

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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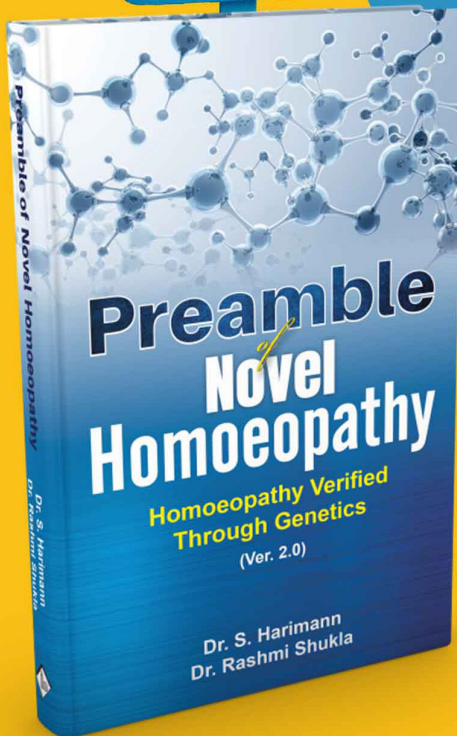
## Managing Pseudo-Chronic Diseases With Homoeopathy

- Role of Pseudo Chronic Disease – A Repertorial View
- Effectiveness of Homoeopathic Medicines in Generalised Anxiety Disorder in Adults: A Prospective Observational Study



BJAIN

NEW RELEASE



Author:-

**Dr S Harimann**

# Preamble of Novel Homoeopathy

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Through Genetics**

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- A compilation of 45 years of author's experience which explains the scientific basis of Homoeopathy on the lines of genetics and nano-technology
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- The author's zeal and struggle is commendable to explain time tested 'Organon' and its precise approach along with research work in the field of Homœopathy

# THE HOMOEOPATHIC HERITAGE

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Dear Readers,

"The question is not how to get cured, but how to live."

— Joseph Conrad

Aphorism 77 (*Organon of Medicine*) states, "those diseases are inappropriately named, which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or ailments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwelling, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry. These states of ill health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic disease".

Until the later part of 20<sup>th</sup> century, the main causes of morbidity and mortality in the entire world have been epidemics of communicable diseases including typhoid, cholera, small pox, diphtheria, influenza, etc. Although some of these diseases remain epidemic in third world countries, industrialisation and progressive modernisation of many communities have resulted in major improvements in housing, sanitation, water supply, nutrition, etc. Discovery and availability of antibiotics as well as vaccines have radically changed the profile of many diseases. But extreme modernisation and rapid urbanisation gave birth to yet another most difficult, long lasting chronic problem known in homoeopathic prevalence "pseudo chronic disease". Today the disease burdens have been shifted from the era of "communicable disease to non-communicable disease". Pseudo chronic diseases are basically life style related non-communicable diseases. The basic philosophy behind Hahnemannian concept of pseudo chronic diseases for 250 years

ago was basically chronic disease is of true and false in nature. Pseudo chronic diseases though begin with life-style errors but they could lead to irreversible pathological changes if not corrected in time. Our Master Hahnemann had advised for a correction of the pseudo chronic disease characters first, and then followed by anti-miasmatic remedy in every individual case.

Hence, as a homoeopath, one must adopt an approach to take care of the pseudo chronic related diseases on an individual typology system maintaining the prescription protocols is the take-home message of this assignment.

This issue of *The Homoeopathic Heritage* is devoted towards management of pseudo chronic diseases with homoeopathy. All the articles published under this issue, includes high quality research papers, subjective articles, case reports, which cover all the major field autoimmune disorders and their homoeopathic management. We are thankful to all our authors and express our deep gratitude for their contribution and hard work in the form of wonderful articles for this issue.

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

Lastly, we will like to invite research papers, articles and case studies of our readers. You may also login to our website, [www.homoeopathy360.com](http://www.homoeopathy360.com) for more information and opportunities related to homoeopathy.

**Dr Yashika Arora Malhotra**

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

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Until the later part of 20th century, the main causes of morbidity and mortality in the entire world have been epidemics of communicable diseases including typhoid, cholera, small pox, diphtheria, influenza, etc. Although some of these diseases remain epidemic in third world countries, industrialisation and progressive modernisation of many communities have resulted in major improvements in housing, sanitation, water supply, nutrition, etc. Discovery and availability of antibiotics as well as vaccines have radically changed the profile of many diseases. But extreme modernisation and rapid urbanisation gave birth to yet another most difficult, long lasting chronic problem known in homoeopathic prevalence “pseudo chronic disease”. Today the disease burdens have been shifted from the era of “communicable disease to non-communicable disease”. Today, the doctors must develop a vision to judge a patient from non-communicable disease point of view. It is of high clinical importance. It works as predisposing factors and reduces the immunity of the person there by making them vulnerable, susceptible to allergens, pollutants, infective agents. No bacteria, no pathogen is supposed to enter and implant their foot-hold in the interior of the human anatomy. Therefore, patients are advised to adopt appropriate natural methods of management with natural life style in food habits, environmental condition and even adopting natural system of medication with as far as possible with minimum medication, i.e. preferably homoeopathy. It is also one of the reasons of overmedication by doctors. It so happens when medicines are prescribed/administer without addressing the portion of noncommunicable diseases, then overmedication remains the only option.

In § 77 of *Organon of medicine*, Dr CFS Hahnemann has mentioned, “those diseases are inappropriately named chronic, which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwellings, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry, etc. These states of ill-health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases.” Aphorism 77 is a clear attempt to completely separate those cases of apparent disease expression that could improve from good diet, regimen and hygiene, from those that were due to fundamental chronic miasms present that affected the harmonious functioning of the vital force. The apparent disease expression has been termed PSEUDO-

## CHRONIC DISEASES.

Pseudo chronic disease is the disease of modern world where we are living in a world of pollution of broad spectrum, addictions of innumerable addictable agents, modern living style, devoid of adequate exercise, indulgence adequately in sugar and sodium rich diets, developing a habit of emphasising on junk, chemical-based food stuff, occupational problem and even many more. These above causes contribute largely in the growing population of obese, diabetics, hypertensive, low bone mineral density among the adult mass.

Pseudo chronic diseases are basically life style related noncommunicable diseases. The epidemic of infectious diseases which ruled and reigned the world for over 10 decades with innumerable loss of precious human lives in mid-19th century to mid-20th century were largely been combated with the use of antibiotics of different spectrum. Today, we are living in an epidemic of non-communicable diseases. It is casting a big shadow in the health and economy of our country. The basic philosophy behind Hahnemannian concept of pseudo chronic diseases since 250 years ago was crystal clear. His concept was basically chronic disease is of true and false in nature. Pseudo chronic diseases though begin with life-style errors but they could lead to irreversible pathological changes if not corrected in time. For example, hypertension (i.e. high blood pressure) (with or without high cholesterol), excessive alcohol consumption and use of tobacco, junk food, fried and spicy food (High sodium diets – such as wafers, corn etc.), obesity and physical inactivity are direct and indirect consequences of modernisation. While these risks and the diseases are highly preventable if taken proper steps otherwise may lead to many terminal illness. Cardio-vascular accidents are one example among tip of the ice-berg. Today almost 30% of the adults of global population are suffering from hypertension. Hahnemann had advised for a correction of the pseudo chronic disease characters first, and then followed by anti-miasmatic remedy in every individual case.

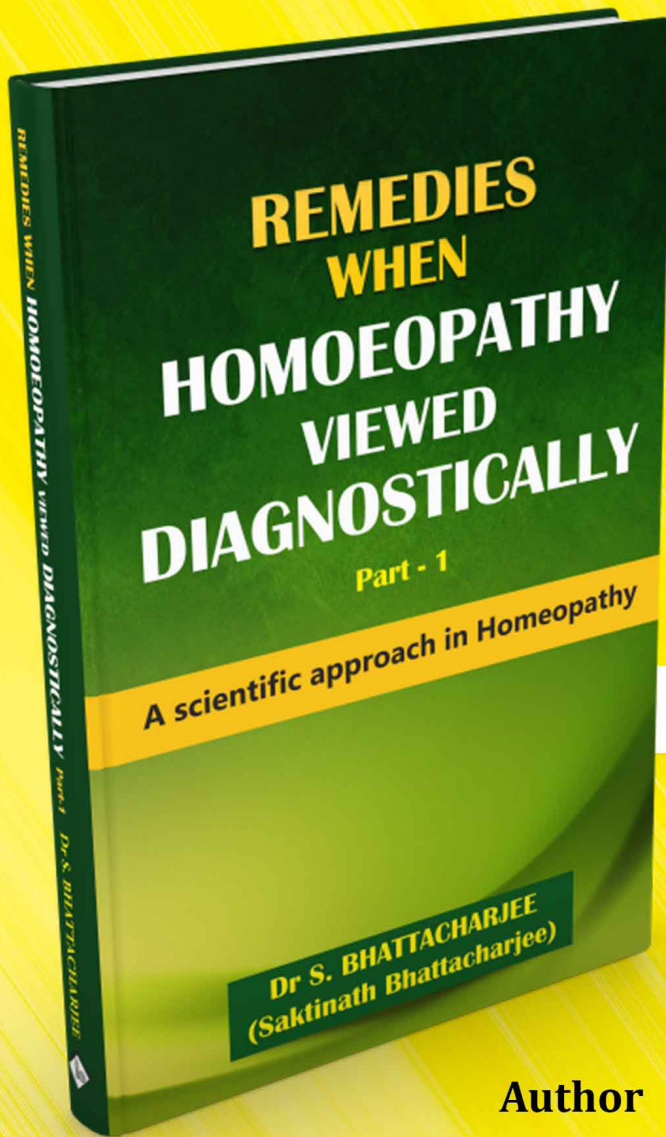
Pseudo-chronic symptoms could easily disappear once the lifestyle is regularized with enough of rest and exercise, bad habits curtailed and they eat fresh food in a balanced diet. As homoeopaths, it is important that we investigate the lifestyle of our patients, find out what may be contributing to symptoms and suggest appropriate changes where necessary before expecting an indicated remedy to work.

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# **Remedies** *when* **Homoeopathy** *Viewed* **Diagnostically**

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

# Understanding Inappropriately Named Chronic Diseases Holistically with Contemporary Medicine

By Dr Rohit Kumar Priya, Dr Smriti Pandey

## ABSTRACT

Unhealthy lifestyle choices can lead to a variety of chronic diseases, such as obesity, heart disease, diabetes, and cancer. These diseases can have a significant impact on an individual's quality of life and are a major burden on healthcare systems around the world. In homoeopathy, diseases are classified under acute and chronic diseases in which chronic diseases has been further divided into three different types. Inappropriately named chronic disease is one such disease which occurs when an individual is continually being exposed to harmful influences which undermine the health of the individual. This study aims to highlight the importance of healthy living as a means of preventing chronic diseases and improving overall health and well-being.

**Keywords:** Inappropriately named chronic disease, non-communicable diseases, miasm, cardiovascular diseases, quality of life

**Abbreviations:** NCD- non-communicable disease, OCD- obsessive compulsive disorder, CVD- cardiovascular disease, COPD - chronic obstructive lung disease, WHO – World Health Organization, UV – ultraviolet, CDC – Centers for disease control and prevention

## Introduction

Disease word originated from French word “*desaise*” which means *lack of ease or inconvenience*. As per Dr Hahnemann, diseases are nothing more than alterations in the state of health of healthy individuals which express themselves by morbid signs and symptoms. He has classified diseases into acute and chronic diseases. Further acute diseases have been divided into *individual, epidemic and sporadic* type and chronic diseases into *true chronic disease, artificial chronic disease* and *inappropriately named chronic disease*.

Those diseases which occurs when an individual exposes himself to certain things which harms their health in long run and it seems like he has been affected with chronic disease(s). But in reality, these diseases has occurred only due to the exposure to such things which undermine the health and therefore can also be cured avoiding such harmful influences upon oneself provided there is no fundamental cause of disease (miasm) underlying in the man. In *Organon of medicine*, under aphorism 77, Dr Hahnemann has written regarding such diseases. He has mentioned persons who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the sup-

port of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confirmed dwellings, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry, etc. These states of ill health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases.<sup>[1]</sup>

## CARDIOVASCULAR DISEASE

Cardiovascular diseases (CVD) are the leading cause of death worldwide, an estimated 1.9 million people died from cardiovascular diseases in 2019, representing 32% of all global deaths. Most CVDs can be prevented by addressing behavioural risk factors such as *tobacco use, unhealthy diet and obesity, physical inactivity, and harmful use of alcohol*.<sup>[2]</sup> Therefore we can say that these risk factors are those which needs to be avoided to prevent oneself from inflicting such inappropriately named chronic diseases. In organon of medicine Hahnemann talk about exciting and maintaining cause which has to removed in treatment of disease.

## INFECTIOUS DISEASES DUE TO POOR HYGIENE



According to CDC, nearly 2.4 billion people lack access to basic sanitation facilities.<sup>[3]</sup> Due to this, any individual who has poor hygiene practices suffers with many skin diseases more particularly diseases of infectious origin. As we know skin is the outermost layer of our body which protects us from many things, viz. UV- rays, bacteria, virus, chemical irritants etc. Anything that irritates, clogs or inflames your skin can cause symptoms, such as redness, swelling, burning and itching. There are many infectious diseases like body lice, human papilloma virus, human immunodeficiency virus, syphilis, gonorrhoea, scabies, typhoid, pinworms, chronic diarrhoea.

## LIFE STYLE AND HABITAT

According to WHO, due to non-communicable diseases (NCD) of which lifestyle diseases are a part takes 41 million lives across the globe annually which is over 70% of all deaths. Life style and habitat plays an important role in individual's physical, mental, and social well-being.<sup>[4]</sup> The degradation of the environment, through air pollution, noise, chemicals, poor quality of water and loss of natural areas, combined with lifestyle changes, may be contributing to substantial increase in rates of obesity, diabetes, diseases of the cardiovascular and nervous system and cancer.

## MENTAL DISEASES

Prevalence rates for psychiatric disorders varies from 9.5 to 370/1000 population in India. Mental illness is a general term for a group of illness that may impact on a person's thought, perception, feelings and behaviour. It affects working as well as personal relationships.<sup>[5]</sup> Medication and counselling or both can help you manage mental illness. Illnesses like anxiety disorder, clinical depression, bipolar affective disorder, Obsessive compulsive disorder (O.C.D), Schizophrenia. In the United States and much of the developed world, mental disorders are one of the leading cause of disability.

A person's mental health is shaped by social and financial circumstances, adverse childhood experiences, biological factors and underlying medical conditions.

## RESPIRATORY DISORDERS

There are 267 million tobacco users in India making it the country with the 2<sup>nd</sup> largest number of tobacco users in world. Approximately 100 million people aged 15 and older currently smoke tobacco. It is estimated to account for more than 1.2 million deaths due to smoking tobacco. Various forms of tobacco use are responsible for an estimated 27% of all cancers in India in 2020.<sup>[6]</sup> Smoking can cause lung disease by damaging the airways and the small air sacs found in lungs. Lung diseases caused by smoking include chronic obstructive lung disease (COPD) which includes emphysema and chronic bronchitis. If an individual suffering from bronchial asthma, tobacco smoke, house-dust, pollens can trigger an attack or make it worse. Smokers are 12 to 13 times more likely to die from COPD than non-smokers. Tobacco use can cause cancer almost anywhere in the body.

Hay fever also called allergic rhinitis causes cold-like symptoms, itchy eyes, congestion, sneezing, sinus pressure. But unlike a cold, hay fever is not caused by a virus but it is due to allergen, living or working in an environment that constantly exposes to the allergens, exposure to smoke or odour.

## REPERTORIAL APPROACH<sup>[7]</sup>

In homoeopathic repertories, one must endeavour to find rubrics which are related to inappropriately named-chronic diseases. There are few rubrics mentioned below which are related wholly or partly to such diseases. These rubrics have been taken from *Synthesis Repertory*.

CHAPTER	RUBRIC
MIND	DIPSOMANIA
MIND	AILMENTS FROM CELIBACY
MIND	AILMENTS FROM ABSTINENCE, SEXUAL
MIND	AILMENTS FROM MENTAL EXERTION
MIND	AILMENTS FROM ALCOHOLISM
MIND	AILMENTS FROM CARES AND WORRIES
MIND	AILMENTS FROM DEBAUCHERY
MIND	AILMENTS FROM MASTURBATION
MIND	AILMENTS FROM SEXUAL EXCESSES
GENERALS	SEDENTARY HABITS
GENERALS	AILMENTS FROM INDOLENCE AND LUXURY

## MIASMATIC PERSPECTIVE

Miasms are considered to be the fundamental cause of chronic diseases. To begin with, diseases which are not truly considered as a chronic disease should not have any miasm lurking in the man. These patients would rapidly improve from their untrue morbid condition when they are provided with an improved mode of living. But any individual who is continually being exposed to harmful influences with any miasm in his background needs to be treated with anti-miasmatic remedies.

## CONCLUSION

In homoeopathy, diseases are classified under acute and chronic diseases in which chronic diseases has been further divided into three different types. Inappropriately named chronic disease is one such disease which occurs when an individual is continually being exposed to harmful influences which undermine the health of the individual. If we improve the mode of living, habitat, hygiene, environment and avoid all noxious exposure like dangerous gases, chemicals, lead, mercury and excessive intake of alcohol, spirituous liquors, etc. with no miasm lurking underneath the man can rapidly improve from this pseudo chronic disease.

Unhealthy lifestyle choices, such as smoking, poor diet, and lack of physical activity, can lead to a number of chronic diseases, including heart disease, stroke, and type 2 diabetes. These conditions can have a significant impact on an individual's quality of life and can also place a significant burden on the healthcare system.

The cost of caring for individuals with chronic diseases can be high, as they often require ongoing medical treatment and management. Additionally, these conditions can lead to increased absenteeism from work, decreased productivity, and a higher risk of disability and premature death. In addition to the financial costs, chronic diseases also have a significant impact on the overall burden of disease in a population. This includes not only the direct costs of healthcare, but also the indirect costs associated with lost productivity and decreased quality of life. Preventing chronic diseases by promoting healthy lifestyle choices is essential to reducing the overall disease burden and healthcare costs. This may include implementing policies to promote healthy eating and physical activity, as well as increasing access to preventive care and screenings. It's important to note that while lifestyle choices are an important factor in the development of chronic diseases, there are also other factors such as genetics, environmental exposures, and social determinants of health that also play a role.

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# Homoeopathic Intervention in Pseudo-Chronic Diseases

By Dr Chinmay Pramanik, Dr Nidhi Priya

## ABSTRACT :

The pre-established kinship between 'PSEUDO CHRONIC DISEASE' AND 'HOMOEOPATHY'; has already been postulated to be documented by, 'SIR HAHNEMANN' in aphorism '77'. These 'LIFE STYLE DISEASES' are of at most Importance in the present scenario of people of vivid, vivacious, and broad amplitude, conspicuous influencing of morbid addictive agents, emphasising to achieve the middle ground/ work life balance in modern stress incorporated life style, over indulgence in detrimental junk rich sodium diets disturbing BODY MASS INDEX(BMI) resulting in OBESITY, which poses a threat to overall metabolic activities of body. These above-mentioned aetiologies lead to innumerable complex pathologies such as STROKE, CHD peptic ulcer, PCOS, varicose vein ulcer, bronchial asthma, etc.

**Keywords:** pseudo chronic disease, homoeopathy, life style diseases, management, organon of medicine, aphorism 77

**Abbreviations:** body mass index (BMI), coronary heart disease (CHD), polycystic ovarian syndrome (PCOS), National Institute of Homoeopathy (NIH), outpatient department (OPD), 50 millesimal potency (LM potency), patient (Pt.), irritable bowel syndrome (IBS), coronavirus disease 2019 (COVID 19)

## Introduction

In preference to diving straight into the topic, one needs to comprehend the factual meaning embodied with the term 'PSEUDO-CHRONIC DISEASES' and acknowledge its management and medicament under 'HOMOEOPATHIC' therapeutics.<sup>1</sup>

The controversial averment, on this notion was published as "HOMOEOPATHY IS A PLACEBO TREATMENT", in famous lancet editorial based on meta-analysis by Shang et al. This attempt was just not to demean one of the efficient and reliable branches of medicine but to denigrate the curative potentiality of homoeopathic remedies.<sup>2</sup>

Thus, it is crucial to prove the true efficacy of this system of medicine by making salient points which will be pertinent in establishing the *modus operandi* of, "HOMOEOPATHIC SYSTEM OF MEDICINE IN MANAGING PSEUDO-CHRONIC/LIFESTYLE DISEASES"

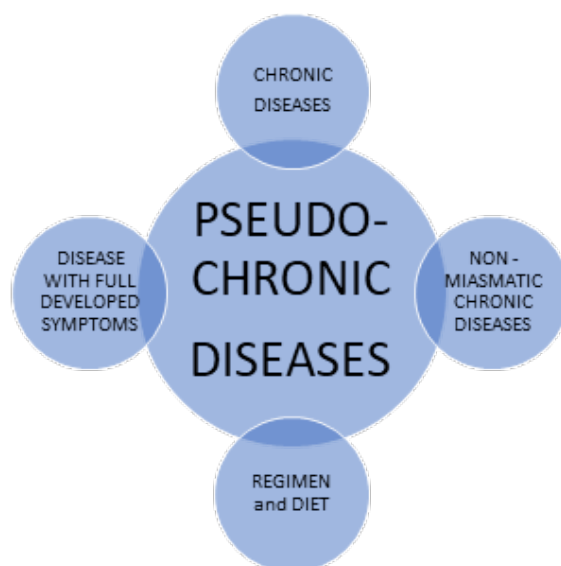
**DEFINITION (FACTUAL/PRACTICAL DESCRIPTION):**

The terminology comprises of two words <sup>3</sup>-

1. PSEUDO – SPURIOUS
2. CHRONIC – DEEP ROOTED/SEATED

These are maladies which are obscured as chronic diseases or mimic their representation. The detrimental state of physical and mental health being implicated by external/internal stimuli as noxious maintaining determinants<sup>1,3</sup> which are evident maintaining causes but no significant miasmatic involvement characterises true chronic diseases.<sup>4</sup>

Individuals suffering from these 'LIFE-STYLE DISEASES', might attain relief spontaneously under appropriately maintained diet and regimen without any specific drug administration <sup>5</sup>. But to put an arrest to alarming prognosis, adequate pathological /pharmacological analyzation with surgical intervention must be carried out as and where required.



Picturesque comprehension of “PSEUDO CHRONIC DISEASE”<sup>6</sup>

#### ANATOMISATION OF APHORISM “77” (ORGANON OF MEDICINE)<sup>1,3</sup>

“Those diseases are inappropriately named chronic, which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support

of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwellings, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry, etc. These states of ill-health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases.”<sup>1,3</sup>

As stated, “SIR HAHNEMANN being quintessence in medical world, was already aware of the conflicts and controversial jibes which would be catapulted at the evidential working of ‘homoeopathic system of medicine’. So, he precursorily recorded his experience and gist of methodological knowledge to prove our system

PREDISPOSING CONDITIONS (DONT’S)	LIFE STYLE IMPLEMENTATIONS(DO’S)
1.avoid exposure of morbid influence.	1. promoting healthy living habits such as regular exercise.
2.overindulgence in unhealthy work-life creating constant stress over body and mind.	2.Inculcating hygiene and proper sanitary conditions.
3.accomodation in closed,non-ventillated,marshy, damp places and unhealthy localities.	3.including green fruits/ veggies/roughage
4. abstinence from deleterious substances which causes addictions such as liquors and tobacco.	4.meditation



## ADDRESSING SOCIAL DETERMINANTS OF HEALTH: 7

DISTAL	MEDIAL	PROXIMAL	RISK FACTORS	DISEASES
-> ENVIRONMENT	-> STRESS/ANXIETY	-> SMOKING	-> OBESITY	-> CHD
-> PHYSICAL	->DEPRESSION	-> ALCOHOL	-> BP	-> STROKE
-> POLITICAL	->OCCUPATION	-> DIET	-> LIPIDS	-> PCOS
-> ECONOMIC	->RELATIONSHIPS	-> DRUGS	-> HbA1C	-> STDs
-> SOCIOCULTURAL	->INEQUALITY	-> POLLUTION	-> HORMONAL	-> COPD
			DISBALANCE	-> INFERTILITY
				->ULCERS
				->GALL STONES

Fig :- Flow chart explaining determinants of health in relation with diverse bioflora 7

### SIGNIFICANCE OF MANAGEMENT OF PSEUDO CHRONIC DISEASES: -

The school of thought based on HAHNEMANNIAN concept<sup>4</sup> which traces back to 100's of years ago; states that, 'PSEUDO CHRONIC' diseases are implicated through life style errors and non-communicable in nature. But if left untreated or misdiagnosed, it can result in adverse IRREVERSIBLE pathological ailments. That's why in homoeopathy, the modus operandi is to first remove the noxious, morbid maintaining influence and then to eradicate affliction from core by prescribing anti-miasmatic treatment.<sup>5</sup> Therefore, its very important to investigate every case individually thoroughly. For ex:1) If a pt. suffering from asthma is prescribed 'NATRIUM SULPHURICUM' based on the totality of symptoms, still showed no improvement till the case was analysed again, which depicted the individual's accommodation was damp,kaccha house with a pond nearby which acted as a limiting agent.

2)hypertensive person with obesity under long continued influence of alcohol and tobacco addiction can lead to complicated heart diseases and chronic kidney affections with liver anomalies.

3)Sir Hahnemann is forever honoured as a venerable physician ,based on the how beautifully the foundations of homoeopathy has been documented intricately.for example:- elucidated the bifurcation of prodigious subject as 'CHRONIC DISEASES' into three

significant tributaries as <sup>1,3</sup>:-

a)True      b)Pseudo      c) Artificial (medicine based)

This differentiation in itself not only separates our system from pre-existing others, but adorns with individuality of concrete foundation.

The substantial comprehension regarding the diagnosis and management of 'PSEUDO-CHRONIC DISEASES' is very eminent rather than dealing it as slight alteration which can be reversed because the prolonged avoidance might be a cause for related differential diagnosis or grow into threatening prognosis.<sup>5</sup>

For ex- VARICOSE VEIN which is basically a life style ailment might lead to ulcer if is left undiagnosed without thorough treatment and medication required. This can be discussed for better understanding with an exemplary case.

**Exemplary case:-** A female, 56year old, employed as a househelp and beedi binder visited NIH OPD with the presenting complaint on 14<sup>th</sup> December 2022.



BEFORE TREATMENT FIG1 :- VARICOSE VEIN ULCER( PROGNOSIS OF V.VEIN)

(Female 56 year old, visited NIH OPD on 14/12/22 with the presenting complaint)

Nature and character- circular reddish lesion with oozing out pus and offensive in smell.

Location:- right ankle joint (medial), surrounding area of the affected part was darkish with pungent smell and watery discharge.

Sensation- Lancinating/darting pain like sensation.

**MANAGEMENT**<sup>8,9</sup>- firstly the pt. Was taken for proper cleaning/sterilization of the affected area with betadine and the pus cell/dead skin cells were removed.followed by a thorough case taking,based on the totality of symptoms and carrying out repertorisation the most indicated remedy was '*ARSENICUM ALBUM*'<sup>8</sup>,which was prescribed in LM potency(0/1 ;0/2) and *CALENDULA OFFICINALIS* mother tincture was advised for external applications only.<sup>9</sup>

Pt. was advised to visit after one month



Undergoing treatment (1 month) fig-2 -(first follow up)

Pt. revisited OPD for followup on 14/01/23, with presenting complaint showing evidential improvement.

Hence, the above case summaries that our system is competent enough to deal with complications but can very well act as a prophylaxis too ,so that health can be restored in every possible dimension which would in long run reduce the harrasment of pt.

## EXPLICATION OVER AILMENTS and THEIR HOMOEOPATHIC SCOPE IN MANAGEMENT :-

### 1. VARICOSE VEINS

Based on survey study, over 10 million cases are emerging every year in INDIA, with an incidence of 46.7% females and 27.8% males and approximately the same percentage shows venous symptoms. Aetiology can be explained with congenital weakness and DVT<sup>12</sup>

Predisposing factors:- a) obesity b) age c) lack of movement (prolonged sitting/standing) d) pregnancy e) occupational<sup>12</sup>

SYMPTOMS:- swelling, throbbing/aching, itching/burning, muscle cramps, venous engorgement

HOMOEOPATHIC REMEDIES<sup>9,10,11</sup> :-

1. *HAMAMELIS VIRGINICA*- Inflamed varices with bruised/sore feeling. Strained bursting/burning pain in limbs. Congestion followed by engorgement.
  2. *MILLEFOLIUM*-painful/congested/engorged capillaries which bleed and might ulcerate in pregnant women.
  3. *VIPERA TORVA*-severely cramped/engorged veins with sensitive/bursting pain in lower extremities. Unbearable pain if limbs hanged down.
- Other medicines include LACHESIS MUTUS, PLUMBUM METALLICUM, PYROGENIUM, PULSATILLA NIGRICANS, SULPHUR, etc.

### 2. ACUTE GASTRITIS

The prevalence of GASTRITIS is 78.8%; specifically 48.9% is acute, which can further be divided into erosive and non-erosive (caused by *HELICOBACTER PYLORI*)<sup>13</sup>

PREDISPOSING FACTORS:-a) too hot/cold food and drinks b) starvation c) mental exertions/excitement

SYMPTOMS:-Prostration and paleness of pt. with chills alternating flushes, pain with burning and soreness in stomach pit, nausea, loss of appetite, fever, flatus with foetid discharges, constipation.

HOMOEOPATHIC REMEDIES<sup>9,10,11</sup> :-

1. *PODOPHYLLUM PELTATUM*-sour eructations/belching, great thirst, screams out of wrenching pain, bilious vomiting mixed with blood.
2. *KALIUM CARBONICUM*-bloating/fullness/heaviness in stomach pit, nauseated feeling with vomiting, constipated dry stool, turbid urine and constant chills.

3. *NUX VOMICA*-mental overexertions, overuse of coffee/wine/tinctures, sedentary life, irritability and cross, dizziness and headache, constipation with sour belching and bitter taste in mouth, <morning, after eating, open air

- Other medicines include *BELLADONNA*, *CHINA OFFICINALIS*, *CARBON VEGETABILIS*, *PULSATILLA NIGRICANS*, *LYCOPODIUM CLAVATUM*, etc.

3. **PCOS**:-September is honoured as 'WORLD PCOS AWARENESS MONTH'. In INDIA, it affects 3.7% to 22.5% of women affecting reproductive age group (15-49) years. It is one of the primary cause of infertility. Insulin resistance being central to its pathogenesis<sup>14</sup>. Therefore the prevalence of PCOS turns out to be higher in India as our insulin resistance is estimated to be higher.

PREDISPOSING FACTORS:- mental exertion, stress (work-life/relationships), obesity

SYMPTOMS:-irregular menses, abnormal hair growth, acne, pelvic pain

HOMOEOPATHIC REMEDIES<sup>9,10,11</sup> :-

1. *THUJA OCCIDENTALIS*-predominantly left sided drug for multiple cysts and remarkable in cases of abnormal hair growth, inflamed ovary with tearing pain, feeble blood flow in menses accompanied with profuse and thick leucorrhoea.
  2. *PULSATILLA NIGRICANS*-Irregularly painful/suppressed/absent/intermittent menses with diarrhoea during or afterwards. feeling of nausea and prostration. leucorrhoea of thick consistency, acrid accompanied with burning sensation.
  3. *COLOCYNTHIS*- painful menstruation with restlessness; agg. eating and drinking, amel. Flexing thigh on pelvis, pressure.
- Lancinating/clutching pain in ovarian region > drawing up double.

- Other medicines include *SEPIA OFFICINALIS*, *CALCAREA CARBONICA*, *NATRIUM MURIATICUM*, *OLEUM JECORIS AELLI*, *OOPHORINUM*, etc.

4. **IRRITABLE BOWEL SYNDROME**- Prevalence of IBS varies across the world, ranging around 4.2% in India with age onset ranging between 20-30. Based on previous case surveys female are twice as likely to be affected as compared to their male counterparts. Symptom based criteria (ROME III) is used for its diagnosis.<sup>15</sup>

CAUSES:-

a) visceral hypersensitivity is linked to the proper regulation of gut bio-flora, disturbance of which might be accompanied with inflammation.

b) stress induced work-life disturbance, these predisposing psychosocial factors has direct affection over degenerative digestive metabolism.

**SYMPTOMS:-** cramping pain in abdomen, nausea, vomiting, indigestion, ineffectual desire to evacuate stool, loss of appetite.

**HOMOEOPATHIC MEDICINES** <sup>9,10,11:-</sup>

**SULPHUR**- sudden urge to hurry towards bathroom, wakes the person early in the morning, severely constipated, unsuccessful desire to pass stool, hard, knotty piles depending upon abdominal plethora.

Oozing around the rectum, (anal region) as well as itching, burning, and red irritation, tired of life, sad, weeping tendency with no cause/ slightest provocation < consolation, tendency to suicide by drowning or leaping out of window

**ASAFOETIDA**- Obstinate constipation, flatulence and regurgitation, violent gastralgia, offensive diarrhoea, distended/gripping pain in stomach with loud eructation, hypochondriac, dissatisfied with oneself, attention deficit.

**LYCOPodium CLAVATUM**- unsatisfactory constipated difficult stool, ineffectual urging, bloating sensation even after light meal, constant fear of breaking down under stress, sadness after waking up, melancholic, apprehensive, aversion to loneliness.

- Other medicines include **NATRUM CARBONICUM**, **NUX VOMICA**, **PODOPHYLLUM PELTATUM**, etc.

## **CONCLUSION:-**

In today's era of ongoing growth in health care sector and thriving consciousness regarding diseases, their management and cure among individuals.<sup>16</sup> And undebatably, homoeopathy plays a cardinal role in constructing the health scenario of INDIA with furtherance under the patronage of its government. Our system of medicine is not only cost effective, popular, well accepted but is also contributing substantially towards community health development in our country. The most recent exemplary situation was during COVID-19 when 'ARSENICUM ALBUM' was accepted as a prophylaxis with an estimate of around 17 lakh beneficiaries.

There are innumerable research works and evidential case reports supporting the scope of homoeopathic

treatment in various disorders. Still the preliminary conclusion based on meta-analysis; from the most comprehensive systematic reviews is that, homoeopathy has greater specific effect from placebo.

Now the need of hour is to engross medico minds into research based studies which will corroborate the working / true modus operandi of our system and its therapeutics to effectuate the achievement in universal health coverage.

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# Myasthenia Gravis and its Homoeopathic Approach

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## ABSTRACT :

This is a disease of unknown aetiology, characterised by fluctuating weakness of skeletal muscles particularly ocular and other muscles innervated by cranial nerves with improvement by cholinergic drugs without any evidence of neural lesion associated with acetyl choline receptor antibodies circulating in the blood. Homoeopathy has the potential to play a significant role in the treatment of this ailments, which affects a larger number of people around the world.

**Keywords:** myasthenia gravis, acetyl choline receptor antibodies, neuromuscular junction homoeopathy.

**Abbreviations:** MG- myasthenia gravis, LEMS- lambert eaton myasthenic syndrome, MuSk- muscles – specific kinase, HLA- human leucocyte antigen, PA – postero-anterior, AChR - acetylcholine receptor, IV - intravenous.

## Introduction

This is the most common cause of acutely evolving, fatiguable weakness and preferentially affects ocular, facial and bulbar muscles.<sup>1</sup>

## Pathophysiology

Myasthenia gravis is an autoimmune disease, most commonly (80% of cases) caused by antibodies to acetylcholine receptors in the post-junctional membrane of the neuromuscular junction. The resultant blockage of neuromuscular transmission and complement-mediated inflammatory response reduces the number of acetylcholine receptors and damages the end plate. Other antibodies can produce a similar clinical picture, most notably autoantibodies to muscle-specific kinase (MUSK), which is involved in the regulation and maintenance of acetylcholine receptors.

About 15% of patients (mainly those with late onset) have a thymoma, most of the remainder displaying thymic follicular hyperplasia. Myasthenic patients are more likely to have associated organ-specific autoimmune diseases. Triggers are not always evident but some drugs (e.g. penicillamine) can precipitate an antibody-mediated myasthenic syndrome that may persist after drug withdrawal. Other drugs, especially aminoglycosides and quinolones, may exacerbate the neuromuscular blockade and should be avoided in patients with myasthenia.<sup>2</sup>

## Clinical features<sup>1</sup>

- **Age:** Common in 2nd and 3rd decades but may

occur even in new borns. When it occurs in old age, usually Thymoma is associated.

- **Sex:** Both sexes are affected but in 2nd and 3rd decades, females are more often affected with HLA-DR3.
- The characteristic symptom is abnormal fatiguability of skeletal muscles which become rapidly tired. Tiredness is prominent at the end of the day.
- Muscles most often affected are extraocular, bulbar, neck and shoulder girdle muscles. Rarely the respiratory muscles and pelvic girdle muscles are affected.
- The earliest symptom is ptosis and diplopia which may be intermittent and asymmetric.
- There may be tiredness during chewing, swallowing, speaking and in movement of limbs
- Facial and pharyngeal muscles are affected in 75% of cases.
- The tongue is very weak and sometimes furrowed on either side and is called trident tongue. Pharyngeal, laryngeal and palatal palsies may also develop.
- Due to weakness of masseter muscle mouth may not be closed and the jaw gradually hangs down. This is called “hanging jaw sign.”

## Investigations<sup>2</sup> -

1. Acetyl choline receptor antibodies may be present in 90% of cases. Antiskeletal muscle antibody

indicates thymoma.

2. Stimulation of the motor nerve will result in a characteristic dimension of evoked action potential. Gradually decrease in muscle response to repetitive 2 or 3 Hz stimulation of motor nerves indicates a neuromuscular transmission disturbance. This can be seen even in strong muscles. Needle EMG of the affected muscles will show variation in configuration and size of the individual motor unit potential. Single fibre EMG reveals an increased jitter and variability from the same motor unit.
3. Chest X-ray (PA) may show a mediastinal mass which may be due to Thymoma (15%) to be confirmed by Tomography and CT scan. Absence of Thymoma does not rule out the diagnosis.
4. Muscle biopsy may show lymphorrhages.
5. The Tensilon test. rapid skeletal motor weakness is improved after I.V. Edrophonium but it is sometimes required.
6. Antibodies against a muscle specific receptor Tyrosine Kinase is present in AChR negative cases.

## Differential Diagnosis<sup>3</sup>-

- Hysteria.
- Disseminated sclerosis.
- Polymyositis.
- Motor neuron disease.
- Muscular dystrophy.

**Lambert-Eaton myasthenic syndrome-** Other rarer conditions can present with muscle weakness due to impaired transmission across the neuromuscular junction. The most common of these is the Lambert-Eaton myasthenic syndrome (LEMS), which can occur as an inflammatory or paraneoplastic phenomenon. Antibodies to pre-synaptic voltage-gated calcium channels impair transmitter release. Patients may have autonomic dysfunction (e.g. dry mouth) in addition to muscle weakness but the cardinal clinical sign is absence of tendon reflexes, which return after sustained contraction of the relevant muscle. The condition is associated with underlying malignancy in a high percentage of cases and investigation must be directed towards identifying any neoplasm. Diagnosis made electrophysiologically on the presence of post-tetanic potentiation of motor response to nerve stimulation at a frequency of 20-50/sec.

**Homoeopathic management-** whatever the disease's name, homoeopathic medication is based only on the totality of symptoms.

These are, however some of the medications that are

usually prescribed while treating a patient with myasthenia gravis.

**Alumina<sup>4</sup>** - Stitches. Gnawing pain, as if from hot iron. Pain along cord, with paralytic weakness. Pain in arm and fingers, as if hot iron penetrated. Arms feel paralyzed. Legs feel asleep, especially when sitting with legs crossed. Staggers on walking. Heels feel numb. Soles tender; on stepping, feel soft and swollen. Pain in shoulder and upper arm. Gnawing beneath finger nails. Brittle nails. Inability to walk, except when eyes are open or in daytime. Spinal degenerations and paralysis of lower limbs.

**Cocculus indicus<sup>5</sup>** - Lancinations in the shoulder-joint, and in the arm, during repose. Lancinating pains in the arm, proceeding from wounded a finger. Convulsions of the arm, with retraction of the thumbs. Paralysis of the arms. Palpitation of the muscles of the arm. Pain, as from a bruise, in the bones of the arm, during movement (when lifting them up, and when touching them).-Lameness of the arm (cannot write). Hot and arthritic swelling of the hands. Numbness, or heat and cold alternately, of one or other of the hands. Tingling of hands and paralytic trembling. Torpor of the hands. Cramp-like contractions, and starting of the fingers. Paralysis of the lower limbs, proceeding from the loins. Drawing tearings in the knees, feet, and toes. Pain as if from a bruise in the thighs, during movements. Pain in the heel (os calcis) as if bruised. Cracking in hip-joint. Cracking of the knees, during movement. Inflammatory swelling of the knee, with transient lancinations. Burning sensation in the feet. Hot and itching swelling of the feet, sometimes in the evening. Numbness in feet. Cold and perspiration of the feet.

**Conium maculatum<sup>4</sup>** - Heavy, weary, paralyzed; trembling; bands unsteady; fingers and toes numb. Muscular weakness, especially of lower extremities. Perspiration of hands. Putting feet on chair relieves pain.

**Plumbum metallicum<sup>5</sup>** - Convulsive movements of arms and hands, with pain in joints. Drawing and tearing in arms and fingers. Wrist-drop. Weakness and painful paralysis of arms and hands. Dilatation of veins on back of hands, arms, and calves. Ganglion on back of hands. Wens on hands. Difficulty in moving fingers. Red and swollen spots on fingers. Drawing in hip-joints when lying down. Painful sensation of paralysis in hip-joints, and in those of hands and feet, esp. on going up stairs. Violent pains in limbs, esp. in muscular parts of thighs; < evening and night. Sciatica; walking causes great exhaustion; with consecutive atrophy. Cramp in calves, < at night. Paralysis of thighs and feet. Numbness outer side r. thigh from hip to knee. Numbness of legs and feet. Tearings and shootings in thighs and knees. Sensation of numbness in feet, with difficulty in putting them to the ground. Cramps in soles of feet. Swelling of feet. Fetid sweat on feet. Distortion

of toes. Pain in great toe at night. In growing toenails.

**Gelsemium sempervirens**<sup>6</sup>- Complete relaxation and prostration of whole muscular system with entire motor paralysis. Excitable irritable, sensitive for the nervous affection of Onanists of both sexes (Kali p). Lack of muscular coordination; confused; muscles refuse to obey the will.

**Ferrum sulphuricum**<sup>6</sup>- Musculo-skeletal system rheumatism and semi-paralysed condition of right arm and shoulder. Hands yield to forcible extension, but immediately return to the same condition. Paralysis of lower limbs.

**Guaiaicum officinale**<sup>6</sup>- Rheumatism in syphilitic and mercurial patients. Chilliness in the back. Weakness in the thighs. Rheumatic pains in the joints.

**Kali bromatum**<sup>6</sup>- Hands and fingers in constant motion; fidgety hands (fidgety feet, Zink.); twitching of fingers.

**Lacticum acidum**<sup>6</sup>- Pain, swelling, and stiffness and tenderness in joints, worse from motion. "Rheumatic pains in joints and shoulders, wrist, knees, with much weakness. "Rheumatic swelling with redness and pain in wrists and elbows, and small joints of hands. Flying pains about limbs. Joints swollen, not tender, stiff. All such pains are worse from movement. This is like Bryonia, which, however, antidotes Lac-ac. Knees and other joints stiff and painful. Sharp pain in right knee with stiffness. Weakness as if from exercise attends rheumatic pains in the bones. Pain along right sciatic nerve. Trembling of the whole body while walking.

**Lithium carbonicum**<sup>6</sup>- Chronic rheumatism with heart lesions. Rheumatic soreness in the region of the heart. Sudden shock in the heart. Bones, joints, muscles, even whole body feel sore as if beaten. Paralytic stiffness in all limbs, as if beaten; stiff and sore over whole body. Soreness at margins of nails with pain and redness. Sensation as if the arm is paralyzed. Paralytic stiffness of the whole body. Prostration of the whole body; esp. knee-joint and sacrum.

**Manganum aceticum**<sup>6</sup>- Sensitiveness of bones with periostitis. Inflammation of bones, with searching and insupportable pains at night. "Inflammation of bones and joints with insupportable nightly digging pains." Tearing pains around knees. Want of firmness of and trembling of knees. Ankles particularly affected; children may have this trouble, and be unable to walk (weak ankles)."Shiny red swelling of joints." Excoriation between toes.

