

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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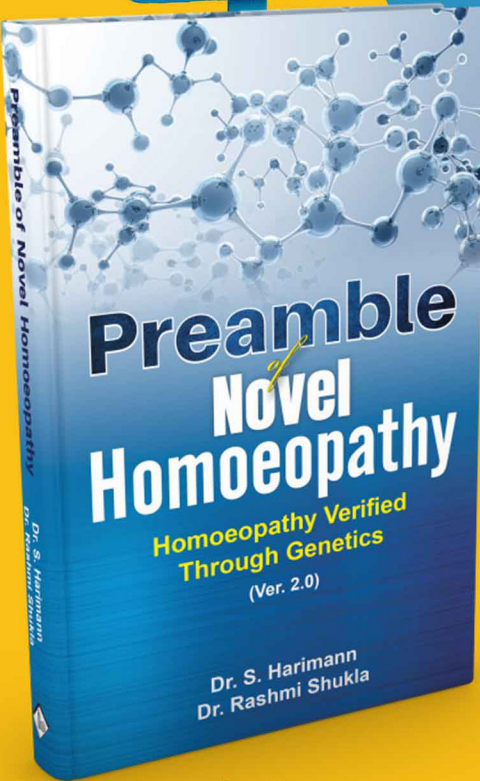
## Tele-Homoeopathy: Current Scenario and Future Possibilities

- Telemedicine in New Perspective of Homoeopathic Health Services in India - A Review
- Tele-Homoeopathy: Current Scenario and Future Possibilities



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# THE HOMOEOPATHIC HERITAGE

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Dear Readers,

**We present to you this upgraded and updated issue to spark your interest in the latest advancements in the field of telecommunications which have recently invaded the medical arena**

Breezing through the NASA website, exploring the latest happenings in space out of sheer interest, I stumbled upon an article that stated- "In the early 1970s, NASA partnered with the Papago (now Tohono O'odham) Nation of southern Arizona to establish the Space Technology Applied to the Rural Papago Advanced Health Care (STARPAHC) project. This effort proved to be an important step in developing the techniques needed to deliver health care in remote locations."

While this project was being given a serious thought by researchers, doctors and those placed at administrative positions in the governing bodies around the world, our rich commonsensical notion of a typical medical consultation still prevailed, withering the development of the concept of digital healthcare which had not picked pace yet.

The catalyst for the re-emergence of telemedicine, tele-health and tele-care, terms often used interchangeably, was the recent COVID -19 pandemic which compelled the shattering of our idea of a conventional medical consultation involving in-person meeting with a doctor, physical examination, and investigation.

Not only had the world swiftly shifted to the new reality but also accepted the metamorphosis of the dynamics that it shared with its healthcare providers, only partly warm-heartedly though. The paradigm shift from the system of visiting a doctor at his clinic or in a hospital, and being physically examined and investigated to the new technology-based medical treatment has on one hand enabled patients, and health care seekers to access medical care from miles away by allowing telephonic/video communications to qualify as valid medical consultations and on the other hand, enabled physicians to practise across state lines, and national boundaries. While this is a proof of the gradual influx of globalization into the medical world, telemedicine also faces strong reluctance from people especially in the developing nations where privacy of communication via electronic medium is seen with suspicion by many.

In March this year, The Hindu reported that the Union government formally outlined a proposed version of the Digital India Act 2023, the legisla-

tive framework that would replace the Information Technology Act, 2000. The proposed law highlights the rights of digital users. And the question that concerns us most in the medical world is the right to secure electronic communication.

Recently, The Lancet in one of its articles titled 'Paradox of telemedicine: building or neglecting trust and equity' (DOI: [https://doi.org/10.1016/S2589-7500\(22\)00100-5](https://doi.org/10.1016/S2589-7500(22)00100-5)) highlighted that the access to and the ability to successfully deliver telemedicine varies widely across countries as well as within a country due to the existent disparities in the affordability of the prerequisites for both the access and delivery of telemedicine.

Additionally, the article emphatically stated - "In a discipline like medicine, which is equally humanistic as it is technical, both physical and emotional care are necessary to achieve optimal health outcomes and bolster patient-clinician relationships. These findings highlight the need to prioritise a more empathetic, patient-centered focus in the current deployment of telemedicine." A homeopath cannot agree more with the statement. The very foundation of homeopathy is laid upon the elements of trust and an emotional connect between the physician and his patient.

In the current scenario, however, the Indian government formulated guidelines for homeopathic physicians and all others who practice medicine under the umbrella of the AYUSH ministry. Similarly, in France, while telemedicine has been permitted for 20 years, in the wake of COVID -19, virtual consultations are now fully reimbursed by the French Social Security compared to the 70% coverage which was provided prior to the pandemic. As far as the future of telemedicine, particularly tele-homeopathy is concerned, prompt adoption of policies to promote telehealth might have been a hasty solution to the pandemic but is certainly not a thing of permanence. For telemedicine to be successful in the long run, we must bring order in healthcare sector and technology sector simultaneously. Scaling up the strictness of telehealth policies, upskilling of medical professionals in the use of digital interface and technology, structuring of the existing three or four tier healthcare system, and building sound and secure telecommunica-

tion systems is the need of the hour. In homeopathy particularly, conversations between the doctor and patient go beyond just professional into the personal domain of the patient which demands a secure communication system in addition to safe recording of data.

In conclusion, telemedicine has erased the space and time between a doctor and a patient, making access to healthcare easy, and it is also a promising solution to the increasing burden on the primary healthcare providers of which homeopaths form a part. The physician can assess on call/video which of the patients seeking telecare require urgent care, examination, or referral and do the needful without the patient having to approach primary healthcare setup and then being referred to the secondary or tertiary tier. This saves time, and energy on both ends making the system far more efficient.

As homeopaths, we must update ourselves with the latest developments in the field of medical telecommunication so as to stay at par with our allopathy and ayurveda counterparts. Being well-versed with technology helps us maintain efficiency in our work and stay safe from negligent acts that might land us in judicial hands.

## A Quick Word on Issue Content

With a major facelift in terms of design and layout, this issue of The Homoeopathic Heritage is devoted to 'Tele-Homoeopathy: Current Scenario and Future Possibilities'. It is our sincere effort to bring to our readers, the various aspects of telecommunication that has recently invaded the medical field particularly homeopathy. Featuring a distinct column by Dr Vatsala Sperling called 'In Italics', the issue also presents an informative series on the forgotten heroes of Homeopathy called Stalwarts' Expedition by Dr Subhas Singh, Director, National Institute of Homoeopathy, Kolkata besides cases and myriad opinion pieces on Tele-Homoeopathy: Current Scenario and Future Possibilities.

We present to you this upgraded and updated issue to spark your interest in the latest advancements in the field of telecommunications which have recently invaded the medical arena and hope that tele-homoeopathy finds its due significance and justifies itself in the modern world of medicine.

**Dr Rashi Prakash**

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

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# Tele-Homoeopathy: Current Scenario and Future Possibilities

*Dr Yogesh Dhondiraj Niturkar*

## INTRODUCTION

World Health Organization defines telemedicine as the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of diseases and injuries, research and evaluation, and the continuing education of health care workers, with the aim of advancing the health of individuals and communities.”[1]“Tele” is a Greek word meaning “distance” and “mederi” is a Latin word meaning “to heal”. Time magazine called telemedicine “healing by wire”. Although initially considered “futuristic” and “experimental,” telemedicine is today a reality and has come to stay. It has a variety of applications in patient care, education, research, administration and public health.[2]It is rapidly evolving to provide access to high-quality healthcare services that are efficient and cost-effective, especially since the recent outbreak of COVID-19 pandemic. [3] Telemedicine can enhance healthcare for India’s population which is predominantly rural. Key trends driving use of technology in healthcare include Digital India Mission enabling wider technology adoption by masses, deeper penetration of smartphones and mobile apps, internet connectivity and cheaper data plans.

## Applied Aspect

India’s digital health policy advocates the use of digital tools for improving the efficiency and outcome of healthcare system and lays significant focus on the use of telemedicine services especially in the Health and Wellness centres at the grass root level wherein a mid-level health care provider/health worker can connect the patient to the doctor through technology platforms for providing timely and best possible care. In 2020, the Govt. of India had launched Ayushman Bharat Digital Mission (ABDM) which aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of health care ecosystem through digital highways. The vision of ABDM is to create a national digital

health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information. Its prime objectives are

(a) to strengthen the accessibility and equity of health services, including continuum of care with citizen as the owner of data, in a holistic healthcare programme approach leveraging IT & associated technologies and support the existing health systems in a ‘citizen-centric’ approach,

(b) attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and encouraging health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. [4]

The COVID-19 pandemic prevented people from accessing medical care in person; in such a scenario, telemedicine emerged as a boon. Telemedicine helped to increase the availability of homoeopathy during the pandemic. To ensure effective management of COVID-19 and its associated impact, telemedicine practice guidelines for homoeopathy were formulated by the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) with an objective to enable registered homoeopathic practitioners (RHPs) to safely provide healthcare by using telemedicine. [5]

Homoeopathy being a holistic system of medicine has been benefiting people for their health problems. Telemedicine can help to increase the availability of homoeopathy to the level where health care is difficult to reach. Telemedicine can play a particularly important role in cases where there is no need for the patient to physically see the RHP (or other medical professional), e.g. for regular, routine check-ups or continuous monitoring.

toring. Homoeopathic telemedicine/ teleconsultation will enhance primary health care immensely. Tele - homoeopathic consultation should not be anonymous: both patient and the Registered Homoeopathic Practitioner (RHP) need to know each other's identity. Multiple technologies can be used to deliver telemedicine consultation.<sup>[7]</sup>

There are three primary modes viz.

- (1) Video: telemedicine facility apps, video chats etc.,
- (2) Audio (phone or VOIP i.e. voice over internet protocol),
- (3) Text: specialized chat based telemedicine smartphone apps, SMS, websites, messaging systems e. g. Whatsapp, Google Hangouts, FB Messenger,
- (4) Asynchronous mode: email, fax, recordings etc.)

Patient consent is necessary for any telemedicine consultation. The consent can be implied or explicit. If the patient initiates the telemedicine consultation, then the consent is implied. An explicit patient consent is needed if a health worker, RHP or a caregiver initiates a telemedicine consultation. RHP would use his/her professional discretion to gather the type and extent of patient information (history/examination findings/investigation reports/past records etc.) required to be able to exercise proper clinical judgment. This information can be supplemented through conversation with a healthcare worker/provider and by any information supported by technology-based tools. There are two types of patient consultations, namely, first consult and the follow-up consult. An RHP may have only a limited understanding of the patient seeking teleconsultation for the first time when there has been no prior in-person consultation. However, if the first consult happens to be via video, RHP can make a much better judgment and hence can provide much better advice including additional medicines, if indicated. On the other hand, if a patient has been seen in-person earlier by the RHP, then it is possible to be more comprehensive in managing the patient. If the patient presents with a complaint which the RHP identifies as an emergency condition necessitating urgent care, the RHP would then advice for first aid to provide immediate relief and guide for referral of the patient, as deemed necessary. If the condition can be appropriately managed via telemedicine, based on

the type of consultation, then the RHP may proceed with a professional judgment to:

- (1) Provide health education as appropriate in the case; and/or
- (2) Provide counselling related to specific clinical condition; and/or
- (3) Prescribe medicines.

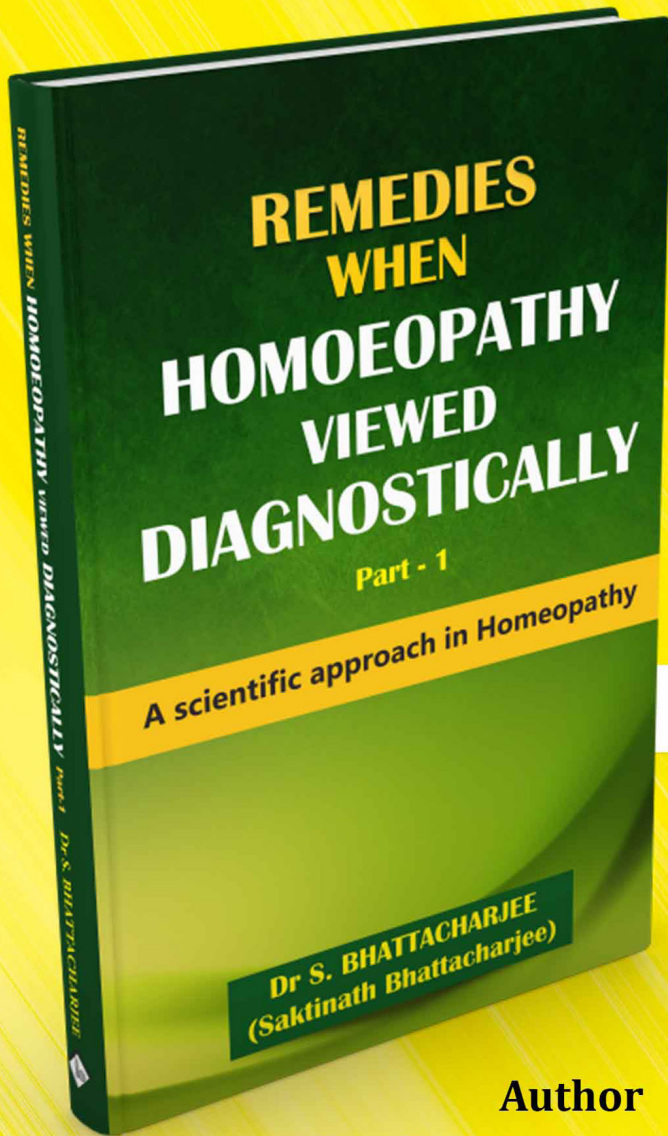
RHP should maintain digital log or record of telemedicine interaction (e.g. phone logs, email records, chat/ text record, video interaction logs etc.). Patient records, reports, documents, images, diagnostics, data etc. (digital or non-digital) utilized in the telemedicine consultation should be retained by the RHP. Specifically, in case a prescription is shared with the patient, the RHP is required to maintain the prescription records as required for in-person consultations. Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective: RHP may charge an appropriate fee for the telemedicine consultation provided.<sup>[6]</sup>

## CONCLUSION

Telemedicine can provide an optimal solution for not just providing timely and faster access. It also reduces the inconvenience/impact to family and caregivers and social factors. It can play a particularly important role in cases where there is no need for the patient to physically see the RMP (or other medical professional), e.g. for regular, routine check-ups or continuous monitoring. It cannot be feasible in all medical conditions but still it can play a significant role in providing medical help through distance in difficult situations or impossibility of having a real time offline consultation.

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

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Author

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

# Dr Samuel Hahnemann: The Observer, The Disseminator, The Assailer, The Experimenter

Dr Subhas Singh, Dr Niharika Shaw, Dr Dinesh Sura, Dr Vignesh Kumar S., Dr Soni Abhishek M.

