.

-Produces the detailed rubrics related to a particular organ-i.e.Head at one place.

-Summarised the matter the verified drugs and the rubrics in a systematic way.

-This repertory is enriched with clinical experience of the author.

-This repertory gives idea about medicines ,potency, repetition are given in this repertory under a specific medicines.

Demerits⁴-

A regional repertory only concentrates over the symptoms only and deals mainly in the local symptoms, leaving out the general ones. Thus, the result is to

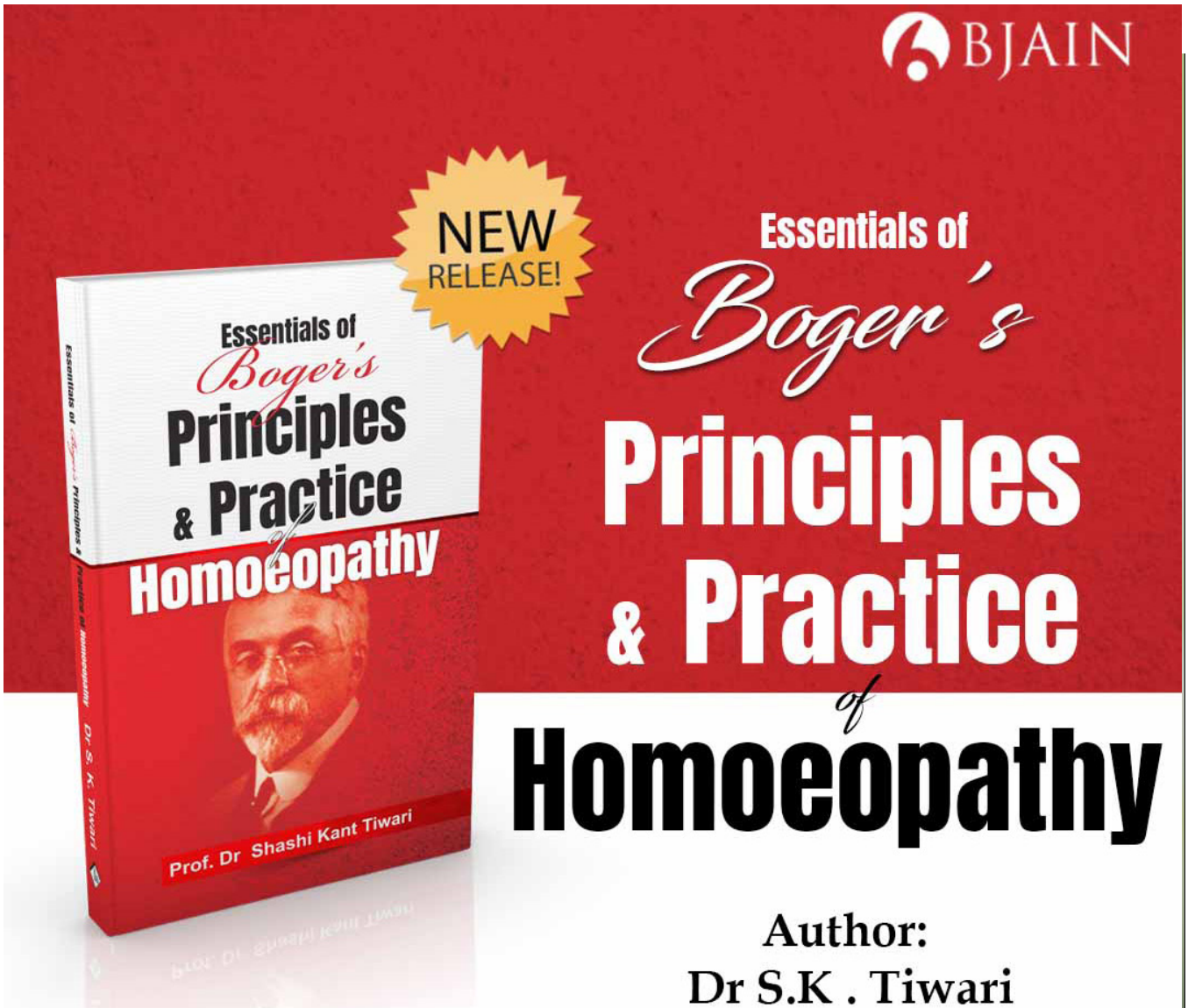
some extent doubtful one. So this repertory covers the regional aspect only and General symptoms which are useful to individualise are not given.

References

- 1] Khanaj V, "REPERIRE-REPERTORY SIMPLIFIED"- Fifth edition,IBPP,Pages-1058.
- 2] Tiwari SK,"ESSENTIALS OF REPERTORISATION"- Fifth edition.B.Jain Publishers,Pages 788.
- 3] Underwood BF,"Headache and its materia medica",First edition,New York:Chatterton,1889.Pages-221
- 4] Sharma S, "GUIDE TO REPERTORY"- October 2003-First edition-IBPP,Pages 226.

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Prof. Dr. Shashi Kant Tiwari

Essentials of Boger's Principles & Practice of Homoeopathy

Author:
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“To study acute sinusitis in detail in children and to find utility of homoeopathic medicines for acute sinusitis in children”

By Dr Sarita D. Bodkhe

ABSTRACT

This study aimed to find the utility of homoeopathic medicines for acute sinusitis in children. Upper respiratory tract infection is common cause of sinusitis in children. Environmental factors that may trigger an attack of acute sinusitis on exposure to excessive cold weather, damp climate or change of weather, swimming. Bacteria and viruses tend to flourish in crowded areas and hence children who are prone to acute sinusitis easily. So by avoiding such triggering factors and taking care of such environmental factors which trigger acute sinusitis with homoeopathic remedies. A prospective, clinical study was carried out during the period 2012 -2013, 30 cases were studied from OPD and IPD, at S.K.H.M.C Beed. Acute sinusitis is the clinical condition, found very commonly in age group of (11 to 14) the number of cases observed during study are 16 i.e.53.33% , (8 to 10) they are 12 i.e. 40.00% and (1 to 7) are 2 i.e. 6.67%. Females are more commonly affected than the males i.e. 17 Females (56.67%) as compared to male (13) i.e. 43.33%. During the study maximum number of cases of acute maxillary sinusitis is 33%, acute ethmoidal sinusitis is 30%, while that of acute frontal sinusitis which is 27%, acute fronto-maxillary sinusitis is 10 %. Homoeopathic medicines prescribed according to individualisation as *Belladonna* (20.00%) and *Silicea terra* (16.67%), *Arsenicum album* (10.00%), *Phosphorus* (10.00%) and *Sabadilla* (6.67%) remedies covers majority of symptoms of the acute sinusitis is again covering the symptom totality. lower down the increasing incidence of recurrent acute sinusitis. The rise in incidence of trephination and antral lavage are the major phenomenon, around 1, 00,000 antral lavage are done annually in India, so it is our duty to aware society about the immunological functions of paranasal sinuses and avoiding surgery in children And avoiding adverse effect of antibiotics by managing such sinusitis cases.

Keywords: Acute sinusitis in children, homoeopathic medicines.

Abbreviations: CCRH – Central council of research in homoeopathy, OPD -outpatient department, IPD – in-patient department

Introduction

Upper respiratory tract infection is a common illness in childhood and sinusitis is one of the common complications of upper respiratory tract infection in children. The rise in incidence of trephination and antral lavage are the major phenomenon, around 1, 00,000 antral lavage are done annually in India so it is our duty to aware society about the immunological functions of paranasal sinuses and avoiding surgery in children's by managing such sinusitis cases with homoeopathic remedies.

The paranasal sinuses are air-filled spaces in the skull which are in direct communication with the nasal cavity. The nose and paranasal sinuses are lined with respiratory epithelium that is essentially a pseudo-stratified ciliated columnar epithelium with interspersed goblet cells. ciliary action movements of the mucosa, pulsation associated with inflammation or movements of the fontanelles may assist the transportation of the secretion out of the maxillary sinus. This is accomplished in many ways as release of T- cells, prevents respiratory infection and provides humidity to nasal cavity.

Environmental factors that may trigger an attack of

acute sinusitis on exposure to excessive cold weather, damp climate or change of weather, swimming. Bacteria and viruses tend to flourish in crowded areas and hence children who are prone to acute sinusitis easily. So, by avoiding such triggering factors and taking care of such environmental factors which trigger acute sinusitis, we can lower down the increasing incidence of recurrent acute sinusitis. Acute sinusitis is more common in children between the ages of 5 and 15 years. The prevalence of bacterial sinusitis, specifically after upper respiratory tract infection, 90% of children with acute sinusitis.

Sinusitis refers to an inflammatory condition involving the four-paired structures surrounding the nasal cavities. Although most cases of sinusitis involve more than one sinus, the maxillary sinus is most commonly observed. Normally, mucus does not accumulate or remain sterile in the sinuses. When the sinus ostia are obstructed or when ciliary clearance is impaired or absent, the secretions can be retained producing the typical signs and symptoms of sinusitis. The retained secretions may become infected with a variety of pathogens, including viruses, bacteria and fungi². The diagnosis of acute purulent sinusitis is usually made when constitutional manifestations are present, such as persistence of upper respiratory symptoms for greater than 10 days without improvement, Nasal discharge, Headache –frontal region, Heaviness in the head, Pain over the cheek bone, at the root of nose, supra orbital region, forehead. On set of fever with purulent nasal discharge. Redness of nose, cheek or eyelids with swelling and tenderness. Blockage or stoppage of nose. Maxillary dental pain. Periorbital swelling. Coryza and Cough for longer than 10 days. Other respiratory symptoms for 3 or more consecutive days.

From the cochrane review⁵ it is concluded that antibiotics provide a minor improvement in simple (uncomplicated) sinus infections, however, the small benefit gained may be overridden by the negative effects of antibiotics, both on the patient and on the population in general. So, the use of antibiotics in the treatment of sinusitis is no doubt helpful but with adverse effects. Earlier, research studies of CCRH complex homoeopathic medicines on sinusitis proved to be safe and gentle. In repertories, a long list of medicines is given for coryza, headache, nasal obstruction, etc. From a review of the literature, it appeared that so far no significant work had been done on the basis of the similia principle of homoeopathy in the treatment of sinusitis in a scientific manner. So, there was need to explore the efficacy of homoeopathic medicines otherwise indicated for various diagnostic symptoms of sinusitis. With this backdrop, undertook this study with the aim to find out the utility homoeopathic medicines in the management of acute sinusitis in children.

AIMS AND OBJECTIVES:-

To find the utility of homoeopathic medicines for acute sinusitis in children

MATERIALS AND METHODS:-

A prospective, clinical study was carried out during the period 2012 -2013, 30 cases were studied from OPD and IPD, at S.K.H.M.C Beed Routine investigation was done whenever considered or necessary.

5 Analysis and evaluation done for each case. Simillimum was selected on basis of repertorisation done from CARA Software depending upon the case. Potency was selected on basis of susceptibility, sensitivity and nature of the disease.

Inclusion criteria:

AGE INCIDENCE		
Age Group	No. of Patients	%
1 - 7	2	6.67
8 - 10	12	40.00
11 - 14	16	53.33
Total	30	100.00

1. Age group of 1-14 years.
2. Both sexes of patient are accepted.

Exclusion criteria:

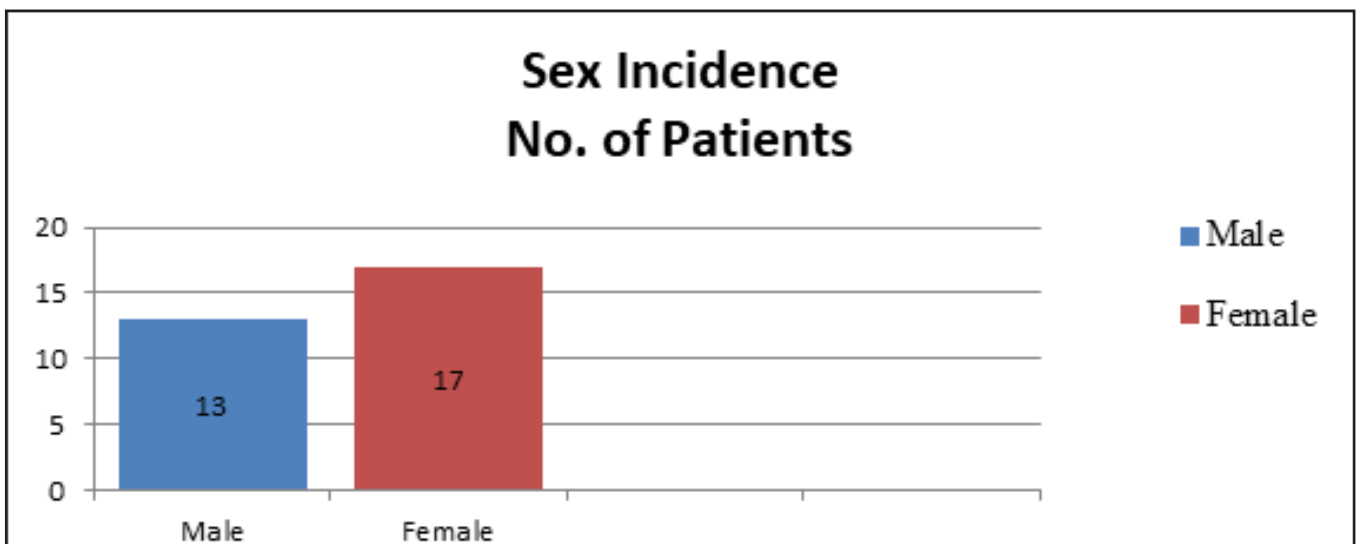
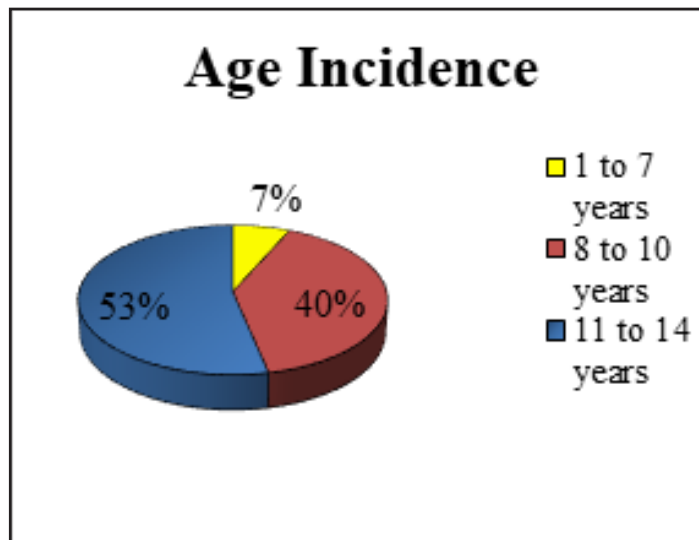
1. Children above 14 years are excluded.
2. Emergency and serious cases are also excluded.
3. Patient with the severe complication was excluded.
4. Patient who were not cooperative and without any follow up was excluded.

Table 1: Parameters adopted for outcome assessment after treatment

<i>Recovered</i>	When the patient get relief is more than 75%.
<i>Improved</i>	When the patient get relief is more than 50%
<i>Default</i>	When patient never visited after some follow up.