**Oxalicum acidum**<sup>6</sup>- Weak loins, hips legs, numb back; numb limbs. Limbs stiff. Pain in small spots (especially linear spots)" (Italics mine.) He Strange sensation of numbness in the limbs. Blueness, coldness, and almost complete immobility of the lower limbs. Restlessness

in the legs. Knees feel tired. Weariness of the lower extremities; they are gone to sleep; paralysis, stiffness.

**Causticum**<sup>7</sup>- great deformity of the joints, they are enlarged, soft and infiltrated, more pain and ache during dry weather. Rheumatism that affects both the muscles and joint. Always worse in dry weather, this patient is also aggravated by exposure to cold, dry winds. Reading, tearing, paralytic pains, pains that benumb, pains that fairly take the life out him, they are so severe. *Causticum* has often greatly mitigated the lightning like pains of locomotor ataxia

**Stannum metallicum**<sup>6</sup>- When singing or using the voice, aching and weakness in deltoid and arms.

**Veratrum album**<sup>6</sup>- Pains in the limbs during wet weather, getting worse from warmth of bed, better by continued walking.

**Zincum metallicum**<sup>6</sup>- Spinal affections; burning whole length of spine backache, much < from sitting, by walking about. Spinal irritation; great prostration of strength. Cannot bear back touched. Excessive nervous moving of feet in bed for hours after retiring, even when asleep. Incessant and violent fidgety feeling in feet or lower extremities; must move them constantly. Weakness and trembling of extremities; of hands while writing; during menses.

**Vipera torva**<sup>6</sup>- When a limb or any part is allowed to hang down, it feels full and it seems as if it would burst, and the pain becomes unbearable. Tension in knees and ankles. Knees stiff.

**Lac vaccinum**<sup>6</sup>- Severe, dull, aching pain in lumbar region; prover often exclaims, "Oh, How my back aches!" -Fingers of both hands especially when stretched out, tremble and quiver as from extreme weakness. All the Joints of the body, especially knees, feel weak and powerless, as when half drunk. Gait is unsteady.

Must force herself to keep her eyes open, for if she shuts-them she cannot avoid falling backwards and down to the floor.

**Malaria officinalis**<sup>6</sup>- A sense of coldness ascending over body from the legs. Gout. Limbs get numb and cold. Aching in both elbows. Aching and tired feeling in wrists; tired ache in the hands. Arms tired. Hands seem to be semi-paralysed, useless, but can use them by force of will. Very cold hands during the day; hands and feet very cold at night. Pain upper part of right ilium. Tired ache in knees and for some distance above and below. foot. Aching in an old (cured)bunion on 1. Foot. Legs restless feel like stretching and moving them. Sole of feet cold, almost numb. Right knee weak and painful, worse when bending, and rising up.



## Conclusion:-

Homoeopathy has the potential to play a significant role in the treatment of MG which affects a large number of people around the world.

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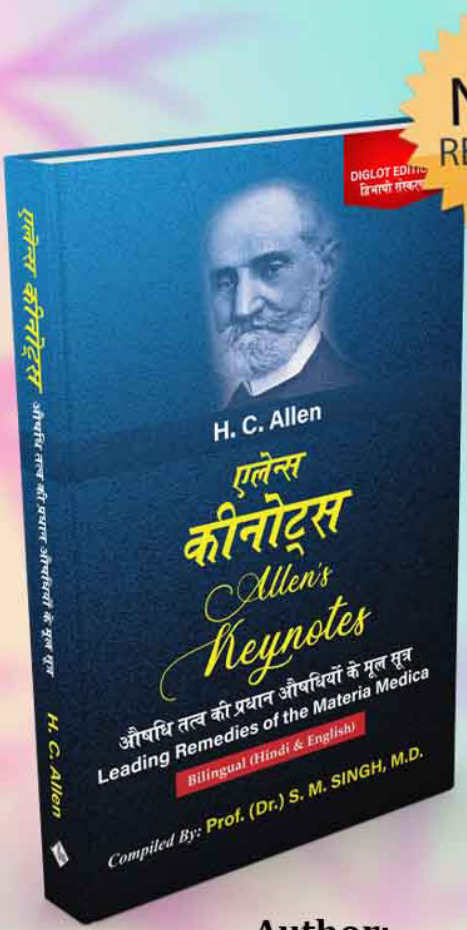
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# Homoeopathic Management of Obesity and its Complications

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

## ABSTRACT :

Obesity is a multifactorial disease which is increasing day by day due to poor dietary habits, sedentary lifestyle, and various other disease conditions. As obesity is linked to many complications, it has become a need to follow adequate measures to prevent the rise in incidence of such cases and to prevent its further consequences. This can be achieved by adopting healthy lifestyle and individualised homoeopathic medicines. This article highlights the causes, associated diseases and complications of obesity and its most commonly indicated homoeopathic medicines.

**Keywords:** homoeopathy, homoeopathic medicines, obesity

**Abbreviations:** WHO: world health organization, BMI: body mass index , BMR: basal metabolic rate, GIT: gastrointestinal , GERD: gastroesophageal reflux disease, NAFLD: non-alcoholic fatty liver disease

## Introduction

WHO defines obesity as accumulation of abnormal and excessive fat in the body that presents as a risk to health.[1] BMI of equal to or more than 30 kg per m<sup>2</sup> is classified as obese. It has become so common that is no more a cosmetic problem for the affected individual but it has now become a matter of global concern. [2] Over one third of world's population is now classified as overweight and obese and it is estimated that by 2030, 57.8% of the world population will be overweight or obese if this situation continues. [1] Obesity results from the imbalance between energy consumption and energy expenditure which is too large to be controlled by hypothalamic regulation of BMR. Increased portion sizes especially of salty snacks and drinks containing refined sugar, increased screen time and decreased physical activity such as use of lift instead of stairs, playing video games instead of outdoor games are contributing to increasing prevalence of obesity. Fat distribution determines the type of obesity. Increased intra-abdominal fat leads to central obesity which is also known as apple shaped or android obesity and in contrast subcutaneous fat accumulation leads to generalized obesity which is known as pear shaped or gynoid obesity. Obesity can lead to several complications which affects almost every system of our body. Psychosocial complications

include eating disorders, poor self-esteem, body image disorder, social isolation, stigmatism and depression. Pulmonary complications include exercise intolerance, asthma and obstructive sleep apnoea. GIT complications includes cholelithiasis, GERD, NAFLD and colon cancer. Musculoskeletal complications includes Ankle sprains, flat feet, tibia vara, osteoarthritis and back pain. Cardiovascular complication includes hypertension, dyslipidaemia, coagulopathy, chronic inflammation, and endothelial dysfunction. Endocrinal complications include insulin resistance, impaired fasting glucose or glucose intolerance , type 2 diabetes, precocious puberty, menstrual irregularities, polycystic ovarian syndrome (females), hormone-related cancers (breast, endometrium, prostate) [3]

## Homoeopathic management of obesity and its complications:

### 1. Calcarea carbonicum:

The constitution of *Calcarea carbonicum* patient is fair , fatty and flabby. [4] There is tendency of obesity in youth.[5] Children are inclined to grow fat , have large bellies and large head and pale skin and catches cold easily.[4] These children are dull, lethargic and does not want to play.[6] Girls are fleshy, plethoric and grows too rapidly. [5] Perspiration is profuse especially on the head which even makes the pillow wet. There is ravenous

appetite with desire for eggs, undigestible things, salt, sweets, cold water and dislike for fat, meat and hot food. Abdomen feels distended and hard with intolerance of tight clothing. There is suffocating feeling in chest which gets worse on ascending stairs. There is tendency for formation of gall stones and renal stones.<sup>[4]</sup> It can cure many tumor whether fatty or cystic if symptoms agree.<sup>[7]</sup> Pituitary and thyroid dysfunctions are also present which can be a cause of obesity in these patients. Delayed menses in fat flabby girls with palpitation, dyspnoea and headache. Plethoric women suffer with amenorrhoea due to fright. Weakness of ankles in children, which turn inwards while walking.<sup>[6]</sup>

## 2. Capsicum annum:

They are fat with lack of reactive force and thus are easily exhausted. They do not want to involve in any sort of physical exertion, they just want to lie down and sleep and doesn't want any change in their routine and gets homesick easily. Children are fat and dirty with disinclination to work or even think.<sup>[4,5]</sup> The parts of the body are loose, flabby, red and hot. The person has persistent suicidal thoughts. They are dipsomaniac<sup>[7]</sup> There is distension of abdomen with pressive and tensive pains which takes his breath. There is inclination to take deep breaths and involuntary forcible expirations.<sup>[8]</sup>

## 3. Graphites:

Patients are fair, fatty and chilly.<sup>[4]</sup> Women are inclined to gain weight and suffers from habitual constipation with history of delayed menses.<sup>[5]</sup> There is indisposition to work. There is fullness and distension of abdomen that she must loosen her clothing. Mammary glands are swollen and hard. Pain in nape of neck, back and lower limbs with great weakness and swelling of lower limb and desire to lie down.<sup>[4]</sup> It is useful in cases of cancerous growths and ulcerations. She is indecisive.<sup>[7]</sup> There is excessive hunger with aversion to warm, cooked food and meat<sup>[8]</sup>

## 4. Phytolacca decandra:

This is a deep acting remedy which has marked action on glands esp. mammary glands (useful in cases of cancer of breast) and obesity. Glands are swelled at the angle of jaw. Chin is drawn closely to sternum. The patient is hungry just after

eating. Fatty degeneration of heart with pains in cardiac region radiating to right arm. There is pain, stiffness and weakness in extremities especially right side. There is great indifference and loss of personal delicacy, complete shamelessness.<sup>[6]</sup>

## 5. Thuja occidentalis:

It is adapted to Grauvogl's hydrogenoid constitution<sup>[5]</sup>. It acts best in dark, fleshy persons with unhealthy skin. Distension of abdomen, protrudes here and there with sensation of movement of something living. Patient gets exhausted easily. Asthmatic affections in children. Weakness and trembling of limbs, sensation as if made of wood or glass and would break easily. Crackling sound in joints.<sup>[4]</sup> The patient has fixed ideas and has great depression.<sup>[8]</sup> Mental depression especially after child birth. It is also a commonly used medicine in cases of diabetes mellitus, has foamy urine and involuntary urination at night when coughing.<sup>[6]</sup>

## 6. Ferrum metallicum:

It is best adapted to anaemic persons who has false plethora, yet flushes easily, has fiery red puffy face. There is either ravenous appetite or complete anorexia. There is feeling of distension and pressure in stomach after eating.<sup>[4]</sup> Difficulty in breathing with sensation of oppression of chest. There is loud breathing as if patient is asleep when sitting still. Patient suffers with lumbago which is better by slow walking. Toes are distorted<sup>[8]</sup>. Flabby and relaxed muscles.<sup>[6]</sup> Patient has changeable mood, at one moment excessively merry and the other extreme melancholy.<sup>[8]</sup>

## 7. Fucus vesiculosus:

It is used in cases of thyroid enlargement in obese patients. Exophthalmic and non-toxic goitre present. Digestion is disturbed and flatulence is diminished.<sup>[4]</sup>

## 8. Ammonium muriaticum:

It suits best to fatty sluggish patients. Body is large and fat but legs are too thin and large buttock<sup>[5,6]</sup> There is excessive fatty deposits around abdomen. There is pain in coccyx region when she sits.<sup>[4]</sup> There is fatty swelling on nape extending ear to ear. The patient has difficulty in breathing especially due to coughing. The patient is melancholic with internal grief.<sup>[6]</sup>

9. Pulsatilla nigricans:

Women are inclined to be fleshy with delayed, scanty menses. First menses are delayed and menses are suppressed from getting the feet wet. The patient is unable to breathe in a warm room and always desire open air. <sup>[5]</sup> Shortness of breath with anxiety and palpitation while lying on left side. Painful distension of abdomen. <sup>[4]</sup> Constant hungry feeling but knows not for what and with aversion to fatty, warm food and drinks. Stomach is easily disordered by fat food or pork. Lumbar pains with chilliness at the time when menses should appear. The patient has changeable, tearful mood with inclination to inward grief and silent vexation. <sup>[8]</sup>

10. Thyroidinum:

Patients are excessively obese. Patients have tendency to fainting, palpitation, cold hands and feet. Severe heart pain with weak, frequent pulse with numbness of fingers. There is excessive desire for sweets. It has marked diuretic action in myxedema and various other types of oedema. It is a useful remedy in cases of cretinism, exophthalmic goitre, diabetes mellitus, mammary tumor and uterine fibroids. There is polyuria with albuminuria and glycosuria. <sup>[4]</sup> There is abnormal growth of limbs due to excessive exertion. <sup>[6]</sup>

11. Kali carbonicum:

It is best suited to fleshy, aged people having tendency to dropsical and paretic conditions. <sup>[4]</sup> There is puffiness of face with redness of cheeks. <sup>[8]</sup> It is a remedy of great use in cases of hypothyroidism. There is great dryness of hair with tendency of hairfall. Old people suffer with complaints of dyspepsia and bloating. There is great desire for sweets. Frequency of urine increased at night. Delayed menses in girls with chest symptoms or ascites. There is great exhaustion with weakness of a small of back. <sup>[4]</sup> Asthma worse at 2- 4 a.m. and better by sitting upright or bending forward. There is tendency of fatty degeneration of heart. <sup>[5]</sup>

**Rubrics related to obesity in commonly used repertories :**

- *Synthesis Repertory* <sup>[9]</sup>

Generals, obesity

Generals, obesity, children in

Generals, obesity, legs thin, body fat but

Generals, obesity , menopause during

Generals, obesity, old people in

Generals, obesity , young people in

- *Repertory of homoeopathic materia medica by Dr J.T. Kent* <sup>[10]</sup>

Generalities, obesity

Generalities, obesity, body fat, but legs thin

Generalities , obesity, old people

- *Homoeopathic materia medica and repertory by Dr William Boericke* <sup>[4]</sup>

Generalities , obesity

Generalities, obesity , in children

**Discussion and conclusion:**

Obesity has emerged as an important risk factor for various health disorders. Obesity is caused due to various causes such as hormonal imbalance, sedentary lifestyle and poor eating habits. In homoeopathy , obesity can be included under pseudo chronic disease as in aphorism 77 of 5<sup>th</sup> and 6<sup>th</sup> edition of *Organon of medicine* <sup>[11]</sup> , it is mentioned that the diseases which people bring upon themselves due to deprivation of physical exercise and various other avoidable actions are termed as inappropriately named chronic disease or pseudo chronic disease. In aphorism 5 of 5<sup>th</sup> and 6<sup>th</sup> edition of organon of medicine, <sup>[11]</sup> Dr Hahnemann has mentioned that assessment of mode of living of patient, his habits , his constitution are useful in providing cure to the patient in various diseases as these are the maintaining causes behind the disease. Thus the correction of the faulty mode of living , sedentary habits are very necessary in preventing obesity and its complications. Homoeopathy focuses on treating the root cause of the disease which is also known as fundamental cause. These fundamental causes are the miasms namely psora , sycosis and syphilis. Obesity comes under sycotic miasm. <sup>[12]</sup> Individualised homoeopathic medicines along with appropriate diet and exercise can play a major role in preventing obesity as well as its complications.

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# In Italics

## Concept Of Miasm Before Hahnemann

### PART 2



**Dr Manpreet Kaur**

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*In continuation from the previous issue...*

The fact that suppression of itch leads to innumerable forms of diseases has been confirmed by the observations of other stalwarts also.

Hahnemann refers to Ludwig Christian Juncker in his Chronic Diseases who surveyed that one-sided destruction of eruption and itching over skin caused innumerable acute and chronic illnesses in manifold as the peculiarities of bodily constitutions and of the outer world which modify them. This fact was confirmed from other 100 writers as well.

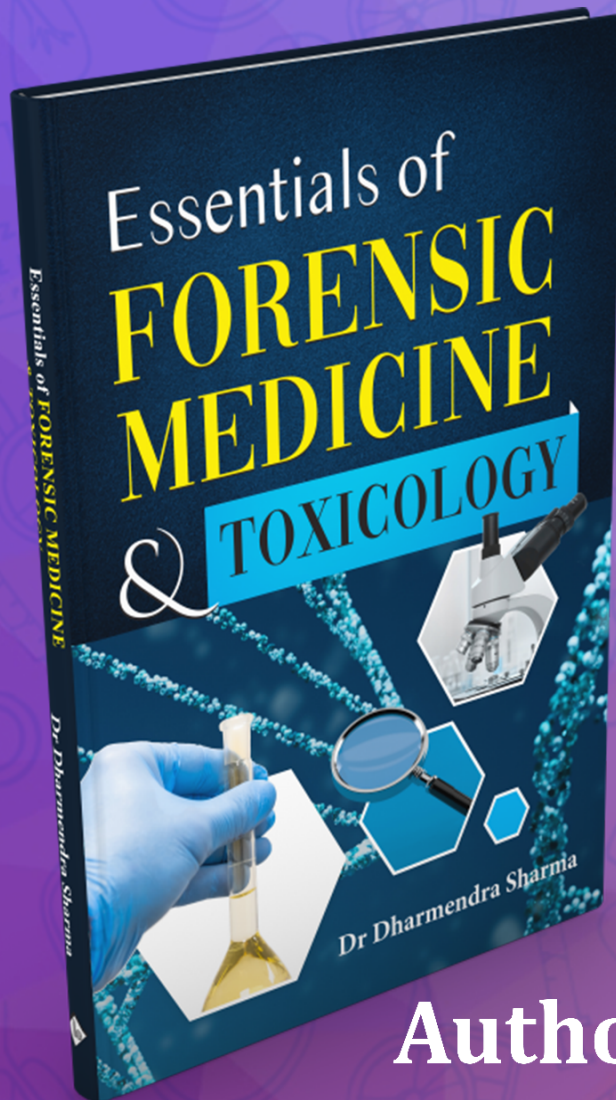
Dr Hahnemann writes in the theoretical part of his Chronic Diseases:

“The diseases, partly acute but chiefly chronic, springing from such a one-sided destruction of the chief skin-symptoms (eruption and itching) which acts vicariously and assuages the internal Psora (which destruction is erroneously called “Driving the itch into the body”) are innumerable; as manifold as the peculiarities of bodily constitutions and of the outer world which modifies them.

A brief survey of the manifold misfortunes resulting thence is given by the experienced and honest LUDWIG CHRISTIAN JUNKER in

*continued on page.....33*





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## PseudoPsora Miasm

By Dr Anshita Khare, Dr Purnima Singh, Dr Anupama Singh

### ABSTRACT :

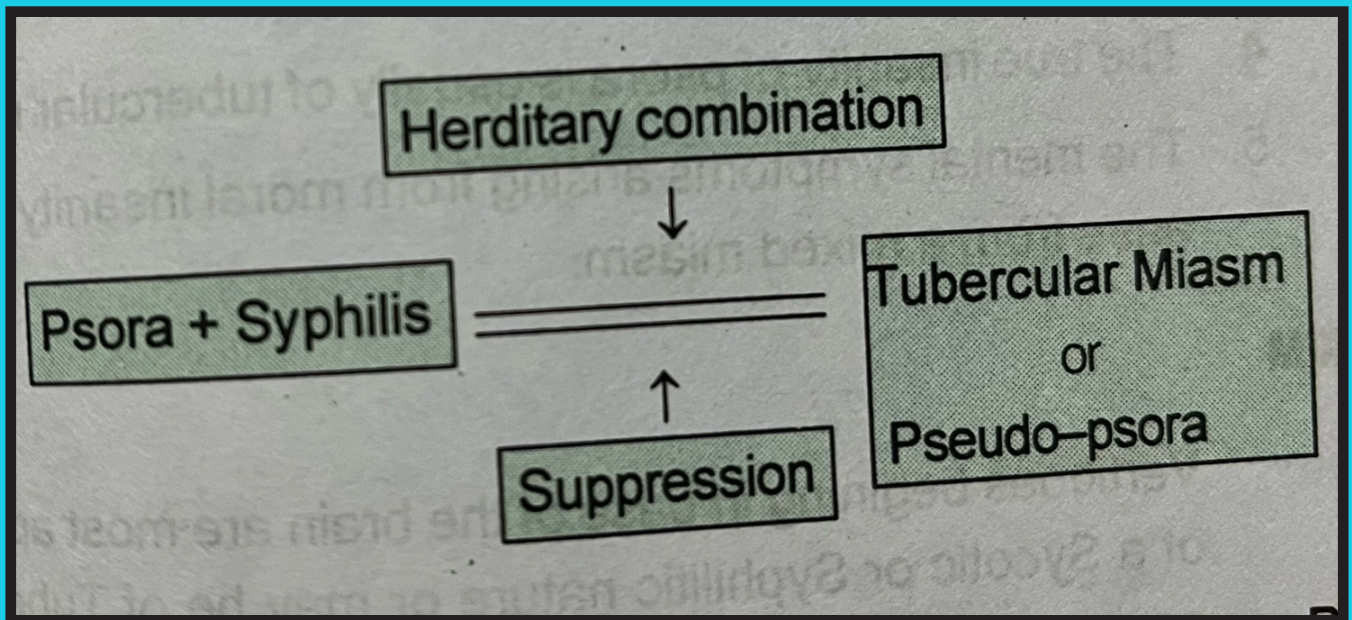
Tubercular miasm is the combination of psora and syphilis but sometime sycosis. It's mixed miasm so considered worse than any single miasm. The tubercular diathesis result of this combined disease state. It mostly occurs after suppression when 2 or more miasm mix and intensified the presenting single miasm of earlier. When sycosis is added to tuberculosis, it gives rise to a malignant hue. Malignant cases have all the miasm present.

**Keywords:** *Pseudopsora, tubercular miasm, homoeopathy,*

**Abbreviations:** TB – tubercular, GI tract – gastrointestinal tract

### Introduction

- Tubercular miasm or pseudo psora is a perfect combination of psora and syphilis by hereditary combination introduced by doctor J. H. Allen In his book “*The Chronic Miasm*”.[1,2]



- Tubercular miasma is also called pseudo-psoriasis
- The tubercular diathesis result from this combined disease state so pseudo psora is worse than psora by itself and the same as when psora and sycosis are combined. But they do not compare destructive as in tubercular element is present [1,2].
- Pseudo-psora is characterised by tubercles, fibrosis and suppuration and Syphilis by granulation, degeneration and ulceration.

### OBJECTIVES:

To study miasm in combined form as if it could lead

to any disastrous change in the body and how to approach it homoeopathically.

## MATERIAL AND METHODS:

Different literature and journals define the pseudopsora and its use in homoeopathy

## CONSTITUTION

- Lean and thin, emaciated constitution
- Cosmopolitan habits (mentally keen but physically weak)
- Fear of dogs
- Very high susceptibility
- Complaints from the change of weather or atmosphere
- Catches cold very easily
- History of tuberculosis or lung diseases
- Chronic inflammation of glands and tonsils.
- Haemorrhage from the nose on the slight blowing of the nose or even washing the face
- According to Phyllis Speight cases with inflammation of glands of each neck, sensitivity to warm rooms must have fresh air at night, breathing fetid odour, sensitivity to cold, thirst for cold water, and still always working actively are very characteristic of tubercular miasm [2,3,4]

## PATHOPHYSIOLOGY-

The predisposition of this miasm is the family and history of the patient who have one or more of the following diseases of tubercular miasma as tuberculosis of lungs, pleura, meninges, bones, joints, glands, blood vessels, collagen tissue, teeth, GI tract and genito-urinary system, etc; secondary sterility, diabetes mellitus, suppuration and recurrent abscess, sinuses, fistula, haemorrhagic diathesis, tendencies and caries, white spots on nails or any relapsing reoccurring state.

## SYMPTOMS:

### Mind:

- Problematic child, slow in comprehension, dull, having a line of thoughts. [1,2,35]
- Unsocial
- Relieved by the outbreak of ulcers
- Insanity due to mixed miasm

- proved in the Tubercular children who at one moment are, extremely sensitive and loving and at other times you will see them being indifferent to everything.
- Pseudo-psora (TB miasm) is romantic, erotic, social, extroverted, cosmopolitan. erratic, optimistic, but dissatisfied, always wanting to change places, jobs, partners, etc. [6,7]

## HEAD AND SENSORIUM:

- The epilepsy of PSORA or the true insanity of PSORA is usually of a TUBERCULAR nature, that is latent SYPHILIS and PSORA
- Headache last for days and is very severe often unendurable sometimes with the sensation of bands. They Strike and knock, their head with their hands or against walls or any objects.
- Every Sunday or on rest
- Worse riding in a carriage, from heat
- better by cold, rest, nose bleed, eating, quiet
- SYPHILITIC or TUBERCULAR headaches of children, they strike, knock heads with their hands or against some wall etc.
- Vertigo in the base of the brain are SYCOTIC or SYPHILITIC nature or may be of TUBERCULAR
- Headaches with the deathly coldness of hands and feet, with prostration, sadness and general despondency
- Headaches with red face with a rush of blood to the head
- Headache at certain hours of the day, usually in the forenoon;
- Modality: better rest, quiet, sleep, eating.
- **Discharges –**
- In pseudo-psora, discharges are purulent, yellow, bloody, and musty.
- Sycosis has pungent, brine-like, fishy odours with watery, greenish or dirty brown discharges;
- Syphilitic miasm has very offensive, foul, putrid, offensive discharges.[7]

## EYE:

- Astigmatism and other marked refractory changes due to malformation.
- Changes in the lens as in sclera, choroid, ciliary body and iris, processes that change in form or shape and size
- Aversion to light.



- Photophobia in TUBERCULOSIS and SYPHILIS.
- Dreads artificial light > sunlight.
- Disturbances in the glandular structures or the lachrymal apparatus.
- Ulcerations and specific inflammation; ciliary blepharitis, acute or chronic; scaly red lids, angry-like [6,7]

### SKIN

- The skin of pseudo-psora is translucent, fine, and smooth, bruises easily, and its lesions bleed easily and exude excessive pus.
- Syphilitic skin has brownish-red, or coppery spots, eruptions that do not itch, and a tendency toward easy ulceration.
- Skin is fairly pale and translucent (TB miasm)
- TB miasm has affected his basic temperament and helped stimulate the excesses in his lifestyle that brought it to infection with VD.
- The TB miasm is now dormant because it has been repressed by the active miasmatic symptoms related to gonorrhoea and its suppression. The transformation of his innate temperament from outgoing, social, cosmopolitan (TB miasm) into a suspicious, fixed, private man with feelings of guilt and loss of confidence (Syphilitic) are the most important symptoms in its case.

### EARS: HEARING.

- All organic ear troubles.
- Suppuration and destruction of the ossicles of the ears.
- Outbreak of Abscesses in the ear may relieve quite severe meningeal difficulties. It occurs frequently in measles, scarlet fever, etc. Here the tubercular element comes readily to the surface in the form of suppuration of the middle ear. More frequently aroused by fever.
- Ears look pale, white, often cold, and in the blood vessels enlarged bluish in colour traceable in the tissues.
- The tubercular child will have a haemorrhage from the nose on the slightest provocation-blowing the nose, a slight blow, or washing the face even will produce it in some people.
- abnormal capillaries to arteries, their walls are all defective and usually unduly dilated.

- In the worst form of hay fever where there is much sneezing and much local trouble it often depends on the tubercular taint with an acquired latent SYCOSIS ingrafted. Discharge soon becomes thick, purulent and sometimes bloody
- In lupus of the nose the three miasmas are usually present.

### FACE

- Eyes sunken with blue rings.
- Circumscribed red spots on cheeks, mainly afternoon or evening.
- Flashes of heat to face, head and chest.
- Red lips where blood is almost ready to ooze out.
- Reddish millet-sized papule on nose, cheeks, chin and ulcers in corners of the mouth.
- Deep fissures in lips.
- The face and head are the shapes of a pyramid, with the apex at the chin.
- Cavity occur in the mouth, teeth and Gums
- Swelling and induration of glands taking place in the teeth or dental arches are a SYPHILITIC or TUBERCULAR diathesis.
- Haemorrhage of mouth, excessive bleeding of gums which will bleed at the slightest touch.

Pseudo-psora is an acute acquired syphilis which is suppress by dissimilar medicines;

it is a quantitative and qualitative combination of psora-syphilis.

Scrofula.

Suppressed acutely acquired syphilitic symptoms reappear when treated by homoeopathy, and

scrofula children developed from pseudo-psoric parents and during homoeopathic treatment of children, one cannot treat parents as pseudo-psora, hence scrofula is far more dangerous than pseudo-psora.

Parental pseudo-psora develops tuberculosis in children

### DESIRE and AVERSION:

- Craving for indigestible things. Desire for salt than normal.
- Craving for tobacco, etc; for potatoes, meats of all

kinds.

- Aversion to fats with starchy foods aggravation.
- Constant hunger, eating beyond capacity to digest. No appetite in the morning.
- Want things which refused immediately after having.
- Desire for sweets, sour things.
- Hot or cold things desire.

#### FEATURES:

- Tubercular patients tend to develop pleurisy,
- Diabetic patients mostly develop piles, colitis, fistula, pure insanity,
- glandular involvement,
- headache of school going child, talking during sleep,
- recurrent attack of malaria,
- urticaria, Ring worm, allergic rhinitis,
- desire for indigestible foods,
- tendency to curse and swear,
- repeated abscess, benign tumour of the breast, leprosy, varicose veins, hangnails, brittle nails split easily;
- hand moist, cold, with profuse sweating, carrion-like foot sweat;
- climbing of few steps becomes breathless;
- easy sprain of ankles etc are the tubercular features.

Homoeopathic medicines with miasmatic features: All cases of syphilis and sycosis must begin with a deep-acting antipsoric first, followed as per the guideline of *Organon of Medicine*.

- Abrotanum
- Tuberculinum
- Iodum
- Calcarea carbonicum
- Natrum muriaticum
- Silicea terra
- Hepar sulphuricum
- Sulphur, etc.

These are a few medicines which could be used as anti-psorics for miasmatic treatment for the pseu-

do-psoric patients.

#### Conclusion:

Various experiments and documents have shown suppression of skin diseases or tuberculosis/leprosy human race is suffered from various named or unnamed diseases. As a homoeopath, we need to identify the 'tubercular state' and protect our race from numerous destructive diseases with the application of 'homoeopathic laws and principles'.

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# Homoeopathic View on Pseudo Chronic Disease

By Dr Cithanjali, Dr Bhavani

## ABSTRACT :

Health and diseases have always been matters of concern of the society. This resulted in constant search for improvement in the quality of living and maintenance of a healthy society. Chronic disease, pseudo chronic disease and artificial chronic diseases are the three different areas and were first coined by Hahnemann. This concept is one of the conditionality that makes homoeopathy unique among the medical streams. Pseudo chronic disease is the disease of modern world where we are living in a world of pollution of broad spectrum, addictions of innumerable addictable agents, modern living style, devoid of adequate exercise, indulgence adequately in sugar and sodium rich diets, developing a habit of emphasising on junk, chemical based food stuff, occupational problem and even many more<sup>(1)</sup>. These above causes contribute largely in the growing population of obese, diabetics, hypertensive, low bone mineral density among the adult mass. Therefore, massive awareness campaign and counselling campaigning are required to address this pseudo chronic disease related or life style related problem. Hence Homoeopaths can do better in this area.

**Keywords:** Pseudo chronic disease, inappropriately named chronic disease, homoeopathy

**Abbreviations:** chronic obstructive pulmonary diseases (COPD), musculoskeletal disorders (MSDs), repetitive strain injuries (RSI), European Union information agency for occupational safety and health (EUOSHA), National Institute for Occupational Safety and Health (NIOSH)

## Introduction

Up until the latter half of the 20th century, outbreaks of infectious illnesses like typhoid, cholera, smallpox, diphtheria, influenza, etc. were the leading causes of morbidity and mortality over the entire world. Even though some of these diseases are still widespread in third-world nations, industrialisation and gradual modernisation of many communities have led to significant advancements in housing, hygienic conditions, access to water, nutrition, etc. However, increased urbanisation and intense modernisation gave rise to a difficult, long-lasting chronic condition known in homoeopathic prevalence “pseudo chronic disease” <sup>(1)</sup>.

### INAPPROPRIATE CHRONIC, DESCRIBED AS <sup>(2)</sup>:

In § 77 [1] of *Organon of medicine*, Dr CFS Hahnemann has mentioned, “Those diseases are inappropriately named chronic, which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for

the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwellings, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry, etc. These states of ill-health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases”.

### ANALYSIS OF APHORISM <sup>(2, 3)</sup>

Besides chronic miasmatic and drug-disease, Hahnemann mentioned here another group of disease condition which stimulate real chronic disease and which occur in person who:

1. Those continuously exposed to toxic influences that could be avoided. Often these include occupational hazards like working in smoking areas/bars, in industrially polluted areas.
2. Those who continue to take alcohol and medicinal preparations which are already showing their damaging effect on health.



- Those who abstain from balanced diets and eat just few and selected foods. Or others get onto extreme diet protocols. Some people are too poor to afford balanced diets, and simply eat what they have in their back garden (most common in rural India).
- Those who do not get adequate exercise and exposure to open air and sunshine. Couch potatoes, busy executives, etc.
- Those who are living a life so stressed and over working with 2-3 different part-time jobs, and too much of either physical or mental work
- Those who continue to drive themselves with constant worry and anxiety.

These state of ill health which person bring upon themselves disappear spontaneously under an improved mode of living without administration of specific drug stimulus – hence they are called false or pseudo chronic disease.

#### SOME OF PREVAILING DISEASES UNDER PSEUDO CHRONIC DISEASE IN SOCIETY<sup>(4)</sup>

- Unhealthy eating habits, stressful lifestyle, reduced physical activity translates to obesity.
- Swimmer's ear:** When you use headphones constantly and are exposed to loud music

more than you should be, the ultimate result of this is swimmer's ear. Swimmer's ear causes inflammation, irritation or infection in the ear canal or the outer ear.

- Vitamin deficiency*
- Dermatitis : According to NIOSH, allergic and irritant dermatitis (also known as 'contact dermatitis') is the most important cause of occupational skin diseases, caused by a wide array of physical, biological or chemical agents.*
- Respiratory illnesses. This can include asthma, disease of the lung and chronic obstructive pulmonary diseases (COPD). With the disease being most prevalent in the auto parts, foam and plastic manufacturing industries*
- Musculoskeletal disorders (MSDs). MSDs are prevalent in most workplaces, even in office settings. Indeed, office workers may be at risk of repetitive strain injuries (RSI) such as carpal tunnel syndrome or tendonitis. The EU-OSHA says that most work-related MSDs develop over time and can be caused by repetitive movements, awkward positions, handling loads, high work demands, lack of breaks, etc.*
- Stress, anxiety and worries are greatly affects the mental health of the people.*

#### LIST OF HOMOEOPATHIC REMEDIES IN RELATION WITH PSEUDOCHRONIC DISEASE<sup>(5,6)</sup>

From mental ailments	Others
APIS MELLIFICA : Ailments from fright , rage , vexation , bad news, jealousy	ALLIUM CEPA : Ailments from getting wet
AURUM METALLICUM -Ailments from fright, anger, contradiction, mortification, vexation, dread, or reserved displeasure	ANTHRACINUM : Ailments from inhaling foul odour
IGNITIA , PHOSPHORIC ACID , CALCAREA PHOSPHORICA - Ailments from grief and disappointed love	ARGENTUM METALLICUM : Ailments from abuse of mercury
CAUSTICUM: From long lasting grief and sorrow, from sudden emotion, fear, fright, joy from anger or vexation.	ARSENICUM ALBUM : Bad effects from decayed food or animal matter , whether inoculation, olfaction or indigestion
COFFEA CRUDA – Sudden emotion or pleasure surprises	CARBO VEGETABILIS – From quinine, salt, salt meat; spoiled fish, meat, or fats.
	CAUSTICUM, COLCHICUM AUTUMNALE –from night watching
	COCA – From mountain climbing or ballooning; of stimulant , alcohol, tobacco

COLCHICUM AUTUMNALE – From grief or misdeeds of others.	CHELIDONIUM MAJUS: from change of weather ; all lessen after dinner
CYCLAMEN EUROPAEUM – From suppressed grief and terrors of conscience; from duty not done or bad act committed	CINCHONA OFFICINALIS – Loos of vital fluids
GELSEMIUM SEMPERVIRENS– From fright, fear, exciting news, and sudden emotion	COCCULUS INDICUS – Loss of sleep, night watching,
GLONOINUM – Mental excitement , fright, fear	GLONOINUM – From having hair cut
LACHESIS MUTUS– From long lasting grief; sorrow, fright, vexation, jealousy, or disappointed love	HAMAMELIS VIRGINIANA- From loss of blood
Aliments from fright, anger, mortification or vexation with reserved displeasure – LYCOPODIUM CLAVATUM, STAPHYSAGRIA, NATRUM MURATICUM.	LOBELIA INFLATA – From drunk
PHOSPHORICUM ACIDUM - ailments: from care, chagrin, grief, sorrow, homesickness.	MELLEFOLIUM – From over lifting, over exertion or a fall
PSORINUM - from even slight emotions	NUX VOMICA – Bad effects of : coffee, tobacco, alcoholic stimulant; highly spiced or seasoned food; over eating ; sedentary habits; loss of sleep ; aromatic or patent medicine; sitting on cold stone; long continued mental over exertion.
PHOSPHORICUM ACIDUM - ailments: from care, chagrin, grief, sorrow, homesickness.	PETROLEUM- Ailments: from riding in a carriage, railroad car, or in a ship.
PSORINUM - from even slight emotions	RHUS TOXICODENDRON - Ailments: from spraining or straining a single part, muscle or tendon; overlifting, particularly from stretching high up to reach things; lying on damp ground; too much summer bathing in lake or river.
OPIUM - from fright, bad effects of, the fear still remaining; from charcoal vapors; from inhaling gas; of drunkards.	SABINA - Ailments: following abortion or premature labor;
SAMBUCUS NIGRA- Bad effects of violent mental emotions; anxiety, grief, or excessive sexual indulgence.	SILICEA TERRA- exposing the head or back to any slight draught of air;
STAPHYSAGRIA - Ailments from pride, envy or chagrin. Ill-humoured children cry for things which, after receiving, they petulantly push or throw away	VERATRUM ALBUM – Bad effect of opium eating , tobacco chewing

## CONCLUSION

Thus, massive awareness campaigns and counselling campaigning are required to address pseudo chronic disease related or life style related problems.

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his Dissertatio de Damno ex Scabie Repulsa, Halle, 1750, p. 15-18. He observed that with young people of a sanguine temperament the suppression of itch is followed by phthisis, and with persons in general who are of a sanguine temperament it is followed by piles, hemorrhoidal colic and renal gravel; with persons of sanguino-choleric temperament by swellings of the inguinal glands, stiffening of the joints and malignant ulcers (called in German Todenbruche); with fat persons by a suffocating catarrh and mucous consumption; also by inflammatory fever, acute pleurisy and inflammation of the lungs. He further states that in autopsies the lungs have been found indurated and full of cysts containing pus; also other indurations, swellings of the bones and ulcers have been seen to follow the suppression of an eruption. Phlegmatic persons in consequence of such suppressions suffered chiefly from dropsy; the menses were delayed, and when the itch was driven away during their flow, they were changed into a monthly haemoptysis. Persons inclined to melancholy were sometimes made insane by such repression; if they were pregnant the foetus was usually killed. Sometimes the suppression of the itch causes sterility, in nursing women the milk is generally lacking, the menses disappear prematurely; in older women the uterus becomes ulcerated, attended with deep, burning pains, with wasting away (cancer of the womb).

His experiences were frequently confirmed by the observations of others.." This quote shows how the four classical temperaments and various diathesis, constitutions, conditions, the signs and symptoms are produced by the suppression of psora.

Hahnemann was not the only one to establish the connection between the chronic maladies and expelled itch. Twenty years before Hahnemann published his book on Chronic Diseases, another scientist, Autenrieth, a university professor of Tübingen, had referred to this phenomenon. When Autenrieth was experimenting on this in his clinic 1808 he had also noticed in his practical therapy that many chronic diseases resulted from dislodging the superficial itch. The

*continued on page.....62*



# Managing Pseudo Chronic Diseases with Homoeopathy

By Dr Khushboo Gupta, Dr Sapna Nagwar, Dr Swati

## ABSTRACT :

Pseudo chronic diseases are referred to be diseases caused by modifiable lifestyle conditions and behavioural changes which can be managed considerably by adopting healthy lifestyle changes and homoeopathic intervention.

These are inappropriate relationship of people and environment. In homoeopathy, these unhealthy lifestyle conditions are termed as maintaining causes which are responsible for pseudo chronic or lifestyle diseases.

It had been observed that pseudo-chronic diseases or so-called lifestyle diseases are prevalent in developed countries. Now cases of such diseases can be seen in India as well, especially in the urban areas because of modernization or westernisation.

Pseudo chronic diseases are growing and require ongoing medical attention and about 62%<sup>1</sup> of total population is affected by its fatal effect. Children, adult and elderly people all are susceptible to the risk factors related to lifestyle leading to non-communicable disease. Increase in these diseases has great impact on DALYs and physical quality life index(PQLI)<sup>1</sup>. The occurrences of such diseases are increasing rapidly due to globalization, fast and unplanned urbanization and adoption of unhealthy lifestyle. To treat these pseudo chronic disease, homoeopathy is one of the best mode of treatment as it is based on nature's law of cure which makes homoeopathy a rapid, gentle and safer unlike other modes of treatment. Homoeopathy deals with holistic approach by taking all the symptomatology of the patient and restoring the patient as a whole irrespective of its disease diagnosis.

**Keywords:** Pseudo chronic disease, homoeopathy, holistic approach, lifestyle, urbanisation, health, miasm.

**Abbreviations:** physical quality life index (PQLI), disability-adjusted life year (DALY), example (e.g.)

## Introduction

According to Dr Hahnemann, "THE PSEUDO CHRONIC DISEASES" are inappropriately named chronic diseases because these diseases occur due to exposure to avoidable noxious influences and not due to chronic miasm.

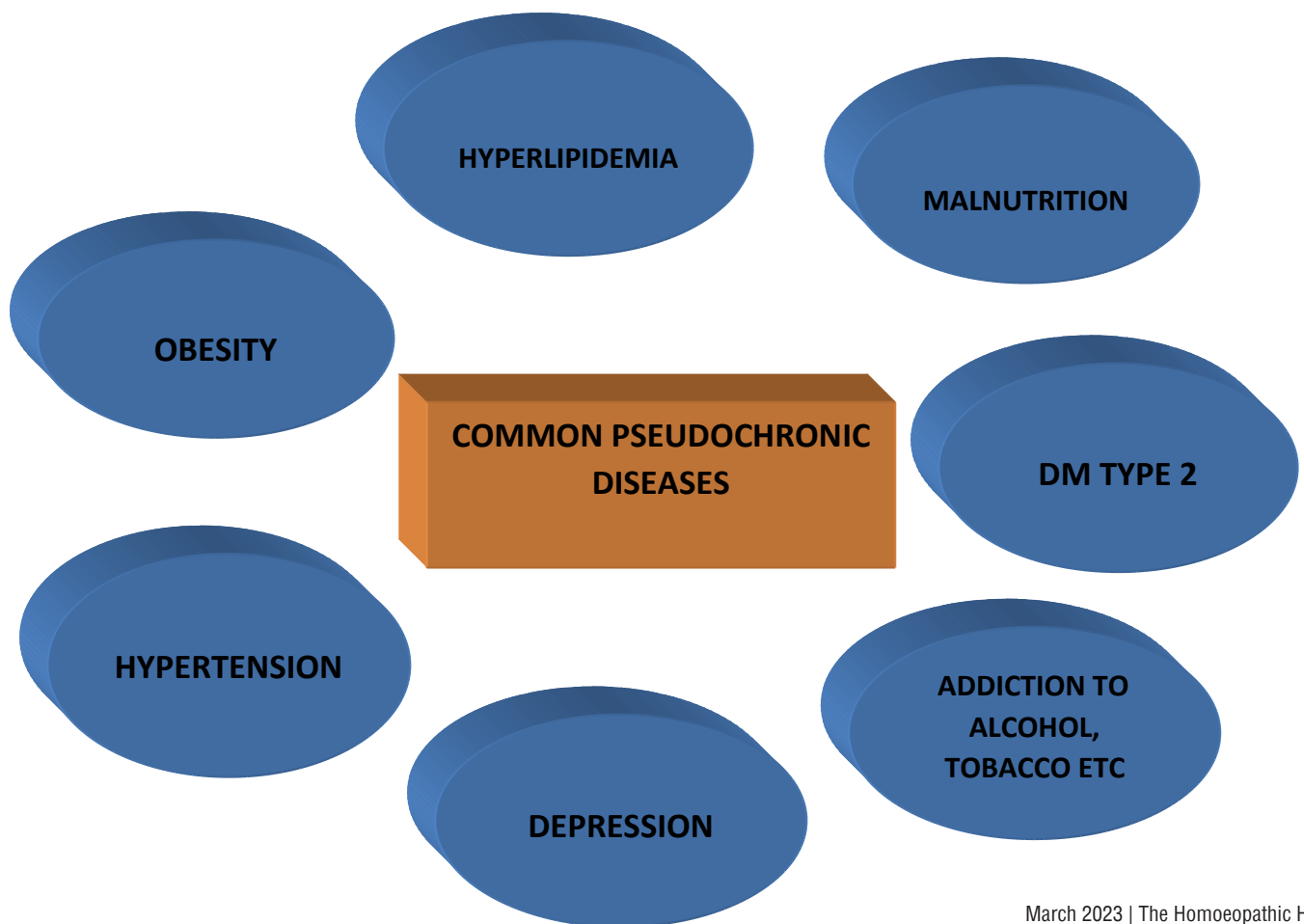
These noxious influences are avoidable and can be overcome by adopting an appropriate lifestyle changes.

