

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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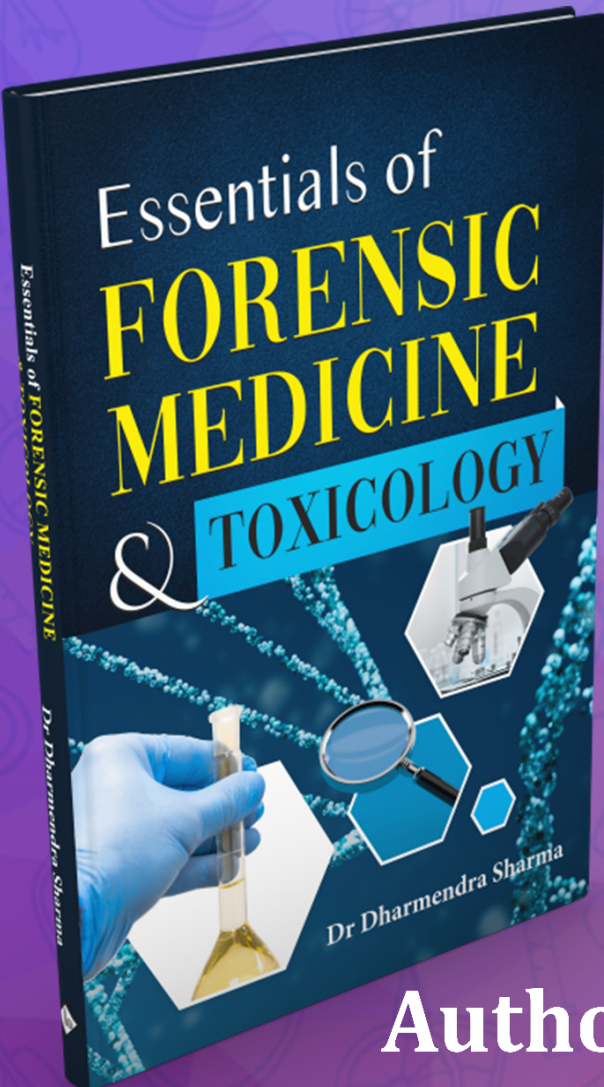


## Pain palliation with Homoeopathy

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By Dr Sunil Anand

Every person's healthcare could be described as a journey. A healthy person becomes a trendsetter and sets a benchmark for others they come in contact with. From one person, to several, to a community, to a nation and finally to global frontiers.

In that sense, every nation's healthcare could be depicted as a journey too. Happiness quotient and healthy living are intertwined. Concerning about the very environment that sustains is an idea that was triggered by a few people which has become the need of the hour today.

It's about creating a ripple effect. This book carries the same intent. Even though it is primarily based on the tenets of the science of homeopathy, it is not aimed to be a document limited to health, disease and their remedial solutions only. It refers to a healthy attitude in all walks of life. A medically fit individual may not necessarily be considered well in a holistic sense of the word. One needs to change the paradigm of 'health'.

This applies to parenting, relationships, lifestyles and even corporations. Such applications will also be touched about in latter chapters of this book. But let's set the grounding principles that precede such amalgamations.

In the words of French-born American microbiologist, Rene Dubos, (February 20, 1901–February

20, 1982): "Whatever its

precipitating cause and its manifestations, almost every disease involves both body and mind, and these two aspects are so interrelated that they cannot be separated from the other".

This forms the basis of a deep homoeopathic understanding of mind and body and the reasons behind needing to note the correlation between the two. Every patient has to be understood as a unique human being, and the emphasis from illness-centred medicinal approach needs to be shifted to one that is more holistic and patient centered instead. A mind that is in conflict is more easily susceptible to diseases. The mind comprises two components: the objective and the subjective. For the mind to be harmonious, both components need to be in sync with one another.

Homoeopathy involves both mind and body correlation, it is but natural for such a physician to be empathetic to one's suffering. At the end of the session, every patient feels heard and cared for. Hence, such a method of dealing with patients should be made a mandatory part of medical instruction in all disciplines and not just in homeopathy. Modern medicine may be able to avert a crisis, but for long-term wellness, it is time that consumers seek out modalities that help boost their innate immune system.

There are some basic parameters or methods that are invariably used very often while working on

cases and coming to a reasonable solution/simillimum. This book is a compilation of some of these methods along with appropriate cases to support the same.

Group study is a very helpful method to understand the lesser-known remedies represented through one or two remedies that one may be more familiar with. For instance, if a case presents with an obsession to perform and be the best in his profession while she has to meet heavy responsibility that is expected from him, one gets the feeling of a heavy precious metal from the sixth line in the periodic table also known as the gold series, and the most familiar remedy in that line is *Aurum metallicum* or gold itself. But what is also striking besides these aspects in this same patient is the foul temperament, which makes him overtly critical and offensive toward others. To make it more precise, he even had offensive secretion and a feeling of not being appreciated enough by those around him. All these indicate to the remedy *Osmium*, an offensive-smelling heavy metal from the gold series.

In the subsequent article, an in-more depth is being shared that how this innovative journey was initiated in my learning process as a homoeopath and a teacher.

Until next time!

Aude sapere

Dr Sunil Anand

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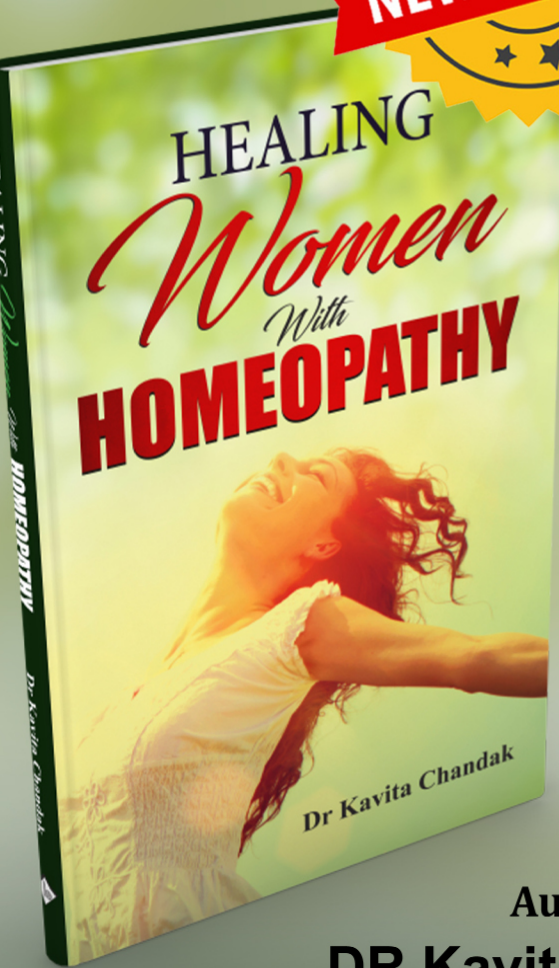
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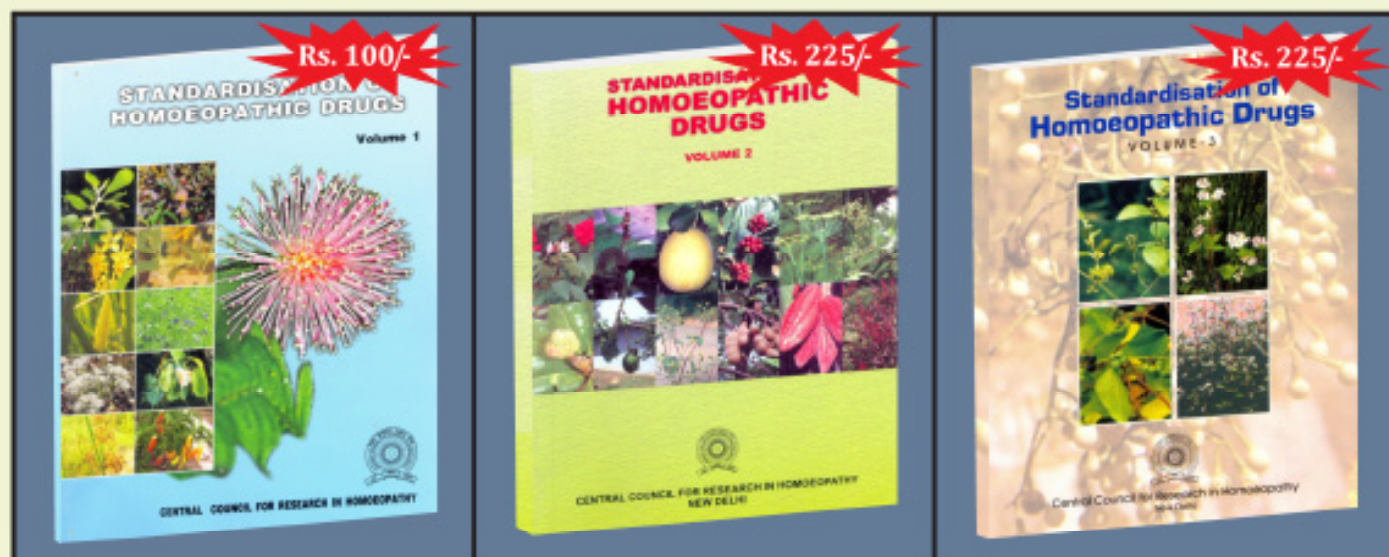
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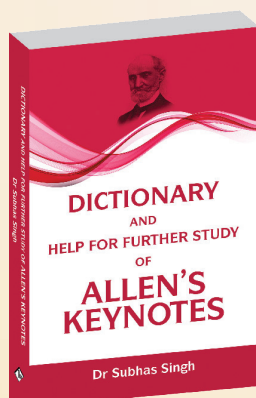
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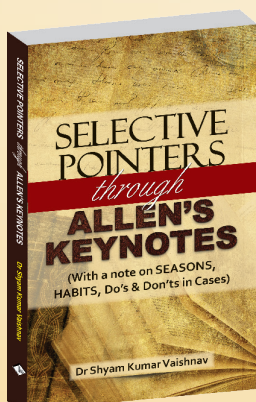
## DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



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- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
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- Arrangement of relationship in different headings.

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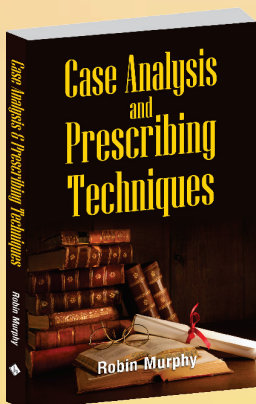
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



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- 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.

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## 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 analyzed 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.

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Dear Readers,

Pain is a common companion of people receiving palliative care for any disease they are suffering from. There was a time when medical practices were mainly focused on to alleviate the disease symptoms or pain of the patients. When the patient becomes sick, or gets injured or infected, the affected body part or whole body suffers from pain or a feeling of discomfort. When this pain becomes unbearable, it is natural for a person to seek comfort in some or the other way.

Pain is one of nature's earliest signs of morbidity, and stands pre-eminent among all the sensory experiences by which humans judge the existence of disease within themselves. Pain is mainly a protective mechanism for the body, it occurs whenever any tissue is being damaged, and it causes the individual to react to remove the pain stimulus. Pain management is a challenging task and requires a holistic approach which can only be covered by homoeopathic remedies. The purpose of this issue is to enlighten the scope and future perspective of homoeopathy in pain palliative care and at the end of life. The prevalence of acute and chronic pain and the profound psychological and physical burdens engendered by this symptom oblige all treating physician to be skilled in pain management. A physician must be prepared to diagnose the disease in patients who have felt only the first rumbling of discomfort before other symptoms and signs have appeared. To deal intelligently with pain problems, the physician requires familiarity with the anatomy of sensory pathways and the sensory supply of the body segments, insight into the psychological factors that influence behaviour and a knowledge of medical and psychiatric diseases. When faced with incurable disease, the physician thinks to administer palliative

medicines (antipathy) in an effort to alleviate the suffering and to attempt to hide from the patient and from the family the real seriousness of the situation. Homoeopathy may prove to be a valuable treatment in palliative care to provide relief and comfort to the sufferer or the dying patient, and therefore the fear of death may reduce, even the family may be better prepared for the bereavement.

## A Quick Word on Issue Content:

This issue of "The Homoeopathic Heritage" is an attempt to discuss the pain palliation with homoeopathy through different evidence-based case studies and research papers.

The peer reviewed articles of this issue include individualised homoeopathic treatment in surgical cases! An evidence-based case report of appendicitis by Dr Tamara Afroza, Dr Biswajit Bera, Dr Umesh Kumar, individualised homoeopathic treatment in a case of PCOS - an evidence-based case report by Dr Debanjan Chowdhury, Dr Tamara Afroza, Dr Sadia Kamal, evidence-based case report presentation on gluten sensitive enteropathy with high tTg antibody and high IgE level by Dr Jyoti Verma, Dr Sourav Koley, Dr Ashok pandit, Dr Aryabrata, homoeopathic palliation in incurable diseases: a gentle palliative care by Jaimin R. Chotaliya, a study to assess the effectiveness of causative rubrics in treating acute rhinitis using Repertory of causation by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis by Dr Uma Maheswari MS, Dr Arun Varghese. The clinical case studies include eczema treated by homoeopathic medicine, Kalium arsenicosum: a case report by Dr Sonia Tuteja, an individualistic homoeopathic approach in a case of wart (verruca vulgaris) on scalp - a case report by Dr Debanjan Chowdhury, Dr Torsa Das, Dr Sayantan Bhowmick, a case study of allergic rhinitis by Dr Yogeshwari Gupta, Dr Stuti Rastogi, Dr Preeti Srivastav, utility of homoeopathy in

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Pain is one of the experiences from which human life has ever strives to free itself. Pain, in itself, is a part of symptom, but for the physician, he must take in to consideration the location, the kind of pain-whether steady or intermittent

and if intermittent, whether at regular interval or up on motion, or is it dull, cutting, blunt, sharp, pressing or cramping, the time and circumstances of aggravation and amelioration, the reaction to thermic condition, and all the concomitant symptom that can be found. When the symptom of the pain itself is complete with the location, type, aggravation and amelioration and concomitant the picture is almost complete and one has a sound basis

for the selection of a remedy which will relieve the pain promptly, and the patient will become more comfortable and happy, in general, than with any narcotics.

We hope this issue will help the fellow homoeopaths to understand the pain palliation 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](http://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.

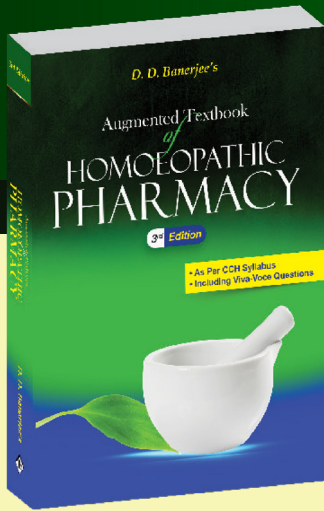
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- In the appendix, a few important short questions with answers have been added.

## Pain palliation in homoeopathy

### Introduction

Pain is a normal feature of the human experience. The association of pain with mankind is from birth to death. It remains a constant companion and helps us realize the existence from a very basic point. Pain is the leading reason for patients seeking medical care and is one of the most disabling, burdensome, and costly conditions. Each individual's experience of pain and its expression is a product of the sensory experience, the person's personal background, the interpersonal context, and the meaning it has for the individual. The perception of pain depends on many aspects of the patient and its expression varies from the most silent to the most violent forms. Pain is not only a sensation, but also "as an experience embedded in beliefs about causes and diseases and their consequences", and suffering as "the state of severe distress associated with events that threaten the intactness of person". Both pain and suffering are considered to have physical and psychological dimensions, and in this sense, it is true that Cassell avoids the classical association between pain and body, suffering and mind.

Pain has not been at the centre of medical interest for the whole history of medicine. Of course, pain, like suffering, has always concerned medicine, but treating diseases in the search for healing and accumulating the necessary knowledge and expertise to do so more effectively in the future may be a better definition of the general goal of medicine in all times. The Hippocratic moral maxim of "*primum non nocere*" has frequently been interpreted in this sense. In fact, the idea that greater pain can erase lesser pain is also of Hippocratic origin. This principle formed the base of homoeopathic treatment.

Yet every treatment procedure is founded with the objective of minimising and eradicating pain. As a system of medicine, homoeopathy also has similar objective to relieve the patient permanently. Physician's high and only mission is to restore the sick to health. *Organon of Medicine* lays down the objective of treatment and emphasises upon the manner in which the health should be restored. Relief from the disease or the pain associated with the disease is of prime concern and needs to be assessed individually.

Pain and suffering cannot be treated exclusively in naturalistic, scientific terms, at least under a certain view of what science is. Medicine became a science at the end of the eighteenth century with the emergence of clinical, evidence-based medicine. In the context of such medicine, suffering and pain were dissociated from the context of a theodicy and to be treated scientifically. Medicine started to be systematically organised in clinical environment, where patients could be observed and the symptoms and diseases compared and described as neutrally as possible.

### Managing pain with homoeopathy

Pain management has been called "the leading edge" of homoeopathy. Homoeopathy is often overlooked as a modality for pain management. However, it deserves to be a first-line treatment due to its safety and effectiveness. A well-known principle of homoeopathy is that the medicine must be individualised to the patient. Individualisation helps to find out a homoeopathic medicine for the patient, which will eventually improve the pain condition of man.

### Importance of palliative approach in homoeopathy

The word palliation generally means easing the severity of pain or disease without removing the cause, it can be defined as temporary relief of symptoms without doing anything for the cure. In palliation the most annoying symptoms are relieved, the disease persists in its own place. The term palliation comes from a Latin word that means "to hide or disguise". Palliation "hides" the symptoms.

For example: the pain of a twisted ankle can be temporarily relieved by an analgesic; sluggish bowels can be temporarily stimulated by senna, fruit, or some other laxative; eczema can be relieved by cortisone; and, chronically cold feet may be warmed with a bowl of warm water.

Palliative measures such as these offer a 'quick fix' but symptoms return once treatment is stopped or the medicine wears off.

Homoeopathy as a scientific system of therapeutics has always stressed upon the permanent cure of the patients as laid down in the *Organon of Medicine*. The science of homoeopathy envisages on the principle of similia which can be executed by administration of medicine which is 'similar' to the disease condition of the individual. The individualistic nature of the homoeopathic medicine calls for treatment of the man in disease.

However, certain conditions wherein the organic damage as attained the irreversible proportion, and the law of similars cannot deliver a permanent cure, or cases of acute emergency where time and vitality of the patient doesn't permit action of a similar homoeopathic medicine, such cases call for the palliative approach in homoeopathy. Stalwarts of homoeopathy have justified the palliative approach in

relevant cases. Dr J.T. Kent says, "the physician who applies the single remedy in potentised form under the law of cure for any length of time will easily be convinced that there is no other way of palliation that holds out permanent hope for the patient." H.A. Roberts says, "the basis of cure is the fundamental law of similia. The law of similia is the fundamental law also in the palliation of incurable states".

Hahnemann also allows the application of antipathic measures, according to the footnote to aphorism 67, the antipathic palliative measures like gentle electrical shocks, strong coffee, and application of heat can be given to stimulate the irritability and sensitivity of the vital force.

### Negative impact of palliation

Palliation is the stronghold of the antipathic system of medicine and

it has been nurtured because of the human tendency to seek comfort and control in every condition of pain without realising the negative impact of the repeated palliation. Chronic diseases which otherwise can be cured are palliated over and over again until the case finally does become incurable.

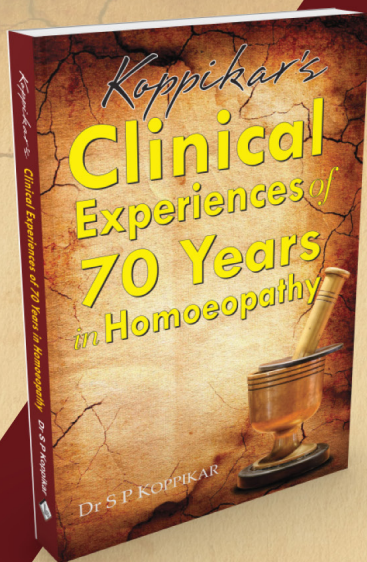
Incurable cases have paucity of symptoms which stand fortified in the light of aphorism 14, "all curable diseases reveal themselves to the intelligent homeopath in signs and symptoms." Pathological conditions are incurable when there are no signs and symptoms on which to base a cure. As the pathology progresses, the symptoms of the patient decrease, because the vitality of the patient becomes so weak that it cannot react strongly. In other words, a patient with weak vitality will not manifest many symptoms thus calling for a palliative approach

to treatment.

Thus, one can see that palliation of pain is art of allopathic system of medicine and this is the reason that in spite of the side effects, this therapeutic measure stands tall. On the other hand, homoeopathic system of medicine needs to take the palliative route in some special cases where cure is not possible, or in cases of such emergencies where we need to revive the vital force first before it can be administered a homoeopathically chosen medicine which can restore the patient to his health.

### About the author

1. **Dr Amit**, Head of Department, Repertory, R.B.T.S. Govt. Homoeopathic Medical College & Hospital, Muzaffarpur



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# Individualised homeopathic treatment in surgical cases!

## An evidence-based case report of appendicitis

By Dr Tamara Afroza, Dr Biswajit Bera, Dr Umesh Kumar

**ABSTRACT:** A 23years old girl having diagnosed with appendicitis in USG came for homeopathic treatment with the hope to avoid surgical intervention. After full case taking, case analysis and proper individualisation single homeopathic medicine was prescribed. After four months of treatment, the patient not only got relief of her presenting symptoms but also a positive USG report gave result of no inflammation of appendix. This article gives a clinically useful review of a case with evidence about how an individualised homeopathic medicine treated appendicitis successfully. This case makes the confidence level high for a homoeopath which gives an idea about why and how one should apply and can do homoeopathic treatment instead of doing surgery. This article is intended to make readers aware of current thinking in this field.

**Abbreviations:** Right(rt), history of (H/O), ultrasonography (USG), once daily (OD), right lower quadrant (RLQ), magnetic resonance imaging (MRI), computed tomography (CT), C-reactive protein (CRP), white blood cells count (WBC)

### Introduction:<sup>[1-3]</sup>

Appendicitis is the inflammation of the vermiform appendix which typically presents acutely, within 24 hours of onset, but can also present as a more chronic condition. Classically, appendicitis initially presents with generalised or periumbilical abdominal pain that later localises to the right lower quadrant.<sup>[1]</sup> The appendix develops embryonically in the fifth week. During this time, there is a rotation of the midgut to the external umbilical cord with the eventual return to the abdomen and rotation of the cecum. This results in the usual retrocecal location of the appendix.<sup>[2]</sup> The exact function of the appendix has been a debated topic. Today, it is accepted that this organ may have an immuno-protective function and acts as a lymphoid organ, especially in the younger person. Other theories contend that the appendix acts as a storage vessel for “good” colonic bacteria. Still, others argue that it is a mere developmental remnant and has no real function.<sup>[3]</sup> In this particular case, the girl presented her clinical symptoms of pain on rt iliac region with severe tenderness

at McBurney’s point, weakness and nausea was there with H/O occasional occurrence of pyrexia.

### Patient’s information:

- A 23 years old girl, fair complexion, moderately built.

### Case history:-

Patient was presented with pain abdomen around rt iliac region for 15 days.

She suffered from repeated pyrexia with nausea and McBurney’s point tenderness.

Malaise and weakness of her complaints comes mainly at night and after sleep.

- She was passing hard stool 2-3 days interval.
- Hot flashes from occipital region at night in sleep.

From narration of her parents the girl is very talkative, sentimental with jealous mentality.

### Clinical findings:

- The girl was restless and irritable

while examining, was not allowing the physician to touch the abdomen.

- She was very loquacious while taking the case.
- She was giving reply to physician’s query when asked in the way of blaming the luck with disappointment for the complaints.

The girl was taking name of God constantly and likes to worship in regular basis.

### Timeline:

Medication, advise and follow up of the case done for 5 months till all presenting complaints disappeared.

### Diagnostic assessment:-

### How appendicitis is diagnosed?<sup>[1,3]</sup>

The emergency department physician must refrain from giving the patient any pain medication until the surgeon has seen the patient. The analgesics can mask the peritoneal signs and lead to a delay in diagnosis or even a ruptured appendix.

(1) This disorder is usually diagnosed by history of recurrent episodes of right-lower-quadrant or epigastric pain, suggesting McBurney's sign and Aaron's sign positive.<sup>[1]</sup>

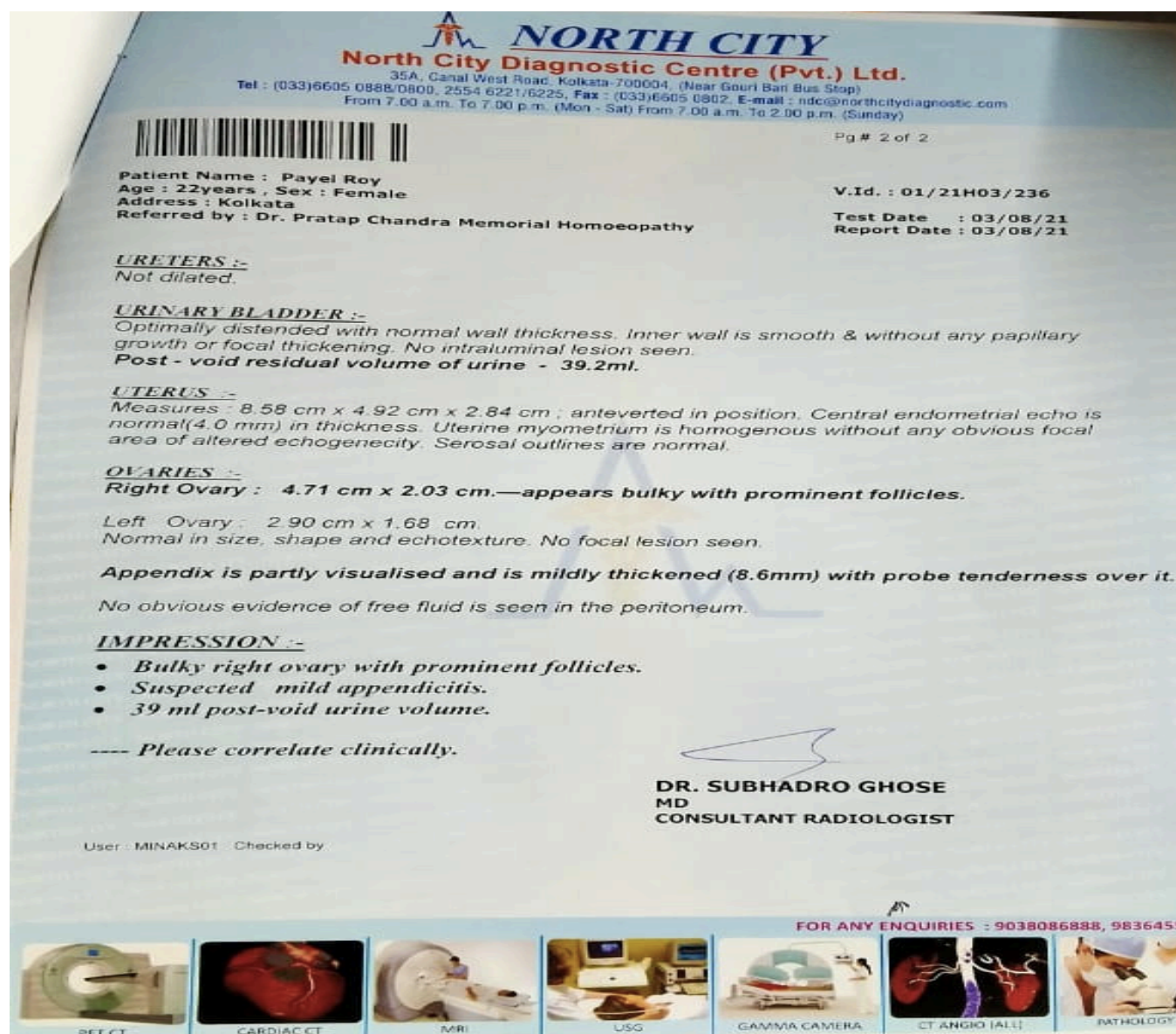
(2) Appendicitis is traditionally a clinical diagnosis. The three primary methods used to diagnose appendicitis Laboratory testing, imaging techniques like dominal CT scan, ultrasonography, and even MRI. Today, ultrasonography

is the method most often used to detect appendicitis. Occasionally, appendicitis is diagnosed with plain x-rays.<sup>[3]</sup>

3) Laboratory measurements, including total leucocyte count, neutrophil percentage, and C-reactive protein (CRP) concentration, are usually done with diagnostic steps in patients with suspected acute appendicitis. Elevated white blood

cells count (WBC) with or without a left shift or bandemia is classically present, but up to one-third of patients with acute appendicitis will present with a normal WBC count. There are usually ketones found in the urine, and the C-reactive protein may be elevated. A combination of normal WBC and CRP results has a specificity of 98% for the exclusion of acute appendicitis.<sup>[3]</sup>

### Pathological test:-



uSG of whole abdomen- appendicitis (Fig.1)

# CASE STUDY

## Analysis and evaluation of symptoms

Mental generals	Physical generals	Particulars
1. Preferred company. 2. Talking in sleep. 3. Fear of dark or shadows. 4. Loquacious. 5. Suspicious. 6. Religious. 7. Jealousy	1. Hot patient. 2. Craving for meat. 3. Aggravation at night and after sleep.	1. Stools - hard. 2. Hot flashes from vertex of head.

### Totality of symptoms:

1. Preferred company.
2. Fear of dark.
3. Talking in sleep.
4. Religious.
5. Hot patient.
6. Loquacious.

7. Jealousy.

8. Suspicious
9. Craving for meat.
10. Stools - hard.

### Miasmatic analysis: <sup>[4]</sup>

The mental and physical characteristic symptoms are showing psoric dominancy so the

case points towards psoric miasm. <sup>[4]</sup>

### Repertorisation( Homopath Zomeo) <sup>[5]</sup>

As the case was presented with prominent mental and physical general symptoms, *Kent's repertory* was selected for repertorisation with the help of Homopath Zomeo.<sup>[5]</sup>

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

Remedy Name	Puls	Lyc	Lach	Sulph	Hyos	Nux-v	Phos	Stram	Ars	Calc	Verat	Caust
Totality	18	17	17	16	16	15	15	14	13	13	13	12
Symptoms Covered	8	7	6	7	6	8	7	6	7	7	6	8
Kindom												
[Kent] [Mind]Company:Desire for: (58)	2	3			3	2	3	2	3	2	1	1
[Kent] [Mind]Fear (see anxiety):Dark: (22)	2	2					2	3		2		2
[Kent] [Mind]Talking:Sleep,in: (63)	2	1		2	2	2	1		1	1		1
[Kent] [Mind]Loquacity (see speech): (96)			3	1	3	1	2	3	1	1	2	1
[Kent] [Mind]Religious affections (see anxiety,despair,fear: (53)	2	2	3	3	3	1		2	2	2	3	1
[Kent] [Mind]Jealousy: (18)	2		3		3	2		1				
[Kent] [Mind]Suspicious: (75)	3	3	3	3	2	2	2	3	3		2	3
[Kent] [Generalities]Heat:Sensation of: (86)	3	3	2	3		2	2		1	2	2	1
[Kent] [Stomach]Desires:Meat: (20)				1								
[Kent] [Stool]Hard: (164)	2	3	3	3		3	3		2	3	3	2

(Fig.2)

**Therapeutic intervention:-**<sup>[6-8]</sup>**Prescription:-****First prescription(15/08/2021)**1)*Lachesis mutus* 200/

one dose

2)*Saccharum lactis* 30

OD for next one month.

Patient was advised to avoid spicy, fatty foods and visit the physician once in every month for follow up.

Second prescription(11/09/2021)

1)*Lachesis mutus* 30

Two doses x OD for 2days

2) *Saccharum lactis* 30OD for next one**Follow up and outcomes:**

month.

Patient was advised to avoid spicy, fatty foods and visit the physician once in every month for follow up.

**Selection of remedy**<sup>[4,5,6]</sup>

The selection of the simillimum involves its administration singly and without admixture of any other medicinal substance so single remedy was given.<sup>[4,6]</sup>

After full analysis of the case, physician's observation, symptoms similarity, especially considering mental general symptoms as well as consultation with repertory LACHESIS MUTUS was the most indicating remedy.<sup>[5]</sup>

**Selection of dose, potency and repetition of doses**<sup>[6-9]</sup>

There are five considerations that influence in the choice of the dose:

- the susceptibility of the patient;
- the seat of the disease;
- the nature and intensity of the disease;
- the stage and duration of the disease;
- the previous treatment of the disease.<sup>[6,7]</sup>

So, by considering these points and mental general symptoms for the particular case, a single dose of two hundred potency was selected. <sup>[8]</sup> Repetition of the remedy was done on the basis of guidelines of our master Hahnemann and clinical experience of the prescriber by considering return of the same complaints and it's intensity.<sup>[4,9]</sup>

Date	Symptoms	Prescription
15/8/2021	Chief complaints	<i>Lachesis mutus</i> 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) <sup>[5]</sup> (Fig.2)
11/09/2021	Improved	<i>Saccharum lactis</i> 30for next 1 month
11/09/2021	Complaint returned with same intensity of pain but no nausea or pyrexia was presented this time.  No new complaints reported.	<i>Lachesis mutus</i> 200  Two doses (prescription done as if the most simillimum antipsoric remedy by considering the patients physical general, mental general symptoms as well as consulting the repertory) . <sup>[5]</sup> (Fig.2)
30/11/2021	Appendicitis disappeared	<i>Saccharum lactis</i> 30for next 1 month
28/12/2021	Patient's health improved without having any symptoms of appendicitis.	<i>Saccharum lactis</i> 30for next 1 month
30/01/2022	No previous complaints with further improvement of the patient.	No medicine gave but advise gave to visit hospital immediately in case complaint returns.

# CASE STUDY

## Treatment outcome:-

GOVERNMENT OF WEST BENGAL  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
Medical College and Hospital, Kolkata  
88, College Street, Kolkata-700073  
(PH:0)

QR Code: [QR Code]

Barcode: [Barcode]

★ 2 1 0 0 5 6 1 4 0 2 ★

Patient Name	PAYEL RAY	Reg No	MCHK/RG2100561402	Serial No	MCHK/OR2100465602
Gender	Female	Age	23 Year 0 Month 0 Days	OPD	GENERAL SURGERY OPD

TEST DETAILS	REMARKS	Test To Be Done On
USG OF WHOLE ABDOMEN AND KUBP		09/11/2021
USG of Pelvis		09/11/2021
<p>Liver —</p> <p>GB —</p> <p>CBD —</p> <p>PV —</p> <p>pancreas —</p> <p>Spleen —</p> <p>RK —</p> <p>LK —</p> <p>UB —</p> <p>UT —</p> <p>Ro — Bulky in size (1.1x2.2)cm</p> <p>Lo — (N) size</p> <p>POD — collection +</p> <p>RFF — (N)</p>	<p>NAD</p>	

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USG(whole abdomen) report:-  
Normal study with no appendicitis was found now.(Fig3)

After three months of homoeopathic treatment, USG of whole abdomen was done with following follow up result.

Patient's physical state:-

1)No abdominal complaints till now since the treatment started.

2)No attack of pyrexia or nausea till now.

3)The girl was passing stool almost regularly.

4)Appetite, thirst, sleep and all other generalities now had no imbalance.

5)USG(whole abdomen) report:-  
normal study with no appendicitis was found now.(Fig3)

## Conclusion: [4,5]

To conclude, this was a 23-year-old female who presented with RLQ pain and was diagnosed with acute appendicitis. Therapeutic intervention was given instead of surgery. This case raises awareness of a surgical case of appendicitis where the pain was localised to the rt iliac region. In the above described case, it is very clear that

individualised simillimum remedy can give quick recovery. We know that smaller the dose of a truly indicated medicine, the better as it produces a gentle remedial effect<sup>[4]</sup> After full analysis of the case, physician's observation, symptoms similarity especially considering mental general symptoms as well as consultation with repertory LACHESIS MUTUS was the most indicating remedy,<sup>[5]</sup> Then the follow up of the case with the same medicine was given for further improvement of the symptoms, where first prescription gave palliative relief of the complaints followed by second prescription gave outstanding result of recovery from the presenting complaints with no inflammation of appendicitis in USG. Even after five months later of the prescription of LACHESIS MUTUS, the patient gave no afterward complaints till date.

### Why individualisation is the option of choice?

For selection of the homoeopathic remedy through individualization, It is described in §153 of organon, totality of symptoms should be 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.<sup>[8]</sup>

### Remarks:<sup>[6-10]</sup>

The homoeopathic dose, therefore, is always a sub-physiological or sub-pathogenetic dose;<sup>[6]</sup> that is, a dose so small as not to produce pathogenetic symptoms; for we desire, not to produce more symptoms, but only to remove and obliterate symptoms already existing.<sup>[7]</sup> It must also be given in a dose so small, as not to produce a severe aggravation of the already existing symptoms.<sup>[8]</sup> 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.<sup>[9,10]</sup>

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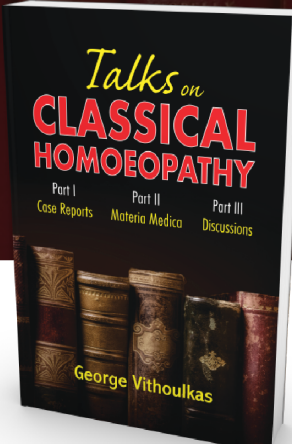
### About the authors

**1. Dr Tamara Afroza, MD, Hom.** (Part-II pursuing) in Practice of Medicine from The Calcutta Homoeopathic Medical College and Hospital. B.H.M.S (Honours) from D.N.DE Homoeopathic Medical College and Hospital. Kolkata, WB.

**1. Dr Biswajit Bera, MD (Hom)** in Practice of Medicine from The Calcutta Homoeopathic Medical College and Hospital. B.H.M.S (Honours) from The Calcutta Homoeopathic Medical College and Hospital. Kolkata, WB.

**1. Dr Umesh Kumar, H M O , S H D : T u l s i p u r** Shrawasti, Govt of Uttar Pradesh, MD(Hom) Part-II in organon of medicine from National Institute Of Homoeopathy(NIH), B.H.M.S from NIH, Kolkata, WB.





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# Acne vulgaris: cutaneous as well as psychological scars in adolescents

By Dr Monika Yadav, Dr Tahura Ahmad

**ABSTRACT:** Acne vulgaris is a common skin disease affecting mostly adolescents. It is associated with depression, low self esteem, anxiety and social phobia and in extreme cases suicidal ideation in patients suffering from severe acne vulgaris. Invisible psychological scars (both subjective and objective) can be left by acne vulgaris in adolescents.

It is essential to detect and treat these psychological issues because of the frequency of depressive symptoms and suicidal ideations. Homoeopathy provides early and effective treatment that improves both physical and psychological effects of the disease.

**Keywords:** acne vulgaris, adolescent, self –esteem, depression, quality of life, suicidal ideation, homoeopathy

**Abbreviations:** RSES -Rosenberg self-esteem scale, DLQI-dermatology life quality index, AV–acne vulgaris

## Introduction

Appearance is important in our society and influences the way in which we are perceived by others. The skin is the most visible organ of the body and determines, to a large extent, our appearance, with a wide function in social and sexual communication. Skin diseases have had a negative impact on human beings, both in acceptance of their own image and in quality of life.

