

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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- “An evidence based individualistic homoeopathic approach in a case of cholelithiasis –a case report”
- Psychological stresses in high school students having somatic illnesses and its homoeopathic management



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An Extension to the  
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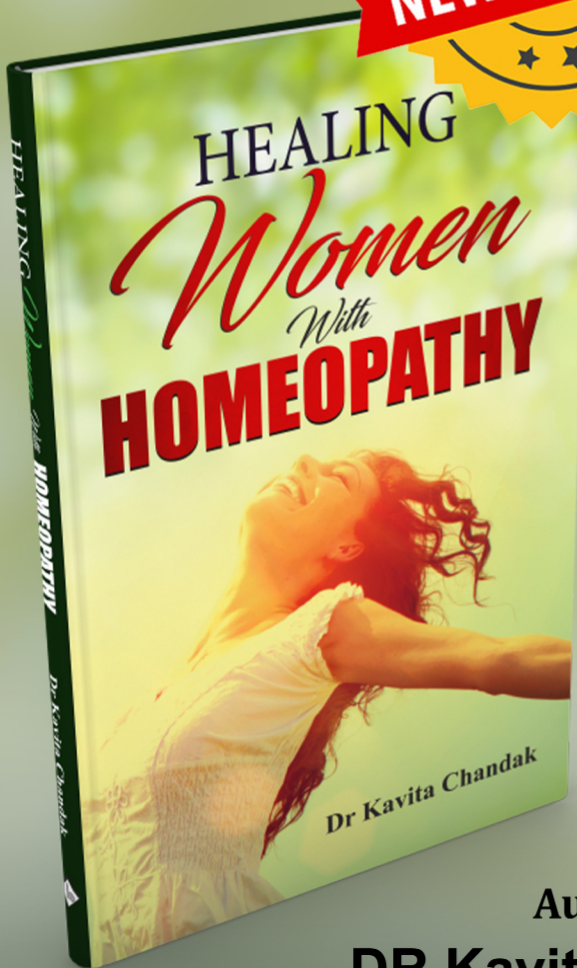
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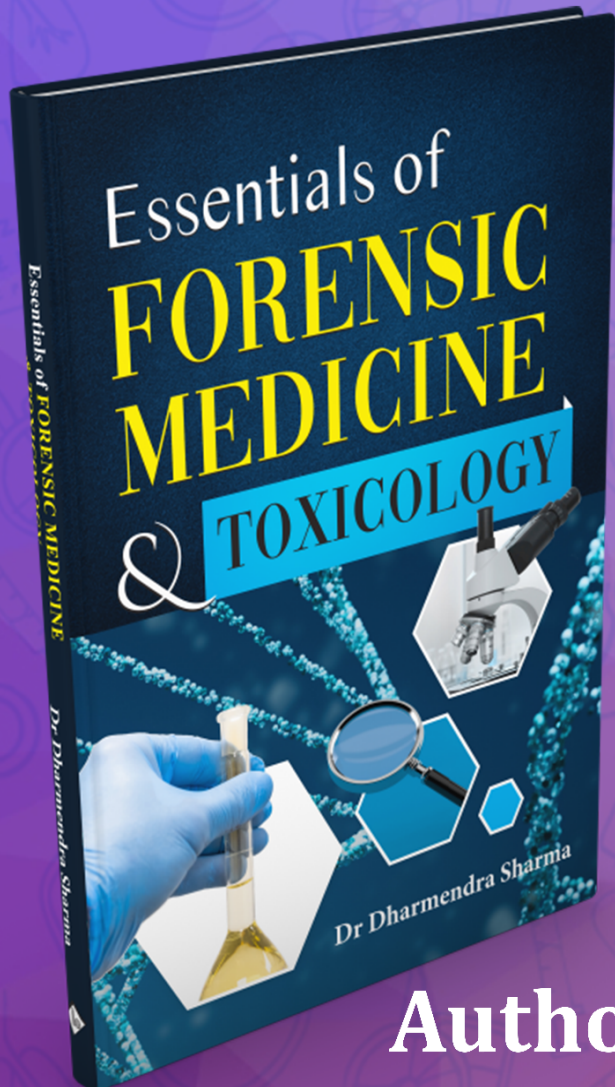
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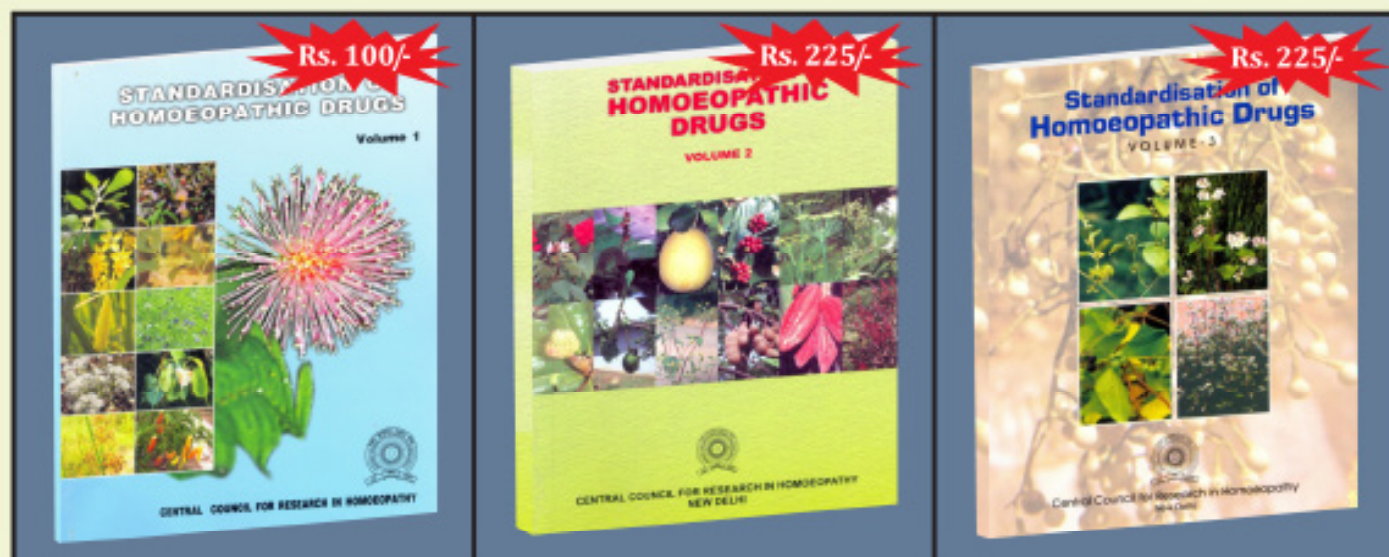
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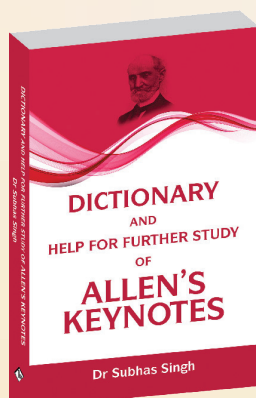
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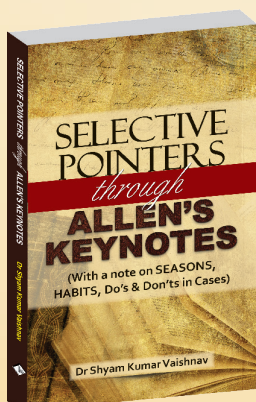
## DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



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

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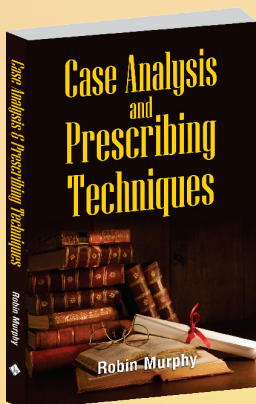
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
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- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

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## Case Analysis & Prescribing Techniques By Robin Murphy



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

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**Dear Readers,**

Someone has rightly quoted, "Sickness will surely take the mind where minds don't usually go; come on the amazing journey and learn all you should know."

Psychology deals with numerous problems of an individual which come across during his lifetime as well as plays an important role in understanding the patient's language by a homoeopathic physician. According to different psychologists, there are various theories to understand the psychic problems. In this issue, we will be discussing one of them, i.e. Carl Jung's analytical theory and its application in homoeopathy which includes dream analysis, delusions, images, fear, etc. Talking about homoeopathy, based on the concept of individualisation, one has to reach to the unconscious mind which actually reflects through symptoms in patients or in his dreams and helps in understanding him at 'psyche' as well as 'soma' level in order to find out the simillimum constitutional remedy.

Each illness inevitably involves the mind's reaction (psyche) to a physical (soma) illness. Carl Gustav Jung emphasised more on people's future-oriented goals, hopes, and plans. He used the word-association test to diagnose complexes and accepted the existence of unconscious process, collective unconsciousness, a repository of ideas, feelings, and symbols shared by all humans and are passed genetically from one to another. He said that certain basic symbols arise in all cultures which reflect innate tendencies and basic human needs originating from collective unconsciousness. Alchemical has correlated in Jung's resurrection of the relevance of alchemy, and portrayed the parallels of common alchemical processes or "operations" on the prima materia (the crude substance to be transformed and refined) with similar processes undergone by the human psyche

in the process of maturation and growth and recognition of its true nature (the process of individuation). There is a substantial resonance between Jungian psychology and homoeopathy. In Jungian psychology, suffering is usually seen as a frustration of the current direction of ego or a state of general anxiety or depression or a feeling of inertia, etc. These situations are representative of the separation of ego and self, the experience of opposites, of conflict. The basis for genuine healing, is active in both modes of healing, i.e. homoeopathy and Jungian psychology and it relates to conscious totality as opposed to the earlier unconscious totality or "wholeness".

In Jungian psychology, if symbols are lived, or "acted out", without being made conscious, they become symptoms of illness. Correlating this with homoeopathy, for example, in "Lachesis mutus" archetype, it can happen that a pattern of fears and dreams of snakes (which can symbolise agents for transformation, as in the Adam and Eve legend) can be instead conjoined with a behaviour of unconsciously acting out their cold-blooded serpentine behaviour of desiring what is not theirs and lashing out at those of whom they are jealous.

**A Quick Word on Issue Content:**

This issue of "The Homoeopathic Heritage" is an attempt to discuss the Jungian psychology in relation to homoeopathy through different evidence-based case studies and research papers.

The peer reviewed articles of this issue include psychological stresses in high school students having somatic illnesses and its homoeopathic management by Dr Rajesh Ramkunwar Yadav, Dr Manoj K Patel, Dr Mansi Surti, Dr Prachi Singh, Dr Sitaram Mishra, Dr Ashish Yadav, Dr Vidhi Tulshan, an evidence based individualistic homoeopathic approach in a case of cholelithiasis – a case report' by Dr Torsa Das, Dr

Debanjan Chowdhury, Dr Sayantan Bhowmick, a case report on vitiligo treated with homoeopathy by Dr Ajay Vishwakarma.

The clinical case studies include a case of hypothyroidism cured with Sulphur by Dr Reena Kumari, a case of post-traumatic stress disorder treated with homoeopathic medicine by Dr Mithilesh Kumar Gupta, individualised homoeopathic approach of Sulphur for atopic dermatitis in children – a case report by Dr Sonia Tuteja, Dr Isha Thakur, Dr Aditi Bhinda, Dr Komal Yadav, management of genital warts with homoeopathy: a case study by Dr Ajay Vishwakarma, a case report of eczema treated with homoeopathic medicines by Dr Nishi Agarwal.

Subjective articles include Carl Jung's analytical psychology and homoeopathy by Dr Apeksha Bhandary, correlating concepts of Jungian psychology with homoeopathy by Dr Neha Patel, understanding dream through Jung's perspective: scope of dream in homoeopathy by Dr Bajrangi Kumar Chauhan, parallelism: Jungian psychology and homoeopathy by Dr Dr Jolly Khan, Dr Akshay Rajgor, Guided by Dr Falguni Patel, psychoanalytic view of rheumatoid arthritis and managing cases with positive psychology and homoeopathy by Dr Sutapa Nandi, Dr Ram Kumar Agrawal, the other side of the picture- Jungian theory in relation to homoeopathy by Deepanshi Dhama, the resonance between homoeopathy and Jungian psychology by Dr Yashveer Singh, Dr Mukesh Solanki, Dr Chitralekha, Jungian psychology and homoeopathy by Dr Rishi Sai Krishna, increasing psychological health hazard and it's scope in homoeopathy by Dr Tamara Afroza, Dr Biswajit Bera, Dr Umesh Kumar, Dr Ashis Biswas. The research review on reflection of jungian psychological model in homoeopathy by Dr Partha P. Ray is a wonderful paper presented as per the theme of the issue. The academic section includes

article on writing conclusion of a research paper by Dr Arun Kumar, Dr Chaturbhuj Nayak, materia medica section includes Rhus toxicodendron – selflessness by Dr Parag Sharma, Naja Tripudians: Jungian psychology with Indian mythology by Dr Hiral K. Trivedi, Organon of medicine include modern psychology concepts hidden in Organon of Medicine by Dr Amit Arora, Dr Udesch Kumar, while repertory section includes understanding the journey of Arsenicum album – the repertorial way by Dr Archana Gupta, Dr Aditi Srivastava.

treasure (the similar remedy) is illuminated by consideration of the striking, unique and peculiar symptoms of the patient [Organon, §152-154], such as desire for hot drinks during a fever, desire for motion in an injured part, or other striking generals, modalities, mental or clearly defined and consistent particular symptoms. While in Jungian/depth psychology, the symbols from dreams or active imagination that are most vivid, striking and unusual show the way to the archetype that is wanting to be understood and expressed in consciousness.

fellow homoeopaths to understand the Jungian psychology and it's relation with homoeopathy in a better way. We are also obliged to all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, [www.homoeopathy360.com](http://www.homoeopathy360.com) for more information and opportunities related to homoeopathy.

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

**Dr Yashika Arora Malhotra**

In homoeopathy, the path to the

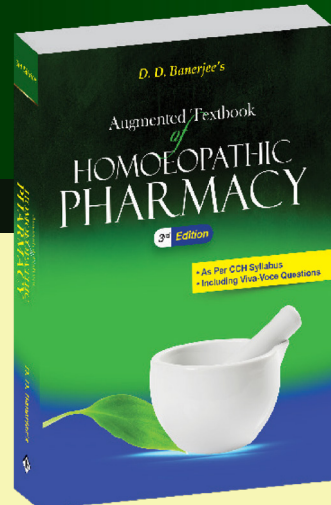
We hope this issue will help the

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Call for papers for the upcoming issues:

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



# Conceptual image of homoeopathy in comparison with Jungian philosophy

## Introduction

Drawing conceptual image for our targeted cases for homoeopathic treatment needs to be based on the natural and relevant presence of symptoms in this vast universe with uncertainty at both mental and physical level. Existence of any symptoms are in relation with the surrounding which makes impact on their existence and continuity. We observe many symptoms but they are not stable. We cannot prescribe on the transitional symptoms. Stability can only bring conceptual images at our mental plane. Understanding the things with all its complete features makes a sense for relying on them as reality. It is totality concepts that helps to utilize for our purpose. Completeness of information comes from all those factors on which things have originated and maintained. Flash of vision is often to have overpowering impression on our mind and used to make images that are not complete but seems to be the reality. Understanding of totality comes when we have observed and made thoughtful impression in our mind. Individual's concept used to differ from others only when our concepts are drawn on incomplete observation. Initial impression needs to be verified with subsequent information by going into the causative and structural phenomenon of the objects. Realisation of reality are based on the individualized study of the objects. No things are same as such we cannot draw conclusion based on previous experience. Every time appearance of any symptoms represents new resolution and differ from the past experience.

Past knowledge has to be used as reference but resources needs to be taken from the presenting situation. There are many universally accepted philosophy but they too have been criticised when looked from different perspective. Drawing a conceptual image has to be based on the way things are presented in a particular situation and time. Constantly changing pattern of universe only reminds us to take the past as reference and draw conclusion on the present existence of that objects. One also has to consider the universal law which are eternal but exist only within the changing pattern making a new image.

One seeks to understand the patient in totality by virtue of individualising features, which guide to the similar medicine. These understandings are drawn on the conceptual vision of Homoeopathy which revolves around the *vital principle* and symptoms as only the reflection of inner image. This finds resonance with the conceptual understanding on the Jungian psychology where the symbolic language of the unconscious such as is revealed to us in dreams, active imagination and synchronicity is a reflection of the aspects of the individual to be discovered. In both we find the similar goal about realisation of the potential of each individual patient, in terms of physical functioning and psychic expression. Philosophical thoughts has led the mankind to make it realized for the applied feature for development and safeguard of mankind.

Key concepts in Jungian philosophy includes the analytical psychology and has incorporated following

concepts:

Anima and animus – Archetype the contra sexual aspect of a person's psyche. In a woman's psyche, her inner personal masculine is conceived both as a complex and an archetypal image; comparably in a man's psyche, his inner personal feminine is conceived both as a complex and an archetypal image.

Archetype – a concept "borrowed" from anthropology to denote supposedly universal and recurring mental images or themes. Jung's descriptions of archetypes varied over time.

Archetypal images – universal symbols that can mediate opposites in the psyche, often found in religious art, mythology, and fairy tales across cultures.

Collective unconscious – aspects of unconsciousness experienced by all people in different cultures.

Complex – the repressed organisation of images and experiences that governs perception and behaviour.

Extraversion and introversion – personality traits of degrees of openness or reserve contributing to psychological type.

Individuation – the process of fulfilment of each individual "which negates neither the conscious or unconscious position but does justice to them both".

Persona – element of the personality that arises "for reasons of adaptation or personal convenience" – the "masks" one puts on in various situations.

Psychological types – a framework for consciously orienting psychotherapists to patients, by raising to consciousness particular modes of personality, differentiation between analyst and patient.

Shadow – (archetype) the repressed, therefore unknown, aspects of the personality including those often considered to be negative.

Self – (archetype) the central overarching concept governing the individuation process, as symbolised by mandalas, the union of male and female, totality, and unity. Jung viewed it as the psyche's central archetype.

Synchronicity – A causal principle as a basis for the apparently random simultaneous occurrence of phenomena.

Collective unconscious- Since the establishment of psychoanalytic theory, the notion and meaning of individuals having a personal unconscious has gradually come to be commonly accepted. This was popularised by both Freud and Jung and we observe great similarity of thoughts in Hahnemann's Homoeopathy. Whereas an individual's personal unconscious is made up of thoughts and emotions which have, at some time, been experienced or held in mind, but which have been repressed or forgotten, in contrast, the collective unconscious is neither acquired by activities within an individual's life, nor a container of things that are thoughts, memories or ideas which are capable of being conscious during one's life. The contents of it were never naturally known through physical or cognitive experience and then forgotten. The collective unconscious consists of universal heritable elements common to all humans, distinct from other species. It encapsulates fields

of evolutionary biology, history of civilisation, ethnology, brain and nervous system development, and general psychological development.

In homoeopathy, each medicine represents an archetype in its physical and emotional and intellectual characteristics and reflected at will. Domain of each medicine there are known and unknown in its entirety that we experience it in part as tips of the iceberg. Claims for well proved medicines has been baffled with the additional information coming from clinic for each medicine. Our repertory is gradually swelling with new inputs. We look for the "fingerprint" of the remedy in the symptoms of the patient as collectively realised as characteristic value of medicines symptoms. This finds more representation in polychrest remedies. It is also observed that the previously called rare medicines are gradually moving towards being included as polychrest.

In Jungian psychology, suffering is usually seen as a frustration of the current direction of the ego. This is a result of the Self-bringing forth experiences which are challenges to the ego. The suffering can also be a state of general anxiety or depression or feeling of inertia, etc. These situations are representative of the separation of ego and self, the experience of opposites, of conflict. One can see that the mirror metaphor, the basis for genuine healing, is active in both modes of healing, homoeopathy and Jungian psychology. Note here that the healing in the service of totality relates to conscious totality as opposed to the earlier unconscious totality or wholeness.

It is crucial that homoeopaths has to be aware of the element of expressed symptoms being known

as transference. Transference is projection on the part of the patient. As a prescriber we with our own psyche draw an image that also represent the invisible aspects of patient's hidden symptoms. Practice are based on the observation and interpretation of these reflected sign and symptoms. The symptoms which patients bring to us as homeopathic practitioners, representative of their suffering, are not accompanied by conscious awareness of their meaning, but rather are manifestations of the mistuned vital force, that "spirit-like dynamis" which animates us (*Organon of medicine*, §9-17)<sup>12</sup>. This "dynamis" is not visible to us in consciousness except in its generation of symptoms. Likewise the unconscious is not visible to us except in its manifestation of symbols. They are our bridge to the archetypal world. In depth Jungian psychology, if symbols are lived, or "acted out", without being made conscious, they become symptoms of illness.

In homoeopathy, one finds the treasure of the similar remedy which reflects and considers of the striking, unique and peculiar symptoms of the patient [*Organon of medicine*, §152-154]. In Jungian/depth psychology, the symbols from dreams or active imagination that are most vivid, striking and unusual show the way to the archetype that is wanting to be understood and expressed in consciousness.

Principle of homoeopathy, Jungian philosophy and alchemy are brought together in a quote in Jung, by Gerhard Dorn, an alchemist: "in the human body is concealed a certain metaphysical substance known to very few, which need no medicament, being itself an incorrupt medicament."

Dr M. K. SAHANI



# Carl Jung's analytical psychology and homoeopathy

By Dr Apeksha Bhandary

**ABSTRACT:** Analytical psychology also known as Jungian psychology is a term coined by Carl Jung, a Swiss psychiatrist. It was designed to distinguish it from Freud's psychoanalytic theories as their seven-year collaboration on psychoanalysis was ending between 1912 and 1913. Jung's work has contributed to mainstream psychology in a significant respect. He was the first to distinguish the two major attitudes or orientations of personality, extroversion and introversion. This article discusses Jungian psychology and exclusionary field of psychology using Carl Jung's influential work to provide light on analytical psychology, and to present the rapprochement between Jungian psychology and homoeopathic practise.

**Keywords:** analytical psychology, homoeopathy, Jungian psychology, Carl Jung, modern psychology.

## Introduction

Carl Jung was acclaimed by many, after Sigmund Freud, as one of the most influential pioneers of psychoanalysis. <sup>(1)</sup> Jung's assessment of psychology from an analytical standpoint was not essentially integrated in behavioural sciences or cognitive psychology. It took various years of scholarly research interests to bring into light, the positive influence of Jung's work. Jung's theory posits that humans share what is known as a collective unconscious which encompasses common ideas or archetypes. <sup>(2)</sup>

This theory includes archetypes. The most inclusive archetype is self-realization and can be viewed as a balance between various opposing forces of personality. It is a compendium of opposites (introverted/extroverted, rational/irrational, male/female, conscious/unconscious, past events/future expectations).

## Relevance of Jungian psychology in modern psychology:

Jung was a man of science by virtue of being a medical doctor, but he was not a scientist. He averred that unlike experimental psychology, analytical psychology does not isolate functions and then subject them to experimental conditions but is more concerned with the total manifestation of the psyche as

a natural phenomenon. To him, the totality includes the unconscious as well as conscious mind. Being centred on the unconscious characterises analytical psychology as a psychology with the psyche; and this characterisation means that it would certainly not be a modern psychology, since all modern psychologies without the psyche 'are psychologies of consciousness'. <sup>(3)</sup>

Jung's theories of archetypes are still relevant today, especially within the area of physics. While one might not see the connection immediately, the connection is there. Carl Jung sought to do what many others could not do, to prove that materialistic world is not all that there is. He argued that while archetypes may not be composed of matter and have any mass that they still exist. This is a belief which falls in line with modern quantum physics. Unlike what Descartes, Newton and Darwin believed, only things that have matter, matters modern physics, and prove that there is an unseen world that exists, just as real. Therefore, Jung's radical idea that the unconscious mind is relevant. To fully appreciate Carl Gustav Jung and his work concerning behaviour and mind one must maintain an open mind. Understanding that Jung saw in people what others could not, and that even in his time his work was in completion with other psychologists who claimed to understand the human psyche

at a level Jung did not. Jung's contribution to psychology, and the study of behaviour should not go unnoticed or unappreciated. While Jung's work is not accredited as a psychology science by itself, his work has become the building blocks for other psychology fields of study. Understanding how an individual is wired, in terms of behaviour and personality goes further to what a person seeking for a career that fits based on personality traits is necessary. <sup>(4)</sup>

## Evidence based studies:

Keller, Wolfram Westhoff, Gisela Dilg, Reiner Rohner, Robert Studt, Hans Henning, conducted a study on the effectiveness of long-term Jungian analyses in routine treatment practise and the stability of treatment results. Central components of the study were the follow-up of 111 former patients via a questionnaire six years after the end of psychoanalysis and the recording of data from health insurance claims. 76% of the patients examined had Jungian psychoanalysis so that empirical proof of the effectiveness of long-term analyses could be examined after an average of six years. Even after five years, the improvement in the patients' state of health and attitude toward the disease resulted in a measurable reduction of health insurance claims (workdays lost due to sickness, hospitalisation days,

doctor's visits and psychotropic drug intake) in a significant number of the patients treated. This suggests that psychoanalysis is related to a reduction of health care and related costs. <sup>(5)</sup>

## Homoeopathy and psychology:

Psychological therapies can be defined as a wide range of non-pharmacological counselling-based interventions, inspired by the principles of clinical psychology, which are aimed to help people in coping with distress and in improving their psychosocial functioning through the promotion of positive changes in their thinking, behaviours, and relationships. <sup>(6)</sup> According to the American Psychological Association, all psychological therapies belong to a category of the following:

- Psychoanalysis and psychodynamic therapies, based on the study of the unconscious to modify problematic behaviours, feelings, and thoughts.
- Behaviour therapy, focussed on learning how to develop normal and correct abnormal behaviours.
- Cognitive therapy, focussed on the patient's thoughts and on any dysfunctional way of thinking.
- Humanistic therapy, emphasising the role of rationality to unlock the patient's potential and improve their functioning.
- Integrative or holistic therapy, a different combination of two or more of the above-mentioned approaches depending on the practitioner's skills and on the patient's health needs. <sup>(7)</sup>

Homoeopathy has long been used for problems of a psychological nature and, some theories have underscored that there are similarities between homoeopathic care and some psychological therapies, including psychoanalysis. <sup>(8)</sup> According to the so-called "Dodo Bird Verdict", a theory of many in

the field of epistemology, different psychological and psychological-like therapies may share a broadly similar degree of clinical efficacy, regardless of their specific approach and this might apply to homoeopathy as well when reinterpreted as a psychotherapy. <sup>(9)</sup> Individualised homoeopathy is a humanistic-like therapy, due to its person-centred approach and detailed patient's interviews. <sup>(8)</sup> Despite this, in contrast with common psychological therapies, homoeopathy still retains its distinctive features in which the subject's interview aims to understand the underlying disease roots along with specific characteristics of the patient's biotype/constitution in order to select the best remedy. <sup>(10)</sup> However, homoeopathic consultations are characterised by a deep analysis of the patient's inner world of experiences and associations in such a way as to create an evocative premise. This can result in the creation and introduction into the patient's mind of psychologically healing inputs, possibly at an unconscious level. Homoeopathy is rich in energy: homoeopathic remedies possess a variable range of therapeutic power depending on their degree of dilution. One can possibly hypothesise that beneficial effects of homoeopathy are, due to the introduction of energy into the patient's psychism, and their efficacy may be the same regardless of the subject's cultural awareness of them. In fact, homoeopathic approach may recall Jungian archetypes, that derive from the collective unconscious and are shared by all human beings despite their specific background. <sup>(11)</sup>

## Conclusion

Homoeopathic remedy if properly used, each has an intrinsic transforming potential and can modify a static situation, thus acting as a neutralising factor between two opposite and conflicting forces or tension. It can be hypothesised that homoeopathy can act at an unconscious level by modifying the

disease experience, characterised by an extreme inter-individual variability in its constitutive elements.

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# A case report on vitiligo treated with homoeopathy

By Dr Ajay Vishwakarma

**ABSTRACT:** The following article discusses a case of 38 year male presented at the private clinic in Dehradun having multiple white spots since 7years bilaterally on the dorsum surface of both hands with slight itching. The case was analysed according to the homoeopathic principles, and after making the totality of the symptoms, repertorisation was done, and in the repertorial analysis, *Tuberculinum*, was selected as the individualised remedy according the characteristic symptoms of the case which showed remarkable progress in the case with a very few doses.

**Keywords:** vitiligo, depigmenting skin disorder, risk factor, *Tuberculinum*, homoeopathy.

## Introduction

Vitiligo, a depigmenting skin disorder, is characterised by the selective loss of melanocytes, which in turn leads to pigment dilution in the affected areas of the skin. The characteristic lesion is a totally amelanotic, non-scaly, chalky-white macule with distinct margins. Considerable recent progress has been made in our understanding of the pathogenesis of vitiligo, and it is now clearly classified as autoimmune disease, associated with genetic and environmental factors together

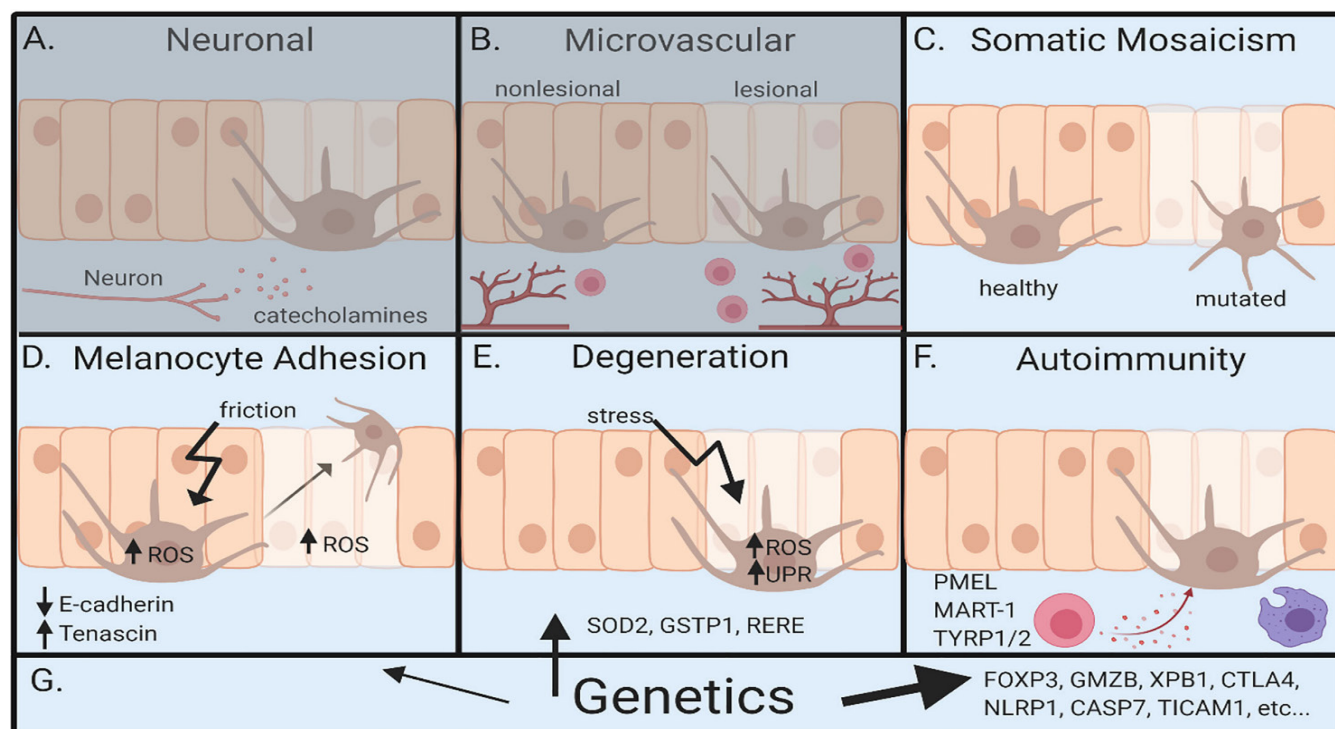
with metabolic, oxidative stress and cell detachment abnormalities. The prevalence of vitiligo in India has been invariably between 0.25% and 4% of dermatology outpatients across studies.<sup>1</sup>

## Pathogenesis of vitiligo

There are a number of hypotheses offered to address the pathogenesis of vitiligo. These hypotheses consider roles for innervation, microvascular anomalies, melanocyte degeneration from oxidative stress, defects in melanocyte adhesion, autoimmunity, somatic mosaicism,

and genetic influences (1, 10–15) (Figures 2A–G). Some have strong evidence to support them, while others are relatively unsupported but continue to be discussed. We will outline these hypotheses and the evidence offered to support them below.<sup>2</sup>

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**Figure 2** Overview of pathogenesis for vitiligo. **(A)** Neuronal involvement – neurons within the skin release neuropeptides like catecholamines, which act on melanocytes and lead to depigmentation.

**(B)** Microvascular theory – vitiligo lesions have increased blood flow during segmental vitiligo, which allows for increased infiltration of lymphocytes that results in autoimmune attack of melanocytes. **(C)** Somatic mosaicism – depigmentation develops because a somatic mutation in melanocytes leads to genetically distinct populations that are susceptible to autoimmune attack. **(D)** Melanocyte adhesion – friction or oxidative stress in melanocytes or keratinocytes leads to melanocyte loss because of reduced adhesion to the skin. **(E)** Degenerative theory – depigmentation occurs because of intrinsic melanocyte defects, such as increased susceptibility to environmental stressors and dysregulation of reactive oxidative species (ROS). **(F)** Autoimmunity theory – autoreactive immune cells attack and kill melanocytes, ultimately leading to depigmentation. **(G)** Genetics – underlies all pathways leading to vitiligo. Genetic studies most clearly implicate autoimmunity, but also melanocyte contributions. Neuronal and microvascular theories are least supported, represented by **(A, B)** being grayed. Figure created in BioRender.com.<sup>2</sup>

## Homoeopathic approach

According to the principles of homoeopathy which is based on the law of similars, homoeopathy proved to be much help in cases of vitiligo. Homoeopathy works on the concept of individualisation,

and due to its holistic approach, the fundamental cause of the disease can be determined and treated the person in its whole extent.

## Case study

Mr. X of age 38 years came with the chief complaint of multiple, white spots on dorsum surface of both hands with slight itching for 7 years, and there are no marked modalities and the complaint was gradually increasing. Patient also complained of disturbed sleep because of mental irritation since 6-7 months.

## Presenting complaints

- Patient was having multiple white spots bilaterally on dorsum surface of both hands since 7 years.
- Character: multiple, pinkish white in colour, slight itching present.
- Disturbed sleep because of mental irritation for 6-7 months.

## History of presenting complaints

Patient was apparently well 7 years back when he gradually observed a single white spot on dorsum of both hands with slight itching and consulted with an allopathic physician where he got to know he was suffering from vitiligo and was given few allopathic medicines but his complaint was gradually increasing without any relief. With this he also developed mental irritability because of that he was unable to sleep.

## Past medical history

Patient was diagnosed with bronchopneumonia when he was 7 years old and was treated with allopathic treatment. He suffered from cervical spondylitis since 12 years.

## Family history

History of asthma in mother.

## Physical generals

- Appetite: normal, 3 meals/day
- Thirst: 2.5-3ltr/day, normal water
- Desire: cold milk, spicy foods
- Aversion: non-vegetarian
- Intolerance: nothing significant
- Urine: clear, non-offensive
- Bowel: irregular, unsatisfactory, stool passes with much force.
- Perspiration: generalised, non-offensive, staining clothes.
- Tongue: clean and moist
- Sleep: disturbed, 4-6 hours/day
- Dream: nothing significant
- Thermal reaction: chilly
- Mental generals
- Mental irritability.
- Wanted to be alone.
- Fear of animal mainly dogs.
- Loved to travel and explore new places.
- Anger was expressive and violent.

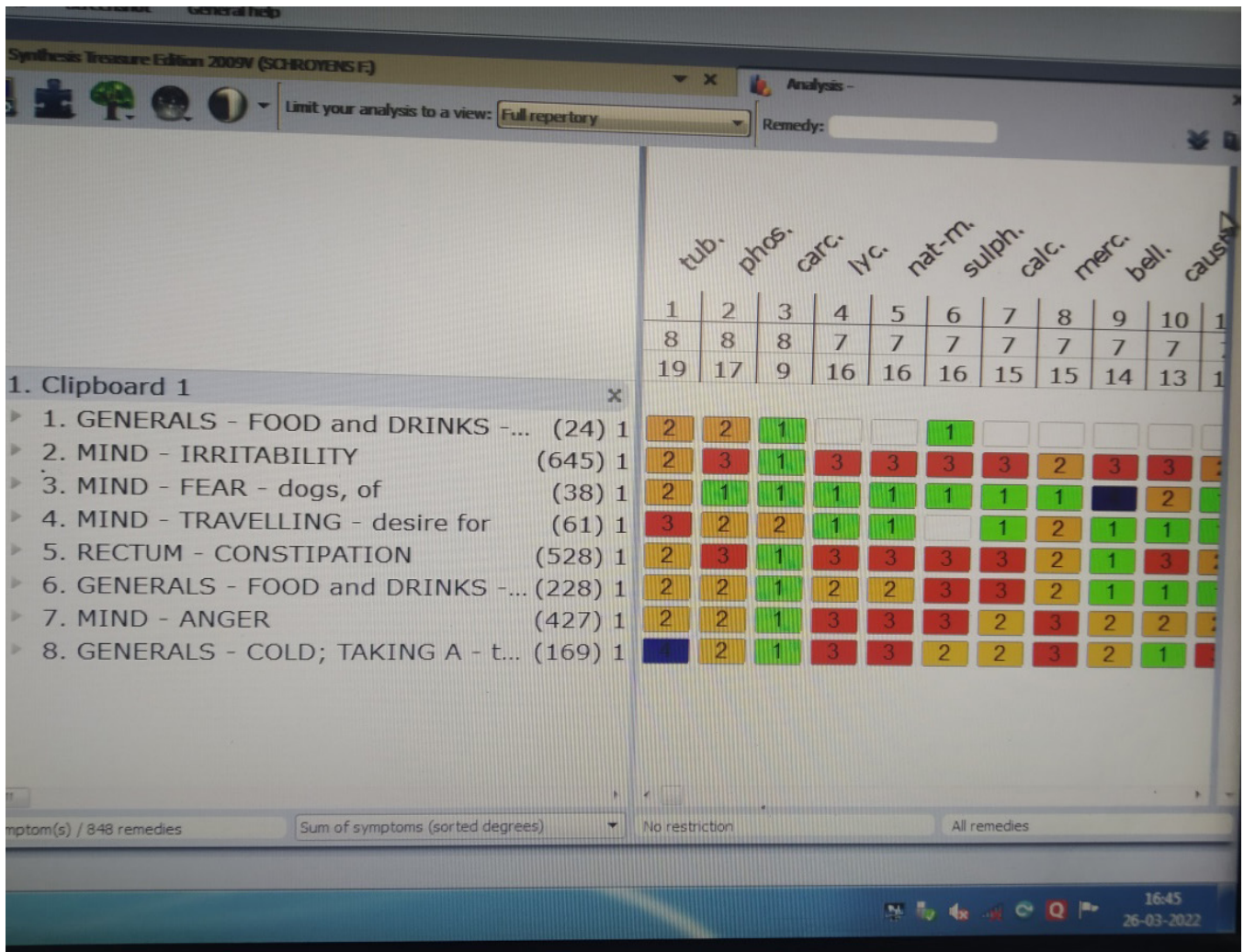
## Provisional diagnosis

Vitiligo<sup>3</sup>

## Totality of symptoms

- Multiple white spots on dorsum of both hands.
- Character of spot was multiple, pinkish white in colour with

- slight itching.
  - Disturbed sleep because of mental irritation.
  - Stool was unsatisfactory and passes with much force.
  - Fear of animals, especially dogs.
  - Desire for cold milk.
  - Desire to travel.
- Rubrics selected<sup>4</sup>**
- GENERALS- FOOD and DRINKS-milk-desire-cold
  - MIND- IRRITABILITY
  - MIND- FEAR- dogs, of
  - MIND- TRAVELLING- desire for
  - GENERALS- FOOD and DRINKS- meat- aversion
  - MIND- ANGER
  - GENERALS- COLD; TAKING A- tendency



**Fig 1: Repertorial analysis<sup>4</sup>**

### Repertorial analysis

Case was repertorised using *Synthesis repertory 'Repertorium Homoeopathicum Syntheticum'* written by Dr Frederik Schroyens.<sup>4</sup> The first prescription was *Tuberculinum* 200

given in single dose after analysing the repertorial result based on the characteristic indication of the medicine. The next follow-up was done after 10 days having speedy and marked improvement

continued with same repetition after 15 days and treatment was given for 5 months.