A few of these influences may be<sup>2</sup>:

1. Habit of indulgence in noxious influences leading to energy dissipation. (e.g. injurious liquors, smoking, tobacco, etc.)
2. Prolonged abstinence from things that are necessary for support of life (e.g. sunlight, healthy food, pure water)
3. Residing in unhealthy localities like marshy areas and cellars.
4. Deprivation of exercise and open air.

5. Overexertion of mind (e.g. person lives in a constant state of worry)
6. Overexertion of body.

The most common pseudo chronic diseases due to lifestyle disorders as a result of above-mentioned avoidable influences are hyperlipidaemia, obesity, hypertension, diabetes type II, depression, malnutrition, etc.



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According to Dr Hahnemann, disease has been divided (§72, 73 *Organon of medicine*<sup>3,4</sup>) into 2 types, i.e.

**1.ACUTE:** These are caused by transient explosion of the latent psora and have rapid morbid processes of abnormally deranged vital force which have a tendency to finish their course more or less quickly, but always in a moderate time, and results either in recovery or death of an individual.

**2.CHRONIC:** These diseases which are caused due to chronic miasm often have imperceptible beginning, dynamically derange the living organism, each in its own peculiar manner and cause it gradually to deviate from healthy condition and last till the organism is destroyed. Chronic diseases are further divided (§73 *Organon of Medicine*)<sup>4</sup> into:

- A). TRUE CHRONIC DISEASE-** These disease are caused due to fundamental miasm i.e. psora, syphilis, sycosis.
- B). ARTIFICIAL CHRONIC DISEASE-** These are caused by maltreatment/overuse of drugs and other methods.

**C). PSEUDO CHRONIC DISEASE-** Diseases which are not caused by chronic miasm but are caused by lifestyle changes, are of depriving nature and apparently looks like a chronic disease because of their prolonged nature.

Lifestyle diseases are result of inappropriate relationship of people with their environment. Onset of lifestyle disease is insidious, it may take years to develop, once encounter do not lend them easily to cure.

According to Aphorism 77 of Dr Hahnemann's *Organon of Medicine*<sup>2</sup>, it is a clear attempt to completely separate those cases of apparent disease expression that could improve from good diet and regimen, and hygiene from those that were due to fundamental miasm present that affected the harmonious functioning of vital force. This apparent disease expression has been termed pseudo chronic disease<sup>5</sup>.

Homoeopathy can be a unique mode of treatment in the management of lifestyle diseases as it involves perceiving of each individual case of disease with a thorough consideration of obvious causes, accessory circumstances, constitution, temperament, and underlying miasm.<sup>6</sup>

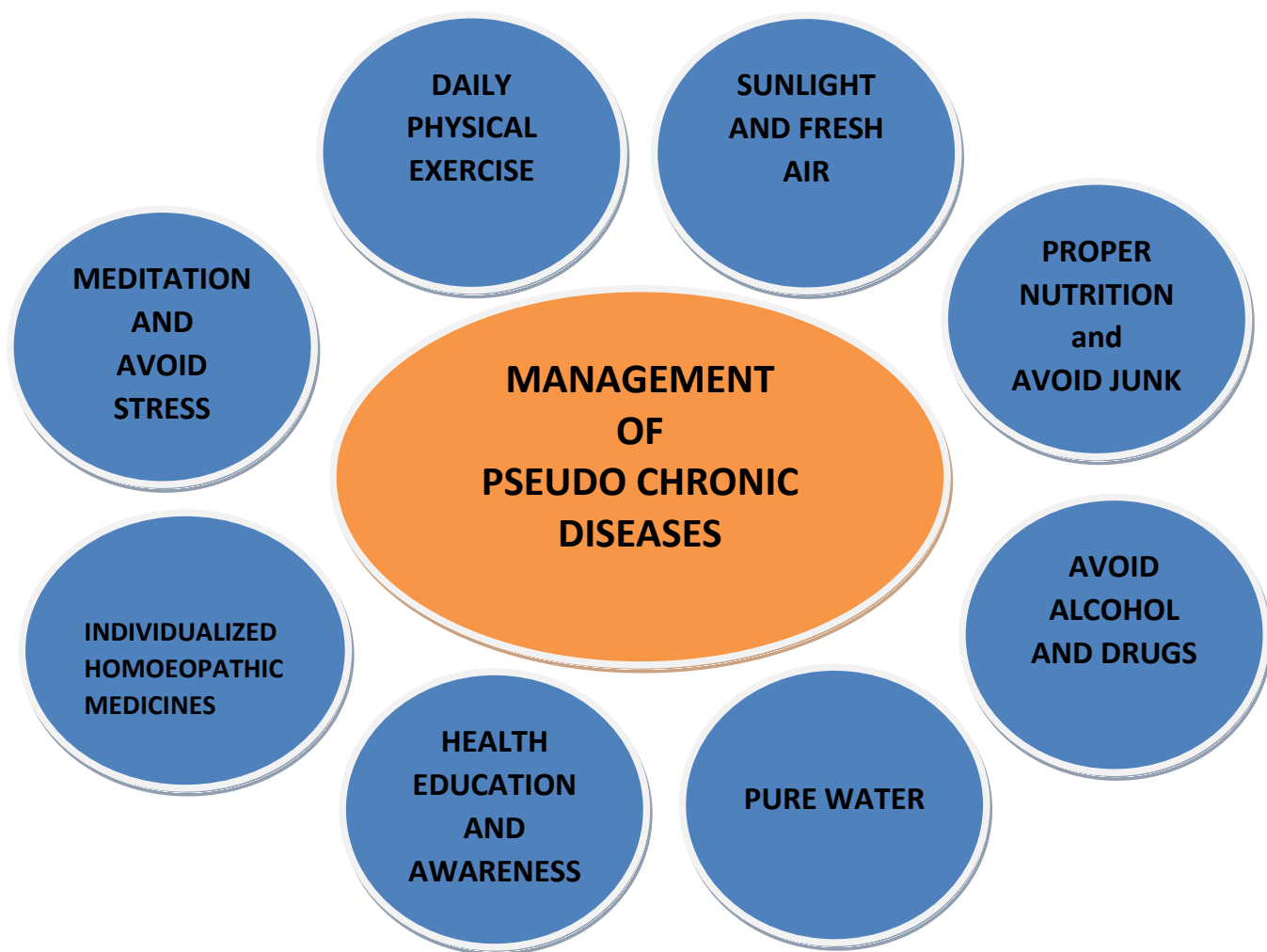
## MANAGEMENT:

Pseudo chronic diseases can be managed by adopting following lifestyle:

1. Daily exercise (yoga and meditation).
2. Healthy diet and nutrition.
3. Avoid junk and processed food.
4. Avoid stress or mental exertion.
5. Proper exposure of sunlight and fresh air.
6. Proper hygienic environment.
7. Intake of adequate amount of pure water.

8. Individualised homoeopathic treatment.

People who take individualised homoeopathic medicines which are given on basis of complete physical and mental makeup of the person significantly improve lifestyle disorders like diabetes, obesity, and hypertension<sup>7</sup>.



As Homoeopathy is based on the principle of “SIMILIA SIMILIBUS CURANTUR” through which we reach the individual constitutional medicine by holistic approach. Patient as a whole *RESTORES BACK TO HEALTH* (free from pseudo chronic disease)

Few commonly indicated remedies for conditions given below are-

1. **Crataegus oxycantha:** Hyperlipidaemia
2. **Natrum muriaticum:** Hypertension
3. **Aurum-metallicum:** Depression,
4. **Calcarea carbonicum:** Obesity, apprehension
5. **Nux- vomica:** Insomnia, alcoholism, onanism.
6. **Pulsatilla nigricans:** Obesity, dyspepsia
7. **Phytolacca berry:** Obesity
8. **Arsenicum album:** Food poisoning
9. **Carbo vegetabilis, China officinalis, Lycopodium clavatum:** Acid reflux

#### Common homoeopathic rubrics representing pseudo chronic diseases:

From *J.T. Kent's Repertory of Homoeopathic Materia Medica*, one can consider some rubrics from “Generalities” chapter as: diabetes mellitus, cancerous affection, narcotics, obesity, onanism from, tobacco, tumors, wine, alcoholism, sun aggravation etc<sup>8</sup>.

“Mind” chapter has dipsomania, excitement, etc.

In *O.E. Boericke's Repertory* in “Generalities” chapter: abuse of different substances and their effects as: abuse of alcohol, coffee, drugs in general, narcotics, tobacco, and mental labour suffering, etc<sup>9</sup>.

In *Synthesis Repertory*, some mental rubrics may be helpful in regarding causes to development of lifestyle and adjustment disorders

Mind- Ailments from: abused; after being: children / physically / sexually. Affection; lack of. Alcohol. Anxiety. Business failure. Contradiction. Debauchery. Embarrassment- poor job performance of. Father absence. Financial loss. Homesickness. Honor; wounded. Job having lost his. Mental shock from. Money; from losing. Rejected; from being. Responsibility- unusual. Sexual abused. Sexual excess. Sexual humiliation. Unhappiness, etc.

## CONCLUSION:

Homoeopathy is beneficial in the treatment of pseudo chronic diseases. After giving the right homoeopathic medicine not only the disease gets cured, but the patient's immunity improves within, this helps them to fight various kind of disease. The susceptibility of the patient to catch diseases reduced consequently. Apart from providing physical immunity, homoeopathy manages the stress drastically, thereby rendering them healthier and stress free.

Homoeopathy works at a deeper levels, i.e. physically, mentally and spiritually which brings the patient to a balanced and healthy state.

Thus, homoeopathy plays a significant role in management of various ACUTE, CHRONIC AS WELL AS PSEUDO CHRONIC OR SO CALLED LIFESTYLE DISEASES.

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# Pseudo Chronic Diseases: Its Homoeopathic Significance and Management

By Dr Zubair Ali Khan, Dr Ram Prasad Yadav, Dr Devika Chaturvedi

## ABSTRACT :

The idea of chronic disease given by Dr Hahnemann makes it differ among the medical systems in the world. Pseudo chronic diseases are also special in the field as it frames best in today's modern life. Predictions related to present circumstances like bad hygiene, sedentary living, lack of activity, excess consumptions of rich foods, alcohol, artificial substances, etc. has been made in the literature of homoeopathy which are affecting major population of the world. Economic issues are rising, mostly among developing countries. These burdens to the human health and economy are best manage by faculty of homoeopathy. The primary concern in pseudo chronic diseases is maintenance of hygiene, avoiding overconsumptions, exercises sessions, adequate exposure to sunlight and open air, etc. followed by homoeopathic intervention and professional counselling.

**Keywords:** pseudo chronic diseases, homoeopathy, maintaining cause, obstacles to cure, non-miasmatic disease, life style errors.

**Abbreviations:** World Health Organization( WHO),body mass index(BMI),chronic obstructive pulmonary disease(COPD)

## Introduction

Pseudo chronic diseases also known as life style related diseases, is mentioned by Dr CFS Hahnemann in § 77<sup>[1]</sup> in *Organon of Medicine*. He stated, "Those diseases are inappropriately named chronic, which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or aliments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwellings, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry, etc. These states of ill-health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic diseases."

Pseudo chronic diseases are non miasmatic diseases means they develop due to adopting bad lifestyle during the long course of time, that leaves behind a susceptible and disease prone system. These non-communicable diseases, if not consider at time, weakens the immune system thus led to advancing irreversible pathology and ultimately permanent changes occurs

in the body. A proper change in living, dietary habits and routine exercises may help to prevent these non miasmatic diseases and at the same time promotes and maintains health. <sup>[8]</sup>

Dr Samuel Hahnemann enlisted various factors which lead to development of these lifestyle errors. These pre-disposing causes are- <sup>[1]</sup>

1. Avoidable noxious influences harmful for health.
2. Constant mental worries and anxiety affecting overall health.
3. Liquors addiction, tobacco and narcotics being injurious to mental as well as physical health.
4. Lack of hygiene, unhealthy localities, pollutions including exposure to occupational hazards.
5. Malnutrition, supplementary insufficiency and lack of balanced diet.
6. Marshy areas, damp houses, working in damp regions, basements, and humid environment.
7. Lack of sun exposure and regular exercise in open air.
8. Sleep deprivation and Night watching leading disturbance of daily routine cycle and consequently

health.

9. Overuse of stimulants to deal with work load and mental exhaustion.
10. Overexertion of mind and body in busy schedule of modern life.

These factors exploit the body's ability to fight various external influences and becomes the soil to develop pseudo chronic diseases. Slight changes in lifestyle promotes health and wellbeing by adopting healthier means of living thus preventing serious and their long-term effects.

## HOMOEOPATHIC SIGNIFICANCE OF PSEUDO CHRONIC DISEASES

Today's era is the era of urbanisation, modernisation and progressive industrialisation. During the time of Dr Hahnemann, the global prevalence of diseases was not related to these man-made circumstances, but majorly due to outbreaks and epidemics of variolas, influenza, typhoid, cholera, plague and similar diseases which were contagious to mankind. These communicable diseases proved to be the causes of havoc and morbidity in the whole world. With the advancement of human and science, many discoveries in the field of medical science e.g., vaccines, antibiotics, and improvements in communities regarding nutrition, water availability, hygiene, housing, etc. have not only finished the era of communicable diseases but also changed the core of many diseases. In present time, urbanisation is at its peak and its outcome is more problematic to health. It has developed the most difficult disease known to be "pseudo chronic disease". Today, non-communicable diseases are dominating over communicable-diseases. Increased susceptibility to environment change, allergens, pollutants, pathogens and meanwhile fall in immune system to fight these factors is the ultimate result of lifestyle related disease. Adopting the natural ways of treatment and medications especially ho-

moeopathy along with modifications and management in lifestyle, food habits, etc. can prove highly significant in managing pseudo chronic diseases. Homoeopathy, with the help of minimum medications, also helps in overcoming iatrogenic causes of diseases which is one of the emerging factors after life style related problems. Dr CFS Hahnemann, in § 4 of *Organon of Medicine* explains about obstacles and hurdles in the path of cure which are nothing but causes that are maintaining a disease conditions. <sup>[1]</sup> Adequate supportive therapies including supplementation, proper sun exposure and balanced diet not only improves the immune system but also preserves the health.

According to WHO, non-communicable diseases, tend to be of long duration and are combination of genetic, environmental, physiological, and behavioural factors. They are cardiovascular diseases, COPD, diabetes, etc. <sup>[2]</sup> Obesity, in which body mass index (BMI) is increased, is also a type of pseudo-chronic disease.

Hypertension affects more than 30% of population globally, becoming main cause of affecting cardiac health. <sup>[3]</sup> Today, 537 million people are living with diabetes. <sup>[4]</sup> India is now known to be diabetes capital with about 40 million diabetic patients. It is estimated that, in 2025, this figure will be about 70 million. <sup>[9]</sup> Alcohol use disorder is quite prevailing in India with average percentage between 23% to 74% in males, primarily deteriorating mental health. <sup>[5]</sup> Obesity also became a major problem in developed countries while it is preventable. It is estimated that about 39% of adults are overweight and its prevalence among younger people has increased speedily. <sup>[6]</sup>

Pseudo chronic diseases can be removed by modifying habits and lifestyle along with homoeopathic aid. Anti-miasmatic treatment after rectifying pseudo-chronic disease in every specific case is preferred for complete restoration of health. <sup>[1]</sup>

Although there is no specific treatment of pseudo chronic diseases but some homoeopathic medicines are found to be related with factors which predisposes to the development of pseudo chronic diseases. These homoeopathic medicines and their indications are -

Homoeopathic medicines related to Pseudo chronic diseases	
<i>Nux vomica</i>	Patient leads sedentary habits with over mental exertion at his work. there is indulgence in sedatives especially wine and tobacco. a perfect example for modern life.
<i>Ranunculus bulbosus</i>	Chronic effects of alcohol.
<i>Sulphuricum acidum</i>	Helps in treating craving for alcohol.
<i>Natrium sulphuricum</i>	Effective in treating diseases arising due to marshy areas, damp wet houses and basements.
<i>Abrotanum</i>	Indicated in marasmus and malnourishment.

<i>Silicea terra</i>	It promotes assimilation and treats defective nutrition.
<i>Arsenicum album</i>	Ailments from tobacco chewing, alcoholism, etc. with low vitality and great weakness on slightest work.
<i>Cocculus indicus</i>	Long effects of night watching. Sleeplessness
<i>Natrium carbonicum</i>	Mental worries and anxiety, exhaustions and debility in summer. Anaemia
<i>Pulsatilla nigricans</i>	Complaints arises after use of iron tonics, rich and fatty foods, closed room, etc.
<i>Dulcamara</i>	Favourable in complaints arising in damp colds, damp basements, working at damp places, etc.
<i>Alfa alfa</i>	It influences nutrition and causes weight gain. it helps in correcting appetite, so called fat producer.

Several homoeopathic medicines like *Asarum europe-um*, *Agaricus muscarius*, *Phytolacca decandra*, *Opium*, *Belladonna*, *Rhus toxicodendron*, *Sulphur*, *Selenium metallicum*, *Lachesis mutus*, *Sanguinaria canadensis*, *Kalium phosphoricum*, etc.<sup>[7]</sup> are found to be effective in managing pseudo-chronic diseases.

Along with medicinal interference, these false expressions of disease need good and proper diet and regimen, maintenance of hygiene with lifestyle modifications including exercises, meditations and yoga therapies followed by anti-miasmatic treatment on the basis of individualisation.<sup>[1]</sup>

## CONCLUSION

Homoeopathy plays an important role in halting and managing the development of lifestyle diseases. The holistic approach of homoeopathy treats the individual person as a whole thus reviewing all aspects of disease and individual. Complete picture of symptoms has been made and a similar medicine is given with proper counselling of individual.

Over last few years, Pseudo chronic diseases emerged rapidly due to rise in Stress levels, disturbed sleep patterns, indulgence in bad addictions, etc. India is also counted remarkably under the cases suffering from these life style errors. The country showed transition into urbanisation and changes in many diseases due to long term effects of use of anti-biotics and new generation drugs. Now diseases are resistant to drugs and lifestyle is immuno-compromising, thus Pseudo chronic diseases, like epidemic of present era, causing worst case scenarios. These non-communicable diseases affecting not only health but also economy of the nations.

Homoeopathy has gained its greatest rewards both in treating miasmatic as well as non-miasmatic disease, considering the circumstances and obstacles in the path of cure and correcting it accordingly. Homoeopa-

thy now a days preferred as first choice in managing diabetes, hypertension, obesity, alcohol related disorders and other similar preventable illness. Modifications in lifestyle and friendly counselling is the priority in the field thus making the recovery favourable and natural.

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# Pseudo Chronic Disease and its Homoeopathic Perspective

By Dr Kanak Kumar, Dr Nitesh Kumar

## ABSTRACT :

Pseudo chronic disease is the disease of modern world where we are living in a world of pollution of broad spectrum, addictions of innumerable addictable agents, modern living style, devoid of adequate exercise, indulgence adequately in sugar and sodium rich diets, developing a habit of emphasising on junk, chemical-based food stuff, occupational problem and even many more. These above causes contribute largely in the growing population of obese, diabetics, hypertensive, low bone mineral density among the adult mass. Today, humans are living on the tip of the volcano of the health problem. this large disproportion it is immensely needed to stress upon prevention than cure. It is also economically viable India's context. Therefore, massive awareness campaign and counselling campaigning are required to address this pseudo chronic disease related or life style related problem. Homoeopaths can do better in this area.

**Keywords:** pseudo chronic disease, homoeopathy

**Abbreviations:** Proper and routine exercise and dietetic regimen (DASH), body mass index (BMI), diabetes mellitus type 2 (DMT2)

## Introduction

Pseudo chronic diseases are defined as – The unhealthy state of body and mind affected from external stimuli or environment or internal stimuli, for short or long period are disappeared spontaneously under the appropriate mode without the administration of specific drug stimulus<sup>1</sup>. In certain specific level both pharmacological and surgical intervention are required not only to overcome the problem but also to arrest the consequential conditionality's. For example – In case of morbid obesity, with BMI – more than 35+, the patient needs to be further evaluation for DMT<sub>2</sub>, hypothyroidism, increased lipid profile, renal health and surgical intervention like bariatric surgery, liposuction etc. to provide a new lease of life to the patient. Treatment and management are like the two aspects of a same coin. One's existence can never be admitted with the absence of another. Therefore, both are indispensable. Proper and routine exercise and dietetic regimen (DASH) in a case of obstinate hypertension can not only help to reduce the BP but also helps in minimising the scale of the dose already administers for a long time<sup>2</sup>. **APHORISM 77 (ORGANON OF MEDICINE) STATES<sup>1</sup> -**  
“Those diseases are inappropriately named, which

persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or ailments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwelling, who are deprived of exercise or of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry. These states of ill health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and they cannot be called chronic disease”.



## Aphorism "77" of Organon of Medicine: -What it conveys: -

## (Pseudo chronic diseases)

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

**CLINICAL IMPORTANCE OF PSEUDO CHRONIC DISEASE: -**

Until the later part of 20<sup>th</sup> century, the main causes of morbidity and mortality in the entire world have been epidemics of communicable diseases including typhoid, cholera, small pox, diphtheria, influenza, etc. Although some of these diseases remain epidemic in third world countries, industrialisation and progressive modernisation of many communities have resulted in major improvements in housing, sanitation, water supply, nutrition, etc. Discovery and availability of antibiotics as well as vaccines have radically changed the profile of many diseases. But extreme modernisation and rapid urbanisation gave birth to yet another most difficult, long lasting chronic problem known in homoeopathic prevalence "pseudo chronic disease". Today the disease burdens have been shifted from the era of "communicable disease to non-communicable disease". Today, the doctors have to develop a vision to judge a patient from non-communicable disease point of view. It is of high clinical importance. It works as predisposing factors and reduces the immunity of the person there by making them vulnerable, susceptible to allergens, pollutants, infective agents. No bacteria, no pathogen is supposed to enter and implant their foot-hold in the interior of the human anatomy. Therefore, patients are advised to adopt appropriate natural methods of management with natural life style in food

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

## PHILOSOPHY OF PSEUDO CHRONIC DISEASE<sup>4,5</sup>:-

TRUE CHRONIC DISEASES	FALSE (PSEUDO CHRONIC) DISEASES
Caused by chronic miasms.	Caused by multiple of factors which can be corrected by life style modification.  Proper dietetic management.  Avoiding the undesirable.  Adaptation of exercise protocol like – even YOGA therapies.  Environmental impacts.

Pseudo chronic diseases are basically life style related non-communicable diseases. The epidemic of infectious diseases which ruled and rained the world for over 10 decades with innumerable loss of precious human lives in mid-19<sup>th</sup> century to mid-20<sup>th</sup> century were largely been combated with the use of antibiotics of different spectrum. Today, we are living in an epidemic of non-communicable diseases. It is casting a big shadow in the health and economy of our country.

The basic philosophy behind Hahnemannian concept of pseudo chronic diseases since 250 years ago was crystal clear. His concept was basically chronic disease is of true and false in nature. Pseudo chronic diseases though begin with life-style errors but they could lead to irreversible pathological changes if not corrected in time. For example, hypertension

High blood pressure (with or without high cholesterol), excessive alcohol consumption and use of tobacco, junk food, fried and spicy food (High sodium diets – such as wafers, corn flex etc.), obesity and physical inactivity are direct and indirect consequences of modernisation. While these risks and the diseases are highly preventable if taken proper steps otherwise may lead to many terminal illnesses. Cardio-vascular accidents are one example among tip of the ice-berg. Today, almost 30% of the adults of global population are suffering from hypertension.

Hahnemann had advised for a correction of the pseudo chronic disease characters first, and then followed by anti-miasmatic remedy in every individual case.

### CONCLUSION:-

The growing health care consciousness among the people and planners both globally and more specifically in India have also shown its impact. The life expectancy of an average Indian has been systematically, but gradually going up. In 1947, during India's independence days the life expectancy of an average Indian

was merely 50 years (fifty) only. It has gone up to 64.5 years in 2005, 66.5 years in 2010, 67.7 years in 2013 and in 2014 it was 68 years. Japan at present is at the top with 83.6 years in 2014 with 83.3 in 2013. The improved access to health care facilities and nutritional care has largely contributed. The imposition of strict legal measures yet another mile-stone. The various health awareness programmes and vaccines for different infectious diseases have also started reducing the disease burden. Various health care facilities for the world mothers, infants and children have also contributed a lot. Last but not the least, the growing demand for homoeopathic medicines in India and even abroad is an ample testimony of its role in health care delivery system especially in true chronic diseases, our approach to take care of the pseudo chronic related diseases on an individual typology system maintaining our prescription protocols is the take-home message of this assignment.

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# Evidence-Based Case Report Presentation on Primary Infertility due to Haemorrhagic Cyst in Both Ovaries with High Level of Ca-125.

By Dr Jyoti Verma, Dr Namrata Singh, Dr Charu Sehgal, Dr. Sourav Koley



## ABSTRACT :

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved. In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others. However, it is sometimes not possible to explain the causes of infertility.

This is a case where patient present with cramping pain in lower abdomen for the last 2-3 years with menstrual irregularities and with primary infertility. Diagnosed case of bilateral haemorrhagic cyst with high levels of CA-125 treated with individualized homoeopathic medicines. Thus, homoeopathy proves to be effective in treating primary infertility with haemorrhagic cyst and high levels of CA -125 is demonstrated.

**Keywords:** CA-125, endometriosis, haemorrhagic cyst, homoeopathy, miasm, primary infertility.

**Abbreviations:** cancer antigen 125 (CA – 125), sexually transmitted infections (STIs), pelvic inflammatory disease (PID), polycystic ovarian disease (PCOD), ultrasonography (USG), United States Homoeopathic Pharmacopoeia (HPUS)

## Introduction

Primary infertility denotes those patients who have never conceived. In the female reproductive system, infertility may be caused by tubal disorders such as blocked fallopian tubes, which are in turn caused by untreated sexually transmitted infections (STIs) or complications of unsafe abortion, postpartum sepsis or abdominal/pelvic surgery; uterine disorders which could be either inflammatory (such as endometriosis), congenital (such as septate uterus), or benign (such as fibroids); disorders of the ovaries, such as polycystic ovarian syndrome and other follicular disorders and lastly, disorders of the endocrine system causing imbalances of reproductive hormones. (1) The endocrine system includes hypothalamus and the pituitary glands. Examples of common disorders affecting this system include pituitary cancers and hypopituitarism.

Hemorrhagic ovarian cysts usually result from hemorrhage into a corpus luteum or other functional cyst.(2).

In general, hemorrhagic cysts do not have a negative impact on fertility. The only time fertility may become an issue as a result of hemorrhagic ovarian cysts is when cysts develop on both ovaries and both ovaries need to be removed by conventional system of medicine. CA-125 is glycoprotein, which has been used for screening of epithelial (non-mucinous) cancers of ovary.(3) It is not a tumor specific antigen. Other conditions where CA-125 is raised are – Normal women (1%) , carcinomas: breast , lung, colon, endometrium; endometriosis , PID.(3)

Homoeopathic treatment has been proposed as an effective method of aiding recovery from infertility in women due to any cause. A study, conducted at Fr. Muller Homoeopathic Medical College, India showed promising results in patients suffering from infertility due to various causes such as PCOD, chronic PID and endometriosis.(4) A case series by Kalampokas et al showed effective results of homoeopathic treatment on five female infertility patients at Athens, Greece(5).

This is confirmed case of primary infertility with haemorrhagic cyst and high levels of CA -125 which has been successfully treated with homoeopathic intervention.

Homoeopathic remedies are selected by taking into consideration totality of symptoms and based further on individualisation of a particular patient in consultation of repertorial rubric.

#### **Patient identification -**

On 27/07/2019, a graduate female aged 28 years, married since 19 months reported at out patient department, with cramping pain in lower abdomen for last 2-3 yrs with menstrual irregularities which was gradual in onset. The aggravation of pain occurs during menses, in summers, at afternoon and night. She was also not able to conceive for the last 19 months and her associated complaints includes constipated stools at intervals of 2-3 days which was hard in character since last 1-2 yrs. She was also suffering from painful intercourse.

Her menarche approached at the age of 12 years, with regular cycle of duration 5-6 days and average flow. At the age of 14 she suffered from chicken pox which was treated conventionally. The patient also had warty growth over the body and the treatment was through modern medicine excision of growth. She also has history of endometrial cyst & PCOD since few years and also there was history of burn over body a few years back.

#### **FAMILY HISTORY-**

Mother was diabetic and father died due to hypertension

#### **PHYSICAL GENERALS –**

The patient was fair-complexioned with a moderate build. Her tongue was clean, moist, cracked in middle with occasional salivation at night. She was chilly, easily susceptible to take cold with always enlargement of tonsillar glands. She had a satisfactory appetite and a profuse thirst at least 6-7 litres/day at regular intervals. She had a desire for bitter, extra salt, meat. There was aversion to vegetables and intolerance to bread. Her bowel habits include constipated stools at interval of 2-3 days with sensation of contraction of sphincters. She had involuntary urination, unable to hold urine. Her sweat was profuse, over whole body & face, takes white stain on cloth.

#### **MENTAL GENERALS –**

The patient was very sympathetic towards others

sufferings. She usually remained depressed about her disease problem and her family. She does not like any contradiction and easily become angered and violent. She mostly desires to be alone.

#### **CLINICAL FINDINGS –**

Blood pressure was normal. Nothing abnormal was detected. Pulse rate was 74/min; she was afebrile and weighed 64 Kg.

#### **DIAGNOSTIC ASSESSMENT-**

The patient was already a diagnosed case of primary infertility with haemorrhagic cyst and high levels of CA -125. USG report done on 24/10/2018 revealed bilateral haemorrhagic cysts of ovaries. Both the ovaries were enlarged with left measuring 42\* 39.6mm and right measuring 46\* 55.3 mm. There was evidence of solitary cyst in the left ovary measuring 21.6\* 22.3mm. The right ovary revealed 3 cysts measuring 12.6\*14.4mm, 13.0\* 13.3 mm & 15.0\* 13.4mm respectively. (figure 2)

The CA-125 levels as measured on 31/07/2018 were 160.70 U/ml (figure 3)

#### **THERAPEUTIC INTERVENTION -**

Detailed case taking was done as per Hahnemannian guidelines of case taking given in Organon of Medicine followed by analysis and evaluation of the symptoms. <sup>(6)</sup> Totality of symptoms was erected, and repertorisation was done taking into account only the most striking mental generals, physical generals and uncommon particulars using Kent's repertory in RADAR 10.0<sup>(7)</sup>. Repertorisation result is shown in Figure 1. Following symptoms were considered for repertorisation:

The patient was sympathetic towards suffering of others. She had mental depression that pertains to her sufferings and her family. Patient had a history of burn injury by fire in childhood. She prefers to stay alone and dislike any contradiction. Patient prefers to take bitter, extra salt, meat and had an aversion to vegetables and intolerance to bread with profuse thirst. She had an intake of 6-7 litres of water per day. Her tongue was moist, salivated cracked in the middle, with regular salivation at night. Patient suffered from constipation-stool character hard, with sensation of contraction of sphincter. She was unable to hold urine.



## REPERTORISATION :-

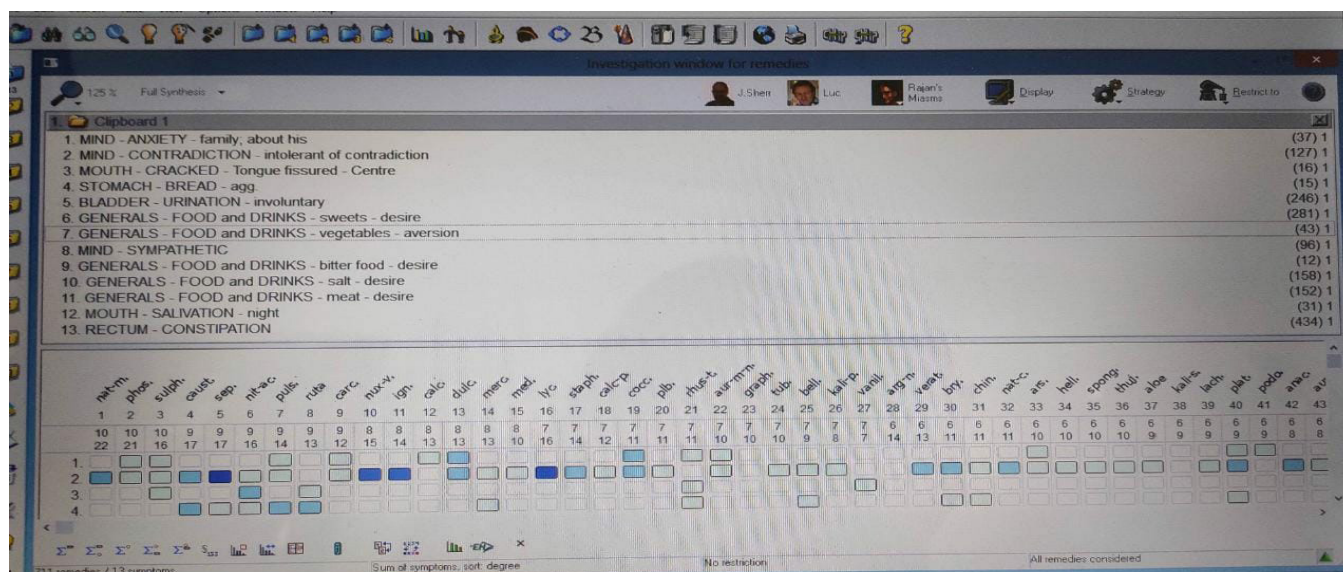


Figure 1- Repertorisation sheet.

After repertorisation, the top medicines were *Natrum muriaticum*, *Phosphorus*, *Sulphur*, *Causticum*, *Sepia*. After carefully analysing the mental and physical generals of patient, considering the repertorial result, and referring back to homoeopathic materia medica, similimum was prescribed. Individualised homoeopathic treatment was started with single dose of *Causticum* (8,9)200 followed by placebo following the law of minimum. Medicine was not repeated as long as the improvement in symptoms of the patient continued. Placebo was continued for further three months.

First prescription (27/07/2019): *Causticum* 200/1 dose was prescribed on the basis of repertorial analysis

**THERAPEUTIC INTERVENTION, FOLLOW UP AND OUTCOMES :** Followup of the patient was as-

essed regularly as required. Datewise detailed follow-ups with result are summarised in Table 1.

*CAUSTICUM* 0/6 to *CAUSTICUM* 0/14 potency repeated in 2-nd cup was used throughout her pregnancy and her subsequent follows up with marked improvement in her complaints. There was no recurrence of the symptoms and the patient kept improving further.

The final outcome and possible causal attribution of the changes in this case were assessed using the 'Modified Naranjo Criteria' as proposed by the HPUS Clinical data Working Group (December 2015) [Table 2]. The total score of outcomes as per the Modified Naranjo Criteria was 10, which was close to the maximum score of 13. This explicitly shows the positive causal attribution of the individualised homoeopathic treatment towards this case of infertility.

TABLE 1 – Prescription and follow-ups.

Date	Observation and assessment of the patient during treatment	Prescription
07/11/2019	Patient Better, pain in lower abdomen less than before & bleeding now better than before. Stool regular. less than before. Dyspareunia better than before but as CA-125 remain higher, decided to 50-millisemal scale.	<i>CAUSTICUM</i> - 0/1 14 doses, to be taken alternate days for 28 DAYS

14/12/2019	Patient Better, pain in lower abdomen less than before & bleeding now better than before. Stool regular. less than before. Dyspareunia better than before.	CAUSTICUM -0/2 14 DOSES . alternate days for 28 DAYS
10.01.2020	Patient mentally & physically Better, pain in lower abdomen less than before & bleeding now better than before.	CAUSTICUM-0/3 14 DOSES . alternate days for 28 DAYS
29/01/2020	Patient better as a whole. Pregnancy test becomes positive. pain in lower abdomen less than before & bleeding now better than before.	CAUSTICUM -0/4 14 DOSES. alternate days for 28 DAYS
03.03.2020	Pt. is better; Pregnancy test becomes positive on 22/02/2020	CAUSTICUM- 0/5 14 DOSES, alternate days for 28 DAYS

TABLE 2: Modified Naranjo criteria

S.NO.	DOMAIN	YES	NO	NOT
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		
3.	Was there a homoeopathic aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)?	+1		
5.	Did overall wellbeing improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+2		
6A.	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B.	Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms:  From organs of more importance to those of less importance?  From deeper to more superficial aspects of the individual?  From the top downwards?			0
7.	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8.	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		0	

9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
	TOTAL SCORE	10		

## RESULT AND DISCUSSION-

Bilateral hemorrhagic cyst of ovary is a common entity nowadays. It usually causes disruption of ovarian function including stoppage of normal ovulation along with disturbed and imbalanced hormonal function. In women of reproductive age, it can lead to permanent infertility. But despite of being a common condition, treatment aspects are usually limited; surgery being the optimal and the commonest approach to it. However, surgery takes a toll on the patient's physical, mental as well as economic well-being. Also, treatment failures are relatively common and symptoms might persist even after medication/ surgery.<sup>(10)</sup> The associated infertility can disrupt the social and mental well-being of the patient and might become the stigma of her life, especially in Indian scenario. Homoeopathy, on the other hand is found to be effective in providing non-invasive, gentle and permanent cure in these cases and has also been successful in aiding conception as has been found in various studies conducted with different approaches. A study conducted by Lobo A, D'cunha P and Lobo B showed successful results in 27 out of 40 cases suffering from infertility.<sup>(4)</sup> Similar successful results were presented in two different case series by Kalampokas T et al and Rajachandrasekar B, Sunny A respectively<sup>(5,11)</sup>. Two different case reports by Dharne S, Sanchita D, Bhms E, Haryana I and Parveen B, Bhaumik H also presented successful treatment of infertility by homoeopathic medicines<sup>(12,13)</sup>.

The present case report also demonstrates a case of Bilateral hemorrhagic cyst of ovary with increased levels of tumor marker CA-125. The patient was advised to undergo chemotherapy or bilateral oophorectomy. Despaired by the paucity of treatment options under modern medicine which benefits her without crippling her ovaries or can provide her a chance to conceive and having a healthy physical, mental and social life, patient consulted for homoeopathic treatment. After thorough case taking and analysis, *Causticum* was selected as simillimum, taking into consideration the multi-miasmatic nature of the medicine. It was prescribed in 50- millesimal potency. After *Causticum*-0/4, patient conceived for the first time in February 2020 and throughout her pregnancy *Causticum* in 50-millse-mal scale was continued, without any adverse event. She delivered her first daughter in October 2020. In June 2021, patient conceived for second time, but unfortunately, it was aborted. Patient was under continu-

ous treatment. She again conceived in march 2022. CA-125 was reassessed on 04/04/2022 (figure 4) which was 90 units, even during pregnancy in contrast to 160 units as measured previously on 31/07/2018 without pregnancy.

So, the outcome of interest, in this case is the successful treatment of infertility with bilateral hemorrhagic cyst (endometriosis of ovary) with reduction in the biochemical tumor marker CA-125 with homoeopathic medicine. This case reports provide valuable hints to the efficacy of homoeopathic medicine in the treatment of infertility associated with endometriosis.

As this is the only a single case, further researches are warranted to establish the effectiveness of individual-istic homoeopathic medicines in treatment of primary infertility due to endometriosis of ovary with high CA-125 LEVEL.

## CONCLUSION-

Constitutional homoeopathic treatment provided successful aid in overcoming infertility to a patient who was advised bilateral oophorectomy for her underlying condition which would have barred her from the chances of conception forever. This case report is another evidence in support of the effectiveness of homoeopathic treatment based on constitutional analysis of the patient in cases of infertility due to underlying pathological causes. The promising results in this case present before us new horizon of research in field of homoeopathy.

## PATIENT CONSENT-

In this case study patient consent was taken for publication of case and reports.

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## APPENDICES

Ph. : [REDACTED]

Age : 28y Sex : F Date : 24/10/17

**ULTRASOUND LOWER ABDOMEN**

Uterus is anteverted/retroverted/retroflexed with normal size/bulky.....

Its myometrial texture is normal/abnormal.....

Endometrial thickness is 3.6 mm.

Ovarian / Adenexal regions are normal / abnormal .....

Pouch of Douglas .....mm.....

Urinary bladder is normal / abnormal .....

**IMPRESSION :** Bilateral follicular haemorrhagic cysts.

Both the ovaries are enlarged. LO: 42 x 39.6 mm AO: 46 x 55.3 mm.

Cystic area of 21.6 x 22.3 mm with internal echogenicity in left ovary & 12.6 x 14.4 mm & 13.0 x 13.3 mm of periantral echogenicity in right ovary.

hi

Consultant Ultrasonologist



**PATIENT'S NAME** [REDACTED]  
**AGE/SEX** 27 YRS. FEMALE  
**DATE** 22 FEB 2019  
**REF. BY** [REDACTED]

**USG FOLLICULAR STUDY**

**Report:**

- Uterus is anteverted, anteflexed & normal in size.
- Myometrium is homogenous in nature. No focal lesion seen.
- Endometrial cavity is empty.
- Right adnexa shows a para ovarian cyst measuring 20x15 mm

**LMP:- 14/APRIL/2019**

Date	Day of Cycle	Right ovary (follicle)	Left ovary (dominant follicle)	Endometrial thickness	Free fluid in POD	Sign
22/04	D9	16X14 mm	13x11 mm 13x10 mm	6.9 mm	-	AB
24/04	D11	17x14 mm	17x12 mm 14x12 mm	9.4 mm	-	AB
25/04	D12	18x18 mm	23x14 mm 18x14 mm	10 mm	-	AB
26/04	D13	19x18 mm	25x20 mm 24x16 mm	13 mm	-	AB
27/04	D14	20x19 mm	Rupture	15 mm	Free fluid + RFL	AB

Sup:- P/O Ovulation

1 AB  
27/04/19

Get your note for  
 UK Sabha E-mission on 12th May 2019  
 City  
 ROIDE North-West (P: 05)

Figure 2- USG lower abdomen.

**LABORATORY INVESTIGATION REPORT**

**Patient Name** [REDACTED] **Location** [REDACTED]  
**Age/Sex** : 27 Year(s)/Female **IP No / Bed No** :  
**MaxId** [REDACTED] **Order Date / Collection Date** : 31/07/2018 / 31/07/2018 11:37 PM  
**Ref. Doctor** [REDACTED] **Report Date** : 31/07/2018

Parameter	Result	Unit	Reference Range
CA - 125 (Ovarian Cancer Marker), Serum			
CA - 125 Ovarian Cancer Marker	160.70	U/ml	< 35
Anti Mullerian Hormone, Serum			
Anti Mullerian Hormone	1.83	ng/mL	

**Ref. Ranges**

**Adult Females**

Age Range (in years)	Reference Range
18 - 25	0.96 - 13.34
26 - 30	0.17 - 7.37
31 - 35	0.07 - 7.35
36 - 40	0.03 - 7.15
41 - 45	0.00 - 3.27
>= 46	0.00 - 1.15

**Adult Males**

> 18 years	0.73 - 16.05
------------	--------------

**Pediatric Group**

Males <= 60 days	15.11 - 266.59
Females <= 60 days	0.01 - 3.39

Note :- Optimal ovarian reserve values range between 2 - 6 ng/mL in reproductive age group

Figure 3 : CA-125 Report showing high value.