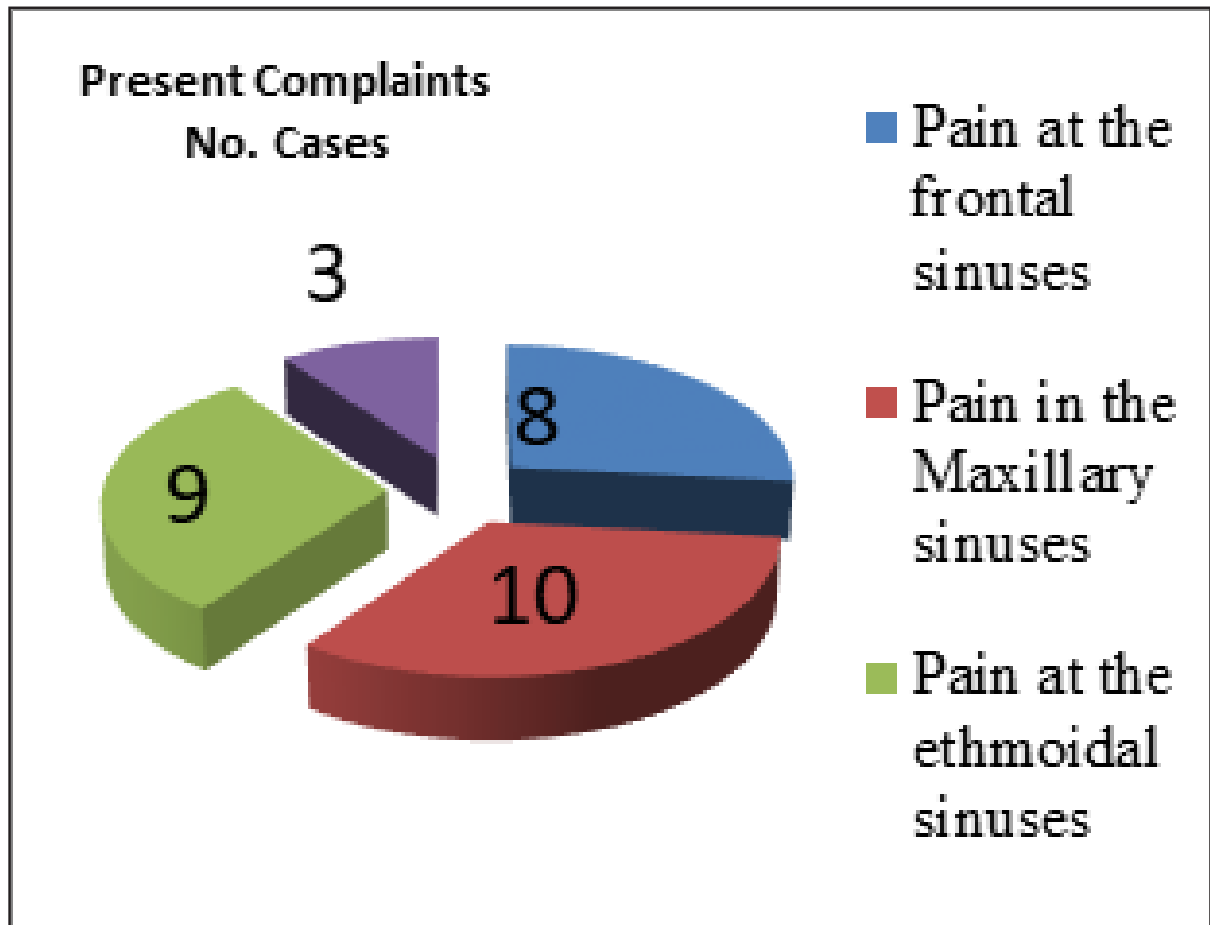
SEX INCIDENCE		
Sex	No. of Patients	%
Male	13	43.33
Female	17	56.67
Total	30	100.00

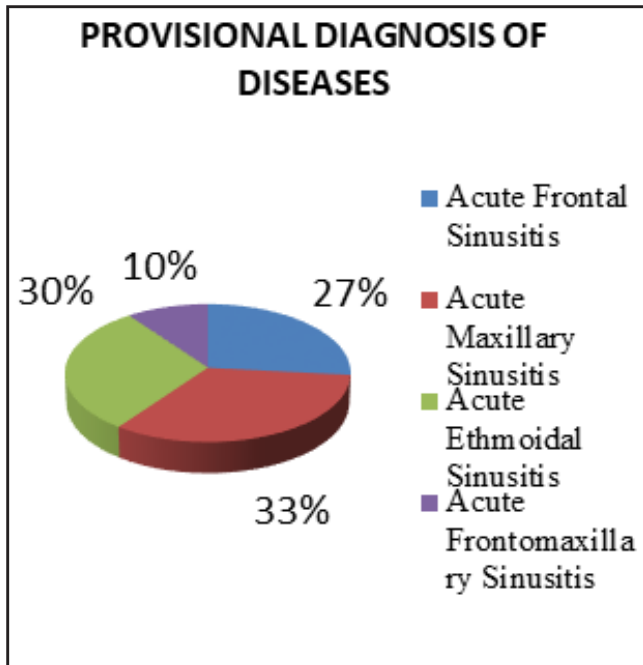
Observation and Results:-



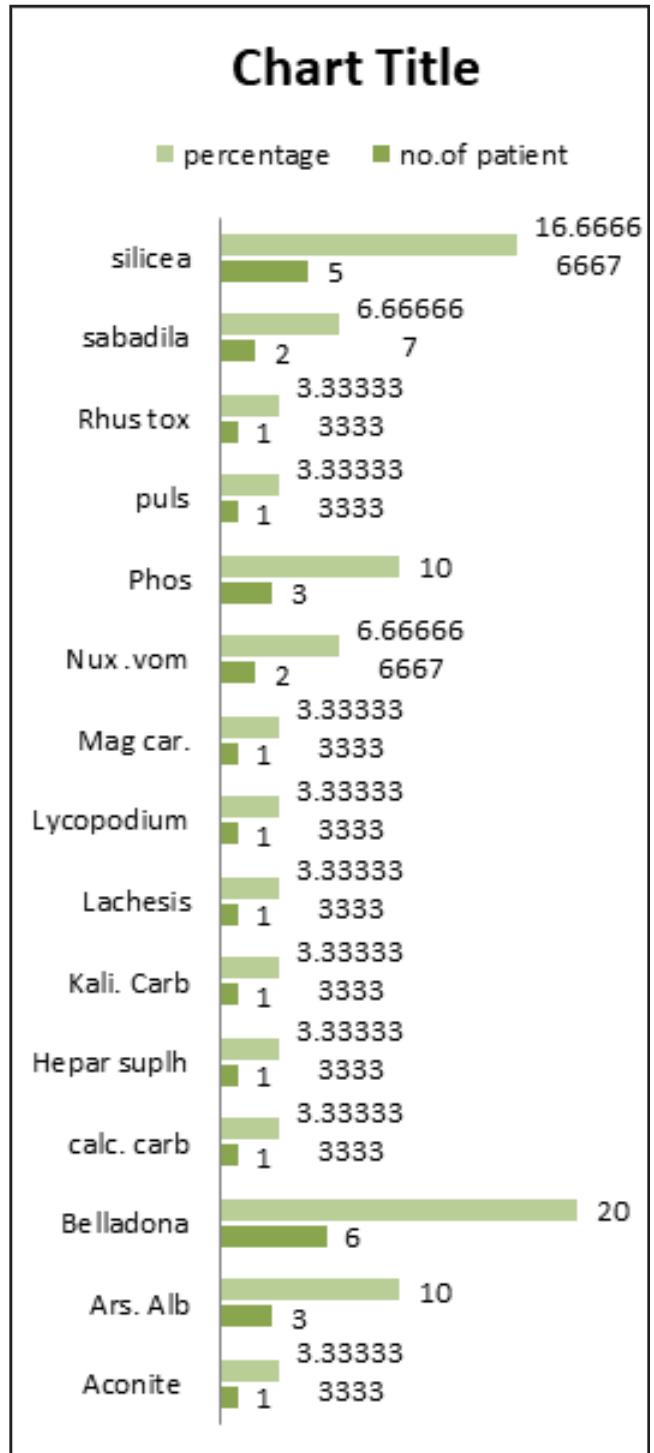
Present Complaints		
Diagnosis of Disease	No. of Patients	%
Pain at the Frontal Sinuses	8	27.00
Pain in the Maxillary Sinuses	10	33.00
Pain at the Ethmoidal Sinuses	9	30.00
Pain at Fronto-maxillary Sinuses	3	10.00
Total	30	100.00

PROVISIONAL DIAGNOSIS OF DISEASES		
Diagnosis of Disease	No. of Patients	%
Acute Frontal Sinusitis	8	27.00
Acute Maxillary Sinusitis	10	33.00
Acute Ethmoidal Sinusitis	9	30.00
Acute Fronto-maxillary Sinusitis	3	10.00
Total	30	100.00

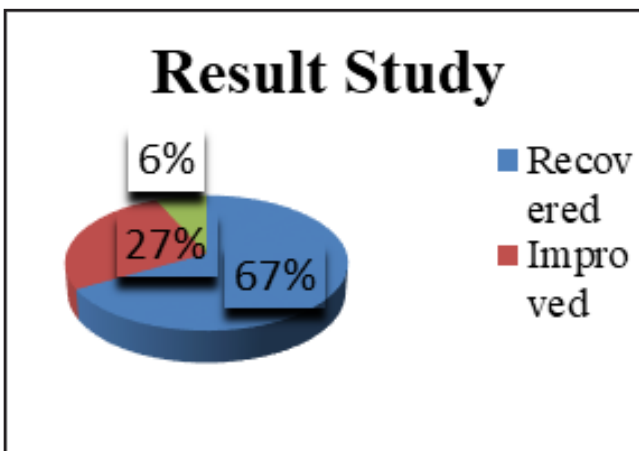




Medicine prescribed	No. of Cases	Percentage
Aconite	1	3.33
Ars. alb	3	10
Belladonna	6	20
Calc carb.	1	3.33
Hepar sulph	1	3.33
Kali. carb	1	3.33
Lachesis	1	3.33
Lycopodium	1	3.33
Mag carb	1	3.33
Nux. vom	2	6.67
Phosphorus	3	10
Pulsatilla	1	3.33
Rhus. tox	1	3.33
Sabadilla	2	6.67
Silicea	5	16.67
TOTAL	30	100.00



RESULT STUDY		
Result	No of Cases	Percentage
Recovered	20	67.00
Improved	8	27.00
Default	2	6.00
Total	30	100.00



DISCUSSION:-

The cases taken for study were taken in detail. To get the complete picture of the patient, the search was made for knowing the life space of the patient which gives the idea of the true picture of his disposition and mental state. This understanding helps in defining the present complaint and mental state of the patient.

During follow up along with the presenting complaints, physical generals like appetite, sleep and activity were interrogated to know the general well-being of the patient in the acute cases were considered.

The samples of 30 cases have been studied in acute sufferings. All cases have been taken from College O.P.D. and I.P.D. departments attached to our college. Different physiological as well as pathological factors were considered as different kind of precipitating factors as well as maintaining causes were studied.

From *statistical analysis* of data in the said study underlying *age group* recorded are *1 to 7 years*, 2 cases (6.67%), *8- 10 years*, 12 cases (40.00%), *11 - 14 years*, 16 cases (53.33%). More Cases are from age group 11

years.-14 years, i.e. 16 cases which constitutes 53.33% of the whole sample size. This shows that children of 11 – 14 years age group are more in the study.

Sex Incidence - *Male* patients are 13 (43.33%), and *female* patients are 17 (56.67%). This also shows that female is more in the study than males.

Presenting complaints – During the study maximum number of cases of *pain in the maxillary sinuses* are 10, i.e. 33%, and *pain at the ethmoidal sinuses* are 9, i.e. 30%, then the case of *pain at frontal sinuses* are 8, i.e. 27%, and *pain at the fronto-maxillary sinuses* are 3 cases, i.e. 10%.

Provisional diagnosis of disease – In the study of provisional diagnosis of the disease, the maximum number of cases i.e.10 cases (33.00%) are of *acute maxillary sinusitis* , 9 cases (30.00%) are of *acute ethmoidal sinusitis* , 8 cases (27.00%) are of *acute frontal sinusitis*, and 3 cases (10.00%) are of *acute fronto-maxillary sinusitis*. Maxillary and ethmoidal sinusitis are more common in the children than frontal sinusitis.

The following remedies are prescribed during the study from which *Belladonna* was indicated for 6 cases 20.00% (Case no.8, 15, 19, 21, 23 ,30), *Silicea terra* for 5 cases 16.67% (Case no.1,5,10,16,24), *Arsenicum album* for 3 cases 10.00% (Case no.2,17,25), *Phosphorus*. for 3 cases 10.00% (Case no.4,18,28), *Sabadilla* for 2 cases 6.67%, (Case no. 3,26), *Nux vomica* for 2 cases 6.67%, (Case no. 9,14), *Calcarea carbonicum* was indicated for 1 case 3.33% (Case no.20), *Aconitum napellus* for 1 case 3.33%, (Case no.12), *Hepar sulphuricum* for 1 case 3.33%, (Case no. 11), *Kalium carbonicum* for 1 case 3.33%, (Case no.13), *Lycopodium clavatum* for 1 case 3.33% (Case no.6), *Lachesis mutus* for 1 case 3.33%, (Case no. 7), *Pulsatilla nigricans* for 1 case 3.33% (Case no. 29), *Rhus toxicodendron* for 1 case 3.33% (Case no. 22) *Magnesium carbonicum* was indicated for 1 case 3.33% (Case no. 27), are used for Prescription in the present study.

Results –

In the present study of 30 cases out of which 20 cases were *recovered* which accounts 67.00%, 8 cases shows *improved* which accounts 27.00% and 2 cases which didn't came for further follow-ups during study so *Defaulted* which accounts for 6.00% of the total sample size of 30 cases.

conclusion:-

Homoeopaths do not treat the disease, they treat the totality of the symptoms here, present complaints regarding to the paranasal sinuses which consideration of mental general, physical general and susceptibility of the patients.

➤ During the study, it was found that the incidence of

acute sinusitis was higher in children, i.e. among the age group of 11 – 14 years.

- Study showed that patients who received homoeopathic treatment developed less or no complications.
- During the study, it was found that 67.00% of cases were recovered with homoeopathic medicine, 27.00% of cases are improved and 6.00 % of patients are defaulted who leaves the treatment during study.

Limitations:

- There were some cases which demanded the long term observations of effects of homoeopathic medicines for the proper study, which practically was not possible due to time limit.
- As sample size is 30, care must be taken while generalising the results and conclusions of the study. So the study was limited to a very small circumference, which needs further study comprising a wide range of patients.
- Control groups were not used, because of the smaller sample size

Recommendations:

To show the more effectiveness of homoeopathic medicines further study is done extensively on the following aspects:

- It should include the bigger sample size.
- It should give longer period of time.

To find out the most effectiveness of homoeopathic medicine for acute sinusitis along with control Placebo group.

Acknowledgements:

- DR ARUN BHASME, *Principal*, S.K.H. Medical College, Beed and *Vice-President*, Central Council of Homoeopathy,
- DR D.B .PATI ,*Principal*, Ahemadabad homoeopathic medical College, Ahemadabad
- DR NITIN ROUT ,*Assi. Prof.* ORGANON DEPT.,S.K.H.MC.BEED.

References

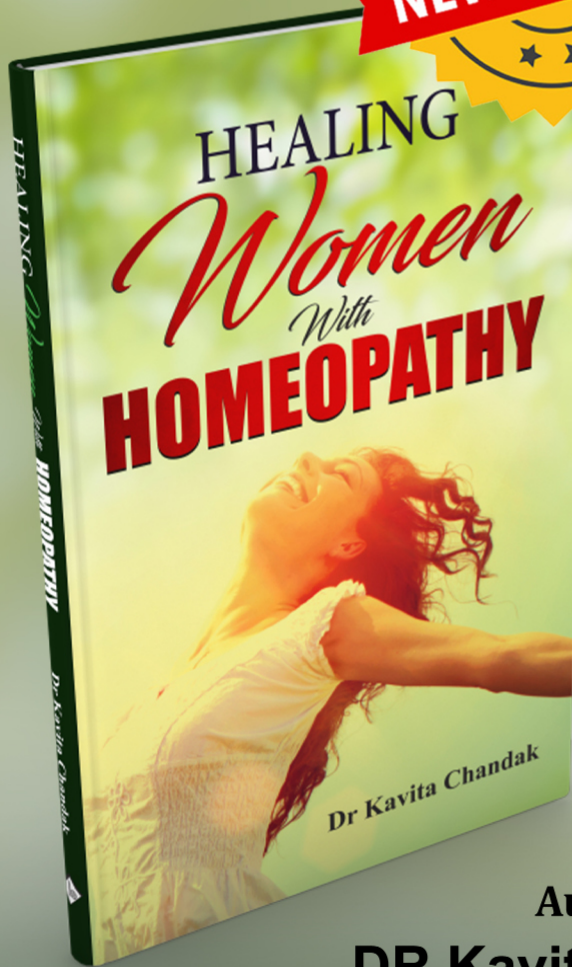
1. Allen H.C.,KEYNOTES AND CHARACTERISTICS WITH COMPARISONS and BOWEL NOSODES,Reprint edition ,Jain Publishers, (P), Ltd., New Delhi (2006)
2. Durand M, Joseph Ml, Baker AS, et al. Harrison's principles of internal medicine, Vol.1, 14th Edn., MC Graw Hill, 1998;pp 179-181
3. Behrman R., NELSON TEXT BOOK OF PEDIATRICS, 17th Edition, ELSEVIER (2004)
4. Bhargava K.B.,ASHORT TEXTBOOK OF E.N.T.DISEASES , Seventh edition, Mumbai (2005).
5. Williams JW Jr, Aguilar C, Makela M, Cornell J, Holleman DR, Chiquette E, Simel DL ;Antibiotics for acute maxillary sinusitis (Review); Cochrane Database Syst Rev. 2000;(2):CD000243
6. Boericke W, HOMOEOPATHIC MATERIA MEDICA AND REPERTORY, B. Jain Publishers (p) ltd., New Delhi, P. 885.
7. Boger C.M., M.D., BOENNINGHAUSEN'S CHARACTERISTIC MATERIA MEDICA AND REPERTORY , B. Jain Publishers (p) ltd., New Delhi, P. 755.
8. Close S, THE GENIUS OF HOMOEOPATHY, Reprint Edition, B. Jain Publishers (Pvt.) Ltd., New Delhi 2003.
9. Dhingra PL, DISEASES OF EAR,NOSE and THROAT, Fifth edition, A division of Reed Elsevier India Ltd, (2012)
10. Ghai O.P, ESSENTIAL PAEDIATRICS. – 6th edition
11. Hering C., THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA, Vol. I and II, B. Jain Publishers, (P), Ltd., New Delhi (2005).
12. Kent J.T., REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA, B. Jain publishers (p) ltd., New Delhi, P. 835.
13. Kent JT , LECTURES ON HOMOEOPATHIC MATERIA MEDICA, B. Jain Publishers, (P), Ltd., New Delhi (2006).
14. Mackay IS., RHINOLOGY, Sixth edition, Reed Education and Professional Publishing Ltd (1997).
15. Maqbool M,TEXTBOOKOF EAR,NOSE AND THROAT DISEASES, Eighth edition,Jaypee Brothers Medical Publishers(P) Ltd,(1998)
16. Raue C.S, DISEASES OF CHILDREN, Second edition, B. Jain Publishers (p) Ltd., New Delhi (2000).
17. Roberts HA., THE PRINCIPLES AND ART OF CURE BY HOMOEOPATHY, B. Jain publishers (p) Ltd., New Delhi (2004).
18. Sarkar B.K. ORGANON OF MEDICINE, 9th revised edition Birla Publications, New Delhi, (2003- 04)
19. Singh I, HUMAN EMBRYOLOGY, Sixth edition, Macmilan India Ltd., NewDelhi (1998)
20. Singh M. PEDIATRIC CLINICAL METHODS, 3rd edition (2006)
21. Allen TF, ENCYCLOPEDIA OF PURE MATERIA MEDICA, Vol. VII, B. Jain Publishers, (P), Ltd., New Delhi (2001).
22. Tyler M.L., HOMOEOPATHIC DRUG PICTURES, First Indian edition ,Jain Publishers, (P), Ltd., New Delhi (1980)

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Scope of homoeopathy in auto-immune disorders

By Dr Anushree Gupta, Dr Devika Chaturvedi

ABSTRACT

Autoimmunity refers to an immune reaction that is directed against an individual's own tissue that may cause tissue damage and cause disease. It can also cause abnormal organ growth and changes in organ function. There are as many as 80 types of autoimmune diseases. Many of them have similar symptoms, which makes them very difficult to diagnose. It's also possible to have more than one at the same time. Autoimmune diseases usually fluctuate between periods of remission (little or no symptoms) and flare-ups (worsening symptoms). Autoimmune diseases often run in families, and 75 percent of those affected are women.