### Prescription

*Tuberculinum* 200/once a day

Table 1: Follow up- Date-wise description of medicine

Date	Symptoms	Medicine
14/01/2022	First prescription	<i>Tuberculinum</i> 200/ once a day ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (aphorism 248,280) <sup>5</sup>
24/01/2022	Raised scaly patches on body with dry and rough skin – slight relief Size of skin plaque – decreased Itching decreased Bowel–unsatisfactory Stool scanty and hard.	<i>Saccharum lactis</i> 30/ twice a day for 10 days
31/01/2022	Dry, rough skin along with raised scaly patches on body – slight relief Itching – decreased Bowel –unsatisfactory Scanty but soft stool	<i>Saccharum lactis</i> 30/ twice a day for 10 days
11/02/2022	Dry and rough skin with reddish patches – slight relief Scales – absent Itching- decreased Bowel – satisfactory	<i>Saccharum lactis</i> 30/ twice a day for 10 days
21/02/2022	Dry and rough skin with reddish patches – slight relief Itching- decreased Bowel-unsatisfactory Stool scanty but soft.	<i>Saccharum lactis</i> 30/ twice a day for 15 days
05/03/2022	Dry and rough skin along with red patches – relief. Itching – relieved	<i>Saccharum lactis</i> 30/ twice a day for 15 days (Treatment is under observation)



Fig 2: Before Treatment



Fig 3: After Treatment

## Discussion and conclusion

In the above case of vitiligo, initially a medicine was selected based on the totality of symptoms and analysing the case of the patient according to the *Synthesis repertory*. When patient came for consultation, he was presented with multiple white spots on dorsum of both hands. After thorough case taking symptoms were aggregated to make the totality and the case was repertorised using *Synthesis repertory* in which we got few homoeopathic medicines



including *Tuberculinum*, *Phosphorus*, *Calcarea carbonicum*, *Lycopodium clavatum*, *Natrum muriaticum* final selection of remedy is done by observing the mental generals, physical generals and particulars of the patient on the basis of individualisation. *Tuberculinum 200* was the medicine selected and given in stat dose on the first visit of patient. The patient was markedly improved on just a few repetitions (2 dose/month doses of *Tuberculinum*). There was marked improvement in white discolouration on dorsum of hands with slight itching which were the chief complaints of the patient along with the other symptoms disturbed sleep and unsatisfactory stool. Afterwards, patient has been continued with placebo on his next visit with steady improvement. The results of the case have re-established the strength of homoeopathic principles and its philosophy of gentle and speedy recovery in just one visit of the patient in a very few doses along with the concept of individualisation.

Homoeopathic medicine selected on the basis of principles of homoeopathy has proved to be effective and shown marked improvement in this case of vitiligo. Thus, the case has proved the holistic

concept of homoeopathy along with individualisation.

The potency selection was done on the basis of susceptibility as stated by:

**Constantine Hering<sup>6</sup>:** "If the symptoms of the case generally have more resemblance to the primary symptoms of the drug, then lower potencies, on the contrary more resemblance with the later effects (secondary action) thence advocate higher potencies."

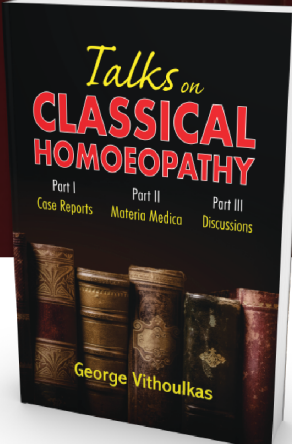
**Dr Close<sup>7</sup>:**

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 potencies for children.
3. Higher potencies for sensitive, intelligent persons.
4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal conditions, even the crude drugs may be required.

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# Psychological stresses in high school students having somatic illnesses and its homoeopathic management

By Dr Rajesh Ramkunwar Yadav, Dr Manoj K Patel, Dr Mansi Surti, Dr Prachi Singh, Dr Sitaram Mishra, Dr Ashish Yadav, Dr Vidhi Tulshan

**Abstract:** Background- Physical symptoms are common phenomenon in children without any identifiable biological causes. It affects around 5-7% of children for which parents seek frequent medical attention and subject them to many investigations without any definite outcome. Thoughts about the physical symptoms can disturb the child's confidence and daily activities. Frequent or long-term negative effects of somatic illnesses also results into a maladaptive emotional regulation, but says little about the exact underlying psychological problems. The goal of the project is to identify a number of emotional and social influences important for understanding the development of somatic complaints in children and to determine the role of Homoeopathic treatment to bring about a resolution.

**Aim-** Studying the impact of psychological stresses on high school students manifesting somatic illnesses and their homoeopathic management.

**Methodology-** 30 random children were selected after applying somatic symptom check list. Detailed case study was done by taking history from patient, parents and teachers. Based on the history evaluation, a suitable constitutional homeopathic remedy was selected and prescribed, follows ups were assessed based on the criteria.

**Results-** 8th std (54%) students were majorly affected with somatic complaints and headache was the prominent somatic symptoms observed in 26 cases. Anxiety was the prominent negative emotion (37%) observed in children who majorly were affected by frequent academic pressure (19 cases) and family conflicts (18 cases). There was significant improvement with  $p\text{-value} = 0.00004174$  in cases of post homoeopathic intervention.

**Discussion-** Children may have poor capacity to understand or express their emotional turmoil but their soma does express. Understanding the somatic complaints, tracing the psychological distress in children and administration of indicated homoeopathic medicine helps to reduce the distress and its negative effects on child and family.

**Conclusion-** Children communicate their whirlpool of emotions through means of somatic complaints. A clear, friendly, detailed and assuring talk with them can allow them to reveal the emotional turmoil. Homoeopathy and the homoeopaths play a major role in understanding and managing the children getting affected by frequent somatic illnesses.

**Keywords:** somatic symptoms, child psychiatry, school mental health, homoeopathy, mental health.

**Abbreviations:** Fig. – figure, std. - standard

## Introduction

Physical symptoms are common phenomenon in children without any identifiable biological causes. Some have such complaints for short duration which results in persistent discomfort in some. Parents seek frequent medical attention and subject them to many of investigations without any definite outcome<sup>(1)</sup>.

Children's somatic complaints are common phenomenon that affects

around 5-7 % of children and females are majorly affected<sup>(2)</sup>. They are by no means solely explained by medical causes such as infections or injuries. The current literature suggests that emotional processes incorporate activation of physiological systems, thereby playing a role in the development of somatic complaints. Indeed, the thoughts about the physical symptoms can disturb the child's confidence and daily activities. Frequent or long-term negative effects of somatic illnesses

also results into a maladaptive emotional regulation<sup>(3)</sup>, but says little about the exact underlying psychological problems. Children's emotional functioning is strongly affected by cognitive-emotional processes and indirectly by certain social influences. The aim of this article is to identify a number of emotional and social influences important for understanding the development of somatic complaints in children and to determine the role of Homoeopathic treatment to bring

about a resolution <sup>(4)</sup>.

#### Various somatic illnesses in children<sup>(5)</sup>

These may be listed as follows:

- Chronic headache
- Chronic loss of appetite or increase hunger
- Long lasting sleeplessness or sleepiness
- Muscle pain
- Bed wetting
- Sudden appearance of unexplained fever
- Stomach pain seen usually in school children when it is time for school
- Sudden onset of diarrhea in children
- Falling of hair and /or premature graying of hairs

There seems to be an increase in prevalence of somatic complaints during early childhood, with a peak in middle childhood and early adolescence, which results in an increase in health care utilization. Research has consistently found a positive relationship between negative mood or emotional states and the frequency of somatic complaints. Frequent somatic complaints can affect many domains of a child's life. It decreases their engagement in hobbies and they miss out on social activities with peers.

Etiological factors in somatic illnesses-

Parents may not always be aware of

the causes as they are not adept in talking about their internal feelings. Studies have pointed out to a number of likely factors as responsible.

1. **Psychological factors**<sup>(6)</sup>:  
*Specific theory:* The specific psychological factors or events leads to specific physical disorder or are highly associated with them. For example, a child with dependency conflict is likely to develop an ulcer.  
*Non-specific theory:* There is no one to one correlation between the nature of stress and effect which holds for everyone. Disorders develop as a result of general stress reaction which can arise from various psychological stimuli.  
*Dominant theory:* The dominant theory states that somatic complaints arise in people who insufficiently understand and verbally label their emotions.
2. **Family interaction pattern:** Certain families are organised or are associated with the development of psychological disturbances in children and ultimately results into somatic symptoms. Certain manner of interaction in form of overprotection, negative reinforcement, poor communication, neglectful parenting, etc.<sup>(7)</sup>.
3. **Parental influences:** Parental solicitousness might have a stronger effect in groups of children who are at risk for somatic complaints. Study conducted on the influence of parent child relationship with development of somatic illness in children on 60 children concludes that, faultier parent-child relationship with both or either parent's results into development of psychological

distress in children and somatization occurs in them <sup>(8-9)</sup>.

4. **Adolescence transition stressors:** Adolescence is characterised by unique transition into roles and responsibility created by changes during puberty and adjustment created by institution, for example, school, work place. Children sometimes are not able to manage and regulate the stress response to the changing and enhancing social worlds of theirs. Somatisation is a common phenomenon affecting the lives of children <sup>(10-11)</sup>.
5. **Particular stressors for group of adolescence:** Researchers have identified stressors unique to particular group of youth. Ethnic minority backgrounds or intellectually gifted, for instance adolescence in urban environment experience unique stressors such as harassment, safety concerns and pressure to engage in risky and/or violent behaviour <sup>(12)</sup>.
6. **Linking illness:** In unmasking and treating somatic illness, practitioners must consider the symptoms and search for a link to child's life. In some cases, a symptom parallel to illness of someone close to the patient <sup>(13)</sup>. For example, a child who has just lost his grandparents to stomach cancer might start complaining of stomach aches. A teenager with a friend whose parents just underwent surgery for brain aneurysm might develop headache and a child who hears about a classmate with scabies might focus on small skin lesions.
7. **Academic stresses:** High school children cite day to day stresses



of school, for example, tests, grades, homework, academic and achievement expectations as among their greatest stressors. Types of school related stresses include academic performance, attendance, interaction with teachers, and balancing one's leisure time with school <sup>(14)</sup>.

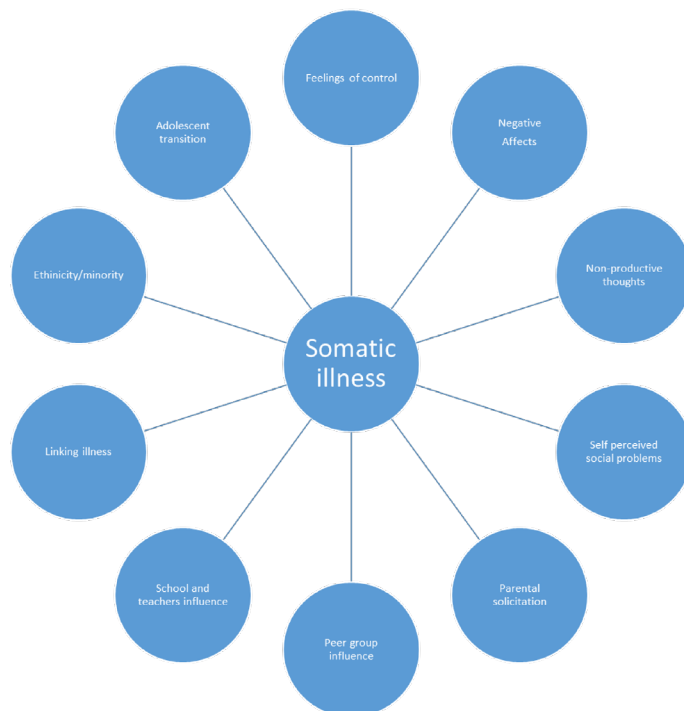
8. Teachers influence on development of somatic illness- Psychosomatic out-comes depend on co-operative vs. conflict-inducing attitudes of teachers. Conflict-inducing attitudes from teachers will lead to educational and psychosomatic complaints in pupils, while co-operative attitudes constitute an educational motivating factor and contribute to pupils' state of well-being in the classroom. School environment and attitudes of teachers can also become a source of stress,

expressed through school inactivity, apathy or frequent somatic illnesses. In children resulting into development of somatic illness. <sup>(15)</sup>.

9. Feeling in control (perception of control): Fear of being late for school, being sent to the principal, feeling threatened by peers: these are all examples of situations that can be stressful for children. These cognitions can concern the appraisal of *external situations*, but also an individual's own perceived potential of *emotionally* dealing with the situation <sup>(16)</sup>.
10. Peer group influence on development of somatic complaints: Social anxieties are found to be associated with more somatic complaints. Social factors have the potential to increase the negative effects in children apart from

psychological factors. For example, it has been shown that children who are disliked by many children in their classroom have more symptoms of depression. Moreover, children who experience problems with classmates report more symptoms of anxiety. As children spend substantial part of the week in the classroom, and if their relationships with classmates are problematic, they can experience negative affect quite frequently or even chronically, increasing the likelihood of somatic complaints. Girls experience relational aggression as more hurtful than physical aggression and girls who show relational aggression are more likely to be rejected by their peers than boys. Gender differences should therefore be taken into account <sup>(17)</sup>.

11. Figure-1- Multiple causes resulting into somatic illness



12. Somatic complaint list- Developed with the aim of identifying how often children and adolescent's experiences and feel the pain. The Somatic Complaint List (SCL) designed by Rieffe et al., 2006; Rieffe et al., 2007 helps to identify the frequency of experiences of pain by patients. The scale consisting of 11 items grouped in a single factor, such as stomach ache, headache, and so on. It has a three-point response scale (1 = never, 2 = sometimes, 3 = often), higher score indicates a greater presence of somatic complaints. Previous studies have proven this list to be valid and very reliable <sup>(18)</sup>.

#### Objectives: -

- Studying the nature of somatic illnesses frequently found in high school children using somatic complaint list.

- Studying the various psychological stresses, viz. academic, social, emotional, which may be responsible for these somatic illnesses.
- Determining the kind of homoeopathic and other interventions useful in the treatment and study the therapeutic results.

### Methodology:

**Study setting:** Total of 30 cases of higher school (8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> standard) children from children participating in the Institute's School Mental Health Programme in schools from rural Palghar region.

**Inclusion criteria:** Students of both sexes suffering from somatic illnesses from high school (8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>) rural schools from Palghar region.

**EXCLUSION CRITERIA:** Children

who are clearly ill with a physical illness which require urgent attention.

**SELECTION OF TOOL:** Somatic complaint list.

**Method-** Procedure of selecting the cases:

- Screening of the students from different high schools was done with the help of somatic complaint list.
- After finding the physical complaints, investigations if required was done to find out if any medical illness was present.
- Detailed case taking as per the standardized case record of the students was conducted, with cross references from family members and the teachers about the nature and cause of the illnesses<sup>(19)</sup>.

4. Cases were analysed using the life space table<sup>(20)</sup> as a tool to understand the nature of stress and the characteristic expressions with their modalities.

5. With the help of standardised case record we could reach to the simillimum that was administered on standard lines.

6. Follow ups were taken up regularly and assessed based on the assessment of intensity and frequency of symptoms (recorded during the case taking in location, sensation, modalities, concomitants (LSMC) format).

IEC- Prior permission from the institutional ethics committee was taken to conduct the study. Consent was taken from teachers and parents before participating the children after explaining the nature and purpose of study.

### Results-

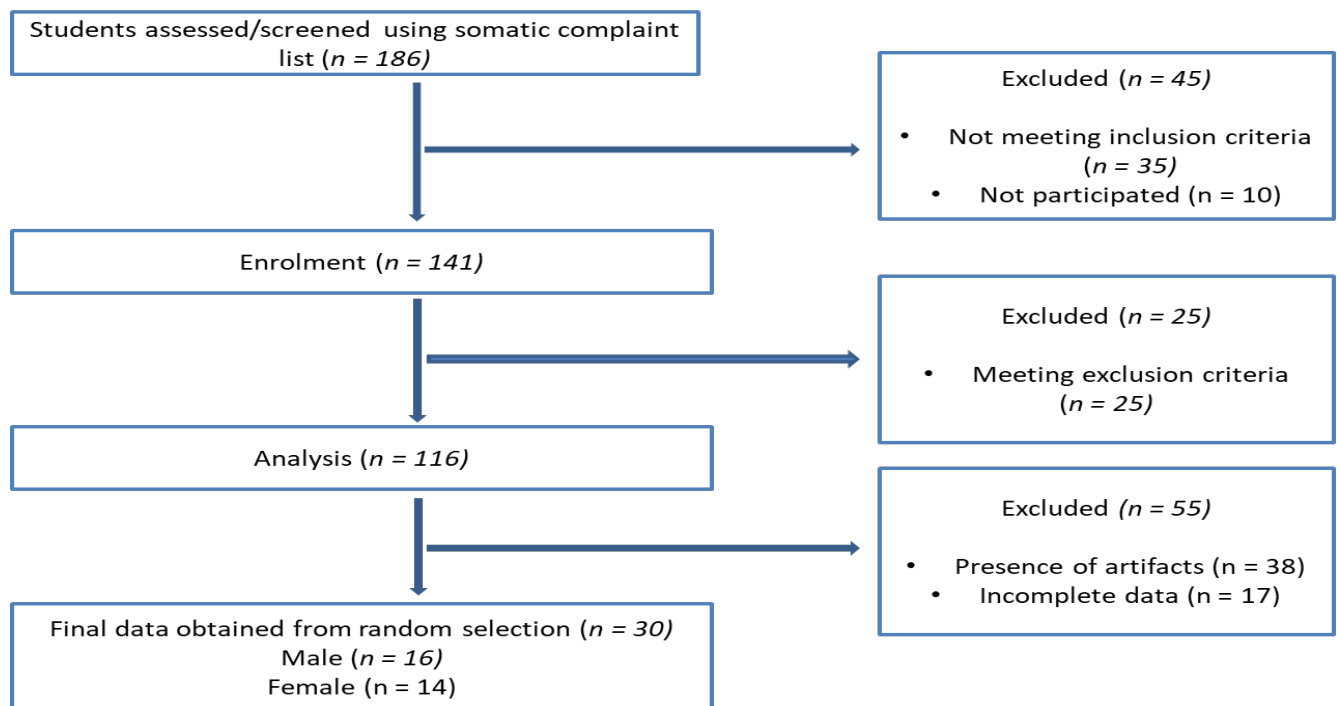


Figure- 2- Flowchart of representation of patient's recruitment

Many artifacts in form of incomplete, misleading, wrong or incorrect data was observed in many cases by researchers. The data was not related to or was not giving factual co-relation with that of the research objectives/process.

Fig. 3- Students of various classes affected by somatic illnesses

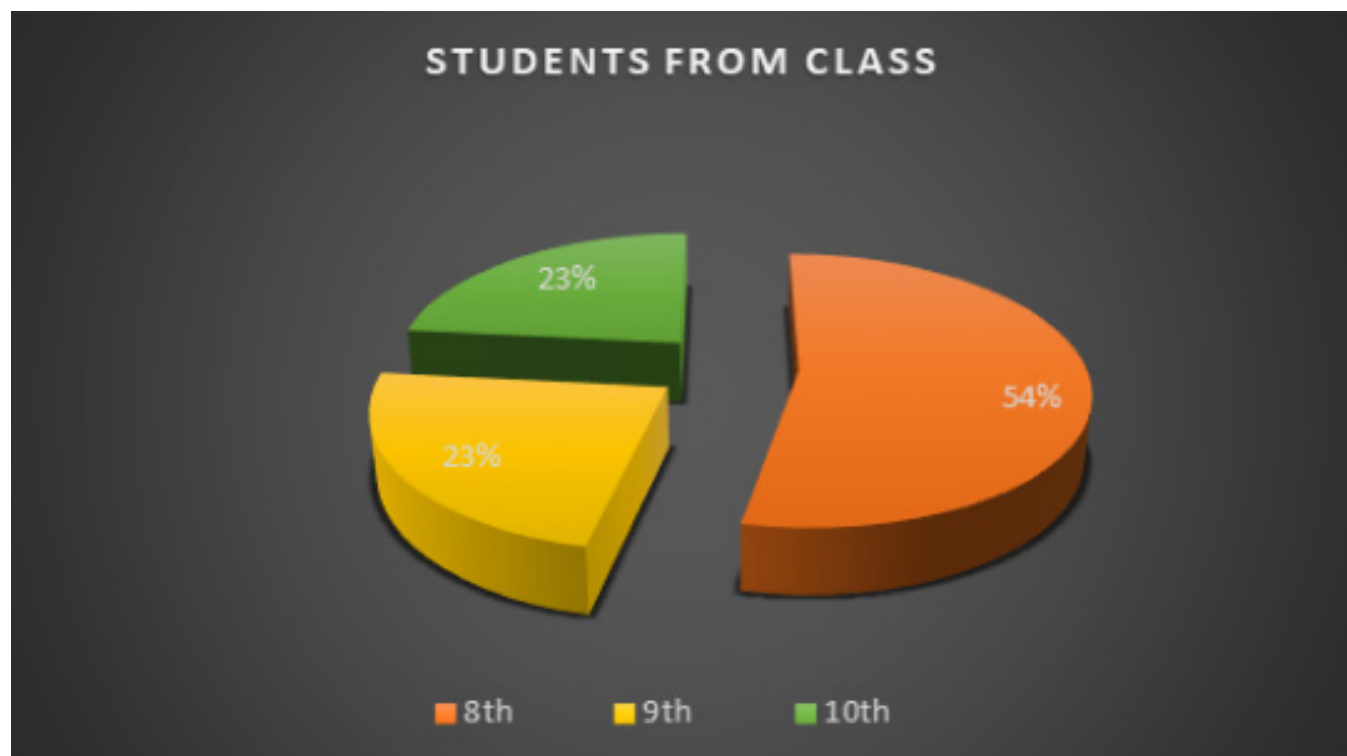


Fig. 4- Stressors identified in children that resulted into somatic illnesses

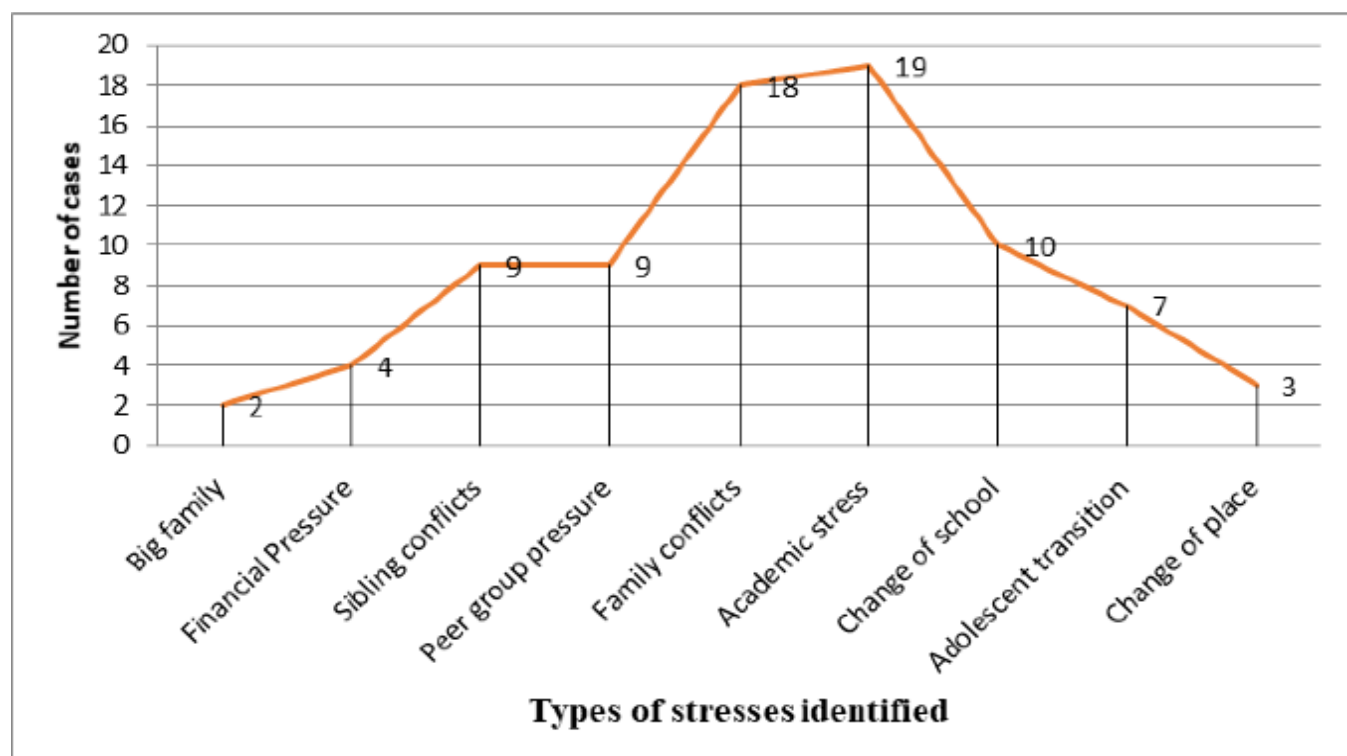
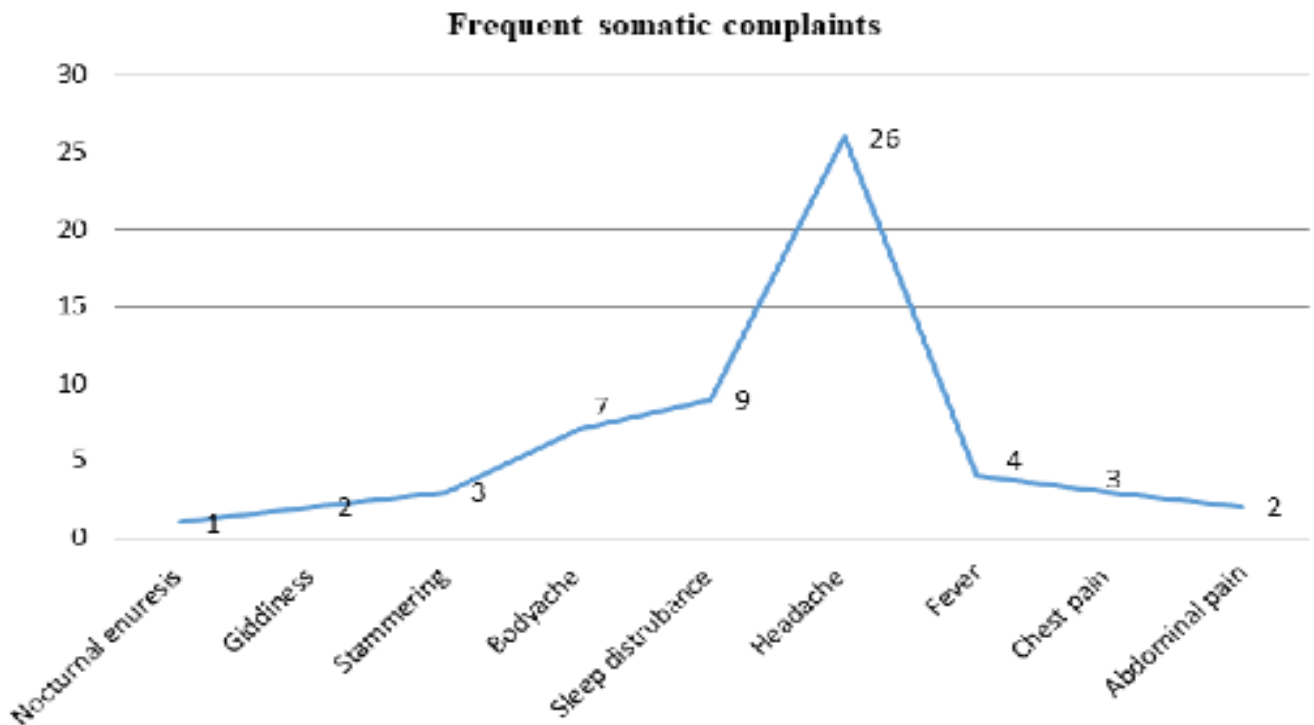




Figure 5 – Types of frequent somatic illnesses identified in children



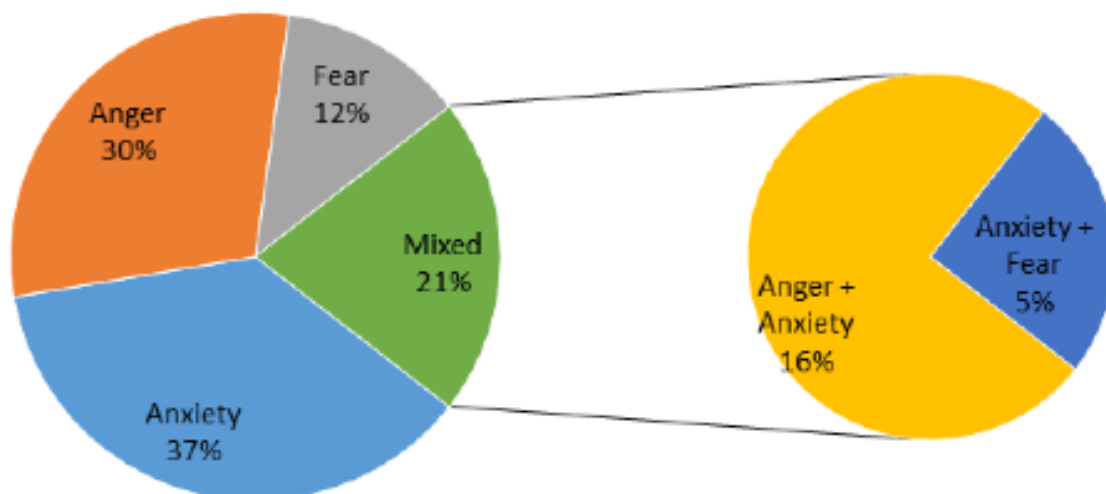
Many types of somatic symptoms were observed in cases and children were found to have multiple complaints at the same time. Sleep disturbances were usually the accompanied symptoms along with

some of the other symptoms like headache or chest pain. Similarly, body ache was accompanied with feverish feeling and headache. The prominent expression or the area of affection being the headache (26

cases) and head. The expressions were directly linked with the types of stressors children experience as mentioned in figure 3 that generated various emotions and primarily three as mentioned in figure 5.

Fig. 6- Types of causative negative emotions responsible for somatic illnesses in children

### Types of Causative Negative emotions



Many emotional upheavals were observed in children. Primarily, three emotions were identified as the causative factors for somatic illness in children. Like anxiety was the prominent emotion responsible generated because of the academic

stress, change of school or frequent family conflicts. Even family conflicts gave rise to anger in many of the cases which some expressed and some could not, that resulted in development of somatic illnesses. Fear which usually is common

in children but here in few cases it affected the soma, that too primarily related to the change or places, school or the transition into adolescent age group. Primarily females were affected more due to the menstrual experiences.

Fig. 7- Causative emotions and types of somatic complaints

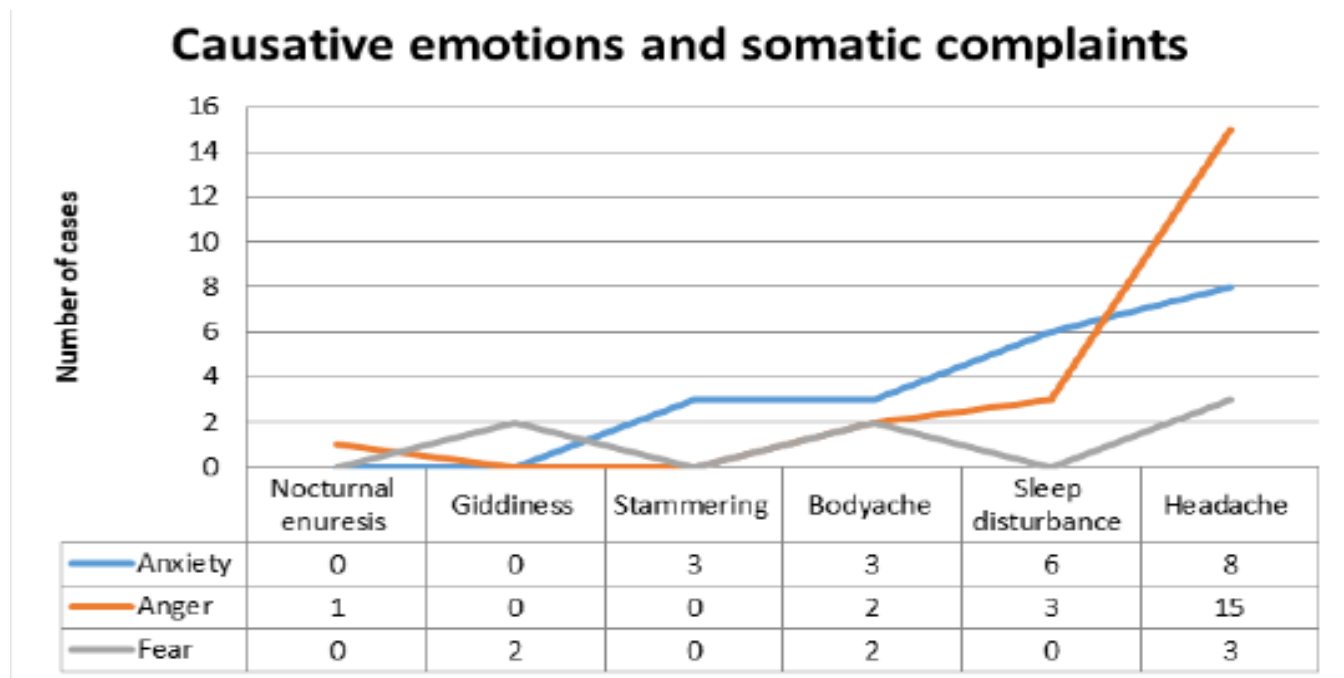


Fig. 8- Relationship of stressful factors with emotions

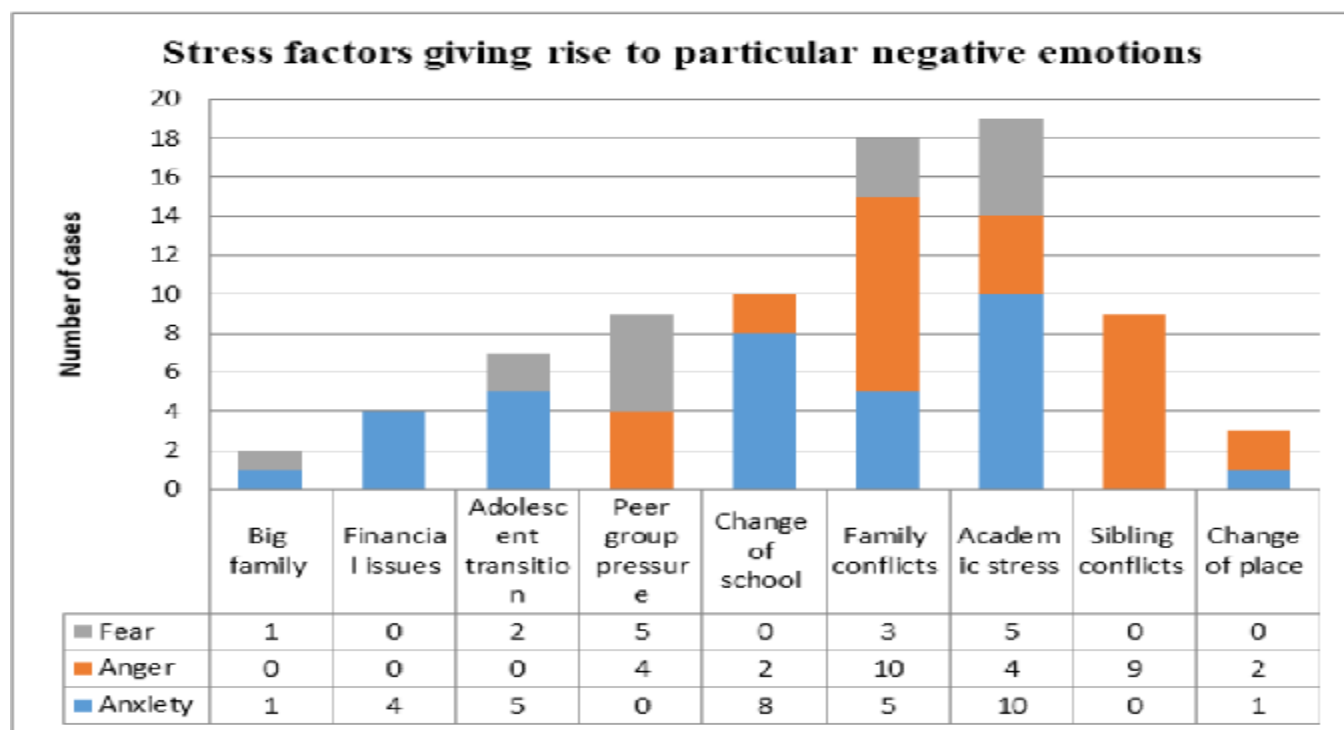
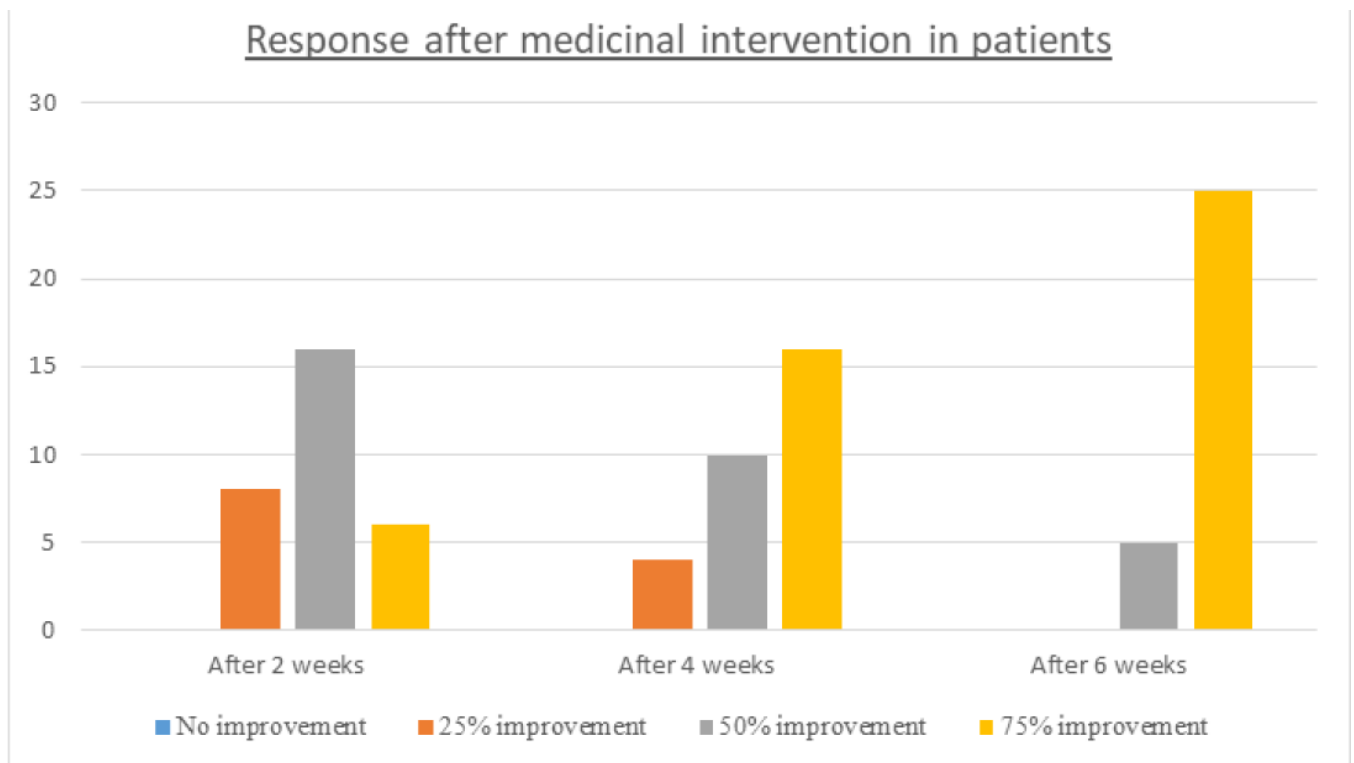
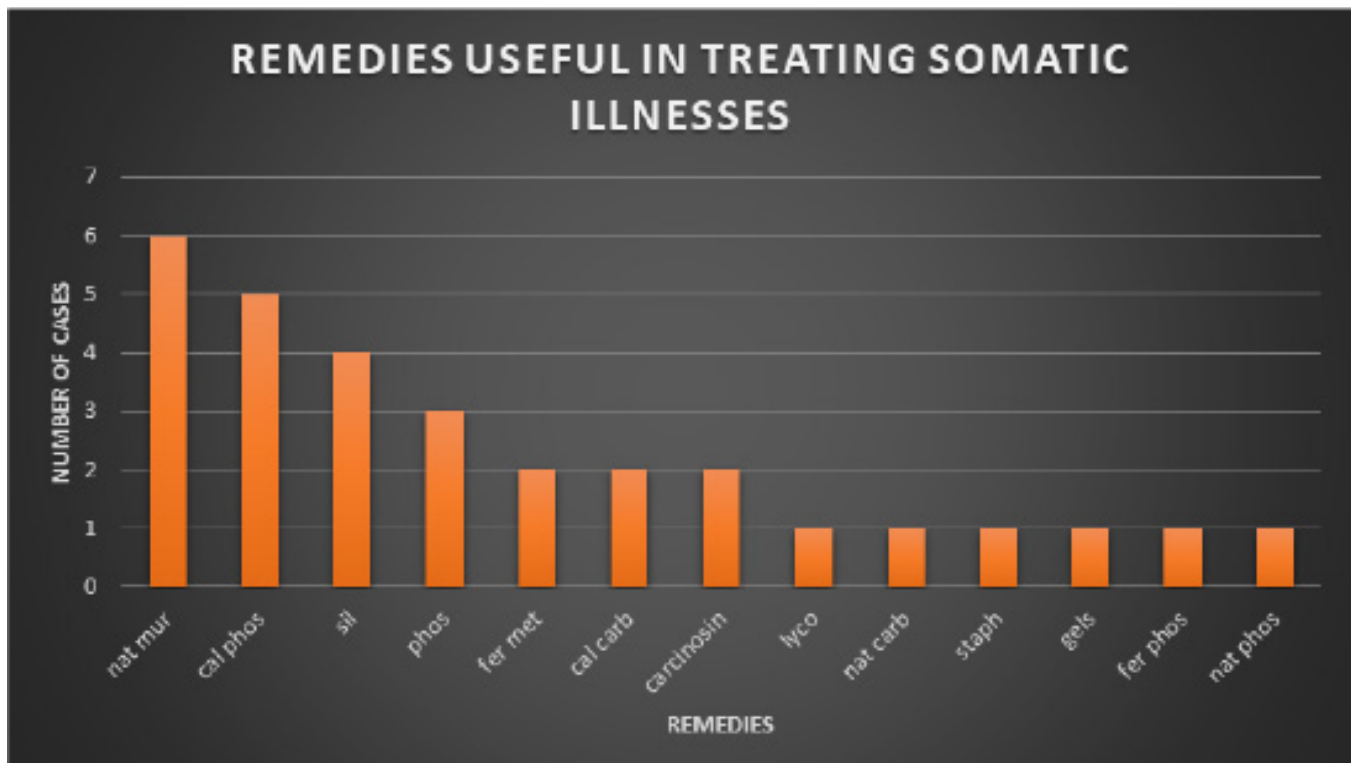


Fig. 9- Response to remedial interventions



Pearson's Chi-squared test,  $p\text{-value} = 0.00004174$

Fig. 10 - Remedies used to treat children with somatic illnesses





8<sup>th</sup> std students were majorly affected (54%) by the somatic illnesses compared to the other standards. Males were majorly (53%) affected then that of females, though not significance difference between the two genders. Frequent Headache (86%) was the most common and frequently somatic complaint found in students. That was followed by disturbances in sleep (17%), frequent body aches (7%), Fever or feverish feeling (7%). Academic stress (63.33%) and family conflicts (60%) were the most common causes identified in studied cases.