Name	[REDACTED]			Collected	4/4/2022 1:23:06PM
Lab No.	159088433	Age: 30 Years	Gender: Female	Received	4/4/2022 1:43:16PM
A/c Status	P	Ref By: SELF		Reported	4/4/2022 3:11:28PM
				Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
CA 125; OVARIAN CANCER MARKER, SERUM* (CMIA)	90.60	U/mL	<35.00

## Note

1. This test is not recommended to screen Ovarian cancer in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Ovarian cancer may show normal pre-treatment CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

## Clinical Use

- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of  $\leq 65$  U/mL is associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with Invasive epithelial ovarian cancer
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Figure 4 : CA-125 showing lowered value.

<b>OBSTETRIC HISTORY</b>				Parity <u>G8P4U0</u> L.M.P. <u>24/2/22</u> D.D. <u>01/12/22</u>				
No. of Preg.	Year of Preg.	Antenatal Complication	Duration of Pregnancy	Mode of Delivery	Delivery concluded by & Place of Delivery	Complication during Labour	Complication in Puerperium	Sex & Wt. of the Baby
0, 1, 2	15/4/2022	None	38w	Maximaline	Maximaline			
1, 2	18/04/2022	None	38w	Maximaline	Maximaline			
<b>GENERAL PHYSICAL EXAM</b>								
Ht. (in cms)				Pulse <u>74</u> UPT <u>SELF</u>				
System Examination				CVS				
Resp. System								
<b>Investigations</b> Date: <u>4/4/22</u>								
Hb gm%				TSH	UIU/ML			
U	Albumin				HIV < I			
R	Sugar				Hbs Ag			
I	M/E				VDRL			
N				Blood group & Rh typing	Blood Sugar - Random mg%			
E								
<b>DATE</b>				<b>Ultrasound Findings</b>				
24/4/22				USG WAUOBLY 11mm				
04/5/22				ATNBBP 8mm				
09/7/22				hwt				
				<div style="text-align: right;">             DMC No. 2548            Phase-I, DMC-1, DMC-2            MBBS DGO (LHMC)         </div>				

Figure 5- Prescription of obstrectician follow up of her 3-rd pregnancy.

# Psoriasis: A Case Report

By Dr Purnima Singh, Dr Anshita Khare

## ABSTRACT :

### INTRODUCTION

Psoriasis is a common, immune mediated, inflammatory disease characterised by skin inflammation, epidermal hyperplasia, and increased risk of a painful and destructive arthritis as well as cardiovascular anomaly and psychosocial affections. Psoriasis is not life threatening but it's affects one's daily life and confidence. Here is a case report of chronic plaque psoriasis all over of body which is wholly treated by homoeopathic individualised medicine.

**Keywords:** Psoriasis, homoeopathy, individualisation, homoeopathic medicine, *autoimmunity*

**Abbreviations:** antigen presenting cells - vascular endothelial growth factor - keratinocyte growth factor - granulocyte macrophage colony stimulating factor – tumour necrosis factor - epidermal growth factor - interleukin

### Introduction

Plaque psoriasis (psoriasis vulgaris) is a long-lasting (chronic) autoimmune disease that causes cells to reproduce very quickly. It causes thick, scaly patches called plaques on skin. About 80 to 90 percent of people living with psoriasis experience plaque psoriasis. [1]

### PATHOGENESIS AND AETIOLOGY

Various factors which have been seen play a key role in the pathogenesis are T cells, antigen presenting cells (APC's), keratinocytes, Langerhans' cells, macrophages, natural killer cells, an array of Th1 type cytokines, certain growth factors like vascular endothelial growth factor (VEGF), keratinocyte growth factor (KGF), and others. Lesion of psoriasis is due to hyper proliferation of keratinocytes [2]

### TYPES

There are several types of psoriasis, including [3,4,5]

- **Plaque psoriasis:** Plaque psoriasis is the most common type of psoriasis. About 80% to 90% of people with psoriasis have plaque psoriasis.
- **Inverse psoriasis:** This type appears in skin folds. It causes thin plaques without scales.
- **Guttate psoriasis:** Guttate psoriasis may appear after a sore throat caused by a *streptococcal infection*. It has small, red, drop-shaped scaly spots and often affects children and young adults.
- **Pustular psoriasis:** Pustular psoriasis has small,

pusfilled bumps on top of plaques.

- **Erythrodermic psoriasis:** This is a severe type of psoriasis that affects a large area (more than 90%) of skin. It causes widespread skin discoloration and skin shedding.
- **Sebopsoriasis:** appears on face and scalp as bumps and plaques with a greasy, yellow scale. This is a in between psoriasis and seborrhoeic dermatitis.
- **Nail psoriasis:** skin discolouration, pitting and changes to fingernails and toe nails.

The antigen stimulate activation to the conversion of naïve T-cells into an antigen specific cell, which develop into a memory cell circulating in the body. After the activation of T cells, a cascade of cytokines as GM-CSF (granulocyte macrophage colony stimulating factor), EGF, IL1, IL-6, IL-8, IL-12, IL-17, IL-23, Fractalkine, TNF- $\alpha$  etc. are secreted by the activated T Cells. Due to these cytokines, there is keratinocyte proliferation, neutrophil migration, potentiation of Th-1 type response, angiogenesis, up-regulation of adhesion molecule and epidermal hyperplasia. [4,5,6]

We still lack treatment of psoriasis in conventional mode of medical science but we are fortunate to have this cost effective and modern mode of treatment called Homoeopathic treatment which has shown successful treatment of psoriasis through individualisation.

## CASE REPORT

**Ms. M,** 18 year old college going girl presented to out patient department with recurrent rashes alongwith much irritation and itching over her trunk , foot and arms for years. .

She was treated by allopathic medicines for it but was not cured only temporarily relieved while taking medicines. She was become so hopeless that she didn't want to go for any further treatment to any doctor. She was brought forcefully by her parents.

## HISTORY

**Ms. M,** has history of typhoid fever 3 year back. She denied any other illness, dermatological problems, allergies, abuse of any medicine, and surgery, stress, use of alcohol, smoke or any stimulant. She denied any use

herbal treatment earlier. She did not find to have any recognisable cause of her problems, as she denied to have any problems caused due to new food habit, or anything edible was allergic to her, no allergy to cleaning products, etc. She had no recent family history of skin problems.

She was a college going girl so no industrial hazard could be identified to this cause. She had a family history of rheumatism to her father and mother.

## PHYSICAL EXAMINATION

**Ms. M** was physically active, with many small plaques over neck, ear, abdominal region and large plaque over hand and foot. Scales were dry, no exudation but with much itching and redness on scraping. Sweating aggravated the condition. Sometimes bled but it was rare.



## MENTAL GENERALS-

- Mild, diligent
- Less talkative
- Religious, have faith and satisfied what she has.
- Sympathetic to others
- Did not want to share much as was exhausted by her disease
- Was not positive about its response.
- Fear of disease.
- No anxiety shown of her disease (but I observe it was her long lasting complaint that she became hopeless of).
- Company of her family and friends only.

- Contradiction caused her sad and weepy

## DIAGNOSIS

To diagnose psoriasis, examination of skin, scalp, and nails for signs of the condition were done. The few questions about her health and history were done such as; if she had;<sup>[7]</sup>

- Experienced symptoms such as itchy or burning skin.
- Had a recent illness or experienced severe stress in these few months or year.
- Taken certain medicines or not.
- Had relatives with the same or similar diseases.
- Experienced joint tenderness or any other orthopaedic condition.



## Case Study

### TREATMENT

By taking rubric 'psoriasis' with these mental symptoms, after individualising her case, and 2 medicines in 1 grade *Syphilinum* and *Mercurius solubilis* with syphilitic [8,9] miasm were ruled out, as observed through conversations as she was becoming more in

MIND			
1 MIND - APATHY			✕
2 MIND - FEAR - night - lie in bed; cannot			✕
3 MIND - HOPELESS			✕
4 MIND - INDIFFERENCE			✕
FEMALE GENITALIA/SEX			
5 FEMALE GENITALIA/SEX night			✕
SKIN			
6 SKIN - ERUPTIONS - chronic			✕
7 SKIN - ERUPTIONS - psoriasis			✕

6 SKIN - ERUPTIONS - chronic			
			✕
7 SKIN - ERUPTIONS - psoriasis			
			✕
Remedies	ΣSym	ΣDeg	Symptoms
syph.	5	7	2, 4, 5, 6
merc.	3	7	4, 5, 7
carb-v.	3	6	4, 5, 7
nat-m.	3	6	4, 5, 7
sulph.	3	6	4, 5, 7
alum.	3	5	4, 5, 7
nit-ac.	3	5	4, 5, 7
rhus-t.	3	5	2, 4, 7
caust.	3	4	4, 5, 7
ambr.	3	3	4, 5, 7

### Prescription

SYPHILLINUM 1M single dose was prescribed. She was back after 1 month with not much improvement.

### FOLLOW UPS

During 1<sup>st</sup> follow-up, she was given second 1<sup>st</sup> grade of medicine *Mercurius solubilis* 200/2 doses which was found to have soothing effect on symptoms. It was not repeated till 2



Months. After 2 months, she was given *Mercurius solubilis* 1M single dose to complete the treatment, but symptoms aggravated showing Mercury abuse.

In the next follow up, she was prescribed a single dose of *Mezereum* 200 [8,9,10] to cancel the effect of excess of *Mercurius solubilis*. Until now, she was on placebo only. And it had only slight discolouration remaining on neck and body. No scales and no itching was found. She was much relieved in mental symptoms towards positivity. She was more confident now.

## CONCLUSION

The above case changed the view point about homoeopathy as a tool to serve to suffered humanity and to cure them as a whole. Individualised homoeopathic medicine is known to have made autoimmune disease like psoriasis to be cured and provide humanity the best possible mode of treatment to treat such autoimmune diseases with ease.



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# A Case of Hypothyroidism

By Dr Priyanka Debnath, Dr Ashish Biswas

## ABSTRACT :

Thyroid disorder is the commonest endocrine disorder and hypothyroidism is one of the commonly seen diseases now a days which has been listed under code E00-E04 according to ICD classification. Women have 4-8 times higher risk than male. However, the clinical features depend on the duration and the severity of the disease. In this case, treated with *Natrum iodatum*, both subjective symptoms and thyroid profile were assessed post treatment. This case shows the usefulness of medicine on subjective and pathological parameters.

**Keywords:** hypothyroidism, *Natrum iodatum*, individualisation

**Abbreviations:** ICD – International Classification of Diseases, T3 – triiodothyronine, T4 – thyroxine, TSH – thyroid stimulating hormone, HTN - hypertension

## Introduction

Worldwide about a billion people are estimated to be iodine deficient; however, it is unknown how often this results in hypothyroidism. Subclinical hypothyroidism is a common problem with prevalence of 3% - 8% in population without known thyroid diseases.<sup>i</sup> The disease is common among women than men. The female: male ratio is approximately 6:1. Hypothyroidism is diagnosed in approximately 1% to 2% of pregnant women and 2.5% are found to have subclinical hypothyroidism.<sup>ii</sup>

### Case report:

A female aged 30 years of average height and moderate built attended outpatient department with complaints of slowly gain weight and scanty menstrual flow for last one year with lethargy and hair fall. No other major complaints were stated by the patient.

It was a known case of hypothyroidism as the patient was already under treatment of allopathic doctor with thyroid profile report showing T3 1.06 ng/ml, T4 6.80 ug/dl and TSH

18.46 uIU/ml. She was advised to take levothyroine 50 mcg once daily for 3 months but after that there was not any significant improvement observed by the patient. So again, she was advised same medicine with increasing dose as 75 mcg once daily for next 3 months. After 1 month of treatment as there was no symptomatic relief, the patient came to us for homoeopathic treatment.

Patient was polite gentle, mild in nature through little bit anxious about her hair fall. She wants to remain

alone and angry at trifle which is aggravated by consolation. She had silent grief due to 2 repeated abortions in past 2 years. Her appetite was increased, also cannot tolerate hunger and has desire for meat, chillies with moderate thirst and slightly white coated moist tongue. Urine was satisfactory with moderate frequency per day and bowel movement also regular. Her LMP was 15/04/2018 and had very scanty flow with 8-9 days duration with regular cycle. Moderate perspiration on exertion and sleep also sound with no dreams. Patient was hot and couldn't tolerate sun heat.

Patient had history of two repeated abortion 2 years back, and in family, father was suffering from HTN. She was a housewife and belongs to middle income group has habit of taking tea 2-3

times a day. On systemic and local examination, no specific abnormality observed and her height and weight is 5'2", 64 kgs respectively.

### Case analysis:

In this case, after considering all sign and symptoms with repertorisation, *Natrum muriaticum* 1M one dose was given but there was no significant changes patient observed after giving sufficient time to act of the medicine. So, the case was further analysed and she was prescribed *Natrum iodatum* 1M/1 dose.

## Repertorisation:

	nat-m.	salph.	nux-v.	phos.	sep.	lyc.	staph.	aur.	bell.	puls.	con.	ign.	chin.	ars.	sil.	acon.	plat.	kali-s.	verat.	carb.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
12	12	12	12	12	11	11	11	11	10	10	10	10	10	10	10	10	10	10	10	10
29	24	21	21	21	19	18	17	16	23	19	19	18	17	16	15	15	14	13	12	12
1. Clipboard 1																				
1. MIND - CONSOLATION - ... (81) 1	4	1	1	2	4	1	1	1	2		1	3	1	2	3	1	2	1		2
2. FEMALE GENITALIA/SEX - ... (285) 1	3	3	2	3	3	2	2	2	1	3	3	2	1	2	2	1	2	2	1	1
3. GENERALS - HISTORY; pe... (10) 1					1															
4. GENERALS - FOOD and D... (180) 1	1	3	2	3	1	1	1	1		2	1		3	1		1		1	1	2
5. MIND - GRIEF - silent (72) 1	3	1	1	1	1	1	1	2	1	2		3							1	1
6. MIND - COMPANY - avers... (465) 1	4	2	3	1	3	2	3	2	2	2	3	2	1	1	1	2	1	1	1	1
7. MIND - ANGER - trifles; at (137) 1	2	1	2	1	1	1	2	1	1		2		1	2	1	2	2	1	1	1
8. GENERALS - HEAT - sens... (347) 1	3	3	2	2	1	3	1	2	1	3	3	1	1	1	3	3	2	3	2	1
9. STOMACH - APPETITE - i... (544) 1	3	3	3	3	2	3	2	2	2	3	2	2	3	3	2	2	1	2	3	1
10. GENERALS - LIGHT; fro... (52) 1	1	2	1	1					1	2	2	2	2	1	1	1	1		1	
11. GENERALS - FOOD and ... (258) 1	1	2	2	1	1	1	2	1	1	1		1			1		1	1	1	1
12. STOMACH - THIRSTLESS (270) 1	1	1	1	1	2	2	2	1	2	3	2	1	3	2	1	1	1	1	1	1
13. GENERALS - OBESITY (246) 1	3	2	1	2	1	2	1	2	2	1	1	1	2	1	2	1	1	1	1	1

13 symptom(s) / 1003 remedies      Sum of symptoms (sorted degrees)      No limitation      All remedies

## Repertorial sheet after repertorisationiii

The patient treatment and follow up of the case mentioned in the table:

Date	Indications for prescription	Medicine with doses, repetition
	No change of complaint. Also advised for moderate exercise daily for 20-30 minutes.	Saccharum lactis for 20 days and reduce dose by half the Levothyroine 75 mcg/day
	LMP- 17/06/2018; There is slight improvement of flow and duration was 7-8 days. No other significant changes and new complaints found	Saccharum lactis for 20 days and reduce dose by 1/3 <sup>rd</sup> of Levothyronine 75 mcg/day
	No significant changes were observed (She took on 11/08/2018, because medicine was not available)	Natrum iodatum 1M/ 1 dose followed by Saccharum lactis for 20 days. Reduce dose by 1/3 <sup>rd</sup> of Levothyronine 25 mcg/day
	Flow increase by quantity and duration 7- 8 days. Weight became 62 kgs but hair fall still persist as before.	Saccharum lactis for 1 month and Reduce dose by 1/3 <sup>rd</sup> of Levothyronine 25 mcg/day



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# Cough

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### Indications:

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

### Composition:

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

**Dosage:** Adults & >12years old - 2 teaspoons, 3 times a day

Children <12years old - 1 teaspoon, 3 times a day or as prescribed by the physician.

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SEDATIVE



**Pack sizes available:**

60ml | 100ml | 200ml | 500ml



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# Broncholite

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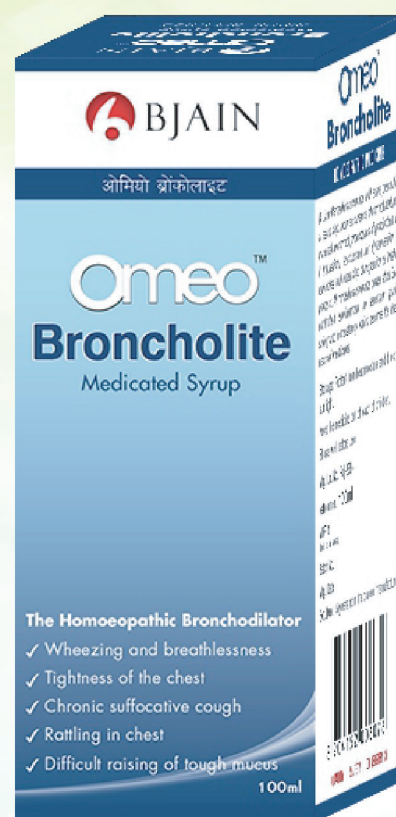
## Indications:

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.
In syrup base		

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



**Pack sizes available:**

60ml | 100ml | 200ml | 500ml

**Quality | Safety | Consistency**

Information for registered medical practitioner only

	LMP- 16/10/2019.Flow increased by quantity and duration also decrease by 5-6 days. There was also moderate improvement in hair fall. Advised for thyroid profile test.	Saccharum lactis for 1 month and Reduce dose by 1/3 <sup>rd</sup> of Levothyronine 25 mcg/day
	Thyroid profile done on 27/10/2018, show there is marked improvement in all parameters.  Weight is 60 kgs. Hair fall still moderate.	Saccharum lactis for 1 month and stop Levothyronine
	No new complaint. Patient is doing well and advised her to attain opd if any complaint recurs or for any acute illness	Saccharum lactis for 1 month
	Patient is doing well and fair fall and menstrual complaints also better	Saccharum lactis for 1 month

## Discussion and conclusion:

The patient was presented with hypothyroidism with hair fall, weight gain and scanty menses. Though she was first prescribed Natrum muriaticum after repertorisation but showed no improvement. So, after further analysis, it was found that patient had good appetite and hot patient, also hypothyroidism means glandular affection. As it is known, Natrum muriaticum has significant action in hypothyroidism but here this case not entirely simillimum to the Natrum muriaticum. Some significant points cover Iodium also, so the concept of Dr JT Kent was applied, as mentioned under the drug Ferrum phosphoricum, 'it could not be less than Ferrum and Phosphoric acid that form it'. The most noticeable features are anaemia and chlorosis (like Ferrum). The general physical anxiety is more like Phosphoric acid. All combine to give us a remedy broad and deep acting.<sup>iv</sup> Natrum iodatum was given because the case was showing some significant symptoms of Natrum muriaticum and some symptoms of Iodium. After starting Natrum iodatum, there was improvement of the patient also found significant changes in all thyroid parameters. Thus, all the above points went in favour of medicinal effect in resolution of hypothyroidism.

## Declaration of the patient consent:

The author declares that she has obtained a written informed consent from the patient. In the form, the patient has given written consent for her clinical information to be reported in the journal.

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# An Individualistic Homoeopathic Approach in Cases of Urinary Calculosis- Case Report

By Dr Torsa Das

## ABSTRACT :

Renal stones which are formed within kidneys are called nephrolithiasis, in other way round urolithiasis is a clinical condition in which stones exit through the renal pelvis and move into remaining urinary collecting system, which includes ureters, bladder and urethra. These are very common, clinical conditions affecting the urinary system. Disease co-relates with an increased risk of chronic kidney disease (CKD), that may end up mostly with end stage renal failure and sometimes other systemic diseases like hypertension, diabetes. According to patient's clinical presentation, both conservative medical therapies and surgical interventions are considered, but they are proving to be quite expensive, accompanying with increased chances of stone recurrences and complications. Here, a case of nephrolithiasis combined with urolithiasis is being presented, where trans-abdominal USG of whole abdomen showed complete dissolution of renal stones and ureteric stone after treatment for 1 month demonstrating positive role of individualistic homoeopathic treatment in urinary calculinosis. Possible causal attribution of changes was depicted by modified Naranjo criteria.

**Keywords:** nephrolithiasis, urolithiasis, homoeopathy, individualisation, *Lycopodium clavatum*.

**Abbreviations:** chronic kidney disease (CKD), ultrasonography (USG), outpatient department (OPD)

## Introduction

Urinary calculosis is typically classified based on morphology of stone formation, viz. nephrolithiasis (stone is formed within kidney); urolithiasis (stone exits through the renal pelvis and move into remaining urinary collecting system); ureterolithiasis (stone is formed within ureter), cystolithiasis (stone is formed within bladder) [1-5]. Around 12% of world population are suffering from nephrolithiasis. Most of the stones preliminarily composed of calcium oxalate or calcium phosphate, other than these, uric acid stone, struvite stone and cystine stones are also frequently found. Common risk factors for stone formation includes poor oral fluid intake, high animal protein diet, high oxalate containing food intake, high salt intake, supersaturation of stone-forming constituents[3,4,6,7] like calcium, phosphorus, uric acid, oxalate, cystine and low urine volume are the risk factor for crystallization, apart from that multiple risk factors also influence nephrolithiasis like, personal history of prior kidney stone increases further chances of stone formation by 15% within first year and 50% within next 10 years[1,2]; history of diabetes, gout, hypertension, recurrent urinary tract infection (UTI); a family history of nephrolithiasis itself increases the

risk by 2.5 times[1,2]. Research showed that it was also related to an increased risk of several comorbidities, such as coronary heart disease, stroke, renal cell carcinoma and end stage renal disease[6-8] and also associated with hypertension, obesity, diabetes mellitus and even in prediabetes.[7] The disease affects male two times more than female, with a peak incidence at 30 years of age, whereas woman have a bimodal age distribution, with peaks at 35 and 55 years.[8] Patients having urinary calculosis are sometimes asymptomatic when size of the stone(s) is less than 5 mm diameter, but the commonest symptom is acute dull or colicky or sometimes severe sharp cutting pain in affected renal region radiating towards groin, that mainly happens when stone(s) greater than 5mm diameter begins to descend through ureter. Stone(s) within (5-7) mm diameter have a 50% chance to passage through urine, but stone(s) more than 7mm diameter commonly requires surgical interventions [1,2,5,10]. Pain is often associated with Nausea vomiting. Other symptoms like fever, chills or feature of shock if it becomes infected. Sometimes obstruction can occur, that may lead to hydronephrosis or even may leads to pyelonephritis in extreme cases, which may need emergency surgical decompression. This case reported as per HOM CASE CARE guidelines [29] reveals a scope of individualised



homoeopathic treatment in such conditions.

**Patient information:** Mrs. XY., aged 25years, moderate built, BMI-22.5 kg/m<sup>2</sup>, self-employed, middle socio-economic class, visited an outpatient department (OPD) of a Govt. medical college of New Delhi on 25/8/2022 complaining of bilateral dull aching pain and discomfort in flank, but mainly in right side, sometimes radiating downwards toward groin, both onset and declining period of pain was gradual and continuing for last two months. She was nulliparous, having a history of right sided lymphadenopathy in childhood and focal vitiligo in right wrist for last two years and she having a family history of pulmonary tuberculosis and epilepsy. Trans-abdominal USG of whole abdomen on 16/8/2022 revealed right distal ureteric calculus, measuring 8.4mm with moderate hydroureteronephrosis, and bilateral renal calculi, 4.5 mm at upper pole of right kidney and 4.4 mm at upper pole of left kidney [Figure 1]. She took allopathic treatment for dull aching pain in bilateral flank for one month without any improvement and after she got diagnosed with urinary calculosis, she was unwilling for surgery, she eventually opted for homoeopathic treatment.

**Homoeopathic generalities-** she was anxious, irritable, can't tolerate minimum contradiction, aversion to being approached, but had fear of being alone. She was arrogant, she was a headstrong person. She was thermally chilly patient, she had profuse thirst, desire for sweet, sour, warm drinks. She had no such aversions. She had profuse perspiration without any particular odour. She reported normal bladder habits, but she had insufficient, incomplete, unsatisfactory bowel habit. She had regular monthly menstrual cycle, lasted for 4 -5 days. After detailed case taking analysis and evaluation of symptoms following symptoms were considered for repertorisation [figure- 2]:

- Arrogant
- Headstrong
- Cannot tolerate least contradiction
- Aversion to being approached
- Fear of being alone
- Chilly patient
- Profuse thirst
- Desires sweet
- Desires sour
- Desires warm drinks
- Profuse perspiration
- Stool insufficient, incomplete, unsatisfactory
- Aching pain in back mainly right side.

only difference between him and Hahnemann was that Autenrieth attributed diseases resulting from dislodging of itch wrongly to salves (Ointments), but he being an allopath advocated the removal of itch by silver sulphur and soft soap which was equally not good.

Dr Richard Haehl writes about Autenrieth in his biography of Hahnemann:

"From frequent observations, Hahnemann had discovered that chronic maladies, which would not completely yield to the usual homoeopathic remedies had some connection with a "previous outbreak of psora."

Itch, a skin disease caused by the itch insect was then of far greater importance than nowadays. It was extraordinarily widespread among the common people. Although external treatment with salves, etc. often disposed very quickly of the external symptoms, all kinds of obstinate evils would follow in its train and these often could not be subdued for years. Hahnemann was not alone in his view of the connection between chronic maladies and "expelled itch ". Two decades before the appearance of his "Chronic Diseases," Autenrieth, had referred to this ("Tübinger Blätter für Naturwissenschaft und Arzneikunde," Vol. II, 2nd Part). Of Autenrieth's observations Hahnemann says:

When I was compiling my first edition of "Chronic Diseases," I did not know of Autenrieth's experiments in practical therapy in the clinics of Tübingen in 1808. But what he says about the diseases after the local expulsion of itch is, as I then saw, merely a confirmation of what I had already found in a hundred other writers. He, also, has noticed many diseases resulting from this external dislodgment of itch—ulcers of the foot, phthisis, hysterical chlorosis with various menstrual complications, white swelling of the knees, dropsy of the joints, epilepsy, amaurosis with discolouration of the cornea, glaucoma with gutta serena, mental disturbances, paralysis, strokes curvature of the neck, etc, all of these he attributes (quite wrongly) to the salves. But his own slow method of local dislodgment (which

*continued on page.....89*

Repertorisation Sheet - Homopath WildfireIHMS LAN																
Physician Name : Dr. CHMCH																
Patient Name :																
Reg. No. :																
Date : 16/08/2022																
Remedy	Lyc	Sulph	Ars	Calc	Arg-n	Kali-c	Nux-v	Bry	Chin	Phos	Merc	Kali-p	Caust	Sep	Sil	
<b>Totality</b>	<b>26</b>	<b>21</b>	<b>21</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	
<b>Symptoms Covered</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>5</b>	
[Kent ] [Mind] Haughty:	3	3	0	0	0	0	1	0	1	1	1	0	2	0	0	
[Kent ] [Mind] Obstinate:	1	2	2	3	3	2	3	1	2	1	1	2	1	0	2	
[Kent ] [Mind] Fear (see anxiety):Alone,of being (see company):	3	0	3	1	3	3	1	1	0	3	1	2	0	2	0	
[Kent ] [Mind] Aversion:Approached to being:	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent ] [Generalities] Heat:Vital,lack of:	2	2	3	3	2	3	3	0	2	3	2	3	3	2	3	
[Kent ] [Stomach] Thirst:Extreme:	2	3	3	3	3	2	2	3	3	3	3	2	3	2	3	
[Kent ] [Perspiration] Profuse:	3	2	3	3	1	3	2	3	3	2	3	3	2	3	3	
[Kent ] [Stomach] Desires:Sweets:	3	3	1	2	3	2	1	2	3	0	1	1	0	2	0	
[Kent ] [Stomach] Desires:Warm :Drinks:	2	2	3	0	0	0	0	3	0	0	0	0	0	0	0	
[Kent ] [Rectum] Constipation (see inactivity):	3	3	3	3	2	2	3	3	2	3	2	1	3	3	3	
[Kent ] [Back] Pain:Aching:Right:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**Timeline, diagnosis assessment and therapeutic intervention:** patient was diagnosed having right distal ureteric calculus (8.4mm) causing moderate hydro-ureteronephrosis, and bilateral renal calculi [right kidney size of stone 4.5mm, and left kidney size of stone 4.4mm] on 16/8/2022. After repertorisation, *Lycopodium clavatum* covered most of the symptoms and scored 11/26; *Sulphur* scored 9/21, *Arsenicum album* scored 8/21, *Calcarea carbonica* scored 7/18. On the basis of mental symptoms like, arrogant, headstrongness, aversion to being approached, fear of being alone, can't tolerate contradictions, and homoeopathic generalities like, thermal relation- chilly patient, desire for sweet; hot drinks; profuse perspiration; insufficient, incomplete, unsatisfactory bowel habit etc., and aching pain in right side of back and after considering analysis and

evaluation of symptoms and repertorial totality, consulting with materia medica<sup>[12,15]</sup> *Lycopodium clavatum* 200, 1dose was given. Considering patient's age and to reduce chances of homoeopathic aggravation the drug was prescribed in single dose of 200C potency<sup>[13,14]</sup> as it is best to begin the treatment with moderately high degree of dynamization with minimum dose. Potency and dose selection and repetition was done as per homoeopathic philosophy<sup>[13,14]</sup>. Patient was followed-up weekly or earlier as per need, details of diagnostic assessment, management are given in Table 1. This case scored 10 out of 13 as per modified Naranjo criteria [Table 2].

Table 1: Details of follow-ups and prescription		
Date	Symptoms	Prescription
25/8/2022	Dull aching pain and discomfort in bilateral flank, mainly in right side, sometimes radiating downwards toward groin. Transabdominal USG of whole abdomen on 16/8/2022 (baseline) revealed right distal ureteric calculus, measuring 8.4mm with moderate hydroureteronephrosis, and bilateral renal calculi, 4.5 mm at upper pole of right kidney and 4.4 mm at upper pole of left kidney [Figure-1].	<i>Lycopodium clavatum</i> 200/ 1 dose
1/9/2022	Aching pain in bilateral flank was reduced, but slight discomfort of in flank persisted; stool was satisfactory.	<i>Saccharum lactis</i> 30 for 7 days.
8/9/2022	Patient was feeling better as her she felt no more pain, but slight discomfort of in flank was still persisted; stool passed satisfactorily.	<i>Saccharum lactis</i> 30 for 7 days.
15/9/2022	Pain and discomfort both were absent.	<i>Saccharum lactis</i> 30 for 7 days.
22/9/2022	General condition of patient was better. Subsequent USG on 21/9/2022- both kidneys are normal in size, outline and echotexture; pelvi-calyceal system is compact; no calculus seen (normal study) [Figure-3]. patient was advised to visit if there is any recurrence.	<i>Saccharum lactis</i> 30 for 7 days.

Table 2: Assessment by modified Naranjo criteria score			
Item	Yes	no	n o t 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		

**Informed consent-** an informed consent was obtained from the patient before drafting of the case report.

**Discussion-** this case of urinary calcinosis presenting with moderate degree hydroureteronephrosis,

was advised for lithotripsy, before the patient came for homoeopathic treatment. In this case, *Lycopodium clavatum*, having a predominant action upon kidney specially in right side and being an deep seated, long acting, <sup>[15]</sup> antipsoric<sup>[16]</sup> medicine, it was selected as

simillimum on the basis of patient's arrogant behaviour, obstinacy, fear of being alone, aversion to being approached, can't endure any contradictions, as well as on reference from repertorisation and materia medica<sup>[12,15]</sup>. Considering patient's age and pathological progress of disease, and to reduce the chance of homoeopathic aggravation a single dose of *lyco* 200 was given. Follow up for a period of one month from 25/8/22 to 22/9/22 revealed complete recovery of hydroureteronephrosis as well as elimination of bilateral renal stones. This present case report was aimed not only to present the remarkable effect of lycopodium in controlling urinary calculosis but also in support of the earlier studies<sup>[17-28]</sup> that showed effectiveness of homoeopathic intervention in urinary calculosis on the basis of individualisation within a plausible time period. Previous homoeopathic literature also suggests that *Lycopodium clavatum* has an affinity on right sided renal calculi, and in this case, *Lycopodium clavatum* has wonderfully worked on bilateral renal calculi and right sided hydroureteronephrosis, along with 8.4mm ureteric stone, within one month. Other than this aching pain and discomfort in bilateral flank was also didn't require any analgesic, thus we can conclude that to restore the health and annihilate the disease in a gentle way, individualised homoeopathic treatment is one of the best choices of treatment in surgical cases also.

**Conclusion-** This case report not only portray effectiveness of individualised homoeopathic treatment but also focus on the cost-effectiveness in treating such cases of urinary calculosis, without surgical intervention, even in cases having big size (more than 7mm diameter) urinary calculosis. Homoeopathy has been proved to be boon for the patients having co-morbidities like Diabetes, hypertension for whom surgical intervention is hazardous. There is a need for further research to find out the stone dissolving powers of homoeopathic medicines.

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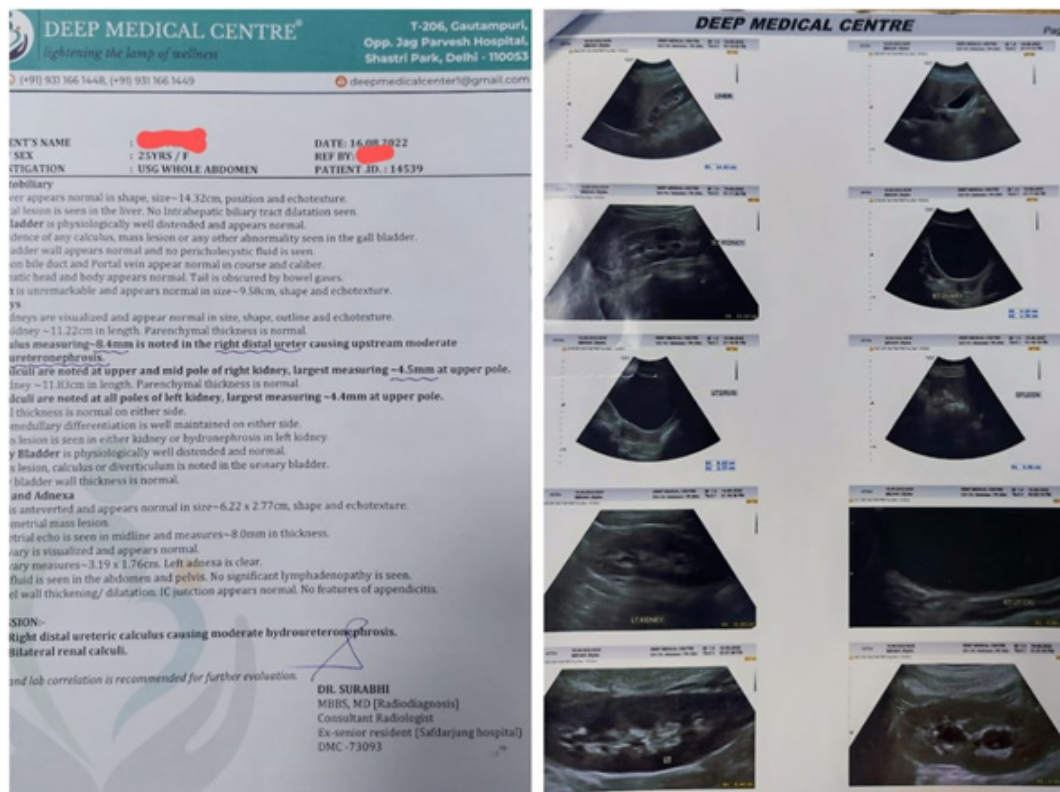


Figure 1- USG of whole abdomen on 16/08/22

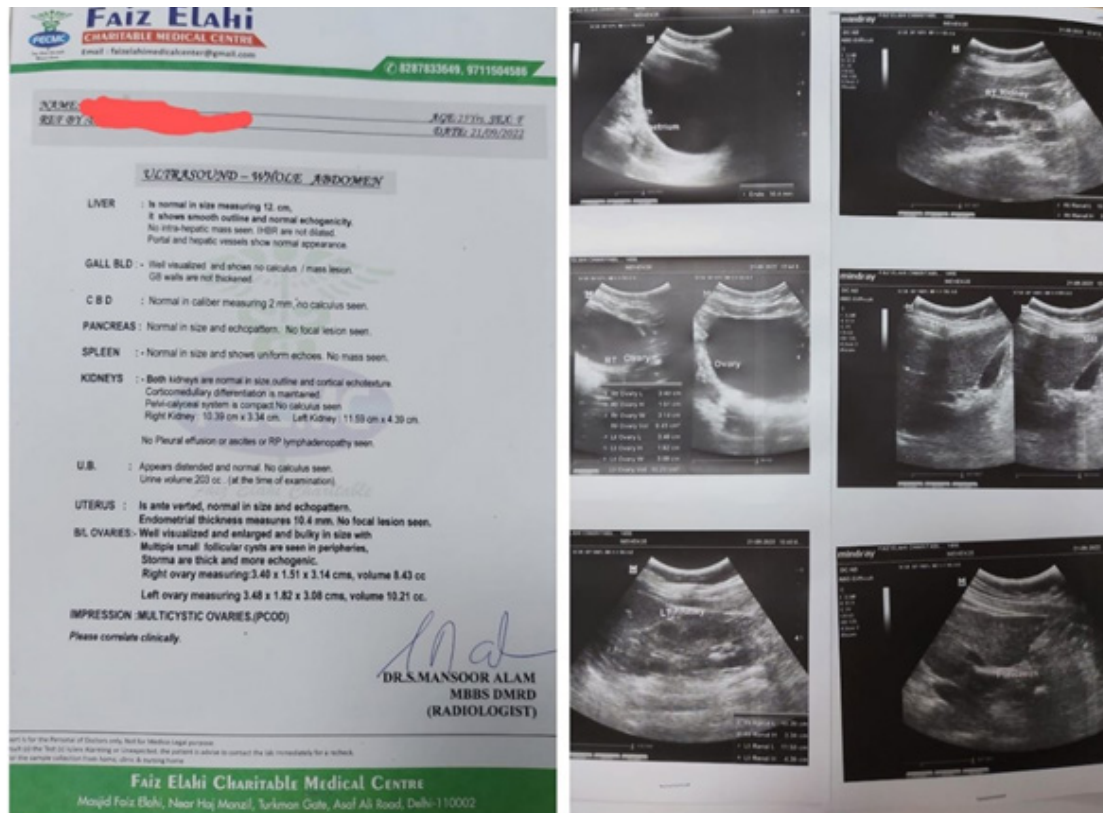


Figure 3- USG of whole abdomen, on 21/09/22

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# Homoeopathy in the Management of Psoriasis: An Evidence-Based Case Report

By Dr Nilay

## ABSTRACT

Psoriasis is a long-standing auto-immune –disease characterised by patches of abnormal skin. Plaque psoriasis has much cosmetic as well as psychosocial impact. It can affect your sleep and daily life activity. Conventional medicine has a low success rate in treating this ailment, and sometimes the medication's use is accompanied by negative side effects. Though a few case studies illustrate the effectiveness of homoeopathic remedies, however they lack adequate quantitative evaluation. Here is a case of plaque psoriasis which could be effectively managed by using individualised homoeopathic medicine with proper assessment.

**Keywords:** plaque psoriasis, individualised homoeopathic medicine, *Lycopodium clavatum*

**Abbreviations:** O.P.D. – Outpatient department, PR –pulse rate, RR – respiratory rate, Temp.- temperature, Ht. – height, Wt. – weight, B.P – blood pressure, CVS – cardiovascular system, CNS – central nervous system, RESP. – respiratory system, GIT – gastro intestinal system, DNA – deoxyribonucleic acid, ICD – International Classification of Diseases, BDS – twice a day, psoriasis area severity index (PASI)

## Introduction

Psoriasis is a common chronic inflammatory skin disease which has an autoimmune nature. It has a variety of clinical manifestation and is caused by a combination of genetic, environmental and immune factors<sup>1</sup>. Its prevalence of 0.44-2.8 % in India, it commonly affects individuals in their third or fourth decades with male being affected two times more than females<sup>2</sup>. Triggering factors may be local or, systemic and include trauma (Koebner phenomenon), season (worsen in winter), emotional stress, upper respiratory tract infections and drugs like beta-blockers, lithium, and chloroquine.<sup>3</sup>

## PATHOPHYSIOLOGY:

The multifactorial pathophysiology of psoriasis includes epidermal hyperproliferation, aberrant epidermal keratinocyte differentiation, and inflammation with immunologic changes in the skin. Increased DNA synthesis and a noticeably slower rate of epidermal turnover are features of the hyperproliferation. A delay in the expression of some keratins that are normally expressed in skin that is differentiating properly and an increase in the expression of other keratins characterise abnormal keratinocyte differentiation. Neutrophils penetrate the epidermis and superficial dermis,

and T lymphocytes with a majority of CD8+ cells infiltrate the dermis, causing inflammation.<sup>4</sup>

Psoriasis can manifest in a variety of forms. Variants include plaque, pustular, guttate and flexural psoriasis. Plaque psoriasis is the most common form of psoriasis. It affects 80 to 90% of people with psoriasis. Plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery white scaly skin. These areas are called plaques<sup>5</sup>.

Flexural psoriasis appears as smooth inflamed patches of skin. It occurs in skin folds, particularly around the genitals (between the thigh and groin), the armpits, under an overweight stomach, and under the breasts. It is aggravated by friction and sweat, and is vulnerable to fungal infections<sup>5</sup>.

Guttate psoriasis is characterised by numerous small round spots. These numerous spots of psoriasis appear over large areas of the body, such as the trunk, limbs, and scalp. Guttate psoriasis is associated with streptococcal throat infection<sup>5</sup>.

Pustular psoriasis appears as raised bumps that are filled with non-infectious pus (pustules). The skin under and surrounding pustules is red and tender. Pustular psoriasis can be localised, commonly to the hands



and feet (palmoplantar pustulosis), or generalised with widespread patches occurring randomly on any part of the body.<sup>5</sup>

Various systems of medicine have claimed to have good results but not without side effects like erythema, pruritus and certain long-term complication. Few case records have been documented in the past showing the effectiveness of homoeopathy in the treatment of psoriasis. But taken long time of treatment and nowhere a quantitative assessment of the patches on the basis of some score or scale has been attempted. This is one of the cases of plaque psoriasis which documented the effect of homoeopathic medicine within 3 months of treatment through quantitative evaluation.

## CASE STUDY

A male aged 40 years presented in O.P.D. with complaint of known case of psoriasis with chief complaints of erythematous reddish eruptions with scaling and itching all over body for 10 years. Itching aggravated by warmth.

### History of presenting complaints:

Patient was apparently well 10 years back. Gradually, he started developing eruptions with scaling and itching of trunk. Later he observed the eruptions spreading on all over body with itching. Itching aggravation by warmth. He has undergone allopathic treatment for the same without any remarkable improvement.

### Past history

His childhood history was uneventful. He was pursuing some kind of training for job. He was suffered from malaria 15 years ago, but after his took allopathic medicine and recovery take place.

## Family history

There was no family history of psoriasis. His father was a farmer of lower- middle socio-economic status and was suffering from diabetes mellitus. Grandmother was hypertensive.

**Mental generals:** Anxiety about health, anger, miser and desire for company.

**Physical generals:** His appetite was good. He has desire for sweets, thirst was moderate amount. Bowel movements were regular and had to go in early in the morning, Thermal reaction of patient was hot.

**General modality:** Itching < warmth

### General physical examination:

He was obese with fair complexion and all the vitals were normal. There was no sign of anaemia, jaundice, cyanosis and lymph nodes are not palpable PR. - 78/min., RR.: 16/min., TEMP: 97.6°F, Ht.-168 cm., Wt.-74 Kg.; B.P.-130/80 mm Hg.