Acne vulgaris is a dermatological genetic-hormonal illness, self-limited, in pilosebaceous locations, with formation of comedones, papules and cysts in which evolution to a greater inflammatory process is added, leading to formation of pustules and abscesses, with frequent cicatricial success, causing great psychological impact in patients affected by this disease.

Acne vulgaris lesions predominate in exposed areas such as face and thorax, which leads to feelings of guilt, shame and social isolation. Facial appearance has an important role in self-perception, as well as in the interaction with others; face lesions cause a significant impact in women's quality of life. *In the long*

*run acne may cause cutaneous as well as psychological scars.<sup>(1)</sup>*

## Aetiology

Although the exact cause of acne is unknown, following factors are associated with acne vulgaris- Increased sebum production (due to increased end organ sensitivity to androgen) Follicular epidermal hyperproliferation Increased microbial colonisation (especially *Propionibacterium acnes*) Release of inflammatory mediators (especially cytokines)<sup>(2)</sup> Use of medications like lithium, steroids, and anticonvulsants Exposure to excess sunlight Use of occlusive wear like shoulder pads, headbands, backpacks, and underwire brassieres Endocrine disorders like polycystic ovarian syndrome and even pregnancy Genetic factors affect the percentage of branched fatty acids in sebum. Heritability estimates range from 50- 90%.<sup>(3)</sup>

## Epidemiology

Age of onset of acne is 12-14 years, being earlier in females. In about 70% of subjects, the lesions subside in 3<sup>rd</sup> decade of life. Acne affects both sexes equally, but nodulo-

cystic acne is almost 10 times more frequent in males.<sup>(2)</sup>

Acne occurs in about 85-100% of adolescents, and 1-5% of adults at age 40 continue to bear acne lesions indicating that much of the population will face the potential negative impact of acne at some time in their life. It is estimated that more than 30% of outpatient acne sufferers have a major psychiatric disorder, typically depression or anxiety.<sup>(4)</sup>

Prevalence varies based on age and ethnicity, but up to 85% of adolescents and up to two-thirds of patients over the age 18 of years may be afflicted with acne.<sup>(5)</sup>

There was high prevalence of AV (89%), with predominance of the male sex, which also had higher onset of moderate to severe forms in comparison with the female sex.<sup>(1)</sup>

Urban populations are more affected than rural populations. About 20% of the affected individuals develop severe acne, which results in scarring. Asians and Africans tend to develop severe acne, but mild acne is more common in the white population.<sup>(3)</sup>

The appearance of acne tends to have a greater role in embarrassment and discomfort in women compared with men.<sup>(5)</sup>

High prevalence of inadequate behaviour, such as frequent manipulation of lesions (present in 58%), use of inadequate products and self-medication (mentioned by 87.2% of the young people who had AV oriented treatment)<sup>(1)</sup> have been seen in patients suffering from acne vulgaris.

### Pathophysiology

During puberty, under the influence of androgens, sebum secretion is increased as 5-alpha reductase converts testosterone to more potent DHT, which binds to specific receptors in the sebaceous glands increasing sebum production. This leads to an increased hyperproliferation of follicular epidermis, so there is retention of sebum. Distended follicles rupture and release pro-inflammatory chemicals into the dermis, stimulating inflammation. *C. acnes*, *Staphylococcus epidermis*, and *Malassezia furfur* induce inflammation and induce follicular epidermal proliferation.

**Factors aggravating acne include:** Food with a high glycemic number like dairy products (which also contain hormones), junk food, and chocolates which cause insulin-like growth factors that stimulate follicular epidermal hyperproliferation.

Oil-based cosmetics and facial massage.

A premenstrual flare-up in acne seems to follow edema of the pilosebaceous duct. This occurs in 70% of female patients.

Severe anxiety and anger may aggravate acne, probably by stimulating stress hormones.<sup>(3)</sup>

Psychological impact of acne vulgaris on adolescents

The majority of patients who suffer from acne vulgaris are adolescents. The adolescent stage corresponds to a life stage during which the development of core ideology related to body image, sexuality, self-image, socialisation, and vocational choices begins. The changes in hormone levels that are partially responsible for AV also lead to psychological vulnerability in this age group. Patients who develop acne earlier begin to experience lower self-esteem and impairment with relationships at an early age.<sup>(5)</sup>

Its onset in adolescence may add to the emotional and psychological challenges experienced during this period and it can lead to the developmental issues of body image, socialization, and sexuality. Psychological issues such as dissatisfaction with appearance, embarrassment, self-consciousness, lack of self-confidence, and social dysfunction such as reduced/avoidance of social interactions with peers and opposite gender, reduced employment opportunities have been documented. Acne can negatively influence the intention to participate in sports.<sup>(6)</sup>

Negative emotions such as anger can disturb the regulation of immune and endocrine function and can slow wound healing.<sup>(7)</sup>

### Bullying/ taunting

Bullying encompasses verbal aggression, physical aggression, and social exclusion. Being teased (a form of bullying) has been associated with depression, impairment of self-esteem, anxiety, and social phobia. Although the social environment that a patient encounters on a daily basis cannot be directly controlled, dermatologists can assess for the impact of bullying on patients' self-esteem. Discussing camouflage techniques may help patients feel more comfortable in public during

treatment. Patients may also need to be encouraged to adhere to treatment to see results.<sup>(5)</sup>

### Effect on self esteem

In addition to the psychological and occupational impairments, AV can have a major impact on self-esteem and self-image. Self-esteem is defined as "the reasonable or justifiable sense of one's worth or importance". The development of self-esteem and personal identity is critical in young adults. A visible and potentially disfiguring skin disease can lead to interpersonal rejection and issues with social, vocational, and sexual competence, which in turn can have a negative impact on psychosocial and sexual maturity. Low self-esteem may be associated with anxiety and depression.<sup>(5)</sup>

### Severity of acne

More severe the acne vulgaris, greater the impact on quality of life and self-esteem, because both objective and subjective severity can influence a patient's self-image.<sup>(5)</sup>

The most prevalent psychosocial issue was "fear that acne will never cease", present in 58% of cases. Issues: "fear that acne will never cease", "aversion to looking at himself in the mirror", "social inadequacy (embarrassed) by physical appearance" and "afraid of meeting people for the first time and meeting acquaintances" had greater prevalence.<sup>(1)</sup>

Behavioral signs such as poor eye contact, angry or negative verbalisation, poor self-care and personal hygiene, compulsive behaviors, or self-mutilating behaviors may also be considered a high risk. Involving patients in these discussions will lead to a better physician-patient relationship, improved medical care, and better psychological functioning for the patient.<sup>(5)</sup>

## Treatment

One of the first steps in improving acne vulgaris is seeing patients in a medical setting. Between 70% and 80% of patients used self-prescribed topical treatments, but only between 5% and 28.3% of participants had visited a dermatologist.<sup>(5)</sup>

Homoeopathic treatment is not only confined to the physical symptoms but is equally effective against the mental symptoms associated with the diseased condition.

There are some rubrics, indicating physical as well as mental symptoms of acne vulgaris-

Mind-delusion- body-ugly; body looks (*Nux v.Thuj*)

Mind-delusion -disease -incurable disease; he has an (*Arg-nit.Lach. Syp*)

Mind-delusion -doubtful-recovery, of (*Ars.Alum.Ign.Lyc.Merc.Stann.*)

Mind -confidence-want of -school; in (*Calc-p.Carc.Phos.Puls.Sil.*)

Mind-sadness-acne, with(aur-br)

Face -eruptions -pustules (*Ant-c.Bell. Rhus-t.Tub.Kali-br.Nat-m. Nat-p.Nit-ac.Hep.Calc.Con.Caust. Merc.Mez.*)

Face-eruptions-acne -cystic ( nit-ac)

Face-eruptions-acne-puberty; at (hep.podo.)

Face -eruptions-acne-scars with (*Sil. thuja.kalibr.merc.bell.*)

Face -eruptions-acne-scars with - Red (bell)

Face -eruptions-acne-scars with - Unsightly (kali-br.carb-an)

Face -eruptions-comedones

(*Ant-c.Graph.Kalibr.Lyc.Petr.Psor. Sel.Sulph.ars.bell.hep.lach.sep.sil.tub.*)

Dreams-face- pustules; covered with white, ugly (anac.)<sup>(10)</sup>

Medicines like *Natrum muriaticum*, *Pulsatilla nigricans*, *Antimonium crudum*, *Nux vomica*, *Kalium bromatum*, *Mercurius solubilis*, *Calcarea carbonicum*, *Tuberculinum*, *Lycopodium clavatum*, *Lachesis mutus*, *Rhus Toxicodendron*, *Phosphorus*, *Silicea terra*, *Nitricum acidum*, *Sulphur*, etc. are frequently prescribed on the basis of symptom similarity of the patients suffering from acne vulgaris.

## Assessment methods

Several assessment methods were used to evaluate self-esteem and acne vulgaris, we will briefly discuss about two frequently used questionnaires: the Rosenberg self-esteem scale (RSES) and the Dermatology life quality index (DLQI).

The RSES was developed in 1965 by Dr. Morris Rosenberg for use by adolescents. It consists of 10 questions and four answer choices. Each choice is given a point score. Higher scores correlate with higher self-esteem and lower scores correlate with lower self-esteem. Scores between 15 and 25 are considered average.<sup>(8)</sup>

The DLQI was created in 1994 by Drs. Andrew Finlay and Gul Khan and requires patients to answer 10 questions with up to five possible answer choices. Each choice has a different score. The higher the score, the greater the impairment. The questions assess symptoms and feelings, daily activities, leisure, work and school, personal relationships, and treatment.<sup>(9)</sup>

## Conclusion

Acne can have major psychological effects on an individual especially in adolescents and can result in reduced self esteem, depression, anxiety and in extreme cases suicidal ideation.

It is necessary to detect psychological sufferings and to provide effective psychological assessment, support with appropriate treatment.

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## About the authors

1. **Dr Monika Yadav**, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.
2. **Dr Tahura Ahmad**, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.



# A case study of allergic rhinitis

By Dr Yogeshwari Gupta, Dr Stuti Rastogi, Dr Preeti Srivastav

**Abstract:** Allergic rhinitis is a most common and often debilitating disease, which is marked by rhinorrhoea, nasal congestion, nasal itching and sneezing. This case report highlights the management of allergic rhinitis in a 36-year old female patient with homoeopathic treatment. The patient reported 4 year long history of repeated episodes of frequent sneezing, watery nasal discharge and raised IGE levels. The totality was formed on day 1 after thorough case taking and homoeopathic medicine Arsenic album was prescribed. The patient has been following up regularly for 9 months, over the period of time the frequency and intensity has been reduced and no episodes of allergic rhinitis had occurred since 5 months.

**Keywords:** allergic rhinitis, homoeopathic treatment, *Arsenicum album*

**Abbreviations:** Ig – immunoglobulin, TDS – thrice a day

## Introduction

It consists of episodes of nasal obstruction, watery nasal drainage and sneezing. It can be seasonal and arises due to an instant hypersensitivity reaction in the mucous membrane of respiratory tract. However, this is a global problem, which may be aggravated during harvesting period. Recurrent allergic rhinitis may be a precise reaction to antigens acquired from house dust, fungal spores or animal dander, but equivalent symptoms can be produced by physical or chemical stimulants – for example, pungent odours or fumes, including strong perfume and cold air.<sup>[1]</sup>

## Classification

According to aetiology, it is classified as IgE mediated (allergic), autonomic, infectious and idiopathic. Also, according to symptom duration, it is classified as intermittent or persistent and on the basis of severity as mild, moderate or severe. It is considered intermittent when the total duration of the incident of inflammation is less than 6 weeks, and persistent when symptoms continue round the year and accomplish their day-to-day activities. Symptoms are

categorized as moderate/severe if they significantly affect sleep and activities of daily living and/or if they are considered annoying.<sup>[2]</sup>

## Pathogenesis

Allergens entering the respiratory tract, produce increased sensitivity of the mucous membrane of the nasal cavity and paranasal sinuses. When the very same allergen invades again an inflammatory IgE dependent reaction forms with infiltration of the nasopharyngeal mucosa. The resulting swelling of the mucous membrane makes it hard for the sinuses to spread within the nasal cavity and allergic rhino-sinusopathy develops, which rapidly turns into a chronic form. Therefore, increased reactivity begins to develop not only on arriving allergens, but also when any troublesome substance invades the mucous membrane of the nasopharynx.<sup>[3]</sup>

## Symptoms

Symptoms arising shortly after coming into contact with the allergic substance may include: Prickling in nose, mouth, eyes, throat, skin, or any region, complications with smell, runny nose, frequent

sneezing, watery eyes. Symptoms that may arise later include: nasal congestion, coughing and hyposmia, sore throat, puffiness under the eyes, lethargy and headache.<sup>[4]</sup>

## Differential diagnosis

- Upper respiratory viral infections
- Chronic sinusitis
- Vasomotor or non allergic rhinitis.<sup>[5]</sup>

## Complications

Acute or chronic sinusitis, otitis media, disturbance of sleep or apnoea, dental problems (overbite): stimulated by extreme breathing through the mouth, palatal deformities, eustachian tube dysfunction.<sup>[6]</sup>

## Case report

A case of 36-year old, married, Hindu female who presented in Swasthya Kalyan Homoeopathic College & Research Centre OPD on 08/07/2021 for sneezing accompanied with runny nose since 3 to 4 days. She was suffering from these complaints from past 4 years which aggravates every winter and on change of weather. On further inquiry, it

highlighted that she had sore throat on speaking loudly, sneezing which aggravates from dust and spices. Runny nose and watery nasal discharge aggravated by cold wind, open air and house dust. Dry cough with scrappy sensation in throat and tickling was constantly present on exposure of dust. The patient had history of pain in bilateral knee joints 12 years ago for which she took allopathic treatment and got relieved. The patient was dusky in complexion and of jolly nature. The mental generals reflected desire for company, anger after being

dominated by her family members, desire for travelling, aggravation from consolation and fear of darkness. She was thirsty for small quantity of water at small intervals of time. She had desire of sweets, fruit juice, ice cream and milk, thermally chilly and had profuse perspiration on thigh. She was also suffering from leucorrhoea which was acrid, burning in nature and watery for 1 year.

- Totality of symptoms:
- Dominated by family members
- Desire of company
- Fear of darkness
- Consolation aggravation
- Frequent sneezing
- Watery nasal discharge
- Tickling throat
- Thirsty, small quantity of small intervals
- Profuse perspiration on thigh

### Analysis and evaluation of the case

S.No.	Symptom type	Symptoms	Intensity
1.	Mental general	Dominated by family members	++
2.	Mental general	Desire of company	++
3.	Mental general	Fear of darkness	++
4.	Mental general	Consolation aggravation	+
5.	Physical general	Thirst for small quantities of water in small intervals of time	++
6.	Physical general	Desire of sweets	+
7.	Particular symptom	Sore throat	+
8.	Common symptom	Constant sneezing	++
9.	Common symptom	Watery nasal discharge	+++
10.	Particular symptom	Ticking in throat	++
11.	Particular symptom	Profuse perspiration on thigh	++

	ars.	bell.	acon.	lyc.	nat-m.	puls.	sep.	sil.	sulph.	calc.	coloc.	hyos.	merc.	nuv-s.	phos.	apis	brom.	calc-p.	carb-an.	carb-v.	caust.	cham.	con.	drog.	ign.	kali-p.	lacc.	lik-t.	nit-ac.	rhust.	staph.	aggr.	am-m.	amb.	art-t.	argr.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
	7	7	6	6	6	6	6	6	6	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3
1. Mind - DOMINATION, by others, a long history c... (8) 1	-	-	-	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-
2. Mind - COMPANY, general - desire for (80) 1	3	1	1	3	-	3	2	1	1	2	1	3	1	2	3	2	1	1	-	1	1	-	2	1	2	2	3	2	1	-	-	1	-	-	1	3
3. Mind - FEAR, general, phobias - dark (46) 1	2	1	2	2	2	2	-	1	-	2	-	1	-	-	3	-	1	1	2	2	2	1	-	-	-	-	-	-	-	1	-	-	1	-	-	1
4. Mind - CONSOLATION, general - agg., from k... (41) 1	2	2	-	1	3	-	3	3	1	1	-	-	1	1	-	-	2	-	-	2	-	-	3	1	-	2	2	-	1	-	-	-	-	-	1	
5. Nose - SNEEZING, general - frequent (90) 1	3	2	1	2	1	3	1	2	3	1	-	1	3	3	2	-	2	-	1	3	2	-	1	2	-	1	-	1	2	1	1	1	3	1	-	-
6. Nose - DISCHARGE, general - watery (128) 1	3	1	2	-	3	1	1	2	2	2	1	-	3	3	1	1	2	1	1	2	-	3	1	1	1	2	1	1	3	-	1	2	1	1	1	-
7. Throat - TICKLING, throat to ear, swallowing - ... (29) 1	-	1	-	-	1	2	-	2	-	-	1	-	-	-	1	3	-	-	-	1	3	2	-	1	-	1	-	-	-	-	-	-	-	-	-	-
8. Food - THIRST, general - small, quantities, for... (19) 1	3	2	1	1	-	1	-	-	2	-	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	-
9. Legs - PERSPIRATION - perspiration, thighs (20) 1	3	-	1	-	-	-	2	-	1	-	1	1	1	2	-	-	-	-	2	-	-	-	1	-	-	-	-	-	1	-	-	-	3	-	-	-

**Repertorial analysis:***Arsenicum album* -18/7*Belladonna* – 10/7*Aconitum napellus* – 8/6**Investigations**

The IgE levels pre-treatment were

> 250 IU/mL and post treatment were > 124 IU/mL. IgE is the major antibody responsible for Type 1 hypersensitivity reactions and also for immediate allergic reactions.<sup>[7]</sup>



**Swasthya Kalyan Homoeopathic Medical College**  
**Hospital & Research Centre**  
 10-A, Sitapura Institutional Area, Sitapura, Tonk Road, JAIPUR  
 Tel.: 0141-2771778  
**Central Clinical Laboratory**

Name : Sunayana Tambi  
 Ref. Dr. : O.P Sharma  
 Age/Sex : 36/F  
 OPD/IPD : 18236  
 Lab. No. : 1015  
 Date : 08/07/21

**Methodology & Other Information**

Method Chemiluminescence  
 Instrument Used Centaur XP  
 Reagent Kit Siemens

**REPORT**

Investigations	Status	Result	Biological Reference Interval
Immunoglobulin E (IgE)		> 250.0 IU/mL	See below
*** End of Report ***			

**Interpretation :**

Age group (Yrs)	Absolute Range	Unit
< 1	1.40 - 52.3	IU/ml
1 - 4	0.40 - 351.6	IU/ml
5 - 10	0.50 - 393.0	IU/ml
11-15	1.90 - 190.0	IU/ml
ADULT	1.90 - 190.0	IU/ml

*Ashish*  
 TECHNOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

*Premind*  
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**Justification**

After analysing the symptoms of the case mental, physical and particular symptoms were considered for the make totality. Repertorial analysis using *Murphy's repertory* (english) (mue110) RADAR 10<sup>[8]</sup> software was done considering the above symptomatology. *Arsenicum album*<sup>[9]</sup> not only covers the maximum rubrics but also covered the mental

generals and periodicity of her disease in every winter and when weather was changed. After going through the clinical material medica of E.A. Farrington *Arsenicum album* was selected. Miasmatically, patient was psora-sycotic.<sup>[10]</sup> Potency selection was done after analysing the case and susceptibility of patient. The condition has become chronic and is not converted into syphilis

till now. The patient's susceptibility is appropriate for 200 potency as a dynamical dose is required to act in psora-sycotic condition. The medicine was repeated due to the appearance of same symptoms which were presented in the beginning.<sup>[10]</sup> The potency was kept 200 throughout the treatment as the patient was getting relief from the same potency.

**Prescription**

Date	Prescription
08/07/2021	Rx <i>Arsenicum album</i> 200/ 1 dose stat <i>Rubrum</i> 30 TDS x 15 days

## Follow up

Date	Symptoms	Prescription
23/07/2021	Relief in sneezing, relief in runny nose, slight relief in sore throat, slight relief in leucorrhoea. Dry cough was present.	Rx Rubrum 30 TDS x 16days
20/08/2021	Relief in cough, relief in sore throat, relief in leucorrhoea, no new complaints	Rx Rubrum 30 TDS x16 days
14/09/2021	Sneezing with dry cough, relief in leucorrhoea. Sore throat since 2 days	Rx <i>Arsenicum album</i> 200/ 1dose stat Rubrum 30 TDS x 16 days
05/10/2021	Slight relief in sneezing Relief in sore throat No new complaints.	Rx Rubrum 30 TDS x 30days
02/11/2021	Relief in sneezing and cough. No new symptoms present	Rx Rubrum 30 TDS x 30 days
11/12/2021	No new symptoms	Rx Rubrum 30 TDS x 30 days
25/01/2022	No new symptoms	Rx Rubrum 30 TDS x 30 days
26/02/2022	Sneezing for 1 week Aggravation from dust	Rx <i>Arsenicum album</i> 200/ 1dose stat Rubrum 30 TDS x 16 days
10/03/2022	Relief in sneezing No new symptoms	Rx Rubrum 30 TDS x 15 days

## Conclusion

Allergic rhinitis is one of the most prevalent disease conditions in young and middle age group, and is responsible for a significant impairment in quality of life. It can lead to complications such as asthma, sinusitis, nasal polyp if ignored. Homoeopathic medicines play an important role in managing allergic rhinitis and can help the patient to restore a healthy life. There is a superior scope in homoeopathy for its treatment as it is based on holistic and individualistic approach.

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## About the authors

1. **Prof. Dr Yogeshwari Gupta**, Principal, Head Of Department, Department of Homoeopathic Materia Medica , Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India
2. **Dr Stuti Rastogi**, M.D.(PGR), Department of Homoeopathic Materia Medica, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India
3. **Dr Preeti Srivastav**, M.D. (PGR), Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India



# Approach of homoeopathy in palliative care

By Dr Manpreet Kaur

**Abstract:** Homoeopathy has a great role in palliative care. The law of similia which is applicable for curable cases is also applicable for the palliation of incurable states. Homoeopathic remedies act as a palliative and give a soothing effect in cases where complete cure is not possible. So, homoeopathy can ensure a compassionate end-of life- care so that patients can spend their final days meaningfully, amongst their loved ones.

**Keywords:** palliative care, homoeopathy, palliation, end of life care, homoeopathic remedies for palliative care, law of similia in palliation

**Abbreviations:** HIV – human immunodeficiency virus, AIDS - acquired immune deficiency syndrome

## Introduction

Homoeopathy is alternative system of medicinal therapeutics discovered in 1796 by the great physician Dr Christian Friedrich Samuel Hahnemann. It is based upon the principle of “similia similibus curentur”- ‘let likes be cured by likes’, which signifies that a remedy selected for the treatment of a natural disease shall be the one that is capable of producing a range of similar symptoms in a healthy person.<sup>1</sup>

The homoeopathic medicines help to fight against diseases by assisting the body's natural ability to provide relief for symptoms of the illness, rather than suppressing the symptoms.<sup>2</sup> This therapy adopts an individualistic and holistic approach towards the sick individual. A homoeopathic doctor does not treat in the name of disease, rather the treatment is targeted against the “patient” who is suffering from a particular disease.<sup>3</sup>

## Development of pathology

Disease *per se* is the morbid process of functioning of the life-principle; if this process is unchecked, it eventually leads to structural changes. These structural changes

might be of two types viz., reversible and irreversible: they are the end-results of morbid vital process and act as obstacles to restoration of the abnormal vital process to its previously healthy condition. The more the pathological changes are of severe degree and of irreversible type, the less the chances are for recovery. Hence, the pathological state of the patient is certainly one of the factors impeding recovery and its knowledge is therefore essential for a physician-therapist.<sup>4</sup>

The various aspects of a physician's mission are:

- To cure in curable cases.
- To palliate in incurable cases.
- To preserve health.

In cases, where pathology is so advanced so as to become irreversible, homoeopathic medicines can provide a great soothing effect. Homoeopathy has a positive role in improving the quality of life in incurable chronic diseases like cancer, HIV/AIDS, terminally ill patients and incapacitating diseases like rheumatoid arthritis, etc.

## Role of homoeopathy in palliative care

Homoeopathy adopts a symptomatic

treatment of the ailments of the patients. Using homoeopathic remedies for palliative care specifically pain relief is safe and free from side effects, even on long term use. Single remedy in potentised form is employed on the basis of the law of similia for the palliation of incurable states also.

The homoeopathic simillimum, the remedy chosen based on the totality of symptoms, is always the best treatment and can have deep acting effects –sometimes creating a prolongation of life and well-being even when the prognosis is bleak.<sup>5</sup> When time is short and there are symptoms that need relief, an acutely prescribed palliative remedies can serve to soothe many symptoms common at the end of life.<sup>5</sup>

End-of-life care using homoeopathic medicine as a palliative can be a valuable treatment when relief and comfort for a dying patient is needed. The problems that arise at the end of life do not always have to be drugged away or suffered through. Homoeopathic remedies can ease these symptoms and significantly reduce or preclude the need for pharmaceutical drugs, thereby prolonging the quality of life and meaningful interaction with loved ones in the last days.<sup>5</sup>

## Conditions where palliation is used in homoeopathy

The basis of a homoeopathic cure is the fundamental law of similars. Similarly, the law of similars is also the fundamental law in the palliation of incurable states. Either for palliation of incurable diseases or for the cure of the curable diseases the symptomatology of the remedy must simulate, in so far as possible, the disease picture in order to bring relief. In incurable cases, or seemingly incurable cases also, the simillimum will so completely meet the situation as to obliterate the symptomatology of disease and the pathology, and will restore the patient to health.<sup>6</sup>

*As per Dr HA Roberts<sup>6</sup>, palliation by homoeopathic medicines is justifiable in the following type of incurable cases:*

- a. *In advanced cases with irreversible pathological changes:* Administration of the similar remedy in these cases almost always ameliorates the situation, at least for the three or four days and usually for a longer period. Then we may have a return of symptoms, when the indicated remedy will be called into use again. Thus, the patients can be made much more comfortable.<sup>6</sup>
- b. *In cases of insomnia:* Insomnia may be treated with crude palliative measures so that the patient secures sleep, but at best this is an unnatural sleep; while if the insomnia is considered as a part of his symptomatic picture, and given its proper place in that symptomatology and the man himself is treated-not alone one or two symptoms-he will gain his natural, refreshing sleep and he himself will be improved in general health.<sup>6</sup>
- c. *Pain:* When the symptom of pain itself is complete, with the

location, type, aggravations, ameliorations and concomitants (which may lie in the conditions of aggravation or amelioration but which are often from seemingly unrelated symptoms) a carefully selected remedy will relieve the pain promptly, and the patient will be much more comfortable and happier in general than with any narcotic.<sup>6</sup>

- d. *Surgical cases:* Homoeopathic medicines can act as substitute for narcotics in surgical cases, either before or after operation. Here the indicated remedy does excellent service, and the patient will go through the mental and physical distress very happily. These remedies will be indicated partly by the symptomatology of the patient and partly by the immediate causes of distress, such as lacerated wounds, strenuous vomiting, shock and incarcerated flatus.<sup>6</sup>

## Role of the homoeopathic remedies

Remedies for common symptoms in the dying patient like, nausea, difficult breathing, excessive secretions and death rattle, insomnia, pain and emotional upsets like fear, grief, and anxiety can be instituted with success. Integrating homeopathic medicine treatment can reduce the amount of pharmaceutical drugging suffered by the patients. Homoeopathic treatments can be useful when given for several hours before resorting to conventional medications. No one wants to be in pain and this is a major concern at end of life. Homoeopathic remedies will not stupefy or dull the patient, nor will they constipate the bowels or depress the respiratory rate, as morphine will. Remedies will not need detoxification by an already overtaxed liver.<sup>5</sup>

## Usefulness of few homoeopathic medicines

- *Magnesia phosphorica* can be tried for muscular pain, cramp, abdominal pain, and even headache.<sup>5</sup>
- If the person has just had surgery or an injury then *Arnica montana* is needed.<sup>5</sup>
- Of all the remedies known for helping a dying person, *Arsenicum album* is best known for soothing the fear of death, and is indicated when there is agitation, restlessness, thirst, great anguish, internal burning heat with external coldness and desire for warmth.<sup>5</sup>
- Relieving nausea and vomiting for a person near end-of-life is particularly helpful, because it is so common for patients to suffer with it. *Ipecacuanha* can be tried when nausea or vomiting occur, with a clear tongue. Another remedy could be *Nux vomica* when the tongue is coated and toxic looking.<sup>5</sup>
- *China officinalis* may be used for the weakness experienced afterwards from the loss of fluids.<sup>5</sup>
- *Calcarea carbonica* might help very sick people who are putting out lots of perspiration (diaphoresis) which happens when one is in shock or having a medical emergency.<sup>5</sup>
- *Carbo vegetabilis* is a great collapse remedy, known for great weakness with bluish lips, icy cold skin and cool breath. Though they are cold they want a draft of air.<sup>5</sup>
- "Breathing at end of life can become shallow and quickened, or slow and labored. The person may make gurgling sounds, sometimes referred to as the "death rattle." These sounds are due to the pooling of secretions and an inability to cough them

up. The air passing through the mucus causes this sound. The breathing pattern most disturbing to those present, called cheyne-stokes breathing, is marked by periods of no breathing at all followed by deeper and more frequent respirations. These respirations are common and result from decreased oxygen supply to the vital organs and a build-up of waste products in the body. This condition is not uncomfortable or painful for the dying person, although it may be unsettling to observe. The “death rattle” or cheyne-stokes breathing indicates that death is near. “if the person seems to be having laboured breathing, is wheezing or having asthmatic symptoms or burning pains, *Arsenicum album* usually helps. *Arsenicum album* is also known to help the anxiety around not being able to get a good breath. When secretions build up and create rattling in the chest, *Antimonium tartaricum* is the main remedy, especially when the person is very weak and becoming unresponsive.”<sup>5</sup>

- Our job at this time when a dying person has difficulty breathing is to speak gently and lovingly, and use gentle reassuring touch to ease fear. Do not panic. This can increase any fear that may already be present for the dying person.<sup>5</sup>
- If acute fear and panic occur, with or without the well-known symptom “predicts the time of death”, *Aconitum napellus* can be given. Aconite is the best remedy when a fearful panic has gripped the body and mind and the heart is racing, and the mind cannot relax itself away from the distressing thought pattern. They may have a look of fear in their eyes or be so tense that it is noticeable in their appearance.<sup>5</sup>
- Taking the cell-salt, *Kalium phosphoricum*, which is known

to be a tonic for the nervous system, may help caregivers who feel tense, stressed and overwhelmed.<sup>5</sup>

- Insomnia can be helped by *Coffea cruda*, for alertness when it is time for sleep because they are wired and upset. *Arsenicum album* helps those who cannot sleep due to worry and fear and *Ignatia amara* helps a grieving person sleep.<sup>5</sup>
- We all end up facing the loss of a loved one at some point in our lives. Some losses come suddenly and shockingly; others may be expected, for example at the end of a long illness. But in either instance, the feelings of grief and sorrow can be just as strong. When the grief of the situation starts to overwhelm, homeopathic remedies can bring healing for the dying person as well as their loved ones. *Ignatia amara* is used during the acute, initial phase of grief immediately before and after death. The sooner it is given, the better—not to suppress the grief but to allow for better coping and avoiding consequences of prolonged grief on the body and mind. The intense grief of *Ignatia amara* can bring spasmodic weeping, sadness that is inconsolable and despairing, and contradictory feelings like acute rage. A silent grief, suffered inwardly, needs *Ignatia amara* also, and symptoms frequently include a lump in the throat. The effects of cumulative loss are known to be especially trying, when spouse, family and friends are lost and loneliness takes over.<sup>5</sup>
- *Cocculus indicus* is known to help those who have been caretakers of the sick and now have grief and health problems.<sup>5</sup>
- *Phosphoricum acidum* is for grief when there is very low energy and debility of the nervous system.<sup>5</sup>

## Conclusion

Homoeopathic treatment is based upon symptomatology of the patients. Although every dying person will have different symptoms and needs in this time, the family can keep their loved one more comfortable, and go through the stages of the dying process in a more holistic and conscious manner using homoeopathic remedies. A motivated family can take charge and integrate customised palliative treatment using homeopathy into the care plan, which may allow the dying person to need less drugging. Homoeopathic alternatives to symptom suppression using drugs can be found for almost every situation. The fact that homeopathic medicines do not interact with drug treatment is a real plus and can be easily integrated with allopathic medical regimens. Homoeopathy should be offered as a modality option from all hospices.<sup>5</sup>

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## About the author

1. **Dr Manpreet Kaur**, Associate Professor, Department of Pathology, JR Kisan Homoeopathic Medical College and Hospital. Vice President of Delhi State Chapter of National Association of Palliative Care for AYUSH and Integrative Medicine (NAPCAIM)



# Utility of homoeopathy in cases of chronic kidney disease

By Dr Naman Garg

**Abstract:** As per the global burden of disease, chronic kidney disease (CKD) is the 12th leading cause of death worldwide. Relevant screening, diagnosis, and management by primary care clinicians are necessary to prevent adverse CKD-associated outcomes, including cardiovascular disease, end-stage kidney disease, and death. India is day by day progressing in this field so we need to find alternative treatment apart from dialysis here we come with a scope of homoeopathy.

**Keywords:** CKD, GFR, management CKD, homoeopathic case study, effect of constitutional medicine

**Abbreviations:** chronic kidney disease (CKD), glomerular filtration rate (GFR), non-steroidal anti-inflammatory drugs (NSAIDs), example (eg), end-stage kidney disease (ESKD), human immunodeficiency virus (HIV), albumin-to-creatinine ratio (ACR), kidney disease improving global outcomes (KDIGO) criteria

## Introduction

CKD is defined as a constant anomaly in kidney structure or function (eg, glomerular filtration rate [GFR]  $<60$  mL/min/1.73 m<sup>2</sup> or albuminuria  $\geq 30$  mg per 24 an increased risk of cardiovascular disease and chronic renal failure<sup>[1]</sup>.

**Relevance:** Chronic kidney disease (CKD) influence between 8% and 16% of the population worldwide. It is defined by a glomerular filtration rate (GFR) less than 60 mL/min/1.73 m<sup>2</sup>, albuminuria of at least 30 mg per 24 hours, or markers of renal damage (eg, hematuria or structural deformity such as polycystic kidney disease or dysplastic kidneys) remaining for more than 3 months<sup>[2]</sup>. CKD is more prevalent in low- and middle-income than in high-income countries<sup>[3]</sup>. Globally, CKD is most commonly attributed to hypertension and/or diabetes, but other causes such as infection, glomerulonephritis and environmental exposures such as air pollution and pesticides are common in Asia, sub-Saharan Africa, and many developing countries. Genetic factors contribute to CKD risk<sup>[4]</sup>. Examples are sickle cell trait and the presence of 2 *APOL1* risk alleles, both common in people of African

ancestry but not European ancestry that may double the risk of CKD<sup>[5]</sup>.

Early detection and treatment by clinicians are important as progressive CKD is associated with an adverse clinical outcome, which includes end-stage kidney disease (ESKD), cardiovascular disease, and increased mortality.

**Risk factors:** Diabetes, hypertension, autoimmune diseases, systemic infections (eg, HIV, hepatitis B virus, hepatitis C virus), nephrotoxic medications (eg, nonsteroidal anti-inflammatory drugs, herbal remedies, lithium), kidney stones, urinary tract obstruction, malignancy, recurrent urinary tract infections, obesity, reduced kidney mass (eg, nephrectomy, low birth weight), history of acute kidney injury, smoking, intravenous drug use (eg, heroin, cocaine), sociodemographic, family history of kidney disease, age  $>60$  years, nonwhite race, low income, low education, genetic (*apol1* risk alleles, sickle cell trait and disease), polycystic kidney disease, alport syndrome, congenital anomalies of the kidney and urinary tract, and other familial causes<sup>[1]</sup>.

**Staging:** Once diagnosis of

CKD is made, the next step is to determine its stage, which is based on GFR, albuminuria, and cause of CKD. Staging of glomerulus filtration rate is classified as G1 (GFR  $\geq 90$  mL/min/1.73 m<sup>2</sup>), G2 (GFR 60–89 mL/min/1.73 m<sup>2</sup>), G3a (45–59 mL/min/1.73 m<sup>2</sup>), G3b (30–44 mL/min/1.73 m<sup>2</sup>), G4 (15–29 mL/min/1.73 m<sup>2</sup>), and G5 ( $<15$  mL/min/1.73 m<sup>2</sup>)<sup>[2]</sup>. Laboratories routinely report the estimated GFR (eGFR) based on filtration markers. The most routinely used filtration marker is creatinine, a 113 Dalton byproduct of creatine metabolism. The preferred estimating value for is eGFR values greater than 60 mL/min/1.73 m<sup>2</sup>.

**Diagnosis:** for diagnosis certain tests are needed.

Blood tests: urea, creatinine, electrolytes

Urine tests: Analysing urine sample can reveal abnormalities that can help identify the cause of chronic kidney disease.

Imaging test: it helps in accessing size and structure of kidney.

Kidney biopsy: for finding cause of problem<sup>[1]</sup>.

**Screening for CKD:** The National Kidney Foundation has formulated a kidney profile test that includes quantification of both serum creatinine for estimating GFR and urine ACR. A risk-based group approach to screening is suggested by many clinical practitioner guidelines, with screening suggested in those who are older than 60 years or with a history of diabetes or hypertension. Screening should also be reviewed in those with clinical risk factors, including obesity, autoimmune disease, recurrent urinary tract infections, kidney stones, reduced kidney mass, exposure to certain medications such as NSAIDs or lithium, or have prior episodes of acute kidney injury, among others. However, no randomised clinical trials have illustrated that screening asymptomatic patients for CKD improves outcomes<sup>[8]</sup>.

**Case:** A patient, 54 years old person, presented on 17<sup>th</sup> April 2021 with complaints of generalised swelling more on both legs and

face for 7 months. The patient was too weak and prostrated. He was also having breathing difficulty. Patient was hypertensive and used to take modern medicine. Patient had no significant past history other than typhoid and family history was also not significant. He was on dialysis thrice a week under a nephrologist.

History of present complains: He was suffering from CKD since past 7 years approximately. Urine's quantity and flow was reduced.

Physical general- Appetite has decreased, thirst was moderate, tongue was clean, stool was constipated, sweat was moderate, sleep was disturbed, due to restlessness in legs.

Mental general- restlessness, anxiety about his health, talks of business, wants to go to his office, boaster

### Observations and findings

Physical examination- appearance- anxious look, blood pressure-

146/92 mm of hg pulse-78 per minute, regular, respiration -12 per minute, pallor- +++, jaundice-absent, clubbing - absent, tremor- not significant, neck vein- not engorged, general survey- face- puffiness of the face, oedema-pitting oedema present, skin- no scabies or pyoderma present.

Inspection- no any swelling is in the genital.

Palpation- no, scrotal swelling- no, phimosis- no contact ulcer in genitalia, no tenderness in the renal angle.

Percussion- no liver dullness, dullness on percussion of urinary bladder, Auscultation- no renal arterybruit was present, cardiovascular system- neck vein not engorged, apex beat is in left 5<sup>th</sup> intercostal space ½ inch inside the mid-clavicular line, no murmur heard, no pericardial rub, S1 and S2 audible, no sign of pericardial effusion.