**Discussion:** With an aim to study the impact of psychological stresses on high school students manifesting somatic distress, 30 students from rural area were selected randomly after application of *somatic complaint list*.

As researches show the prevalence of somatic complaints due to stresses is more in middle and high school children <sup>(21)</sup>, which was found in our study too where 8<sup>th</sup> std students were majorly affected. There is a positive relationship between the negative mood and emotional state with that of somatic illnesses, as observed in study (Fig. 07). As children were not able to tackle the stressful situations, as a result of which they displayed negative coping and negative emotions resulting into development of somatic complaints (Fig. 4 and 8). The main reason amongst the 8<sup>th</sup> std students was the change in school i.e., a shift from middle school to high school, that happened to be a stressful factor to the students. As a number of changes took place, like increased academic load, addition of subjects, change of language, etc. The reason for the students to get affected by these was their inability to understand and even verbalize their emotional state to anyone. Also, student in 8<sup>th</sup> std enters the early adolescent phase which is also a factor identified for resulting into

stress to children.

Frequent headache (86%) was the most common and frequently somatic complaint found in students, as opposed to the literature which highlighted the abdominal complaints as a primary or frequent complaint <sup>(12)</sup>. Chest pain was not very common (5%) but they were little difficult to manage as it used to increase the anxieties of child, parents and even teachers. We could conclude that head is the primary area of affection in students with any kind of stresses.

Psychological stresses are found to be responsible for the development of the frequent somatic complaints in children. Amongst all the factors identified, academic stress (63.33%) was found to be affecting students more. That was related to either scoring good marks, getting good rank, going to school to face teachers due to the expectations of teachers,

Teachers in school play an important role in balancing emotions of student, in some incidences the neglect from teachers also resulted into emotional disturbances amongst children and development of somatic complaint. As in one of the case the child had fear of teacher as he spoke about faults of the child with his father who was known to teacher because of the same profession. Student expected that teacher should communicate to him directly instead of complaining to father.

Family plays a very important role in nurturing the child and bringing the value system into them. But certain family issues or interaction amongst them or parenting types resulted into stressful environment and ultimately stress in children. Family issues were found to be a factor in 60% cases, where behaviors of parents like addictions or interpersonal relationship amongst parents or between children and

parent <sup>(22)</sup>. Stress factors like change of place, whether home or school, (15%) also were responsible for somatic complaints which has also not found a mention in literature.

Linking illness in life which was new for us has been found in a few cases where the loss of some close-one has directly affected the child and the location of suffering was the same as that of the person whom they lost. Like in one of the case the boy was suffering from abdominal pain immediately after the death of his grandfather because of stomach cancer. Development of children or transition from childhood to adulthood itself is a stressful situation, like getting into a new role or responsibility, as in another case female patient who was so afraid to get into menarche after she heard from her friends that thoughts would bring about headaches. This has been found in 4% of cases. It had been explained in literature and is evident in this study also.

Peer group pressure (10%) is also responsible for the development of somatic complaints found commonly in community. This is another difficult stress to modify because the peer group does not change. Hence, modification of internal environment (susceptibility) has to be done with the help of our homoeopathic medicines and which has resulted ultimately in cure.

Psychosomatic expressions are dependent on co-operative vs. conflict-inducing attitudes of teachers as well. Conflict-inducing attitudes from teachers also resulted into educational and psychosomatic complaints in children. While a co-operative attitude constitutes the educational motivating factor and contribute to children state of well-being in the classroom.

Environment which was responsible for development of symptoms was

usually considered as external but as per knowledge of psychiatry and homoeopathy we can say the internal environment, i.e. sensitivities of individuals to certain factors causes problem to them. Because the environment is same for all the students but not all of them are affected by these but some do.

Dominant emotion responsible for development of the somatic expression was found to be anxiety (53%) and anger (37%). Anger was of severe type which has affected the functioning of children in few of the cases. Anxieties varied from stage anxiety to anxiety of future and of these commonest was the anxiety of strangers. Dependency is the basic defense found in these children. The role of emotions and their expressions was explained by Oatley and Jenkins in (1996), and has also been found in this study.

After studying the cases in detail constitutional medicines were prescribed and their effects were assessed. Cases showed substantial improvement as shown in Fig. 8, where all the cases shown improvement post homoeopathic interventions. Homoeopathic medicines which were found to be useful in treating the cases were varied like *Natrum muriaticum* (6 cases), *Calcarea phosphorica* (5 cases), and followed by *Silicea terra* (4 cases). So over all looking to remedy range it was found that *Natrum* group (8 cases) is the prominent medicine followed by *Calcarea* group 7 cases. Rare remedies like *Gelsemium sempervirens* (case 7) and *Staphysagria* (case 22) were found as the constitutional remedy, which has brought about a good effect.

*Natrum* group of remedies were helpful in treating cases with irritable nature, i.e. prominent anger (7 cases) compare to managing anxieties (4 cases). Whereas *Calcarea* group of remedies was found to be useful

in managing cases with prominent anxieties (5 cases) and fear (3 cases) compared to anger (2 cases), and *Ferrum metallicum* was indicated in extremely short-tempered patients like in case 2 and 4.

Common potency useful in managing these functional disturbances is 200 (28 cases) and rest few had been managed by 1M (case 4 and 8) with higher susceptibility and they responded well.

Very few cases could be managed only after the involvement of parents and teachers but it was difficult to find the attention or presence of parents all the time. Teachers were around, but in some cases, they were found to be less observant.

Role of stress management and relaxing techniques were the major therapies useful in developing the confidence level of children and controlling their emotions which ultimately resulted into managing themselves and the somatic expressions. But this intervention was needed in a few cases only as most of them responded to medicinal care in form of homoeopathic medicines.

## Conclusion

Psychological stresses affect the children in many forms, viz. academics, family, peer group or attaining the adolescence, that results in many somatic illnesses, primarily headache that requires a clear and receptive observer/clinician to evaluate and understand. The varied causes results into development of various negative emotions. Children are confined to understand and verbalise their conflicts or the emotional whirlpool happening in them. Rather, they communicate through the somatic channel. A clear, friendly, detailed and assuring talk with them can

allow them to reveal the emotional turmoil they carry on. Homoeopathy and homoeopaths have a major role in understanding and managing the children being or getting affected by frequent somatic illnesses. That not only reduced their frequent health care visits but also enables them to face the adversities in lives of theirs.

**Conflicts of interest-** No conflict of interest

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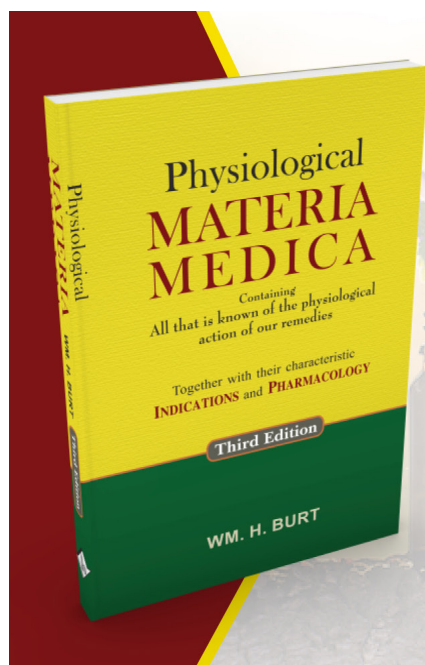
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# Correlating concepts of Jungian psychology with homoeopathy

By Dr Neha Patel

**Abstract:** A substantial resonance can be noted between Jungian psychology and homoeopathy. Carl Jung's analytical psychology emphasises the importance of wholeness for each individual. The homoeopathic approach is also individualised, and holistic where all symptoms (mental and physical) are analysed, and individual experiences are taken into consideration.

**Keywords:** Jungian psychology, homoeopathy, complexes, archetypes, higher purpose

**Abbreviations:** For example: E.g.

## Introduction

In homoeopathy, the individualising feature of the patients enables the formation of totality and one arrives at the simillimum by matching this totality against the symptom totality of

the remedies; the constitution and the corresponding constitutional remedy. Constitution is the inherent tendency to respond automatically along qualitatively predetermined individual, characteristic patterns. Constitutional differences are the differences in response

patterns to an identical situation. The complexes and archetypes of Jungian psychology help in understanding these patterns. The drug symptomatology symbolises the essentially unknown force pattern of the constitutional automatism. <sup>[1 and 2]</sup>

Correlating concepts of Jungian psychology with homoeopathy:

Jungian psychology	Homoeopathy
Ego: conscious level; carries out daily activities. <sup>[3 and 4]</sup>	Case taking can help note the daily activities.
<p>Personal unconscious: It contains the individual's thoughts, memories, wishes, and impulses.</p> <p>It has complexes which are:</p> <ul style="list-style-type: none"> <li>• A personal unconscious, core pattern of emotions, memories, perceptions, and wishes organised around a common theme</li> <li>• Stimulated by interactions with others.</li> </ul> <p>E.g. A father complex can be stimulated by a person who symbolises a father (such as an older friend) or by a stimulus, such as music or art, that evokes father memories.</p> <ul style="list-style-type: none"> <li>• Each complex has a positive and negative pole. E.g. good father and bad father or rewarding father and punishing father. <sup>[3,4,5 and 6]</sup></li> </ul>	<p>Understanding of the personal unconscious demands a detailed anamnesis exploring the:</p> <ul style="list-style-type: none"> <li>• Dreams</li> <li>• Delusions</li> <li>• Individual thought process</li> <li>• Emotional responses or reactions</li> <li>• Wishes</li> <li>• Impulses</li> <li>• Memories and their association</li> </ul> <p>Exploring the different life events will help us understand the association, complexes, patterns, and the common theme emerging.</p> <p>Each remedy has a complex of combined mental and physical symptoms, which is constant and specific for different remedies to be matched with the complex of symptom totality.</p>

<p>Collective unconscious: It is a storehouse of memories inherited from the common ancestors of the whole human race.</p> <p>Highly developed elements of the collective unconscious are called archetypes.</p> <p>Archetypes are:</p> <ul style="list-style-type: none"> <li>• The inherited capacity to initiate and carry out behaviours typical of all human beings, regardless of race or culture, such as nurturing and accepting nurturance, being aggressive, or dealing with aggression by others</li> <li>• Its existence can only be deduced indirectly by examining behaviour, images, art, myths, religions, or dreams.</li> <li>• Four main archetypes are:             <ol style="list-style-type: none"> <li>1. Anima- animus: feminine side of the male psyche/ masculine side of the female psyche</li> <li>2. Shadow: The devil within</li> <li>3. Persona: Social Role</li> <li>4. Self: Unity of all parts of the personality [3,4,5, and 6]</li> </ol> </li> </ul>	<p>Understanding the unconscious demands a detailed anamnesis exploring the:</p> <ul style="list-style-type: none"> <li>• Dreams</li> <li>• Delusions</li> <li>• Behavioral pattern</li> <li>• Religious norms and belief</li> <li>• Social roles and responsibility</li> <li>• Fundamental and dominant miasm</li> </ul> <p>Each remedy has archetypal forms.</p> <p>For example <i>Sepia officinalis</i>, a women's remedy:</p> <ul style="list-style-type: none"> <li>• Dr Whitmont calls it animus ridden person, driving and driven to the point of exhaustion and repressing her feminine balance.</li> <li>• She may appear to be a masculine woman with a narrow pelvis, an overgrowth of body hair, a tendency to beard, a mustache, and a deep voice. Loss of emotional responsiveness.</li> <li>• A rejection of feminine role (emotionally and sexually) frigidity, indifference, aversion to family, husband, and children.</li> <li>• A compulsive need to withdraw and be alone when under emotional strain [7,8 and 9]</li> </ul>
<p>Analytical psychology distinguishes several psychological types or temperaments as extrovert and introvert.</p> <p>According to Jung, the psyche is an apparatus for adaptation and orientation and consists of several different psychic functions. Among these, he distinguishes four basic functions:</p> <ul style="list-style-type: none"> <li>• <u>Thinking</u>: naming and interpreting experience.</li> <li>• <u>Feeling</u>: evaluating an experience for its emotional worth to others.</li> <li>• <u>Sensing</u>: experiencing the world through the senses without interpreting or evaluating it.</li> <li>• <u>Intuiting</u>: relating directly to the world without physical sensation, reasoning, or interpretation. [3,4,5,6 and 10]</li> </ul>	<p>Case taking would help to note the psychic function of the patient: thinking, feeling, sensing, intuiting, and distinguishing psychological types as extrovert and introvert.</p> <p>Each remedy has psychic functions and psychological types.</p> <ul style="list-style-type: none"> <li>• For example, Dr Jung writes the most outstanding properties of salt (note: homoeopathic remedy is made from salt) are bitterness and wisdom. The function of feeling, tears, sorrow, and disappointment are bitter, but wisdom is the comforter in all psychic suffering. Indeed, bitterness and wisdom form a pair of alternatives: where there is bitterness wisdom is lacking, and where wisdom is there can be no bitterness. [7, 8, 9 and 11]</li> <li>• Spider remedies have acute sense.</li> </ul>

Individuation is a process of transformation whereby the personal and collective unconscious is brought into consciousness (through dreams, active imagination, or free association) to be assimilated into the whole personality.

### Self-realisation

People who have gone through this process have achieved realisation of the self, minimised their persona, recognised their anima or animus, and acquired a workable balance between introversion and extraversion.

In addition, these self-realised individuals have elevated all four of the functions to a superior position, an extremely difficult accomplishment. [3,4,5,6, 10,11 and 12]

Homoeopathic case taking focuses on understanding this imbalanced state, the deranged vital force, and the process itself can sow seeds of self-realization.

Homoeopathic remedies try to strike a workable balance improving the derangement of the vital force. To retain all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions so that the reason-gifted mind can freely employ its living, healthy instrument for the higher purpose of our existence.

## Conclusion

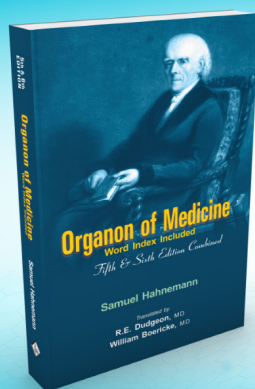
Understanding the concepts of Jungian psychology will improve patient and materia medica (drug picture) understanding and enable the individual to live a balanced life directed towards higher purpose of existence.

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# Understanding the journey of Arsenicum album – the repertorial way

By Dr Archana Gupta, Dr Aditi Srivastava

**Abstract:** An attempt has been made to let the readers understand journey of the most notorious poison of old times – the Arsenicum. To learn an unknown picture of the medicine through the rubrics and co- relate with what is already known through materia medica. Newer way to discover the wide range, diverse symptoms and to perceive the evolution of the medicine

**Keywords:** *Arsenicum album*, complete repertory, materia medica

**Abbreviations:-** *Arsenicum (ars.)* psychology (PP)

## Introduction

**M**ateria medica is a *Latin* term which means it is a body providing with the knowledge of different medicines, commencing from their preparation, parts used for preparation and the symptoms that they produce providing the therapeutic and the constitutional approach.

The word 'repertory' is derived from the French word 'repertoire' which means store house. In homoeopathy, it is an arranged index to the homoeopathic materia medica (symptoms). The sources are collected from drug proving, toxicology and clinical experience. Repertory not only aids in minimising the time for finding the right medicine but also helps us to find out the group of medicines, for the required symptoms. It comes to the rescue in the most of the difficult cases.

*Arsenicum* is a classic remedy known in its basic outlines to all homoeopaths. Originally proven by Hahnemann himself, it has been exhaustively described in every Materia Medica since.

Kent has mentioned about the *anxiety* that is found in *Arsenicum* is intermingled with fear, with impulses, with suicidal

inclinations, with sudden freaks and with mania<sup>1</sup>; it is agreed upon and verified by witnessing those in the patients around. But now the query arises why and what makes a person suffer from so much of anxiety which further can lead to anguish then restlessness, despair and then finally towards the maniacal and suicidal inclinations. Much interesting details to find out and fortunately we have tools to dig out the reasons as well – materia medica along with repertories. Learning materia medica through repertorial approach is an unprejudiced way of learning. A mere cataloguing of symptoms can be misleading in actual prescribing. Forming an image by understanding of the essential dynamic process and stages of development of the remedy helps in grasping the essence more clearly.

Few citations from *Complete Repertory* (*Complete Repertory* has been used because it is a latest as well as an authentic repertory)-

### A. *Arsenicum* and anxiety <sup>2</sup>–

- MIND - ANXIETY - midnight - after - one am. - two am., until
- ars.
- MIND - ANXIETY - coryza, with- ARS.

- MIND - ANXIETY - expected of him, when anything is - ARS. lac-e.
- MIND - ANXIETY - swelling of - skin, dropsy, with - ARS.
- MIND - ANXIETY - syncope, with- ars.
- MIND - ANXIETY - waking, on - something under the bed making a noise, from- ars. bell.
- MIND - ANXIETY - continued, in anasarca - ARS.
- MIND - ANXIETY - health, about - despair of getting well - ARS.
- MIND - ANXIETY - hypochondriacal - originating out of upper part of chest, as if - ars.
- MIND - ANXIETY - murdered someone, as if he had - mania, in - ARS.
- MIND - ANXIETY - others, for - some persons, about- ars.

The above rubrics show the dominance of the medicine *Arsenicum*, clearly proving the striking feature of it and under different sub rubrics which is the extra knowledge to gain here.

According to George Vithoulkas, in studying remedies, it is crucially important to have an appreciation of the stages of development of the pathology. As the illness penetrates deeper, the *Arsenicum* patient will manifest more anxiety, particularly ANXIETY ABOUT HEALTH, for he is afraid that he will die. At first, this anxiety may be most noticeable upon awakening in the morning, but it gradually occupies his attention throughout the day and night. In the rubric anxiety for others, *Arsenicum* does not have so much of a concern for others but rather a fear of losing someone close to him makes him anxious. It is a fear of loss of someone upon whom he is dependent.<sup>3</sup>

## B. *Arsenicum* and anguish<sup>2</sup>

- MIND - ANGUISH - respiration, preventing - ars.
- MIND - ANGUISH - driving from place to place - restlessness, with - ACON. ARS-I. ARS. BISM.
- MIND - ANGUISH - tossing about, with - catarrh of chest, in- ARS.
- MIND - ANGUISH - inconsolable - ars.
- MIND - ANGUISH - indescribable - metritis, pericarditis, cholera asiatica, in - ARS.

The *Arsenicum* anxiety causes great anguish internally causing the tremendous restlessness known to this remedy. The anxiety about health in *Arsenicum* is really, deep down inside, a fear of dying. The idea of his own death causes intolerable anguish to the patient. During a disease he will not be consoled; his anguished fear and restlessness will continue, the prospect of death makes him more and more anguished.

## C. *Arsenicum* and restlessness<sup>2</sup>

- MIND - RESTLESSNESS, nervousness - midnight - after - three am. - after - ars.
- MIND - RESTLESSNESS, nervousness - midnight - after - dropsy, in - ars.
- MIND - RESTLESSNESS, nervousness - move - must constantly - one person to another, from - ars.
- MIND - RESTLESSNESS, nervousness - fatigue, with - ARS.
- MIND - RESTLESSNESS, nervousness - delivery, parturition - during - ACON. arn. ARS. camph. CHAM. chl. chl. CIMIC. kali-c. lyc. nux- m. RHUS-T.
- MIND - RESTLESSNESS, nervousness - anxious - pneumonia, in - ARS.
- MIND - RESTLESSNESS, nervousness - anxious - has to - walk rapidly - androc. ARG-N. ARS. cimic. lil-t. sul -ac. TARENT.
- MIND - RESTLESSNESS, nervousness - driving out of bed - wants to go from one bed to another - convulsions, during - ars.

As learnt above the *Arsenicum* anxiety causes great anguish internally, and out of this arises the tremendous restlessness, the restlessness is not only a physical process but also a mental restlessness. It is an anguished attempt to reduce the deep-seated anxiety. He will move from place to place, from chair to chair, from bed to bed, going from person to person, constantly seeking reassurance and support.<sup>3</sup>

## D. *Arsenicum* and lamenting<sup>2</sup>

- MIND - LAMENTING, bemoaning, wailing - anxiety in epigastrium, about - ars.
- MIND - LAMENTING, bemoaning, wailing - convulsions, during - ars.
- MIND - LAMENTING, bemoaning, wailing - loud, piercing - acon. ARS. Nux -v.

Here it is seen that after anxiety, anguish, pain, restlessness comes the lamenting and wailing during this sickness.

## E. *Arsenicum* and despair<sup>2</sup>

- MIND - DESPAIR - recovery, of - thinks it is useless to take medicine - ars.
- MIND - ANGER, irascibility - recovery, if one spoke of her complete - ARS.

The despair is the hopelessness that the patient feels during his sickness. Eventually, the anxiety and fear diminish as a deep state of depression sets in - a despair of recovery, a loss of interest in life as the illness progresses and eventually refuses the treatment to his illness in spite of being very sick.

The reason behind the above rubrics - anxiety > anguish > restlessness > lamenting > despair is the core essence of 'Insecurity' of the *Arsenicum* patient which leads to the most key manifestations of it. This insecurity is not a mere social dynamic, but more essentially a sense of being vulnerable and defenseless in a seemingly hostile universe. This insecurity dominates the *Arsenicum* personality from the earliest stages.

## F. *Arsenicum* and fears<sup>2</sup>

- MIND - FEAR - jumps - out of the window - ars.
- MIND - FEAR - accidents, of -

friends, to - ars.

- MIND - FEAR - accidents, of - child, to - ars.
- MIND - FEAR - death, of - night - one am. - three am - ars.
- MIND - FEAR - death, of - respiratory problems, with - ars. corv-cor. lob.
- MIND - FEAR - death, of - starvation, from - ars.
- MIND - FEAR - disease, of - impending - child, to - ars.
- MIND - FEAR - friend - has met with an accident - ars. CAUST.
- MIND - FEAR - happen - something will - family, to, or to him - evening in bed - ars.
- MIND - FEAR - panic attacks, overpowering - night -
- ars. carneg- g.

The fears of *Arsenicum* arise from the insecurity which leads to dependency. He wants someone to be actually near to him, the reason being insecurity concerning his health, his unaccountable fear of being alone creeps in. His anxiety is based on concern for himself. It is a fear of loss of someone upon whom he is dependent. He will have a constant need for company, particularly at night. The fears are raised tremendously while alone. The deep down fear is the fear of death.

G. The other core qualities of *Arsenicum* is possessiveness- of objects, money and especially of people. He is much more selfish, a "taker". In a relationship, he will give support to another person, but primarily with the expectation of receiving support in return. It is in this sense that it is a selfish remedy. He is a miser and avarice.<sup>3</sup>

- MIND - DRINKS - more than she should - ars.
- MIND - GREED, cupidity - desires are greater than her need, her - ars.
- MIND - TALK, talking, talks - general - money, about - ars. sulph. Uran -met.
- MIND - WALKS more than is good for her - ars.

The above rubrics portray the habits of *Ars.* patient where he desires more than he should reflecting his greed. Another set of rubrics displaying the reasons for being greedy and a miser are-

- MIND - FEAR - death, of - starvation, from - ars.
- MIND - DELUSIONS, imaginations - starve - family will - ars. calc- sil. SEP. staph.

The above fear and delusions and insecurities are clear directives leading to wanting all the things for themselves and presenting themselves as avarice and needy.

Next one can see the syphilis traits of *Ars.* which summarise in the rubrics below-

## H. *Arsenicum* and delusions<sup>2</sup>

- MIND - DELUSIONS, imaginations - hang, hanging - sees persons - ars.
- MIND - DELUSIONS, imaginations - hang, hanging - sees persons - beckoning him to cut them loose - ars.
- MIND - DELUSIONS, imaginations - hang, hanging - wants to hang himself - ARS.
- MIND - DELUSIONS, imaginations - man - hung himself, who -ars.

## *Arsenicum* and suicidal tendency<sup>2</sup>

- Mind- suicidal disposition- fire to set oneself on- ARS, hep.
- Mind- suicidal disposition- Gas by- ars, nux vom
- Mind- suicidal disposition- Hanging by - *Ars.*

There is another rubric for *Arsenicum* as homicide-

- MIND - KILL, desire to - barber wants to kill his customer - ARS. HEP.

The above discussion not only shows the depiction of the essence of *Arsenicum* through rubrics but it also shows its miasmatic flow from Psora to syphilis to syphilis.

## Conclusion

From the above stated rubrics under different heading clearly states us the utility of studying materia medica in an unprejudiced way. By this method, one surely gets to know some of the very peculiar, diverse symptoms of our medicines which will truly help in prescription in an unprejudiced manner.

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# Understanding dream through Jung's perspective: scope of dream in homoeopathy

By Dr Bajrang Kumar Chauhan

**Abstract:** Dream is a series of thoughts or images or fantasies about something that one can desire during sleep. Basically, it is unsaying word of a soul or our unconscious mind that has a powerful impact which can be shown through someone's behavior. C.G. Jung has great interpretation or insight in this field. In Homoeopathy, dream may be a chief guide in the selection of homoeopathic remedy.

**Keywords:** Dream, C.G.Jung, homoeopathy

## Introduction

Carl Gustav Jung was born on 26 July 1875 in Kesswil, Switzerland. He was a son of a pastor and he had great interest in trying to understand his own inner mental state from the very early age.<sup>(1)</sup> He was a psychologist who founded analytical psychology. He proposed different concepts of extraverted and introverted personality, archetypes, and collective unconscious.<sup>(2)</sup>

### Important key facts about C.G. Jung<sup>(1)</sup>

Date of birth - 26 July 1875.

He graduated in medicine at the University of Basel in 1900.

He married Emma Rauschenback in 1903.

He studied psychiatry at the University of Zurich.

From 1905 until 1913, Jung was a faculty member of the University of Zurich.

He also co-founded the International psychoanalytic society in 1911.

After that Jung began writing a book about his own personal mental experience of trying to understand his unconscious mind.

Published Works: There are some works by Carl Jung such as

Psychology of the unconscious,

Psychological types,

Modern man in search of a soul,

The undiscovered self.

He died on 6 June 1961 in Kusnacht, Switzerland.

### The four major Jungian archetypes and how we interpret them in dream<sup>(3)</sup>

Archetypes are universal, hereditary, inborn models of people, their behaviour and personalities which have powerful impact on human behavior. Swiss psychiatrist Carl Jung suggested that these archetypes were archaic forms of innate human knowledge that passed from our ancestors. One inherits these archetypes in a way of instinctive patterns of behavior. Jung believed that the human psyche was composed of basically three main components, those are Ego, personal unconscious and collective unconscious. These archetypes exist in the collective unconscious where all of the knowledge and experiences that humans share as a species. These archetypes are;

**The Persona** means how we present ourselves to the outer world. The persona archetype acknowledges people to adapt the outer world around them and fit in with the society's expectations where they live. The persona develops as a social mask to contain all the primitive urges, emotions and impulses that are not accepted socially which may appear in dreams and take different forms.

**The Shadow** that consists of sex and life instincts. This archetype exists as a part of unconscious mind and is composed of repressed ideas, different desires, instincts, weaknesses, and shortcomings. It also contains all the things that are not only unacceptable in the society but to one's own morals and values such as envy, greed, prejudice, hate, and aggression that may appear in dream in a variety of forms such as a snake, a monster, a demon, a dragon, or dark or exotic figure.

**The Anima or Animus** - It is a feminine image in the male psyche or vice-versa where anima/animus represents the 'true self'. In many cultures where men and women are encouraged to adopt traditional and rigid gender roles. Jung suggested that this discouragement of men exploring their feminine aspects and vice-versa served to undermine

psychological development.

**The Self** - It represents the unified unconsciousness and consciousness of an individual. One can create the self through a process called individuation in which different aspects of personality are integrated. The disharmony between unconscious and conscious mind could lead to psychological problems.

**Some other archetypes that are not static that Jung described:**<sup>(3)</sup>

The father means authority figure; powerful

The mother means nurturing; comforting

The child means Longing for innocence, rebirth or salvation

The wise old man means guidance or wisdom

The hero means defender, protector or rescuer

The maiden means innocence, purity or desire

The trickster means deceiver, liar or trouble-maker.

The steps taken into consideration in dream interpretation: Jung's view<sup>(4)</sup>

To make a record of your dream immediately after waking up.

Write down about the personal association and archetypal parallels to each dream's figure or image.

Write carefully the conscious situation related to incidents or occurrences and feelings surrounding the dream.

Establish the interconnections between dreams and conscious situation.

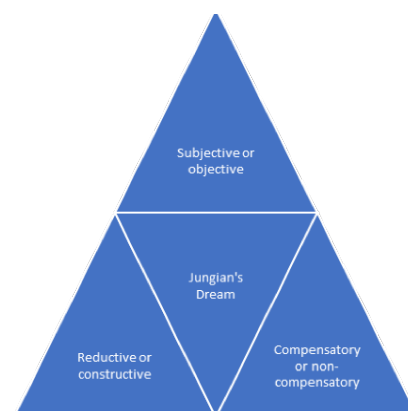
Consider the guidelines for approaching the dream given by Jung.

Characterise each dream images as subjective or objective, reductive or constructive and compensatory or non-compensatory.

To find out the problems or complexity with which dream is concerned.

To make a hypothesis of interpretation; confirm it by response of a dreamer or subsequent incidents.

Fig. 1 : Types of Jungian's dream



**Jungian's dreams:** C.G. Jung describes dream into three broad categories. Types with their definition are given below;<sup>(4)</sup>

Jungian's dreams	Definition
Subjective or objective	When dream figure depicts someone not highly significant to the dreamer in waking life. Or when dream figure plays a great role in the dreamer's waking life.
Reductive or constructive	Reductive type tells us why we have a particular problem while constructive interpretation points to a solution or a possibility of psychological development.
Compensatory or non-compensatory	Compensates or confirms the conscious attitude and tells you that it is a valid one. While when dream becomes unbearably intense, the dreamer is likely to awaken, perspiring and pounding heart which is similar to actual experience. Usually there is no interpretation for these kinds of dreams.

**Homoeopathic therapeutics :** Dr Farokh. J. Master's *Homoeopathic Dictionary of Dreams* said that dreams are one of nature's miracles, not the result of wandering mind in sleep. It is an interface between the

process of life and our conscious personality. According to him, dream can be an expression of what is happening in the physical body or way of balancing the physiological and psychological activities in us or

an expression of human super senses or meaning of solving problems, not only in our personal life, but also in relationship and work or it is a way of reaching known world of experience and presenting intimation from

unknown.<sup>(5)</sup> In homoeopathy many authors have their own perspective related to dream and concerning homoeopathic remedies such as; Dreams and *Phatak's Repertory* <sup>(6)</sup>

Dreams	Indicated remedies
Dreams of accidents	<i>Arsenicum album, Graphites</i>
Dreams of affairs, household	<i>Bryonia alba</i>
Dreams of animals of cats, black	<i>Daphne indica</i>
Dreams, bodies, mutilated	<i>Arnica montana</i>
Dreams, confused	<i>Ruta graveolens</i>
Dreams, death, of	<i>Arsenicum album, Lachesis mutus</i>
Dreams, drinking, water	<i>Medorrhinum</i>
Dreams, drowning, of	<i>Veratrum viride</i>
Dreams, events, previous day, of	<i>Bryonia alba</i>
Dreams, long past	<i>Silicea terra</i>
Dreams, falling, from high place	<i>Nux moschata</i>
Dreams of journey	<i>Kalium nitricum</i>
Dreams, jumps out of bed, in	<i>Calcarea fluorica</i>
Dreams, lachrymation, with	<i>Plantago major</i>
Dreams, loathsome	<i>Lachesis mutus</i>
Dreams, lying on left side	<i>Sepia officinalis</i>
Dreams, menses during	<i>Nux vomica</i>
Dreams, being pursued	<i>Nux moschata</i>
Dreams, shame	<i>Conium maculatum, Tuberculinum</i>
Dreams, sleep, first	<i>Silicea terra</i>
Dreams, water, being on	<i>Veratrum viride</i>

Dr Devrient perspective on dreams with homoeopathic remedies; He classified dreams into five categories such as;<sup>(7)</sup>

Sl. No.	Classification of dreams	Medicines with their indications
1.	Dreams of fortune	<ul style="list-style-type: none"> <li><b>Sulphur, Anhalonium, Opium</b></li> </ul>
2.	Dreams which exhaust	<ul style="list-style-type: none"> <li><b>Physical exhaustion-</b> <i>Rhus toxicodendron, Bryonia alba, Nux vomica, Pulsatilla nigricans</i></li> <li><b>Psychical exhaustion-</b> <i>Selenium metallicum</i></li> <li><b>Both physical and psychical exhaustion-</b> <i>Arnica montana, Arsenicum album, Cimicifuga racemosa, Gelsemium sempervirens, Nux vomica, Phosphorus, etc.</i></li> <li><b>Exhausting dreams constantly crashing on brain-</b> <i>Coffea cruda, Nux vomica, China officinalis, Coccus indicus, Hyoscyamus niger, and Lachesis mutus</i></li> <li><b>Dreams persist even after awakening-</b> <i>Calcarea carbonica, China officinalis, Lachesis mutus, Natrum muriaticum</i></li> </ul>



3.	Dreams of emotions	<ul style="list-style-type: none"> <li>• <b>Dreams of thirst that he must drink-</b> <i>Arsenicum album, Medorrhinum, Natrum muriaticum, Phosphorus.</i></li> <li>• <b>Dreams of hunger and eating-</b> <i>Abies nigra, China officinalis, Psorinum</i></li> <li>• <b>Voluptuous dreams-</b> <i>Cannabis Indica, Phosphorus, Staphysagria, Dioscorea villosa, Hyoscyamus niger, Cantharis vesicatoria, Opium, Phosphoricum acidum and Thuja occidentalis</i></li> <li>• <b>Dreams of rape-</b> <i>Sepia, other remedies- Belladonna, Coffea cruda, Opium, Chamomilla, Nux vomica, Cocculus indicus, Tarentula hispanica and Zincum metallicum.</i></li> </ul>
4.	Dreams of anxiety (Nightmare)	<ul style="list-style-type: none"> <li>• <b>Generally suitable are-</b> <i>Aconitum napellus, Aurum metallicum, Argentum nitricum, Apis mellifica, Chamomilla, China officinalis, Colchicum autumnale, Hyoscyamus niger, Lilium tigrinum, Mercurius corrosivus, Rhus toxicodendron, Silicea terra, Sulphur and Zincum metallicum.</i></li> <li>• <b>Fear before falling asleep-</b> <i>Natrum muriaticum</i></li> <li>• <b>Dreams of death and dead persons-</b> <i>Arsenicum album, Lachesis mutus, Arnica montana, Calcarea carbonica, Cannabis indica, Crotalus horridus.</i></li> <li>• <b>Dreams of haemorrhages and especially haemoptysis-</b> <i>Phosphorus</i></li> </ul>
5.	Dreams of different ages	<ul style="list-style-type: none"> <li>• <b>Rapturous dreams of older people-</b> <i>Aconitum napellus, Phosphorus, Apis mellifica, Opium, Passiflora incarnata</i></li> <li>• <b>Anxious dreams of children-</b> <i>Absinthium, Aconitum napellus, Belladonna, Chamomilla, China officinalis, Cypripedium, Passiflora incarnata. Also- Arsenicum album, Calcarea bromate, Hyoscyamus niger, Kalium bromatum, Phosphorus, Pulsatilla nigricans, Sulphur</i></li> </ul>

## Conclusion

There are numerous remedies available for different types of dreams in homoeopathy which lead us to cure any kind of diseases, we only need to look intently on the cases and make a complete picture to find out a simillimum. The most important key point for selecting a simillimum in homoeopathy is individualisation, and dreams play an important role here because it is a subconscious desire or need of a person which signifies a person individually. Homoeopathy has a wide spectrum even for dream which play a great role in the cure

of diseases.

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# Reflection of jungian psychological model in homoeopathy

By Dr Partha P. Ray

**Abstract:** With the establishment of psychology as a branch of science, different concepts evolved to explain the phenomenon of different mental attributes. This was started with structuralism by Wundt which was followed by functionalism of James and behaviourism of Watson. Later, the most important contribution came from the psychoanalytical school of thought framed by Sigmund Freud. Gustav Jung started his carrier as a follower of Freud but later came out and created a new school of thought which is popularly known as analytical psychology. His concept of unconscious, archetypes, animas, persona or shadow made the world wondered. As homoeopathy deals with different shades of mind so Jungian psychology has great connection with the basic mental symptom analysis in homoeopathy.