### Systemic Examination:

**C.V.S.** - No abnormal sound during auscultation, **C.N.S.-** Sensory and motor functions are normal, **RESP.-**Chest clear, **G.I.T.-**Abdomen soft, no tenderness.

## DIAGNOSIS:

The diagnosis of the case was made based on the history, symptomatology (ICD-10-L40), physical examination. In addition, Auspitz's sign was positive with punctate haemorrhagic spots on removal of scales, characteristic of psoriasis<sup>1,3</sup>.
















## Analysis and evaluation of the symptoms with miasmatic analysis<sup>6</sup>

S. NO	Symptoms	Analysis	Evaluation	Miasmatic analysis
1.	Anxiety health about	Mental general	+++	Psora
2.	Anger	Mental general	+++	psora
3.	Company desire	Mental general	++	Psora
4.	Miser	Mental general	++	<b>Sycosis</b>
5.	Sweet desire	Physical general	++	Psora
6.	Psoriasis	Particular	+++	Mixed miasm
7.	Itching < warmth	Particular	++	Syphilis

**It is a mixed-miasmatic case, but psora was the dominant miasm.**



**Repertorisation:** The repertorisation was done using Hompath software (*Complete Repertory*). *Lycopodium clavatum* covered maximum rubrics at a particular level with highest scoring medicine.<sup>6</sup>

Remedy	Lyc	Ars	Puls	Sep	Calc	Sulph	Merc	Phos	Psor	Graph	Nat-m	Hep	Sil	Kali-c	Rhus-t	Staph
Totality	26	25	25	24	23	23	22	22	21	20	20	19	19	19	19	15
Symptoms Covered	7	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6
Kingdom																
[Complete] [Mind]ANXIETY:Health, about: (312)	3	4	4	4	4	4	3	4	3	4	4	3	3	3	4	4
[Complete] [Mind]ANGER: (609)	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4	4
[Complete] [Mind]COMPANY:Desire for: (254)	4	4	3	3	3	1	4	4	1	1	3	4	1	4	2	
[Complete] [Mind]AVARICE: (54)	3	4	4	3	3	3	1	1	4	1	1	1	4			1
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (300)	4	2	3	3	3	4	3	3	3	4	2	3	1	4	3	3
[Complete] [Skin]ERUPTIONS:Psoriasis: (168)	4	4	3	4	3	3	3	3	3	3	3	1	3	3	3	4
[Complete] [Skin]ITCHING:Warmth:Agg.: (152)	4	3	4	3	3	4	4	3	4	3	3	3	3	1	3	3

**Prescription:** After case taking, based on reportorial totality<sup>7</sup> and consultation of homoeopathic materia medica,<sup>8</sup> *Lycopodium clavatum* 30 was prescribed on date 09/11/2022.

## Selection of remedy with justification<sup>7,8</sup>:

In repertorial analysis *Lycopodium clavatum*, *Arsenicum album* and *Pulsatilla nigricans* cover all rubrics. *Lycopodium clavatum* covered all the mental generals, physical generals, and particular symptoms in this case. Based on repertorial totality and due consultation of text books of materia-medica<sup>81</sup> *Lycopodium clavatum* seemed to be the most suitable drug in this case and thus pre-

scribed in 200C, two doses followed by *Saccharum lactis* 200 for 13 days on the first visit (09/11/2022). **Selection of potency with justification<sup>9</sup>:**

The potency selection and repetition were done based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

## General management:

1. Take daily baths to remove scales and calm the inflamed skin.
2. Use moisturiser to keep the skin moist.

## FOLLOW UP:

Date of visit	Change in S=symptoms	Prescribed medicine/potency/dose	Justification
12/12/2022	Slight improvement. Itching and erythematous patches diminished	<i>Saccharum lactis</i> 200/BDS/15 Days	To wait and allow the medicine to act
11/01/2023	Mild improvement. Slight itching and erythematous patches diminished gradually.	<i>Saccharum lactis</i> 200/BDS/15 Days	No new complaints; mild improvement occurs

28/01/2023	Improvement noticed. Itching reduced and erythematous patches also diminished, all generals were normal	Saccharum lactis 200/BDS/15 Days	No new complaints
15/02/2023	Improvement remained stand-still, no any symptoms present	Lycopodium 200/ 1 dose in early morning; followed by Saccharum lactis 200	Condition remain standstill; same medicine repeated
28/02/2023	Marked improvement; all general were normal	Saccharum lactis 200/BDS/15 Days	Marked improvement
11/03/2023	No new or old symptoms, patient felt better and normal skin appeared.	Saccharum lactis 200/BDS/30 Days	Advice to visit once in a six months, if any recurrence of symptoms.



Fig 1: Before treatment (09/11/2022)



Fig 2: After Treatment (11/03/2023)

### ASSESSMENT OF PSORIASIS AREA SEVRITY INDEX (PASI):

PASI assessment scored showed in below,

## Psoriasis Area Severity Index (PASI) Calculator

<http://pasi.corti.li> © Matteo & Michela Corti 2010-2013

PASI: 28.4







	Head		Arms	
Area	0%		70-89%	
Erythema (redness)	0		4	
Induration (thickness)	0		2	
Desquamation (scaling)	0		2	
				
	Trunk		Legs	
Area	70-89%		30-49%	
Erythema (redness)	4		3	
Induration (thickness)	2		2	
Desquamation (scaling)	2		2	

Fig 3: Before treatment PASI Score

**DISCUSSION:**

In modern medicine, psoriasis is a case of auto-immune, which have limited scope and lots of side effect. But in homoeopathy, there is possible cure of this condition, if the case is well taken. Homoeopathy treats the person as a whole. It means that homoeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualising examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors, etc. A miasmatic tendency is also often considered for the treatment of chronic condition. In this case, *Lycopodium clavatum* was selected because it covers mental, physical and particular symptoms. On 1st visit, the patient's PASI score was 28.4 and after treatment, it was reduced to 0 within 3 month and symptom was disappeared.<sup>10</sup> According to Dr. Hahnemann said that the origin of the disease is of psoric origin when it is not treated properly suppression of the disease takes place. Disease originated at a dynamic level and Homoeopathic medicines also acted on deeper and dynamic level. Dr Hahnemann also mention in § 191 'Internal administration of a remedy causes important changes in general health and particularly in the affected external parts'.<sup>11</sup> Although study of a single case does not constitute a strong opinion, but the outcome is encouraging.

### CONCLUSION:

This case report shows the positive role of individualised homoeopathic medicine in the treatment of psoriasis within a short span of time. Although this single case report cannot draw any certain conclusion, more

**FSO114155 Area Severity Index (FASI) Calculator**

<http://pasi.corti.li> © Matteo & Michela Corti 2010-2013

PASE 0.0





	Head		Arms
Area	0%		0%
Erythema (redness)	0		
Induration (thickness)	0		0
Desquamation (scaling)	0		0
	Trunk		Legs
Area	0%		0%
Erythema (redness)	0		
Induration (thickness)	0		0
Desquamation (scaling)	0		0

Fig 4: After Treatment PASI Score

documented cases and scientific research could help to generate evidences on the usefulness of homoeopathic medicines in managing psoriasis.

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# Approach of Homoeopathy in-Psychiatric Illnesses Among Older People as Public Health Issues

By Dr Rita, Dr Sumit Sharma

## ABSTRACT :

Senescence or the ageing process is marked by gradual decline in the function of all systems of body such as cardiovascular, respiratory, genitourinary, endocrine and immune. Among them, psychiatric diseases like dementia, depression, alcoholism and paranoia are very common in patients older than 65 years of age. These effects are increasingly marked by the general loss of well-being in the elderly in western society, vertigo, syncope, hearing loss, elderly abuse, insecurity, loss of interest after retirement, spousal bereavement, disability and death of friends and relatives. So there is need to deal with grief over the loss of others and one's own situation. In Homoeopathy, so called mental diseases are one sided-diseases where patient's disposition of mind is to be noted along with the totality of symptoms in order to cure them with the most suitable remedy and psychotherapy.

**Keywords:** Psychiatric illnesses, old age, homoeopathy, anamnesis, psychological counselling, health promotion, anti-psoric treatment.

**Abbreviations:** WHO - World health organization, DALYs – disability adjusted life years, ECTs - electroconvulsive treatments, NPHCE – National programme for health care of the elderly, e.g. – example.

## Introduction

Old age is that stage of life which is dominated by loss of function, decreased perception in all sensory fields, such as decline in new learning, facial recognition, and orgasm. Emotional and mental illnesses are common in elderly. Approximately over 20% of adults aged sixty & over suffer from mental disorders. According to WHO, mental and neurological disorders among older adults account for 6.6% of the total disability (DALYs) for this age group.<sup>1</sup> Indian studies have reported that individuals of nuclear families are more susceptible to developing psychological problems than those of joint families because of breakdown in the traditional support system.<sup>2</sup>

Some sociological and psychological factors contribute for psychiatric illnesses in old age such as negative attitude develops due to sudden decrement in social position, power, income after retirement, from usual routine working life, loneliness resulting from death of one's spouse, friends or relatives, anxiety from rejection by children and sedentary lifestyle which aggravates the mental faculty. It is common to find people who complain of loneliness despite the constant presence of other residents. Women in old age are more prone to social in-

security, health problems, and greater emotional/financial insecurities. Lower levels of education are shown to be associated with higher rates of dementia and consequently more among females.<sup>3</sup> It was observed that the proportion of patients having geriatric psychiatric syndrome was significantly high in males than females.<sup>4</sup>

### Common psychiatric illnesses in old age<sup>5,6,7,8</sup>

- Dementia is characterised by deterioration in memory, thinking, behaviour and the ability to perform daily activities. There is evidence of nervous tissue dysfunction limited largely to the cerebral hemispheres. The most common cause of dementia is senile dementia of alzheimer's type, which accounts for about 40-50% of cases. The second common cause of dementia in old age is multi-infarct dementia, previously known as psychosis with cerebral arteriosclerosis. Hypertension or diabetes or both are frequently present. Some of the treatable causes of dementia are hypothyroidism, hypoparathyroidism, hepatic encephalopathy, multi-infarct dementia, vitamin B12 and folic acid deficiency, drug toxicity.
- Delirium implies an abrupt deviation from the



individual's usual state during which the affected person appears to some extent unaware of his or her circumstances or actions. Its incidence has been reported higher on acute geriatric services. The fully developed psychiatric picture of the confusional state is that of delirium with clouding of consciousness, short term memory disturbance, visual hallucinations, mood changes and ill behaviour. Acute stroke, drug intoxications, diabetic precoma, hypoglycemia, uraemia, hepatic failure and myxoedema may produce such confusional state.

- Depression is the most common affective disorder in old age. Risk factors in depression in late life are a past history of such a disorder, physical illness or chronic pain, recent adverse experiences, and the absence of a confining relationship. A consistent finding in community surveys is that the complaint of loneliness is associated more with depression than with actual social isolation.
- Schizophrenia usually begins in late adolescence or young adulthood and persists throughout life. About 80% of suffering people show varying degrees of impairment by the age 65 such as emotional blunting, illogical thinking, eccentric behaviour and social withdrawal. Long-term hospitalization is required.
- Alcoholism may occur in response to loneliness, bereavement, occult depressive illness or other emotional, social or medical stresses and can contribute to cognitive decline and dementia, possibly because of its effects on key forebrain nuclei.
- Paranoid symptoms are more common in older age. Paranoid thinking resulting from depression, schizophrenia, organicity or personality conflicts. A complete physical examination is always necessary, that is, hearing loss, vision loss or concentration deficits - may trigger a paranoid reaction.
- Insomnia is one of the most common complaints of the old. Sleep is decreased especially in later part of night. It is likely to be a feature of psychiatric illnesses, such as depression and anxiety states. It is important to investigate underlying cause such as dyspnoea, pain, bladder or rectal discomfort, nocturia, etc.
- Psychiatric symptoms associated with other disorders: Depression can occur after stroke in brain and parkinson's disease. Depression and anxiety disorders following myocardial infarction

or heart failure. Mood disorders, the most prevalent psychiatric complications of degenerative arthritis occur in upto 25% of patients. Thyroid diseases, malnutrition and anemia are relatively common in older adults and may be responsible for such psychiatric symptoms as lethargy, weakness, confusion and behavioural changes.

- Suicide risk : One third of elderly persons report loneliness as the principal reason for considering suicide. Approximately 10% of elderly persons with suicidal risk report financial problems, poor medical health or depression. Suicide victims, as a rule, use guns or hang themselves, whereas 70% of suicide attempters take a drug overdose and 20% cut or slash themselves.
- Drug effects may be long lasting and may induce depression (eg. antihypertensive), cognitive impairment (eg. sedatives), delirium and psychosis induced by antiparkinsons medications (eg. anticholinergics). or seizures (eg. neuroleptics).
- Somatic symptoms disorders are those physical symptoms resembling medical diseases are relevant to geriatric psychiatry because they are common among older people. More than 80% of older ones over 65 years of age have atleast one chronic illness, usually arthritis or cardiovascular problem and 20% have diabetes and other chronic illnesses that require medical attention.

## Management

Most valuable indications in examination of the elderly are subjective symptoms of the patient. The physician must first gain the patient's confidence in a calm and sympathetic manner and should be free from prejudice. Physician should also inquire family, friends or relatives with or without the patient. In case of old age, especially, physician should explore the subtle signs of cognitive impairment, paranoid symptoms and course of illness. He should not reveal the information received from patient and also should not biased on relatives account and should discuss issues about which contradictory information was given, always respecting confidentiality.

Here comes the importance of anamnesis which includes history of presenting complaint, past psychiatric problems and treatment taken (names and dosage of drugs, number of ECTs). Family history is important in genetic disorders such as alzheimer's disease, Creutz-Feldt-Jakob, Huntington's and Pick's disease. Re-evaluate the patient alone with additional information to make the portrait of disease. Thoughts about

the meaning of suicide and life after death may reveal some information which patient cannot share directly. So the physician must bring out skillfully any of the causes of a disgraceful character which patient or his friends do not like to confess (obvious cause).

As mentioned by Master Hahnemann, one can think of somato-psychic origin in case of dementia and delirium, and abuse of alcohol under acute onset of exciting cause, and depression and paranoid symptoms under psychosomatic origin and treat them accordingly.<sup>9</sup>

### Reportorial approach

Aggravation and Amelioration, OLD, Age, senility, agg., in: **Alum, Ambr, Ant-c, ARS, AUR, BAR-C, Carb-an, CON, Fl-ac, LACH, LYC, OP, SEC, Sulph**<sup>10</sup>

Stages of Life and Constitution, AGE, Old people, Depression: **Aur**<sup>11</sup>

Stages of Life and Constitution, AGE, Old people, Sleeplessness: **Acon, BAR-C**<sup>11</sup>

OLD, Age, senility: Aur, Bar-c, Lach, Lyc, Op<sup>12</sup>

OLD, Age, senility: *Ambr, Aur, Bar-c, Con, Lach, Lyc, Op*<sup>13</sup>

### Therapeutics :

Totality of case is important but in clinical practice few homoeopathic remedies<sup>14,15</sup> which have the affinity to such cases may be kept in mind –

*Ambra grisea* : Adapted to patients weakened by age or overwork, who are anemic and sleepless. Great remedy for the aged with impairment of all functions, weakness, coldness and numbness usually of single parts, fingers, arms, etc. Thinking difficult in the morning with old people. Dread of people and desire to be alone. Cannot do anything in the presence of others. Cannot sleep from worry, must get up.

*Anacardium occidentale*: Senile dementia. Fixed ideas. Hallucinations; thinks he is possessed of two persons or wills. Anxiety when walking, as if pursued. Impaired memory. Absent mindedness. Very easily offended. Lack of confidence in himself or others. Suspicious.

*Baryta carbonicum* : Senile dementia, with loss of memory. Mental weakness. Lost confidence in himself. Confusion. Aversion to strangers. Childish; grief over trifles.

*Conium maculatum* : Especially for diseases of old men;

old maids; old bachelors; with rigid muscular fibre; persons with light hair who are easily excited; strong persons of sedentary habits. It corresponds to the debility, hypochondriasis, urinary troubles, weakened memory, sexual debility found here. Memory weak, unable to sustain any mental effort. Dreads being alone, yet avoids society.

*Crotalus horridus* : Incipient senile dementia, forgetful of figures, names and places, or he imagines himself surrounded by foes or hideous animals, antipathy to his family. Delirium of typhus and delirium tremens. Confused speech; disconnected answers, with coldness of skin and rapid pulse. Marked indifference, seems only half alive; utter apathy. Sadness, her thoughts dwell on death continually. Depression, anxiety and lowness of spirits. Melancholy, with timidity, fear; anxiety; weeping; or snappish temper.

*Lachesis mutus* : Very important during the climacteric and for patients of a melancholic disposition. Women who have not recovered from the change of life “have never felt well since that time.” Great loquacity. Delirium tremens with much trembling and confusion. Sad in the morning; no desire to mix with the world. Mental labour best performed at night. Euthanasia. Suspicious; nightly delusion of fire.

*Ignatia amara* : Mentally, the emotional element is uppermost, and co-ordination of function is interfered with. Hence, it is one of the chief remedies for hysteria. Rapid change of mental and physical condition, opposite to each other. The remedy of great contradictions. Bad effects of anger, grief, or disappointed love. Changeable mood; introspective; silently brooding. Sighing and sobbing. Cannot bear tobacco. Pain is small, circumscribed spots. *Natrium muriaticum* : Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. Marked disposition to weep; sad weeping mood, without cause, but consolation from others < her troubles. Sleepy in forenoon. Nervous jerking during sleep. Dreams of robbers. Sleepless from grief.

*Aurum metallicum* : Old people with weak vision, tired of life. Ailments from fright, anger, contradictions, mortification, vexation, dread, or reserved displeasure. Over-sensitive to pain, smell, taste, hearing, touch. Feeling of self-condemnation and utter worthlessness. Profound despondency, with increased blood pressure, with thorough disgust of life, and thoughts of suicide. Constant rapid questioning without waiting for reply.

*Causticum* : Broken down seniles. Sad, hopeless. Intensely sympathetic. Ailments from long-lasting grief, sudden emotions. Manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicat-

ed by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints.

*Hyoscyamus niger* : Delirium, with restlessness, jumps out of bed, tries to escape; makes irrelevant answers; thinks he is in the wrong place; talks of imaginary doings, but has no wants and makes no complaints. Fears : being alone; poison; being bitten; being sold; to eat or drink; to take what is offered; suspicious, of some plot. It causes a perfect picture of mania of a quarrelsome and obscene character. Very suspicious. Intense sleeplessness. Lascivious mania.

*Syphilinum* : Loss of memory; cannot remember names of books, persons or places; arithmetical calculation difficult; remembers everything previous to his illness. Hereditary tendency to alcoholism. Pains from darkness to daylight; decrease and increase gradually. Apathetic; feels as if going insane or being paralyzed. Fears the night, and the suffering from exhaustion on awakening. Hopeless; despairs of recovery. Linear pains from temple across, or from eyes backward; cause sleeplessness and delirium at night.

### Treatment and care strategies<sup>1,16,17</sup>

- Health promotion which involves those living conditions and environments that support wellbeing and allow older people to lead a healthy life.
- Early diagnosis, identification and treatment of accompanying physical illness such as dementia and delirium are reversible if diagnosed accurately and treated timely.
- In case of hypochondriacs, repeated physical examinations help to reassure patient that they do not suffer from a fatal illness and should avoid high risk diagnostic procedures unless indicated.
- Social programmes targeted at vulnerable groups - rural populations, who live alone, who suffer from a chronic or relapsing physical or mental illness, for example – NPHCE.

### Conclusion :

The mental health needs of older people are substantial. We should keep older people at their own home and provide them home-help aid services like physical, occupational, speech therapy and psychotherapy. By improving interpersonal relationships, psychotherapy increases self esteem and decreases feelings of loneliness, helplessness and anger. Homoeopathy is not dependent on nosological diagnosis. The fundamental cause in so-called mental diseases is always

psora, so anti-

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# An Evidence-Based Case Study to Assess the Utility of Homoeopathy in the Case of Rheumatoid Arthritis

By Dr Nirav Ganatra

## ABSTRACT :

Rheumatoid arthritis (RA) is an autoimmune disease that causes chronic inflammation of the joints and also affect the tissues surrounding the joints (muscles, tendons, ligaments) as well as other organs of the body (skin, blood vessels, heart, lungs and muscles). It is ranked as the 42nd highest contributor to global disability, with severe consequences. Rheumatoid arthritis limits a person's ability to move normally and causes pain, impairment, and difficulty in the joints. It is a degenerative joint condition characterised by inflammation in the tissue that creates joint lubricating fluid. RA being a constitutional disease that is auto-immune calls for constitutional medication. Homoeopathy offers excellent treatment for the cases of RA, especially for those who have not developed joint deformities. This case study explains the efficacy of homoeopathy in the management of case of rheumatoid arthritis.

**Keywords:** auto-immune, rheumatoid arthritis, deformity, constitutional treatment, homoeopathy.

**Abbreviations:** Rheumatoid arthritis (RA), erythrocyte sedimentation rate (ESR)

## Introduction

Rheumatoid arthritis is a degenerative polyarthropathy with a symmetrical distribution. RA is a progressive condition and over a period of time, it causes joint destruction and functional disability. It's also an autoimmune illness with a variety of extra articular symptoms that can affect a variety of body organs[1].

## Epidemiology :-

Rheumatoid arthritis occurs in about 5 per 1000 people and can lead to severe joint damage and disability. Early diagnosis and treatment can slow down the progression of joint damage in 90 % of the patients suffering from rheumatoid arthritis<sup>[2]</sup>.

## Causes :-

Scientists largely believe that the tendency to develop rheumatoid arthritis may be genetically inherited<sup>[2]</sup>. It is also suspected that certain infections or factors in the environment might trigger the immune system to attack the body's own tissues (autoimmune response), resulting in inflammation. Stress can act a predisposing factor as well as a trigger.<sup>[3]</sup>

## Clinical features <sup>[3] [4]</sup>:-

- Signs and symptoms may vary in severity, there may be period of flare up alternating with the period of remission. The diagnosis of RA is primarily clinical.
- Patients usually complains of early morning stiffness which last for more than one hour
- Joint swelling, redness, and tenderness, joint stiffness
- Limited range of motion of joints
- Deformities of hands and feet (at later stages)
- Usually, multiple joints are affected at one time (polyarthritis)
- Symmetrical affection of joints is common
- Small joints of hands and feet; elbows, and ankles are commonly involved
- Round, painless nodules under the skin

## Diagnosis :-

Following are the common tests done to diagnose RA:

- RA (rheumatoid arthritis) factor
- X-ray of the joint



- ESR (erythrocyte sedimentation rate)

### Homoeopathic management of rheumatoid arthritis :-

RA being a constitutional disease that is auto-immune calls for constitutional medication. Pain control is very effective with homoeopathy without any side effects whatsoever. The treatment can also have a role to play in controlling the progress of the condition to some extent and in delaying the onset of complications<sup>[5]</sup>.

Following are the important homoeopathic remedies for the treatment of RA :-

*Bryonia alba, Rhus toxicodendron, Rhododendron chrysanthum, Ruta graveolens, Arnica montana, Ledum palustre, Arnica montana, Calcarea fluorica, Dulcamara, Colchicum autumnale, Guaicum officinale, Causticum, Kalmia latifolia, Kalium iodatum, Lithium carbonicum, Benzoicum acidum*<sup>[6]</sup>  
<sup>[7]</sup>

Rheumatoid arthritis can be reflected in **MURPHY REPERTORY** as follows<sup>[8]</sup> :-

### Chapter – JOINTS

#### Rubric – Arthritic nodosities

Some important 3 marks remedies include – APIS, BEN ACID, CALC, CAL F, LITH CARB, GRAPH, LYCO, CAUL  
Some important 2 marks remedies include – ant

c, aur, bry, form, guaic, urt urens

### Chapter – JOINTS

#### Rubric – Arthritis Joints

3 marks remedies are – ACON, APIS, BELL, BRY, KALI C, LED, RHUS T

2 marks remedies are – aur, arn, kalmia, puls, psor, Ruta, rhod, etc.

### Chapter – JOINTS

#### Rheumatism in general

3 marks remedies include – ARN , ARS, AUR , BEN ACID , BRY , CAUST , CHAM , CHEL , COLCH ,KAL-MIA, PULS , SAL ACID ,MERC etc

2 marks remedies include – abr, acon, Apis, caul, guaic, nit acid, etc.

### CASE STUDY :-

#### A. INTRODUCTION

A 47 years female patient came on 17<sup>th</sup> January 2022, with complaint of pain in knee joint with crackling voice while walking with extreme pain having sensation as if something crawling so, came to opt for homoeopathy as suggested by his reference from his relatives.

#### B. PRESENTING ILLNESSES

L O C A - TION AND E X T E N - SION	SENSATIONS, EXPRESSION OF SYMPTOMS AND PA- THOLOGY	MODALITIES AND AILMENTS FROM	CONCOMI- TANTS
Locomotor and Immune system	➤ Continuous pain in knee joints	<- standing, walking	Not specific
Knee Joint	➤ With crackling noise while walking		
	➤ Crawling sensation		

#### C. HISTORY OF PRESENTING COMPLAINTS:-

Patient had rheumatoid arthritis since 5 years

#### D. PAST HISTORY :-

There was nothing specific found in past history.

#### E. FAMILY HISTORY :-

FATHER :- suffering from psoriasis

MOTHER :- suffering from hypertension and RA

#### F. PHYSICAL GENERALS:

THIRST:- for cold water, small quantity at a time but very often

APPETITE:- Regular – 3 chapattis per meal

STOOL:- 1/0 – Day/Night

URINE:- Profuse

PERSPIRATION:- not specific

SLEEP:- Sound

DREAMS:-not specific

## G. LIFE SPACE / MENTAL GENERALS:-

When investigated regarding her behaviour, she narrated that she most of the time remains in confused state. She used to become confused how to do it which made the work more clumsy. She worked very enthusiastically in her office, but couldn't understand what boss commanded during meetings, she needed to refer minutes of meetings twice or thrice to get over what was being explained. She also could not explain her point of view. She couldn't express what exactly she wanted to tell. So due to all this mishappening, she didn't like to do work only. She felt not to work and just relax. Made her more restless and anxious.

## H. GENERAL EXAMINATION AND OBSERVATIONS:-

On examination, slight impairment in sensations in lower limbs and difficulty in bending limbs were seen with slight heat over the knee joint. Signs of inflammatory changes were observed and her appearance was lean, thin body and wheathish appearance. She kept on moving in waiting area till her turn came.

## I. ANALYSIS OF CASE AND FRAMING THE TOTALITY :-

So from the above narration, following was the understanding about the case :-

1. Confusion of mind
2. Restlessness
3. Difficulty in comprehension
4. Dread of doing work
5. Pain in knee joints
6. Sensation as if something crawling
7. Crackling sound in joints
8. Thirst for cold water of small quantity
9. Profuse urination

## J. POTENTIAL DIFFERENTIAL FIELD :-

- Restlessness at mental as well as physical level.

## K. REPERTORISATION :-

L. MIASMATIC ANALYSIS [9] [10] :-

SYMPTOM	PSO- RA	SYCO- SIS	SYPHI- LIS
Confusion of mind		+	+
Restlessness	+		+
Difficulty in comprehension		+	+
Dread of doing work		+	
Pain in knee joints	+		+
Sensation as if something crawling			+
Crackling sound in joints			+
Thirst for cold water of small quantity			+
Profuse urination		+	

M. PRESCRIPTION [6] [7] [9] [10]:-

Selection of the remedy was done On the basis of miasmatic analysis , more of **Syco-Syphilitic** Picture of patient's symptoms was elicited, also on the basis of comparison of the individualistic portrait of disease of the individual with the medicines of repertorisation and with material medica , the remedy was selected :-

**RHUS TOXICODENDRON 200 ONE DOSE STAT ORALLY**

**SAC LAC 4 X 3 X 15 DAYS**

N. FOLLOW UP :-

On the basis of complaints on the follow up, the repetition of dose was done[11]

COMPLAINTS	PRESCRIPTION
Quite relief in all the complaints. Thirst was as it is. Crackling in knee joints reduced 20-25%, pain also reduced 30% Quantity and frequency of urine decreased. Mental symptoms as it is.	<b>RHUS TOXICODENDRON 200 ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 15 DAYS</b>
Confused state started decreasing, started becoming more confident and clear in regards of her decisions. Relief in pain but still present with crackling sound.	<b>RHUS TOXICODENDRON 200 ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 15 DAYS</b>
No relief in mental complaints. Pain as it is. No change in Thirst. Weakness, Restlessness increased.	<b>RHUS TOXICODENDRON 200 ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 15 DAYS</b>
Much relief in mental and behavioral complaints, Thirst normalized, crackling in joints improved, Willingness to do work developed instead of weakness, laziness,	<b>SAC LAC 4 X 3 X 30 DAYS</b>

Pain increased , difficulty in walking, stiffness. Urination profuse. No feeling of doing work	<b>RHUS TOXICODENDRON 1M ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 30 DAYS</b>
Better than before. All the complaints resolved upto 75%	<b>SAC LAC 4 X 3 X 30 DAYS</b>
All the complaints relieved but pain in joints still persistent, still mentally confused and restless.	<b>RHUS TOXICODENDRON 10M ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 30 DAYS</b>
60-70% Relief in most of the complaints.	<b>SAC LAC 4 X 3 X 30 DAYS</b>
Mentally all complaints relieved upto 90%, thirst, and urinary complaints resolved. Pain reduced 80%	<b>SAC LAC 4 X 3 X 30 DAYS</b>
Pain increased suddenly due to excessive work of festival at home. Crackling in joints also increased	<b>RHUS TOXICODENDRON 10M ONE DOSE STAT ORALLY</b> <b>SAC LAC 4 X 3 X 30 DAYS</b>
Reduced pain and crackling. All complaints relieved	<b>SAC LAC 4 X 3 X 30 DAYS</b>
All the complaints relieved. so advised to stop the medicines and go for investigations once again	<b>RA FACTOR DECREASED WITHIN NORMAL BOUNDARIES</b>

### Conclusion:-

Rheumatoid arthritis is an auto-immune, constitutional disease where the inner, immunological system, which is governed by multiple factors such as genetic, environmental, stress, etc., is at fault. That means that the medicine selected for such a disease needs to be deep acting and based on the individual patient's broader understanding. Homoeopathic medicines are not selected based on just the name of the disease or some symptoms but based on the internal disease state.

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### **ABOUT THE AUTHOR :-**

1. **Dr Nirav Ganatra**, MD Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Rajkot Homoeopathic Medical College Parul University





SINCE 1990  
**Dr Bhatt Lab**  
Diagnosis with Difference

Name	: Ms. Nishaben Bhatt	Reg. No.	: 1070107818
Sex/Age	: Female 47 Years	Patient ID	:
Ref. By	:	Ref. ID	:
Client	: Sainath Hospital, Rajkot	Registration	: 13-Jan-2022 12:14
Dispatch	:	Sample Coll.	: 13-Jan-2022 12:14
Sample Type	: Serum, Plain	Report	: 13-Jan-2022 13:10
Sample By : non DBPL			

Parameters	Result	Unit	Biological Reference Interval
Rheumatoid Factor: <i>Immuno turbidimetry</i>	H 172.50	IU/mL	< 14

#### Clinical Significance

-Rheumatoid factors are a heterogeneous group of autoantibodies directed against the antigenic determinants on the Fc-region of IgG molecules. They are important in the diagnosis of rheumatoid arthritis, but can also be found in other inflammatory rheumatic diseases and in various non - rheumatic diseases. They are also found in clinically healthy persons over 60 years of age. Despite these restrictions, the detection of rheumatoid factors is a diagnostic criterion of the American College of Rheumatology for classifying rheumatoid arthritis.

-Gives useful objective evidence of RA, but a negative result does not rule out RA. Negative in one third of patients with definite RA. Positive result in <50% during first 6 mos of disease. Positive in 80% of typical cases; high titers in patients with splenomegaly, vasculitis, subcutaneous nodules, or neuropathy. Titer may decrease during remission but rarely becomes negative. Progressive increases in titer during first 2 years indicate a more severe course.

-Also positive in rheumatoid variants like arthritis associated with IBD, Reiter syndrome, juvenile RA, rheumatoid spondylitis, tophaceous gout, pseudogout, scleroderma, MCTD, polymyositis, polymyalgia rheumatica, SLE, Waldenstrom macroglobulinemia, chronic infections psoriatic arthritis, sarcoid arthritis, primary Sjogren syndrome or cryoglobulinemic purpura.

Medical Laboratory Report

Electronically authenticated by doctor.

Generated : 13-Jan-2022 13:10



*(Signature)*

**Dr. Mital Kundariya**  
MD Pathology

MD  
Pathology



**Bhatt Pathology Laboratory** 📍 Rajputpara Street No. 8, Opp. Lodhawad Police Station, Near Bhutkhana Chowk, Rajkot - 1

## DURING TREATMENT



Name :		Reg. No. :	1070107818
Sex/Age :	Female 47 Years	Patient ID :	
Ref. By :		Ref. ID :	
Client :	Sainath Hospital, Rajkot	Registration :	18-Jul-2022 13:26
Dispatch :		Sample Coll. :	18-Jul-2022 13:26
Sample Type :	Serum, Plain	Report :	18-Jul-2022 16:34
	Sample By :	non DBPL	

Parameters	Result	Unit	Biological Reference Interval
Rheumatoid Factor: <i>Immuno turbidimetry</i>	H 42.70	IU/mL	< 14

### Clinical Significance

-Rheumatoid factors are a heterogeneous group of autoantibodies directed against the antigenic determinants on the Fc-region of IgG molecules. They are important in the diagnosis of rheumatoid arthritis, but can also be found in other inflammatory rheumatic diseases and in various non - rheumatic diseases. They are also found in clinically healthy persons over 60 years of age. Despite these restrictions, the detection of rheumatoid factors is a diagnostic criterion of the American College of Rheumatology for classifying rheumatoid arthritis.

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-Also positive in rheumatoid variants like arthritis associated with IBD, Reiter syndrome, juvenile RA, rheumatoid spondylitis, tophaceous gout, pseudogout, scleroderma, MCTD, polymyositis, polymyalgia rheumatica, SLE, Waldenström macroglobulinemia, chronic infections psoriatic arthritis, sarcoid arthritis, primary Sjögren syndrome or cryoglobulinemic purpura.

Medical Laboratory Report

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**Dr. Mital Kundariya**  
MD Pathology

MD  
Pathology



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## AFTER TREATMENT



SINCE 1998  
**Dr Bhatt Lab**  
Diagnosis with Difference

Name :	[REDACTED]	Reg. No. :	1070107818
Sex/Age :	Female 47 Years	Patient ID :	
Ref. By :		Ref. ID :	
Client :	Sainath Hospital, Rajkot	Registration :	27-Dec-2022 10:18
Dispatch :		Sample Coll. :	27-Dec-2022 10:18
Sample Type :	Serum, Plain	Sample By :	non DBPL
		Report :	27-Dec-2022 12:46

Parameters	Result	Unit	Biological Reference Interval
Rheumatoid Factor: <i>Immuno turbidimetry</i>	H 11.43	IU/mL	< 14

### Clinical Significance

-Rheumatoid factors are a heterogeneous group of autoantibodies directed against the antigenic determinants on the Fc-region of IgG molecules. They are important in the diagnosis of rheumatoid arthritis, but can also be found in other inflammatory rheumatic diseases and in various non - rheumatic diseases. They are also found in clinically healthy persons over 60 years of age. Despite these restrictions, the detection of rheumatoid factors is a diagnostic criterion of the American College of Rheumatology for classifying rheumatoid arthritis.

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-Also positive in rheumatoid variants like arthritis associated with IBD, Reiter syndrome, juvenile RA, rheumatoid spondylitis, tophaceous gout, pseudogout, scleroderma, MCTD, polymyositis, polymyalgia rheumatica, SLE, Waldenström macroglobulinemia, chronic infections psoriatic arthritis, sarcoid arthritis, primary Sjögren syndrome or cryoglobulinemic purpura.

Medical Laboratory Report

Electronically authenticated by doctor.

Generated : 27-Dec-2022 12:46



**Dr. Mital Kundariya**  
MD Pathology



**Dr. Bhatt Pathology Laboratory** 📍 Rajputpara Street No. 8, Opp. Lodhawad Police Station, Near Bhutkhana Chowk, Rajkot

# A Case Report: Endometrial Polyp Treated by Homoeopathy

By Dr Ajay Vishwakarma, Dr Nitin Kumar

## ABSTRACT

This is a case of 32 years old female having endometrial polyp treated with individualised homoeopathic medicine. When the patient came for the consultation, she was presented with profuse menstruation with associated white discharge per vagina after menstruation and also having haemorrhoids. The case was repertorised after case taking and making the totality of symptoms from the characteristic symptoms of the patient using synthesis repertory to select the simillimum of the case, in which we got few homoeopathic remedies including *Thuja occidentalis*<sup>4</sup>, *Belladonna*, *Mercurius solubilis*, *Phosphorus*, *Sepia* and others.

**Keywords:** Endometrial polyp, *Thuja occidentalis*<sup>4</sup>, homoeopathy

**Abbreviations:** LMP – last menstrual period

## Introduction

An endometrial polyp or uterine polyp is an abnormal growth containing glands, stroma and blood vessels projecting from the lining of the uterus (endometrium) that occupies spaces small or large enough to fill the uterine cavity. They are found during both reproductive and postmenopausal phases of life. The majority of polyps are located in the fundus, often in the corneal area, and in this area, there are obvious technical difficulties for removal by curettage. They range in size from about 5 mm to as large as filling the whole uterine cavity can be found in all age groups, however, most common between age 40 and 49.

If an endometrial polyp is attached to the uterine surface by a narrow-elongated pedicle, then it is known as pedunculated, however, if they have a large flat base, absence of a stalk, they are known as sessile. Gross morphological appearance is smooth, spherical or cylindrical in structure and is tan to yellow in colour. The endometrium varies from normal cycling endometrium to simple or complex hyperplasia in the presence of endometrial polyps, and rarely endometrial cancer can be found. An endometrial polyp or uterine polyp is an abnormal growth containing glands, stroma and blood vessels projecting from the lining of the uterus (endometrium) that occupies spaces small or large enough to fill the uterine cavity. They are found during both reproductive and postmenopausal phases of life.

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ten in the corneal area, and in this area, there are obvious technical difficulties for removal by curettage. They range in size from about mm to as large as filling the whole uterine cavity can be found in all age groups, however, most common between age 40 and 49. If an endometrial polyp is attached to the uterine surface by a narrow-elongated pedicle, then it is known as pedunculated, however, if they have a large flat base, absence of a stalk, they are known as sessile. Gross morphological appearance is smooth, spherical or cylindrical in structure and is tan to yellow in colour. The endometrium varies from normal cycling endometrium to simple or complex hyperplasia in the presence of endometrial polyps, and rarely endometrial cancer can be found.<sup>1</sup>

## Case study

This is a case of a 32 year old female having profuse menstruation with early menstrual cycle associated with white discharge per vagina after menses which has greenish colour. She also had haemorrhoids which aggravates on sitting. Mentally, she was very irritated and quarrelsome.

## Presenting complaints

- Profuse bleeding per vagina since 3-4 days
  - Character of bleeding is bright red
  - Aggravation all the time and motion



- Amelioration by medication
- White discharge per vagina since 3-4 months
  - Character of discharge is greenish
  - Offensive
- Haemorrhoids since 4-5 years
  - Character: Swollen
  - Aggravation while sitting

### Physical generals

- Appetite: Good
- Thirst: Thirsty
- Desire: Cold things
- Aversion: Potatoes
- Bowel: Irregular and unsatisfied,  $D_2N_0$
- Urine: Clear,  $D_{5-6}N_{1-2}$
- Perspiration: Profuse on uncovered parts, staining yellow
- Sleep: Refreshing, 5-6hours
- Dreams: Nothing significant
- Thermal reaction: Ambithermal

### Mental generals

- Irritability  $^{3+}$
- Music cause weeping $^{3+}$
- Dreams of falling  $^{3+}$
- Quarrelsome  $^{2+}$
- Anger suppressive  $^{2+}$

### Menstrual history

- Menarche: 14 years. of age
- L.M.P.: 8/12/2021
- Cycle: 20 days
- Duration: 4-5 days
- Character: Bright red colour, slight clots present
- Flow: Profuse
- Associated complains: white discharge – yellow in colour with offensiveness

### Obstetrics history

- Gravida $_3$  Para $_2$  Abortion $_1$  Live $_2$
- Had two children, a boy of 11year and a girl 6years

Table 1. Analysis and evaluation of symptoms

Symptoms	Physical generals	Mental generals	Particulars
1	Desire for cold things $^{2+}$	Irritability $^{3+}$	Profuse menses $^{2+}$
2	Aversion to potatoes $^{2+}$	Quarrelsome $^{2+}$	Menses too early $^{2+}$
3	Perspiration on uncovered parts $^{3+}$	Music causes weeping $^{3+}$	Haemorrhoids: swollen Agg on sitting $^{3+}$
4	Perspiration stains yellow $^{3+}$	Dreams of falling $^{3+}$	Leucorrhoea: greenish, offensive $^{3+}$
5			Uterine polyp $^{3+}$

[Note: +1, +2 are +3 are intensity of the symptoms]

## Totality of symptoms

- Profuse menstruation of bright red colour
- Menstrual cycle too early
- White discharge per vagina of greenish colour
- Haemorrhoids of swollen character aggravated by sitting
- Uterine polyp
- Desire for cold things
- Aversion to potatoes
- Perspiration on uncovered parts
- Perspiration stains the cloths yellow
- Dreams of falling
- Music caused weeping
- Irritability
- Quarrelsome

## Provisional diagnosis

Endometrial polyp<sup>2</sup>

## Rubric selected<sup>3</sup>

- Dreams-Falling
- Mind-Irritability
- Mind-Weeping-music, from
- Rectum-Haemorrhoids-sitting-agg.
- Perspiration-Uncovered parts, on
- Perspiration-Staining the linen yellow
- Female Genitalia/Sex-Menses-copious
- Female Genitalia/Sex-Menses-frequent;too

- Female Genitalia/Sex-Menses-Polyps-uterus
- Female Genitalia/Sex-Menses-Leukorrhea-greenish

## Analysis of the case

After the analysis and evaluation of the case, the characteristic symptoms used in constructing the totality of the symptoms, "dreams of falling, irritability, music cause weeping" were important mental symptoms in the case. "Perspiration over uncovered parts and perspiration stains the linen yellow" were important physical generals. "Haemorrhoids swollen, aggravation on sitting, menses copious and too early, leucorrhoeal discharge of greenish colour and uterine polyp" were important particulars symptoms in the case.

The selection of the remedy was done on the basis of repertorisation by Radar Software version 10.0 using *Synthesis treasure edition*, 2009 by Frederick Schroyens<sup>3</sup>. The repertorisation chart is shown in the figure. Where the top five remedies were *Thuja occidentalis* (21/10), *Belladonna* (17/7), *Mercurius solubilis* (15/7), *Phosphorus* (15/7), *Pulsatilla nigricans* (13/7).

On the basis of repertorial analysis and consulting *Boericke's Materia Medica*<sup>4</sup>, *Thuja occidentalis* was selected as first prescription as it scored highest in the repertorial result as perspiration staining yellow, dreams of falling, haemorrhoids of swollen character and aggravation on sitting was marked in the patient and according to appearance she was also having warty growth on her body and there is tendency of overgrowth in general. So, *Thuja* was selected in comparison to *Belladonna* and *Mercurius solubilis*.

After prescribing two dose per day for three days of *Thuja occidentalis* 200, the profuse menses were reduced to normal flow, slight relief in leucorrhoea, relief in haemorrhoids and drastic relief in endometrial polyp.



