

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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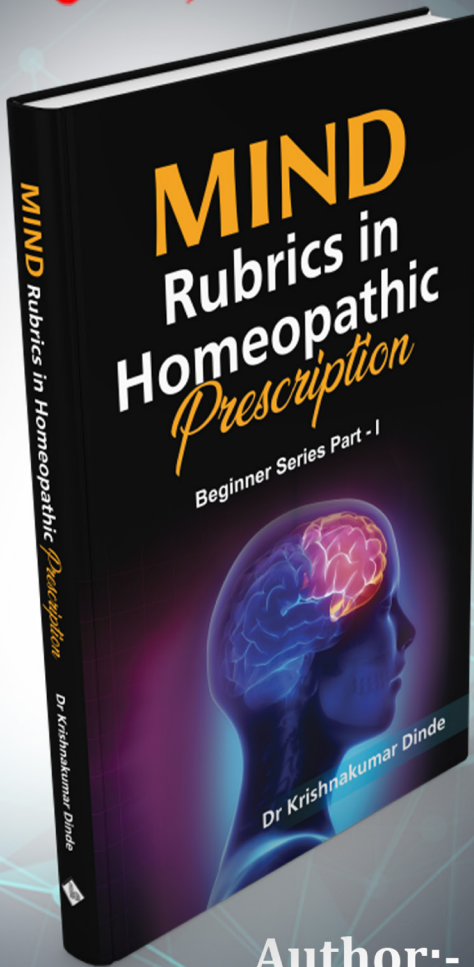


Childhood Cancers and Homoeopathy

- Individualised homoeopathic treatment in inflammatory joint disorder: a case report of painful nodosities
- Role of homoeopathic medicines in fallopian tube blockage through hydro-tubation therapy



BJAIN



MIND Rubrics in Homeopathic *Prescription*

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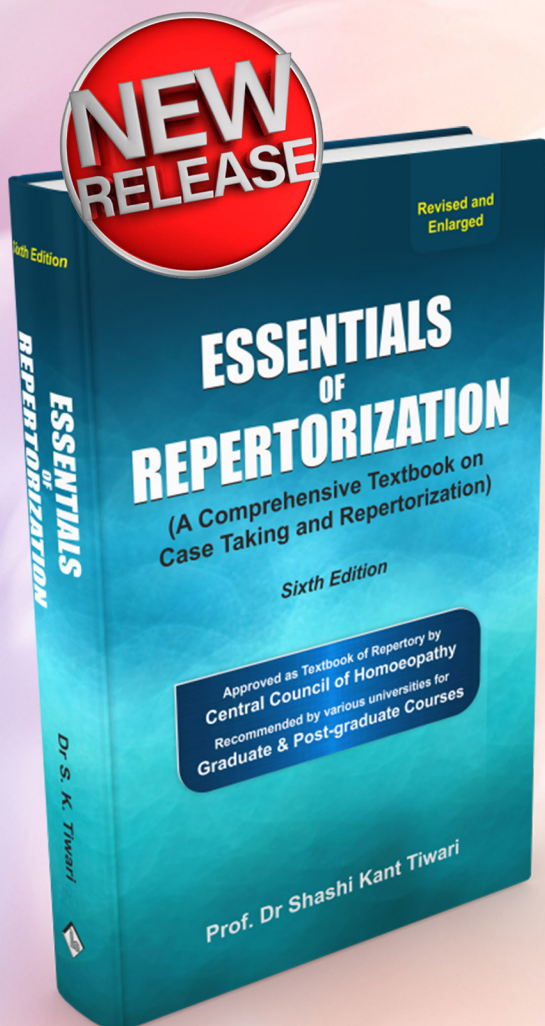
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- A book to make homeopathy very simple and applicable for the beginner and gives an unconventional point of view for the established practitioner
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Author:-

Dr S K Tiwari

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Healing women with homeopathy

By Dr Kavita Chandak

Since my student life until today, I am very much fond of reading books on same topic from different authors. There are many books about gynaecology, obstetrics, homeopathy and medicine but I could not find a satisfactory book talking about all above topics together. Many books are good in theories and therapeutics; but what about the clinical application?

In the beginning of practise, when patient is sitting right front of us in our clinic, we get puzzled about how to enter in the case, what to prescribe, which layer to address first, what if my prescription create aggravation, which potency should be selected and so on.

In the last 5-10 years, I have observed that the budding homeopaths get confused about which teacher, what method and which school is to be followed?

It does not matter which method one uses in practise. What matters is that, you must have complete theoretical knowledge about the subject along with its practical application which is the first criteria for successful practise.

Although various homeopaths are doing well in this field but they do not pen the data. I decided to write this book to fulfill this lacuna. This topic was chosen as many women, especially in Indian society, go through their lives, by prioritising their families and their children, but neglect their own needs. Health issues are also often neglected and relegated to the back burner. Women attributed 50% population of the planet; hence need to be focussed well!

Although *Healing Women with Homeopathy* is about women disorders but trust me you will find many answers related to general homeopathic practise.

This book is divided into 3 parts: First part covers obstetrics and gynaecological conditions.

Second part covers case taking, importance of dreams, delusions,

posology, rare remedies with their indications, homeopathic gynaecology kit and clinical tips in obstetrics and gynecology.

Third part covers homeopathic management of 33 case studies.

It is a quick reference work for busy practitioners as well budding homeopaths, talking about outstanding contribution of homeopathy in dealing female disorders starting from menarche to menopause. All chapters are explained under the headings including introduction, causes, symptoms, rubrics and its homeopathic treatment.

I incorporated 33 case studies with the anamnesis (physical and mental symptoms), analysis, evaluation, rubrics, laboratory readings before and after treatment, justification of remedy, prescription and follow-ups with my way of approach in individual case for better understanding of clinical application by overcoming failures.

This book not only talks about reproductive age, pregnancy, delivery and menopause but the detail description about cancer, specific case taking in gynaecology, potency selection, clinical tips are the other pearls scattered throughout the book.

Special emphasis is given to every symptoms occurring during pregnancy and lactation. For instance, homeopathic management of colic, constipation, vomiting, hemorrhoids, mental issues during and after pregnancy like mood swings, nervousness, melancholia, depression, ectopic pregnancy, gestational diabetes, eclampsia of pregnancy, breast abscess, milk glands, postpartum depression and lochia is mentioned in detail.

Labour is the second birth of woman.

You will amaze to see how homeopathy is helpful in changing the fetal presentation, in releasing the rigidity of os and helping in cases of placenta

previa.

In clinical practise, we face five major gynaecological complaints; dysmenorrhea, PCOS, sterility, abortion and cancer. I explained these topics thoroughly with its homeopathic management. Cases related to above complaints with follow-ups and successful output, will give you the guideline about exact approach to enter in gynaecology.

You will find auxiliary measures that one could follow simultaneously, to help the process of cure and rubrics are mentioned at required places.

The description of a few modern remedies like *Medullosseinum*, HPV, etc.; is the highlight of the book.

Guidance about the application of homeopathic philosophy in clinical practise with aphorism numbers will take you on the *Organon* tour.

Chief attractions of the book are-

Clinical repertory for gynaecology is included with the chapters.

Core of female remedies

Study of rare remedies

The homeopathic gynaecology kit

I am a voracious homeopath in search of more and more knowledge!

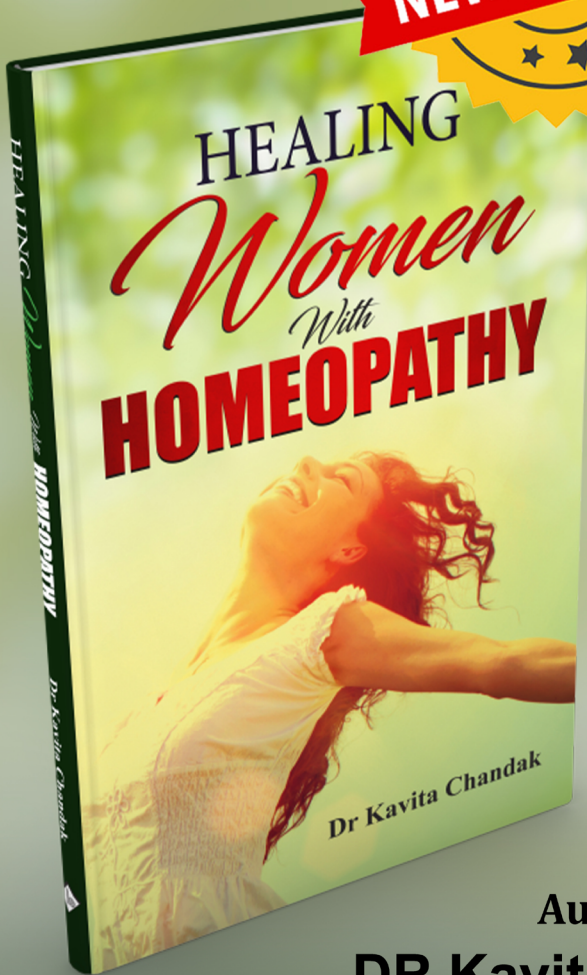
Healing Women with Homeopathy is my humble and honest effort to share the extract of my two decades practise.

Key takeaway is, instead of following any one person (except Hahnemann), keep on reading good books and make your own notes.

This book is a modified version of my notes from stalwarts and my experience from practise. It is a significant and valuable tool for the learners, teachers, and practitioners in their service to humanity through homeopathy.



NEW RELEASE



HEALING
Women
With
HOMEOPATHY

Author
DR Kavita Chandak

PRICE- 295/-

PP -206

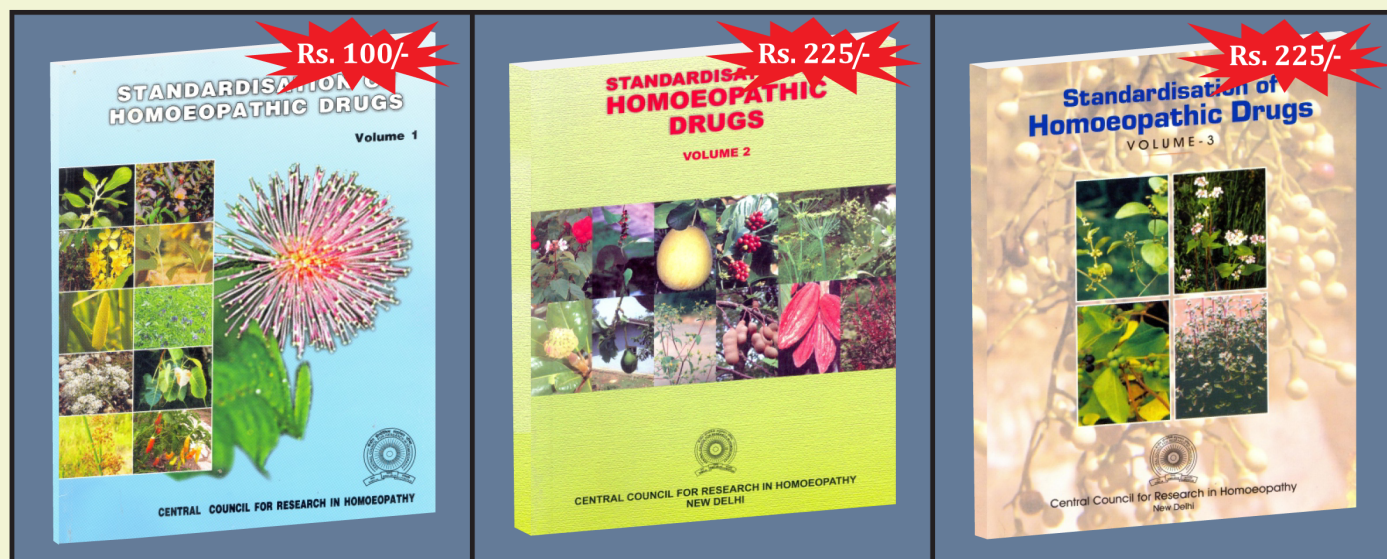
ISBN - 9788131925966

- Covers the most important and widespread gynaecologic disorders starting from menarche over dysmenorrhea to menopause
- Reflects issues from which women suffer frequently
- Sterility, polycystic ovarian syndrome, breast issues, constipation and urinary problems are described thoroughly
- Equal importance is paid to the physical and mental plane
- Covers description of the materia medica of several homeopathic remedies with special emphasis on gynaecology
- Furthermore, several case reports guide the reader into the technique of successful homeopathic prescribing

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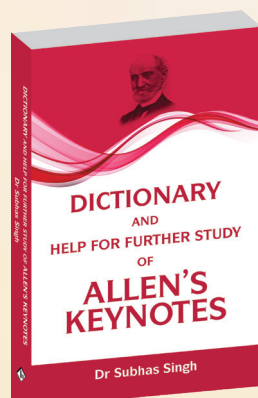
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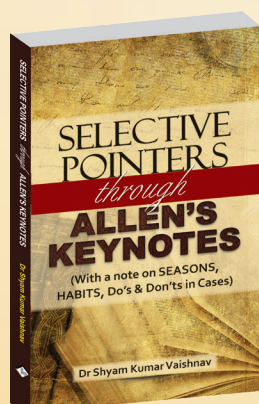
DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
- The author has done his best to provide the word meanings to all the difficult terminologies and nomenclature used in Allen's Keynotes.
- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

ISBN: 978-81-319-1381-9 | ₹ 499 | 440 pp

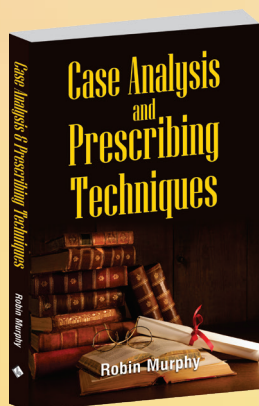
Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
- The book is divided into 2 sections in which, the most important symptoms are arranged under 11 subsections, based on different phases of life, addictions, seasons along with the Do's and Don'ts.
- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

ISBN: 978-81-319-1805-0 | ₹ 145 | 120pp

Case Analysis & Prescribing Techniques By Robin Murphy



- The author has taken a point-by-point approach to case-taking, punctuated by general discussions of the related topics.
- He has given invaluable tips, making it somewhat revolutionary compared to accepted concepts disclosed and applied in the earlier case-taking guidelines.
- Several cases are analysed throughout the book with discussions and follow-up. This book contains the transcripts of seven, 95 minute audiotapes. There is student-teacher dialogue clearing queries.
- The book also guides about potency selection.

ISBN: 978-81-319-0249-3 | ₹ 299 | 296pp

Dear Readers,

Cancer is the most dreaded one among all diseases, not only for the common public but even to learned physicians despite the fact that modern advancements in medicine has made cancers treatable, to some extent. Cancer destroys the self-confidence of the affected person to such an extent that there will be a permanent change in the self-image of the patient. Cancer is the second leading cause of death after heart diseases and the currently practised surgical resection, chemotherapy, and radiation (or a combination of all these) is not curing cancer. These interventions only provide an increased life expectancy to the individual, at a heavy cost.

Childhood cancer can occur in the same part of the body as adults, but there are differences. Children's cancer is not always treated like an adult cancer. Paediatric oncology is a medical specialty focussed on the care of children with cancer. It can occur suddenly, without early symptoms, and have a high rate of cure. Each year, an estimated 400 000 children and adolescents of 0-19 years old develop cancer. It is generally not possible to prevent cancer in children, but the most effective strategy to reduce the burden of cancer in children and improve outcomes is to focus on a prompt, correct diagnosis followed by effective, evidence-based therapy with tailored supportive care. The most common childhood cancers include leukaemia, Hodgkin lymphoma, non-Hodgkin lymphoma, brain tumour, spinal cord tumour, osteosarcoma, Wilm's tumour, neuroblastoma, retinoblastoma, rhabdomyosarcoma, Ewing family tumours, etc.

The publications on the use of complementary and alternative medicine in paediatric oncology

show consistently that homoeopathy plays a significant role in dealing with cases of cancer in children. Homoeopathy is one of the most frequently used complementary therapies for paediatric oncology in Germany. Homoeopathic medicines being 'dynamic' in nature have penetrating power unthinkable to other medical agents so that they can touch the core of the individual and make changes there. Being 'non-invasive' in character, homoeopathy possesses the potential to contribute to carcinogenesis. It induces retrocarcinogenesis directly or indirectly without compromising the quality of life. Homoeopathic medicines are really good at relieving pain as well as removing other discomforts of cancer such as general malaise, anorexia, nausea, vomiting, weakness, fever, etc. Many patients reported relatively symptom free episodes of chemotherapy or radiation therapy when they had homoeopathic medicines while having the other treatment.

The aim of homeopathy is not only to treat symptoms of childhood cancer but to address its underlying cause and individual susceptibility. Several remedies possess the ability to treat childhood cancer symptoms, while many of these drugs when given to patients undergoing chemotherapy or radiation have prevented or removed most of the discomfort usually associated with the treatment. Drugs like *Carcinosinum*, *Medorrhinum* or *Thuja occidentalis* can be used as intercurrent even for palliation.

A Quick Word on Issue Content:

This issue of "*The Homoeopathic Heritage*" is an attempt to discuss role of homoeopathy in childhood cancers through different evidence-based case studies and research papers.

The peer reviewed articles of this issue include individualised homoeopathic treatment in inflammatory joint disorder: a case report of painful nodosities by Dr Tamara Afroza, and role of homoeopathic medicines in fallopian tube blockage through hydro-tubation therapy by Dr Neeraj Gupta. The clinical case studies include Paediatric oncology and homoeopathy: a ray of hope by Dr Indu Kumari, varicose veins and homoeopathy : a case report again by Dr Indu Kumari, homoeopathic treatment of plaque psoriasis – a case report by Dr Uma Maheswari, Dr Ajayan.T, case report on quinsy (peritonsillar abscess) treated with homoeopathy by Dr Ajay Vishwakarma, an individualistic homoeopathic approach in a case of plaque psoriasis - a case report by Dr Torsa Das, Dr Sayantan Bhowmick, Dr Sadia Kamal, Dr Debanjan Chowdhury, homoeopathic treatment of renal calculi: a case report by Dr Neeta Sharma, Dr Charushila Sharma, Dr Yasha Soni. Subjective articles include Jungian philosophy and homoeopathy by Dr Monika Yadav, Dr Tahura Ahmad, role of homoeopathy in childhood cancer by Dr Yashveer Singh, , Dr Mukesh Solanki, Dr Chitrlekha Tiwari, polycystic ovarian syndrome by Dr Monika Yadav, Dr Tahura Ahmad, childhood cancers: homoeopathic approach by Dr Vaidehi Kumari Gupta, case taking and repertorisation – an art to individualise scientific complaints of patient by Dr Prabhat Vaghamsi, increasing psychological hazards and its scope in homoeopathy by Dr Naman Garg, Dr Toofan Chakraborty, role of homoeopathic medicine for the management of nocturnal enuresis by Dr Vandana Gupta, Dr Divya Rani, Dr Rahul Kumar, *Sarsaparilla officinalis*- an elixir to contact dermatitis by Dr Mehak, pathogenesis of Alzheimer's dementia in *Anacardium occidentale*,

Argentum-nitricum and *Picricum acidum* due to mental overexertion and mental fatigue and its plan of treatment by Dr Anita Bagga, leukaemia and its homoeopathic therapeutics by Dr Prastuti Jaiswal, Dr Sakshi Bhadana, Dr Surbhi, Dr Satya Prakash Singh. The research paper on efficacy of homoeopathic management in the cases of pharyngitis in paediatric age group by Dr Poonam Shinde, Dr Jagdish Borse, Dr Ganesh Patkutwar is a wonderful paper presented as per the theme of the issue. The academic section includes an article on before and after writing a

scientific manuscript-what to do by Deeksha Chaturvedi, Chaturbhuja Nayak. Another special article of this issue is on healing art of pot marigold (*Calendula officinalis* L.) in homoeopathy by Dr Hanamanth.

Homoeopathy can be projected as the best choice for cancer prevention, work definitely as the best choice for cancer palliation and can even work in cancer cure!

We hope this issue will help the fellow homoeopaths to understand the childhood cancers and their relation with homoeopathy in a

better way. We are also obliged to all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homoeopathy360.com for more information and opportunities related to homoeopathy.

Lastly, we will like to invite research papers, articles and case studies of our readers.

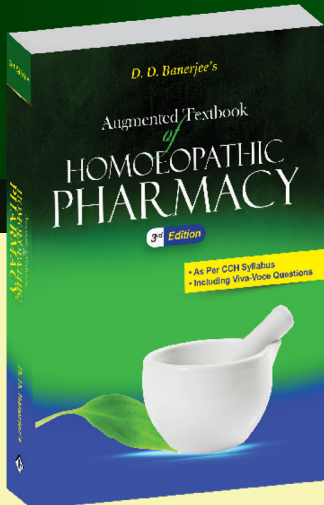
Dr Yashika Arora Malhotra

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- Several new chapters have also been introduced in the updated edition, under different sections such as Hospital Pharmacy, Industrial Pharmacy, Pharmacovigilance and Adverse Drug Reaction, and many more topics in different chapters.
- In the appendix, a few important short questions with answers have been added.

Homoeopathy in childhood cancer

Introduction

Homoeopathy, since time immemorial, has successfully treated innumerable diseases. The principles of *similia similibus curentur* and dilution far beyond the avogadro's number were the pillars that laid the foundation of homoeopathy. This science and art as referred by Master Hahnemann is flourishing with the various researches, which are adding feathers to its cap. In the recent years, the lifestyle and the environmental influences has led to rising critical illnesses, out of these, one is carcinoma. The cancer is one of the leading causes of death, even in younger age groups. The reason for lower survival rates includes delay in diagnosis and inability to obtain an accurate diagnosis, non-accessible therapy, discontinuing treatment, death due to toxicity and relapse. Improving the accessibility to childhood cancer care is highly cost effective. The incidence of cancer in children is primarily due to germline variants. Secondly, the environmental exposures are the exciting causes, though they is difficult to identify.

The conventional treatment for carcinoma, other than high cost, also has a everlasting trailing late effects of dermatitis, stomatitis, etc. that influence the quality of life (QOL). The most common types of childhood cancer include leukaemia, brain cancer, lymphoma, and solid tumours such as neuroblastoma and wilm's tumour. Some chronic infection such as HIV, epstein barr virus and malaria are the risk factors for childhood cancer. The standard

therapy includes chemotherapy, surgery and radiotherapy. Palliative care relieves symptoms caused by cancer but does not improve the quality of life.

Childhood cancer survivors though being cured of cancer often experience late effects both physically and psychological, secondary to the cancer or its treatment. Complications, disabilities or adverse outcome that are the result of the disease process or the treatment or both are generally referred as late effect.

To improve the QOL of the patient and to lessen the severity of the complications Complementary alternative medicine is quite effective. Homoeopathy is one of the frequently used therapies of CAM. Homoeopathy not only strengthen the immunity, but also enhances the quality of life of the patients. There are numerous clinical research-based evidences that mark the effectiveness of homoeopathy for management of cancer in children.

According to Dr Clarke, carcinoma could be treated well with constitutional and organopathic approach. The selection of remedy must be based on individualisation and symptom similarity along with the holistic approach. It not only treats it symptomatically but also affects the susceptibility of the individual. Medicines like *Arsenicum album*, *Bromium*, *Silicea terra*, *Cadmium sulphuricum*, *Graphites*, *Iodium*, *Kreosotum*, *Lachesis mutus*, *Secale cornutum*, *Thuja occidentalis*, and many others can be prescribed on the basis of individualisation.

Conium maculatum, *Clematis erecta*, *Scrophularia nodosa*, *Hydrastis canadensis*, *Condurango*, etc. can be prescribed organopathically. Hence, homoeopathy not only reduces the symptoms severity but also raises the overall well-being of child.

In a research review published in 2009, scientists examined eight studies using homoeopathic remedies in the treatment of cancer treatment-related side effects. One suggested that *Traumeel* (a mouth rinse containing complex of homoeopathic remedies) may alleviate mouth sores caused by chemotherapy. However, a few found that homoeopathic treatment is near to placebo effect when compared. In 2011, an observational study found that homoeopathic treatment did improve the quality of life for cancer patients. There is also a research suggesting that mistletoe, a semiparasitic evergreen shrub used in some homoeopathic preparations, may help some cancer patients tolerate better chemotherapy. A pilot survey among 1063 families registered in the paediatric cancer statistics stated that 35% of them used CAM during the course of their child's disease.

Thus, various studies have already reported the effects of homoeopathic management of carcinoma in adults and children. Still there is a lot of scope for more clinical trials to be done to prove the efficacy of homoeopathy in childhood cancer patients.

Dr Anit Acharya

Jungian philosophy and homoeopathy

By Dr Monika Yadav, Dr Tahura Ahmad

ABSTRACT: Depth psychology as described by Carl Jung shares many common views with homoeopathy. According to Carl Jung, the collective unconscious is revealed to humans in symbolic languages through dreams, imaginations, etc. These are the reflections of aspects of individual yet to be discovered. Similarly in homoeopathy, one tries to understand the patient in totality by his individualising features, which guides towards selection of the most similar medicines- resembling Jung's archetypes. This article attempts to demonstrate their complementary nature.

keywords: depth psychology, collective unconscious, archetypes, homoeopathy

Introduction

As discovered in microphysics as well as in Jung's work in depth psychology, the processes of form underlie the basic dynamics of both matter and psyche. Form implies pattern, analogy, and even aesthetics. Over and above mechanical and chemical dynamics, form-patterns are expressions of symbolic correlations, correlations of analogy or similarity, of "as if." Similarly, nuclear physics uses symbolic images in order to create models of the behaviour of ultimate entities not otherwise describable; and depth psychology has discovered that symbolic images and correlations are among the most powerful transmitters of energy, capable of "moving mountains." Imaginal and symbolic thinking is moreover eminently helpful in grasping the constitutional "remedy pictures" of the homoeopathic materia medica. Beyond that it may open our eyes to a new view of existence helping us conceive how psyche and soma, man and earth function as different aspects of one integrated field.⁽¹⁾

C. G. Jung found alchemy to be extremely useful for psychoanalytic process. Homoeopaths are also well versed in this metaphor, i.e. process of turning poison into medicine

is nothing if not an alchemical transformation. The two key concepts illuminate the connections between homoeopathy and depth psychology including Jung's understanding and use of the term libido, and Hahnemann's use of the term life force.⁽²⁾

Whichever way we turn we cannot avoid crisis, pain and disease. The tendency to illness appears to be an aspect of the earth dynamic, as is healing. They are the two sides of the same coin. "That which wounded shall heal" is the oldest known formulation of the similia similibus curentur, wisdom of the unconscious or of the gods.

The evidence of the homoeopathic provings and of the efficacy of the simillimum selected from the specific symptom totality demonstrates the fact that for every possibility of personality as well as organismic pattern, hence for every possibility of illness pattern, there is also a substance pattern "out there" which minutely duplicates it. The provings show that every existing substance contains or embodies a disordering potential of human existence that can be activated by the process of potentisation, a desubstantialisation which turns even the so-called "inert" substances into potent agents.⁽¹⁾

Collective unconscious

The collective unconscious is a universal version of the personal unconscious, holding mental patterns, or memory traces, which are shared with other members of human species (Jung, 1928). These ancestral memories, which Jung called archetypes, are represented by universal themes in various cultures, as expressed through literature, art, and dreams.

"The form of the world into which [a person] is born is already inborn in him, as a virtual image". According to Jung, the human mind has innate characteristics "imprinted" on it as a result of evolution. These universal predispositions stem from our ancestral past. Fear of the dark, or of snakes and spiders might be examples.

Archetypes

Jungian archetypes are defined as images and themes that derive from the collective unconscious, as proposed by Carl Jung. Archetypes have universal meanings across cultures and may show up in dreams, literature, art or religion.

Jung (1947) believes symbols from different cultures are often very similar because they have emerged from archetypes shared by the

whole human race which are part of our collective unconscious.

For Jung, our primitive past becomes the basis of the human psyche, directing and influencing present behaviour. Jung claimed to identify a large number of archetypes but paid special attention to four.

Jung labelled these archetypes the self, the persona, the shadow and the anima/animus.

The Persona

The persona (or mask) is the outward face we present to the world. It conceals our real self and Jung describes it as the “conformity” archetype. This is the public face or role a person presents to others as someone different to who we really are (like an actor).

The Anima/Animus

Another archetype is the anima/animus. The “anima/animus” is the mirror image of our biological sex, that is, the unconscious feminine side in males and the masculine tendencies in women. Each sex manifests attitudes and behaviour of the other by virtue of centuries of living together. The psyche of a woman contains masculine aspects (the animus archetype), and the psyche of a man contains feminine aspects (the anima archetype).

The Shadow

Next is the shadow which is the animal side of our personality (like the id in Freud). It is the source of both our creative and destructive energies. In line with evolutionary theory, it may be that Jung’s archetypes reflect predispositions that once had survival value.

The Self

Finally, there is the self which provides a sense of unity in experience. For Jung, the ultimate aim of every individual is to achieve a state of selfhood (similar to self-actualisation), and in this respect, Jung (like Erikson) is moving in the direction of a more humanist orientation.⁽³⁾

The archetypal principle itself, however, is as such inaccessible to our direct sense observation. One can see only its manifestations e.g. root, stem, leaf, blossom, etc. By means of reasoning abstraction, the existence of the common primordial force principle is proclaimed which manifests in those elements. Similarly, one can describe only manifestations of the spiritual entity that metamorphosises as soul images, body functions and shapes, as well as animal, plant and mineral forms. The very direct experience of this creative entity itself is not possible for us, as yet. However, exactly the same situation prevails in our understanding of any other force or energy (e.g. gravity, magnetism, etc.). we experience only its effects and deduce by reasoning abstraction its inherent laws of manifestation.⁽¹⁾

In homoeopathy, we can refer to each medicine as representing an archetype in its physical and emotional characteristics. In doing so, one must realise that the domain of an individual remedy is unknown and unknowable in its entirety, but that we experience it in part (more so with well-proven and clinically tested remedies) and cannot corral it into limited, “pat” descriptions, such as “mental essences”. Of course, one looks for the “fingerprint” of the remedy in the symptoms of the patient, if considering the prescription of a polychrest. The fingerprint is that core cluster of symptoms: mentals, generals and modalities, without

which prescription of the polychrest is less likely to be successful. Beyond that, there is tremendous variety in the presentations of the homoeopathic archetypes. For example, archetypes such as those of *Sepia* and *Phosphorus* are known in larger part because of extensive provings, clinically cured symptoms and reconfirmation with experience, but the totality of the archetype is still not known, nor does the totality of the known constellation of aspects appear in any one patient. Similarly, like waxing moons, the archetypes of countless lesser-known remedies such as *Grindelia* or *Juglans Regia* are partly in the shadow of still-to-be-conducted provings and clinical experiences.⁽⁴⁾

THE SYMBOLS-

For Jung and depth psychology, symbols/images can be an important element or guide in the healing journey. Jung-ians use symbols and images in dream interpretation and active imagination. Homoeopaths might also recognise a homoeopathic remedy picture based on symbols and images that manifest in dreams or “delusions”. For Jung, the appearance of a symbol can herald the be-gin-ning of healing. “With the birth of the symbol, the regression of the libido into the unconscious ceases. Regression changes into progression, blockage gives way to flowing, and the pull of the primordial abyss is broken.” Symptoms, whether presenting in physical, emotional or mental disturbances of the life force, are thus expressions of the libido. For both homoeopaths and depth psychologists, symbols and images present in dreams and “delusions,” are also experienced as vital expressions of the life force/libido.⁽⁴⁾ The symptoms which patients bring to us as homoeopathic care-givers, representative of their suffering,

are not accompanied by conscious awareness of their meaning, but rather are manifestations of the mis-tuned vital force, that “spirit-like dynamis” which animates us (Organon, §9-17)¹². This “dynamis” is not visible in consciousness except in its generation of symptoms. Likewise, the unconscious is not visible to us except in its manifestation of symbols. They are our bridge to the archetypal world.⁽⁴⁾

In homoeopathy, dream material is used to confirm the prescription of remedies for physical, mental, and emotional problems. As Whitmont writes, there is no separation between psyche and soma, or between psychological and physical problems. “In the light of the new physics, the mind/matter dichotomy is thus an illusory separation brought about by experiencing reality.”⁽²⁾

The homoeopath arranges, assays, collects a picture. We speak and think in terms of remedy pictures. One may assay the expression of an energy field of the illness, unknown per se, but found and manifesting

itself in the way it arranges the symptoms, the expressions of the disturbed physiologic functioning and this field effect is being compared to grand total image, with a similar field effect which has been observed by exposing the organism to the energy field of the drug. Thereby, one establishes the exact drug action and drug energy in the form of a drug image. In practical terms, this means that homoeopathy never deals with an overt disease manifestation-with an infection, shall we say-but with that disturbance which enables the infection to take hold, which contains it as a partial element. It does not deal with an effect of changed chemistry, but with that energy, that ordering element, which permits this change of chemistry to occur.⁽¹⁾

Conclusion

These disciplines (homoeopathy and Jungian psychology) share a substantial resonance with each other. Homoeopathy bridges the gap between psychae and soma by means of its holistic approach towards

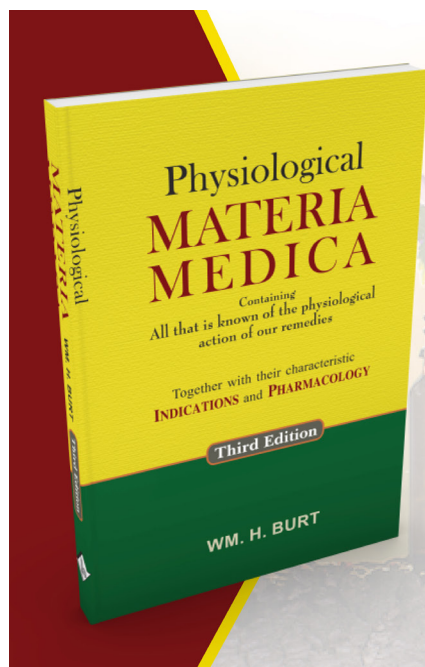
the sick person. The homoeopathic medicines present themselves as different personality types just like the various archetypes describes by C. Jung. Thus, homoeopathy and Jungian psychology are like twin souls.

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Paediatric oncology and homoeopathy: a ray of hope

By Dr Indu Kumari

ABSTRACT: Homoeopathy is among the most commonly used alternative medical approach in oncology. Evidences are present to prove the use of homoeopathic medicines in relieving the present complaints of each and every stage of cancer, after surgery, after chemotherapy, after radiotherapy, in pain palliation and improving the overall quality of life and survival time of the patient. This article aims to explore the applicability of homoeopathic medicines in the field of paediatric oncology.

Keywords: paediatric, oncology, homoeopathy, individualised, constitutional.

Abbreviations: IARC (International agency for research on cancer), WHO (World Health Organisation), ALL (acute lymphoblastic leukaemia), AML (acute myeloid leukaemia), CML (chronic myeloid leukaemia), CTX (chemotherapy in cancer).

Introduction

Cancer is the leading cause of death worldwide accounting for nearly 10 million deaths in 2020, or nearly one in six deaths⁽¹⁾. According to IARC global cancer observatory, in 2020 almost 2,80,000 children and adolescents (aged 0-19) were diagnosed with cancer worldwide and almost 1,10,000 children died from cancer. Actual number may still be very high. Most common types of childhood cancers include leukaemia, brain cancers, lymphomas and solid tumours such as neuroblastoma and Wilm's tumours. 80% children with cancer in developed countries are successfully treated and survive. But in low- resource countries many children die without access to proper diagnosis and treatment. Many survivors of childhood cancer require lifelong medical follow up. Global initiative for childhood cancer launched by WHO has aimed of achieving 60% survival rate of childhood cancer by 2030⁽²⁾.

Cancer is a 'genetic disease' as gene mutations and chromosomal alterations are the hallmark of all cancer cells. The term 'genetic' in this context refers to molecular

pathology of the disease and not to transmission from generation to generation. It shall be noted that while all cancers are characterised by genetic alterations, only 2%-5% of human cancers are hereditary⁽³⁾. Genomic instability is a cardinal feature of cancer. This genetic instability is the main hindrance in the treatment of cancer.