**Abbreviations:** Myers Briggs type indicator (**MBTI**), United States of America (**USA**).

## Introduction

Psychology is the scientific study of human behaviour and mental or cognitive process. The journey of establishing psychology as a separate science is long. Probably, the conflict started when people tried to know what actually the dream is? The church explained that during sleep, a fine body comes out from this earthy body, crosses different experiences and again comes back to the body. If it comes back, the person is alive, but if not, the person is dead. This answer failed to satisfy the inquisitive mind. They put a question, if X meets Y in the dream, then Y also should meet X, but this doesn't happen. These rationalistic folk of people came out and established another branch of knowledge – which we call psychology today.

Naturally the development of psychology took some century to be established in a proper term. It witnessed different school of thought like structuralism, functionalism and behaviorism. Its establishment became solid with the incorporation of Gestalt psychology, humanistic psychology and especially the psychoanalytical school of thought which was established by Sigmond

Freud.

The basis of psychoanalytic school means studying the unconscious mind<sup>1</sup>.

The greatest discovery of Sigmund Freud in the field of psychology was is his discovery of unconscious mind. He assured that this unconscious mind constitutes the core of one's personality<sup>2</sup>. A wide variety of the behavior including the 'slip of tongue', dreams, psychopathology of every day life, neurosis and psychosis are stem from unconsciousness. Freud created a storm when his work interpretation of dreams was published in 1900 which stressed on the theory of libido. He said every behaviour has some sexual linkage. Interestingly, our '*Lectures on Homoeopathic Philosophy*' by Dr James Tyler Kent was published in the same year with full support of disturbed metal state which is the cause of the genesis of diseases. But the reality is that a good number of Freudians ultimately left Freud and came out with separate concept. They differed, because of Freud's over emphasis on the sex and aggression. Adlar, Horney, Sullivan, Erikson differed Freud and came out with their theory.

Among these names, very potential was Jung whose is famous from his 'analytical theory' and his theory of unconscious has strong connection with homoeopathic understanding of patient as a person. His famous book titled, "*Psychology of the Unconscious*" directly opposed the theory of 'libido', proposed by Freud<sup>3</sup>.

## Literature review:

### A brief life history:

Carl Gustav Jung was born on 26<sup>th</sup> July 1875 in Kesswil, Switzerland. He was the second child of the family. His father reverend Paul Jung became a country pastor after learning Hebrew which Carl also learned from his father. In early stages Carl resented his father for no maturing more as a scholar and not admitting religious doubts in spite of harbouring such things. Carl used to agree about the formalities of religion with his father and was disappointed that they would not discuss actual religious experiences. Though tolerant but his father often has period of great moodiness and instability. His mother was homely, overweight and authoritarian and intuitive. She had got emotional disturbances and her behaviour

was inconsistent. This led Carl to distrust women and this was fixed for long in his life. He used to play with a wooden doll singly. He was withdrawn and solitary and never wanted to spend time on his foreman studies. He used to study those things what he felt to be inspiring. His childhood spent with his grandmother who told him the story of fairies, unicorn and many other super-natural believes. Here was the root of his concept of racial unconscious. These mysterious, supernatural stories ultimately taught him to love and respect his country, and from this, he generalised the concept of racial or collective unconscious which is a very strong determinant for the development of belief.

Later he started working hard and got good marks in school. Following this he joined in the school of medicine at the Basal University. Though his professors were not happy but Jung had long been interested in fantasies, supernatural and occults and believed that psychiatry will give him to explore these phenomena. Jung became associated with Freud in 1907 and they journeyed together in 1909 to USA to deliver a series of lectures but with all the hope from Freud, Jung spitted for Freud in the year 1913 to form his own concept in the field of psychology.

Philosophical basis of Jungian Model:

As understood, western philosophy, particularly German idealism and romanticism, has had a general impact on analytical psychology. Great German philosopher, Immanuel Kant's view of the 'moral order within' is echoed everywhere in Jung's work<sup>4</sup>. Kant's writings moved youth Germans too much and he is considered one

of the pioneering characters in the renaissance (aflarung) of Germany. 1781 Kant's "**Critique of Pure Reason**" was published which, rise him to the foremost position among the living philosophers<sup>5</sup>. The name of Kant needs special consideration, as Hahnemann himself was very much impressed by Kant and his *Critique of pure reason*. Though in later days Kant seemed hazy to him but the process of reasoning as taught by Kant put a long-time influence over Hahnemann<sup>6</sup>. We see Hahnemann, in a letter to **Von Villers**, one of his friends, writes, "I had known for some time that you had made our Kant available at France, but had not considered what an enormous effort it must have cost you to understand even his "*Critique of Pure Reason*", as so many German-born scientists cannot fathom or understand Kant..<sup>7</sup>". So, there is no doubt, Hahnemann deeply studied Kant and formulated his ideas regarding Similia in an aphoristic style.

This mush is talks to understand when founder of homoeopathy has a connection with Kant and also to Jung, there re no doubt a chance remains to connect the basic ideas between these two masters. But this is not the end. Strong influence on Jung were Schelling with his view that nature is visible spirit: Rousseau's voice of nature within and crucially to Goethe, particularly Faust. This shall not be an over-say that Jung's analytical psychology is a blend of Freud's psycho-analysis and Adler's individual psychology.

### **Analytical psychology: basic concepts and principles**

Jung's revision of psychoanalysis involves a spectacular array of complex ides drawn from diverse fields as psychology, philosophy, astrology, archeology<sup>8</sup>, mythology, theology<sup>9</sup> and literature. This

breadth of intellectual study coupled with the style of writing makes his theory one of the most difficult to understand in the entire discipline of personology.

**Theories:** His theory of introversion and extraversion is so popular that the people forget his other potential formulations in the field. These words are greatly confused with the word shyness and sociability. Anyway, later Hans Eysenck used almost two synonymous words viz; sociability and surgency.

**Extraversion vs. introversion:** The people who are outgoing, who feels comfortable in group, have lots of friend, jumps quickly to activities are the extroverted people as Jung labelled. In contrary, introverted people are those who are reserved, lives alone or having a small group of friends and generally poor in action.

So, in nut-shell the characteristics of extraversion are outwardly directed energy needed to move into action. Responsiveness to what is going on in the environment and a natural inclination to converse and to network. The introversion we get Inwardly directed energy needed for focused reflection, Stability from attending to enduring ideas and A natural tendency to think and work alone.

Now the problem is by this classification the whole arena of personality cannot be covered and so Jung stepped forward to divide more sections. Whether we are introvert or extrovert everyone tries to deal with the world in preferable ways. Jung concluded they are four Viz; Sensing, intuiting, thinking and feeling. With the permutation and combination there may be sixteen personality types which is advocated in the Myers Briggs type



indicator (MBTI).

*We have all these functions. We just have them in different proportions. Each of us have a superior function, which we prefer and which is best develop in us. There is a secondary function, which we are aware and we use in support of our superior functions. Everyone has a tertiary function which is only slightly less developed but not terribly conscious and we have inferior functions, which is very poorly developed and we rarely believe that even we possess it.*

### **The structure of personality:**

#### **The Unconscious<sup>10</sup>:**

The psyche or total personality was viewed by Jung as composed of a variety of separate structures or systems that while are quite different from one another, are capable of influencing one another. The major structures are the ego, the personal unconscious and collective unconscious. Here the difference is found from Freud, his Id, ego and super Ego.

The ego, as Jung says, is the conscious mind. It is that part of psyche that is concerned with perceiving, thinking, feeling and remembering. It is one's awareness of oneself and is responsible for carrying out the normal activities of waking life. These activities are important but Jung puts a secondary level of importance on that.

Jung says the personality is guided more by the unconsciousness and they are again two viz. Personal and Collective.

**Personal unconscious:** If we make a level this personal unconscious is superficial as Jung says. It is the reservoir of material that was once conscious but has been suppressed as it is either trivial or distressing. In this way all the types of experiences are stored in the personal unconscious. As

more or more experiences are filed by the individual in this personal unconscious, the person begins to categorise the clusters which were called complexes. Now a complex is a pattern of emotions, memories, perceptions and wishes clustered around a common theme. While mentioning about the complex of power or status, one means that the person is pre-occupied with the theme and it in-turn is reflected upon his behaviour. For example, if a person wants to prove that he is a powerful person, he may buy a powerful bike or some speedy vehicle. The complexes one formed they are no longer remains in conscious control rather they over-power consciousness. The person started believing this is true and there is no problem is holding such behaviour. This also has an immense force because this determines individual behaviour. A person smiles in a proper style, talks in a particular manner, stands in a particular gesture, wears a particular shade of colour, uses a particular styled glass frame – because he or she believes that is most presentable. This concept is determined by his or her personal unconscious only.

**Collective unconscious:** As Jung suggests, this is the deepest and most inaccessible part of the psyche. This theory says as individually one accumulates all his or her past experiences, so does mankind as a whole species, passes accumulates the past experiences of mankind which is being passed through generations. In it remains the entire catalogue of experiences that have marked the human evolution and it is repeated in the brain of every human being in every generation. These are repeated relatively unchanged by each generation become a part of individual's personality.

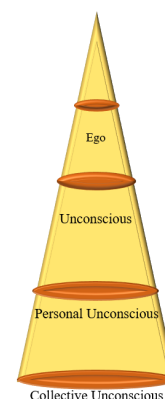
There is a definite relationship of present personality with the past, as Jung says, with his or her childhood

and early years as well as with the history of the entire species. Till one does not inherit these cumulative experiences directly, for example, one does not inherit the actual fear of snakes, but inherits the potentiality of or pre-disposition of snake fears.

Certain basic experiences have characterised through every generation of humanity. For ex. People have a mother figure in every culture, there are fear of death and uncanny and myths relating to death, unknown fear of darkness, figure of GOD and GHOST, etc.

This racial or collective unconscious is the greatest introduction of Jung in the field of psychology. But to study only Jung cannot give any potential formulation to the readers unless Freud is studied. As been mentioned the fairy tells, stories of unicorn, fantasies or myths, what Jung learned from his childhood, given birth of this idea of collective unconscious, the most potential part in the formulation of belief system – the formulation of archetypes, basing upon which every act gets systematisation – love, hate, patriotism, anarchism, atheism, believing God, holding opinion, superstition and all the prejudices. We have to remember holding opinion is also a fixed idea like opposing that.

### **Jungian model of personality structure**



**Archetypes<sup>11</sup>:** In 1968 Jung hypothesised that the contents of the collective unconsciousness consist of powerful, primordial images called archetypes (original models). The ancient experiences contained in the collective unconscious are manifested or expressed in the form of images that are called archetypes. Archetypes are not fully developed memories. An archetype is a predisposition that awaits an actual experience in a person's life before its contents become clear. Example of such archetypes are mother, child, hero, God, death, power, etc. Several archetypes are more fully developed than others and therefore influences the psyche more consistently. Jung classified them as persona, the anima or animus, the shadow and the self.

**Persona:** Persona means mask. Basically, Jung used the term in the same meaning. The Archetype persona is also a mask, a public face wears by the person to present him or herself as someone else than actually he or she is. Jung believed that in real life situation we are forced to play a variety of roles in life in order to success in our work and to get along with different class of people with whom we may not be very much comfortable<sup>12</sup>. In order to get rid from these situations personality is the greatest tool used by us. Persona, as we have seen is helpful but may be harmful also. A persona may develop a believe that this persona truly expresses his nature and beings. Jung described it as the ego comes to identify with the persona than with the person's true nature and the resulting condition is known as 'inflation'<sup>13</sup> of the persona'. This is nothing but over estimation of own self.

**Anima and animus:** Anima and animus refer to Jungian literature that humans are essentially bisexual in nature. On biological level each sex secretes same hormones

and in psychological level each sex manifests characteristics, temperament and attitudes of the other sex by virtues of centuries living together. Thus, psyche of the women contains masculine aspects and vice versa. Jung insisted that these archetypes must be expressed. A person cannot be fully human if he/she has got no character of the opposite sex. So, masculinity and femininity in integral part of life. Here again we may smell the effect of religious scriptures in Jungian psychology. This symbol is used in Bhartiya mythology in the imagination of Ardhanārīśvara where a single body is perpendicularly divided in male and female structure representing Shiva and Parvati. This indicates the male and female principles are inseparable. Shiva purana says Lord Brahma created male beings and instructed them to create others. They failed to do so and Lord Shiva appeared in an androgynous (bisexual) form. Brahma realized the fault and created females.

Jung must not be familiar with Shiva Purana but genesis of Eve (Hebrew - חַוְוָה) repeats the same story. She was created from Adam's rib. So, from the very beginning, males are mixed in female and females are mingled with male. This journey is endless. We find rubric timid *Pulsatilla* carried 4 marks but under rubric courageous it carries 2 marks. *Ignatia amara* carries 2 marks on both the rubrics. The predominantly female remedy with male expression. Under rubric company desire for and aversion to both *Pulsatilla nigricans* and *Sepia* carries 2 marks.

**Shadow:** There are a lot of potential dangers are associated with all the archetypes mentioned. The most dangerous and powerful is the one with the sinister (Dishonest or suggestive of dishonesty; underhand; shady) and mysterious

level of the shadow. The shadow has the deepest roots of all the archetypes. It contains basic, primitive animal instincts (Id by Freud which is the pleasure principal). All that considered evil and immoral by the society resides in the shadow and this dark side of man must be disciplined if people have to live in harmony with one another. The shadow is not only the source of that which society considers bad, it is also the source of vitality, spontaneity and creativity. Hence if this shadow is totally suppressed, the psyche become dull and lifeless. The function of the ego is to direct the forces to the shadow only then the person can be productive.

**Self:** The self is broadly referring to the cognitive representation of one's identity. The earliest formulation of the self in modern psychology from the distinction between the self as *I*, the subjective knower, and the self as *Me*, the object that is known. Current views of the self in psychology diverge greatly from this early conception, positioning the self as playing an integral part in human motivation, cognition, affect, and social identity. Self is the most salient archetypes in Jung's theory. This archetype develops after other faculties are well developed. This comes at the middle age as Jung postulated

In Jungian theory, the Self is one of the archetypes. It signifies the coherent whole, incorporated consciousness and unconscious of a person. The Self, according to Jung, is realized as the product of individuation, which in Jungian view is the process of integrating one's personality. For Jung, the self is symbolized by the circle (especially when divided in four quadrants), the square, or the mandala.

**The development of personality:**

Jung's theory of personality is a forwarding one. Achieving selfhood or self-actualisation involves an orientation towards the future, an individual's present personality is determined both by what the person hopes to be and by what she has been. This system is teleological<sup>14</sup> as it looks to the future and casual as it looks to the past. Personality is marked what Jung said 'progression'. Now this development can go forward or it may go backward (regression) pertaining to, or involving teleology; relating or appealing to a goal, end, or final cause.

In regression, the libido flows backward to the unconscious. Regression is not a cessation of progression because by investigate into the past experiences of the personal and collective unconscious and by introspecting and **reconciling** (unifying) these experiences the person may be able to resolve the problem that led to the regression in the first place. Regression involves a quite retreat in to oneself in order to foster (promote) creative thought and revitalisation.

### **Jungian psychological model and homoeopathy:**

In homoeopathic materia medica, mental expressions derived during proving is listed. These are the first-hand mental expressions and they have taken directly. The initial days materia medicas, say *Materia medica pura*, *The Chronic diseases*, *Hering's guiding symptoms*, *Allen's encyclopedia* or *Drug pathogenicity* by Hughes and Dakes, contains these symptoms without any explanation why they have arisen. These people proved drug, remained acquainted with the prover personally. So, they had no need to explain the deeper psychological processes. But when the era of Kent came – the retrospection became mandatory. The analysis of mental expression

turns to be a need.

As the beginning of 20<sup>th</sup> century was full with the newer movement of psychological school. Naturally, homoeopathy as a whole, was motivated to drive in the ocean of mind. So materia medica started of being more explanatory in contrast to the store of information. The picture based materia medica as stated by Dr Kent or Margarete Lucy Tyler is the example of that. The modern authors like Catherine R. Coulter, Jan Scholten, Philip M. Bailey or Rajan Sankaran tried to explain materia medica in the same way.

This is not possible to show all the reflections of Jungian psychology in the text of Homoeopathic materia medica. Here we have taken two paragraphs of *Pulsatilla nigricans* from Kent's *Materia Medica* as example.

Kent's *pulsatilla* reads, '*She imagines the company of the opposite sex a dangerous thing to cultivate, and that it is dangerous to do certain things well established in society as good for the human race*'.

This is very important symptoms. This is not aversion to opposite sex but a hidden obsession – that the sexual act is dangerous. This is not a matter to discuss, to imagine and even company of the opposite sex is to avoided. The phallic stage of Freud says this is the time (3 – 5 years) when the complexes arisen. The great Oedipus complex, castration anxiety in males and the penis envy in female. This stage is most difficult stage to pass off and because most of the things are repressed – we cannot remember how much we were troubled that time.

When the same came to Jung – it considered at the negative image formation – the shadow. The most

obnoxious and negative aura every one wants to cast off.

*'Religious freaks; an especial tendency to dwell on religious notions; fixed ideas concerning the Scripture; he misuses and misapplies the Scriptures to his own detriment; dwells on sanctification until he becomes fanatical and insane; thinks he is in a wonderfully sanctification state of mind, or that he has sinned away his day of grace'*<sup>15</sup>.

The second paragraphs speak something related to religious ethics or religion itself. If we try to analyze this mental state from the Jungian model, a great spectrum of psychological panorama comes out. Generally, the out spoken people does not suffer from such complaints. Naturally the '*dwelling on religious notions*' is an expression of Introversion. Fixed ideas come from collective unconscious. Religion is structureless and it is ideation of some beliefs. Learning about God since child hood makes us to believe that there is God. Religion is the path to reach to the God. But how much one to live with this belief that is to be determined by the individual only. Constantly dwelling with the percept of God caused either due to some past disappointing factor or a rigorous course of trial with Godly things. In Bengal, the early age widows without children, used to give a Bal - Gopal (Crawling Lord Krishna). Because the marriage used to take place when she was a small girl. If the bad fate made her widow at that age, she had to grow up in her father's house with strong restriction of food, of ornaments, wearing white coloured cloth. Gradually the lady become accustomed that rest of the life she has to grow and to live with this lifeless God statue. Gradually she learns to control to everything- her thought process, food, cloths. She starts believing that this is the life for her – no recreation – no sexuality, only worshipping.



So, God becomes an archetype - the ancient experiences contained in the collective unconscious are manifested or expressed in the form of images.

*Sanctification* is desired when there is internal feeling of uncleanness. The sense of *sin* is another belief. Virtue and vices are two opposite mental structure consisting grouping of some structureless elements. Sin is something injurious, unethical hence should not be practiced. This sense is so much pronounced that he feels *wonderfully sanctification state of mind, or that he has sinned away his day of grace*<sup>16</sup>. Here Kent directly used the biblical symbolism to describe the depth of actual mental state. Such examples are thousands and can be explained well in light of Jungian psychological model.

### Conclusion

Study of psychology integrates all forms of human art so also to homoeopathic materia medica. Materia medica takes reference from politics, films, dramas, literature and obviously to psychology. But it needs to be studied before interpret. *Edward C. Whitmont in his 'psyche and substance' tried to explain few drugs in the light of Jungian model. But Jung is not self – explanatory. This all started with Freud. So, we have to study Freud, Adler, Erikson, Piaget, Maslow and many others to understand Jung. This study will enrich our perception and shall lead for a better prescription.*

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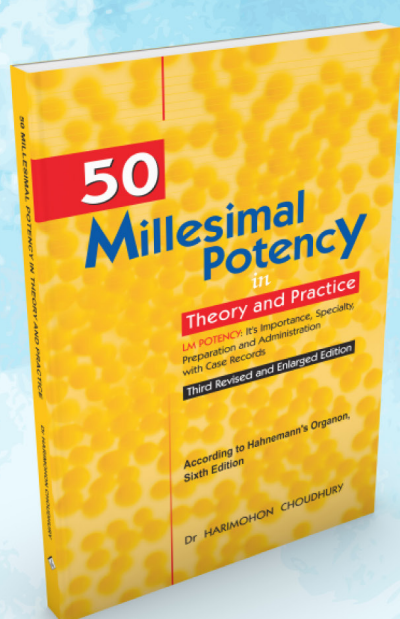
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# Parallelism: Jungian psychology and homoeopathy

By Dr Dr Jolly Khan, Dr Akshay Rajgor, Guided by Dr Falguni Patel

**Abstract:** Homoeopathy is a medical system that treats the patient as a whole. Understanding the patient's mental plane is a critical component of totality. Thus, knowing the patient from various perspectives requires knowledge of various psychological theories and approaches. Individualisation is at the heart of both homoeopathy and Jungian psychology. Both systems focus on awareness of self/patient for therapeutic purpose. The study of similarities between the two enables us to achieve our goal of understanding the patient as a whole.

**Keywords:** Jungian psychology, homoeopathy, analytic psychology, archetypes, individuation, dynamic interaction, cognitive, predispositions, similars, nature, hysterical, psycho-somatic, simillimum

## Introduction

“Man has developed consciousness slowly and laboriously, in a process that took untold ages to reach the civilized state. And this evolution is far from complete, for large areas of the human mind are still shrouded in darkness.”

- Carl Jung

Carl Gustav Jung was a Swiss psychologist and psychiatrist who established analytic psychology. He gave the concept of extroverted and introverted personality, archetypes, conscious and unconscious spheres of the mind, and most importantly notion of individuation. According to Jung, individualisation is a path to self-knowledge and totality that involves becoming aware of the factors that affect a person as a whole, including individual psychological, interpersonal, and cultural experiences. According to Jungian psychology, the psyche (or mind in modern terminology) is a person's total personality, which includes their thoughts, behaviours, feelings, and emotions. Jung saw the psyche, or one's entire personality, as being divided into two parts: conscious and unconscious. The unconscious is further divided into two parts: the personal unconscious and the collective unconscious.

The dynamic interaction of the conscious and unconscious spheres of the psyche is referred as the process of individuation. Conscious is the part of the personality that an individual is aware of at firsthand. It is also known as “ego”. The ego plays a crucial role in each person's life as it acts as a security checker who influences what contents of experience are reflected in consciousness and which contents are eliminated, repressed, or ignored. Jung said the ego represses or disregards many events for various reasons, but these events do not vanish completely from the psyche, but instead occupy the personal unconscious and continue to have the potential to influence one's personality. The personal unconscious is primarily made up of repressed elements from one's personal history, whereas the collective unconscious is made up of instincts and archetypes that are shared by all humans. Archetypes are cognitive categories or predispositions that humans are born with that cause them to think, feel, perceive, and act in specific ways<sup>1</sup>.

The goal of the individuation process is to work toward the proper expression of the various elements of one's personality by confronting

unconscious contents and thus gaining self-knowledge. Jung described dreams as the products of the unconscious psyche and said they provide the greatest opportunity to access the unconscious psyche. He emphasised the importance of dream interpretation<sup>1</sup>.

## Correlation: jungian psychology and homoeopathy

### Law of similars

According to Dr Hahnemann, if experience should show that by medicines that manifest similar symptoms to the disease the latter would be most certainly and permanently cured, we must select for the cure medicines with similar symptoms; but should it show that the disease is most certainly and permanently cured by opposite medicinal symptoms, we must choose for the cure medicines with opposite symptoms<sup>2</sup>.

The law of similars is the fundamental law of homoeopathy. One can find earliest references to it in the ancient Hindu medical texts and also in the writings of Aristotle, Hippocrates, Paracelsus, Von Haller and others. Galen's strong advocacy of the law of Dis-Similar, however, swept off everything before it, and the law of

similar became totally submerged till the genius of Hahnemann rescued it and placed it on a sound experimental footing. Hahnemann's publication of *Organon of medicine* in 1810 represents to an unprejudiced medical historian the termination of the Dark Ages, characterised by empty speculations on the origin of disease and the disastrous and barbarous therapeutic practices based on imperfect knowledge. It hails the beginning in the medicine of method of scientific experimentation as advocated by Bacon in the 16th century<sup>3</sup>.

The law of similars, in its application, demands exacting standards of precision, since an exactly similar drug alone can prove curative. This can be achieved through the principle of individualisation<sup>4</sup>.

Mental impulses are objectively associated with physical-changes of the dynamic energies of drugs. The colour symbolises in which green symbolises for inner growth (green for instance, may seem to appear symbol of growth because green is the colour of plants and our mental process therefore commonly associate it with growth) and red stands for emotions. Sea expresses the collective unconscious; salt represents the tendencies of individualising mind. For example, *Natrium* is linked to interpretation of alchemist. Symbol of salt by the symptom represent desire to be alone. The alchemistic "sal" expresses the separating quality of individualized Mind and tends towards emancipation and mental independence. Out of this tendency towards inner individualisation is the whole pathogenesis of *Natrium muriaticum* can be deduced<sup>4</sup>.

## Nature, symbol and imaginal

## reality

Nature is a theatre for the interrelations of activities. All things change, the activities and their interrelations. Example, *Sepia*: Ink of the squid/cuttlefish has weakness, exhaustion, Lassitude, weakening tonicity of abdominal and pelvic supportive Structures, slowing down of venous circulation, tendency to haemorrhoids, varicose veins. *Sepia* is a woman remedy, is essentially animus ridden person driving and driven to the point of exhaustion, cut off from and repressing her feminine balance and intuition. Tends to be hysterical and overly aggressive<sup>4</sup>.

Chemically, *Sepia* consists mostly of a substance called melanin, which is also an intermediary product of the adrenal glands, both animal and human. Biologically, the gonads maintain and intensify the preponderant sex character; the adrenal glands promote the opposite, the concealed and recessive sex character. Symptoms of an imbalance in these two systems can be seen in a clinical condition known as inter-renalism, which produces femininity in men and masculinity in women. Above example shows a correspondence between external substances and distinct patterns of psycho-somatic functioning and soma psyche operate here as they were different yet corresponding and interacting<sup>4</sup>.

## Law of individualisation:

In aphorism 15, Dr Hahnemann explained that spiritual material (vital-force) which is invisible and non-differentiable but it animates the whole human body. Both psyche and substance together constitute a unity<sup>2</sup>.

In aphorism 83, Dr Hahnemann said,

"this individualizing examination of a case of disease, for which I shall only give in this place general directions, of which the practitioner will bear in mind only what is applicable for each individual case, demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease" <sup>2</sup>.

Any disease represents to us the reaction of the patient to unfavourable environmental factors and that this reaction manifests through signs and symptoms. The pattern of this reaction, therefore, will be determined not only by the factors which have caused the illness but also by the constitution of the afflicted person. The constitution of a person represents what he has made of the hereditary plan of organisation as determined by the genes. Bodily configuration, physical generals and mental generals together termed as an individualisation<sup>2</sup>.

Jung did not use the term individuation until 1921; however, the seeds of this idea reach back to his doctoral dissertation. In his dissertation, titled, "*On the Psychology and Pathology of So-called Occult Phenomena*", Jung attempted to explain his observations of a medium who claimed to interact with spirits during seances <sup>5</sup>.

In Jungian or analytical psychology, individuation is the process in which the individual self-develops out of an undifferentiated unconscious – seen as a developmental psychic process during which innate elements of personality, the components of the immature psyche, and the experiences of the person's life become, if the process is more or less successful, integrated over time into



a well-functioning whole<sup>5</sup>.

### Jungian dreams and homoeopathy

Dreams are considered to be the inner essence of an individual on a subconscious level in homoeopathy and have an implication to the understanding of the state of mind and concealed will and desires, resulting in assistance in the selection of the simillimum<sup>6</sup>.

Our materia-medica contains numerous examples of various dreams, and a separate dreams chapter is also constructed in various repertory. This dream can be dotted with Jung symbols to precisely study an individual's personality. For example, *Natrium muriaticum*, also known as common salt (NaCl), is formed on the seashore. Dreams of water bodies are common for people with *Natrium muriaticum* personalities. Similarly, individuals belonging to ophidian group may also have dreams about snakes<sup>6</sup>.

According to Dr Devrient there are basically 5 Types of dreams in homoeopathy<sup>6</sup>.

Dreams of fortune - *Sulphur*, *Anhalonium Leinii* and *Opium*.

Dreams which exhaust - *Rhus toxicodendron*, *Bryonia alba*, and *Pulsatilla pratensis*. It can be noted that these medicines complain

of pain and exhaustion at physical level. If the dreams are accompanied by surging ideas - *Coffea cruda*, *Nux vomica*, *Hyoscyamus niger* is indicated.

Dreams of emotion - The patient dreams that he is so thirsty that he must drink constantly - *Arsenicum album*, *Medorrhinum*, *Natrium muriaticum*; Dreams of hunger and eating - *Abies nigra*, *China officinalis*, *Psorinum*.

Dreams of anxiety (nightmare) - Dreams of fire and flames - *Belladonna*, *Phosphorus*, *Lachesis mutus*, *Euphrasia officinalis*.

Dreams of death and dead persons - *Arsenicum album*, *Lachesis mutus*, *Arnica montana*, *Calcarea carbonica*, *Cannabis indica*, *Crotalus horridus*.

Dreams of different ages - Rapturous dreams of older people - *Aconitum napellus*, *Phosphorus*, *Apis mellifica*, *Opium*, *Passiflora incarnata*.

Anxious dreams of children - *Absinthium*, *Aconitum napellus*, *Belladonna*, *Chamomilla*, *China officinalis*, *Cypripedium*, *Passiflora incarnata*.

### Conclusion

Concept of homoeopathy and Jungian psychology runs parallel to each other. Thus, a thorough

understanding of Jungian psychology can assist homoeopathy in taking cases on mental plane in a better way, paving way to better understand our patients and find exact simillimum.

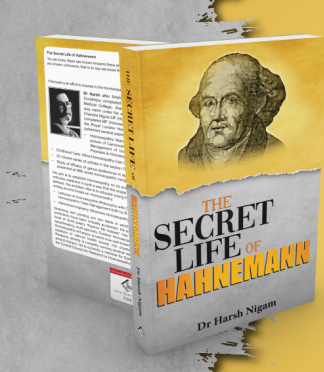
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# Psychoanalytic view of rheumatoid arthritis and managing cases with positive psychology and homoeopathy

By Dr Sutapa Nandi, Dr Ram Kumar Agrawal

**Abstract:** Rheumatoid arthritis (RA) is a chronic, systemic, auto-immune disease characterised by persistent, symmetric, polyarthritis (synovitis); it is a long term disorder significantly impairing not only somatic, but also emotional and psychological functioning of its sufferers[1]. Practising positive psychology may be useful to improve mental well-being among people with RA and other chronic conditions. Similarly, homoeopathic treatment also helps to reduce symptoms such as pain and fatigue.

**Keywords:** autoimmune mechanism, neuroimmunobiological hypothesis, subjective vitality scale, homoeopathy

**Abbreviations:** Rheumatoid arthritis (RA), hypothalamic-pituitary-adrenal (HPA) axis, positive psychology (PP), cognitive behavioural therapy (CBT), tumor necrosis factor-alpha (TNF- $\alpha$ )

## Introduction

Rheumatoid arthritis (RA) is the most common rheumatic disorder among connective tissue disorders. It is a persistent, progressive inflammatory process beginning in the synovial membrane leading to the deformation and destruction of articular tissues and the impairment of articular function. A person affected by RA experiences numerous somatic problems such as the deformation and deterioration of joints, chronic pain, fatigue, weight loss and fever. Besides these, the sufferers also deal with psychological hardships, primarily marked by negative effects like anxiety, depression, feelings of loss and social difficulties related to changes in fulfilling social roles<sup>[1]</sup>.

### Psychological consequences :

Patients with rheumatoid arthritis are more likely to suffer from anxiety, depression and low self-esteem with high levels of associated mortality and suicide. The loss of ability to carry out daily functions owing to RA is also associated with the onset of depressive symptoms. The psychological effects of RA can extend to the partners, families and

caretakers of sufferers<sup>[2]</sup>.

As per 'European Journal of Rheumatology', psychological factors are effective in disease flare ups and these are particularly considered in patients who are resistant to different treatment regimens and in whom any other reason for disease flare is not obvious<sup>[3]</sup>.

### Mechanism behind somatopsychic association:

The relationship between mood disorders and RA seems bidirectional. Depression and anxiety are associated with flare periods, resulting with pain and fatigue; joint pain and tenderness are more frequent in patients with concomitant mood disorders. These factors may influence the health behavior of patients such as medication adherence and smoking which results with poorer patient outcome and increased mortality risk. Although a relationship exists between mood disorder and RA, the underlying mechanisms remain unclear. Depression and anxiety is associated with immune and neurotransmitter dysregulation, which may lead to the activation of autoimmune mechanisms that play

a central role in RA. Further, altered pain and reduction of physical activity may decrease endorphin levels, causing increased pain sensation and patient discomfort, thereby resulting in depression<sup>[3]</sup>.

Psychological stress and mood disorders such as depression and anxiety are commonly associated with RA. A recent meta-analysis reported 14.8% prevalence of depression, while in another study, the prevalence of anxiety in patients with RA was reported to be 25.1%. Anxiety concomitant with depression is reportedly observed in 16.3% of patients with RA<sup>[3]</sup>.

The relationship between chronic pain syndromes such as RA and mood disorders such as depression and anxiety can be explained through different mechanisms. A substantial body of literature also suggests that patients with RA demonstrate abnormalities in hypothalamic-pituitary-adrenal (HPA) axis responsivity. HPA axis dysregulation accompanied with corticotrophin-releasing hormone responsiveness, resulting with depression and fatigue, may be one mechanism. Proinflammatory

cytokines such as tumor necrosis factor-alpha (TNF- $\alpha$ ), interleukin 6 (IL-6) may cause cartilage destruction, resulting in pain and HPA axis dysregulation at the same time<sup>[3]</sup>.

The neuroimmunobiological hypothesis points to pro-inflammatory cytokines, responsible for disrupting the serotonergic system as playing the dominant role in the development of depressive symptoms. The psychological approach assumes that increasing impairment resulting from gradual deterioration of joint function causes feelings of helplessness, powerlessness and worthlessness, which contribute to the emergence and persistence of depressive symptoms<sup>[1]</sup>.

### Measuring well-being in RA patients:

A measure scale called the subjective vitality scale effectively estimates the well-being of people with RA, to evaluate how someone with RA is doing emotionally. Positive psychology (PP) is a relatively new type of mental health theory, which measures mental well-being through concepts like optimism, hope and purpose; it links the positive aspects of an individual's life to their ability to thrive. PP links the following with well-being: embracing personal strengths, expressing gratitude to others, finding purpose in life, setting and achieving goals, developing resilience (recovering quickly through tough situations), practicing altruism (selfless concern for others)<sup>[4]</sup>.

### Management:

PP can counteract RA symptoms like depression, anxiety, pain and fatigue. PP, in combination with therapies like cognitive behavioral

therapy (CBT), can promote RA patient's strength and social life.

### Scope of homoeopathy :

The role of homoeopathy in cases of RA with somatic and psychic involvement is being proved. Homoeopathic Materia medica and Repertory are full of such symptoms and rubrics

**Repertorial approach:** Some Rubrics showing somato-psychic association are enumerated (with higher grade medicines).

**Sadness**, from pain - germ.met, kali.p, sars; Sadness, from slightest pain- carb.v

**Despair**, with the pains- **Acon, Aur, Cham, Coff, Nat.m, ars, verat**, colch

**Anxiety** from the pains- **Acon, ars, coloc. Nat.c, bry, carb.v, caust**

**Weeping** with the pains- **Coff, Glon, Lach, Merc, Nux.v, Plat, Staph**

**Morose** after pain- **Cham, hep, ign**

**Sensitive to pain-** **ACON, CHAM, COFF, HEP, Arn, Ars, Aur, Bell, Hyper, Nux.v, Phyt**

**Shrieking** with pain- **ACON, CHAM, Bell, cact, ars, coloc, plat, sep**

**Fear** that the pain will become unbearable- all.c

**Prostration** of mind, from pain- bamb.a

**Quarrelsome** during pain- cor.r, nux.v

**Rage, fury**, from pain- **Ars, acon, arg.m, cham, glon**

**Restlessness** from pain- **Acon, ars, bell, bry, caust, cham, eup.per, kali.c**

**Confusion** during paroxysms of pain- **Acon, Cham, Coff**

**Delusion**, he has pain during sleep- **Alum; D, limbs are crooked- sabad**

**Sleeplessness** from pains- **Cham, ferr.p, lach, iris, merc, rhus.t, sulph**

**Waking** with pain, especially midnight- **Ars**<sup>[5]</sup>

### Common medicines for RA:

**Aconitum napellus** is useful for, not old rheumatic and gouty attacks but those that come on as acute rheumatism, those that come on from sudden exposure to cold, from long rides in a dry, cold wind, are also attended with fever, and definitely with the critical state of mind, anxious restlessness<sup>[6]</sup>.

**Chamomilla:** rheumatic pains are violent, neuralgic in type, attended by numbness and prostration, ameliorated by heat; the whole body is sensitive to air, cannot ride in the wind without having plenty of covering; thirsty and hot with pains, when pains come, no matter where, she heats up, becomes feverish, face becomes red, especially on one side; pain usually comes at night, before midnight and they are so violent that he cannot keep still; when the child has pains, he wants to be carried, that seems to do him good and when the adult has pains at night in bed, he gets up and walk about the floor; he is sleepy but he cannot sleep. Along with all these, great irritability is present<sup>[6]</sup>.

**Causticum** has a rheumatic state of the tendon and ligaments about the joints, with swelling, pain and ending in a tightening up of the joint so that it becomes ankylosed. Great stiffness of the joints and while this is going on, the patient is growing weaker, is running into a state of melancholy, hopelessness, anxiety and fear. Constantly present



in his mind is the hopelessness and a feeling that something is going to happen. These are the general features of Causticum<sup>[6]</sup>.

*Aurum metallicum* has rheumatic affections with swelling of the joints, pains are violent, tearing, bones ache as if they would break, not in acute fevers but in old syphilitic bone troubles; knife-like pains in the periosteum; pains in the joints rendering them immovable; boring in bones, pains drive to despair, drives the patient out of bed at night and make him walk; blood-vessels pulsate all over the body; fidgetiness, feeling as if something dreadful were going to happen.<sup>[7]</sup>

*Arnica montana* is useful in chronic cases with rheumatic lameness, all over the body there is lameness, soreness and a feeling as if bruised; the joints are swollen, sore and lame; gets better from every little motion; he does not want to be touched or approached; feels that anything that is coming towards him is going to hurt him; extremely sensitive, his joints are sore and tender and he is afraid they will be hurt<sup>[7]</sup>.

*Medorrhinum* is indicated for obstinate cases of rheumatism, worse from motion but where swelling is not present these patients act like *Rhus oxycodendron* patients, they are sensitive to cold, suffer from aching and torturous pains and find relief only in motion like *Rhus toxicodendron*; the pains come with a feeling of general tension<sup>[7]</sup>.

*Rhus toxicodendron* covers all sorts of rheumatic lameness and these pains are ameliorated from motion and worse from keeping still, brought on from cold air and suppressing the sweat; along with these violent palpitation on keeping

still; numbness and lameness of the left arm with heart disease; painful stiffness on rising from a seat<sup>[7]</sup>.

*Phytolacca decandra* is indicated in acute rheumatism which is prolonged, worse at night, from the warmth of the bed, warm applications and motion; syphilitic cases<sup>[7]</sup>; sharp, cutting, flying like electric shocks, shooting pains as if in the bones, cannot touch the floor; occupies a position between *Bryonia alba* and *Rhus toxicodendron*, it cures when these fails though apparently well indicated. All complaint with an indifference to life and says she will surely die<sup>[8]</sup>.

*Pulsatilla nigricans* has pain in limbs, wandering in nature, better from motion and cold application and worse from a warm room; pain in joints as if dislocated. Associated mental state is tearful, sad mood ameliorated by walking in open, cool, fresh air. Suffering worse from letting the affected limb hang down<sup>[9]</sup>.

## Conclusion

The relation between RA and psychic state is bidirectional. Depression and anxiety lead to activation of autoimmune mechanism, through neurotransmitter, thereby initiating RA. On the other hand, patients with RA shows abnormal response in HPA Axis, altered level of circulating hormones and increased levels of proinflammatory cytokines, which collectively affect psychological states. The mental well-being of RA patient's can be evaluated by a measure called subjective vitality scale. The psychiatric states associated with RA can be well managed with positive psychology and cognitive behavioural therapy. Homoeopathy can also manage

cases of RA with concomitant psychic symptoms.