Fig 1. Repertorial analysis<sup>3</sup>

## Prescription

*Thuja occidentalis* 4 200/6 doses

## Investigations

### Before treatment

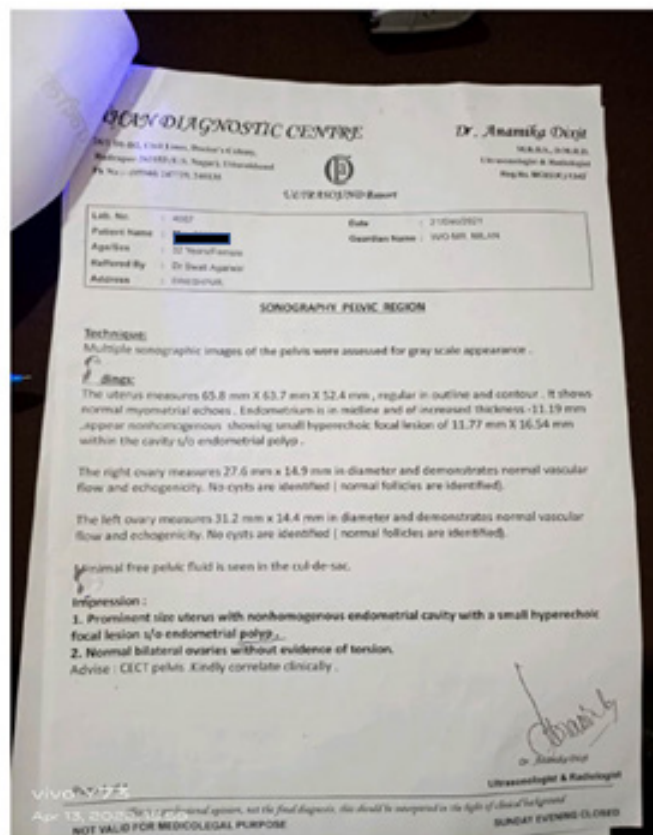


fig 2. Ultrasonography report before treatment

### After treatment

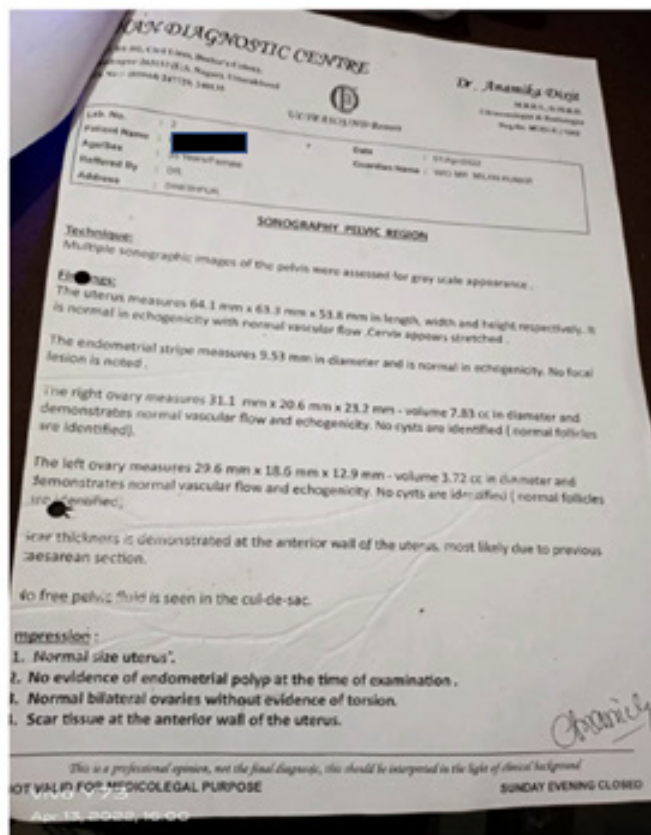


Fig 3. Ultrasonography report after treatment

## Discussion and conclusion

Homoeopathic medicine selected on the basis of homoeopathic principles proved to be very effective in this case of endometrial polyp and shown remarkable results in the treatment. *Thuja occidentalis* was selected on the basis of physical generals, mental generals and particulars keeping in mind the knowledge of materia medica and homoeopathic philosophy. Treatment was continued for 5 months. Medicine was given in very few doses which appeared very effective in treatment of the case.

The potency selection was done on the basis of susceptibility of the patient as stated by Dr Close<sup>7</sup>

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and

the higher the potency required.

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

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

Potency was selected on the basis of susceptibility of the patient and organic condition of the disease, the susceptibility of the patient was low so 200 potency was selected.

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

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## About the authors

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2. **Dr Nitin Kumar**, BHMS, M.Sc (Entomology) Professor/HOD, Department of Materia Medica, Chandola Homoeopathic Medical College and Hospital, Rudrapur, U S Nagar, Uttarakhand.

he foolishly calls curing) with liver of sulphur and soft soap is not a whit better. The absurdity of thinking that his method is not just as much a local dislodgment of the itch eruption from the skin! He knows as little about really effective help as all the rest of the allopaths, when he writes: "It is indeed ridiculous to think of curing itch (scabies) by internal remedies." No! it is not only ridiculous, it is pitiable not to think of learning a sure and thorough cure by internal remedies of this internal itch malady, which is not to be cured by local expulsion."

Dr R. E Dudgeon in his book, 'Lectures on the theory and practice of Homoeopathy' writes about two other stalwarts, Fred. Hoffmann and K. Wenzel, who observed the dangerous and inconvenient results due to the suppression of the primary itch eruption.

About Hoffmann, he writes that, "...Hoffmann particularly dwells on the circumstance of internal diseases being cured on the occurrence of psoric or scabious eruptions but he also refers frequently to the production of serious internal diseases by the suppression of external eruptions..." Then he further writes that, "...Hoffman, like Hahnemann, included several varieties of skin diseases under the usual appellation of scabies or psora."

About K Wenzel, he tells that, K. Wenzel preceded Hahnemann in the idea of itch being the source of so many chronic diseases.

Thus, here I would like to conclude that, before Hahnemann microorganisms and germs were believed to be at the root of many infectious diseases. Miasm was known by its cause as a defect in constitution and dynamic obnoxious effects of disease producing agents (microbes).

**Keep Learning & Growing!**



# Homoeopathic Management of Hashimoto Thyroiditis: A Case Report

By Dr (Mrs.) Neeraj Gupta, Dr Surabhi Khatta



## ABSTRACT

Hashimoto thyroiditis is the most common autoimmune thyroid disease and the commonest cause of hypothyroidism. Women are more frequently affected than men. Patients may be hypothyroid, euthyroid or hyperthyroid. However, most cases present with hypothyroidism. It is important to diagnose Hashimoto's thyroiditis as it is the leading cause of hypothyroidism requiring lifelong treatment. Homoeopathy is based on the principle of individualization and proves to be beneficial in managing the autoimmune diseases without any complications. In this case report, female of 28 years old reported with presenting complaints of rashes on face, pain in bilateral lower limbs and throat associated with weakness and anxiety. The patient was treated with homoeopathic medicines after thorough case taking and repertorisation with the help of materia medica. This case report suggests that homoeopathic treatment can be done in the cases of autoimmune thyroid disorders without hesitation. Homoeopathy helped in alleviating the symptoms of the disease as well as provided clinical evidence of normalizing the levels of Thyroid stimulating hormone, Antithyroglobulin antibodies and Antithyroid peroxidase antibody with due course of time.

**Keywords:** Autoimmune disease, Hashimoto thyroiditis, homoeopathy, thyroid, throat, pain

**Abbreviations:** Hashimoto thyroiditis (HT), thyroid peroxidase (TPO), thyroglobulin antibody (TGAb), thyroid stimulating hormone (TSH), triiodothyronine (T3), thyroxine (T4), polycystic ovarian syndrome (PCOS), hora somni (HS).

## Introduction

Thyroid diseases are amongst the most prevalent antibody-mediated autoimmune diseases and are associated with other organ-specific autoimmunity. Autoantibodies may produce inflammation and destruction of thyroid tissue, resulting in hypothyroidism, goiter (in Hashimoto's thyroiditis) or sometimes even transient thyrotoxicosis ('Hashitoxicosis'), or they may stimulate the TSH receptor to cause thyrotoxicosis (in Graves' disease). HT, first described in 1912 by Hakaru Hashimoto and is characterized by destructive lymphoid infiltration of the thyroid, ultimately leading to a varying degree of fibrosis and thyroid enlargement.<sup>1</sup> As it is an autoimmune disease, the most important antibody directed against the thyroid tissue is thyroid peroxidase (Anti 7 TPO Ab).<sup>2</sup> It is usually associated with raised Anti TPO Ab, but 10- 8 15% patients may be antibody negative.<sup>3</sup> Hurtle cell change of follicular cells along with increased number of mature and transformed lymphocytes impinging on follicular cells are characteristic cytological features.<sup>4</sup> Clinically it can present as diffuse or nodular asymptomatic swelling.<sup>5</sup>

HT is an autoimmune chronic inflammatory disease of the thyroid gland. It involves infiltration of thyroid gland by T and B lymphocytes which are reactive to thyroid antigens. Activated B cells secrete thyroid autoantibodies. Cytotoxic T lymphocytes are largely responsible for destruction of thyroid parenchyma. In the long run, follicular architecture is totally destroyed and replaced by fibrosis. The active phase of the disease is transient with clinical manifestation of thyrotoxicosis. Evolution and destructive phases manifest with subclinical and overt hypothyroidism. Exact aetiology of Hashimoto's thyroiditis is unknown; however, predisposing factors include iodine deficiency, medication, infection, smoking, stress etc.<sup>6</sup> It has a risk of transforming into malignancy, most commonly extra nodal marginal B cell lymphoma and papillary carcinoma.<sup>7</sup>

Many symptoms are attributed to the development of Hashimoto's thyroiditis. The most common symptoms include: fatigue, weight gain, pale or puffy face, feeling cold, joint and muscle pain, constipation, dry and thinning hair, heavy menstrual flow or irregular periods, depression, panic disorder, a slowed heart rate, and

problems getting pregnant and maintaining pregnancy. Hashimoto's disease is about seven times more common in women than in men. It can occur in teens and young women, but more commonly appears in middle age, particularly for men. People who develop Hashimoto's disease often have family members who have thyroid or other autoimmune diseases, and sometimes have other autoimmune diseases themselves.<sup>8</sup>

A case study in 2014 showed the efficacy of homeopathic intervention in subclinical hypothyroidism with or without autoimmune thyroiditis in children revealed significant decline in serum TSH values and anti TPO antibodies titers. The study indicates that the homeopathic treatment can be successfully used in the cases of autoimmune thyroid related disorders.<sup>9</sup> The following case report depicts the holistic concept of homeopathy that the successful employment of homeopathic medicines can manage the case Hashimoto thyroiditis and helps in declining the serum TSH, anti TPO and anti TGab antibodies titers.

### Case report

A female patient of 28 years reported in the clinic on 30<sup>th</sup> July 2020. The patient has reddish macular eruptions on the face with anxiety and palpitations for 6 months. She also complained of cramping pain and weakness in bilateral lower limbs specially calf muscles which aggravates at night along with pain in throat. This was a known case of Hashimoto thyroiditis for which the patient was taking allopathic medications in the past 3 months.

### Past history

She took homeopathic treatment for PCOS 2 years back and recovered well.

### Family history

Mother has hypothyroidism with hypertension and father has vitiligo. Both the siblings are apparently healthy.

### Mental generals

She used to remain anxious whenever rashes used to erupt on her face and gets irritable at trifles. She enjoys company and fears to be alone. She was intellectual with an active memory.

### Physical generals

She has a good appetite with normal bowel movements. Her thirst was normal. She has desire for sweets and intolerance for milk which used to disturb her digestion and sometimes causes diarrhoea. Sleep was disturbed

and unrefreshing. Urine was pale colored. Thermal reaction of the patient was chilly.

### Menstrual history

She has normal menstrual cycle of 30-35 days, of 2-3 days duration, the discharge is bright red in color with normal flow, mildly offensive and there were no associated complaints during menses except slight pain in lower abdomen.

### Local examination

No visible swelling of the gland noticed.

### Investigations

Blood test done on 19<sup>th</sup> march 2020 revealed anti thyroglobulin antibodies – 8.40 IU/ml, anti-thyroid peroxidase – 159.37 IU/ml with normal TSH levels.

### Case analysis

After thorough case taking, the totality of symptoms mentioned below was further repertorised with the help of complete repertory from homeopath software.

1. Anxious on being alone.
2. Anxiety whenever the rashes on the face appears.
3. Intolerance to milk which often disturbs digestion
4. Unrefreshing sleep
5. Reddish eruptions on face
6. Pain in throat
7. Cramping pain in calves aggravated at night
8. Weakness in lower extremities

### Homeopathic intervention

The selection of appropriate homeopathic medicine was done on the basis of repertorisation, where all the rubrics were covered by *Cuprum metallicum*. But in the first visit, *Nux vomica* 200 stat was prescribed along with sac lac 30 twice a day for 1 week as there was a history of allopathic medications.

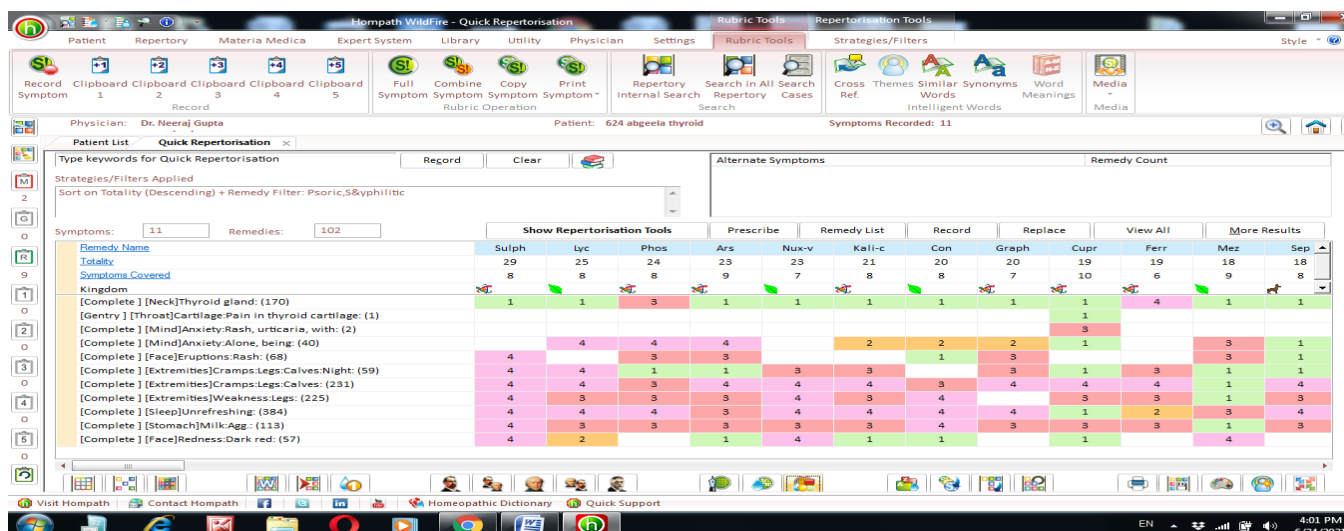


Fig No. 1 Repertorial totality and result from Complete repertory

## Follow up and outcome

After the first prescription of *Nux vomica* 200/1dose stat, *Ailanthus* 6/3 doses at 10min interval along with *Cuprum metallicum* 1X/HS for 6 days was prescribed after consulting materia medica where only *Ailanthus* was having the symptom ‘tenderness and enlargement of the parotid and thyroid gland’<sup>8</sup> and *Cuprum metallicum* was covering all the symptoms of the repertorial totality. Thereafter, the patient was given *Cuprum metallicum* only, and consequently, she reported improvement in her complaints. The potency of the medicine was not changed, and whenever the improvement came at status quo, repetition was done according to the need of the case.

## Follow up at different intervals

Date	Symptoms	Prescription	Investigations
30-7-20	Reddish colored rashes on the face with anxiety Cramping pain in calves at night Weakness in lower limbs Pain in throat Intolerance to milk Unrefreshing sleep	<i>Nux vomica</i> 200/ 1dose stat	
2-8-20	Same as before	<i>Ailanthus</i> 6/3 doses at 10min interval <i>Cuprum metallicum</i> 1x/ HS/6 days	Anti TGab – 187.50 IU/ml Anti TPO – 331 IU/ml Normal TSH, T3 and T4 levels. USG thyroid – uneven and slightly coarse thyroid
6-8-20	Slight amelioration in general Rashes on the face started declining	<i>Cuprum met</i> 1x/HS/10 days	

18-8-20	<p>General condition was good.</p> <p>There was no weakness/ pain in lower extremities.</p> <p>Redness of the face and rashes were disappeared.</p> <p>Sleep improved as patient felt completely refreshed on waking up in the morning.</p> <p>Pain in throat relieved.</p>	<i>Cuprum metallicum</i> 1x/HS/15days	<p>Anti TGab – 141 IU/ml</p> <p>Anti TPO – 264 IU/ml</p> <p>TSH – 6.02</p>
4-9-20	No complaints	Sac lac 30/HS/1 month	<p>Anti TGab – 139 IU/ml</p> <p>Anti TPO – 260 IU/ml</p> <p>TSH – 6.5</p>
1-10-20	No complaints	Sac lac 30/HS/1 month	<p>Anti TGab – 119 IU/ml</p> <p>Anti TPO – 223 IU/ml</p> <p>TSH – 4.45</p>
31-10-20	Slight pain in lower extremities noticed	<p><i>Cuprum metallicum</i> 1x/HS weekly for a month</p> <p>Sac lac 30/HS/1 month</p>	<p>Anti TGab – 79.2 IU/ml</p> <p>Anti TPO – 156.30 IU/ml</p> <p>TSH – 3.22 l</p>
27-11-20	No complaints	Sac lac 30/HS/1 month	<p>Anti TGab – 63.1 IU/ml</p> <p>Anti TPO – 137.80 IU/ml</p> <p>TSH – 2.64</p>
29-12-20	No complaints	Sac lac 30/HS/1 month	<p>Anti TGab – 49.25 IU/ml</p> <p>Anti TPO – 87.78 IU/ml</p> <p>TSH – 3.51</p>
27-3-21	No complaints	Sac lac 30/HS/1 month	<p>Anti TGab – 12.17 IU/ml</p> <p>Anti TPO – 25.20 IU/ml</p> <p>TSH – 3.28 l</p>



## Discussion

Above is a case of Hashimoto thyroiditis for which the patient was taking allopathic medications. She was not getting relief in her complaints instead they were aggravating day by day. The patient already took homoeopathic treatment for PCOS in the past and recovered from it hence, she has come for treatment for these complaints as well. The first prescription was done on the basis of prolonged use of allopathic medications i.e.; *Nux vomica* 200/1 dose. After it, the remedies *Ailanthus* 6 and *Cuprum metallicum* 1x were prescribed. The selection of *Ailanthus* was done on the basis of symptom only, present in this remedy i.e.; 'tenderness and enlargement of the parotid and thyroid gland'<sup>10</sup> referred from the book '*The Encyclopedia of Pure Materia Medica*' by T.F. Allen whereas *Cuprum metallicum* was selected as it has covered all the reportorial rubrics and only remedy to cover the main presenting complaint of the patient, i.e. pain in thyroid gland. The potency selection of both the remedies was low as the case has more particular symptoms than general symptoms. The follow up has been taken at proper intervals as per the need of the case and investigations also been advised accordingly. The levels of anti-thyroglobulin antibodies, anti-thyroid peroxidase and thyroid titers has been assessed from time to time to check the progress of the case which has come within normal limits after successful treatment with homoeopathy. Within 3 months the patient has shown marked improvement in her complaints as well as general well-being.

## Conclusion

This case report shows that homoeopathic treatment can be opted successfully for autoimmune thyroid disorders. It also provides evidence in the homoeopathic management of Hashimoto thyroiditis.

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- Dr Surabhi Khatta** Literature search and preparation of the article. B.H.M.S., M.D. (Hom.), Senior Research Fellow (Homoeopathy) at Central Council for Research in Homoeopathy, under the Ministry of Ayush, Govt. of India. Former House Physician at Dr. B. R. Sur Homoeopathic Medical College, Hospital & Research Centre, Govt. of NCT of Delhi.

Sample Collection Date	19-03-2020 14:14	DDL Center
Lab Ref. No.	200025592	
Name	MS. ANJANI YADAV /EXT	Age / Sex
		Ref. Centre

Test (Methodology)	Result
An elevated IgE level is most commonly seen in the case of an immediate allergy. For testing options to various allergies (food / respiratory) kindly contact front office for details	
VITAMIN B-12 LEVEL, Serum (ECLIA)	505.10 pg/mL
ANTI THYROGLOBULIN ANTIBODIES, Serum (CMIA)	8.40 IU/mL
ANTI THYROID PEROXIDASE, Serum (CMIA)	159.37 IU/mL

**\*\* End of IMMUNO ASSAYS Report \*\***

Ⓜ MARKED RESULT IS RECHECKED AND VERIFIED

*Mukta Sehgal*

DR. MUKTA SEHGAL  
H.O.D. (BIOCHEMISTRY)  
(Authorised Signatory)

*Reetika Saini*

DR. REETIKA SAINI  
M.D. (BIOCHEMISTRY)  
(Authorised Signatory)

**Please Check for Proper Collection of the Sample**  
Authentication : 19-03-2020 15:07  
Printed on : 19-03-2020 16:31

Sample Collection Date	19-03-2020 14:14	DDL Center	Dr. Danga Lab
Lab Ref. No.	200025592		
Name	MS. ANJANI YADAV /EXT	Age / Sex	27 Years / FEMALE
		Ref. Centre	DELHI DERMATOLOGY CENTRE (D.R.A.)

Test (Methodology)	Result	Biological Reference Interval
GLYCOSYLATED HAEMOGLOBIN [HbA1C]		
GLYCOSYLATED HAEMOGLOBIN [HbA1C], Whole Blood (HPLC)	5.00 %	4.4 - 5.4
*Mean Plasma Glucose	101 mg/dL	

Summary and Explanation of the Test :-  
The BIORAD D-10 Hemoglobin A1c program / BIORAD TURBO Variant II utilizes principles of ion-exchange high-performance liquid chromatography (HPLC). The BIORAD D-10 Hemoglobin A1c program / BIORAD TURBO Variant II program is based on chromatographic separation of HbA1c on a cation exchange cartridge. The results are indicative of the time averaged blood glucose concentration over the past 1-3 months with more recent glucose levels having a greater influence. Disorders associated with a decreased erythrocyte life span as well as individuals with recent and significant blood loss, chronic renal failure, exhibit low glycated hemoglobin values. The expected range for healthy normal individuals is 4.4 to 5.4 % of A1C with a mean concentration of 5 % A1C. The "Mean Plasma Glucose" is calculated as recommended by the position statement of American Diabetes Association "Standard of Medical care in Diabetes".

Comment: The final report has been generated after reviewing the HPLC Chromatogram.

TSH (ULTRA SENSITIVE), Serum (ECLIA)	3.61 µIU/mL	0.27-4.2
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Triiodothyronine (T3) and Thyroxine (T4) are thyroid hormones which circulate in the blood as an equilibrium mixture of free and protein bound hormones. The Free T3 fraction (0.2-0.4% of the total T3) and the Free T4 fraction (Less than 0.3 % of the total T4) represent the physiologically available and biologically active thyroid hormones. The Free T4 and TSH levels fluctuate significantly during birth and can remain much higher than adult values during the first month after birth. Proper clinical interpretation and correlation of the reports in neonates is mandatory.  
The test is performed on Roche Cobas 6000 Chemiluminescence platform.

**CIRCULATING TSH LEVELS ARE KNOWN TO SHOW A CIRCADIAN RHYTHM & DIURNAL VARIATION. THE DIAGNOSIS BASED ON ONE TSH VALUE WHICH FLUCTUATES IS NOT RELIABLE. CLINICAL CORRELATION IS MANDATORY.**

IgE LEVEL, Serum (ECLIA)	25.69 IU/mL	5 - 100
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Summary and Explanation of the Test :-  
IgE concentration in human serum is extremely low, increasing from a geometric mean of 0.22 IU/mL (one IU = 2.4 ng) at 1 year of age to approximately 20.0 IU/mL (adult value) at 14 years of age. IgE binds to receptors on mast cells and basophils leading to the release of histamine and other mediators, producing the symptoms of "allergies". Elevated IgE levels in young children are predictive of subsequent developments of allergic diseases. Levels are elevated also in parasitic diseases, bronchiolitis, bronchopulmonary aspergillosis and immunodeficiency diseases (Wiskott-Aldrich Syndrome, DiGeorge Syndrome and hypogammaglobulinemia). IgE concentrations vary as a result of diet, genetic background, geographical location and other influences. Healthy nonallergic adults have an expected IgE concentration of up to 120 IU/mL. Children without allergic symptoms are expected to have approximately 10% to 20% of the adult value. Low IgE values do not indicate the absence of allergies. Sensitivity of the COBAS 6000 Total patients may have low total IgE level but high concentration of specific IgE antibody.

Fig 2. Report dated 19/3/20: TSH, Anti TGA and Anti TGAb antibodies titers

Patient's Name: Ms. Anjali Yadav  
Age: 28 yrs. Sex: Female  
Ref. Consultant: Dr. Neeraj Gupta. M.D.

Dated: 01/08/2020

**Ultrasound Thyroid:**

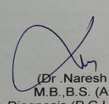
The right lobe of thyroid measures 2.0 x 1.1 cms. and left lobe of thyroid measures 1.8 x 1.1 cms. in size.

The thyroid outline is somewhat uneven & echotexture is slightly coarse. Needs to be evaluated further.

No sonographic evidence of focal lesion, cyst, fluid collection or neo-vascularity is seen in the thyroid.


The isthmus is sonographically normal.

Adjacent blood vessels are grossly normal.

  
 (Dr. Naresh Gupta.)  
 M.B.B.S. (A.I.I.M.S.)  
 M.D. Radio-Diagnosis (P.G.I.M.E.R.)

Regards,

Encl. : 4 prints.

  
 Dr. Naresh Gupta  
 M.B.B.S. (A.I.I.M.S.)  
 M.D. (P.G.I.M.E.R.)  
 M.B.A. (F.M.S.)

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Ultrasound • PET • Clinical Lab • Ph

Fig 3. Report dated 1-08-20: USG Thyroid



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**DR. ALOK JAIN**  
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Ex-Pathologist, AIIMS

Age: 26 Yrs / Female

Received on: 01/08/2020  
Printed on: 01/08/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206277**  
Ref. By: DR. NEERAJ GUPTA

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.45	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	5.31	µU/ml	0.35 - 5.50

Children:  
1 - 2 days 3.20 - 34.60  
3 - 4 days 0.70 - 15.40  
15 days - 5 months 1.70 - 9.10  
5 months - 20 yrs 0.70 - 6.40  
Gestation specific reference value:  
First Trimester 0.20 - 3.90  
Second Trimester 0.50 - 4.10  
Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Snibe fully automated immuno assay system based on (chemiluminescence immuno assay) technology.

NOTE:  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

**DR. ALOK JAIN**  
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Age: 26 Yrs / Female

Received on: 01/08/2020  
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**Name: MS. ANJANI YADAV**  
**Patient ID: 34206277**  
Ref. By: DR. NEERAJ GUPTA

Test Name	Value	Unit	Biological Ref Range
<b>HORMONE ASSAYS</b>			
ANTI-THYROGLOBULIN Antibody (By CLIA)	187.50	IU/ml	0.00 - 18.00

Comments:  
Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type I carboxylesterase/lipase family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG is associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of elevated concentration of iododalbumin. TG is not secreted into the systemic circulation under non-inflammatory circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the bloodstream.

Test Name	Value	Unit	Biological Ref Range
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	331.40	IU/ml	0.00 - 40.00

Comments:  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti-TPO antibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibody in many patients.

Test Name	Value	Unit	Biological Ref Range
<b>THYROID PROFILE</b>			
FREE TRI-IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.94	pg/ml	1.40 - 4.20

Fig 4. Report dated 01-08-2020: Anti TGA and Anti TGAb antibodies titers

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Age: 26 Yrs / Female

Received on: 03/08/2020  
Printed on: 03/08/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206371**  
Ref. By: DR. NEERAJ GUPTA

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.40	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	6.50	µU/ml	0.35 - 5.50

Children:  
1 - 2 days 3.20 - 34.60  
3 - 4 days 0.70 - 15.40  
15 days - 5 months 1.70 - 9.10  
5 months - 20 yrs 0.70 - 6.40  
Gestation specific reference value:  
First Trimester 0.20 - 3.90  
Second Trimester 0.50 - 4.10  
Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Snibe fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.

NOTE:  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

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Age: 26 Yrs / Female

Received on: 17/08/2020  
Printed on: 17/08/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206318**  
Ref. By: DR. NEERAJ GUPTA

Test Name	Value	Unit	Biological Ref Range
<b>HORMONE ASSAYS</b>			
ANTI-THYROGLOBULIN Antibody (By CLIA)	141.00	IU/ml	0.00 - 18.00

Comments:  
Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type I carboxylesterase/lipase family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG is associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of elevated concentration of iododalbumin. TG is not secreted into the systemic circulation under non-inflammatory circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the bloodstream.

Test Name	Value	Unit	Biological Ref Range
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	264.50	IU/ml	0.00 - 40.00

Comments:  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti-TPO antibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibody in many patients.

Test Name	Value	Unit	Biological Ref Range
<b>THYROID PROFILE</b>			
FREE TRI-IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.14	pg/ml	1.40 - 4.20

Fig 5. Report dated 17-08-20: TSH, Anti TGA and Anti TGAb antibodies titers



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 Age: 26 Yrs / Female  
 Received on: 03/09/2020  
 Printed on: 03/09/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206371**  
**Ref. By: DR. NEERAJ GUPTA**

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.40	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	6.50	μU/ml	0.35 - 5.50

Children:  
 1 - 2 days 3.20 - 34.60  
 3 - 4 days 0.70 - 15.40  
 15 days - 5 months 1.70 - 9.10  
 5 months - 20 yrs 0.70 - 6.40  
 Gestation specific reference value:  
 First Trimester 0.20 - 3.90  
 Second Trimester 0.50 - 4.10  
 Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Siba fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.  
 NOTE:  
 TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day influence on the measured serum TSH concentration.  
 Thyroid function test (TFT) is generally recommended in -  
 \*Abnormal weight loss or gain.  
 \*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
 \*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
 \*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

Fig 6. Report dated 3-9-20: TSH, Anti TGA and Anti TGAb antibodies titers

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 M.D. (Path) PGI, Chandigarh  
 Ex-Pathologist, AIIMS, N. Delhi  
 Age: 26 Yrs / Female  
 Received on: 29/09/2020  
 Printed on: 29/09/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206439**  
**Ref. By: DR. NEERAJ GUPTA**

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.24	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	4.45	μU/ml	0.35 - 5.50

Children:  
 1 - 2 days 3.20 - 34.60  
 3 - 4 days 0.70 - 15.40  
 15 days - 5 months 1.70 - 9.10  
 5 months - 20 yrs 0.70 - 6.40  
 Gestation specific reference value:  
 First Trimester 0.20 - 3.90  
 Second Trimester 0.50 - 4.10  
 Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Siba fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.  
 NOTE:  
 TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day influence on the measured serum TSH concentration.  
 Thyroid function test (TFT) is generally recommended in -  
 \*Abnormal weight loss or gain.  
 \*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
 \*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
 \*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

Fig 7. Report dated 29-9-20: TSH, Anti TGA and Anti TGAb antibodies titers

DR. ALOK JAIN  
 M.B.B.S., M.A.M.  
 M.D. (Path) PGI, Chandigarh  
 Ex-Pathologist, AIIMS, N. Delhi  
 Age: 26 Yrs / Female  
 Received on: 03/09/2020  
 Printed on: 03/09/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206371**  
**Ref. By: DR. NEERAJ GUPTA**

Test Name	Value	Unit	Biological Ref Range
<b>HORMONE ASSAYS</b>			
ANTI-THYROGLOBULIN Antibody (By CLIA)	139.80	IU/ml	0.00 - 18.00
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	260.90	IU/ml	0.00 - 40.00
<b>THYROID PROFILE</b>			
FREE TRI- IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.94	pg/ml	1.40 - 4.20

**Comments:**  
 Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type 1 transmembrane glycoprotein family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG levels is associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of elevated concentration of iodalbumin. TG is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the bloodstream.

**Comments:**  
 Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti -TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
 Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.

DR. ALOK JAIN  
 M.B.B.S., M.A.M.  
 M.D. (Path) PGI, Chandigarh  
 Ex-Pathologist, AIIMS, N. Delhi  
 Age: 26 Yrs / Female  
 Received on: 29/09/2020  
 Printed on: 29/09/2020

**Name: MS. ANJANI YADAV**  
**Patient ID: 34206439**  
**Ref. By: DR. NEERAJ GUPTA**

Test Name	Value	Unit	Biological Ref Range
<b>HORMONE ASSAYS</b>			
ANTI-THYROGLOBULIN Antibody (By CLIA)	119.80	IU/ml	0.00 - 18.00
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	223.10	IU/ml	0.00 - 40.00
<b>THYROID PROFILE</b>			
FREE TRI- IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.47	pg/ml	1.40 - 4.20

**Comments:**  
 Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type 1 transmembrane glycoprotein family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG levels is associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of elevated concentration of iodalbumin. TG is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the bloodstream.

**Comments:**  
 Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti -TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
 Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.



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MON-SAT: 8.00AM TO 7.00 PM  
SUNDAY CLOSED

Name: MS. ANJANI YADAV  
Patient ID: 35206058  
Ref. By: DR. NEERAJ GUPTA

Age: 26 Yrs / Female  
Received on: 29/10/2020  
Printed on: 29/10/2020

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.60	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	3.22	µU/ml	0.35 - 5.50

Children:  
1 - 2 days 3.20 - 34.60  
3 - 4 days 0.70 - 15.40  
15 days - 5 months 1.70 - 9.10  
5 months - 20 yrs 0.70 - 6.40  
Gestation specific reference value:  
First Trimester 0.20 - 3.90  
Second Trimester 0.50 - 4.10  
Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Scribe fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.

NOTE:  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day has influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

Pathologist

Fig 8. Report dated 29-10-20: TSH, Anti TGA and Anti TGAb antibodies titers

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MON-SAT: 8.00AM TO 7.00 PM  
SUNDAY CLOSED

Name: MS. ANJANI YADAV  
Patient ID: 35206112  
Ref. By: DR. NEERAJ GUPTA

Age: 26 Yrs / Female  
Received on: 26/11/2020  
Printed on: 26/11/2020

Test Name	Value	Unit	Biological Ref Range
FREE THYROXINE (F-T4) (SERUM, By CLIA)	1.27	ng/dl	0.80 - 2.20
TSH - Ultrasensitive (SERUM, By CLIA)	2.64	µU/ml	0.35 - 5.50

Children:  
1 - 2 days 3.20 - 34.60  
3 - 4 days 0.70 - 15.40  
15 days - 5 months 1.70 - 9.10  
5 months - 20 yrs 0.70 - 6.40  
Gestation specific reference value:  
First Trimester 0.20 - 3.90  
Second Trimester 0.50 - 4.10  
Third Trimester 0.60 - 4.10

Test performed on Maglumi 1000, Scribe fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.

NOTE:  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day has influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\* End Of Report \*\*\*

Pathologist

Fig 9. Report dated 26-11-2020: TSH, Anti TGA and Anti TGAb antibodies titers

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MON-SAT: 8.00AM TO 7.00 PM  
SUNDAY CLOSED

Name: MS. ANJANI YADAV  
Patient ID: 35206058  
Ref. By: DR. NEERAJ GUPTA

Age: 26 Yrs / Female  
Received on: 29/10/2020  
Printed on: 29/10/2020

Test Name	Value	Unit	Biological Ref Range
HORMONE ASSAYS ANTI-THYROGLOBULIN Antibody (By CLIA)	79.20	IU/ml	0.00 - 18.00

Comments:  
Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type-B carboxylesterase/lipase family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG are associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis usually results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of an elevated concentration of iodalbumin. TG is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the blood stream.

Test Name	Value	Unit	Biological Ref Range
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	156.30	IU/ml	0.00 - 40.00

Comments:  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.

Test Name	Value	Unit	Biological Ref Range
THYROID PROFILE FREE TRI-IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.91	pg/ml	1.40 - 4.20

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MON-SAT: 8.00AM TO 7.00 PM  
SUNDAY CLOSED

Name: MS. ANJANI YADAV  
Patient ID: 35206112  
Ref. By: DR. NEERAJ GUPTA

Age: 26 Yrs / Female  
Received on: 26/11/2020  
Printed on: 26/11/2020

Test Name	Value	Unit	Biological Ref Range
HORMONE ASSAYS ANTI-THYROGLOBULIN Antibody (By CLIA)	63.10	IU/ml	0.00 - 18.00

Comments:  
Thyroglobulin (TG) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type-B carboxylesterase/lipase family. TG plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in TG are associated with susceptibility to autoimmune thyroid disease and defective or impaired TG synthesis usually results in congenital goitrous hypothyroidism, virtual absence of TG in thyroid tissue and the presence of an elevated concentration of iodalbumin. TG is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of TG into the blood stream.

Test Name	Value	Unit	Biological Ref Range
ANTI-THYROID PER-OXIDASE Antibody (TPO) SERUM (By CLIA)	137.80	IU/ml	0.00 - 40.00

Comments:  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.

Test Name	Value	Unit	Biological Ref Range
THYROID PROFILE FREE TRI-IODOTHYRONINE (F-T3) (SERUM, By CLIA)	2.88	pg/ml	1.40 - 4.20

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Age: 26 Yrs / Female  
Received on: 28/12/2020  
Printed on: 28/12/2020

**Test Name**      **Value**      **Unit**      **Biological Ref Range**

**FREE THYROXINE (F-T4)**      1.15      ng/dl      0.80 - 2.20  
(SERUM, By CLIA)

**TSH - Ultrasensitive**      3.51       $\mu$ U/ml      0.35 - 5.50  
(SERUM, By CLIA)

**Children:**  
1 - 2 days      3.20 - 34.60  
3 - 4 days      0.70 - 15.40  
15 days - 5 months      1.70 - 9.10  
5 months - 20 yrs      0.70 - 6.40  
Gestation specific reference value:  
First Trimester      0.20 - 3.90  
Second Trimester      0.50 - 4.10  
Third Trimester      0.60 - 4.10

Test performed on Maglumi 1000, Snieb fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.

**NOTE:**  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

\*\*\*\* End Of Report \*\*\*\*

**Pathologist**

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Age: 26 Yrs / Female  
Received on: 28/12/2020  
Printed on: 28/12/2020

**Test Name**      **Value**      **Unit**      **Biological Ref Range**

**HORMONE ASSAYS**

**ANTI-THYROGLOBULIN Antibody**      49.25      IU/ml      0.00 - 18.00  
(By CLIA)

**Comments:**  
Thyroglobulin (Tg) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type-B carboxylesterase/lipase family. Tg plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in Tg are associated with susceptibility to autoimmune thyroid disease and defective or impaired Tg synthesis usually results in congenital goitrous hypothyroidism, virtual absence of Tg in thyroid tissue and the presence of an elevated concentration of iodalbumin. Tg is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of Tg into the blood stream.

**ANTI-THYROID PEROXIDASE Antibody**      87.78      IU/ml      0.00 - 40.00  
(By CLIA)

**Comments:**  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.

**THYROID PROFILE**

**FREE TRI-IODOTHYRONINE (F-T3)**      2.28      pg/ml      1.40 - 4.20  
(SERUM, By CLIA)

Page No: 1 of 2

Fig 10. Report dated 28-12-20: TSH, Anti TGA and Anti TGAb antibodies titers

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Ex-Pathologist, AIIMS, N. Delhi

Age: 26 Yrs / Female  
Collected At: 24/03/2021  
Received on: 24/03/2021  
Printed on: 24/03/2021

**Test Name**      **Value**      **Unit**      **Biological Ref Range**

**ANTI-THYROID PEROXIDASE Antibody**      25.20      IU/ml      0.00 - 40.00  
(By CLIA)

**Comments:**  
Thyroglobulin (Tg) is a dimeric glycoprotein specific to the thyroid gland which belongs to the type-B carboxylesterase/lipase family. Tg plays a crucial role in thyroid hormone synthesis, storage and release. It is precursor of the iodinated thyroid hormones, triiodothyronine (T3) and Thyroxine (T4). Variation in Tg are associated with susceptibility to autoimmune thyroid disease and defective or impaired Tg synthesis usually results in congenital goitrous hypothyroidism, virtual absence of Tg in thyroid tissue and the presence of an elevated concentration of iodalbumin. Tg is not secreted into the systemic circulation under normal circumstances. However, follicular destruction through inflammation (thyroiditis and autoimmune hypothyroidism), hemorrhage (nodular goitre), or rapid disordered growth of thyroid tissue, as may be observed in Grave's disease or follicular cell derived thyroid neoplasms can result in leakage of Tg into the blood stream.

**Comments:**  
Thyroid peroxidase (TPO) is the enzyme involved in the biosynthesis of thyroid hormones and is an important autoantigen in autoimmune thyroid disease. Anti-TPO autoantibodies are measured to help diagnose and monitor autoimmune thyroid diseases such as Hashimoto's thyroiditis, primary myxedema, Grave's disease and postpartum thyroiditis.  
Characterization of the microsomal antigen as TPO has allowed replacement of the classical qualitative assay with quantitative anti TPO autoantibody assay that has better precision, sensitivity and specificity. This improvement has obviated the need for simultaneous determination of anti-thyroglobulin antibodies in many patients.

\*\*\*\* End Of Report \*\*\*\*

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Ex-Pathologist, AIIMS, N. Delhi

Age: 26 Yrs / Female  
Collected At: 24/03/2021  
Received on: 24/03/2021  
Printed on: 24/03/2021

**Test Name**      **Value**      **Unit**      **Biological Ref Range**

**THYROID PROFILE**

**FREE TRI-IODOTHYRONINE (F-T3)**      2.17      pg/ml      1.40 - 4.20  
(SERUM, By CLIA)

**FREE THYROXINE (F-T4)**      1.04      ng/dl      0.80 - 2.20  
(SERUM, By CLIA)

**TSH - Ultrasensitive**      3.26       $\mu$ U/ml      0.35 - 5.50  
(SERUM, By CLIA)

**Children:**  
1 - 2 days      3.20 - 34.60  
3 - 4 days      0.70 - 15.40  
15 days - 5 months      1.70 - 9.10  
5 months - 20 yrs      0.70 - 6.40  
Gestation specific reference value:  
First Trimester      0.20 - 3.90  
Second Trimester      0.50 - 4.10  
Third Trimester      0.60 - 4.10

Test performed on Maglumi 1000, Snieb fully automated immuno assay system based on CLIA (chemiluminescence immuno assay) technology.

**NOTE:**  
TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 p.m. to 6 a.m. Diurnal variation in TSH level approximates +/- 50% hence time of the day has influence on the measured serum TSH concentration.  
Thyroid function test (TFT) is generally recommended in -  
\*Abnormal weight loss or gain.  
\*Typical symptoms of hypothyroidism- tiredness, lethargy, intolerance to cold, constipation, bradycardia, increased menstruation.  
\*In children - if they fail to grow normally. If ability to comprehend is less and mental growth is found to be insufficient. If puberty is delayed.  
\*Symptoms of hyperthyroidism- Tiredness, hot, tachycardia, short of breath, increased appetite but loss of weight, muscular atrophy, characteristic features of protruding, staring eyes and enlarged thyroid gland.

**HORMONE ASSAYS**

**ANTI-THYROGLOBULIN Antibody**      12.17      IU/ml      0.00 - 18.00  
(By CLIA)

Fig 11. Report dated 24-03-2021: TSH, Anti TGA and Anti TGAb antibodies titers



# Role of Pseudo Chronic Disease – A Repertorial View

By Dr V.aiyswarya

## ABSTRACT

Pseudo chronic disease are inappropriate named chronic diseases by Dr Samuel Hahnemann in his Organon of medicine. The pseudo chronic diseases or false chronic diseases can be treated by slight modification in the state of diet and habits of the persons. Even though change in the diet and habits lead to withdrawal symptoms of addiction like tea, coffee, alcohol, tobacco, etc. which is difficult to overcome the person. In homoeopathy treatment of an individual by collection the symptoms of mind and body and forming a totality of the persons and repertory navigates through selecting the simillimum of a person. It gives confidence to the persons withdraws from the maintaining cause. In this article, one gets to know some rubrics after the withdrawal of the maintaining cause in detailed manner to treat pseudo chronic disease and its effects.