Date	Serum urea (mg/dl)	Serum creatinine (mg/dl)
18/1/2021	68.4	6.92
27/6/21	179	4.4
28/9/21	120.4	6.21
15/10/21	107.84	6.93
30/10/21	122.5	6.6
11/11/21	115.3	6.22
11/12/21	95.2	5.35
3/1/22	107.4	5.35
23/1/22	120.5	7.5
27/1/22	93.7	6.09
3/2/22	90.7	5.88
17/1/22	125.6	6.44
20/3/22	75.4	5.28
5/4/22	92.4	6.15

**Investigation- examination of blood biochemistry (Table 1)**

**FOLLOW UP:** As per the symptomatic improvement (Table 2)

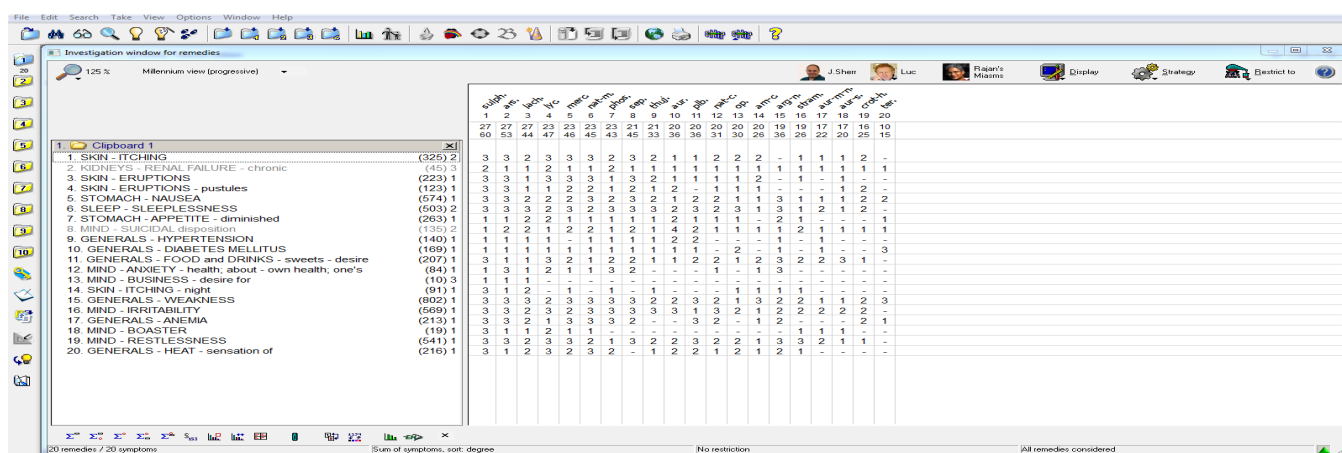
Date	Generalised swelling	Weakness	Breathing difficulty	Prescription	Blood pressure					
27/6/21	Gradually diminished	Persist	Gradually diminished	<i>Sulphur 200</i>	130/92					
15/10/21		Diminished		Persist		Diminished		<i>Sulphur 200</i>		140/80
30/10/21		Very much diminished		Improved		Very much improved.		<i>Saccharum lactis 200</i>		130/84
11/12/21	No more swelling	Improved	No more breathing difficulty.	<i>Sulphur 200</i>	124/82					
3/1/22	No	Improved	No difficulty	<i>Saccharum lactis</i>	130/78					
23/1/22	No	Improved	No difficulty	<i>Saccharum lactis</i>	136/76					
27/1/22	No	Improved	No difficulty	<i>Saccharum lactis</i>	134/80					
4/2/22	No	Improved	No difficulty	<i>Saccharum lactis</i>	120/82					
20/3/22	No	Little increased	Heaviness felt while breathing	<i>Sulphur 1m</i>	146/94					
5/4/22	No	Improved	No difficulty	<i>Saccharum lactis</i>	128/76					

Details of homoeopathic prescription of *Sulphur 200* and its follow ups

## Analysis and evaluation of symptoms:

S r . No.	Symptom	Type	Intensity	C o m m o n / Uncommon
1	SKIN-ITCHING	Particular general	2 <sup>nd</sup> grade	Common
2	KIDNEY-RENAL FAILURE-CHRONIC	Particular general	3 <sup>rd</sup> grade	Common
3	SKIN- ERUPTIONS	Particular general	1 <sup>st</sup> grade	Common
4	SKIN-ERUPTIONS -PUSTULES	Particular general	1 <sup>st</sup> grade	Common
5	STOMACH-NAUSEA	Particular general	1 <sup>st</sup> grade	Common
6	SLEEP-SLEEPLESSNESS	M e n t a l Generals	1 <sup>st</sup> grade	Common
7	STOMACH-APPETITE-DIMINISHED	Particular general	1 <sup>st</sup> grade	Common
8	MIND-SUICIDAL DISPOSITION	M e n t a l Generals	2 <sup>nd</sup> grade	Common
9	GENERAL-HYPERTENSION	physical Generals	1 <sup>st</sup> grade	Common
10	GENERAL-DIABETES MELLITUS	Physical GENERAL	1 <sup>st</sup> grade	Common
11	GENERALS-FOOD AND DRINKS-SWEETS-DESIRE	Particular general	1 <sup>st</sup> grade	Common
12	MIND-ANXIETY-HEALTH ABOUT-OWN HEALTH;ONE'S	Mental particular	3 <sup>rd</sup> . grade	Common

13	MIND-BUSINESS-DESIRE FOR	Mental particular	3rd. grade	Uncommon
14	SKIN-ITCHING-NIGHT	Particular general	1 <sup>st</sup> grade	Common
15	GENERAL-WEAKNESS	Particular general	1 <sup>st</sup> grade	Common
16	MIND-IRRITABILITY	M e n t a l Generals	1 <sup>st</sup> grade	Common
17	GENERAL-ANEMIA	Particular general	1 <sup>st</sup> grade	Common
18	MIND-BOASTER	M e n t a l Generals		Uncommon
19	MIND-RESTLESSNESS	M e n t a l Generals	1 <sup>st</sup> grade	Common
20	GENERAL-HEAT-SENSATION OF	Particular general	1 <sup>st</sup> grade	Common



## Reportorial results:

The chief remedies for this case include *Sulphur*, *Arsenicum album* and *Lachesis mutus*.

The remedy which was prescribed was *Sulphur* 200.

As *Sulphur* achieved the maximum marks and there was complete loss of appetite, weight-like pressure on abdomen, talks about business, boasting of his accomplishments which was much more prominent in *Sulphur* than any other remedy.

Followed by *Saccharum lactis*, he needed only just 2 dialysis needed from past 1.5 years as per reports and he was currently taking allopathic medicine for hypertension only.

Remedy was selected on the basis of RADAR 10 from *Schroyens F. Synthesis Repertory*.

**Monitoring:** Management of

CKD includes cardiovascular risk reduction, blood pressure treatment of albuminuria and avoidance of potential nephrotoxins (eg, NSAIDs). Patients also need monitoring for complications of CKD, such as hyperkalaemia, metabolic acidosis, hyperphosphataemia, vitamin D deficiency, secondary hyperparathyroidism, and anaemia.

## Dietary measure:

As per KDIGO guidelines, recommended protein intake should be reduced to less than 0.8 g/kg per day (with proper education) in adults with CKD stages G4-G5 and to less than 1.3 g/kg per day in adult patients with CKD at risk of progression. Possible benefits of dietary protein restriction should be equalised with the concern of precipitating malnutrition and/or protein wasting syndrome. Low dietary acid loads (eg, more fruits and vegetables and less meats,

eggs, and cheese) can also help protect against kidney injury. Low-sodium diets (generally <2 g per day) are advised for patients with hypertension, proteinuria, or fluid overload<sup>[2]</sup>.

## Conclusion

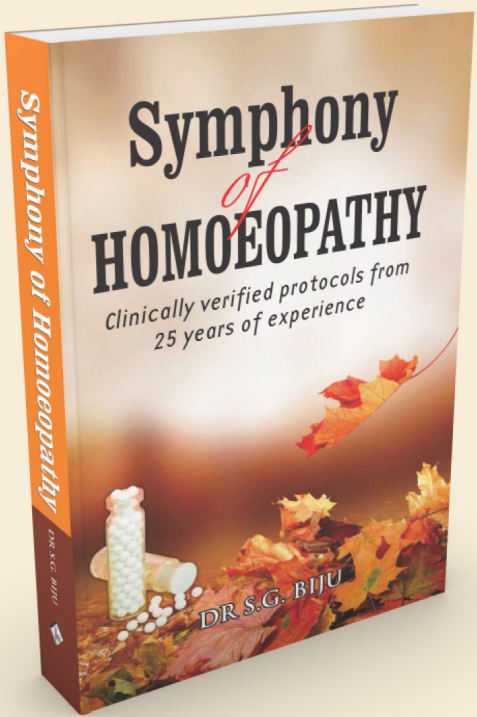
Chronic kidney disease affects around 12% of the population worldwide and is one of a leading cause of death. Optimal management of CKD includes treatment of albuminuria, cardiovascular risk reduction, avoidance of potential nephrotoxins, and adjustments to drug dosing. Patients also requires continuous monitoring for its complications of CKD, such as hyperkalaemia, anaemia, metabolic acidosis and other metabolic abnormalities. Diagnosis, staging, and appropriate treatment is important in reducing the burden of CKD worldwide.

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## About the author

1. Dr Naman Garg, MD  
Hom Scholar, Guru Mishri  
Homoeopathic Medical College,  
Jalna

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# Pain: a general view and homoeopathic management

By Purnashashi Pani, Chaturbhuja Nayak

**Abstract:** Pain is a localised or generalised unpleasant bodily sensation or complex of sensations that causes mild to severe physical and emotional distress which results from bodily disorder. It is the presenting complaint of many internal diseases. This article aims to present a general idea about pain and will help the neophytes to select appropriate homoeopathic medicine for patients suffering from pain.

**Keywords:** Pain, homoeopathic management

**Abbreviations:-** before christ (BC), glycine and  $\gamma$ -aminobutyric acid (GABA), chronic widespread pain (CWP), visual analog scale (VAS), numeric rating scale (NRS)

## Introduction

Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”. It is one of the most common symptoms for which people seek health care advice. Our understanding of the mechanism of pain has evolved considerably from Hippocrates’ suggestion in 450 BC that pain arises as a result of an imbalance in the vital fluids. We now know that pain is a complex symptom that is influenced and modified by many factors. The perception of pain as a symptom is dependent not only on sensory inputs but also on their cognitive reaction to pain, their emotional states, underlying diseases and social and cultural backgrounds <sup>[1]</sup>.

Chronic pain is defined in several ways: pain not associated with cancer or other medical conditions that persists for more than 3-6 months; pain lasting more than 1 month beyond the course of an acute illness or injury or pain recurring at interval of months or years <sup>[2]</sup>.

**Mechanism and mediators involved in pain processing <sup>[1]</sup>**

**Peripheral nerves:** Peripheral nerves contain several types of neurons which can be classified into two groups depending on whether they are surrounded by a myelin sheath or not. Myelinated neurons have a fast conduction velocity and are responsible for transmission of various sensory signals such as proprioception, light, touch, heat and cold, and the detection of localised pains such as pin prick. Unmyelinated fibres have a slower conduction velocity and are responsible for transmitting diffused and poorly localised pains as well as other substances.

**Spinal cord:** Sensory neurons through their central termination, synapse with second order neurons in the dorsal horn of the spinal cord. Considerable modulation of pain messages occurs at this site. Several neurotransmitters are involved in pain processing at this level. They include amino acids such as glycine and  $\gamma$ -aminobutyric acid (GABA) which are inhibitory and glutamate which is excitatory.

**Central processing of pain:** The signals transmitted by second order neurons in the spinal cord are relayed to the sensory cortex by

third order neurons, which synapse with second order neurons in the thalamus. At this site, perception of pain is influenced by interaction between range of structures in the brain, where sensory, cognitive and emotional aspects are integrated. This is termed as the pain neuro-matrix. Signals with the neuro-matrix are multidirectional in nature.

**Sensitization:** It is the key feature of pain processing and refers to the fact that both peripheral and central nervous systems adapt rapidly to the presence of pain response to tissue damage. This adaptive process is called neural plasticity. Peripheral sensitization can occur in association with some clinical conditions including sepsis, cancer, inflammatory diseases, injury, surgery and obesity. The final common pathway by which sensitisation takes place is inflammation. Central sensitisation may also take place at the level of spinal cord in response to a sustained painful stimulus. It can occur actually and rapidly such as immediately after surgery or may progress to chronic infection, cancer, repeated surgery or multiple traumatic episodes.

## Genetic determinants of pain perception

There are marked ethnic and individual variations in how people respond to painful stimuli and studies on pain have shown that the heritability of chronic widespread pain (CWP) ranges between 30% to 50%. In general population, the response of pain and perception of pain are most likely due to a complex interaction between genetic and environmental influences <sup>[1]</sup>.

## Types of pain <sup>[2]</sup>

- a. *Nociceptive (somatic) pain*: It is linked to tissue damage to the skin, musculoskeletal system or viscera (Visceral pain), but the sensory nervous system is intact, as in arthritis or spinal stenosis. It can be acute or chronic.
- b. *Neuropathic pain*: It is the direct consequence of a lesion or disease affecting the somato-sensory system. Neuropathic pain may become independent of the inciting injury, becoming burning, lancinating or shock-like in quality. It may persist even after healing from the initial injury has occurred.
- c. *Central sensitisation pain*: In this type of pain, there is alteration of central nervous system processing of sensation leading to amplification of pain signals. There is a lower pain threshold to non-painful stimuli, and the response to pain may be more severe than expected.
- d. *Psychogenic pain*: It involves many factors that influence the patient's report of pain-psychiatric conditions like anxiety or depression, personality and coping style, cultural norms and social support systems.

e. *Idiopathic pain*: It is the pain without an identifiable aetiology.

Pain is to be analysed in following ways <sup>[3]</sup>:

- Site
- Character and severity
- Duration
- Frequency and periodicity
- Radiation
- Aggravating factors
- Relieving factors
- Associated factors

## Investigations <sup>[1]</sup>

Pain can be a presenting feature of a wide range of disorders. However, with most chronic pain syndrome, investigations are negative and diagnosis is made on the basis of clinical history and exclusion of other causes. Specific investigations that are useful in assessment of selected patients with chronic pain are-

- a. Magnetic resonance Imaging (MRI)
- b. Blood tests
- c. Quantitative sensory testing
- d. Nerve conduction studies
- e. Nerve blocks
- f. Pain scoring systems

## Assessing severity of pain <sup>[2]</sup>

Three scales are common for assessing severity of pain: visual analog scale (VAS), numeric rating scale (NRS) and Wong-Baker FACES pain rating scale. In later two scales,

pain rating is done from 1 to 10. Numerous more detailed multi-dimensional tools like the brief pain inventory and the McGill pain questionnaire are also available, but take longer time to apply. The Wong-Baker FACES pain rating scale can be used by children as well as patients with language barriers or cognitive impairment.

## Principles of pain management <sup>[1]</sup>

Effective management of chronic pain depends partly on the underlying cause but some principles can be applied. In general terms, the treatment goals are to:

- Educate patients;
- Promote self-management;
- Optimise function;
- Enhance quality of life;
- Control pain.

Physical therapy can be done in following ways for self-management of chronic pain-

walking, gym work, yoga, exercises, hydro therapy, swimming etc. Psychotherapy aims to increase coping skills and improve quality of life. It can be delivered in one-to-one session, group sessions, multi-disciplinary pain management program or web-based or telephone-based programs <sup>[1]</sup>.

## Homoeopathic management

Homoeopathy is a system of treatment in which patients are treated according to its law "similia similibus curentur". After thorough case taking, a simillimum is selected basing on totality of symptoms of the patient. Management of patients with pain has to follow this principle. However, the followings are some of the first and second grade medicines

that are most frequently used for relief of pain.

First grade medicines for pain in general are: ARSENICUM ALBUM, BELLADONNA, BRYONIA ALBA, CHAMOMILLA, COFFEA CRUDA, COLOCYNTHIS, HYPERICUM PERFORATUM, PLUMBUM METALLICUM, TARENTULA CUBENSIS.

Second grade medicines are: *Agaricus muscarius*, *Arnica montana*, *Berberis vulgaris*, *Cantharis vesicatoria*, *Colchicum autumnale*, *Eupatorium perfoliatum*, *Hepar sulphuricum*, *Kalmia latifolia*, *Lycopodium clavatum*, *Magnesia phosphoricum*, *Medorrhinum*, *Mercurius solubilis*, *Nux vomica*, *Phytolacca decandra*, *Pulsatilla nigricans*, *Rhododendron chrysanthum*, *Rhus toxicodendron*, *Sulphur*, *Syphilinum*, *Veratrum album* [4].

### 1. *Agaricus muscarius* [5]

- Pain sore aching, on lumbar and sacral region; during exertion, in day time, while sitting; every motion or every turn of body causes pain in spine; single vertebra sensitive to touch.

### 2. *Arnica montana* [5,6]

- Sore, lame, bruised feeling all over the body as if beaten; traumatic affections of muscles. Nervous, can't bear pain, whole body oversensitive.
- Everything on which he lies seems too hard, keeps on moving from place to place in search of soft spot.
- Gout and rheumatism with great fear of being touched or struck by persons coming near him.
- Pains are paralytic; sudden

shifting pain from joint to joint; parts become sore after the pain with great prostration and tired feeling.

### 3. *Arsenicum album* [5,7]

- Burning pain, the affected parts burn like fire, as if hot coals are applied to parts, > by heat, hot applications.
- Burning pain in stomach, bladder, vagina, in lungs, in throat and in all mucous membranes.
- Great prostration, rapid sinking of vital force, fainting.

### 4. *Belladonna* [6]

- Severe neuralgic pain that comes and goes suddenly with fullness and congestion.
- Pains are throbbing, sharp, cutting, shooting or clawing of maddening severity; coming and going in repeated attacks.

### 5. *Chamomilla* [5]

- Pain seems unendurable, drives to despair; < by heat, before midnight, evening; with heat, thirst, fainting with numbness of affected parts; eructation >.

### 6. *Coffea cruda* [5,6]

- Coffee increases the sensibility of nerves making them overexcitable and oversensitive; special senses become over acute; emotions, especially joy and pleasurable surprise, produce threatened illness.
- Pains are felt intensely; seem almost insupportable, driving patients to despair (*Acon.*, *Cham.*); tossing about in agony.
- Oversensitiveness; all the senses

are acute- sight, hearing, smell, taste, touch (*Bell.*, *Cham.*, *Op.*)

### 7. *Colocythis* [5]

- Agonising pain in abdomen causing patient to bend double, with restlessness, twisting and turning to obtain relief, > by hard pressure.
- Pain: worse after eating or drinking; compels the patient to bend double.
- Sciatica: crampy pain in hip, as though screwed in a vise; lies upon affected side.
- Shooting pain, lightening shocks, down the whole limbs, left hip, left thigh, left knee, into left popliteal fossa.

### 8. *Hepar sulphuris calcareum* [5,6]

- Oversensitive, physically and mentally; slightest cause irritates him.
- Oversensitive to all impressions- to cold, pain, touch, noise, odor, draught of air; slightest pain causes fainting.
- Pains are sore, sticking like sharp splinters.

### 9. *Hypericum perforatum* [6]

- Injury to parts rich in sentient nerves, especially fingers, toes, matrix of nails.
- Laceration; when intolerable, violent, shooting, lancinating pain shows nerves are severely involved.
- Injury to the brain and spinal cord or after-effects from such injury.
- Very painful sore parts, occiput, coccyx, etc.

- Pains extend towards the trunk or down the sides with crawling and numbness.
- Neuritis of head or chest, in epigastrium, inter-scapular spine, finger tips, etc.

## 10. *Kalmia latifolia* <sup>[5]</sup>

- Pains sticking, darting, pressing, shooting in a downward direction, attended or succeeded by numbness of affected parts (*Aconitum napellus*, *Chamomilla*, *Platinum metallicum*).
- Rheumatism: pain intense changing place suddenly, going from joint to joint; hot, red, swollen, < from least motion.

## 11. *Magnesia phosphorica* <sup>[5]</sup>

- Pain: sharp, cutting, stabbing, shooting, stitching, lightening like incoming and going (*Belladonna*); intermittent paroxysms becoming almost unbearable, driving patient to frenzy; rapidly changing place (Lac-c., Puls.), with a constricting sensation (*Cactus grandiflorus*, *Iodum*, *Sulphur*), cramping pain.
- Neuralgic affections of stomach, abdomen and pelvis (*Caulophyllum thalictroides*, *Colocynthis*) <sup>[5]</sup>.

## • *Plumbum metallicum* <sup>[5]</sup>

- Excessive pain in abdomen, radiating to all parts of body.
- Violent colic, sensation as if abdominal wall was drawn by a string to the spine.

## 12. *Pulsatilla nigricans* <sup>[5,8]</sup>

- Pain: drawing, tearing, erratic, rapidly shifting from one part to another; accompanied with

constant chilliness; the more severe the pain, more severe the chill; appears suddenly, and leaves gradually; worse on first motion.

## 13. *Rhus toxicodendron* <sup>[5]</sup>

- Pains as if sprained, as if a muscle or tendon was torn from its attachment; as if bones were scraped with a knife; worse after midnight and in wet, rainy weather; worse during rest and first motion, relieved by continued motion; affected parts sore to touch.

## 14. *Tarentula cubensis* <sup>[5]</sup>

- Abscesses, boils, felons: affected parts become bluish; atrocious, burning pain; the agony of a felon, compelling to walk on the floor for nights, < touch of affected parts, > by rubbing the affected parts.

## 15. *Syphilinum* <sup>[5]</sup>

- Pains from darkness to day light; begin with twilight and end with daylight. Pains increase and decrease gradually; shifting pain; requires frequent change of position.

The medicines can be selected basing on nature of pain, sensations and other accompanying factors, stated below <sup>[8]</sup> :

- Cramping pain- *Cuprum metallicum*, *Colocynthis*, *Magnesia phosphoricum*.
- Burning pain- *Arsenicum album*, *Cantharis vesicatoria*, *Capsicum annuum*, *Phosphorus*, *Sulphuricum acidum*.
- Coldness (sensation)- *Calcarea ostrearum*, *Arsenicum album*, *Cistus canadensis*, *Heloderma*

- Coldness (objective)- *Camphora*, *Secale cornutum*, *Veratrum album*, *Heloderma*

- Fullness sensation- *Aesculus hippocastanum*, *China officinalis*, *Lycopodium clavatum*

- Bearing down sensation- *Belladonna*, *Lilium tigrinum*, *Sepia officinalis*

- Emptiness sensation- *Cocculus indicus*, *Phosphorus*, *Sepia officinalis*

- Bruised, soreness- *Arnica montana*, *Baptisia tinctoria*, *Eupatorium perfoliatum*, *Pyrogenum*, *Ruta graveolens*

- Constriction- *Cactus grandiflorus*, *Colocynthis*, *Anacardium orientale*

- Prostration or weariness- *Gelsemium sempervirens*, *Picricum acidum*, *Phosphoricum acidum*.

- Numbness- *Aconitum napellus*, *Chamomilla*, *Platina*, *Rhus toxicodendron*.

- Erratic pains- *Lac caninum*, *Pulsatilla nigricans*, *Tuberculinum*

- Sensitiveness to pain- *Aconitum napellus*, *Chamomilla*, *Coffea cruda*

- Sensitive to touch- *China officinalis*, *Hepar sulphuricum*, *Lachesis mutus*

- Bone pains- *Aurum metallicum*, *Asafoetida*, *Eupatorium perfoliatum*, *Mercurius solubilis*

- Sticking or stitching pains- *Bryonia alba*, *Kalium carbonicum*, *Squilla maritima*

- Pulsation or throbbing- *Belladonna*, *Glonoinum*, *Melilotus alba*

- Hemorrhages (Passive)- *Hamamelis virginica*, *Secale cornutum*, *Crotalus horridus*, *Elaps corollinus*
- Hemorrhages (Active)- *Ferrum phosphoricum*, *Ipecacuanha*, *Phosphorus*
- Emaciation- *Iodium*, *Natrum muriaticum*, *Lycopodium clavatum*, *Sarsaparilla*
- Psoric constitution - *Sulphur*, *Psorinum*
- Sycotic constitution – *Thuja occidentalis*, *Nitricum acidum*, *Medorrhinum*
- Syphilitic constitution – *Mercurius solubilis*, *Potassium iodide*, *Syphilinum*

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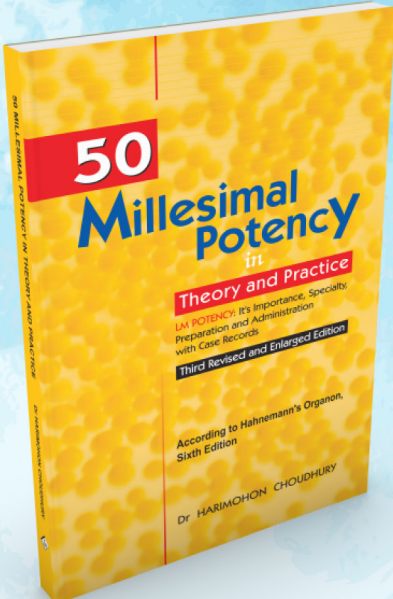
#### About the authors

1. **Purnashashi Pani**<sup>1</sup>, Homoeopathic Medical Officer (on deputation to post of Reader), Department of Materia Medica, Dr. A C Homoeopathic Medical College and Hospital, Bhubaneswar, Odisha, India.
2. **Chaturbhuj Nayak**, Formerly: Director General of Central Council for Research in Homoeopathy, Ministry of AYUSH, Govt. of India, New Delhi; President of Homoeopathy University, Jaipur, Rajasthan, India.

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# 50 MILLESIMAL POTENCY

## THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera, in a very simple and lucid manner.
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ISBN :9788131903445 | ₹149 | 128 pp



# Homoeopathic palliation in incurable diseases: a gentle palliative care

By Jaimin R. Chotaliya

**Abstract:** In present era, medical science fights very hard with complex pathology to offer a better health. Continuous research and advancement in treatment method are ongoing activities that help medical science in this battle. Every day, there is emergence of new complex pathology or treatment resistance which blocks the path of holistic healing. In this situation, integrated approach is necessary for providing holistic health to persons suffering from complex irreversible pathological illness. Homoeopathy along with other complementary sciences helps modern medicine for better case management. Homoeopathy proves itself as a good healing science in irreversible cases with its gentle palliative care. So, let's explore this unique characteristic of homoeopathy in palliation.

**Keywords:** Homoeopathy, incurable diseases, pain, palliation

**Abbreviations:-** aromatase inhibitor (AI)

## Introduction

Complex irreversible cases with multiple aetiological factors and variable manifestations make them difficult to manage by physicians and there will be more difficulty if associated with the auto-immune origin. Integrated approach for managing these types of cases gives some relief to physician in case management.

Homoeopathic science understands their limitation in case management that not all cases are meant to be cure. There are many cases with irreversible pathology requires palliation to improve the quality of patient's life.

**Aim and objectives:** Primary

objective was to study concept of palliation in homoeopathy for incurable or irreversible disorders. Secondary objective was to study role of homoeopathy in pain palliation of incurable diseases in present era.

## Material and methods:

*Study design:* literature review, analytical study

*Selection of tool:* PubMed and homoeopathic literature from various books, articles and other websites regarding pain palliation by homoeopathy in incurable diseases.

*Inclusion criteria:* Cases or literature regarding homoeopathic palliation

with logical explanation included in the study. Incurable cases with integrated approach using homoeopathic method of treatment were included in study.

*Exclusion criteria:* Cases or literature with vague explanation excluded from study. Incurable cases with integrated approach before 10 years (i. e. before 2012) were excluded from the study.

## Observation and results:

### Concept of palliation:

Many homoeopathic pioneers mentioned about the cases and medicine used for pain palliation and their successful results.

Pioneer	Name of medicine	Commentary
Dr Dunham in his book quotes Harley. <sup>(1)</sup>	<i>Conium maculatum</i>	In cancer, he considers 'hemlock' a palliative, in that it allays muscular spasm, and thus mitigates pain. In glandular enlargements, and in cerebral diseases, he has found no benefit from Conium.
Dr C. M. Boger <sup>(3)</sup>	<i>Phosphorus</i>	In adeno-carcinoma of the uterus with haemorrhage and almost no symptom to guide me, it was found that patient had three attacks of pneumonia which were typical of <i>Phosphorus</i> but she did not receive it. Phosphorus controlled the bleeding, stopped pain, and palliated

Dr Kent <sup>(2)</sup>	<i>Carbo animalis</i>	It has cured these troubles in old feeble constitutions with night-sweats and much bleeding. It has relieved in incurable cases, and has apparently removed the cancerous condition for years, even though it comes back afterward and kills. This remedy is often a great palliative for the pains that occur in cancer, the indurations and the stinging, burning pains. of course, we do not want to teach, nor do we wish to have you infer, that a patient with a well-advanced cancerous affection, such as scirrhus, may be restored to perfect health and the cancerous affection removed. One may comfort that patient, and restore order at least temporarily, so that there is freedom from suffering in these malignant affections.
Dr W. A. Dewey <sup>(4)</sup>	<i>Chamomilla, China officinalis and Berberis vulgaris</i>	One may use morphine as a palliative in cases of severe pain, intense pain such as the passage of a biliary or renal calculus, but even here let its use be postponed until you have tried such remedies as <i>China officinalis</i> and <i>Berberis vulgaris</i> . Do not give it in every pain which seems severe. Remember that many patients seem oversensitive to pain and the remedy may be <i>Chamomilla</i> instead of morphine. The less of it you use the better for your patients.
Dr Richard Hughes <sup>(5)</sup>	<i>Silicea terra, Arsenicum album, Chlorate of potash, citric acid</i>	<i>Silicea terra</i> in substance, and <i>Arsenicum album</i> in the higher dilutions, have been found palliative of the pains of scirrhus while unbroken; chlorate of potash and citric acid locally when ulceration has occurred.

Table No. 1

*Homoeopathic palliation in integrated management:*

Name of article	Objective of article	Design and materials and methods	Results	Conclusion
an integrated approach with homoeopathic medicine and electro-acupuncture in anesthesiology during breast cancer surgery: case reports <sup>(6)</sup>	This study investigates the effect of a combination of homoeopathic medicine and electro-acupuncture in two patients with breast cancer and severe Liver disease who could not receive standard therapy due to liver problems.	<i>Design</i> - Case Reports  <i>Method:</i> here they employed an integrated approach consisting of induction with hypnotics and muscle relaxants, followed by maintenance with anaesthetic gas, combined with a homoeopathic treatment ( <i>Arnica montana</i> 15CH and <i>Apis mellifica</i> 15CH) before and after surgery and also consisting electro-acupuncture treatment	Both the patient treated with integrated approach improved their overall condition without need for other common pain-relieving medicines and also shorter hospital stay.	A multidisciplinary approach incorporating homoeopathic medicine and electro-acupuncture can be a solution for patient who need or ask about a different and/or safer alternative to the standard treatment. This approach can offer a safe, much less expensive, non-invasive and viable alternative for such cases. Moreover, it can be useful for an opioid free anaesthesia.

Treatment with <i>Ruta graveolens</i> 5CH and <i>Rhus toxicodendron</i> 9CH may reduce joint pain and stiffness linked to aromatase inhibitors in women with early breast cancer: results of a pilot observational study <sup>(7)</sup>	To determine the possible effect of two homeopathic medicines, <i>Ruta graveolens</i> 5CH and <i>Rhus toxicodendron</i> 9CH, in the prevention of aromatase inhibitor (AI) associated joint pain and/or stiffness in women with early, hormone receptor positive, breast cancer.	<p><b>Design:</b> Prospective, unrandomised, observational study.</p> <p><b>Method:</b> It was carried out between april and october 2014.</p> <p>Women were recruited in two groups, according to which of the study centers they attended: one receiving homeopathy in addition to standard treatment (group H) and a control group (group c) receiving standard treatment only. Women of Group H also took <i>Ruta graveolens</i> 5CH and <i>Rhus toxicodendron</i> 9CH twice a day up to 7 days before AI treatment and continued for 3 months.</p> <p><b>Analysis:</b> demographic and clinical data were recorded using self-assessment questionnaire at inclusion (T0) and 3 months (T3). Primary evaluation criteria were the evolution of scores for joint pain and stiffness, the impact of pain on sleep and analgesic consumption in the two groups after 3 months of treatment.</p>	40 patients were recruited, 20 in each group. The individual components of pain score (frequency, intensity and number of sites of pain) decreased significantly in group H. Nine in group C and one in Group H increased their analgesic consumption between T0 and T3.	These Preliminary results suggest that treatment with <i>Ruta graveolens</i> and 5CH and <i>Rhus toxicodendron</i> 9CH may decrease joint pain/stiffness in breast cancer patient treated with AIs. A larger scale randomised study is required to confirm these results.
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Table no. 2

**DISCUSSION:** As mentioned in observation table no. 1, our homeopathic pioneers were aware about the action of medicine and its utility in incurable disease conditions. utilisation of medicinal

action with logical application of principles were important learning from past. Use of medicines for palliative purposes in incurable condition on the basis of law of similia makes the homeopathic

domain much larger for healing purpose.

As per Dr Kent in his philosophy, where he mentioned about the law similia and its application in cure

and as well as in palliation.<sup>(8)</sup>

Dr Rastogi mentioned about palliation in homoeopathic recorder as follows, “the drug so selected, and administered according to natural laws is sure to bring about a cure in curable diseased conditions and an effective palliation in incurable conditions. The most painful conditions are efficiently palliated or cured with a rapidity which is possible consistently with the nature of the disease. Quicker and longer-enduring results are achieved in relieving pain than with morphia, aspirin etc., and without any injurious after-effects. The physicians’ high and only mission, according to Hahnemann, is to restore the sick to health, to cure as it is termed. And the highest ideal of cure is “rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way and on easily comprehensible principles.”<sup>(9)</sup>

Observation from table number 2 provides information about the utility and role of homoeopathic

medicine in integrated care of patient with incurable diseases. Addition of homoeopathic treatment in management of cancer cases shows its beneficial action in providing relief to the patients.

## Conclusion

Homoeopathic therapeutic system as a method of healing science has goal of providing relief to suffering humanity. In above literature review study, it is clear that homoeopathy provides a greater relief in patients with incurable disease conditions. At present, in such a disease overburdening situation, homoeopathic science helps modern medicine to manage the cases and giving a hope of healthy world to suffering humanity.

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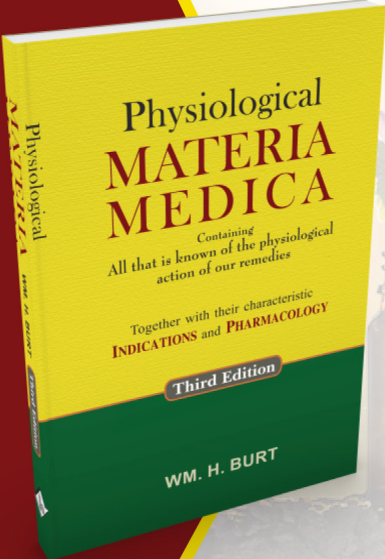
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## About the author

1. Jaimin R. Chotaliya (M.D.) (Hom.) (Asst. Professor in Dept. of Repertory) Swami Vivekanand Homoeopathic medical college and Hospital, Hahnemann Road, Bhavnagar. 390022





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**ISBN : 9788131903568 | ₹ 549 | 992 pp**

# Homoeopathy, skeptics and evidence

By Dr Aeja Husain, DrA Goswami, Dr Naveen K Vishnoi

**Abstract:** Homoeopathy's skeptics, always find arguments and excuses to deny the effectiveness of homoeopathy, arguing that homoeopathic studies are flawed, trials in homoeopathy do not comply with the scientific method, and homoeopathic research studies are not too good to be published in prestigious scientific journals. Here, these points will be addressed by defining and discussing concepts and principles as conceived by homoeopathy, contrasted with conventional system of medicine.

**Key words:** evidence-based medicine, randomised control trial (RCT), conventional medicine, homoeopathic methodology, placebo effect

**Abbreviations:** randomised control trial (RCT)

## Introduction

### Homoeopathy and evidence-based medicine

In order to keep up with the standards of evidence-based medicine, homoeopaths had to use a parallel scientific model designed for conventional medicine, despite the basic differences between the systems.

One must first consider the role of evidence-based medicine, as this has become the “basic standard” for therapeutics, since the late 20<sup>th</sup> century. Evidence-based medicine uses current evidence, from scientific research, to assist in the process of making decisions. This concept may be related to an important question: what were decisions in medical care based on, prior to the late 20<sup>th</sup> century?

The methodologies most commonly used in evidence-based medicine comprise those based on studies that have already been published, such as systematic reviews and meta-analyses, and those used to carry out the studies, such as double-blind randomised controlled trials (RCTs). Here, the focus will be placed on RCTs in the context of its utilisation

in homoeopathy. In brief, double blind RCTs are experiments to test medicines and placebo (plain sugar pills) in a blinded fashion, using a randomised group of study subjects with a similar ailment (neither study subjects, researchers nor result evaluators know who is taking placebo, or taking the medicine being tested). If the effect of the medicine on eliminating symptoms is significantly higher than that of the placebo, the medicine is deemed effective for the ailment.

### Limitations of RCTs in homoeopathy

The methodology of RCTs, which are applicable for conventional medicine, has several conflicting aspects with the principles of homoeopathy.

#### →Totality:

Conventional medicine treats symptoms, while homoeopathy treats the individual as a whole and the “totality” includes physical generals, mental generals, emotional symptoms, as well the interactions of the individual with their environment. RCTs measure only the quantitative parameters, making it subject to errors when used in

homoeopathy.

Fortunately, there is a trend in evidence-based medicine towards the use of qualitative methods alone, or with quantitative methods because the benefits of qualitative methods have been demonstrated in studies such as early diagnosis in parkinson's, and the efficiency of RCTs. Methods such as comparative trials have been proposed to measure the real practise of homoeopathy, where interaction of the both, the specificity of homoeopathic medicine, the non-specificity of homoeopathic consultation are taken into account.

#### →Individualisation:

Homoeopathic methodology regards each person as a unique individual with unique characteristics. Homoeopathic medicine selection that takes this individuality into consideration gives excellent results. However, in order to conform to the conditions of group treatment, for a specific ailment used in an RCT, this individualisation cannot exist – despite the reality that this is one of homoeopathy's uniqueness.

#### →Efficacy and treatment trials:

However, efficacy trials and treatment trials are carried out in the same way in conventional medicine, but not in homoeopathy though treatment trials can be used in homoeopathy to some extent to determine whether a medicine is more effective than placebo for a condition in trial.

Efficacy trials in conventional medicine fundamentally differ with that in homoeopathy. In conventional medicine, the purpose of these trials is to eradicate (? suppress) symptoms, while in homoeopathy, the purpose of these trials is to produce symptoms.

For a homoeopathic drug proving trial, a substance is tested in a randomised group of healthy subjects. Changes in the condition of the healthy subjects are evaluated individually, and in the group. The outcome of common and significant symptoms is referred to as the drug picture of the proved substance. This substance (medicine) can now be used to treat those experiencing the similar symptoms. The criticism of this proving is because it relies on observations and reporting from the subject and the expert doctors involved in the experimentation.

➔**Placebo effect:** One of the arguments used by skeptics is that responses to homoeopathic remedies are due to the placebo effect. In efficacy trials, questionnaires are designed to limit the number of symptoms being considered because the number of symptoms experienced by the study subjects can be overwhelming. It is certain that during RCTs, interaction of study subjects with these questionnaires, with limited symptoms, may result in an increased placebo effect, but carefully designed studies ease these interactions. It has been demonstrated that placebo effect resulting from homoeopathic trials

is not higher than that obtained from conventional drug trials.