Homoeopathy is currently one of the most commonly used complementary and alternative method used by paediatric cancer patients with a high acceptance rate of 32%. A pilot survey among 1063 families, registered in the paediatric cancer statistics, stated that 35% of them used any of the complementary and alternative method, out of which 45.2% used homoeopathy⁽⁴⁾. This report shows that in a patient of CML, severe mucositis was treated successfully by *Silicea terra*; tissue infection in ALL by *Bryonia alba*; insomnia in a case of CML by *Natrum muriaticum*; and spasm after CTX in a case of AML by *Chamomilla*. Homoeopathy is the most commonly used complementary and alternative medicine in paediatric oncology in Germany also with a very high patient satisfaction

rate. Constitutional homoeopathic treatment helps in stimulating the immune system of the patient to fight against the disease and helps in fast recovery.

Constitution is not just a physical make up of a person; rather it is the end up result of the qualitative aggregation of our morphological, moral, emotional, behavioural and intellectual characteristics of the organism which determine the specificity of reactions to external agent and are formed on the basis of hereditary and acquired properties. Our constitution reflects the functional aspect of every cell of the body. The pattern of disease to which the individual will get affected is determined not only by the causative factor but also by the constitution of the person. The term constitution has been used by the homoeopathic stalwarts in the pathological context to refer to the miasmatic theory accounted for the treatment of chronic diseases⁽⁵⁾. In the context of Cancer, it will prove a torchbearer to understand the cancer constitution and to differentiate between the patient oriented symptoms and disease oriented symptoms to reach the

individualisation.

Homoeopathy believes in emergence of disease process from the dynamic level of the individual. The soul and the mind get diseased first disturbing the whole biochemical balance of the body. The altered biochemistry of the body in turn disturbs the synchronous functioning of all the cells on *molecular basis* and ultimately brings a functional change in the subject. This disharmony progresses as pathological change implicating on the organs and systems evident as symptoms. Thus homoeopathic system of medicine has the capability to handle this disease on molecular basis and far better than any alternative system of medicine. Individualised homoeopathic medicines have the ability to reach the innermost level of cause of the disease and remove the same from inside out.

Our miasmatic theory better explains the “soil” or ‘the inherited traits of oncology’. Psora, syphilis, syphilis and tubercular miasms all together forms the base or soil of cancer. Unlike all cancers, leukaemia does not form tumour, and when manifested in children (degeneration earlier than age) proves a strong syphilitic dominance.

Well apart homoeopathy has to go a long run with more researches ahead in the field of oncology. Homoeopathic materia medica⁶ and repertory⁷ possess vast treasure of medicines that can work on the basis of holistic individualised approach and can help in the treatment of cancer.

Medicines in Kent's Repertory:

Generalities⁽⁶⁾ :

CANCEROUS affections :

encephaloma: Acet-ac., *ars.*, *ars-i.*,

calc., carb-ac., *carb-an.*, caust., kali-i., *kreos.*, *lach.*, nit- ac., **Phos.**, *sil.*, sulph., *thuj.*

scirrhus: Alumn., arg-m., *ars.*, *aster.*, *calc-s.*, **Carb-an.**, carb-s., carb-v., **Con.**, *graph.*, *hydr.*, *lap-a.*, *phos.*, *phyt.*, sep., **Sil.**, taph., sulph.

glands: *Aur-m.*, **Carb-an.**, **Con.**

LEUKEMIA : Acet-ac, *ars*, *calc.*, *calc-p.*, carb-s., carb-v., *chin.*, crot-h., ip., kali-p., **Nat-a.**, nat-m., nat-p., **Nat-s.**, nux-v., *pic-ac.*, sulph., *thuj.*

Medinines from W. Boericke's Repertory:

Generalities⁽⁷⁾ :

Cancer of bone: Aur-i., Phos., Symp.

Cancer, to relieve pains: *Apis.*, Anthraci., *Ars.*, *Aster.*, Bry., Calc., *Calc-act.*, Calc-ox., Carc., Cedr., Cinnm., Con., Cund., Echi., *Euph.*, Euph-he., *Hydr.*, Mag-p., Morph., Ovi-p., Ph-ac., Sil.

Homoeopathic prescription is based on the totality of symptoms. It takes into account the whole scenario of the patient including desire, aversion, wills, state of mind and disposition, physical generals, particulars and pathological state. However, some oncological indications from the *William Boericke's Materia Medica*⁽⁷⁾ are mentioned below:

Anthracinum: Malignant ulcers.

Arsenicum album: Degenerative changes. Reduces the refractive index of blood serum. Maintains the system under the stress of malignancy regardless of location.

Asterias rubens: Has an unquestioned influence on cancerous diseases.

Aurum metallicum: Deteriorations of the body fluids and alterations of

the tissues.

Baryta carbonicum: Affects glandular structures and is useful in degenerative changes.

Baryta muriatica: White blood corpuscles increased (leucocytosis, leukaemia)

Benzolum- coal naphtha: It ought to be of use in leukaemia.

Cadmium sulphuratum: Carcinoma, helps persistent vomiting. Coffee ground or black vomiting. Burning or cutting pain in stomach.

Calcarea carbonicum: Raises blood coagulability.

Calendula officinalis: In cancer as an intercurrent remedy. Has a remarkable power to produce local exudations and helps to make acrid discharges healthy and free.

Carcinosinum: A nosode from carcinoma. It is claimed that *Carcinosinum* acts favourably and modifies all cases in which either a history of carcinoma can be elicited, or symptom of the disease itself exist (J.H. Clarke, M.D.)

Ceanothus americanus: Active hemostatic, materially reducing the clotting of blood. Leukaemia.

Conium maculatum : Growth of tumours. Acts on glandular system, engorging and indurating it, altering its structure like scrofulous and cancerous conditions. Tumours, piercing pain worse at night.

Echinacea angustifolia: Tendency to malignancy in acute and sub-acute disorders. Last stages of cancer, to ease pain.

Euphorbinum officinarum: Pain of cancer. Terrible burning pain. Ulcerating carcinoma and epithelioma of skin.

CASE STUDY

Galium aparine: cancer- nodulated tumour of the tongue.

Hekla lava: Osteosarcoma. Bone necrosis.

Hydrastis canadensis: Cachectic individuals with great debility. Cancer and cancerous state, before ulceration, when pain is the principal symptom. Ulcers and cancer.

Iodum: Hodgkin's lymphoma.

Lachesis mutus: Decomposes the blood rendering it more fluid.

Lapis albus: Affections of the glands, pre-ulcerative stage of carcinoma. Burning, stinging, pain in the breast, stomach and uterus (carcinogenic stage).

Mercurius solubilis: This malignant medicinal force is converted into a useful life saving and life preserving service if employed homoeopathically, guided by its clear cut symptoms. The lymphatic system is especially affected.

Phosphorus: Polycythaemia. Disorganises blood.

Psoralea: A Columbian plant- used in pain of cancer, ulcers.

Scirrhinum: Cancer nosode,

cancerous diathesis, enlarged glands.

Strontium carbonicum: Chronic sequel of haemorrhage, after surgery, with much oozing of blood, coldness and prostration. For shock after surgery.

Taraxacum officinale: Cancer of bladder.

Tarentula cubensis: It is the remedy for pain of death; soothes the last struggles. Burning, stinging pain.

X ray: Repeated exposure to Roentgen (X-ray) has produced skin lesions often followed by cancer. Distressing pain. Sexual glands are particularly affected. Atrophy of ovaries and testicles. Changes take place in the blood lymphatic and bone marrow. Anaemia and leukaemia.

Conclusion

Constitutional homoeopathic medicine treats the patient, not the disease. It not only palliates the pain but also has the ability to increase the survival time of the patient as well as improves the quality of life. In cases where cure is not possible homoeopathy has proved itself a boon for making the life of the

patient easy.

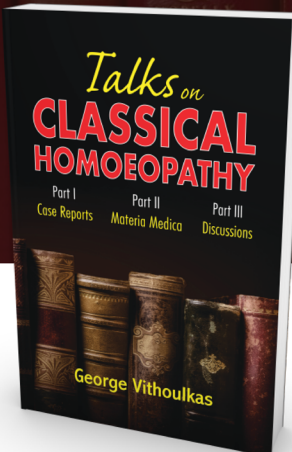
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Role of homoeopathy in childhood cancer

By Dr Yashveer Singh, , Dr Mukesh Solanki, Dr Chitralekha Tiwari

Abstract: Cancer is a term used to describe over a hundred different diseases with certain features in common. A cancer begins with a change in the structure and function of a cell that causes the cell to divide and multiply out of control. The cells can subsequently invade and damage surrounding tissues, and cells can break away and spread to other areas in the body. A cancer is generally named for the organ or type of cell which it first begins to grow.

Childhood cancer can occur in the same part of the body as adults, but there are differences. Childhood cancer can occur suddenly, without early symptoms, and have a high rate of cure.

Keywords: cancer, homoeopathy, children, palliation, chemotherapy, radiotherapy

Abbreviations: MIGB - iodine meta-iodobenzylguanidine, CT – computed tomography, MRI – magnetic resonance imaging, PET - positron emission tomography, CAM - complementary and alternative medicine, RCT - randomised controlled trial

Introduction

Homoeopathy is among the commonly used alternative approaches in cancer. It is being widely used as palliative and curative in patients suffering from cancer. Though studies on the use of homoeopathy in cancer after surgery, radio therapy and chemotherapy have been reported, clinical trials on effects of homoeopathy in cancer are rare. Some studies on the effect of dosage of homoeopathic medicines and their mechanism of action in cancer have also been published. A few case reports published here and there also find a mention in different databases. It was found that beneficial effect of homoeopathic medicines is reported on some cancer cell lines via apoptosis and immune modulation. Homoeopathic treatment given as add on also improves the quality of life, survival time and presenting complaints. However, more evidence needs to be generated to demonstrate anti tumour or anti metastatic potential in controlled clinical trials¹.

Different types of childhood cancer

1. Leukaemia
2. Hodgkin lymphoma
3. Non-Hodgkin lymphoma
4. Brain tumour
5. Spinal cord tumour
6. Osteosarcoma
7. Wilms tumour
8. Neuroblastoma
9. Retinoblastoma
10. Rhabdomyosarcoma
11. Ewing family tumours

Sign and symptoms of childhood cancer mainly depends upon the type of cancer, some common findings are as follows:

- Weight loss
- Rashes
- Bleeding or excessive bruising
- Tiredness or excessive fatigue

Recurrent infection

Early morning headache often associated with vomiting

Nausea with or without vomiting

Persistent and recurrent pyrexia or fever of unknown origin

Eye or vision changes

Mass or lump in the region of neck, abdomen, pelvis, chest, or armpit.

Diagnosis of childhood cancer

There are following tests mainly done in order to diagnose childhood cancer

Blood studies

Tissue biopsy

Bone marrow biopsy

Bone marrow aspiration

CT scan

Bone scanning

Echocardiogram

Central lines

Gallium scans

MRI

PET scan

Kidney tests

Ultrasound

Pulmonary function test

Lumber puncture

MIGB scan

Homoeopathic medicines for childhood cancer

Homoeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualisation and symptoms similarity by using holistic approach. This is the only way through which a state of complete health can be regained by removing all the sign and symptoms from which the patient is suffering. The aim of homoeopathy is not only to treat symptoms of childhood cancer but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several remedies are available to treat childhood cancer symptoms that can be selected on the basis of causes, sensations and modalities of the complaints. There are following remedies which are helpful in the treatment of cancer symptoms:

Arsenicum album, Bromium, Cadmium sulphuricum, Carbo animalis, Carcinosinum, Conium maculatum, Hydrastis canadensis, Lycopodium clavatum, Nitricum acidum, Phosphorus, Phytolacca decandra, Silicea terra, Antimonium crudum, Apis mellifica, Arsenicum iodatum, Aurum muriaticum, Baptisia tinctoria, Bellis perennis, Cadmium sulphurica, Calcarea carbonicum, Carbo

vegetabilis, Graphites, Iodium, Kalium bichromicum, Kalium iodatum, Kalium phosphoricum, Kalium sulphuricum, Kreosotum, Lachesis mutus, Mercurius solubilis, Opium, Secale cornutum, Sulphur, Thuja occidentalis, and many other medicines².

Homoeopathy is among the most famous alternative system of medicine. Homoeopathy is most commonly used complementary and alternative medicine (CAM) in paediatric oncology in Germany and patient satisfaction with homoeopathic treatment is very high³. Homoeopathy is a complete system of medicine which is established in practise and theory.

The basis of homoeopathy is based on:

Similia similibus curentur (like cure like)

Holistic treatment

Serially diluted medicines prepared by succussion and dilution

More a substance is diluted, more potent it becomes⁴

According to the 2003 report of the World Health Organisation, cancer is the 2nd largest cause of death in developed countries⁵. Conventional medicines are usually used to treat cancer. Side effects of non-surgical orthodox treatments limit their use despite they can treat and prevent cancer. In such cases, cancer patients turn towards alternative therapies including homoeopathy⁶. In the UK, almost 30% patients in homoeopathic hospitals were referred directly by oncologists. Some homoeopathic medicines have been proven clinically and experimentally; however, there is a wide range of medicine on which data has not found.

Palliative approach of homoeopathy in cancer

Homoeopathy can be used as a supportive or palliative treatment. As a palliative and supportive approach, homoeopathy is used to develop general health and to relieve the pain and suffering resulting from other orthodox treatment.^{6,7} A case of metastatic adenocarcinoma of the rectum, terminal squamous cell carcinoma of the cheek and carcinoma of the larynx received homoeopathic medicines prescribed on constitutional grounds relieved the patient's symptoms markedly.

Homoeopathic approach after radiotherapy : A randomised controlled trial was conducted by Kulkarni to find the efficacy of homoeopathy in decreasing the severity of radiotherapy-related adverse effects. Patients were grouped randomly divided into three groups. One group was given *Causticum* 30, a second group was given *Cobaltum* 30 and the third group received placebo. These medicines were selected on the basis of their use in decreasing symptoms of radiation reaction. Tumour reduction was insignificantly decreased in medicine groups.⁸ A study with 254 participants proved topical *Calendula officinalis* as powerful prophylactic as compared to trolamine in radiotherapy-induced dermatitis.⁹

Homoeopathic approach after chemotherapy-A preliminary, non-randomised controlled clinical trial tested the efficacy of *Traumeel S* on stomatitis occurred due to chemotherapy. *Traumeel S* is a homoeopathic combination prepared by combining *Calendula officinalis* 2X, *Millefolium* 3X, *Belladonna* 2X, *Arnica montana* 2X, *Hepar sulphuris* 6 × 0.1, *Symphitum*

officinale 6X, *Mercurius solubilis* 6 × 0.05 g, *Echiria purpurea* 2 × 0.025 ml, *Aconitum napellus* 2 × 0.06, *Chamomilla* 3X, *Bellis perennis* 2 × 0.05 ml and *Echinacea angustifolia* 2X. A total of 20 patients including children and teenagers received *Traumeel S* and were compared with seven controls (received no treatment for stomatitis) having similar stages of cancer and same age groups. The efficacy was determined by the pain level that was measured according to the requirement of opiates. Requirement of opiates and symptoms duration was significantly different in the intervention and control group favouring the treatment group.¹⁰ Later, a larger randomised controlled trial (RCT) was carried out by same author to estimate the efficacy of *Traumeel S* in cancer patients for stomatitis occurred due to chemotherapy after autologous or allogeneic stem-cell transplantation. During the first 7 days of trial, subjective symptom scores of patients were recorded. Intervention group showed significant reduction of duration and/or severity of stomatitis compared to control group.¹¹

Conclusion

Homoeopathy can be a useful approach in cancer in children. Various studies reported the effects

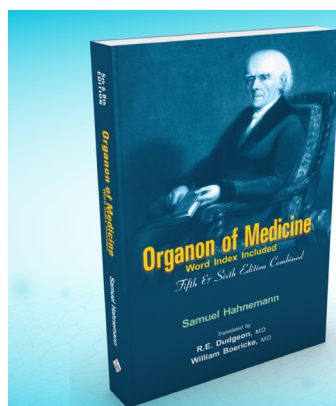
of homoeopathic medicines in the management of cancer pain and other symptoms related to cancer. A few studies also tried to elaborate the mechanism of homoeopathic medicines in cancer using cellular and animal models. Some studies reported that apoptotic effects and modulation of gene expression of homoeopathic medicines in cancer while other studies negate this mechanism. In clinical arena, research studies of Homoeopathy in cancer are lacking and only described extended survival time in cancer patient or as an adjuvant with conventional treatment or removed side effects of conventional treatment. More evidence needs to be generated to demonstrate anti-tumour or anti-metastatic potential in controlled clinical trial.

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Varicose veins and homoeopathy : a case report

By Dr Indu Kumari

Abstract: Varicose veins refers to veins that become permanently swollen, twisted or enlarged. Although it is not fatal initially, but the pain in later stages of the disease becomes unbearable. Modern medicine has very limited scope in varicose veins except for pain killers and surgical interventions. Homoeopathy has been proving its worth not only in curing chronic cases but also alleviating the pain and distress in advanced pathological cases. A case of 32 year old lady is presented in this article that responded very well to *Lachesis mutus* 200C, and relieved in the short span of one month.

Methods: A detailed case taking was done and varicose vein was diagnosed on the basis of clinical history, physical examination and previous medical records. Homoeopathic medicine was prescribed on the basis of symptom similarity with the aid of repertorisation.

Result: The patient responded remarkably to homoeopathic medicine *Lachesis mutus* 200C.

Conclusion: Homoeopathic medicine was successful in relieving the severe pain of varicose vein remarkably in less than a period of one month.

Keywords: *varicose veins, homoeopathy, Lachesis mutus*

Abbreviations: N/S (nothing significant), HTN (hypertension), NAD (no abnormality detected), B.D. (twice a day), ICD (International classification of diseases), BP (blood pressure)

Introduction

Varicose veins are permanently dilated and tortuous superficial veins ≥ 3 mm in diameter measured in upright position with demonstrable reflux. It affects mainly the lower extremities and that also the saphenous vein and its tributaries. Due to change in the lifestyle of people, nowadays, the cases are increasing day by day with a burden of 5% cases every year in India¹. About 30% - 40% of the adults are estimated to suffer from this disorder². Varicose veins of rectum are known as haemorrhoids while that of scrotum is varicocele. Females are affected more commonly than males, especially during pregnancy. Pathogenesis and natural history of the disease is still unknown perhaps due to its multifactorial origin. Pathophysiology of the venous system from the hemodynamic point of view, consequences of valvular dysfunction and genetical predisposition have been confirmed

in the causation of varicose veins³. Risk factors includes pregnancy, prolonged standing occupation, old age, rise in intra-abdominal pressure and athletics. Varicose veins are generally neglected since it is asymptomatic initially. But with the advancement of the disease, it may cause severe excruciating aching, burning, tensive pain in the affected area after standing or walking a little longer or from exertion, muscle cramps, oedema, skin trophic changes, leg ulcers, deep vein thrombosis and thrombophlebitis⁴. Modern medicine has a very little scope in this context initially as painkillers and then endovenous laser treatment, surgical removal of varicose vein and sclerotherapy. Despite the gravity of the disorder, a little effort has been made in this area. Homoeopathy has a lot to offer to this field since homoeopathic medicines not only have the ability to relieve the patient from the sufferings but it also halts the disease progress

further in advanced pathological cases. A holistic approach is needed to relieve the patient from pain.

Case study

This is a case of 32-year old female patient having varicose veins. Treated remarkably with *Lachesis mutus* 200C in not just relieving the severe pain but also in lessening the frequency and intensity of occurrence of distress.

29/12/2021

Present complaints:

Severe burning pain in both lower limbs. Right > left.

Pain < standing or walking for little long (3+), > tight bandaging, hard pressure.

Pain < night (3+).

Constipation since childhood.

Treatment history: Taking allopathic medicines.

Personal history: Unmarried, private employee. No addiction.

Family history: HTN in grandfather and father.

Mental generals:

-Anger (2+), irritability (2+) - on trifling ailments.

-Irritability < before menses, > during menses.

- Offended easily, every harmless word hurts her deeply.

-According to her she is not in the place she is supposed to be. She failed in her competitive exams and now she feels very hopeless. She

fears to do anything; she says “now I am not able to do anything”. Feels depressed (3+).

Physical generals:

Thermally hot(2+)

Desire sour (3+)

Thirst- 2-3 litres/day.

Bowel –constipated, stool once in 2 days, > during menses.

Menstrual history: Regular (30 days cycle, 3 days), NAD.

Physical examination:

Pulse -80 beats per minute

B.P. – 110/70 mm Hg.

Lean thin, weak, earthy complexion.

Veins bluish and prominent over popliteal fossa, around ankles and feet. Right > left. No skin changes. Veins were palpable over popliteal fossa and feet on standing (++).

Provisional diagnosis: Varicose veins (ICD -10-CM- code- I83.90)⁵. On the basis of clinical history, physical examination and previous medical records.

Analysis and evaluation: 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 -

Disease oriented symptoms	Patient oriented symptoms
<ul style="list-style-type: none"> Varicose veins Burning pain, lower limbs (3+) 	<ul style="list-style-type: none"> Hopeless (3+) Discouraged (3+) Irritable (2+), > menses. Constipation > menses.(2+) Pain < night(3+) Pain – right limb Desire –sour (3+) Thermally hot (2+)

Totality of symptoms:

Totality of symptoms	Miasm
Mind- Hopeless (cross ref.- Despair)	Syphilis
Mind - Discouraged	Syphilis
Mind-Irritation	Psora
Gen- Warmth aggravation	Syphilis
Gen - Menses amelioration	Latent psora
Gen- Sour desire	Psora
Gen - Varicose vein	Pseudo psora
Ext- Pain, burning, lower limbs	-
Ext - Pain < night.	Syphilis.

CASE STUDY

Miasmatic analysis: Repertorisation was done by using *Synthesis Repertory* using RADAR 10.0 homeopathic software⁶. Analysing the symptoms with reference to miasms⁷, syphilis and psora have grasped the entire case altogether. So, this case lies in the zone of psoro-syphilitic miasm.

Repertorial analysis and selection of medicine: Repertorial analysis shows that *Lachesis mutus* carries highest marks covering all symptoms and grades, accordingly *Pulsatilla* and *Plumbum metallicum* were next to it. But considering the constitution of the patient and

side affinity by consulting *materia medica*^{8,9}, *Lachesis mutus* was selected as simillimum. Potency 200 C was selected on the basis of advanced pathological dilatation of varicose veins and susceptibility of the patient.

Prescription: 29/12/2021-*Lachesis mutus* 200C/ 2 dose/B.D., placebo for 7 days/B.D.

Follow up:

Date	Condition of the patient	Prescription
07/01/2022	Pain better by 50%, burning sensation disappeared.	Placebo for next 7 days/B.D.
19/01/2022	Further amelioration in pain. Could stand or walk for some time with ease.	Placebo for next 7 days/B.D.
28/01/2022	Pain better by 80%, patient feeling better emotionally as well. Constipation relieved up to once daily.	Placebo for next 15 days/B.D.

Advise to the patient:

Avoid standing and walking for long, instead walk with low impact and take little rest in between.

Raise legs against wall daily before sleep for at least 15 to 20 minutes.

Keep pillows under limbs or slightly elevated from body during sleep.

During daytime, now and then move toes inside your shoes. Not to hang down limbs for long.

Calf jerk or raises will improve the muscle power of calf muscles¹⁰.

Take roughage in diet to relieve constipation.

Discussion and conclusion

After prescribing *Lachesis mutus* 200C on 29/12/2021, the pain started ameliorating from the day medicine was started. Not only the patient was relieved from the agonising pain she was suffering, but also she was feeling quite well with her emotions. She started feeling well. The intensity and frequency of the pain started decreasing simultaneously with the subsequent follow ups improving the overall quality of the life of the patient. Homoeopathic medicines have the ability to relieve the distress of patient whatsoever be the disease. An individualised homoeopathic medicine not only cures the patient but also acts as a great pain palliative in advanced

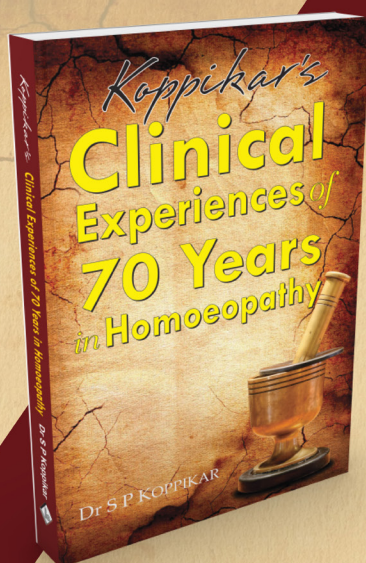
irreversible pathological conditions.

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Polycystic ovarian syndrome

By Dr Monika Yadav, Dr Tahura Ahmad

Abstract: Polycystic ovarian syndrome is symptom complex with amenorrhoea (absence of menses), hirsutism (increased body hair) and enlarged ovaries with multiple cysts. It has now become the most common hormonal disorder in women. PC.O.S. may set in early adolescent life and is now well recognised as one of the most common cause of infertility in reproductive age group, it may also lead to long term implications on the patient's metabolic, reproductive and cardiovascular health.

Keywords: PCOS, obesity, type 2 diabetes mellitus, cardiovascular diseases

Abbreviations: polycystic ovarian syndrome (PCOS), National Institute of Health (NIH), National Institute of Child Health and Human Development (NICHD), European Society of Human Reproduction and Embryology (ESHRE), American Society for Reproductive Medicine (ASRM), mitogen-activated protein kinases (MAPKs), elevated luteinising hormone (LH), gonadotropin-releasing hormone (GnRH) levels, follicular-stimulating hormone (FSH)

Introduction

Polycystic ovarian disease is a heterogenous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. It was discovered by and named as Stein-Leventhal syndrome in 1935. Current incidence of PCOS (5-6%) is fast increasing lately due to change in lifestyle and stress.⁽¹⁾

Prevalence

The estimated prevalence in India ranged from 3.7 to 22.5 per cent.⁽²⁾ The prevalence estimates also vary according to the criteria from 4%–8% as per the (National institute of health) NIH/NICHD (National institute of child health and human development) criteria to as high as 15%–20% when the (European Society of Human Reproduction and Embryology) ESHRE/ASRM (American Society for Reproductive Medicine) criteria are used. A cross-sectional study among adolescent and young girls in Mumbai, India, indicated the prevalence of

22.5% by Rotterdam and 10.7% by androgen excess society criteria. The prevalence of PCOS in the Indian subcontinent Asian women was 52%⁽³⁾. The prevalence of PCOS was found to be higher or lower depending on the criteria used, which might be the obvious reason for the discrepancy in the prevalence rates among the studies.⁽²⁾

The rates of PCOS in mothers and sisters of patients with PCOS were 24% and 32%, respectively, although the risk was higher when considering untreated premenopausal women only⁽⁴⁾.

Aetiology and pathogenesis

PCOS has been attributed to several causes such as-

Change in lifestyle

Diet

Stress

Genetic and familial environmental factors (autosomal dominant inherited factors) were later added as etiological factors in development of PCOS.

Another view held for occurrence

of PCOS is enhanced serine phosphorylation unification activity in the ovary (hyperandrogen) and reduced insulin reception activity peripherally (insulin resistance).⁽¹⁾

Obesity and PCOS-

Polycystic ovary syndrome is an obesity-related condition. As such, weight-gain and obesity contribute towards the development of PCOS. However, there are also mechanisms whereby the development of PCOS can contribute towards further weight-gain and hamper efforts to establish effective weight-loss. Weight-gain and obesity in women with PCOS also promote worsening insulin resistance, and both metabolic dysfunction (mediated through further impairment of the PI3-kinase post-receptor insulin pathway) and the characteristic reproductive and hyperandrogenic features of this condition. Therefore, the effects of weight-gain on insulin resistance and hyperinsulinaemia, and the dysmetabolic and steroidogenic implications of the impaired PI3-kinase and intact MAP kinase post-receptor insulin pathways respectively, forms the central component of PCOS pathogenesis and underlie the

association of weight-gain and obesity with PCOS⁽⁵⁾

Clinical features

Clinical features of PCOS develop early with oligomenorrhoea (87%) or with a short period of amenorrhoea (26%) followed by prolonged or heavy periods.⁽¹⁾

Elevated luteinising hormone (LH) and gonadotropin-releasing hormone (GnRH) levels, whereas follicular-stimulating hormone (FSH) levels are muted or unchanged. Approximately 25% of patients with PCOS have elevated prolactin levels.⁽⁶⁾

Hyperandrogenism appears in the form of acne (30%) and hirsutism.

Facial hair appears over the upper lip, chin, breast and thighs.

Baldness is sometimes noted, but virilism does not develop.⁽¹⁾

Diagnosis

To diagnose PCOS, adrenal and androgen secretory ovarian tumour should be excluded.

The National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH) developed the first known criteria for PCOS. Over the next decade, it was discovered that ovarian morphology was a key component in the diagnosis. The European Society of Human Reproduction and Embryology (ESHRE) and the American Society for Reproductive Medicine (ASRM) sponsored a workshop in Rotterdam, where polycystic ovarian morphology on pelvic ultrasound was added to the NICHD/NIH criteria. It was then decided that only two of the three criteria had to be met for a diagnosis of PCOS, i.e.

Hyperandrogenism

Oligo-ovulation/anovulation

Polycystic ovaries⁽⁶⁾

Investigation

Ultrasound is diagnostic of PCOS; it should preferably be performed in the early follicular phase.

It confirms the enlarged ovaries (ovarian volume > 10mm³)

It shows 12 or more small follicles each of 2-9 mm in size located peripherally along the surface of ovary giving it a 'neck-lace' appearance.⁽¹⁾

SEVERITY

It is also becoming a common problem amongst adolescents, developing soon after puberty. Amongst infertile women, about 20% infertility is attributed to anovulation caused by PCOS. Some of the women who developed cardiovascular disease, hypertension, endometrial cancer and type 2 diabetes later in life appear to have suffered from PCOS in earlier years.⁽¹⁾

Management

Weight loss of more than 5% of previous weight alone is beneficial in mild hirsutism; it restores the hormonal milieu considerably. Weight loss increases the secretion of the sex hormone binding globulin, reduces insulin and testosterone levels.⁽¹⁾

Homoeopathic management

As per the principles of homoeopathy, which is based on dynamisation and focuses on the physical as well as the psychological wellbeing of the patient, well indicated constitutional remedy on the basis

of totality of symptoms works well. Medicines such as *Natrum muriaticum*, *Pulsatilla nigricans*, *Apis mellifica*, *Ignatia amara*, *Calcarea carbonicum*, *Kalium bromatum*, *Sepia*, etc. have a great effect if given on the basis of similarity and are also the prescription of majority of cases for PCOS.⁽³⁾

Sepia- Menses too late and scanty, irregular; early and profuse; sharp clutching pains. Violent stitches upward in the vagina, from uterus to umbilicus. Prolapse of uterus and vagina. Morning sickness. Vagina painful, especially on coition.

Pulsatilla nigricans- Amenorrhoea. Suppressed menses from wet feet, nervous debility, or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. Chilliness, nausea, downward pressure, painful, flow intermits. Pain in back; tired feeling. Diarrhoea during or after menses.

Natrum muriaticum- Menses irregular; usually profuse. Vagina dry. Bearing-down pains; worse in morning. Suppressed menses. Hot during menses.

Calcarea carbonicum- Before menses, headache, colic, chilliness and leucorrhoea. Cutting pains in uterus during menstruation. Menses too early, too profuse, too long, with vertigo; the least excitement causes their return. Uterus easily displaced. Burning and itching of parts before and after menstruation. Breasts tender and swollen before menses. Milk too abundant; disagreeable to child. Sterility with copious menses.

Thuja occidentalis- Vagina very sensitive. Severe pain in left ovary and left inguinal region. Menses scanty, retarded. Ovaritis; worse left side, at every menstrual period. Profuse perspiration before menses.⁽⁷⁾

Some other medicines such as *Kalium carbonicum* and *Senecio aureus* (work successfully in re-establishing suppressed menses); *Sulphur* and *Silicea terra* (for acne associated with PCOS); *Apis mellifica*, *Graphites*, *Lachesis mutus*, *Staphysagria*, etc. have shown great results in patients suffering from PCOS when prescribed on the basis of similarity of symptoms.

Some of the lesser known homeopathic medicines for PCOS are- *Aurum iodatum*, *Aurum muriaticum natronatum*, *Eupionum*, *Gossypium herbaceum*, *Oleum jecori aselli*, *Oophorinum/ Ovininum*, *Ova tosta*, *Palladium metallicum*, *Senecio aureus*, etc.⁽³⁾

Conclusion

PCOS is increasing in women especially young women and the

changing lifestyle may be linked to it to some extent. Also, PCOS and its accompanying insulin resistance is contributing to a world-wide increase in incidence of obesity, diabetes mellitus, and metabolic syndrome. It should be adequately treated at the earliest. Obesity in adolescents need to be avoided and corrected. Lifestyle changes should be recommended.

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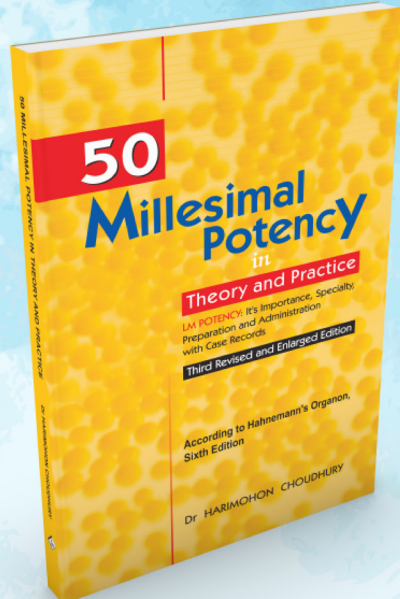
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ISBN :9788131903445 | ₹149 | 128 pp

Childhood cancers: homoeopathic approach

By Dr Vaidehi Kumari Gupta

Abstract: Cancer is a term used to describe over a hundred different diseases with certain features in common, difficult to treat and is associated with psychological distress. This article stresses upon the different characteristics of childhood cancer and its aetiology, types, symptomatology, improving outcomes in concise manner as well as emphasises how homoeopathy can manage such cases by its holistic approach of treatment.

Keywords: childhood cancer, homoeopathy, simillimum, homoeopathic management

Abbreviations: HICs - high-income countries, LMICs - low middle income countries, HIV - human immunodeficiency virus

Introduction

A cancer begins with a change in the structure and function of a cell that causes the cell to divide and multiply out of control and subsequently invade and damage surrounding tissues, and can break away, spreading to other areas in the body. A cancer is named generally for the organ or type of cell which it first begins to grow. Childhood cancer can occur in the same part of the body as adults, but there are differences as they can occur

suddenly, without early symptoms, and have a high rate of cure ⁽¹⁾.

The word "cancer" is derived from the ancient Greek "καρκίνος", meaning *crab* and *tumour*. Also, in Sanskrit "karkatah" means *crab*, "karkarah" *hard*;" in Greek "kratos" means *strength*, "kratys" means *strong*, *hard* and in German "hart" means *solid and firm*, not soft." Greek physicians, Hippocrates and Galen, noted the similarity of crabs to some tumours with swollen veins. The

word was introduced in English in the modern medical sense around 1600 ⁽²⁾.

Incidence

Cancer is a leading cause of death for children and each year, an estimated 4,00,000 children develop cancer. Only 29% of low-income countries report that cancer medicines are generally available to their populations compared to 96% of high-income countries ^{(3) (4)}.