Keywords: Autoimmunity, homoeopathy, auto-antigens, lymphocytes, autoantibody, psychological stress, mis-asm.

Introduction

Autoimmune disorders are one of the leading cause of death among young and middle aged persons. Prevalence rates range from less than 5 per 100,000 to more than 500 per 100,000.¹ The term autoimmunity refers to the failure of the human body's immune system to recognize its cells and tissues as "self." In contrast, humoral and cell-mediated immune responses by B lymphocytes and T lymphocytes, respectively, are launched against the normal components of an individual (autoantigens) as if they were foreign or invading bodies.²

Autoimmune diseases develop when the auto-reactive B lymphocytes (autoantibodies) and T lymphocytes cause pathological and/or functional damage to the tissue containing the target autoantigen(s). Thus, in autoimmune diseases, the auto-reactive lymphocytes are the actual cause of the disease rather than a harmless accompaniment.

UNFOLDING AUTOIMMUNE DISEASES Although the exact causes of autoimmune diseases are unknown. However, three factors are at play in the pathogenesis of autoimmune diseases: **genes**, **immune system**, and the **environment** where the patient lives.

i)The genes confer what is called "predisposition" or genetic susceptibility.

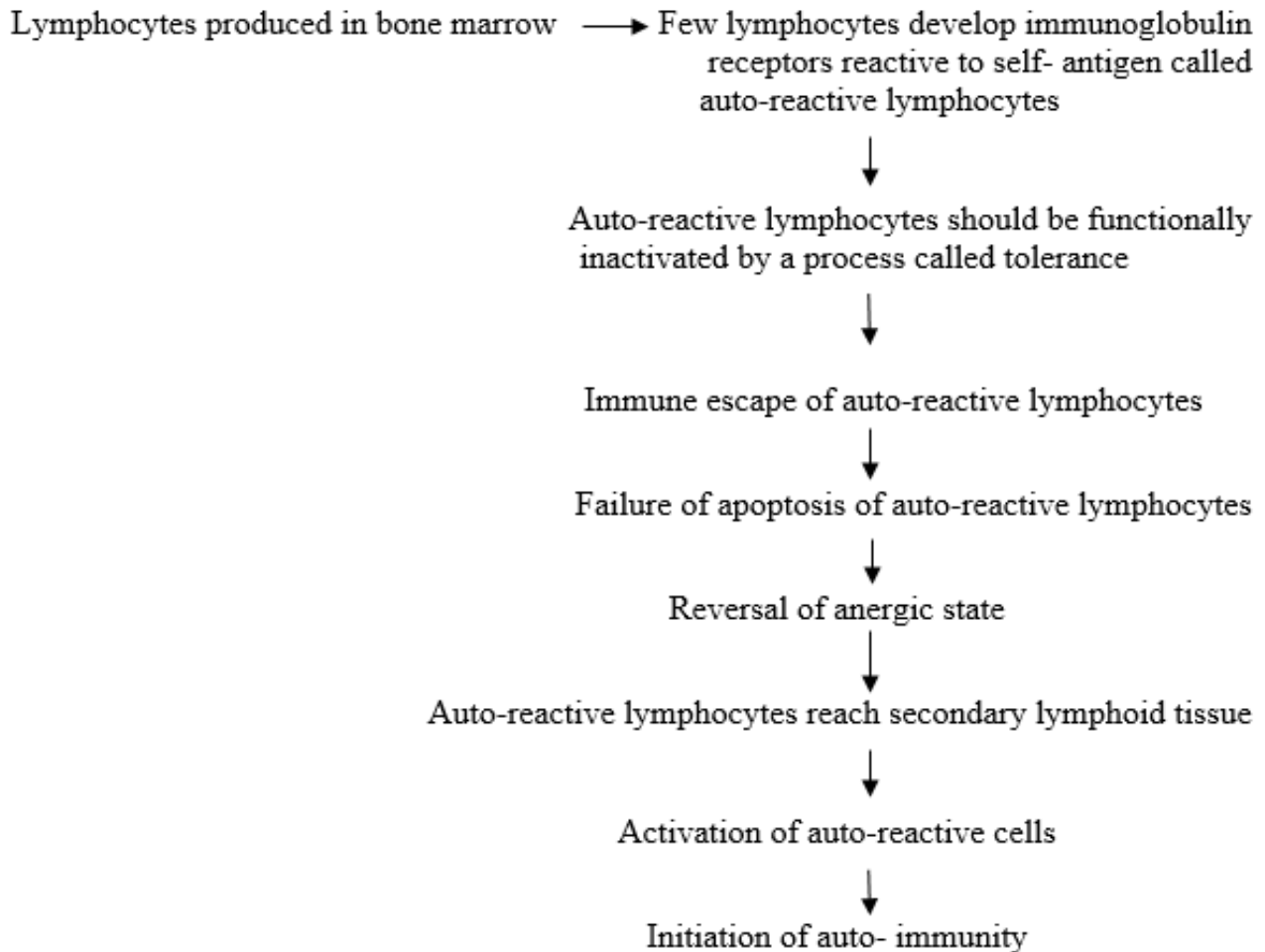
ii) The immune system becomes deregulated and provides the tools for executing the pathological damage.

iii)The environment delivers the triggers that may make the autoimmune disease clinically apparent.

I) AN UNDENIABLE ROLE FOR THE GENES

Autoimmune diseases tend to occur in the same family (the so-called "familial aggregation)". Similarly, the concordance rate of a given autoimmune disease in identical twins (typically between 25% and 50%) is about 10 times higher than that in fraternal twins (typically between 2% and 8%). These observations indicate that autoimmune diseases are strongly influenced by the patient's genes. Autoimmune diseases, for the majority of cases, do not fit any simple pattern of inheritance; they are thus considered multifactorial diseases.³

II) IMMUNE SYSTEM ²



III) ROLE OF THE ENVIRONMENT ³

Some environmental factors that have been implicated with autoimmunity are:

- infections (usually viral)
- dietary components (feeding infants with cow’s milk instead of mother’s milk, gluten, lack of vitamin D, increased ingestion of iodine)
- pollutants (chemicals like polychlorinated biphenyls)
- drugs (such as streptozotocin, a form of chemotherapy)
- stress

PSYCHOLOGICAL STRESS AS A TRIGGER OF AUTOIMMUNE DISEASE

It is well known that the psychological distress leads to deleterious effects on immune and neuro-endocrine functioning. Psycho-neuro-immunology is a term coined by Ader and Nicholas Cohen which studies about the interactions among behaviours, neural and endocrine and immune processes. It suggest that Psychological distress can

impact health both indirectly, through health behaviours or directly through alterations in the central and autonomic nervous, immune, endocrine and cardiovascular systems. Some studies are published to support the above:

In a study published in 2007, it was presumed that the stress-triggered neuro-endocrine hormones lead to immune dysregulation, which ultimately results in autoimmune disease, by altering or amplifying cytokine production. The treatment of autoimmune disease should thus include stress management and behavioural intervention to prevent stress-related immune imbalance.⁴

In a study published in 2009 on Cumulative Childhood Stress and Autoimmune Diseases in Adults it was concluded that Childhood traumatic stress increased the likelihood of hospitalization with a diagnosed autoimmune disease decades into adulthood. These findings are consistent with recent biological studies on the impact of early life stress on subsequent inflammatory responses.⁵

In an article published by Steven Reinberg, on June 19, 2018 -- Trauma or intense stress may up your odds of developing an autoimmune disease. Comparing more than 106,000 people who had stress disorders with more than 1 million people without them, researchers found that stress was tied to a 36 percent greater risk of developing autoimmune diseases. "Patients suffering from severe emotional reactions after trauma or other life stresses should seek medical treatment due to the risk of chronicity of these symptoms and thereby further health decline, such as the increased risk of autoimmune disease," said lead researcher.⁶

In most patients with autoimmune illness, it is found that there was significant stress in childhood and, more importantly, an inability to adequately act out, express and externalize the stress, in other words, inadequate catharsis of the feeling.

MIASMATIC ASSESSMENT

Aphorism 5 of Organon of Medicine says as-
"Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration."

Dr. Hahnemann considers three miasms as the fundamental cause of diseases. They are :PSORA, SYCOSIS AND SYPHILIS which are equivalent to functional changes, the state of overgrowth and destruction respectively.⁷

PSORA:⁸

In almost all autoimmune disorders, in the initial phase, the functional zone is affected which is characterized by symptoms, sensations, pains etc. with no obvious structural changes. This functional phase can last for months or even for few years. It mimics the psoric phase in which there are no organic changes; the quality of life is maintained at large but the psoric miasm sets the platform for structural changes. Due to aberrant structural changes the diagnosis of disease at this stage is very difficult. Vitiligo cases with no any subjective symptoms or any correlation with autoimmune pathogenesis, (especially when there are only small spots of vitiligo) are psoric in nature.

SYCOSIS:

The problems of the immunity as to the surveillance, for the recognition of self-cells and confusion as to the identity are indicative of sycotic miasm. It is due to sycotic miasmatic activity that the reasoning faculty of discrimination is affected. Confusion has a big role to play in autoimmune disorders and hence sycotic miasmatic dominance is seen as large. The problem of recognition of self and non-self is developed at this level. As sycosis is the miasm overgrowth and proliferation the tissue changes begin under its influence. So you get a well delineated entity of a specific autoimmune disease with the investigations confirming the nosological diagnosis of the disease.

Slow development of the disease process and gradual shrinking of the physiological functions of the affected organs tell upon the economy in terms of the quality of life. Indolence, fatigue, sluggishness and weakness characterize Sycosis.

Example: In cases of rheumatoid arthritis, with slow and gradual development with class I (no restriction of ability to perform normal activities) and class II (moderate restriction but adequate for normal activities), with no sclerosis in the joint indicate the sycotic miasm.

SYPHILIS:

Syphilis when left alone ceases with the termination of life. It leads towards destruction and if unaided, irreversible changes occur in the tissues, organs and systems. The worst fear for any patient of autoimmune

disorder is to land in the zone of destruction. It is the duty of a homeopathic physician to see that the destruction is halted in acute or chronic cases of ADs. It is necessary to identify if the diseases have started from the stage of destruction or have progressed slowly to this stage.

Example:

1. Systemic lupus erythematosus, characterized by inflammation of different organs associated with the production of antibodies reactive with nuclear, cytoplasmic and cell membrane antigens which attacks deoxyribonucleic acid (DNA), causing widespread destruction in vital organs viz. kidneys, heart, lungs, skin etc. indicates syphilitic miasm.

2. Class III of rheumatoid arthritis (marked restriction, inability to perform most duties of usual occupation or self-care) and class IV (incapacitation or confinement to a bed or wheel-chair), with changes of sclerosis indicate the syphilitic miasm.

TREATMENT:

- **Conventional treatment-** Autoimmune diseases are treated with immuno-suppressive chemical drugs and they have huge side-effects. Immuno-suppressive drugs should not be stopped abruptly and careful monitoring is necessary for the entire management.
- **Homoeopathy treatment-** Homoeopathy is a method of treatment which considers every individuality as a whole and not as a combination of many organ systems. Every individual is a trio of mind, body and soul and any psychical dynamic influence can produce corporeal disharmony. The homoeopathic case taking involves knowing an individual as a personality and each life event is interrogated in every aspects of their influence. It explores the inter-personal relationship of the patient. The journey of life since childhood to current state is considered for treatment. It elicits the thorough history of the patient to know the life experiences and how they have affected the person as a whole. The search of the homeopathic physician should be to define what lead to the development of autoimmunity and on the basis of this interrogation a complete totality of the disease is formulated to prescribe on the basis of symptom similarity of the patient as a whole.

REPERTORIAL PERSPECTIVE OF AUTOIMMUNE DISORDERS

In Italics

Concept Of Miasm Before Hahnemann

PART 1



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In the previous issue we discussed that living beings were born with an innate constitution, and a disturbance in this constitution developed due to environmental causes and various infections leading to an onset of sickness. These disturbances in the constitution of the human being were studied through different viewpoints by several stalwarts before Hahnemann.

During the ancient period, Hippocrates brought forward the culture of examining constitution and temperament into art of healing more than 2500 years ago. He taught that all diseases are constitutional in their foundation. He carefully investigated the physical constitution of many patients and its relationship with the temperament while noting the effects of stress and various pathogens on his patients. He called these constitutions as the choleric, sanguine, phlegmatic and melancholic types. These are also called as humours. A humour in the classical context is defined as a fluid of the animal body. There are four major fluids are bilious (bile), pituitous (clear fluids), sanguineous (red blood) and atrabilious (black bile) humours. Each one of has a peculiar mood, atmosphere and quality apart from their own physical structure.

The essential qualities of these constitutions

continued on page.....101

Following are some rubrics of Synthesis repertory⁹ which can be considered while case taking of autoimmune disorders. However, a thorough case history and consequent selection of appropriate rubrics is must for individualization.

- Mind; confusion of mind; identity, as to his (31)
- Mind; antagonism with herself (26)
- Mind; destructiveness (106)
- Mind; destructiveness; emotions from suppressed
- Mind; mutilating his body (41)
- Mind; self-torture (8)
- Mind; suicidal disposition (214)
- Mind; confusion of mind (697)
- Mind; confusion of mind; emotions, about
- Mind; confusion of mind; identity, as to his (131)
- Mind; confusion of mind; identity, as to his; boundaries, and personal (5)
- Mind; confusion of mind; identity, as to his; depersonalization(11)
- Mind; confusion of mind; identity, as to his; own, as if not his (6)
- Mind; killed; desire to be
- Mind; mistakes, making; perception, of (11)
- Mind; meaninglessness; feeling of
- Mind; handle things anymore, cannot
- Mind; self-control; loss of (23)
- Mind; self-deception
- Mind;self-destructive
- Mind; senses; confused (91)
- Generals; auto-immune diseases:
- Generals- AIDS
- Generals- COLLAGEN diseases

CONCLUSION:

Auto immune diseases are one of the major medical challenges in new millennium. List of autoimmune diseases is stretching day by day and it touches almost all tissues and cells of human body. No cell of body is spared by its devastating effect. Auto-immune diseases are a great candidate for homeopathic remedies, as our medicines work gently to get the immune system back on track permanently. Homeopathy doesn't consider a disease as specific and provide same treatment for all instead it considers every individual as separate identity and identifies the remedy necessary for the presenting condition of the individual and not the disease. Miasm of each disease shall be

assessed by the interpretation of pathology and symptomatology.

So, all auto immune diseases need a constitutional treatment for their cure and only Homoeopathy can offer the treatment which is gentle and permanent in such diseases.