The improvement of ailments suffered by babies and animals (who can't verbally express what they feel and are not affected by psychosomatic influences) due to homoeopathic treatment is the best clinical evidence that the action of homoeopathic medicines is real, and not a placebo effect.

Similar questions for the skeptics can be:

What about when the role of homoeopathic medicine is in prevention? Homoeopathic medicines have shown to be effective in the prevention of mastitis during the dry period of dairy cows. On the other hand, double-blinded RCTs in animals have shown superior effect of homoeopathic medicines compared to placebo controls.

What about the changes in the growth-rate of plants by homoeopathic medicines, and the in-vitro activation of bone marrow cells by homoeopathic preparations?

➔**Blinding:** The blinding component of RCTs also presents difficulties when applied to homoeopathy. By RCT protocol, the prescriber should not know about the medicine the study subject is taking, so as to avoid biased interpretations during follow-ups while a homoeopath at its first consultation gets the complete history in a homoeopathic format of case taking which includes, through a thorough questioning and thus make each individual unique with a unique similimum. The study of this information allows the homeopath to find the most appropriate homoeopathic medicine that will stimulate the body to heal.

In RCTs evaluation, difficulties also arise when the potency is not

appropriate, or the subject doesn't respond for some other reason.

### **Why is there so much controversy and criticism concerning homoeopathy?**

Accepting that homoeopathic medicines have a biological effect, even in potencies where dilution goes beyond avogadro's number is not easy. It is hard for people steeped in long-established precepts of chemistry to accept the same.

Experiments suggesting theories that could support the effectiveness of homoeopathy, such as "the memory of water", have been attacked and ignored.

Another important factor delaying progress in high quality research in homoeopathy is lack of funding. Pharmaceutical companies fund a high percentage of the research studies on conventional medicines because the lucrative business for them lies there. However, homoeopathic medicines are extremely cost-effective, so homoeopathic pharmacies do not have that kind of financial strength. Similarly, as far as publication in prestigious scientific journals goes, research relating to homoeopathy is often denied publication for no good reason. To add to the controversy, the media is easily confused about evidence for the effectiveness of homoeopathy, because there are plenty of dominant scientists disapproving any study in the area as non-definitive.

Who could be interested in attacking homoeopathy now, when its popularity is rapidly growing due to the increasing evidence of its effectiveness. Who, lacking real interest in seeing chronic diseases cured and cost-effective improvement of health for people of all the strata, would feel menaced

by homoeopathy? Who would have the money and power to fund ignorant skeptics who don't have an understanding of science, or the application of a 'scientific method' to prove or disprove the science of homoeopathy? Who, for obvious reasons, would not be interested in reviewing any clinical evidence or "scientific" proof of homoeopathy? Who could be using their power over the media to counteract the popularity of homoeopathy?

Despite all of these obstacles, more and more evidence in the area of ultra-high dilutions has been published recently. Some particularly interesting publications are:

A study demonstrating that different high-potency homoeopathic medicines can be distinguished from one another using spectroscopy

A review that shows preliminary evidence supporting the biologic effects of ultra-high dilutions

A report on the presence of the starting substance in ultra-high dilutions of homoeopathic medicines, in the form of nanoparticles

## Conclusion

The fact that studies have shown positive results for homoeopathy, despite numerous obstacles and continual accommodations to fit the standard medical science model, is a testament to the validity of homoeopathy: safely, surely, gently and permanent restoration of health.

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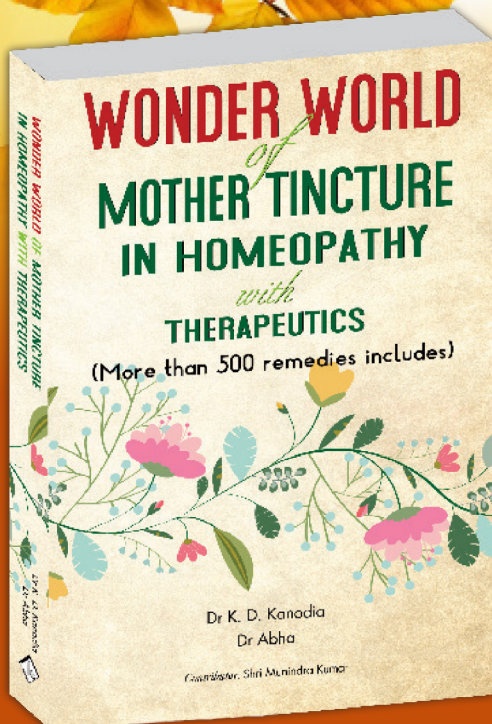
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## About the authors

1. **Prof. (Dr) Aejaz Husain**, BHMS; DECE; MSc. (DM); PGDHRM, H.O.D, Dept. of Practice of Medicine, Rajasthan Vidyapeeth Homoeopathic Medical College, Dabok, Udaipur (Rajasthan), India
2. **Prof. (Dr) A Goswami**, MD (Hom), PhD, Principal & H.O.D, Dept. of Organon of Medicine & Philosophy Rajasthan Vidyapeeth Homoeopathic Medical College, Dabok, Udaipur (Rajasthan), India
3. **Prof. (Dr) Naveen K Vishnoi**, BHMS; M.Sc. (DM), MBA, H.O.D, Dept. of Preventive & Social Medicine, Rajasthan Vidyapeeth Homoeopathic Medical College, Dabok, Udaipur (Rajasthan), India

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# Polycystic ovarian syndrome (PCOS) and its homoeopathic treatment

By Dr Ruchi Mehta, Dr Apoorva Saxena

**Abstract:** Introduction: Polycystic ovary syndrome (PCOS) is a disease in which there is an abnormal amount of androgen production in the body along with multiple cysts in the ovaries. The prevalence rate is approximately 6% ( according to National Institute of Health Consensus 1990) to 20% (according to Rotterdam 2003 ) in women of the reproductive age group. Aetiology: Excessive secretion of androgens is the main cause. Clinical features: Irregular menstrual periods, hirsutism, acne and obesity are the common clinical features. Treatment: Lifestyle management and medications like contraceptive pills and metformin are commonly used. However, in homoeopathy symptom similarity is the core basis of prescription, thus a lot of medicines are available for the treatment of this disease.

**Keywords:** Homoeopathic medicine, polycystic ovarian syndrome, hirsutism, high androgen level, infertility, anovulation, amenorrhoea.

**Abbreviations:** Polycystic ovary syndrome (PCOS), American society for reproductive medicine (ASRM), European society of human reproduction and embryology (ESHRE), ultrasonography (USG), sex hormone binding globulin (SHBG), follicle stimulating hormone (FSH), luteinising hormone (LH), insulin ratio (IR), dehydroepiandrosterone sulphate (DHEAS), Laparoscopic ovarian drilling (LOD)

## Introduction

Polycystic ovary syndrome (PCOS) is a condition in which the ovaries produce abnormal amounts of androgens, male sex hormones that are usually present in women in small amounts. The name polycystic ovary syndrome describes the numerous small cysts (fluid-filled sacs) that form in the ovaries. The prevalence rate is approximately 6% (according to National Institute of Health Consensus 1990) to 20% (according to Rotterdam 2003) in women of the reproductive age group.<sup>1</sup>

### Aetiology:<sup>2,3</sup>

This disorder is characterised by excessive production of androgens by ovaries and from and renal glands. Abnormal regulation of the androgen forming enzyme i.e., P450 C17, is one of the main causes of its excess production from these

glands.

Dysregulation of CYP 11a gene

Apart from dysregulation of P450 C17 enzyme, adrenals are also stimulated to produce excessive androgens by stress and high prolactin levels.

Hyperinsulinaemia leads to increased production of androgens, by stimulation of theca cells.

Obesity(central) is an important contributory factor for the development of PCOS.

Higher prevalence has been associated in first-degree relatives with PCOS.

Congenital virilising disorders,

Above-average or low birth weight for gestational age.

Premature adrenarche, use of

valproic acid as an antiepileptic drug. Studies have also suggested that there is a higher prevalence in Mexican-Americans than non-Hispanic whites and African Americans.

### Clinical features:<sup>3,4</sup>

The most common sign and symptoms of PCOS include:

**Irregular periods:** [Abnormal menstruation](#) involves scanty or missing periods, or not having a period at all. It may also involve heavy bleeding during periods.

**Hirsutism:** Abnormal and excess facial hair and heavy hair growth on the arms, chest and abdomen in women.

**Acne:** [Acne](#), especially on the back, chest and face are commonly seen in PCOS. These may continue past the teenage years and may be difficult to

treat.

## Obesity

**Acanthosis nigricans:** Dark coloured patches of dark skin, especially in the folds of your neck, armpits, groin (between the legs) and under the breasts.

**Skin tags:** these are often found in the armpits or on the neck.

## Thinning hair

**Infertility:** PCOS is the most common cause of [female infertility](#). Decreased frequency or lack of [ovulation](#) can result in not being able to conceive.

## DIAGNOSIS: <sup>2</sup>

Diagnosis is based upon the presence of any two of the following three criteria, as per the American society for reproductive medicine (ASRM) / European society of human reproduction and embryology(ESHRE), 2003:

Oligo and/ or anovulation.

Hyperandrogenism (clinical and/ or biochemical)

Polycystic ovaries

## In USG:

Ovaries are enlarged in volume ( $\geq 10 \text{ cm}^3$ )

Increased number ( $>12$ ) of peripherally arranged cysts (of 2-9 mm in diameter) is seen.

Ovarian capsule is thickened and pearly white in colour.

## Serum values:

LH levels is elevated and/ or the

ratio LH:FSH is  $> 2:1$ .

Raised fasting insulin levels  $>25 \mu\text{IU/ml}$  and fasting glucose to insulin ratio  $<4.5$  suggests IR. Levels of serum insulin response  $> 300 \mu\text{IU/ml}$  at 2 hours post glucose (75 gm) load, suggests severe IR.

Raised level of oestradiol and estrone- the estrone level is markedly elevated.

SHBG level is reduced.

**H y p e r a n d r o g e n i s m** - androstenedione is raised.

Raised serum testosterone ( $> 150 \text{ ng/dl}$ ) and DHEAS may be marginally elevated.

## Treatment:<sup>5</sup>

### Lifestyle changes:

You can lose weight by exercising regularly and eating a healthy, balanced diet.

Weight loss of just 5% can lead to a significant improvement in PCOS.

Your diet should include plenty of fruit and vegetables, (at least 5 portions a day), whole foods (such as wholemeal bread, wholegrain cereals and brown rice), lean meats, fish and chicken.

### b) Medicinal treatment:

Contraceptive pill may be recommended to induce regular periods, or periods may be induced using an intermittent course of progestogen tablets (which are usually given every 3 to 4 months, but can be given monthly).

Clomifene is usually the first treatment recommended for women with PCOS who are trying to get

pregnant. Clomifene encourages the monthly release of an egg from the ovaries (ovulation).

Metformin is used to lower blood sugar levels in patients suffering from PCOS. It also stimulates ovulation and regulates monthly periods.

Medicines to control excess hair loss and hirsutism are spironolactone, flutamide, etc.

Orlistat – to decrease weight in over weight females

Statins- helps to reduce blood cholesterol levels

Acne treatments are also used.

Laparoscopic ovarian drilling (LOD) can be used to treat fertility problems.

## Complications:<sup>2,4</sup>

Diabetes.

High blood pressure.

Cardiovascular disease.

Endometrial hyperplasia.

Endometrial cancer.

Sleep disorders such as sleep apnoea.

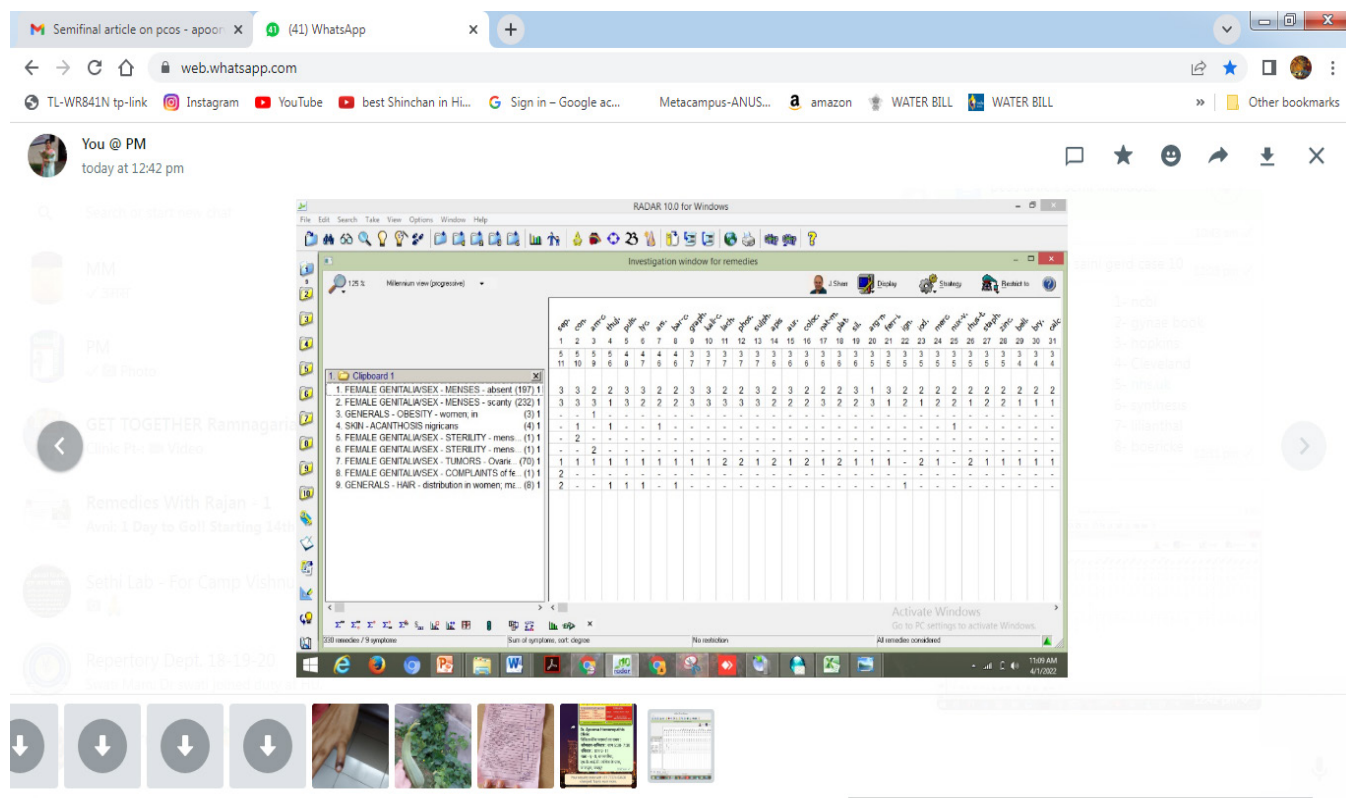
Depression and anxiety.

Infertility

Miscarriage

## Homoeopathic treatment:

After repertorisation of all the common symptoms of PCOS, the following medicines appeared, as shown in figure-1.<sup>6</sup>

Figure -1<sup>6</sup>

Symptoms of some important homoeopathic remedies:<sup>7,8</sup>

#### *Spiega officinalis*:

Too early, too scanty and flow present only in morning with great weakness < morning, indoors and > in open air; menses are regular but scanty and dark and lasting for only one day.

Before menses : There is sadness and weeping; shuddering; foul odour and taste in mouth; tongue is very foul, but cleanses at each period, and returning again when flow ceases; burning, excoriation and smarting in vulva; sensation of distension at genitals.

During menses: Congestion and stinging pains in ovarian region, running around from the back over each hip, there is bearing down pain from uterus. Tenderness of female parts < touch. Painful stiffness,

apparently in uterus; crampy colic with bearing down pains and sensation as if she must cross her legs to keep everything from coming out of vulva; constipation with sensation of a heavy lump in anus ; soreness of perineum; foetid urine, deposition of clay coloured sediment, which adheres to bottom of vessel. Restlessness and sleeplessness; empty sensation at pit of stomach; drawing pain in abdomen and limbs; palpitation and dyspnoea; spasmodic colic and pressure over sexual organs along with headache, weakness of vision, nausea, hard stool and rigidity of limbs.

After menses: dryness of vulva and vagina, causing a disagreeable sensation when walking; offensive sweat in axilla and soles; flooding during climaxis or pregnancy, fifth and seventh month; there is much pain and weakness in small of back.

#### *Conium maculatum*:

Menses are irregular too early and too feeble, or too late and too scanty, of brownish coloured blood. Dysmenorrhoea with pains extending to left chest; labour like abdominal pains, extending into thighs. Ovaritis; ovaries are enlarged and indurated; lancinating pains. Ill effects of repressed sexual desire or suppressed menses or from excessive indulgence. Breasts enlarge and become hard and painful before and during menses. Induration of cervix and os is present. Rash before menses. Itching around the pudenda. Unready conception (sterility) is present.

#### *Ammonium carbonicum*:

Before menses: Face becomes pale. There is pain in abdomen and also small of back. No appetite. At commencement there are cholera like symptoms.

During menses: she is very sad and fatigued, especially in thighs with yawning, toothache, pain in small of back and chilliness. Menstrual flow increases at night, it is blackish, in clots, passing off with spasmodic pains in abdomen and hard stools. Menses are profuse and acrid, these make thighs sore and causes burning pain; too late, scanty and short, always accompanied by frontal headache; very nervous and restless; exhaustion with defective reaction; there is sleeplessness during menses; diarrhoea before and during menses; there is blood from rectum during menses.

#### *Thuja occidentalis:*

A good medicine for Cysto-ovarium. There is inflammation with pain in left ovary. Pain extends through left iliac region into groin and sometimes into left leg. <from walking or riding, so she has to lie down (during menses); burning pain in ovary, ovarian affections are worse during menses. Menses are scanty and retarded.

#### *Pulsatilla pratensis:*

There is amenorrhea. Menses are suppressed from wet feet, nervous debility or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, and intermittent flow. There is chilliness, nausea with

a downward pressure and pain. Diarrhoea during or after menses.

#### *Lycopodium clavatum:*

Menses are too late; too long lasting and are too profuse. Vagina is dry. Burning and stinging pain in ovaries, > by urination. Sharp, shooting pains extending from right to left ovarian region. Dryness of vagina. Painful coition. Discharge of blood from genitals, during stool.

#### *Arsenicum album:*

Ovaritis with burning, lancinating pains, as if hot coals were burning the part, accompanied by throbbing, >from hot application and much < by cold; restlessness, somewhat relieved by constantly moving the feet; burning pain in back while lying quietly on it; drawing, stitching pain starts from right ovary goes and into thigh.

#### *Baryta carbonica:*

Menses are scanty and they last for only a day. Before menses there is toothache, colic and leucorrhoea. During menses there is a cutting and pinching type of pain in abdomen; bruised pain in small of back. This remedy is especially suitable to dwarfism women with scanty menses and troublesome weight about the pubis, in any direction.

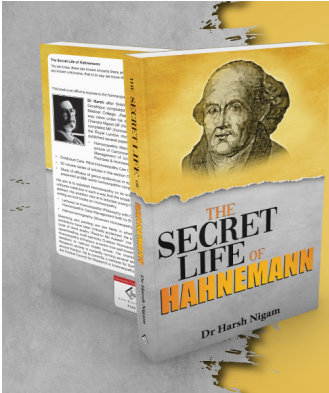
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## About the author

1. **Dr Ruchi Mehta**, Associate/ Assistant Professor, Department of gynaecology and obstetrics, Dr MPK Homoeopathic medical college, Saipura, Sanganer, Jaipur.
2. **Dr Apoorva Saxena**, MD, Department of Repertory, Dr MPK Homoeopathic medical college, Saipura, Sanganer, Jaipur






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# Eczema treated by homoeopathic medicine, *Kalium arsenicosum*: a case report

By Dr Sonia Tuteja

**Abstract:** Eczema is a reaction pattern in which skin becomes inflamed, forms blisters, and becomes crusty, thick, scaly and pigmented. The aetiology is still unknown. Eczema causes itching, scratching and burning and it may occur for long period of duration. Homoeopathy has a great role in treatment of eczema. A 47-years old male came with a complaint of severe itching over back. A complete case was recorded and studied thoroughly, and after repertorisation, on the basis of individualisation, *Kalium arsenicosum* was prescribed. The aim of article is to show the effectiveness of *Kalium arsenicosum* in the cases of eczema.

**Keywords:** eczema, *Kalium arsenicosum*, allergy, homoeopathy.

**Abbreviations:** H/o – history of, BMI – body mass index, Psora- P., Sycosis- Sy., Syphilis- Syp., Latent Psora- Lt.P., Latent Sycosis- Lt.Sy., Latent Syphilis- Lt.Syp., 1D – 1 dose, TDS – three times a day

## Introduction

The term 'eczema' means 'to boil out' (ec = out; zema = boil), because it seems that the skin is 'boiling out' or 'oozing out' in eczema.<sup>1</sup> The term 'eczema' and 'dermatitis' are synonymous.<sup>1</sup> Patients usually use the term eczema to denote any skin disease which is chronic.<sup>1</sup> They sometime use the term 'allergy' also.<sup>1</sup> Eczema is a reaction pattern<sup>1</sup>, it can be acute or chronic and there are several causes.<sup>2</sup> It is diagnosed clinically on the basis of patient's presenting complaints.<sup>2</sup> Acutely, epidermal oedema (spongiosis) and intra-epidermal vesiculation (producing multilocular blisters) predominate, whereas with chronicity there is more epidermal thickening (acanthosis) with pronounced skin markings, secondary to chronic rubbing and scratching.<sup>2</sup> Vasodilation and T-cell lymphocytic infiltration of the upper dermis also occur.<sup>2</sup>

Many medicines are popular for the treatment of eczema like *Arsenicum album*, *Rhus toxicodendron*, *Petroleum*, *Belladonna*, etc. But *Kalium* or *Potassium* is one of the important minerals present in blood plasma as well as in all tissues which causes

great disturbance in the circulation of fluids in the tissues<sup>4</sup> and also act as a complexion cleaner<sup>6</sup>. Although *Arsenicum album* also ran parallel in the repertorial chart. Here *Kalium arsenicosum* was chosen as it covered the mentals, as he was very fearful and very anxious about his health and heart diseases. Time modality was very marked, <1-3 a.m. and it is covered by only *Kalium arsenicosum*.

## Case record

Mr. XYZ, 47 year Old, came with a complaint of dry, scaly eruptions on back.

## Presenting complaints

Patient was suffering from severe itching on back with dry, scaly skin since 2 years, which was aggravated by undressing and at night and scratching caused burning. While sitting, he seemed to be anxious and very restless, and patient complaints of sleep disturbance at night because of itching, especially between 1-3 a.m. Once sleep disturbed, he was unable to sleep again which causes dullness and irritability whole day. Patient also complaint of difficulty in respiration while walking fast.

## History of presenting complaints

Patient had history of itching since 2 years on back. Itching started with minor eruptions and it was tolerable but it gradually increased day by day. He took allopathic medication and applied external application on eruptions which relieved and suppressed the complaints, but as soon as he stopped the treatment, itching appeared severely with eruptions covering the whole back with dry, scaly skin. Since 15 days, he was not using any external application but took allopathic medicine for itching before 5 days.

## Past history

H/o chickenpox in childhood.

## Family history

**Father:** 69 year old, healthy and alive shopkeeper.

**Mother:** 67 year old, healthy and alive housewife.

## Constitution

Dark complexion with height of 179cm and weighing 86 kg (BMI= 26.8 kg/m<sup>2</sup>- overweight)

## Patient as a whole

**Aversion:** Non-vegetarian.

# CASE STUDY

**Appetite:** 3-4 chapattis/meal; 2meals/day.

**Thirst:** 2-3 litres/day, takes seasonal water.

**Stool:** Satisfactory and normal bowel habit.

**Sweat:** Over whole body, on physical exertion.

**Thermal reaction:** chilly<sup>++</sup>

**Evaluation of symptoms<sup>5</sup>:**

**Mind:** Patient was restless and anxious. Fear of his illness. While conversation, patient asked that this disease will harm to heart because on walking fast, he had difficulty in respiration.

**Sleep:** Disturbed because of itching.

**Analysis of case**

Mental generals: restlessness and

anxiety. Fear of his illness, fear of heart diseases

Physical generals: Chilly patient. Desire for sweet things.

Particulars: Itching on back caused burning, Itching <by undressing, at night. Eruptions were dry and scaly. Itching after midnight at 1-3 a.m.; difficulty in respiration on walking rapidly.

Rubrics	P	Sy.	Syp.	Lt.P.	Lt.Sy.	Lt.Syp.
MIND-Restlessness, nervousness	1234					
MIND- Anxiety	1		E			
MIND- Health, about	123			4		
MIND- Heart, disease of	12E					
RESPIRATION- Difficult, on walking	12					
STOMACH- Desires, Sweets	234		4			
SKIN- Itching	124					
SKIN- Itching, Burning	124					
SKIN- Itching, undressing agg.	1					
SKIN- Itching, night	124					
SKIN- Eruptions, scaly	145					
SKIN- Eruptions, dry	12					

*Synthesis Repertory* was due to presence of mental symptoms and marked particulars.

Eczema: severe itching, dry, scaly skin.

Psora-syphilis

**Provisional diagnosis<sup>2</sup>**

**Miasmatic diagnosis<sup>5</sup>**

Repertorisation was done using RADAR 10.0 and the repertorial result is shown in [Table 1].

**Table 1: Repertorisation chart<sup>8</sup>**



Fig 1: Before treatment

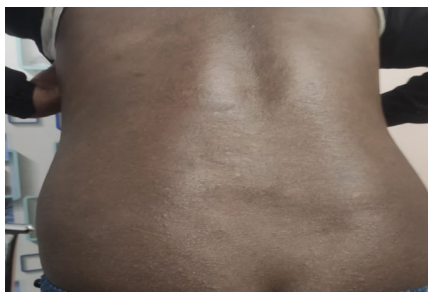


Fig 2: After treatment

totality of symptoms and the patient's thermal reaction was chilly. *Kalium arsenicosum* 30C/1

dose/stat was prescribed, and on subsequent follow-ups, potency was changed based on the assessment

### Intervention:

First prescription: On 12 April 2021, *Kalium arsenicosum* 30C/1 dose/stat.

Basis of prescription: Medicine selected on the basis of individualisation, symptom totality and in consultation with materia medica was *Kalium arsenicosum*. Furthermore, *Kalium arsenicosum* was chosen as it covered the

of improvement in itching and eruptions. *Kalium arsenicosum* is a deep and long acting remedy<sup>3</sup>.

Date	Symptoms	Prescription	Justification of potency and doses <sup>7,9</sup>
12/04/2021	Severe eruptions on back Severe itching in eruptions Dry, scaly skin on back Restlessness and anxiety about health. Disturbed sleep and fear of fatal disease.	Rx <i>Kalium arsenicosum</i> 30/1 dose/ stat <i>Rubrum</i> 30/TDS/7 days	Selected low potency due to low susceptibility.
19/04/2021	Slight relief in itching in eruptions. No improvement in eruptions. Patient seems restless and anxious as well.	Rx <i>Kalium arsenicosum</i> 30/1 dose/ stat <i>Rubrum</i> 30/TDS/7 days	Repeated as used low potency
26/04/2021	Slight improvement in the state of well being. Improved sleep Complaint of itching and eruptions is present but patient started feeling hopeful.	Rx <i>Phytum</i> 30/1 dose/ stat <i>Rubrum</i> 30/TDS/7 days	Medicine not given, as it left to act
03/05/2021	No marked improvement seen.	Rx <i>Kalium arsenicosum</i> 200/1 dose/ stat <i>Rubrum</i> 30/TDS/15days	High potency given as no improvement noticed.
20/05/2021	Patient felt much relaxed regarding itching. Slight improvement in eruptions seen.	Rx <i>Phytum</i> 30/1 dose/ stat <i>Rubrum</i> 30/TDS/15days	Medicine not given, as it left to act
31/05/2021	No marked improvement in eruptions. Itching not much annoying but aggravates on undressing. Sleep doesn't get disturbed due to itching at night.	Rx <i>Kalium arsenicosum</i> 200/1 dose/ stat <i>Rubrum</i> 30/TDS/15days	Potency repeated due stand still condition
14/06/2021	Slight improvement in eruptions. Improvement in sleep. Much relief in itching.	Rx <i>Phytum</i> 200/1 dose/ stat <i>Rubrum</i> 30/TDS/15days	Medicine not given, and it was left to act

24/06/2021	Fever since 1 day, temp.- 101.2 Frontal headache, dull aching pain over eyebrows. Dullness in whole body. Heaviness in eyes. Ameliorated from closing eyes, lying down. No thirst, clean tongue.	Rx <i>Gelsemium sempervirens</i> 30/2 doses/ once a day  <i>Rubrum</i> 30/TDS/5days	Patient came with acute complaints so on acute totality medicine was prescribed
05/07/2021	Patient feels relaxed.  Complaints came to a stand-still.	Rx  <i>Kalium arsenicosum</i> 1 M/1 dose/ stat  <i>Rubrum</i> 30/TDS/30days	High potency used because of standstill of symptoms
03/08/2021	Started noticing significant improvement in eruptions.  Relief in itching.  Improvement in scaly skin.	Rx  <i>Phytum</i> 200/1 dose/ stat  <i>Rubrum</i> 30/TDS/7days	Medicine not given, and it was left to act
14/08/2021	Patient felt better but no significant improvement seen.	Rx  <i>Kalium arsenicosum</i> 1 M/1 dose/ stat  <i>Rubrum</i> 30/TDS/30days	Repeated potency because no marked improvement seen
13/09/2021	Eruptions much relieved.  No complaint of itching  Skin started healing up, not that much dry and scaly.	Rx  <i>Phytum</i> 200/1 dose/ stat  <i>Rubrum</i> 30/TDS/15days	Medicine not given, was left to act
29/09/2021	Complete disappearance of eruptions on back.	Rx  <i>Phytum</i> 1M/1 dose/ stat  <i>Rubrum</i> 30/TDS/15days	No complaints noticed and patient was towards cure
18/10/2021	Significant improvement in dryness and texture of skin on the back without any recurrence of new eruptions.	Rx  <i>Phytum</i> 1M/1 dose/ stat  <i>Rubrum</i> 30/TDS/30days	Patient was cured, and on under observation, with no eruptions seen.

## Conclusion

With the individualisation of the case, *Kalium arsenicosum* was considered as the indicated remedy which proved effectiveness in the treatment of eczema of the patient. According to patient narration, he was 80-90% better and still under the treatment.

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## About the authors

1. **Dr Sonia Tuteja**, Professor-Department of Materia Medica- Homoeopathy University, Jaipur.

# Social anxiety disorder: fear of being judged

By Dr Monika Yadav, Dr Tahura Ahmad

**Abstract:** Social anxiety disorder is most common anxiety disorder, characterised by excessive fears of humiliation or embarrassment in various social situations. It is highly co-morbid with other anxiety disorders, depression, and substance use disorders. It is more than just a little shyness. Social anxiety disorder severely affects individuals, their families and society, in the form of functional disability, poor educational achievement, loss of work productivity, social impairment, greater financial dependency and impairment in quality of life.

**Keywords:** social anxiety disorder, social phobia, public speaking, substance abuse, depression, cognitive behavioural therapy

**Abbreviations:** SAD- social anxiety disorder, SP- social phobia, CBT- cognitive behavioural therapy, SSRIs- selective serotonin reuptake inhibitors, PTSD- post-traumatic stress disorder, OCD- obsessive compulsive disorder, diagnostic and statistical manual of mental disorders Fifth Edition (DSM-5).

## Introduction

Social anxiety disorder (SAD) is characterised by excessive fear of embarrassment, humiliation, or rejection when exposed to possible negative evaluation by others when engaged in a public performance or social interactions. It is also known as social phobia.

Social anxiety is a chronic disorder, typically lasting for 6 months or more. Additionally, many patients with SAD may not seek treatment because they believe the social anxiety to be part of their personality structure, and therefore does not require treatment.<sup>(1)</sup>

## Evaluation

Evaluation of social anxiety disorder must include its diagnostic criteria as classified in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5).

Criteria include pronounced fear or anxiety around one or multiple social situations where a person is possibly exposed to the possible scrutiny of others.

The person fears they will act a certain way that may be evaluated negatively. The social situation, for the most part, provokes anxiety or fear. The situations are either endured with anxiety or fear or avoided entirely. This fear or anxiety is disproportionate to the threat actually posed by the situation. The avoidance, fear, or anxiety lasts typically for at least 6 months and causes significant impairment or distress in an important area of functioning.<sup>(1)</sup>

## Aetiology

Family and twin studies suggest that genetic factor's role as an etiological factor in social anxiety disorder is believed to be largely dependent on environmental factors.

Parenting that is overly controlling or intrusive may result in inhibited temperament in children, increasing the risk for SAD. Adverse and stressful life events may also increase risk.

Recent evidence suggests the 'extended amygdala' to be an essential region in anxiety disorders.<sup>(1)</sup>

Stressful social events in early life (for example, being bullied, familial abuse, public embarrassment or one's mind going blank during a public performance) are commonly reported by people with social anxiety disorder.<sup>(2)</sup>

## Prevalence

Data from the National Comorbidity Survey reveals that social anxiety disorder is the third most common psychiatric condition after major depression and alcohol dependence. Lifetime prevalence rates of up to 12% have been reported compared with lifetime prevalence estimates for other anxiety disorders of 6% for generalised anxiety disorder, 5% for panic disorder, 7% for post-traumatic stress disorder (PTSD) and 2% for obsessive-compulsive disorder (OCD). Women and men are equally likely to seek treatment for social anxiety disorder, but community surveys indicate that women are somewhat more likely to have the condition.

50 to 80% of people with social anxiety disorder presenting to health services have at least one

other psychiatric condition, typically another anxiety disorder, depression or a substance-use disorder.<sup>(2)</sup>

The most common type of anxiety disorders in children was found to be social anxiety disorder (83.33%) and separation anxiety disorder (76.66%).<sup>(3)</sup>

## The origins of social phobia

Retrospective reports indicate an average age of onset of social phobia between early and late adolescence.

Four major factors that may be important to (the development of self-consciousness and social evaluative concerns in children) the origins of social phobia: (a) genetic factors; (b) family factors; (c) other environmental factors; and (d) developmental factors

Parental overprotection becomes associated with anxiety is the message conveyed to the child that the world is harmful and the child needs to be protected because he or she is incapable of defending himself or herself. This instills in the child a sense of inability to cope. These factors of threat and perceived inability to cope are fundamental to the experience of anxiety.

Several other environmental experiences may include common factors such as traumatic social experiences, childhood illness, social isolation, being bullied or teased by peers, or being the firstborn or only child.

Being bullied, neglected, and having few or no friends to play with at school may further contribute to the child's perception of himself or herself as incompetent.

Childhood illness may be a contributing factor to social anxiety and shyness.

Firstborn children are more likely to be shy because of the pressure often placed on firstborn children to succeed.

The developmental period of adolescence marks the beginning of many physical, cognitive, and social changes, with adolescence comes the "onset of puberty; entering a new school situation and the onset of formal operations thinking in which the child is able to distinguish between the perspectives of other's and one's self-view". The increase in self-consciousness is a trigger for the onset of increased social fears.<sup>(4)</sup>

## Pathophysiology

Studies in the past have found that persons with performance-type social anxiety disorder may have a greater response of the autonomic nervous system, including elevated heart rate. Multiple neurotransmitter systems, including serotonin, dopamine, and glutamate, may be implicated in the pathogenesis of social anxiety disorder.<sup>(1)</sup>

## Type of social anxiety disorder

Individuals with social anxiety disorder vary considerably in the number and type of social situations that they fear and in the number and range of their feared outcomes.

These two features (feared situations and feared outcomes) can vary independently. For example, some people fear just one or two situations but have multiple feared outcomes (such as, 'I'll sound boring', 'I'll sweat', 'I'll appear incompetent', 'I'll blush', 'I'll sound stupid' or 'I'll look anxious'). Others can fear many situations but have only one feared outcome (such as 'I'll blush').

The most common distinction is between generalised social anxiety disorder, where individuals fear

most social situations, and non-generalised social anxiety disorder, where individuals fear a more limited range of situations (which often, but not always, involve performance tasks such as public speaking). The generalised subtype is associated with greater impairment and higher rates of comorbidity with other mental disorders. The generalised subtype also has a stronger familial aggregation, an earlier age of onset and a more chronic course.<sup>(2)</sup>

## Impact of social anxiety disorder on patients

Social anxiety disorder should not be confused with normal shyness, which is not associated with disability and interference with most areas of life. Educational achievement can be undermined, with individuals having a heightened risk of leaving school early and obtaining poorer qualifications. The majority of people with social anxiety disorder are employed; however, they report taking more days off work and being less productive because of their symptoms. People may avoid or leave jobs that involve giving presentations or performances.

On an average, individuals with social anxiety disorder have fewer friends and have more difficulty getting on with friends. They are less likely to marry, are more likely to divorce and are less likely to have children. Social fears can also interfere with a broad range of everyday activities, such as visiting shops, buying clothes, having a haircut and using the telephone.<sup>(2)</sup>

Social phobia (SP) is a common disorder in children and adolescents. SP affects up to 2% of children and adolescents with a peak age at onset between 11 and 12 years. SP affects both genders equally before puberty; but after puberty, girls are

more likely to be affected.<sup>(5)</sup>

Children may manifest their anxiety somewhat differently from adults. As well as shrinking from interactions, they may be more likely to cry or 'freeze' or have behavioural outbursts such as tantrums. Particular situations that can cause difficulty for socially anxious children and young people include participating in classroom activities, asking for help in class, activities with peers (such as team sports or attending parties and clubs), participating in school performances and negotiating social challenges.<sup>(2)</sup>

### Mental disorders associated with social anxiety disorder

Four-fifths of adults with a primary diagnosis of social anxiety disorder will experience at least one other psychiatric disorder at sometime during their life.

Among adults, social anxiety disorder is particularly likely to occur alongside other anxiety disorders (up to 70%), followed by any affective disorder (up to 65%), nicotine dependence (27%) and substance-use disorder (about 20%). Substance misuse problems can develop out of individuals' initial attempts to manage their social anxiety with alcohol and drugs. As social anxiety disorder has a particularly early age of onset, many of these comorbid conditions develop subsequently.<sup>(2)</sup>

### Differential diagnosis

Social anxiety disorder must be differentiated from other disorders, including neurodevelopment disorders such as autism spectrum disorder, panic disorder and agoraphobia, depressive disorders, substance-related and addictive disorders, body dysmorphic

disorder, and personality disorders such as schizoid personality disorder and avoidant personality disorder.<sup>(1)</sup>

### Complications

Co-morbid psychiatric disorders occur in up to 90% of patients with SAD. SAD's presence is a predictor for the development of major depression and alcohol use disorder. Patients who have co-morbid psychiatric disorders have an increased likelihood of greater severity of symptoms, treatment resistance, decreased functioning, and increased rates of suicide.<sup>(1)</sup>

### Treatment / management

There is a large amount of evidence supporting the efficacy of medications and cognitive behavioral therapy (CBT) in social anxiety disorder. According to meta-analysis, SAD responds well to treatment with individual CBT and selective serotonin reuptake inhibitors (SSRIs).<sup>(1)</sup>

### Homoeopathic treatment

Homoeopathy treats psychological complaints in very effective way. Patients suffering from social phobia show marvelous recovery when treated with individualised homoeopathic medicines.