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# The other side of the picture- Jungian theory in relation to homoeopathy

By Deepanshi Dhama

**Abstract:** Each individual has two sides one which is visible to the external world while the other remain hidden somewhere in the unconscious mind. Dr Jung explained that this unconscious state can be personal- specific to that person or can be collective. These archetypes express themselves in symbols which in homoeopathy one interprets as dreams and delusions.

**Keywords:** homoeopathy, psychology, dreams and delusions, Jungian theory, psychoanalytical aspect, archetypes

## Introduction

Personality is a unique way in which each individual thinks, acts and feel throughout life, it's something peculiar to one's own identity.

There are various theories led forward in understanding the personality of these one was THE FREUD CONCEPT. Dr Carl. G. Jung, was one of the followers of Dr Freud but at some places he didn't completely agree with Dr Freud, so he extended Freud's concept and came up with his idea and learning of personality.

Homoeopathy is not different from this as homoeopaths believe in the concept of individualisation, that each individual is different, there reaction to a particular stimulus is different, based on these unique, characteristic, uncommon and peculiar characteristics one forms the totality of symptoms, and later prescribe the patient.

### Concept of personality

Dr Freud concept of personality was that each individual has three stages of mind; which are the preconscious,

conscious, and unconscious. A precocious mind contains memories, information and events while a conscious mind is in which one's current awareness exist. Apart from this there is another state the state of unconsciousness that remains hidden at all times, surfacing only in symbolic forms- in dreams and in delusions.<sup>[1]</sup>

Dr Carl Jung disagreed with Freud about nature of the unconscious mind, Jung believed that there was not only a personal consciousness (due to one's own fear, urges and memories) but also a collective unconscious as well, which contains a kind of 'species' memory, memory of ancient fear and themes that seem to occur in many folktales and cultures. These collective universal theories were called archetypes by Dr Jung. Though they are many of the archetypes but two of the main are- anima/animus (the feminine side of man/the masculine side of female) and the shadow (dark side of personality).<sup>[1]</sup>

### Interconnection of homoeopathy and psychology

The two key concepts, which

illuminate the connection between homoeopathy and psychology, are firstly the Jung's understanding and use of the term 'libido' and Dr Hahnemann's use of the term life force. For Carl Jung, libido is not purely sexual as it was for Freud, but for him libido merely stands for psychic energy in all its mutable shape- shifting properties. Libido for Jung is akin to what Dr Hahnemann called life force.<sup>[2]</sup>

Secondly, Jung believed that there is hidden meaning behind symptoms, be they physical, emotional or mental. This is similar to what homoeopaths called 'remedy picture'. Remedy picture is what lies behind the apparently random collection of troublesome symptoms of patient complaining of. For Jung symbols/ images can be an important element or guide; he used symbols and images in dream interpretation and active imagination. Similarly, homoeopaths also recognise a homoeopathic remedy picture based on symbols and images that manifest in dreams or delusions, these symbols manifest as vital expression of vital force.<sup>[2]</sup>

### Dreams

Dreams are the manifestation of inner essence. A dream is succession of images, ideas, emotion, sensation, that usually occurs involuntarily in the mind during certain stages of sleep. Dreams reflect the full diversity of individual memories, feelings, and personalities. Some dreams definitely carry powerful warnings or inspirations, but when they do, it is usually obvious to the dreamer.<sup>[3]</sup>

Since time immemorial, there are various ways of dream interpretation. Dr Freud believed that dreams were wish-fulfilment – in our dream we represent our deepest desires. While Dr Carl Jung's theory of "collective unconscious" stated that although the 'symbolism of our dream is personal, it is often grounded in the universal. Jung also believed in the persona (the image of our personality which we project to the outside world) and in the shadow (those part of our personality which we kept hidden. He believed that it is the shadow that can surface in our dreams, often as characters, who might be aspect of ourselves.<sup>[4]</sup>

## Miasmatic background

In homoeopathy, dreams can give us a clear picture of underlying state of the patient, the miasm of the patient. Miasm is nothing but the cause of pattern of disease. The three miasm as defined by Dr Hahnemann- psora, syphilis and sycosis represents different types of dreams; psora represents physiological disturbance, sycosis represents constructive disturbance and syphilis represents destruction.

## Psoric

## dreams:

Dreams are vivid (as if the patient were awake); sad, frightful, anxious and lascivious.

## Sycotic

The sycotic patient has sexual dreams with fantasies.

## dreams:

## Syphilitic

Sexual dream with perversions and suicidal dreams are syphilitic. Syphilitic patient dreams of violence, destruction, death and dead bodies, and generally gloomy forebodings.<sup>[5]</sup>

## dreams:

**A case of Phosphorus lady,** a phosphorus person has dreams of horses, likes, insects stinging into wasp and worms. These dreams have a psychoanalytical base where each dream symbolizes a different state of mind. For example, dream of insects represent a feeling of being bugged; it symbolises one's conscious and guilt- which remind of feelings which one might forget. Similarly, dreams of lice indicate a parasitical situation in life of a person.<sup>[4]</sup>

## Delusions :

A delusion is a strongly-held or fixed false belief that conflicts with reality. It is a perception or opinion which is exaggerated or disproportionate to reality. In homoeopathy, psychological analysis of rubrics of 'delusion' is the psychoanalytical study of the meaning and application of rubric in case taking and case analysis. As a homoeopath, our role is to investigate why the patient needs to reconstruct, reinvent or reinterpret reality. In unraveling the significant events in life of your patient and for

a delusion rubric to be relevant in a case analysis the reason behind the patient developing psychological delusion have to be confirmed by the homoeopath to be the primary and continual source of pain and confusion across all levels of patient's life- emotionally, mentally, and physically.<sup>[6]</sup>

## Conclusion

Thus, there is a close relation between the Jungian theory and homoeopathy. As per the Jungian theory, the different archetypes which are present in an individual represent a characteristic and peculiar picture which is represented as different symbols. These symbols in form of dreams and delusion must be carefully taken by a homoeopath and the cause behind the particular manifestation must be understood which can be only done by a careful and efficient case taking.

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# Management of genital warts with homoeopathy: a case study

By Dr Ajay Vishwakarma

**Abstract:** Following is a case of genital warts treated successfully with homoeopathy. Informed consent of the patient was taken. A 28 years old male of height 5 feet 8 inches and weight 60 kgs reported to the outpatient department (OPD) of Chandola Homoeopathic Medical College & Hospital, Rudrapur on 16/02/2022.

**Keywords:** genital warts, human papillomavirus (HPV), sexually transmitted diseases, *Medorrhinum*<sup>4</sup>

**Abbreviations:** External genital warts (EGWs), human papillomavirus (HPV), outpatient department (OPD), kilograms (kgs), twice a day (BD)

## Introduction

External genital warts (EGWs) are visible warts that occur in the perigenital and perianal regions. They are due primarily to non-oncogenic human papillomavirus (HPV) types, usually types 6 and 11. Physical examination assisted by bright light and magnification is the recommended approach for primary diagnosis. Biopsy is indicated when EGWs are fixed to underlying structures or discolored or when standard therapies are not effective. Recurrences are common, and there is no single treatment that is superior to others. Among women with atypical squamous cells, molecular HPV testing may be useful in determining who should be referred for colposcopy. Condoms may provide some protection against HPV-related diseases and thus are recommended in new sexual relationships and when partnerships are not mutually monogamous. Because the efficacy of cesarean section in preventing vertical transmission of HPV infection from women with EGWs to their progeny has not been proved, it is not recommended.<sup>1</sup>

Clinical manifestations of HPV

infection include asymptomatic infection and dysplastic cellular changes that range from minor histological perturbations, such as koilocytosis, to precancerous and malignant cellular changes. Studies of cervical HPV infection have suggested that infections are largely transient; most women clear the virus within 9 months–1 year of when it is first detected. Two published studies have reported clearance rates for low-risk (HPV) type infections: Moscicki et al. [58] reported that 60% of women with low-risk HPV type cervicovaginal infection cleared infection within 10 months, and Franco et al. reported that 12% per month of women similarly infected cleared infection. However, no studies have specifically determined whether infection duration for affected external genital tissues is comparable to those of cervicovaginal epithelium. Also, placebo-controlled trials have suggested that for some patients, EGWs may spontaneously clear without treatment, probably because of acquired cellular immune responses.<sup>1</sup>

**Presenting complaints:** Overgrowth (warts) on genitalia for 1 year

Location – on penis especially near glans

Character – multiple, small, in clusters, itching present.

< Night

No bleeding after scratching

Associated with: - weakness in whole body.

Treatment history – Allopathic treatment (No relief)

History of presenting complaints:

It was a case of genital warts. He suffered from warts on penis since 1 year. Warts were multiple in number and in clusters. Itching was also present which aggravated during night along with weakness in whole body.

He took allopathic treatment but didn't receive any relief.

**Past history:**

Typhoid fever– 5 years ago. (Took allopathic treatment - relief)

Physical generals:

The patient was of normal stature and lean body. He was a vegetarian; his thermal reaction was hot. His appetite was good. He had thirst for large quantity at a time. Bowel movements were irregular along with scanty and hard stool. His sleep was disturbed and unrefreshing.

Mental generals:—He was very stressed about his health. He became angry at smallest things. He liked to explore new places. He disliked animals. He used to beat his dog whenever he was angry. He had fear of dark places.

Provisional diagnosis:

Venereal warts (anogenital warts)<sup>2</sup>

Analysis of the case:

Case was repertorised using Synthesis repertory 'Repertorium Homoeopathicum Syntheticum' by Dr Fredrick Schroyens using Radar software<sup>3</sup>. The first prescription was Medorrhinum<sup>4</sup> 200 given two doses for 2 days and further continued with Saccharum lactis by analysing

the reportorial result according the individualised symptoms of the patient. As Medorrhinum<sup>4</sup> scored highest in the repertorial result covering almost all the rubrics and according to the mental generals of the case. The next follow up was done after 10 days having steady and marked improvement.

First prescription (16<sup>th</sup> February, 2022)

Medorrhinum<sup>4</sup> 200, BD - 2 days + placebo for 10 days was given. ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (Aphorism 248,280)<sup>5</sup> Patient was advised. He was instructed to eat well balanced diet and drink plenty of water. He was also asked to maintain hygiene. This case was followed up to 12/3/2022 and the treatment is still

under observation to look out for recurrence of genital warts.

**Before treatment (16/02/2022):**



**After treatment (21/02/2022):**

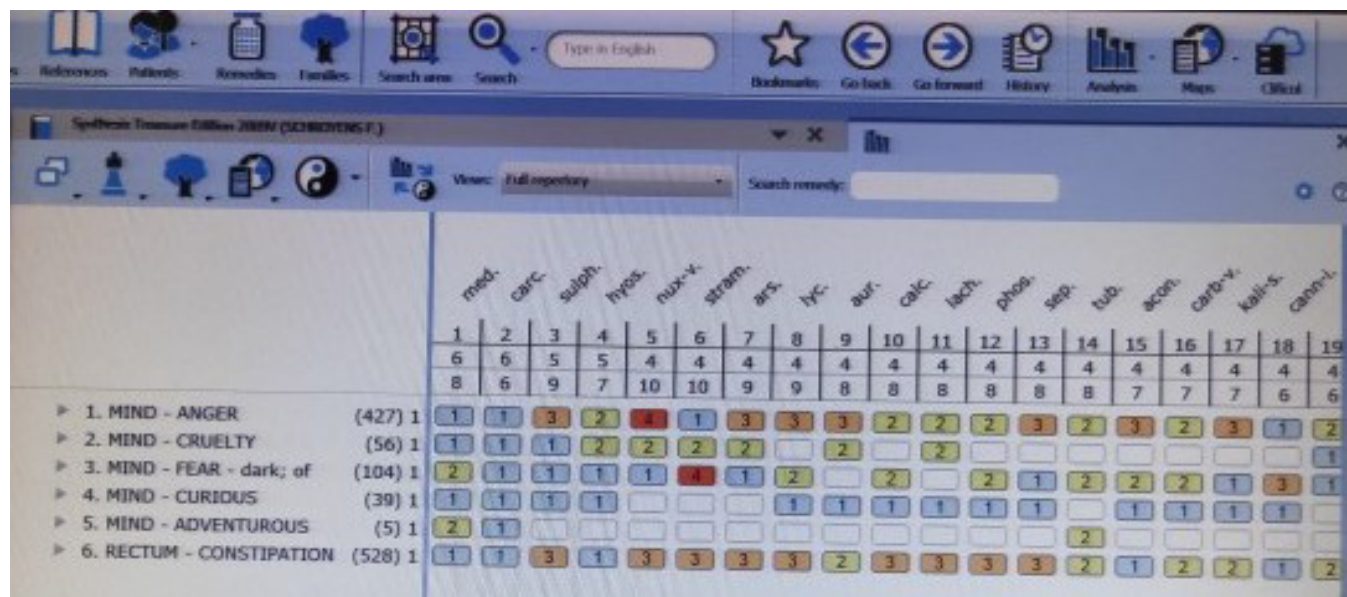


**Follow up: —**

DATE	SYMPTOMS	MEDICINE, POTENCY AND DOSES
21/2/2022	Warts on penis- decreased in number but still persist. Weakness in body- slight relief.	<i>Saccharum lactis</i> 30/ BD for 10 days
01/03/2022	Warts on penis- decreased in number than before. No itching Weakness in body- slight relief.	<i>Saccharum lactis</i> 30/BD for 10 days
12/03/2022	Warts on penis- Relieved Weakness in body- re- lieved. No new complaints.	<i>Saccharum lactis</i> 30/ BD for 10 days.



## Basis of prescription:



Repertorisation was done of the following symptoms: (*Synthesis repertory*)<sup>3</sup>

Anger expressive in nature, cruel, fear of dark, adventurous, curious about many things, unsatisfactory stools.

After repertorisation, *Medorrhinum* scored the highest rank.

## Repertorial sheet

## Discussion and conclusion:

*Medorrhinum* ultimately proved to be the indicated medicine as the first prescription in this case of genital warts, going by the result of repertorisation. The potency selected was 200 as the disease was in organic stage so moderate potency was selected. The patient came on regular follow ups with marked improvement in his complaints. The patient had a fast recovery with the indicated medicine establishing the steady and fast treatment of homoeopathic medicines in such cases. This case has been

successfully treated as the patient has been coming on regular follow ups. The treatment is still continuing and the patient is under observation period to check the recurrence of genital warts.

## Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form for his images and other clinical information to be reported in the journal. The patient understand that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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## Conflicts of interest

None declared.

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# Rhus toxicodendron - selflessness

By Dr Parag Sharma

**Abstract:** *Rhus toxicodendron* is a frequently used remedy among homoeopaths with common name poison ivy having its effects on skin, musculo-skeletal system, mucous membrane affections and typhoid type of fever. This remedy has mostly been studied for its effectiveness as treatment for arthritic pain but in this article, the psycho-somatic understanding of *Rhus toxicodendron*, focussing yjr theme selflessness is being discussed.

**Keywords:** *Rhus toxicodendron*, selflessness.

## Introduction

The *Poison ivy* grows in thickets and low grounds in North America, flowering in June. It was introduced into England as a plant in 1640. In 1798 Dufresnoy of Valenciennes first used it as a medicine. It was brought to his notice by the cure of a young man of a herpetic eruption of six years' duration, through his being accidentally poisoned with the plant.<sup>1</sup>

*Rhus toxicodendron* is an irritating agent to the skin, especially of face, scalp and genitals, affects the fibrous tissue, tendons, sheaths-aponeurosis, ligaments, and joints make this remedy frequently indicated.<sup>2</sup>

The main theme of *Rhus toxicodendron* symptomatology revolves around the SELFLESSNESS ATTITUDE, i.e. they concern more with the needs and wishes of others than with one's own. They take on the role of caring and looking after their loved ones, keeping aside their own desires and feelings. They feel that if anything happens to them, who else will take care of their family.

**Rubrics associated with such**

**symptoms are:** *Mind; anxiety; children, about his; mind; cares, worries, full of; others, about; mind; cares, worries, full of; relatives, about.*

Hence, one can find that *Rhus toxicodendron* is the remedy who doesn't come to the physician often because of selflessness i.e., his/her priority is children and family. They only visit the physician when they found that their health is at stake and their suffering will cost their family a lot which she doesn't like in the first place. Hence, they want to be cured quickly.

**Rubric related to this symptom:** *Mind; carried; desires to be, fast.*

The morbid state strikes the person with a tremendous fear that something bad will happen. The whole of the symptomatology develops around this basic fear: that what if anything happened to me, who else will take care of my family and loved ones.

**Rubrics related to this symptom:** *Mind; fear; disaster, of*

As per *Oxford dictionary*, disaster means an unexpected event, such as a very bad accident, a flood, or a fire, that kills a lot of people or causes

a lot of damage. Metaphorically, it means a sudden or great misfortune that makes her very restless out of fear that something bad will happen. Hence, *Rhus toxicodendron* feels if something happens to me, his whole family would suffer drastically as if everything is damaged.

Dr Rajan Sankaran in his book "**An insight into plants**" said that the feeling of *Rhus toxicodendron* could be caught, stuck and held in a situation, and has to come out of it immediately, or it can be dangerous.<sup>3</sup>

They are very superstitious in nature, as they easily take on the impression over herself. For example, once a female patient consulted a physician for his severe neck pain diagnosed of cervical spondylitis. She said, "Doctor, one of my relative had the same pain around his neck, and later on, he lost his one side of body, i.e. hemiplegia. I don't want to suffer like him."

**Rubric related to this symptom:** *Mind; fear, superstitious*

There is one interesting rubric which again defines the core of *Rhus toxicodendron*, i.e. selflessness.

**Rubric related to this symptom:**

*Mind; anxiety; sitting, bent*

If one understands this rubric metaphorically, bent means when one is unable to move or work at par and that is the thing which worries *Rhus toxicodendron*. the most. He thinks what if one sits in this bent position, he can't help my family. This constant anxiety makes him restless and does not allow him to rest in any position. In *Rhus toxicodendron*, one finds that first motion aggravates and continuous motion ameliorates, which means this first motion aggravates his anxiety sitting bent, but *Rhus toxicodendron* said, "doctor, I have to take stand for my family and loved ones at any cost, i.e. continuous motion ameliorates which again signifies the core, i.e. selflessness".

#### ***Rhus toxicodendron* compared with *Cocculus indicus*:**

Here, one can compare it with *Cocculus indicus* because she takes on the role of caring and looking after people, suppressing her own feelings and desires. *Cocculus indicus* persons are very sensitive to the sufferings of others. Sympathetic, alert, and anxious for the feelings and health of others, they can stay awake for nights, anxiously nursing the sick.<sup>4</sup>

**Rubrics related:** *Mind; cares, worries, full of; others, about; mind; anxiety; caretaking of others, from; mind; anxiety; family, about his; mind; anxiety; health, about; loved ones, of; mind; anxiety; health, about; relatives, of; little concerned about his own*

But the basic difference lies between *Rhus toxicodendron* and *Cocculus indicus* is that there is

marked restlessness in the *Rhus oxicodendron* while *Cocculus indicus*<sup>1</sup> is full of dullness, slowness and sluggishness in reaction. Hence, *Rhus toxicodendron* is the remedy who doesn't come to the physician often because of selflessness, i.e. his/her priority is children and family. They only visit the physician when they found that their health is at stake and their suffering will cost their family a lot which she doesn't like in the first place. Hence, they want to be cured quickly.

#### ***Rhus toxicodendron* as mother<sup>6</sup>:**

The *Rhus toxicodendron* mother is a mild and anxious mother. She is a very active mother, always on the go. She cannot sit in one place. She is always thinking about her daily work and pretty anxious about it too. To the extent, she gets dreams of her daily business.

She is always anxious about her children, she cares a lot for them as well as her family and works hard to meet their needs. There is great anxiety about the future.

She is a superstitious mother. She is always scared that something bad would happen to her kid. She is scared of evil or the ghost. She is scared evil will have an eye on her child. She would not allow the child to get out of the house without putting the God's tika on forehead. She is trying to protect the child by tying the thread or tawiz or a ring given by some baba. She is always praying to God for her kid's safety. She becomes religious, visits temples or mosques or churches frequently. She keeps searching for different 'baba', Godmen or astrologers to

know the future of her kids. Her anxiety is so much that it drives her out of the bed.

#### **Suitability of *Rhus toxicodendron*<sup>7</sup>:**

Hyperactive, physical, non-aggressive, chilly + thirsty + left sided, diligent, industrious but non-conscientious, fast remedy, persons of rheumatic diathesis, mild gentle and yielding persons who shows too much respect to others.

Physical concomitants<sup>4</sup>:

*Rhus tox.* craves sweets, cold milk and ice cream.

< Damp weather, overlifting anything.

> Very hot bath.

## **Conclusion**

*Rhus toxicodendron* as a remedy has potential to cure various conditions of inflammations, arthritis, typhoid fever. Beyond its clinical utility, *Rhus toxicodendron* can be prescribed best on its mental symptoms. *Rhus toxicodendron* has a selfless attitude which is reflected through their tremendous love and care for others. *Rhus toxicodendron* personalities show restlessness with quick desire for cure so that they can take care of their family. *Rhus toxicodendron* is full of fears, anxieties and superstitions. Hence, from above discussion, it can be concluded that though *Rhus toxicodendron* proved to be a commonly prescribed remedy of various clinical conditions and therapeutically in joints, skin cases but it also has good scope for prescription on mental symptoms.

## **References**



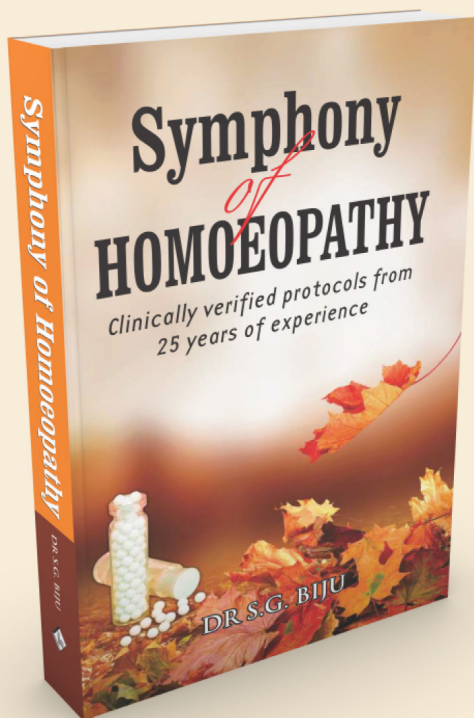
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8. **Note:** The rubrics mentioned after each materia medica description are taken from *Synthesis repertory*.

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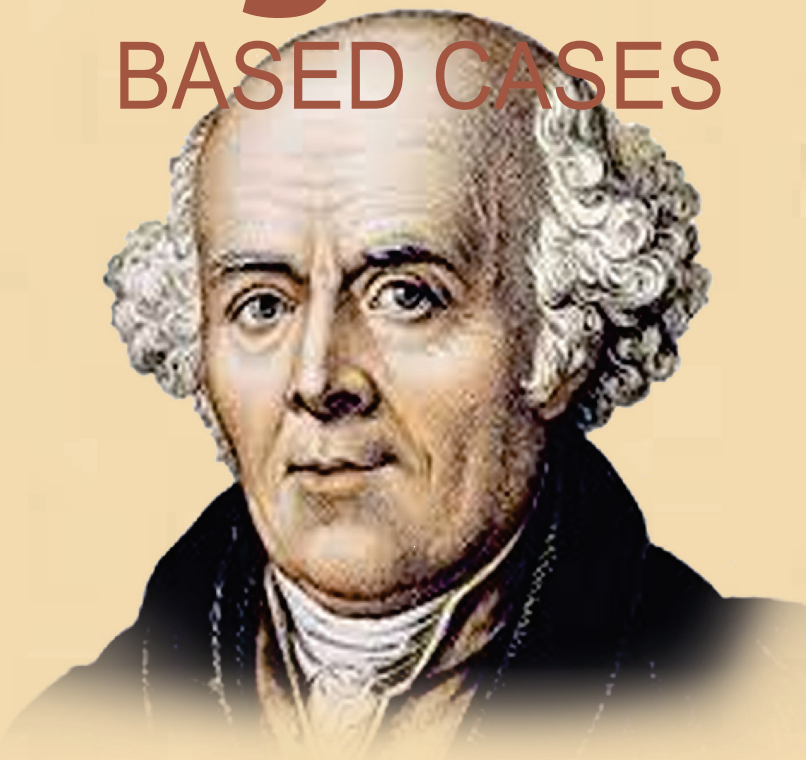
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Rumex crispus	3X	1.0%
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Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
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Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients		q.s.
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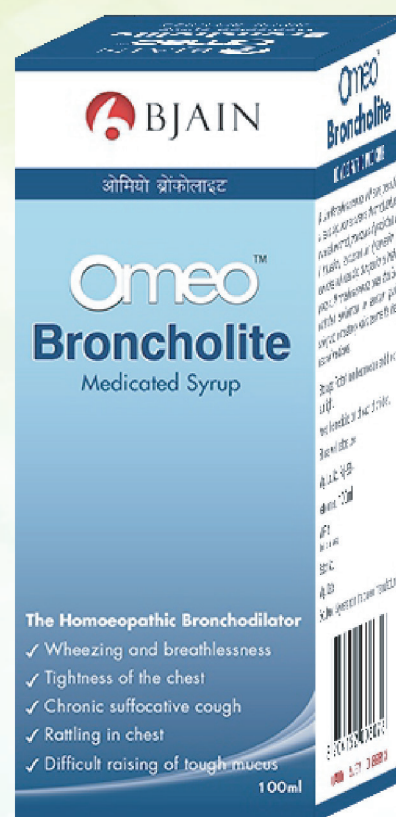
## Indications:

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

## Composition

Blatta orientalis	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
Excipients		q.s.
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# A case of hypothyroidism cured with Sulphur

By Dr Reena Kumari

**Abstract:** Homoeopathy is a unique system of medicine based on individualisation and symptom similarity of the patient. It treats sickness of a man as a whole and individualised entity. There are numerous examples of clinical and therapeutic studies done on thyroid disorders. Homoeopathy can help thyroid gland to fight against any complications as well as helps in repair of the already destroyed thyroid. It can stimulate the thyroid in such a manner that the thyroid does not remain dependent on an external aid (medicine), as it can be seen from the case report presented of a 62 years female who was suffering from hypothyroidism since 3 years and treated within 9 months with homoeopathic simillimum which was selected on the basis of individualisation.

**Keywords:** Hypothyroidism, TSH, individualisation, hair fall, weakness.

**Abbreviations:** TSH – thyroid stimulating hormone, MG – mental generals, PG – physical generals, BD – twice a day

## Introduction

Hypothyroidism is a hypometabolic state resulting from inadequate secretion of thyroid hormones for a longer period or rarely from resistance of the peripheral tissues to the effects of thyroid hormones.<sup>[1]</sup> The total control of thyroid hormone synthesis lies in the hands of the hypothalamus and pituitary. Any disturbance in the hypothalmo-pituitary-thyroid axis leads to disturbance in the thyroid hormones. The prevalence of hypothyroidism in India, it is reported to be around 10.95% while in developed countries it is about 4%-5%.<sup>[2, 3]</sup> Hypothyroidism is a common but underdiagnosed disorder because of its non-specific clinical presentations.<sup>[4]</sup> Hypothyroidism presents with a myriad of subtle and non-specific manifestations such as weight gain, poor concentration, depression, fatigue, muscular weakness, menstrual irregularities, and short stature. Some features of hypothyroidism are more suggestive, such as dryness of skin, proximal myopathy, constipation, cold intolerance, and dry brittle hair. The presentation of hypothyroidism depends on various factors, such as age and sex. The other

common presenting features were constipation, weight gain, and carpal tunnel syndrome. Sleep apnoea, snoring, menorrhagia, dysphagia, and dysarthria were seldom present.<sup>[5]</sup> Hypothyroidism accounts a major risk factor in 53.7% cases of infertility.<sup>[6]</sup> Levothyroxine therapy has become the mainstay of treating hypothyroidism.<sup>[7]</sup>

## Case study

Patient came with complaints of hair fall, dryness of skin and extreme weakness, muscular pain since 3 years.

### 2.1 History of present complaints:

Patient was apparently well 3 years back. Since a year she developed a gradual hair fall, muscular pain and dryness of skin, even after using moisturiser the skin is very dry. She told me that she used to do all household work even at the age of 62 years, but since 3 years, she used to get easily tired without doing any household work. On blood examination, her TSH level was high so she consulted allopathic physician. She was on levothyroxine 50mg since 2 years, from this medicine her TSH level was in control but since 6 months serum TSH level is high instead of medicine

and there were not much changes in the presenting symptoms till now. So she visited for homoeopathic treatment.

**2.2 Past history:** Patient had history of jaundice at the age of 28 years and urticaria-like skin eruptions at the age of 41 years.

**2.3 Family history:** Her father expired from cardiac arrest and mother expired in an accident.

**2.4 Physical generals:** She had difficulty in tolerating hot weather. Soles of feet were hot to touch and there was heat from sole, even in winter season. She used to drink 6-8 glasses of water per day. Her appetite was good. She had desire of sweets, couldn't resist herself from taking sweets. Urine and bowel habits normal.

**2.5 Mental generals:** Patient was a widow and lived in a joint family with two sons, two daughter -in-laws and one grand -daughter. She was an extrovert lady. She did every work in a very hurried manner. Her husband died 3 years back. After the death of her husband, she took the responsibility of her family and used to take all decisions of the family. She wanted family members should



## CASE STUDY

follow her and they did so. She also cared about the needs of everyone in family. 6 months before, her younger son married without her wish. The

newly-wed daughter-in-law, never listened to her. Kept on arguing with her, instead of that she tried to maintain a smooth relationship but

failed in doing so. She was in great stress due to these family conditions and her thyroid level again was disturbed from controlled values.

### 2.6 Analysis and evaluation of symptoms:

S.NO.	SYMPTOMS	MG/PG/PARTICULARS	INTENSITY
1.	Everyone should follow her	MG	++
2.	Rarely say sorry	MG	+++
3.	Always in hurry	MG	+++
4.	Heat from sole of feet	Particular	+++
5.	Dryness of skin	Particular	+
6.	Desire for sweets	PG	+++
7.	Can't tolerate hot weather	PG	+++

### 2.7 Repertorial totality:

S.NO.	SYMPTOMS	CHAPTER/RUBRICS
1.	Everyone should follow her	MIND-DICTATORIAL
2.	Rarely say sorry	MIND-HAUGHTY
3.	Always in hurry	MIND-HURRY
4.	Heat from sole of feet	EXTRIMITIES-HEAT-Foot-Sole
5.	Dryness of skin	SKIN-DRY-rough
6.	Desire sweets	GENERALS-FOOD AND DRINKS-sweets-desire
7.	Couldn't tolerate hot weather	GENERALS-WARM-aggravates

### 2.8 Repertorial sheet:

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1. MIND - DICTATORIAL (52) 1

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3. MIND - HURRY (233) 1

4. EXTRIMITIES - HEAT - Foot - Sole (90) 1

5. SKIN - DRY - rough (8) 1

6. GENERALS - FOOD and DRINKS - sweets - desire (271) 1

7. GENERALS - WARM - agg. (213) 1

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### 2.9 Repertorial analysis <sup>[8]</sup>

S.NO.	REMEDIES AND THEIR RELATIVE VALUES
1.	<i>Sulphur</i> 18/7
2.	<i>Mercurius solubilis</i> 12/7
3.	<i>Lycopodium clavatum</i> 17/6
4.	<i>Pulsatilla nigricans</i> 12/6

**2.10The remedy:** *Sulphur* 200-single dose, followed by *rubrum* for 1weeks -15-03-2018.

Medicine was selected after analysing the detailed case history of patient and on the basis of presenting totality of symptoms using (*Synthesis repertory*) with the help of RADAR version-10 software. As *Sulphur* scored highest marks in repertorisation and remedy was again confirmed with reference from materia medica. The points considered in confirming the

remedy from various texts are as follows:

Restlessness and hurry (in the day); he could not restrain himself. <sup>[9]</sup>

Skin; dry: rough, wrinkled, scaly; Itching, violently at night; breaks out; festers and won't heal; burning when scratched; painfully sensitive to air, wind, washing, etc. <sup>[10]</sup>

Cold feet in daytime with burning soles at night, wants to find a cool place for them; puts them out of bed to cool them off; cramps in calves

and soles at night. <sup>[11]</sup>

Great desire for sweets. <sup>[12]</sup>

The potency was selected according to the susceptibility of the patient. Single dose of sulphur is given to avoid unnecessary aggravation as has been said in aphorism 278 that only true experience is the best guide for a physician to know how much small a dose should be in order to bring upon a cure without causing unnecessary aggravation of the disease. <sup>[13]</sup>

## 2.11 Follow up:

Follow up	Symptoms	Medicine ,potency,doses
22/03/2018	No changes in symptoms	Phytum 200/1dose Rubrum30-BD/1week
30/3/2018	Muscle pain slight better, weakness slight better, hair fall and skin dryness same	Phytum 200/1dose Rubrum30-BD/2 weeks
16/04/2018	Muscle pain better, hair fall no noticeable change.	Phytum 200/1dose Rubrum30-BD/2 weeks
28/04/2018	Weakness and muscle pain better, hair fall and skin same.	Phytum 200/1dose Rubrum30-BD/2 weeks
02/05/2018	Weakness better, hair fall bit better.	Phytum 200/1dose Rubrum30-BD/2weeks
17/05/2018	No muscular pain, weakness better	Phytum 200/1dose Rubrum30-BD/2 weeks
01/06/2018	Muscular pain, weakness better, dryness of skins no change.	Phytum 200/1dose Rubrum30-BD/2weeks
18/06/2018	Muscular pain, weakness, hair fall better, skin dryness slight better.	Phytum 200/1dose Rubrum30-BD/2weeks
04/07/2018	Weakness, muscular pain, hair fall better, skin dryness slight better	Phytum 200/1dose Rubrum30-BD/2weeks
15/07/2018	No weakness, muscular pain better	Phytum 200/1dose Rubrum30-BD/2 weeks
02/08/2018	No weakness, hair fall better, skin dryness light better	Phytum 200/1dose Rubrum30-BD/2 weeks
19/08/2018	No weakness, hair fall better ,skin dryness better	Phytum 200/1dose Rubrum30-BD/2 weeks
01/09/2018	Hair fall better, skin dryness better Advised thyroid profile	Phytum 200/1dose Rubrum30-BD/2 weeks

## CASE STUDY

16/09/2018	Hair fall better, dryness skin better, <i>TSH-11.02uIU/mL</i>	Phytum 200/1dose Rubrum30-BD/2 weeks
04/10/2018	NO weakness, no muscular pain, slight hair fall, skin dryness better.	Phytum 200/1dose Rubrum30-BD/2 weeks
15/10/2018	Weakness, muscular pain, hair fall, skin dryness better. Advised thyroid profile.	Phytum 200/1dose Rubrum30-BD/1 month
19/11/2018	Hair fall, skin dryness, muscular pain not present, <i>TSH-2.87uIU/ml.</i>	Phytum 200/1dose Rubrum30-BD/2 weeks

### 2.12 Investigations:

Name	252130037	Age: 62 Years	Gender: Female	Collected	15/3/2018 11:31:00AM
Lab No.	252130037			Received	15/3/2018 11:51:47AM
A/c Status	P	Ref By: JAIN LAB		Reported	15/3/2018 5:35:12PM
				Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE,TOTAL, SERUM (CLIA)</b>			
T3, Total	0.91	ng/mL	0.60 - 1.81
T4, Total	5.70	ug/dL	5.01 - 12.45
TSH	25.50	uIU/mL	0.35 - 5.50

**Note**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

**Clinical Use**

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Fig.1 - Thyroid profile before treatment

Name	258190575	Age: 62 Years	Gender: Female	Collected	18/11/2018 2:21:00AM
Lab No.	258190575			Received	18/11/2018 12:05:43PM
A/c Status	P	Ref By: JAIN LAB		Reported	19/11/2018 5:43:35PM
				Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE,TOTAL, SERUM (CLIA)</b>			
T3, Total	0.79	ng/mL	0.40 - 1.81
T4, Total	9.05	ug/dL	5.01 - 12.01
TSH	2.87	uIU/mL	0.34 - 5.60

**Note**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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- Thyroid dysfunction in infancy and early childhood

Fig.2-Thyroid profile after treatment



**Results and discussion:** In this case, patient first visited on date 15/03/2018 with symptoms of hair fall, muscular pain, weakness, dryness of skin and Thyroid profile report of the same day showing serum TSH-25.50uIU/ml. So the diagnosis of hypothyroidism was confirmed. Homoeopathy considers patients as a whole and constitutional medicines are suggested rather than the disease specific remedies. Therefore, a *holistic approach* is needed to treat the patients. A detailed case taking with psycho-somatic approach should be adapted during the case taking. It should include investigation of emotional and psychological factors such as stress, repressed emotions, mental shock, grief, anger, dreams, delusions, and all other factors affecting the mind along with past, family history and intellectual and physical aspects of the patient. Similarly, the medicine *Sulphur 200*/ single dose was prescribed on the basis symptoms similarity and constitutional basis with reference to materia medica. On 16/09/2018, the patient came with a thyroid profile report which shows reduction in the serum TSH-11.02uIU/ml from serum TSH 25.50uIU/ml. During treatment, symptoms like hair fall, muscular pain, and weakness were better along with improved blood reports of thyroid profile. Next follow ups showed the normal serum TSH-2.87uIU/ml, on 19/11/2018 which showed the effect of homoeopathic medicine in such cases.

## Conclusion

When one's own thyroid stops functioning, homoeopathy comes to rescue. It stimulates your own synthesis of hormones by thyroid gland itself and hence you are not dependent on your medicines for lifetime, same happen with this female patient. As Hahnemann has rightly said, "there are patient in disease and not the disease in patient". Hahnemann in aphorism 2<sup>nd</sup> has stated, "*the highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent.*" Such a chosen remedy on the basis of individualization as stated in aphorism 7 works at deeper levels especially on pituitary hypothalamic axis and sets right the basic imbalance of hormones in the body.

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# The resonance between homoeopathy and Jungian psychology

By Dr Yashveer Singh, Dr Mukesh Solanki, Dr Chitralekha

**Abstract:** Homoeopathy is a natural and complete system of medicine. During case taking, one takes a complete picture of sick patient, and during analysis and evaluation of symptoms, highest importance is being given to the mental symptoms of patients. According to Master Hahnemann, the cure cannot be established without considering mind and soul. Jungian psychology seeks to bring balance between the conscious and unconscious parts of the mind. Through this article, the resonance between homoeopathy and Jungian psychology is tried to be deduced.

**Keywords:** Hahnemann, homoeopathy, Jungian psychology, dreams, Jung, mind

**Abbreviations:** mg/dl – milligram/decilitre.

## Introduction

There is a substantial resonance between Jungian psychology and homoeopathic medicines. In the latter, one seeks to understand the patient in his or her totality by virtue of individualising features, which guide us to similar medicine. Likewise in Jungian psychology, the symbolic language of the unconscious such as is revealed to us in dreams, active imagination and synchronicity is a reflection of the aspects of the individual still to be discovered. The goal is the same realisation of the potential of each individual patient, in terms of physical functioning and psychic expression. This presentation will correlate<sup>1</sup>.

“The dogma that “mental diseases are diseases of the brain” is a hangover from the materialism of the 1870’s...let us hope that the time is not far off when this anti-quoted relic of ingrained and thoughtless materialism will be eradicated from the minds of our scientists.” (written in 1948!) Jung, *Collected Works, Vol. VIII The Structure and Dynamics of the Psyche*, ¶. 529., this resonates and synchronise to homoeopathic art of healing.

## Homoeopathy

Samuel Hahnemann (1755-1843), a physician, a chemist, a linguist, a historian of medicine, and scientific revolutionary<sup>2</sup>, rediscovered the ancient healing principle of like cures like, using minute amount of healing substance. It is thought that a disturbance in the organism is neutralised when matched (mirrored) by the vibrational frequency of the correctly chosen remedy. For example, the remedy *China officinalis*, homoeopathically prepared cinchona bark, causes chills and fever, diarrhoea and weakness in provers and can cure the same symptoms in an organism manifesting these symptoms. Since Hahnemann’s discovery, *China officinalis* has been used homoeopathically in cases of emotional and mental symptoms too, as well as for animals. Proving on healthy individuals have elicited a repertory of symptoms on which to prescribe. Remedy pictures can be complex and multi-dimensional.