REFERENCES:

1. Cooper GS, Stroehla BC. The epidemiology of autoimmune diseases. *Autoimmun Rev.* 2003 May;2(3):119-25. doi: 10.1016/s1568-9972(03)00006-5. PMID: 12848952. Retrieved on November 13,2022 from <https://pubmed.ncbi.nlm.nih.gov/12848952/>
2. Paharia P. What is Autoimmunity?. *News-Medical.* (2022, August 31). Retrieved on November 13, 2022 from <https://www.news-medical.net/health/What-is-Autoimmunity.aspx>.
3. Autoimmunity Basics. *Disease Development.*John Hopkins Medicine. 2022. Retrieved on November 13, 2022 from <https://pathology.jhu.edu/autoimmune/development>
4. Stojanovich L, Marisavljevic D. Stress as a trigger of autoimmune disease. *Autoimmun Rev.* 2008 Jan;7(3):209-13. doi: 10.1016/j.autrev.2007.11.007. Epub 2007 Nov 29. PMID: 18190880.
5. Dube SR, Fairweather D, Pearson WS, Felitti VJ, Anda RF, Croft JB. Cumulative childhood stress and autoimmune diseases in adults. *Psychosom Med.* 2009 Feb;71(2):243-50. doi: 10.1097/PSY.0b013e3181907888. Epub 2009 Feb 2. PMID: 19188532; PMCID: PMC3318917.
6. Reinberg S. Severe Stress May Send Immune System Into Overdrive. *Journal of American Medical Association.*2010 Jun. Retrieved on November 13, 2022 from <https://www.webmd.com/balance/stress-management/news/20180619/severe-stress-may-send-immune-system-into-overdrive>
7. Hahnemann S.Aphorism 5.Organon of Medicine.5th ed.B.Jain Publishers Ltd.2014
8. Kulkarni A. The Mosaic of Auto-immune Disorders in the Eyes of a Homoeopath.Homoeopathy Papers.Hpathy.2017 Oct. Retrieved on November 13, 2022 from <https://hpathy.com/homeopathy-papers/the-mosaic-of-auto-immune-disorders-in-the-eyes-of-a-homeopath/>
9. Schroyens F.Synthesis Repertorium Homoeopathicum Syntheticum.9.1 ed.B.Jain Publishers Ltd.2008

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Effectiveness of centesimal vs. 50-millesimal potencies of homoeopathic medicines in the treatment of moderate depression

By Dr Siddhartha Sankar Mohapatra, Dr Chaturbhuj Nayak

ABSTRACT

Background: Depression is the leading cause of disability in the world. It can lead to emotional and physical problems. Typically, people with depression find it hard to perform their day-to-day activities and may also feel that life is not worth living. Homoeopathy treats the patient suffering from depression as a whole. Although there have been research studies on management of depression in Homoeopathy, yet the most effective scale of potency in case of moderate depression has not been well documented. Hence, this study was undertaken to ascertain whether Centesimal or 50-millesimal scale of potency is more effective in the treatment of cases of moderate depression.

Methodology: It was a prospective, non-randomized, single blind, comparative trial. Total 60 patients were enrolled in the study and were divided into two groups: Group-I (30 patients) received medicines in Centesimal potencies and Group-II (30 patients) 50-millesimal potencies. The patients were first evaluated for moderate depression basing on Hamilton Depression Rating (HAM-D) scale and 30 patients were included in each group. Medicines were selected by repertorisation, with the help of Materia Medica. Follow up of each patient was done to assess the outcome. To determine the outcome of treatment, status of each patient was categorized under 'marked', 'moderate', 'mild', 'no significant improvement', 'no improvement' and 'worse' basing on HAM-D scores.

Results: To assess the effects of treatment, the depression level scores of both groups were determined by HAM-D scale and compared by applying Paired t test. From the analysis of data of both groups, it was observed that mean score in centesimal group was lower than that of 50-millesimal group, i.e. improvement status was relatively better in Centesimal scale group. Moreover, the changes were statistically significant in both the groups, but the difference between two groups was statistically not significant.

Conclusion: The findings of the study reveal that both Centesimal and 50-millesimal potencies are effective in the treatment of depression.

Keywords: depression, homoeopathy, Hamilton depression rating (HAM-D) scale, centesimal potencies, 50-millesimal potencies

Abbreviations: World Health Organization (WHO), Hamilton depression rating (HAM-D) scale

Introduction

As per World Health Organization (WHO), depressive disorders are characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feeling of tiredness, and poor concentration. Depression can be long lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with

daily life. When severe, depression can lead to suicide. Depressive disorders include two main sub-categories: (1) major depressive disorder / depressive episode, which manifests symptoms such as depressed mood, loss of interest and enjoyment, and decreased energy; depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe; and (2) dysthymia, a persistent

or chronic form of mild depression; the symptoms of dysthymia are similar to depressive episode, but tend to be less intense and last longer. [1]

The proportion of the global population with depression in 2015 is estimated to be 4.4%. Depression is more common among females (5.1%) than males (3.6%). Prevalence rates of depression vary by age, peaking in older adulthood (above 7.5% among females aged 55-74 years, and above 5.5% among males). Depression also occurs in children and adolescents below the age of 15 years, but at a lower level than older age groups. The total number of people living with depression in the world is about 322 million. The total estimated number of people living with depression increased by 18.4% between 2005 and 2015; this reflects the overall growth of the global population, as well as a proportionate increase in the age groups at which depression is more prevalent. [1]

In 2017, 197.3 million people had mental disorders in India, including 45.7 million with depressive disorders. In 2017, depressive disorders contributed (33.8%) of the total mental disorders [2]

Depression is often undiagnosed and even more frequently, it is treated inadequately. In conventional medicine, the objective of treatment is to decrease frequency of panic attacks and reduce intensity not depression. But in Homoeopathy, the patient suffering from depression is treated and not the disease. The goal is not to palliate, rather to cure the patient's suffering from depression permanently.

P. Oberai *et al.* conducted a study on homoeopathic management of depressive episodes, under Central Council for Research in Homoeopathy, New Delhi and found that homoeopathic medicines were useful in depressive neurosis. [3] But which scale of potency was more effective was not documented in their study.

U.C Adler and his team had conducted a study to investigate the non-inferiority and tolerability of individualized homoeopathic medicines in Quinquagintamillesimal (Q-potencies), in acute depression, using fluoxetine as active control. The study illustrated the feasibility of randomized, controlled, double-blind trials of homoeopathy in depression and indicated the non-inferiority of individualized homoeopathic Q-potencies as compared to fluoxetine in the treatment of outpatients with moderate to severe depression. [4]

There have been a few research studies on depression in Homoeopathy, but which scale of potencies is more effective in the treatment of moderate depression is not yet documented. Hence, the present research was done with the objective to evaluate the effectiveness of

homoeopathic medicines in Centesimal scale potencies vis-à-vis 50-millesimal scale potencies in the treatment of moderate depression, by using Hamilton Depression Rating (HAM-D) scale.

MATERIALS AND METHODS: The study was a prospective, non-randomized, single blind, comparative clinical trial. The patients were enrolled from the following centers for the research work: (1). NAC Homoeopathic Dispensary, Khariar, Dist-Nuapada, Odisha, (2). Centre for Homoeopathic Research in Depression (CHRD) of Society for Rural Health Services and Research, Khariar, Dist-Nuapada, Odisha. The duration of the study was two years, from 1st April 2014 to 31st March 2016. The enrollment period was from 1st April 2014 to 30th Sept 2015 (1 year and 6 months) and follow-up for 6 months.

Out of 356 screened patients suffering from depression, 60 patients with moderate depression (having 14 to 18 score as per HAM-D scale) were selected for the study. According to HAM-D scale, 'depression' is classified as follows: score 0 - 7 = Normal; score 8 - 13 = Mild Depression; score 14 - 18 = Moderate Depression; score 19 - 22 = Severe Depression; score > 23 = Very Severe Depression. [5] All the 60 patients were selected basing upon the following inclusion/exclusion criteria after obtaining their voluntary written consent.

Inclusion criteria

1. Cases having moderate depression as per HAM-D scale (score: 14-18)
2. Patients of age group 10- 60 years and of both sexes
3. Patients or patients' attendants who gave written consent for the study

Exclusion criteria

1. Patients with mild and severe depressive disorders
2. Patients with organic heart, kidney diseases or in critical condition
3. Patients with other co-morbid psychiatric conditions
4. Patients who had h/o of repeated attempts of committing suicide
5. Patients who were under any active medication for depression

The selected 60 patients were then divided into two groups, each group having 30 patients. Group I patients were prescribed with homoeopathic medicines in Centesimal potencies (30C or 200C) and Group II patients were prescribed with homoeopathic medicines in 50-millesimal potencies (0/1 to 0/30).

Diagnostic criteria: Diagnosis of patients was done basing upon the clinical signs and symptoms of moderate

depression, and according to HAM-D scale, the patients who scored 14 to 18 points.

Treatment Plan: Intervention: Selection of the medicine, potency, dose and repetition schedule were determined on the basis of need of each patient following homoeopathic principles. The medicines were selected on the basis of repertorisation (Kent's/ Complete repertory) by the help of Hompath software version 8.0 and in consultation with Materia Medica. Group-I(Centesimal scale): A single dose of 5 pills (size no. 30) of the selected medicine (30C or 200C) was given to each patient to be taken on empty stomach, followed by placebo, thrice a day, from the next day onwards for one month. Group-II (50-millesimal scale): five globules (No.10) of the selected medicine were dissolved in 30ml distilled water phial, 5 drops of rectified spirit were added, followed by 10 succussions to the bottle and 1/8th of the medicated solution (one dose) was given to the patient; from 0/1 to 0/10 potencies once daily, 0/11 to 0/20 potencies on alternate days and 0/21 to 0/30 potencies at 3 days' interval.

Follow-up: The patients were followed up for six months. On the basis of their response to the first prescription, they were given either medicines or placebo, following homoeopathic principles. All efforts were made to ensure compliance of instructions and adherence to the prescribed therapeutic schedule. The patients who became worse during the treatment (from moderate to severe depression) were referred for conventional treatment.

Statistical techniques: The mean baseline scores as per HAM-D scale were compared with the mean scores at the end, using *paired t-test*. A *two tailed alpha* of less than 0.5 ($p < 0.5$) was considered statistically significant. However, the improvements of the individual symptoms on the HAM-D scale were also analyzed as: reduction in score was considered as improved, increase in score as

worse and no change in score as static. *Paired t test* was used to compare HAM-D scale score before and after treatment in each group to see the effect of homoeopathic therapy in the treatment of moderate depression. Also, '*Independent t*' test was used to compare HAM-D scale score between the two groups to see the difference after treatment. For statistical analysis, SPSS software version 20.0 was used.

Ethical clearance-The ethical clearance was obtained from the Institutional Ethics Committee of Homoeopathy University, Jaipur, Rajasthan prior to conducting the study. All the patients/their attendants were given information about the research study through 'Patients information sheet'. The patients (or their attendants on behalf of the patients) who gave their voluntary written consent to participate as per the format, were enrolled in the study.

OBSERVATIONS AND RESULTS: The incidence of moderate depression was high in the age group of 21 to 30 years (n=22, 36.67%); 16 patients (26.67%) were between 31 to 40 years; 6 patients (10%) between 41 to 50 years and 6 patients (10%) between 51 to 60 years. The female patients were found more in comparison to male patients in the study population, i.e. 36 females (60%) and 24 (40%) males.

The causative/aggravating factors observed in this study are shown in the Figure 1. The highest incidence of moderate depression was 'emotional setback' seen in 43 patients (71.7%), 'hereditary factor' in 20 patients (33.3%), 'death of family members' in 18 patients (30%) while 'financial loss' in 18 patients (30%), 'separation from family' in 15 patients (25%), 'nervous temperament' was seen in 48 patients (80%), 'traumatic factor' in 14 patients (23.3%) and 'change of environmental factor' in 12 patients (20%).

Figure-1 Aggravating/causative factors

Table 1: Comparison of symptoms of depression before/after treatment according to HAM-D scale between two groups

Symptoms of depression according to HAM-D scale	Group-I			Group-II		
	No. of patients before treatment	No. of patients improved after treatment	Improvement (%)	No. of patients before treatment	No. of patients improved after treatment	Improvement (%)
Depressed mood	25	20	80	25	18	72
Feeling of guilt	22	20	90.9	23	17	73.9
Suicide attempts	8	8	100.0	7	7	100.0

Insomnia (initial)	15	15	100.0	15	14	93.3
Insomnia (middle)	10	9	90.0	9	9	100.0
Insomnia (delayed)	5	3	60.0	6	2	33.3
No interest in work	27	25	92.6	26	21	80.8
Anxiety (psychic)	20	16	80.0	20	15	75.0
Anxiety (somatic)	10	8	80.0	10	6	60.0
Somatic symptoms (General)	22	20	90.9	24	17	70.8
Genital symptoms	10	6	60.0	8	4	50.0
Weight loss	15	10	66.7	15	10	66.7
Obsessive compulsive disorder(OCD)	8	8	100.0	10	8	80.0

The improvement status of individual symptoms/signs of moderate depression is given in the above table (Table 1). All patients having 'suicidal attempts', 'insomnia initial' and 'OCD' in Group – I, whereas all patients with 'suicidal attempts' and 'insomnia middle' in Group II improved after treatment.

Table 2: Improvement status of two groups of patients after treatment

Parameters	Improvement status	No. of patients improved Group-I (n=30)	%	No. of patients improved Group-II (n=30)	%
75% & above	Marked	9	30%	2	6.66%
50% to less than 75%	Moderate	6	20%	12	40%
25% to less than 50%	Mild	6	20%	6	20%
1% to less than 25%	Not significant	4	13.33%	3	10%
0	No improvement	0	0	2	6.66%
Negative	Worse	5	16.66%%	5	16.66%%

In the above table (Table 2), improvement status of patients is given.

Table 3: HAM-D scale scoring of two groups before treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	C e n - t e s i m a l	5 0 - m i l - l e s i m a l		Lower	Upper			
S c o r e	16.20	16.03	0.167	- 0.570	0.903	0.453	58	0.652

In order to test the matching between the score of Group-I (Centesimal scale) and Group-II (50-millesimal scale) of patients with moderate depression before treatment, independent t test was applied. The results presented in Table-3 show that the value of significance level is 0.652 which is greater than 0.05. Hence, we accept the null hypothesis, i.e. there is no statistically significant difference between the average depression score of the two groups before treatment.

Table 4: HAM-D scale scoring of Group-I (Centesimal scale)cases before and after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the Difference		T	df	Sig.(2-tailed)
	Before	After		Lower	Upper			
Score (before – after)	16.20	9.03	7.167	5.043	9.291	6.901	29	.000

Table 5: HAM-D scale scoring of Group-II (50-millesimal scale) cases before and after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	Before	After		Lower	Upper			
Score (before – after)	16.03	10.20	5.833	3.730	7.937	5.672	29	.000

To analyze the changes in the scores of depression level, paired t test was applied which helped to compare depression scores in both Centesimal group and 50-millesimal group (Table 4 & 5). The average scores reduced from 16.20 to 9.03 in Centesimal group (Group-I), and from 16.03 to 10.20 in 50-millesimal group (Group-II). Although the change was relatively greater in Group-I (Centesimal scale), yet the change was statistically significant in both groups.

Table 6: HAM-D scale scoring of Centesimal and 50-millesimal groups after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	Centesimal	50-millesimal		Lower	Upper			
Score (Centesimal – 50-millesimal)	9.03	10.20	-1.167	-4.226	1.892	-0.763	58	0.448

The depression level scores of Centesimal and 50-millesimal groups were compared after the treatment to assess the effect of treatment. The results presented in Table- 6 show that the mean scores in Centesimal group (M=9.03, SD=5.962) were lower than the mean scores of 50-millesimal group (M=10.20, SD=5.88). However, the difference was statistically not significant. Hence, we accept the null hypothesis that there is no statistically significant difference between Centesimal and 50-millesimal interventions in the treatment of patients suffering from moderate depression.