Homoeopathic medicines seen to be more effective were *Calcarea carbonica*, *Calcarea phosphorica*, *Phosphorous*, *Silicea terra*, *Natrum muriaticum*, etc. 9 patients (30%) showed marked improvement, 10 patients (33.33%) showed moderate improvement and 11 patients (36.66%) showed mild improvement.<sup>(3)</sup>

Rubrics:

There are lots of rubrics in repertory,

covering the symptoms of patients suffering from social phobia.

MIND-TIMIDITY

MIND-TIMIDITY-public; about appearing in

MIND-TIMIDITY-public; about appearing in –talk in public; to

MIND-ANTICIPATION-stage fright

MIND-ANTICIPATION- stage fright –unusual ordeal; of any

MIND- ANXIETY- perspiration-during-hands; with perspiration and trembling of

MIND-CONFIDENCE –want of self confidence

MIND-COMPANY-aversion to

MIND- FEAR –people of

MIND –ANXIETY –speaking when company, in

MIND –DELUSION –laughed at and mocked at; being

MIND- DELUSION – confusion; others will observe her

MIND- SENSITIVE- criticism; to

MIND-AILMENTS FROM-embarrassment

MIND-AILMENTS FROM-honor; wounded

MIND-AILMENTS FROM-mortification

MIND-AILMENTS FROM-rudeness of others

MIND-AILMENTS FROM-rejected; from being

MIND-INSECURITY; mental

MIND-FORGETFUL-words while speaking; of

MIND-DWELLS- past disagreeable occurrences, on

GENERALS - TREMBLING - externally anxiety from

There are following important medicines covering above rubrics in *Synthesis Repertory*-

*Lycopodium clavatum, Staphysagria, Gelsemium sempervirens, Ambra grisea, Baryta carbonicum, Aconitum napellus, Argentum nitricum, Natrum muriaticum, Carcinosisinum, Silicea terra, Pulsatilla nigricans, Sepia officinalis, Ignatia amara*<sup>(6)</sup>

## Conclusion

Social anxiety disorder is highly co-morbid with depression, substance use disorder and other anxiety disorder. Individuals thinking that social anxiety are

part of their personality; lack of recognition of condition by health care professionals and lack of information about availability of effective treatment are some reasons behind low rate and delay in seeking treatment in affected individuals.

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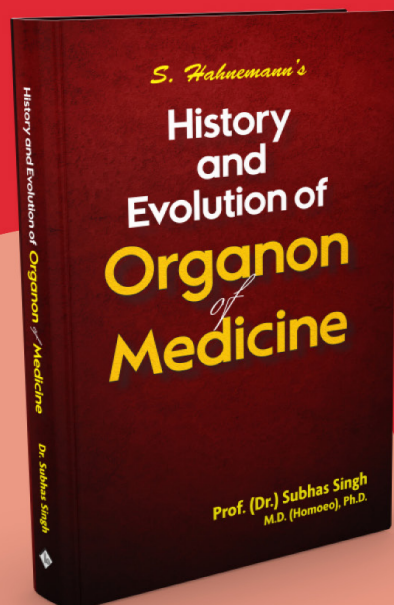
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8. Monika Yadav, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.
9. Tahura Ahmad, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.

## About the authors

1. **Dr Monika Yadav**, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.
2. **Dr Tahura Ahmad**, PG Scholar, State National Homoeopathic Medical College & Hospital, Lucknow, U.P.

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# Carbuncle: a case report

By Dr Anjan Das, Dr Shimul Jamatia, Dr Azizul Islam Khadim

**Abstract:** A male age 34 years diagnosed clinically with “carbuncle” cured by homoeopathic medicine, *Calcarea sulphurica*.

**Keywords:** carbuncle, *Calcarea sulphurica*, homoeopathy

**Abbreviations-** HTN - hypertension, B.P- blood pressure, mm Hg- millimetre of mercury, amel. – amelioration, agg.- aggravation, BD- 2 times a day, B.A. - Bachelor of arts, °F – degree Fahrenheit, *Cal. sulph.* - *Calcarea sulphurica*, QDS - four times a day

## Introduction

Carbuncle is a superficial infective gangrene, involving the subcutaneous tissue, caused by staphylococcal infection. <sup>(1)</sup> It is commonly seen among the diabetic patients. The initial lesion is similar to boil in the form of hair follicle infection with perifolliculitis. <sup>(2)</sup> Generally, it commences with painful and stiff swelling which later spreads with marked induration. Surface is red, angry looking like red-hot coal. <sup>(2)</sup> Later, the central part of swelling turns into vesicles which finally transforms into pustules, that subsequently burst allowing the discharge to come out in multiple openings in the skin producing a sieve-like or cribiform appearance (a pathognomonic of carbuncle). <sup>(3)</sup> The opening coalescence to make bigger crateriform ulcer, the base of the ulcer lies a greyish slough.

## Case study

### Chief complaints

A male patient of age 34 years

complains of pain and swelling with pus formation on the left hip region since last 3 months, agg. by touch; amel. Uncovering.

### History of present illness

It appeared suddenly and he previously took allopathic medicine with no relief.

### Past history

Not specific

### Family history

Father was suffering from HTN

### Personal history

Education- B.A.  
Occupation- businessman  
Diet- non- vegetarian

Habits- tobacco chewing

### Physical and mental generals

While enquiring about the mental generals, he said that he always wanted to do his work hurriedly<sup>++</sup>

whenever he was given any task. He wished to stay alone.

His appetite was good and he liked to take cold food. Thirst was moderate, he usually drank 2-3 litre of water in a day. He had a desire for sweets<sup>++</sup>. Patient used to sweat profusely on his head. He was sensitive to hot<sup>++</sup>. He usually slept for 6-7 hours and was refreshing.

### Vitals

Pulse- 80/minute

Temperature – 98.4 °F

B.P. - 120/70 mm Hg

### Examination-

On inspection, redness and thick, yellow pus accumulation was seen over the swelling.

### Diagnosis

Diagnosis was based on clinical history and physical examination. <sup>(4)</sup>

### Analysis and evaluation of the case

S.No	Symptom	Symptom type	Intensity
	Hurried in nature	mental general	++
	Wished to stay alone	mental general	+
	Desire for sweets	physical general	++
	Pus – thick and yellow	physical general	+++

	Perspiration on head	characteristic particular	++
	Uncovering amel.	physical general modality	++
	Pain on swelling	common symptom	+

**Totality of symptoms**

Thick and yellow pus.

Hurried nature.

Uncovering amel.

Sweet desire.

**Repertorial totality**

Perspiration on head.

6 symptoms which were prominent

including mental, physical, and particular symptoms are taken into consideration and repertorisation was done with the help of *Complete Repertory* in *HOMPATH CLASSIC 8.0*.

Symptoms	Rubrics
Hurried nature	[C] [Mind] Hurry, haste: tendency:
Sweet desires	[C] [Generalities] Food and drinks: sweets:desires:
Perspiration on head	[C] [Head] Perspiration, scalp:
Pus - thick	[C] [Generalities] Discharges, secretions:thick:
Pus - Yellow	[C] [Generalities] Discharges, secretions:yellow:
Uncovering amel.	[C] [Generalities] Uncovering:amel:

**Repertorial sheet<sup>(5)</sup>**
**Prescription**

Prescribed on 15/01/2020

*Calcarea sulphurica* 6,

1 drop in 100 ml aqua, 5ml of the above solution repeated 4 times in a day for 5 days and report after 5 days.

On repertorisation, remedies such as *Pulsatilla nigricans*, *Calcarea*

*carbonica*, *Mercurius solubilis*, *Sulphur* came in the top.

*Calcarea sulphurica* 6<sup>(6)</sup> <sup>(7)</sup> was finally selected as per the thick and yellowish discharge of the pus which is a characteristic of *Calcarea sulphurica*.

**Selection of dose and repetition<sup>(8)</sup>**

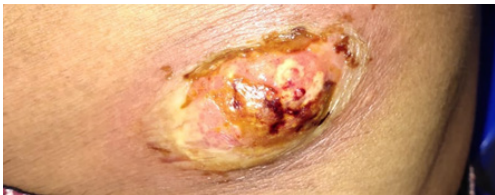
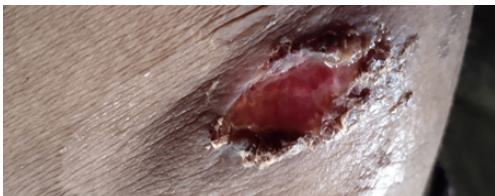



The medicine was repeated as per the intensity of the symptoms, and moreover in §247, it has been said that the medicine may be repeated

as early as 5 minutes interval if the disease is of acute nature.



Figure 1: 15/01/2020

## Follow up

Date	Symptoms	Prescription	Changes in swelling
20/01/2020	Pain – Mild relief Mild redness Appetite - Good Sleep- Disturbed Thirst- Moderate	<i>Calcarea sulphurica</i> 30 - BD for 3 days	
23/01/2020	Mild pain Ulcer appeared Irregular margin Thirst- Moderate Appetite- reduced	<i>Phytum</i> - QDS for 3 days	
26/01/2020	Granular tissue started appearing No other complaints Sleep- Sound sleep Appetite- Good Thirst- Moderate	<i>Phytum</i> - QDS for 3 days	
29/01/2020	Normal skin started appearing Sleep- Sound Appetite- Good Thirst – Moderate	<i>Phytum</i> - QDS for 5 days	
03/02/2022	Normal skin appeared.	<i>Phytum</i> - QDS for 15 days	

## Advise

Patient was advised to clean with fine cloth regularly.

## Conclusion

As it is known, no disease is external without being diseased internally, hence in order to bring out the cure, the only way is by giving internal dynamic homoeopathic medicine.

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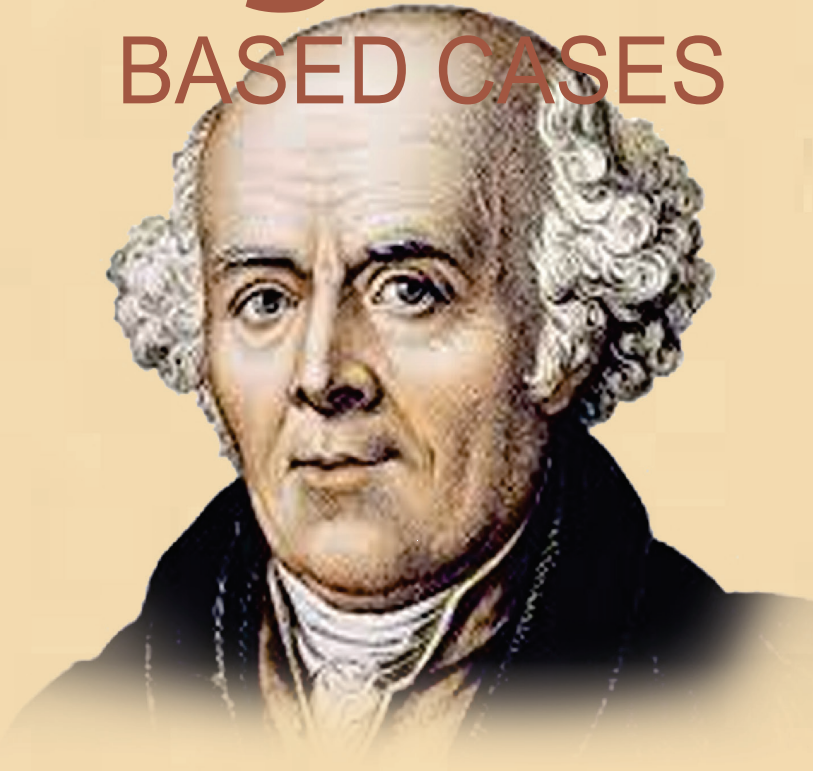
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1. Dr Anjan Das, BHMS
2. Dr Shimul Jamatia, BHMS, PG Scholar, Dept. Of Organon of Medicine, Naiminath Homoeopathic Medical College Hospital and Research Centre, Agra-283202
3. Dr Azizul Islam Khadim, PG Scholar, Dept. of Practice of Medicine, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur.

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Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
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Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients		q.s.
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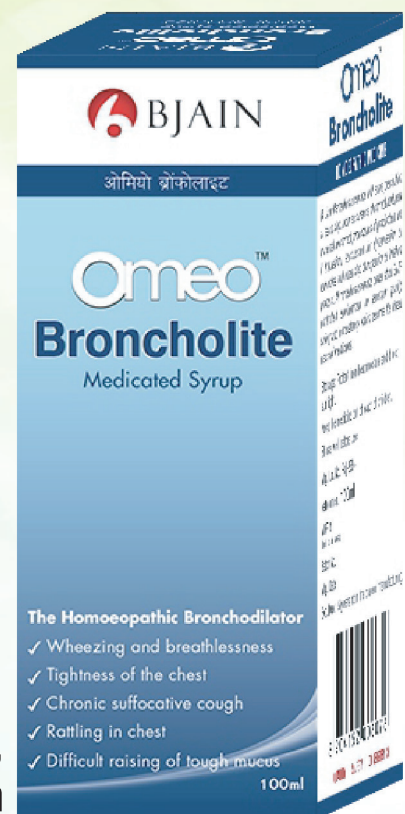
## Indications:

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
Excipients		q.s.
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# Individualised homoeopathic treatment in a case of PCOS - an evidence-based case report

By Dr Debanjan Chowdhury, Dr Tamara Afrozab, Dr Sadia Kamal

**Abstract:** A 30 years old female having diagnosed with PCOS of left ovary in USG came for homeopathic treatment with the hope to avoid surgical intervention. After full case taking, case analysis and proper individualisation, single homoeopathic medicine was prescribed. After three months of treatment the patient not only got relief of her presenting symptoms but also a positive USG report gave result of no cysts present in both ovaries. This article gives a clinically useful review of a case with evidence about how an individualised homoeopathic medicine treated PCOS successfully which increases the confidence level of a controversial mind that why and how one should apply homoeopathic treatment instead of doing surgery. This paper is intended to make readers aware of current thinking in this field.

**Keywords:** Polycystic ovarian syndrome (PCOS), dysmenorrhoea.

**Abbreviations:** Right(rt), history of (H/O), daily (OD), polycystic ovarian syndrome (PCOS), oral contraceptive pills (OCP), ultrasonography (USG)

## Introduction

Polycystic ovary syndrome (PCOS) is a common heterogeneous endocrine disorder in women of reproductive age. It is characterised by various clinical presentations such as ovulatory dysfunction, polycystic ovaries, and hyperandrogenism.<sup>1</sup> PCOS is a complex condition characterised by elevated androgen levels, menstrual irregularities, and/or small cysts on one or both ovaries. The disorder can be morphological (polycystic ovaries) or predominantly biochemical (hyperandrogenaemia). Hyperandrogenism, a clinical hallmark of PCOS, can cause inhibition of follicular development, microcysts in the ovaries, anovulation, and menstrual changes. It can be described as an oligogenic disorder in which the interaction of a number of genetic and environmental factors determine the heterogeneous, clinical, and biochemical phenotype.<sup>2</sup> Although the genetic aetiology of PCOS remains unknown, a family history of PCOS is relatively common; however, familial links to PCOS

are unclear. A lack of phenotypic information prevents a formal segregation analysis. Nonetheless, the current literature suggests that the clustering of PCOS in families resembles an autosomal dominant pattern.<sup>1</sup> Environmental factors implicated in PCOS (e.g., obesity) can be exacerbated by poor dietary choices and physical inactivity; infectious agents and toxins may also play a role. The reproductive and metabolic features of PCOS are sometimes reversible with lifestyle modifications such as weight loss and exercise.<sup>2</sup> Considering the side effects associated with conventional treatment and the patients who fail to respond to these measures, there is a demand for a complementary therapy that would alleviate symptoms of PCOS without side effects.<sup>1</sup>

**Patient information:** A 30 years old female, housewife, presented with the complaints of irregular menses since 3 years and flatulence which aggravates in evening. The patient came to the OPD with USG reports that suggested multiple small peripheral cysts in left ovary.

## History of Presenting complaints:

The patient developed irregular menses since 3 years, she had no history of taking OCP. She took conventional medicine with temporary relief.

## Past history:

In past medical history, the patient had measles at the age of 10 years and a history of skin eruption that was treated with ointment.

## Family history:

In family history, there was diabetes mellitus from paternal side and hypertension from maternal side. Menses last for 3 days with occasional dysmenorrhea.

## Personal history:

Her menses started at the age of 14 years and it was regular initially. Menses lasts for 3 days, with occasional dysmenorrhoea. She married 3 years ago and have no children. Her diet is regular, no addiction.

## Mentals

She had a desire for company, fear of insects, lizards. Very sluggish.

### Physical generals

She was fair and flabby in appearance. She had increased appetite but can tolerate hunger.

Desire for sweet<sup>+++</sup>, egg<sup>++</sup>, salt<sup>++</sup> and cold food with intolerance to milk which causes flatulence. Thirst was normal. She was constipated with offensive stool. She perspired profusely on hands and feet. She was chilly thermally yet sun heat

aggravated all complaints. \_She preferred lying on sides.

**Diagnostic assessment** - clinical diagnosis was based on ultrasonography, and symptomatology of the patient.

Table 1: Analysis and evaluation of symptoms

Characteristic mental general symptoms	Characteristic particular symptoms:
<ul style="list-style-type: none"> <li>• Fear of insects</li> <li>• Sluggish</li> </ul>	<ul style="list-style-type: none"> <li>• Menses irregular</li> <li>• Flatulence</li> </ul>
<b>Characteristic physical general symptom:</b> <ul style="list-style-type: none"> <li>• Desire- egg</li> <li>• Desire- sweet</li> <li>• Desire- salt</li> <li>• Thermal relation- chilly patient</li> <li>• General modality- sunheat aggravated</li> </ul>	

Miasmatic analysis

Table 2: Miasmatic analysis<sup>4</sup>

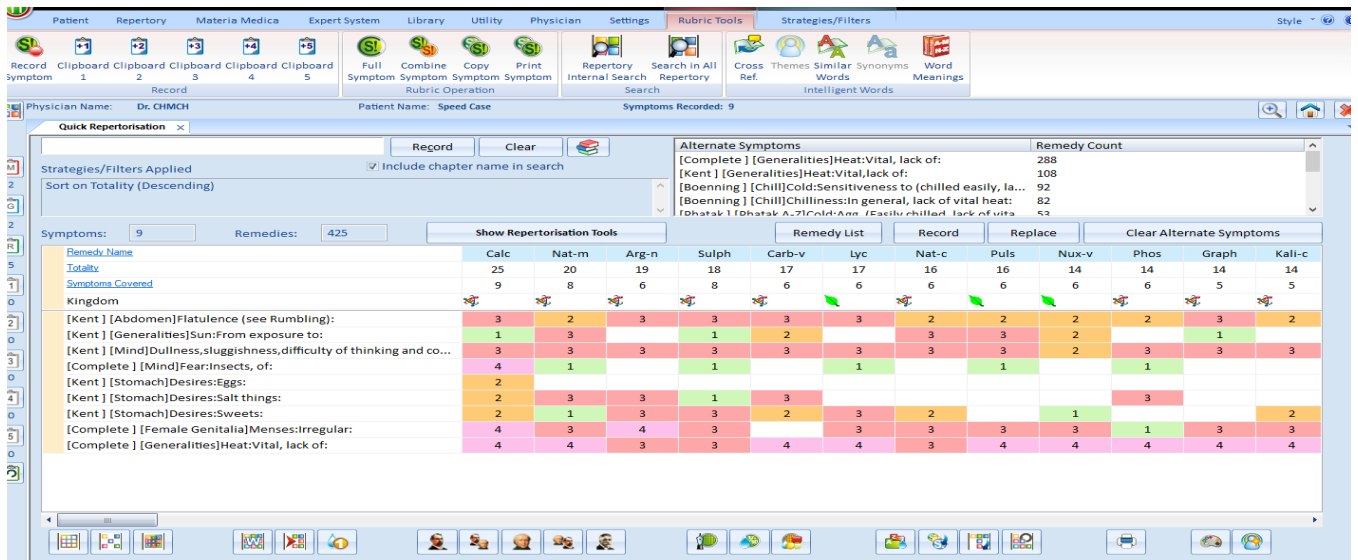
Symptoms	Miasm
Past history of skin disease suppression	Psoric
Family history of skin diseases	Psoric
Sluggish	Syphilitic
Desire- sweets	Psoric
Thermal relation- Chilly patient	Psoric
Irregular menses	Psoric
Flatulence	Psoric

Repertorial Totality<sup>5</sup>:

Symptoms	Rubrics
Sluggish	MIND – Dullness, sluggishness, difficulty of thinking and comprehending
Fear of insects	MIND – Fear: Insects, of
Desire for sweets	STOMACH – Desires: Sweets
Desire for salt	STOMACH – Desires: Salt things
Desire for eggs	STOMACH – Desires: Eggs
Chilly	GENERALITIES – Heat: Vital, lack of
Aggravation from sun exposure	GENERALITIES – Sun: From exposure to
Irregularities of menses	FEMALE GENITALIA – Menses: Irregular
Flatulence	ABDOMEN - Flatulence

# CASE STUDY

**Repertorisation:** see the repertorisation sheet<sup>6</sup>



**Prescription:** After repertorisation, *Calcarea carbonicum* was found to be covering the most of the symptoms with highest grades. Hence, after consulting with the materia medica, *Calcarea carbonicu*<sup>7</sup> 200 was selected.

**Selection of dose and potency:** As

per *Organon of Medicine*, (aphorism 247 5th edition)<sup>8</sup>, according to the susceptibility of the patient, the potency was selected<sup>7</sup>. The patient was highly susceptible and intensity of the symptoms was also increased. Also, she suffered from that affection

since long, so the case was started with high potency.

**Follow up and outcome:** The patient took *Calcarea carbonicum* 200, 1 dose on 15/8/2020. Followed by placebo once daily in the morning.

Date	Symptoms	Prescription
15/9/2020	Flatulence decreased Menses appeared on 10/9/2020 Stool- regular	<i>Saccharum lactis</i> 30 for 28 days
13/10/2020	Flatulence decreased Menses appeared on 9/10/2020 Stool- regular	<i>Saccharum lactis</i> 30 for 28 days
10/11/2020	Flatulence absent Menses regular, appeared on 8/11/2020 Stool regular	<i>Saccharum lactis</i> 30 for 28 days
8/12/2020	Ultrasonography on 5/12/2020 Confirmed normal endometrium with no peripheral/follicular cysts.	<i>Saccharum lactis</i> 30 for 2 months

## Discussion

The prevalence of polycystic ovaries seen on ultrasound is around 25% of all women but is not always associated with the full syndrome. Clinical manifestations include menstrual irregularities, signs of

androgen excess (e.g. hirsutism and acne) and obesity. PCOS is associated with an increased risk of type 2 diabetes and cardiovascular events. It affects around 5–10% of women of reproductive age<sup>9</sup>. The aetiology of this syndrome remains largely unknown, but mounting

evidence suggests that PCOS might be a complex multigenic disorder with strong epigenetic and environmental influences, including diet and lifestyle factors. PCOS is frequently associated with abdominal adiposity, insulin resistance, obesity, metabolic

disorders and cardiovascular risk factors<sup>10</sup>. According to conventional treatment any form of treatment is likely to give temporary relief and may be required to be repeated and varied at various times during her reproductive years. Surgery comprises laparoscopic drilling or puncture of not more than four cysts in each ovary either by laser or by unipolar electrocautery<sup>11</sup>. Hence the treatment procedure is not satisfactory. Whereas the homoeopathic constitutional treatment provide an effective and permanent result. The above case shows the effective result after receiving a single dose of *Calcarea carbonicum 200* based on the case taking and individualisation. The improvement was also evident from the USG reports and the patient did not develop any further complaints or recurrence after the treatment.

## Conclusion

Homoeopathy is a system of medicine which embraces a holistic approach in the treatment of diseased person. In homoeopathy, detailed case taking is done to make a totality of symptoms and a single remedy is selected on the basis of totality of symptoms. It is important to inform the patient about maintaining a healthy and balanced lifestyle.

**Limitations of the study:** This is a single case report. In future, case series can be recorded and published to establish the effectiveness of individualized homoeopathic medicine in cases of Polycystic Ovarian Disease

**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.

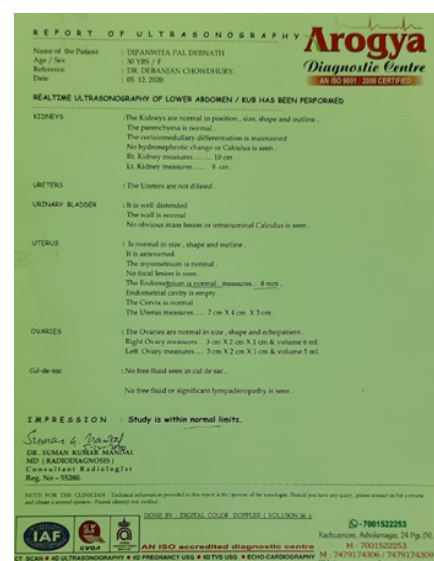
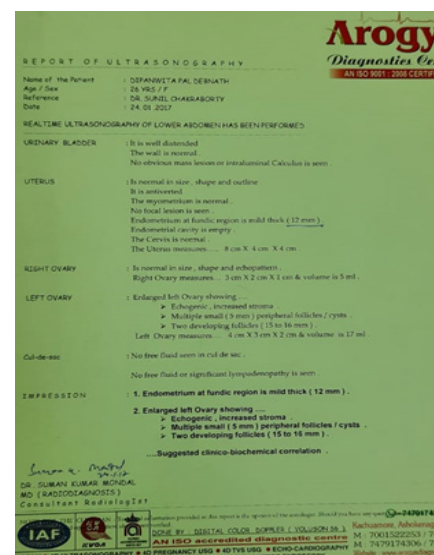
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## About the authors

- Dr Debanjan Chowdhury**, Currently pursuing MD, Hom. (Part-II) in Practice of Medicine from The Calcutta Homoeopathic Medical College and Hospital. B.H.M.S (Honours) from D.N.DE Homoeopathic Medical College and Hospital. Kolkata, WB.

- Dr Tamara Afroza**, Currently pursuing MD, Hom. (Part-II) in Practice of Medicine from The Calcutta Homoeopathic Medical College and Hospital. B.H.M.S (Honours) from D.N.DE Homoeopathic Medical College and Hospital. Kolkata, WB.
- Dr Sadia Kamal**, Currently pursuing MD, Hom. (Part-II) in Practice of Medicine from The Calcutta Homoeopathic Medical College and Hospital. B.H.M.S from D.N.DE Homoeopathic Medical College and Hospital. Kolkata, WB.



# In-vitro antibacterial action of homoeopathic drugs

By Mohd Furqan, V.S. Parashar, Bhutda Kanchan

**Abstract:** 'In-vitro' anti-bacterial activity of mother tinctures and potencies of some homoeopathic drugs like *Echinacea angustifolia*, *Belladonna*, *Calendula officinalis*, against plain alcohol was screened against streptococcus, staphylococcus, pneumococcus, citrobacter, acinobacter, e-coli.

**Keywords:** in-vitro, antibacterial, homoeopathic drugs.

## Introduction

Since the beginning of this earth, infectious diseases have plagued humanity, evolving with changing life conditions and population expansion. Indigenous cultures in equilibrium with their endemic infectious diseases have been devastated by contact with infections of modern civilisation. Even today, societies in densely populated developing countries where sanitary conditions are very poor are prey of infectious diseases. On the contrary, medical practices too have attracted the panorama of anti-microbial drugs which have radically changed the prevalence and causes of most infectious diseases. However, frequent use of these synthetic anti-microbial drugs leads to development of drug resistant microbes.

In homoeopathy, there are number of drugs which are being clinically used for the treatment of many infectious ailments and some of them are being tested for anti-bacterial activity as well. The present research was undertaken to study the anti-bacterial activity of mother tinctures and potencies prepared from five medicinal plants which are used as medicines for various diseases.

## MATERIALS AND METHODS:

'In-vitro' screening of anti-bacterial

activity of homoeopathic mother tinctures and potencies were carried out against streptococcus, staphylococcus, pneumococcus, citrobacter, acinobacter species by agar diffusion method<sup>1</sup>. Sterile filter paper (Whatman No 1) discs of 6 mm diameter were thoroughly soaked in the respective drugs and subsequently allowed to evaporate its alcohol content. These discs were placed on petri-dishes containing 100 ml of Mueller Hinton agar medium (hi-media chemicals) already inoculated with 24 hours old culture of a selected bacterial strain. Incubation was done at 37°C for 24 hours. The anti-bacterial activity was observed in terms of inhibitory zone appeared around the filter paper discs and graded as mild to moderate depending upon the area of inhibitory zone.

Antibacterial activity of some homoeopathic mother tinctures and potencies



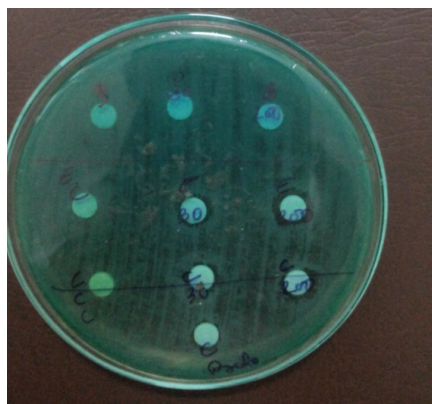
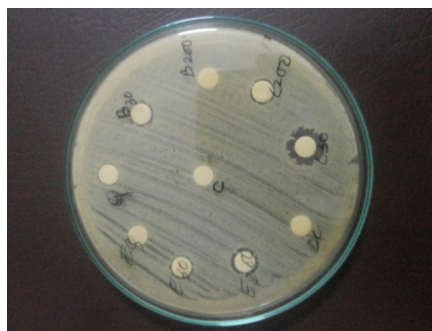


Figure:1-8 Various bacterial strains:  
1.Streptococcus 2.Staphylococcus  
3.E.coli 4. Acenobacter 5.Citrobacter  
6.Pseudomonas 7.Klebsiella  
8.Pneumococcus)

Note: Appearance of growth inhibitory zone mild moderate in all the tested organisms treated with homoeopathic mother tincture and potencies.

C-control plain alcohol, BQ, B30, B200 – Belladonna, CQ, C30, c200 – Calendula officinalis– EQ, E30, E200 – Echinacea angustifolia

### Results and discussion:

Alkaloids, essential oils and several naturally occurring metabolites including organotetracyclic compounds are reported to possess anti-bacterial, anticancer and other pharmacological activities. Several workers have reported anti-bacterial activity of crude extract of various medicinal plants. In the present study, homoeopathic mother tincture of five medicinal plants were screened for their anti-bacterial activity.<sup>10,14,20,25</sup>

*Echinacea angustifolia*, *Belladonna*, *Calendula officinalis* are used in alternative system of medicine for treatment of bronchitis, diarrhoea, rheumatism, wounds, tooth-ache and disease of the digestive functions and could be suitable source of natural anti-oxidant activity. Tyagi et al<sup>18</sup> have reported anti-bacterial activities in aqueous and alcoholic extracts of leaf. Anti-diarrhoeal and anti-microbial activities in rats were also reported by Lin et al in aqueous and methanolic extracts of leaf of *P. guajava*. *Alpinia galangal* wild, is used for the treatment of rheumatic arthritis, inflammation, head-ache, lumbago, bronchitis and diseases of the heart and kidney<sup>18</sup>. The rhizome produced fall in blood glucose level in normal rabbits. Synthetic alkyl esters similar in structure found in rhizome of *A. galangal* has been found to possess anti-microbial and bactericidal activities. The volatile oil obtained from *Chenopodium*

*ambrosioides* Linn, is used as an anthelmintic against intestinal parasites including roundworms, hookworms and intestinal amoebae<sup>1</sup>. The fresh extract of aerial part has anti-trypanosomal compounds<sup>19</sup>. Essential oil isolated from *Chenopodium ambrosioides* recorded as most powerful licidal and niticidal activities. Eicchornia cressipessolms, is used as remedy to treat goiter. *Valeriana officianalis* Linn is an anti-spasmodic and depressant central nervous system and is used in hysteria, hypochondriasis and chorea and allied affections. It also stimulates the immune function of bone marrow cells.

Though synthetic esters have been reported to be anti-microbial and bactericidal. However, in the present investigation, the mother tincture (ie alcoholic extract) of Belladonna, Calendula officinalis, Echinacea angustifolia, mother tincture exhibited mild to moderate anti-bacterial activity against all the strains of microbes tested, while various potencies show moderate to negligible anti-bacterial activity against any of the strains tested.

The anti-bacterial principle observed in mother tincture and various potencies of homoeopathic drugs against all the tested micro-organisms would support to develop an economical, non-toxic and potential anti-bacterial medicine on scientific basis for homoeopathic system of medicine.

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**About the author:** Dr Mohd Furqan is Dean of DKMM Homoeopathic medical college Prof. & HoD of Organon Guide and PhD researcher of MUHS Nashik. He is member of Review board of Editorial and scientific publication MUHS. He has written various articles in national and international journals and website presented 17 research papers in homoeopathy.

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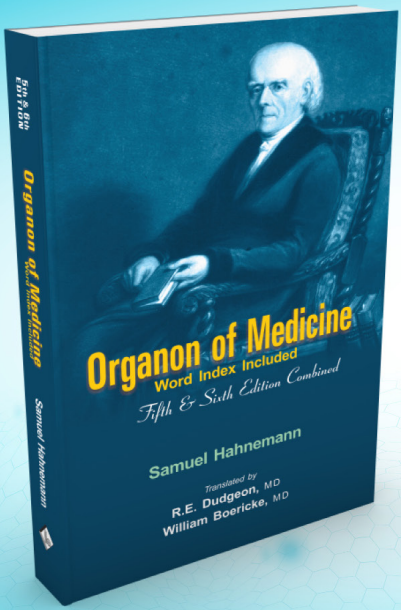
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## About the authors

**22. Dr Mohd Furqan**, Dean of DKMM Homoeopathic medical college Prof. & HoD of Organon Guide and PhD researcher of MUHS Nashik

**23. Dr V.S Parashar**,

**24. Dr Bhutda Kanchan**



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# Utility of *Scutellaria laterifolia* mother tincture as an alternative palliative option for managing pain of migrainous headache

By Prof. (Dr) Neeraj Gupta, Dr Anuj Kumar

**Abstract:** Migraine is one of the top 20 most disabling medical illnesses in the world. Around 12.7% of India's population depends solely on homoeopathy for their health care. Homoeopathy ensures much scope in treating migraine. Although migraine is a relapsing or recurring disorder which decreases the efficiency and output of the sufferer yet its cure becomes even difficult with the regular symptomatic approach hence a palliative treatment was tried and outcome of the cure was assessed.

Nevertheless, there are plenty of remedies in homoeopathy for the treatment and management of migraine. *Scutellaria laterifolia* is one of the homoeopathic medicines used to treat a number of health conditions, including those associated with mind and head. The effectiveness of *Scutellaria laterifolia* mother tincture was evaluated as a palliative for the management of pain of migraine in a sample of 30 patients.

**Keywords:** homoeopathy, migraine, MIDAS, palliative, *Scutellaria laterifolia* mother tincture

**Abbreviations:** MIDAS - migraine disability assessment score, OPD – outpatient department, IPD – inpatient department, Ø – mother tincture

## Introduction

A migraine is a common type of headache that may occur with symptoms such as nausea, vomiting, or sensitivity to light. The word is derived from the greek word ἡμικρανία (hemicrania), "pain on one side of the head"<sup>1</sup> from ἡμι- (hēmi-), 'half' and κρανίον (krānion), 'skull'.<sup>2</sup>

Typically the headache is unilateral (affecting one half of the head) and pulsating in nature, lasting from 2 to 72 hours. Migraine headache tend to first appear between the ages of 10 and 45. sometimes they may begin later in life. Migraine occurs more often in women than men. Migraine may run in families.

A condition marked by recurring moderate to severe headache with throbbing pain that usually lasts from 4 to 72 hours (lasting longer

than 72 hours known as status migrainosus), typically begins on one side of the head but may spread to both sides, is often accompanied by nausea, vomiting and sensitivity to light or sound and is sometimes preceded by an aura and is often followed by fatigue.<sup>1</sup>

Globally, migraine affects nearly 15% or approximately one billion people. It is more common in women at 19% than men at 11%. In United States, about 6% of men and 18% of women get a migraine in a given year.<sup>3</sup> In India prevalence was greater among females about 25-55 years of age.

**International headache society has classified different types of headache.**<sup>4</sup>

1. Migraine 2. Cluster headache

1. Migraine headache is lateralised

usually fronto-temporal may be generalised. It is associated with positive family history. It is associated with nausea, vomiting, photophobia with visual disturbances, paraesthesia with tingling and numbness etc. Females are more affected as compared to males. Presentation of migraine headache is pain, preceded by aura.

2. Cluster headache is lateralised periorbital or less commonly temporal. It usually is not associated with family history. It is associated with homolateral lachrymation, reddening of eye, nasal stuffiness and ptosis. Cluster headache has male preponderance 90%. Males are affected 7-8 times more than females. Its presentation is pain (periodic attacks 1-2/day) begins without warning.

Further, migraine has following subtypes:<sup>5</sup>

- a. Common migraine (without aura)- Characterised by headache with autonomic system dysfunction (for example, pallor, nausea and vomiting).

Usually spreads to involve one half or even the whole head.

- b. Classical migraine (with aura)- Characterised by headache heralded by a visual aura which lasts about 20 minutes.

Visual aura may consist of bright or dark spots, zig zags, heat haze distortions, etc.

Headache follows the aura and is usually hemi-cranial opposite the hemianopia.

- c. Basilar type migraine (subtype with aura)- Recurrent attack of migraine with aura in which symptoms suggest a brainstem origin (including vertigo and ataxia).

Onset is typically before 30 years of age and peaks during adolescence with female preponderance 3:1.

Migraine headache may be occipital in origin.

- d. Hemiplegic type migraine- It is a rare type of migraine. Patient with hemiplegic migraine experience paralysis or weakness on one side of the body, disturbance in speech and vision and other symptoms that after mimic a stroke.

- e. Ophthalmoplegic type migraine- It is a rare migraine variant that is most common in young adults and children. This type of migraine begins as an intense migraine pain behind the eye and indicates double

vision or paralysis of the eye muscles that cause a droopy eyelid.

## Some studies on *Scutellaria laterifolia* (skullcap):

Some studies have been done globally on the utility of *Scutellaria laterifolia* (skullcap) in different disease conditions including migraine. Brock et al worked on, 'American skullcap (*Scutellaria lateriflora*): a randomised, double-blind placebo-controlled crossover study of its effects on mood in healthy volunteers'<sup>6</sup>. Another study by Brock et al was titled, 'American skullcap (*Scutellaria laterifolia*): an ancient remedy for today's anxiety?'<sup>7</sup>. Liao chih et al published a study on 'the effectiveness of *Scutellaria baicalensis* on migraine: implications from clinical use and experimental proof'<sup>8</sup>. Jean m. bokelmann published a paper titled 'skullcap/ scullcap (*Scutellaria baicalensis*, *Scutellaria lateriflora*): above-ground parts.'<sup>9</sup>

## Methodology:

A sample size of 30 patients of both sexes from 15 to 60 years of age were taken for the study after obtaining consent, from OPD/IPD of Nehru Homoeopathic Medical College and Hospital on the basis of clinical assessment.