**Keywords:** Chronic disease, pseudo chronic disease, repertory, rubrics, withdrawing symptoms

## Introduction

The inappropriate named chronic diseases as stated by Dr Samuel Hahnemann in his 6<sup>th</sup> edition of *Organon of medicine* in aphorism 77. He stated that the maintaining cause, i.e. over exertion of mind or body, which lived in a constant state of worry, addiction, drug and caused ill health. These can be restored by removing the cause and also by changing the diet, habits and lifestyle but still the long-term cause and its effect in the mind and body remains. They can be removed with the help of medicines and therapies. Homoeopathy is a therapy which treats based on both mind and body by framing the totality of symptoms based on individualisation. It helps to improve the quality of life and also give confidence to withdraw from the maintaining cause. Some of rubrics which helps in the choice of remedy are discussed below.<sup>(1)</sup>

RUBRICS RELATED TO PSEUDO CHRONIC DISEASE :

*Synthesis repertory*:<sup>(2)</sup>

Head – heaviness – tea – from drinking

Teeth – pain – drinking – tea

Stomach- emptiness – drinking – tea

Abdomen – flatulence – drinking – tea

Cough – short morning – tea – drinking after

Generals – food & drinks – tea desire- hot

Abdomen – flatulence – tea , after abuse of

Sleep – sleeplessness – tea, after, abuse of

Sleep – restless – tea, after abuse of

Bbcr :<sup>(6)</sup>

Stomach and epigastrium – digestion – weak , tea abuse of

Murphy repertory<sup>(5)</sup>

Sleep - insomnia, tea, after abuse of

Food – food, poisoning , tea, abuse ailments from c

*Synthesis repertory* :<sup>(2)</sup>

Mind – anger – drinking coffee & wine while

Mind – irritability – drinking wine & coffee, while

Stomach – pain – coffee drinkers in,

Stomach – pain – coffee drinkers in , cramping

Fever – coffee drinking – amel

Generals – food & drinks – Coffee – desire – strong

Generals – food & drinks – Coffee – desire – strong – vertigo during

#### *Knerr repertory* :<sup>(4)</sup>

Nerves – neuralgia – drinking , abuse of coffee

Inner head – headache (undefined), coffee – abuse , from of

Inner head – apoplexy , drinking abuse of liquor or coffee

Sensorium – vertigo – nervous , from abuse of narcotics, coffee, etc

Upper face – face ache (prosopalgia) – coffee , after abuse of , liquor or quinine

#### *Kent repertory* :<sup>(6)</sup>

Chill – Chilliness- coffee, abuse of

Sleep – sleeplessness – coffee, abuse of , after.

Drug addiction:

#### *Complete Repertory* :<sup>(3)</sup>

Mind – drug addiction, morphinism

Mind- Drug addiction, morphinism: recreational desire – Marijuana

Mind- Drug addiction, morphinism: Caffeine

Mind- Drug addiction, morphinism: Heroin desire

Mind- Drug addiction, morphinism: recreational desire- Ecstasy

Mind- Drug addiction, morphinism: Nicotin

Clinical – medicaments , allopathic medicine : addiction.

#### *Murphy Repertory* :<sup>(5)</sup>

Toxicity -Drugs, general: Stimulants , addictions, ailments from

Toxicity -Drugs, general: Stimulants , addictions, ailments from: desire

Toxicity -Drugs, general: Stimulants , addictions, ailments from : Agg

Toxicity -Drugs, general: Stimulants , addictions, ailments from : Amel

Toxicity – Addictions , Ailments from:

Toxicity – Tobacco ,general , smoking : Addiction , nicotine

Toxicity -Narcotics, poisoning , ailments from: Addiction, to alcohol

#### *Synthesis repertory* <sup>(2)</sup>

Mind- alcoholism - remove the habit to drink

Mind- alcoholism - withdrawal from , to support of

Mind - delirium tremens- small quantity of alcoholic stimulates to

#### *Complete repertory*<sup>(3)</sup>

Mind- alcoholism, dipsomania recurrent

Mind - alcoholism, dipsomania withdrawal to help

Mind - alcoholism, dipsomania withdrawal to help, sweet alcoholic drinks for,

### **CONCLUSION:**

Homoeopathy treats removes the root of the problem and helps to restore the health. In this pseudo chronic disease, repertory helps to identify the problem by knowing the rubrics which helps in case taking as well as choice of remedy to select according to the case.

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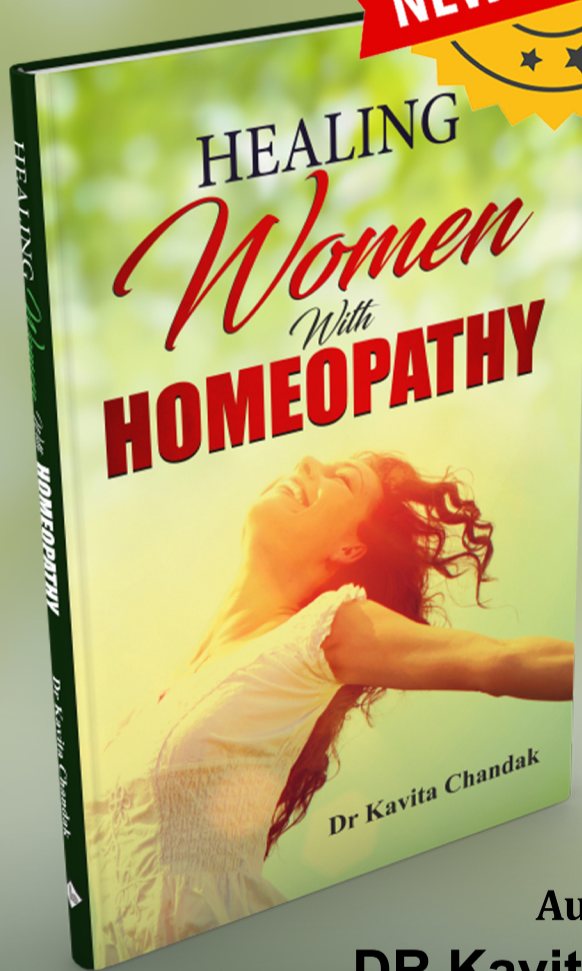
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# Effectiveness of Homoeopathic Medicines in Generalised Anxiety Disorder in Adults: A Prospective Observational Study

By Dr Neeraj Gupta, Dr Meera Rani

## ABSTRACT :

**Background:** According to DSM (diagnostic and statistical manual of mental disorders)- IV, generalised anxiety disorder (GAD) is the presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive. The worry is experienced as very challenging to control. <sup>(1)</sup> GAD is becoming a big challenge for the health care provider with its multi-pattern presentations and the single eyed view of the modern system of medicine seems to be too weak to tame the subtle ferocity of this disease. A more holistic therapeutic approach is the need of the hour.

**Objectives:** (1) To observe the effectiveness of individualised homoeopathic medicines in treatment of generalised anxiety disorder (GAD). (2) To identify the signs and symptoms most commonly presented by GAD patients on GAD -7 item scale and Hamilton anxiety (HAM-A) rating scale.

**Materials and methods:** Demographic details and clinical data in the form of symptoms were collected from 30 patients registered for the study from OPD/IPD of Nehru Homoeopathic Medical College and Hospital, New Delhi, after obtaining their consent as per inclusion criteria, between November 2019 to November 2020.

**Result:** The effectiveness of homoeopathic medicines with the help of Hamilton Anxiety (HAM-A) rating scale in generalised anxiety disorder was assessed and out of 30 cases, 22 cases (77.33%) showed reduction in HAM-A score after six to twelve months of individualised homoeopathic treatment.

The calculated t-value, 1.836062 lies between 1.7 and 2.05, the corresponding probability is  $0.10 < P < 0.05$  for 29 degrees of freedom ( $df = 29$ ). This is greater than conventionally accepted significance level of 0.10 and smaller than 0.05.

**Conclusion:** Individualised homoeopathic medicines were found to be effective in the generalised anxiety disorder in adults.

**Keywords:** Generalised anxiety disorder, GAD-7 scale, HAM-A rating scale, homoeopathy.

**Abbreviations:** DSM (diagnostic and statistical manual of mental disorders), generalised anxiety disorder (GAD), Hamilton anxiety (HAM-A) rating scale, example (e.g.), outpatient department (OPD), in-patient department (IPD)

## Introduction

Mental health is often associated with lots of stigma and discrimination. There is little comprehensive data on the prevalence of psychological disorders around the world. But estimates suggest one in seven people on the planet have mental or substance-use disorders, and 4% have anxiety disorders.<sup>(2)</sup>

**Generalised anxiety disorder (GAD)** is an anxiety disorder characterized by excessive, uncontrollable and often irrational worry about events or activities.<sup>(3)</sup> Worry often interferes with daily functioning, and sufferers are overly concerned about everyday matters such as health,

finances, death, family, relationship concerns, or work difficulties. Symptoms may include excessive worry, restlessness, trouble sleeping, exhaustion, irritability, sweating, and trembling.

Symptoms are consistent and ongoing, persisting at least six months, for a formal diagnosis of GAD. Individuals with GAD often suffer from other disorders including other psychiatric disorders (e.g., major depressive disorder), substance use disorder, obesity, and may have a history of trauma or family with GAD.<sup>(4)</sup> The excessive *anxiety* can make person avoid work, school, family get-togethers, and other social situations that might trigger or worsen symptoms. With treatment,

many people with *anxiety disorders* can manage their feelings.<sup>(5)</sup>

The significant mediators of anxiety in the central nervous system are thought to be *norepinephrine, serotonin, dopamine, and gamma-aminobutyric acid (GABA)*. The autonomic nervous system, especially the *sympathetic nervous system*, mediates most of the symptoms.

The *amygdala* plays an important role in tempering fear and anxiety. Patients with anxiety disorders have been found to show heightened amygdala response to anxiety cues. The *amygdala* and *limbic system* structures are connected to prefrontal cortex regions, and prefrontal-limbic activation abnormalities may be reversed with psychological or pharmacologic intervention.<sup>(6)</sup>

Diagnostic criteria according to DSM- V

All of the following features must be present in order to make a proper diagnosis of GAD:

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): Note: Only one item required in children.

1. Restlessness, feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty in concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety

disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder.<sup>(7)</sup>

## Methods

**This study was conducted in the OPD/IPD of Nehru Homoeopathic Medical College and Hospital New Delhi. Sample size for the study was 30. Number of patients for both genders i.e. females and males were equal (15 each) belonging to the different age group (18-60) i.e early adulthood – 15 cases(50%), early middle adulthood - 9 cases (30%) and late middle adulthood – 6 cases (20%). Patients with**

**GAD -7 score  $\geq$  than 10 were included in study. Pregnant and lactating ladies were excluded from the study. Patients with other systemic disorder and other major co-morbid psychiatric illness were also excluded.**

**Study design:** Open label observational clinical trial.

**Study duration:** One year.

## Study intervention:

The included patients' case-taking, analysis and evaluation, miasmatic analysis and repertorisation was done as per the principles of homoeopathy. Since the patients were of moderate to high susceptibility, the selected simillimum was given in 200 and 1M potencies. It was found that 22 cases (77.33%) showed reduction in HAM-A score after treatment.

## 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 Hamilton anxiety (HAM-A) rating scale. Entering the t- test distribution table with degree of freedom 29 and reading along the row, it was found that the value of calculated t-value = 1.83 was lying between 1.70 and 2.05. The corresponding probability is  $0.10 < P < 0.05$ . This is greater than conventionally accepted significance level of 0.10% and smaller than 0.05%. After the study, calculated value was higher than the particular level of significance to which reference is made for the comparison, so the t- test and HAM-A score appeared to be significant to prove the effectiveness of homoeopathic medicines in generalised anxiety disorder.

## Result:

A total number of 30 cases were selected for the study having GAD-7 score equals to and more than 10 and



based on inclusion and exclusion criteria to assess the effectiveness of homoeopathic medicines in generalised anxiety disorder with the help Hamilton (HAM-A) anxiety rating scale.

These cases were followed up regularly and at the end of the study, certain observations arrived. In this study, number of male and females were equal 15 each (50%) belonging to the different age group (18-60) i.e early adulthood – 15 cases(50%), early middle adulthood - 9 cases (30%) and late middle adulthood – 6 cases (20%). It was found that 22 cases (77.33%) showed reduction in HAM-A score after treatment. Review of patients was done every 2- 3 weeks.

Most effective medicines were: *Argentum nitricum* in 4 cases (18.18 %), a in 3 cases (13.63% ) and

*Kalium phosphoricum*, *Silicea terra*, *Gelsemium sempervirens*, *Thuja occidentalis*, *Calcarea carbonicum*, *Pulsatilla nigricans* and *Lycopodium clavatum* each in 2 cases (9.09%) . *Phosphorus* and *Arsenicum album* each in 01 case (4.5%).

Out of 22 patients with reduction in HAM-A score, 1M potency was found effective in 10 patient, 200C potency in 7 patients and 30C potency in 5 patients .

Most frequent symptoms presented on GAD-7 Scale are – (a).Feeling nervous, anxious, or on edge. (b).Not being able to stop or control worrying. (c).Worrying too much about different things. (d).Trouble relaxing.

Most frequent symptoms presented on HAM-A scale are – (a) Anxious mood-worries, anticipation of the worst, fearful anticipation, irritability. (b) Tension-feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax. (c) Fears- of dark, of strangers, of being left alone, of animals, of traffic, of crowds. (d) Intellectual-difficulty in concentration, poor memory. (e) Somatic (muscular)-pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone. (f) Cardiovascular symptoms-tachycardia, palpitation, pain in chest, throbbing of vessels, fainting feelings, missing beat.

According to this study, individualised homoeopathic medicines were found to be effective in the generalised anxiety disorder in adults.

## Discussion:

Generalised anxiety disorder (GAD) affects about 2–5% of the population, yet accounts for as much as 30% of the mental health problems seen by General physicians <sup>(8)</sup>. The study was confined to a population of both sexes of adult age group (18-60 yrs). It was an Open label observational prospective study to assess the effectiveness of homoeopathic medicine in treatment of GAD. The dura-

tion of the study conducted was 01 year.

The patients with GAD-7 score was equal to or more than 10 (Total -47 ) were eligible for study. 37 patients were taken up for the study on the basis of inclusion and exclusion criteria as laid in materials and methods, but 07 patients were considered as drop-out. Hence, the study was done on 30 enrolled subjects.

The medicine was prescribed on the basis of totality of symptoms after doing repertorisation. The selected medicine was verified on the context of *Materia Medica*. Potency and dose were selected following strict homoeopathic principles. Follow-up was aimed more or less 15 days of time from the period of active interference. On reporting, the cases were followed up properly and result was assessed in the direction of cure. Hamilton anxiety (HAM-A) score was obtained two times in 30 each case initially on first case taking and after treatment for three to six months.

The observations made here was based on the data obtained from above studied 30 cases.15 patients (50%) were male and 15 patients (50%) were females. 21patients(70%) were married and 7 patients(30%) were unmarried.11patients(36.6%) belonged to upper class, 12patients(40%) belonged to middle class and 7 patients(23.33%) belonged to lower class. After miasmatic analysis, it was found that 10 cases( 33.33% ) were psora-syphilitic, in 9 cases (30%) were psora-sycotic and psora miasm(each), and in 2 cases(6.66%) syphilis was predominant miasm.n

Most effective medicines found for 22 cases in this study were *Argentum nitricum*. in 4 cases (18.18 %), *Natrum muriaticum* in 3 cases (13.63% )and *Kalium phosphoricum*, *Silicea terra*, *Gelsemium sempervirens*, *Thuja occidentalis*, *Calcarea carbonicum*, *Pulsatilla* and *Lycopodium clavatum* each in 2 cases (9.09%) . *Phosphorus* and *Arsenicum album* each in 01 case (4.5%). Out of 22 patients, 1M potency was found effective in 10 patient(45.45), 200 potency in 7 patients(31.81%) and 30 potency in 5 patients(22.72%). The final outcome after treatment showed 73.33% improvement in 22 cases of GAD.

In this study, HAM-A score was assessed twice before and after 3 to 6 months of homoeopathic treatment, there was reduction in HAM-A Score in 22 cases (77.33%) means sign and symptoms of GAD were decreasing in intensity on HAM-A scale and patient was improving, increase in HAM-A Score in 6 cases (20%) it inferred that symptoms were increasing in intensity and no change in HAM-A score in 2 cases (6.66%).

From the analysis of the above results obtained it is obvious that the homoeopathic medicines are effective in the treatment of generalised anxiety disorder in adults.



## Conclusion

The study showed that homoeopathic medicines are effective in treatment of generalised anxiety disorder in adults as shown in reduction in score on Hamilton anxiety (HAM-A) rating scale that assess the patient symptoms while he/she was improving under the homoeopathic treatment. The study was conducted on 30 subjects including 15 male (50%) and 15 females (50%). Out of them, 22 patients (73.33%) showed reduction in HAM-A score which means improvement in symptoms as was assessed before and after three to six months of homoeopathic treatment.

**It can thus be concluded that homoeopathy has significant scope for treatment of generalised anxiety disorder (GAD) in adults.**

## Acknowledgement

We thank all the respondents

We thank all the patients for their sincere participation in the study. We would also like to thank the Principal of Nehru Homoeopathic Medical College and Hospital for allowing us to conduct the study.

**Conflicts Of Interest: -Nil**

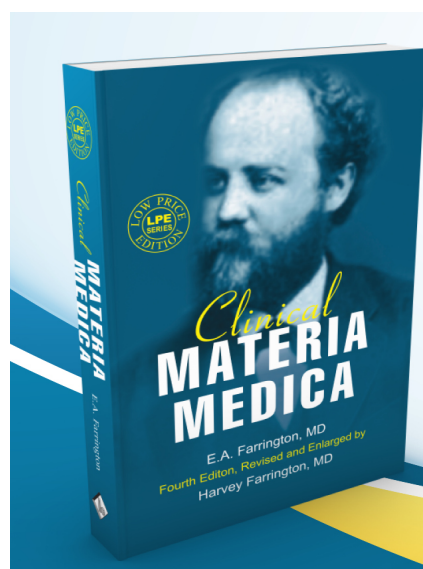
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# Taming the Malarial Scourge – Comparison of *Malaria Nosode 30c* and Artesunate –Mefloquine for the Treatment of Uncomplicated *Plasmodium falciparum* Malaria in Children and Adults

By Dr Chima Oji

## ABSTRACT :

**Background.** Malaria is a disease that can be controlled and treated if diagnosed early. Sadly, the conventional preventive drugs, the treatment drugs and the vaccines are not completely effective because they are saddled with drawbacks like adverse side effects and parasite resistance. The combination of artesunate and mefloquine has been reported to be effective against multi-drug resistant *Plasmodium falciparum*. Unfortunately, it, too, has to a limited extent, the afore-mentioned drawbacks. We overcame the shortcomings of the conventional malaria therapies by developing a homoeopathic malaria nosode.

**Aim.** The objective of this study is to compare the efficacy, safety and tolerability of the malaria nosode with that of a co-packed formulation of artesunate-mefloquine.

**Method.** We conducted the trial in a homoeopathic hospital in Enugu, eastern Nigeria. It was a descriptive comparative trial of three-day regimen of malaria nosode 30c and an artemisinin-based combination therapy (ACT). We divided the patients into two groups using simple random sampling methods: Group A for the malaria nosode and Group B for the ACT. We again randomly divided the patients into treatment subgroups according to their weight. Treatment group A1 consisted of those weighing between 15-29 kg, while treatment group A2 consisted of participants whose weight was  $\geq 30$  kg. The same applied to groups B1 and B2. We had a total of two hundred patients: hundred for the treatment with the nosode and the remaining hundred for the treatment with artesunate-mefloquine.

**Result.** Cure rates of the two treatment drugs were  $>90\%$ . There were no side effects recorded with the malaria nosode. However, we observed side effects in the patients treated with artesunate-mefloquine.

**Conclusion.** In the light of the above, we recommend that governments in malaria endemic regions and stakeholders in the treatment of malaria should also recognise this alternative treatment.

**Keywords:** malaria; malaria nosode; homoeopathic treatment; comparison with artesunate-mefloquine

**Keywords:** malaria; malaria nosode; homoeopathic treatment; comparison with artesunate-mefloquine

**Abbreviations:** artemisinin-based combination therapy (ACT), Centers for Disease control and Prevention (CDC), World Health Organization (WHO), artesunate-mefloquine (AM), packed cell volume (PCV), white blood cells (WBC), *Plasmodium falciparum* (*P. falciparum*), parasite clearance (PCT), analysis of variance (ANOVA)

## Introduction

Malaria is a life-threatening blood disease caused by parasites transmitted to humans through the bite of the female *Anopheles* mosquito<sup>1</sup>. Only the female mosquito bites for blood, which she needs to mature her eggs. Males feed only on nectar, and are thus not a carrier for disease<sup>1</sup>. Once an infected mosquito bites a human and transmits the parasites, those parasites multiply in the host's liver before infecting and destroying red blood cells<sup>2</sup>. The *Plasmodium* parasite that causes malaria is

neither a virus nor a bacterium; rather, a single-celled parasite that multiplies in red blood cells of humans as well as in the mosquito intestine<sup>1,3,4</sup>. Malaria was first identified in 1880 as a disease caused by parasitic infection<sup>1,5</sup>. It occurs typically in tropical and subtropical countries. According to the Centers for Disease control and Prevention (CDC)<sup>4</sup>, malaria symptoms can be classified in two categories: uncomplicated malaria and severe malaria<sup>4</sup>. Uncomplicated malaria typically has the following progression of symptoms: sensation of cold, shivering; fever, headaches, and vomiting (seizures

sometimes occur in young children), sweats followed by a return to normal temperature, with tiredness. Severe malaria is defined by clinical or laboratory evidence of vital organ dysfunction. This form has the capacity to be fatal if left untreated. Symptoms of severe malaria include fever and chills, impaired consciousness, prostration, multiple convulsions, deep breathing and respiratory distress, abnormal bleeding and signs of anemia, clinical jaundice and evidence of vital organ dysfunction.

Early diagnosis of malaria is critical for a patient's recovery. Any individual showing signs of malaria should be tested immediately. The WHO strongly advise parasitological confirmation by microscopy or a rapid diagnostic test (RDT)<sup>6,7</sup>.

If left untreated, malaria can be fatal. The aim of treatment is to eliminate the Plasmodium parasite from the patient's blood stream. Even those who are asymptomatic may be treated for infection to reduce the risk of disease transmission in the general populace. The WHO recommends artemisinin-based combination therapy (ACT) to treat uncomplicated malaria<sup>7</sup>. ACT is artemisinin combined with a partner drug. The role of artemisinin is to reduce the number of parasites within the first three days while the partner drugs eliminate the rest. However, there is growing concern about the increase of cases of malaria resistance to the effects of ACTs<sup>3,8,9,10,11</sup>.

Studies have documented the effective treatment of malaria with homoeopathy<sup>12,13,14</sup>. Homoeopathy is a method of treatment that supports the body's own healing mechanism. It is based on the laws of similar: "like cures like" (similia similibus curentur), a philosophy that can be traced back to the 5<sup>th</sup> Century B.C. when it was formulated by Hippocrates<sup>15</sup>. It was Samuel Hahnemann, a German professor of medicine, who about 200 years ago, developed the scientific and philosophical foundations of this gentle way of healing<sup>15</sup>. Homoeopathic remedies are a unique, potentised **energy** medicine drawn from the plant, mineral and animal worlds. They are extremely pure natural substances that have been diluted many times. They are diluted to such a degree that not one molecule of the original substance can be detected (after the 12C potency – the Avogadro mark). They work by boosting the natural energy of the body, and are very safe, even for pregnant and sensitive patients. There is no danger of addiction or toxicity<sup>16,17</sup>. In their raw form, these substances would cause the same symptoms the patient is trying to cure. In small, pure, diluted doses, it is not only safe and free from side effects, but it will trigger the body to heal itself. Homoeopathic remedies are classified into three levels of potencies. X, C, and M refer to 10, 100 and 1000 in terms of the amount of dilution. They begin with part of

the raw extracts (from plants or animals) or triturations, i.e. pulverization (from minerals and salts) dissolved in alcohol, called the mother tincture. The mother tincture is then diluted many times. After each dilution, the solution is shaken or "succussed". It is thought that this process imprints the healing energy of the medicinal substance throughout the body of the water (the diluent) as if a message is passed on. Even in ultra-molecular dilutions, information specific to the original dissolved substance remains and can be detected<sup>17</sup>. The solution is made into pills, powders, tinctures or creams. A 1X potency is created by mixing 1 part of the mother tincture and 9 parts alcohol or distilled water. In each successive number (increasing the potency 2X, 3X, 4X), 1 part is taken from the previous potency and diluted according to the new potency. Homoeopathic potency is designated by the combination of the number and letter, for example, 6X or 30C. The number refers to the number of dilutions the tincture has undergone in the series to prepare the remedy, whereas the letter refers to the proportions used in each dilution of the series. Commercially, homoeopathic drugs are produced in large quantities by machines that deliver a calibrated amount of shaking.

Nosodes are homoeopathic preparations made from bodily tissues and fluids (including faeces, blood, pus, discharges, and saliva) taken from patients suffering from a disease (e.g. measles, anthrax, tuberculosis<sup>18</sup>). Once the starting material is obtained, it is sterilized and serially diluted, just like any other homoeopathic remedy, often to the point where no active ingredient remains<sup>19,20</sup>. As with other homoeopathic remedies, nosodes may be taken orally or intravenously and are used for a wide variety of conditions

It is important to note that homoeopaths, unlike allopaths, do not test their drugs on animals. Animals do not possess the power of speech; cannot report the subtleties of alterations in mood or the different types of pain, fever, etc., which can be described by human experimental subjects. In addition, the physiology of animals is considerably different from that of humans.

This research work is an effort to provide genuine knowledge about antimalarial Nosode 30C in its antimalarial activity against *P. falciparum* by comparing its efficacy to that of a fixed-dose artesunate-mefloquine. The treatise in this introduction is a window to the understanding and appreciation of the alternative drug that we present. The drug is a malaria nosode produced from mosquitoes in our environment. The drug is effective in the treatment and prevention of uncomplicated malaria for patients of all ages<sup>12</sup>; it has no side effects and is not affected by the genetic mutations of the Plasmodia. Furthermore, the production is cheap.



## Patients and methods

This trial was carried out in a health facility for alternative medical treatments in Enugu, Nigeria. It was a descriptive comparative trial of three-day regimen of malaria nosode 30c and an artemisinin-based combination therapy (ACT), comprising artesunate-mefloquine (AM) for efficacy, safety and tolerability. This co-packed formulation is known as Artequin™, manufactured by ACINO Pharm. AG, Domacherstrasse 114, 4147 Aesch, Switzerland for ACINO Pharm AG, Liesberg, Switzerland. In order to produce the malaria nosode tablets, we collected fifty freshly-killed mosquitoes and placed them in a sterile container of sixty per cent (60%) alcohol. The alcohol barely covered the mosquitoes. Thereafter, we crushed the mosquitoes inside it and filtered the mixture under sterile conditions. The filtrate is the **mother tincture**. We then set up thirty sterile test tubes and numbered them from 1C to 30C. To prepare 1C potency on the centesimal scale, we took one drop of the mother tincture and diluted it with 99 drops of distilled water in the test tube that we numbered 1C. Thereafter, while standing upright and erect, we shook the drug (in a corked test tube) ten times vigorously from the height of the shoulder downwards towards the knee – as if one is flipping down a body thermometer. Out of the above hundred parts of potency one (1C), one drop is taken and mixed with another 99 drops of the diluent. After vigorous shaking as described above, we produced 2C. In this manner, we got the desired potency of 30C. We impregnated the liquid of the 30C remedy into neutral tablets, which in turn carried the same potency as the 30C liquid.

The treatments were carried out in January 2020. We randomly selected two treatment group, namely Group A for the malaria nosode and Group B for the ACT. We randomly divided the patients in each group by weight into two treatment subgroups. Treatment group A1 consisted of those weighing between 15-29 kg, while treatment group A2 consisted of participants whose weight was  $\geq 30$  kg. The same applied to groups B1 and B2.

We included patients who fulfilled the following criteria: between 15-29 kg or  $\geq 30$  kg with mono-infection with a *P. falciparum* parasitaemia in the range of 1,000 to 259,000 asexual parasites per  $\mu$ l of blood, presence of axillary temperature of  $\geq 37.5^{\circ}\text{C}$  and/or history of fever in the preceding 24 hours, informed consent by parent/guardian (in the case of children), ability to come for the stipulated follow-up visits, and easy access to the health facility. Inducements were offered such as free transportation from their homes to the hospital and back and light refreshments. This was to ensure that none of them dropped out of the study.

We excluded patients with danger signs such as unable to drink or breastfeed, unable to sit or stand up, vomiting, recent history of convulsion, lethargic or unconscious. Furthermore, we excluded patients with signs of complicated falciparum malaria, such as severe anaemia ( $\text{PCV} \leq 15\%$ ), shock, bleeding disorders, coke coloured urine, jaundice, presence of severe malnutrition by clinical examination and weight for height measurement, history of allergy to study drugs and pregnant women.

We engaged 200 patients who met the enrolment criteria. In addition, we obtained written informed consent prior to enrolment. In the first day (day 0), we carried out screening, clinical assessment, initial malaria smears, haematological and biochemical assessments and enrolment. With the aid of digital electronic thermometer, we measured the axillary temperature. We collected venous blood for baseline laboratory indices. We did liver enzymes (aspartate amino-transferase and alanine amino-transferase, total and conjugated bilirubin and serum bilirubin for biochemistry. We also investigated haematological parameters such as haemoglobin, white blood cells (WBC) and erythrocyte sedimentation rate. We allocated the patients to treatment group A1 (15 – 29 kg), A2 ( $\geq 30$  kg); B1 (15 – 29 kg), and B2 ( $\geq 30$  kg). We gave group A1 three tablets of malaria nosode 30C, which were to be taken sublingually once daily; group A2 took 3 tablets of malaria nosode sublingually twice daily for three consecutive days for both groups. Group B received the 3-day co-packaged drug at a dosage of artesunate (4 mg/kg body wt./day, total = 12 mg/kg) and mefloquine (total = 25 mg/kg body wt.). We administered the drugs under supervision and observed the patients for one hour. We repeated the full dose if vomiting occurred within 30 minutes of drug administration. If, however, it occurred within 30-60 minutes, we gave half of the dosage again. The patients returned on days 1 and 2 to complete the drug administration and for clinical assessment. We gave them appointments for days 3, 7, 14 and 28 for clinical examination and blood smears. We also asked them to return to the clinic on any other day should they have new complaints or any change in their condition.

Patients who received the homoeopathic nosode were advised to avoid smoking and the intake of alcohol, coffee, black tea and raw onions during the treatment as these consumables may affect the efficacy of the homoeopathic remedy. The same advice was given to the group that took the allopathic drug.

We determined the primary treatment efficacy based on parasitological cure rates on days 2, 3, 7, and 28 and by the times to parasite and fever clearance and from the proportion of patients without gametocytes. We monitored and recorded all adverse events. We



assessed haematological parameters, liver enzymes and creatinine for the purpose of detecting abnormal laboratory features that constitute adverse events.

Data generated from this trial were entered into EPI-INFO version 6.04. Various aspects of the data were subsequently analysed using SPSS statistical package version 11. Descriptive statistics were produced for different parameters before figures representing various observations were compared using  $\chi^2$  or student t-test or analysis of variance (ANOVA) as appropriate. Pearson's correlation test was used to examine the relationship between selected variables.

During screening, thick and thin blood cells were collected. The thick film was examined with a binocular microscope with an oil immersion objective lens to quantify the parasitaemia. Parasitaemia was measured by counting the number of asexual parasites against a number of leukocytes in the thick blood film, based on a putative count of 8,000 leukocytes per microliter of blood or an adequate mean WBC in the population under investigation. The number of asexual parasites was counted against 200 leukocytes using a band tally counter. The number of parasites per microliter of blood was calculated by using the formula:

Parasite density ( $\mu\text{L}^{-1}$ ) = number of parasites  $\times$  WBC count (80000)  $\div$  number of leukocytes counted (200). If *P. falciparum* gametocytes were seen, a gametocyte count was performed against 1000 leukocytes. (WHO/MAL/82.988).

## Results

We screened a total of 200 patients who had not taken any antimalarial medication in the past seven days and all of them fulfilled the criteria for enrolment and were enrolled. All of them completed the study. The trial profile is shown in Figure 1, while the demographic and clinical characteristics of the patients are shown in Table 1a and Table 1b.

### Efficacy of malaria nosode 30C

#### Treatment group A1: (children, wt. 15 - 29kg)

In this treatment group, the geometric mean parasite density of the 50 participants enrolled on D0 was 12,320 parasites  $\mu\text{L}$  of blood (Table 1b). It decreased to 50.5 parasites/ $\mu\text{L}$  on D1, giving a percentage ratio of 99.6%.

Calculation is as follows:  $12,320 = \text{geometric mean parasite density on D0}$ . That is:  $12,320 - 50.5 = 12,269.5$

$12,269.5 \div 12,320 \times 100 = 99.6\%$ .

The rates on other days (i.e. using the geometric mean parasite density), were as follows: D2 (100%), D3 (100%), D7 (100%) and D14 (100%).

Parasite clearance time (PCT) in 50 participants in **Group A1** was determined from the spread sheet data (WHO/MAL/82.988). Parasitaemia completely cleared in 35 patients within 24 hrs. 15 cleared in 48 hrs. Therefore, a total of 50 patients were cleared within 48 hrs. Time to parasite clearance was calculated as follows:

$(35 \times 24) + (15 \times 48) \div 50 = 1,560 \div 50 = 31.2$  hrs. (Table 2a)

#### Treatment group A2 (wt. $\geq 30\text{kg}$ )

In treatment group A2, the geometric mean parasite density of 50 enrolled patients on day 0 was 12,320 parasites  $\mu\text{L}$  of blood (Table 1b). It reduced to 185 parasites on D1, giving a percentage of 98.5% (calculation as in A1). The rates on the other days, using geometric mean parasite density were: D2 (99%), D3 (100%), D7 (100%), and D14 (100%).

**Treatment group A2:** Time of parasite clearance (PCT) was also determined from the spread sheet. Parasitaemia completely cleared in 30 patients within 24 hrs.; 15 cleared within 24 hrs., and 5 patients cleared within 72 hrs.

Time to parasite clearance was calculated as follows:

$(39 \times 24) + (15 \times 48) + (5 \times 72) \div 50 = 1,800 \div 50 = 36$  hrs. (Table 2a).

### Efficacy of artesunate + mefloquine (ACT)

#### Treatment group B1 (children, wt. 15 - 29kg)

In this treatment group, the geometric mean parasite density of 50 enrolled patients on day 0 was 6,790.8 parasites/ $\mu\text{L}$  of blood (Table 1b). It decreased to 33.954 parasites on D1, giving a parasite rate of 99.5%. The rates on the other days, using geometric mean parasite density were as follows: D2 (99.8%), D3 (100%), D7 (100%), and D14 (100%).

**Treatment Group B1:** Parasites completely cleared in 28 patients within 24 hrs. In 16 patients within 48 hrs., and in 6 patients in 72 hrs.

Time to parasite clearance was calculated as follows:

$(28 \times 24) + (16 \times 48) + (6 \times 72) \div 50 = 1,872 \div 50 = 37.44$  hrs. (Table 2b).

#### Treatment group B2 (wt. $\geq 30\text{kg}$ )

In treatment group B2, the geometric mean parasite density of 50 enrolled participants on day 0 was 6,790.8

parasites/ $\mu$ L of blood (Table 1). It reduced to 102.55 parasites on D1, giving a percentage of 98.5%. The rates on the other days, using geometric mean parasite density were as follows: D2 (98.6%), D3 (99.8%), D7 (99%), D14 (99%).

**Treatment Group B2:** Parasites completely cleared in 25 patients within 24 hrs. in 20 patients within 48 hrs., and 4 patients in 72 hrs. Parasites did not clear completely in one patient.

Time to parasite clearance was calculated as follows:

$$(25 \times 24) + (20 \times 48) + (4 \times 72) \div 50 = 1,848 \div 50 = 36.96 \text{ hrs.}$$

**Adverse Effects:** The patients treated with Malaria Nosode 30C did not report of any side effects. However, 49 participants treated with **artesunate + mefloquine (ACT)** reported side effects that were not severe. Of the 49 participants, 15 patients (15% of total patients treated) complained of headache; 10 (10%) reported vomiting; eight (8%) complained of dizziness; another eight (8%) complained of abdominal pain; four (4%) of sleeplessness; three (3%) of fast breathing and one patient (1%) reported weakness (Figure 2).

## Discussion

In this study we compared the efficacy, safety and tolerability of Malaria Nosode 30C and that of a fixed-dose artesunate-mefloquine tablet, designed to optimise the compliance of a 3-day combination treatment. Our study showed that these remedies are effective and well tolerated in the treatment of acute uncomplicated falciparum malaria. We found that the fixed-dose artesunate-mefloquine tablet, apart from its low-risk adverse effects (Fig. 2), has good safety profiles that is similar to Malaria Nosode 30C. The parasite clearance rate was rapid with both drugs (Tables 2a & 2b). Malaria Nosode 30C was marginally superior to artesunate-mefloquine in the rapidity of parasite clearance and slightly more rapid decline in fever (Table 1b). These differences may be chance findings; nonetheless, the high parasite reduction suffice to strengthen our evidence of the efficacy of *Malaria Nosode 30C* compared to artesunate-mefloquine. Rapid parasite clearance and fever reduction are crucial to ensure compliance with antimalarial treatment. Slutsker et al<sup>21</sup> reported that in children younger than five years, mefloquine was associated with early vomiting. However, other studies show that the incidence of early vomiting is substantially reduced by splitting the mefloquine dose across successive days and by co-administration with artesunate<sup>22</sup>. In a mixed age population, early vomiting was reported in only 3% of patients treated with fixed-dose artesunate-mefloquine<sup>22</sup>. There was no incidence of vomiting amongst the patients that received Malaria Nosode 30C. The geometric mean parasite density was

drastically reduced in all the four treatment groups within 24 hours after treatment and completely cleared on day 3 (Table 1b) With the exception of group B2 (AM), the parasitological response in all remaining treatment groups were 100% on D3, D7 and D14. Group B2 dropped to 98% on day 28 (Table 2b). We observed that parasitaemia appeared on day 28 in one patient of Group B2. Parasitaemia was not associated with fever or other symptoms of malaria. Since we did not perform analysis of the parasite genotype, it was not possible to determine if this was a new infection or recrudescence. It is possible that the observed day 28 parasitaemia could be reinfection rather than recrudescence<sup>23</sup>. Falade *et al*<sup>24</sup> attributed this phenomenon to new infections after they did a genotyping of new infections seen between 2<sup>nd</sup> and 4<sup>th</sup> week post therapy. The rapid clinical response in all groups was shown by a drop in temperature to normal values (below 37.5°C) on the second day. This rapid clinical and parasitological response confirmed the previous findings of others<sup>25-30</sup> who have for many years worked in countries that exhibit similar conditions like Nigeria.

The malaria nosode that we tested will go a long way in taming this scourge. As our result shows, it has a 100% grade for the treatment of uncomplicated malaria. It must be noted that we used a 30C potency. The laws of chemistry state that there is a limit to the dilution that can be made without losing the original substance altogether. This limit, which is related to avogadro's number, also known as Loschmidt constant in german literature ( $6,023 \times 10^{23}$ ), corresponds to the homoeopathic potencies of 12C or 24X (1 part in  $10^{24}$ )<sup>20</sup>. Proponents of homoeopathy claim that even when the last molecule is gone, a "memory" of the original substance is retained<sup>17,20</sup>. This is why our remedy was non-toxic, and effective. Another malaria drug bears the label "*Malaria officinalis*". *Malaria officinalis*/Malaria Co Nosode, is, however, not a discharge but is called vegetable nosode, as it is swamp mire that has been potentised<sup>12</sup>. It was found that this Malaria Nosode was made out of the rotten vegetation from marsh areas where the mosquitoes bred<sup>12</sup>. In contrast, we prepared our remedies from the mosquitoes that are predominant in our region thereby assuring that it will cover the spectrum of the different species of Plasmodium. In this way, our method of producing the drug can cover all malaria-infected areas of the world effectively.

The best available treatment, particularly for P. falciparum malaria is artemisinin-based combination therapy (ACT)<sup>7</sup>. The chemo-prophylactic drugs as well as the drugs for malaria treatment are known to have not only side effects but also are subject to resistance by the parasites in course of time<sup>9,10,11</sup>. Our homoeopathic nosode has none of these disadvantages. In the presence of a toxin (viral, bacterial, or fungal), the body

produces an immune response. This immune response is necessary to attack the invader. When a homoeopath administers a homoeopathic remedy similar to the disease, it stimulates a similar response. Once the immune system is stimulated, it fights the invader with more power. Therefore, the homoeopathic cure is attributed to an increase in the body's defense against disease<sup>12</sup>. In homoeopathy, a nosode is also called an oral vaccine. The practitioner of homoeopathy uses it to immunize the body against a viral or bacterial infection and when indicated, to treat an ailment. According to Bagai et al<sup>12</sup>. 'African' homoeopaths recommended *Malaria Co Nosode 30C* on a weekly basis for visitors to E. Africa. A routine of prophylaxis was given in the form of *Alba light complex 30C* remedies that contain five ingredients. One of them is *Malaria Nosode*, sold by Ainsworth Pharmacy, UK. This malaria complex was found very effective in preventing malaria in Kenya<sup>12</sup>. This finding resonates with ours, which prevents as well as cures malaria very effectively. Bagai et al<sup>12</sup> established in rodent experiment that the *Nosode 30C* possessed considerable *in vivo* antiplasmodial activity against *P. bergi* infection as compared to *Nosode 200C*. These observations are in accordance with the earlier studies where *30C* potency of homoeopathic drugs *China officinalis*, *Chelidonium majus*, and *Artemisia vulgaris* were found to be very effective against rodent malaria exhibiting maximum chemosuppression and enhancement of mean survival time of mice<sup>14</sup>. According to Hahnemann, any disease may remain unaffected by the lower potency, whereas, higher potency probably is too powerful, which may cause adverse effect. Therefore, the use of carefully selected medium potency may prove more effective<sup>31</sup>. In the war against malaria, many strategies have been formulated and executed. They include **prevention, treatment (ACT), elimination; eradication, vaccines and surveillance**. Unfortunately, these measures are besieged with many shortcomings<sup>32,33,34,35</sup>. For example, adverse side effects of the drugs and resistance to the drugs and the insecticide-treated nets. Here our homoeopathic approach asserts itself confidently because the mosquitoes, including the *Aedes* mosquito that carries the zika virus<sup>36</sup>, even when the parasite changes its surface, are used "fresh" so to say, to make the drug thereby catching up with the capricious nature of the parasites. This is an advantage over the *malaria officinalis*, which according to Bagai et al<sup>12</sup> has no proving records. A conventional vaccination infects the person with the actual disease. Homoeopathy on the other hand, uses a highly diluted and potentised remedy that will gently produce similar symptoms to the disease and trigger immune response.

## Conclusion

A homoeopathic malaria nosode is being introduced as an alternative to the existing allopathic drugs used in the prophylaxis and treatment of malaria. *Malaria Nosode*

*30C* is safe and effective in treating patients suffering from uncomplicated malaria in our region and other tropical countries with similar conditions. This drug is shown to be as effective as artesunate-mefloquine, which is recognized as a safe and efficacious antimalarial drug. Firstly, as pointed out above, this remedy, like all homoeopathic medicines, is non-toxic; it does not have any side effects and malaria parasites are not and cannot be resistant to it. Secondly, this drug can be produced anywhere in the world to match the dominant specie of the malaria parasite. Thirdly, the cost of conventional malaria drugs can be prohibitively expensive, plunging poor patients into deeper straits. In contrast, the cost of our medicine is negligible. In fact, the simple method of production that we have described can function as a "do it yourself" manual for any interested person. It is, therefore, not a burden even on the poorest of the poor.