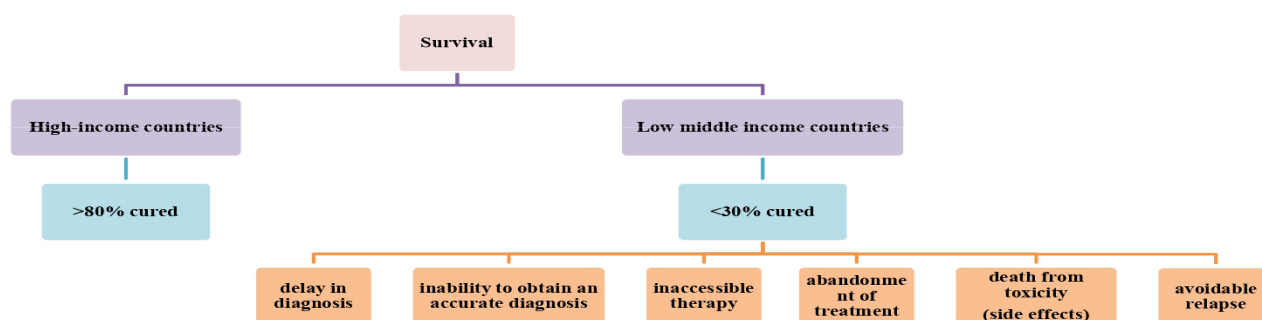


Figure 1 - Likelihood of surviving a diagnosis of childhood cancer depends on the country in which the child lives⁽⁴⁾

CAUSES

- Cancer begins with genetic change in single cells, that then grow into a mass (or tumour), that invades other parts of the body and causes harm and death, if left untreated.
- Unlike cancer in adults, majority of childhood cancers do not have known cause.
- Many studies have sought to identify the causes of childhood cancer, but only few cancers in children are caused by environmental or lifestyle factors.
- Cancer prevention efforts in children should focus on behaviour that will prevent the child from developing preventable cancer as an adult.

- Chronic infections, like HIV, Epstein-Barr virus and malaria, are risk factors for childhood cancer, particularly relevant in LMICs.
- Other infections can increase a child’s risk of developing cancer

as an adult, so it is important to be vaccinated like, against hepatitis B to help prevent liver cancer and against human papilloma virus to help prevent cervical cancer and to other pursue other methods such as early detection and treatment of

chronic infections that can lead to cancer.

- Current data suggest that approximately 10% of all children with cancer have a predisposition because of genetic factors ^{(4) (5)}.

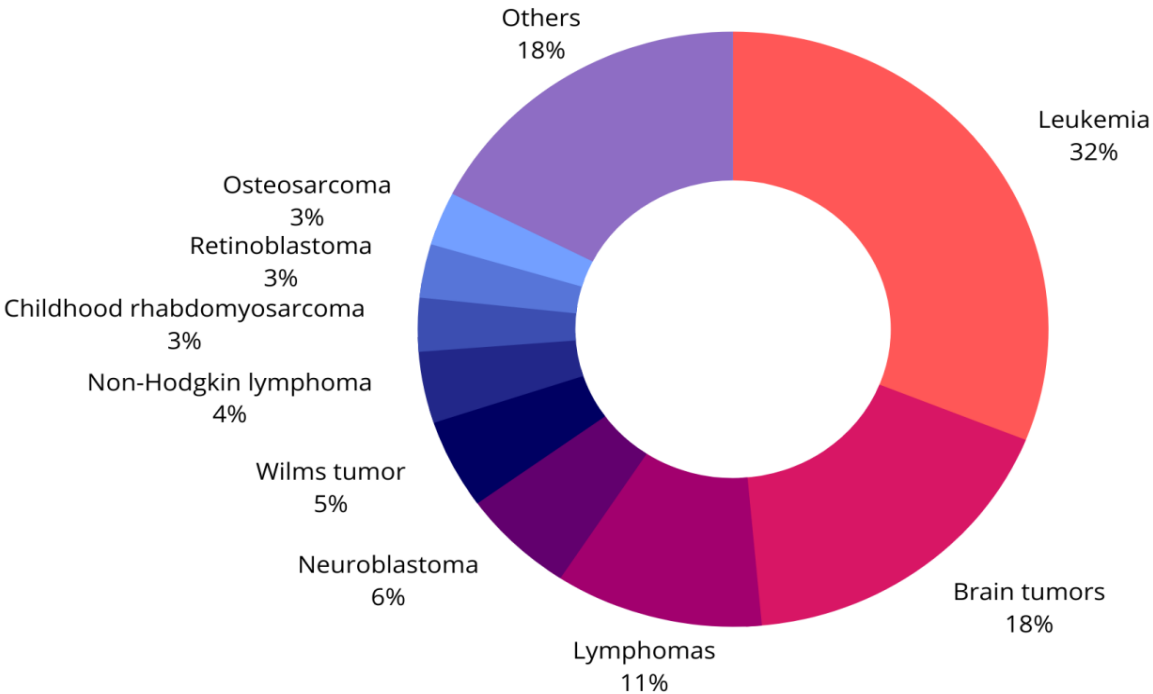


Figure 2 – Types of childhood cancers(1) (3)

Sign and symptoms

It mainly depends upon the type of cancer, some common findings are as follows:

- weight loss
- severe persistent headaches
- bone pain
- rashes
- bleeding or excessive bruising
- tiredness or excessive fatigue
- recurrent infection
- early morning headache associated with vomiting

- nausea with or without vomiting
- persistent and recurrent pyrexia
- eye or vision changes
- mass or lump in the region of neck, abdomen, pelvis, chest, or armpit ⁽⁶⁾.

Screening

Childhood cancer cannot generally be prevented or identified through screening and in some select cases, it can be considered in high-risk populations. For example, eye cancers in children can be caused by a mutation that is inherited, so if that mutation or disease is identified in the family of a child with retinoblastoma, genetic counseling

can be offered and siblings monitored with regular eye examinations early in life. Genetic causes of childhood cancers are relevant in only small proportion children with cancer. There is no high-quality evidence to support population-based screening programmes in children ⁽⁶⁾.

Improving outcomes

Although it is generally not possible to prevent cancer in children the most effective strategy to reduce the burden of cancer in children and improve outcomes is to focus on a prompt, correct diagnosis followed by effective, evidence-based therapy with tailored supportive care ⁽⁶⁾.

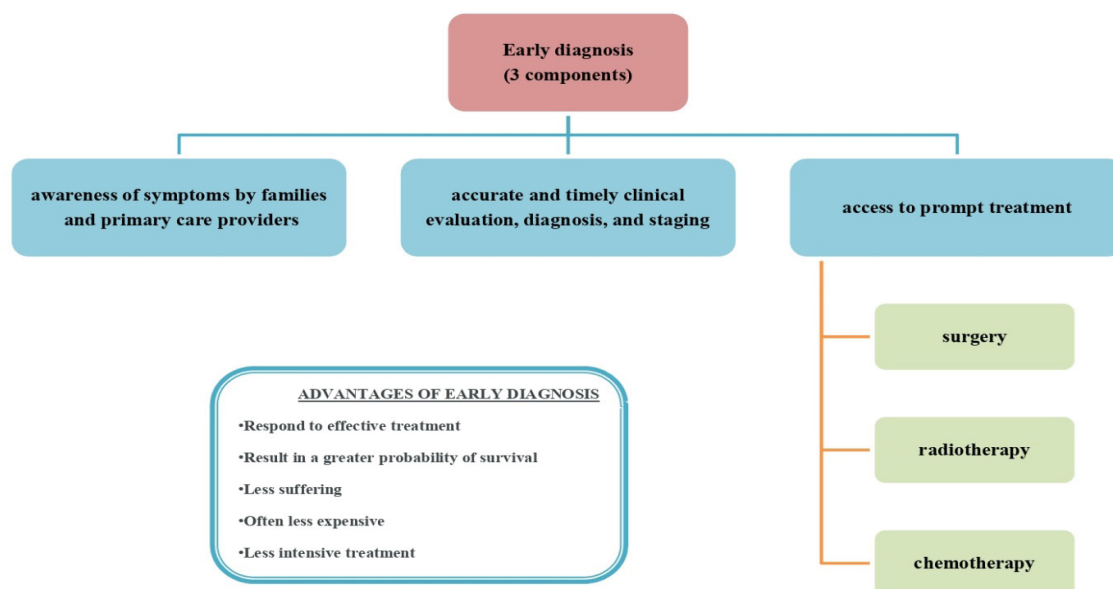


Figure 3 components of early diagnosis and its advantages⁽⁵⁾

Homoeopathic management

Homoeopathy is one of the most popular holistic systems of medicine and the selection of remedy is based upon the theory of individualisation and symptoms similarity. The only way through which a state of complete health can be regained by removing all the signs and symptoms from which the patient is suffering and the aim of homoeopathy is not only to treat symptoms but also to address its underlying cause and individual susceptibility. There are several remedies to treat childhood cancer symptoms that can be selected on the basis of cause, sensations and modalities of the complaints. Remedies which are helpful in the treatment of cancer symptoms are:

Arsenicum album - Foul, destructive, easily bleeding, and cancerous ulcers, with burning and corrosive pain in the interior of the affected parts; terrible darting and lancinating pains through them; burning discharges, which may

be thin or thick, black or brown, extremely offensive; worse after midnight.

Conium maculatum - Bleeding of the ulcers, with a secretion of foetid ichor; a portion becomes gangrenous; concealed cancer of bone; cancerous swelling and induration of glands; cancer of the lips; spreading cancerous ulcers in face; contractive spasmodic pains in the stomach; cancer and cancerous ulcers after contusions; burning stitches; stinging in the affected parts.

Graphites - Great weight in the abdomen on rising, with fainting sort of weakness and aggravations of the pains, delaying menses, with aggravations of the pains shortly before and at the appearance of the menses.

Iodium - Uterine haemorrhage after every stool, with cutting in the abdomen, and pains in the loins and small of the back; great weakness during the menses, particularly in

going upstairs; long lasting uterine haemorrhage; dwindling and falling away of the mammas; aggravation from external warmth; complete prostration of strength and general emaciation; violent vomiting, renewed by eating; pulsations in pit of the stomach.

Kreosotum - Shooting stitches in the vagina; burning and swelling of the external and internal labia; profuse discharge of dark coagulated blood, preceded by pain in the back; aggravation of pain at night; fainting on rising from the bed; she always feels chilly at the menstrual period.

Nitricum acidum - Pain and swelling of the submaxillary gland, with induration, ultimately becoming scirrhus; burning sensation in the stomach; mercurio-syphilitic taint; urine very offensive; aggravation after midnight; violent cramp-like pain as if the abdomen would burst, with constant eructations.

Phytolacca decandra - Scirrhus, especially mammae; cancer of lips

and cancerous, ill-conditioned ulcers of the face.

Silicea terra - Painful dryness of the nose; scirrhus induration of the upper lip and face; continuous nausea and vomiting, especially when drinking; sensitiveness of the pit of the stomach; melancholy; uterine cancer discharge of blood between the regular periods, with repeated paroxysms of icy coldness over the whole body; fetid, brownish, purulent leucorrhoea.

Thuja occidentalis - Sycosis; cauliflower excrescences; medullary and fungoid cancers.

Zincum metallicum - Pewter-like hue of the face; scirrhus tumours in different parts of the body.⁽⁷⁾

Conclusion

Homoeopathy excels in the management of childhood cancer, beyond the doubts. It plays a vital role in childhood cancer because to cure the patient would be to cure the childhood cancer, and in order to cure the patient it is necessary to get the symptoms that represent the patient and by administering simillimum it can be cured as per the condition of patient. Therefore, homoeopathy is a good choice of treatment for childhood cancer.

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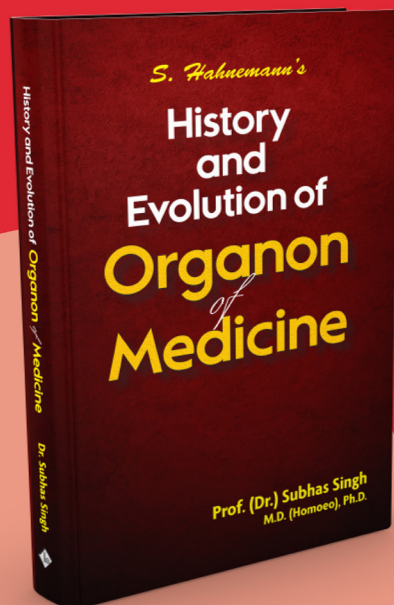
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Case taking and repertorisation – an art to individualise scientific complaints of patient

By Dr Prabhat Vaghamsi

Abstract: Case taking is a stepping stone to repertorisation. This is a step, which facilitates the gathering of the data pertaining to what is to be cured in the diseased person. Case taking is a unique art of getting into conversation observation and collecting information from patient as well as from bystanders to define the patient as a person and the disease. A tool can be good or bad and it depends upon workman who handles it. A bad workman naturally blames his tool when things are going wrong. And the tool of a homoeopath is REPERTORY. Case taking and repertorisation both are the key to individualise the sufferings of the patient.

Keywords: case taking, individualisation, repertory, rubric.

Abbreviations: potential differential field (PDF), e.g. – example.

Introduction

It is said, “a well taken case is half cure”. Each case is unique in all respects only true individualised approach can explore the true picture and help a physician to arrive at a totality in its true sense. ^[1] Every individual is different in health as well as in disease and hence every case has to be examined individually giving importance to its unique expressions during health and disease. The applications of law of similars in clinical practise demands accuracy and precision of a high order on the part of the homoeopathic physician. It is very difficult task and the homoeopathic physician is called upon to perform in its. Mathematical exactitude. It is an “all or none law” phenomenon. Its demands are to exacting integrity, balance, hard work, pure motivation perfect discipline at all levels - physical, intellectual and spiritual and above all, - a missinay zeal. ^[1]

How to take a case ?

Case taking can be summarised into following stages :-

I. Stage of observation :-
When the patient enters into the

consulting room the following features, should be carefully noted.

1. Note the facial appearances and expressions of the patient.
2. Depressed patient has vertical furrows on the brow, turning down of the corners of the mouth, sits leaning forward, with shoulders hunched, the head inclined downwards and gaze directed to the floor.
3. Anxious patient generally have horizontal creases on the forehead, raised eyebrows widened palpebral fissure, and dilated pupils. They usually sit upright with head erect often at the edge of the chair with hands gripping the sides and are restless.
4. Note the peculiarity of gait. E.g.; ataxic, reeling, spastic, etc.
5. Reaction to heat and cold – thermal status :- when the patient enters the room observe whether he comes over clad or under clad, demands fanning (in winter) or off (even in hot weather) and so on.
6. Mood of the patient- depressed,

worried, anxious, timid, irritable, indifferent, fastidious, comatose, delirium, etc.

II. Patient listening to the complaints without interruption :-

It is very delicate yet dynamic situation, where a physician should remain attentive so that disclosures are received properly. Do not interfere while narration unless they wander off to some irrelevant matters. He should involve in active listening.

III. Stage of cross examination

Cross-examine the patient and attendants to classify the data. This is the most difficult stages case taking. It necessitates sufficient sympathy, patience, introspection, and tactfulness on the part of the physician. Any hurry or bluntness will completely spoil the whole picture of the case.

IV. Stage of clinical examination

General examination and examination of various organs and systems.

V. Stage of laboratory investigations To confirm the provisional diagnosis and for the

management and prognosis.

VI. Stage of diagnosis

Various types of diagnosis include:

1. Pathological diagnosis- disease diagnosis
2. Aetiological diagnosis- exciting and maintaining cause of the disease
3. Chronic miasmatic diagnosis- the fundamental cause of the disease
4. Personality diagnosis- Peculiar constitutional, temperamental and mental behaviour, cravings and aversions, reactions to environmental condition, rest, movements, etc.
5. Therapeutic diagnosis.- Depending on outstanding individualizing Peculiarities elicited in above noted investigations.

Need of repertory in individualisation

It should be very clear to every homoeopath that we cannot achieve accuracy in our prescriptions, without a through training in our perceptions, repertorisation skills and a broad knowledge of materia medica. Even Hahnemann who conducted many provings and who himself proved many drugs prescribed medicine after much reference to the materia medica.^[2] That is why he compiled a short repertory in Latin and instructed Jahr to compile a good repertory. Remember, during Hahnemann's time, there were only 100 and odd medicines. These medicines were proved, reprovved and their materia medica was written by Hahnemann and his disciples.

In spite of the small number of drugs and their close intimacy with the details of the symptoms, they found it very difficult to practice without

a repertory. Now we have more than 4000 medicines. Every well-proved drug has thousands of symptoms and for someone even very high grade of intelligence, it is almost impossible to remember all the symptoms of all the drugs to establish a total comparison with the disease picture.^[3]

Individualising a case using repertory

1. Rubric selection

a. Chronic case

- Number of rubrics selected should be moderate
- Two or more rubrics from the same sphere or chapter should not be taken for repertorisation, unless unavoidable. Common symptoms should not be considered as such for repertorisation. They may be used in a synthesised form.
- Fixed and confirmed particulars should be given more value than assumed causatives and general symptoms (mental or physical)
- Symptoms represented in a scattered manner in the repertory should not be considered for repertorisation. (eg.. renal calculi)

b. Acute case

Even confirmed part of the presenting complaints should be considered for repertorisation.

2. Analysis of repertorial result

- a. By studying the symptomatology of each

and every medicine under the repertorial result in the materia medica and finding out the most similar one, based on the symptoms present in the case. Demerits: tedious and time consuming.

- b. Each case presents a fraction of symptoms of a medicine. Comparing the-whole medicine as found in *Comparative materia medica* is very easy but comparing fractions seem difficult
- c. Reading the drug pictures of similar medicines yields nothing but confusion.
- d. By preparing a potential differential field (PDF), by finding out all the symptoms of the case other than those taken for repertorization and analyzing the repertorial result by referring for these PDF symptoms in the repertory or materia medica^[4]

Conclusion

The final analysis of every case resolves itself into the assembling of the individualistic symptoms into the one group and collecting the disease manifestations into another, then finding the remedy which runs through both. The primary essential is case taking and unless the case is properly taken, your knowledge of repertory and materia medica is of little avail. Using repertories, helped us in repertorising the case, but also in case taking, for understanding the drug picture and for comparison between two similar remedies.

“Non-conscientious homoeopathic doctor can practice homoeopathy in a serious and scientific way without repertory”- Dr Pierre Schmidt. A

self-made artisan may be a very useful man although ignorant of the theory and most advanced methods obtaining in his line of work, but he can never measure up to the man whom education and thoroughness of method has made an expert. No such thing as infallibility in prescribing will ever be attained, but he who uses his repertory faithfully and intelligently – and no one can do that without equal faithfulness and intelligence in his study of the materia medica – will inevitably reap his reward, in results and in that peace of mind that comes only with an approving conscience.

The science of homoeopathy is exact when applied by the

use of the repertory has been proved many times, and it will be my object today not only to demonstrate this truth, but to try and give you an insight into the methods used, so that you may obtain accurate scientific results easily and rapidly. After appropriate selection of the symptoms, convert the selected symptoms in to rubrics, take the help of materia medica and derive at a simillimum.^[5]

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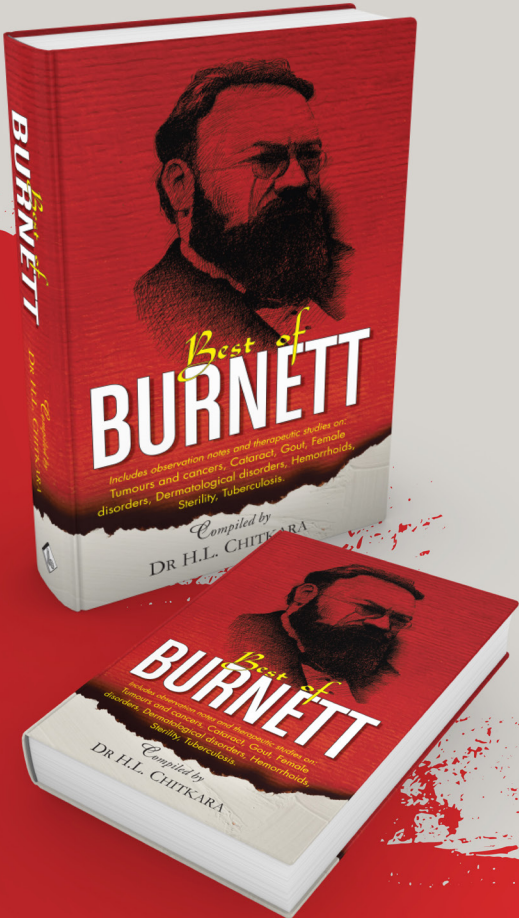
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Homoeopathic treatment of plaque psoriasis – a case report

By Dr Uma Maheswari, Dr Ajayan T.

Abstract: Field of homoeopathy producing wonderful result in treatment of disease. It's necessary as a professionals maintain appropriate evidence and case detail for future development of homoeopathy. In this article, a detailed case report about plaque psoriasis and its homoeopathic significance is being explained. Patient presented with the complaint of reddish, circular eruption with scaly patches all over the body except face, palms and sole for 4 weeks after detailed case taking and repertorisation patient was prescribed with *Staphysagria* 200 1D once in 2 weeks repeated for 6 weeks, in-between placebo prescribed, last follow-up complaints of the patient was completely cure. With adequate knowledge and experience, homoeopathic physician can treat disease of all kind. It is one such example case of plaque psoriasis cured with the well selected homoeopathic constitution remedy and improved physical as well as mental well-being of the patient.

Keywords: plaque psoriasis, repertorization, *Staphysagria*, treatment.

Abbreviations: Rx-remedy, D-dose, PL-placebo, ml-millilitre, aqua-water, gtt-drops, Hb- haemoglobin, WBC- white blood cells, k/ul- kilo per microlitre, ESR- erythrocyte sedimentation rate, mm-millimetre

Introduction

Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterised by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces and scalp, and usually follows a relapsing and remitting course.^[1] It can occur at any age and is most common in the 20-30 age group, though patient can develop psoriasis at any age but mostly 2 peaks are seen once in early 3rd decade and 2nd peak is mostly seen in mid-5th decade.^[2] The prevalence of psoriasis ranges between 0.09% and 11.4%, making psoriasis a serious global problem.^[2] It is generally thought to be a genetic disease that is triggered by environmental factors.^[3] Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress. Psoriasis vulgaris (also known as chronic stationary psoriasis or plaque-like psoriasis) is the most common form and affects

85–90% of people with psoriasis. Plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery-white, scaly skin. These areas are called plaques and are most commonly found on the elbows, knees, scalp, and back.^[4] Additional types of psoriasis comprise about 10% of cases. They include pustular, inverse, napkin, guttate, oral, and seborrheic-like forms^[5]. Psoriasis is characterised by the abnormally excessive and rapid growth of the epidermal layer of the skin. Abnormal production of skin cells and an overabundance of skin cells result from the sequence of pathological events in psoriasis.^[6] This is basically disease of T cells with interplay of genetic factors and environmental influences.^[7] A diagnosis of psoriasis is usually based on the appearance of the skin. Skin characteristics typical for psoriasis are scaly, erythematous plaques, papules, or patches of skin that may be painful and itch. No special blood tests or diagnostic procedures are usually required to

make the diagnosis.^[8,9] If the clinical diagnosis is uncertain, a skin biopsy or scraping may be performed to rule out other disorders and to confirm the diagnosis. Skin from a biopsy shows clubbed epidermal projections that interdigitate with dermis on microscopy.^[8,9] Psoriasis causes great physical, emotional and social burdens. Quality of life, in general, is often significantly impaired. There is also a significant cost to mental well-being, such as higher rates of depression, leading to negative impacts for individuals and society. Social exclusion, discrimination and stigma are psychologically devastating for individuals suffering from psoriasis and their families.^[10] The current understanding of psoriasis is that it is an inherited autoimmune disease that can be suppressed by current therapies rather than cured. Management comprises avoidance of known exacerbating factors (smoking, alcohol), using topical preparations, undertaking phototherapy or photo

chemotherapy and taking systemic therapy^[11]. Homoeopathy acts better as a constitutional remedy in case of psoriasis when we consider each case as holistic individual manner and totality of symptoms very as well. One such case, which improved satisfactorily by homoeopathic treatment, is presented.

Case presentation

Patient of 21 years old male, hindu by religion, welding worker by profession presented with the complaint of reddish circular eruption with scaly patches with occasionally itching all over the body except face, palms and soles for 4 weeks.

Case report

The patient started with reddish eruption, first in scalp (Fig-1) it spread to other parts of the body excepting the face, palms and soles, eruptions found mainly on the exterior aspect of upper and lower limbs. There is occasionally itching in eruptions scratching followed by watery discharge. The eruption spread especially when patient is exposed to hot weather. There is symmetrical presentation of eruption. There is no history of associated pain, blisters, fever, arthralgia, significant family history.

Past history

History of recurrent respiratory tract infection-no specific treatment taken, at 5 years-brain fever, at 13 years-chikungunya, at 20 years-bilateral renal calculi- all three-time allopathic treatment was taken and relieved.

Life space investigation

The patient was born in middle class family, has good relationship with family members. After his

college education, he got job in a production company as a welding worker. The job site was at Chennai. He felt very uncomfortable with the weather condition, as it was too hot there. His work site also was a hot environment as it was a welding job. He got job 6 months ago. He was under constant pressure of his superiors regarding work. They always pushed him to work harder and give more output. He could not express his emotions towards his superiors, always depressed mood. His dream was to go abroad for job, but he's unable to go now due to his complaint.

Personal history:

Physical general

appetite- good (3 times/day), thirst-normal(2L/day), sleep-good (8 hours/day), urine-normal (5-6 times/day), stool-regular (1 time/day, normal consistency), sweat-more on chest, thermal-chilly patient.

Mental general

depressed, worried about what others may think about his complaint, worry about loss of ambition, suffer from suppressed anger, affected by the rude behaviour of senior.

Physical examination:

General examination

lean appearance, well-built and nourished, no signs of pallor, cyanosis, clubbing, oedema, lymphadenopathy, vitals stable

Systemic examination

reddish circular eruption with scaly margins all over body except face, palms and soles of feet, well defined border of the lesion, width of lesion > 1 c, symmetrical presentation, no signs of clubbing, nail pitting,

onycholysis in nails. On palpation-hard crust with raised flat eruptions, auspitz sign positive

Laboratory investigation:

Blood routine

Hb-13.8mg/dl, total WBC count-4.8K/ul, differential count neutrophil-63%, lymphocytes-27%, eosinophil-10%, ESR 30MTS-4mm, ESR 60MTS-8mm.

Diagnosis of the case

After detailed case taking with examination and investigatory finding, the patient was diagnosed with plaque psoriasis, i.e. plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery-white, scaly skin. These areas are called plaques and are most commonly found on the elbows, knees, scalp, and back.^[4]

Miasmatic diagnosis

Psoriasis is one of the mixed miasmatic skin manifestations, predominantly psoric and sycotic manifestations.^[12] After analysing the case, the fundamental miasm of the patient is psora and dominant miasm is sycosis.

Clinical course:

Totality of symptoms:

Rude behaviour to others

Suppression of anger

Attitude of contempt

Lack of confidence- loss of ambition

Anxiety about health

Dry, scaly, psoriatic patches, ailments from- suppressed emotion

Itching < perspiration.

Remedy	Staph	Lyc	Sep	Calc	Nat-m	Sulph	Phos	Ars	Aur	Merc	Thuj	Bry	Kali-c	Petr	Ph-ac
Totality	24	21	20	18	17	17	15	14	14	14	12	11	11	11	11
Symptoms Covered	8	7	7	6	8	6	5	5	5	5	5	5	5	5	5
[Complete] [Mind]Rudeness:Ailments from, agg.:	4	3	0	3	1	0	0	0	0	0	2	0	0	0	1
[Kent] [Mind]Scorn (see contempt) ailments from:	2	1	1	0	2	1	2	0	2	0	0	3	0	0	0
[Complete] [Mind]Ambition:Loss of:	1	0	3	3	1	3	0	1	0	1	2	0	1	1	3
[Complete] [Mind]Anger:Ailments from, agg.:Suppressed:	4	4	1	0	3	0	0	0	3	0	0	0	0	0	0
[Complete] [Skin]Eruptions:Dry:	3	4	4	4	3	4	4	4	4	4	4	3	3	3	3
[Complete] [Skin]Eruptions:Scaly:	4	4	4	3	3	4	4	4	3	4	3	3	3	3	0
[Complete] [Skin]Eruptions:Psoriasis:	4	4	4	3	3	3	3	4	2	3	1	1	3	3	1
[Kent] [Generalities] Perspiration:After:Agg:	2	1	3	2	1	2	2	1	0	2	0	1	1	1	3

Fig-2: Repertorial chart of the case- Zomeo 3.0(homopath 11 version).^[13]

Treatment:

SELECTION OF REMEDY AND POTENCY: *Staphysagria* was selected and prescribed to the patient on the basis of repertorisation and final consultation with materia medica, as the case was repertorised with the Zomeo 3.0(homopath 11 version).

^[13] It was observed that *Staphysagria* covered all the rubrics with maximum score (24/8). *Staphysagria* seems to be the nearest simillimum of the case. So, it was prescribed to the patient. The *Staphysagria* 200 potency was selected on the basis of patient susceptibility, duration and nature of disease.

INTERVENTION: Patient was prescribed with *Staphysagria* 200 1D once in 2 weeks repeated for 6 weeks, in- between placebo prescribed, repetition of the constitutional remedy was based on homoeopathic philosophy.^[14]

TABLE 1: Follow-up

Date	Symptom chnages	Prescription-intervention
12/12/2019-16/12/2020	Itching of skin Scaling of skin over scalp Discharge - persist the same generals-good	Rx PL/1D in 10 ml aqua 10 gtt x 3 hourlies
17/12/2019-22/12/2012	Itching of skin, discharge - better Scaling of skin over scalp -persist better than before generals-good	Rx PL/1D in 10 ml aqua 10 gtt x 3 hourlies
23/12/2019	Itching of skin, discharge - better Scaling of skin over scalp -persist better than before generals-good	Rx <i>Staphysagria</i> 200/1D

24/12/2019-08/12/2020	Itching of skin, discharge - completely better Scaling of skin over scalp -traces present generals-good	Rx PL/1D in 10 ml aqua 10 gtt x 3 hourlies
9/1/2020	Itching of skin, discharge Scaling of skin over scalp completely cured generals-good	Rx <i>Staphysagria</i> 200/1D

RESULTS: Gradually, the patient improved symptomatically after the prescription of the homoeopathic medicine, *Staphysagria* 200 followed by placebo. There was significant reduction in all the symptoms which resolved completely within 30 days (Fig-3) (total treatment period 11th of december 2019-9th of january 2020)

TABLE 2: ASSESSEMENT BY MODIFIED NARANJO CRITERIA SCORE.

ITEM	YES	NO	NOT SURE
Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+2		
Was there an initial aggravation of symptom? (Need to define in glossary)		0	
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
Did overall well-being improve? (Suggest using validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: 1.From organs of more importance to those of less importance 2. From deeper to more superficial aspects of the individual 3. From the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
Are there alternate causes (other than the medicine) that - with a high probability - could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0
TOTAL SCORE=9			

Fig-1: Before the treatment.



DISCUSSION: Since modern medicine has very limited role to play in case of psoriasis, homoeopathy comes as a rescue, not only as a palliative but also as curative in a vast majority of cases. In certain obstinate cases, it's difficult to achieve the cure⁽⁹⁾. However, *Staphysagria* is used as a constitutional medicine in this case of plaque psoriasis. It is used in skin condition with thick scabs, dry, itch violently⁽¹⁰⁾, striking mind

symptoms great indignation about things done by others or himself; grieves about consequences. Apathetic, indifferent, low-spirited, ailments from pride, envy or chagrin. Was insulted; being too dignified to fight, subdued his wrath and went home sick, trembling, and exhausted.⁽¹¹⁾ no other medicine was administered before and after treatment. The patient showed marked improvement in symptoms when a dose of *Staphysagria* 200 was

given as constitutional medicine once in 2 weeks repeated for 6 weeks, in-between placebo prescribed, last follow-up complaints of the patient was completely cured. In this case, the total score of outcomes as per modified Naranjo criteria was 9; which was close to the maximum score of 13. Total treatment period was 30 days from 11th of December 2019-9th of January 2020. After the first administration of the *staphysagria* 200.

Fig-3: After the treatment with homoeopathic constitutional medicine.



Conclusion

Homoeopathy is a specialised system of medicine which treats the patient as a whole and not just the disease. This case brings to light the effectiveness of *Staphysagria 200* in treatment of plantar psoriasis. Consent of the patient obtained for writing the manuscript.

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Conflict of interest: None declared.

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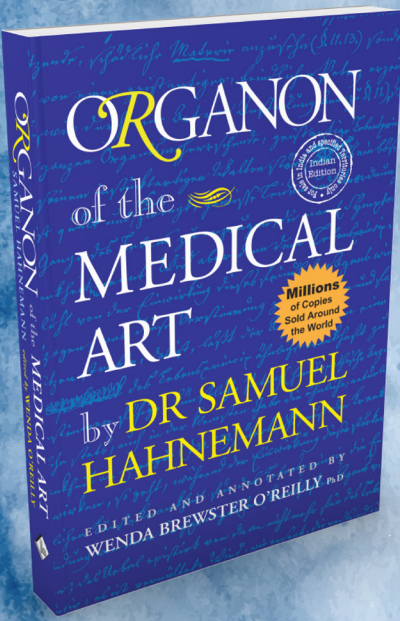
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ORGANON of the MEDICAL ART

by DR SAMUEL HAHNEMANN

- An indispensable source of teachings of Dr. Hahnemann which forms the basis of homeopathy.
- The best translation of the 6th edition of the Organon der Heilkunst. A translation that is as comprehensible & accessible as possible. It conveys more of Hahnemann's meaning than ever before, preserving the primary sense of his words.
- The comprehensive text is divided into chapters and sections along with marginal headings and editorial footnotes which provide focus for our thoughts.
- The glossary has definitions of medical terms used in the Organon as well as translation notes on specific words which will enable readers to understand what Hahnemann meant instead of guessing the exact English word for the German word.
- This translation and adaptation of the Organon has been prepared with care and precision and it throws light on our high mission of restoring the sick to health.

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Increasing psychological hazards and its scope in homoeopathy

By Dr Naman Garg, Dr Toofan Chakraborty

Abstract: As the health problems are increasing day-by-day, they majorly consists of psychological diseases. This article is brought into limelight by seeing such diseases in day-to-day life. Everyone has a lot to talk about their tensions/mental diseases which indicates that each and every individual is suffering from psychological causes resulting in diseases that are psychological or psychosomatic in origin. Homoeopathy plays a huge role in treating those diseases as Dr Hahnemann has mentioned in his Organon of Medicine

Keywords: psychology, psychological diseases, psychological hazards, mental diseases, homoeopathic mental diseases

Abbreviations: doctor(Dr), post-traumatic stress disorder(PTSD), obsessive-compulsive disorder (OCD)

Introduction:

The increasing tension, excessive use of mobiles, ongoing disease such as deaths of loved ones; love betrayal; work-related stress, bullying and harassment, lone or remote working, violence in the workplace (both from staff and students), fatigue, alcohol and drug use; sedentary lifestyle; background radiations; segregate families and many more factors are continuously contributing to psychological hazards.

Psychological hazards Psychological hazards are all those factors which contribute to deterioration of mental health of a person^[1,2,3].

The psychological hazards are leading to various common diseases such as anxiety disorders; mood disorders; psychotic diseases; dementia; eating disorders; PTSD, OCD; schizophrenia are few of these innumerable diseases.

Each and every disease is itself very big one and affected vast population people.

Impact: The impact of exposure to psychosocial hazards not just has the potential to produce psychological and physiological harm to individual personality,

but could even further produce repercussions within the society by reducing the productivity in individual hence disturbing his/her familial/interpersonal relationships also producing negative behavioral outcomes. Occupational burnout is also a consequence of psychosocial hazard^[1,2,3].

Psychological and behavioral: stress, anxiety, and depression can be directly be associated to psychosocial hazards. Exposure to psychosocial hazards has been strongly related with a wide range of unhealthy behaviours such as physical inactivity, excessive consumption of alcohol and drug, nutritional imbalance and sleep disturbances. The high levels of stress was linked with both sexes: diet with a higher concentration of fat, less exercise and cigarette smoking^[4].

Physiological: psychological hazards affects the four main physiological systems: hypertension and heart disease, musculoskeletal disorders, wound-healing, gastrointestinal disorders, and impaired immuno-competence. Additional disorders are recognized as stress-induced effects which include: bronchitis, coronary heart disease, thyroid disorders, mental

illness, skin diseases, rheumatoid arthritis, obesity, tuberculosis, headaches and migraine, ulcerative colitis, peptic ulcers, and diabetes^[4].