All the cases were subjected to migraine disability assessment score (MIDAS) for the pre-treatment assessment. Patients having MIDAS  $\geq 6$  were finally selected for undertaking this study.

The remedy *Scutellaria laterifolia* mother tincture was given to all the 30 cases twice in a day 10 drops in a 1/4<sup>th</sup> cup of water for 1 week and placebo for another week and they were called for follow-up assessment after 2 weeks and each patient was

followed up for a duration of 3 months.

**Research question:** Can homoeopathic *Scutellaria laterifolia* mother tincture produce any significant effect in the management of migraine?

## Hypothesis:

1. Null hypothesis- There will be no significant changes in the variation of pain after 3 months of intervention with homoeopathic *Scutellaria laterifolia* mother tincture.
2. Alternate hypothesis- There will be significant changes in the variation of pain after 3 months of intervention with homoeopathic *Scutellaria laterifolia* mother tincture.

## Statistical analysis:

Conclusions were drawn using parametric paired t-test after the cases were followed up properly and results were assessed on the basis of scores on migraine disability assessment score (MIDAS).

After entering 't' table at 29 degrees of freedom (n-1), we find a tabulated value of 1.70 at p = 0.1 going up to a tabulated value of 3.66 at p = 0.001. Our calculated 't' value which is 8.3 exceeds value in table (1.70 @ p = 0.1, 2.043 @ p = 0.05, 2.76 @ p = 0.001 and 3.66 @ p = 0.001). Since after the analysis, calculated t-value was higher than the particular level of significance so the difference in our means is highly significant.

## Result:

After computation (t<sub>29</sub>) = 8.3. as (t<sub>29</sub>) > 2.043, null hypothesis is rejected and alternative hypothesis is accepted. Therefore, the test is statistically significant.

Table 1: Showing demographic details including family history and precipitating factors

No. of cases	Percentage		
Age	11-20	2	6.7%
	21-30	10	33.3%
	31-40	7	23.3%
	41-50	8	26.7%
	51-60	3	10%
Sex	Male	12	40%
	Female	18	60%
Family history	Epilepsy	11	36.7%
	Depression	5	16.7%
	Hypertension	10	33.3%
	Migraine	8	26.7%
	No history	12	40%
Precipitating factors	Lack of sleep	8	26.7%
	Weather changes	10	33.3%
	Stress	8	26.7%
	Alcohol	6	20%
	Sunlight	20	66.7%
	Artificial light	12	40%

Table 2: Percentage improvement

Cases of migraine post study	No. of cases	Percentage(%)
Improved	24	80
Not improved	4	13.3
Worse	2	6.7

Out of 30 cases under study, two cases showed aggravation and four cases showed no improvement whereas 24 cases showed good improvement.

Table 2: Distribution of cases according to pre-treatment and post-treatment migraine disability assessment score (MIDAS)

Case number	Pre-treatment	Post-treatment
P 1	18	03
P 2	13	04
P 3	16	05
P 4	21	16
P 5	12	02
P 6	14	05
P 7	16	03
P 8	10	02
P 9	15	04
P 10	13	13

P 11	17	05
P 12	18	08
P 13	16	17
P 14	08	02
P 15	10	04
P 16	10	02
P 17	20	10
P 18	13	13
P 19	11	03
P 20	09	02
P 21	10	10
P 22	07	0
P 23	16	07
P 24	13	06
P 25	11	11
P 26	06	0
P 27	14	06
P 28	10	14
P 29	14	05
P 30	10	03

MIDAS scoring- In 24 cases the symptoms were relieved (80%), in 2 cases the score increased than before (6.7%) and in 4 cases the symptoms were on standstill (13.3%).

Result shows that *Scutellaria laterifolia* mother tincture is a good and effective alternative palliative treatment for the management of migraine.

## Discussion:

The study was conducted to assess the effectiveness of homoeopathic medicine, *Scutellaria laterifolia* mother tincture, in the management of migraine. The study was conducted among the patients who have attended the outpatient department and in patient Department of Nehru Homoeopathic Medical College and Hospital, Defence Colony, New Delhi. The patients satisfying the inclusion criteria were included in the study.

A total number of 30 cases belonging to an age group of 15-60 were finally selected and details were recorded in standardized case record, pre-treatment score was calculated and then treatment with *Scutellaria laterifolia* Ø 10 drops twice daily was started. After that, the

patients were followed up for a duration of 3 months. After the treatment, post-treatment scores were calculated.

The maximum prevalence of migraine was noted in age group of 21 to 30 years. Female predominance was noted in this study 18 out of 30 cases. Most of the cases 30 out of 30 presented with headache, 20 out of 30 presented with nausea and vomiting and 18 out of 30 presented with neck stiffness. A positive family history of migraine was noted in 8 out of 30 cases, positive family history of epilepsy was noted in 11 out of 30 and positive family history of hypertension was noted in 10 out of 30 cases. In majority of cases, 20 out of 30 cases sunlight served as precipitating factor and artificial light and weather changes in 12 and 10 out of 30 cases

respectively.

When 30 cases were analysed, 18 out of 30 cases (60%) shows psora as the predominant miasm. Review of patients was done in every 2 weeks. Among the patients, reduction in symptom score to absolute zero was found in 2 cases and reduction to almost normal value in 24 (80%) cases. In two cases, the scoring increased from before treatment value, and in four cases the scoring remains same after the treatment.

These two variables the pre-treatment scores and post-treatment scores were analysed by paired “t” test. The test value was found to be greater than the t table value at 0.05 and even at 0.01 level suggesting the treatment is highly efficacious. This indicates

*Scutellaria laterifolia* are effective in the symptomatological management of migraine.

## Conclusion

This study revealed that *Scutellaria laterifolia* is an alternative, effective and palliative mode of treatment in dealing with patients suffering from migraine, where among 30 cases after one year of intervention, improvement was found in nearly all cases, in 2 cases there were complete relief of symptoms and in 24 cases there were relief more than 75%. The results that came out were encouraging and satisfactory.

The patients were not only relieved of the headache due to migraine and associated complaints, but their productivity and day to day activities also improved.

The quality of life of patients also showed marked improvement.

Young people of the age group 21 to 30 are mostly affected. Females are more affected. Mostly presented symptoms were headache, nausea and vomiting. Most of the cases were aggravated by sunlight and artificial light. In cases without family history of epilepsy and migraine, improvement was fast.

Homoeopathic medicines can improve the quality of life of the patients to a greater extent in a shorter period and in the safest way. Finally, one can conclude that, migraine causing much inconvenience to the sufferer in his day-to-day activities, can be managed. Homoeopathically in a safe and cost effective manner without strong allopathic medications and can provide a fast recovery from troubling symptoms.

**Conflict of interest:** Nil

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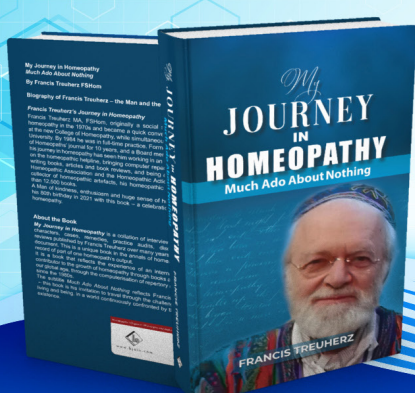
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## About the authors

1. Prof. (Dr) Neeraj Gupta, Professor, Deptt of Organon of Medicine and Deputy Medical Superintendent, Nehru Homoeopathic Medical College and Hospital
2. Dr Anuj Kumar, P.G. Trainee, Department of Materia Medica, Nehru Homoeopathic Medical College and Hospital



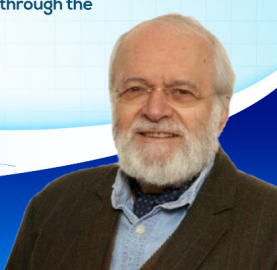
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- FRANCIS TREUHERZ -





# A study to assess the effectiveness of causative rubrics in treating acute rhinitis using Repertory of causation by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis

By Dr Uma Maheswari MS, Dr Arun Varghese

**Abstract:** OBJECTIVE: A study to assess the effectiveness of causative rubrics in treating acute rhinitis using Repertory of causation by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis.

**MATERIAL AND METHODS:** A study was prospective observational conducted on 27 cases of acute rhinitis, attending to OPD and peripheral centres of Father Muller Homoeopathic Medical College Hospital, Mangalore. Diagnosis was based on the clinical presentation; patients were subjected answer the questionnaire of rhinitis control assessment test scale, and the remedies are selected depending upon the ailments from factors that's been obtained by case taking through the standardised case record, after referring to the Repertory of causation by J.H. Clarke, remedy been prescribed in either of 30th, 200, 1M, O/1 potencies for the duration of about 2 weeks. After 2 weeks, follow up was taken and again patients were asked to fill questionnaire of rhinitis control assessment test scale, data for the study been collected and paired t test was used for statistical analysis.

**RESULT:** The study showed that males are most commonly affected. And the most common age group affected was 18 –22 with about 33.3%, females are most commonly affected with 59.2%, the most prevailed ailments from factor among the study group is cold wind and ice foods with about 14.8%, remedy and potency which came up in most of the cases are Arsenicum album with about 29.6% and 200th potency with about 51.8%. The values of rhinitis control assessment test scale were compared before and after the treatment. Statistical analysis was done base on paired t test, – The calculated 'p' value is 0.0004 less than 0.05. This is considered to be extremely statistically significant.

**CONCLUSION:** This study adequately demonstrates the effectiveness of prescribing homoeopathic remedies in acute rhinitis depending upon causative rubrics using Repertory of causation by J.H. Clarke.

**Keywords:** homoeopathy, acute rhinitis, rhinitis control assessment test scale, *Repertory of causation* by J.H. Clarke, causative rubrics, paired 't' test.

**Abbreviations:** A/F: ailments from, Av: aversion, B/L: bilateral, Cr: craving, DM: dominant miasm, FM: fundamental miasm, IPD: in-patient department, <: aggravation, >: amelioration, 0: abrupt disappearance of symptoms, G: good, Occ: occasional, O/E: on examination, OPD: outpatient department, RX: remedy, R/O: ruled out, SCR: standardised case record, SD: standard deviation, S: same, A: absent. RCAT: rhinitis control assessment test, c/o: complaint of, HS: hora somni "take at bedtime".

## Introduction

Acute rhinitis is an acute inflammation of the nasal mucosa, caused due to viral, bacterial, irritant varieties. <sup>(1)</sup> Acute rhinitis is the most common condition affecting about 10% to 30% of adult and 40% children. Prevalence of the disease is marked in all age groups, especially in children it's more marked. <sup>(2)</sup> Viral

acute rhinitis which is also known as common cold or coryza caused by adenovirus, picorna virus, coxsackie virus. The infection is usually obtained through airborne droplets. <sup>(3)</sup> Acute bacterial rhinitis, it's a non-specific infection, it may be either primary or secondary. Primary bacterial acute rhinitis is seen in the children and is caused due to the pneumococcus,

streptococcus, and staphylococcus. Secondary acute bacterial rhinitis is the result of bacterial infection supervening acute viral rhinitis. <sup>(4)</sup> Irritant bacterial rhinitis occurs mainly due exposure to the dust, smoke, polluted environment, irritating gases. Homoeopathy has great scope in treating acute rhinitis. The scope of homoeopathy doesn't lie in treating the causative

agent or its ultimate, but in treating the actual morbid vital process by method of individualisation, in case of acute diseases causative modalities play important role in selection of remedy and treating the patients <sup>(5)</sup>. Sir Christian Fredrick Samuel Hahnemann in aphorism 71 of *Organon of Medicine* stated 'the disease to which man is liable is either rapid morbid process of abnormal deranged vital force, which has tendency to finish their course more or less quickly, but always in moderate time these are termed acute disease. <sup>(5)</sup> *Repertory of causation* by J.H. Clarke was selected to differentiate remedies according to their causation and for prescribing and rhinitis control assessment test scale was used for final statistical analysis. <sup>(6)(7)(8)</sup> In aphorism 73 of *Organon of medicine*, acute diseases are further classified into acute individual, acute sporadic, epidemic acute disease. The cause of an

individual acute disease is exciting cause, i.e. "useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease". The exciting causes are of different types such as exciting cause of mental or physical origin in case of individual acute disease, meteoric (climatic influences, atmospheric, or physical agents) in sporadic acute diseases, or telluric (influences in the soil, water) , in epidemic acute disease due to infection. <sup>(9)(10)</sup>

**Aim and objective:** To assess the effectiveness of causative rubrics in treating acute rhinitis using *Repertory of causation* by J.H. Clarke, RCAT scale (Table-1) used for statistical analysis.

#### Material and methods

#### Sample size:

$$n = Z\alpha^2 p(1-p)$$

$$e^2$$

Prevalence = 20%,  $Z\alpha = 1.96$  at 95% confidence interval of mean difference,  $n$  = sample size,  $e$  (allowable error) = 15%,  $p = 20$

$$n = (1.96)^2 20(1-20)$$

$$(15)^2$$

$$= 27.3 = 27$$

**Selection criteria:** Age group included was from 5 to 60 years of age, of both sexes, and patients giving consent to participate in study. The study also included all the newly reporting cases of acute rhinitis, already registered patients with new acute complaint presenting with signs and symptoms of acute rhinitis.

**Exclusion criteria:** The cases without proper follow up were excluded.

**Table: 1 rhinitis control assessment test:**

1. During past week, do you often have nasal congestion?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Extremely Often</u>

2. during past week, how often do you sneeze?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Extremely Often</u>

3. during past week, how often do you have watery of eyes?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Extremely Often</u>

4. during past week, to what extent does your nasal or allergy symptoms interfere with your sleep?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Extremely Often</u>

5. during past week, how often did you avoid any activities (for examples visiting a house with a dog or a cat, gardening) because of your nasal or other allergy symptoms?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Extremely Often</u>

6. During past week, how well were your nasal or allergy symptoms controlled?

Never	Rarely	Sometimes	Often	Extremely Often

**SCORING: ASSESSEMENT OF SCALE:** score ranges from 6 to 30, higher scoring indicates better rhinitis symptoms control.

5-Never, 4 -Rarely, 3-Sometimes, 2-Often, 1-Extremely often

Sl.no	Preliminary data and c/o	Rubric	Remedy	Follow up
1.	Name: Mrs. J. Age: 42 Sex: F Religion: Hindu Education: B.com Occupation: Housewife Marital status: married SCR no: 58513  c/o: a/f: from eating ice cream, sneezing, coryza, for 3 days	Ice cream.	☹☹ Pulsatilla nigricans 200 2 packet HS (weekly/once)	Sneezing- > Coryza-> Watery nasal discharge-0 Headache-0 Thirst-improved
2.	Name: Mrs. Hilda Age: 28 Sex: F Religion: Christian Education: 2ndPUC Occupation: Housewife Marital Status: Married SCR No: 597  c/o: a/f: dry cold wind, coryza (watery nasal discharge), continuous sneezing for 5 days	Dry, cold wind	☹☹ Hepar sulphuricum 30 1packet HS/week	S n e e z i n g - 0 Coryza-> Watery nasal discharge-> Nasal irritation-0  Nose block-0 Appetite -improved
3.	Name: Mr. R Age: 18 Sex: M Religion: Islam Education: 12th Std Occupation: Student Marital Status: Single SCR No: 55458  c/o: a/f: getting wet of head in rain, coryza, sneezing, < evening, accompanied by bitter taste in mouth, heaviness of head for 2 weeks	Head wet, getting	☹☹ Belladonna 200 1packet HS/week	Sneezing-0 coryza -0 Watery nasal discharge-0 Bitter taste in mouth- A Heaviness of Head-A
4.	Name: Mr. E Age: 62 Sex: M Religion: Christian Education: B. Com Occupation: Manager Marital status: Married SCR No: 1630/19  c/o: a/f: drinking cold water, sneezing, < exposure to dusty environment coryza-watery, decreased appetite for 3 days	Drinking ice water	☹☹ Arsenicum album 200 1packet HS/week	Sneezing-0 coryza -0 Watery nasal discharge - 0 Appetite-good
5.	Name: Miss. K Age: 19 Sex: F Religion: Islam Education: 1st Year B.E. Occupation: Student Marital Status: Single SCR No: 58154  c/o: a/f: exposure to cold wind, nose block, sneezing, coryza (thick yellow discharge) < night, >elevation of head, increased thirst for 1 week	Cold wind	☹☹ Bryonia alba 200 4-4-4(before fasting)/week	Sneezing-0 coryza -> nasal discharge-0 nose block-0 thirst-improved

**Medication:** Remedies selected according to the ailments from factor that been obtain through case taking from standardised case record and after referring to *Repertory of Causation by J.H. Clarke*, remedy been prescribed in either of 30<sup>th</sup>, 200, 1M, 0/1 potencies for the duration of about either 1week or 2 weeks.

Table 3: Distribution of the study based on *rhinitis control assessment test scale* before and after treatment -maximum score: 30

S. No. of the cases	Score -before	Score – after
1	11	25
2	11	24
3	10	23
4	13	26
5	1	26
6	12	24
7	15	26
8	15	23
9	12	27
10	13	27
11	12	25
12	10	25
13	10	28
14	13	26
15	11	27
16	10	27
17	15	27
18	14	25
19	13	23
20	14	23
21	17	23
22	13	25
23	13	23
24	12	25
25	8	26
26	11	25
27	7	24

TABLE 4: Distribution of the study based on the *rhinitis control assessment test scale* before and after treatment

Score (0-30)	Before	Percentage%	After	Percentage%
0 -5	0	0%	0	0%
6 -10	6	22.2%	0	0%
11 – 15	20	74%	0	0%
16 – 20	1	3.7%	0	0%
21-25	0	0%	16	59.2%
26 -30	0	0%	11	40.7%

Finding:(Table-4) Totally 27 cases have been taken for study depending upon the selection criteria and all are subjected to fill the *rhinitis control assessment test scale* questionnaire, before and after the treatment. Among them before the

administration of the medicine-highest score is 11- 15 (74%), followed by score 6-10(22.2%), score16-20(3.7%). after the administration of the medicine-highest score 21-25(59.2%), score 26-30(40.7%)

TABLE 5: Calculation of mean:

	Before (x)	After(y)
Mean value	12.19	25.11

TABLE 6: Calculation of mean difference:

	Before and after assessment of <i>rhinitis control assessment test scale</i>
Mean difference	12.92

Calculation of average of before and after mean= 18.65  
 $=12.92 + 39.39$   
 Pair difference upper=  $(x-y) + (t \text{ ratio}) = 12.92 + 39.390$   
 Calculation of standard deviation= 1.714  
 Calculation of correlation coefficient =  $\pm 39.4$   
 Calculation of standard error=0.329  
 95% of confidence interval of mean difference = 1.96  
 Degree of freedom =  $n-1 = 27-1 = 26$   
 Calculation of t ratio= 39.390  
 Pair difference lower=  $(x-y) - (t \text{ ratio})$

• Number of 0 = 0 Reduced sample size = 27  $S = \max(0, 27) = 27$   $S = \max(0, 27) = 27$   
 P value for this one-sided test = prob [ observing a value of 27 or higher using B  $(27, \frac{1}{2})$  ] = 1- prob [ observing a value of 26 of using  $(27, \frac{1}{2})$  ] = 1- 0.99534 = 0.000466  
 We wish to test  $H_0: M_1 = M_2$  against  $H_a: M_2 > M_1$  For each pair, 2nd score been subtracted from the first and the pair having both the observation same considered as 0  
 Sign of difference • Number of + signs = 0 • Number of - signs = 27  
 Statistical Evaluation – Paired ‘t’ Test: PAIRS = BEFORE with AFTER (PAIRED), Confidence Interval Level 95% = 1.96

Table 7: Paired Sample Statistics:

Pair	Mean	N	Std. Deviation	S.E.
Before	12.19	27	2.195	0.422
After	25.11	27	1.233	0.237

Mean of standard error = 0.329

Table 8: Paired samples correlation:

		N	Correlation	Sig.
Pair	Before and after	27	39.4	0.12

Table 9: Paired sample test:

Pair	Pair difference					t	df	sig.(2-tailed)
	Mean	Standard deviation	Standard error mean	Lower	Upper			
Before -After	18.65	1.714	0.329	-26.47	+52.31	39.390	26	.0004

**Result:** The study showed that males are most commonly affected. And the most common age group affected was 18 –22 with about 33.3%, females are most commonly affected with 59.2%, the most prevailed ailments from factor among the study group is cold wind and ice foods with about 14.8%, remedy and potency which came up in most of the cases are *Arsenicum album* with about 29.6% and 200<sup>th</sup> potency with about 51.8%. The values of *rhinitis control assessment test scale* were compared before and after the treatment. Statistical analysis was done base on paired t test.

The calculated 'p' value is 0.0004 less than 0.05. This is considered to be extremely statistically significant.

**Summary:** A study was prospective observational conducted on 27 cases of acute rhinitis, attending to OPD and peripheral centres of Father Muller Homoeopathic Medical College Hospital, Mangalore. Diagnosis was based on the clinical presentation; patients were subjected answer the questionnaire-rhinitis control assessment test scale, and the remedies are selected depending upon the ailments from factors that's been obtained by case taking through the standardised case record, after referring to the *Repertory of causation* by J.H. Clarke, remedy been prescribed in either of 30th, 200, 1M, 0/1 potencies for the duration of about 2 weeks. After 2 weeks follow up been taken and again patients were asked to fill questionnaire-rhinitis control assessment test scale, data for the study been collected and paired t test was used for statistical analysis.

## Conclusion

The calculated 'p' value is 0.0004 less than 0.05. This is considered to be statistically significant.

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**Conflict Of Interest:** None declared.

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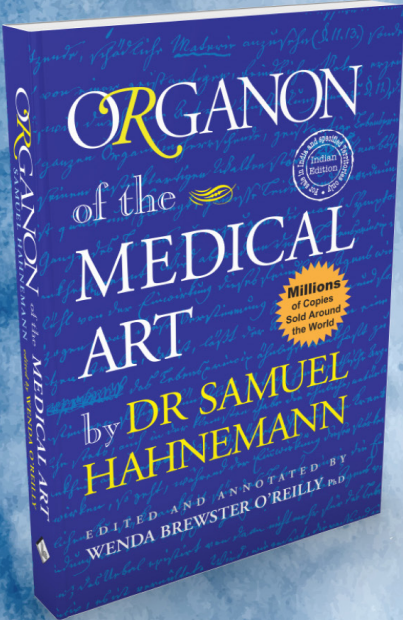
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## About the authors

1. **Uma Maheswari MS,** PG Scholar, Dept of Paediatric, sarada Krishna homoeopathic medical college, kulasekharam
2. **Arun Varghese,** Assistant Professor Department of Materia Medica, Father Muller Homoeopathic Medical College and Hospital, Deralakatte, Mangaluru.





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# Renal calculi and homoeopathy

By Dr Mebanpyntngen Rani

**Abstract:** Kidney stones are hard deposits that form in the urine, made up of mineral and acid salts. Kidney stones can be transported throughout the urinary tract and can lodge in the ureters, bladder and urethra. Here the various types of calculi are being described along with their homoeopathic management. This will enhance our studies about the various renal calculi, its therapeutics and scope in homoeopathy.

**Keywords:** renal calculi, homoeopathy

**Abbreviations:** Eg – example, ESR – erythrocyte sedimentation rate, KUB – kidney, ureter, bladder, PTH – parathyroid hormone, CT – computed tomography, ESWL - extracorporeal shock wave lithotripsy

## Introduction

Renal calculi is a challenging clinical problem in today's world. They are small hard, deposits that form in the urine that are made up of mineral and acid salts. Though kidney stones form in the kidneys, they can be transported throughout the urinary tract, which includes the kidneys, ureters, bladder and urethra. In surgery, only the stones are removed not the process of formation of stones so, in such case, homoeopathy comes into play. The prevalence of renal calculi is higher in those living in mountains, desert and tropical areas. Generally, men are more affected than women.<sup>1</sup>

### Aetiology

Deficiency of vitamin A causes desquamation of epithelium.

Dehydration increases the concentration of urinary solutes until they are liable to precipitate.

Decreased urinary citrate

The presence of citrate in urine, as citric acid, tends to keep insoluble calcium phosphate and citrate in solution.

Renal infection

Infection favours the formation of urinary calculi. Clinical and experimental stone formation are common when urine is infected with urea-splitting streptococci, staphylococci, and especially proteus spp.

Inadequate urinary drainage and urinary stasis.

Stones are liable to form when urine does not pass freely.

Prolonged immobilisation

Immobilisation from any cause, e.g., paraplegia, is liable to result in skeletal decalcification and an increase in urinary calcium favoring the formation of calcium phosphate calculi.

Hyperparathyroidism

Hyperparathyroidism leading to hypercalcaemia and hypercalciuria is found in 5% or less of those who present with radio-opaque calculi. Hyperparathyroidism results in a great increase in the elimination of calcium in the urine.<sup>2</sup>

### Types of renal calculus

Oxalate calculus (calcium oxalate).

Oxalate stones are irregular in shape and covered with sharp projections, which tend to cause bleeding. A calcium oxalate monohydrate stone is hard and radio dense.

Phosphate calculus

A phosphate calculus [calcium phosphate often with ammonium magnesium phosphate (struvite)] is smooth and dirty white. It tends to grow in alkaline urine. As a result, the calculus may enlarge to fill most of the collecting system, forming a staghorn calculus. Even a very large staghorn calculus may be clinically silent for years until it signals its presence by hematuria, urinary infection or renal failure.

Uric acid and urate calculi

These are hard, smooth and often multiple in number. Pure uric acid stones are radiolucent and appear on an excretion urogram as a filling defect. Most uric acid stones contain some calcium, so they cast a faint radiological shadow. In children, mixed stones of ammonium and

sodium urate are sometimes found. They are yellow, soft and friable.

#### Cystine calculus

These stones appear in the urinary tract of patients with a congenital error of metabolism that leads to cystinuria. Hexagonal, translucent,

white crystals of cystine appear only in acid urine. They are often multiple and may grow to form a cast of the collecting system. Cystine stones are radio opaque because they contain *Sulphur*, and they are very hard.

#### Xanthine calculus

These are extremely rare. They are smooth and round, brick-red in colour, and show lamellation on cross-section.<sup>2</sup>

#### SHAPES OF STONE CRYSTALS IN URINE<sup>3</sup>

	Types of crystal	Shape of crystal
a.	Calcium oxalate monohydrate	Dumbbell shaped
b.	Calcium oxalate dehydrate	Envelope shaped
c.	Uric acid	Yellowish of varying size and shape
d.	Cystine	Hexagonal, very soft stones
e.	Triple stones	Coffin lid shape

#### Clinical features

Pain

Silent calculus

Haematuria

Pyuria<sup>2</sup>

#### Investigations

Blood

ESR, serum calcium, phosphate, creatinine, blood urea, uric acid, PTH level.<sup>3</sup>

Radiography

The KUB film shows the kidney, ureters and bladder. An opacity that maintains its position relative to the urinary tract during respiration is likely to be a calculus. Calcified mesenteric nodes and opacities within the alimentary tract can sometimes be shown to be anterior to the vertebral bodies on a lateral radiograph and hence outside the

urinary tract.

Contrast-enhanced computerised tomography

CT, preferably spiral, has become the main stay of investigation for acute ureteric colic.

Excretion urography

Urography will establish the presence and anatomical site of a calculus. It also gives some important information about the function of the other kidney.

Ultrasound scanning

Ultrasound scanning is of most value in locating stones for treatment by extracorporeal shock wave lithotripsy (ESWL).<sup>2</sup>

REPERTORIAL APPROACH

SYNTHESIS REPERTORY

BLADDER STONES IN KIDNEY

KIDNEY STONES

URINE-SEDIMENT

BLADDER-STONES, bladder, calculi

KIDNEY STONES, kidney<sup>4</sup>

MURPHY'S REPERTORY

Kidneys-STONES, kidney

URINARY ORGANS-Kidneys-calculi.<sup>5</sup>

BOGER BOENNINGHAUSEN'S REPERTORY

URINARY SYSTEM- Urine-sediment, type-Lithic-acid, uric acid, gravel, brick dust.

URINARY SYSTEM-URINE-TYPE-SEDIMENT-TYPE-Oxalates

URINARY SYSTEM URINE-TYPE-SEDIMENT-TYPE-Phosphates<sup>6</sup>

## KENT'S REPERTORY

### URINARY ORGANS – BLADDER-CALCULI

#### URINE-SEDIMENT<sup>7</sup>

## BOERICKE'S REPERTORY

### URINARY SYSTEM-URINE-TYPE-SEDIMENTS-TYPE Lithic acid, uric acid, gravel, brick dust.

### URINARY SYSTEM-URINE-TYPE-SEDIMENT-TYPE-Phosphates<sup>8</sup>

## H O M O E O P A T H I C MANAGEMENT

***Berberis vulgaris***: Burning pain. Pain in the bladder region. Painful left side from bladder to the urethra. Blood red urine, deposits thick, bright red sediment, slowly becoming clear but always retaining its blood.

***Cantharis vesicatoria***: Constant and intolerable urging to urinate before, during and after urination. Burning, scalding urine with cutting, intolerable urging and fearful tenses or dribbling strangury. Urine is passed drop by drop. Urine scalds the passage. Jelly like shreddy urine.

***Hydrangea arborescens***: Burning in the urethra. Urine hard to start. Heavy deposit of mucus. Sharp pain in the loins, especially left. Spasmodic stricture. Profuse deposit of white amorphous salts. Gravel deposits.

***Lycopodium clavatum***: Renal colic, right sided. Pain shooting across lower abdomen from right to left. Pain in back relieved by urinating. Urine slow in Coming, must strain. Retention. Polyuria during night.

***Medorrhinum***: Renal colic. Painful tenesmus when urinating. Severe

pain in renal region better by profuse urination. Intense pain in ureters, with sensation of passing of calculus. Urine flows very slowly. Aliments from suppressed gonorrhoea.

***Ocimum cannuum***: High acidity, formation of spike crystals of uric acid. Turbid, thick, purulent (pyuria), bloody (hematuria), brick-dust red or yellow sediment. Odour of musk. Pain in ureters. Cramps in kidney (calculus).

***Pareira brava***: Black, bloody, thick fucoid urine. Constant urging, great straining, pain down thighs while making efforts to micturate. Can emit urine only when he goes on his knees, pressing the head firmly against the floor. Bladder feels distended. Dribbling after micturition. Violent pain in glans penis. Itching along the urethra.

***Sarsaparilla***: Passage of gravel or small calculi, renal colic. Stone in bladder, bloody urine. Urine bright and clear but irritating. Scanty, slimy, flaky, sandy, copious, passed without sensation, deposits white sand.

***Solidago virgaurea***: Scanty, reddish-brown, thick sediment, dysuria, gravel. Difficult and scanty. Albumen, blood and slime in urine. Pain in kidneys extends forward to the abdomen and bladder. Clear and offensive urine. Sometimes makes the use of the catheter unnecessary.

***Uva ursi***: Calculus inflammation. Chronic vesicle irritation with pain, tenesmus and catarrhal discharge. Burning after the discharge of slimy urine. Frequent urging with severe spasms of the bladder. Urine contains blood, pus and much tenacious mucous with clots in large masses. Painful dysuria. Involuntary, green urine. Cystitis

with bloody urine.

***Vesicaria***: Smarting, burning sensation along urethra and bladder with frequent desire to avoid urine often with strangury. Cystitis, irritable. <sup>(8,9)</sup>

## Conclusion

Homoeopathy proves to be effective in management of cases of renal calculi.

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## About the author

1. **Dr Mebanpyntngen Rani**, Father Muller Homoeopathic Medical College and Hospital Deralakatte, Mangaluru 575018 MD Part I Dept. of Homoeopathic Pharmacy



# Homoeopathy as the future of pain palliation especially for cancer patients

By Dr Yashveer Singh, Dr Mukesh Solanki, Dr Chitrakleha

**Abstract:** Homoeopathy is a holistic system of medicine where we treat the sick. But various conditions like trauma, trigeminal neuralgia, post surgery pains, labour pain, dental pain, endometriosis, dysmenorrhoea, migraine, cancer pains may require palliative care. The purpose of this article is to enlighten the scope and future perspective of homoeopathy in pain palliation care. Homoeopathy may become a valuable treatment in palliative care to provide relief and comfort to the dying patient, and therefore the fear of death may reduce and the family may be better prepared for the bereavement.

According to H.A. Roberts, in incurable conditions, the administration of the similar remedy almost always ameliorates the situation, at least for three to four days, and usually for a long period. Then, one may have a return of symptoms, when the indicated remedy will be called into use again.

**Keywords:** homoeopathy, palliative care, palliation, cancer, quality of life.

**Abbreviations-** non-steroidal anti-inflammatory drugs (NSAIDs), quality of life (QOL)

## Introduction

Homoeopathy is often overlooked as a modality for pain management. However, it deserves to be a first-line treatment due to its safety, effectiveness, and cost-effectiveness. The database of the social security system in France, where citizens can choose a homoeopathic or conventional family doctor, shows that the former modality provides comparable results in pain management while significantly reducing the use of conventional painkillers. A large-scale review of the German drug safety database has revealed a miniscule number of adverse events. Finally, resistance to the use of homoeopathy—based on the mistaken notion that it contains nothing but water—is addressed by citations from the newly emerging field of ultrahigh dilution physics. Homoeopathic medicines must be customised to the individual patient in *chronic* conditions. Yet, a severe *acute* trauma can respond to the same homoeopathic medicine in nearly all individuals. While homoeopathic medicines are rarely tested against conventional

painkillers in a head-to-head trial, certain research studies show that homoeopathic medicines can enhance healing for those already on conventional medications and can reduce pain in a condition such as a fracture for which effective drug treatment is lacking<sup>1</sup>.

## Body of article-

In a large-scale study in France, where national health insurance covers homoeopathic as well as conventional primary-care doctors, the former prescribed fewer opioids (and half as many nonsteroidal anti-inflammatory drugs [NSAIDs]) for musculoskeletal disorders while providing better results in terms of pain reduction and quality of life.<sup>2</sup> Further, there is some evidence to suggest that homoeopathy can work faster than conventional pain medications or reduce the need for them,<sup>3,4</sup> without danger of dependence or withdrawal symptoms.<sup>5</sup> There is also research to suggest that homoeopathy can work better than placebo in reducing pain, for example from endometriosis,<sup>6</sup> joint pain and stiffness,<sup>7</sup> and hemorrhoids.<sup>8</sup>

In one large study, Germany's drug safety database was searched for adverse reports on >300 million doses of homoeopathic and anthroposophical drugs (similar to homoeopathy). There were only 486 reports of adverse events, of which only 46 were verified as serious.<sup>9</sup>

Homoeopathy's mechanism of action is currently being revealed by studies in the newly emerging field of ultrahigh dilution physics. In one scenario, nanoparticles of the original medicinal substance<sup>10</sup> attract water molecules to form liquid crystal structures in the dilution water, which in turn convey information that triggers a homeostatic reaction in the body.<sup>11</sup> In another, coherent domains are formed "among the molecules of the water-alcohol solvent, as predicted by quantum electrodynamics."<sup>12,13</sup> The nano-dose levels that persist in homoeopathic medicines are comparable to the levels at which the body's hormones and cell-signaling agents operate. These two qualities of homoeopathy—the active ingredient being present only in nanoparticles and the mechanism of action based on conveying information rather

than its medicinal substance—give homoeopathic medicines their unique qualities: the patient needs less and less of them over time; they do not create dependency or withdrawal; they do not interact with other medications; and they can heal other health conditions at the same time in addition to the chief complaint, that is, they provide side benefits instead of side effects.<sup>7</sup>

Any cancer patient carries the most common symptom “pain” along their journey from pre diagnosis, through treatment and even when in remission. It is enervating symptom, restraining patient’s physical and psychological states as well as social well being. It is reported that 67% of cancer patients find their pain upsetting, and the uncontrolled pain is now well recognised as the key promoter of the legalisation of the physician assisted suicide.

More than 2 million new cancer cases are added every year in India. Of these 60 to 80% patients are present in advanced stage of the disease and approximately 60% patients require only pain and palliative care, but unfortunately only 28% of the patients get palliative care and pain relief. The number of cases with cancer pain is increasing rapidly every year. It has been a cause of endemic concern for all to relieve cancer patients from their pain, thus there is an urgent need of alternative approach which can be resolved by homoeopathy as an accompaniment on to conventional treatment. The two major problems are faced by people at the end of life: (1) Quality care that does not reach enough to people and (2) the rising cost of health care over preceding decades that have imposed a substantial financial burden on patients, families and the healthcare system. These two major problems may be mitigated by homoeopathy and may become a valuable treatment in palliative care for patients in cancer pain and in their end of life. Homoeopathy

may well integrate with standard oncologic care to improve patient outcome, including symptom burden, quality of life (QOL), and end of life outcome, all achieved with low associated cost. In *“The Science of Homoeopathy”*, the author Dr Vithoulkas says, “the event of death is a crucial point of transition which can be as important to the conscious growth of an individual as any other crisis occurring during life. For this reason, homoeopathy plays a very important role

## Conclusion

Pain is a common companion of patient receiving palliative care in cancer and at the end of life. Cancer pain is multifactorial and complex. It’s impact can be devastating, with increased morbidity and poor quality of life, if not treated adequately. Cancer pain management is a challenging task both due to disease process and due to treatment related side effects, therefore it requires a holistic approach which can be covered by homoeopathy remedies<sup>14</sup>.

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## About the author

1. **Dr Yashveer Singh, M.D** (Hom.), Reader, State K.G.K. Homoeopathic Medical College and Hospital, Moradabad (U.P.).
2. **Dr Mukesh Solanki, M.D** (Hom.), PGDHR, Medical officer, Homoeopathic Chikitsa Vibhag, Govt. of Rajasthan
3. **Dr Chitralekha Tiwari, M.D.** (Hom.), Assistant Professor, Aarogya Homoeopathic Medical College & Hospital, Jaipur.



# Pain management in plantar callosities with homoeopathy – a case report

By Dr T Surekha, S. Dheeraj, A Maheshwari

**Abstract:** The most common complaint of foot skin is callus. Thickening of the skin, which is because of improper walking styles with different footwear or frequent friction to the area of skin. These feel lumpy on touch and less sensitive to touch. Now-a-days it is a major problem in every individual. This article is regarding a case study with homoeopathic management.

**Keywords:** plantar callosities, *Antimonium crudum*, homoeopathy, VAS scale.

**Abbreviations:** visual analogue scale (VAS), thrice a day (TDS)

## Introduction

Callus, is the most common complaints of foot skin experienced by individuals of all the ages. A callosity is nothing but a greatly thickened and cornified ceases at the periphery and then continued with the normal skin<sup>1</sup>. It can be broadly said as diffuse area of hyperkeratosis of relatively even thickness, most commonly seen under metatarsal heads<sup>2</sup>. These calluses are painful and unsightly lesions often result in disability<sup>3</sup>. The healthy plantar skin is essential to our well being<sup>4</sup>. Healthy function of the plantar skin surface is necessary for the individual to stand, walk or run efficiently. If there is formation of any blisters, fissure or callus the resulting discomfort may completely incapacitate the individual concerned. The terms like tyloma or clavus are sometimes used to denote callus<sup>1</sup>. Plantar calluses, like all calluses, form in response to pressure or friction to protect the skin underneath from damage. Callosities of the plantar skin are commonly seen nowadays due different or modern footwear habits. Callosity can be defined as a raised patch of hyperkeratosis, increased thickening of epidermis of stratum corneum and granular layer, seen in areas of excessive pressure

or repeated trauma<sup>4</sup>. Callosities can be painful and the symptoms may be so intense as to seriously affect a person's gait and other activities.