The justification for matching or meeting symptoms manifesting in the organism with a similar

symptom-producing remedy is that living organisms have a primary and a secondary reaction to external stimuli. In allopathy the primary reaction is used, e.g. ice being applied in the case of fever to cool the body down. In homoeopathy, the secondary reaction is employed. Applying ice to an organism that is feverish may temporarily reduce the fever (primary reaction). However, the secondary reaction will be to encourage the organism to react by producing an even stronger fever, or, if the fever is successfully suppressed with the ice, to create a more serious internal disturbance that could lead to chronic disease. Homoeopathy relies on the secondary reaction. Once enough heat has been produced by the fever, the body will self-regulate and cool itself down. The assumption is that an organism wants intrinsically to return to homoeostasis. The body will try to heal itself. The presenting symptoms are the body’s best way of coping with the disturbance to the life force. Giving the life force the benefit of the doubt, and going in the same direction as the symptoms, is the homoeopathic way.

In addition to physical symptoms,

homoeopathy always attempts to simultaneously address mental and emotional symptoms, recognising that the organism is comprised of inextricably interconnected aspects of psyche and soma.

Hahneman devoted a chapter of his *Organon of the Medical Art* to “*The Mental and Emotional State: Chief Ingredient of All Diseases.*” He has stated that there is always a mental/emotional component to disease: “In all the so-called somatic diseases as well, the mental and emotional frame of mind is always altered. In all cases of disease to be cured, the patient’s emotional state should be noted as one of the most preeminent symptoms, along with the symptom complex, if one wants to record a true image of the disease in order to be able to successfully cure it homoeopathically”<sup>3</sup>.

### Jungian psychology

Depth psychology is an umbrella term for psychology in the tradition of Sigmund Freud (1856-1939), Alfred Adler (1870-1937), and C. G. Jung (1875-1961), including analytical psychology, the archetypal psychology of James Hillman (1926-2011) and many other branches. Jungian, and post-Jungian, depth psychology is a huge subject in and of itself. C. G. Jung’s collected works alone comprise 21 volumes, not to mention *The Red Book* (also known as the *Liber Novus*), published for the first time in 2009. Just as there are many approaches to homoeopathy, there are also many approaches, interpretations and developments stemming essentially from the ground-breaking work of C. G. Jung. Depth psychology regards the individual and collective unconscious as being of paramount importance to the development of the self, or the process of individuation. Whereas

the unconscious for Jung’s teacher, Freud was only individual, for Jung the unconscious is also collective. Two key concepts illuminate the connections between homoeopathy and depth psychology. These are Jung’s understanding and use of the term libido, and Hahnemann’s use of the term life force. For Jung the libido is not purely sexual, as it was for Freud. Jungian scholar Susan Rowland writes: “Jung, typically, liberated the word from too much conscious definition; his libido merely stands for psychic energy in all its mutable shape-shifting properties.”<sup>4</sup> For many Jungians and post-Jungians, libido also stands for physical, embodied energy. *Libido* for Jung is akin to what Hahnemann called the *life force*. Wenda Brewster O’Reilly attempts to define the German term *wesen* in the glossary of her edited and annotated version of Hahnemann’s *Organon of the Medical Art*. “A *wesen* is not an abstraction; it is a dynamic, self-subsisting presence even though that presence is not material and has no mass. A *wesen* is also not a property; it permeates the whole of something and is indivisible from it.”<sup>5</sup> It has also been translated from the German as genius, perhaps in the sense of daimon. *Psyche* in depth psychology has been described, among other things, as “symptomatic.” Depth psychologist James Hillman, the founder of Archetypal Psychology,

first coined the phrase, “the symptomatic psyche.”<sup>6</sup> Joseph Coppin and Elizabeth Nelson has written, “the symptomatic psyche is a fundamental assumption of depth psychology and the symptom is the way psyche attracts attention.”<sup>7</sup> Freud and Jung both believed that there is a hidden meaning behind symptoms, be they physical, emotional or mental. This is in accord with what homoeopaths

call “remedy pictures.” The remedy picture is what lies behind the apparently random collection of troublesome symptoms the patient complains of. If one can identify the right remedy picture and find the corresponding remedy then one can cure the patient.

For Jung and depth psychology, symbols/images can be an important element or guide in the healing journey. Jungians use symbols and images in dream interpretation and active imagination. Homoeopaths might also recognise a homoeopathic remedy picture based on symbols and images that manifest in dreams or “delusions.” For Jung, the appearance of a symbol can herald the beginning of healing. “With the birth of the symbol, the regression of the libido into the unconscious ceases. Regression changes into progression, blockage gives way to flowing, and the pull of the primordial abyss is broken.”<sup>8</sup>

Symptoms, whether presenting in physical, emotional or mental disturbances of the life force, are thus expressions of the libido. For both homoeopaths and Jungian/depth psychologists, symbols and images present in dreams and “delusions,” are also experienced as vital expressions of the life force/libido.

**Conclusion** Having woven together some common threads to create a complex tapestry of homoeopathic and Jungian psychological approaches to healing, I would like to conclude by revisiting an important area of common interest: dreams. One of the shared interests of both homoeopaths and Jungian psychologists is in the area of dreams, which Jung also connects to alchemy in Volume 12 of his *Collected Works*, entitled “*Psychology and Alchemy.*” Jung asserts that



there is only one aspect of human experience that relates equally to both the inner and the outer human being; this is religion. According to Jung, the problem with religion however, is that for most people, it provides an external object of worship, instead of "a transforming influence in the depth of the soul." Jung has mentioned, "the point is that alchemy is rather like an undercurrent to the Christianity that rules on the surface. It is to this surface as the dream is to consciousness, and just as the dream compensates the conflicts of the conscious mind, so alchemy endeavours to fill in the gaps left by the Christian tension of opposites."<sup>9</sup> Perhaps in future both homoeopaths and depth psychologists can work together to weave an even more holistic way of healing employing dreams, symbols, images and the

metaphor of alchemy. I envisage this healing matrix as being woven from the many colours and textures of psyche and soma, including a thread or two of various metals and, of course, the alchemist's gold.

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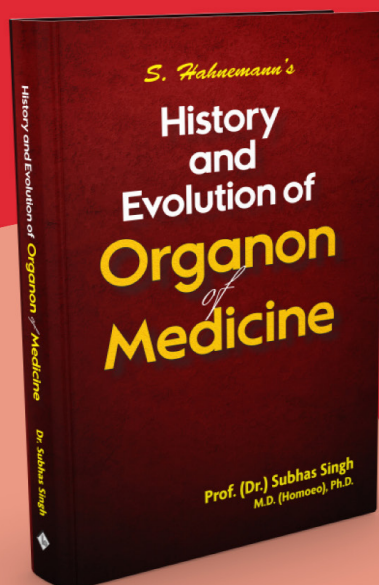
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# Naja Tripudians: Jungian psychology with indian mythology

By Dr Hiral k. Trivedi

**Abstract:** Through the famous ancient story “*The Churning of the Ocean of Milk*” (ksira sagara) with Vasuki cobra (Naja) in the central role, one may recognise the essence of *Naja tripudians*’s homoeopathic remedy, not only through many individual symptoms, but as a profound process that is symbolically ‘written in the source’ of the Indian cobra (*Naja tripudians*), revealing its immense healing power through application of *Naja tripudians* as a homoeopathic remedy with Jungian psychology.<sup>(1)</sup>

**Keywords:** *Naja tripudians*, Jungian psychology, Indian mythology, repertory

## Introduction

“We fear our serpent,” he said, “as we also fear the numinosum so we run from it. All we have to give the world and God is ourselves as we are. But this is the hardest of all tasks.”<sup>(2)</sup>

The Indian cobra is highly valued in Indian mythology and culture. The Hindu god Shiva is often depicted with a cobra called Vasuki, coiled around his neck, symbolising his mastery over “maya” or the world of illusion. God Shiva is known as the “destroyer and the transformer” within the Trimurti, the Hindu trinity that also includes Brahma and Vishnu.<sup>(1)</sup>

अनन्तं वासुकिं शेषं पद्मनाभं च कम्बलं

शन्खपालं धृतराष्ट्रं च तक्षकं कालियं तथा

एतानि नव नामानि नागानाम च महात्मनं

सायमकाले पठेन्नीत्यं प्रातःकाले विशेषतः

तस्य विषयं नास्ति सर्वत्र विजयी भवेत् ॥ (श्री नवनागस्तोत्रं सम्पूर्णं)

According to the legend, during the great flood, many divine treasures were lost, including the nectar of immortality. God Vishnu advised demigods to unite with demons in the churning of the ocean of milk in order to recover the nectar. Churning of the ocean of milk was a complex process.<sup>(1)</sup>

The aphorism metaphorically explains how the microcosm, or

the physical and spiritual world in which we live, is reflected in the Macrocosm and vice versa, so various interpretations of the Hindu legend, churning of the ocean of milk, are expressions of a universal concept which is found across many religions and spiritual traditions. The ocean of milk is, according to one interpretation, symbol of the Milky Way, as one of the brightest galaxies. According to other interpretations, the ocean of milk symbolises the mind or human consciousness.<sup>(1)</sup>

## *Naja tripudians* personality according to Jungian psychology: -

Mind

*Naja tripudians* is known as the most spiritual snake. People who need *Naja tripudians* as homoeopathic remedy are very noble and gentle with high sense of duty and responsibility. On the other side, they are felt wronged and neglected by those they have a duty towards. These polarities often create an intense revengeful feeling that they want to harm the person who hurt them.<sup>(3)</sup>

Rubrics:<sup>(4)</sup>

Mind, duty, neglected

Mind, neglected, that he is<sup>(3)</sup>

Mind, wrong, everything seems

Mind, duty, too much sense of duty

Mind, benevolence

High sense of duty and revengeful feeling results in antagonism between their higher (human) and lower (animal) nature. There are two wills in two directions {symbolically, like dragging of Vasuki cobra: “one towards the Gods (dev) and the other towards the demons (danav)”}.<sup>(1)</sup>

Rubrics:<sup>(4)</sup>

Mind, delusions, superhuman, control; is under superhuman

Mind, will, contradiction of

Mind, irritability

Mind, timidity

Mind, mildness

Mind, confidence, want of self - confidence

Mind, helplessness, feeling of

Mind, kill, desire to

Mind, fire, near the fire, desire to be

Mind, anguish

Placed in the centre of the moral struggle, causes *Naja tripudians* to brood over troubles that are more imagined than real which often results in paralysed and suicidal feeling.<sup>(3)</sup>

## Old Rubrics:<sup>(4)</sup>

Mind, brooding, troubles, imaginary

Mind, delusions, wrong, suffered wrong; he has

Mind, delusions, starve, being starved

Mind, delusions, wasting away

Mind, delusions, neglected

Mind, delusions, rain, it is raining

Mind, suicidal disposition<sup>(3)</sup>

As mentioned above, in the story of the churning of the ocean of milk, the gods and demons were coiled Vasuki cobra (*Naja tripudians*) around the mountain (mandara). They are playing a sort of tug-of-war with the cobra, as their divine rope by screwing and drawing up her body. Interestingly, *Naja tripudians* as homoeopathic remedy has very specific sensations:

“Sensation as if heart and ovary were drawn up together; a sense of contraction or drawing together between the organs, as if heart was screwed together.”<sup>(5)</sup>

“Neuralgia of left ovary; seems to be drawn to heart. Organs seem to be drawn together.”<sup>(6)</sup>

The main theme of the homoeopathic remedy, *Naja tripudians*, is the internal struggle between nobility and revengefulness, between the BRIGHT and DARK SIDE of PERSONALITY.

## THE INDIVIDUATION

C. G. Jung called that process the individuation. According to Jung, the individuation is a path of accomplishing of the individual wholeness or the realisation of the self. In Jungian psychology, the self is an archetype that represents the UNIFIED unconsciousness and consciousness of an INDIVIDUAL.<sup>(2)</sup>

“As a totality, the self is a coincidentia oppositorum or unity of opposites, it is therefore bright and dark and yet neither”.

- C. G. Jung

Meeting the shadow self (“night sea journey”)

“How can I be substantial if I do not cast a shadow? I must have a dark side also if I am to be whole.”

- C. G. Jung

The first part in that universal process of reaching the wholeness is meeting with our “poison” or the dark side within. Initially, that could lead person into depressed, melancholic or deeply restless state, as many negative emotions and thoughts come to the surface.<sup>(2)</sup>

Jung called this part of the individuation – the shadow (“the thing a person has no wish to be”) or the night sea journey. In Jung’s psychology, the shadow represents the negative (dark) side of the ego.<sup>(2)</sup>

Alchemists named this stage – nigredo (blackness) and in the story of the churning of the ocean of milk it is the halahal poison (black mass).

*Naja tripudians*’s venom mainly contains a powerful post synaptic neurotoxin and cardiotoxin which acts on the synaptic gaps of the nerves, paralysing muscles, and in severe bites leading to respiratory

failure or cardiac arrest. One of the main symptoms of *Naja tripudians* is sensation of swelling or choking in the throat, difficulty in swallowing and breathing.<sup>(2)</sup>

Homoeopathic remedy, *Naja tripudians*, has many symptoms which symbolically resemble to the “poison” (dark side) which is blocked inside the throat. For example: **Grasping at throat, with sense of choking and lividity of face” (livid – dark blue).**

Aggravation at night; patient awakens grasping;

Anima/animus (“purification of poison”)

In Hindu tradition, the Vishuddhi chakra (Visha = impurity, poison shuddhi = purification) is located in the vicinity of the larynx and therefore is also known as the throat chakra.<sup>(2)</sup>

If throat chakra is blocked, negative thoughts and emotions (“poison”) are block inside. Person is very shy and frustrated, there is a strong feeling of grief and guilt with great fear of speaking out. Shyness, secretiveness, anxious feeling are very strong characteristics of *Naja tripudians*’s personality.<sup>(2)</sup>

“Slow loquacity, can speak in low voice – you’re forced to pay full attention to understand them. Inability to speak, with choking, nervous, chronic palpitation.”

- Dr Henry Clarke

Jung equated the albedo with unconscious contra sexual soul images: the vanima in men and animus in women. According to Jung’s philosophy, anima is the feminine principle in the unconscious part of the personality of the man, and animus is the masculine



principle in the unconscious part of the personality of the woman. This is the stage where is realised insight into the projections of the Shadow (communication between the waking consciousness and the collective unconscious).<sup>(2)</sup>

The goddess Parvati, (one of the many forms of shakti), is enlivening feminine force in Hindu mythology, the feminine energy of the universe. Shakti embodies the active feminine energy of Shiva so Shakti may symbolise spiritual equivalent of the Jungian anima.<sup>(2)</sup>

When the feminine energy is suppressed, the same symptoms as in blockage of the fifth chakra occur: extreme coldness, grief, depression, low mental energy. Emotions are blocked or express itself explosively in an outburst of rage or tears. *Naja tripudians* is very susceptible to cold and important part of the *Naja tripudians*'s personality is gentleness and mildness with very marked mood swings.<sup>(2)</sup>

Rubrics:<sup>(4)</sup>

Mind, Mood, alternating

Mind, Mirth, hilarity, liveliness

Mind, Weeping, emotion, after slight

Also, one of the main causation in this remedy is grief:

Mind, sadness, mental depression

Mind, ailments from grief

Mind, ailments from, domination

Mind, brooding, suicidal disposition with<sup>(3)</sup>

Mind, emotions, suppressed

#### **Left side – divine mother:-**

*Naja tripudians* remedy has

aggravation on the left side. Left side is also symbol for feminine energy. The feminine channel (known as Ida Nadi) governs the left side of the body, which in turn activates the right (visual, intuitive and creative) side of the brain.<sup>(1)</sup>

The masculine channel (known as Pingala Nadi) governs the right side of the body and activates the left (logical) side of the brain.<sup>(1)</sup>

“Severe pains in left temple, cardiac and ovarian regions. Pains about heart extending to nape of neck, left shoulder and arm, with anxiety and fear of death. Symptoms < at night; on walking; by lying on left side throbbing in left orbital region; crampy pains in left ovary. The left side is predominantly affected. Aggravation lying on side, on left side. Great amelioration of pain and breathing by lying on right side.” (Dr Henry Clarke)

Symbolically, the left side is the divine mother, goddess Parvati or the “feminine” energy, and the right side represents Shiva, the “masculine” consciousness.<sup>(1)</sup>

The self (‘unity of opposites’)

“The alchemical operation consisted essentially in separating the prima materia, the so-called chaos, into the active principle, the soul, and the passive principle, the body, which were then reunited in personified form in the coniunctio or ‘chymical marriage’ the ritual cohabitation of *Sol and Luna*”.

(Mysterium coniunctionis’ by Carl Gustav Jung)

Rubedo is manifesting by the “marriage of the red man and the white woman”, *Sol and Luna*. *Sol* is one of the symbols for Shiva, *Luna* for Shakti. When this Shiva and Shakti energy is united, this

integrated energy then can reside in the heart chakra. It is the opposites that results in individual wholeness.<sup>(2)</sup>

In *Naja tripudians*, the effects of grief and “swallowing of the poison” are especially reflecting on the heart (*Naja tripudians*'s venom contains a powerful cardiotoxin).

“As if heart was screwed together as though a hot iron had been run into it.” (Dr C. Hering)

There is prone to cardiac conditions such as serious heart diseases and there is great affinity for the heart valve.

Rubrics:<sup>(4)</sup>

Chest, heart; complaints of the, valves, children; in

Again, like on mental level, symptoms are moving from exciting feeling (palpitation, high arterial pressure and tachycardia) to weakness, bradycardia, low arterial pressure and paralysis. There is palpitation from least exertion, with inability to speak.

Rubrics:<sup>(4)</sup>

Chest, heart, palpitation

Chest, weakness, heart; about the heart; sensation of weakness

Chest, heart, paralysis

“Dragging and anxiety at precordia, occurring in great grief; also, smarting pains in back from same cause. Congestive headache dependent upon organic disease of heart. Waking with dull pain in head, attended by fluttering of heart.”<sup>(5)</sup>

“The self manifests itself in “wholeness,” a point in which a person discovers their true nature.

Another interpretation phrased it as “reunification” which entail the reunion of body, soul, and spirit, leading to a diminished inner conflict.”

(Williams, Ruth; C. G. Jung: *The Basics*)

It is the final stage, but infinite in its manifestation, as the Ouroboros.

Conclusion Through the spirit of *Naja tripudians* as a homoeopathic remedy, we learn not to let our fears and doubts get in the way of our path, but to raise everything from within to the light of the consciousness, both nectar and poison. Indian cobra, as the most spiritual snake, has inner light which help us to see through the deep power of the homoeopathic healing process. *Naja*

*tripudians* taught to remove our ‘spectacles’ in order to see through the heart.

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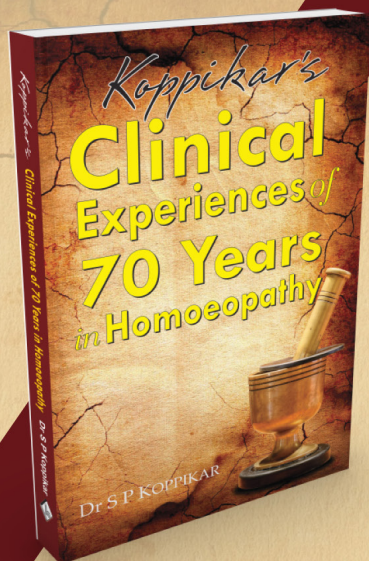
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## Koppikar's CLINICAL EXPERIENCES OF 70 YEARS HOMOEOPATHY

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- Dr. S. P. Koppikar is probably the most experienced homeopath in India. He has been practicing since 1937 and his book is like a journey through his times.
- A large part of the book comprises of speeches that the author has delivered on various occasions and articles he has published in various journals
- The book is neatly divided into many sections like memories, history, materia medica, repertory, practice, therapeutics, research etc.
- It contains accounts of prescribing, case taking, case analysis, repertorisation, doses and their repetition; absorbing account of early masters.

# Jungian psychology and homoeopathy

By Dr Rishi Sai Krishna

**Abstract:** Jungian psychology and homoeopathy runs closely on the same principle that is to consider each individual as a different entity. In this article, we try to understand the concept of the patient in the concept of individualisation in homoeopathy and as well in Jungian psychology. The goal is the same in both the methodologies that is realising how important the emotions affect our physical body. As mind is the soul origin of all the sufferings. If one tries to understand the mind, he can treat its consequences effectively.

**Keywords:** *Jungian psychology ; homoeopathy ; individualisation ; consiousness ; case taking.*

## Introduction

“Aude sapere”, the very first words of Hahnemann’s *Organon of the Art of Healing*, means, “dare to taste, to understand”.<sup>(1)</sup> At its fundamental level, Jungian psychotherapy, also referred to as Jungian analysis, is a thorough, analytical approach to talk therapy that seeks to bring balance and union between the conscious and unconscious parts of the mind.

Created by Swiss psychiatrist, Carl Jung (also known as Carl Gustav Jung or CG Jung) in the first half of the 20th century, Jungian therapy is built on the idea that the unconscious is a source of wisdom and guidance that can help encourage psychological growth.

Although we now often refer to his approach as Jungian therapy, Jung preferred to call it analytical psychology. Furthermore, although Jungian therapy and Jungian analysis are sometimes used interchangeably, Jungian analysis can only be practised by official Jungian analysts. To become a Jungian analyst, practitioners must complete a training program approved by the International association for analytical psychology.

Jungian psychology will work with

those suffering from these issues through an exploration towards personal growth and defining historical causes of psychological problems, such as childhood trauma.

Instead of focusing on specific symptoms, such as anxiety, Jungian therapy utilises a holistic approach to cultivating wellness in the entire personality. Each treatment is unique to the specific individual being treated and strives to have the client dig into the deeper, sometimes darker, elements of their mind to find their “true” self rather than who they present to the world.

Jungian psychology is a complex and vast area of depth therapy that can require many years of research and study to get a firm grasp on its various methods and meanings. However, one of its core tenets is that when one’s authentic self is blocked, mental health issues can form and grow into depression, addiction, anxiety and more. This then leads to destructive relationship patterns within one’s life.<sup>(2)</sup>

*Jung’s model of the psyche :*

Jung posited that there are three components that make up the human psyche:

The ego

The personal unconscious

The collective unconscious

The EGO represents the conscious mind that contains the awareness of existing and the sense of personal identity. This is where your personality exists and where your thoughts, intuitions, feelings and sensations are organized. It’s the door between the inner and outer worlds of the psyche.

The *PERSONAL UNCONSCIOUS* is made up of the memories that are subliminal, forgotten and/or repressed. Some of the personal unconscious can be recalled to the conscious mind. Jung believed that for individuation to occur, the personal unconscious and the conscious ego have to be fully integrated.

*THE COLLECTIVE UNCONSCIOUS*, also known as the transpersonal unconscious, is one of Jung’s more unique and controversial additions to personality theory. The idea proposes that there is a universal version of the personal unconscious, which is shared with all other members of the human species. These shared ancestral memories, born from evolution, are called archetypes by Jung and are represented by universal themes that appear in various cultures.<sup>(2)</sup>



## Individualisation According To Jungian Psychology And Homoeopathy :

Individualisation according to Jungian psychology –

Individuation: According to the American Psychological Association, individuation is “the gradual development of a unified, integrated personality that incorporates greater and greater amounts of the unconscious, both personal and collective, and resolves any conflicts that exist, such as those between introverted and extraverted tendencies.”

In essence, the therapeutic goal of individuation within analytical psychology is the process through which a person becomes a whole psychological individual. The person recognises their own self-worth and uniqueness and embraces both the consciousness and the unconscious.

Individualisation according to homoeopathy –

With Hahnemann, when it comes to prescribing, “we know no disease, only sick persons” whose sickness has to be matched in *Materia Medica*. And this is only common sense, since no illness, if we take trouble to enquire affects all persons alike....

Homoeopathy takes into account the individual, with his personal reactions to environment, physical, mental and moral; his deviations from the normal due to sickness. With Hahnemann, when it comes to prescribing, “we know no disease, only sick persons” whose sickness has to be matched in *materia medica*.

(3)

## Benefits of Jungian psychology :

In traditional treatments, a Jungian therapist will work mostly in individual therapy sessions to improve the health and wellbeing of the client. However, some Jungian therapy has extended sessions to include couples and families instead of just individuals.

Although you don’t need a diagnosable mental health issue to pursue Jungian therapy, there are many mental health problems that can be helped by treatment, including:

Anxiety

Depression

Addiction

Trauma

Personality disorders

Jungian therapy works with patients to help them recognise the potential in themselves and work toward personal growth. This holistic approach, which contains many spiritual elements, can help people see what obstacles have been preventing them from living fulfilled lives — and overcome them.

**Jungian psychology with homoeopathy :** Health is perceived as freedom and creativity. In homoeopathy, health is considered as mental, physical and emotional well-being . The disease is the dynamic disturbance of harmonious relation between the material body and vital force that stimulates the body in health.<sup>(4)</sup>

The basic procedure and proforma in homoeopathy to collect data is in the form of case taking.

Dr Hahnemann in his *Organon of Medicine* mentioned the guidelines from aphorism 83 to 104 in a detailed manner as to obtain the root cause of the suffering of the individual. Where the physician asks about all the probable questions in order to obtain the data required.

Case taking is the most important step in homoeopathy as its said “*a well taken case is half cured*”

A very wide focus is kept on the mental generals of the patient in order to find the perfect simillimum.

## Conclusion

The basic principles of homoeopathy and Jungian psychology are similar where the mind is considered as the cause of all the sufferings the human being experiences. Also, individualisation plays a key role in the treatment, as no 2 people are alike in this universe. Treating an individual is better than treating a disease. Understanding the mind is quite useful rather than investigating the symptoms of the disease.

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# Modern psychology concepts hidden in Organon of Medicine

By Dr Amit Arora, Dr Udesb Kumar

**Abstract:** Psychology has a long past. It originated as a concept of “soul” to the concept of mind and reached to its modern concept that is the study of behaviour, which is both factual and observable. The treatment of psychological disorders was also very torturous in the past, where mentally ill patients were chained in mental asylum, and were treated inhumanly. Gradually, the treatment changed to showing empathy to mentally ill patients and understanding of their illness in respect to their sufferings and conflicts in past. These concepts of psychology and treatment of mentally ill patients which is now followed by modern psychiatrists were already defined by the founder of homoeopathy in his writings in Organon of Medicine. Though in relation to psychology, Dr Hahnemann name is nowhere mentioned but he was the one of earliest physicians who gave the concept of understanding the behaviour and empathetic treatment to mentally ill patients by showing them supportive behaviour.

**Keywords:** Psychology, *Organon of medicine*, aphorism, behaviour

**Abbreviations:** ICD – International Classification of diseases, DSM - “diagnostic criteria”—for specific mental disorders, FN - footnote

## Introduction

**P**psychology in simple terms was defined earlier as the study of mind but as the mind is something which cannot be seen or touched and the thing which is not visible, how can it be studied. So the scientists dropped the term mind and adopted a broader term “behaviour” which is both factual and observable. So, now in modern terms, psychology is defined as a branch of science that helps us in understanding the behaviour of an organism in relation to its environment in which it lives and grows.<sup>1</sup>

The environment is full of complexities and challenging situations with which one has to deal with all through his life from birth to death. In doing so, a human being decides and executes a particular pattern of behaviour to make adjustments for his survival. This behaviour pattern depends upon his past experiences, learnings, thoughts, emotions and feelings. Thus, the term ‘behaviour’ consists of two parts, one is external,

which is visible in actions like talking, laughing, gesticulation while the other is internal which consists of mental activity like thinking, feeling, problem-solving ability, remembering past experiences as well as bodily activity, i.e. the activity of internal organs.<sup>1</sup>

As every individual has a different past, has different learning abilities, varying levels of intelligence, different feelings, priorities, so does his responses (i.e. the behaviour pattern) to challenging situations which are peculiar and differentiate him from another individual. This concept of individualisation and understanding of the individual in terms of his reactions are the key concepts of homoeopathic treatment as mentioned by Dr Hahnemann in his teachings, which is clearly mentioned in 6th edition of *Organon of Medicine* in aphorism 6 “the unprejudiced observer - in every individual disease note the changes in the health of the body and of the MIND (that is the change in behaviour pattern) which can be perceived exter-

nally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease”.<sup>2</sup>

World Health Organisation defines mental health a “state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.<sup>3</sup> It is an equilibrium state between thoughts, action and feelings (emotions) and when there is any disturbance between this equilibrium, there arise mental illnesses or psychiatric disorders. If a person is unable to adjust to his circumstances, there arise conflict between his thoughts and feelings and this conflict can be visible in his actions in form of non-adjusted or

abnormal behaviour and when this abnormal behaviour or psychological syndrome cause significant distress (subjective symptomatology like painful symptom), disability (objective symptomatology/impairment in one or more areas of functioning) which is not merely an expected response to common stresses of life or losses (ex. the loss of a loved one) this kind of behaviour or psychological syndrome can be termed as mental or psychiatric disorder (as defined in DSM V).<sup>4</sup>

The ICD10 classify Mental, Behavioural and Neurodevelopmental disorders into codes from F01-F99.<sup>5</sup>

F01-F09: Mental disorders due to known physiological conditions

F10-F19: Mental and behavioural disorders due to psychoactive substance use

F20-F29: Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders

F30-F39: Mood [affective] disorders

F40-F48 : Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders

F50-F59: Behavioural syndromes associated with physiological disturbances and physical factors

F60-F69: Disorders of adult personality and behaviour

F70-F79: Intellectual disabilities

F80-F89: Pervasive and specific developmental disorders

F90-F98: Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

F99-F99: Unspecified mental disorder

der

## Modern concept of psychological/psychiatric disorder from perspective of *organon of medicine*:

1. **Concept of mental illness:** Dr Hahnemann was far ahead of his time in terms of understanding psychology and psychiatric disorders. Somewhere 200 years ago, in aphorisms 210-230 of the 6th edition of the *Organon of Medicine*, he had already mentioned the concept of mental illness in a way that corresponds to modern psychology and psychiatric disorders.

When one goes in the history of psychology, Dr Hahnemann's name is nowhere mentioned anywhere in texts related to psychology but he has made great contributions to mental health care. In fact, Hahnemann was one of the earliest, to advocate a treatment of the insane by mildness rather than coercion". Mr. Philippe Pinel who is considered as father of modern psychiatry, somewhere in 1793, made his first experiment of unchaining maniacs at Paris asylum for men, Bicêtre for the treatment of mentally ill patients, while Dr Hahnemann at that time was already following this concept in treating Klockenbring.<sup>6</sup>

During the period from late 1800 to 1930, different groups of psychologists emerged with different thoughts that formed different schools of psychology, i.e. structuralism, gestaltism, functionalism, behaviourism, and psychoanalysis. Each school gave a newer

dimension to psychology that led to the development of modern psychology.<sup>1</sup>

The first school that is structuralism was founded in year 1879 by Wilhelm Wundt, who is considered as the father of psychology. He gave the concept that mental processes can be studied by analysing them into elements like study of sensation and perceptions, attention, feeling aspects.

Gestaltism was founded by Max Wertheimer in year 1912 and gave the idea that mind should be studied as organised whole, not as separable elements. Years before development of this school Dr Hahnemann, already gave the concept of holistic approach to diseases.

Functionalism school was founded by John Dewey in 1930, which focused on how mental activities helped an organism fit into its environment that is adjusted behaviour. This school is considered to have great impact on modern psychology. Dr Hahnemann was already well verse with this fact of adjusted behaviour and this can be interpreted in 6<sup>th</sup> edition of *Organon of Medicine* in aphorism 208 where he mentioned that the patient's domestic and social relations are to be considered which are nothing but a way to study adjusted behaviour.

Behaviourism school was established by John B. Watson in 1913 and this school dropped the term mind and gave the concept that psychology is the study of behaviour that is



observable activity of human and animals. Much before this concept, Dr Hahnemann mentioned in *Organon of medicine* regarding study of behaviour. He mentioned this concept in form of mind and disposition in different aphorisms. He used both terms that are mind and disposition with the awareness of fact that the mind is something that cannot be seen, it's a subjective thing but disposition is something that can be seen and noted. According to Merriam Webster dictionary, the disposition is a prevailing tendency, mood or inclination, temperamental makeup; the tendency of something to act in a certain manner under given circumstances (behaviour).<sup>7</sup>

As clearly stated in aphorism 88: the physician asks what more can be told in regard to these parts and these functions, or the state of his disposition or mind. And in Aphorism: 208, in like manner, the state of his disposition and mind must be attended to, to learn whether that presents any obstacles to the treatment, or requires to be directed encouraged or modified.<sup>2</sup>

The clear concept of mental illness which correlates with present day concept of mental illness disorders is mentioned in aphorism 210 as: Mental diseases constitute a class of disease the condition of the DISPOSITION and MIND is always altered; and in all cases of disease we are called on to cure the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms,

if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homoeopathically with success.<sup>2</sup>

## 2. Classification of mental diseases: In *Organon of Medicine*, 6<sup>th</sup> edition<sup>2</sup>, the mental illnesses are classified into 4 categories which are very much similar to ICD 10 mental, behavioural and neurodevelopmental disorders.

(i) Aphorism 216: Mental diseases appearing with decline of corporeal diseases which threaten to be fatal; this corresponds to the ICD10 code F01-F09.

(ii) Aphorism 221: Mental disease caused by have suddenly broken out as an acute disease in the patient's ordinary calm state, by some exciting factor like fright, vexation, the abuse of spirituous liquors, etc; this corresponds to the ICD10 code F10-F19; F70-79.

(iii) Aphorism 224: Mental disease of doubtful origin, whether it really arose from a corporeal affection, or from faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance; this corresponds to the ICD10 code F50-F59; F60-F69; F99

(iv) Aphorism 225: Mental diseases arising out from prolong emotional causes such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright; this corresponds to the ICD10 code F20-F29; F30-F39; F40-F48; F80-F89; F90-F98.

## 3. Case taking in mental illness:

(a) The modern concept of case taking in mental illness cases consist of listening, observing verbal and non-verbal communications and taking note of them, verbatim that is recording patient's response in his own language and asking about patient from relatives or friends.<sup>4</sup> This concept is already mentioned in *Organon of medicine* 6<sup>th</sup> edition in aphorism 84 "The patient details the history of his sufferings; those about him tell what they heard him complain of, how he has behaved and what they have noticed in him; the physician sees, hears, and remarks by his other senses what there is of an altered or unusual character about him". He has mentioned accurately all that the patient and his friends have told him in the very expressions used by them. Keeping silence himself he allows them to say all they have to say, and refrains from interrupting them unless they wander off to other matters.<sup>2</sup>

(b) Also to note childhood history, educational history, occupational, sexual history, intelligence thoughts and interpersonal relationships. This is clearly stated in aphorism 208 "The age of the patient, his mode of living and diet, his occupation, his domestic position, his social relation and so forth, must next be taken into consideration, in order to ascertain whether these things have tended to increase his malady, or in how far they may favour or hinder the treatment." And aphorism 5 states to note

moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc.<sup>2</sup>

#### 4. Treatment of mental illness: The treatment of psychological disorders in modern concept consists of

(a) Prescribing medications if necessary, Psychoanalysis (this school was founded by Sigmund Freud in early 20<sup>th</sup> century and later on another school of analysis that is analytical psychoanalysis was founded by Carl Jung) which helps in understanding conflicts of a patient, thoughts, emotions, feelings, his reasons for maladjustment to environment and his unconscious psychical processes like dreams or defence mechanism.<sup>4</sup>

(b) Carl Jung analytical psychology divided human psyche into ego, personal unconsciousness and collective unconsciousness. Personal consciousness consists of repressed wishes and collective unconsciousness is part of the unconscious mind which is derived from ancestral memory and experience. Collective unconsciousness was further divided into 4 archetypes – persona, anima or animus, shadow and self. He divided individuals into two psychological types, that is extroversion and introversion and which was further divided into subtypes based on thinking, sensation, intuition and feeling. Understanding of these archetypes and personality types helps in in

understanding the actual inner personality of an individual and his outward behaviour.<sup>8,9</sup>

(c) Psychotherapy (counselling or talk therapy) in which the physician establishes a relationship with one or several patients for the purpose of modifying or removing existing symptoms and promoting personality growth. It consists of cognitive behaviour therapy which helps people identify and change negative thinking and behaviour patterns, replacing them with more accurate thoughts and functional behaviours; supportive therapy which uses guidance and encouragement to help patients prevent emotional breakdown, learning coping skills that build self-esteem, reduce anxiety, and improve social and community functioning.<sup>4</sup>

These mechanisms of treatment were very well explained years back by our master in *Organon of medicine*. He explained clearly the homoeopathic way of prescribing medicines for mental illness and along with that gave other important instructions to deal mental illnesses which in modern times are termed as psychotherapy, cognitive behaviour therapy or supportive therapy.

#### (i) *Aphorisms related to treatment of mental illness*<sup>2</sup>

(a) Aphorism 214: states that the mental diseases are to be cured in the same way as all other diseases that is as per Law of similia.

(b) Aphorism 218, 219, 220, 221, 222, 223, 224, 226, 227 mentions homoeopathic way of treatment for different

classes of mental illness.

(ii) *Aphorisms related to psychoanalysis*<sup>2</sup>: Dr Hahnemann had a great insight regarding the analytical psychoanalysis years before Carl Jung came up with analytical psychology. In aphorism 5 and 208, Dr Hahnemann has clearly stated that a physician must know his patient's moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age and sexual function. Also his disposition and state of mind is to be noted. Aphorism 90 states that patient's behaviour, his moods, his way of talking, all to be noted during the visit. In FN 1, aphorism 93, it is clearly stated that a physician must try to elicit any causes of a disgraceful character of patient like attempted suicides, indulgence in ordinary or unnatural debauchery, unfortunate love, jealousy, domestic infelicity, worry, grief on account of some family misfortune or an imperfection in the private parts, a rupture, a prolapse, and so forth.

If we carefully interpret these statement, they clearly show, that Dr. Hahnemann, was very well verse with the fact that in order to treat a patient, we must understand his outward behaviour by knowing his inner self, his inner conflicts, his repressed desires, his guilt, reasons of his action and on basis of that individualisation is to be done and a simillimum homoeopathic medicine is to be prescribed.

(iii) *Aphorisms which clearly hints that Dr Hahnemann had an insight regarding role of psycho-*

### *therapy, behavioural therapy in treatment of mental illness<sup>2</sup>*

- (a) Aphorism 226 states that display of confidence, friendly exhortations, sensible advice and appropriate diet and regimen help the patient to achieve a healthy state of mind.
- (b) Aphorism 228 mentions how a physician should behave toward mentally ill patients and these points are also part of psychotherapy:

- In case of furious mania – the physician must oppose calm intrepidity and cool, firm resolution
- In case patient is expressing sorrow or complaining in a whining manner – the physician must display the feeling of expression of pity and sorrow in looks and gestures.
- In case of senseless chattering – the physician must be in silent mode but not wholly inattentive
- In case of disgusting and abominable conduct (causing disgust or hatred) – and to conversation of a similar character – physician must show total inattention.
- The destruction and injury to patient is avoided by keeping the things out of reach to patient.
- Everything must be arranged in such a way that the necessity for any corporeal punishments and

tortures whatever may be avoided.

- The physician and keeper must always pretend that they believe in patient to be possessed of reason.
- All kinds of external disturbing influences on their senses and disposition should be if possible removed; there are no amusements for their clouded spirit, no salutary distractions.

## Conclusion

Psychology has a long past and evolutionary history. With time, the concept of psychology changed from soul to mind and from mind to study of behaviour. The treatment of mental illnesses also changed from treating by cruel means to empathy and psychotherapy. Dr Hahnemann was far ahead of his time, and somewhere 200 years ago in 6<sup>th</sup> edition of *Organon of Medicine*, he already gave directions of how and what is to be noted in order to treat a mentally ill patient, how to behave with him and how role of psychotherapy along with medicines.

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# Writing conclusion of a research paper

By Dr Arun Kumar, Dr Chaturbhuja Nayak

**Abstract:** Conclusion section is last paragraph of a research paper for the author to write about his/her findings. It is important to give readers a take home message and summary of the answers to the research problem.