It was observed that *Sepia* and *Arsenic album* were two prominent medicines prescribed to treat moderate depression. Maximum patients (n= 8) were prescribed *Sepia officinalis* - five patients of Group-I and three patients of Group-II .After administration of *Sepia officinalis* , two patients became normal, two patients became mild and one patient got moderate improvement in Group-I, while in Group-II, one patient became normal, one got mild and one moderate improvement. The second most medicine was *Arsenicum album* prescribed to seven patients, out of whom six patients were treated

by centesimal scale of medicine (Group-I) and one patient was treated by 50-millesimal scale of medicine (Group-II). Three patients became normal, one patient got mild and two patients got moderate improvement in Group-I, while one patient became normal in Group-II after treatment. *Acid phosphoricum*, *Aconitum napellus*, *Argentum metallicum*, *Aurum metallicum*, *Belladonna*, *Bryonia alba*, *Bufo rana*, *Cocculus indicus*, *Conium maculatum*, *Gelsemium sempervirens*, *Ignatia amara*, *Kalium bromatum*, *Natrium muriaticum*, *Opium*, *Platina*, *Plumbum metallicum*, *Pulsatilla pratensis*, *Sulphur*, *Veratrum album* were other medicines prescribed to the patients using either centesimal or 50-millesimal scale of potencies

DISCUSSION:

The present study was conducted with the *objective* to evaluate the comparative effectiveness of homoeopathic medicines in Centesimal scale vis-à-vis 50-millesimal scale in the treatment of moderate depression, by using HAM-D scale. Highest incidence of moderate depression was found in the age group of 21 to 30 years (n=22; 36.6%). This corroborates with the data of WHO in respect of age.^[1] In the present study, females were affected more than male patients, which might be due to more stress (Table-2). WHO study had shown women to be more frequent sufferers of depression. The baseline data of this study are similar to those of WHO findings.^[1]

Family history (heredity) was found as one of the causative factors for depression patients in this study (Fig-1). The *Stanford School of Medicine* says that genes do play a role in causing depression. They found that heredity is a major contributory factor in the risk of developing depression. The observation of our study agrees to the above finding.^[6]

There have been a few research studies done on the homoeopathic treatment of depression. *P. Oberai* et al. had conducted a study on behalf of Central Council for Research in Homoeopathy, New Delhi on the subject "Homoeopathic management in depressive episodes : A prospective, unicentric, non-comparative, open-label observational study" and found that homoeopathic medicines were useful in depressive neurosis.^[3] *U.C Adler* and his team had conducted a study titled "Homoeopathic individualized Q-potencies versus fluoxetine for moderate to severe depression: double-blind, randomized non-inferiority trial" and illustrated the non-inferiority of individualized homoeopathic Q-potencies as compared to fluoxetine in the treatment of outpatients with moderate to severe depression.^[4] According to *L. Makich*, the treatments of mental health disorders, such as depression, grief, anxiety and phobia are significant features of homoeopathic practice.^[7] In

our study, it was also found that clinical symptoms, e.g. depressed mood, anxiety and grief (feeling guilt) were most common symptoms as seen in the above studies. But from the above studies, more effective scale of potencies are not ascertained.

A clinical outcome study of interest involved 14 physicians of the *Faculty of Homeopathy United Kingdom* who treated a wide variety of people with chronic ailments. A total of 63.6% of patients with depression were benefited from homoeopathic treatment.^[8] *Masi*, reported that use of certain Bach flower medicines heal emotional disturbances, such as despondency, despair, and fear. He described two cases of major depression in which Bach flower remedies produced substantial improvement.^[9] *Ullman* has asserted that homoeopathic principles have influenced many psychotherapy practices and suggested some homoeopathic remedies for depression, such as *Arnica montana*, *Kali phosphoricum*, *Sepia officinalis* and *Natrum muriaticum*.^[10] *Medhurst*, in his article, identified the following medicines useful in treating depression: *Arsenicum album*, *Aurum metallicum*, *Graphites*, *Ignatia amara*, *Lycopodium clavatum*, *Natrum muriaticum*, *Nux vomica*, *Phosphoricum acidum*, *Phosphorus*, *Platina metallicum*, *Pulsatilla pratensis*, and *Sepia officinalis*.^[11] In the review of effectiveness of homoeopathic products for treating depression, *Pilkington et al.* found 58% response rate to homoeopathic treatment.^[12] In our study also, it was found *Sepia officinalis*, *Arsenicum album*, *Natrum muriaticum*, *Ignatia amara* are most effective medicines as observed in above studies. But which scale of potency was more effective was not documented in their studies.

Limitation of the study: The limitation of this study was *inadequate sample size* due to the following causes: (a) Lack of awareness among people of rural areas regarding the effectiveness of homoeopathic medicines for the treatment of depression. (b) Myth among the tribal dominated rural areas that depression might be caused by the influences of ghosts. So, many people did not show interest to participate in the study. (c) Location of study center: The study center is situated in a remote tribal area which created problem for communication.

CONCLUSION: This study has shown positive results from homoeopathic medicines for the treatment of moderate depression. Homoeopathic medicines were prescribed in Centesimal and 50-millesimal scales of potencies and their results were compared using HAM-D scale. It is observed from the results that homoeopathic medicines, in both centesimal and 50-millesimal potencies, selected on the basis of individualisations are effective in the treatment of moderate depression. The findings of the present study will add to homoeopathic literature on management of depression and also add to the existing knowledge of homoeopathic professionals. Thereby, the ultimate beneficiaries of this will be the

patients at large who are suffering from moderate depression.

Suggestions for future research: The following suggestions are made for future research:

1. It is suggested to conduct a placebo - controlled trial to study the efficacy of two scales of potencies of homoeopathic medicines.
2. Other assessment scales, i.e. Beck Depression Inventory (BDI) and Clinical Global Impression (CGI) scales should be applied, besides HAM-D scale to assess the outcomes of both the scales.
3. To include patients of mild and severe types of depression and use the above three scales, for outcome assessment.
4. To include larger sample size for better statistical analysis.

References:

1. Depression and Other Common Mental Disorders, Global Health Estimates [document on the internet]. 2017 [cited on 2021 May 27]. Available from: <file:///I:/WHO-MSD-MER-2017.2-eng.pdf>
2. The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017, India State-Level Disease Burden Initiative Mental Disorders Collaborators † The Lancet Psychiatry, Open Access Published:December20,2019. Available from: [https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/10.1016/S2215-0366(19)30475-4)
3. Oberai P, Balachandran I, Janardhanan Nair K R, Sharma A, Singh V P, Singh V, Nayak C. Homoeopathic management in depressive episodes: A prospective, unicentric, non-comparative, open-label observational study. Indian J Res Homoeopathy [serial online] 2013 [cited 2021 Jun 2];7:116-25. Available from: <https://www.ijrh.org/text.asp?2013/7/3/116/119117>
4. Adler U.C, Paiva N.M.P, Cesar A. T. , Adler M. S. "Homeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe

Depression: Double-Blind, Randomized Non-Inferiority Trial", Evidence-Based Complementary and Alternative Medicine, vol. 2011, Article ID 520182, 7 pages, 2011. Available from : <https://doi.org/10.1093/ecam/nep114>

5. Hamilton, M,
 [A rating scale for depression – J Neurol Neurosurg Psychiatry. 1960 Feb; 23\(1\):56-62.doi: 10.1136/jnnp.23.1.56. Available from: https://pubmed.ncbi.nlm.nih.gov/...](https://pubmed.ncbi.nlm.nih.gov/...)
6. On-line magazine. Stanford Education Journal [document on the internet] 2013 [cited on 2014 Dec.30] Available from: [http:// depressioningenics.stanford.edu/mddandgenes.html](http://depressioningenics.stanford.edu/mddandgenes.html)
7. Makich L, Hussain R, Humphries JH. Management of Depression by Homoeopathic Practitioners in Sydney. Australia. Complement Ther Med. 2007; 15(3): p.199-206.
8. Mathie, RT, Robinson, TW. Outcomes from Homeopathic Practice in Medical Practice: A Prospective, Research-Targeted, Pilot Study, Homeopathy. 2006 ; 95:199-205.
9. Masi MP. Bach flower therapy in the treatment of chronic major depressive disorder. Altern Ther Health Med.2003; 9: 112.
10. Ullman D. The homeopathic approach to treating anxiety and depression. Alternative and Complementary Therapies 2008;14:19-22.
11. Medhurst R. Homeopathy for depression. Journal of the Australian Traditional-Medicine Society, 2008 ;14: 225-226.
12. Pilkington K, Kirkwood G, Rampes H, Fisher P. et al. Homeopathy for depression: a systematic review of the research evidence, Homeopathy. 2005; 94: 153-63.

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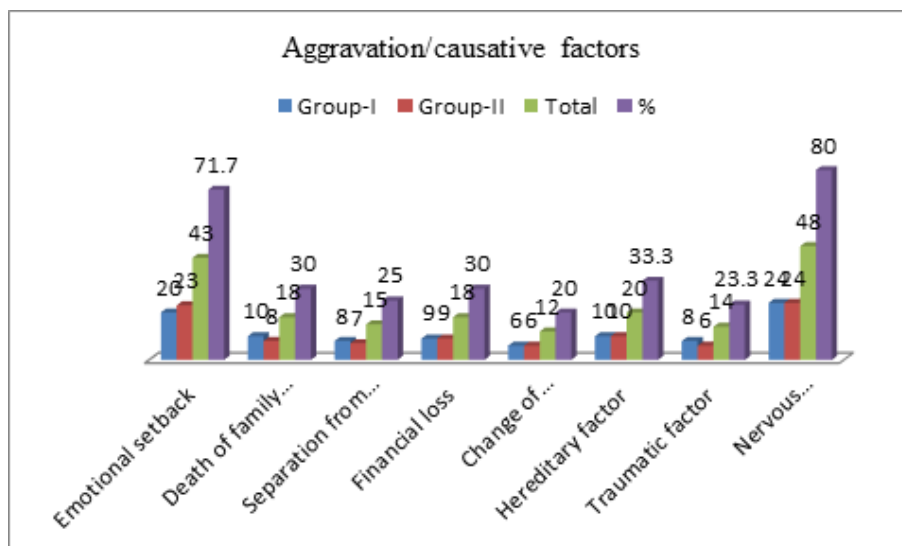




Table 1: Comparison of symptoms of depression before/after treatment according to HAM-D scale between two groups

Symptoms of depression according to HAM-D scale	Group-I			Group-II		
	No. of patients before treatment	No. of patients improved after treatment	Improvement (%)	No. of patients before treatment	No of patients improved after treatment	Improvement (%)
Depressed mood	25	20	80	25	18	72
Feeling of guilt	22	20	90.9	23	17	73.9
Suicide attempts	8	8	100.0	7	7	100.0
Insomnia (initial)	15	15	100.0	15	14	93.3
Insomnia (middle)	10	9	90.0	9	9	100.0
Insomnia (delayed)	5	3	60.0	6	2	33.3
No interest in work	27	25	92.6	26	21	80.8
Anxiety (psychic)	20	16	80.0	20	15	75.0
Anxiety (somatic)	10	8	80.0	10	6	60.0
Somatic symptoms (General)	22	20	90.9	24	17	70.8
Genital symptoms	10	6	60.0	8	4	50.0
Weight loss	15	10	66.7	15	10	66.7
Obsessive compulsive disorder(OCD)	8	8	100.0	10	8	80.0

Table 2: Improvement status of two groups of patients after treatment

Parameters	Improvement status	No. of patients improved		No. of patients improved	
		Group-I (n=30)	%	Group-II (n=30)	%
75% & above	Marked	9	30%	2	6.66%
50% to less than 75%	Moderate	6	20%	12	40%
25% to less than 50%	Mild	6	20%	6	20%
1% to less than 25%	Not significant	4	13.33%	3	10%

0	No improvement	0	0	2	6.66%
Negative	Worse	5	16.66%%	5	16.66%%

Table 3: HAM-D scale scoring of two groups before treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	Centesimal	50-millesimal		Lower	Upper			
Score	16.20	16.03	0.167	-0.570	0.903	0.453	58	0.652

Table 4: HAM-D scale scoring of Group-I (Centesimal scale)cases before and after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the Difference		T	df	Sig.(2-tailed)
	Before	After		Lower	Upper			
Score (before – after)	16.20	9.03	7.167	5.043	9.291	6.901	29	.000

Table 5: HAM-D scale scoring of Group-II (50-millesimal scale) cases before and after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	Before	After		Lower	Upper			
Score (before – after)	16.03	10.20	5.833	3.730	7.937	5.672	29	.000

Table 6: HAM-D scale scoring of Centesimal and 50-millesimal groups after treatment

Particulars	Average score		Mean difference	95% Confidence Interval of the difference		T	df	Sig.(2-tailed)
	Centesimal	50-millesimal		Lower	Upper			
Score (Centesimal – 50-millesimal)	9.03	10.20	-1.167	-4.226	1.892	-0.763	58	0.448

A case report on varicocele treated with homoeopathy

By Dr Ajay Vishwakarma, Dr Nitin Kumar

ABSTRACT

Introduction: This is a case of 30 years male suffering from bilateral varicocele for 1 year. The patient was treated at the personal clinic, when the patient consulted, he was suffering from swelling and pain in scrotum as the main complaint and other complaints like infertility, weakness, eructation, and red sedimentation in urine. Systematic case taking followed by repertorisation of the totality of symptoms was done by Synthesis Repertory using RADAR software in order to choose the individualised remedy where *Arnica montana*^[5], *China officinalis*, *Graphites*, *Carbo vegetabilis* and *Ammonium carbonicum* were shortlisted.

Keywords: Varicocele, infertility, *Arnica montana*^[5]

Introduction

A varicocele is an enlargement of the veins within the loose bag of skin that holds the testicles (scrotum). These veins transport oxygen-depleted blood from the testicles. A varicocele occurs when blood pools in the veins rather than circulating efficiently out of the scrotum.

Varicoceles usually form during puberty and develop over time. They may cause some discomfort or pain, but they often result in no symptoms or complications.

A varicocele may cause poor development of a testicle, low sperm production or other problems that may lead to infertility.^[1]

Symptoms

A varicocele usually occurs on the left side of the scrotum and often produces no signs or symptoms. Possible signs and symptoms may include:

- **Pain.** A dull, aching pain or discomfort is more likely when standing or late in the day. Lying down often relieves pain.
- **Mass in the scrotum.** If a varicocele is large enough, a mass like a “bag of worms” may be visible above the testicle. A smaller varicocele may be too small to see but noticeable by touch.
- **Differently sized testicles.** The affected testicle may be noticeably smaller than the other testicle.
- **Infertility.** A varicocele may lead to difficulty fathering a child, but not all varicoceles cause

infertility.

Causes

The testicles receive oxygen-rich blood from two testicular arteries — one artery for each side of the scrotum. Similarly, there are also two testicular veins that transport oxygen-depleted blood back toward the heart. Within each side of the scrotum, a network of small veins (pampiniform plexus) transports the oxygen-depleted blood from the testicle to the main testicular vein. A varicocele is the enlargement of the pampiniform plexus.

The exact cause of a varicocele is unknown. One contributing factor may be the malfunction of valves inside the veins that are intended to keep blood moving in the right direction. Also, the left testicular vein follows a slightly different path than the right vein — a path that makes a problem with blood flow more likely on the left.

When the oxygen-depleted blood gets backed up in the network of veins, they widen (dilate), creating the varicocele.

Risk factors

There do not appear to be any significant risk factors for developing a varicocele.

Complications

Having a varicocele can make it difficult for your body to regulate the temperature of the testicles. Oxidative stress and the buildup of toxins can result. These factors may contribute to the following complications:

- **Poor testicular health.** For boys going through puberty, a varicocele may inhibit testicle growth, hormone production, and other factors related to the health and function of the testicle. For men, a varicocele may result in gradual shrinkage due to tissue loss.
- **Infertility.** A varicocele doesn't necessarily cause infertility. An estimated 10% to 20% of men diagnosed with a varicocele experience difficulty fathering a child. Among men with fertility problems, about 40% have a

Grading[2]

Grade	Description
Grade 0	Seen on ultrasound, but not physically detectable (also called "subclinical varicocele")
Grade I	Palpable (felt on exam) when the patient is performing the Valsalva manoeuvre ("bearing down")
Grade II	Palpable even without Valsalva
Grade III	Varicocele causing visible deformity of the scrotum

Case study

Personal data

Name: Mr X

Age: 30 yrs.

Sex: Male

Marital status: Married

Address: Dehradun, Uttarakhand

Dated: 20/11/2021

Presenting Complaint

The patient complained of scrotal discomfort, pain and swelling as the main complaints since 1 year. His other complaints were weakness since 1 month, eructation's tasting like of eggs, dark red sedimentation in urine. Mentally he is in grief due to financial loss and his complaints get worse when his wife approaches him.

Physical Generals

- Appetite: Good

- Thirst: Thirsty
- Desire: Acidic drinks, sour
- Aversion: Milk
- Intolerance: Nothing specific
- Bowel: Satisfactory, Regular
- Bladder: Profuse with dark sediments inside
- Sleep: Refreshing
- Perspiration: Profuse, non-offensive, non- staining
- Reaction to heat and cold: Hot

Mental Generals

- Ailments: from prostration of mind
- Dreams: of animals
- Grief from financial loss
- Aversion to being approached
- Irritable

Examination Findings

- Inspection: 1. Swelling is present.
2. Impulse on coughing present.
- Palpation: Bag of worms like consistency
- Valsalva manoeuvre test is positive

Analysis and evaluation of the case

Physical generals	Desire for acidic and sour things	Aversion to milk	Dark red sediments in urine
Mental generals	Ailments from prostration of mind	Grief from financial loss	Aversion to being approached
Particulars	Swelling of scrotum	Aching pain in scrotum	Soreness of scrotum

Provisional diagnosis

Bilateral grade II varicocele^[3]

Totality of symptoms

- Grief from financial loss
- Aversion to being touched
- Ailments from prostration of mind
- Swelling of scrotum
- Aching pain in scrotum
- Soreness of scrotum
- Weakness
- Dark red sedimentation in urine
- Eructation tasting bad eggs like

Rubrics selected^[4]

- Mind – ailments from – prostration of mind
- Mind – approached by person;being-agg.
- Mind – grief – money; from loosing
- Stomach – eructations ; type of – egg; like

- Urine – sediment – red- brick-color-dark
- Male Genitalia/sex - pain – aching
- Male Genitalia/sex - pain – sore – scrotum
- Male Genitalia/sex - scrotum; complaints of
- Male Genitalia/sex - swelling – scrotum
- Generals – weakness- muscular-fatigue; from

Analysis of the case

After analysis and evaluation of the case, the characteristic symptoms were used to form the totality “grief from financial loss and agg. on being approached” were important mental generals in this case. “eructation’s tasting bad eggs like and dark red sediments in urine” were important physical generals in this case. “Pain, soreness and swelling of scrotum were important particulars in this case.