## EARLY YEARS

Dr Christian Friedrich Samuel Hahnemann was born on 10<sup>th</sup> April 1755 in a small family of porcelain painter in Saxony town of Meissen in Germany to Christian Gottfried Hahnemann and Johanna Christiana. He first went to Town school in 1767 and then to Prince's school at 16 years of his age. This young little genius delivered a speech on *'The wonderful construction of human hand'* in his school leaving ceremony in 1775. Hahnemann's father sent him to Leipzig for higher studies with only 20 thalers in his pocket. Hahnemann was a polyglot who knew several languages of his time so he managed his further finances by teaching different languages to his fellow students. He started his medical studies from Leipzig University and completed his master degree from Erlangen University in 1779. His subject of thesis was *'A consideration of aetiology and therapeutics of spasmodic affections'*. Hahnemann, ready to serve the ailing mankind, soon started practising at Hettstedt and later moved to Dessau for better exposure and opportunities in 1781. It was during this time that he started realising the futility of the then existing system of medicine. Meanwhile, he started growing his interest in chemistry and published many of his translation works on chemistry like *'On Arsenic poisoning'* (1786), *'Complete mode of preparing the soluble mercury'* (1790), *'Ascertaining the purity of wine and of drugs'* (1792) and original works like *'Pharmaceutical Lexicon'* (1793-1795) and *'What are poisons, what are remedies'*. After discovery of treatment on the basis of symptom similarity while translating Cullen's *Materia Medica* in 1790 he dedicated the rest of his life for establishing the system of medicine which he named 'Homoeopathy'. Hahnemann took his last breath in the early hours of 2<sup>nd</sup> July, 1843. While establishing this new system of medicine Hahnemann faced many challenges. Let us look at

these challenges from Krauss's point of view.

## Life and Work

Dr James Krauss in Introduction to 6<sup>th</sup> Edition of *Organon of Medicine* gives adjectives to four epochal figures in history of medicine namely **Hippocrates, the observer; Galen, the disseminator; Paracelsus, the assailer** and **Hahnemann, the experimenter**. But if we look at Hahnemann, he owned all the above mentioned four qualities by himself. Let us look into his life and work through this lens.

### • Hahnemann, The Observer

Hippocrates- the observer, simply compiled symptoms and natural course of all the disease conditions he observed in different patients. He then assailed the pre-existing notion of superstition and religion associated with disease and established the relationship between disease and its treatment with medicine. Similarly, our master Dr Samuel Hahnemann observed the action of bitter Cinchona on himself in 1790 while translating Cullen's *Materia Medica* and established the relationship between disease and its treatment with the Law of Similia. Hahnemann was a keen observer; after six years of exhaustive search, research, study and observation on natural laws and cure, he published his first article on Homoeopathy in 1796 in Hufeland's Journal titled *'An essay on a new principle for ascertaining the curative powers of drugs and some examinations on previous principles'*.

Next few years, he closely observed actions of various other drugs on healthy human beings and published *'Fragmenta De Viribus Medicamentorum Positivis Sive In Sano Corpore Humano Observatis'* and *'Medicine of Experience'* in 1805 in which he mentions his various observations about drug actions, disease and nature's way of curing the sick with similar and dissimilar properties. Both these

works further led to the birth of Hahnemann's two greatest works- *Organon of Medicine* from *Medicine of Experience* and *Materia Medica Pura* from *Fragmenta De Viribus*. Hahnemann published his magnum opus '*Organon of Medicine*' from 1810 till 1833 in 5 volumes. Its 6<sup>th</sup> edition was published 84 years after his death in 1921 by Dr. R. E. Dudgeon. Each subsequent edition was enriched with his minutest observations about sickness, knowledge of physician, general guidelines for physicians, surgical and therapeutic cures, drug proving on healthy human beings, mental and intermittent diseases and other modes of treatment. In the 4th edition of *Organon of Medicine*, he introduced the 'Theory of Chronic Disease' and described fundamental causes (Psora, Sycosis and Syphilis) of chronic diseases which hinder in its total recovery.

Other greatest contributions by Hahnemann to medicine are '*Theory of Vital Force*' and '*Theory of Drug Dynamization*' through succussion and trituration mentioned in the 5<sup>th</sup> edition of *Organon*. To correlate it scientifically, we can read various recent in-vitro research studies and clinical trials in Homoeopathy. *Materia Medica Pura* published in 6 volumes from 1811-1821 contains detailed symptomatology of different drugs observed on healthy human beings by Dr Hahnemann and his followers after taking the medicine.

#### • **Hahnemann, The Disseminator**

Galen disseminated the Theory of Contraria announced by Hippocrates because he mastered it. It was easy to read and practise the law of '*Contraria Contrariis Curentur*' and so it led to its popularity. But our master Dr Hahnemann disseminated which was true and which was perfectly in harmony with nature's law of cures and established *Law of Similia* based not just on his conceptional observations but proving his each and every concept by giving examples from nature or his own conducted experiments. Hahnemann has also written and tried to spread awareness about preventive and social medicine, epidemics (which were frequent in his time), individualised dietetics, treatment of disabilities and fevers in his article '*The Friend of Health*' in 1792 and 1795.

#### • **Hahnemann, The Assailer**

Paracelsus was the greatest assailant of his time about the existing method of treatment and se-

verely criticized dry scholasticism of Aristotle, Galen and Avicenna. Similarly, our master Dr Hahnemann condemned and criticized harsh, futile and violent methods of treatment like blood-letting and use of leeches prevalent at that time under Broussseau's method of treatment in his *Medicine of Experience* and *Organon of Medicine*. Hahnemann also attacked the irrelevant surgical operations used for removal of warts and abuse of mercury in treatment of bubo and venereal diseases in his article Instruction for surgeons to respect venereal diseases in 1789 and suggested use of only pure mercury preparation for their treatment. He was also against the cruel torturing treatments and methods available at that time for mental patients. It was our master who first said that insanity should not be treated in asylums and milder treatments through medicine should be made available for them.

#### • **Hahnemann, The Experimenter**

Master Hahnemann was one of the first experimenter in medical science as he inducted all his conceptional observations observed in nature's ways of curing. Starting from proving Cinchona on himself by taking 4 drachm of Cinchona bark infusion twice daily for 2 days he discovered Cinchona does not cure chills with rigor because it is bitter in taste but because it can produce such symptom in healthy human being. The whole *Materia Medica Pura* is a perfect example of his experimentation. He was first in the history of medicine to prove medicines on healthy human beings and disregarded the use of Doctrine of Signature and animal experiments in his *Organon of Medicine* as well as in *Medicine of Experience*. The experimenter in him kept him interested in chemistry and he invented the preparation of pure, soluble mercury about which he mentions in one of his article **Instructions for Surgeons Respecting Venereal Diseases Together with New Mercurial Preparation** in 1789 for treatment of venereal diseases rather than its local application.

Dare to be Wise

In true scientific spirit, Hahnemann established a new system of medicine purely based on logic. Medical science is a constantly changing and evolving system. Homoeopathy has stood the test of time and remains unchanged in its basic tenets because

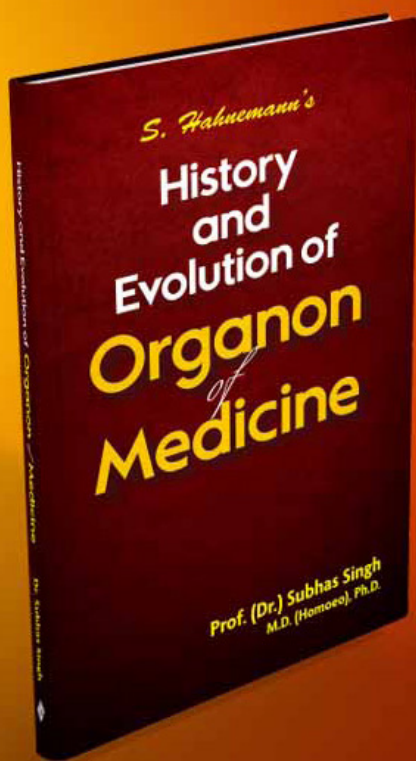
although it was propounded by conceptional ideas of Hippocrates, it is well induced and backed by scientific experiments conducted by Hahnemann. Scientists nowadays are trying to find the root cause of these diseases at cellular and molecular level by studying biochemistry etc. whereas Hahnemann gave this system of medicine 200 years ago which works at cellular level. His last words were- 'I have not lived in vain' because the only motto he followed in his life was 'Dare to be Wise'.

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3. **Dr Dinesh Sura**, PGT, National Institute of Homoeopathy, Kolkata
4. **Dr Vignesh Kumar S.**, PGT, National Institute of Homoeopathy, Kolkata
5. **Dr Soni Abhishek M.**, PGT, National Institute of Homoeopathy, Kolkata

## Ever got curious to know about the background study of Organon?

Its evolutionary process, chronology of its translations?



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# Practice of Tele- Homoeopathy Through Hahnemannian Principles and its Application in the Present Scenario

*Dr Vandana Gupta, Dr Sapna Nagwar, Dr Tanushree Das Gupta*

## ABSTRACT

Tele-homeopathy provides homeopathic care remotely, usually via video or audio chat. Tele- homeopathy provides a wide range of benefits which is accessible to both patients and doctors. It has been very beneficial during COVID -19 pandemic throughout the country. In this article, we are trying to convey that through tele - homoeopathy we can make medical assistance accessible by the use of Dr Hahnemann's basic principles of homoeopathy. In the present scenario, tele -homoeopathy is widely used in the medical field due to its easy accessibility and cost-effectiveness.

**Keywords:** tele-homeopathy, COVID-19, Hahnemannian principles, similimum, remedy

## INTRODUCTION

Tele-Homoeopathy involves providing medical assistance and treatment through an easily accessible telecommunication network of physicians, assistants, and technicians. It enables connectivity between the patient, doctors, and specialists through interactive audio and video conferencing with all the patients' records and their medical investigational reports 1 at one place.

Telemedicine helps to enhance the availability of homoeopathy to the areas where there is no need for the patient to physically visit the physician or other medical professional for routine check-ups and continuous monitoring.

Tele homeopathy will enhance primary health care immensely.<sup>[2]</sup>

Homoeopathy is a holistic system of medicine that has been benefiting people with health problems. Telemedicine can help increase homeopathy's availability to the level where health care is difficult to reach. Telemedicine can play a particularly important role in cases where there is no need for the patient to physically see the doctor (or another medical professional), e.g. for regular,

routine check-ups or continuous monitoring. Homoeopathic telemedicine / teleconsultation will enhance primary health care immensely. India's digital health policy advocates the use of digital tools for improving the efficiency and outcome of the healthcare system and lays significant focus on the use of telemedicine services especially in the health and wellness centres at the root level wherein a mid-level healthcare provider/health worker can connect the patient to the doctor through technology platforms for providing timely and best possible care. The lack of clear guidelines has created significant ambiguity for registered medical professionals of the homoeopathic system raising doubts about the practice of telemedicine.

## Purpose

1. The purpose of these guidelines is to enable homoeopathic practitioners to use telemedicine tools. This will be done by providing information as well as training which will be updated from time to time in the coming years. Telemedicine will continue to grow and be adopted by more healthcare practitioners and patients in a wide variety of forms.

2. These guidelines will give practical advice to registered homoeopathic practitioners their normal practice as well as in disasters and pandemics which pose unique challenges to providing healthcare.
3. Practice of telemedicine can prevent the transmission of infectious diseases reducing the risk to both doctors and patients by avoiding social contact. These guidelines will provide norms and protocols relating to doctor-patient relationship issues of liability and negligence, evaluation, management and treatment, informed consent, continuity of care, referral for emergency services, medical records, privacy and security of patient records, and exchange of information, describing and reimbursement, health education, and counselling.
4. Telemedicine will not only encourage social distancing in special situations of epidemics and pandemics but talking to doctors will also allay their anxiety in the situation of complete lockdown.

#### Advantages of Telemedicine<sup>[3]</sup>

1. Telemedicine provides patient safety as well as doctor's & health worker's safety, especially in situations where there is a risk of contagious infections. A telemedicine visit can be conducted without exposing staff to viruses/ infections at the time of such outbreaks.
2. Telemedicine provides rapid access to medical practitioners who may not be available in person.
3. Telemedicine will not only encourage social distancing in special situations of epidemics and pandemics but talking to doctors will also allay their anxiety in the situation of complete lockdown.
4. With telemedicine there is a higher likelihood of maintenance of records and documentation. Written documentation increases the legal protection of doctors as well as patients.
5. Telemedicine, when effectively used, reduces the burden on the secondary health care system.

6. Telemedicine is useful for a regular routine check-up on continuous monitoring and minimizes gaps in timely follow-ups.

#### Basic Hahnemannian Principles of Homoeopathy<sup>[4]</sup>

1. Law of Similia
2. Law of Simplex
3. Law of Minimum Dose
4. Doctrine of Individualisation
5. Doctrine of Drug Dynamisation
6. Doctrine of Vital Principle
7. Doctrine of Drug Proving

- Dr Hahnemann in aphorism 102 of *Organon of Medicine* has written about "Genus Epidemicus".
- He has explained that all the epidemics differ from each other.
- According to him, the totality of the whole epidemic is formed by the case taking of several patients, even if the disease is contracted from the same source.
- The whole portrait of the epidemic cannot be learned from one patient because homeopathy is based on the Law of Individualisation.<sup>5</sup>
- Various homoeopathic remedies are found effective during the COVID-19 pandemic to treat various symptoms. These symptoms are collected from various patients during the pandemic and the best medicines were chosen on the basis of the totality of symptoms.
- In acute or chronic cases, we can find a similimum remedy by proper case taking or video audio chat by teleconsultation. So, teleconsultation is a modern way to treat patients.