**Keywords:** research paper, conclusion

## Introduction

Conclusion is the last section of the research paper highlighting the important points, results and suggestions for future research. It is mainly a derivative of 'Results' and 'Discussion' section. It should be in brief and to the point, so that it conveys the key message to the readers.<sup>(1)</sup>

After reading the paper, the readers should understand how and why your research matters.<sup>(2)</sup>

'Introduction' section gives the first impression, similarly 'conclusion' section of a scientific paper leaves a lasting impression on the readers.<sup>(2)</sup>

Most readers read 'abstract' and 'conclusion' sections first.<sup>(3)</sup> So, 'conclusion' should be written from a reader's perspective, so that he/she can understand the argument and the answered question of the study.<sup>(2)</sup>

Authors can start with clearly stated principal findings of the study along with importance and practical implications of the study.<sup>(3,4)</sup>

A well-written conclusion will have an impact on presentation of paper.<sup>(5)</sup>

Answers to the issue of concern found through the study should be mentioned in a clear and concise way.<sup>(4)</sup> Reader should realise that

your findings are worthy of note and have practical significance.<sup>(3)</sup>

At last it should be mentioned whether your findings support your hypothesis or disapprove it.<sup>(3)</sup> Ending can be done by mentioning the recommendations for further research. Recommendations may include proposal for further evidence-based researches with larger sample size, longer study duration, a different methodology and a better study design etc. on related topic which can, in turn, explore the new aspects in the field which could have been missed in the current study.<sup>(4)</sup>

## Purpose<sup>(6)</sup>

Restate the goal and outcome.<sup>(7)</sup>

To give reader a sense that the argument or question in picture is thoroughly answered.

Ultimate meaning of the analysis or argument to the reader.

Benefit of the readers from the findings.

Make a connection between the present study and other related studies.

Reminding readers, the strength and impact of argument.<sup>(8)</sup>

Refocus readers attention to most important points and supporting evidences.<sup>(8)</sup>

Offer a policy or a plan to those who can benefit from the present study.

Set up a framework for future work or research

Explain or recast findings of the paper for better understanding of the readers.

## Types

Two most common types are:

**Externalising conclusion:** In this type, new ideas which are not directly presented in the paper or ideas which can be developed over the results of study are given.

**Editorial conclusion:** Here, the author presents his/her own ideas and comments on the topic.<sup>(8)</sup>

Do's

Language used should be simple and in present tense.<sup>(4)</sup>

Summarize the paper concisely and clearly. Ideally summary of the article should not be more than 1/5<sup>th</sup> of the conclusion paragraph.<sup>(3,6)</sup>

Clearly state important implications of your research study.

Mention results properly even if they are inconclusive.<sup>(5)</sup>

Mention how your findings are original; how and why are they different from all the previous related studies.<sup>(3)</sup>

Suggest for further research.

State how your findings add on to findings of previous researches.<sup>(5)</sup>

Read guidelines of journal; some journals require separate 'Conclusion' section whereas others prefer 'Discussion and Conclusion' to be a single part.

Read a sample conclusion of an article of some previous issue of your target journal to get an idea about the pattern.<sup>(3)</sup>

Write conclusions from most important to least important issues.

It should provide a sense of closure to the readers and should be written in only one or two paragraphs.<sup>(6)</sup>

End with a strong closing statement.<sup>(9)</sup>

Don't's

Do not provide any new information in this section.<sup>(3)</sup>

Avoid repeating any information already discussed in paper.<sup>(8)</sup>

Do not manipulate data even if the study results are negative.<sup>(2)</sup>

Do not rewrite the abstract here.<sup>(3)</sup>

Do not be apologetic for poor presentation of the material.<sup>(3)</sup>

Quotations and statistics should be avoided in 'Conclusion' section.<sup>(3)</sup>

## Checklist <sup>(7,10,11,12)</sup>

Restate the purpose of your paper and its solution proposed, without repeating it word by word.

Concisely state the important information from the paper.

Remind importance and practical relevance of your study.

A sense of ending should be there.

It should only be a review and new information must be avoided.

Suggestions for a research in future related to the topic and areas for improvement in further studies.

A take-away message for the readers.

Use main keywords from research question, in last line to make a good ending.

## Conclusion

Conclusion section has the concluding words by the author for his/her answer to the research problem and suggestions for further research. It is the section where author gets a chance to leave a good impression on the readers.

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# A case of post traumatic stress disorder treated with homoeopathic medicine

By Dr Mithilesh Kumar Gupta

**Abstract:** Post-traumatic stress disorder (PTSD) is one of the major burning issues worldwide. Most of the persons suffer in this condition and it makes a negative impact in the society. Homoeopathy plays a vital role by INDIVIDUALISTIC approach of the treatment, because we treat the patient not the disease. PTSD effects in general aspects of person life, it hampers quality of life. In this article, a brief summary of post-traumatic stress disorder is being discussed along with a case of PTSD, which was treated by homoeopathic medicine, 'Stramonium.'

**Keywords:** Post-traumatic stress disorder, homoeopathy, individualisation, *Stramonium*

**Abbreviations :** Post-traumatic stress disorder (PTSD), acute stress disorder (ASD), “diagnostic criteria”—for specific mental disorders (DSM), twice a day (BD)

## Introduction

Post-traumatic stress disorder (PTSD) is a common and disabling condition. In addition to combat-related PTSD, the disorder occurs in civilians exposed to severe traumatic events, with the community prevalence rate for the combined populations reaching as high as 12%. If left untreated, PTSD may continue for years after the stressor event, resulting in severe functional and emotional impairment and a dramatic reduction in quality of life, with negative economic consequences for both the sufferer and society as a whole. Although PTSD is often overlooked, diagnosis is relatively straight-forward once a triggering stressor event and the triad of persistent symptoms—re-experiencing the traumatic event, avoiding stimuli associated with the trauma, and hyper arousal—have been identified<sup>(1)</sup>. PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. During this

kind of event, one may not have any control over what's happening, and he may feel very afraid.<sup>(2)</sup>

### TYPES OF PTSD<sup>(2)</sup>:

**PTSD is one condition, but some experts break it down into subtypes depending on a person's symptoms, also known as condition “specifiers,” to make it easier to diagnose and treat.**

**Acute stress disorder (ASD) is not PTSD.** It's a cluster of symptoms like anxiety and avoidance that develop within a month after a traumatic event. Many people with ASD go on to develop PTSD.

**Dissociative PTSD** is when you detach yourself from the trauma. One may feel separated from the event or like he is outside of his own body.

**Uncomplicated PTSD** is when one has PTSD symptoms like re-experiencing the traumatic event and avoiding people and places

related to the trauma, but he doesn't have any other mental health issues such as depression. People with the uncomplicated subtype often respond well to treatment.

Co-morbid PTSD involves symptoms of PTSD, along with another mental health disorder like depression, panic disorder, or a substance abuse problem. People with this type get the best results from treating both PTSD and the other mental health issue

The main symptoms of PTSD are<sup>(3)</sup>:

**Re-living the traumatic event** through distressing, unwanted memories, vivid nightmares and/or flashbacks. This can also include feeling very upset or having intense physical reactions such as heart palpitations or being unable to breathe when reminded of the traumatic event.

**Avoiding reminders of the traumatic event**, including activities,



places, people, thoughts or feelings that bring back memories of the trauma.

**Negative thoughts and feelings** such as fear, anger, guilt, or feeling flat or numb a lot of the time. A person might blame themselves or others for what happened during or after the traumatic event, feel cut-off from friends and family, or lose interest in day-to-day activities.

**Feeling wound-up.** This might mean having trouble sleeping or concentrating, feeling angry or irritable, taking risks, being easily startled, and/or being constantly on the lookout for danger.

It is not unusual for people with PTSD to experience other mental health problems as well, like **depression** or **anxiety**. Some people may develop a habit of using **alcohol or drugs** as a way of coping

### Physical symptoms:

There may also be physical symptoms, but these are not included in the DSM-5 criteria:

physical effects include sweating, shaking, headaches, dizziness, stomach problems, aches and pains, and chest pain.

a weakened immune system can lead to more frequent infections.

### Analysis and evaluation of symptoms:

sleep disturbances can result in tiredness and other problems.

There may be long-term behavioral changes that contribute to problems and work and a breakdown in relationships. The person may start to consume more alcohol than previously, or to misuse drugs or medications.<sup>(4)</sup>

### Case study:

#### Chief complaints:

A 48 year male complained of panic attack with depression for last 2 year. Panic attack mostly occurs at night, in dark room. She felt better in the open air. Associated with he suffers from chorea

#### Details of present complaint:

The patient had road accident 2 years back, when he lost his son. After the accident, he was totally broken down and always stayed alone, depression started during that time. He took conventional medicine and after taking the medicine, he felt sleepy. He woke up with nightmare and used to think about his son.

#### Past history:

He was suffering from typhoid at the age of 30, for which he took conventional medicine.

### Family history:

Father suffered from diabetes for last 5 years and was taking conventional medicine. Mother suffered from hypertension for last 2 years and was taking homoeopathic medicine

### Personal History:

He loved to know the new things. His diet was irregular. Addiction for alcohol. Occupation: business

### Mental general and Physical general:

The patient wants to know the new things. If any one, try to console him, he feels good. He tells abusive language, while talking with other person and he is violent in nature. He always wants to talk, loquacious in nature.

While enquiring her physical general aspects, it was found that he had loss of appetite and losses his weight. He desire for hot things. His tongue is normal, thirstless, do not wants to drink a glass of water. His stool were satisfactory, dribbling with difficulty in urination.

### Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the patient and DSM-IV; American Psychiatric Association guideline.<sup>(2)</sup>  
(3)

Sl. No.	Symptom type	Symptom	Intensity	Miasmatic analysis <sup>(4)</sup>	Totality of symptoms
1.	Mental general	He always used abusive language	+++	Syphilis	a) He always used abusive language
2.	Mental general	He was violent in nature	++	Syphilis	b) He was violent in nature
3.	Mental general	Fear of dark	+++	P s o r a , syphilis	c) Fear of dark

## CASE STUDY

4.	Mental general	Ailments from alcoholism	+++	Sycosis	d) Ailments from alcoholism
5.	Mental general	Ailments from accidents	+++	Psora	e) Ailments from accidents
6.	Mental general	He was very loquacious	+++	Psora	f) Loquacious in nature
7.	Physical symptom	He suffered from chorea	+++	Psora, syphilis, sycosis	g) Suffered from chorea
8.	Physical general	He woke up at night in nightmare	++	Psora	h) Nightmare

Repertorial totality:

Symptoms	Rubric
1. He always using abusive language	MIND-ABUSIVE
2. Ailments from alcoholism	MIND-AILMENTS FROM, alcoholism
3. Ailments from accidents	MIND-AILMENTS FROM, injuries, accidents, mental symptoms from
4. Fear of dark	MIND-FEAR, dark of
5. He was violent in nature	Mind-VIOLENT, deeds of violence, rage leading to
6. Loquacious	MIND-DELIRIUM, loquacious
7. He woke up at night in nightmare	DREAMS- NIGHTMARES
8. Suffered from chorea	GENERALS-CHOREA

Repertorisation<sup>(5)</sup>:

See Repertorisation sheet

The screenshot shows the RADAR 10.0 software interface. The 'Investigation window for remedies' is open, displaying a list of symptoms on the left and a large table of remedies on the right. The symptoms listed are: 1. MIND - ABUSIVE, 2. MIND - AILMENTS FROM - alcoholism, 3. MIND - AILMENTS FROM - injuries, accidents; mental symptoms from, 4. MIND - FEAR - dark; of, 5. MIND - VIOLENT - deeds of violence; rage leading to, 6. DREAMS - NIGHTMARES, 7. GENERALS - CHOREA, 8. MIND - DELIRIUM - loquacious. The table shows the degree of match for each symptom across various remedies, with a total of 356 remedies considered.

**Prescription:**

After repertorisation, *Stramonium* possessed highest grade and highest matching of the symptoms. Here, *Stramonium* was selected on the basis of mental as well as physical symptoms of the patient. The patient was greedy in nature with constitution of the patient suggested the remedy after consulting with materia medica<sup>(6)(7)</sup> and repertorial result. So, *Stramonium* was prescribed for this case.

**Prescribed on 16/11/2021**

*Stramonium*-200/ 1 dose, early

**Follow up:**

morning mixing with ½ cup of water for 2 days along with *Saccharum lactis* every day, two times after eating for 7 days.

The patient was also advised for dietary management like intake of plenty of water, lime juice, avoid any kind of spicy or fatty food. Avoid any kind of mental stress, and psychic therapy also administered during the time of treatment.

**Selection of dose and potency:**

As per *Organon of Medicine* aphorism 247, 5<sup>th</sup> edition<sup>(8)</sup> and according to the susceptibility of the patient,

the potency was selected. Here the patient was highly susceptibility was high and intensity of the symptoms was too much. She suffered from long time due to that affection, so the case was started with higher potency.

**Repetition of Remedy:**

Every well-chosen medicine should be repeated at suitable interval aphorism 246 5<sup>th</sup> edition<sup>(8)</sup> of *Organon of Medicine*. After initial improvement, if same symptoms reappeared, then the same medicine was repeated.<sup>(9)</sup>

Date of Visit	Response	Medicine prescribed
02/12/2021	No changes took place. He still felt depressed	Rubrum-200/ 1 drop BD x 15 days
20/12/2021	No changes in depression, but he felt better. Sleep was good, appetite good	Rubrum -200/ 1 drop BD x 15 days
08/01/2022	No changes in depression, sleep disturbed, appetite was decreased, chorea attack occurred intermittently	<i>Stramonium</i> -200/ 1 dose
28/01/2022	No episode of chorea since last time of visit, sleep good, appetite good, he felt happy	Phytum-200/ 1 drop BD x 15 days
14/02/2022	He talked with other person nicely, appetite is good	Phytum-200/ 1 dose
02/03/2022	Still no chorea attack, no abusive language was used.	Phytum-200/ 1 drop BD x 15 days
16/03/2022	Patient was happy, still no attack came	

**Conclusion**

Homoeopaths treat the patient according to its symptomatology and our dynamic medicines do not produce any kind of side-effects like conventional steroid medicine. Homoeopaths believe on individualistic approach and our science have scope to get rid of such kind of mental disease.

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# Individualised homoeopathic approach of sulphur for atopic dermatitis in children – a case report

By Dr Sonia Tuteja, Dr Isha Thakur, Dr Aditi Bhinda, Dr Komal Yadav

**Abstract:** AD is one of the most common skin disorders in young children and has a prevalence of 10% to 20% in the first decade of life. AD is the cutaneous expression of the atopic state, which runs in families. A child of 12 years age reported with skin eruptions since 2 years. Clinical assessment was done on Hanifin and Rajka's criteria; and diagnoses came out to be atopic dermatitis. Individualised homoeopathic treatment with medicine Sulphur 200C single dose was given with Saccharum lactis for 3 months and patient reported improvement in skin eruptions along with other complaints. The improvement is evident from disappearance of skin eruptions and also from reduction in levels of total serum IgE. This case shows that individualised homoeopathic treatment can abolish the genetically predisposed diseases and for treatment of external malady, internal medicine is required and not external applications.

**Keywords:** Individualised homoeopathy, *Sulphur*, atopic dermatitis, children, case report.

**Abbreviations:** atopic dermatitis (AD), children's dermatology life quality index (CDLQI), immunoglobulin E (IgE), thrice a day (TDS).

## Introduction

Atopic dermatitis (AD) is a chronic, highly pruritic (itchy) inflammatory skin disease, and is one of the most common skin disorders in children with a prevalence of 10% to 20% in the first decade of life.<sup>1</sup> AD is not always easily manageable and every physician should be familiar with the fundamental aspects of treatment.<sup>2</sup> The disorder results in significant morbidity and adversely affects quality of life.<sup>3</sup> AD is the cutaneous expression of the atopic state, characterised by a family history of asthma, eczema or allergic rhinitis. A characteristic defect in AD that contributes to the pathophysiology is an impaired epidermal barrier. In many patients, a mutation in the gene encoding filaggrin, a structural protein in the stratum corneum, is responsible for this. Patients with AD may display a variety of immunoregulatory abnormalities, including increased IgE synthesis; increased serum IgE levels; and impaired, delayed-type hypersensitivity reactions. Clinical features of atopic dermatitis are:

- 1.) Pruritus and scratching
- 2.) Course marked by exacerbations and remissions
- 3.) Typical lesions of eczematous dermatitis
- 4.) Personal or family history of atopy (asthma, food allergies, allergic rhinitis or eczema)
- 5.) Clinical course lasting >6 weeks
- 6.) Presence of dry skin.
- 7.) Lichenification of skin.<sup>4</sup>

The children's dermatology life quality index (CDLQI) is a questionnaire which measures the impact of any skin disease on the lives of children. It consists of 10 questions which are based on the experiences of children with skin disease. The CDLQI score is calculated by summing the scores of the 10 questions, giving a maximum of 30 and a minimum of 0. The results can be expressed as this simple sum or as a percentage of 30. The higher the score, the greater the degree of

handicap.<sup>5</sup>

## Patient information

A male child of 12 years age of vegetarian hindu family, who is a student in 6<sup>th</sup> standard in school reported in out patient department (OPD) of Dr. Girendra Pal Homoeopathic Hospital and Research Centre, a constituent college of Homoeopathy University, Saipura, Jaipur; with skin lesions consisting of vesicles, plaques of erythema, scaling, serous crusts, lichenification, sticky serous discharge and pruritus affecting mainly flexor and extensor sides of upper extremities, extensor sides of lower extremities, dorsum of bilateral feet and bilateral pinnae of ears; from almost 2 years. Dried patches were there in folds of skin. Itching was much at night from heat of the bed. Child had remained constipated since childhood and used to pass stool after 2 to 3 days.

In the past, the skin eruptions started when he was 1<sup>1/2</sup> years old and topical steroids were used for

that. He suffered from pneumonia at the age of 2<sup>1/2</sup> years. He was given allopathic treatment for that. At the age of 6 years, skin eruptions again flared up with much intensity, at this time injections were given to him along with topical steroids. With these treatments, symptoms had remained in obscurity but child was not healthy ever. In family, father had history of skin eruptions, mother had suffered from eczema for long time and had taken injections for that. His aunt (father's sister) also had skin eruptions.

The child was having hot thermal reaction (does not like to cover up much even in winters). He was

having poor appetite, took only one meal in a day and that also without relish. He ate cloth strips sometimes. He drank only 2 to 3 glasses of water in a day. Bowel movements were irregular. He usually remained constipated, passed hard stool and frequency was once after 2 to 3 days. He passed 3 to 4 times yellowish watery urine in a day. Perspiration was usually yellowish staining. Sleep was very disturbed because of continuous itching and he had to scratch. He was abrupt in answering. His mother said that he had a habit of biting nails, he did not like other children at his home. He was having fear of snakes.

## Clinical findings

On physical examination, skin lesions consisting of vesicles, plaques, crusts, lichenification and serous oozing eruptions were found. He was having itching aggravated from heat of bed and covering. Other systemic examinations were normal.

## Diagnostic assessment

For confirmation of diagnosis, Hanifin and Rajka's criteria<sup>[6]</sup> (figure no.-1) for atopic dermatitis was used in which, in major and minor criteria 3 or more points needs to be present, and in this case, it fulfilled the condition.

### Hanifin and Rajka Diagnostic Criteria for Atopic Dermatitis (AD)

**Major criteria:** Must have three or more of:

1. Pruritus
2. Typical morphology and distribution
  - Flexural lichenification or linearity in adults
  - Facial and extensor involvement in infants and children
1. Chronic or chronically-relapsing dermatitis
2. Personal or family history of atopy (asthma, allergic rhinitis, atopic dermatitis)

**Minor criteria:** Should have three or more of:

1. Xerosis
2. Ichthyosis, palmar hyperlinearity, or keratosis pilaris
3. Immediate (type 1) skin-test reactivity
4. Raised serum IgE
5. Early age of onset
6. Tendency toward cutaneous infections (especially *S aureus* and herpes simplex) or impaired cell-mediated immunity
7. Tendency toward non-specific hand or foot dermatitis
8. Nipple eczema
9. Cheilitis
10. Recurrent conjunctivitis
11. Dennie-Morgan infraorbital fold
12. Keratoconus
13. Anterior subcapsular cataracts
14. Orbital darkening
15. Facial pallor or facial erythema
16. Pityriasis alba
17. Anterior neck folds
18. Itch when sweating
19. Intolerance to wool and lipid solvents
20. Perifollicular accentuation
21. Food intolerance
22. Course influenced by environmental or emotional factors
23. White dermographism or delayed blanch

**Figure 1 – Hanifin and Rajka's criteria for AD<sup>6</sup>**

Normal value of total serum IgE is 10(b)).  
200 IU/ml.<sup>7</sup> In laboratory testing, serum IgE levels were found to be raised, i.e. 709.28 IU/ml (figure

**Analysis and evaluation<sup>intensity</sup> of symptoms**

Kentian method has been used for symptom and analysis and evaluation.





Remedy selected and justification of the remedy

Homoeopathic medicine, *Sulphur*, covered all eight symptoms constituting repertorial totality, with highest marks, i.e. 13. *Sulphur* covering the patient as a whole, in this case, skin eruptions were suppressed again and again, his mental generals included

answering abruptly, fears, while physical generals showed desire for indigestible things, appetite lost, chronic constipation, itching aggravated from heat of bed, his hot thermals all very clearly pointed towards *Sulphur* medicine.<sup>10,11</sup>

### Therapeutic intervention

Individualised homoeopathic medicine *Sulphur 200C* was given.

*Sulphur 200C* single dose was given along with *Saccharum lactis 30C* TDS for 14 days firstly. On dated 12<sup>th</sup>-October -2021 the CDLQI score was 27/30 (figure 8(a) and 8(b)), which means grave effect on child's life. After homoeopathic treatment, CDLQI score was 3/30 (figure 9(a) and 9(b)), which means child's life was very mildly affected with disease after homoeopathic treatment.

### Follow-up and outcomes

For assessing the outcomes children's dermatology life quality index (CDLQI) was used.

S. No.	Follow up date	Symptoms	Prescription	Justification
1.)	26 <sup>th</sup> - Oct.- 2021	Skin lesions present over bilateral ears, arms and legs were drying than before. Itching was much improved. Patient was going for stool regularly. Appetite was not much improved. Had fever up to 99°F consecutively for last 5 days in evening but every time disappeared with rest only. Answering was abrupt. Habit of nail biting was there. Fear of snakes was there.	<i>Phytum 200C single dose</i> <i>Saccharum lactis 30C TDS for 14days</i>	Skin lesions started healing and bowels were regular now. For fever of mild grade, no medication was given.
2.)	9 <sup>th</sup> - Nov.- 2021	Skin lesions were drying up and getting healed. Itching was much improved. Bowels habits were regular but there was still no improvement in appetite. Answering was abrupt. Habit of nail biting improved a little than before. Started adjusting little well with other children.	<i>Phytum 200C single dose</i> <i>Saccharum lactis 30C TDS for 14days</i>	Skin lesions were healing but appetite was still not much improved.
3.)	23 <sup>rd</sup> - Nov.-2021	Skin lesions were healing up. Itching much improved. Bowel habits were regular. Appetite improved this time. Answering was abrupt. Habit of nail biting was improving.	<i>Phytum 200C single dose</i> <i>Saccharum lactis 30C TDS for 14days</i>	Skin lesions were healing, and this time, appetite also improved.
4.)	8 <sup>th</sup> - Dec.- 2021	Skin lesions much healed. No itching was there. Bowel habits were regular. Appetite was improved. Answering was abrupt. Habit of nail biting was improving.	<i>Phytum 200C single dose</i> <i>Saccharum lactis 30C TDS for 14days</i>	Improvement was progressing.
5.)	28 <sup>th</sup> - Dec.- 2021	Skin lesions healed up to 98% and only healed scars were there. No itching was there. Appetite was much improved and bowel habits were regular. Answering was abrupt. Stopped biting nails.	<i>Phytum 200C single dose</i> <i>Saccharum lactis 30C TDS for 14days</i>	98% improvement in skin lesions was there.

## CASE STUDY

### Objective evidences



Images On 12<sup>th</sup>-October -2021

Figure 3: showing crusts, lichenification and vesicles over skin



On 23<sup>rd</sup> – November -2021

Figure 4: showing healing lesions over B/L ear pinna, feet and lower extremities



8<sup>th</sup> - Dec.-2021

Figure 5: showing almost healed patches



28<sup>th</sup> – December – 2021

Figure 6: healed patches, only scars left



19<sup>th</sup> – January -2021

Figure 7: scars left over skin





## CDLQI scale score

Before taking medicine on 12<sup>th</sup> – October -2021

**त्वचा रोग के कारण शिशु के जीवन स्तर का मापदंड**

अस्पताल नं: Dr. Girendra Pat Homoeopathic Hospital & Research Centre  
 नाम: अमर उराफ बीमारी: Atopic Dermatitis  
 उम्र: 12 Years कुल अंक: 27/30  
 पता: Muhana दिनांक: 12/10/2021

इन प्रश्नों का उद्देश्य यह ग्यात करना है की आपकी त्वचा की समस्या ने आपको पिछले साप्ताह में कितना प्रभावित किया। कृपया सभी प्रश्नों के लिए ✓ का निशान लगाया जाय।

- पिछले साप्ताह आपने आपनी त्वचा पर कितनी खुजली, जलन, और दर्द अनुभव किया?
- पिछले साप्ताह आपने आपनी त्वचा के कारण कितना शर्मिंदा, दुखी, और असहज अनुभव किया?
- पिछले साप्ताह आपकी त्वचा के कारण आपकी दोस्ती पर कितना प्रभाव पड़ा?
- पिछले साप्ताह आपनी त्वचा के कारण क्या आपको विशेष प्रकार के कपड़े और जूते का प्रयोग करना पड़ा?
- पिछले साप्ताह क्या आपने आपनी त्वचा के कारण बाहर जाने में, खेलने में, और आपने मनपसंद कार्य करने में कोई बड़ा अनुभव करी?
- पिछले साप्ताह आपकी आपनी त्वचा के कारण तेरना और अन्य खेलों में भाग लेने में कोई बड़ा अनुभव हुई?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☒ बिल्कुल नहीं ☐

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 ज्यादा ☐ बिल्कुल नहीं ☐

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

Figure 8 (a)

## CDLQI scale score

After treatment on 19<sup>th</sup> - January -2022

**त्वचा रोग के कारण शिशु के जीवन स्तर का मापदंड**

अस्पताल नं: Dr. Girendra Pat Homoeopathic Hospital & Research Centre  
 नाम: अमर उराफ बीमारी: Atopic Dermatitis  
 उम्र: 12 Years कुल अंक: 3/30  
 पता: Muhana दिनांक: 19/1/2022

इन प्रश्नों का उद्देश्य यह ग्यात करना है की आपकी त्वचा की समस्या ने आपको पिछले साप्ताह में कितना प्रभावित किया। कृपया सभी प्रश्नों के लिए ✓ का निशान लगाया जाय।

- पिछले साप्ताह आपने आपनी त्वचा पर कितनी खुजली, जलन, और दर्द अनुभव किया?
- पिछले साप्ताह आपने आपनी त्वचा के कारण कितना शर्मिंदा, दुखी, और असहज अनुभव किया?
- पिछले साप्ताह आपकी त्वचा के कारण आपकी दोस्ती पर कितना प्रभाव पड़ा?
- पिछले साप्ताह आपनी त्वचा के कारण क्या आपको विशेष प्रकार के कपड़े और जूते का प्रयोग करना पड़ा?
- पिछले साप्ताह क्या आपने आपनी त्वचा के कारण बाहर जाने में, खेलने में, और आपने मनपसंद कार्य करने में कोई बड़ा अनुभव करी?
- पिछले साप्ताह आपकी आपनी त्वचा के कारण तेरना और अन्य खेलों में भाग लेने में कोई बड़ा अनुभव हुई?

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

Figure 9 (a)

7. पिछले साप्ताह  
 विद्यालय: अगर आप विद्यालय जा रहे थे, तो आपकी त्वचा की समस्या ने आपकी शिक्षा को कितना प्रभावित किया?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

छुटियाँ: अगर आप अवकाश पर थे, तो आपकी त्वचा की समस्या ने आपके मनोरंजन में कितनी बड़ा उत्थान करी?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

8. पिछले साप्ताह आपकी त्वचा के कारण दूसरे व्यक्तियों ने आपसे प्रश्न पूछकर, आपको अनदेखा करके, और आपके लिए अपमानजनक शब्दों का प्रयोग करके आपको कितना शर्मिंदा किया?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

9. पिछले साप्ताह आपकी बीमारी के इलाज ने आपकी नौद कितनी प्रभावित करी?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

10. पिछले साप्ताह आपकी बीमारी के इलाज ने आपको कितना प्रभावित किया?

बहुत ज्यादा ☐ थोड़ा ☒  
 ज्यादा ☐ बिल्कुल नहीं ☐

कृपया जाँच ले की आपने सभी प्रश्नों का उत्तर दिया है।  
 धन्यवाद

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Figure 8 (b)

7. पिछले साप्ताह  
 विद्यालय: अगर आप विद्यालय जा रहे थे, तो आपकी त्वचा की समस्या ने आपकी शिक्षा को कितना प्रभावित किया?

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

छुटियाँ: अगर आप अवकाश पर थे, तो आपकी त्वचा की समस्या ने आपके मनोरंजन में कितनी बड़ा उत्थान करी?

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

8. पिछले साप्ताह आपकी त्वचा के कारण दूसरे व्यक्तियों ने आपसे प्रश्न पूछकर, आपको अनदेखा करके, और आपके लिए अपमानजनक शब्दों का प्रयोग करके आपको कितना शर्मिंदा किया?

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

9. पिछले साप्ताह आपकी बीमारी के इलाज ने आपकी नौद कितनी प्रभावित करी?

बहुत ज्यादा ☐ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☒

10. पिछले साप्ताह आपकी बीमारी के इलाज ने आपको कितना प्रभावित किया?

बहुत ज्यादा ☒ थोड़ा ☐  
 ज्यादा ☐ बिल्कुल नहीं ☐

कृपया जाँच ले की आपने सभी प्रश्नों का उत्तर दिया है।  
 धन्यवाद

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Figure 9 (b)



## CASE STUDY

### Haematological reports before homoeopathic treatment

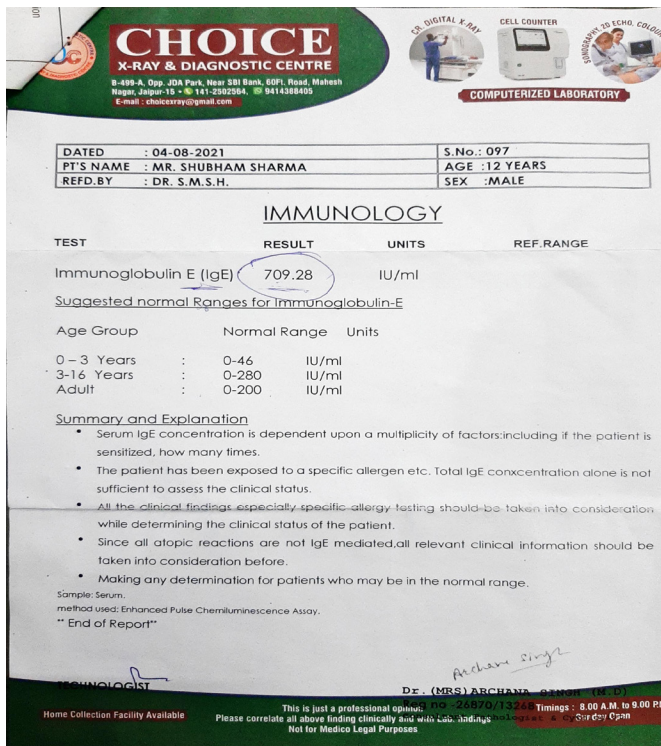


Figure 10 (a)

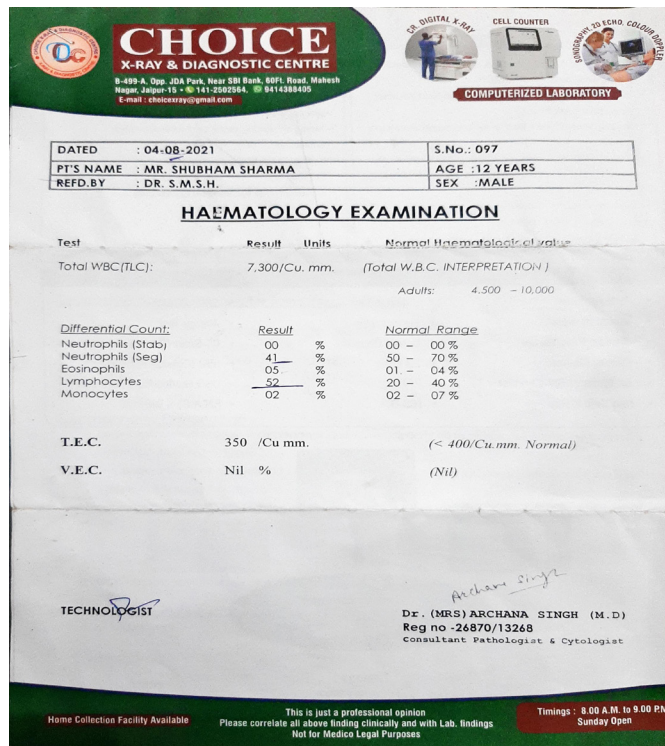


Figure 10 (b)

### Haematological reports after homoeopathic treatment

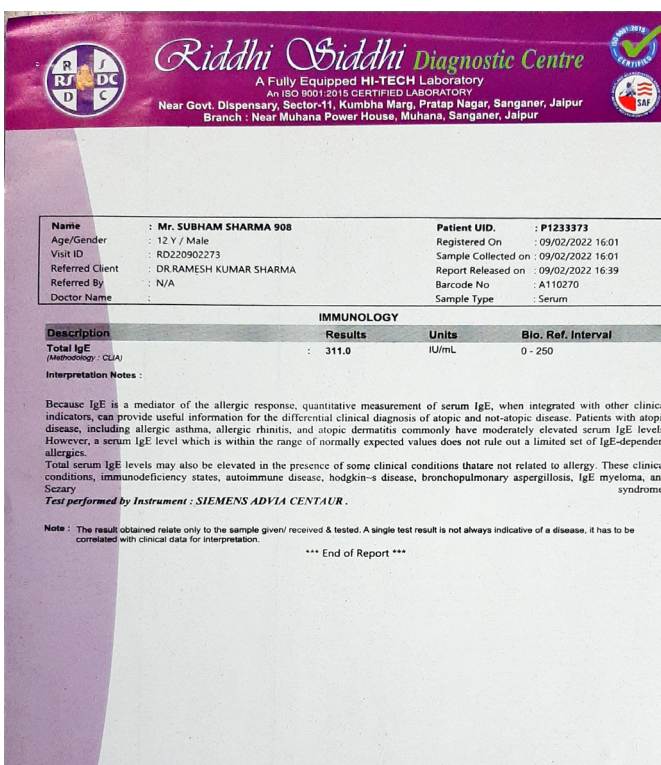


Figure 11(a)

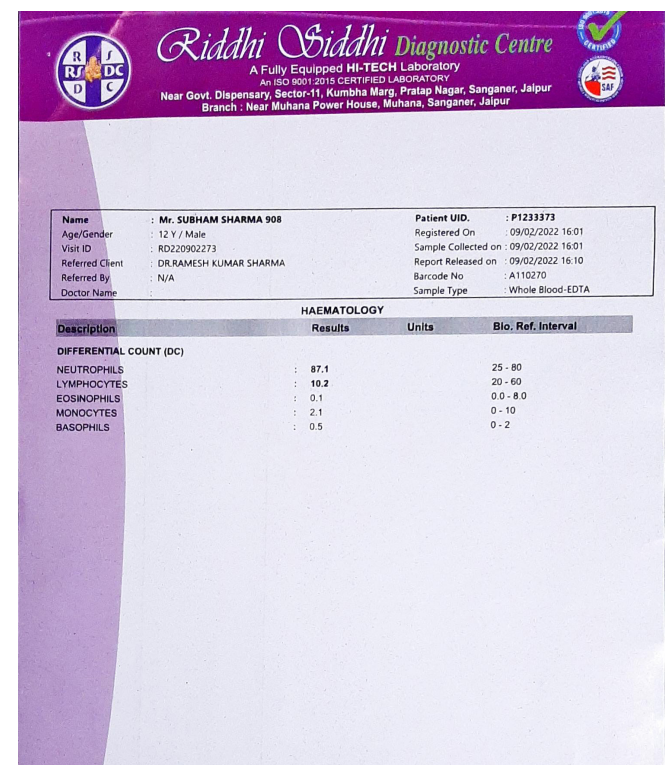


Figure 11(b)

## Discussion

Atopic dermatitis appears to affect all races, with Asians perhaps having increased susceptibility. Presumably psychologic stress or environmental factors combine to exacerbate a subclinical tendency in these individuals. Stress can result from a variety of dynamics in the child's environment. Parental conflicts and taunting by siblings can directly exacerbate itching in these patients.<sup>12</sup> An already done case study shows that homoeopathic treatment is effective in the treatment of atopic dermatitis and depressive disorder through individualised approach.<sup>13</sup> According to homoeopathic concept, this was a case of suppressed skin eruptions, which kept on appearing again and again, and have been explained in aphorism (§) 39 of *Organon of Medicine*. According to aphorism (§)193 local affection depended solely on a disease of the rest of the body, and should only be regarded as an inseparable part of the whole organism. Aphorism (§) 7 of *Organon of Medicine* says that it is the totality of symptoms which must be the principal and only thing which is to remove, to cure a case. Only single dose of *Sulphur 200C* was sufficient for establishing health in this case, as mentioned in aphorism (§) 245.<sup>14</sup>

## Conclusion

In conventional treatment, for atopic dermatitis external applications including ointments are used. Homoeopathic concept says that it is alone the totality of symptoms that points to the remedy to relieve

the morbid symptoms of the disease. This whole case shows us that, no external malady can arise, persist or even grow worse without the co-operation of the whole organism, and for its cure also, internal medicine is required and not external application. It also asks us to consider man as a whole individual entity and not divided into fraction of his systems.

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# “An evidence based individualistic homoeopathic approach in a case of cholelithiasis –a case report”

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

**Abstract:** Cholelithiasis is a chronic, recurrent disease of the hepatobiliary system. The impaired metabolism of cholesterol, bile acids and bilirubin are characterised by gallstone formation. Gall bladder stones are mostly asymptomatic, discovered incidentally or during surgery of an unrelated condition. Patients who do manifest symptoms of cholelithiasis ranges from right upper quadrant abdominal pain, abdominal discomfort, nausea, fever etc to features of jaundice. This is a case report of a lady aged 45 years, complaining of pain in right upper quadrant of abdomen with fever and was treated with individualised homoeopathic medicines. Possible causal attribution of changes was depicted by Modified Naranjo Criteria. There was considerable improvement of the patient in her symptoms and pathological investigations with overall improvement of her general well-being. Follow up over a period of three months reflected no recurrence of symptoms demonstrating positive role of individualistic homoeopathic treatment in cholelithiasis.

**Keywords:** Cholelithiasis, contracted gall bladder, *Bryonia alba*.

**Abbreviations:** BMI – body mass index, CCK - cholecystokinin , OPD – out patient department, USG – ultrasonography, LFT – liver function test, AST – aspartate aminotransferase, ALT – alanine aminotransferase, ICD – International classification of disease.

## Introduction

Gallstones come in several varieties. Most are composed largely of cholesterol with or without calcium deposits<sup>1</sup>. Occasionally, especially in patients with a chronic hemolytic disease, bilirubin stones may form. Depending on the causes and pathophysiologic mechanism involved, patients can have one or more of the following: a few large individual stones; many smaller stones; or “sludge,” a thickened viscous gel resulting from concentration of bile that is believed to be highly prone to formation of stones<sup>3</sup>. The normal processes that prevent gallstone formation probably include the fact that bile does not normally stay in the gallbladder long enough to become lithogenic (prone to stone formation). Thus, loss of gallbladder muscular wall motility (resulting from either intrinsic disease of the muscle wall, altered levels of hormones such as CCK, or altered neural control) and excessive sphincteric

contraction, impairing emptying, are important predisposing factors. One consequence of decreased gallbladder emptying is excessive concentration of bile, leading to heightened lithogenicity. This can occur from decreased absorption of water or altered bile composition resulting from increased cholesterol content or saturation. Other factors can cause an increased tendency to form stones at any given degree of concentration and saturation, including the presence of nucleating versus antinucleating factors in bile and the size and composition of the bile acid pool. The prevalence of cholelithiasis varies and has been reported as 2-29% in India, and increased in the recent years. Prevalence of cholelithiasis in India is more in females than men. The prevalence was more common in north Indians than south Indians followed by Maharashtra particularly from coastal region<sup>4</sup>.