Factors that lead to development of callosities: -

### EXTRINSIC FACTORS –

Poor footwear, tight shoe, irregularities in shoe, open shoes, activity level athletes.

### Intrinsic factors

Prominent condylar projection, malunion after a fracture, bony prominences.

Cavovarus foot, toe deformity (claw, mallet), hallus rigidus, short first metatarsal<sup>2</sup>.

### Pathology:

Callus (plantar keratotic lesions) are associated with elevated mechanical stresses over prominent and deformed joints<sup>4</sup>. During normal keratinisation, epidermal cells differentiate into horn cells that are lost from the surface of the stratum corneum during desquamation. In some conditions, there is failure of the binding forces between the corneocytes near the surface and formation of the cornified cells leads to hyperkeratosis. However,

the details of the alterations in the epidermis and the stratum corneum that take place and lead to hyperkeratosis are unknown<sup>2</sup>.

### Clinical features:

Callosity presents as a thick skin in the areas of excessive pressure<sup>4</sup>.

Initially painless, later painful

Sensitive to touch the affected area

Thickening or hardening of the affected area

Soreness

### General management:

Regular sharp scalpel debridement<sup>1</sup>

Gentle trimming with the pumice stone

Not painful – only cosmetic – sock the legs in warm water and use pumice stone

Advising on the footwear

Use of silicone sleeves<sup>1</sup>

Use of keratolytic agents, i.e. 10-15% salicylic acid are beneficial<sup>1</sup>

### Homoeopathic management:

*Antimonium crudum* [sb<sub>2</sub>s<sub>3</sub>]

Tendency to grow callosities – slightest pressure will produce a sore place or callosity, and in working men you will find an unusual tendency to thickening of skin on the soles of the feet. They are very sore to walk upon because these calluses places are sensitive. It has a tendency to build-up and indurate<sup>6</sup>. Callosities on soles of feet with excessive tenderness can only walk with pain and suffering<sup>7</sup>. Feet very tender covered with large horny places<sup>8</sup>. All conditions aggravated by heat and cold bathing, Ameliorated by rest<sup>9</sup>.

## Ranunculus bulbosa

Indicated for callous and other excrescences(growths). painful stiffness in joints of feet. Indicated for horny excrescences<sup>8</sup>. Modalities; conditions aggravated by motion, contact, especially wet, stormy weather<sup>9</sup>.

## Silicea

It has the promoting and controlling the process of inflammation and suppuration. Hard painful callosities on soles-voluptuous tickling in soles which when the part has been scratched a little is almost maddening. Numbness of feet in the evening, burning sensation in feet and soles especially evening, night. Cramps in the soles of feet<sup>8</sup>. Soreness in the feet from in step through to the sole. It has got a tendency to promote and expel foreign bodies from the tissues where they may be lodged. Modalities; conditions aggravated by morning, from washing, cold. Ameliorated by warmth, summer<sup>9</sup>.

## Thuja

Lower limbs feel like wood when walking in open air. Pains in the feet and ankles after suppressed gonorrhea – could not walk. Numbness of foot - nets of veins

as if marbled on soles of feet, Red marbled spots on in step<sup>8</sup>.

## Case report

Name - abc

Age – 10 years

Sex – Male

Marital status: - Unmarried

Occupation: -Student

Address: - xyz

Dated: -30-11-2020

Presenting complaints: -Pain in both soles since 15 days

## History of presenting illness: -

Patient was apparently healthy 1 month back ago. Then slowly, he observed thickening of skin over the forefoot, first in right leg and then to left leg. Those thickenings were painless for first 15 days. Later in the last 15 days, patient experienced a sharp pain over the soles while walking or putting pressure over the soles. Pain was aggravated after walking and ameliorated on rubbing the foot. Tenderness was present over both forefeet.

**Past history:** -Patient suffered from dengue fever 2 years ago.

No history of any major illness.

**Family history:** -Father suffered with the similar complaint 10 years back – undergone surgery.

## Personal history:

Diet: - mixed

Appetite:-3 times/day, satisfactory

Desires: -sweets

Thirst: - 3-4 litres/day, small quantity

in frequent intervals

Perspiration: -generalised on exertion

Sleep: - 8-9 hours per day, refreshed sleep

Thermals: -chilly

**Mental generals:** -The patient was so irritable during the case taking. He wasn't allowing any one to touch him. when asked the questions repeatedly, he used to get irritated and didn't answer well. When he asked for something and if it was not given, he used to get irritated and shouted at that person.

## General physical examination-

Vital signs

Pulse rate- 74/minute

Blood pressure- 120/80 mm of hg

Heart rate- 74beats per minute

Respiratory rate- 16 breaths/min

Height- 5.2feet

Weight- 55 kgs

Temperature- Afebrile

Physical appearance

Patient was moderately built, wheatish complexion. No signs of clubbing, cyanosis, lymphadenopathy, oedema and pallor.

Examination of affected part

**Inspection** – Thickening of skin in forefoot of both the foot is present. The thickenings were of irregular shape and had spread over the forefoot of the feet. No deformity of foot was observed.

**Palpation** – Tenderness on touching

the affected area was present. Skin was rough and hard on palpation.

Diagnosis: Plantar callosities<sup>10</sup>

Diagnosis was based on clinical symptoms and physical examination of the patient

Plantar callosities –

Thickening over the forefoot

Pain on pressure or walking

Sensitive to touch<sup>10</sup>

### Analysis and evaluation of symptoms:

Mental generals – irritability<sup>++</sup>

Particulars:

Callus over forefoot of both feet

Tenderness of the callus

Sharp pain over the soles of feet<sup>+++</sup>

Sharp pain aggravated after walking

Sharp pain ameliorated by rubbing

Totality of symptoms –

Mind – irritability<sup>++</sup>

Feet – soles- calluses

Feet – soles-calluses-tenderness<sup>++</sup>

Feet – soles-sharp pain<sup>+++</sup>

Feet – soles-sharp pain - aggravated after walking

Feet – soles- sharp pain – ameliorated on rubbing

Repertorisation																
Type Keywords for Quick Repertorisation (Ctrl)																
Symptoms :	6	Remedies :	384	Filters :	Normal											
Remedy	Ant-c	Alum	Sil	Nat-s	lyc	Als	Bor	Calc	Sulph	Graph	Nat-m	Nit-ac	Sep	By	Nat-r	
Totality	11	8	8	7	6	6	6	6	6	5	5	5	5	5	5	
Symptom Covered	6	5	4	4	4	3	3	3	3	3	3	3	3	2	2	
Kingdom																
[Murphy] [Mind]Irritability, general : (367)	3	3	3	2	3	3	2	3	4	3	3	3	3	4	3	
[Murphy] [Feet]Calluses, horny, soles, on : (37)	3	1	2	2	1	2	1	2	1	1	1	1	1			
[Murphy] [Feet]Calluses, horny, soles, on :Tenderness, of : (7)	2	2	2	2	1											
[Murphy] [Feet]Sharp, pain, soles :Walking, while :After : (1)	1															
[Murphy] [Feet]Sharp, pain, soles :Rubbing, amel. : (4)	1	1														
[Murphy] [Feet]Sharp, pain, soles : (78)	1	1	1	1	1	1	3	1	1	1	1	1	1	1	2	

Prescription: -Date: -30-11-2020

*Antimonium crudum* 200 / 3 doses, early morning for 3 alternating days along

with placebo every day, two times a day after eating food for 15 days.

Pain assessment: -intensity of pain

was assessed using VAS scale

The patient marked 9 points on VAS scale on date of the visit.



Before treatment

Before treatment

Post treatment

**Selection of potency:** -According to the susceptibility of the patient, the potency was selected according to aphorism 247<sup>5</sup>. Patient being a child, he was highly susceptible and intensity of the pain was also high,

so considering this in case, started with the high potency.

**Repetition of medicine:** - From aphorism 246 in *Organon of Medicine*<sup>5</sup>, the well-chosen remedy should be repeated at regular

intervals considering the duration of the disease. In this case, there was improvement in the intensity of pain so there was no requirement to repeat the medicine. Placebo was then prescribed.

### Follow-up

Date	Symptomatology	Prescription
14-12-2021	Irritability was mildly reduced Callus hardness decreased Pain in the forefoot reduced VAS scale score was 6	Placebo 30/ TDS/15days
29-12-2021	Irritability reduced; callus is present but no pain is present VAS scale score is 3	Placebo 30 / TDS/ 15 days
12-01-2021	Irritability reduced; callus present without any pain VAS score is 1	Placebo 30/TDS/15days

### Conclusion

With the help of symptom similarity, homoeopathy does miracles in managing the pain in different chronic conditions. In this case, the pain has been completely reduced with treatment but skin hardenings will disappear when the mechanical forces are removed, i.e. proper footwear, orthoses.

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### About the author

- Dr T Surekha**, Assistant professor, Department of community medicine, MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL Sangareddy
- S. Dheeraj**, Intern, MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL Sangareddy
- A Maheshwari**, Intern, MNR HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL Sangareddy

# Irritant contact dermatitis managed by individualised homoeopathic treatment: a case report

By Sushanta Sasmal, Priyanka Mallick

**Abstract:** Irritant contact dermatitis is localised rash or irritation of skin caused by contact with a foreign substance. Irritant contact dermatitis occurs worldwide with an overall prevalence of 4% of some population. Many substances can cause this type of reaction but the commoner culprits are nickel (in costume jewellery and buckles); chromate (in cement); latex (in surgical gloves); perfume (in cosmetics and air fresheners); and plants (such as primula or composite). A good history is necessary and if suspicious, patch testing should be arranged to prove any allergy. Clinical experience and studies identify a positive role of homoeopathy in skin conditions including irritant contact dermatitis. This case treated with individualised homoeopathic medicine over a period of 3 month, shows significant improvement which is evident from the photographs. This case shows the usefulness of homoeopathy in treating the irritant contact dermatitis.

**Keywords:** homoeopathy; irritant contact dermatitis; individualisation, *Mercurius solubilis*.

**Abbreviation:** contact dermatitis (CD)

## Introduction

Irritant contact dermatitis (CD) is an inflammatory reaction in the skin resulting from exposure to a substance that causes an eruption in most people who come in contact with it<sup>(1)</sup>. Irritant contact dermatitis is a non-specific response of the skin to direct chemical damage that releases mediators of inflammation predominantly from epidermal cells while allergic contact dermatitis is a delayed (type 4) hypersensitivity reaction to exogenous contact antigens. Immunological responses are due to the interaction of cytokines and T cells. In photo contact, allergic dermatitis lesions are confined to sun-exposed areas even though the allergen is in contact with covered areas<sup>(2)</sup>. Many substances act as irritants that produce a nonspecific inflammatory reaction of the skin. This type of dermatitis may be induced in any person if there is contact with a sufficiently high concentration. No previous exposure is necessary, and the effect is evident within minutes, or a few hours at most<sup>(3)</sup>. Irritant CD is a non-specific skin response to direct chemical skin damage and/or with releasing inflammatory mediators, while allergic CD is a

delayed hypersensitivity reaction (type IV) to allergens, which includes immune responses (due to the interaction of T cells and cytokines<sup>(3)</sup>). Irritant contact dermatitis can occur in any individual. It often occurs on the hands after repeated exposure to irritants such as detergents, soaps or bleach. It is therefore common in housewives, cleaners, hairdressers, mechanics and nurses. The concentration and type of toxic agent, duration of exposure, and condition of the skin at the time of exposure produce the variation in severity of dermatitis from person to person, or from time to time in the same person. Repeated exposure to some of the milder irritants may produce a hardening effect over time. This process makes the skin more resistant to the irritant effects of a given substance. Symptomatically, pain and burning are more common in irritant dermatitis, contrasting with the usual itch of allergic reactions<sup>(3)</sup>.

The likelihood of developing irritant contact dermatitis (irritant contact dermatitis) increases with the duration, intensity, and concentration of the substance. Chemical or physical agents and microtrauma may produce skin

irritation thus causing Irritant contact dermatitis. Physical irritants like friction, abrasions, occlusion, and detergents like sodium lauryl sulphate produce more irritant contact dermatitis in combination than alone. The factors which determine the severity of irritant contact dermatitis include the quantity and concentration of the irritant, duration, and frequency of exposure. It also depends on the type of skin if it is thick, thin, oily, dry, very fair, previously damaged skin, or having a pre-existing atopic tendency. Environmental factors like high or low temperature and humidity also determine the severity<sup>(4,5)</sup>.

Females, infants, elderly, and individuals with atopic tendencies are more susceptible to irritant contact dermatitis. It is reported that up to 80% of cases of occupational dermatitis are irritant contact dermatitis. Data from the National Health Interview Survey (n = 30,074) showed a 12-month prevalence for occupational contact dermatitis of 1,700 per 100,000 workers. According to another study, the industries

with the highest rates of contact dermatitis are natural resources and mining, manufacturing, and health services. Occupational skin diseases rank second only to traumatic injuries as the most common types of occupational disease. Chemical irritants, such as solvents and cutting fluids used in machining, account for most cases of irritant contact dermatitis. A study showed that hands were primarily affected in 64 percent of workers with allergic contact dermatitis and 80 percent of those with the irritant form<sup>(6)</sup> leading to skin changes. Allergic contact dermatitis is a delayed hypersensitivity reaction in which a foreign substance comes into contact with the skin; skin changes occur after reexposure to the substance. The most common substances that cause contact dermatitis include poison ivy, nickel, and fragrances. Contact dermatitis usually leads to erythema and scaling with visible borders. Itching and discomfort may also occur. Acute cases may involve a dramatic flare with erythema, vesicles, and bullae; chronic cases may involve lichen with cracks and fissures. When a possible causative substance is known, the first step in confirming the diagnosis is determining whether the problem resolves with avoidance of the substance. Localized acute allergic contact dermatitis lesions are successfully treated with mid- or high-potency topical steroids, such as triamcinolone 0.1% or clobetasol 0.05%. If allergic contact dermatitis involves an extensive area of skin (greater than 20 percent).

When irritant CD lesions occur after exposure to a substance (even in small concentrations), effects may accumulate due to repeated influence commonly leading to chronic skin damages and skin lesions. Irritant CD may manifest in a form of acute and chronic

lesions. There are many substances related to irritant CD, caused by their irritant or toxic effects, e.g., chemical agents, physical agents, plants, phototoxic agents, airborne irritants, etc <sup>(7)</sup>. Chronic irritant CD may be induced by any substance causing acute irritant CD that, when in small concentrations, can accumulate effects causing chronic skin damages (even water, in cases of frequent hand washing, working in water, taking shower, bathing, etc. It is due to sufficient inflammation arising from the release of proinflammatory cytokines from keratinocytes, usually in response to chemical stimuli. It mainly causes skin barrier disruption, epidermal cellular changes, and cytokine release. Irritants can be classified as cumulatively toxic (e.g., hand soap causing irritant dermatitis in a hospital employee), subtoxic, degenerative, or toxic (e.g., hydrofluoric acid exposure at a chemical plant)<sup>(2)</sup>.

### Case study

A 38 years old lady came to our outpatient department of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, with complaints of severe itching, redness and burning sensation and scaly eruption in extensor surface of left hand and slight in right hand and in wave of digits of fingers for last 6 months. Her complaints were getting aggravated at night and from using any detergents, soaps, surgical gloves. Her complaints have started from the beginning of outbreak of Sars covid-19, she using in regular basic of sanitiser, hand wash, gloves, etc. After that for last 6 months her complaints have started and at first, she treated with modern medicine and local application of ointment, and complaint recurring again and again. As the disease progressed, the area became red with severe

itching and burning at times, which became intolerable. History of past sufferings revealed that she has suffered from chicken pox at 9 years of age, history of suppression of skin eruption by local ointment, history of jaundice. Along with family history of bronchial asthma, type 2 diabetes mellitus, and hypertension of her father, Mother died of breast cancer. Among generals, her appetite was good, and could not tolerate hunger, takes water while eating. She had craving for sweets and cold drinks, also preferred fish, chicken, egg and sour food. Her thirst was intense for cold drinks although tongue looked moist. Her tongue was large with imprints of teeth. Her perspiration was profuse all over the body and complaints worsened during perspiration. She had an occasional history of dysenteric stool. She was sensitive both to heat and cold. She was introvert and always used to do everything in a hurried manner.

### Analysis of the case

With the help of characteristic mental and physical symptoms, the totality of symptoms was formed and individualisation of the case was done. Among physical general symptoms, her appetite was good, and could not tolerate hunger, takes water while eating. She had craving for sweets and cold drinks, also preferred fish, chicken, egg and sour food. Her thirst was intense for cold drinks although tongue looks moist. Her tongue was large with imprint of teeth. Her perspiration was profuse in all over the body and complaints worse during perspiration. She had an occasional history of dysenteric stool. She was sensitive to both heat and cold. She was introvert and always did everything in hurried manner. The totality of symptoms<sup>(8)</sup> helped to choose a medicine by considering the patient as a whole. After forming the totality, and

confirmed by repertorial sheet and final selection was done after consulting with materia medica<sup>(9,10)</sup>, the patient was prescribed *Mercurius*

*solubilis* 30CH, 2 doses, and was instructed to take once in early morning in empty stomach followed by placebo for next 7 days. After

taking medicine, her itching and redness subsided and returned to normal healthy skin.

Table 1: **Repertorisation chart:** (*Kent Repertory* was used as case had enough mental and physical generals)

Repertorisation: Normal

1

0

6

1

0

0

individualistic approach. Here in this case, a presentation of irritant contact dermatitis in the form of severe itching, redness and burning sensation and scaly eruption in extensor surface of left hand and slight in right hand and in wave of digits of fingers has been cured successfully with ultra-diluted homeopathic medicines and medicine selection confirmed by the reportorial analysis by 'Repertory of the Homeopathic Materia Medica by - J. T Kent<sup>(14)</sup>, through Homopath Classic Software. It is true that exact mechanism of action is still unknown but that does not interfere with the acceptance of homeopathy among the patient. In developing countries like India, disease complications are also associated with escalation in the cost of treatment, where homeopathy can play a crucial role to cut down the cost of treatment as well.

## Conclusion

The above case report showed positive effect of treatment, individualised homeopathic medicine in managing the irritant contact dermatitis.

## Limitation of study:

As it is a single case report. In future case series can be recorded and published to establish the

effectiveness of individualized homeopathic medicine in irritant contact dermatitis.

## Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

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## About the author

1. **Sushanta Sasmal**, Post Graduate Trainee, 3rd year, Dept. of Case Taking and Repertory, Mahesh Bhattacharyya Homoeopathic Medical College & Hospital. Doomurjala, Howrah, West Bengal, India.
2. **Priyanka Mallick**, Former Housephysician of Department of Medicine, D N De Homoeopathic Medical College & Hospitals, 12 G K road, Kolkata, West Bengal, India.

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# “An individualistic homoeopathic approach in a case of wart (verruca vulgaris) on scalp - a case report”

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

**Abstract:** Warts are benign skin and mucous membrane lesions, caused by human papilloma virus (HPV) infection. In this case a 61 years old man having a single, dry, tender, large round cauliflower-like growth on his scalp (left side temporal region) which was itching, burning sometimes for 1 year, after treatment for seven months complete resolution of wart, leaving clear smooth skin demonstrating a positive role of individualised homoeopathic treatment in a case of verruca vulgaris. Possible causal attribution of changes was also depicted by modified Naranjo criteria (Score-10 out of 13). This case is reported according to HOM-CASE CARE guidelines.

**Keywords:** common wart, individualised homoeopathic treatment, *Phosphorus*

**Abbreviations:** human papilloma virus (HPV), outpatient department (OPD), body mass index (BMI), deoxyribonucleic acid (DNA), polymerase chain reaction (PCR).

## Introduction

Warts are benign lesions, can occur at any age, on any site of skin and mucous membrane, due to human papilloma virus (HPV) infection.<sup>[1]</sup> Primary manifestation of HPV infection includes common warts, genital warts, flat warts, deep palmoplantar warts (myrmecia), focal epithelial hyperplasia, epidermodysplasia verruciformis and plantar cyst.<sup>[1]</sup> There are 100 subtypes of HPV were identified, from which common warts are associated with HPV type 1, 2, 3, 4, 27, 29, 57; type 6, 11, 16, 18, 31, 35 are associated with malignancies, which are known as verrucous carcinoma; HPV type 5, 8, 20, 47 has malignant potential leading to epidermodysplasia verruciformis, and these malignant transformation is usually seen in immunocompromised patient having genital warts.<sup>[1]</sup> As HPV usually infects epithelial layers of skin, it replicates in upper level of the epithelium, and generally found in the basal layer; hence they are easily transmitted by direct or indirect contact, especially when normal epithelial barrier is disrupted.<sup>[1]</sup> Common

warts may appear as papular growth; are generally incidious, tends to be large round cauliflower like growth. Different modes of treatment like use of intralesional bleomycin, cimetidine, cryotherapy, photodynamic treatment, topical salicylic acid, duct tape occlusion, pulsed dye laser, zinc sulphate, surgical removal are commonly practiced methods by modern medicine for nihilation of various types of warts. Homoeopathy is also a conventional mode of treatment of warts now-a-days, it has been validated by various case reports<sup>[2-9]</sup> and clinical research studies<sup>[10-15]</sup>, where medicines were prescribed on basis of individualisation following the homoeopathic law of similimum. In this case, a man having dry, large (1cm×0.5cm), round cauliflower like/ corrugated wart on scalp (left-sided temporal region) for 1 years, which was itching, burning sometimes, and tender to touch, was successfully treated by individualised homoeopathic medicine. This case, reported as per HOM CASE CARE guidelines<sup>[16]</sup>, again unveils scope of individualised Homoeopathic treatment in such conditions.

**Patient information:** Mr. XY., aged 61

years, BMI-20.5 kg/m<sup>2</sup>, retired Govt. employee, middle socio-economic class, came to visit an outpatient department (OPD) of The Calcutta Homoeopathic Medical College and Hospital, Govt. of West Bengal on 8/11/2021 complaining of single, dry, large, round cauliflower like growth on his scalp (left side temporal region), which itches and having burning pain sometimes, for 1 year, measures approximately (1cm×0.5cm) which was tender to touch; he had also complaint of flatulence, that aggravated in evening.

Homoeopathic generalities: He was irritable and oversensitive to slightest noise, had a fear of thunder-storm; he was a chilly patient, having profuse thirst for cold water, he had dry tongue, which is blackish at edge; he was vegetarian, having desire for sweet, salty food, cold food and had intolerance for milk; he had profuse, offensive perspiration, burning urethra, during micturition, stool normal but very offensive. He was a known hypertensive patient for past 15 to 20 years and was under medication, although he was a chain smoker. He had a history

## CASE STUDY

of skin eruption which was cured by local application of ointment five years ago; lipoma on left side of back, which was operated eight years ago; had a history of snake bite, thirty years back; also had a history of typhoid in adolescence.

His mother was in complication of type II diabetes mellitus.

**Life space investigation-** After completing his graduation, he got a job then, he got married, had two sons; they are all married and recently he lives with his wife,

sons' and daughters'-in-law and his grandchildren.

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

Table 1: Analysis and evaluation of symptoms

<b>Characteristic mental general symptoms:</b> <ul style="list-style-type: none"> <li>Irritable to slightest noise</li> <li>Oversensitive to slightest noise</li> <li>Fear of thunder-storm</li> </ul> <b>Characteristic physical general symptom:</b> <ul style="list-style-type: none"> <li>Thirst- profuse for cold water</li> <li>Tongue- coated black at edge, dry</li> </ul>	<ul style="list-style-type: none"> <li>Desire for – sweet food, salty food, cold food</li> <li>Intolerance - milk</li> <li>Thermal reaction – chilly</li> <li>Stool – very offensive</li> <li>Burning urethra during micturition</li> </ul> <b>Characteristic particular symptoms:</b> <ul style="list-style-type: none"> <li>Itching and burning, dry, large, round cauliflower-like wart on scalp.</li> </ul>
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Table 2: Miasmatic analysis<sup>6</sup>

Symptoms	Miasm
Irritable, even slightest noise	Sycotic
Oversensitive to even slightest noise	Psoric
Fear of thunder-storm	-
Desire for- sweets	syphilitic
Desire for – salty food	Psoric
Desire for – cold food	syphilitic
Intolerance for – milk	-
Thirst- profuse for cold water	psoric
Tongue coated, black at edge, dry	-
Thermal relation – chilly patient	psoric
Stool – offensive	psoric
Burning urethra, during micturition	-
Itching and burning wart on scalp	psoric

Table 3: This case was repertorised by Homopath Classic M.D. Version 8 software using J.T Kent's *Repertory- Repertory of the Homoeopathic Materia Medica*<sup>[18]</sup>

Symptoms	Chapter	Rubrics
Irritability from slightest noise	Mind	Irritability – noise- from
Oversensitive to even slightest noise	Mind	Sensitive- oversensitive- Noise, to slightest
Fear of thunder-storm	Mind	Fear- thunder-storm of
Desire for- sweet	Stomach	Desire -sweets
Desire for – salty food	Stomach	Desires- salt things
Desire for – cold food	Stomach	Desires- cold food

Intolerance for – milk	Generalities	Food -milk aggravation
Thirst- for cold water	Stomach	Desires- cold drinks
Tongue coated black at edge	Mouth	Discolouration – tongue- black
Thermal relation – chilly patient	Generalities	Heat -vital lack of
Stool – offensive	Stool	Odour- Offensive
Burning in urethra during micturition	Urethra	Pain- burning- urination- during
Burning, tender, dry, large, round coliflow- er like wart on scalp.	Skin	Skin- warts- burning
Itching wart on scalp	Skin	Skin- warts- itching

## Homopath

Page 1 of 1

Repertorisation Sheet - Homopath Wildfire@MS LAN															
Physician Name : Dr. CHMCH															
Patient Name :															
Reg. No. :															
Date : 12/05/2022															
Remedy	Phos	Sep	Arg-n	Nit-ac	Ars	Lyc	Calc	Carb-v	Chin	Kali-c	Sulph	Nat-m	Nux-v	Bry	Merc
<b>Totality</b>	<b>29</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>15</b>	<b>14</b>
<b>Symptoms Covered</b>	<b>13</b>	<b>10</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>8</b>	<b>7</b>	<b>7</b>
[Kent ] [Mind]Irritability (see anger):Noise:From:	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0
[Kent ] [Mind] Sensitive,oversensitive (see offended):Noise,to:	2	3	2	3	2	2	2	2	3	3	0	2	3	2	2
[Kent ] [Mind]Fear (see anxiety):Thunder-storm,of:	3	2	0	2	0	0	0	0	0	0	1	2	0	1	0
[Kent ] [Stomach] Desires:Sweets:	0	2	3	0	1	3	2	2	3	2	3	1	1	2	1
[Kent ] [Stomach]Desires:Salt things:	3	0	3	2	0	0	2	3	0	0	1	3	0	0	0
[Kent ] [Stomach] Desires:Cold :Food:	3	0	0	0	0	2	0	0	0	0	0	1	0	0	0
[Kent ] [Generalities] Food:Milk :Agg:	2	3	0	3	2	2	3	2	3	2	3	2	2	2	0
[Kent ] [Stomach]Desires:Cold drinks:	3	2	2	0	3	2	2	0	3	0	1	1	1	3	3
[Kent ] [Mouth] Discoloration:Tongue:Black:	3	0	2	0	2	2	0	3	3	2	0	0	2	0	3
[Kent ] [Generalities] Heat:Vital,lack of:	3	2	2	3	3	2	3	2	2	3	2	2	3	0	2
[Kent ] [Stool] Odour:Offensive:	2	1	3	2	3	1	2	3	1	1	3	1	2	3	1
[Kent ] [Urethra] Pain:Burning:Urination:During:	2	2	3	3	1	2	3	2	1	2	3	2	3	2	2
[Kent ] [Skin]Warts (see excrescences):Burning:	1	1	0	0	1	1	0	0	0	0	1	0	0	0	0

After repertorisation, *Phosphorus* covered most of the symptoms, and scored 13/29, *Sepia* scored 10/20; *Argentum nitricum* and *Acidum nitricum* both scored 8/20, *Arsenicum*

*album* scored 10/19; but considering the analysis and evaluation of symptoms of the case, and consulting the materia medica<sup>[18]</sup>, *Phosphorus* 200 was selected potency selection

and repetition of dose was done as per homoeopathic philosophy.<sup>[19-21]</sup> Patient was followed-up monthly or earlier as per need, details of management are given in table 4.

Table 4: Details of follow-ups and prescription

Date	Symptoms	Prescription
8/11/2021	single, dry, large, round coliflower like growth on his scalp (left side temporal region), which itches and having burning pain sometimes, for 1 year, measures approx (1cm×0.5cm) which was tender to touch; he also complained of flatulence, which aggravated in evening. he had burning urethra, during micturition, stools normal but very offensive.[ Figure1]	<i>Phosphorus</i> 200/1 dose stat.  Placebo for 1 month.

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10/12/2021	No change in any of symptoms.	Placebo for 1 month.
08/01/2022	Stalk of the wart reduced in size, itching in wart aggravated, but burning reduced. Intensity of flatulence in abdomen reduced. Stool offensive, bladder habit normal.	Placebo for 1 month.
12/2/2022	Size of the stalk of the warts shrivelled. Itching in the wart persisted same as before but burning reduced much. Flatulence at evening relieved. Bowel habit was normal, but burning in urethra during micturition occurred for a few times.	Placebo for 1 month.
18/3/2022	No discomfort in abdomen, no flatulence in evening. Bladder and bowel habit was normal. Wart looked wrinkled than before and the stalk of wart reduced further.	Placebo for 1 month.
12/4/2022	General condition of patient was better. Stalk of the wart withered and was hanging to scalp with tiny attachment; slight pain and uneasiness or heaviness abdomen. Bladder and bowel habit was normal.	Placebo for 1 month.
09/5/2022	General condition of patient was better than last visit. Wart was completely resolved leaving smooth scalp, without any mark. [Figure2]	No medicine.

**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?		0	
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 10 out of 13 as per modified Naranjo criteria [Table 5]

### Discussion

Homoeopathy is being a method of non invasive mode of treatment, it seems to be favourable to act in cases of skin complaints specially

warts as the others mode of treatment has limited efficacy. From the literature,<sup>[2-15]</sup> it was found that, in adults, single site involvement is very common, face is most common location of

common warts, then second most common site is extremities, mainly in upper limbs From several clinical research studies<sup>[11,13]</sup> *Thuja occidentalis* 1M, *Natrum muriaticum* 1M, *Dulcamara* 1M, were found to

be very effective in treatment of warts, which shortens duration of ailments, but being individualistic system of medicine one should not guarantee the recovery of warts by any specific medicine randomly. On the basis of case, the totality of symptoms is very important for choice of remedy. In this case, the patient presented with a single, dry, itchy wart with burning on his scalp. On the basis of mental symptoms as well as prominent physical general symptoms, *Phosphorus 200* was given. *Phosphorus* being a deep acting polychrest, anti-miasmatic remedy, acted well in this case. After seven months of treatment, wart was completely resolved leaving smooth scalp, along with patient's general condition also got better.

## Conclusion

In this case, no histological examination or immuno-histo-biochemistry or PCR for HPV DNA was done, and it is based on only clinical diagnosis, and at the end of treatment complete resolution of wart was observed with no adverse effects. Although the study of single cases does not constitute a strong opinion, but the causal attribution is established with previous literature reviews<sup>[2-15]</sup> along with using of the modified Naranjo score (10 out of 13). In future studies with large sample size, along with analysis of HPV DNA PCR, may bring more effective, explainable, generalised result. This case is reported according to HOM-CASE CARE guidelines<sup>[16]</sup>. The result of this case report provides evidence in support of effectiveness of individualised homoeopathic treatment in regression of common verruca vulgaris.

**Informed consent:** Informed consent was obtained from the patient before drafting of the case report.

**Acknowledgement:** The authors deeply acknowledge the patient for

allowing to collect the data.



Figure 1: Before treatment



Figure 2: After treatment

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## About the authors

1. **Dr Debanjan Chowdhury**, Post Graduate Trainee, Department of Practice of medicine, The Calcutta Homoeopathic Medical College and Hospital
2. **Dr Torsa Das**, Post Graduate Trainee, Department of Practice of medicine, The Calcutta Homoeopathic Medical College and Hospital
3. **Dr Sayantan Bhowmick**, Post Graduate Trainee, Department of Practice of medicine, The Calcutta Homoeopathic Medical College and Hospital





# Evidence based case report presentation on gluten sensitive enteropathy with high tTg antibody and high IgE level.

By Dr Jyoti Verma, Dr Sourav Koley, Dr Ashok pandit, Dr Aryabrata Banerjee, Dr Moumita Maity, Dr Madhabananda Saha

**Abstract:** Coeliac disease is a serious autoimmune disease that occurs in genetically predisposed people where the ingestion of gluten leads to damage in the small intestine. It is the most important cause of primary malabsorption. There is genetic abnormality resulting in sensitivity to gluten and its derivative, gliadin, present in diets such as grains of wheat, barley, and rye. Coeliac disease can cause a range of symptoms, including diarrhoea, abdominal pain and bloating. A tissue transglutaminase IgA (tTg-IgA) test is useful test to diagnose celiac disease. It makes antibodies that attack an enzyme in the intestines called tissue transglutaminase (tTG).

Homoeopathy medicine for celiac disease help in managing and reducing the intensity of symptoms. Though, there are no specific medicines in homoeopathy for coeliac disease. But, treatment for celiac disease can still provide natural, safe and very effective relief in such cases. It is best to select the medicine most beneficial to the patient of coeliac disease according to the individual set of symptoms.

Homoeopathic remedies are selected by taking into consideration totality of symptoms, individualisation of a particular patient along with considering repertorial rubrics.

**Objective –** This case report is to establish how individualised homoeopathic medicines can prove to be beneficial in treatment of coeliac disease.

**Background –** This is a case where patient present with cramping pain in lower abdomen for the last 2-3 years. Diagnosed case of coeliac disease treated with individualised homoeopathic medicines.

**Results –** Homoeopathy proves to be effective in treating coeliac disease high levels of transglutaminase IgA (tTg-IgA).

**Keywords:** coeliac disease, gluten insensitivity, intolerance, homoeopathy.

**Abbreviations –** Ig – immunoglobulin, anti-TTG - anti-transglutaminase antibodies, USG – ultrasonography, AD – alternate day.

## Introduction

### COELIAC DISEASE<sup>1</sup>

The word “coeliac” is derived from the Greek word “koiliacós” which means “abdominal” and was introduced in the 19<sup>th</sup> century. Also known as coeliac sprue or gluten sensitive enteropathy – it is a digestive and autoimmune disease which primarily affects the lining of the small intestine. It occurs to the people who are genetically predisposed. The resulting

damage of the small intestine in this disease is when foods with gluten are eaten. Gluten is a form of protein found some grains like wheat, barley, rye, etc. Due to the damage to the intestine, it becomes difficult for the body to absorb nutrients, especially fat, calcium, iron, and folate. It often begins at 6 months to two years of age, but may also occur after two years. The disease is usually described in childhood, but it may also develop in adults later on.

Coeliac disease is a pathology of

autoimmune origin, being a disease different from gluten allergy. The immune mechanism and clinical picture of these two diseases are distinct.

Coeliac disease is very common disease and can affect anyone, though it is more common in caucasian (white) descendants of Northern Europeans. In Europe and US, about 1 in 145 people have celiac disease. In the Nordic countries, this rate reaches 1 for every 100 people. Worldwide, about 30 million people

suffer from coeliac disease.

Earlier, it was considered a paediatric disease, but now it has been clinically established that gluten enteropathy can occur at any age. 55% of cases occur in adults, with 18% in patients over 60 years of age. In children, in general, the disease becomes apparent when they are still babies, soon after the first exposures to the diet with gluten.

Most coeliac disease patients have a mild form of the disease, with few or no symptoms, even though they may not even suspect they have any problems.

### Symptoms of coeliac disease.<sup>1</sup>

The classic symptoms of celiac disease occur due to villous atrophy of the small intestine, which prevents the absorption of various nutrients including fats, proteins and vitamins.

The lack of absorption of food in the intestine causes malabsorption syndrome, characterised by:

Diarrhoea often with steatorrhoea.

Excessive gas formation or flatulence.

Abdominal colic or cramps.

Weight loss.

Anaemia due to iron deficiency, folic acid and / or vitamin B12.

Osteopenia due to lack of calcium and vitamin.

Bleeding due to vitamin K deficiency.

Among the non-gastrointestinal manifestations of coeliac disease, one can mention:

IgA nephropathy

Liver changes

Complications in pregnancy

Alterations of dental enamel

Pubertal delay

Menstrual changes

Abortions

Dermatitis herpetiformis

Migraine

Neurological changes

Cramps

Arthritis

### Diagnosis of coeliac disease.

More than 90% of people with untreated coeliac disease have elevated levels of some antibodies in the blood, including antigliadin, anti-endomysium, and anti-transglutaminase (anti-TTG) antibodies, the latter being the most sensitive for diagnosis. If the blood test is positive, the diagnosis should be confirmed by biopsy of the intestinal mucosa.

**CASE STUDY** A male aged 14 years boy of reported with the following complaints on 18/10/2019.

Heaviness and distension of abdomen immediately after taking food for last 4 years.

Pain and watery stool after taking bread for last 4 years.

Pain in back for last 2 years.

### History of presenting complaints

Onset- Gradual

Sensation- of heaviness and cramp in lower abdomen with watery stool.

Modalities- aggravation – after

foods like bread, night.

### PAST HISTORY-

Skin disease treated by ointment.

### Family history

Maternal side  
Paternal side - Father –skin disease

Mother – osteoarthritis

Grandmother(died) – hypertension

Maternal aunty –CERVICAL SPONDYLOSIS

### Personal history-

Occupation- student.

### PHYSICAL GENERALS -

Appetite- good, could not tolerate hunger.

Desire- sweet, hot food.

Aversion- vegetables.

Intolerance- bread, oats.

Thirst- moderate, 2-3 litre/day.

Tongue- dry, slightly coated.

Stool- constipated alternate with diarrhoea.

Urine- not clear, could not hold.

Sweat- profuse sweat, over whole body and face, takes white stain on cloth.

Sleep- disturbed during sleep, eyes half open.

Thermal reaction- hot patient, easily susceptible to take cold.

### MENTAL GENERALS –

Desire company.

Gentle, couldn't mix with other

## CASE STUDY

people quickly.

Intelligent.

Memory very good.

Wanted to remain silent.

### Clinical examination-

#### General survey-

1. Faces- Active, intelligent face.
2. Oedema- nil.

3. Built- lean, thin.
- Clubbing-Nil

5. Decubitus-sitting.
- Pulse- 62/minute

7. Nutrition- malnutrition.

8. Blood pressure-90/70mm of Hg

9. Anaemia- Mild
- Respiration -16/minute

11. Jaundice- Nil
- Neck vein-Not engorged

13. Cyanosis- Nil
- Neck gland- Not palpable

#### Systemic examination

Cardiovascular system- S1 and S2 audible. No abnormality.

4. Alimentary system- Bowel sound and movement are audible. No abnormality found.

6. Respiratory system- Normal breath sound. No visible deformity.

Uro-genital system- Nothing

10. abnormal detected.

Nervous system- All superficial and deep reflexes are within normal limits.

#### 14. Investigations-

USG reports- (28/04/2015) (figure 1)

Hepatomegaly with non-specific enteritis.