Fig 1: Hahnemannian concept on the principles of homeopathy could be summarised in the above graphic

## First Consult: Patient and Registered Homoeopathic Practitioner

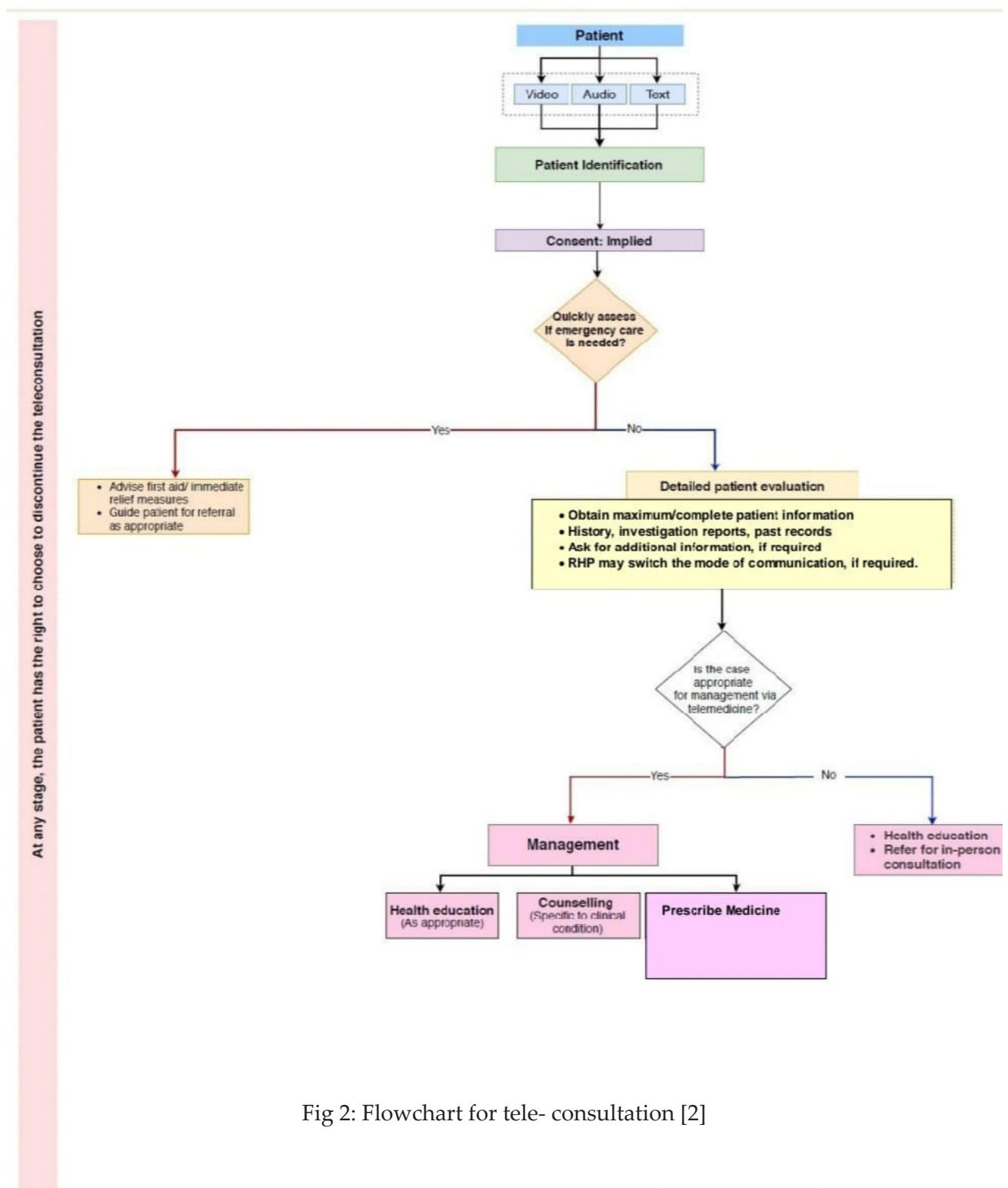


Fig 2: Flowchart for tele- consultation [2]

## CONCLUSION

Thus, tele homeopathy denotes healing from distance. Various information technologies are used for making homeopathy accessible to people residing in every corner of the country and outside the country also.

Homoeopathy is continually evolving as it responds to the changing the response to the changing health needs of society. Telehomoeopathy has become a convenient medical care tool; it is a cost-effective and efficient mode of treatment, especially in the present scenario of the COVID-19 pandemic.

It has been proved to be quick and responsive in preventing and curing patients suffering from COVID-19 pandemic and also has future possibilities in medical health care.

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## In Italics

What does your patient need: Lachesis, Dendroaspis or Lampropeltis?

### About our Columnist



**Dr. Vatsala Sperling**

MS, PhD, PDHom, CCH, RSHom

- Former Chief of Clinical Microbiology services at The CHILD's Trust, a children's hospital in Chennai, India, where she conducted research with the World Health Organization (WHO) and published extensively.
- After moving to the United States, Dr. Sperling pursued an education in homeopathy at Mi-sha Norland's School of Homeopathy, Devon, UK. She continues to study and practice homeopathy in Vermont.
- She volunteers for the National Center of Homeopathy and has served on the board of directors of the North American Society of Homeopaths.
- Author of ten books including The Ayurvedic Reset Diet through Inner Traditions as well as many essays and articles on homeopathy, health, and spirituality

The contemporary practice of looking into the behavior and nature of substances from which remedies are made was proposed by E. A. Farrington, in his book on comparative Materia medica. He emphasized the value of learning about the connection between remedies and the behavior and nature of their source material in the natural world. This idea has been

continued on page.....29

# Tele - Homoeopathy: Past, Present and Future in India

*Dr Twinkle R Raval, Dr Brijal N Patel*

## ABSTRACT

Telemedicine is considered one of the new methods in healing science. But it has very deep roots which originate somewhere in 19<sup>th</sup> century. Its use is increasing day by day mainly after the COVID -19 pandemic where it proved its benefit more than before. Homoeopathy is a science which heals the patient as an individual person and not the disease and that's how it has an edge over any other pathy. In India homoeopathy is the 2<sup>nd</sup> most used medical system with wide spread acceptance among all age group. In today's time every sector including the health sector are becoming digitalized with the usage of technologies. So, the homoeopathic world is also evolving with time with the inclusion of e-consultation or tele- homoeopathy etc. Telemedicine use is increasing in today's time by the patient as well as physician because of the consumption of mobile and internet facilities by larger population. Government of India also supports telemedicine by publishing Telemedicine Practice Guideline which enables registered medical practitioners to provide healthcare using telemedicine.

**Keywords:** alternative system of medicine, government of India, health care, homoeopathy, tele-health, tele-homoeopathy, telemedicine, world health organization.

## INTRODUCTION

Homoeopathy in India is one amongst 7 national medical system which have a growing market at the rate of 25% a year with more than 100 million people who depend solely on this form of therapy for their health care.<sup>1</sup> India is a country which always has affirmed the value of medical pluralism and given national status to all alternative system of medicine. Homeopathy has increasingly gained acceptance among people of all age groups over other systems of medicine like allopathy and ayurveda.<sup>2</sup> In the whole world, homoeopathy has been famous over the centuries and continues to be a preferred system of medicine which has a position of the second-largest system of medicine globally, according to the World Health Organization (WHO).<sup>2,3</sup> In fact, over 84 countries, including India, Germany, Britain, US, France, China, etc., have a flourishing Homeopathic medical system. Among other countries, India leads in terms of having the highest number of people believing in homeopathy as a healthcare system.<sup>2</sup>

A Homeopathy Research Institute (HRI) report states that around 10 crore people completely choose homeopathy for medical care in india.<sup>4</sup> Telemedicine is a new concept which is developing with a lightning speed because of its cost-effective and easy availability which cuts down its waiting time in the hospitals. This concept is not only used by modern medicinal science but also by the alternative systems of medicine like ayurveda & homoeopathy as well as by the nutritionists, physiotherapists, yoga experts and so many others who are following these audio-visual and telecommunication techniques. It helps to reach out to so many patients and resolve their problems and guide them via a single platform.<sup>5</sup> Time magazine called telemedicine as a "healing by wire", although initially it was considered as "futuristic" and "experimental" but in today's time it's a reality which has come to stay.<sup>6</sup> Telehealth was once a term which was limitedly used only to rural or remote communities but it is now increasingly used to expand the geographic reach of health care services and improve access to care because of the factors like convenience,

efficiency, communication, privacy, and comfort which have been identified by patients.<sup>7</sup>

Tele medicine is as simple as two healthcare professionals discussing a case over telephone, or as complex as using satellite technology and video conferencing equipments to conduct a real time consultation between medical specialists across the world which means it's a transfer of expertise and knowledge and not the patient.<sup>8</sup> It is use of the telecommunication technologies to provide medical information and services which is characterized by the type of information sent like radiographs or clinical findings and by the means used to transmit it<sup>9</sup>.

Telemedicine is a delivery healthcare service, used by all healthcare professionals using information and communication technology for the exchange of information – for diagnosis, treatment and prevention of disease and injuries, research and evaluation and continuing education of health workers in the situation where distance is a critical factor<sup>5</sup>. In India it is a very difficult task to provide in-person healthcare because of the large geographical distances and limited resources.<sup>10</sup> There is a dearth of medical professionals in India with 1 doctor for a population of 100 which is a big problem for the country. There are so many organisations which connect doctors to patients by using technologies to provide health care services.<sup>5</sup> Telemedicine also include educational and administrative use of technologies for the support of health care like, distance learning, continuing medical education, training for isolated or rural health practitioners and video conferencing for administrative purpose by using modern information technology, especially two-way interactive audio/video communications, computers, and telemetry<sup>11</sup>. Telemedicine offers one of the best solutions to health care service providers to deliver health care services particularly to the rural and geographically distant populations by bridging the rural-urban divide and distance barrier through the use of information and communication technology.<sup>12</sup>

Telemedicine has become an increasingly viable healthcare delivery alternative because of advancement in information technology and rapidly improving information infrastructure over

the world, including the developing countries to utilize the technology as an economical method to provide expert medical service to patients in remote and awkward locations and to address misdistribution of health care resources.<sup>8,11</sup> Digitization and advancement of technology are growing in the healthcare industry due to which there is a crucial need to build a medical ecosystem of homeopathic medicines along with conventional and natural medicine in India.<sup>4</sup>

Ministry of Communications and Information Technology, Government of India and Department of Information Technology have sponsored several projects for the development and application of telemedicine by recognising the important role of telemedicine in health care services.<sup>12</sup> Telemedicine is today's necessity for easy access to essential and universal health care and to treat remotely located patients.<sup>5</sup>

### Definition

The 2 terms - *telehealth* and *telemedicine* are often used interchangeably. Telehealth is a subset of e-health and the use of telecommunication technology in health care delivery, information and education according to the Health Resources and Services Administration while telemedicine is considered to be under the umbrella of telehealth and refers specifically to clinical services.<sup>7</sup>

Telemedicine, a word which is made up of 2 languages, "*Tele*" – a Greek word means "distance" and "*mederi*" - a Latin word means "to heal".<sup>6</sup>

According to International Telecommunication Union, "telemedicine generally refers to the use of telecommunication and medical technologies to provide any or all of the following forms of information exchange, i.e., data, audio and/ or visual communication between physician and patient or between physician and healthcare professional in geographically separate locations and to facilitate the exchange of information for medical, healthcare, research and/or educational and training purposes. In other words, telemedicine encompasses diagnosis, treatment, monitoring, expert advice, patient information and education."<sup>8</sup>

World Health Organisation has adopted a comparatively broad definition as, "the delivery of

healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities, [WHO 1997].”

The term telemedicine was coined in the 1970s which literally means “healing at a distance” which signifies the use of ICT to improve patient outcome by increasing access to care and medical information.<sup>13</sup>

According to NEJM Catalyst, telehealth is defined as “the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunication and digital communication technologies”.<sup>10</sup> Telemedicine system is made up of an intersection between hardware, software and a communication channel to eventually bridge two geographical locations to exchange information and enable tele consultancy between two locations where hardware consists of a computer, printer, scanner, video conferencing equipment etc. and software consist for the acquisition of patient information.<sup>6</sup>

### History of the Telemedicine

Wittson and colleagues were the first one who employed Inter active television [IATV] for medical purposes in 1959 by using a microwave link for tele- psychiatry consultations between the Nebraska Psychiatric Institute in Omaha and the State Mental Hospital 112 miles away.<sup>9</sup> Telemedicine can be traced back to the mid to late 19th century with one of the first publication in the early 20th century when electrocardiograph data were transmitted over telephone communication. It started in its modern form, in the 1960s in larger part by the military and space technology sectors, as well as a few people using readily available commercial equipment.<sup>13</sup> The National Aeronautics and Space Administration (NASA) played very extensive part in the early development of telemedicine.<sup>6</sup> In 2005, WHO’s e- health resolution focuses on strengthening health sys-

tems in countries by the use of e- health which includes building public-private partnerships in ICT development and categorization for health, supporting capacity building for the application of e- health in member states and the Development and Adoption of Standards.<sup>13</sup> Doctor Global Ltd. was one of the first online medical consulting services in the world which began in April 1999.<sup>15</sup>

### Telemedicine in India

In Eden, every citizen may have an immediate access to the appropriate specialist for medical consultation but in the real world however, this can’t be even called as a dream. In today’s time even total primary medical care is also not available in rural part of India. Even suburban and urban areas don’t have sufficient secondary or tertiary medical care. In contrast to this scenario in healthcare field, the computer literacy is developing faster in India, so, even the healthcare providers are also now looking at telemedicine as their new tool. The Apollo group of hospitals was a pioneer in starting a pilot project at a secondary level hospital in a village named Aragonda, Andhra Pradesh. In the past three years, ISRO’s telemedicine network has been expanded to connect 45 remote and rural hospitals and 15 super specialty hospitals which include the islands of Andaman and Nicobar and Lakshadweep, the mountainous and hilly regions of Jammu and Kashmir including Kargil and Leh, Medical College hospitals in Orissa and some of the rural / district hospitals in the mainland states. Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS) Calcutta, Narayana Hrudayalaya (NH) Bangalore, Hewlett Packard, Indian Space Research Organisation (ISRO) and the state governments of the seven North Eastern states of India sponsored the telemedicine a “non-profitable” project. In the past two years, the pilot project on telemedicine in Karnataka has already provided more than 10,000 teleconsultations while in the operational phase this expected to bring multi-specialty healthcare to a significant section of the rural population of Karnataka which would serve as a model for the utilization of ‘HEALTH-SAT,’ which is proposed for launch in the future. Union Health Ministry’s National Telemedicine Service – E -Sanjeevani has completed 6 million (60 lakh) consultations through more than 375 online OPDs with over 40,000 patients consulted by

1600 doctors and specialists on a daily basis using innovative digital medium to seek health services. In present times, the National Telemedicine Service is operational in 31 states/union territories.<sup>18</sup> Likewise in the field of homoeopathy e-consultation has started to flourish.<sup>17</sup>

In India, telemedicine programmes are actively and enthusiastically supported by<sup>6</sup>:

- Department of Information Technology (DIT)
- Indian Space Research Organization
- NEC Telemedicine program for North-Eastern states
- Apollo Hospitals
- Asia Heart Foundation
- State governments
- Private organization

## CONCLUSION

Tele medicine is today's times is required to handle patient and their health care need mostly in the rural areas. It will help healthcare provider to reach out to the most geographically unreachable area easily by means of technology. Homoeopathic physician has also started to use this technology to communicate with their patient to whom they can help them more easily and effectively. Telemedicine or telehealth or tele - homoeopathy is one of the best alternatives at the instance where time is a crucial factor. Health infrastructure needs modern technologies to grow as well as empirical roots to stay connected without losing its originality.