Economic: According to surveys across the European Union, work-related stress is alone affecting over 40 million of individuals which is costing as an estimate of around €20 billion a year in lost productivity^[4].

These psychological hazards cause many diseases of psychological as well as psychosomatic origin which are nearly impossible to be corrected without removing or treating that psychological cause.

According to the hierarchy of hazard controls, the most efficacious management is eliminating hazards, or if that is not possible, reduce them, through best work design practices possible. This includes measures to bring down overwork; providing workers with support, personal control, and clearly defining roles of each one; and providing efficacious change management^[4].

Management: In the situation of psychosocial hazards, engineering controls are physical changes to the workplace that mitigate hazards or isolate workers from

them. Engineering controls for psychosocial hazards includes workplace design to determine the amount, type, and level of individual control of work, as well as access the controls and alarm. The probability of workplace violence can be controlled through physical designs of the workplace or by cameras. Proper manual handling equipment, measures to decrease noise exposure, and appropriate lights that would have a positive effect on psychosocial hazards, in addition to their outcome to control physical hazards^[4].

A d m i n i s t r a t i v e controls compromise job rotation to decrease exposure time, clear code on workplace bullying and sexual harassment, and proper consultation and instruction to employees. Personal protective equipment comprises personal distress alarm, as well as apparatus typically used for other hazards such as eye and face protection and hearing protection. Health promotion works can enhance workers' general and mental health, but shouldn't be used as an alternative or substitute for directly managing threat from psychosocial hazards.^[4]

Treatment: In modern science, there is no definitive treatment yet to overcome this. Dr Hahnemann, the founder of homoeopathy, has mentioned in his literature *Organon of medicine*, about it's scope.

He even incarnated various medicine along with their symptoms which are based on current situation of psychological hazards in book *Materia Medica Pura* used by homoeopaths worldwide today.

Also, every aspect of medicine and all other sources are to be sourced and known in order to combat these ever-increasing hazards.

The ever-increasing psychological hazards can be completely cured by one of the alternative medicinal

treatment "homoeopathy" as stated by father of homoeopathy years back in his book, *Organon of medicine*, in aphorism mentioned below.

Dr Hahnemann the founder of homoeopathy has quoted in his literature, *Organon of medicine*, years back in APHORISM 210 – 230 about mental diseases^[5].

In section 215 Dr Hahnemann has described about what are mental diseases^[5].

In section 216, 221,224,225 Dr Hahnemann has mentioned classification of mental diseases^[5].

In section 218, 219,220, 221 Dr Hahnemann has mentioned about treatment of mental diseases^[5].

Human being is a spiritual being which has automatic power which expels the weaker derangement that is disease whenever a stronger homoeopathic medicine is given as he cannot suffer two similar diseases, at the same time, due to which the dynamic medicinal power which is stronger completely eliminates the persisting weaker disease in the body thus the health is restored. Something similar takes place in human mind^[6].

Conclusion

While going through the above article, one can relate the homoeopathic manuscript, i.e. *Organon* with the psychological hazards, hence it can be said that homoeopathy has a huge role in the treatment of psychological hazards which cannot be ignored. Through this article, one can also find out what the new alarming disease in form of psychological has been presenting a new challenge for all medical science. In the recent happiest index 2022, India is at 139th position in the total countries of 146 Finland being the happiest while Afghanistan being the unhappiest which put stamp on the above article of increasing psychological

hazards^[7].

Dr Hahnemann has stated, "in time, our art shall become the God-blessed oak. It will extend its enormous branches, steadfast through the storms. Humanity, who has already suffered from so much evil, shall rest below its righteous shadow^[8]."

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Efficacy of homoeopathic management in the cases of pharyngitis in paediatric age group

By Dr PoonamShinde, Dr Jagdish Borse, Dr Ganesh Patkutwar

Abstract: Background: Pharyngitis is the most distressing, commonest and crippling global problem of the modern society. Most of the cases are being treated empirically with the aid of antibiotics. Temporary relief given by palliative drugs often leads to permanent and irreversible damage to the affected organ or tissue in children. The objective of study was to see effectiveness of homoeopathic management in cases of pharyngitis in paediatric age group. Study design was randomised, single blind, placebo control trial. Study was conducted at Sonajirao Kshirsagar Homoeopathic College, Beed for 18 months. All these selected 30 cases were divided into two equal groups, i.e. group A and group B. Both the groups comprised 15 cases each. Group A cases were matched with the group B cases. Group A (i.e. treatment group) was given homoeopathic remedies. Group B (i.e. control group) was given placebo.

Results: 30 patients were analysed out of 15 cases of treatment group 7 cases shown marked improvement (47%), 5 cases shown mild improvement (33%) and 3 cases shown no improvement, i.e. 20% result of control group 3 cases shown improvement, i.e. 20%, 3 cases shown moderate improvement, i.e. 20% and 9 cases shown no improvement, i.e. 60% Conclusion: The study was an attempt to evaluate efficacy of homoeopathic management in cases of pharyngitis in paediatric age group.

Key words: efficacy, homoeopathy, pharyngitis, paediatric age group

Abbreviations: outdoor patient department (OPD), indoor patient department (IPD), total leukocyte count (TLC), differential leukocyte count (DLC), group A beta haemolytic streptococci (GABHS), haemoglobin (Hb), upper respiratory tract infection (URTI), International classification of diseases (ICD)

Introduction

Upper respiratory tract infections account for a substantial portions of visits to a paediatricians. About one third of such illnesses features sore throat as a primary symptom. Illnesses occur most often in winter and spring, and spreads among siblings as well as colleagues or classmates.¹

The child presents a sore throat and pain in throat of relatively gradual onset, beginning 3-4 days after the appearance of rhinitis. Within several days, the cough becomes productive, and the sputum changes from clear to purulent. Usually within 5-10 days, the mucus thins, and the cough gradually disappears. The considerable malaise often associated with the illness may continue for 1 week or more after acute symptoms have subsided.²

The modern system of medicine in spite of various endeavours fails to offer a permanent solution and can at best only palliate the disease condition up to certain extend.

Temporary relief given by palliative drugs often leads to permanent and irreversible damage to the affected organ or tissue homoeopathy as a distinct mode of therapy can offer curative treatment for many diseases may be acute or chronic in nature.

Definition

Pharyngitis is an inflammation of back of throat causing pain in throat. Difficulty in swallowing and cough. Pharyngitis may occur as a primary infection of the respiratory tract but more commonly develops as a complication of an upper respiratory tract infection or as an exacerbation of acute infection in pharyngitis¹.

The pharynx (Latin *throat*) is a wide muscular tube situated behind the nose, the mouth and the larynx. Clinically, it is the part of the upper respiratory passages where infections are common. The upper part transmits only the air the lower part only food, but the middle part is a common passage for both air and food. The dimension of the pharynx in length is about 12 cm.³

Functions of pharynx include hearing, taste, speech and protection through antibodies in response.⁴

Types of pharyngitis⁵

1. Acute pharyngitis: These are of 2 types

a. Acute infectious pharyngitis commonly accompanies or follows a URTI; it develops over a couple of days, produces symptoms for 3 to 7 days, and resolves to a cough

before normal respiratory function is recovered.

b. Acute irritative pharyngitis is triggered by allergies and chemical and other types of environmental irritants.

2. Chronic pharyngitis:

Chronic pharyngitis is recurrent, has a prolonged course, and is often a sign of a serious underlying lung disease is an inflammation of throat accompanied by pain in throat and

difficulty in swallowing. In chronic pharyngitis, these symptoms are present for at least three months in each of two consecutive years. Chronic pharyngitis is one of a group of diseases that fall under the chronic bronchitis, chronic obstructive pulmonary diseases, (COPD). Other diseases in this category include emphysema and chronic asthmatic bronchitis⁵.

Aetiology: Pharyngitis is generally caused by respiratory infections, approximately 90% are viral in origin, and 10% are bacterial¹

1. Viral pharyngitis: Probably due to Epstein Barr virus, rhinovirus, influenza virus, parainfluenza, coronavirus, herpes simplex virus, respiratory syncytial virus, rhinovirus

2. Bacterial pharyngitis (due to secondary bacterial infection): Group A streptococcus pyogenes, H. influenza, cyanobacterium diphtheria, neisseria gonorrhoeae

Other probable causes: Chlamydia pneumoniae, staphylococcus, mycoplasma species, gram negative enteric bacilli.

3. Fungal pharyngitis

Monilial infections.

4. Allergic bronchitis (asthmatic bronchitis)

5. Malnutrition

Pathology⁷: Group A streptococci are gram positive cocci that can be divided into over 100 M-serotypes or *emm* types based on the M protein. Their virulence is directly related to the M protein on the cell surface that inhibits phagocytosis. Although it is more commonly thought of in the context of causing clinical illness, *Streptococcus pyogenes* can colonise the pharynx and

skin. In the throat, colonisation appears to be due to fibronectin-binding proteins. Adherence to pharyngeal epithelial cells can lead to pharyngitis⁷.

Clinical features

Common symptoms include fever, sore throat, and large lymph nodes.

It is a contagious infection, spread by close contact with an infected individual in bacterial origin. marked redness, swelling, and pain in the throat with high temperature, headache and lymph node enlargement in viral origin. Oral thrush associated with fungal origin.

Differential diagnosis: Sore throat most often is caused by direct infection of the pharynx (pharyngitis), primarily by viruses or bacteria⁸. GABHS pharyngitis accounts for 15 to 30 percent of cases in children and 5 to 15 percent of cases in adults. Sore throat also may be caused by other conditions, such as gastroesophageal reflux, postnasal drip secondary to rhinitis, persistent cough, thyroiditis, allergies, a foreign body, and smoking. This article focuses on infectious causes of sore throat (pharyngitis). If patients do not have any other signs of infection or do not

respond as expected to treatment of pharyngitis, physicians should investigate non-infectious causes⁸.

Diagnosis: Diagnosis is made by the physician taking a careful history of symptoms and performing a physical examination.

A throat culture may be performed, particularly if the sputum is green or has blood in it, to determine whether a bacterial infection is present and to identify the disease-causing organism so that an appropriate antibiotic can be selected.¹

Investigations: Blood routine (Hb%, TLC, DLC, ESR)

Throat culture

Examination: On physical examination, presence of redness in throat, absence of cough.⁹

Complications- peritonsillar abscess and retropharyngeal abscess¹

Objective – To study efficacy of homoeopathic management in cases of pharyngitis in paediatric age group.

Materials and methods:- The subjects for this study were taken from the OPD/IPD, village camps and school health check up camps of our college and hospital.

Research type: - experimental study

Research design: - single blind placebo control trial.

Duration of study: - 18 months.

Sample technique: - randomised method.

Selection of samples: Approximately 30 cases were selected by simple random

sampling technique.

Inclusion/ exclusion criteria:-**Inclusion criteria:**

1. Children of both sexes, between the age group 1-13 years were taken for the study.
2. Both sexes were included.
3. Cases with recent history of upper respiratory tract infection, fever, sore throat, and difficulties in swallowing were taken for the study.
4. All the cases were included after clinical examination, pathological investigations wherever necessary.

Exclusion criteria:

1. Cases with fatal and systemic complications were excluded.
2. Similarly, patients with known immune compromised disease also excluded.

Study design: A randomised single blind placebo control trial.

Selection of tools:- The diagnosis was made on the basis of **ICD 10** Criteria. Homoeopathic case taking, miasmatic study, clinical presentation are used while CBC, ESR was done in the cases whenever it was needed.

Brief procedure:- Approximately 30 cases were selected by simple random sampling technique. Selected 30 cases were divided in two equal groups, i.e. group A and group B.

Both the group comprised 15 cases each.

Group A (i.e. treatment group) was receiving homoeopathic remedies.

Group B (i.e. control group) was receiving placebo.

The study was a randomised control study in which 30 patients were selected on the basis of simple random technique. After proper case taking, examination and investigations, data was recorded in specially designed case sheets. Appropriate homoeopathic medicines were prescribed to the patients from group "A" on totality given on an individualised basis according to homoeopathic principles laid down by Dr Hahnemann in the *Organon of Medicine*.⁶ Final prescription was based on the individualisation of the patient, after consulting materia medica¹⁰; while patients from group "B" were receiving placebo.

During the course of study, the patients were regularly observed. The changes were noted in the specially prepared case sheet.

Outcome assessment:-

Assessment criteria: Assessment was done according to clinical improvement and on the basis of comparing the investigation which done before starting the treatment and the investigation done at the time of follow-up.

Observation and results

Age incidence: It was observed that peak incidence of pharyngitis was between the age group was 0- 5 years .13%, age group of 6-10 years 43%, age group 11-13 years is 43%.

Age group	No. of patients	%
0- 5 Years	4	13
6- 10 Years	13	43
11- 13 Years	13	43
Total	30	100.00

Sex incidence: Out of 30 patients, majority of patients were males, i.e. 73% and female patients were 27%.so it has shown that males

more suffer from pharyngitis than females.

Miasmatic incidence :

Dominant miasm incidence: In the study done, maximum number of cases, i.e. 26 cases accounting to 87% of total cases had psoric background. 2 cases, i.e. 7% had sycotic background. 1 case, i.e. 3% had syphilitic background. and 1 case accounting 3% was of mixed miasm.

Dominant miasm	No. of patients	%
Psora	26	87%
Sycosis	02	7%
Syphilis	01	3%
Mixed	01	3%
Total	30	100%

Fundamental miasm incidence: In the study done, maximum number of cases, i.e. 14 cases accounting to 47% of total cases had psoric background. 6 cases, i.e. 30.00% had sycotic background. 1 case, i.e. 3% had syphilitic background. and 9 cases accounting 20% were of mixed miasm.

Fundamental miasm	No. of patients	%
Psora	14	47%
Sycosis	06	30%
Syphilis	01	03%
Mixed	09	20%
Total	30	100%

Remedy prescribed on constitutional basis : *Belladonna* prescribed on constitutional basis in 5 cases, *Lycopodium clavatum* in 2 cases, *Mercurius solubilis* in 2 cases, *Nux vomica* in 2 cases, *Hepar sulphuricum*, *Arsenicum album*, *Lachesis mutus*, *Calcarea carbonicum* prescribed each in single case, other acute remedies were also prescribed for rest of the cases.

Sr. No	Name of remedy	No. of cases
1	Calcarea carbonicum	1
2	Lycopodium clavatum	2
3	Belladonna	5
4	Mercurius solubilis	2
5	Hepar sulphuricum	1
6	Nux vomica	2
7	Arsenicum album	1
8	Lachesis mutus	1

Degree of improvement treatment Group A

Result	No. of cases	Percentage(%)
Marked improvement	07	47%
Mild improvement	05	33%
No improvement	03	20%
Total	15	100%

Degree of improvement control Group B

Result	No. of cases	Percentage(%)
Marked improvement	03	20%
Mild improvement	03	20%
No improvement	09	60%
Total	15	100%

Discussion

Pharyngitis is inflammation of the back of the throat, known as the pharynx. It typically results in a sore throat and fever. Other symptoms may include a runny nose, cough, headache, and a hoarse voice. Complications can include retropharyngeal abscess, peritonsillar abscess.

The acute diseases can be managed in the way it is expressed according to the criteria as given in *Organon*. Firstly, it may manifest in the form of indisposition, may not require treatment. Secondly the complete disease picture may not come up initially where a physician has to wait and watch till the full-blown picture emerges. Thirdly it may represent as a fully

blown picture with marked functional changes requiring urgent treatment. Homoeopathy is an art and science. It is science because it is based on the therapeutic law of nature, i.e. "similia similibus curentur" as well as it is an art because to arrive at totality, and to reach to the simillimum drug, it needs to possess an artistic skill.

Conclusion

After studying the 30 different cases of pharyngitis of both sexes of age group 1 to 13 years from different socio-economic status of children, it was found that male children are more commonly affected than the female children. Pharyngitis is the clinical condition, found very commonly in school going children age group of 6 to 13 years followed by in the age group preschool children 1 to 5 yrs. Overall study results shows paediatric pharyngitis if treated with proper constitutional homoeopathic medicines can be cured without any further

recurrence.

Hence, study showed that homoeopathic medicines are effective in the management in pharyngitis in paediatric cases.

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Role of homoeopathic medicines in fallopian tube blockage through hydro-tubation therapy

By Dr Neeraj Gupta

Abstract: Background -Infertility which is caused by a blocked fallopian tube has a limited scope in homoeopathy's application. It showcases efficacy of homoeopathy with insufflations of dynamised homoeopathic remedy in distilled water through hydrotubation therapy.

Materials and methods: The infertility patients with fallopian tube blockage were given homoeopathic medicine during their first visit based on presenting symptoms and then scheduled for hydrotubation during the preovulatory phase of the menstrual cycle (days 5–10) consentient 3 months using dynamized homoeopathic dilutions 30C potency of Arnica montana, Belladonna, Calendula officinalis, Hydrastis canadensis, Amyl nitrosum in 45ml of distilled water at Gupta computerised homoeopathic clinic.

Result: After treatments, tubal patency (one or both tubes) was achieved eleven female patients conceived after homoeopathic insufflations therapy has given out of thirty-one patients. There were 36 % positive results, greater than the tabulated value.

Conclusion: The successfully treat infertility caused by fallopian tube block using homoeopathic dilutions externally through the use of hydrotubation therapy.

Keywords: female infertility, fallopian tubes blockage, hydro-tubation, homoeopathic treatment in infertility, sterility, homoeopathy, *Belladonna*, *Amyl nitrosum*

Abbreviations: *Mycobacterium tuberculosis* (MTB), hysterosalpingography (HSG), follicle stimulating hormone (FSH), hysterosalpingo-contrast sonography (HyCoSy), toxoplasmosis, rubella cytomegalovirus, herpes simplex, and human immunodeficiency virus (HIV) (TORCH test), in vitro fertilisation (IVF)

Introduction

Fallopian tube blockage has become very common now a day. The tubal factor is responsible for infertility in 21 % (Stallworthy, 1963) to 47% cases (Rubin, 1947) but general observation tubal factor is 37 %. These structures carry eggs from ovaries, which produce eggs, to the uterus. They can get damaged when scars form after pelvic infections. Endometriosis and pelvic surgery. Among the factors of infection, there is general bacterial infection as well as some special pathogen infection caused by chlamydia trachomatis, ureaplasma urealyticum, mycoplasma hominis, and protozoan. That can prevent sperm from reaching an egg.

Objective

The purposes of this study were to explore partial and complete tubal block with the psychological consequences for women in infertility.

The efficacy of a hydrotubation with used of homoeopathic dilutions procedures addressing the tubal infertility does mean a clear passage for the egg and subsequent fertilisation as an orthodox.

To determine fertility outcomes following hydrotubation therapy with homoeopathic dilutions on partial and complete tubal blocked infertility patients as compared to standard allopathic medicines.

Material and methodology, and tools for present research work

It is a primary, observational, clinical trial research and follows convenient qualitative studies.

A sample the sample size thirty one, who had tubal blockage assessed previously by hysterosalpingogram were selected with assumption of effect size as and power.

Hydrotubation therapy in the blocked fallopian tube female patient which performed in the pre-ovulatory phase (between days 5 and 10) of the menstrual cycle.

Inclusion criteria–

The infertility patients are having to occlusion unilateral or bilateral cornual tubal obstruction confirmed by HSG report.

Unexplained sterility, age between 25 -44 years on date of new patient consultation .

Exclusion criteria / contraindications-

The exclusion criteria were serious semen abnormalities, recurrent spontaneous abortion {Rubella and Herpes positive in TORCH test,} FSH>15 mIU/mL. And suspected anovulation (menstrual period>35 days) cycle or ovulatory cause. The risk factors considered were: previous pelvic surgery, endometriosis and endocrine diseases.

History of tubal sterilisation

Patients are having cervical erosion, and a serious extra genital illness likes carcinoma, herpes genital.

The anomalies of the tubes range from congenital absence, major diverticula, duplication of the tubes.

Examination and diagnosis criteria-The tubal infertility can be diagnosed by a number of ways, including -

Hysterosalpingography (HSG)-see tubal patency

Mountex test -ruled out tubercular infection of tubal

Uterine MTB test- **endometrial Biopsy ruled out tubercular blockage.**

Hydrotubation - **hydrotubation** (Greek hydro water + lat. tuba a pipe) is the trans-cervical flushing of fluid through the fallopian tubes with medicine. Hydrotubation is to dilate or treat the fallopian tubes by an injection of a liquid medication or distilled water /isotonic solution through the cervix into the uterine cavity and fallopian tubes. Hydrotubation is the part of treatment and management of infertility caused by fallopian

tubal blockage.

Review of literature- The term "hydrotubation" was suggested by Yagi (1955) for uterotubal injection of isotonic saline. Previously, hydrotubation was used widely as a therapeutic procedure in the management of tubal occlusion.

Reubenstein (1954) ~reported on the diagnostic and therapeutic uses of hydrotubation and he used nitroglycerine to overcome the tubal spasm. Diagnosis of tubal patency depends on the subjective feeling of lack of resistance to passage. Of fluid through uterotubal junction into the peritoneal cavity.

Najima (1966) found an accuracy of 88% with this method of diagnosing tubal patency.

Horne and Kosaka (1972) had almost similar results.

Homoeopathic approach review

- Hahnemann mostly in the 6th edition, he favoured external application as seen in aphorism 284-285. He has written that the external application of the medicine can be by rubbing the medicine on the back, arms and extremities. The mode of advocating the medicine to a person is not only orally and he said that if the curative medicine is medicine is being given internally, the same medicine can be used externally as an ointment/liniment/cerate etc. Eg: *Thuja occidentalis* in sycosis.

In 6th edition of *Organon of Medicine*, aphorisms 284, 285, Hahnemann clarifies about the various routes of administration of the homoeopathic simillimum.

Organon aphorism §196, it might, indeed, seem as though the cure of such diseases would be hastened by employing the medicinal substance which is known to be truly homoeopathic to the totality of the symptoms, not only internally, but also externally, because the action of

a medicine applied to the seat of the local affection might effect a more rapid change in it.

Treatment plan and execution of homoeopathy - This study was Undertaken to evaluate whether hydrotubation with homoeopathic dilution instead of cortisone and antibiotic solution can be used as an initial tubal patency test with some advantages over the insufflations's test. Five dynamised remedies likes *Arnica montana* 30, *Belladonna* 30, *Calendula officinalis* 30, *Hydrastis canadensis* 30, *Amyl nitrosum* 30 .with Distilled water - 45 ml .These were selected for insufflations through hydrotubation therapy in the blocked fallopian tube which performed in the pre-ovulatory phase (between days 5 and 10) of the menstrual cycle. Anti-inflammatory, dilatory repairing tissues action homoeopathic medicine

Arnica montana - Traumatic remedy par excellence, trauma in all its varieties, mental or physical, and their effects, recent or remote effects of injury.

Atropa Belladonna 30- Characteristic *materia medica* by William H. Burt -*Belladonna* and ergot of rye are powerful excitants of unstripped muscular fibers in the blood vessel, in the uterus, in the bowel in the iris .both of them dilate the pupil both are employed with success to produce contractions of uterus.

Calendula officinalis 30- support tear and bear, adhesion of tissues during hydrotubation.

Hydrastis canadensis 30 --- A manual of homoeopathic therapeutic by Neatby- homoeopathically used for catarrh in any stage, but especially in the advanced stage, becoming mucopurulent in gonorrhoea and leucorrhoea., it is useful internally and locally. It has acquired a special reputation in "erosion "of the cervix in which thick, offensive stringy

discharge is present with pruritis. *Hydrastis canadensis* internally and as awash for chronic cystitis is very useful offensive urine and frequent urination are indications.

Amyl nitrosum 30 – *The Guiding Symptoms of Our Materia Medica (all 10 volumes) by Hering C. section* ovaries–region of uterus/fallopian tube /ovaries /felt very hard on pressure. *Amyl nitrosum* used as a best dilator of circular muscle.

Dosage calculation- Quantity and selected Medicines were all used in isotonic solution.

Potency of 30 CH potency

2 drops of each medicine

45 ml of distilled water

Among which only 2 drops of each total 10 drops from dilutions are to be taken in distilled water.

1 drops of medicine
: 0.05 ml

10 drops of medicine
: 10x 0.05 = 0.5 ml medicine

This 0.5 ml is diluted with 45 ml distilled water

Total volume of solution - 45.5 ml

% percentage of alcohol in total final solution has used in hydrotubation

-----0.45 /45.5x 100 = .9890 % v/v less than 1 % alcohol in solution.

Method for hydrotubation:

It is necessary to empty intestines, and before the procedure — a bladder. External genitals process alcohol and iodine, the Neck of uterus is bared vaginal speculums and processed alcohol. Enter the probe into the canal of a neck of uterus. A 10cc syringe was filled with the isotonic solution /distilled water mix indicative homoeopathic dilution and instillation started through the Leech Wilkinson cannula without leurlock after ensuring a leak proof fit at the external os.

Tubal patency was suggested if 8-10 cc of the fluid could be pushed in without force. Stenosis or spasm was suggested if the same amount could be pushed in after applying force on the piston of the syringe. Tubal block was suggested if there was a reflux or leak of the fluid after injection of first 3'-5 cc. During procedures the doctor watches the general condition and subjective feelings of the patient. In case of developing of pains build-up of pressure is stopped. At the proceeding morbidity stops the procedure. Upon termination of the procedure remove a clip and let out the syringe of the probe then the probe is deleted from a genital tract. After the procedure the patient remains under observation of the

doctor within 1 — 2 hour.

At partial obstruction of pipes pressure, drop in system occurs at higher figures. At full impassability of uterine tubes of pressure drop does not occur. At the same time, there can be pains in the bottom of a stomach.

Tools for present research work - Leech Wilkinson cannula without leurlock , hystosalpingography cannula Hegar's dilator ,Sims anterior vaginal wall retractor , syringe 10ml, Cosco, s speculum , Sim, s speculum , distilled water 25 ml, homoeopathic dilution , gloves, vaginal swab with *Calendula officinalis Q* , Make on a gynaecologic chair.

Result-After treatment of thirty one such cases, tubal patency (one or both tubes) was achieved.

Eleven cases conceived after their fallopian tubes became patent

Three cases blockage reduced much but they didn't conceive;

One case was dropped out as she insisted for IVF

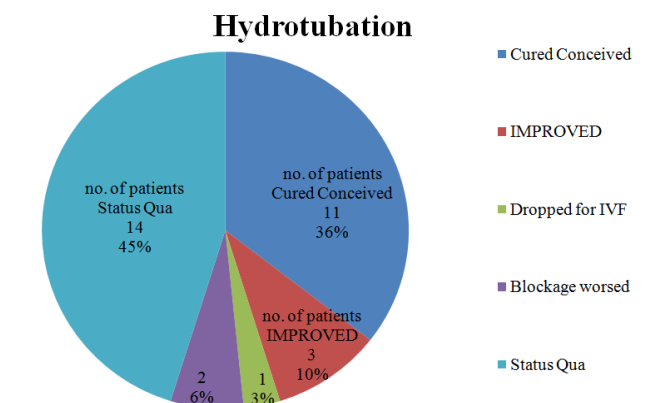
Fourteen cases were noted status quo

Two case blockages got worsened even after homoeopathic medication along with insufflations.

Result presentation - tabular

Total number of patient 31	Result out of 31 patient	Result in percentage
Hydrotubation done	31	
CONCEIVED Cured	11	36 %
IMPROVED	3	10 %
Dropped Out for IVF	1	3 %
Status quot	14	45 %
BLOCKAGE WORSED	2	6%

Graphical presentation



Discussion

On analysing this study, insufflating of isotonic solution through Hydrotubation therapy used homoeopathic dynamised remedy *Arnica montana* 30C, *Belladonna* 30C, *Calendula officinalis* 30C, *Hydrastis canadensis* 30C, *Amyl nitrosum* 30C within distilled water 45 ml was found to be effective and successfully open fallopian tube in a maximum number of patients along with constitutional orally medicine, which were selected based on holistic principle and not on disease symptoms. Hysteroscopic hydrotubation with homoeopathic medicine may be an alternative treatment for tubal blockage. In infertility cases, it is successful in restoring the patency of at least one fallopian tube out of bilateral complete and partial blocked fallopian tube by hydrotubation therapy with used Homoeopathic dilution get pregnant in the first three to six months after the procedure. With good case selection, therapeutic hydrotubation may be beneficial in resource poor countries, especially in patients with incomplete tubal occlusion (bilateral peritubal adhesions). The effectiveness of hydrotubation therapy is treatment for unexplained infertility also.

Conclusion

Homoeopathy proved to be efficacious in management of the cases of infertility due to fallopian tube blockage by insufflating with dynamised homoeopathic dilutions in distilled water by means of hydrotubation therapy. In addition to ensuring the quality and accuracy of life without any burden of side effects, the use of hydrotubation therapy with homoeopathic dilutions not only relieves makes fallopian tubes patent but also removes the cause from the organism as a whole cured infertility. Significantly alleviates the patient's pain, reduces the adverse reactions caused by treatment in conventional medicine. This increases the patient's overall satisfaction degree, has better remedy for that problem so it is worth the promotion in clinical practice. The results obtained are inspiring for homoeopathic clinicians, especially the novice, showing the way to treat such cases.

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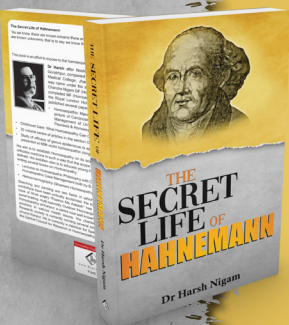
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A case report on quinsy (peritonsillar abscess) treated with homoeopathy

By Dr Ajay Vishwakarma

Abstract: This is a case of 49 years male having pain in throat and ears since 1 month. When the patient consulted, he was suffering from the pain in left side of throat associated with problem during swallowing and pain was extending to his left ear. He was also suffering from nasal discharge along with sneezing. 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 *Lachesis mutus*, *Pulsatilla nigricans*, *Belladonna*, *Arsenicum album*, *Lycopodium clavatum* were shortlisted.

Keywords: quinsy, peritonsillar abscess, throat pain, difficult swallowing, *Lachesis mutus*

Abbreviations: Incision and drainage (I and D)

Introduction

Sometimes tonsillitis or pharyngitis can progress to an abscess in one of the closed compartments surrounding the pharynx. The symptoms of a peritonsillar abscess are much more severe than those of tonsillitis or pharyngitis. The typical patient will be an adult who presents for care somewhat dehydrated after 3 or 4 days of worsening symptoms.

The hallmark symptoms in addition to fever and malaise are:

- Odynophagia — difficulty swallowing even liquids;
- Trismus — difficulty opening the mouth;
- Change in voice — muffled voice, “hot potato” voice.

The hallmark physical signs are:

- Unilateral swelling of the anterior tonsil pillar, especially the upper end of anterior tonsil pillar;
- Tonsil itself is enlarged and displaced medially;
- Uvula displaces to opposite

side;

- Tenderness and often swelling on the ipsilateral side of the neck at the angle of the jaw.

The surgical treatment is a small simple incision in the most swollen part of the upper anterior tonsil pillar to drain the pus. Needle aspiration at the same location is a newer option but appears not to relieve symptoms nearly as well, although steroids may mitigate that. Incision and drainage (I and D) is the preferred approach at our rural hospital.[1]

Case history

Personal data

Name of the patient: Mr. Y

Age: 49 years

Sex: Male

Marital status: Married

Address: Malsi, Udham Singh Nagar, Uttarakhand

Dated: 05/03/2022

Presenting complaints

The patient complained of pain in left side of throat which is extending to the left ear since 1 month associated with suppurative expectoration. He also complained of plug-like sensation in the throat since 1 year associated with yellowish nasal discharge and sneezing. His complaints were aggravated by warm drinks, pressure, sleep and warm weather and ameliorated by cold drinks. He also complained of sense of constriction at throat which was aggravated by tight clothing around the neck or touch.

Past history

He had a history of left sided renal stone.

Physical generals

- Appetite: Increased
- Thirst: Thirstless
- Desire: Salty
- Aversion: Nothing specific
- Intolerance: Hot drinks cause pain in throat
- Bowel: Satisfactory, regular
- Bladder: Clear, Profuse

- Sleep: Unrefreshing, disturbed due to his complaints
- Thermal: Chilly
- Perspiration: Profuse, sometimes stains reddish
- Tongue: Moist
- Complaints get worse during sleep²⁺
- Jealousy³⁺
- Loquacity³⁺

Mental generals

- Dreams: of snakes²⁺
- Fear: falling to sleep – his

Analysis and evaluation

P h y s i c a l generals Intensity	Intolerance to hot drinks cause pain throat ⁺⁺	Desire salty things ⁺	D i s t u r b e d sleep due to his complaints ⁺⁺		
Mental generals Intensity	Dreams of snakes ⁺⁺	Fear of falling asleep as his complaints worse during sleep ⁺⁺	Jealousy ⁺⁺⁺	Tendency to talk continuously ⁺⁺⁺	
Particulars Intensity	Pain in left side of throat which extends to ear ⁺⁺⁺	Pain in throat aggravated during empty swallowing and drinking ⁺⁺	Sensation as if a lump in throat ⁺⁺	Yellowish nasal discharge ⁺⁺	Sensation of constriction in throat worse by tight clothing around neck ⁺⁺⁺

Provisional diagnosis

- Peritonsillar abscess [2]

Totality of symptoms

- Loquacious
- Jealousy
- Pain in left side of throat extending to left ear
- Pain aggravated on empty and liquid swallowing
- Lump sensation in throat
- Sense of constriction around neck, aggravated by tight clothing and touch
- Yellowish nasal discharge with sneezing

- Suppuration from throat

Rubrics selected [3]

- Mind – Jealousy
- Mind - Loquacity
- Ear - Pain
- Nose – Discharge – yellow
- Nose – Sneezing
- Throat – Lump; sensation of a
- Throat – Pain – swallowing – empty
- Throat – Pain – swallowing – liquids
- Throat – Suppuration
- External throat - Constriction

- Analysis of the case

After analysis and evaluation of the case, the characteristic symptoms were used to form the totality “pain in throat and ear aggravated by empty and liquid swallowing, lump sensation, yellowish nasal discharge with sneezing” were important particulars with modalities in this case. “Jealousy, loquacity, dreams of snake and fear of falling to sleep” were important mentals generals in this case.

The selection of remedy was based on repertorisation from RADAR 10 software using *Synthesis treasure edition, 2009 by Frederick Schroyens*[3] with repertorial result showing top five remedies as *Lachesis mutus* (27/9), *Pulsatilla nigricans* (17/8), *Belladonna* (15/8), *Arsenicum album* (13/8) and *Lycopodium clavatum* (13/8).