The selection of remedy was based on repertorisation from RADAR 10 software [4] using *Synthesis treasure edition 2009 by Frederick Schroyens* with repertorial result showing top five remedies as *Arnica montana*^[5] (19/10), *China officinalis* (5/4), *Graphites* (5/3), *Carbo vegetabilis* (4/3) and *Ammonium carbonicum* (3/3).

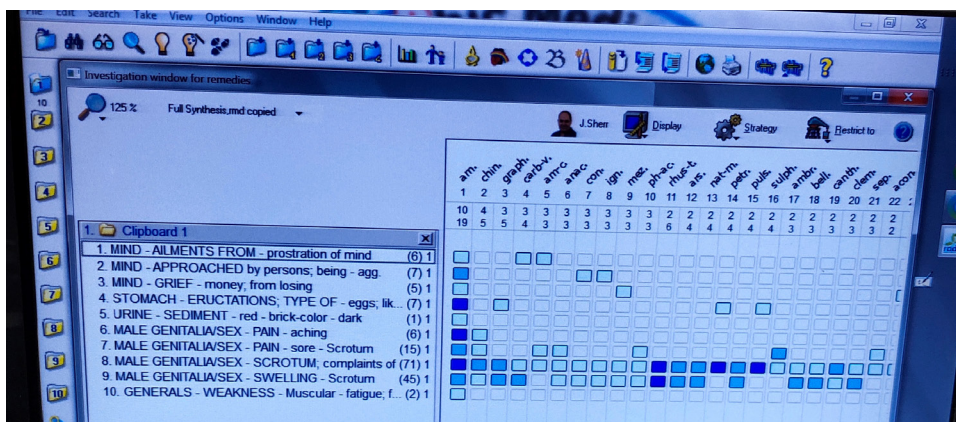


Fig 1. Repertorial Analysis

Prescription

Arnica montana [5] 30/ 7 doses

Basis for prescription

After analysing the repertorial results and with the knowledge of our materia medica, *Arnica montana* 30 / 7 doses were prescribed as *Arnica montana* scored highest mark after repertorisation^[5].

Follow – up

Table 1: Follow up Date wise description of medicine

Date	Symptoms	Medicine
20/11/2021	Patients’ 1 st visit	<i>Arnica montana</i> 30/7doses (“The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints”) (Aphorism 248,280) ^[6]
20/12/2021	Slight improvement in soreness of scrotum	<i>Arnica montana</i> 30/ 7 doses
15/01/2022	Slight improvement in pain of scrotum	Saccharum lactis
25/02/2022	Swelling reduced	<i>Arnica montana</i> 30/ 7 doses
24/03/2022	Pain subsided	Saccharum lactis
22/04/2022	No new complain	Saccharum lactis

BEFORE TREATMENT

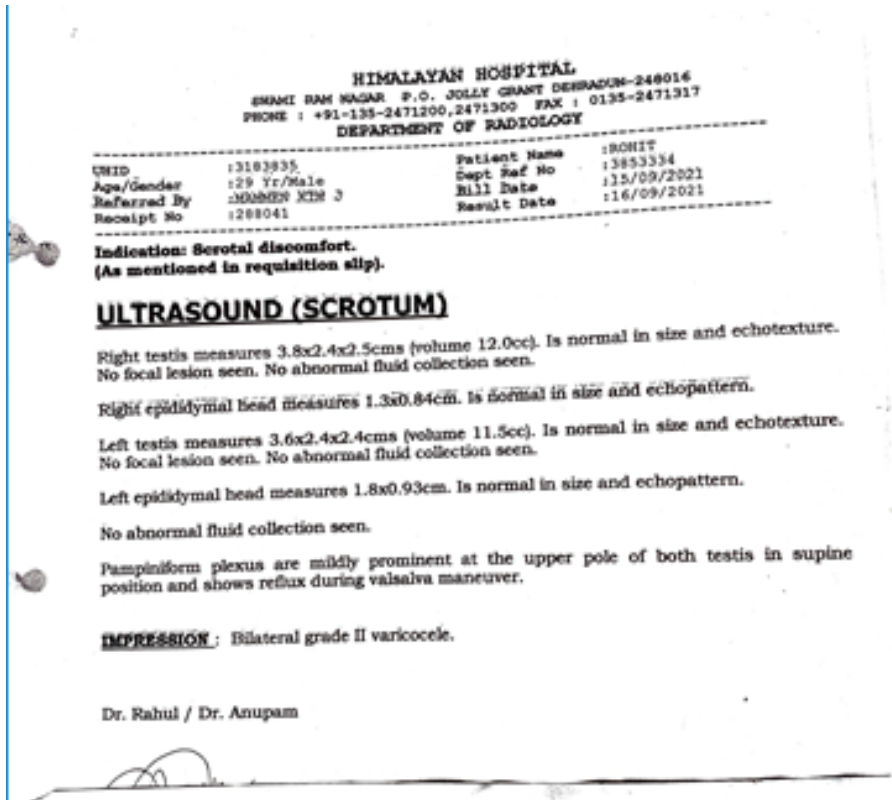
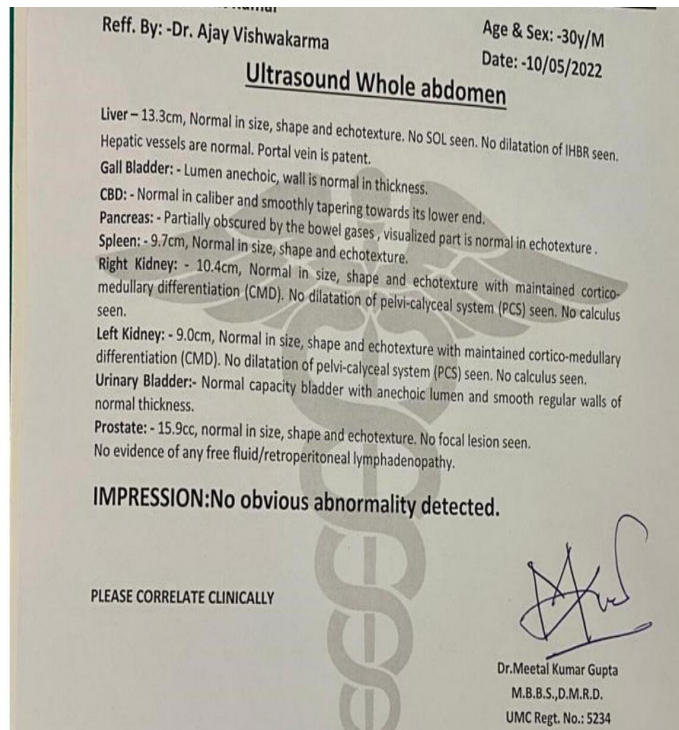


Fig 2: USG report before treatment

AFTER TREATMENT



Discussion and Conclusion

Homoeopathic medicine selected on the basis of homoeopathic principles proved to be very effective in this case of varicocele and shown remarkable results in the treatment. Arnica was selected on the basis of mental generals, physical generals and particulars and keeping in mind the knowledge of Materia Medica and homoeopathic philosophy. Treatment was continued for 6 months. Medicine was given in very few doses which appeared very effective in treatment of the case.

The potency selection was done on the basis of susceptibility of the patient as stated by Dr Close ^[7]

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
2. Age: Medium and higher potency for children.
3. Higher potencies for sensitive, intelligent persons.
4. Higher potencies for person of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal condition even the crude drugs may be required.

He also mentioned, "different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times".

Potency was selected on the basis of susceptibility of the patient and organic condition of the disease, the susceptibility of the patient was low so 30 potency was selected.

This case of Varicocele re-established the strength of homoeopathy and proves the homoeopathic principles and philosophy as stated by Dr Hahnemann. It also elicited that homoeopathy can cure such type of surgical cases in a very few doses in a very short period of time without any aggravation and side effects and can avoid surgery.

Conflicts of interest: None

and temperaments were related to the archetypal elements of the 'panchbhuta' of Ayurveda. Their features are called vata, pitta, kapha.

When microorganisms of diseases, such as, leprosy (psoric), syphilis and gonorrhoea (sycosis), influenced these constitutions and these constitutions were not able to get rid of them; then these infections superimposed on the constitutions of vata, pitta and kapha. When this happens, the person with kapha constitution has manifestation of different symptoms, pitta constitution manifests in different symptoms and vata constitution manifests in different symptoms. When these features are noted in an individualized way, they are similar to psora, syphilis and sycosis.

In Ayurveda, the concept of dosha (namely, vata, pitta, kapha) emphasizes the constitutional deficiencies of a person. Similarly, in homoeopathy also the concept of miasma is the synthetic understanding of constitution in its totality.

During the ancient period, Hippocrates was the first physician to use the term "miasm" which has its origins in the Greek word for taint or fault. He postulated that certain infectious diseases were transmitted to humans by air and water tainted by miasms. This concept of pathology of diseases was founded by Hahnemann much before the understanding of germs was still waiting to be accepted.

Hahnemann used the term miasm for infectious diseases since the beginning in his career. Dr Robert tells in his philosophy that Hahnemann recognized the presence of bacteria and attributed to these animal forms, too minute for the eye to see, many forms of epidemic and acute illness; and this deduction he announced in 1818 more than sixty years before Koch isolated the tubercle bacillus. Hahnemann had a pre - vision of bacteria even before Koch's discovery of comma bacilli of cholera which is the causative factor for spreading of that disease. Dr Stuart Close tells in his philosophy that Hahnemann was the first to perceive and teach the parasitical nature of infectious or contagious diseases, including syphi

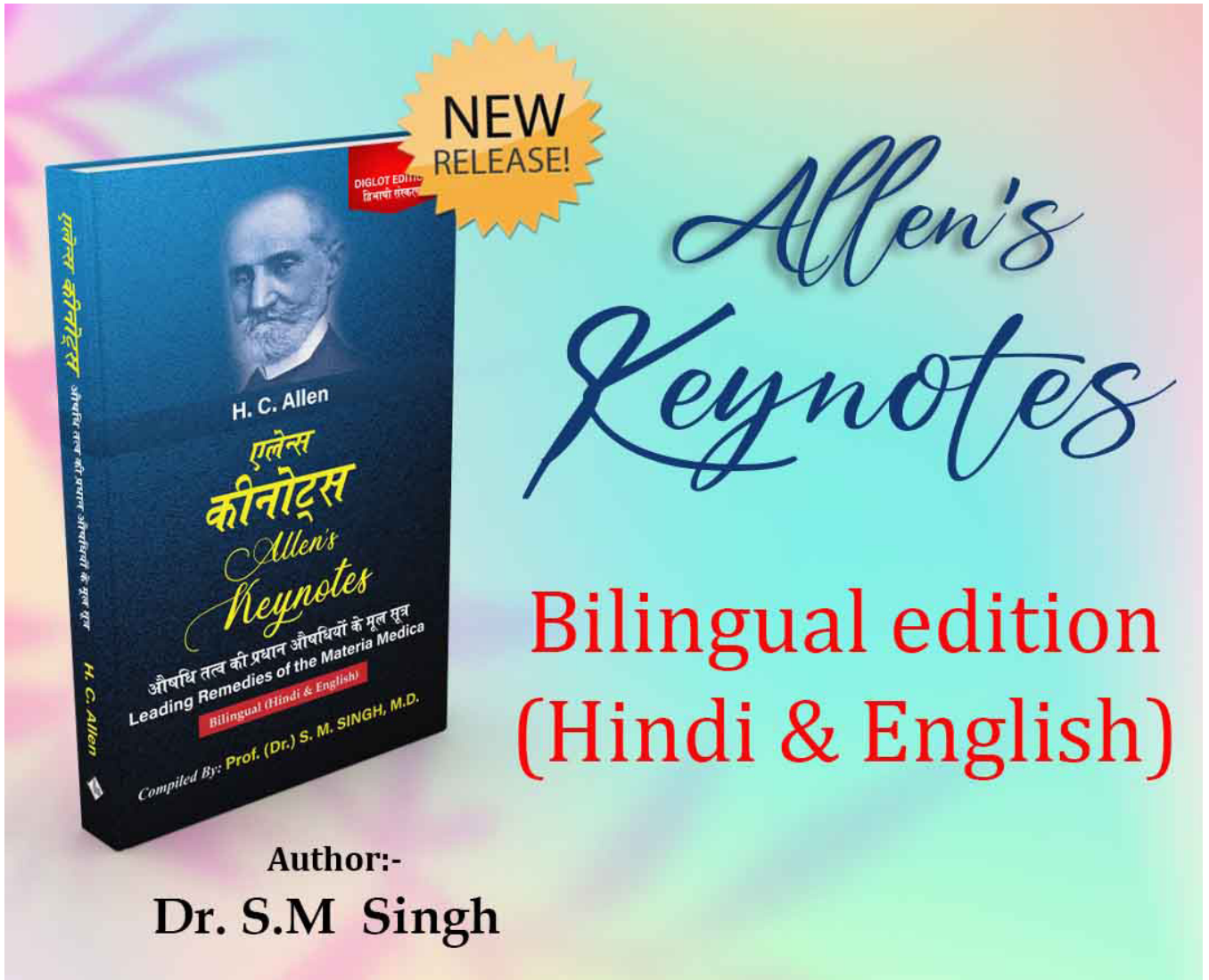
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References

1. Mayo Clinic, Mayo Foundation for Medical Education and Research [Internet], c1998-2023. Varicocele; march 2022 cited [12 Jan 2023], Available: <https://www.mayoclinic.org/diseases-conditions/varicocele/symptoms-causes/syc-20378771>
2. John Hopkins Medicine, John Hopkins University [Internet], c 2023, Varicocele; cited [12 Jan 2023], Available: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/varicocele>
3. World Health Organisation (WHO), icd10data. com, 2022 ICD-10 -CM Diagnosis code [Internet], Geneva, Switzerland, World Health Organisation 1993; <https://www.icd10data.com/ICD10CM/Index/V/Varicocele>
4. Schroyens F. Radar 10 Homoeopathic Repertory Software. CDROM. Available from: <http://www.archibel.com/radar10.html>.
5. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. 9th Reprint ed. New Delhi: B Jain Publishers; 2007.
6. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2002. p. 227-8.
7. Close SM. The Genius of Homoeopathy: Lectures and Essays on homoeopathic philosophy. Homoint.org [Internet]. New York. Nanopathy, 1981. [Accessed on 2 Jan 2023]. <http://www.homeoint.org/books4/close/index.htm>.

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Role of Minton Uterine therapeutics in a case of dysfunctional uterine bleeding

Dr Mohammed Salauddin, Dr Neeta Bajaj, Dr Anshuman Kankoriya

ABSTRACT

Dysfunctional uterine bleeding (DUB) occurs when normal cycle of menstruation is disrupted, usually due to an ovulation, commonly seen in adolescence and women reaching peri-menopause. A 47 year female patient reported with complaint of profuse menses with weakness, backache. Case taking was done followed by repertorisation using uterine therapeutics by Dr H Minton and *Sabina* has been given for her condition.

Keywords: regional repertory, Minton's *Uterine Therapeutics*, dysfunctional uterine bleeding.

Abbreviations: dysfunctional uterine bleeding (DUB), female genitourinary tract (FGUT), O- onset, D- duration, P- progress, ultrasonography (abdomen+ pelvis) (USG (A+P)), nothing abnormal detected (NAD), 4 times a day (QDS), per vaginal (PV), thrice a day (TDS), twice a day (BD), quality of life (QoL)

Introduction

Regional repertories deal with symptomatology of parts and organs. It is also useful in acute illness where many times concept of totality is only present complaints that too particular.⁽¹⁾ Regional repertories help in finding out the similimum in specific clinical condition⁽²⁾ and Dr Henry Minton's "Uterine Therapeutics" is one of the masterpieces in the homoeopathic literature.

The compilation of remedies in *Minton's Uterine Therapeutics* was commenced in the year 1867 which presents the result of author's effort to collect and arrange all those symptoms of *Materia Medica* which are direct or specific relation to uterine disorders systematically.⁽³⁾ It deals largely with the menstruation, abortion and other uterine related complaints of females whereby he has

given detailed therapeutics of the remedies along with the repertory. In the repertory part, a lot of concomitant symptoms are given which helped us in selection of similimum in a case of DUB.

The term dysfunctional uterine bleeding is used when menorrhagia is not usually associated with any structural abnormality or any underlying pathology or without any evidence of general or endocrinal disease. The aetiology for dysfunctional uterine bleeding is purely hormonal and the hypertrophy and hyperplasia of the endometrium are induced by high titre of oestrogen in the circulating blood.⁽⁴⁾

During clinical practise, one should know which repertory will provide an easy and immediate reference. Hence, the utility of this regional repertory is done in one of the case of DUB.