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# Tele-Homoeopathy: Current Scenario and Future Possibilities

*Dr Swati, Dr Khushboo Gupta, Dr Itti Mishra*

## ABSTRACT

The urbanization is growing very fast especially in developing countries like India. Tele-homoeopathy can play a vital role to boost healthcare services in remote areas which considers not only the affordability of medicine but also treatment according to the natural law as Homoeopathy is based on fixed principles such as Law of Similia, Law of Minimum etc. Tele-homoeopathy came in limelight during COVID-19 pandemic when doctors were able to hold the necessary distance from potentially infectious patients while staying in touch digitally. Tele-Homoeopathy can also be used as a preventive mode of treatment. Its practice can prevent the transmission of infectious and communicable diseases, reducing the risk to both doctors and patients by avoiding social contact. Telemedicine can also help to increase availability of Homoeopathy medicine to the places where health care is difficult to reach promptly.

**Keywords:** tele-homoeopathy, tele-medicine, preventive, urbanization, COVID-19, law of similia, NASA

**Abbreviations:** National Aeronautics and Space Administration (NASA)

## INTRODUCTION

“Tele” is a Greek word meaning “distance” and “mederi” is a Latin word meaning “to heal”.<sup>1</sup> Time magazine called telemedicine “healing by wire”. Initially it was considered as “futuristic” and “experimental”. Today telemedicine is a reality and appears to stay longer.<sup>1</sup>

Telemedicine can play an important role particularly in cases where the examination of patient does not require physical presence to the routine health practitioners (or other medical professionals), e.g. for regular, routine check-ups or continuous monitoring.

Homoeopathy medication services through telemedicine / tele-consultation will enhance primary health care immensely.<sup>2</sup>

The National Aeronautics and Space Administration (NASA) played an important part in the early development of telemedicine. NASA's efforts in telemedicine began in the early 1960s when humans began flying in space. In 1989, NASA conducted the first international telemedicine program, Space Bridge to Armenia/Ufa.<sup>1</sup>

Telemedicine has the potential to make health care more effective, organized, and available. It plays a pivotal role towards vulnerability of doctor's physical and mental health. It allows medical practitioners for optimized workload planning, improving your physician's work-life balance. Homoeopathy is growing faster than any other medical system comes under AYUSH department/Ministry with annual growth rate of 26.3%.<sup>3</sup> Globally it is the 2<sup>nd</sup> most popular mode of medication system. The accessibility of homoeopathy has increased specially due to telemedicine which was shown during COVID 19 outbreak.

### Merits of Tele-Homoeopathy

- Telemedicine helps to expand patient base.
- Physical presence for taking any appointment, advice or consultation becomes annoying sometimes due to non availability of either doctor or staff which results in time lost and frustration of the patient (due to stress taken because of travelling cost & exertion, family care) and the attendant as well as for the doctor who have lost the opportunity to reach

out to a new patient.

- The patient base can be increased exponentially, as tele-homoeopathy allows for easy access and scheduling of appointments. In a cross-sectional survey, 52.5% of clinicians were convinced that virtual visits provide higher efficiency, while quality remains equal to that of in-person visits.
- Tele-homoeopathy has increased catchment area of hospitals, by providing flexibility and availability of patients in emergency situations through telecommunication.
- It helps elderly patients or children to have support from their adult family members during the virtual visit.<sup>4</sup>
- Getting second opinion or cross opinion has become easier in today's life as virtual presence of the consultant can be demanded and vice versa.
- Tele homoeopathy helps to increase patient adherence especially in chronic cases where a long term follow up is required which becomes easy due to frequent follow up, less waiting time, assured treatment by desired physician. A fully satisfied patient will improve fast and will come back again.
- Digitalization has helped us in better treatment outcomes and improves the quality of life. It has reduced the time wastage, error, and uncertainty in prescription with easy follow up and monitoring through homoeopathic softwares like RADAR, ZOMEIO, SYNERGY.
- Tele-homoeopathy has improved patient satisfaction by better follow up leading to reduction in complications and disease progression. Ultimately patient gets promising health.
- Tele-homoeopathy minimizes unnecessary expenses e.g Reception/help desk, examination room, waiting area, staff expenses especially at large scale set up etc.

### Current Scenario and Future Possibilities of Tele-Homoeopathy

After passing of the COVID-19 pandemic, a new era has evolved in the field of homoeopathy which has taught us that tele-homoeopathy can be a way to treat critical cases or when patient is at a remote area or in a condition where to meet a trusted or

required doctor is not feasible.

A virtual consultation, follow up, advice can be taken which give us a new branch of homoeopathy as tele-homoeopathy. During this tough time, we learnt about many challenges which we faced in medical field. To be ready for future challenges of any such pandemic or epidemic, we all need to work out these shortcomings. This will not only serve nation better but also make us ready for future disaster.

As homoeopathy is based on symptom similarity, a homoeopath sitting miles away can treat all the cases. By this way, homoeopathy would rank high leaving other system behind.

Tele-homoeopathy will enhance primary health care immensely and will serve the society in a much better way which will help to boost up a healthy nation mission.

### Challenges<sup>1</sup>

- The communication & technology costs are expensive which requires moderate to high financial support.
- Although, getting an E-homoeopathic prescription is quite easy for the patient but still there is confidence lacking in patient due to fear & unfamiliarity.
- Problem arises when patient does not cooperate on audio or visual talk, as they want keynote medicine prescription which is not possible in homoeopathy every time.
- Sometimes, doctors are unable to satisfy and convince the patient through visual consultation like psychiatric patients etc.
- In India, nearly 40% of the population lies below the poverty level, hence the affordability of telemedicine becomes the problem.
- Literacy in India also lags behind, so patients from lower education background may face difficulty in using telemedicine.
- To practice tele-homoeopathy and record maintenance, we require various software, hardware and proper internet connection for communication, diagnosis and repertorisation of cases, which still needs availability and up gradation.

- Somehow, quality gets hamper as physical examination is hypothetical in tele-medicine which is mandatory many times in medical field. As telemedicine is controlled by small organization or physician himself, so no mandatory general rules and regulation are being followed which results in compromising the of medicine prescribing.
- Tele-homoeopathy lacks proper government support especially in infrastructure, technology, awareness program at primary level which needs care and support, time to time for long run.

## CONCLUSION

Tele-homoeopathy is not a different form of medication; it is just an adaptation of technology in the process of diagnosis, consultation, and prescription in medical system. This enables practitioners to serve patient from distance. This inclusion has taken homoeopathy to new horizons. Its availability through technology has increased its reachability.

Tele homoeopathy or e-homoeopathic prescription has both pros & cons as well on both the sides i.e. physician as well as patient. In emergency condition it becomes a boon for patient, sometimes like a miracle where doctors can attend sudden cardiac arrest, paralysis and stroke, infectious and communicable disease at a distance.

But sometimes, patient does not cooperate even

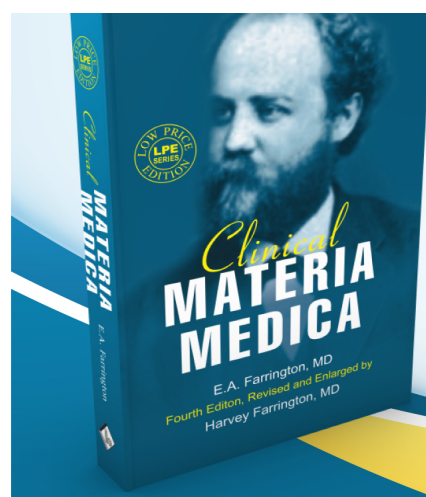
on audio or visual, as they want medicine for the disease. If we overcome such challenges (monetary benefits, upgraded technology with easy handling, awareness) homoeopathy can serve the society in a better way. Undoubtedly this advancement in technology has increased patient adherence, their satisfaction and proper follow ups practices.

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# Tele-Homoeopathy: Current Scenario and Future Possibilities

*Dr Padhy P, Dr Satapathy D, Dr Khatoon N*

## ABSTRACT

Telemedicine is a relatively new concept in the world of internet. It develops with lightening speed. In 1925, a cover illustration of the Science and Invention magazine featured an odd invention “teledactyl” by Dr. Hugo Gernsback. This tool would use spindly robot fingers and radio technology to examine a patient from a far and show the doctor a video feed of the patient. One of the successful telemedicine project funded by the government was called the Space Technology Applied to Rural Papago Advanced Health Care (STARPAHC), a partnership between NASA and the Indian Health Services. In COVID-19 pandemic, telemedicine emerged as a boon. Also telemedicine helped to increase the availability of homoeopathy.

**Keywords:** telemedicine, technology, COVID-19 pandemic, homoeopathy

## INTRODUCTION

Telemedicine means ‘healing at a distance.’ It uses information technology for improving patient outcomes by increasing access to healthcare and medical information. As this science responds and adapts to the changing health needs and contexts of societies, it is continuously evolving.<sup>1</sup> It is increasingly becoming a tool for convenient medical care.<sup>2</sup> Telemedicine is efficient and cost effective. It permits a two-way, real-time interactive communication between the patient and the physician who may be at a distance.<sup>3</sup> Telemedicine is a rapidly expanding technology that is one of the forces transforming our health care delivery system. It is an innovation whose time has come and it will change the way we think of and practice our system of medicine.<sup>4</sup>

### Definition of Telemedicine

According to World Health Organization “The delivery of health-care services, where distance is a critical factor, by all health-care professionals using information and communication technologies for the exchange of information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and the continuing medical education with the aim of advancing the

health of individuals and communities.” Telemedicine would also take care of situations where urgency is an essence, non-availability of medical practitioner is the situation or external conditions are not convenient to direct contact between the patient and the health practitioner.

### History<sup>2, 3, 4</sup>

- In 1925, a cover illustration of the Science and Invention magazine featured an odd invention by Dr. Hugo Gernsback, called the “teledactyl.”
- In 1950’s, a few hospital and university-based medical centers experimenting with how to put concept of telemedicine into practice. A Canadian doctor worked upon this technology to build a tele-radiology system that was used in and around Montreal.
- In 1958, we find the first mention in the literature of the use of a video image applied to the physician patient encounter.
- In 1959, the Nebraska Psychiatric Institute began using video conferencing for telepsychiatry. At the University of Nebraska, doctors were able to transmit neurological

examinations to medical students across campus via a two-way interactive television. By 1964, they had built a telemedicine link which allowed them to provide health care services at Norfolk State Hospital, 112 miles away from campus.

- In the late 1960's there were numerous demonstration projects that produced a body of knowledge that was annotated in the medical literature. Significant investments from the U.S. Government, including the Public Health Department, NASA, Department of Defense and Department of Health and Human Sciences drove research and innovation in telemedicine.
- The US military has been a leader in implementing telemedicine technology initially supporting the Armenian earthquake relief in the early 1970's and more recently in association with major troop deployments into the Caribbean and to Bosnia.

### Telemedicine Today

Telemedicine was originally created as a way to treat patients who were located in remote places, far away from local health facilities or in areas of with shortages of medical professionals. While telemedicine is still used today to address these problems, it's increasingly becoming a tool for convenient medical care. Today's connected patient wants to waste less time in the waiting room at the doctor, and get immediate care for minor but urgent conditions when they need it.<sup>2</sup>

### Difference between Telemedicine and Telehealth<sup>2</sup>

Telemedicine is really a subset of telehealth. Whereas telehealth is a broad term that includes all health services provided using telecommunications technology, telemedicine refers specifically to clinical services.

Here are a couple quick examples:

#### Telehealth:

- A public health app that alerts the public of a disease outbreak
- A video conferencing platform for medical

education  
Telemedicine:

- A mobile application that lets physicians treat their patients remotely via video-chat
- A software solution that lets primary care providers send patient photos of a rash or mole to a dermatologist at another location for quick diagnosis

### Technology Used & Mode of Communication

Multiple technologies can be used to execute telemedicine consultation. There are 3 primary modes: video, audio or text (chat, messaging, email, fax etc.) Each one of these technology systems has their respective strengths, weaknesses and contexts, in which they may be appropriate or inadequate to do a proper diagnosis. It is therefore important to understand the strengths as well as limitations of different technologies. Broadly, though telemedicine consultation provides safety to the Registered Homoeopathic Practitioners from contagious conditions, it cannot replace physical examination that may require palpation, percussion or auscultation that requires physical touch and feel. Newer technologies may improve this drawback.

### Effectiveness

The experiences gained over the past decades have shown the effectiveness of utilizing these technologies to deliver health care. Certainly, the greatest utility has been in underserved areas where access is a significant problem due to the lack of skilled personnel and time and distance separation. A great many studies have demonstrated patient and provider acceptance of this technology.<sup>4</sup> Within the broad paradigm of telemedicine, these guidelines will be issued in the light of the HCC (Homoeopathy Central Council) Act and are for privileged access only. These guidelines are designed to serve as an aid and tool to enable registered homoeopathic practitioners to effectively leverage telemedicine to enhance healthcare service and access to all.

### Pros of Telemedicine<sup>2</sup>

- More convenient, accessible care for patients
  - allow an elderly patient with mobility issues

- to see the doctor from home
- Saves on healthcare costs
- Extends access to consults from specialists
- Increasing patient engagement
- Better quality patient care
- It is very simple, time saving, managing the difficult situation in less time without going to the hospital OPD or clinic.
- It is suitable for urgent cases like COVID-19 pandemic situation this process is very useful for both the doctors and patients.
- Textbased:specialized chat based telemedicine smart phone apps, SMS, and websites, messaging systems e.g. WhatsApp, Google Hangouts, and FB Messenger - convenient and quick. Documentation & identification may be an integral feature of the platform. Suitable for urgent cases, or follow ups.
- With second opinions provided, registered homoeopathic practitioners have enough contexts from other sources.
- No separate infrastructure required.

### Limitations

Every method has its own advantages and limitations too. The limitations of telemedicine in homoeopathy are listed below:

- Not suitable for conditions that require a visual inspection (e.g. skin, eye or tongue examination, facial gestures or movements), or physical touch; patient identification needs to be clearer, greater chance of imposters representing the real patient.
- Besides the visual and physical touch, text-based interactions also miss the verbal clues, difficult to establish the doctor's relationship with the patient, cannot be sure of identity of the doctor or the patient.
- Sometimes the objective symptoms and important subjective feeling of the patient which can be only found by patient's visit are missed.