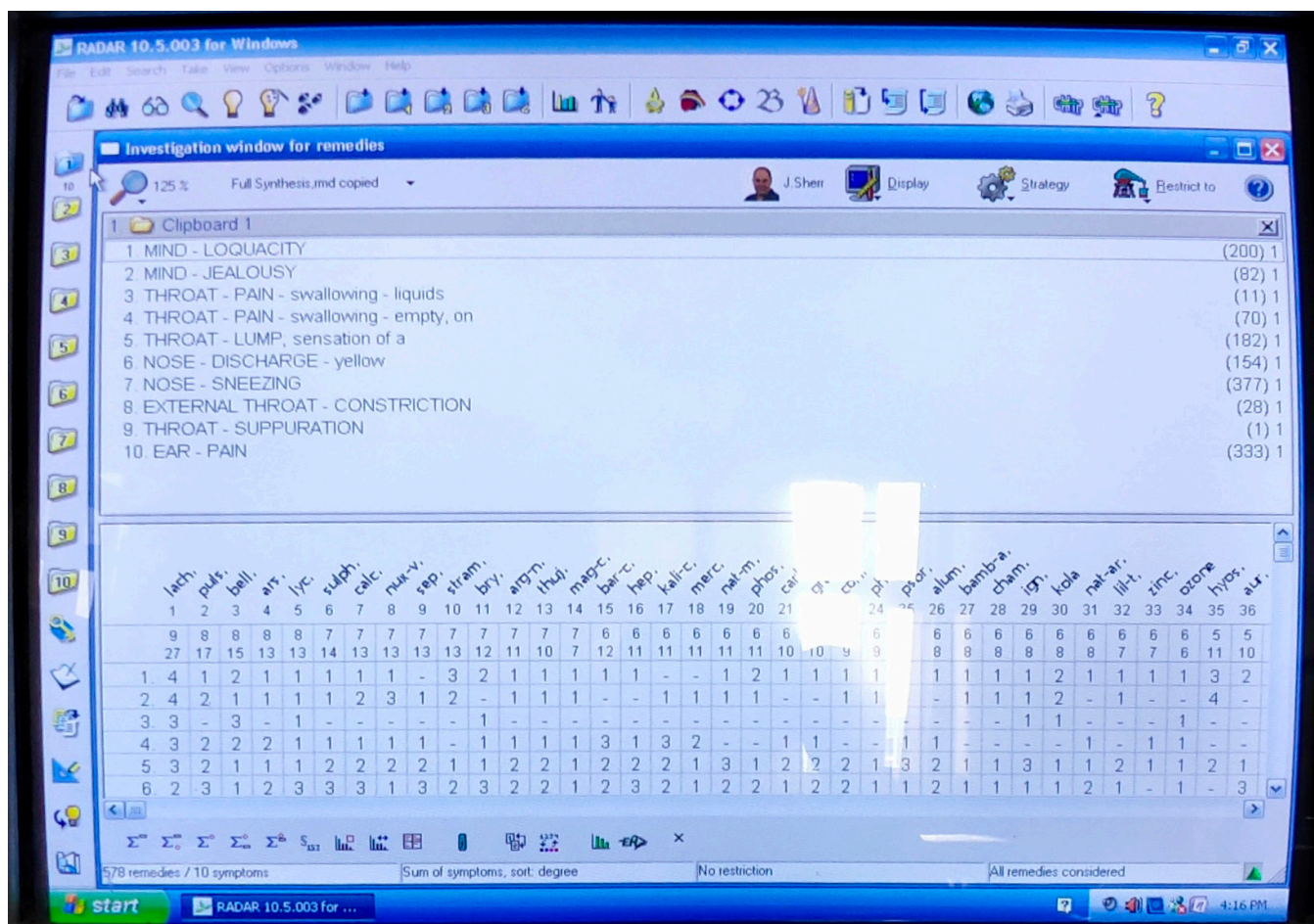


Fig 1. Repertorial analysis [3]

Prescription

Lachesis mutus 30/ 6 dose [4]

Basis for prescription

After analysing the repertorial results and with the knowledge of

our Materia Medica, *Lachesis mutus* [4] 30 6 doses were prescribed as the patient complaints got worse by drinking hot drinks and on going to sleep with lump sensation. All his complaints were left sided, patient showed improvement in his

complaints.

Potency

Eighth to 200th potency. Doses ought not be repeated too frequently. If well indicated, a single dose should be allowed to exhaust its action. [4]

Follow – up

Table 1: Follow up date wise description of medicine

Date	Symptoms	Medicine
05/03/2022	Patients' 1 st visit	<i>Lachesis mutus</i> 30/6 dose ("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".) (Aph 248,280) [5]
16/03/2022	Slight relief in ear pain and sneezing	Placebo

30/03/2022	Slight relief in throat pain	Placebo
12/04/2022	Relief in plug like sensation	<i>Lachesis</i> 30/6 dose (According to Kent's 11th observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) [6]
30/04/2022	No new complain	Placebo



Fig 2: Patient before treatment

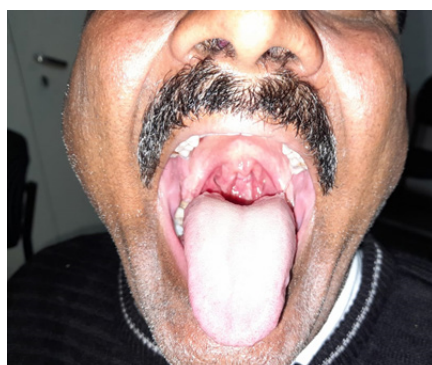


Fig 3: Patient after treatment

Discussion and conclusion

Homoeopathic medicine selected on the basis of homoeopathic principles proved to be very effective in this case of quinsy and shown remarkable results in the treatment. *Lachesis mutus* was selected on the basis of mental generals and particulars and keeping in mind the knowledge of materia medica and homoeopathic philosophy. Treatment was continued for 2 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 writes, "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 quinsy 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

case in a very few doses, in a very short period of time, without any aggravation and side effects.

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Role of homoeopathic medicine for the management of nocturnal enuresis

By Dr Vandana Gupta, Dr Divya Rani, Dr Rahul Kumar

Abstract: Nocturnal enuresis is a widespread and distressing condition that can have a deep impact on the child/young person's behaviour and on their emotional and social life. It is also particularly stressful for parents. It can affect normal daily routines and social activities such as sleep and school life. It can also generate much more serious feelings and behaviors such as a sense of helplessness and a lack of hope and optimism, feeling of being different from others, feeling of guilt and shame, humiliation, victimisation and loss of self-esteem.

Some studies in homoeopathy show a good result in the treatment of nocturnal enuresis. Though, homoeopathic literature suggests many medicines for the treatment of nocturnal enuresis, research evidences in this regard are very limited.

Therefore, the following article aims at explaining various homoeopathic remedies which prove to be useful in the treatment of nocturnal enuretic patient.

Keywords: homoeopathy, nocturnal enuresis, homoeopathic remedies, miasm

Abbreviations: ADH (anti-diuretic hormone), USG (ultrasonography), MCU (micturating cysto-urethrogram)

Introduction

Bedwetting (enuresis) is the inability to maintain urinary control during sleep. Involuntary urination at night is referred to as nocturnal enuresis whereas involuntary urination at daytime is called as diurnal enuresis. Nocturnal enuresis is also called as bed-wetting. Bed-wetting is more common in boys than girls.¹

Primary enuresis (75%-90%) occurs when a child has never established bladder control. Secondary enuresis (10%-25%) occurs when a person has established bladder control for 6 months, then relapses and begins wetting.²

Definition

Enuresis is defined as normal, nearly complete evacuation of the bladder at a wrong place and time at least twice a month after 5 years of age. Enuresis should be differentiated from continuous or intermittent

incontinence or dribbling. The bed is usually soaking wet in enuresis, compared to incontinence in which there is loss of urine without emptying of the bladder.

Enuresis is usually functional while continuous or daytime incontinence is often organic. More than 85% children attain complete diurnal and nocturnal control of the bladder by 5 years of age. The remaining 15% gain continence at approximately 15% per year, such that by adolescence only 0.5-1% children have enuresis. Up to the eleventh year, enuresis is twice as common in boys as it is in girls; thereafter, the incidence is similar or slightly higher in girls.

Enuresis is called primary when the child has never been dry and secondary when bed wetting starts after a minimum period of sixth month of dryness at night. It is termed mono-symptomatic. If it is not accompanied by any lower urinary tract symptoms

and nocturnal if it occurs only during sleep. Children with mono-symptomatic nocturnal enuresis require no further evaluation.

Aetiology

Maturational delay is the most likely cause of nocturnal enuresis, suggested by high spontaneous cure rates with increasing age. Anxiety producing episodes during the 2nd to 5th years, the time for development of nocturnal bladder control, are associated with increased risk of enuresis.

ADH (anti-diuretic hormone) has a circadian rhythm, with increased secretion occurring during the night and peak secretion between 4 to 8 am. A lack of this circadian rhythm or impaired response of the kidney to ADH may be possible aetiology for nocturnal enuresis. A lack of inadequate arousal is also believed to impair vasopressin secretion, leading to polyuria.

Secondary enuresis may be precipitated by acute stressful condition or traumatic experience. Bladder irritability due to urinary tract infection or severe constipation with full rectum impinging on the bladder can cause enuresis. Conditions causing polyuria (DIABETES MELLITUS OR INSIPIDUS), spina bifida (neurological bladder dysfunction), ectopic ureter and stress incontinence are other causes.

Evaluation

Less than 5% of cases with nocturnal enuresis have an organic basis. A careful history helps determine whether the enuresis is primary or secondary; whether any daytime symptoms are present and whether any voiding difficulty is present. In cases of secondary enuresis history should be taken to rule out acute stressful condition polyuria and features of bladder irritability such as frequency and urgency. Physical examination should focus on spinal anomalies.

If the child has a normal urinary stream with no daytime symptoms suggestive of a voiding disorder and normal physical examination, the child does not require extensive evaluation. Clinical and neurological examination excludes an anatomical and neurological cause for incontinence.

A voiding diary with frequency and volume charting of urine output and fluid intake for at least 2 days, with a record of daytime accidents, bladder symptoms and bowel habits for at least 7 days is useful. It helps detect children with non-mono-symptomatic enuresis or polydipsia, provide information or nocturnal polyuria and helps monitor to

instructions and response to therapy.

A urinalysis rules out infection, proteinuria and glycosuria. Additional diagnostic and invasive procedures USG and MCU are limited to patients with suspected neurological or urological dysfunction.³

Miasmatic background

The miasm in the analysis of each individual case, the incidence of psora found to be fundamental miasm or fundamental cause in each case. Among the dominant miasm, the prevalence of tubercular or psora-syphilitic or pseudo-psoric miasm was 40% then sycotic miasm was found in next most frequent miasm 30%.¹

Some indicated homoeopathic medicines

Argentum nitricum: Urine passes unconsciously, day and night (enuresis). Urethra inflamed, with pain, burning, itching: pain as from a splinter (urethritis). Urine scanty and dark. Emission of a few drops after having finished. Divided stream. Early stage of gonorrhoea; profuse discharge and terrible cutting pains; haematuria.

Arsenicum album:- Urine scanty, burning, involuntary. Bladder feels as if paralyzed. Albuminous Epithelial cells; cylindrical clots of fibrin and globules of pus and blood. After micturating, feeling of weakness in the abdomen. Bright's disease. Diabetes.

Causticum:- Urine passes unconsciously, day and night (enuresis). Urethra inflamed, with pain, burning, itching: pain as from a splinter (urethritis). Urine scanty

and dark. Emission of a few drops after having finished. Divided stream. Early stage of gonorrhoea; profuse discharge and terrible cutting pains; haematuria.

Equisetum hyemale:- Severe, dull pain with a feeling of fullness in the bladder, not relieved by micturating. Frequent urging with severe pain at the close of micturition. Urine flows only drop by drop. Sharp, burning, cutting pains in the urethra while micturating.

Ferrum metallicum :- Involuntary; worse daytime. Tickling in the urethra extending to the bladder.

KREOSOTUM :- Offensive, violent itching in vulva and vagina, worse when micturating. Can micturate only when lying; cannot get out of bed fast enough during first sleep. Dreams of micturating. Enuresis in the first part of night. Must hurry when desire comes to micturate.

Pulsatilla nigricans :- Increased desire; worse when lying down. Burning in the urethral orifice, during and after micturition. Involuntary micturition at night, while coughing or passing flatus. After micturating, spasmodic pain in the bladder.

SULPHUR :- Frequent micturition, especially at night. Enuresis, especially in scrofulous, untidy children. Burning in urethra during micturition, lasts long after (urethritis). Mucus and pus in urine; parts sore over which it passes (Bright's disease). Must hurry, sudden call to micturate. Great quantities of colorless urine.

Thyroidinum :- Increased flow; polyuria; with albumen and sugar. Enuresis in weak children who are nervous and irritable (1/2 gr. night

and morning). Urine smells of violets, burning along the urethra, increase of uric acid in urine.

Trinitrotoluenum :- Highly coloured urine, burning micturition, sudden desire, incontinence and retention.

Verbascum thapsus :- Highly coloured urine, burning micturition, sudden desire, incontinence and retention.

Xerophyllum :- Difficulty of retaining, dribbling when walking. Frequent micturition at night.⁴

Synthesis repertory

BLADDER- URINATION- involuntary-night-dreaming of urinating, while :- **Sep., Sulph., Kreos., Ph-ac.**

first sleep:- **Caust., Sep., Sil., Graph., Kreos., Bry.**

four times :- **cob.**

Fright; after :- **op., stram.**

Habit; when there is no tangible cause except :- **Equis-h.**

BLADDER- URINATION- involuntary-anxiety; from :- **calc-p., sep.**

BLADDER- URINATION- involuntary-blowing the nose, when

:- **Caust., nat-m., puls., zinc.**

BLADDER- URINATION- involuntary-boys, in :- **Rhus-t., sil.**

BLADDER- URINATION- involuntary-constipation; with :- **caust., tarent.**

BLADDER- URINATION- involuntary-convulsions; during :- **Bufo, Hyos., Caust., Plb., Zinc.**

BLADDER- URINATION- involuntary-cough agg; during :- **Apis., Caust., Nat-m., Phos., Puls., Sep., Squil.**

BLADDER- URINATION- involuntary-stool-after-agg:- **Mur-ac., Sel., Phos.**

BLADDER- URINATION- involuntary-surgical operation; after a genital organs; in-female:- **lach.**

Male:- **caust.**⁵

Conclusion

Nowadays, many children are suffering from this diseases which affect their mental and physical states. Homoeopathy is very effective for the treatment of nocturnal enuresis. Homoeopathic remedies with a proper counselling, one can improve the patient's quality of life who are suffering from this disease.

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Before and after writing a scientific manuscript- what to do?

By Deeksha Chaturvedi, Chaturbhuja Nayak

Abstract: Scientific writing is a rewarding process that communicates scientific knowledge effectively. Valid publication shall be the main purpose of writing a scientific article. A well-written article published on a wrong portal or journal leads to failure of effective writing and publication. Scientific publication is essential for advancing science and development of public health practice. The purpose of this article is to provide a stepwise pathway and a few guidelines to successfully publish a scientific research article.

Keywords: Scientific writing, before writing, guidelines of target journal, authorship, after writing

Abbreviations- COPE-Committee on publication ethics ; AJE-American journal experts ; ICMJE-International committee of medical journal editors ; CDC- centers for disease control and prevention ; AYUSH - ayurveda, yoga, naturopathy, unani, siddha, and homoeopathy, PIO - public information officers

Introduction

The typical scientific paper writing ideas does not come naturally to most of the researchers. Knowledge of certain standards and guidelines- some explicit and other implied, are essential to write a scientific peer-reviewed paper^(1,2). Peer-reviewed literature is fundamental for advancing science and its translation helps in development of practice in public health⁽³⁾. On an individual level, publication is associated with professional and career development⁽⁴⁾.

A scientific paper is a written and published report describing original research work. The term scientific writing denotes the reporting of original research in journals, through scientific papers in standard format. In the broader sense, it also includes communication about science through other types of journal articles, such as review papers, professional communications (for example, grant proposals, oral presentations, and poster presentations).

Aim of scientific writing is valid scientific publication. An acceptable primary scientific publication must

be containing sufficient information to enable peers⁽⁵⁾ :

- (1) to assess observations,
- (2) to repeat experiments, and
- (3) to evaluate intellectual processes (justification of conclusion by data).
- (4) it must be susceptible to “sensory perception” (communicability of the article),
- (5) essentially permanent, available to the scientific community without restriction, and available for regular screening to information-retrieval services.

1. BEFORE WRITING

Establish your mindset

The thought of scientific writing can puzzle the minds of even the experienced writers. The task can become easier and simple with an appropriate approach and establishing a suitable mindset. The prime idea in the mindset should be, “Write to communicate and not to impress.” Good writing is chiefly a matter of effective imitation. Therefore, retrieve copies

of peer-reviewed scientific papers in research area, including papers in the journal to which you are planning to submit your current work. Read thoroughly how these papers are written⁽⁵⁾.

Select the target journal

According to the American journal experts (AJE), one of the most common mistakes authors make is choosing unsuitable journals⁽⁶⁾. Researcher should enlist highly regarded / peer-reviewed journals in the concerned research field from which the target journal can be chosen.

Target journal can be considered on the basis of⁽⁶⁾ :

Journal’s metrics(impact factor and usage)

Journal’s aims and scope,

Its readership, and

A review of past content published in the journal

(2)

With selection of target journal, i.e. where to get the article published, the researcher should thoroughly read and understand the journal's "Guidelines /Instructions for authors" of the said journal. Review a few published articles of the journal analogous to the idea of your scientific writing.

Selection of target journal helps in selection of topics as some journals provide information about the themes/topics for upcoming issues. It facilitates publication and review process in peer-reviewed journal, as it minimises the duration of review if the guidelines and ideology/theme are properly followed by the authors⁽⁷⁾.

Many online open access journals lacking in basic scientific publication ethics and sound peer review practises, illegitimately accept and publish articles, these journals are known as "predatory journals"⁽⁸⁾. The pressure to have scientific publications and the lack of knowledge regarding predatory journals may encourage authors to submit their articles to such journals. To identify such journals, researcher should seek information about the journal proactively from journal websites, mentors, and recent and relevant published literature⁽⁹⁾.

Write down ideas, plan and set timelines

Literature reviews can be gathered through full-text databases such as PubMed central⁽¹⁰⁾, National institutes of health (NIH) report⁽¹¹⁾ and Centers for disease control and prevention (CDC) stacks⁽¹²⁾. Researchers should familiarise themselves with databases that are accessible through their institutions and any assistance that may be

available from reference librarians.

While gathering scientific content, ideas may occur to you for writing the article. For example, the researcher may get an idea of a point to include in the discussion which may come up with a good way to structure a table. Write down all such ideas; consider creating a separate file (for each section of paper)—either paper or electronic—in which to place them. Recording of ideas keep them from escaping your memory, and with such readily available ideas, you can start writing quickly.

Block out times to write. Indicate on calendar or personal organiser the times that will be reserved for specific writing projects and set deadlines. Except in emergencies, do not let other tasks interfere with those times^(5,13).

Decide authorship

Authors are generally defined as persons who have contributed sufficiently to a scientific report to be listed on the byline of the published report⁽¹⁴⁾. Authors of a scientific writing should fulfill the following four criteria recommended by International committee of medical journal editors (ICMJE)⁽¹⁵⁾:

(3)

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

Drafting the work or revising it critically for important intellectual content; AND

Final approval of the version to be published; AND

Agreement to be accountable for all

aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved."

Others who contributed to the work, but do not meet the above criteria of authorship, should be named in the 'Acknowledgements' section mentioning what each of them did. Decision about the order of appearance of the names of authors should be decided, unanimously, prior to the scientific writing⁽¹⁵⁾. A change may be required later, depending on the contribution to research and writing⁽⁵⁾. The degree, designation, affiliation and address of each author are also to be mentioned⁽¹⁶⁾.

The author who should receive inquiries is called the *corresponding author*. The corresponding author typically submits the paper, receives the editor's decision whether to publish it, submits revisions, works with the editorial office after acceptance (for example, by answering questions from the manuscript editor and finally checking proofs before publication), and responds to inquiries from the readers. The corresponding author should be someone who expects to be readily reachable during and after the publication process. And it is the decision taken amongst the authors. Many journals provide guidelines on authorship in their instructions for authors^(7,17).

There are international guidelines for the guidance of authors and editors such as committee on publication ethics (COPE), International committee of medical journal editors (ICMJE), Council of international organizations for medical sciences, World association of medical editors (WAME), World Medical Association, etc⁽¹⁸⁾.

Commonly encountered authorship issues in scientific publication are (18,19,20);

Gift authorship (inclusion of authors in publication who do not fit into the ICMJE authorship criteria);

Ghost authorship (exclusion of authors who fit into the ICMJE authorship criteria);

Duplicate submission/publication or redundant publication (publishing the same research material more than once);

Plagiarism (theft or misappropriation of intellectual property and the substantial unattributed textual copying of another's work and the representation of them as one's own original work);

(4)

Falsification and fabrication of data (manipulated research data to strengthen the results/conclusion by adding or eliminating outliers).

2. After writing

Revise the manuscript

Revise the manuscript until it seems well. First revise yourself, then show it to others and after getting their feedback, revise your manuscript regarding (1,5);

Content be deleted;

Accuracy of information;

Sound reasoning;

Consistent content throughout;

Logical organisation;

Clear wordings;

Concise (brief, simple, and direct) information;

Language check(grammar, spelling, punctuation, and words);

Well designed figures and tables;

Comply with instructions of target journal.

Follow checklist of the target journal

Before submitting your manuscript, go through the instructions to authors from the target journal. If the journal provides a manuscript-submission checklist, ensure that you have followed all instructions. If a manuscript substantially differs from what is required, it may be returned by the journal editor for compliance before it undergoes review.

Write each section of the manuscript on a separate page. The *title, names and addresses of the authors* are usually stated on the first page, which should be numbered '1'; the *abstract* is on the second page. The 'introduction' should be given on the third page, and each succeeding section (materials and methods, results, etc.) then starts on a fresh page. Figure legends are grouped on a separate page. Traditionally, the tables, figures, and figure legends are given at the back of the manuscript. Some journals ask the authors to insert them in the text or to provide them as separate files (1,5,16).

(5)

3. While submitting manuscript

Submit manuscript with a covering letter

At present, all the journals commonly have online submission systems through which authors must submit their manuscripts. The corresponding author should submit the manuscript online

with a covering letter signed by all authors^(5,13).

The covering letter should include (15);

Information on prior or duplicate publication or submission any part of the work to some other journal;

a declaration of financial or others relationships which may lead to a conflict of interest;

a statement that the authors have read and approved the manuscript ; that they fulfil the required criteria for authorship; that manuscript represents honest work;

the name, address and telephone number of the corresponding author.

After submission

As per publication ethics to maintain confidentiality, immediately after submission of manuscript, all the authors receive a confirmation email from the journal editor stating that

the manuscript/content must not be disclosed in any form to media until the manuscript is published by the journal⁽²¹⁾.

Peer-review^(5,22,23)

After receipt of the manuscript, the editor sends it to two or three independent experts in the concerned field for the critical review of the manuscript from different aspects, such as originality of the work; quality of overview given in the manuscript; global relevance; structure and organisation and quality of different sections; length of the manuscript; expression quality; clarity of illustrations and accuracy of referencing etc.

On the basis of reviewers' comments,

the editor takes a final decision on the manuscript which includes: accepted as such; accepted subject to minor revision; accepted subject to major revision or rejected and communicates to the corresponding author along with comments of the reviewers. Usually, the first option ('accepted as such') is rare and 'revisions' and 'rejections' are common.

(6)

Revision ^(22,24,25)

The authors should go through the comments of the reviewers and editors meticulously. In case of minor changes suggested, the authors should correct those and resubmit to the same journal. In case major changes are desired, the authors should look at the whole problem afresh and deal with the major changes appropriately.

After making revisions, the corresponding author may send the manuscript to the same or another journal. However, if the researchers do not agree to the comments of the reviewers/editor they should reply to the editor, with sufficient justifications and evidences in support of their stand.

In case of rejection of the manuscripts, the authors should not get emotional and should avoid criticism and complaint. Rather, after thorough revision of the rejected manuscript, on the basis of reviewers' and editor's comments, it should be submitted to another journal entertaining such type of work.

4. AFTER THE ARTICLE IS ACCEPTED FOR PUBLICATION

Copy-editing and proofing processes

The journal editor standardises all abbreviations, units of measure, punctuation, and spelling as per the style of the journal. In some journals, editors also revise writing to increase readability. The queries may appear on or with the copyedited manuscript, if the journal sends it to the authors for approval before preparing the proof ⁽⁵⁾.

5. After publication

Publicize and archive your paper

Post-publication impact citation counts are one of the main ways to measure the scientific impact of publications of the researcher, allowing the development of multiple metrics, such as the H index to measure the influence and visibility of scientists and research groups⁽²⁶⁾.

To promote publication impact, researchers may publicize their manuscripts by sending them to colleagues worldwide soon after publishing or if possible, may inform public information officers (PIOs) of research institute or university for the same. General media too can aid in publicising newly published research, both to the public and to fellow researchers⁽⁵⁾.

Start preparing for the next scientific paper

Writing a manuscript and getting it published not only motivates, but also enhances and updates the knowledge of the researchers. So, stay motivated for manuscript writing every time you finish the one.

(7)

Researcher can also get ideas of new writings while preparing a manuscript; so always note down and get your queries resolved by

going through the research. Report and publish the same to answer and generate new queries for scientific world.

Conclusion

In the current scientific era, publishing an article is not the end of a process but it is the beginning of the journey of being read and analyzed by people around the scientific world. Every single manuscript contributes to advancement of science and practically improves the public health practices. Scientific publication is an art that improves with experience. More number of publications makes it easier for the researchers to write more impactful manuscripts. It is a collaborative learning and enriching process for the authors of the manuscripts. This article will promote researchers to write and guide them towards writing scientific manuscripts and getting those published.

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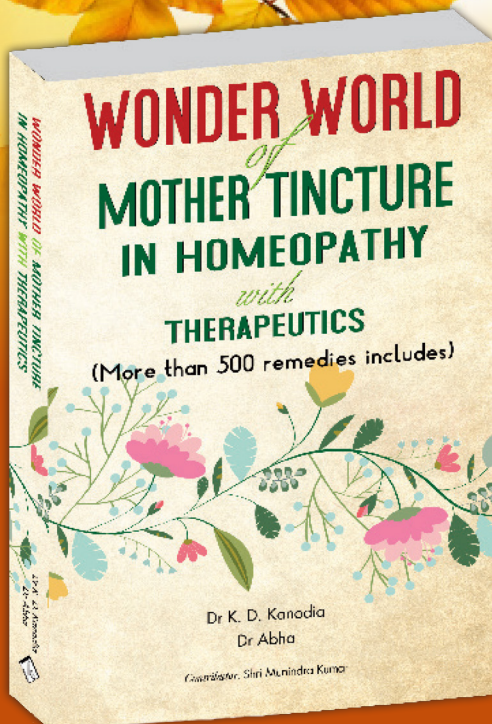
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- Chronic or recurring cough
- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

Composition:

Rumex crispus	3X	1.0%
Justicia adhatoda	Ø	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	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	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.

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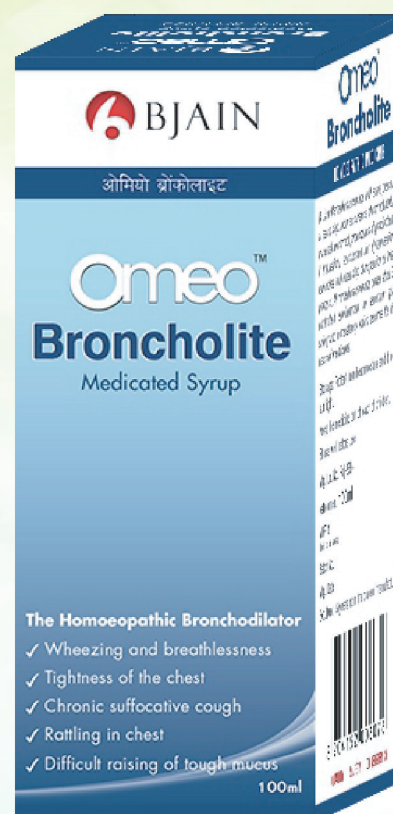
Indications:

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	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
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Sarsaparilla officinalis- an elixir to contact dermatitis

By Dr Mehak

Abstract: *SARSAPARILLA OFFICINALIS* is our great stand-by in renal disorders and vesicular affections. Many cases of dysuria and renal calculi are cured with this drug. This article is an attempt to show the effectiveness of this wonderful drug in cases of contact dermatitis, especially occur in summers.

Keywords: contact dermatitis, *Sarsaparilla officinalis*, homoeopathy.

Abbreviations: *Sarsaparilla officinalis*

Introduction

Strong irritants elicit an acute reaction at the site of contact, whereas weak irritants most often cause chronic dermatitis, especially of the hands, after prolonged exposure. There is a wide range of susceptibility to weak irritants. Contact dermatitis accounts for the majority of occupational cases and works loss.^[1]

Signs of dermatitis: Redness and swelling, usually with ill-defined margins. Exudation and cracking, scaling. Papules, vesicles, and more rarely, large blisters.^[1]

Symptoms of dermatitis are pruritus and burning.^[1]

Common causes of contact dermatitis are:

1. Articles of clothing like furs, sandals, and house shoes.
2. Cosmetics like hair dyes, bleaches, shampoos, lotions, nail preparations, perfumes and deodorants.
3. Household substances like detergents and soaps, mental polishes, liquid and powder cleaners, and waxes.
4. Hobbies: like gardening, oil paintings, photography,

jewellery makings.

5. Topical medications.^[1]

Homoeopathy:

It was mentioned under remedy, *Petroleum*, “skin of hands rough, cracked; tips of fingers rough, cracked, fissured, every winter”.^[2]

But when given for the cases of contact dermatitis in summer, it won't give results. Which means it calls for a new remedy. When homoeopathic repertory is searched for, there is a common remedy, *Sarsaparilla officinalis*, found in the following rubrics:

SKIN – CRACKS: CALC. CARBN-S. GRAPH. PETR. PULS. SARS. SEP. SULPH.

SKIN – CHAPPING: CALC. GRAPH. HEP. PULS. RHUS-T. SARS. SEP. SULPH.

SKIN - CRACKS – burning: petr. sars. zinc.

SKIN - CRACKS - new skin cracks and burns: Sars.

SKIN - CRACKS – painful: Graph. mang. moni. nit-ac. petr. rhus-v. sars. x-ray zinc.^[3]

When the literature is reviewed; rhagades; skin cracked on hands

and feet. Rash from exposure to open air; dry, itching; comes on in spring; becomes crusty. Skin hard, indurated. Summer cutaneous affections. ^[2,4] pain and burning, particularly on the sides of fingers and toes. ^[2]

Severe great cracks in the skin of the right thumb, “so that one can see the flesh”, with burning pain ^[5]

Itching eruptions on forehead and face like milk-crusts with burning, becoming humid on scratching; base of eruption is much inflamed, child cries much; crusts become detached in open air. ^[6]

Useful in old age when black and blue spots appear on the backs of the hands and elsewhere. Moist, itching, scurfy, and scabby eruptions. The skin of the backs and the palms of the hands becomes thick and indurated with bran-like scurf resembling psoriasis, intermingling with blue spots. ^[7]

Itching scaly spots. Rash from exposure to open air, dry, itching, comes on in spring, becomes crusty. Emaciated, shrivelled, skin lies in folds Dry, flabby. Herpetic eruptions, ulcers. Cracks, skin cracked on hands and feet. Skin hard indurated. Summer cutaneous disorders. Irritating pus. Copper-coloured eruptions. Ecchymoses in

old age. Oedema. New skin cracks and burns. [8]

The site for development of cracks in *Sarsaparilla officinalis* are as follows: sides of fingers, sides of toes, thumb, feet. They are deep and bleed easily. Cracks tend to develop especially after washing the part with water. There is a peculiar burning pain which worse in the night. Cracks may also be caused after administration of vaccines. [9]

Skin irritation [raw on scratching and < washing]. [10]

When *Sarsaparilla officinalis* 30 was given to the patient, it got tremendous results within a week.

When literature was reviewed, in *Characteristic Materia Medica* by W.H Burt, *Sarsaparilla officinalis* was found to be very useful in boils and eczema and W.H. Burt emphasised that "Its action upon the skin is of so valuable character, I would urge physicians to test it." [11]

This result lead the author to test *Sarsaparilla officinalis* 30 in approximately all cases of contact

dermatitis over the last 2 months where symptoms are similar. It has marvellous action, in patients who are taking allopathic medicines for so long. It has improved not only the pruritus and burning but also the scaling and cracks underneath the skin. 16 out of 20 patients improve within a week with no relapse over a month and others with marked intensity are improving over a month.

Conclusion

Sarsaparilla officinalis being an organ remedy proved its effectiveness in cases of contact dermatitis. As it was very difficult to maintain evidence-based records at OPD, so needs a further full-time study to know the efficacy of *Sarsaparilla officinalis* in contact dermatitis.


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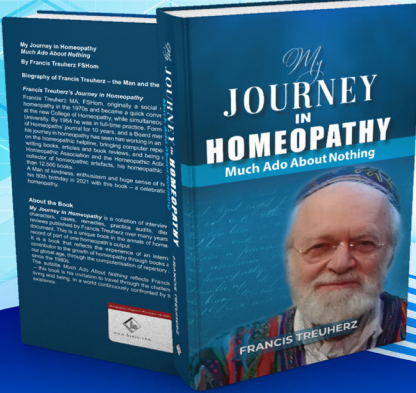







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- FRANCIS TREUHERZ -

Leukaemia and its homoeopathic therapeutics

By Dr Prastuti Jaiswal, Dr Sakshi Bhadana, Dr Surbhi, Dr Satya Prakash Singh

Abstract: Leukaemia is the most common neoplasia in children, with acute lymphoblastic leukaemia comprising of 77% of the cases, followed by acute myeloid leukaemia accounting for 11%, chronic myelogenous leukaemia for 11%. The following article aims to discuss homoeopathic medicines, miasms effective in cases of leukaemia.

Keywords: homoeopathy, leukaemia, miasm, childhood cancer

Abbreviations: acute lymphoblastic leukaemia (AML), acute myeloid leukaemia (CML), chronic lymphoblastic leukaemia (ALL), chronic myeloid leukaemia (CML), white blood cells (WBC's), bone marrow aspiration (BMA), lymph node cells (LN cells), deoxyribonucleic acid (DNA), World Health Organisation (WHO), complete blood count (CBC), haemoglobin (Hb), acquired immunodeficiency syndrome (AIDS), hepatitis C virus (HCV), Epstein barr virus (EBV), helicobacter pylori (H. pylori)

Introduction

Leukaemia is the most common cancer found of childhood with acute lymphoblastic leukaemia being the most common type of leukaemia comprising of 77% of the cases, acute leukaemia accounting for 11%, chronic leukaemia for only 11%.¹ There are nearly 2.43 million cases of leukaemia worldwide and 0.35 million deaths globally due to leukaemia in 2017.² Many children suffer from leukaemia and the world

sees many deaths owing to this malignant cancer.