**Patient information -** A lady aged 45 years, fair complexioned, BMI

36.5 kg/m<sup>2</sup> obese, housewife, from middle socioeconomic class, came to The Calcutta Homoeopathic Medical College and Hospital OPD, complaining fever, nausea, continuous aching, colicky pain in upper right quadrant of abdomen aggravated by moving and walking. She was anxious, irritable, restless. Initially she had a continuous distressing feeling above the pit of stomach aggravated after eating. In general, slightest motion aggravates her all complaints. She got no previous allopathic treatment for this complaint. She was also complaining of anorexia, fatigue nausea and vomiting; for last week. Her appetite was poor, for more than a month, she was hot patient according to thermal relation, profuse thirsty, her tongue was moist, white coated, she had golden yellow coloured urine and passes constipated hard clay coloured stool. She had suffered from tubercular meningitis 27 years ago and she received homoeopathic treatment for osteoarthritis of knee earlier for a year.



**Family history-** Father died of carcinoma of tongue.

**Life space investigation-** After completing her graduation, she got married. She lives with her husband, two daughter, one son happily.

**General examination-**

BP- 110/70 mm of Hg.

Pulse – 90/ minute

**Local examination –**

tenderness elicited on upper quadrant of right abdomen

slight rigidity on same place

yellowish discolouration of sclerae of both eyes

**Investigation:** USG (on 14/10/2019) of whole abdominal - partially contracted gall bladder having 0.4 cm calculus

Liver function test (LFT) on 14/10/2019 –

total serum bilirubin 4.48 mg/dl

serum albumin 3.4 g/dl

AST 115 U/L

ALT 163 U/L

serum alkaline phosphatase - 877 U/L.

**Diagnosis-** Presence of fever, nausea, pain and tenderness on right upper quadrant of abdomen, USG of whole abdominal revealed - partially contracted gall bladder having 0.4 cm calculus, with raised parameter of LFT, confirms the diagnosis of cholelithiasis. International classification of disease code – ICD-10; K80.cholelithiasis<sup>5</sup>.

After detailed case taking, analysis and evaluation were done, and thereafter symptoms were considered for repertorisation :-

Table 1: Analysis and evaluation of symptoms

Characteristic mental general symptoms:	Characteristic particular symptoms:
<ul style="list-style-type: none"> <li>Irritability</li> </ul>	<ul style="list-style-type: none"> <li>Pain in right hypochondrium, aggravated from motion</li> </ul>
Characteristic physical general symptom:	
<ul style="list-style-type: none"> <li>Thirst- profuse</li> <li>Tongue- coated white</li> <li>Thermal reaction – hot</li> <li>Stool – constipated, hard</li> </ul>	<ul style="list-style-type: none"> <li>motion aggravated all her complaints</li> <li>Nausea</li> </ul>

Table 2: Miasmatic analysis<sup>6</sup>

Symptoms	Miasm
Irritability	Sycotic
Thirst- profuse	Psora
Tongue - coated white	Psora
Thermal reaction – hot patient	sypilitic
Stool – constipated, hard	Psora
Aching pain in right hypochondrium	-
Motion aggravated her all complaints	Psora
Nausea	Psora

Table 3: This case was repertorised by RADAR (Version 10.0.08) software using J.T. Kent's Repertory- *Repertory of the Homoeopathic Materia Medica*<sup>7</sup>

Symptoms	Chapter	Rubrics
Irritable	Mind	Irritability
Thirst- profuse	Stomach	Nausea- eating after
Tongue - coated white	Mouth	Discolouration – tongue- white
Stool – constipated, hard	Stool	Hard
Thermal reaction – hot patient	Generalities	Heat -sensation of
Aching pain in right hypochondrium	Abdomen	Pain- hypochondria
Motion aggravated her all complaints	Generalities	Motion aggravates.
Nausea	Stomach	Nausea -eating after

Figure 1- Repertorisation sheet

[illegible]

After repertorisation, *Sulphur* covered most of the symptoms, and scored 8/23, *Natrum muriaticum* and *Silicea terra* both scored 8/21, *Bryonia alba* scored 8/20; but considering the analysis and evaluation of symptoms

of the case, and consulting the materia medica<sup>8</sup>, *Bryonia alba* was selected. Patient was followed-up 3<sup>rd</sup> weekly or earlier as per need, details of diagnostic assessment, management are given in table 4.

On 28/12/2019, during a subsequent follow-up, *Bryonia alba* 200 1 dose was given. Potency selection and repetition of dose was done as per homoeopathic philosophy.<sup>9,10</sup>

Table 4: Details of follow-ups and prescription

Date	Symptoms	Prescription
12/10/2019	<p>fever, nausea, continuous aching colicky pain in upper right quadrant of abdomen. Any kind of motion like moving and walking aggravated all complaints.</p> <p>USG of whole abdominal - partially contracted gall bladder having 0.4 cm calculus [Figure -2]</p> <p>LFT - all parameters were elevated. [Figure -4]</p>	<p><i>Bryonia alba</i> 200/1 dose stat.</p> <p><i>Saccharum lactis</i> for 3 weeks.</p> <p>Patient was advised to take bland, oil free, fat free, protein diet and avoid sun exposure.</p>
21/10/2019	<p>fever subsided after 3 to 4-day, nausea vomiting reduced gradually.</p> <p>Pain in upper right quadrant of abdomen sticking in character. Stool constipated, hard, clay coloured, golden yellow coloured urine. Appetite poor, weakness, fatigue.</p>	<p><i>Saccharum lactis</i> continued</p> <p>for 3 weeks.</p>
11/11/2019	<p>Frequency and intensity of pain in upper quadrant of abdomen reduced. Stool constipated, hard. Appetite poor, weakness, fatigue.</p>	<p><i>Saccharum lactis</i> for 3 weeks.</p>

30/11/2019	General condition of patient was better. Heaviness on the pit of stomach but no such pain in upper abdomen.	<i>Saccharum lactis</i> for 3 weeks.
28/12/2019	Nausea felt in early morning.  Heaviness and distressing feeling above the pit of stomach aggravated after eating, slight colicky pain in upper right quadrant of abdomen. Bitter test in mouth. Profuse thirst. Constipated, hard stool. Pain in both knees, aggravated from bending, walking; amelioration from rest, warmth.	<i>Bryonia alba</i> 200/1 dose stat. <i>Saccharum lactis</i> for 3 weeks.  Repetition of first prescription was made due to appearance of same group of chief complaining symptoms.
11/1/2020	General condition of patient was better. Appetite increased. No pain and uneasiness or heaviness in upper abdomen. Bowel habit was normal.	<i>Saccharum lactis</i> for 3 weeks.
24/2/2020	General condition of patient was better. No further recurrence of symptoms. USG (on 18/02/2020) of whole abdomen report [Figure-3] was within normal limit.  LFT (on 19/02/2020) report [Figure-5] was within normal limit.	<i>Saccharum lactis</i> for 3 weeks.

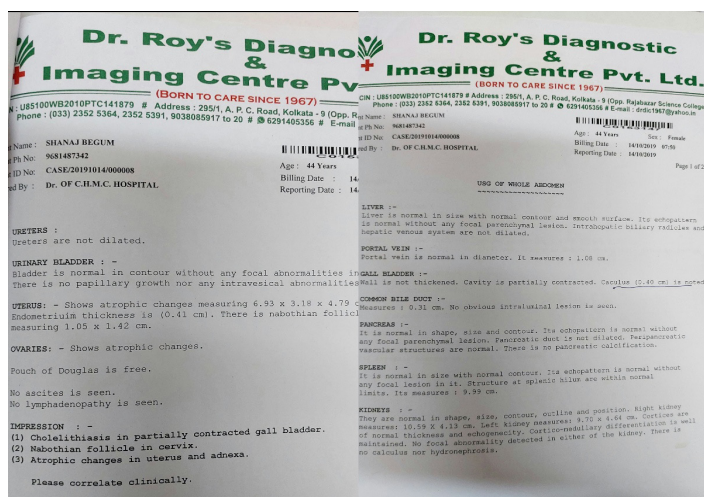


Figure 2- base line USG report of whole abdomen

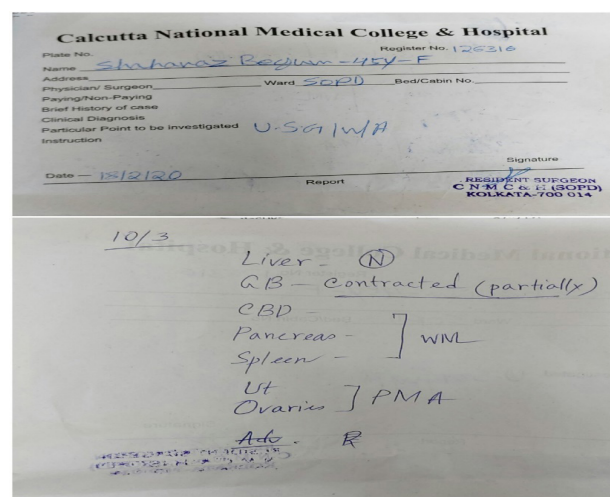


figure 3- USG report of whole abdomen after three months of treatment

TEST NAME	RESULTS	UNITS	BIO. REFERENCE RANGE
LIVER FUNCTION TEST (L.F.T.)			
TOTAL BILIRUBIN, SERUM @	4.58	mg/dl	0.3-1.2
BILIRUBIN DIRECT, SERUM @	2.31	mg/dl	0.0-0.3
BILIRUBIN INDIRECT, SERUM @	2.17	mg/dl	
TOTAL PROTEIN, SERUM @	6.8	g/dl	6.6-8.3
ALBUMIN, SERUM @	3.4	g/dl	3.5-5.2
GLOBULIN @	3.4	g/dl	2.3-5.1
ALBUMIN : GLOBULIN RATIO @	1.00	RATIO	> 1.5
SGOT (AST), SERUM @	115	U/L	00-35
SGPT (ALT), SERUM @	163	U/L	00-35
ALKALINE PHOSPHATASE, SERUM @	877	U/L	30-120
GGT (GAMMA GLUTAMYL TRANSFERASE) @	453	U/L	09-38

Figure 4- Baseline LFT report

Date	INVESTIGATION	Methodology	Units	RESULT	NORMAL RANGE	Bar Code No
20/02/2020	Hemoglobin (Hb %)	12.4		12.4	M 13.5 - 15.5 F 12.5 - 15.5	200219/PT72
20/02/2020	WBC Count (TC)	4.62		4.62	25-30	200219/PT72
20/02/2020	Lymphocyte	8.4		8.4	5-7%	200219/PT72
20/02/2020	Granulocyte (Neut + Eosino)	47.8		47.8	10-15%	200219/PT72
20/02/2020	Platelet Count	202		202	150-400	200219/PT72
20/02/2020	Albumin	4.1		4.1	3.5-5.0	200219/PT72
20/02/2020	Alkaline Phosphatase	107.9		107.9	30-120	200219/PT72
20/02/2020	SGOT (AST)	115		115	0-35	200219/PT72
20/02/2020	SGPT (ALT)	163		163	0-35	200219/PT72
20/02/2020	Total Bilirubin	6.3		6.3	0.2-1.2	200219/PT72
20/02/2020	Anti HCV	NON REACTIVE		NON REACTIVE		200219/PT72
20/02/2020	HbA1c	9.0		9.0	5.0-10.0	200219/PT72
20/02/2020	Plasma Glucose (Fasting)	25		25	100-140 mg/dl	200219/PT72
20/02/2020	Blood Urea	0.89		0.89	0.5-1.0	200219/PT72
20/02/2020	BUN	11.95		11.95	0.5-1.0	200219/PT72
20/02/2020	PT	0.96		0.96	0.60-1.40	200219/PT72
20/02/2020	Serum Creatinine	0.60		0.60	0.60-1.40	200219/PT72

Figure 5- LFT report after three months of treatment



**Table 5: Assessment by modified Naranjo criteria score**

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

This case scored 10 out of 13 as per modified Naranjo criteria [Table 2].

**Discussion** – Gallstone formation is the most common disorder of the biliary tree. In developed

countries, gallstones occur in 7% of males and 15% of females aged 18-65 years, with an overall prevalence of 11%. At present, the best data support shows an association between simple refined

sugar in the diet and gallstones<sup>11</sup>. The major clinical presentation of gallstones is cholecystitis. An episode of acute cholecystitis can progress into acute pancreatitis if a stone obstructs the sphincter

of Oddi, and the pancreatic duct. Likewise, an inflamed gallbladder can become infected or can undergo infarction and necrosis, setting the stage for systemic sepsis. Gallstone disease and cardiovascular disease, are strongly associated and have considerable economical impact<sup>12,13</sup>. In this case, *Bryonia alba* with its predominant action on gastro-bilious- rheumatic constitution, was selected as simillimum on the basis of continuous colicky pain in upper right quadrant of abdomen, which was aggravated by moving and walking, mental irritability, thermal relation, thirst, recent treatment history of osteoarthritis of knee and after considering repertorial totality and consulting materia medica.<sup>8</sup> Considering the patient's age, malignant potential of disease and to reduce chances of homoeopathic aggravation, the drug was prescribed in 200C potency. In subsequent follow-ups after some relief in chief complaint, on 28/12/2019 there was appearance of same group of chief complaining symptoms, owing no changes in totality, hence repetition of first prescription was done.<sup>9,10</sup> Follow up of the case for about three months revealed no calculus in gallbladder and LFT parameters were within normal limit. No adverse effects were observed. Different studies have been carried out in homoeopathy to deal with cases of cholelithiasis through different approaches<sup>12,14</sup> but cases with individualistic approach are less in number.

## Conclusion

In this case, no adverse effects were observed. Although the study of single cases does not constitute a strong opinion, but the causal attribution was established using the modified Naranjo score (10 out of 13). This case is reported according to HOM-CASE CARE

guidelines.<sup>15</sup> The result of this case report provides evidence in support of effectiveness of individualised homoeopathic treatment in regression of cholelithiasis with elevated liver enzymes.

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

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

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

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# Increasing psychological health hazard and it's scope in homoeopathy

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

**Abstract:** Mental health is vital for the growth and productivity of every society and for a healthy and happy life. Homoeopathy gives great importance to mental health both in the treatment of physical and mental illness. The homoeopathic understanding of health is intimately connected to its understanding of the mind in general. They generally assume that body and mind are dynamically interconnected and that both directly influence each other. Homoeopaths base virtually every homoeopathic prescription of the physical and psychological symptoms of the sick person. Psychological symptoms often play a primary role in the selection of the correct medicine.

**Keywords:** Homoeopathy, psychological disorders, miasm, selection of medicine, individualisation

**Abbreviations:** socio-demographic index (SDI), Idiopathic Developmental Intellectual Disability (IDID), United Kingdom (UK), obsessive compulsive disorder (OCD)

## Introduction

Homoeopathy based on the philosophy of treating the whole person based on mind, body and life force relationship. In this concept, health is considered a perfect state of harmony of functions in mind-body-life force and illness is often the result of disharmony. The disharmony can come from a dysfunction in any one. Holistic health care believes that a dysfunction in one effects the whole person and not just that one part of the body. Holism promotes that a human being must be treated together to achieve healing rather than simply treating a person for a specific illness. Holistic health looks into the need of the sick and provides customized care. Understanding the patient is the cornerstone in homoeopathic health care.<sup>[1,2]</sup>

## Current day mental health

Nearly 150 million Indians need mental health care services but less than 30 million are

seeking care, according to national mental health survey.

The prevalence of mental health disorders in India is estimated to be 10%.

For every 1000 people, prevalence of mental disorders is

1. Neurotic and other disorders-70%.
2. Substance abuse-7%.
3. Bipolar affective disorder-12%.
4. Schizophrenia-2% .<sup>[2]</sup>

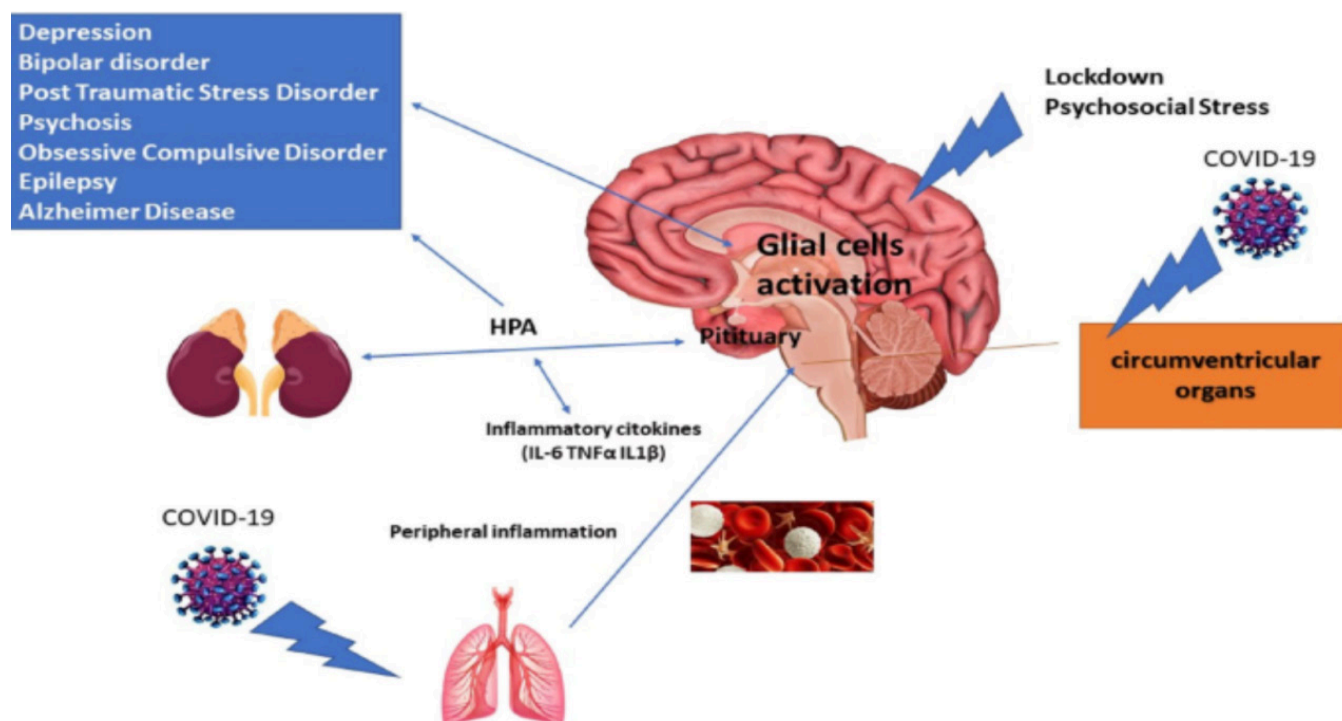
A study from the Pune centre of the World Mental Health Survey mentions an overall prevalence rate of mental disorders to be 5%, with rates being higher among men as compared to women .<sup>[2]</sup> Depression was found to be the most common disorder whether lifetime (3.14%) or during the previous 12-month period (1.7%). The study also mentioned that among those afflicted with one or the other mental disorder, treatment

was sought by only about 5% and 2.6 million young people die each year. The prevalence of childhood mental disorder is more in Bihar compared to other states in the country. A recent report published in Lancet Psychiatry stated that Bihar and other states falling in low socio-demographic index (SDI) reported more number of mental disorder cases related to children. On other hand adult mental disorder high in high SDI states. IDID (Idiopathic Developmental Intellectual Disability) or Mental retardation in Bihar-252 highest in country and Uttar Pradesh is 215, due to poor health infrastructure. But Anxiety disorder in Bihar is 299 which is less than several southern states, in Tamil Nadu-836, Andrapradesh-793<sup>[3]</sup> . A survey of 200 UK Homoeopaths (Chatfield and Duxbury, 2010) suggested that a substantial number of people with mental health concerns choosing homoeopathy. The most common disorders include anxiety and mood disorders.<sup>[4]</sup>



## How psychological imbalance occurs

Fig-1 Pathophysiology of mental health. <sup>[2]</sup>



### Psychological health hazard and homoeopathy <sup>[7]</sup>

Homoeopathy can be used to treat all modern psychiatric conditions including 1-3 (DSM-4

conditions) below-

1. Mood disorder (such as depression and anxiety).
2. Thought disorder (Such as-OCD, paranoia, schizophrenia).
3. Personality disorder. Additionally, homoeopathic remedy can be offered to treat large variety of "emotional/mental" states that are NOT considered to be diseases including-stubbornness, fear, phobia, emotional numbness, anger, jealousy, being extremely reserved and shy, rudeness, rigidity, clinginess, workaholic tendencies etc.

Homoeopaths don't separate mind and body. Homoeopaths seek to find a medicine that matches the

totality of the person's physical and psychological symptom, irrespective of "which comes first". Even the "which comes first" issue is much more complex and deceptive than one might initially presume. From Homoeopathic point of view, the prevalence of mental illness in our society is not simply the result of living in a fast-paced, stressful society, but also because our medical care system has effectively suppressed various physical illness. Homoeopaths assert that by treating symptoms as "cause" rather than as "effects", conventional medicine masks the symptoms without curing the underlying disease process. Homoeopathic medicine should be individually prescribed based on totality of symptoms. The correct homoeopathic medicine will catalyze a healing process that will raise the person's overall level of health. <sup>[7]</sup>

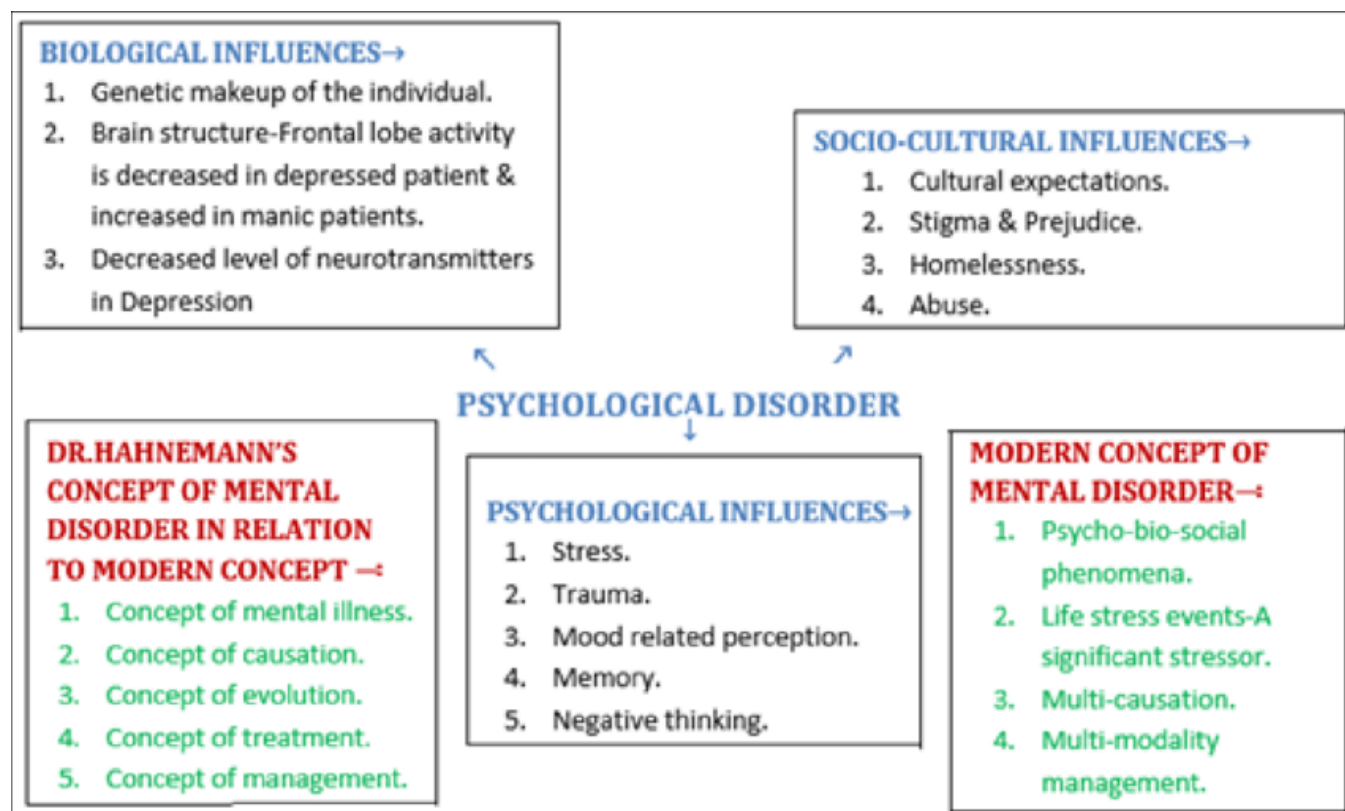
Modern concept of psychological hazards

Any pattern of behaviour that causes people significant distress, causes them to harm others or harm in performing their daily activities.

Hahnemann's concept of psychological hazards

Dr. Hahnemann has paid a lot of attention towards the understanding of mental illness. Infact he was one of first physicians to see the mentally ill patients as "sick individuals" requiring empathy and proper medical care (Haehl, 1995). According to him, the mind and body are not two absolutely separate entities but they form an indivisible whole inseparable in fact but distinguishable by mind for easy understanding. In natural disease, physical disturbances are often found associated with their mental counterparts. Illness is the result of biological as well as physiological and psychological events. <sup>[5]</sup>

Fig-2 Modern concept and Hahnemann's concept of psychological disorder. <sup>[4]</sup>



## Guidelines for management in psychological hazards from organon of medicine <sup>[5]</sup>

In mental and emotional diseases resulting from corporeal maladies which can only be cured Homoeopathic antipsoric medicine conjoined with carefully regulated mode of life, an appropriate psychical behaviour towards the patient (Sec-228). The physician must be maintained the auxiliary mental regimen, which includes-

1. In case of furious mania, one must oppose calm intrepidity and cool.
2. Firm resolution.
3. A mute display of commiseration in looks and gestures.
4. To senseless chattering.
5. A silence but not fully inattentive.

6. Prevent destruction and injury of surrounding.

7. Avoid corporeal punishments. (p. 116) He/she must be free from all over-exertion of mind and exciting emotions. (Sec-263)

8. The treatment of the violent insane maniac and melancholic can take place only in an institution specially arranged for their treatment but not within the family circle of the patient (Sec-229FN). <sup>[5]</sup>

## Frequently used homoeopathic remedies for mental health issues <sup>[6]</sup>

There are some common terminology which have been used for different psychological conditions in the form of rubrics from *Kent's repertory* (Only first grade medicines are mentioned)

1. ABSENT-MINDED® Apis., Cann-i., Caust., Cham., Hell., Lach.,

Mez., Nat-m., Nux-m., Plat., Puls., Sep., Verat. (7 p. 1)

2. ABSORBED® Hell., Mez., Nux-m., Sulph. (7 p. 1)

3. ANGER® Acon., Anac., Ars., Aur., Bry., Cham., Hep., Ign., Kali-c., Kali-s., Lyc., Nat-m., Nit-ac., Nux-v., Petr., Sep., Staph., Sulph. (7 p. 2)

4. ANXIETY® Acon., Arg-n., Ars., Ars-i., Aur., Bell., Bism., Bry., Cact., Calc., Calc-p., Calc-s., Camph., Cann-i., Carb-s., Carb-v., Caust., Chin., Con., Dig., Iod., Kali-ar., Kali-c., Kali-p., Kali-s., Lyc., Mez., Nat-a., Nat-c., Nit-ac., Phos., Psor., Puls., Rhus-t., Sec., Sulph., Verat. (7 p. 4)

5. DELUSIONS® Arg-n., Bell., Cann-i., Cocc., Hyos., Ign., Lach., Petr., Ph-ac., Sabad., Stram., Sulph. (7 p. 20)

6. FEAR® Acon., Arg-n., Aur., Bell., Bor., Calc., Calc-p., Carb-s., Cic., Dig., Graph., Ign., Kali-ar., Lyc., Lyss., Nat-c., Phos., Plat., Psor., Sep., Stram. (7 p. 42)

7. GRIEF® Aur., Caust., Ign., Nat-m., Puls. (7 p. 50)

8. HOME-SICKNESS® Caps., Carb-an. Ph-ac. (7 p. 51)

9. JEALOUSY® Hyos., Lach. (7 p. 60)

10. LASCIVIOUSNESS® Hyos., Lach., Lil-t., Orig.,

Phos., Pic-ac., Plat., Staph. (7 p. 61)

11. LAUGHING® Cann-i., Ign., Stram. (7 p. 61)

12. SUICIDAL, disposition® Aur., Aur-m., Nat-s. (7 p. 85)

## Conclusion

Homoeopathy plays the vital role on the treatment of psychological disorder. The basic need of the person is to makes life healthy and happy. Homoeopathic treatment effects the man's internally and individualise each person by his/her constitution. Mental health is the superior in all aspects if mind goes well then person runs well and

lives a healthy life. In homoeopathic science, one treats the patient, not the disease and our medicine also prescribed in this way. Therefore, homoeopathy is a good choice of treatment in psychological disorder. But more research is needed in this topic to make and show good result in the upcoming years.<sup>[7]</sup>

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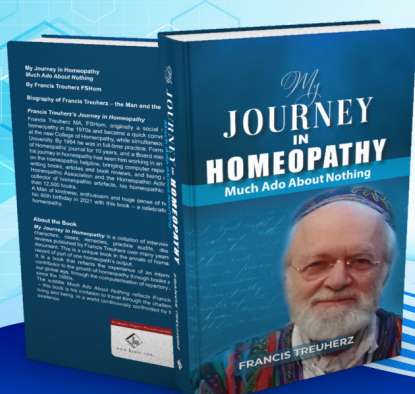
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- FRANCIS TREUHERZ -



# A case report of eczema treated with homoeopathic medicines

By Dr Nishi Agarwal

**Abstract:** Eczema is defined as an inflammation of the skin where the lesions are characterised by erythema, itching, vesicles. In this article, a case report of a 57 year old female with complaint of eczematous lesion on left foot is illustrated. The patient is treated with homoeopathic medicines *Graphites* 200 CH and *Hydrocotyle asiatica* 6CH administered orally. It can be clearly seen from the case report that homoeopathic medicines can be effective in such cases. However, a single case report can only provide evidence and further studies are required to be conducted in the field on a large scale to establish the role homoeopathy can play in the treatment of eczema.

**Keywords:** eczema, homoeopathy, *Graphites*, *Hydrocotyle asiatica*.

**Abbreviations:** BD – twice a day

## Introduction

The term 'eczema' and 'dermatitis' are mostly used as synonyms. But where the later is more of a pathological term the former is used as a clinical term.<sup>1</sup> Eczema is a skin condition which is characterised by inflammatory skin lesions, vesicle formation, crusting and itching.<sup>2</sup> It can manifest as an acute or chronic condition. The chronic condition mostly manifests as lichenification. It is mostly diagnosed on the basis of clinical presentation as there is no definite diagnostic criteria or tool.<sup>3</sup> The conventional treatment for eczema is based on application of emollients and topical steroids.<sup>4</sup> The use of such applications can cause a range of side effects in patients such as skin thinning and stretch marks.<sup>5</sup> For

such cases a wide range of medicines are mentioned in homoeopathic literature that can be useful. Some of the first grade remedies mentioned in *Kent repertory* include *Arsenicum album*, *Croton tiglium*, *Dulcamara*, *Graphites*, *Hydrocotyle asiatica*, *Hepar sulphuricum*, *Mezereum*, *Rhus toxicodendron*, *Sulphur*, etc.<sup>6</sup> Apart from this, several other remedies are found in homoeopathic materia medica for eczema.

Here a case of eczema treated with homoeopathic medicines *Graphites* and *Hydrocotyle asiatica* is discussed to show the positive effect of homoeopathy in such condition.

## Case report

A married female housewife of 57 years of age presented with

eczematous lesion on left foot on 04/09/2021. She was suffering from the complaint since 3 weeks. Patient complained of eruptions on left foot with glutinous discharge accompanied by itching and burning and excessive scaling. The lesion started with single eruption with glutinous discharge which spread on both sides of the lesion covering a larger part of the foot which disabled the patient to walk due to pain and swelling of foot. Self medication by application of ointment at home with no relief. There was no past history of similar complaint. On the basis of the present symptoms *Graphites* 200 CH /1 dose was prescribed with *Saccharum lactis* 30 /BD for 10 days. Along with this patient was advised to avoid any use of ointments and to keep the area dry and clean.

a.



b.



Fig 1. Pre treatment lesion

**Follow up:** The case was regularly followed up every 10 days from the day of the first prescription upto 09/02/2022 when the lesions were cured and the patient attained a healthy and clear skin. The follow up sheet along with the medicine given at each follow up is tabulated below.

Date	Follow up	Prescription
16/09/21	Improvement in itching and discharge.	<i>Saccharum lactis</i> 30/BD for 10 days
28/09/21	Pain and swelling improved. Patient is able to walk.	<i>Saccharum lactis</i> 30/BD for 10 days
12/10/21	Improvement in lesions.	<i>Saccharum lactis</i> 30/BD for 10 days
26/10/21	Improvement in lesions.	<i>Saccharum lactis</i> 30/BD for 10 days
06/11/21	Slight relapse of eruption.	<i>Graphites</i> 200 CH / 1 dose <i>Saccharum lactis</i> 30/BD for 10 days
19/11/21	Improvement in lesions and symptoms.	<i>Saccharum lactis</i> 30/BD for 10 days
3/12/21	Eruptions improved with no discharge Excessive scaling of skin.	<i>Saccharum lactis</i> 30/BD for 10 days
16/12/21	Dry scaling of skin and itching.	<i>Hydrocotyle asiatica</i> 6CH/BD for 10 days
29/12/21	Scaling and itching improved. No new complaints.	<i>Hydrocotyle asiatica</i> 6CH/BD for 10 days
12/01/22	Improvement in complaints.	<i>Hydrocotyle asiatica</i> 6CH/BD for 10 days
25/01/22	No new complaints. Improvement in lesions.	<i>Saccharum lactis</i> 30/BD for 10 days
09/02/22	Clear skin with no lesions.	Medication stopped.

**Table 1. Follow up and prescription**



**Fig 2. During and post treatment lesion:-** a,b, c,d:- Improvement of lesions during treatment; e: Clear and healthy skin post treatment.

**Discussion:** The medicines used for the treatment were according to the symptom similarity of the case. The first remedy used was *Graphites* 200 which was given according to character of the lesion and discharge present. The symptoms mentioned

under Graphites in materia medica mentions that the remedy acts predominantly on left side of body.<sup>7</sup> There is itching and burning pain, excoriation, glutinous discharge from eruptions.<sup>[7,8]</sup> The patient was followed up with placebo and repetition of a dose of *Graphites* 200 CH as required. After improvement of the eruptions and discharge the patient was followed up with *Hydrocotyle asiatica* 6CH for the remaining complaints which were not improved by *Graphites*. The medicine was prescribed according to following symptoms- eczema with dry skin, excessive scaling and exfoliation of skin with itching.<sup>[8,9,10]</sup> *Hydrocotyle asiatica* is mentioned in several materia medica and repertory for such skin condition. In Clarke's *The Prescriber*, *Hydrocotyle asiatica*, is a single remedy mentioned under whitish scales with itching.<sup>11</sup> Samuel Lilienthal has also mentioned this remedy under several forms of eczema in his book "*Homeopathic Therapeutics*".<sup>12</sup> Apart from this the remedy is also mentioned under eczema in second grade in *Synthesis, Kent and Boericke repertory*.<sup>[6,8,13]</sup> After complete improvement, *Saccharum lactis* was prescribed for 10 days

followed by discontinuation of medicine.

## Conclusion

The case provides an evidence of effectiveness of homeopathic treatment in eczema. However, a single case is not sufficient to prove the effectiveness of homeopathy, but it can open a way for further studies in the area. Using a more scientific approach through large sample size, comparative studies and a control group can establish the role of homeopathic medicines in cases of eczema.

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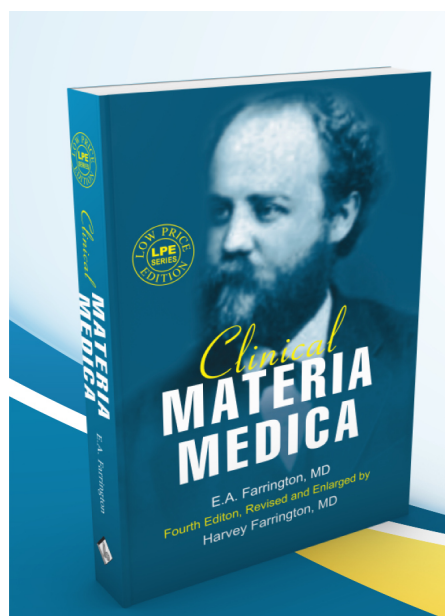
## Conflict of interest

None declared.

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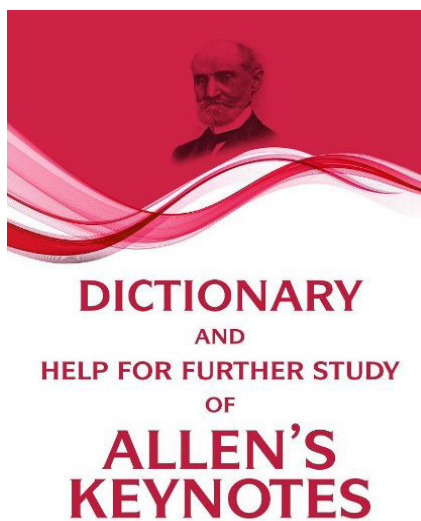
# Dictionary and help for further study of Allen's Keynotes

By Dr Subhas Singh

**Abstract:** 'Different ways of Finding the Remedy' book is a pretty small looking handy book which contains few sheets of pages that gives an amazing content speaking about what are the different and effective ways for accomplishing the most important part of a successful prescriptions, i.e. case taking. This article is written for the purpose of making remembrance of the forgotten book and a try to put some interest in the corner of the reader's mind to study it.

## Reviewed by:

Dr Yogesh D Niturkar



Dr Subhas Singh

*Allen's keynotes* is one of the most popular and widely used book on materia medica. Time and again various serious followers of this book had made positive efforts for understanding and applying Allen's keynotes in their daily practice. One more such successful attempt has been made by Dr Subhas Singh and his entire team by simplifying *Allen's keynotes* in the form of dictionary and help for further study of *Allen's Keynotes*. As a learner it is always difficult to understand the exact meaning of materia medica terms. Hence, it was the need of hour to minimise this hurdle by creating dictionary of terms that are encountered in *Allen's keynotes*.

This kind of work is possible only if one masters the basic work, understands the structure, concept and the underlying principles upon which *Allen's keynotes* is framed. The objective of this book is to make the study of *Allen's keynotes* much easier and efficient so that the learner, teacher and practitioner can utilise *Allen's keynotes* to its full potential.

The book covers biography of H. C. Allen covering his birth, family background, education, life as a homoeopath and his contributions as a teacher of materia medica, practitioner and dean of his own Hering Homoeopathic Medical college and literary contributions in journals and books.

The next chapter is on prescription on keynote symptoms or keynote method of prescription written by Dr Subhas Singh. The chapter is a review of different concepts, ideology and acceptance vis a vis criticism about keynote prescription and the challenges in homoeopathic practise. The chapter describes the evolution of keynote symptom as a concept of Hahnemann and H N Guernsey and further carried on by H C Allen and Stuart Close. The idea of using keynote prescription was strongly criticised by J T Kent and cautioned by Charles Raue.

But one may have a question in mind that why H N Guernsey was in favour of keynote symptoms? The author reflects on the need of keynote symptoms felt by H N Guernsey as it was born out of the perception while teaching materia medica to the students of

Hahnemann Medical College of Philadelphia. The students faced problems of understanding and applying materia medica. Further, H C Allen was big advocate of the keynotes. Both G N Guernsey and H C Allen made one thing clear that keynotes are simply suggestive.

The dictionary part covers vocabulary along with indicated remedy inside the bracket and the meaning of term. If there is further reference or classification of the term that is also covered for better understanding. Alphabetical order of terms is followed in the dictionary.

The next section is on help for further study of *Allen's Keynotes* under mental generals, particulars, generals, sensations, time and time modalities, miscellaneous and relationship of remedies. It reduces the pain of going to a particular remedy and searching for a keynote. The user has to locate the keynote under the general or particular and find out the remedy.

Overall, the book is a must have collection for the serious student, teacher, practitioner and follower of *Allen's Keynotes* as the author has made all possible efforts of retaining originality of the book. Author has segregated the keynote symptoms according to the various chapters and sub-chapters. All related symptoms of all medicines have been arranged at one place so that the learning and application part becomes concise, precise, and comprehensible.

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