### Future Directions

There's a lot to be optimistic about in the future of telemedicine.<sup>2</sup> Most importantly, though, this technology is becoming more universal and accepted by both providers and patients, it will grow.<sup>4</sup> With rapid advances in technology, it's likely that telemedicine will only become easier and more widely accepted in the coming years.<sup>2</sup>

### Cases Consulted through Telemedicine

#### Case - 1

The patient Mrs. X, 28 years old female, called on 18.10.22, with h/o sudden and violent pain in left side of abdomen since last two days, on account of pain she could not come to OPD. The case was taken on phone and Colocynthis 200/2 doses were prescribed based on the following points:

- Pain started after suppressed anger and insult by her friend (three days before) for some reason
- Onset of pain- sudden, violent and electric like
- Extension of the pain was left side of abdomen to left thigh
- Pain in abdomen aggravated by touch, motion and ameliorated by hard pressure

After prescribing on phone, within two hours of taking medicine the intensity of the pain melted down. Then after one day the pain was completely gone. So, on phone via text, social media homoeopaths can also prescribe the medicine. If we have sound senses, knowledge of the disease and tracing the complete picture of the disease including the location, sensation, modality, concomitant (specially in acute disease), then we can treat the patient properly.

#### Case - 2

A 10 years old girl child was suffering from high rise of temperature since 2 days. Her father called and narrated the case that her face turned red during the fever, also had difficulty in swallowing, complaints were aggravated by exposure to drafts of air and uncovering, symptoms were better in warm room and rest. According to the

case Belladonna 30/2 dose was prescribed. After prescribing on phone, within few hours of taking medicine temperature started to come to the normal body temperature.

## CONCLUSION

The benefits of telemedicine include convenience, increased access to provide health care from a distance, especially for patients living in rural areas, and decreased healthcare costs. Telemedicine, after a halting start, has now become a part of our health care system and will only grow over the next several years. It will have a major impact on health care delivery systems. In doing so, it will significantly increase access to care for many people.

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expanded by many homeopaths of our generation, and particularly by Drs Bhawisha and Sachindra Joshi. In their own way, these teachers have drawn upon the characteristics of the remedy source in the natural world and sought to find these characteristics reflected in the narrative and behavior of their human clients. They have been true geniuses in making such a connection between the natural and behavioral characteristics of the remedy source and the people who require remedies.

Over several years of my study of remedies from the animal kingdom with various teachers, it became clear to me that all cases requiring bird remedies do not have to be given eagle and peacock; all cases requiring sea remedies do not have to be given blue whale and great white shark; all cases requiring mammalian remedies do not have to be given *Lac caninum* or *Lac humanum*, just as all cases requiring mineral remedies do not have to be given *Aurum* and *Platina*. Extending the same logic to snake remedies, we can say with confidence that all cases requiring snake remedies do not have to be given *Lachesis* or *Dendroaspis*. So, what alternatives do we have?

Way back in 2005, I was captivated by a statement, "All that slithers is not *Lachesis*" and subsequently, I found that it came from Rajan Sankaran and the Ullmans (Judith and Robert) presentation of a paper in 1995 at the International Foundation for Homeopathy conference. This paper included *Naja*, *Crotalus*, *Elaps*, and *Lachesis*, and their thesis was that not every case that calls out for a snake remedy should be given *Lachesis*. There are other options available because, indeed, all that slithers is not *Lachesis*.

In choosing animal remedies for our clients, could we individualize the case, just as we do while selecting remedies by the conventional, classical homeopathy style? Every time a case is repertorized and *Lachesis* comes up on the chart, is it our only option, or can we consid-

*continued on page.....40*

# Telemedicine in New Perspective of Homoeopathic Health Services in India - A Review

*Dr Buddhadeb Chakraborty, Dr Shrabani Raymandal*



## ABSTRACT

Homoeopathy is a one of the very important part of AYUSH medicine. Telemedicine is considered to be the remote diagnosis and treatment of patients by means of telecommunications technology, thereby providing substantial healthcare to low income regions. The telemedicine service guideline through homoeopathy has been published by CCH under approval of AYUSH ministry in India in 2020. If tele-consultation of homoeopathy is utilised properly in parallel with modern medicine system, burden of the patients in secondary and tertiary health care system will be reduced markedly. The purpose of this article is to discuss current scenario, future possibilities and applicability of telemedicine in homoeopathy in healthcare system of India.

**Keywords:** homoeopathic - tele medicine, history of telemedicine, CCH guideline of homoeopathic telemedicine, present scenario of homoeo - tele practice, future prospect of tele- homoeopathy consultation.

**Abbreviations:** Central Council of Homoeopathy (CCH), World Health Organization (WHO), Registered Homoeopathic Practitioner (RHP), Primary Health Centre (PHC), Block Primary Health Centre (BPHC), Rural Hospital (RH), Central Council for Research in Homoeopathy (CCRH)

## INTRODUCTION

Telemedicine is a practicing platform of medical science i.e. treatment, education, data collection, and research work etc. using digital communication technological support. According to WHO, telemedicine is defined as "The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities."

In the Indian context, telemedicine has the potential to increase access to quality healthcare for all Indians. India suffers from a low doctor to patient ratio with only one doctor for every 1,445 Indians. This disparity is even more pronounced in the rural areas as many doctors prefer to practice in the urban areas. According to a study conducted

by the WHO, 59.2% of all health workers are located in urban areas, where 27.8% of the population resides, and 40.8% of all health workers were in rural areas, where 72.2% of the population resides.<sup>[1]</sup> Telemedicine can help smooth over these inequalities by allowing doctors in urban areas consult the rural population, including providing specialized care as per necessities.

Now the concept comes to utilize AYUSH system of medicine in integrated approach with main stream of modern medical system as India has always affirmed the value of medical pluralism and has given national status to all 'alternative' systems of medicine.<sup>[2]</sup> Hence, homoeopathy, along with the other AYUSH disciplines, must be considered as a part of the mainstream. This has been strongly emphasised by the Central Government through promoting AYUSH from a department to independent status. Worldwide, homoeopathy has enjoyed a lot of public patronage over the centuries and continues to be a preferred system of medicine. In India, the market for homoeopathy

is growing at nearly 25% annually; it is estimated that over 100 million people depend on it for their health care needs. In a cross-sectional survey carried out in 2017 in India, 66.7% of the respondents had taken homoeopathic treatments earlier, while among those who had never taken it before, 31.9% were not even aware of homoeopathy.<sup>[3]</sup> But there was no proper guidelines for practising homoeopathy through telemedicine. Central Council of Homoeopathy (CCH) had amended the act (approved by AYUSH Ministry) and published a guideline to practice Telemedicine – “Amendment in Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982” on dated 10<sup>th</sup> April 2020.<sup>[4]</sup> This initiative of AYUSH ministry to provide telemedicine through homoeopathy has increased its accessibility manifold to primary health care system of India.

#### History of Telemedicine of Modern Medical Science and Homoeopathy in India

ISRO (Indian Space Research Organization) made a modest beginning in telemedicine in India with a Telemedicine Pilot Project in 2001, linking Chennai’s Apollo Hospital with the Apollo Rural Hospital at Aragonda village in the Chittoor district of Andhra Pradesh. Initiatives taken by ISRO, Department of Information Technology (DIT), Ministry of External Affairs, Ministry of Health and Family Welfare and the state governments played a vital role in the development of telemedicine services in India. In an attempt to coalesce the available public health data and provide easy access, the Ministry of Health in the Government of India has taken up projects like Integrated Disease Surveillance Project (IDSP), National Cancer Network (ONCONET), National Rural Telemedicine Network, National Medical College Network and the Digital Medical Library Network. Setting up of standardized telemedicine practice guidelines by the Department of Information Technology in the Government of India, and setting up of a National Telemedicine Task Force by the Health Ministry, in 2005, were some of the other positive steps by the government. International projects like the PanAfrican e-Network Project and the SAARC (South Asian Association for Regional Cooperation) Telemedicine Network Projects have also been taken up as an initiative of the External Affairs Ministry strategically placing In-

dian telemedicine in the global scenario.<sup>[5]</sup>

In India Homoeopathic health care system is mainly governed by concerned State Acts along with The Homoeopathy Central Council Act 1973, the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982; Drugs & Cosmetics Act 1940 & rules 1945; and Clinical Establishment (Registration and Regulation) Act, 2010. Information technology is governed by IT Act 2000, and the information technology (reasonable security practices and procedure and sensitive personal data or information) rules 2011. Gaps in legislation and the uncertainty of rules force a risk for both the doctors and their patients. So, it was the need of the time to bridge the gaps in legislation and the uncertainty of rules. These guidelines is serving as a step forward to be treated as professional norms that need to be followed by rural health practitioners to enable them to regulate the practice of telemedicine smoothly.

#### Tools for Telemedicine <sup>[6]</sup>

Telemedicine applications can be classified into four basic types, according to the mode of communication, timing of the information transmitted, the purpose of the consultation and the interaction between the individuals involved—be it RHP-to-patient / caregiver, or RHP to RHP.

Mode of communication may be of following types-

- Video: (Telemedicine facility, Apps, Video on chat platforms, Skype/Face time etc.)
- Audio (Phone, VOIP, Apps etc.)
- Text Based: Telemedicine chat based applications (specialized telemedicine smartphone Apps, Websites, other internet-based systems etc.)
- General messaging/ text/ chat platforms (WhatsApp, Google Hangouts, Facebook Messenger etc.)
- Asynchronous (email/ Fax etc.)

Irrespective of the tool of communication used, the core principles of telemedicine practice remain the same.

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## Indications:

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

## Composition:

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

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

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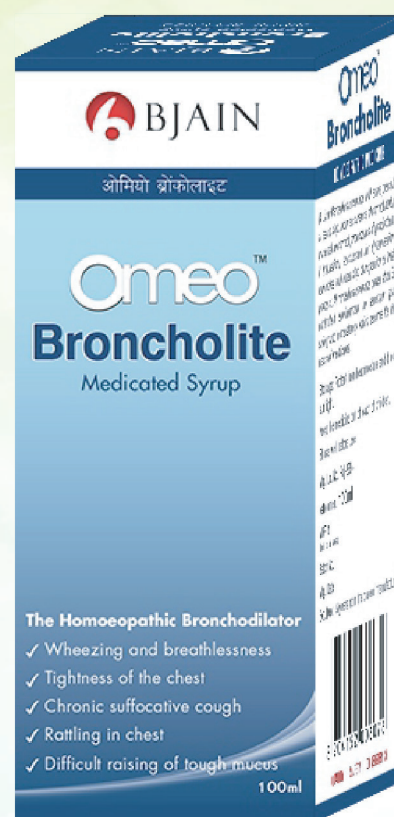
## Indications:

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

## Composition

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

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



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Each one of these technology systems has their respective strengths, merits, demerits, weaknesses and contexts, in which, they may be appropriate or inadequate to deliver a proper diagnosis. It is therefore important to understand the strengths, benefits as well as limitations of different technologies. Broadly, though telemedicine consultation provides safety to the Registered Homoeopathic Practitioners from contagious conditions, it cannot replace physical examination that may require palpation, percussion or auscultation that requires physical touch, and feel to detect any abnormalities. In all cases of emergency, the patient must be advised for an in-person interaction with Registered Homoeopathic/Medical Practitioners at the earliest.

### Types and Applications of Telemedicine <sup>[7]</sup>

Telemedicine can be classified into 5 basic types-

- According to (on the basis of) the timing of the information transmitted:
  - (i) Real time or synchronous telemedicine (where the sender and receiver both are online at the same point of time and 'live' transfer of information occurs).
  - (ii) Store and forward or asynchronous telemedicine (where the sender stores the information databases and sends it to the receiver at a convenient point of time, and the receiver can review the data according to his convenience).
  - (iii) Remote monitoring type of telemedicine, also known as self-monitoring or self-testing. Remote monitoring uses a range of technological devices to monitor health and clinical signs of a patient remotely.
- According to (on the basis of) the interaction between the individuals involved:
  - (iv) Health professional to health professional (giving easier access to specialty care, referral and consultation services).
  - (v) Health professional to patient (providing healthcare to the unreached population by giving them direct access to a medical professional).

### Advantages of Tele-Medicine <sup>[8]</sup>

- i) Telemedicine provides patient's safety as well as doctor's & health worker's safety, especially in situations where there is a risk of contagious infections. A telemedicine visit can be conducted

without exposing staff to viruses/infections at the time of such outbreaks.

- ii) Telemedicine provides rapid access to medical practitioners who may not be available in person.
- iii) Telemedicine will not only encourage social distancing in special situations of epidemics and pandemics but talking to doctors will also allay their anxiety in the situation of complete lockdown.
- iv) With telemedicine there is higher likelihood of maintenance of records and documentation. Written documentation increases legal protection of doctors as well as patients.
- v) Telemedicine, when effectively used, reduces the burden on secondary health care system.
- vi) Telemedicine is useful for routine check up on continuous monitoring and minimizes gaps in timely follow ups.

### Public Health and Homoeopathic Telemedicine Service – The Present Scenario:

The technology involved in telemedicine allows providers and patients to be almost anywhere, this is one of the key factors in providing quality healthcare to the needy. With the advent of telemedicine, distance is no longer a hurdle in providing healthcare to the remote areas. The initial challenge for the commencement of the programme posed by the lack of a primary centre for practicing telemedicine services in many remote areas was resolved with the kick-off of mobile telemedicine units with satellite communication. Now, telemedicine services can be made available to all irrespective of time, place, social status or gender.<sup>[9]</sup>

This kind of telemedicine service of modern medicine has been launched by Health and Family Welfare Department; Govt. of India and now continuing under Ayushman Bharat<sup>[10]</sup> project for health service in remote area. But in case of homoeopathy the guideline of telemedicine practice has been published by CCH but it is not fully implemented in primary health care system. In all state at most of the PHC, BPHC, RH, super speciality hospitals homoeopathic medical officers are appointed. There are many State Govt. Homoeopathic Medical College and Hospitals; Non Govt. Homoeopathic Medical College and Hospitals, and different campus of National Institute of

Homoeopathy(NIH), clinical units and research units of CCRH but utilization of these different unit for telemedicine purpose is not updated till now. As per guideline few private clinical unit, private practitioner are available in this tele service. Lack of awareness and acceptance of new technology both by the public and the professionals are holding it back.

### Future Prospect

In parallel with modern medical system telemedicine of homoeopathy if implemented properly in primary health care utilizing those all above mentioned homoeopathic health care facilities. The ultimate service access would be increased. Patients may be benefitted and they can access the tele-health facilities as per their choice. Along with health care facility this technology can be utilized in future for educational purpose, different seminar, workshop, case presentation among homoeopathic health professional.

It can be utilized for school health purpose (RBSK) also, as AYUSH doctors are involved in school health project.

One of the large field is screening of different health conditions and clinical research work with homoeopathic medicine of different disease condition which may be conducted by CCRH, or any homoeopathic medical college or any others health authority in future.