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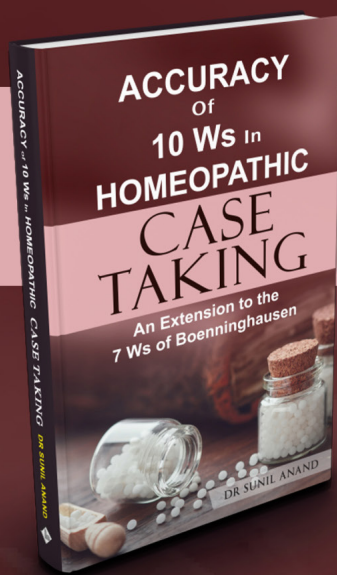
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# ACCURACY OF 10WS IN HOMEOPATHIC CASE TAKING

## An Extension to the 7 Ws of Boenninghausen

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

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

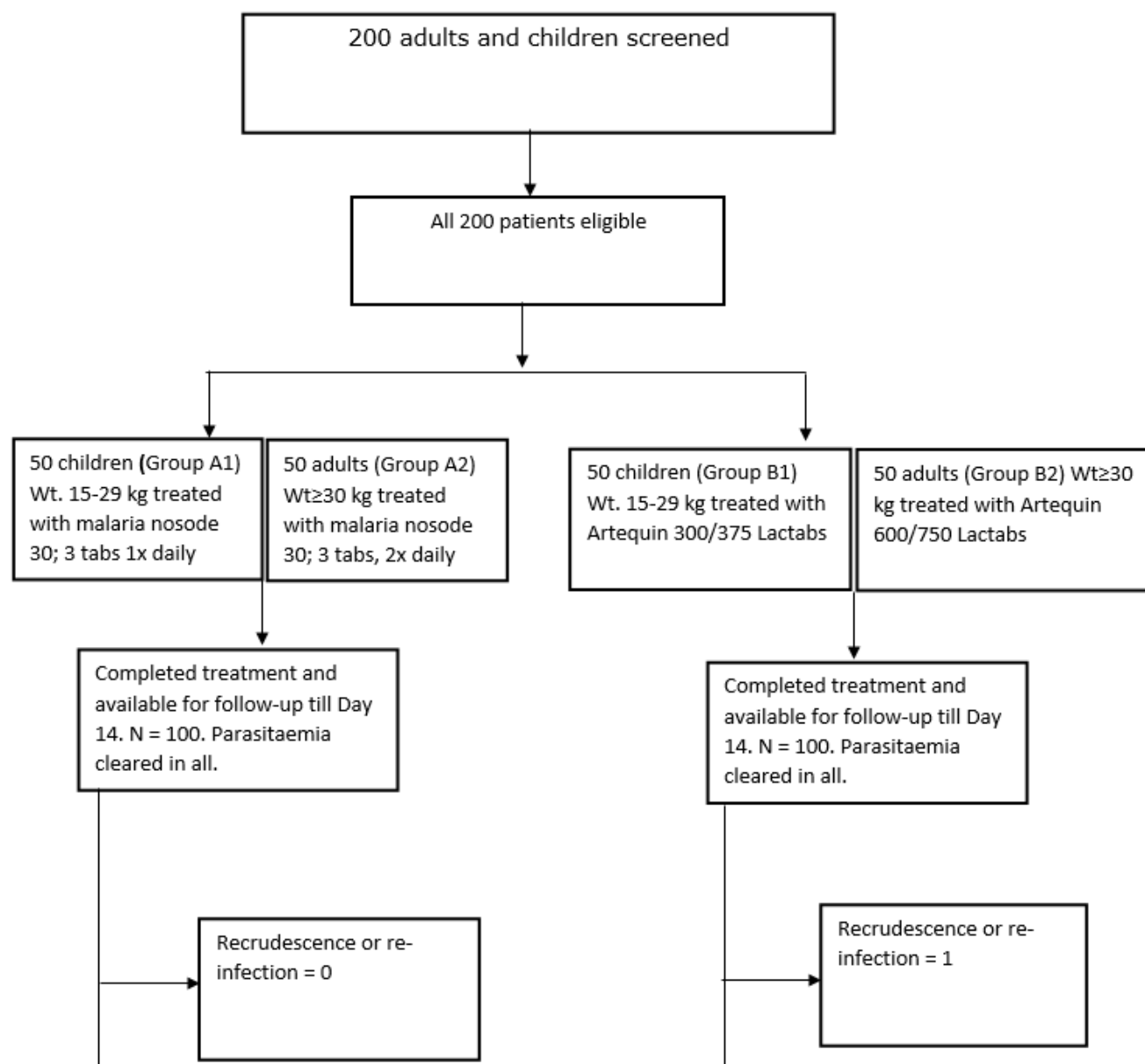
The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

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**Figure 1: Trial Profile**



**Table Ia. Demographic and clinical characteristics of patients at enrolment (Day 0)**

	<b>Groups AI + BI child weight 15-29kg</b>	<b>Groups A2 + B2 Adult weight <math>\geq</math> 30kg</b>
Sex ratio		
Male	50 (50%)	50 (50%)
Female	50 (50%)	50 (50%)
Mean age (Yrs.)	7.5 $\pm$ 4.5	40.5 $\pm$ 25
Range	3 – 12	15 – 65
Mean weight (kg)	20.6 $\pm$ 5.6	70.0 $\pm$ 20

**Table 1b. Demographic and clinical characteristics of patients at enrollment (day 0): Malaria Nosode and ACT patients separated.**

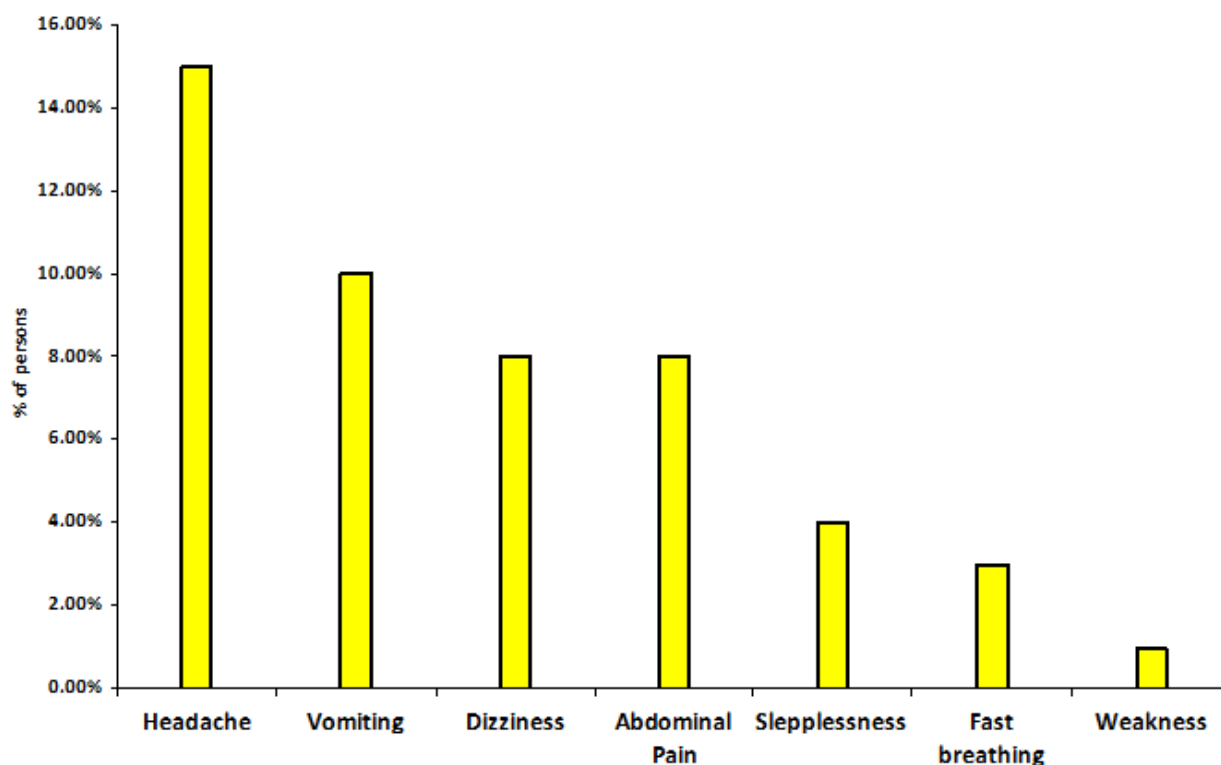
	<b>Groups A1 + A2 (Malaria Nosode) 30C</b>	<b>Groups B1 + B2 (Artesunate + Mefloquine)</b>
Mean Parasite Density ( $\mu\text{l}^{-1}$ )	26,012 $\pm$ 34,605	18,802 $\pm$ 32,305
Range	1015 -236,000	1002 – 210,000
Geometric mean parasite density ( $\mu\text{l}^{-1}$ )	12,320	6790.8
Mean axillary Temperature	36.1 $\pm$ 0.78	36.0 $\pm$ 0.75

**Table 2a. Study outcome of trial participants (Malaria Nosode 30C)**

Characteristics/Outcome	Group AI	Group A2	Group AI + A2
	<b>15-30kg</b>	<b>≥ 30kg</b>	<b>All participants</b>
Number enrolled	50	50	100
Number completed	50	50	100
Adequate Clinical and Parasitological Response (ACPR)			
Day 28	50 (100%)	50 (100%)	100 (100%)
Parasite Clearance Time	31.2 hrs.	36 hrs.	33.6 hrs.

**Table 2b. Study outcome of trial participants {artesunate + mefloquine (ACT)}**

Characteristics/Outcome	Group BI	Group B2	Group BI + B2
	<b>15-30kg</b>	<b>≥ 30kg</b>	<b>All participants</b>
Number enrolled	50	50	100
Number completed	50	50	100
Adequate Clinical and Parasitological Response (ACPR)			
Day 28	50 (100%)	49 (98%)	99 (99%)
Parasite Clearance Time	37.44 hrs.	36.96 hrs.	37.2 hrs.

**Figure 2****Adverse Events of ACT****Adverse Events of ACT****Acknowledgements**

The patients' willingness to render their cases for medical knowledge is highly appreciate<sup>3d</sup>. The authors wish to acknowledge the use of Fig.1, Fig.2, Table 1 & Table 2 as templates, from the article titled: Efficacy, safety and tolerability of artesunate-mefloquine in the treatment of uncomplicated *Plasmodium falciparum* malaria in four geographic zones of Nigeria (Agomo et al. Malaria Journal 2008, 7:172)

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**Competing interests**

The authors declare that they have no competing interests.

**Authors' contributions**

CO conceived the idea, wrote the protocol, supervised data collection, and wrote the paper. EA did the laboratory examinations and was a focal person for the supply of the drugs. Both authors made scientific contributions to this article, reviewed and approved the final version.

**Consent for Publication**

Patients provided written consent for publication.

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## Miasmatic Topology

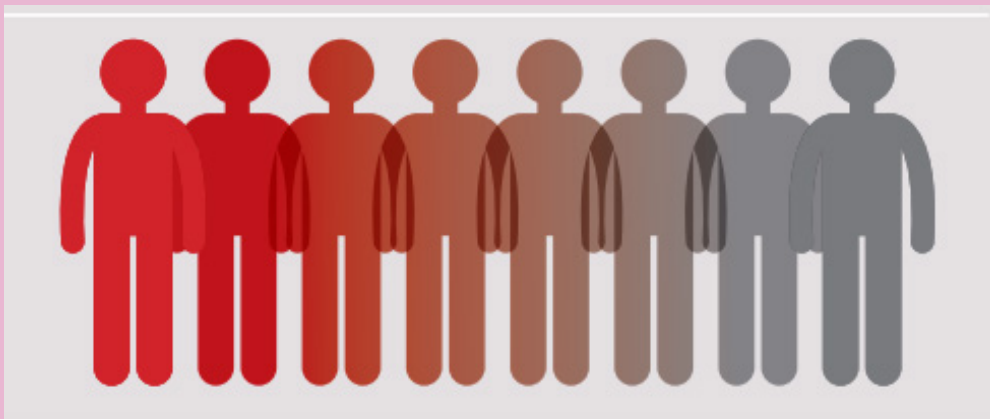
Kostas Tsitinidis

"It is very pleasant to shoot you without success!"

Werner Herzog

Miasmatic topology as a means to:

- understand and reflect the thermodynamic image of both the patient and disease.
- determine the homoeopathic medication sought; and
- predict a patient's course and treat them in homoeopathic medicine.



*Fig: Association between a thermodynamic energy pattern (distribution, variation, charging, discharging) and the miasmatic topology burden imaging*

Each symptom, emotion, and thought, either a partial or total image of the body or its pathology, has a specific thermodynamic behavior and specific topological characteristics. A thought triggering an emotion activates the body and causes facial blushing, thus turning such emotion to a physical symptom changing the structure and thermodynamic behavior of molecules, and demonstrating the immediate relation between mind, feelings, and body changes.

In homoeopathy, the identification and assessment of thoughts and feelings reflect a subject's thermodynamic behavior, therefore, their miasmatic image, the identifi-

cation of their disease, and, ultimately, the appropriate homoeopathic medication.

Following the principles of Hahnemann, thermodynamic miasmatic topology focuses on the three basic miasms, but different respective thermodynamic variations may justify all intermediate states.



A miasm is a different form of releasing the pathological dysfunctional energy flow channeled to a single direction in the system and/or the entire organism, i.e., the ability and form enabling of **charging** and **discharging**.

Chronic diseases are a morbid physical manifestation of a miasmatic influence or miasmatic predisposition. There are no chronic diseases without miasmatic predisposition.

Determining the likely basic active miasm makes it easier to find the homoeopathic remedy and allows it to have a deep effect, **and it facilitates the appropriate course of treatment** after the effect of a properly chosen remedy stops.

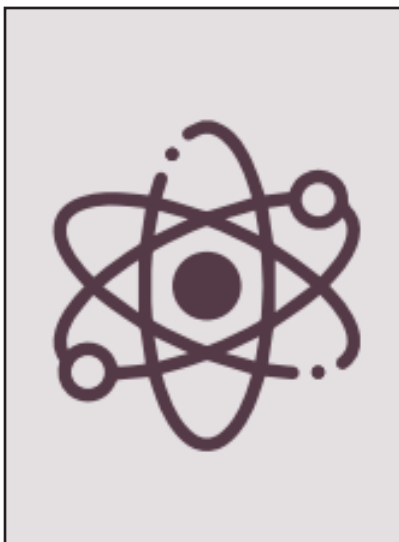
**The miasm is the path, not the outcome; it is the tendency, the direction; it leads to pathology.** The essence is a patient's central disorder, but it has a direction based on miasmatic predisposition.

Topologically, a miasm is an energy gap, a topological disorder, a giant bubble, a distorted gap not allowing the body or spirit to smoothly communicate in terms of energy. In topology, we say that there are solid (gap-free) systems. Before a miasm's symptoms are triggered, the system is solid, and health is high.

Topologically, we consider the body as a system of energy coils and, according to the miasmatic burden, there is a different transfer, distribution, spreading, concentration, reduction, or distortion of energy for different miasms. This energy system needs charging and charging through food is not enough; charging primarily occurs during sleep. Sleep deprivation for an extended period is incompatible with life due to the body's lack of charging and uneven energy distribution.

Information is quantized in terms of energy according to its specificity and complexity, and such quantization, such distortion is what we try to detect in taking a patient's history to understand their ailment and prescribe the appropriate homoeopathic remedy. Each rubric in the repertory is a piece of information; therefore, it describes some physical details on energy.

The more quantized information is with specific characteristics or modifying factors, the greater the distortion of the image, closer and closer to disorder, closer and closer to the image emitted by a patient in the eyes of a sharp observer, and, of course, closer and closer to the simillimum.



In the **repertory**, there is no qualified information on the remedies in a rubric. Physical symptoms make no significant difference because the symptom is more or less the same for all treatments; however, mental symptoms, the concepts of sadness, anxiety, or depression, each have a different thermodynamic quality for each remedy.

The gravity of miasmatic topology burden for a disease is specified by the disease itself, its pattern, how and when it occurred, and its duration, and it should match the whole image of a remedy.

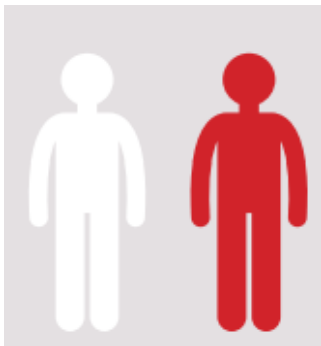
Depending on how its pathological symptoms occurred, the disease itself demonstrates the gravity of its miasmatic topology burden; therefore, it demonstrates that of the patient. Regardless of its 'name' and the occurrence of acute conditions or fever, each pathology determines the gravity of its miasmatic topology burden based on manifest symptoms.

Any remedy may induce symptoms of any miasm. The remedy itself acts and causes different symptoms according to its miasmatic burden and that of

the subject (patient or prover) to whom it has been prescribed. Each remedy usually has a miasmatic burden center of gravity, an inclination towards a strange attractor, towards a primary miasm, but it may appear in any topological burden. Based on the expressed dysfunction of an energy state and entrapped energy, the relevant image of symptoms occurs, and the prevalent miasmatic phase is understood, which may change its appearance according to societal developments.



Considering that a miasm is prevalent:



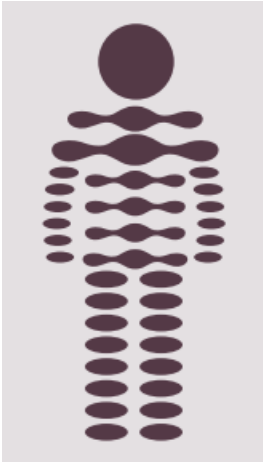
In acute miasm, there is a large charge locally, which is intense and balanced within a short period; the system remains intact, and the patient does not begin to experience chronic disease. A patient may go through an acute state to overcome a chronic disease. Outbursts of latent psora, according to Hahnemann.



In psoric miasm (under stimulation of the organism), the system does not receive the energy it requires immediately actually, the rhythm of charging is altered; it is like a suspension of energy charging, a poor performance, but once it recovers, all systems shall be functioning properly, as if they had been left intact. The image shall be that of dry skin, eczema etc., and the subject shall mostly be concerned about themselves.



In sycotic miasm (over or under local stimulation), an energy malfunction due to local contractions or impediments shall, through an energy alteration, induce over-activity of some systems, either in the same or different tissues. A typical image of discharges, skin warts and alternating arthritis (internal discharge). The subject is trying to control their surroundings.



In **syphilitic miasm**, an energy malfunction shall induce a gap (the meaning of gap is usually between brain and heart) in energy distribution and, pathology shall be concentrated in specific organs, particularly at night when, in an attempt to balance existing gaps, energy shall go through energy openings to reach the center of malfunction and restore balance, causing abrupt or major changes resulting in severe symptoms. The sudden withdrawal and onset of symptoms are spasmodic with a detached feeling and on specific sites; it may be directed only to connective tissue and induce autoimmune disease, or it may only occur in joints or specific skin sites because energy gaps are found there. An automatic abrupt discharge or a local overcharging because of the gap may cause severe pathological conditions. The appropriate remedy shall therapeutically discharge intensity, partially balance energy disorders, and restore the gap.

In deeper miasmatic predispositions such as the syphilitic miasm, there is the **hourglass concept**; pathology is concentrated at a single site and there's a gap, a lack of communication with the rest of the body; lack of communication between body, emotion, and

spirit, (one-sided disease).

When the system moves from psoric to a syphilitic state, the degree of freedom is gradually restricted.

As the pathology worsens, symptoms frequently alternate from one organ system to another or multiple organ systems.



In **etheric miasm**, which is rarely seen, although it is that sought, a subject's center of energy disorder or existence is outside the material entity; therefore, the temperature, disease, or remedy are not that significant. In this 'disorder' which is an 'evolution' where a subject is more ethereal, what is sought is universal charging, spirituality, and full communication.

A patient's **temporal and physical direction** of symptoms, both during their pathology and after remedy administration, is of utmost significance. Information is converted to heat or generates information, with losses since heat is not conveyed through gaps.

Therefore, a patient's thermodynamic distribution allows us to understand both their miasmatic character and the burden of their pathology.

In an attempt to balance itself, the body may present with symptoms of other miasms, but the symptoms of the currently prevalent active miasm must be determined. In understanding a patient's miasmatic manifestation, the patient's transit from one miasm to another should be considered. Over the course of their pathology and, therefore, their symptoms, such **transit** is seen from the milder miasm, psora, to sycosis or syphilis. This transit is gradual as pathology progresses and depends on the hereditary predisposition, and the character of pathogens.

The therapeutic effect of a homoeopathic remedy follows Herring's Law which shows the miasmatic level and, in fact, the pre-existing miasmatic burden due to the reverse course of symptoms before the current state was reached. Herring's law is based on thermodynamics and the memory of traces of reflected biological triggers. Information communicated and transferred through the nervous system creates an image of pathological energy branches directed towards release. In an attempt to return to a previously higher level of health and if it successfully goes through preceding pathologies, the body shall achieve proper energy communication and contact. It may activate a primary pathology through the reversed manifestation of symptoms. This requires a low miasmatic load and peripheral symptoms. However, if gaps and severe tissue damage have occurred, symptoms withdraw but recur, and no initial symptoms can be seen. Therefore, for Herring's law to apply in full, the body should have a low miasmatic load; this is why such a law cannot be seen in all patients, although the proper remedy has been prescribed.

**Knowledge of pathology** and its symptoms due to its specific distribution pattern is also of great significance since it shows us a patient's response to a specific disease entity. Properly selected mental and/or emotional symptoms which show that we have understood the essence of a patient's problem also lead us to treat physical pathology, even if this symptom has not already been reported in the remedy's pharmacology. The opposite is also true; properly selected physical symptoms lead us to the appropriate remedy and understanding of associated psychological and emotional symptoms.



## MIASM VERSUS TEMPERATURE

Temperature is a kind of thermal regulation, thermodynamics, and a type of energy in a subject; we are filled with energy and lose energy. Sleep is a way to replenish the body with energy and regulate it.

Whether cooled or heated, each remedy changes its temperature according to miasmatic progress.

Arsenicum Album is warm in the head and leads to cold extremities at a certain stage of its pathology. This stage is an advanced stage of pathology and takes syphilitic characteristics. There is a gap in the body's thermoregulation between the head, where there is hyperactivity because it wishes to control everything, and the body, where there is also restlessness, but energy is not evenly distributed throughout the body. There is a vertical temperature gap between the head and body; as a result, the head is overheated, and the extremities are icy (like Raynaud Syndrome). There is a similar energy gap with different symptoms with Aur. With Aur, blood goes up to the head, and there is hypertension and headache due to hyperemia. Lach, also due to excess hematosis and at night, induces a heavy feeling in the head, and the subject cannot recover when they wake up in the morning.

The vivid red color of Bell and Sang emits heat (looks like a fire and manifests as acute miasm), whereas the red of Lyc or Sepia is dark red (purplish), but it is cold and manifests sycotic or syphilitic characteristics or damages such as red moles or hemangioma. Lyc is cooled in the 3rd degree and heated in the 2nd (Kent: sensitive to a warm atmosphere), depending on the miasmatic level.

Acon belongs to acute miasm, and its total temperature may rise abruptly and immediately return to normal levels.



The further away from the baseline, which is the fire which is acute miasm (Acon, Bell), the colder the remedies Hyos, which is more sycotic feels cold and Stram which is syphilitic feels colder of all this triada (Bell- Hyos - Stram). The faster temperature rises locally in an inflammation, the better the prognosis, the faster the healing. If the site of inflammation remains cold, prognosis is poorer. How energy is conveyed thermodynamically shows how healthy one is.

In a subject, a remedy may get warm at first and cold later (Lyc), which shows the miasmatic evolution of their miasmatic predisposition (Sulphur at first or at young ages gets warm, but then, it usually gets cold in older age or advanced pathology).

In psora, energy is reduced changes in the organism, but the overall system is communicating. Once the body reaches energy balance, it shall return to normal function.

In sycosis, there's alternating pathology, i.e., something is charged, and something else is discharged. It affects different organs. There's arthritis on the left, then it goes to the right, then to the foot, or there's a metastasis (alternating symptoms). There may be bone pains alternating with gastritis or headaches (Abrotanum). All of these are sycosis and energy flashes.

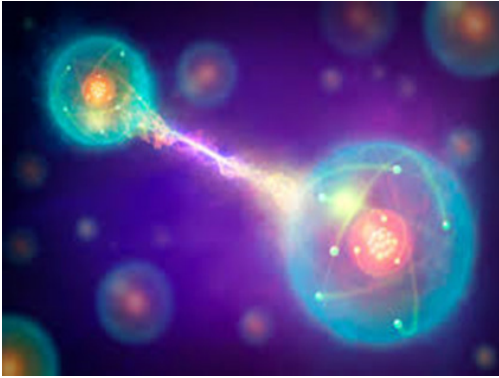
Bell (acute) demonstrates this difference in temperature during fever in treating an acute condition, which may return to normal levels, whereas Lach (syco-syphilitic) has periodic flushes due to endocrinological and circulatory pathology.

During menopause, the body enters a new phase; it senses hormonal imbalance and, in response to that, makes efforts to handle it and balance new data by raising its temperature to restore the previous state. Throughout this state of ongoing flushes and sweating, too much energy is wasted in an attempt to self-regulate. If the system has a high energy potential, it may remain in this state longer; however, if there is no power, responses shall be limited. When the transition stage is over, temperature becomes stable but with lower thermodynamic energy.

Ars will not easily induce fever because it cannot afford it in terms of energy, whereas Bell (fire) has the power to handle very high fever.

### One may characterise a remedy based on four temperature-related elements:

1. Whether the entire body gets cold or warm.
2. Whether parts of the body get warm or cold.
3. Whether two elements of opposite temperature coexist (Ars-Iod or Kali-Iod); Ars usually gets cold, whereas Iodum gets very warm. The lower the halogens (F, Cl, Br, Iod), the warmer they get, and if they coexist in salt, the heat is prevalent. Nat-m is warmed by the element muriaticum.
4. Whether below a remedy there is a pre-existent remedy picture with a different temperature behavior, this may affect the image of the prevailing remedy.



A gap demonstrates syphilis, a syphilitic miasm. At some point, pathology will become more serious unless treated. In syphilis, there are gaps, i.e., energy is concentrated in the head and cannot be evenly distributed. Suddenly, an energy channel opens (usually at night), and a heart attack or a stroke occurs. Systems fail to communicate; one gets warm, and the other gets cold.

The further away from baseline in an advanced miasmatic predisposition, the more it loses its temperature expected by reason due to the nature of the remedy, and it gets cold, which makes prognosis and treatment difficult.

The earlier in **psoric** disposition of a patient, the warmer it gets, and it may induce fever and restore energy balance. The lower the miasmatic level, the colder it gets, and it is unable to cause high fever to restore energy balance, and the closer it gets to the wind element of syphilitic character and cold idiosyncrasy. It has lost the proportion of the water element which provides warm alternation (menopausal remedies with temperature alternations)

In **sycosis**, there are horizontal energy gaps (spasm) and warm-cold alternations (one foot is warm, the other is cold) or pain alternations (migrating arthritis). Such changes show a lack of coordination and sycosis; like flowing water that has not yet decided where to go. We have more permanent gaps, not alternating conditions, in a more advanced pathology of the same remedy with wind characteristics. Just like Calc, when young, feet may be cold, but he/she will be able to get warm, and as he/she grows older, he/she gets even colder because he/she moves further away from psoric disposition and gets cold. A remedy that gets cold and in the psoric stage (Psor) as pathology progresses gets even colder. Existing heat in remedies shows a better level of health and a miasmatic level of lower progression. When pathology increases and advances to syphilitic disposition, syphilitic elements are also beginning to present themselves in Psor as well, such as a fear of cancer,

When the body moves towards a pathological direction and finds a purpose more evolved than that of psoric disposition, i.e., survival, having children, food or beverage consumption, sleep, faith, being a fan, having no distinctions but just being team followers, sulph shall get warmer. When one begins to question whether it is one way or the other, it shall enter sycosis. When the ego gets enlarged, he/she are all-knowing, there is no

God, etc., it shall get colder. The purpose changes energy distribution and causes gaps. When social and political structures change, thermodynamic changes also change, and subjects do not necessarily get warm because of artificial heating. When there is no "I'm hot" or "I'm cold", or "I'm hungry", then subjects get into the etheric element which is not a frequent effect.

When there is a quantitative loss of energy, we refer to psora; however, when the energy of a subject's will be distorted this is referred as syphilis.

When biorhythms are also involved in pathology, e.g., when there is aggravated sleep at night like in Aur, Merc, etc., we are in a syphilitic stage. However, in case of an aggravated afternoon nap (Staph), pathology takes on more sycotic characteristics.

In the early stages of pathology, the miasmatic disposition of Stram is tubercular and there's a syphilitic advance state with hallucination; that black dogs with sharp teeth are attacking them, whereas Bell is more psoric and, belonging to acute miasm, there's a fever with fear or dreams of dogs. Hyos, in the early stage which is more of a sycotic character, 'shall place their hands on genitalia or pull catheters', whereas in a more advanced syphilitic stage, in a psychotic state, they shall become flashers.

Blepharitis induced by Aurum is because a subject wishes to succeed and is a perfectionist and they want to help and rule the world and be a judge, a ruler, or a king. Once they realize that reality is different from what they aspire to and that they are not heard, seen, or obeyed, communication ends (there's hearing loss and blepharitis). Blepharitis is too red, like raw meat. Reality is not as they wanted it to be people being compliant, law-abiding, and moral. Since the world cannot change, they do not wish to see or hear.

Tightness is induced by Lachesis or Ars when one takes a seat but does not sit like Sulph; they seem tight. Such tightness is not muscular but psychological. They fail to control others. Therefore, they control themselves; their

psyche is not relieved, and it gets tightened because they cannot tighten others; just like Ignatia when a manager walks in and the neck stiffens because they want to look alert.

A globe sensation in Ignatia is explained; emotional communication cannot find its way out, a male is very much desired (Med), but the latter abandons her, and what she wanted to give to the other, he took it and disappeared.

All fungi, viruses, and bacteria are frequencies, and the information is conveyed from one human to the other and from one cell to the other. Evolution occurs through the microbiome. A human being is considered whole with bacteria and viruses. All efforts of civilization to regulate viruses (bringing order to chaos) result in their empowerment and conversion to carcinogens because they feel threatened by humans.

The greater toxicities are emotions. Emotions have the greatest impact on disease.

Emotional toxins and mental disorders are the leading causes of cancer and tumors.

When one complains of a headache not relieved with painkillers, there's a connection gap. They must make a connection with the heart or body; they must do something. Once this recurs, there will be an image of a gap again.

Images seen in different pathologies and respective remedies are masks of the psyche for communication; the syphilitic, sycotic, psoric dispositions are cultural dispositions. Once upon a time, in the jungle, we were all psoric. Gradually, we created leaders, bosses, and organization. These are higher levels of organization compared to the previous ones. And, of course, the extent of freedom is limited, but there more final answers.

The disease of cancer is a disease of alienation and culture. Accidents have a purpose, but this is rarely perceived by a subject who shall fail to change and continue their daily course to disaster, with their 'selfish' attitude till the end.

The clinical picture seen is diagnosed as a tumor, and it is the tip of the iceberg; it is the emergence, the somatization, the way out, the direction of a disturbed conscience in lack of a solution that manifests itself in this "no way out" state on the body. As long as the information is in the mind or emotion, it highly oscillates, and when it becomes corporal, oscillations are fewer. Psyche may rest for a while when this is communicated physically. The shadow of an emotional or psycho-cognitive impairment is cancer. Cancer already exists in the mind and psyche, and its shadow is somatised, it is projected

on the body.

There's the projected acceptable part of the body, which is fake, and there's the most significant part, which is unacceptable, which is what we would like to be and which is hidden in our subconscious; this is our conflict. Cancer is an outburst of conscience which can no longer handle this inner conflict but is unable to allow it to the surface; it does not tolerate lying; we are not what we appear to be. At some point, the animal kept within us shall emerge, and cancer shall occur. It is a kind of somatised time awareness!

## About the author

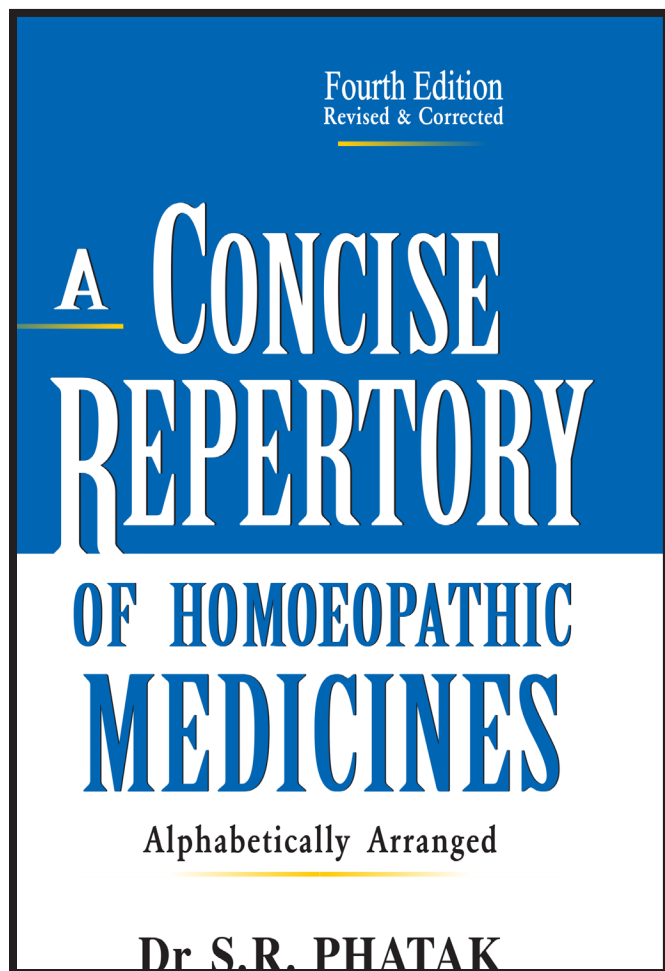
### 1. Kostas Tsitinidis

*K. Tsitinidis was born in 1962 in Veria, Greece. He studied Medicine (Thessaloniki) in 1980 - 1986 and served as a Physician at the Hellenic Air Force hospital for 27 consecutive years. He completed the specialty of Radiology (Athens) and received post-graduate studies in Neuroradiology (MRA-CT) in UCSF (1996) - San Francisco. He served as Registrar and Director of Computed Tomography at the 251 GHA. Since 1980, he studies Homeopathic Medicine, initially having as Teacher Aristarchos Tsamaslidis*

*and then George Vithoulkas. He worked for several years (1990 - 2002) at the Athens Homeopathy Center, at Marousi (Vithoulkas Center). Since 1998, he is at the Board of the Greek Society of Homeopathic Medicine where he held the position of the President from 2003 - 2015. Moreover, for 6 years he was a Research Associate of the Aegean University (Syros - Ermoupoli) at the Master of Classical Homeopathy and*

*Holistic Systems. Today, he manages a private practice in N. Psychiko - Athens in collaboration with other Homeopathic Physicians.*

# An Overview: A Concise Repertory Of Homoeopathic Medicines



## ABOUT THE AUTHOR:

Dr Shankar Raghunath Phathk, a pioneer of homoeopathy in Maharashtra, was born on 6th September, 1896. Dr. S R Phatak was basically an allopathic doctor with M.B.B.S. degree. He did his MBBS from Grant Medical College, Mumbai in 1924. He started his practice but somehow not satisfied with allopathic treatment. Then he was convinced about homoeopathy while going through Sir William Osler's writings on '*History of Medicine*' so switched over to an entirely homoeopathic practise in 1932. He also started working on homoeopathic literature along with his Practice. He had sound knowledge about homoeopathic *Organon of medicine*, philosophy, materia medica, and various repertories. He has contributed immensely to homeopathic literature. His books are available in 3 languages- english, hindi, and marathi. His book 'materia medica' is very popular amongst students and practitioners. His literature is enriched with his own accurate clinical observations and experiences. He was an ardent follower of Dr Boger. His repertory is based on *Boger's "A Synoptic key to Materia Medica"*.

## Important works of Dr S. R. Phatak are:

- *Repertory of Bio-Chemic Remedies [English], 1937.*
- *A Concise Repertory of Homoeopathic Medicines, 1963.*
- *Materia Medica of Homoeopathic Medicines, 1977.*

## STORY OF THE BOOK

Dr S.R. Pathak conceived the idea of preparing and arranging the repertory in one alphabetical order while discussing the uses of various repertories with the doctors who came to him for guidance in the study of homoeopathy. He felt that the repertory should be concise, handy, and useful for ready reference. It should reduce the difficulty of the physician in searching a rubric. Though the idea of preparing a repertory was there his fragile health prevented him from doing so. Mr. SL Kapadi, a friend of Dr S.R. Phatak, who knew about the idea, took the author's rough draft and notes of his marathi repertory and came out with a skeletal copy of his repertory. The author arranged the work properly and made many additions.

Then Dr Homai A Merchant who used to come to the author for guidance in the study of homoeopathy typed this hand written copy. This copy was lying on authors table for nearly ten years. During this time many useful additions were made with the assistance of Mr. SL Kapadi. Author's son Dr D S Phatak went through all the sections, did the preliminary spadework and with the help of Mr DP Datay and first edition was printed in September 1963 at Mouj Printing press.



## EDITIONS:-

- 1st edition: 1963
- 2nd edition published with the help of Dr. P. Sankaran 1977
- Reprint edition 1994
- 3rd edition (New additions are marked with '+' mark)- 2000
- 4th edition Now- 2005

## INTRODUCTION

- *A Concise Repertory of Homoeopathic Medicines* by Dr S. R. Phatak is an alphabetised re-working of Boger and Boenninghausen. It is an enlarged and improved version of the '*Repertory part of Synoptic key to Materia Medica*' by C.M. Boger.
- It is an alphabetical clinical repertory and a concise reference work.
- No drug is given unless the Dr Phatak has cured in his own practise or unless there is strong justification provided by authors like Boger, Kent, Clarke and remedies for a particular rubric have been reduced to minimum by a careful selection.
- It is a post-Kentian repertory (middle time repertory).

## PLANNING AND CONSTRUCTION: -

### Plan of construction

The repertory is printed in 2 columns in each page. All the headings are arranged alphabetically.

### Gradation

1<sup>st</sup> grade – CAPITAL

2<sup>nd</sup> grade – *italics*

3<sup>rd</sup> grade – roman

### Rubric construction

- Rubric start with **BOLD CAPITAL**
- Sub rubric- **bold roman**
- Sub Sub rubric in roman

## Arrangement

- Location/sensation, affections in general
- Side-right
- Left
- Alternating sides
- Extension
- Sublocation / sub sensation, depending on rubric along with aggravation, amelioration and concomitants intermingled alphabetically.

## Sources

- Boericke's Materia Medica
- Kent's Lectures on Materia Medica
- A Synoptic key of Boger
- Dr Clarke's Dictionary

## Concept

Dr Phatak followed the concept of generalisation of Dr Boger.

## Figures

It contains **393** medicines and **1971** rubrics.

## His instructions on repertorisation:

- The prescriber should not entirely depend on the particulars for finding out the correct remedy. If he cannot find the correct remedy according to the totality of Symptoms, under the particular organ or sub part of it, he has to Find the remedy considering the **GENERAL CONDITIONS** and **GENERAL MODALITIES**.
- In order to arrive at the suitable remedy, the remedies given under a particular symptom are graded according to their importance. The prescriber should bear in mind that every remedy high grade or low grade becomes equally important when it relates to an unusual condition or circumstance. One peculiar concomitant or an unusual condition may determine the totality of the case.
- The prescriber has to find much of the Information

regarding MODALITIES and CONCOMITANTS by Appropriate questioning and confirm it by cross-questioning. After this the prescriber with his logical mind has to SIFT, EVALUATE and INTERPRET the meaning of the symptom or symptoms correctly to enable him to refer to the appropriate rubric in the repertory.

- While interpreting symptoms, try to Look at the same thing from "VARIOUS ANGLES".
- All the modalities in a case are not equally important. The modality regarding POSITION or POSTURE may sometimes be more valuable. Some modality may be common, but when associated with the diseased condition, with which it has absolutely no connection, becomes uncommon or unusual.
- The aversions, desires, mental attitudes, causations have their own place in selection of the remedy, when they are very marked.

#### **SPECIAL FEATURES:**

- General modality represented in capitals AGG. or AMEL. and modality related to a particular part is represented by small letters Agg. or Amel.
- Desires and cravings are two separate rubrics in this repertory.
- Under desires, we find all mental rubrics.
- Under craving- we find rubrics related to food and drinks.
- Aversion- both mental and food aversions are given.
- Under food and drinks- Agg. And Amel. of food items given.
- Cross references are given wherever necessary in order to find the appropriate rubric. This is given after the word "see" in brackets immediately after the remedy.
- Causations are given under aggravations.

#### **OTHER ALPHABATICAL REPETORY**

- Glazor 1833 First Alphabetical Pocket repertory
- Clotar Moriz Muller 1848 Systematic alphabetical repertory
- J. Bryant 1851 A Pocket Manual of Repertory of Homoeopathic Medicine
- Murphy's repertory 1993 Homoeopathic medical repertory (Chapters in alphabetical order)
- Clark 1904 Clinical Repertory
- G. D. Srivastava 1990 Alphabetical Repertory of

Characteristics of Homoeopathic Materia Medica

#### **Rubrics those are not present in Kent's Repertory**

AEROPLANE, flying in AGG.: Ars; Bell; Petr.  
ACIDOSIS: Nat-p; Pho.  
ACTINOMYCOSIS: Hecla; Kali-io; Nit-ac.  
ACROMEGALY: Pit-ext; Thyr.  
BLOOD PRESSURE High: Aur; Glo; lod; Stro. Low: Cact; Gel; Naj.  
BEADS like, swelling etc.: lod; Nat-m.  
FINANCIAL LOSS AGG.: Arn; Ars; Aur.  
AIR PASSAGES  
Burning: Ars-io, Sang; Seneg.  
Numb: Sil.  
BILE DUCTS: Am-m, Gel.  
BREGMA: Ars; Merc.  
CEREBRO-SPINAL AXIS: Gel; Nux-v.  
Inflammation of: Pul; Sep.  
GALL BLADDER: Stones: Bry, Calc', MERC.  
LOINS: Canth; Plb; Thu.  
MEDULLA: Aco, 'Agar; Naj.  
ORBITS: Ap, Rhus-t.  
PUDENDUM  
Itching: Amb+ Menses  
 - before: Grap.  
 - during: Hep. Pulsation: Pru-sp.  
 - Urine burns: Caus; Scop.  
SENSORIUM depressed: Hell; Rhus-t.  
ADENOIDS: Calc-p; Merc.  
ACUMINATE: Ars; Sil.  
AIR HUNGER: AUR; CROC; LACH; PULS.  
ANASARCA: Ap; Ars; Dul; Phos  
  
ANOREXIA: CHIN; Nux-v., Puls.  
  
ANTISOCIAL: Syph.  
  
ARTHRALGIA: Arg-m; Plb; Symp.  
  
BERI-BERI: Ars; Elat, Rhus-t  
  
BILHARZIASIS: Ant-t.  
  
BLACKWATER FEVER: Ars, 'Crot-h; Lyc.  
  
BLOOD SEPSIS:ARS; LACH.  
  
CLAUSTROPHOBIA: Arg-n; Cimi; Stram.  
  
COORDINATION DISTURBED:Agar; Alu, Rhust.  
  
CRETINISM: Aeth; Anac; Bar-c; Thu.  
  
DEMENTIA: Ntix-v; Pho.  
  
ECLAMPSIA.' Bell, Cic; Hyo, 'Stram, Stry.

ECTROPION: Ap; Arg-n; Grap; Psor; Spig.

EMBOLISM: Kali-m.

HAEMOPHILIA: Am; Ars; Phos, Sil.

HYDRARTHROSIS: Ap; Bry; Sul.

LEUCODERMA: Sil; Sul.

MENIERE'S DISEASE: Caus+; Chin-s

MYXOEDEMA: Ars; Thyr.

OSTEOMALACIA: Iod; Merc-c; Pho-ac.

PARAPLEGIA: Arg-n; Ars; NUX-V.

PELLAGRA: Ars; Bov; Gel; Hep; Sec.

RAYNAUD'S DISEASE: Ail; Ars; Cact; Fer-p; Sec.

SALPINGITIS: Pul, Sep.

SCLERODERMA: Radm; Thyr.

OSTEOMYELITIS: Am; Calc; Pho.

STOMATITIS: MERC; THU.

SPONDILITIS cervical: Pho-ac

FOETUS, Lying crosswise, as if: Arn.

## MERITS

- It is a handbook for easy reference.
- Alphabetical arrangement of rubrics.
- The limited number of remedies and rubrics.
- Under food and drinks, Indian diet is given.
- There are a number of clinical and pathological rubrics.
- It includes the clinical experience of many years collected together.
- More number of clinical rubrics is added than in Kent's repertory.

E.g.: Acromegaly, Arteriosclerosis

## CRITICISM:

- Mental symptoms are scattered

- Rubrics and remedies are minimized

- A concise repertory can never replace exhaustive repertories like Kent's Repertory

- No full remedy indexes

- Certain rubrics are not defined well.

E.g., Associated effects, Axilla menses before agg

- Fainting menses during, Menses faints at—Change in medicines

- Spelling mistake

## About the reviewers:

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