CASE HISTORY-

PRELIMINARY DATA-

Name- Mrs. KSB	Age- 47years	Sex- Female
Marital status- Married	Address- S	Date- 05/03/2021

CHIEF COMPLAINTS-

LOCATION	SENSATION	MODALITY	CONCOMITANT
FGUT	Menses- Profuse +3, (even sit near closet for 15-20 mins after washing)		Generalised Weakness +2
Uterus	7-8 pads/day, partially soaked		
Since 3-4 months	Protracted +2		
LMP- 03/03/2021	Character of blood- Dark red +2		
O- Sudden	Clots- Large, dark coloured (blackish) +2		
D- 2 days			
P- Progressive	Pain +2		
Back		< Menses during +2	

INVESTIGATION- 04/03/2021- USG (A+P) - NAD

DIAGNOSIS- Dysfunctional uterine bleeding (other specified abnormal uterine and vaginal bleeding include dysfunctional uterine or vaginal bleeding NOS⁽⁶⁾; DUB is a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause)⁽⁶⁾.

ANALYSIS OF THE SYMPTOMS-

S.N.	SYMPTOMS	ANALYSIS
	Menses- profuse +3	symptom, physical, general, diagnostic
	Menses- protracted +2	symptom, physical, general, diagnostic
	Menses – dark red	symptom, physical, general, characteristic
	Menses with large blackish clots +2	symptom, physical, general, characteristic
	Generalised weakness +2 <during menses +2	symptom, sensation, aggravating modality, physical, general
	Backache < during menses +2	symptom, location, sensation, aggravating modality, physical, particular

PRESCRIBING TOTALITY-

<ul style="list-style-type: none"> ➤ Menses profuse, protracted ➤ Menses dark red, clotted ➤ Clots- dark, blackish 	<ul style="list-style-type: none"> ➤ Clots- Large ➤ Backache < during menses ➤ Generalised Weakness during menses
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Case study

	1	2	3	4	5	6	7	8	9	10			1	2	3	4	5	6	7	8	9	10			1	2	3	4	5	6	7	8	9	10			
Ind													Nat-c	1	1											Seneg											
Iod						2							Nat-m		1		1	1								Sep			1						1		
IP	1	2					1						Nat-p													Sil	2	2									
Iris													Nat-s	1	1											Sin-n											
Jatr													Nicc												Spig												
Kali-ar													Nit-ac		1		1								Spong												
Kali-bi													Nux-m												Squill												
Kali-br													Nux-v	2	2	2		2							Stann										1		
Kali-c	2	2					1						Olnd											Staph													
Kali-chl													Ol-an		2									Still													
Kali-i													Onos											Stram											1		
Kali-n			2	2									Op											Stront													
Kali-p													Osm											Sulph	2	2	2								1		
Kali-s													Pall											Sul-ac	2	2											
Kalm													Par											Syph													
Kreos	2	2	2										Petr											Tab													
Lac-c													Phel											Tarax													
Lac-d													Ph-ac		2	2								Tarent													
Lach			2				2						Phos	2	2									Teucr													
Lachn													Phys											Thea													
Lac-ac													Phyt											Ther													
Lact													Pic-ac											Thuja											1		
Laur													Pin-s											Til													
Led													Plat	2	2	2	2							Tril													
Lepi													Pib											Trom													
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Lyss													Ptel											Verat												2	
Mag-c			2			1	2	1					Puls			2	2						Verat-v														
Mag-m			1	1		1							Pyrog										Verb														
Mag-p													Ran-b										Vib														
Mag-s			2										Ran-s										Viol-o														
Magc													Raph										Viol-t														
Mang													Rat										Zinc														
Med													Rheum										Zing														
Meli													Rhodo																								
Meny													Rhust-t	1	1																						
Meph													Rhus-v																								
Merc			2										Rumx																								
Merc-c													Ruta	1	1																						
Merc-i-r													Sabad																								
Merl													Sabin	2	2	2	2		2	1																	11 11/6
Mex													Sal-ac																								
Moshch							1						Samb																								
Murx													Sang		2		1																				
Mur-ac													Sanic																								
Myric													Sate																								
Maja													Sec	2	2	2	2		2																		10 10/5
Hat-a													Sel																								

Remarks:-

1. Sabina - 11/6
2. Secale Cornutum - 10/5
3. Platinum Metallicum - 9/5
4. Nux Vomica - 8/4
5. Ustilago Maydis - 8/4
6. Crocus sativus - 7/4
7. Ferrum Phosphoricum - 7/4

Prescription:-

Rx Sabina 200 QDS 2 days

REPERTORISATION BY USING UTERINE THERAPEUTICS OF MINTON-

SN.	REMEDIES*	Sabin 11/6	Sec 10/5	Plat 9/5	Nux V 8/4	Usti 8/4	Croc 7/4
	RUBRIC						
	Menstruation- time and quantity of the menstrual discharge- profuse and protracted	2	2	2	2	2	2
	Menstruation- time and quantity of the menstrual discharge-protracted, continuing too long	2	2	2	2	2	1
	Menstrual discharge- character of the menstrual discharge- dark	2	2	2	2	2	2
	Menstrual discharge- character of the menstrual discharge- coagulum, dark or black	2	2	2		2	2
	Menstrual discharge- character of the menstrual discharge- coagulum, large						
	During menstruation- concomitant symptoms- weakness	2	2		2		
	During menstruation- concomitant symptoms- back, small of, pains in	1		1			

REMEDY DIFFERENTIATION-(7)

<i>SABINA</i>	<i>SECALE CORNUTUM</i>
Menstruation- Too early and too profuse and is continuing too long. Menstrual discharge may be either bright red, dark red or coagulated.	Menstruation- Too profuse and of too long duration. Menstrual discharge is thin and dark or black or brown fluid aggravated when moving about.
During menstruation- Indescribable drawing pains in the small of back to pelvis down the thighs.	During menstruation- Tearing and cutting colic with uterine spasms.
Concomitant- Feels weak and weary	Concomitant- Numbness, insensibility and coldness of limbs; debility

FINAL REMEDY- *SABINA 200* QDS* 2 DAYS* (Menses too early, profuse, long lasting with dark and coagulated discharge; severe backache aggravated during menses) ⁽⁷⁾

SELECTION OF DOSE AND POTENCY-

As per *Organon of Medicine* aphorism 247, 5th edition ⁽⁸⁾ and according to the susceptibility of the patient, the potency was selected. Here the patient's susceptibility was moderate and intensity of the symptoms was also increased, so the case was started with 200th potency.

JUSTIFICATION OF REPETITION OF REMEDY-

In aphorism 246 of *Organon of Medicine* (5th edition) it is given that, every well-chosen medicine should be repeated at suitable interval. ⁽⁵⁾

FOLLOW UP-

Date	Symptoms	Prescription
05/03/2021	Status quo	<i>Rx Sabina 200 QDS</i>
06/03/2021	PV bleeding 25% better with reduced clots, used 5pads/day Improvement 30% in back pain and weakness	<i>Rx Sabina 200 QDS</i>
07/03/2021	PV bleeding 50% better with reduced clots, used 4pads/day Improvement 60% in back pain and 70% in weakness	<i>Rx Sabina 200 TDS</i>
08/03/2021	PV bleeding 80% better with very few clots and mild backache and weakness	<i>Rx Sabina 200 TDS</i>
09/03/2021	PV bleeding better with no clots and occasional backache and no weakness.	<i>Rx Sabina 200 BD</i>
10/03/2021	Patient feels good, no complaints	<i>Rx Rubrum 30 BD x 7 days</i>

Two days after medicine, her PV bleeding was 50-60% better; she required 3-4 pads/day, partially soaked. The clots reduced and were present occasionally. The complaint of weakness and backache were also better. The same medicine was continued for next 3 days with reduced frequency.

Conclusion

Homoeopathy has massive and beautiful work on the quality of life (QoL) of those who are suffering from DUB. This case shows the role and utilisation of a regional repertory during clinical practice, Homoeopathy has proved its effectiveness in such type of cases and regional repertories can be used for any particular system or organ affection.

REFERENCES-

1. Khanaj VR. Clinical Repertories. In Khanaj VR. Repertire. 5th ed. New Delhi: Indian Books and Periodicals Publishers; 2011. p. 868-869
2. Tiwari S. Clinical Repertories. In Tiwari S. Essentials of Repertorization. 4th ed. New Delhi: B. Jain Publishers (P) LTD; 2005. p. 609.
3. Minton H. Uterine Therapeutics. Reprint Edition ed. New Delhi: B. Jain Publishers (P) LTD; 2005.
4. Howkin, Bourne. Menorrhagia and Dysfunctional Uterine Bleeding (DUB). In Padubidri VG, Daftary SN, editors. Shaw's Textbook of Gynecology. 13th ed. New Delhi: ELSEVIER; 2002. p. 291-299.
5. World Health Organization 2011. N93.8 Diseases of genitourinary system. In WHO. International statistical classification of diseases and related health problems. 5th ed.; 2016. p.640
6. Dutta DC. Abnormal Uterine Bleeding. In Dutta DC. Textbook of Gynecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2016. p.154
7. Minton H. The remedies and their indications. In Minton H. Uterine Therapeutics. Reprint Edition ed. New Delhi: B. Jain Publishers (P) LTD; 2005. p. 281,283, 287, 289.

8. Hahnemann S, Organon of Medicine, 5th and 6th ed. New Delhi: B. Jain publishers (P) Ltd.; 2016

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Doctrine of signature: a Review with new addition

By Dr Monimala Pramanick

ABSTRACT

Doctrine of signature is a very interesting, popular and important topic for medical students. It not only helps to communicate nature with pharmacy and materia medica but gives a simple understanding about the drug symptoms and make easy to remember.

Keywords: Doctrine of signature, paroxysm

Introduction

// A belief or a set of beliefs held and taught by a group "that is doctrine. 1 Signature has been derived from two words. "Sign and Nature", i.e. signs of nature, meaning belief that is signed by nature.²

History:

Dioscorides and Galen stated that herbs can be used by herbalists to treat the patient.³

Paracelsus was the first person who told that nature always presented the healing substances with some signs showing their use against the disease.⁴

In 1684, William Coles said:

Doctrine of signature of some plants used in homoeopathy:



Image 1

Avocado (*Persea americana*):

Fertility fruit.

It can be a good medicine for pregnant woman.

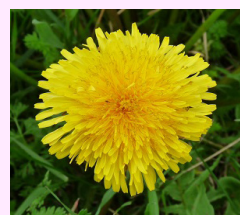


Image 3

Dandelion (*Taraxacum officinale*):

Colour of flower is yellow. Tenth century physician mentioned it as liver and spleen treatment. If we go through materia medica the same is written along with it is a very good medicine for jaundice.⁶

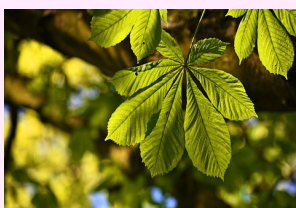


Image 2

Chestnut leaves

(*Castanea vesca*):

Leave ends are sharp toothed so as it has a pain or paroxysm relieving effect.



Image 4

Queen of the Meadow (*Eupatorium purpureum*):

It's opposite leaves fuse around the stem like broken bone knit back with a scar formation. Hence, in bone pain fever (dengue), it is a good medicine. It also helps for bowel movement as the stem growing through its fused leaves.⁷



Image 5

Mugwort (*Artemisia vulgaris*): Leaves are deeply lobed and they have a distinctive aroma. In fever the patient has profuse sweat which smells like garlic.⁷



Image 10

Agaricus muscarius:

Sliced mushrooms resemble human ear, so are ancestors believed these were the perfect vegetable to cure earache.¹¹



Image 6

Night blooming cereus (*Cactus grandiflorus*): Succulent leaves like cactus store and with hold water and bound in its flow. Likewise, the flow of blood through the heart is dammed up and a feeling of constriction is felt.⁷ Go through materia medica



Image 11

Chelidonium majus:

European herbalists used the yellow latex of celandine (*Chelidonium majus*, papaveraceae) to cure liver ailments. As it has celandine, the 20th century English

not only heart but many organs feel that constriction. "As if head were compressed in a vise. Constriction of oesophagus. Constriction of stomach. Constriction of neck of urinary bladder. Constriction of uterine region and ovaries. Constriction of chest, as if bound"just see it has been written in Boericke "bound" ...⁸

herbalist and author Maude Grieve wrote, "The old alchemists held that it was good to 'super-stifle the jaundice,' because of its bright yellow colour."¹¹



Image 7

Fucus vesiculosus(Sea kelp):It is rich in iodine as it absorb the high iodine content of the sea. Iodine is the trace element for the operation of the thyroid gland. It is a good remedy for obesity, non-toxic goitre, and exophthalmos.⁹

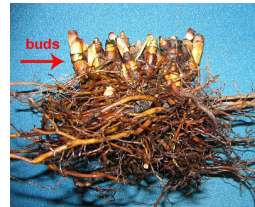


Image 12

Chelidonium majus:

European herbalists used the yellow latex of celandine (*Chelidonium majus*, papaveraceae) to cure liver ailments. As it has celandine, the 20th century English

herbalist and author Maude Grieve wrote, "The old alchemists held that it was good to 'super-stifle the jaundice,' because of its bright yellow colour."¹¹

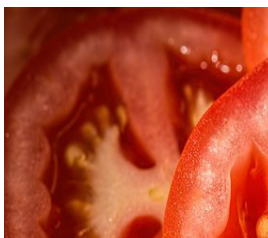


Image 8

Tomato (*Solanum lycopersicum*): Tomato has four chambers and is red as well as heart. So, it decreases in pulse rate with anxiety and apprehensiveness.¹⁰



Image 13

Lachesis mutus:

Lachesis mutus was the Moira that decided the length of life allotted to each human being and God. (myth)⁴ When not active, Amazonian Bushmasters hide under big rocks, under logs, in spiny

palm scrub, or in any hole that fits the size and does not flood, particularly caves by armadillos, agoutis, and rabbits.⁵



Image 9

Walnut (*Juglans regia*): It looks like brain. According to Boericke, a confused person, feels as if head were floating in air. In italic it has been written "occipital sharp pain". So, it can be a good medicine relating to brain diseases.¹⁰

Same as *Lachesis mutus*, a person does not want to mix with world. Wants to be off somewhere all the time.¹²

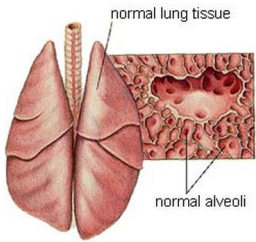


Image 14

Pulmo vulpis:

As the fox is probably the longest-winded of all animals, the doctrine of signatures pointed to his lungs as a likely remedy for short breath.⁶ Pulmo vulpis is a good medicine for respiration distress.¹³



Image 14

Ginger (Zingiber officinale):

Go through the structure of ginger root, it looks like the stomach. And ginger is a good medicine for stomach cramp or irritation of stomach.

Conclusion:

Doctrine of signature makes the study simpler and easier to remember. There are so many medicines whose doctrine of signature is still unknown. It will really help the students to know materia medica and to understand it very well.

References:

1. London: John Starkey and Thomas Passenger; 1669. Available at: http://www.levity.com/alchemy/croll_signatures.html. Accessed March 15, 2006.
2. Grieve M. A Modern Herbal: The Medicinal, Culinary, Cosmetic and Economic Properties, Cultivation and Folk-Lore of Herbs, Grasses, Fungi, Shrubs & Trees with their Modern Scientific Uses. New York: Dover Publications; 1971 (first published 1931). Available at: <http://botanical.com/botanical/mgmh/mgmh.html>. Accessed October 10, 2006.
3. Das G, Available at <https://www.youtube.com/watch?v=VcpcN4dhMGM>
4. Campbell JA, Lamar WW (2004) The venomous reptiles of the western hemisphere. Cornell University Press, Ithaca, 774 pp.
5. Argolo AJS (2003) Lachesis muta rhombeata Wied, 1825 (Serpentes, Viperidae): defensive behavior and snakebite risk. Herpetological Review 34: 210-211.
6. Clarke JH, The Materia Medica 1902, <https://www.materiamedica.info/en/materia-medica/john-henry-clarke/pulmo-vulpis>
7. Boericke W, Pocket manual of homoeopathic Materia Medica, Ninth Edition, Indian books & periodical publishers, New Delhi 110005 p-387-389
8. Mandal PP, A textbook of Homoeopathic Pharmacy, New central book agency (p)ltd,8/1Chintamani Das Lane,Kolkata-700009,P-446
9. Irish Seaweed Consultancy, Fucus vesiculosus Linnaeus 2020 https://www.seaweed.ie/descriptions/Fucus_vesiculosus.php
10. Kasana A. Try these amazing hacks using walnut shells, 3rd June 2021 <https://www.herzindagi.com/society-culture/walnut-shells-uses-article-177147>
11. Nauman E, What is Doctrine of Signature, Dec 11, 2013 www.homeopathywest.com/issue/welcome/article/what-is-doctrine-of-signatures
12. Wood M, The doctrine of signature October 17, 2016 [homeopathy.com/homeopathy-papers/the-doctrine-of-signatures](http://homeopathy-papers/the-doctrine-of-signatures)

lis, gonorrhoea, leprosy, tuberculosis, cholera, typhus and typhoid fevers; and the chronic diseases in general, other than occupational diseases and those produced by drugs and unhygienic living, the so-called drug diseases.