Types-

Leukaemia and lymphoma are two types of cancer. Leukaemia mainly involves bone marrow and blood. Lymphoma are solid tumours of immune system.³

Leukaemia –

1. Acute lymphoblastic leukaemia (AML)

2. Acute myeloid leukaemia (CML)

3. Chronic lymphoblastic leukaemia (ALL)

4. Chronic myeloid leukaemia (CML).⁴

Lymphoma-

1. Hodgkin's lymphoma

2. Non-hodgkin's lymphoma⁴

Table 1- Leukaemia

	AML	ALL	CML	CLL
Age	All ages, peak after 60 ⁵	2-9 yrs Most common in children ¹⁰	Elderly ¹⁴	6 th -7 th decade ¹⁸
Cause	Mutation t(8:21) t(15:17) inversion Chr 16 ⁶	MLL Mutation at Chromosome 11q23 ¹¹	Mutation Chr 22 (BCR-ABL fusion) ¹⁵	Deletion 13q on chromosome 3 ¹⁹
Risk factor	Radiation Chemicals Drugs Genetic disorders with defective DNA repair -Fanconi's syndrome -Bloom's syndrome -Down's syndrome ⁶			

Types	<p>WHO CLASSIFICATION</p> <p>AML with recurrent genetic abnormality</p> <p>AML therapy related</p> <p>AML with MDS like features</p> <p>AML not otherwise specified (NOS)</p> <p>AML with Down Syndrome⁷</p>	<p>WHO classification</p> <p>B-all</p> <p>Children</p> <p>Better prognosis</p> <p>T- All</p> <p>Adolescent</p> <p>Poor prognosis¹²</p>	<p>3 stages-</p> <p>Chronic blast stage- <10% count</p> <p>Accelerated phase-</p> <p>Blast count- 10-19%</p> <p>Basophilia- >20%</p> <p>Thrombocytopenia</p> <p>Blast crisis</p> <p>Blast count- >20%¹⁶</p>	
Invetsigation	<p>CBC</p> <p>Hb- decreased</p> <p>TLC- decreased</p> <p>Plt- decreased</p> <p>PBF & Bone marrow aspiration</p> <p>>20% myeloblast⁸</p>	<p>CBC</p> <p>Hb- decreased</p> <p>TLC- increased or decreased</p> <p>Plt- decreased</p> <p>PBF- >20% lymphoblast</p> <p>BMA- >20% lymphoblast¹²</p>	<p>CBC</p> <p>Hb- normal</p> <p>TLC- very high</p> <p>Plt- high or low</p> <p>PBF- increased number of myeloid lineage cells</p> <p>Basophils- increased¹⁶</p>	<p>CBC</p> <p>Hb- normal</p> <p>TLC- increased</p> <p>Plt- normal or decreased</p> <p>Absolute lymphocytosi >5000/mm³</p> <p>PBF- small lymphocytes increased</p> <p>BMA- increased lymphocytes</p> <p>Lymph node biopsy</p> <p>-LN cells replaced by small inconspicuous nucleoli with lymphoid cells in centre¹⁹</p>
Symptoms	<p>Abrupt onset</p> <p>Anemoia</p> <p>Fever (due to leucopenia)</p> <p>Bone pain⁹</p>	<p>Abrupt onset</p> <p>Anemia</p> <p>Fever</p> <p>Bone pain</p> <p>CNS-</p> <p>Headache</p> <p>Vomiting</p> <p>Nerve palsies¹³</p>	<p>Splenomegaly</p> <p>Anemia</p> <p>Fever</p> <p>Weight loss</p> <p>Joint pain</p> <p>Weight loss</p> <p>Fatigue¹⁷</p>	<p>Fever</p> <p>Abnormal bleeding</p> <p>Lymphadenopathy</p> <p>Hepatosplenomegaly²⁰</p>

Table 2- Lymphoma

	Hodgkin's lymphoma	Non-hodgkin's lymphoma
Age	Bimodal- young adults (20-30), elderly (50-70) ²¹	Increasing with age, peak >50 years ²⁴⁻²⁶
Etiology	<p>EBV²¹</p> <p>Immunosuppression²²</p> <p>Autoimmune disease²²</p>	<p>Chromosomal translocation t(14:18)</p> <p>Autoimmune diseases</p> <p>Infection (AIDS, HCV, EBV, H. pylori)²⁴⁻²⁶</p>

Symptoms	Painless adenopathy- usually above diaphragm Contagious spread Alcohol induced fever Pruritis Usually no hepatosplenomegaly No leukaemic phase Reed Sternberg cells observed ²²	Multiple lymph nodes involved Non contagious spread Hepatosplenomegaly Leukaemic phase present No Reed Sternberg cells observed, B-cell lineage cells observed ^{27,28}
Prognosis	Good ²³	Bad ²⁹

Miasmatic background

Leukaemia mainly belongs to sycotic miasm as there is splenic hypertrophy, increased number of WBC's and swollen lymph node, etc. with psora miasm present in background, some characteristics also covers tubercular miasm as we also find gum bleeding, haemorrhages, etc.

- The glandular enlargement with cachexia described by Virchow were known to the physician under the name of "sycosis" which diathesis had in their view a much wider range than give it a name as an infection and condylomata.³⁰
- **Sycosis** –Sycosis is responsible for proliferation and growth .There is hypertrophy, the cell proliferation and tumors are formed.³¹
- **Tubercular** - Tubercular miasm is responsible for migration and haemorrhage. Cells are disintegrated and degenerated, haemorrhage and migration takes place resulting in metastasis.³¹

Homoeopathic therapeutics

Some of the homoeopathic

medicines known to be helpful in cases of leukaemia are-

Aconitum napellus- Initial stage, high fever continued or remittent; slight bronchitis; digestive trouble; pale face.³²

Sulphur- Apyrexia with or without sweat; anorexia; greenish or yellow diarrhea; insomnia, marked tumefaction of spleen.³²

Aranea diadema- Leukaemia medullaris, violent, dull, burrowing pain, especially in humerus forearm and tibia aggravated in the morning and periodically returning during the day; papular eruption on skin here and there, restless sleep.³²

Natrium sulphuricum- Splenic and lymphatic leukaemia; sycosis; depression of mind and irritability; vertigo after dinner (from the swollen spleen); pain in left hypochondrium or above false rib.³²

Thuja occidentalis- Leukaemia medullaris, face red and hot, craving alternates with anorexia, induration of stomach, stitches in hypochondria; short breath from fullness and constriction in hypochondria and upper abdomen.³²

Arsenicum album- deathly pallor of the face, voracious appetite,

prostration, pressive pain in spleen, with induration³²

Picricum acidum- great chilliness followed by cold clammy sweat; oppressive feeling in epigastrium, can get breath only half way down and when there is no organic change.³²

Graphites- lymphoma on neck with hectic fever.³²

Calcarea carbonicum- remittent fever with sweat on head only, difficult dentition, tardy ossification of fontanelles, laborious digestion often with vomiting, hard tumors of spleen with leukaemic blood and appearance of petechiae.³²

X-ray-Repeated exposure to roentgen has produced skin lesion followed by cancer. Anaemia and Leukaemia. It arouses reactive vitality, mentally and physically.³³

Benzolum- In the human provers it resulted in a disease of the red, and increase in white cells. It ought to be of use in leukaemia.³³

Ceanothus americanus- Enormous enlargement of the spleen (splenomegaly). Splenitis; pain radiates to the left side. Deep-seated pain in left hypochondrium, hypertrophy of spleen. Leukaemia.

Repertory

Leukaemia

Kent Repertory –

1. GENERALITIES , leukaemia - Acet.ac , Ars., Calc., Cala.p, Ip., Kali.p., Nat.a., Nat.m., Nat.p., **Nat.s.**, Nux.v., Pic.ac., Sulph., Thuj.³⁴

Homoeopathic medical repertory by Robin Murphy-

1. BLOOD, leukemia – Acet. ac., Acon., Aran., **Ars.**, Ars.i., bar.i., bar.m., Bry., Calc., Calc.p., Carb.s., Carb.v., **Carc.**, Cean., Chin., Chin.s., Con., Cortiso., Crot.h., Ferr.pic., Ip., Kali.p., Merc., **Nat.p.**, Nat.m., **Nat.c.**, Nux.v., Op., Phos., Pic. ac., Sulph., Syph., Thuj., Tub., X-ray.
2. BLOOD, leukemia, general,
 - acute -Ars., Lach., Merc., Merc. c., Nat. m., Nit. ac., Phos.
 - children in – **Ars.**
 - constitution broken down by gonorrhoea, syphilis, alcohol, etc. – Crot. h.
 - corpuscles normal as to quantity , but lack color – Ferr. p.
 - gonorrhoeal – Thuj.
 - lienalis – Kali. p.
 - leucocythemia - Bell., Cean., Con., Iod., Lyc., Merc., Nit. ac., Phos., Rhus. t., Sulph.
 - lymphoid – **Ars.**, Carb. s., Carb. v., **Cean.**, Kali. s., Mur. ac., Nat. a., Nat. m., **Phyt.**, Pic.ac., Thuj.
 - spleen , involvement – Ars., Cean., Nat. m., Nat. s., Querc.,

Succ.³⁵

Repertory of Hering's Guiding Symptoms by Calvin B. Knerr-

1. HEART, pulse and circulation,
2. Blood, leukaemia (leucocythaemia) – Acet. ac., Acon., Ars., Calc., Calc. p., Carb. v., Cinch., Diad., Ip., Kali. p., Nat. m., **Nat. p.**, Nat. s., Nux. v., Pic. ac., Sul.

- in constitution broken down by gonorrhoea, syphilis, alcohol, etc. – Crotal.

- corpuscles normal as to quantity , but lack colour- Ferr. ph.

- gonorrhoeal – Thuj.

- lienalis – **Kali. ph.**³⁶

Boericke's New Manual of Homoeopathic Materia Medica with Repertory-

- G E N E R A L I T I E S , leucocythemia, leukemia – Aran., Ars., Ars. i., Bar. i., Benzo., Bry., Calc., Cean., Chinin. s., Con., Ferr. pic., Ip., Mere., Nat. m., Nat. s., Nux. v., Phos., Pic. ac., Thuja.³⁷

Lymphoma-

Homoeopathic medical Repertory by Robin Murphy-

1. DISEASE, cancer, general, lymphoma , lymphatic glands, cancer - Ars., Ars.i., Aur.m, Bar.i., Bufo., Buni.o., Calc.f., Carb.an., Carc., Cist., Con., Cund., Ferr. pic., Iod., Ph.ac., Phos., Phyt., Saroth., **SCROPH-N.**, Syph., Thuj., Tub.
- lymphoid leukemia – **ARS.**, Ars.i., Carb.s., Carb.v., **CEAN.**, Kali.s., Mur.ac., Nat.a., Nat.m., **PHYT.**, Pic. ac., Thuj.

- sarcoma – Ars., Ars.i.,

- DISEASE, cancer, general, hodgekin's disease – Acon., Ars., Ars.i., Bar.i., Buni.o., Calc.f., Carc., Cist., Con., Cund., Ferr-pic., Iod., Kali.m., Nat.m., Ph-ac., Phos., **PHYT.**, Saroth., **SCROPH-N.**, Syph., Thuj., Tub.

- (GLAND, hodgekin's disease – cross reference)³⁸

Discussion and conclusion

Homoeopathy is a holistic science and success in any case can be achieved by following the seven cardinal principles and miasmatic background of the disease. There are many medicines for leukaemia but one must select the most simillimum remedy after careful case-taking and analysis of the case. With so many children suffering from leukaemia, Homoeopathy aims at treating the patient in the most gentle and permanent way.

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Conflict of interest

None

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“An individualistic homoeopathic approach in a case of plaque psoriasis - a case report”

By Dr Torsa Das, Dr Sayantan Bhowmick, Dr Sadia Kamal, Dr Debanjan Chowdhury

Abstract: Psoriasis is a localised or generalised, chronic, progressive, inflammatory, skin disease, characterised by dry, erythematous plaque, covered with silvery scales, having a significant underlined genetical or environmental or autoimmune background. There are several types of psoriasis, but plaque psoriasis is most common, mainly affects scalp, trunk and extremities. In modern medicine psoriasis has no cure, disease sometimes flares up some time seems better. Many factors like previous infections, various types of traumas, psychological stress, smoking, alcoholism, obesity are the triggering factors for psoriasis. In this case a 37 years old lady complaining with painful, itching, erythematous spots covered with scales on her both ankles and feet, left leg and left great toe for 12 years. After she had been treated with individualised homoeopathic medicines for nine months, a resolution of skin lesion without new patch formation, and scaling; with an improvement in PASI (Psoriasis area and severity index) score from 8 to 0.4, demonstrates a positive role of individualised homoeopathic treatment in this case of plaque psoriasis. Possible causal attribution of changes was also depicted by modified Naranjo Criteria (Score-11 out of 13). This case is reported according to HOM-CASE CARE guidelines.

Keywords: plaque psoriasis, individualised homoeopathic treatment.

Abbreviations: HLA - human leucocyte antigen, NSAIDs – non-steroidal anti-inflammatory drugs, BMI – body mass index, OPD -outpatient department, PASI - psoriasis area and severity index, DLQI - dermatology life quality index

Introduction

Psoriasis is chronic inflammatory, non-contagious skin lesion, characterised by dry, erythematous macules covered by silvery scales. The word “psoriasis” is driven from Greek word “psora” which means itch. It can be found anywhere of body, but particularly, extensor surface of body, scalp, lumbosacral region are commonly affected site.^[1-5] The affected part of skin may bleeds, cracked, itching, burning, or get sore to touch; other associated symptoms like swollen stiff joints (psoriatic arthritis), psoriatic nail changes like onycholysis pitting and irregular thickening of nail bed are also found.^[2-5] A bimodal age onset has been recognised, but it can occur in any age.^[1] It is one of the frequently occurring skin diseases in world, having a prevalence of 0.2% to 4.8%. The exact causality of disease is unknown but familial

occurrence suggests genetical predisposition associated with HLA B-27 gene, in psoriatic patient.^[1-5] Injury in forms of mechanical, chemical, radiation, trauma may induce psoriasis. Certain drugs like NSAIDs, steroids, beta-blockers also aggravate the condition.^[1-5] Seasonal variation also seen, in winter disease becomes worsen, while in summer it gets better.^[2-6] The disease commonly waxes and wanes, hence many psoriasis patients develop depression due to poor quality of life. Patient was assessed with PASI score at the baseline (before treatment) and after nine months, which also revealed possible causal attribution of changes.

Patient information: Mrs. MC., aged 37years, tall, slender, fair complexioned, BMI-26.5 kg/m², school teacher, from middle-class family, visited outpatient department (OPD) of a Govt. Homoeopathic medical college

of West Bengal on 11/8/2021 complaining of painful, sore, erythematous, scaly, itching spots with thickening of skin on both ankle and feet, right tendo-achilles, left leg and left great toe that bleeds on itching followed by burning. This complaint started after few months of her marriage. She took allopathic treatment for 12 years without any permanent improvement and eventually opted for homoeopathic treatment. She had aching pain in multiple joints of both lower limbs mainly knees for few months, pain was transient, comes suddenly and goes suddenly and changes position frequently; pain aggravates during first motion; during rest; at night and relieved by cold application and tight pressure. She was suffering from migraine, for more than 15 years, and during an episode of migraine, she felt throbbing pain in both temples, which aggravated in evening, associated with nausea and

vomiting, but vomiting gave her no relief.

Homoeopathic generalities: She was frustrated and felt helpless due to current condition of her ill-health, but she was mild, gentle and well-behaved woman; who wanted company; but had an aversion to her conjugal life with her husband. She was a chilly patient, and had a tendency to easily catch cold. She had a deep crack in middle portion of her lower lip and she was thirst less, although she had a white-coated, dry tongue; she had desire for salty food, oily food, sweet, cold food, meat and ice-cream; she had profuse

perspiration mainly in covered parts; her bowel habit was normal, regular but she had a complaint of both stress and urge incontinence of urination. Her menstrual habit was regular, duration of cycle was five days but she had thick white bland leucorrhoea in between two periods. She was a known anaemic patient from her adolescence. She had a history of appendectomy during youth and pneumonia during her childhood. Her mother was suffering from colon cancer and also had a history of chronic skin disease and pan hysterectomy.

On examination- swelling, redness

and scaling of right tendo-achilles and redness and scaling of all other affected parts (lower lateral part of left leg; left great toe; both anterior part of ankle). Auspitz sign was also positive.

Life Space investigation- After completing her education, she got a job then, she got married, had one daughter; she lives in a joint family with her husband and child.

After detailed case taking, analysis and evaluation of symptoms, the following symptoms were considered for repertorisation [Table 1,2,3]:

Table 1: Analysis and evaluation of symptoms with miasmatic analysis¹⁹ and rubrics for repertorisation.

Symptoms	Miasm	Chapter	Analysis and evaluation of symptoms	Rubrics
Aversion to husband	Psoric	Mind	Characteristic mental general symptoms	Aversion- husband
Desires company	Psoric	Mind		Company- desire for
Forsaken feeling	Psoric	Mind		Forsaken feeling
Desire for – salty food	P s o r i c , syphilitic	Stomach	Characteristic physical general symptom	Desires- salt
Desire for sweet	P s o r i c , syphilitic	Stomach		Desire- sweet things
Desire for – cold food	Syphilitic	Stomach		Desires- cold food
Desire for – meat	Psoric	Stomach		Desires- meat
Thirst- scanty	Psoric	Stomach		Thirstless
Tongue coated white	Psoric	Mouth		Discolouration – tongue- white
Thermal relation – chilly patient	P s o r i c , sycotic, syphilitic	Generalities		Heat -vital lack of
Tendency to easily catches cold	Psoric	Generalities		Cold- tendency to take
Urinary stress incontinence	Psoric	Bladder		Urination- involuntary
Anaemic patient	Syphilitic	Generalities	Characteristic particular symptoms	Anaemia
Skin – psoriasis	P s o r i c , sycotic, syphilitic	Skin		Eruptions -psoriasis
Throbbing pain in both temples	Psoric	Head		Pain- temple- pulsating
Pain in both temples, aggravates in evening	–	Head		Pain- temple- evening

Repertorisation Sheet - Homopath Wildfire IHMS LAN																
Physician Name : Dr. CHMCH																
Patient Name :																
Reg. No. :																
Date : 23/05/2022																
Remedy	Puls	Phos	Arg-n	Sep	Lyc	Nat-m	Sulph	Chin	Calc	Kali-c	Nit-ac	Ars	Kali-p	Merc	Psor	
Totality	29	27	26	25	24	22	22	22	21	21	21	21	19	18	18	
Symptoms Covered	11	11	11	11	10	12	12	11	10	10	10	9	10	9	8	
[Kent] [Mind] Aversion:Husband:	0	0	0	3	0	1	0	0	0	0	0	0	1	0	0	
[Kent] [Mind] Company:Desire for:	2	3	3	2	3	0	0	0	2	3	0	3	2	1	0	
[Kent] [Mind]Forsaken feeling:	3	0	2	0	0	0	0	1	1	1	0	0	0	0	3	
[Kent] [Stomach] Desires:Salt things:	0	3	3	0	0	3	1	0	2	0	2	0	0	0	0	
[Kent] [Stomach] Desires:Sweets:	0	0	3	2	3	1	3	3	2	2	0	1	1	1	0	
[Kent] [Stomach] Desires:Cold :Food:	3	3	0	0	2	1	0	0	0	0	0	0	0	0	0	
[Kent] [Stomach] Desires:Meat:	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	
[Kent] [Stomach] Thirstless:	3	1	2	2	2	1	1	3	0	2	1	2	1	0	0	
[Kent] [Mouth] Discoloration:Tongue:White:	3	2	2	2	2	2	3	2	3	1	3	3	2	3	2	
[Kent] [Generalities] Cold :Tendency to take:	2	2	2	3	3	3	2	1	2	3	3	1	3	3	3	
[Kent] [Bladder] Urination:Involuntary:	3	3	3	3	3	3	2	2	1	0	2	3	2	2	3	
[Kent] [Generalities] Heat:Vital,lack of:	0	3	2	2	2	2	2	2	3	3	3	3	3	2	3	
[Kent] [Generalities] Anaemia:	3	3	2	2	1	3	3	3	3	3	3	3	3	3	1	
[Kent] [Skin] Eruptions:Psoriasis:	2	2	0	3	3	0	2	2	2	2	2	2	1	2	2	
[Kent] [Head] Pain,headache in general:Temples:Pulsating:	2	2	2	0	0	0	1	2	0	0	1	0	0	0	0	
[Kent] [Head] Pain,headache in general:Temples:Evening:	3	0	0	1	0	1	1	1	0	1	1	0	0	0	1	

This case was repertorised by Homopath Wildfire IHMS LAN Version 1.0 software using J.T Kent's Repertory- Repertory of the Homoeopathic Materia Medica [20]. After repertorisation, *Pulsatilla nigricans* scored 11/29, *Phosphorus* scored 11/27, *Argentum nitricum* scored 11/26, *Sepia* scored 25/11;

but considering the analysis and evaluation of symptoms of the case, and consulting the materia medica²¹, *Pulsatilla nigricans* 30, 1 dose was given. Patient was followed-up monthly or earlier as per need, details of diagnostic assessment, management are given in table 4. On 18/12/2021 during

a subsequent follow-up, *Pulsatilla nigricans* 200, 1 dose was given^[22,23]. Potency selection and repetition of dose was done as per homoeopathic philosophy.^{22,23} PASI score was calculated at baseline and at the end of the treatment with the help of online PASI score (palm method) calculator from pasitraining.com.

Table 4: Details of follow-ups and prescription

Date	Symptoms	Prescription
11/8/2021	painful, sore, erythematous, scaly, itching spots with thickening of skin on both ankle and feet, right tendo-achilles, left leg and left great toe that bleeds on itching followed by burning. [Figure -1(A, B, C, D)] PASI score at baseline was 8. Transient aching pain in multiple joints of both lower limbs mainly knees for few months, that came suddenly and went suddenly, changed position frequently; pain aggravated during first motion; during rest; at night and relieved by cold application and tight pressure. Throbbing pain in both temples, which aggravated in evening.	<i>Pulsatilla nigricans</i> 30/1D stat. Placebo for 6 weeks.

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08/10/2021	General condition of patient was better. Soreness, pain, itching, redness, thickening, scaling of skin, swelling was much reduced than before. No pain in knees. Single attack of migraine in last month was reported. [Figure 2(A, B, C)]	Placebo for 6 weeks.
18/11/2021	Soreness and pain reduced from last visit, itching, swelling redness, scaling and thickening was remarkably reduced. Mild pain in both knees. No attack of migraine occurred.	Placebo for 4 weeks.
18/12/2021	No soreness and pain persisted; swelling was reduced but itching, redness thickening and scaling was increased. Mild pain in both knees. A few attacks of migraine occurred in last month. [Figure 3(A, B, C)]	<i>Pulsatilla nigricans</i> 200/1D stat. Placebo for 4 weeks. Potency was changed due to intensity of main complaint was increased. [22,23]
24/1/2022	General condition of patient was better, no pain, swelling and no itching, redness, thickening and scaling in affected parts. Slight migratory pain in lower limb persisted.	Placebo for 6 weeks.
29/3/2022	General condition of patient was better than last visit. No scaling, no itching of affected part, slight aching pain in both lower limbs. Not a single attack of migraine was reported. [Figure 4 (A, B, C)]	Placebo for 6 weeks.
11/5/2022	Skin of affected parts looks much clear than before. Patient gradually improved. No scaling, no itching of affected part, no pain in knees, not a single attack of migraine was reported. PASI score at the end of treatment was 0.4 [Figure 5(A, B)]	No medicine given.

Table 5: Assessment by modified Naranjo criteria score

Item	Yes	no	not sure
Was there an improvement in the main complaint for which homoeopathic medicine was prescribed?	+2		
Did clinical improvement occur within a plausible time frame relative to drug intake?	+1		
Was there an initial aggravation of symptom?	+1		
Did the effect encompass more than main complaint, i.e. were other symptoms ultimately improved or changed?	+1		
Did overall wellbeing improved?	+1		
Direction of cure: did some symptoms improve in the opposite order of development of disease?	+1		
Did at least two of following aspects apply to the order of improvement of symptoms			0
-from more important organ to less important organ			
-from deeper to more superficial aspect of individual			
-from above downwards			
Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolve) reappear temporarily during course of improvement?		0	
Are there alternate causes (other than medicine) that with a high probability could have caused improvement? (Considering known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

This case scored 11 out of 13 as per modified Naranjo criteria [Table 5]

Discussion-

In this case, patient was diagnosed for plaque psoriasis. *Pulsatilla nigricans* is being an anti-sycotic and polychrest medicine, with its predominant action on lower limb and also young females, was selected as simillimum. On the basis of affection on lower limb, with fleeting, migratory character of pain, cold application amelioration, evening aggravation, disease modalities, homoeopathic generalities, mental symptoms, and after considering repertorial totality and consulting materia medica.^[21] Considering the patient's age and to reduce chances of homoeopathic aggravation, the drug was prescribed in 30C potency^[22,23]. In subsequent follow-ups on 18/12/2021, after some relief in chief complaint previously, patient was seeming to be aggravated condition, owing no changes in totality, hence a single dose of next higher potency of first prescription was done^[22,23]. During treatment, no adverse effects were observed. Although a single case study, does not constitute a strong opinion, but strong causal attribution was established by using the modified Naranjo score (11 out of 13). This case reported according to HOM-CASE CARE guidelines.^[24] After follow up for nine months resolution of disease leaving smooth skin, revealed the effect of individualised homoeopathic treatment in reducing and controlling plaque psoriasis. Apart from this case report, few previous studies^[2-6] and case reports^[7-18] also suggests the efficiency of individual homoeopathic medicine in treatment and control of various types of psoriasis^[2-18]. In a previous study^[4] it was seen that, mental stress, grief, history of suppression of emotions, which causes psychological stress and affects mind, indirectly initiates an autoimmune response and indirectly affects

the rate of maturation of stratum germinativum, through psycho-neuro-immune axis. Although previous prospective multicentric observational study^[5] was done, that showed substantial improvement in psoriasis, but further similar studies with specific instruments like PASI (psoriasis area and severity index), DLQI (dermatology life quality index), will be needed for more detailed assessments in a larger population, for longer observational period, having plaque psoriasis can be taken-up to validate the results of homoeopathy in such clinical conditions.

Conclusion

In general, a chronic case of psoriasis, if left untreated, results into several complications like psoriatic arthritis, psoriatic nail changes. Only a thorough disease knowledge will help in early diagnosis, treatment and prevention of the complications. This case report, thus, shows the positive effect of individualised homoeopathic treatment works effectively in managing the case of plaque psoriasis.

Informed consent: The authors certify that they have obtained appropriate patient consent form. The patient has agreed that the images and other clinical information is to be reported in the journal. The patient understood her name and initials will not be included in the manuscript and due efforts will be taken to conceal his identity.

Acknowledgement: The authors deeply acknowledge the patient for allowing us to collect the data.

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Figure 1(A, B, C, D)- Before treatment.



Figure 2 (A, B, C)- during treatment



Figure 3 (A,B,C)- Disease aggravation during treatment



Figure 4(A, B, C)- End of treatment

Patient's Name: **Mrs. Moumita Chakraborty**
 Referred By: _____
 Date of PASI test: **2022-05-19**

PASI SCORE: 8

Head and Neck	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Upper Extremities	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Trunk	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Lower Extremities	
SKIN AREA INVOLVED	5 palms
AREA SCORE	
REDNESS	4
THICKNESS	3
SCALE	3
TOTAL:	8

Free PASI Calculator at pasitraining.com

Patient's Name: **Moumita Chakraborty**
 Referred By: _____
 Date of PASI test: **2022-05-19**

PASI SCORE: 0.4

Head and Neck	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Upper Extremities	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Trunk	
SKIN AREA INVOLVED	0 palms
AREA SCORE	
REDNESS	0
THICKNESS	0
SCALE	0
TOTAL:	0
Lower Extremities	
SKIN AREA INVOLVED	2 palms
AREA SCORE	
REDNESS	1
THICKNESS	0
SCALE	0
TOTAL:	0.4

Free PASI Calculator at pasitraining.com

Figure 5 (A,B)- PASI score before at the baseline and end of the treatment

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Homoeopathic treatment of renal calculi: a case report

By Dr Neeta Sharma, Dr Charushila Sharma, Dr Yasha Soni

Abstract: Nephrolithiasis is most common urological disorder. It is formation of crystals in urinary tract. It is acutely painful and a recurrent condition that affects all ages, races and gender. The relative risk increased in subjects with family history for calculi with the tendency to eat high rich protein food and with overweight and BMI. This case report deals with right sided nephrolithiasis with complaints of pain in lower abdomen from right radiating to left side successfully treated with *Lycopodium clavatum*.

Keywords: renal calculi, *Lycopodium clavatum*

Abbreviations: BMI – body mass index, USG – ultrasonography, TDS – three times a day

Introduction:

Nephrolithiasis is one of the most common disorders of urinary tract. It affects all ages, genders, and races.^[1] It is one of the most common urologic diseases in Asia. Global distribution, events and calculi formation varies and has changed over the past few decades, spreading from 7% to 13% in North America, 5%–9% in Europe, and 1%–5% in Asia.^[2] In developed countries 12% of men and 7% of women will have renal calculi once in their lifetime.^[3] Factors that promote stone formation include a low daily urine volume; urinary retention with calcium, oxalate, calcium phosphate, uric acid, or cystine; acidic urine; and bacterial infections. Many patients develop moderate to severe colic, caused by a stone entering the ureter.^[4] Stones in the proximal (upper) ureter cause pain in or near the upper abdomen. When the stone reaches the far third of the ureter, pain is felt in the testicle ipsilateral or labia. A stone at the junction of the ureter and another often causes dys-

uria, urgency, and frequency and may be mistakenly considered as a low-grade urinary tract infection.^[1]

Homoeopathy is very helpful in all stages of urolithiasis. It quickly removes the existing stone and is equally useful in preventing the recurrence of the stone in those who are prone to recurrent urolithiasis. Homoeopathy also helps in the treatment of secondary urinary tract infections.^[5]

Patient information

A patient of age 62 years reported to outpatient department (OPD) of Dr Girendra Pal Homoeopathic Hospital and Research Centre with the complaint of shooting pain in right lumbar region extending to left with pain and straining during urination. He used to strain before urine could pass and stream of urine is feeble and slow. Burning during urination. There was slight itching after micturition. Frequency of urination increased during night.

Patient was lean, thin and tired looking. He complained of distention of abdomen which lead to dyspnoea. He has anxiety about his health and is forgetful. He could not bear pain, and very sensitive towards it.

History of presenting complaints

Patient was apparently well 5 days ago then started having shooting pain in right lumbar region extending to left with pain and straining during micturition. This pain episode happened 5 months ago also when in investigation nephrolithiasis was diagnosed, no treatment taken at that time.

Past history-Nothing specific

Family history- no family history of nephrolithiasis

Personal history- He is a vegetarian with no addictions.

Physical generals- He is a hot patient with desire for warm food and sweets with hunger at

night. Sour eructation with much bloating. Stool hard and unsatisfactory.

Mental generals- Fear of be-

ing alone. Confusion of mind. Forgetfulness. Sensitive to music or loud sound.

On examination guarding in

right lumbar region.

Investigation- USG right kidney shows a calculus of 7mm in size at upper calyx.

Analysis and evaluation of symptoms with their miasmatic analysis

SYMPTOMS	INTENSITY	MIASMATIC ANALYSIS ^[6]
Mental generals		
Fear of being alone	+++	Sycotic
Confusion	+++	Sycotic
Sensitive to music	++	Psora
Forgetfulness	++	Sycotic
Physical general		
Desire for warm food	+++	Psora
Desire for sweets.	+++	Sycotic
Hungry at night.	++	Psora
Stool hard and unsatisfactory.	++	Sycotic
Burning during urination.	++	Psora
Pain and straining during urination.	++	Psora
Itching after urination.	+	Psora
Frequency of urination increased at night	+	Syphilis
Particular symptoms		
Shooting pain from right lumbar region extending to left.	+++	Sycotic
Sensitive to pain	++	Psora
Bloating with sour eructation.	+	Sycotic

Totality of symptoms-

Fear of being alone.

Confusion

Forgetfulness

Sensitive to music

Thermal reaction- hot

Desire for warm food and

sweets.

Hungry at night.

Bloating with sour eructation.

Stool hard and unsatisfactory.

Pain and straining during urination.

Burning during urination.

Itching after urination.

Frequency of urination increased at night.

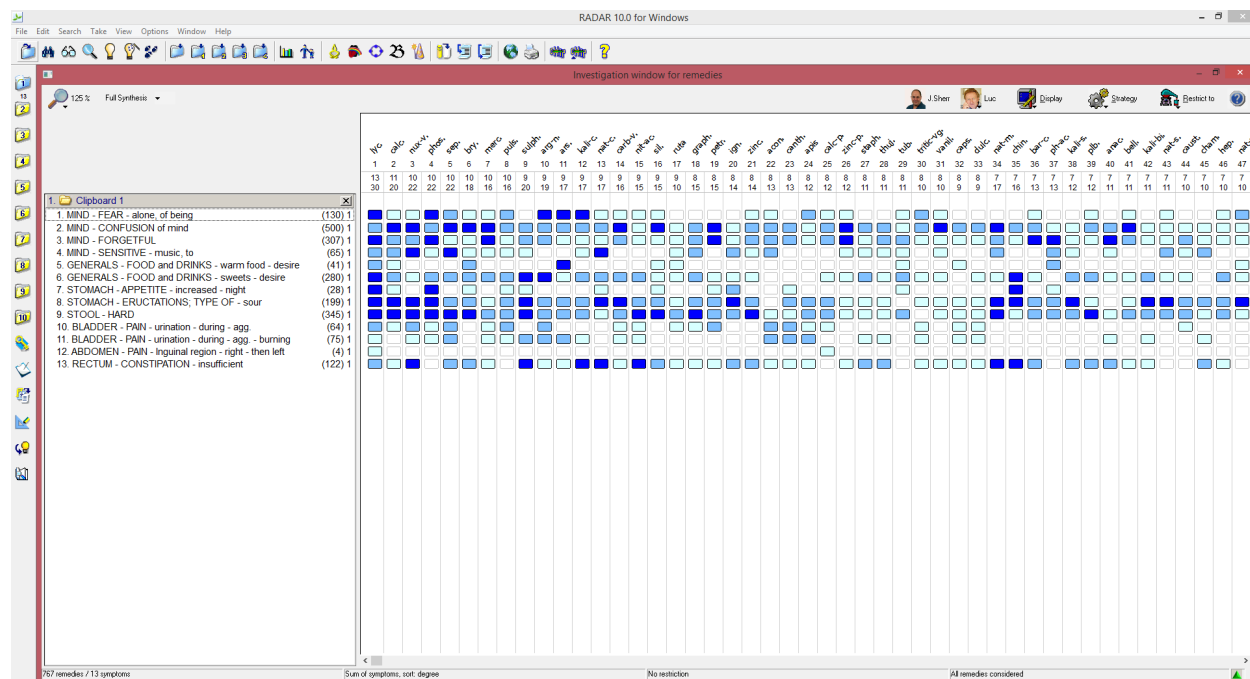
Shooting pain from right lumbar region extending to left.

Sensitive to pain.

Repertorial totality-After case taking and making a totality, as

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generals were marked, this case was repertorised with *Kent's repertory* from RADAR 10.0.^[7]

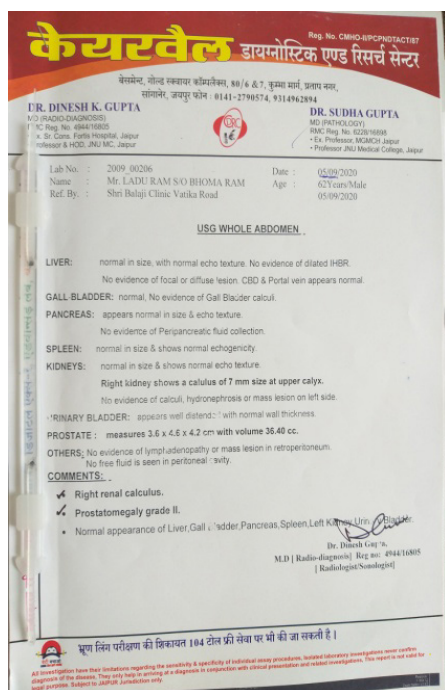


Prescription

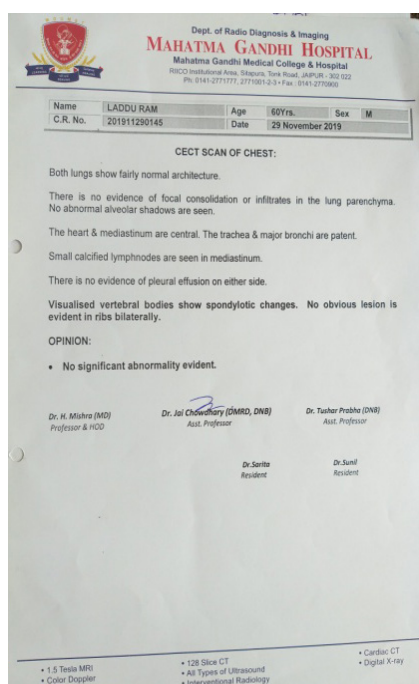
On basis of repertorial totality, *Lycopodium clavatum* 200/1 dose was prescribed to the patient.

DATE	SYMPTOMS	MEDICINE	JUSTIFICATION
24 March 2021	Pain from right lumbar region extending to left with pain and straining during urination. Bloating and sour eructation.	<i>Lycopodium clavatum</i> 200/1 dose stat Rubrum 30/TDS for 14 days.	On the basis of reportorial totality of symptoms lycopodium was prescribed to the patient. The potency selection was based on age and susceptibility of patient. ^[8]
7 April 2021	Relief in pain in abdomen. Pain and straining during urination present. Bloating and sour eructation also present.	Phytum 200/1 dose stat Rubrum 30/TDS for 14 days.	Slight amelioration in symptoms so placebo was prescribed. ^[8]
21 April 2021	Relief in pain in abdomen and straining during urination. Pain during urination reappeared. Sour eructation reappeared. Bloating in abdomen- SQ.	<i>Lycopodium clavatum</i> 1M/1 dose stat Rubrum 30/TDS for 14 days	Symptoms reappeared with less intensity so lycopodium was prescribed in higher potency. ^[8]
5 May 2021	Relief in pain during urination and bloating in abdomen.	Phytum 1M/ 1 dose stat Rubrum 30/TDS for 21 days.	No new symptoms appeared. Amelioration in symptoms so placebo was prescribed. ^[8]
26 May 2021	No pain during urination and bloating better.	Phytum 1M/ 1 dose stat Rubrum 30/TDS for 21 days.	Amelioration in symptoms so placebo is prescribed. ^[8]

16 June 2021	No bloating in abdomen and no other symptoms.	Phytum 1M/ 1 dose stat Rubrum 30/TDS for 21 days	Amelioration in symptoms so placebo was prescribed. ^[8] USG is advised.
7 July 2021	No symptoms	Phytum 1M/ 1 dose stat Rubrum 30/TDS for 21 days.	Amelioration continues so placebo is prescribed. ^[8] USG shows no evidence of renal calculus.