USG reports- (12/08/2016) (figure 4)

There is minimal free fluid in bilateral paracolic gutter with presence of multiple small sub cm. sized mesenteric lymph nodes. Mild mucosal folds thickening is seen in small bowel loops.

	09/07/2016 (figure 2,3)	27/04/2022 (figure 5)	02/05/2022 (figure 6)
IgE SERUM	1064 IU/ml	-	641.30 IU/ml
Ttg (IgA)	256.1 U	150.60 U	-

**PROVISIONAL DIAGNOSIS-** Inflammatory bowel disease.<sup>2</sup>

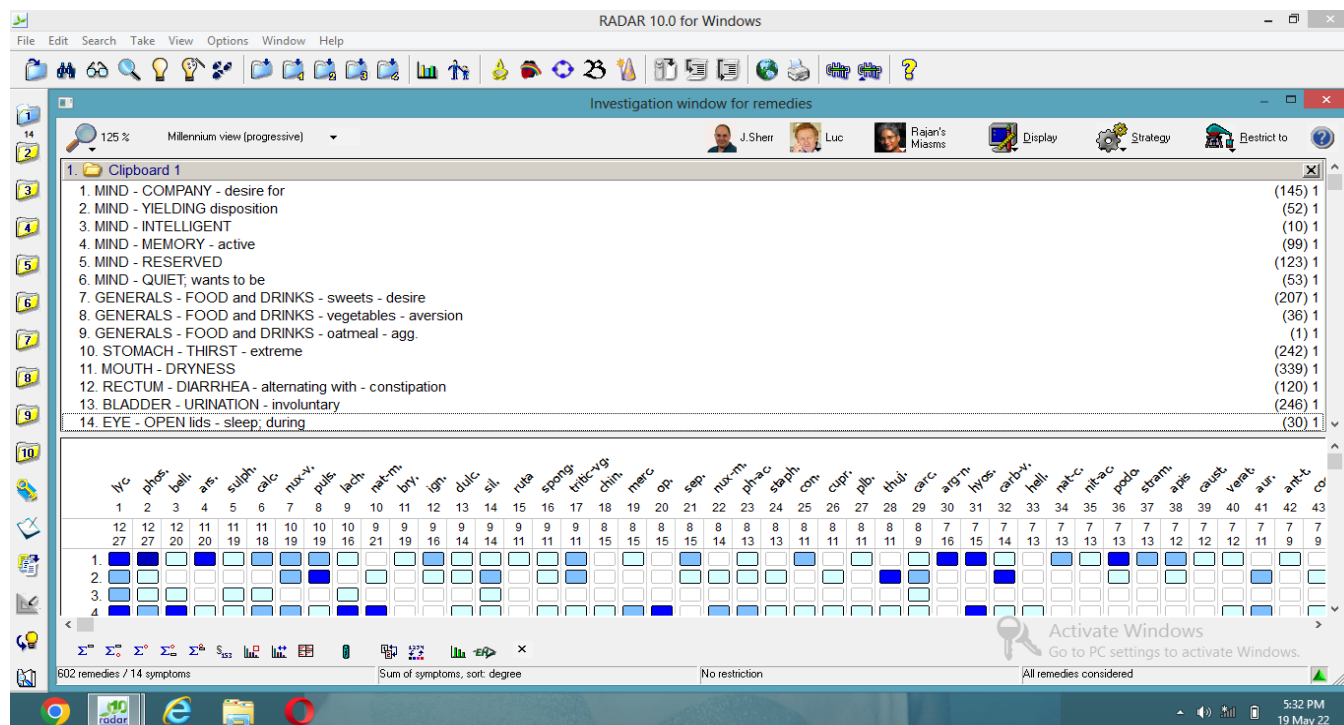
### FINAL DIAGNOSIS AFTER PATHOLOGICAL FINDINGS-

A case of coeliac disease.

### ANALYSIS AND EVALUATION OF SYMPTOMS –

MENTAL GENERALS INTENSITY (MIASM)	PHYSICAL GENERALS INTENSITY (MIASM)
Desire company <sup>3+</sup> (psora)	Desire – sweets, hot food <sup>1+</sup> (psora)
Gentle, couldn't mix with anybody <sup>2+</sup> (psora)	Aversion – vegetables <sup>1+</sup> (tubercular)
Intelligent <sup>3+</sup> (psora)	Intolerance - bread , oats <sup>3+</sup> (sycosis)
Memory very good <sup>3+</sup> (psora)	Thirst – profuse <sup>2+</sup> (psora)
Wanted to remain silent <sup>1+</sup> (sycosis)	Tongue – dry, slightly coated <sup>2+</sup> (psora)
	Stools – constipation alternates with diarrhoea <sup>2+</sup> (tubercular)
	Urine – not clear, could not hold it <sup>1+</sup> (psora)
	Sleep – eyes half open during sleep <sup>2+</sup> (sycosis)

## Repertorisation done by radar 10 using synthesis repertory:-<sup>4</sup>



The repertorial result of the case showed that most of the symptoms of this case were covered by *Lycopodium clavatum*. After considering materia medica, *Lycopodium clavatum* was found to be a useful remedy in this case. General constitutional and mental picture of the patient was also similar to *Lycopodium clavatum* as described in materia medica.<sup>5,6</sup> In miasmatic prescribing, *Lycopodium clavatum* also covered tri-miasmatic state.<sup>7</sup> So, according to totality and miasmatic basis,

*Lycopodium clavatum* was prescribed. *LYCOPODIUM CLAVATUM* -200/ single dose/ empty stomach on 27/07/2019 and it was followed by placebo for three months.

### Points in favour of *Lycopodium clavatum*-

Desire for company.

Gentle, couldn't mix with other people quickly.

Intelligent.

Memory very good.

Wanted to remain silent.

Desire- sweets, hot food.

Intolerance- bread, oat.

Stool- constipated alternate with diarrhoea.

Urine- not clear, could not hold.

During sleep, eyes half open.

### FOLLOW UP :

Date	Observation and progress	Prescription
21/11/2019	Patient better, frequency of stool less than before and pain in lower abdomen less than before and bleeding now better than before. Stool regular, less than before but tTg-IgA antibody remained higher.	<i>LYCOPODIUM CLAVATUM</i> - 0/2 14dose, to be taken AD*28 DAYS
24/12/2019	Patient better, pain in lower abdomen less than before and bleeding better than before. Stool regular. less than before.	<i>LYCOPODIUM CLAVATUM</i> -0/3 14 DOSE . A.D*28 DAYS.
28/01/2020	Patient mentally and physically Better, pain in lower abdomen less than before and bleeding now better than before.	<i>LYCOPODIUM CLAVATUM</i> -0/4 14 DOSE . A.D* 28DAYS.

30/02/2020	Patient better as a whole.	<i>LYCOPodium CLAVATUM</i> -0/5 14 DOSE. A.D *28DAYS.
03/04/2020	Patient better as a whole.	<i>LYCOPodium CLAVATUM</i> - 0/6 14 DOSE. A.D*28 DAYS.

*Lycopodium clavatum* 0/6 to *Lycopodium clavatum* 0/30 potency repeated in 2nd cup was used with subsequent improvement.

Conclusion : Follow up was done up to 12/02/2022 and patient improved with lowered tTg levels, along with intake of gluten intake.

## Result and discussion

The above case of coeliac disease/ gluten sensitive enteropathy was treated with individualistic homoeopathic medicine considering the miasmatic background of the patient. Initially, many allopathic medicines were taken but his diarrhoea did not improve. At initiation of homoeopathic treatment medicine, *Sulphur* was selected without much effect, when patient visited during that time with totality of symptoms medicine selected was *LYCOPodium CLAVATUM*. In this case, patient having high tTg-IgA antibody titer was 256 U/ml on date 09/07/2016 along with high IgE level 1054 IU/ml On 09/07/2016. After going through proper case taking and analysis of symptoms, *LYCOPodium CLAVATUM* was selected, as it is also a multi-miasmatic medicine. Immediately after *Lycopodium clavatum*-0/1, patient status included improvement of symptoms of diarrhoea, without any adverse event.

## Conclusion

Homoeopathic treatment is based on constitutional approach. In this case report, it can be concluded that homoeopathic medicines are of

importance in managing symptoms of gluten sensitivity and can help the patient to take a new lease on life. There is a better scope for the treatment of coeliac disease since the treatment is based on holistic and individualistic approach but to establish the proper effects of homoeopathic remedies, long-term trials are required including a larger sample size.

**Limitation of the study:** As this is the only a single case, further cases can be done to confirm about effectiveness of individualistic homoeopathic medicines in treatment of gluten insensitivity.

**Patient consent :** In this case study, patient's consent was taken for publication of case and reports.

**Acknowledgement:** We acknowledge our EX-Prof.(Dr) Soumendu Adhikary of National Institute of Homoeopathy, Kolkata for his guidance regarding treatment of incurable chronic diseases through proper selection of simillimum with application of miasmatic concept.

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## About the authors

1. **Dr Jyoti Verma**, PGT (Dept of Materia Medica), State Lal Bahadur Shastri Homoeopathic Medical College and Hospital,Prayagraj ,UP.
2. **Dr Sourav Koley**, Senior medical officer,Central Government Health Scheme, Delhi.
3. **Dr Ashok pandit**, Ex-PGT (Dept of Materia Medica), D.N.DE Homoeopathic Medical college and hospital, Kolkata.
4. Ex-PGT (Dept of Or**Dr Aryabrata Banerjee**, ganon of Medicine), D.N.DE Homoeopathic Medical college and hospital, Kolkata.
5. **Dr Moumita Maity**, PGT (Dept of Organon of Medicine), National Institute of Homoeopathy, Kolkata.
6. **Dr Madhabananda Saha**, Principal and HOD, Department of Materia Medica, Mahesh Bhattacharya Homoeopathic Medical College and Hospital, Kolkata.

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S: evidence based case report & high IgE level.  
presentation on gluten sensitive  
enteropathy with high tTG antibody

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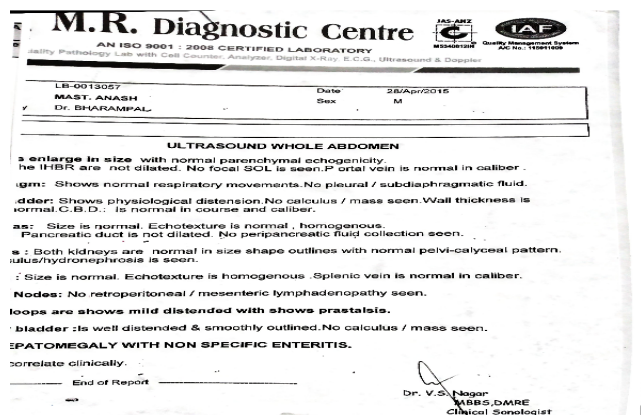


Figure 1 – (28/04/2015) USG – hepatomegaly with non-specific enteritis

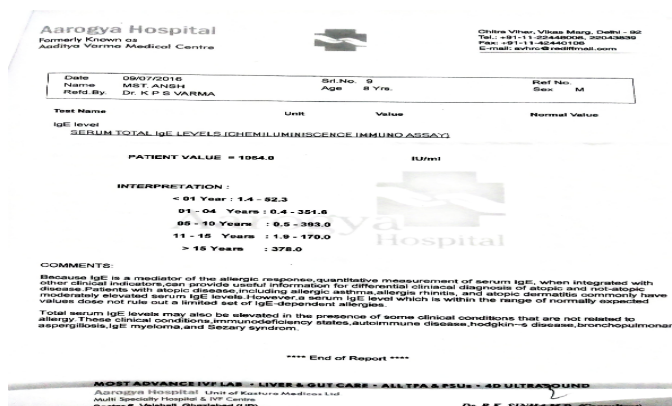


Figure 2 – 09/07/2016 – IgE – 1064.0 IU/ml

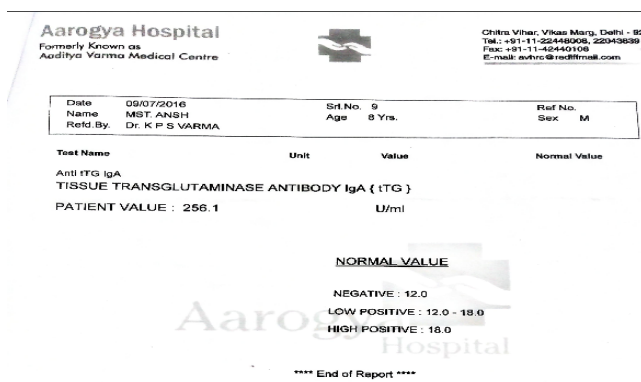


Figure 3 – 09/07/2016 – IgA (Ttg) – 256.1 U/ml

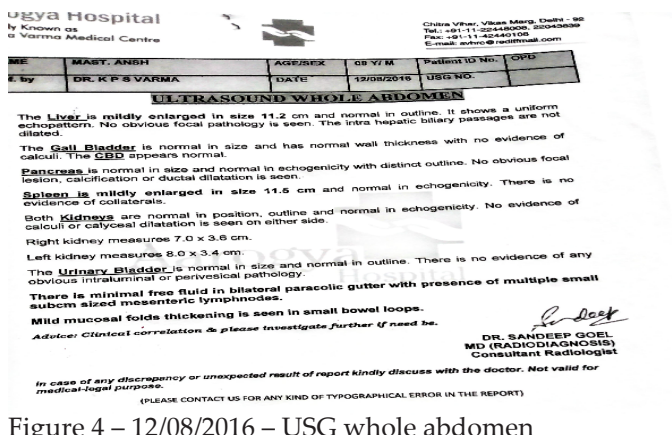


Figure 4 – 12/08/2016 – USG whole abdomen

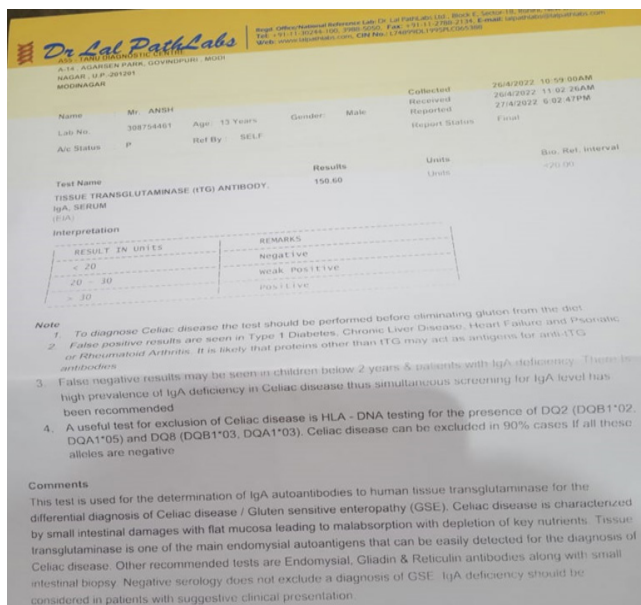


Figure 5 – tTg levels – 150.60 U on 27/04/2022.

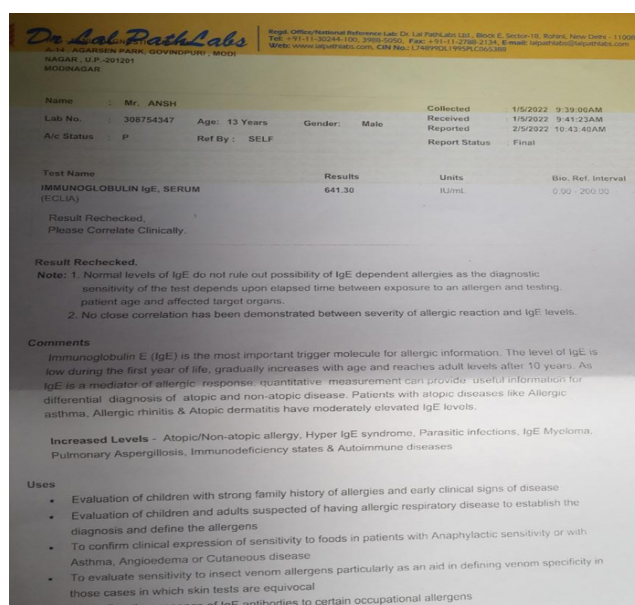


Figure 6 – IgE – 641.30 IU/ml on 2/05/2022.

# A pilot study to see the effectiveness of homoeopathic medicines in the cases of rheumatoid arthritis

By Dr Kulsum Sameen

**Abstract:** Rheumatoid arthritis (RA) is an inflammatory illness characterised by chronic joint inflammation. Rheumatoid arthritis is characterised by inflammation of the tissue surrounding the joints and inflammatory arthritis. Rheumatoid arthritis is a degenerative joint condition characterised by inflammation in the tissue that creates joint lubricating fluid. When this tissue is irritated, it causes deformity and joint damage by loosening joint ligaments and degrading cartilage and bones. This article examines the efficacy of homoeopathy in the treatment of RA.

**Keywords:** rheumatoid arthritis, inflammation, joints, homoeopathic medicine

**Abbreviations:** Rheumatoid arthritis (RA)

## Introduction

Rheumatoid arthritis is a degenerative polyarthropathy with a symmetrical distribution. It's also an autoimmune illness with a variety of extra articular symptoms that can affect a variety of body organs.<sup>[1]</sup>

### Initial signs and symptoms:

RA strikes many people (70 percent) without warning. Non-specific symptoms may exist prior to a RA diagnosis. These symptoms might occur in the absence of joint symptoms, leading to a misdiagnosis as a viral infection.<sup>[1]</sup>

### Articular manifestations

RA often affects the tiny joints of the hands and feet in a symmetrical pattern. The disease may start in one big joint, such as the knee or shoulder, or it may come and go, moving from one joint to another. Most people will acquire inflammation in their small joints in their extremities as the illness progresses, with 20-50 percent of persons developing inflammation in their large central joints.<sup>[1]</sup>

### Diagnosis

RA may be a difficult disease to diagnose. Instead, the diagnosis is based upon characteristic signs and symptoms, the result of laboratory tests and x-ray. RA symptoms may develop gradually, and it can be difficult to precisely date the beginning of the disease.

The 1987 revised criteria for the classification of RA is as follows:

#### 1] Guidelines for the classification:

A] Four out of seven criteria are required to classify a patient as having RA.

B] Patients with two or more clinical diagnoses are not excluded.

#### 2] Criteria

Morning stiffness of >1 hour most mornings.

Arthritis and soft tissue swelling of > 3 of 14 joints/ joint groups.

Arthritis of hand joints.

Symmetric arthritis.

Rheumatoid nodules in specific places.

Serum rheumatoid factor:

demonstration of abnormal amounts of serum factor by any method for which the result has been positive in less than 5 percent of normal subjects.

Radiological changes suggestive of joint erosion.<sup>2</sup>

### Physical examination-

The joints are examined to check for damage (mal- alignment, range of motion) and inflammation (redness, warmth and swelling). Swelling can be sign of an effusion or synovitis. The muscles are examined for atrophy or weakness. Other systems are examined for signs of RA, and to rule out other causes of the symptoms, such as infection and malignancy.

### Objectives of the study:

1. To study in detail about rheumatoid arthritis (RA)
2. To see the effectiveness of homoeopathic medicines in the treatment of rheumatoid arthritis (RA)

### Materials and methods:

- This study was conducted on the

patients who were suffering from rheumatoid arthritis (RA) to assess the effectiveness of homoeopathic medicines in the treatment of rheumatoid arthritis (RA).

### Research design:

Non-controlled experimental study design.

### Sample design:

Total 30 cases were selected by purposive sampling method.

All cases were selected according to inclusion criteria and excluded according to exclusion criteria.

### Inclusion criteria:

1) People between 30-60 age group, of both genders.

2) Patient who fit in 4 out of 7 the criteria of rheumatoid arthritis according to Revised criteria for the classification of rheumatoid arthritis. i.e.

Morning stiffness of >1 hour most mornings.

Arthritis and soft tissue swelling of > 3 of 14 joints/ joint groups.

Arthritis of hand joints.

Symmetric arthritis.

Rheumatoid nodules in specific places.

Serum rheumatoid factor: demonstration of abnormal amounts of serum factor by any method for which the result has been positive in less than 5 percent of normal

subjects.

Radiological changes suggestive of joint erosion.

Exclusion criteria:

Cases without regular follow up.

Cases with complications.

Patients who were suffering from systemic disease such as high blood pressure, diabetes mellitus, pregnancy, etc.

### Source of data:

- The data was collected from patients reported to the outpatient department, of Kulsum clinic, Akola, Maharashtra.

- Data was collected from patients or their attenders, by interviewing the patient's history in detail and thorough physical examination.

### Analysis of data:

All the collected symptoms of each patient were analysed and totality of symptoms was obtained in each case by taking into consideration the homoeopathic principles.

The potency selection was done based on the demand of the case, taking into consideration the criteria of susceptibility, vitality, changes in the structural and functional level as per need of the case. These cases were followed for a period of 3 months duration.

During the follow up each case was evaluated keenly including the intensity of symptoms before

during and after treatment. No controls were considered during the study. All cases were treated after taking case in which the complete symptomatology of patients (clinical presentation and individual symptoms) was recorded. Selection of remedy in each case was based on the totality of symptoms.

### Follow ups:

Cases were reviewed for every 7 days, 15 days basis to assess the subjective and objective changes. Each case was followed for a period of 3 months from the commencement of treatment.

### Assessment of effectiveness:

Effectiveness of the medicines was assessed on the basis of clinical improvement of the general condition of the patient and the disappearance or relief of symptoms.

After completion of 3 months of treatment, the post – treatment disease intensity was compared taking into consideration the general well-being of the patient and symptoms of rheumatoid arthritis (RA).

Results:

Table showing age group of patients:

30-40 years	40-50years	50-60years
8	12	10

Table showing gender of patients:

Male	Female
8	22

Table showing gender in different age group:

Gender	30-40 years	40-50years	50-60years	Total
Male	0	3	5	8
Female	5	8	9	22

Table showing chief complaints of patient before treatment:

Chief complaints	Present in patients
Pain	30
Stiffness in morning	30
Stiffness as day increased	12
Tenderness to palpitation	23
Swelling	21
Cracking sound in knee joints	22

Table showing medicine given to patient:

Medicine	No. of patients
Apis mellifica	4
Bryonia alba	6
Caulophyllum thalictroides	2
Ledum palustre	3
Kalmia latifolia	6
Rhus toxicodendron	6
Ruta graveolens	3
Total :7	30

Table showing complaints of patient after treatment:

Chief complaints	Present in patients
Pain	10
Stiffness in morning	12
Stiffness as day increases	8
Tenderness to palpitation	12
Swelling	8
Cracking sound in knee joints	9

### Discussion:

Out of 30 patients, all 30 patients suffered from pain, after administration of homoeopathic medicine 20 patient got amelioration in the complaint, 18 from 30 were got relief from stiffness in morning, stiffness as day increases was seen in

12 but after treatment 4 patient felt easiness in the complaint, tenderness on palpitation was observed in 23 patient and after treatment it got reduced to 12 patient, swelling was seen in 21 patient and got 13 patient felt relief from it, 22 patients were suffering from cracking in joints and 9 still suffered from it. After

administration of homoeopathic medicine, the intensity and frequency of the above symptoms got reduced. Females are more affected by RA than male. RA was commonly seen in farmers. Thus, the study showed that homoeopathic medicines are effective in the cases of rheumatoid arthritis.

**Apis mellifica:** Swollen knee, stiffness of feet, bruised feeling.<sup>[3]</sup> oedema of hands, palms hot,<sup>[4]</sup> stinging pains like sting of honey bees.<sup>[5]</sup>

**Bryonia alba:** Rheumatic swelling of the right shoulder and upper arms with stiffness, swelling, pain in whole arm and ends of fingers, aggravated in morning on waking up, open air.<sup>[6]</sup> tension rheumatic type drawing tearing mostly in limbs when moving the parts, swelling increases during day and reduces at night.<sup>[5]</sup>

**Caulophyllum thalictroides:** Severe pains in joints of wrist and fingers, severe pain on closing and swelling seen.<sup>[5]</sup> Severe pain and stiffness in small joints fingers toes ankles, pain changes position every few minutes.<sup>[3]</sup>

**Ledum palustre:** Pain all through the foot and the limbs, throbbing in right shoulder, cracking in joints, worse warmth of bed, ankles swollen soles painful.<sup>[3]</sup> Rheumatic pain in hips, knee foot joints hard and tight swelling of knee with shooting and tearing pains and hardness of whole

leg. Swelling of leg below and above knee.<sup>[6]</sup>

**Kalmia latifolia:** Pain come and go with the sun, they begin in the morning at the rising of the sun and increases till noon, pain decline and disappear at sunset, motion will bring on the pain or aggravate it, pain sometimes shoot like lightning.<sup>[7]</sup>

**Rhus toxicodendron:** Hot, painful swelling of joints. Pains tearing in tendons, rheumatic pains spread over a large surface of nape of neck and extremities. Tenderness at knee joint.<sup>[3]</sup> Aching pain in legs, must change position, painful swelling in knee joints, shooting and tingling pain in ankle bones.<sup>[6]</sup>

**Ruta graveolens:** contraction of fingers thighs pain when stretching the limbs, pain in bones of feet and ankle.<sup>[3]</sup> all parts of the body on which he lies are painful as if bruised.<sup>[6]</sup>

## Conclusion

Females suffered more with the complaints of rheumatoid arthritis and the age group between 50-60 was

affected more with the disease. After administration of homoeopathic medicine, there was reduction in the intensity and episodes of the symptoms of rheumatoid arthritis.

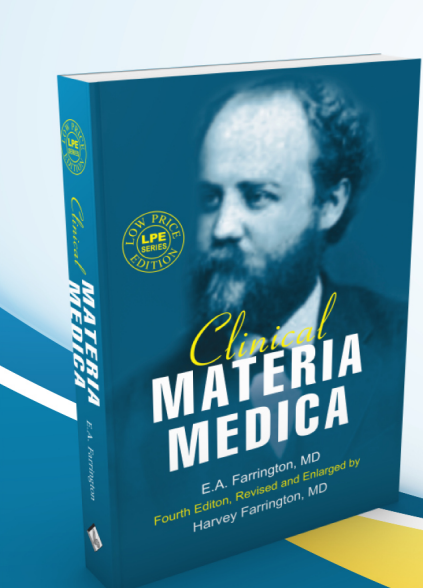
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## About the author

8. Dr Kulsum Sameen, BHMS, M.D (Repertory), PhD( Organon), orking as Associate Professor in Department of Physiology, PHMC KHAMGAON, MAHARASHTRA

■■■



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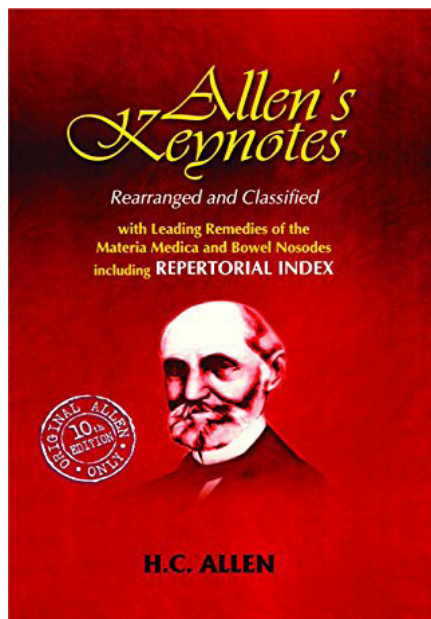
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# Allen's Keynotes: H C Allen

Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes including Repertorial Index

## Reviewed by:

Dr Yogesh D Niturkar



*Allen's keynotes* rearranged and classified with leading remedies of the materia medica and bowel nosodes including repertorial index is written by H C Allen. The book is the result of Allen's study of materia medica as a student, practitioner and teacher. This book is the first step in the study of homoeopathic therapeutics. The current book is the 10<sup>th</sup> edition and 20<sup>th</sup> impression of H C Allen. This book is a favorite choice of students, teachers and practitioners due to its precise, concise and comprehensive structure. The objectives of the book are: (a) To aid the student in mastering guiding and characteristic symptoms of each remedy, (b) To evolve individuality of each remedy so that the student can utilise more readily the symptomatology of the materia medica, (c) To perceive individuality of each remedy in the

most comprehensible and practical way for the sake of cure of the sick.

The underlying concept that revolves in the making of this book is that materia medica needs a constant revision that demands comparison and differentiation between remedies. The student, teacher and practitioner must compare the pathogenesis of a remedy with the totality of the sick individual. Then he must differentiate the apparently similar symptoms of two or more remedies for the selection of the similimum. This exercise can be properly executed if the student or practitioner is having basic knowledge of the individuality of the remedy i.e. peculiar, uncommon or characteristic in the confirmed pathogenesis of a remedy that can be used as a pivotal point of comparison that can be a so called keynote, a characteristic, the red strand of the rope and central modality.

The book is divided into four parts viz. (a) common remedies, (b) leading/important remedies, (c) bowel nosodes, and (d) repertorial index. The book covers 187 commonly used remedies written under the following headings viz. name of the remedy, common name, family or chemical formula, constitution, mental generals, physical generals, particulars and remedy relationship. The materia medica of some important remedies covers 16 remedies under the headings of source, chemical formula, introduction, mental and physical generals and particulars. Under remedy *cholesterinum* 2 cases are given and remedy relationship is given under *ustilago maydis* and proving's of the x-ray. There

is spelling mistake in the remedy *Thyroidinum* (*Thyreodinum*).

The next section consists of bowel nosodes written by John Peterson. There is introductory part, materia medica of 8 nosodes and indications for the use of the bowel nosodes in diseases. At the end of the section there is amended list of the bowel nosodes and its related remedies.

The last section is having repertory part that covers rubrics and medicines that are given in *Kent's repertory* with the information available in *Allen's keynotes*. The chapters are arranged as per the structure of *Kent's repertory*. This work further adds value to *Allen's keynotes* and helps the student, teacher and practitioner to narrow down the search for the similimum through keynotes.

Before the chapter on bowel nosodes and repertory, there should be a title page with index and chapter no for ease in reference.

Every homoeopath must be having *Allen's Keynotes* in his/her library as it aids access to the keynotes of leading remedies of materia medica. It is the best companion for revising individuality of each remedy. Though many stalwarts had criticised keynote practice still the work of Allen stands prominent in its application and successful demonstration of positive results.

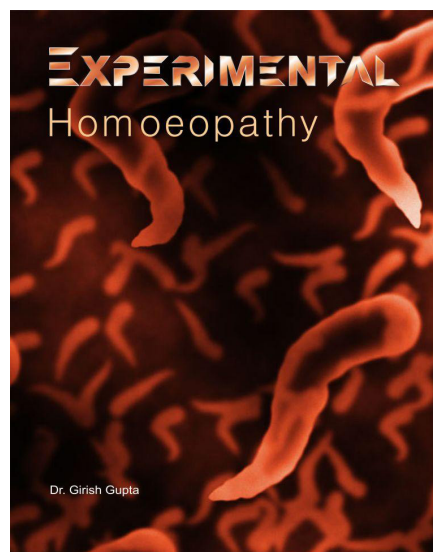
The book is available in english, hindi, oriya, spanish, gujarati and urdu language.



# “Experimental Homeopathy”

By Dr Girish Gupta

**Reviewed by:**  
Kavitha Kukunoor



It is a great honour to receive this precious book from Dr Girish Gupta on 2nd Annual celebration of KHA. Many congratulations to Dr Gupta for bringing up such a unique book on ‘Experimental Homeopathy’.

This book of Dr Girish Gupta is first of its kind in the homeopathic world which is a compilation of various in-vivo and in-vitro experimental research work on the efficacy of homeopathic medicines in plant and animal viruses as well as fungal infections.

It was released on 9<sup>th</sup> April 2022 by Shri Sarbananda Sonowal, Hon’ble Cabinet Minister of AYUSH, Shipping and Waterways in Government of India in a scientific convention on the occasion of world homeopathy day (WHD-2022) organised by Central Council for Research in Homeopathy (CCRH), Ministry of AYUSH at Bharat Ratna C. Subramaniam Auditorium, New Delhi.

The cover page is beautifully designed with images of microbes giving an insight of the book at first look. The inner cover provides a glimpse of the work place ‘Gaurang Clinic and Centre for Homeopathic Research’ and the

back page provides the information about the author. The last page contains handy information about other 2 publications of the author namely ‘Evidence-based Research of Homeopathy in Gynaecology’ and ‘Evidence-based Research of Homeopathy in Dermatology’. The whole book is printed in colour on a very high quality art paper which enhances the overall look.

The preface was delivered by Dr Gupta.

The contents of the *Experimental Homeopathy* include: introduction, virology of plant and animal viruses, mycology, research publication, and a photo gallery.

This book is beautifully laid out with historical research papers dating back to 1980, accompanied by additional up to date and accurate homeopathic research data. The subject matter comes more to life with the book’s fortified colored images and graphs, making each topic all the more interesting.

Dr Gupta emphasizes that without scientific evidence the existence of homeopathy as a dynamic therapeutic medicine is often questioned. By highlighting the scientific data, this is an informative and effective objective tool in convincing the non-believers of homeopathy.

The table of contents beautifully displays the work of Dr Gupta in chronological order in two separate sections namely ‘Virology’ and ‘Mycology’ followed by a catalogue of all the research publications of the author. The book concludes with a photo gallery of few other experiments conducted on human pathogenic fungi like *Penicillium* and *Microsporium* sp.

The author has poured his heart out in ‘Down memory lane’ mentioning every up and down in his journey of more than 40 years, beginning from 1979 when he was in 4<sup>th</sup> year of GHMS (graduate of homeopathic

medicine and surgery) at National Homoeopathic Medical College, Lucknow, in order to achieve his mission of proving that potentised homeopathic drugs are ‘biologically active’ and not ‘Placebo’.

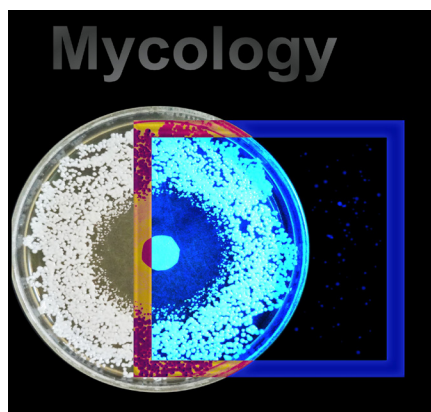
Dr Gupta has not forgotten to acknowledge and express gratitude to the dignitaries who stood by his side, encouraged and gave moral support in his pursuit of experimental research in homeopathy.

The book contains 16 experimental research papers- 6 on anti-viral effect of homeopathic drugs against plant and animal viruses (including 1 review) and 7 on anti-fungal efficacy of potentised drugs against human pathogenic fungi. Additional 3 papers have been included on the evaluation of inhibitory effect of forbidden food items (like onion, garlic, etc.), beverages (like tea, coffee, etc.), and certain allopathic drugs, on the efficacy of homeopathic medicines in in-vitro models.



Virology section begins with first ever experimental work of Dr Gupta on the inhibitory effect of homeopathic medicines on tobacco mosaic virus (TMV) conducted in virology laboratory of National Botanical Research Institute (NBRI), Lucknow. The key attraction in virology section is the experimental work on animal model in the Department of Virology in Central Drug Research Institute (CDRI), Lucknow, evaluating anti-viral property of homeopathic drugs

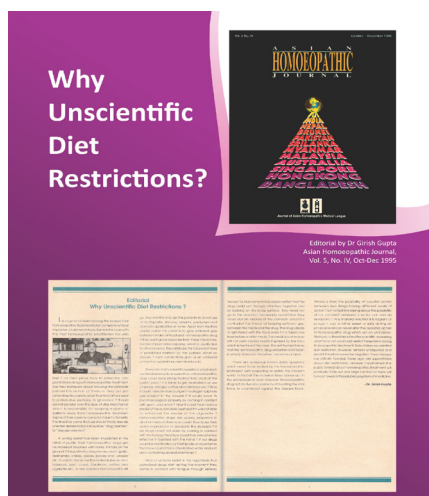
against *Chicken Embryo Virus* (CEV) and *Simliki Forest Virus* (SFV) causing viral encephalitis. It also includes a review paper on the information from available literature work about safe and economical prevention of different viral and fungal diseases of plants and animals.



The opening paper of mycology section is on the effect of homoeopathic drugs on the growth of *Alternaria tenuis* Auct. and *Curvularia lunata*, the common leaf spot pathogens of ornamental and cultivated plants. It is followed by various in-vitro researches conducted in collaboration with the Microbiologist of National Research Laboratory for Conservation (NRLC), Lucknow, scientist of CDRI and Medical Mycologist in Mycology laboratory of Gaurang Clinic and Centre for Homoeopathic Research, GCCHR on the effect of homoeopathic drugs against various species of *Candida*, *Trichophyton*, *Aspergillus*, *Microsporium*, and *Curvularia* isolated from human patients.

This section also contains his published work on the efficacy of homoeopathic drugs on black fungus (*Aspergillus niger*) in 1995 and white fungus (*Candida albicans*) in 2015 which posed a big health hazard during second wave of COVID-19. On the basis of this previous work, Ministry of AYUSH, Government of India released an advisory to use homoeopathic medicines in covid patients with secondary fungal infections.

This is enriched by 3 exclusive experiments conducted for the first time to elicit that homoeopathic drugs cannot be neutralised by



various forbidden food stuffs (onion, garlic, etc.), beverages (tea, coffee, etc.), inebriants (tobacco, etc.) and allopathic drugs as conventionally advocated by the physicians.

Few papers of the author are historical, dating back to 1980's when technological resources were scarce resulting in poor resolution of many images. For this reason, resolution of many images has been enhanced with colour fortified images for better appreciation of lesions/organisms. The original images have, however, been included to maintain the originality. Coloured graphical illustrations have also been included to make it interesting for the readers which were not part of the original published papers.



This book is worth having in one's library as it is difficult to have access to most of the experimental research papers which are more than 25 years old and many journals have stopped its publication. Moreover, this book will not only acquaint the profession about this lesser-known experimental research but will also be of immense help as reference book for research scholars in their pursuit for practical demonstration of *in-vivo* and *in-vitro*

experimental research methodology, learning research skill and conducting further experimental research in homoeopathy. Ever since its advent, the credibility of homoeopathy has been questioned by the scientists. This book will be an effective tool in convincing the non-believers of homoeopathy.

Last but not the least, the full credit of the book is to be given to Dr Girish Gupta for publishing such a marvellous piece of work from his treasure in the form of a book having objective, irrevocable *in-vivo* and *in-vitro* experiments to prove that potentised homoeopathic medicines are not 'placebo' but 'biologically active' and cannot be antidoted by various crude substances.

For detailed book review with Dr Gupta, watch this recording: <https://youtu.be/eQJ4s4gCxIY>

This book has been published by and is available with: Gaurang Clinic and Centre for Homoeopathic Research (GCCHR), Lucknow

Book ISBN: 978-81-952355-3-7

### About the author

Dr Girish Gupta, is a senior homoeopathic practitioner who committed his life to the upliftment of homoeopathy through scientific research from a very young age. Throughout his professional career of over 39 years, he has conducted numerous research studies, be it experimental or clinical, with unshaken dedication in various fields of specialty and published them in reputed and peer reviewed international and national journals.

### About the reviewer

Dr Kavitha Kukunoor, CCH, RS Hom (NA), BHMS is a nationally board-certified classical homeopath, practising homeopathy since 1995. She lives and practises in Novi, Michigan. She is President and CEO of Kavitha Holistic Approach (KHA), Founder and Director of KHA homeopathy study group pro bono.



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