Hahnemann developed his clinical science on the basis of microorganism. Hahnemann was talking about 'clinical microbiology'. Hahnemann understood that there are certain microorganisms which cause diseases but he talked all in terms of symptoms. He could give symptomatology and nothing else. He talked about signs and symptoms produced by microorganisms. Hahnemann gave us clinical microbiology and not modern microbiology. He did not have knowledge of microscope but he wanted to tell by his keen, analytical, logical and reason gifted mind that there are certain microorganisms behind the diseases. Hahnemann talked of microbiology with the word miasm. Dr Stuart Close tells that Hahnemann used the terminology of his day, which he qualified to suit his purpose and thus made it clear that the word "miasma" amplified by the descriptive terms "infectious, contagious, excessively minute, invisible living creatures" as applied to cholera, he meant precisely what we mean today when we use the terms of bacteriology to express the same idea.

So, Hahnemann understood and explained about all infections with signs and symptoms only and rest of the details were available from the time of Louis Pasteur, when microorganisms were discovered through microscopes. Hence, Hahnemann may rightly be called as the father of bacteriology, who anticipated the facts long before Louis Pasteur and Robert Koch.

In his book 'The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure', Hahnemann has elaborated how infectious disease can affect the individual, society and humanity as a whole and during ancient times when infectious itchy diseases like leprosy, scabies, small pox, chicken pox, measles affected

continued on page.....112

13. Powered by weebly, the red fox resource, <http://redfoxofficial.weebly.com/the-respiratory-system.html>

Images:

Image 1: Jo lewis, Avocado, 8th February 2021, <https://www.bbcgoodfood.com/glossary/avocado-glossary>

Image 2: Chestnut leaf, tree, foliage, leaves, veins, patterns may 7, 2018, <https://pixabay.com/photos/chestnut-leaf-tree-foliage-leaves-3379835/>

Image 3: Adam Hariten, the Healthiest Part Of Dandelion Its Flower, Apr 20, 2017

<https://www.youtube.com/watch?v=J1Ytk16UMQ>

Image 4: Boneset Seeds (Eupatorium perfoliatum), <https://www.etsy.com/uk/listing/612405873/boneset-seeds-eupatorium-perfoliatum>

Image 5: Medical live, Mugwort, masipathi, manjipatre, makkipoo, dhavanamu, dhavana, common wormwood, artemisia vulgaris plant, 2018 <https://medicinallive.com/product/buy-mugwort-masipathi-manjipatre-makkipoo-dhavanamu-dhavana-common-wormwood-artemisia-vulgaris-plant-live-online-shopping/>

Image 6: Health news, Therapist magazine, Cactus Grandiflorus: properties and benefits, 09.01.2016,

<https://therapeutesmagazine.com/cactus-grandiflorus/>

Image 7: Andrew linscott, sea weed stock photo, march 23, 2006, <https://www.istockphoto.com/photo/seaweed-gm516955138-89240493?phrase=fucus%20vesiculosus>

Image 8: Posted in Dinner, Recipes by Rachel Maser, 20th feb 2021, Baked pizza tomato slice <https://cleanfoodcrush.com/baked-pizza-tomato-slices/>

Image 9: jamakosy, walnut and a cracked wall nut isolated in white background, 2020 <https://www.dreamstime.com/walnut-cracked-walnut-isolated-white-background-image215862465>

Image 10: Elizabeth fernandez, getty image, <https://www.gettyimages.in/detail/photo/sliced-raw-fresh-white-champignon-mushrooms-on-royalty-free-image/1353852403?adppopup=true>

Image 11: Remedia homeopathie, Chelidonium majus, 2018 <https://www.remedia-homeopathy.com/shop/Chelidonium-majus/a9002839>

Image 12: Jackie Greenfield and Jeanine Davish Black Cohosh (*Actaea racemosa* L.)

, 2004, <https://forest-farming.extension.org/black-cohosh-actaea-racemosa-1/>

Image 13: mgkuijpurs, Bushmaster, Lachesis muta muta, https://stock.adobe.com/search/images?k=lachesis&asset_id=168467625

Image 14 powered by weebly, the red fox resource, <http://redfoxofficial.weebly.com/the-respiratory-system.html>

Image 15: The Editors of Encyclopaedia Britannica ginger plant, Nov 18, 2022

<https://www.britannica.com/plant/ginger>

About the author

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the constitution of man, they caused a 'fixed' disturbance in the constitution of man which manifested in the form of skin symptoms such as eruptions and itching. But Hahnemann categorised the characteristic symptoms of these initial diseases into three heads as he discovered the three chronic miasms: psora, sycosis and syphilis, each one bearing three stages, namely, primary, latent and secondary stages.

It was easy to get rid of the manifestations due to the fixation of psora, but it was not possible to get rid of the fixation caused due to the syphilis and sycosis.

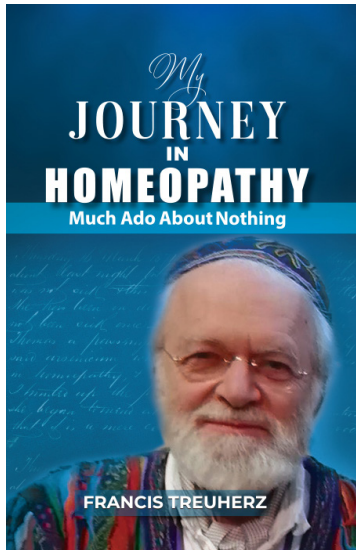
Then in his book Chronic Diseases, he has also given an understanding of the consequences of these infections, their suppression, mutation and their curative treatment. Talking about the suppression of these initial symptoms of itching and eruption, he explains that a one-sided destruction of the chief skin-symptom (eruptions and itching) led to innumerable acute and chronic illnesses as consequences.

Apart from Hahnemann, there have been more stalwarts, before him, who have observed and confirmed about the development of various types of ailments as a result of suppression of these initial symptoms of itch and eruption.....

This would be discussed in the next issue.

BOOK REVIEW

“My Journey in Homeopathy, Much Ado About Nothing”



Some homoeopaths are prescribers, some are writers, some come with an innate ability to teach and inspire, and some others have the talent for participating in decision-making committees and organizations, and they tend to become the spokespersons for homoeopathy, a few even become the tradition keepers of our vast pharmacopeia, and they get into manufacturing of remedies.

es. Now, that is much, much ado about nothing.

In the publisher's note, Manish Jain, the director of B Jain publishers writes, "This book is the author's invitation to travel through the challenges of homeopathic living and being. It is an opportunity to benefit from the observations, contemplation, and meaning-making of an accomplished homeopath who nurtured the flame of homeopathy in a world continuously challenged by the very notion of its existence."

These words from the publisher say to us, jokes aside, this book might let us understand how a truly committed homeopath lives and breathes homoeopathy every single day of his life for over 40 years and does everything within his means to find out the boundaries of homoeopathy.

"Francis is very comfortable on the hot-seat, so to speak, as shown by the flow of four different interviews. He is taking the interviewers on a fun ride, giving generous glimpses of his life and work as a homeopath and his openness to hearing all different viewpoints about homeopathy."

This is something the younger generations of homeopaths need to think about. As homeopaths, we must keep our eyes and ears open and absorb all different flavours of homeopathy while we remind ourselves again and again that whatever we learn is for the benefit of our patients.

Though treating one's own family is the hardest thing to do, "Francis narrates a few events where he succeeded. His mother improved from *Psorinum* (she had lived through the era of depression and deprivation in Germany), his dad got better on *Ambra grisea* (his cough aggravated in company), and when both Francis and his wife came down with COVID, they took help from various remedies.

But COVID is just one of the many instances when Francis used homeopathy for himself. He was turned onto homeopathy by his dentist whose brother was a homeopath."

Recently, I had read another book, "Faces of Homeopathy, An Illustrated History of The First 200 Years" and that book mentioned about the scenario of homoeopathy in England. In the current book, particularly in the chapter on Philosophy, People and Places, I get Francis' personal recounting of the grand homoeopathic history of Liverpool, England.

Homoeopathy benefits from each of these outpourings of human talent and devotion to the chosen subject, and whatever we can do to further the cause of homoeopathy, I believe, we should do with enthusiasm to ensure the future of our chosen profession, though to many others, it may seem like much ado about nothing.

Well, you just read a phrase I borrowed from the title of the book that I will be telling you about, "My Journey in Homeopathy, Much Ado About Nothing". When I was asked if I could review it, what drew me to the book is this phrase, "much ado about nothing".

My teacher, the late Misha Norland, used to make funny statements of similar types, '...the remedies...they are NO-THING ... ' and then he would go on to add, "remember, 1M works differently than LM1 though they contain no-thing...'

In his funny way, Misha was teaching me that, while containing no-thing, our remedies have the energy signature of the medicinal substances so that they do the job of healing when chosen on the basis of homoeopathic philosophy contained in the *Organon of medicine*.

Back to much ado about nothing, coming from Francis Treuherz. You could safely consider it as a self-deprecating joke, because whatever, he did or did not, has been presented in a paperback of 505 pag-

Francis has invested a significant bandwidth of his curious mind to understanding and writing about the viewpoints of key innovators at the turn of the century, the founder of Anthroposophical medicine, Rudolph Steiner, for example, and how his ideas run parallel to Hahnemann's.

There is a chapter on "Origins of Kent's philosophy". This would be intriguing to many who thought so far that Kent's philosophy was of course based on the *Organon of medicine*. There is no denying that it was, however, Kent was also influenced by spiritual scientific works of Swedenborg, as evidenced in his *Lesser Writings*, leading to the question, can a medical practice with a deep spiritual inheritance be considered as science, or whether the spiritual aspect is essential for an effective practice of homeopathy. Constantine Hering was also influenced by Swedenborg's philosophy and he was in-fact a member of the first society of Swedenborgians in Philadelphia.

Our growth in practise is based on our successes and failures in treating the cases that come our way and seeing these cases in the rear-view glass helps us cherish the victory of homeopathy in our clinics. Francis has done this bit in the chapter, "Clinical work" starting with the first patient he saw in 1984.

After reading a few of his interesting cases, one comes to "Homeopathic Helpline". Francis worked with another homeopath and answered telephone calls 365 days a year offering help to everyone in crisis who called. Sounds like 911 of homeopathy, but 911 is simply a call for emergency medical help. On reading this chapter further, one can see that "Homeopathic Helpline" did much more, as evidenced by over 165,000 calls over a 12-year period, from people in every walk of life.

After recounting his navigation of the National Health Services and offering us a few of the reviews he wrote for various books on homeopathy, Francis Treuherz has treated us to homeopathic humour: for this and to get a belly-laugh, please read "How many homeopaths it takes to change a light bulb" and "Flushing, a comedic materia medica". These are funny.

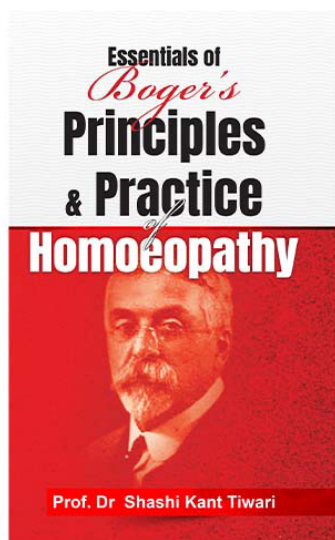
Reviewer's note: I am happy that I got to read this book, "My Journey in Homeopathy, Much Ado About Nothing." It gave me a close view of the ups and downs, thoughts, experiences, observations, recollections, and deep awareness of homeopathy of someone like Francis who has lived and breathed homeopathy for over 40 years. I hope you will decide to read it too and enjoy doing so.



About the reviewer
Vatsala Sperling, RSHom (NA), CCH, MS, PhD, PD Hom was the Chief of Clinical Microbiology services at a children's hospital in Chennai, India, when she published extensively and conducted research with WHO, Denmark. On moving to the USA to start a family, Vatsala pursued an education in Homeopathy with Misha Norland's school. She is a published author of ten books including her latest, *The Ayurvedic Reset Diet*. Journals from US and abroad frequently publish articles and papers written by Vatsala Sperling on topics including spirituality, health and homeopathy. Vatsala continues to study with several teachers and practices classical homeopathy. She has served on the board of directors of NASH and currently she serves as a volunteer with NCH.

BOOK REVIEW

Essentials Of Boger's Principles And Practice Of Homoeopathy



The aim of this book is to connect the scattered concepts of Boger in order to practise successfully in clinical point of view. Boger had a great role in re-organising the dynamics of homoeopathy into practical homoeopathy. This, he did through delivering lectures, discussions, etc. among that 66 "piece of gems" are added to this compilation. This book contains principles of homoeopathy, philos-

and materialism.

The author extraordinarily explicated what homoeopathy means, how it was former and how it is improving along with the science. The victory of homoeopathy in acute diseases, the success of homoeopathy in cholera. He has clearly illustrated the uniqueness of the drugs and its adaptability, convertibility and the repetition of doses.

The author alluringly expounded the evolution of homoeopathy by our great master, Dr Samuel Hahnemann. Clear cut cured cases have been included with the method of prescription. Described some single remedy rubrics homoeopathic specific remedy in aphorism 153, the explication of law of cure plays a major role in the life of physician one who genuinely wants to give cure to the patient by learning this one can safely, effectually, and permanently cure the patient. The author comprehensibly stated that our way of providing therapy is completely depends upon the breadth of our mind. He also mentioned the calm way of treatment by the homoeopaths. Most important one the author stated was, we are often compelled to choose the remedy from the standpoint of diagnosis, but this method brings numerous pitfalls, so this is to be avoided. Illustrations of incipency held from some peculiarity, often obscure with increasing tenacity. The author made us to understand the importance of the subject of energy, which is most necessary to study the homoeopathic philosophy clearly explicated the importance of vital energy in disease, the restoration of health.

Importance of symptomatology which is termed as language of disease is illustrated in an authenticated manner. The structured format of taking a case have been mentioned like location, origin, the method of case taking, the modality, mind, concomitants, peculiarities and the time, which provides the physician an idea for collecting data from the patient. Apart from explaining a structured format, he has also mentioned the way of taking the case, how the case to be collected, how to reach the appropriate medicine, which made the role of physician simple.

The failures faced by prescribing the remedy based on keynotes are brought into light by the author. He has beautifully added the conversations between boger and other stalwarts. He brought into light the importance of anamnesis and its role in finding the similli

phy, materia medica and therapeutics as well as repertory. In order to give clear cut idea of the principles of homoeopathy, this book have been compiled, the sources of this book even include *Kent Lectures, Principles and art of cure by Stuart Close*.

This book also includes biography of Dr Cyrus Maxwell Boger and publishers note. It contains 66 chapter with short profile of author at the end.

It contains explanation regarding the homoeopathy which is the only system which teaches the medicine in its fullness, where each and every student can work based on law of action and reaction. Homoeopaths are a real vitalist. Includes about how the homoeopaths to be, how to hard work like master in order to attain perfect cure.

This also states that Hahnemann was not ignorant regarding the germ borne disease and that dynamised remedies are sufficient for their cure. Importance of similia similibus curentur and in order to obtain cure, it is most important to observe each and every minute things from the patient. Mentioned the importance of reading. *Clarke's homoeopathy, Burnett's "50 reasons for being a homoeopath", Hahnemann's organon, Kent's philosophy, Nash leader, Farrington's materia medica, repertory*. True learning begins when we place the bias aside and preconceived idea aside, and have explained regarding the teaching method in colleges in order to attain cure in patients. The author has illustrated the struggle between dynamism

mum, he have extracted data from the article written by Boger in 1924 which is named as "Finding The Similimum" have illustrated with the case.

The author completely removed physician's confusion in selecting indicated remedy by explaining it in a great manner. Apart from this he also stated the reaction by our vital force, grading of symptoms. Uses of repertory, the Boenninghausen's article and its importance are stated. The authenticity of doctrine of signature in homoeopathy and some random notes by Boger have been included. Topic like the relationship of homoeopathy to pathology brings wider angle of thinking in the physician in order to prescribe appropriate medicine.

He enhanced the view of homoeopathy in treating cancer, which made the readers to approach in a confident manner, the author elaboratively gave an idea regarding treating child cases, liver disease, tuberculosis. The action of metals upon reproductive system and handling of female related cases have been included.

The description regarding strontium salts is explained clearly. He has also mentioned the utility of the remedy GYMNACLADUS as a separate chapter with case.

Author made great work by compiling such book which is more helpful in understanding each and every way to attain cure.

This book gives an idea in every aspect like knowing *Organon of medicine*, repertory and materia medica. This brings lights in the practice of physician and students by opening their eyes and rescuing them from avoiding bias.

About the reviewer



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