## CONCLUSION

Telemedicine has appeared as alternative service platform in healthcare system especially in underserved rural areas in India where most of the population resides but very few numbers of doctors. To combat the situation along with modern medical science homoeopathy may also play a very important role to serve the patients. Homoeopathy is ever increasing alternative health care service in India. In future along with Tele-homoeopathy service this technology can be utilised by different field like screening, clinical research, school health programme and also in homeopathic educations. Different types of telemedicine procedure like store and forward, realtime and remote or selfmonitoring etc. are employed as per CCH

guidelines for individual cases. Even though telemedicine cannot be a solution to all the problems, as it has some limitation especially in acute emergency cases where immediate hospitalization is needed, the others cases especially chronic cases, different contagious diseases where chance of spread of infection is very high, follow-up cases it is very helpful, it can surely help decrease the burden of the healthcare system to a large extent.

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# Miasmatic Approach to Allergic Rhinitis with Role of Homoeopathy in its Management

*Dr Ashmi Shakyawar*

## ABSTRACT

Allergy is an altered or exaggerated immune response of the body to the allergen. Rhinitis is the condition in which the inflammation of nasal cavity takes place causing various signs and symptoms. Allergic rhinitis (AR) is a very common disorder affecting a large number of people globally. This article will provide the information about managing the symptoms of AR by homoeopathic medicines hence reducing the dependency on conventional medicines and preventing its complications also.

**Keywords:** homoeopathic - allergic rhinitis, allergen, asthma, hay fever, lifestyle diseases, miasm, psora, susceptibility

**Abbreviations:** Allergic Rhinitis (AR), Immunoglobulin E (IgE)

## INTRODUCTION

Rhinitis is characterized by sneezing, Rhinorrhoea, obstruction of the nasal passages, conjunctival, nasal, and pharyngeal itching and lachrymation and can be classified as allergic or non-allergic. A clinical history of rhinitis symptoms occurring in a temporal relationship to allergen exposure and documentation of sensitization to an environmental allergen are required for a diagnosis of allergic rhinitis.<sup>1</sup>

It is an IgE mediated immunologic response of nasal mucosa to air-borne allergens and is characterised by watery nasal discharge, nasal obstruction, sneezing and itching in the nose. This may also be associated with symptoms of itching in the eyes, palate, and pharynx.<sup>3</sup>

### Predisposing Factors and Etiology

Allergic rhinitis generally occurs in atopic individuals often in association with atopic dermatitis, food allergy, urticaria, and/or asthma.

Up to 50% of patients with allergic rhinitis mani-

fest asthma, whereas 70–80% of individuals with asthma and 80% of individuals with chronic bilateral sinusitis experience allergic rhinitis. Female sex, particulate air pollution exposure, and maternal tobacco smoking increase the risk of developing allergic rhinitis over the life span.<sup>1</sup>

### Types of Allergic Rhinitis

There are two clinical types of AR - seasonal hay fever and perennial.

1. Seasonal allergic rhinitis- Hay fever and summer colds are common terms for seasonal AR which produce stuffy/runny nose, paroxysm of sneezing and itchy nose, eyes, throat and excess mucus in nose/throat.
2. Perennial allergic rhinitis- Perennial Allergic Rhinitis is caused by allergens that are present throughout all seasons.

### Investigations of AR-

- Complete Blood Count

- Nasal smear
- Elimination Tests
- Specific IgE Antibody tests

### Complications-

**Sinuses-** The most common manifestations are generalized thickening of the lining mucosa, development of polyps in the sinuses and fluid effusion into the sinuses.

**Eyes -** Edema of lids, congestion, cobblestone conjunctiva and allergic shiners.

**Ears-** Serous otitis media due to Eustachian tube block manifests with retracted tympanic membrane.

**Pharynx and Larynx-** Hyperplasia of submucosal lymphoid tissue manifests as granular pharyngitis. Edema of larynx causes hoarseness of voice.<sup>3</sup>

### Treatment

In conventional system of medicine drug therapy is the first choice of treatment. For more specific and complicated cases immunotherapy and surgical treatment is done.

**Immunotherapy –** Treatment of AR by the repeated long-term injection of allergen has been shown to be an effective method for reducing or eliminating clinical manifestations.

**Surgery-** Surgery can be adjuvant management in some refractory cases of AR when conservative treatment fails. It is not indicated in children, though a simple antral wash can be performed if there is associated sinusitis.<sup>3</sup>

A study conducted by Allergy, Asthma & Clinical Immunology shows that the treatment goal for allergic rhinitis is relief of symptoms. In the allopathic system of medicine the treatment options available are avoidance measures, nasal saline irrigation, oral antihistamines, intranasal corticosteroids, combination intranasal corticosteroid/antihistamine sprays, leukotriene receptor antagonists (LTRAs), and allergen immunotherapy.

Other therapies that may be useful in select pa-

tients include decongestants and oral corticosteroids. Patients suffering from AR are also susceptible to asthma.

There are various side effects of the modern medicines associated with oral decongestants such as agitation, insomnia, headache, palpitations, therefore, long-term use of these medicines is not recommended. Furthermore, these agents are contraindicated in patients with uncontrolled hypertension and severe coronary artery disease.<sup>4</sup>

On the other hand, Homoeopathic system of medicines has been proven very effective in managing the symptoms of allergic rhinitis.

### Homoeopathic Approach

In Homoeopathy, we treat the patient, not the disease. We treat every patient in a holistic approach according to their physical as well as their mental symptoms. To find out the perfect similimum medicine which one is the most similar to the 'the totality of the symptoms' of the patient by using 'law of similia' after considering the patient as a whole from our large number of Homoeopathic medicines<sup>5</sup>

The term susceptibility is not directly mentioned in *Organon of Medicine* but Dr James Tyler Kent in his Lectures on Homeopathic Philosophy quotes aphorisms (§) 30,31,32,33 of *Organon* to explain the concept of susceptibility.<sup>6</sup>

H.A. Roberts defines susceptibility as the expression of vacuum in the individual. The vacuum attracts and pulls for the things most needed that are in the same plane of vibration as the want of the body.<sup>7</sup>

Dr Stuart M. Close defines susceptibility as the general quality or capability of the living organism to receive impressions and the power to react to stimuli.<sup>8</sup>

### Miasmatic Analysis

According to the common definition, a miasm is defined as polluting exhalations or malarial poisons.<sup>7</sup>

Hahnemann was the first to perceive and teach

the *parasitical nature* of infectious or contagious diseases, including syphilis, gonorrhea, leprosy, tuberculosis, cholera, typhus and typhoid fevers; and the *chronic diseases in general* other than occupational diseases and those produced by drugs and unhygienic living, the so-called drug diseases.

Hahnemann held that all chronic diseases are derived from *three primary, infectious, parasitic sources*. "All chronic diseases," he says, "show such a constancy and perseverance. Thus, they never pass away by themselves, but increase and are aggravated even until death. They must therefore have for their origin and foundation *constant chronic miasms*, whereby their *parasitical existence* in the human organism is enabled to continually rise and grow." (*Only living beings grow*.)<sup>8</sup>

In Aphorism 78, 79, 80 and 81 Hahnemann explained that a true chronic disease arise from a chronic miasm.

The explanation and features of miasms syphilis, sycosis and psora are found in these aphorisms. Psora is the most ancient form of miasm which has been causing various signs and symptoms. It has been passed from one generation to another since a very long time.

In foot note of aphorism 80 Dr Hahnemann explains that "I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, which had remained unknown to all former or contemporary observers, and in discovering at the same time the principal (antipsoric) remedies, which collectively are nearly a match for this thousand-headed monster of disease in all its different developments and forms."<sup>5</sup>

### Miasmatic Analysis of Nose/Nasal Symptoms

#### Psoric Symptoms

Psora greatly increases the sensitivity of smell. There is sneezing, redness, heat present. Touch sensitivity is also increased after blowing the nose.

Discharge - It is thin, watery and acrid.

#### Sycotic Symptoms

There is increased local congestion of nasal cavity. There are snuffles in children. The stoppage in sycosis is due to local congestion and thickening of the membrane or enlargement of the turbinated bodies due to congestion.

Discharge - The discharge is yellowish, green and scanty. But in the cases of fresh cold it is thin and copious.

#### Syphilitic Symptoms

In syphilis the sensation of smell may be diminished. It produces ulceration, large thick crust known as clinkers covering the nasal cavity. The crusts are dark greenish black or brown, thick and not always offensive. Sometimes the sensation of smell may be diminished or lost.

#### Tubercular Miasm Symptoms

When haemorrhage from nose is found in young girls of boys, then tubercular miasm may be found in the background. A tubercular child will have a haemorrhage from nose from slightest provocation, blowing the nose, a slight blow, or washing the face even will produce it in some people. The haemorrhages are profuse, bright, red, and difficult to arrest and are relieved by cold applications.

Discharge - The discharge is thick and yellow. It has the odour of cheese or sulphate hydrogen. Another characteristic of the discharge is constantly dropping down in the throat.<sup>9</sup>

#### Homoeopathic Medicines in treatment of AR-

Homoeopathic system is based on the principle of *Similia Similibus Curentur*

A few medicines are mentioned here-

#### *Allium cepa*

Rawness in the nose, copious flow of water from the eyes, which is always bland; copious watery discharge from the nose, which is always exco-riating. A watery discharge drips from the nose constantly, burns like fire, and excoriates the upper lip and the wings of the nose until there are

rawness and redness. The fluid from the nose is excoriating and the fluid from the eyes bland.

#### *Arsenicum album*

According to Dr Kent, The *Arsenicum* patient is always taking cold in the nose, always sneezing from every change in the weather. He is always chilly and suffers from drafts, and is worse in cold, damp weather; always freezing, chilled through. *Arsenicum* is the remedy for old, chronic catarrhal troubles of nose where the nose bleeds easily.

#### *Arsenicum iodatum*

According to Dr Kent, it has the most stubborn nasal catarrh with bloody, acrid, copious, excoriating, greenish, purulent, thick, yellow or yellow-greenish discharge; honey like discharge; coryza with watery discharge; coryza in open air with cough. It has been the most useful remedy in hay fever. Dryness in nose and epistaxis. Obstruction of nose, pain in nose. Smell lost. Much sneezing.

#### *Kali iodatum*

In old syphilitic catarrhs they blow out great crusts and pieces of bone; syphilitic ozaena; Thick, yellowish-green, copious discharge from the nose. Every change of the weather brings on catarrhal states. He is constantly taking cold, sneezing continuously. Copious, watery discharge from the nose, excoriating the passage, and causing burning in the nose.

#### *Lachesis*

Frequent bleeding from the nose with watery discharge. Always taking up cold in the nose. Stuffing up of the nose, with disturbance of smell. Oversensitiveness to smell, finally loss of smell. *Lachesis* has inflammatory conditions, very chronic in character, with crusty formations in the nose, sneezing, watery discharges from the nose and catarrhal headaches. Violent headache with discharge, with sneezing and coryza. Congestive headaches with coryza.

#### *Natrum muriaticum*

The patient is subject to fluent coryza, and catarrh of the nose with thick yellow-purulent discharge. Epistaxis on blowing the nose. Fullness at the root

of the nose. The nose is obstructed with mucus and crusts, but the discharge is generally scanty. Offensive odors in the nose in the morning. Ozaena. Smell is acute. Soreness in the left nostril. He picks the nose constantly and scales form. Frequent sneezing.

#### *Sabadilla*

Catarrhal condition of the nose, with constant sneezing; sensation of great rawness in the nose; burning; stuffing up of the nose. Thinking of various things aggravates his complaints. *Sabadilla* is of this sort oversensitive to surroundings, to odors; these increase the catarrhal state of the throat and posterior nares. Sneezing and a flow of mucus from the nose; goes on even to ulceration.

#### *Sanguinaria*

Catarrhal conditions of nose and throat. The *Sanguinaria* patient has "rose colds" in June. Sensitive to flowers and odors; subjects with hay fever. Hay fever patients with burning in the nose, in the throat, as if dry; as if the mucous membrane would crack open.

#### *Silicea*

Accumulation of hard crusts in the nose, loss of taste and smell epistaxis, thickening of the mucous membrane; most vicious catarrh with discharge of bone from the nose. Horrible, foetid ozaena, old syphilitic cases where the nasal bones are destroyed and the nose becomes a flabby bag, is sunken in or ulcerated away, leaving an opening. Silica may cure and an artificial nose be made afterwards.<sup>10</sup>

## CONCLUSION

In the modern world there has been rise in the lifestyle related diseases and surroundings and environment add up to this in various ways. The increasing air pollution has been causing various kinds of skin and respiratory tract allergies. Allergic Rhinitis is also increasing especially in the urban areas. The conventional treatment for AR causes various side effects whereas homoeopathic medicines are very effective in managing and treating it.

Along with studying its miasmatic background, it is seen that homoeopathic treatment decreases the dependency on the conventional medicines thus improving the quality of life of a person.

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### ABOUT THE AUTHOR: -

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er other snakes, say for example, non-venomous snakes that mimic the venomous snakes with the sole purpose of self-protection, and survival? These questions led me to approach my snake cases with an open mind. My observations and lessons about non-venomous snakes in Costa Rica, a country in the tropics where I spend several months at a stretch, challenged me to consider the possibility of these non-venomous snakes as an alternative source of remedies for cases requiring snake remedies. Whenever I encountered a case that called for a remedy from snakes, a bell sounded in my mind! I became hyper-alert, extra-vigilant, super-sensitive, very seriously receptive to every little hint the client could drop. Every gesture, every spoken word and silent pause, every sigh and every twitch of the muscle, every twist and turn in the narrative of their life – all of these became extremely important to me as I tried to differentiate among various snake remedies. Soon it became obvious that every one of these clients was not calling out for *Bungarus*, *Naja*, *Dendroaspis*, *Elaps*, *Notechis*, *Oxyuranus*, *Hydrophis*, *Crotalus*, *Cenchris*, *Bothrops*, *Lachesis*, *Bitis*, *Cerastes*, *Vipera*, or remedies from other mighty and exotic snakes like boas and pythons. They were calling out for remedies made from much simpler, smaller, harmless, and ubiquitous non-venomous snakes. At this juncture, Rajan Sankaran's book *Survival: The Reptiles*, volume 2, appeared on the horizon, providing much-needed insight into non-venomous snakes from the family Colubridae that I could apply in my practice successfully and help my clients.

Using six cases, I have understood how to observe, and differentiate five different species of non-venomous snakes belonging to family Colubridae from venomous snakes belonging to family Elapidae and Viperidae and arrive at a successful prescription. These prescriptions are individualized on the basis of the verbal expressions, non-verbal expressions, and well as gestures used in presenting the life narrative as well as chief complaint. These very same expressions

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# Revolutionary Approach of Teleconsultation in the field of Homoeopathy: A Case Report of Eczema

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## ABSTRACT

Teleconsultation is synchronous or asynchronous consultation using communication technology which omits geographical and functional distance. The main aim is to connect geographically separated health providers and patients. If teleconsultation is established correctly in the field of homoeopathy it can yield good outcomes like timely access to appropriate medical treatment for a diseased patient residing in some other location. This article illuminates the importance of teleconsultation in homoeopathy with the help of a case of 40 years old female with eczema who was treated with Petroleum through regular follow-ups via telecommunication.