Before



after

Discussion and conclusion

This case highlights the usefulness of homoeopathic medicines in the expulsion of urolithiasis. The patient had not undergone any treatment before. The patient responded positively to the homoeopathic treatment and was relieved of her urinary calculi, with the dissolution and expulsion of the stones. Based on the presenting symptoms, *Lycopodium clavatum* was prescribed. *Lycopodium clavatum* covers frequent micturition at night with scanty and rare discharges by day, itching in urethra during and after emission of urine, burning in urethra. He had tired state of mind, a chronic fatigue, forgetfulness, Taciturnity, desired to be alone, sensitive to pain.^[9,10,11] *Lycopodium clavatum*, *Calcarea carbonicum*, *Nux vomica*, *Phosphorus*, *Sepia*, *Bryonia alba* were other high scoring medicines. In the case USG evidence suggested *Lycopodium clavatum* has curative action in cases of urolithiasis.

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Healing art of pot marigold (*Calendula officinalis* L.) in homoeopathy

By Dr Hanamanth

Abstract: Indian is one of the rich natural sources of medicine so it's called botanical garden of the world. Over 6000 plants are used in herbal medicine preparation, among which *Calendula officinalis* Linn is one of the most used herbal medicines in Europe, China, US and India. As in homoeopathic system it's used for wound healing, ulcer, clean or surgical cut or lacerated wound, to prevent suppuration. Chemical studies of African marigold detected the presence of various classes of compounds like flavonoids, carotenoids, triterpenoids. The extracts of this plant has multiple pharmacological activities such as anti-inflammatory, cytotoxic, anti-microbial, and anti-fungal, anti HIV activity.

Keywords: *Calendula officinalis* Linn, Pot marigold, as anti-inflammatory, cytotoxic, anti-microbial

Abbreviations: US – United States, HIV – human immunodeficiency virus, INF- γ - interferon γ , TNF – tumour necrosis factor, IL - interleukin

Introduction

The name “*Calendula*” is derived from Latin word “*caled's*”, which mean the first day of the month. This flowers on the first of the month or at least once a month. In sixteenth century, it was most common used herbal medicine. In homoeopathy it was introduced in 1836.⁽¹⁾ *Calendula officinalis* Linn, commonly known as pot marigold (english), African marigold, common marigold, garden marigold, zergul (hindi), butterblume (German), ringblomma (Swedish), galbinele (Romania), and Chin Chan Ts'ao (Chinese). It belongs to family (Asteraceae) compositae; this plant is native of Southern and Central Europe, Western Asia and the US.^(2,3)

Calendula officinalis is an annual herb plant which growing about 80cm tall. A long, top roots with bunch of secondary roots, hispid, and

sessile leaves. *Calendula officinalis* flowers open as the sun rises and can be found blooming in some parts of the world every month. Appearance of the plant is yellow to orange.^(3,4) As chemical study of pot marigold extract reveals the various pharmacological effects, so in homoeopathy medicine is prepared by using the roots, leaves and flower of *Calendula officinalis* L.^(3,4,5)

Calendula officinalis is one of the traditional medicines which was used to treat fever, jaundice, and promote the menstruation by taking internally.⁽⁵⁾ The parts of marigold were made into extracts, tinctures, balm and salves so we can use in various conditions like clean cut or incised injury, open wound, lacerated wound, parts that will not heal easily, ulcers, burns, erysipelas, conjunctivitis, pharyngitis, aphthous stomatitis, gingivostomatitis, abrasions, hemorrhoids and cancer

condition, etc.^(2,4,5,6)

Properties:

The various phytochemical studies of extract of pot marigold reveal the presence of different chemical compounds or active components including carbohydrates, amino acids, lipids, carotenoids, terpenoids, flavonoids, volatile oil, quinines, coumarins and other constituents. These compounds have important biological activities like wound healing, immuno-stimulant, spasmogenic and spasmolytic, hepatoprotective, genotoxic and anti-genotoxic, anti-amylase, anti-inflammatory, anti-oedematous, anti-bacterial and anti-fungal, antioxidant, ant diabetic, anti-HIV and anti-cancerous, nephron-protective, prevention of oropharyngeal mucositis, hypoglycaemic and gastroprotective activities with no toxic effect.^(3,4,5)

Table shows active compounds present in different part of *Calendula officinalis*:⁽³⁾

Plant part used	Presence of active components
Flower	Terpenoids
Flower	Flavonoids
Flower	Coumarin

Flower	Volatile oil
Leaves	Quinones
Roots	Terpenoid

Action: *Calendula officinalis* has one special center of action

Vaso-motor system – Arterial capillary vessels

Through the vaso-motor nerves, capillary vessels become partially paralyzed, and it receives the more blood than usual. From this increased the irritation on affected part which attracts large amount of colorless corpuscles. These corpuscles join together with the viscosity, or adhesive qualities, so we get adhesive inflammation that is most beautifully shown us in lacerated wounds, in which when calendula is used internally or external application we get union by first intention, without suppuration. ⁽¹⁾

Anti-inflammation property of pot marigold

Calendula petals extracts have property of anti-inflammation and control bleeding, today dry petals are used in preparation of tinctures, ointment and washes to speed the healing of burns, injuries like clean cut or incised wounds, bruises, certain infection. ⁽⁵⁾

Properties are like flavonoids, terpenoids, coumarin have anti-inflammatory and antioxidant effect. Cytokines are the key that can inhibit or propagate the inflammation by activating or deactivating the genes of cellular process. Cytokines are like (interleukin) IL 1,6, and TNF α can stimulate and produce the CRP which is increased the several folds during the inflammation. In acute inflammation condition there is release of interferon γ (INF- γ) into the circulation which

mediate host inflammatory process. In the treatment exactas of pot marigold action is lowering the INF- γ activity, moreover inhibit the activity of cytokines in inflammation process and act in reducing the inflammation. ⁽⁷⁾

Anti-oxidant property

Calendula officinalis L. flower is rich in pharmacological properties. Flower extract have anti-inflammatory activity through modulating the process of pro-inflammatory cytokines as well as by repressing the activity of cox-2. ⁽⁷⁾

Reactive o₂ species are produced in the body by endogenous or exogenous source. Endogenous sources are inflammatory cells which activated the macrophage process in cell by this transient increase of oxygen uptake which gives rise to variety of oxygen species including hydrogen peroxide, nitric oxide and superoxide anion which can damage the tissue and help in cellular transformation in chronic condition of inflammation. Few studies indicated that flower extract like flavonoids, triterpenoids, carotenoids and coumarins has effectively scavenged on hydrogen peroxide, nitric oxide and superoxide anion. *Calendula officinalis* L. tincture having the ability to trigger cellular antioxidants, can be used against a number of disorders including cardiovascular diseases, inflammatory condition. ^(7, 8)

Anti-bacterial activity property

In vitro studies it's proved that pot marigold leaves and petals extract have antibacterial property against gram negative (e- coli and

pseudomonas) and Gram positive bacteria (Bacillus and staphylococcus aureus). In homoeopathy, *Calendula officinalis* extracts are used in pain in ear which caused by infection and treat to certain bacterial fever. ^(9, 10)

Anti-HIV property

Few laboratory studies showed that calendula officinalis dried petals extract have inhibited the activity of immunodeficiency virus (HIV) in test tubes. But there is no evidence of this herb medicine on HIV patient. ⁽⁵⁾ In Germany, the tinctures are used on cancer areas and stop the further spread of cancer and helped to reabsorb it. ⁽⁶⁾

As homeopathically we use calendula in various forms like dilution, tinctures, local application as ointments, dusting powder form to treat various disease conditions. ⁽⁵⁾

Due to its anti-inflammatory and antioxidant properties *Calendula officinalis* L. largely diluted in water for dressing of lacerated wounds, first degree burns and ulcers. In burns condition dressed by applying muslin cloth saturated with dilute calendula morning and night. It may also be used before and after the surgery, and septic wounds, bed sores and torn or wounded muscles. ^(5, 6)

It also used in haemorrhage after the childbirth, stinging cutting pain, toothache, bleeding haemorrhoids and ulcers. *Calendula officinalis* is excellent medicine in haemostatic tooth extraction and gum surgery. ⁽⁶⁾

Wound healing property

Calendula officinalis L. flower extracts

are very favourable in wound healing by increasing hexosamine and collagen hydroxyproline content with significant effect in decreasing tissue damaging marker enzymes. ^(3, 4) There is decline of lipid peroxidation by antioxidant property of calendula. ⁽⁸⁾ Local application of *Calendula officinalis* extract will facilitate in wound healing by increasing wound angiogenesis, epithelialisation, and nucleoprotein, glycoprotein and collagen metabolism leading to improvement in local circulation and granulation tissue formation. The *Calendula officinalis* treatment was more effective medicines and also reduces discomfort during dressing changes. ⁽⁴⁾

Example of *Calendula officinalis* L. in wound healing

A female 25year old case of road traffic accident (25/9/2021)

Complaints of Deep tissue injury of left foot

Daily twice dressing with *Calendula officinalis* mother tincture (cleaning the wound with normal saline and *Calendula officinalis* tincture)

Local application of *Calendula officinalis* ointment on injured part

(Along with some homoeopathic medicine according to the complaints of patient)

25/9/2021



6/11/2021



3/1/2022



18/3/2022



28/5/2022



(These images are just to show the efficacy of *Calendula officinalis* L. extracts in wound healing before and after treatment.)

Conclusion

In plant kingdom, there are thousands of plants have medicinal properties which are very effective in human health. The medicinal importance of these plants is due to presence of chemical properties with pharmacological activities. In herbal

medicine like *Calendula officinalis* L. also has its own importance in various aspects, as it have anti-inflammatory, antioxidant, anti-bacterial and anti HIV activity. Because all this properties in homoeopathy, pot marigold is one of the most used medicine in wound healing and for other various conditions.

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Individualised homoeopathic treatment in inflammatory joint disorder: a case report of painful nodosities

By Dr Tamara Afroza

Abstract: A 62-year old female patient with inflammation of proximal phalangeal joint(PIP)of both hand came for homeopathic treatment with the hope to avoid surgical as well as any excess medicinal intervention. After complete case taking, case analysis and proper individualisation single Homoeopathic medicine was prescribed. After two months of treatment of the patient, not only she got relief of her presenting symptoms but also a general improvement of the health appeared. This article gives a clinically useful review of a case with evidence about how an individualised homeopathic medicine treated joint disorder successfully and prevented the possibility of joint deformity as a complication for the patient. After studying the case, no doubt, the confidence level of a controversial mind that why and how one should apply and can do homoeopathic treatment instead of doing unnecessary medicinal intervention and surgery. This paper is intended to make readers aware of current thinking in this field.

Keywords: inflammatory joint disorder, individualisation, homoeopathy, case report

Abbreviations: proximal phalangeal joint (PIP), history Of (H/O), daily (OD), this is(i.e), osteoarthritis (OA)

Introduction

Proximal interphalangeal joint function is critical for proper finger and hand function and arthritis of this joint can lead to considerable hand impairment.^[1] Proximal interphalangeal joint arthritides are broadly categorised into nonerosive and erosive osteoarthritis (OA), posttraumatic arthritis, and autoimmune inflammatory arthritis. The nonerosive type is considered idiopathic or primary OA, whereas the erosive form exhibits an inflammatory component.^[2] Idiopathic or primary OA occurs as a consequence of abnormal mechanical stress that leads to damage of cartilage and subchondral bone, with subsequent cytokine and growth factor activation. Individual genetics then mediate the cellular responses. Although erosive OA is described as a separate entity, this remains controversial, with many suggesting that it is merely a more aggressive form of nonerosive, primary OA. ^[3]Inflammatory OA occurs when connective tissues are diseased, allowing for normal use to incite arthritic damage.

Treatment modalities for proximal interphalangeal joint arthritis are currently limited.^[1]

Patient's information:

- 62 years old girl, dark complexion, thin build.

Case history: Patient was presented with red, painful and swollen PIP joint of both hands since 15 days.

She suffered from repeated pyrexia with tenderness of the inflamed joint parts since 1 year.

She has H/O hysterectomy 20 years ago.

H/O repeated attack of stye in childhood.

- Her teeth were blackened specially incisor teeth.
- Repeated attack of colic since post surgery of hysterectomy.

From narration of her daughter, her mother is very sentimental, feels insulted towards simple comments if anyone makes so.

Clinical findings:

- The female was restless and anxious while examining, was not allowing the physician to touch the fingers.
- She was very shy, gentle but somewhat with depressed mind while taking the case.
- She was giving reply to physician's query when asked in the way hiding her tears about emotional imbalance occurred in her life.

Timeline: Medication, advise and follow up of the case done for 1 year even after all presenting complaints disappeared after 2months.

Diagnostic assessment:-

Diagnosis of inflammatory joint disorder

Acute polyarticular joint pain (i.e., pain that has been present for less than six weeks) may be the sign of a self-limited disorder or a harbinger of chronic disease. Although chronic polyarticular arthritides

CASE STUDY

more often develop insidiously, they can present abruptly. Thus, chronic conditions such as rheumatoid arthritis and systemic lupus erythematosus should be considered, at least initially, in patients who present with acute polyarticular joint pain. To avoid treating a self-limited disorder with potentially toxic disease-modifying agents, synovitis should be present for six weeks before rheumatoid arthritis is diagnosed.

Here, in this particular case, as it was an acute manifestation of pain

and swelling of fingers so probable diagnosis of rheumatic arthritis was done. Due to poor financial status of the patient further laboratory investigation was not given this time but kept in observation if further complaints come up, some tests will be given to confirm whether it is a confirmed case of RA or not.

First visit-(11/12/2019)

Red, swollen inflammation of proximal interphalangeal joints(PIP) of both hands.(Fig-1)

(Fig.1)-Dorsum of both hands.



Analysis and evaluation of symptoms

Mental generals	Physical generals	Particulars
1. Oversensitive to slightest mental impressions. 2. Depressed, feels insulted 3. Introverted 4. Hiding tears. 5. Religious.	1. Hot patient. 2. Craving for meat. 3. Sleeplessness.	1. Stool hard. 2. Hot flashes from vertex of head. 3. H/O surgical intervention. 4. H/O repeated sty. 5. Painful nodosities of fingers.

Totality of symptoms:

- Prefers company.
- Fear of dark.
- Talking in sleep.
- Religious.
- Hot patient.
- Oversensitive.
- Introverted.

- Hiding
- Craving for meat.
- Stool hard.
- Loss of sleep.

Miasmatic analysis:

The mental and physical characteristic symptoms like oversensitive to slightest mental impression, craving for meat, hot

patient, repeated attack of sty are showing sycotic dominancy so the case points towards sycotic miasm.^[4]

Repertorisation(Homopath Zomeo) :

As the case was presented with prominent mental and physical general symptoms, Complete repertory was selected for repertorisation with the help of Homopath Zomeo.^[5] (Fig.2)

Symptoms:	<div>9</div>	Remedies:	<div>895</div>	Show Repertorisation Tools				Prescribe	Remedy List	Record	Replace	View All	More Results
Remedy Name		Staph	Calc	Merc	Caust	Con	Nit-ac	Phos	Sulph	Ars	Bry	Lyc	Puls
Totally		24	23	23	22	21	21	21	21	20	20	20	20
Symptoms Covered		7	7	7	6	7	7	6	6	6	6	6	6
Kindom													
[Complete] [Mind]Sensitive, oversensitive: (711)		4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Introverted: (231)		3	1	3	3	3	3	3	3	3		2	4
[Complete] [Mind]Hide:Oneself, desire to:Sadness, in: (1)													
[Complete] [Generalities]Heated, warmed, hot, becoming:Agg.: (2...		3	4	3	4	3	4	4	3	3	4	4	4
[Complete] [Generalities]Food and drinks:Meat:Desires: (158)		3	3	3	3	1	1	2	3	3	3	3	1
[Complete] [Stool]Hard: (433)		3	4	4	4	4	4	4	4	3	4	4	3
[Complete] [Eyes]Hardness:Lids: (25)		4	3	3		3	3				1		
[Complete] [Eyes]Inflammation:Lids, blepharitis:Upper: (30)		4	4	3	4	3		4	4	4	4	3	4
[Complete] [Extremities]Nodosities, arthritic, gouty:Painful: (12)							2						

(Fig.2)

Therapeutic intervention:-**Treatment plan:**

- Individualised homoeopathic medicine with proper dose and potency by following homoeopathic law and principles.^[6,7,8]

Selection of remedy:-

Repertorisation of some prominent symptoms were done by considering mental general as well as uncommon, peculiar symptoms which indicates the remedy "*Staphysagria*".

Selection of dose and potency

By considering susceptibility, seat of the disease and mental general of the patient single dose of two hundred potency has been selected.^[5,6,7,8]

Follow up and outcomes:

Date	Symptoms	Prescription
11/12/2019	Chief complaints	Staphysagria 200 One dose (prescription done as if the most simillimum antipsoric remedy by considering the patient's physical general, mental general symptoms as well as consulting the repertory) ^[5] (Fig.2)
09/01/2020	Improvement started with less severity of inflammation of PIP joints.	<i>Saccharum lactis</i> 30 for next 1 month
11/02/2020	Complaints much improving. No new complaints reported.	<i>Saccharum lactis</i> 30 for next 1 month
10/03/2020	Inflammation of hands disappeared	<i>Saccharum lactis</i> 30 for next 1 month
11/04/2020	No new complaints reported.	<i>Saccharum lactis</i> 30 for next 1 month
30/11/2020	No previous complaints with further improvement of the patient found.	No medicine gave but advise gave to visit hospital immediately in case complaint returns.

Expected outcome of the treatment plan: Follow up of the case was scheduled to be done once in every month with the hope of -

1. Recovery of the patient by removal of the presenting complaints as well as restoration of the health with no further comeback of previous complaints.
2. Complete removal of inflammatory fingers.

Actual outcome:-

Return back of normal finger structure without leaving any deformity, slight black scarring of the part is there which is giving evidence of previous inflammation. (Fig3)

**Patient's physical state:-**

1. No return back of finger's inflammation till now since the treatment started.
2. No attack of pyrexia till now.
3. The woman was passing stool almost regularly.
4. appetite, thirst, sleep and all other generalities improved and now had no imbalance.
5. Normal appearance of the fingers was found now. (Fig3)

Description:

To conclude, this was a 62-year-old female who presented with inflammation of proximal phalangeal joint (PIP) of both hand and was diagnosed with inflammatory joint

disorder. This case raises awareness of an advance treatment of joint inflammation can prevent from joint deformity as well as prevention from developing chronic disorders. This case is important for clinicians to be aware of such anatomical variants for which patient always wishes to avoid steroid groups of remedies and surgical interventions. In the above described case, it is very clear that individualised simillimum remedy can give magical recovery. Smaller the dose of a truly indicated medicine, the better as it produces a gentle remedial effect^[4] After full analysis of the case, physician's observation, symptoms similarity especially considering mental general symptoms as well as consultation with repertory STAPHYSAGRIA was indicating the most simillimum remedy,^[5] Then the follow up of the case with auxiliary mode of treatment was given for further improvement of the symptoms, where first prescription gave quick recovery of the complaints followed by general improvement of the health. Even after 1 year of last prescription, the patient gave no

afterward complaints till date.

Why individualisation is the option of choice?

It is described in §153 of *Organon of medicine*, that it is the most striking, singular, uncommon, peculiar, or characteristic symptoms of the disease that are to be kept chiefly and most solely in view; it is for analogues to these that we must search through the lists of medicinal symptoms.^[6]

Conclusion

The homoeopathic dose must be given in a dose so small that it would not produce a severe aggravation of the already existing symptoms.^[8] The success of homoeopathic treatment depends to a great extent on the correct selection of the potency and the requisite potency should be selected through the susceptibility of the patient.^[9,10]

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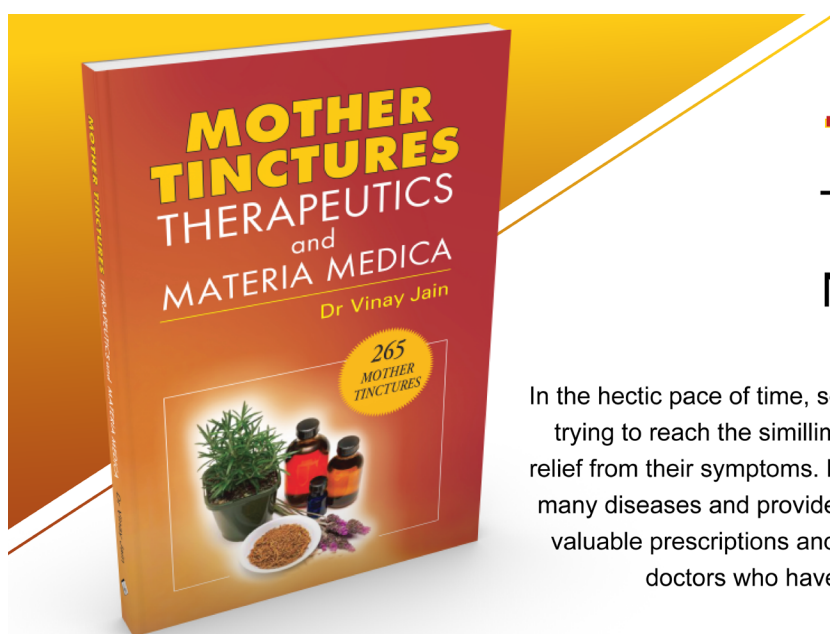
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MOTHER TINCTURES THERAPEUTICS and MATERIA MEDICA

BY DR. VINAY JAIN

In the hectic pace of time, sometimes the doctor cannot spend much time trying to reach the simillimum. Allopathic patients demand immediate relief from their symptoms. Many mother tinctures stop the progression of many diseases and provide instant healing. The book contains the most valuable prescriptions and experiences of world famous homeopathic doctors who have won laurels with mother tinctures.

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Pathogenesis of Alzheimer's dementia in *Anacardium occidentale*, *Argentum-nitricum* and *Picricum acidum* due to mental overexertion and mental fatigue and its plan of treatment

By Dr. Anita Bagga

Abstract: Alzheimer's is a progressive disease that causes dementia and disrupts many important mental functions. There is destruction and loss of cholinergic neurons in this neurodegenerative disease with resultant disruption in the transmission of information to different areas of the brain including neurons. For treating dementia and other cognitive effects caused by Alzheimer's, many homoeopathic medicines are indicated in the Murphy Repertory. *Anacardium occidentale*, *Argentum-nitricum*, and *Picricum acidum* are also mentioned among them. As homoeopathic materia medica is composed of a peculiar pathogenetic trial of homoeopathic drugs on healthy human beings, causation of many complaints, including memory loss in *Anacardium occidentale*, *Argentum-nitricum*, and *Picricum acidum*, is linked to symptoms of mental overexertion, mental fatigue, and brain fog. The study of the homoeo-pathogenesis of these three medicines opens a wide range of curative applications for individuals, especially IT professionals, who from a very young age are using their mental powers for prolonged hours with little time left for physical work, rest, and sleep. Prolonged mental work with compromise on sleep and healthy food may cause damaging effects on the healthy functioning of neurons leading to the development of irreversible pathology. Homoeopathic medicines have the potential to deal with such types of constitutions. Prescription of Constitutional medicine can heal the disturbed vital force if due recognition to the cause is given at an appropriate age and time as advised in the Organon of Medicine.

Keywords: Alzheimer's, cholinergic neurons, dementia, homoeopathic medicine, homoeo-pathogenesis, mental fatigue.

Abbreviation: IT – information technology, NGF - nerve growth factor

Introduction

Our brain is constantly storing all information relating to our work and thoughts. There are many types of memories - short-term memory, long-term memory, and memory traces. Most of the memory that is associated with intellectual processes is based on the memory traces in the cerebral cortex. Memory traces are also called new or facilitated pathways and are very important because they can be selectively activated by the thinking mind to reproduce the memories once they are established. Memories are stored in the brain by changing the basic sensitivity of the synaptic transmission among neurons as a result of previous neuronal activity.^{1(p705)} This can

happen only when all neurons are healthy, are happily communicating to their neighbouring neurons, their metabolism is optimum, and the body is taking care of their repair, remodelling, and regeneration constantly. Any 'cause' that can disrupt the mechanism of communication, metabolism, repair, or regeneration can trigger the onset of disease pathology. The present study of homoeo-pathogenesis of *Anacardium occidentale*, *Argentum-nitricum*, and *Picricum acidum* will help us to identify such 'causes' that may be related to mental overexertion, mental fatigue, brain fog, and their bad effects. Whenever the disease process gets triggered by such causes, the healthy vital principle of the body starts sending signals in the form of

the development of symptoms and signs. An appropriate homoeopathic medicine at this stage can reverse the process of disease towards its recovery. The methodology to reverse the pathology has been advised by Dr. Samuel Hahnemann in the Organon of Medicine Aphorism 5 as "useful to 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 a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (esp. when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, social and

domestic relations, age, sexual functions, etc., are to be taken into consideration."2(p94)

Discussion

A. Physiology

The healthy human brain contains billions of neurons. Neurons are specialized cells that process and transmit information to different parts of the brain and from the brain to all the muscles and organs of the body through electrical and chemical changes. Hence, an absolute healthy condition of the neurons is a basic necessity for our body to function properly. The important biological processes required for the function and survival of neurons are given below3:-

- a. **Communication3:** Every neuron remains in constant touch with its neighbouring neurons for regular exchange of information. When a neuron receives a signal from other neurons, it generates an electrical charge that travels down the length of the axon and releases a neurotransmitter chemical called Acetylcholine across a gap called a synapse. Like a key that fits into a lock, each neurotransmitter molecule then binds to a specific receptor site on a dendrite of a neighbouring neuron. This process triggers chemical and electrical signals that either stimulate or inhibit activity in the neuron receiving the signal. After depolarization, acetylcholine undergoes exocytosis.
- b. **Metabolism3:** The circulation of blood to the brain must be properly maintained to have a constant supply of oxygen and glucose. Energy is constantly required by neurons to break down the chemicals and

nutrients within the cell to have healthy communication and survival.

- c. **Nutrition:** A mind diet has been recommended to prevent dementia which includes green leafy vegetables, berries, fish, poultry, beans, and nuts.4 Incorporating curry leaves in the diet is very beneficial for the memory as well as for the Alzheimer's disease.5
- d. **Repair, remodelling, and regeneration3:** Neurons are capable of repairing themselves and adjusting or remodelling their synaptic connections. The adult brain may even generate new neurons.
- e. **Protection3:** Microglia (glial cells), in collaboration with blood vessels, protect neurons from physical and chemical damage. They play a vital role in removing foreign substances and cellular debris from the brain.
- f. **NGF6:** NGF (Nerve growth factor) is a neurotrophic factor and a neuropeptide mainly involved in the regulation of growth, maintenance, proliferation, survival, and proper functioning of certain target neurons.

B. Pathogenesis and Pathology

- a. **Pathogenesis** Emerging research indicates that the symptoms and progress of Alzheimer's disease is linked to the inefficient working of cholinergic neurons. It is suggested that impairment in NGF causes basal forebrain cholinergic neurons to lose their cholinergic phenotype during adulthood. NGF regulates the

growth and survival of basal forebrain neurons. It has been proposed that alterations to the enzymatic pathway that controls the maturation of pro-NGF to mature NGF are the real cause of the pathogenesis of Alzheimer's.7

- b. **Pathology** Cholinergic neurons located in the basal forebrain are severely lost in Alzheimer's due to the accumulation of neurofibrillary tangles and amyloid plaques.8
- **Amyloid plaques3** The beta-amyloid protein involved in Alzheimer's comes in several different molecule forms that collect between neurons. The abnormal levels of such toxic proteins clump together to form plaques that collect between neurons and disrupt cell function, i.e. communication.
- **Neurofibrillary tangles3** They are an abnormal accumulation of a protein called tau that collects inside neurons. Healthy neurons are supported internally by microtubules that take nutrients and molecules from the cell body to the axon and dendrites. In healthy neurons, tau normally binds to and stabilizes microtubules. In Alzheimer's, however, abnormal chemical changes cause tau to detach from microtubules and stick to other tau molecules forming threads that join to form tangles inside neurons. These tangles block the neuron transport system which harms the synaptic communication between neurons. It is important to note that abnormal tau accumulates in specific brain regions especially those involved in memory. Microglia also fail to

clear waste, debris, and protein collection including β -aAmyloid plaques. This may also happen due to associated vascular

problems since reduced blood flow causes low glucose and oxygen transport to the brain which is required for proper

functioning and clearing away of toxic β -aAmyloid proteins.

Characteristics	Anacardium occidentale	Argentum- nitricum	Picricum acidum
Common name	Marking Nut (Heart-shaped) ^{9(p141)}	Silver nitrate	Formed by the action of nitricum acidum on carbolicum acidum ^{9(p1524)}
Kingdom	Vegetable	Mineral	Mineral
Part used	Seeds	Pure substance	Pure substance
Introduction	<p>As per Casper Hoffman, “<i>Anacardium has been celebrated as a distinguished remedy against the weakness of the mind, memory, and senses.</i>”^{10(p47)}</p> <p>Guernsey says “<i>there are few remedies in the entire materia medica having ‘impaired memory’ as so marked a characteristic. In restoring the memory it often cures the patient of all other complaints.</i>”^{10(p49)}</p> <p>As per Dr. Blackwood, “<i>when this remedy is indicated, there are mental derangements, the result of overuse of the mind, and loss of memory, also brain fag.</i>”^{11(p121)}</p>	<p>It is called “devil’s stone” or “hell stone” by the old school. When accidentally swallowed during the process of cauterising the throat, it has turned permanently blue, a condition also known as argyria.^{10(p77)}</p> <p>As per Dr Kent, there is a “<i>disturbance in the memory, disturbance of reason; he becomes most irrational in his explanations of his actions and methods.</i>”^{12(p136)}</p>	<p><i>Picricum acidum</i> crystallises in bright yellow needles or scales of very bitter taste, sparingly soluble in water.^{9(p1524)} It is a typical brain fag remedy with indifference and lack of willpower, aversion to talk or perform mental exertion.^{12(p839)}</p> <p>As per Dr Kent, “<i>in young school children, we have a common use for this very valuable but neglected remedy. When the child begins to learn the alphabet, headache come and return with every repeated effort, often with dilated pupils.</i>”^{12(p839)}</p>
Sphere of action	Mind, nerves, muscles, and joints. ^{9(p141)}	Cerebrospinal axis ^{9(p212)}	Brain, spinal cord, bloodstream, kidneys, and sexual organs. ^{9(p1524)}
Constitution	<p>Nervous^{13(p320)}</p> <p>Baldness of head^{13(p315)}</p> <p>Dark-complexioned with rigid fibre^{13(p310)}</p>	<p>It is a remedy of vivid personality for people possessing weaknesses and self-tormenting.^{10(p77)}</p> <p>Face sunken, pale, bluish, withered, dried-up old-looking patients.^{9(p213)}</p> <p>Stoop-shoulders^{13(p325)}</p>	<p>Anaemic and cachectic persons^{9(p1525)}</p> <p>Dark complexioned persons with a dirty appearance from bile pigments.^{9(p1525)}</p> <p>Wasted and worn-out system, a fair picture of nervous prostration.^{14(p239)}</p>
Causation	<p>Nervous exhaustion from overstudy^{9(p142)}</p> <p>Fear of examination^{9(p142)}</p> <p>Sunstroke^{13(p1371)}, Stroke^{9(p141)}</p> <p>Mental excitement, fright, and mortification^{12(p104)}</p>	<p>Acute or chronic diseases from unusual or long-continued mental exertion.^{14(p37)}</p> <p>Mental exhaustion, headaches, nervous excitement and trembling, and organic troubles of heart and liver in businessmen, students, brain-workers, in those subject to long excitement, in actors who have kept up the excitement of appearing well in public.^{12(p137)}</p>	<p>Neurasthenia^{14(p239)}</p> <p>Brain fag^{14(p239)}</p> <p>Mental Exhaustion: from care and worries^{13(p1324)} in old age^{13(p1324)} after writing^{13(p1324)} after the loss of sleep^{13(p1324)}</p> <p>Pernicious anaemia^{14(p239)}</p> <p>Work impossible after sexual excesses^{13(p1420)}</p>

Occupation	Any profession requiring mental work	Actors IT professional All those who are overactive in mind and full of imagination ^{13(p1380)}	Businessman Literary people Teachers Students
Characteristic symptoms of medicines	Great weakness of memory ^{13(p1371)} Loss of memory ^{13(p1371)} Makes purchases and leaves them ^{13(p1371)} Memory weakness for proper names ^{13(p1372)} , for words ^{13(p1373)} and for everything that has been seen ^{13(p1373)} . Irresistible desire to curse and swear ^{14(p26)} Fixed ideas that he is in a dream, that mind and body have separated, that stranger is at his side. ^{10(p49)} Many complaints are ameliorated by eating. ^{12(p104)}	Full of irrational and foolish thoughts, so full of imagination, illusion, and hallucinations that he gets tormented by the inflow of troublesome thoughts at night. ^{12(p136)} Terrors of anticipation and has examination funk. ^{10(p81)} Nervousness, anxiety from anticipation if an appointment is fixed followed by diarrhoea. ^{9(p212)} Anxiety forces him to walk fast until fatigued ^{12(p136)} Impulsive, wants to do things in a hurry ^{9(p212)} and feels that everyone must hurry ^{13(p1346)} . Time passes slowly ^{14(p37)} Cannot look down and cannot look up ^{10(p81)} Headache from brain fag, and from the exertion of mind ^{12(p137)} Emaciation progressing every year, most marked in lower extremities ^{14(p37)} Great craving for fresh air ^{14(p37)} Chilly when uncovered, yet feels smothered when wrapping up. ^{14(p37)} Sensation of a splinter in the throat while swallowing, or in the uterus while walking or riding. ^{14(p44)} Craving for sugar which aggravates ^{13(p743)}	Worn out persons mentally and physically ^{9(p1524)} Brain fag, inability to exert the mind, lack of will-power, disinclined to work. ^{9(p1524)} The least study causes burning along the spine. ^{10(p655)} Dread of failure at examination ^{9(p1524)} Headache in the occipital-cervical region with brain fag in businessmen. ^{10(p656)} Headache relieved by bandaging tightly. ^{9(p1525)} Does not work, thinking it will do harm, or that he is not able to stand it. ^{10(p81)}
M o r a l Character	Lack of moral feeling ^{13(p1377)} Coward ^{13(p1296)} Unsympathetic ^{13(p1408)} Cruel ^{13(p1296)} Brutality ^{13(p1283)} Wants to fight ^{13(p1337)}	Untruthful ^{13(p1416)} Apathy ^{13(p1280)} Obstinate, has the queerest objection against whatever has been proposed ^{13(p1380)}	Lacking moral feeling ^{13(p1377)} Obscene ^{13(p1397)} Nymphomania in woman ^{13(p1397)} Lewdness ^{13(p1396)} Lasciviousness ^{13(p1396)} Satyriasis ^{13(p1397)}

Intellectual status	<p>Lack of confidence in children^{13(p1290)}</p> <p>Ability for philosophy^{13(p1381)}</p> <p>Feeble minded^{12(p103)}</p>	<p>Fear of losing control^{13(p1328)}</p> <p>Superstitious^{13(p1408)}</p> <p>Timid about appearing in public^{13(p1415)}</p> <p>Lack of confidence with anxiety performance in public speaking^{13(p1290)}</p>	Weakness of will-power ^{13(p1419)}
Mode of living	<p>Increased hunger alternating with loss of appetite^{13(p725)}</p> <p>Appetite returns after eating a mouthful^{13(p727)}</p> <p>Cold food ameliorates^{13(p733)}</p> <p>Hot food aggravates^{13(p737)}</p> <p>Hunger aggravates^{13(p737)}</p> <p>Thirst burning^{13(p744)}</p>	<p>Desire for candies^{13(p731)}, chocolate^{13(p732)}, sugar^{13(p743)}, and sweets^{13(p743)} which aggravates</p> <p>Frozen food aggravates^{13(p736)}</p> <p>Desire for ice, but has ailment from ice^{13(p738)}</p> <p>Salt aggravates^{13(p742)}</p> <p>Desire for sour food which ameliorates^{13(p742)}</p> <p>Desire salt and sweet^{13(p744)}</p> <p>Thirstless^{13(p747)}</p>	<p>Aversion to food^{13(p729)}</p> <p>Thirst for large quantities^{13(p746)}</p>
Social	<p>Aversion to company^{13(p1287)}</p> <p>Cold and indifferent^{13(p1352)}</p>	<p>Oversensitive to environment^{13(p1320)}</p> <p>Social functions aggravate^{13(p1399)}</p> <p>Indifference to pleasure^{13(p1353)}</p> <p>Indifference while in company^{13(p1352)}</p> <p>Indifference to business^{13(p1352)}</p> <p>Panic attacks in public places, cannot control oneself.^{13(p1380)}</p> <p>Impulsive^{13(p1350)}</p> <p>Pretends to be sick^{13(p1381)}</p> <p>Desires company^{13(p1288)}</p>	<p>Sits still and listless, does not take an interest in surroundings^{9(p1524)}</p> <p>Aversion to company^{13(p1288)}</p> <p>Indifference to everything^{13(p1352)}</p>
Domestic relations	Abusive, insults wife in front of children ^{13(p1263)}	Abandoned feeling on waking ^{13(p1261)}	Idea of marriage not acceptable ^{13(p1369)}
Habits	<p>Domineering and dictatorial^{13(p1316)}</p> <p>Swearing and cursing tendencies^{13(p1301)}</p> <p>Desire to kill^{13(p1362)}</p> <p>Mischievous^{13(p1374)}</p> <p>Malicious^{13(p1368)}</p>	<p>Impulsive^{13(p1350)}</p> <p>Impulse to run^{13(p1350)}</p> <p>Indifference, lies with eyes closed^{13(p1352)}</p> <p>Pretends to be sick^{13(p1381)}</p>	Indifference to everything ^{13(p1352)}
Fundamental cause	Psora	<p>Psora</p> <p>Syphilis</p>	Psora

Conclusion

Alzheimer's dementia develops when there is loss of synaptic communication due to amyloid degeneration and accumulation of tau and fibrillary tangles. This pathology may have its origin in disturbed blood supply causing a lack of oxygen and proper nutrition. There may be a failure of the repair mechanism or the non-availability of mature NGF. All these above-mentioned factors may arise due to the peculiar genetic inheritance of an individual. In the presence of all these factors, the trigger of the onset of disease pathology may lie in multiple diverse factors. The study of hHomoeo-pathogenesis of drugs helps us to perceive further at the levels of the vital principle of our body in ascertaining the subtle causes of its disturbance reflected afterward in the altered mechanism of physiology and in the progression of irreversible pathology. If a hHomoeopathic medicine is chosen properly as discussed before, and as per the laws of the Organon of Medicine (aAphorism 5)2(p94), onwe can not only cure the disease but can also prevent and delay its onset in vulnerable people by giving

them the cConstitutional remedy. The study of homoeo-pathogenesis of drugs from materia medica helps us to understand the development of diseases from their cause to effect that further helps the physician to take care of an individual as per need - preventative as well as curative.