**Keywords:** teleconsultation, teledermatology, eczema, homoeopathy, *Petroleum*

**Abbreviations:** Teledermatology (TD)

## INTRODUCTION

Teleconsultation is referred as a remote consultation in which there is an interaction between a physician and a patient through electronic means for the purpose of providing diagnostic or therapeutic value. Patients and medical personnel interact virtually via technology. Teleconsultations are a useful approach as it reduces the unnecessary visits to the emergency departments.<sup>(1)</sup> When teleconsultation is applied in the context of dermatology it is called Teledermatology (TD).<sup>(2)</sup> Hence dermatology is a visual branch; it is well suited for teleconsultation.<sup>(3)</sup> It is cost effective and good in terms of diagnosis and treatment. During the pandemic, online consultation have increased three folds in skin diseases.<sup>(4)</sup>

It is more frequently used for the treatment of some prevalent diseases, such as superficial infections, eczema, vitiligo, leprosy, urticaria, contact dermatitis, hair and pigmentary disorders, especially if the follow-ups taken by TD.<sup>(5)</sup>

Eczema is a chronic disease which needs regular specialist visits. In this context teledermatology can be convenient for both the patient and the physician.<sup>(4)</sup>

Eczema is characterized by superficial inflammatory oedema of epidermis which is associated with vesicle formation. It is a non contagious condition of skin. Itching varies from mild to severe paroxysms which may even interfere with work and sleep.<sup>(6)</sup> Clinical feature depend upon the stage of disease. It has two stages; acute and chronic. Acute stage is characterized by exudative, spongioid, plaque formation surrounded papules and vesicles. While chronic stage has less exudation, marked dryness, scales, fissures and lichenification. It is diagnosed clinically on the basis of physical appearance i.e. clinical examination.<sup>(7,8)</sup>

A case of eczema is cited below which shows that teledermatology can be beneficial in the field of homoeopathy as well. As the patient was residing in Uttar Pradesh, a detailed case taking was done on her first visit to our OPD at Swasthya Kalyan Homoeopathic Medical College, Jaipur, Rajasthan. Further follow-ups were taken through telephonic consultation.

## Case Report

### Presenting complaint

A 40 years old female came to our OPD at Swasthya Kalyan Homoeopathic Medical College

& Research Centre, Jaipur, Rajasthan, with the complaint of eczematous eruptions on both feet since 6-7 years. The affected skin was thickened and deep cracked. There was intense itching and bleeding after scratching.

### Modalities

< Itching aggravated after washing the affected parts

### History of presenting illness

Patient had h/o mild itching with mild cracks only during winters. But with time itching had aggravated gradually. She took allopathic treatment but got no significant relief. Since 4 years all complaints aggravated with persistence of deep cracks throughout the year on both feet markedly on soles.

### Family History

Maternal side: mother not alive, she had h/o HTN

Paternal side : father - healthy and alive

### Personal History

Addiction – N/S

Bathing Habit – regular

Sexual history- healthy and satisfactory

H/O vaccination- all done

H/O any other medications and allergies – N/S

### Gynaecological History

Menarche – at 11 years of age

LMP – 13/03/2022

Cycle – regular, 4-5/28-30 days

Flow - profuse bleeding on 2<sup>nd</sup> and 3<sup>rd</sup> day, bright red in color

### Obstetric History

G1 P1 A0 L1

She has one male child of 8 years through NVD

( normal vaginal delivery)

### Physical Generals

Appetite - Average

Thirst – Average

Desire - for sweets

Stool - satisfactory, D<sub>1</sub>

Urine- sometimes there was burning during urination

Perspiration - profuse on whole body, non-offensive, non-staining

Sleep - disturbed due to itching

Thermal reaction - hot

### Mental Generals

Patient was very talkative. She described all her complaints in a narrative manner. When she was asked about her nature, she said that she is very egoistic in nature; if she had argument with anyone she never initiate talking and avoid clarifying things. She always gets what she wants anyhow. She cannot tolerate if things doesn't go according to her wish. Easily angered on little things

### Clinical Observation

Built - average

BP- 126/84 mm Hg

Pulse – 78/ minute

Respiratory rate – 17/ minute

Temperature – 98.6 F

Weight – 68 kg

Height – 158 cm

### Diagnosis

Atopic Dermatitis (Eczema) , ICD-10 Classification: L20.9

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
Mental Generals	Physical Generals	Particulars
1. Talkative +++ 2. Avoid initiating conversation and clarifying things if she has been into argument with someone++ 3. Angry on small things ++ 4. Cannot tolerate if things do not according to her wish + 5. Obstinate, always gets what she wants anyhow +	1. Desire: Sweets++ 2. Stool: Satisfactory stool, semi-solid in consistency 3. Urine: Sometimes burning during urination 4. Perspiration: Profuse all over body 5. Sleep is unrefreshing, disturbed due to itching 6. Thermal reaction: hot	1. B/L deep cracks on foot +++ 2. Bleeding < after scratching ++ 3. Cracks on feet with severe itching and pain 4. Itching< after washing the affected parts

**Table 1: Analysis of Symptoms**

S. No.	Symptoms	Psora	Sycosis	Syphilis
1.	Talkative	Present	Present	
2.	Egoistic	Present		Present
3.	Contradiction intolerance of		Present	
4.	Obstinate		Present	
5.	Anger at trifles	Present	Present	
6.	Desire for sweets	Present		
7.	Eczematous lesions	Present		
8.	Deep bloody cracks on foot			Present
9.	Cracks painful			Present
10.	Itching agg. After washing feet	Present		
11.	Bleeding after scratching	Present		

**Table 2: Miasmatic Analysis Showing Predominant Psora Miasm (9)**

## Totality of Symptoms

- Talkative
- if she has been into argument with someone she never initiate conversation and clarifying things
- Angry on small things
- Cannot tolerate if things do not according to her wish
- Always gets what she wants anyhow
- Desire: Sweets
- B/L deep cracks on foot with severe pain
- Bleeding < after scratching

## Rubrics

1. Mind – Loquacity
2. Mind – Egotism
3. Mind – Contradiction – Intolerant Of Contradiction
4. Mind – Obstinate
5. Mind- Anger- Trifles At
6. Generals- Food & Drinks- Sweets – Desire
7. Extremities – Eruptions – Lower Limbs – Eczema
8. Skin – Cracks - Deep Bloody
9. Skin – Cracks – Painful

Fig 1: Repertorial Sheet

## Repertorial Result

1. *Petr.* - 11 /8
2. *Phos* - 10/7
3. *Merc* - 9/7
4. *Lyc* - 13/6
5. *Nux-v* - 12/6

## First Prescription with Justification-

$R_x$

*Petroleum* 30/ OD / 15 Days

After proper analysis of the symptom of the case on the basis of mental, physical and particular symptoms a totality was constructed. Repertorial analysis using Synthesis repertory (English) (0.9)

RADAR 10 software was done considering above symptomatology. *Petroleum* was selected on the basis of totality of case and repertorization as it covers maximum rubrics. 30C potency was given based on susceptibility of patient and to avoid unwanted aggravation.



Fig. 2.1: Eczematous Eruption on Right foot



Fig. 2.2: Eczematous Eruption on Left foot

**Figure 2: Pre treatment photos of Eczematous Eruption on both feet (31- 3- 2022)**



Fig 3.1 Eczematous Eruption on Right foot



Fig 3.2 Eczematous Eruption on Left foot

**Figure 3: During Treatment Photos of Eczematous Eruption on both feet (07-04-2022)**



Fig 4.1: Eczematous Eruption on Right foot



Fig 4.2: Eczematous Eruption on left foot

**Figure 4: Post treatment Photos of Eczematous Eruption on both feet (01-08-2022)**

### Follow Ups with Prescription

As we above mentioned the follow-ups were taken via telecommunication. First we asked her to send digital picture of her skin lesions on WhatsApp. Then we took a record about the change in her symptoms via telephonic consultation.

Date	Change In Symptoms	Prescription	Justification Of Potency And Doses
7-4-22	Eruptions aggravate. < itching and pain, very sensitive to slightest pressure. Bleeding from cracks still present.	R <sub>x</sub> Phytum 30 / TDS/ 15 days	<i>Petroleum</i> was stopped as symptoms started aggravating and placebo was given
21-04-2022	Slight relief in eruptions. Slight relief in itching (20%), Marked dryness. Pain in cracks, no relief Sleep disturbed due to itching	R <sub>x</sub> Rubrum 30/ 1 dose Phytum 30 / TDS/ 15 days	Slight relief in symptom
9- 5 – 2022	> ++ relief in eruptions > + itching (40% relief) Pain in knees RT> LT with swelling in right knee <walking, first movement, > rest; stitching type of pain	R <sub>x</sub> <i>Bryonia alba</i> 30 / 1 dose Phytum 30 / TDS / 15 days	Due to acute knee pain

19-5-2022	50% improvement in cracks and itching, relief in bleeding  Only one episode of bleeding on 17 <sup>th</sup> May 2022. Bleeding was mild. No pain. Relief in dryness.  No relief in knee pain	R <sub>x</sub> <i>Bryonia alba</i> 200 / 1 dose  Phytum 30 / TDS / 15 days	High potency as there was no relief in knee pain
2-6-22	> ++ cracks , itching  No pain and bleeding from cracks  Slight relief in knee pain	R <sub>x</sub>  Rubrum 30 / 1 dose  Phytum 30/ TDS / 21 days	Relief in complaints
4-7-22	Relief in cracks and itching.  Slight itching present only on one spot over left foot. Severity reduced.  Overall improvement in eczema on feet (70%)  Slight relief in knee pain.	R <sub>x</sub>  Rubrum 30/ 1 dose  Phytum 30/ TDS / 30 days	Relief in complaints
1-8-22	Relief in eczema on feet, no itching and pain. Cracks are healed. No bleeding.  Relief in pain in knees.	R <sub>x</sub>  Rubrum 30/ 1 dose  Phytum 30/TDS/ 30 days	Due to relief in complaints

**Table 3: Follow Ups**

## DISCUSSION AND CONCLUSION

Eczema is an extremely pruritic disease and it affects the quality of life to a very great extent. Severe itching, dryness, scaling and inflammation of skin are the most burdensome symptoms of eczema reported in adult population.<sup>(9)</sup> According to homoeopathic principles suppression of skin diseases causes a deeper disease so these should be treated by individualized homoeopathic medicines.<sup>(10)</sup> In this case *Petroleum* was prescribed based on totality of symptoms which shows its effectiveness in the treatment of eczema.

In this case the main difficulty was to continue the follow-ups regularly as the patient was residing in other state and was unable to travel frequently due to severity of symptoms and long distance so

follow-ups were taken via teledermatology.

Teledermatology has a great utility in delivering of dermatologic services to remote and distant location by means of information technology and telecommunication.<sup>(11)</sup> In 2015 a randomized control trial was conducted to compare the effectiveness of teledermatology and face to face appointments. Results showed uniform improvement in both groups.<sup>(12)</sup> Yet teleconsultation in the field of homoeopathy needs to be explored further as this case report is an example that a regular follow-up through telephonic consultation can be boon for the patient residing away and it equally helps in primary care of the patient in an easiest, best possible way.

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3. **Dr Pavitra Gaur, M.D. (PGR),** Materia Medica, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India.

have helped me distinguish the non-venomous snakes from venomous snakes. The remedies chosen are from various members of the non-venomous Colubridae family, and these snakes are *Natrix natrix*, *Thamnophis sirtalis*, *Cyclagras gigas*, *Elaphe guttata*, and *Lampropeltis trian-gulum*. The predominant theme of these non-venomous snakes is that they very successfully mimic well-known venomous snakes and use mimicry for deterring predators and protecting themselves in the wild. They appear as something that they are not. Similarly, patients requiring remedies from these non-venomous snakes appear to be something that they are not, and in the process of case-taking, it becomes obvious from their life narrative, that the talent for mimicry helps them survive in their day-to-day life.

In our attempt at listening to the human narrative, if we keep our focus on sensing the energy expressed by the patient, the main themes of his or her life that emerge in the free-flowing narrative, whole-body gestures that are displayed spontaneously, and how they see themselves through the progression of their life – through the challenges, problems, and hurdles and how they are overcome – and in the aspects of their narrative where they are most animated, or simply dumbfounded, all these will help us figure out if the patient indeed is calling out for a remedy from an animal, from a snake, and particularly from a Colubrid snake.

I have written about my experience with the non-venomous Colubrid snake remedies in a 232-page book, "Colubrid snake remedies and their indication in homeopathy practice". It is published by Narayana Verlag and will be released in May 2023. It is my hope that this book will offer you an alternative perspective for solving your cases that require a remedy made from snakes.

# Homoeopathic Management of Enteric Fever Through *Lachesis mutus*: A Case Report

Dr Jyoti Kumari

## ABSTRACT

Enteric fever is a bacterial infection that affects people of every age group. Here, a case of 50-year-old housewife suffering from enteric fever from 5 days, treated successfully within 10 days by single individualized homoeopathic medicine *Lachesis mutus* with minimum repetition is discussed. There was an excellent improvement in a very short period of time. There was no recurrence and hence management is achieved through single and simple individualized homoeopathic medicine.

**Keywords:** homoeopathy, enteric fever, typhoid, individualized medicine, WIDAL test, salmonella typhi, *Lachesis mutus*

**Abbreviations:** TB (tuberculosis), S. typhi (Salmonella typhi), BD (twice a day)

## INTRODUCTION

Enteric fever is commonly known as typhoid fever. It is a bacterial infection caused by a bacterium *Salmonella typhi*. (1) It can also be caused by *Salmonella paratyphi*. It is highly contagious and spread through contaminated food and water. It is also found to be spread through close contact with patients or carriers. (2, 3) It can also be seen in people working in or travelling to an area where typhoid fever is endemic, people working as a clinical microbiologist handling *Salmonella typhi*, who eat or drink contaminated food and water. It is very much prevalent in monsoon season.

Incubation Period

Incubation period is about 14 days but can vary upto 3 weeks.<sup>(3)</sup>

Signs and Symptoms

The most marked symptom of typhoid is fever and headache. Often there is gradual onset of high fever over several days. It reaches as high as 104.9 F. Fever is associated with weakness and fatigue, muscle ache, sweating, dry cough, loss of appetite and weight loss, stomach pain, constipation and

diarrhoea, skin rashes and swollen abdomen.<sup>(2),(4)</sup>

Complications

Intestinal perforation and bleeding.<sup>(3)</sup>

Prevention

Safe drinking water, improved sanitation and adequate medical care can help prevent and control typhoid fever. Vaccines are also available for the prevention of typhoid fever.<sup>(4),(5)</sup>

Homoeopathy in Typhoid Fever

Homoeopathy treats patient as a whole. The selection of remedy in our homoeopathic mode of treatment is based upon the theory of individualization and symptoms similarity by using holistic approach. It is the only way through which a state of complete health can be regained by removing all the sign and symptoms from which the patient is suffering. The aim of homeopathy is not only to treat typhoid fever but to address its underlying cause and individual susceptibility.<sup>(6)</sup>

### Case History

#### Chief Complaints

A female of age 50 years complained of having continuous fever throughout the day which increased in evening along with symptoms like headache, sore throat and nausea from 5 days. She was drenched with hot perspiration during sleep and feeling extreme weakness with loss of appetite. She had diarrhoea with colic as well.

#### Modality of Headache -

Headache < during sleep

#### History of Presenting Illness

She was having fever that increases in evening, fever reaches as high as 103°F. Hot perspiration and headache increase during sleep. She has taken conventional medicine for fever that has palliated the fever temporary but again the body temperature increases over and over again. She was having sore throat left sided, colic and extreme weakness.

#### Past History

1. She suffered from chicken pox at the age of 12.
2. She had eczema on left foot treated with homeopathic medicine.

#### Family History

1. Father suffers from diabetes and hypertension.
2. Mother suffers from arthritis for last 5 years.
3. Grandmother died of T.B.

#### Personal History

She was a housewife and lived in a pucca house.

Diet - Her diet was irregular

Milestones - All the milestones were proper and on time.

Environment at home - She shared good relationship with family members.

#### Gynaecological & Obstetrical History

Menopause - 3 years ago.

She bore two children with normal delivery. Nothing significant was found with obstetrical history.

#### Physical Generals

Built – average

Appetite – less, nausea and colic on eating

Thirst – for cold water

Desire – sweets

Stools - constipated and diarrhoea alternately

Urine - clear with no foul smell, no burning during micturition

Tongue - moist with yellow coating..

Thermal - felt better in cold climate. She always suffered from headache whenever out in the sun.

#### Mental Generals

She was mentally keen and having good understanding. She was talkative and extroverted. Irritability and jealousy were marked in her. Had aversion to company. She preferred to wear loose clothing. She could not bear tight clothing around neck.

#### Diagnosis

The patient was diagnosed with enteric fever or typhoid fever based on signs and symptoms. WIDAL test was advised.

## Case Analysis

### Analysis and Evaluation of Symptoms -

	Symptom type	Symptom	Intensity	Miasmatic analysis <sup>(7) (8)</sup>
1.	Mental general	Aversion of company	++	Psora
2.	Mental general	Jealousy	+	Psora
3.	Mental general	Loquacity	+++	Sycosis
4.	Physical general	Pain in head during sleep	+	Psora
5.	Physical general	Pain in head after sun exposure	+++	Psora
6.	Physical general	Desire for sweet	++	Psora
7.	Physical general	Fever in evening	+++	Syphilis
8.	Physical general	Fever in sleep	++	Psora
9.	Physical general	Typhoid fever	++	Psora
10.	Particular symptom	Inflammation of throat left sided	++	Sycosis

### Repertorial Analysis (9)

SYMPTOMS	RUBRICS
Aversion of company	MIND- FEAR-alone of being
Jealousy	MIND- Jealousy
Talkativeness	MIND- LOUQACITY-fever-during
Headache after sleep	HEAD- PAIN-sleep-after-agg
Headache when going in Sun	HEAD- PAIN-sun-exposure from
Left sided inflammation of throat	THROAT- INFLAMMATION-left



## Follow Ups

Date of visit	Response	Medicine prescribed
22-07-2022	Fever was improved but still persisted	Sac. lac./200/1 drop BD ×4 days
27-07-2022	Mild fever was reported but headache persisted	Sac. lac./200/1 drop BD × 4 days
1-8-2022	No fever but headache still persisted	Sac. lac./200/1 drop BD × 4 days
04-08-2022	No fever and headache	Sac. lac./200/1 drop BD × 4 days
08-08-2022	No fever and headache	Sac. lac./200/1 drop BD × 4 days

## Investigation Reports

SHAKTI DIAGNOSTIC & RESEARCH LAB.  
JURAN CHAPRA, ROAD NO.2, MUZAFFARPUR.

R.P.SINGH  
P.  
09934709037, 09525011052.

Name : [REDACTED] Date : 18/07/2022  
Investigation required : C.R.P. & SGPT, SGOT, Widal Test No. :

TEST NAME	RESULT	UNIT	NORMAL RANGE
S.G.P.T.	42 (↑)	IU/L	5-35
S.G.O.T.	46 (↑)	IU/L	5-40
C.R.P.	14.8 (Positive)	mg/L	< 6.0
WIDAL TEST	Positive		
S.Typhi 'O'	1:160 dil		
S.Typhi 'H'	1:320 dil		
S.Paratyphi AH	Nil		
S.Paratyphi BH	Nil		

Note : Please Correlate finding with clinical condition, any discrepancy should be brought to notice within 3 days for recheck (free of charge)  
\*NOT VALID FOR MEDICO LEGAL PURPOSE.

PATHOLOGIST  
18/7/22

**SHAKTI DIAGNOSTIC & RESEARCH LAB.**  
JURAN CHAPRA, ROAD NO-2

R.P.SINGH  
9832709037, 89525811657.

Name : [REDACTED] | Date : 29/07/2022  
| No. :

Investigation required : C.R.F.Widal Test

TEST NAME	RESULT	UNIT	NORMAL RANGE
C.R.F.	8.6 (Positive)	ng/L	< 6.0
WIDAL TEST	Positive		
S.Typhi 'O'	1:80 dil		
S.Typhi 'H'	1:160 dil		
S.Paratyphi AH	Nil		
S.Paratyphi BH	Nil		

Note : Please Correlate finding with clinical condition, any discrepancy should be brought to notice within 3 days for recheck (free of charge)

\*NOT VALID FOR MEDICO LEGAL PURPOSE.

PATHOLOGIST  
29/7/22

**Shree Balaji Pathology Centre**  
Zeromile Chowk, Infront of Athari Market, Akharaghat Road, Muzaffarpur  
Mob.: 9304701542

**REPORT**

Date : 04.08.2022

MBBS,MD.

Patient's Name: [REDACTED] Age: XX Yrs. Sex: FEMALE  
ID NO.:

Test Name	Findings	Normal Value	Unit
<b>Widal Agglutination Test</b>			
S. typhi 'O'	1:80		NIL
S. typhi 'H'	1:40		NIL
S. paratyphi A(H)	NIL		NIL
S. paratyphi B(H)	NIL		NIL

ABO Group "B"

RH Factor Positive

**K. Sharma**  
M.B.B.S.

## CONCLUSION

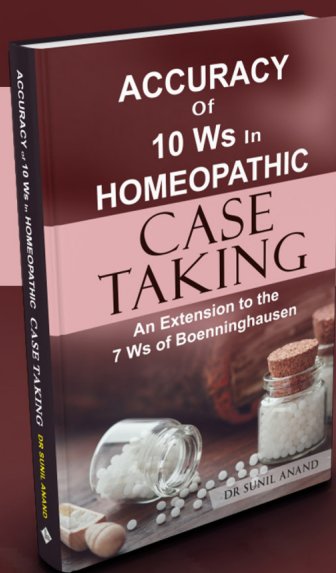
Homoeopathy is an artistic and holistic method of treatment. Hence any homoeopathic medicine selected on the basis of complete individualization of the patient and totality of symptoms provide sure and permanent cure to a patient. In this case we have seen the miraculous effect of homoeopathic individualized medicine. After attaining complete cure there was no relapsing seen in the patient. Proper selection of medicine in homoeopathy provides the patient with complete and permanent cure. <sup>(15)(16)</sup>

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Author:-

*Dr. Sunil Anand*

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# Overview: Essentials of Boger's Principles & Practice of Homoeopathy

## About the Reviewer



**Dr Aparna Rajput, BHMS (A M Shaikh Homoeopathic Medical College Belgaum, Karnataka), MD (Organon of medicine and Homoeopathic Philosophy from Father Muller Homoeopathic Medical College Mangalore)**

**-Pursuing M.Sc. Psychology at Jain University Bangalore.**

**-Behavioural consultant at Diginxthlt Solutions and Services Pvt Ltd.**

**-Currently working as an Associate Professor in the Department of Organon of Medicine at JIMSHMC Hyderabad.**

**Intrigued by the art of Homoeopathic methods she is a passionate homoeopathic practitioner since 2010. Being committed to student development and teaching-learning experience she has 10 years of academic experience. She has been designated as a postgraduate guide since 2021.**

**She has also served as an internal and external examiner at KNUHS and NTR Universities.**

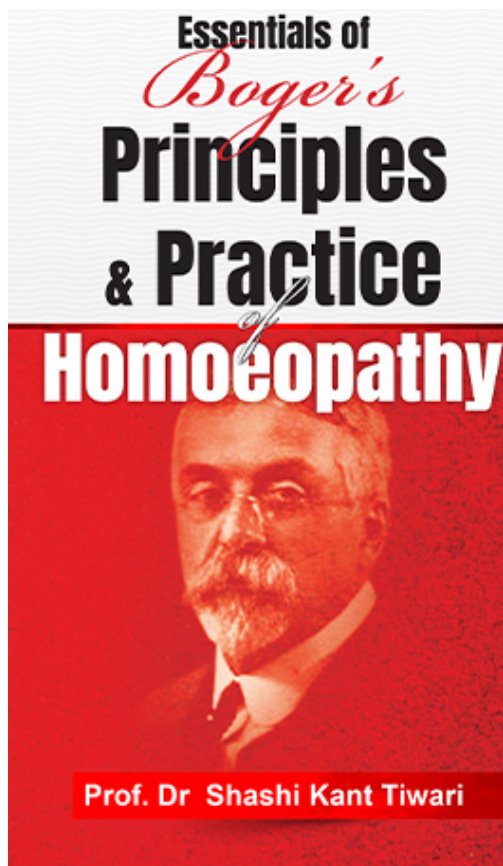
Legendary Prof. Dr Shashi Kant Tiwari has diligently collected the scattered valuable writings and documentaries of Dr Boger and interlaced them into a remarkable compilation titled “Essentials of Boger’s Principles and Practice of Homoeopathy. Dr Boger sternly believed in verifying the principles through practice before advocating them, and this book is a classic assembly of it.

The book outlines a very unique style and comprises 66 chapters, most of the chapters commence with a discussion of the topic with a practical demonstration followed by a panel of discussion by eminent practitioners and stalwarts of homoeopathy. This book focuses mainly on the attainment of working knowledge of the law of action and considers it to be the inherent right of every homoeopathic student.

This book takes through many important topics which convey a deeper understanding of the principles and methodology of rational and successful clinical practice of Homoeopathy. Dr Boger advises every homoeopath to have a thorough knowledge of his tools, that is, an insight into the books and literature on homoeopathy.

He states evolution of the homoeopathic system is mainly attributed to the learned faculty who imbibe knowledge in students. He has clearly defined concepts of susceptibility and central life which should be understood as a unit of expression and disincline towards piece-meal prescription. Boger highlights the advancement of the materia medica as the need of the hour, which could take place by systematic, purposeful and planned proving. He stressed considering the symptoms of peculiar characteristics in making the choice of the remedy and disregards the reverse methods of using keynotes to decide on the choice of remedy.

He convinces physicians to not only find the foci but go beyond, to get the totality. If one intends absolute cure, the necessity of minute life history is well elicited by Dr Boger. Dr Boger describes Energy in a threefold form: spiritual(mind), dynamic



(brain and nervous system) and physical(tissues). In relation to homoeopathy and pathology, Dr Boger states every sickness has a personal element and thus disregards the prescription of specific medicines.

To make a rational choice of remedy it should be a true reflection of everything in the patient's body. Dr Boger emphasizes looking for the characteristics of the patient rather than the characteristics of the remedy, focusing on finer and subjective symptoms and acquainting oneself with the language of disease changes of personality and temperament, expression of the intellectuals and moral peculiarities, the seat of the disease, concomitants and modalities, cravings and aversion, aggravation and amelioration, periodicity of symptoms, analysis of symptoms- generalities, modalities, circumstances, locality, sensation -general /localised. He states a lot of bearing must be given to the anamnesis, aetiology and heredity of the disease aspects, especially in unilateral cases where family anamnesis is useful in finding the similimum.

He mentions that one-sided diseases are due to the suppressive power of psora. He discusses the grading of symptoms to particular diseases, organs and individuals.

He mentions the trinity in homoeopathy- Law of cure, single remedy and minimum dose. Regarding the topic of suppression,

he states that everything that distorts the natural image of the disease is suppression, which turns disease movement toward more vital organs. He mentions the significance of a single dose and wait-and-watch policy and defies injudicious repetition of dose. Relating to the undeveloped picture he insists to look into deeper lying manifestations of an embedded miasm after the acute explosion. He defines the Genus Epidemicus in relation to susceptibility and elicits in every case to be a mixture of general drug reactions plus the psoric, idiosyncratic or personal element.

He gives special reference to clinical cases of membranous croup, tuberculosis, liver cases, cancer, panaritium, the Metals and their relation to the functions of the reproductive organs, points in obstetrical therapeutics, climacteric remedies, diabetic gangrene, choleraic complex, Homoeopathy in diseases of children, he gives special mention to the study, development and genius of materia medica, Strontium salts, Gymnacladus, the Doctrine of Signature and Veterinary Homoeopathy.

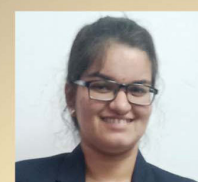
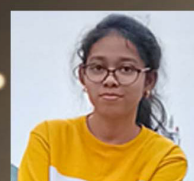
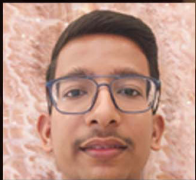
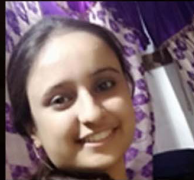
Dr Boger offers a deep insight into the science of homoeopathy through his lectures and discussions of the Principles of homoeopathic, philosophy, materia medica, therapeutics, clinical cases, and repertory and thus would incorporate integrated knowledge to the readers. Each chapter gives the essence and deeper understanding of homoeopathy and its principles in a distinct language. In most of the chapters, there are clinical cases along with discussions of various stalwarts and practitioners which help the students to practically grasp the concepts of homoeopathy.

This precious compilation is a great contribution to all the diligent followers of homoeopathy which would not be possible without the painstaking effort of Prof. Dr Shashi Kant Tiwari.



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