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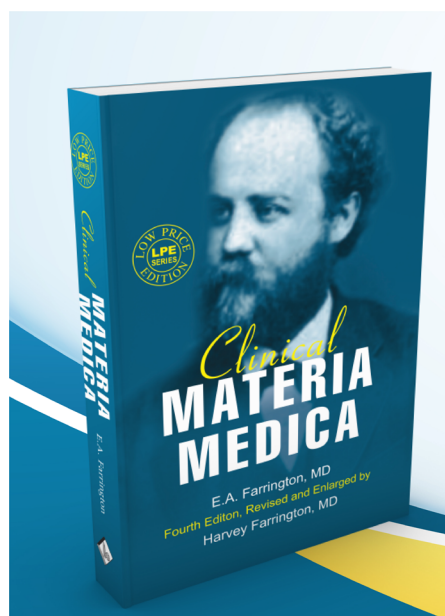
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Leukaemia and it's homoeopathic therapeutics

By Dr Prastuti Jaiswal, Dr Sakshi Bhadana, Dr Surbhi, Dr Satya Prakash Singh

Abstract: Leukaemia is the most common neoplasia in children, with acute lymphoblastic leukaemia comprising of 77% of the cases, followed by acute myeloid leukaemia accounting for 11%, chronic myelogenous leukaemia for 11%. The following article aims to discuss homoeopathic medicines, miasms effective in cases of leukaemia.

Keywords: homoeopathy, leukaemia, miasm, childhood cancer

Abbreviations: acute lymphoblastic leukaemia (ALL), acute myeloid leukaemia (AML), chronic lymphoblastic leukaemia (CLL), chronic myeloid leukaemia (CML), white blood cells (WBC's), bone marrow aspiration (BMA), lymph node cells (LN cells), deoxyribonucleic acid (DNA), World Health Organisation (WHO), complete blood count (CBC), haemoglobin (Hb), acquired immunodeficiency syndrome (AIDS), hepatitis C virus (HCV), Epstein barr virus (EBV), helicobacter pylori (H. pylori)

Introduction

Leukaemia is the most common cancer found of childhood with acute lymphoblastic leukaemia being the most common type of leukaemia comprising of 77% of the cases, acute leukaemia accounting for 11%, chronic leukaemia for only 11%.¹ There are nearly 2.43 million cases of leukaemia worldwide and 0.35 million deaths globally due to leukaemia in 2017.² Many children suffer from leukaemia and the

world sees many deaths owing to this malignant cancer.

Types-

Leukaemia and lymphoma are two types of cancer. Leukaemia mainly involves bone marrow and blood. Lymphoma are solid tumours of immune system.³

Leukaemia –

Acute lymphoblastic leukaemia (ALL)

Acute myeloid leukaemia (AML)

Chronic lymphoblastic leukaemia (ALL)

Chronic myeloid leukaemia (CML).⁴

Lymphoma-

Hodgkin's lymphoma

Non-hodgkin's lymphoma⁴

Table 1- Leukaemia

	AML	ALL	CML	CLL
Age	All ages, peak after 60 ⁵	2-9 yrs Most common in children ¹⁰	Elderly ¹⁴	6 th -7 th decade ¹⁸
Cause	Mutation t(8:21) t(15:17) inversion Chr 16 ⁶	MLL Mutation at Chromosome 11q23 ¹¹	Mutation Chr 22 (BCR-ABL fusion) ¹⁵	Deletion 13q on chromosome 3 ¹⁹
Risk factor	Radiation Chemicals Drugs Genetic disorders with defective DNA repair -Fanconi's syndrome -Bloom's syndrome -Down's syndrome ⁶			

Types	<p>WHO CLASSIFICATION</p> <p>AML with recurrent genetic abnormality</p> <p>AML therapy related</p> <p>AML with MDS like features</p> <p>AML not otherwise specified (NOS)</p> <p>AML with Down Syndrome⁷</p>	<p>WHO classification</p> <p>B-all</p> <p>Children</p> <p>Better prognosis</p> <p>T- All</p> <p>Adolescent</p> <p>Poor prognosis¹²</p>	<p>3 stages-</p> <p>Chronic blast stage- <10% count</p> <p>Accelerated phase-</p> <p>Blast count- 10-19%</p> <p>Basophilia- >20%</p> <p>Thrombocytopenia</p> <p>Blast crisis</p> <p>Blast count- >20%¹⁶</p>	
Investigation	<p>CBC</p> <p>Hb- decreased</p> <p>TLC- decreased</p> <p>Plt- decreased</p> <p>PBF & Bone marrow aspiration</p> <p>>20% myeloblast⁸</p>	<p>CBC</p> <p>Hb- decreased</p> <p>TLC- increased or decreased</p> <p>Plt- decreased</p> <p>PBF- >20% lymphoblast</p> <p>BMA- >20% lymphoblast¹²</p>	<p>CBC</p> <p>Hb- normal</p> <p>TLC- very high</p> <p>Plt- high or low</p> <p>PBF- increased number of myeloid lineage cells</p> <p>Basophils- increased¹⁶</p>	<p>CBC</p> <p>Hb- normal</p> <p>TLC- increased</p> <p>Plt- normal or decreased</p> <p>Absolute lymphocytosis >5000/mm³</p> <p>PBF- small lymphocytes increased</p> <p>BMA- increased lymphocytes</p> <p>Lymph node biopsy</p> <p>-LN cells replaced by small inconspicuous nucleoli with lymphoid cells in centre¹⁹</p>
Symptoms	<p>Abrupt onset</p> <p>Anemia</p> <p>Fever (due to leucopenia)</p> <p>Bone pain⁹</p>	<p>Abrupt onset</p> <p>Anemia</p> <p>Fever</p> <p>Bone pain</p> <p>CNS-</p> <p>Headache</p> <p>Vomiting</p> <p>Nerve palsies¹³</p>	<p>Splenomegaly</p> <p>Anemia</p> <p>Fever</p> <p>Weight loss</p> <p>Joint pain</p> <p>Weight loss</p> <p>Fatigue¹⁷</p>	<p>Fever</p> <p>Abnormal bleeding</p> <p>Lymphadenopathy</p> <p>Hepatosplenomegaly²⁰</p>

Table 2- Lymphoma

	HODGKIN'S LYMPHOMA	NON-HODGKIN'S LYMPHOMA
Age	Bimodal- young adults (20-30), elderly (50-70) ²¹	Increasing with age, peak >50 years ²⁴⁻²⁶
Etiology	<p>EBV²¹</p> <p>Immunosuppression²²</p> <p>Autoimmune disease²²</p>	<p>Chromosomal translocation t(14:18)</p> <p>Autoimmune diseases</p> <p>Infection (AIDS, HCV, EBV, H. pylori)²⁴⁻²⁶</p>
Symptoms	<p>Painless adenopathy- usually above diaphragm</p> <p>Contagious spread</p> <p>Alcohol induced fever</p> <p>Pruritis</p> <p>Usually no hepatosplenomegaly</p> <p>No leukaemic phase</p> <p>Reed Sternberg cells observed²²</p>	<p>Multiple lymph nodes involved</p> <p>Non contagious spread</p> <p>Hepatosplenomegaly</p> <p>Leukaemic phase present</p> <p>No Reed Sternberg cells observed, B-cell lineage cells observed^{27,28}</p>
Prognosis	Good ²³	Bad ²⁹

Miasmatic background

Leukaemia mainly belongs to sycotic miasm as there is splenic hypertrophy, increased number of WBC's and swollen lymph node, etc. with psora miasm present in background, some characteristics also covers tubercular miasm as we also find gum bleeding, haemorrhages, etc.

The glandular enlargement with cachexia described by Virchow were known to the physician under the name of "sycosis" which diathesis had in their view a much wider range than give it a name as an infection and condylomata.³⁰

Sycosis –Sycosis is responsible for proliferation and growth .There is hypertrophy, the cell proliferation and tumors are formed.³¹

Tubercular - Tubercular miasm is responsible for migration and haemorrhage. Cells are disintegrated and degenerated, haemorrhage and migration takes place resulting in metastasis.³¹

Homoeopathic therapeutics

Some of the homoeopathic medicines known to be helpful in cases of leukaemia are-

Aconitum napellus- Initial stage, high fever continued or remittent; slight bronchitis; digestive trouble; pale face.³²

Sulphur- Apyrexia with or without sweat; anorexia; greenish or yellow diarrhea; insomnia, marked tumefaction of spleen.³²

Aranea diadema- Leukaemia medullaris, violent, dull, burrowing pain, especially in humerus forearm and tibia aggravated in the morning and periodically returning during the day; papular eruption on skin

here and there, restless sleep.³²

Natrium sulphuricum- Splenic and lymphatic leukaemia; sycosis; depression of mind and irritability; vertigo after dinner (from the swollen spleen); pain in left hypochondrium or above false rib.³²

Thuja occidentalis- Leukaemia medullaris, face red and hot, craving alternates with anorexia, induration of stomach, stitches in hypochondria; short breath from fullness and constriction in hypochondria and upper abdomen.³²

Arsenicum album- deathly pallor of the face, voracious appetite, prostration, pressive pain in spleen, with induration³²

Picricum acidum- great chilliness followed by cold clammy sweat; oppressive feeling in epigastrium, can get breath only half way down and when there is no organic change.³²

Graphites- lymphoma on neck with hectic fever.³²

Calcarea carbonicum- remittent fever with sweat on head only, difficult dentition, tardy ossification of fontanelles, laborious digestion often with vomiting, hard tumors of spleen with leukaemic blood and appearance of petechiae.³²

X-ray-Repeated exposure to roentgen has produced skin lesion followed by cancer. Anaemia and Leukaemia. It arouses reactive vitality, mentally and physically.³³

Benzolum- In the human provers it resulted in a disease of the red, and increase in white cells. It ought to be of use in leukaemia.³³

Ceanothus americanus- Enormous enlargement of the spleen (splenomegaly). Splenitis; pain

radiates to the left side. Deep-seated pain in left hypochondrium, hypertrophy of spleen. Leukaemia.³³

Repertory

Leukaemia

Kent Repertory –

GENERALITIES , leukaemia - Acet. ac , Ars., Calc., Cala.p, Ip., Kali.p., Nat.a., Nat.m., Nat.p., Nat.s., Nux.v., Pic.ac., Sulph., Thuj.³⁴

Homoeopathic medical repertory by Robin Murphy-

BLOOD, leukemia – Acet.ac., Acon., Aran., Ars., Ars.i., bar.i., bar.m., Bry., Calc., Calc.p. , Carb.s., Carb.v., Carc., Cean., Chin., Chin.s., Con., Cortiso., Crot.h., Ferr.pic., Ip., Kali.p., Merc., Nat.p., Nat.m., Nat.c., Nux.v., Op., Phos., Pic.ac. ,Sulph., Syph., Thuj., Tub., X-ray.

BLOOD, leukemia, general,

acute -Ars., Lach., Merc., Merc. c., Nat. m., Nit. ac., Phos.

children in – Ars.

constitution broken down by gonorrhoea, syphilis, alcohol, etc. – Crot. h.

corpuscles normal as to quantity , but lack color – Ferr. p.

gonorrhoea – Thuj.

lienalis – Kali. p.

leucocythemia - Bell., Cean., Con., Iod., Lyc., Merc., Nit. ac., Phos., Rhus. t., Sulph.

lymphoid – Ars., Carb. s., Carb. v., Cean., Kali. s., Mur. ac., Nat. a., Nat. m., Phyt., Pic.ac., Thuj.

spleen , involvement – Ars., Cean., Nat. m., Nat. s., Querc., Succ.³⁵

Repertory of Hering's Guiding Symptoms by Calvin B. Knerr-

HEART, pulse and circulation,

Blood, leukaemia (leucocythaemia) – Acet. ac., Acon., Ars., Calc., Calc. p., Carb. v., Cinch., Diad., Ip., Kali. p., Nat. m., Nat. p., Nat. s., Nux. v., Pic. ac., Sul.

in constitution broken down by gonorrhoea, syphilis, alcohol, etc. – *Crotal.*

corpuscles normal as to quantity , but lack colour- Ferr. ph.

gonorrhoeal – *Thuja.*

lienalis – **Kali. ph.**³⁶

Boericke's New Manual of Homoeopathic Materia Medica with Repertory-

GENERALITIES, leucocythemia, leukemia – Aran., Ars., Ars. i., Bar. i., Benzo., Bry., Calc., Cean., Chinin. s., Con., Ferr. pic., Ip., Mere., Nat. m., Nat. s., Nux. v., Phos., Pic.ac., Thuja.³⁷

Lymphoma-

Homoeopathic medical Repertory by Robin Murphy-

DISEASE, cancer, general, lymphoma , lymphatic glands, cancer - Ars., Ars.i., Aur.m, Bar.i., Bufo., Buni.o., Calc.f., Carb.an., Carc., Cist., Con., Cund., Ferr.pic., Iod., Ph.ac., Phos., Phyt., Saroth., SCROPH-N., Syph., Thuja., Tub.

lymphoid leukemia – **ARS.**, Ars.i., Carb.s., Carb.v., **CEAN.**, Kali.s., Mur.ac., Nat.a., Nat.m., **PHYT.**, Pic. ac., Thuja.

sarcoma – Ars., Ars.i.,

DISEASE, cancer, general, hodgkin's disease – Acon., Ars., Ars.i., Bar.i.,

Buni.o., Calc.f., Carc., Cist., Con., Cund., Ferr-pic., Iod., Kali.m., Nat.m., Ph-ac., Phos., **PHYT.**, Saroth., **SCROPH-N.**, Syph., Thuja., Tub.

(GLAND, hodgkin's disease – cross reference)³⁸

Discussion and conclusion

Homoeopathy is a holistic science and success in any case can be achieved by following the seven cardinal principles and miasmatic background of the disease. There are many medicines for leukaemia but one must select the most simillimum remedy after careful case-taking and analysis of the case. With so many children suffering from leukaemia, Homoeopathy aims at treating the patient in the most gentle and permanent way.

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NIL

Conflict of interest

None

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About the authors

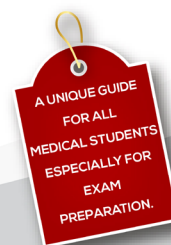
1. **Dr Prastuti Jaiswal**, Assistant Professor, Department of Materia Medica, Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, A constituent of Homoeopathy University, Jaipur (Rajasthan)
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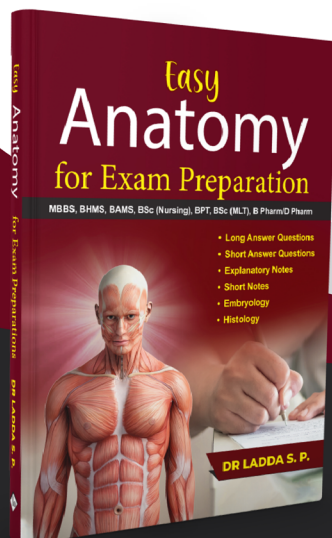
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Condolence Message

By Prof. Dr J D DARYANI

Words have fallen short to express the grief as a vacuum has been created as the legendary homoeopath and revered teacher of teachers, Dr Girendra Pal Sir, has left for the heavenly adobe.

Dr Pal sir was the architect of homoeopathy in Rajasthan. He has left a lifetime legacy that will make him immortal. His name will always be taken with respect and love for the contribution of homoeopathy.

It was his vision and untiring efforts that the homoeopathy college which started in 1965 in one room later became the pioneering Homoeopathic Postgraduate College in India in 1990 and now, heightened as a Homoeopathy University in 2010, the

only university in the world solely dedicated to homoeopathic education and research.

With his initiative, in 1979 a Clinical Research Unit of CCRH was established in the college premises which, later upgraded to Regional Research Institute and now Central Research Institute which shifted to its own building in 2019. He rendered his honorary services as Project Officer and supervised the administrative work till his demise.

Dr Pal sir's demise is a great loss for the entire homoeopathy fraternity but, for me, it is a great personal loss, we had an association of nothing less than 50 years during which he remained my *guru, guardian, guide* as well as a *friend*, I will always

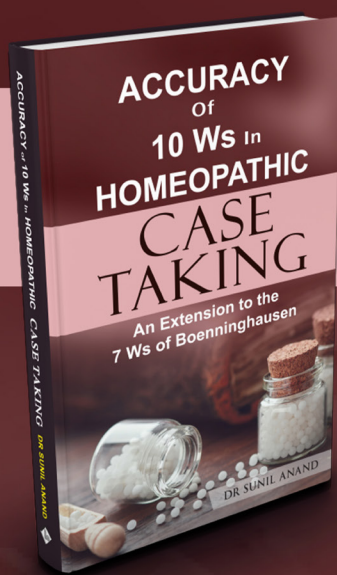
miss him.

I convey my heartfelt condolences to homoeopathy fraternity and the beavered family. May the Almighty give strength to all of us to bear this irreparable loss. May his noble soul rests in peace.

About the authors

1. **Dr J D Daryani**, Former Principal & Head, Deptt. of Repertory, Dr. M P K Homoeopathic Medical College, Hospital & Research Centre, Jaipur (Rajasthan), Former Dean, Faculty of Homoeopathy, University of Rajasthan, Jaipur Rajasthan Ayurved University, Jodhpur

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Author:-

Dr. Sunil Anand

ACCURACY OF 10WS IN HOMEOPATHIC

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ISBN - 9788131926062 | ₹395 | 326 pp

Universal Mineral Materia Medica (with pharmacodynamics)

By Dr Ramesh D.Jain, Co-author, Dr Smita P.Trivedi

Reviewed by:

Dr Shilpi Rastogi

Dr Melita Alva

One of the best books available for correlating remedies of mineral kingdom of homeopathic materia medica with chemistry, making the learning of our science more comprehensible and validated. During Dr Hahnemann's time in 1830, there were 100 remedies in materia medica which went on to increase up to more than 4500 remedies. Recent studies, ultimately posing a challenge to the students to remember billions of symptoms. Emerging complexity of materia medica led towards the group study method. This method has made the entire materia medica easier, as well as labour-saving but to understand groups, periodic table helps to understand the chronology of presentation of a remedy. So, readers are benefitted to clench the materia medica well.

The book includes correlation of homeopathic materia medica by deriving the properties of medicines based on periodic table. It also includes pathophysiology, toxicology, sources, and daily requirement of each mineral.

Design of the book

Periodic table

Arrangement of group and series in periodic table

Interpretation of periodic table in homoeopathy

Arrangement of the periodic table:

SERIES/PERIOD: The elements arranged in the horizontal rows with the increasing atomic number.

Series/period:

1st series (2 elements)

2nd series (8 elements)

3rd series (8 elements)

4th series (18 elements)

5th series (18 elements)

6th series (32 elements)-monster period (15 rare elements)

There are 7 series/periods.

GROUPS: The elements arranged vertically are called groups.

There are I to VIII and zero groups.

IA, IIA - Alkaline earth metals.

IIIB, IVB, VB, VIB, VIIB, VIII, IB, IIB - Metals (Transition elements)

IIIA, IVA, VA, VIA, VIIA - Non Metals

Zero group - inert gases.

The interpretation of the periodic table in homoeopathy:

Science of homoeopathy in relation with periodic table by:

Direction of action

Miasm

Constitution

Mind

Potency

Remedy relationship

The above said points are been the main essence of homoeopathic treatment modalities, which are been explained well in the chronology of periodic table as either they increase or decrease with group or series of the table. Such rare explanation but still evidence based is the golden point of the book.

Each remedy is explained under

groups. The groups are explained in detail including normal values, daily sources, daily requirement, pathophysiology, and clinical symptoms. This explanation creates a frame for the readers for a particular group after which all the remedies covered under the group are been explained. Each remedy is explained with common name, areas of affinity and with specific area of action mentioned in bold.

Each group explanation is provided with clinical cases which are been showing the cure in direction of Hering's law, making students and practitioners understand homoeopathy in a better way.

As the highlight is the pharmacodynamics, the book is useful for other professionals of similar stream as pharmacy graduates or research scholars as well.

It is a complete guide to generate interest, to related homoeopathy with chemistry and to validate the scientificity of materia medica with pharmacodynamics.

About the reviewers

1. **Dr Shilpi Rastogi**, Professor, Department of Anatomy, Yenepoya Homoeopathic Medical College and Hospital, Yenepoya Deemed to be University, Karnataka.
2. **Dr Melita Alva**, Associate professor, Department of Homoeopathic Materia Medica, Yenepoya Homoeopathic Medical College and Hospital, Yenepoya Deemed to be University, Karnataka.



“A Dose of Spirituality with Kavitha”

By Dr Kavitha Kukunoor

Reviewed by:

Dr Shweta Verma

Yan Yamamoto Ouadfel,

APHORISMS 210 - 230 “DISEASES OF MENTAL AND EMOTIONAL LEVELS”. Following these

principles outlined by Dr Samuel Hahnemann, the importance of mental and emotional health is the essence which inspired the collection of experiences shared within “A Dose of Spirituality”.

This collection is a poignant book with reflections and wisdom from Dr Kavitha’s personal and professional life. Each page fills a beautiful crucible, inviting everyone to partake in positive thoughts. This book opens us all to believe in our own infinite potential, through Kavitha’s sharing of her life experiences and inspirational messages from her family, friends, and KHA homeopathy study group

team.

Reading Dr Kavitha’s book is not for the price spent, but for the commitment of time and it’s timeless offerings. Dr Kavitha is surrounded by so many positive and loving people in her life, and in this book, you will meet many, sharing their life secrets as well.

A Dose of Spirituality with Kavitha e-book, conveys her deep love and affection towards humanity and spirituality. The e-book has been beautifully compiled by our KHA chief administrator, Dr Shweta Singh. KHA volunteers, Dr Nupur added pictures, and myself, Dr Shweta Verma helped with proof-reading all content.

Dr Kavitha’s dearest friend, Dr Vatsala Sperling, inspired its beautiful title, while also helping to edit.

This *e-book* serves as a guide and roadmap for love and affection, deep reverence, and simple yet timeless joy towards humanity and spirituality. This book is for anyone and everyone to be inspired by and to enjoy.

Here are a few messages from Dr Kavitha and some other renowned personalities:

Few lines on “Gratitude and Thankfulness”- By Dr Kavitha Kukunoor

Life is a challenge face it. Every day we need to thank the universe, our parents, family, mentors, gurus, friends and everyone who has

helped us in some way. We must experience and express gratitude for the life we have. We must show gratitude in whatever way we can. We should cultivate a habit of counting our blessings and not our problems.

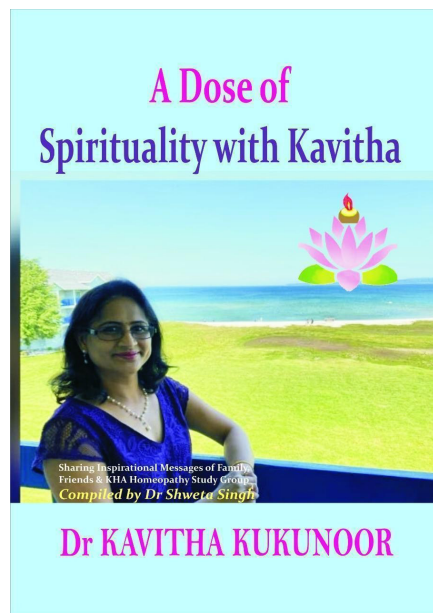
Positive affirmations - By Dr Kavitha Kukunoor: Our subconscious mind stimulates when we do self-talk that has positive affirmations. Through the Law of Attraction, our positive

thoughts are attracted positive life experiences. What we think becomes true. We think positive and positive can become true for us

Be a good communicator instead of comparing yourself- By Dr Kavitha Kukunoor: With proper communication we can improve relationships and overcome many misunderstandings.

Positive attitude - By Dr Shweta Singh: The attitude you carry with yourself makes a difference and characterizes you as a person. It is always your choice to be at peace or to be in stress. Stop trying to be someone you are not. Be unique, be special and be positive. Optimism is not just a mind-set, it is behaviour.

Tips for spiritual Well-being - By Dr Jawahar Shah : When you venture into spirituality, it gives you a lot of power and responsibilities simultaneously. The Dhakkan Concept (lid concept)- if we have kept the filtered water in a pot- we cover it with a lid so that impurities do not enter. Whenever we want to add fresh



APHORISMS 210 - 230 "DISEASES OF MENTAL AND EMOTIONAL LEVELS". Following these

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Positive affirmations - By Dr Kavitha Kukunoor: Our subconscious mind stimulates when we do self-talk that

**Blessings from
Sri Sri Sri Chinna Jeeyar Swamy**


Let us do selfless service, be open minded & accept the truth. Our activities should benefit human mankind and help persevere human qualities.

Evidence based alternative medical systems like Homeopathy, Reiki, Ayurveda, Pranic Healing etc that have tremendous health benefits along with their limitations. Strive to understand them and unleash their efficacy for the benefit of humankind.

Think properly, Think thoroughly in the right way, accept the truth & implement the good.

Please click the link below to enjoy the recording
<https://youtu.be/ssMgcrFfH8>

For more information, Visit website:
<https://chinnajeeyar.org/>



Jai Sri Man Narayana: Thank you so much Sri Sri Sri Chinna Jeeyar Swamy Garu, Sri Sri Sri Ahobila Swamy Garu, & Sri Rama Swamy Garu for all the blessings.

I feel that God has showered me & my son with blessings on our birthday (Oct 22). Tons of thanks to both Swamis for your precious time on the call, which I will treasure throughout my life.

My humble Pranamam & Namaskarams at your blessed feet!

**Inspirational messages from KHA
Homeopathy Study Group**

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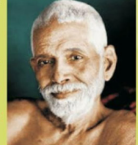
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Prof. Regina Rianelli - Love & Music

as God fills our heart with peace & Dr Nikhil speaks about self-improvement & non attachment.

Click the link below to enjoy the recording
<https://youtu.be/Oy25DkRfJbw>

The more you are close to God, the more God is close to you
~ Ramana Maharshi




11. Good Karma: I believe Our lives revolve around good & bad karma. Current life is the result of our past Karma & what we do in this life will carry over to the next life. All the good Karma we did in the past brings us good luck and if someone does bad to us, they earn bad Karma. It is as simple as elementary mathematics. What people say about you is a manifestation of their own thoughts. It says more about them than about you. Learn not to take it personally. Be good to others and good comes to you – this is an irrefutable Law of Nature.

12. Healthy Relationships and Good Friends are important: Saying "Old is gold". Please don't lose or replace your old good friends. Friendship is a priceless treasure. Draw a line to maintain Healthy Friendships: In this world the most precious thing is having a good unconditional friendship. My friend Debby and I always

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maintained a healthy unconditional relationship that is why it lasting as sweet memories. Selfless love is unconditional but when a person gets attached it becomes conditional love. Currently relationships are very fragile. There is less compatibility between people and there are lot more expectations. Getting hurt, getting misunderstood and losing precious relationships has become the norm.



Enjoy our video with Debby
<https://youtu.be/hTQ-5CpZKu0>

Enjoy the video With Prof Regina & Dr Shweta Singh:
<https://youtu.be/AY2l1JYalI>

13. Attitude is everything: Change your attitude you will change your life by Jeff Keller: *Be a person and the world*

has positive affirmations. Through the Law of Attraction, our positive

thoughts are attracted positive life experiences. What we think becomes true. We think positive and positive can become true for us

Be a good communicator instead of comparing yourself- By Dr Kavitha Kukunoor: With proper communication we can improve relationships and overcome many misunderstandings.

Positive attitude - By Dr Shweta Singh: The attitude you carry with yourself makes a difference and characterizes you as a person. It is always your choice to be at peace or to be in stress. Stop trying to be someone you are not. Be unique, be special and be positive. Optimism is not just a mind-set, it is behaviour.

Tips for spiritual Well-being - By Dr Jawahar Shah : When you venture into spirituality, it gives you a lot of power and responsibilities simultaneously. The Dhakkan Concept (lid concept)- if we have kept the filtered water in a pot- we cover it with a lid so that impurities do not enter. Whenever we want to add fresh

water, we open the lid and start adding pure water. In a similar manner when someone tries to put unnecessary negative thoughts and emotions, one must close the lid so as to allow only nice, positive, affirmative thoughts to come in. Spirituality is knowing oneself - By Dr K. Ganapathy: "Spirituality" in its simplest form is knowing oneself. It is an erroneous belief that to attain spirituality, one has to renounce all material comforts and go to the Himalayas. Spirituality has nothing to do with the environment one lives in. It is all about the atmosphere we

create within ourselves. I and I alone are responsible for my state of mind.

A Man made up of the earth will go to the Earth only- By Dr Krutik Shah

When a person takes birth on the earth; the first cloth he wears has no pocket into it and the last cloth he wears has no pocket into it too!

The higher purpose of our existence or work should be something immaterial, something divine and it should help future generations.

These are just few drops forming a big ocean of knowledge and spirituality. Reading every word from this book will lead you towards peace and harmony throughout your life.

Glimpses of the book:

This book comprises blessings from Sri Sri Sri Chinna Jeeyar Swamy, Sri Sri Sri Ahobila Swamy, Sri Rama Swamy, Sri Kanduri Raja Gopala Charyulu, Sri Lakshmi Narayana Sharma and Sri Athmanada Swamy.

Introduction has been given by Dr Vatsala Sperling.

There are 49 inspirational messages by Dr Kavitha Kukunoor. You must read them without any break, as they are going to empower your soul.

This book is embedded with beautiful messages and life secrets of some of the greatest personalities like:

Dr Shweta Singh on "Positive Attitude"

Dr Jawahar Shah on "Tips for Spiritual Well-Being" Dr K. Ganapathy on "Spirituality is Knowing Oneself"

Dr Ajit Kulkarni on "The Healing Within and Knowing True Self"

Dr Professor Srinivasulu Gadugu on "Sarve Jana Sukhino Bhavantu"

This book delivers 20 soul-filled inspirational messages from members of the KHA Homeopathy study group pro bono.

It also offers ten words of wisdom by some of the legends of homeopathy.

Holly Manoogian on "write thank you note"

Dr S Praveen Kumar on "your day as your life"

Dr Balram on Holi considered life as full of colours

Dr. Lakshyata and professor Regina on "be more than your moods"

Gabriel Traub on "decompress before you go home"

Dr Sujata Owens on "love your work"

Dr Girish Gupta on "develop your talent"

Dr Pawan Pareek on "take more risks"

Dr Lallan Yadav on "be a better"

Eleven inspirational messages from Dr Kavitha's friends

Eight good wishes and blessings from Kavitha's family along with a small photo gallery.

In January 2022, KHA launched our e-book "A Dose of Spirituality with Kavitha" in the presence of our honourable KHA speakers, American Institute of Homeopathy (AIH) President Dr Alex Bekker, and Council for Homeopathy, CHC

President, Dr Sheetal Tiwari during a KHA webinar.

In celebration of the KHA 2nd annual ceremony, KHA was greatly privileged to have, guest-of-honour, Dr Jawahar Shah, Chairman of Enlightenment Education, launch both the audio and hard copy book formats.

This beautiful book will warm your heart. Kavitha Kukunoor offers

49 simple, yet profound inspirational messages to enriched the reader's life. However, these are far more than just messages of inspiration, they are the golden rules to living a spiritually fulfilling life. If everyone followed the guidelines in this book, I believe that the world would be a better place. Thank you, Kavitha, for

sharing your knowledge, wisdom and experience in a concise, easy to read format. I plan on reading this book on a regular basis, to help remind myself about what's most important in life. Our world needs more books like this.

Gabrielle Traub, *classical homeopath and author of "Live Right For Your Remedy Types"*

The proceeds from the sale of this book will be donated to many charitable organizations around the globe.

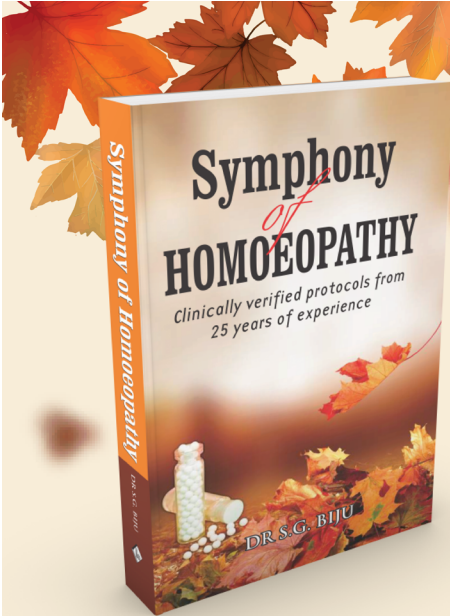
Enjoy the book launch recording by clicking here : <https://youtu.be/ny97boHpL-8>

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