

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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PEER REVIEWED



## Using Clinical Repertories in Homoeopathic Practice

- An Evidence Based Case of Plaque Psoriasis Treated by Individualized Homoeopathic Medicine: A Case Report
- Use of Clinical Repertory in Homoeopathic Practice



BJAIN

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# THE HOMOEOPATHIC HERITAGE

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## BOOK REVIEW

Conscientious Objector - Why I Became A Homeopath

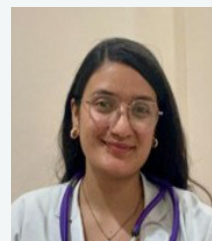
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Dear Readers,

*Whether it is Boericke's Clinical Repertory, Clarke's Clinical Repertory, or Dr. Phatak's work, these gems simplify our process without compromising on precision. They are particularly useful in busy clinical settings, emergencies, or while handling nosological conditions where mental generals may not be prominent or available.*

*However, while clinical repertories are powerful tools, they are not substitutes for individualized case taking. They complement classical approaches beautifully—especially when used judiciously, in conjunction with the totality of symptoms and the holistic understanding of the patient.*



In the evolving journey of a homeopath, the role of repertories cannot be overstated. While philosophical understanding and materia medica knowledge form the foundation, repertorisation provides the bridge that connects the patient's narrative to the curative remedy. Among the various tools at our disposal, clinical repertories hold a special place—offering a pragmatic, focused, and accessible approach to remedy selection.

Clinical repertories are those repertories which contain clinical symptoms/conditions and the corresponding group of medicines. These repertories facilitate the selection of a remedy on the basis of pathological similarity, causation, modalities and concomitants.

Unlike general repertories that demand an in-depth translation of symptoms into rubrics, clinical repertories often speak the language of the practitioner. They present conditions and diseases as they are commonly diagnosed and described in conventional medicine—offering a more direct entry point for remedy selection, especially in acute or diagnostic-specific cases.

Whether it is Boericke's Clinical Repertory, Clarke's Clinical Repertory, or Dr. Phatak's work, these gems simplify our process without compromising on precision. They are particularly useful in busy clinical settings, emergencies, or while handling nosological conditions where mental generals may not be prominent or available.

However, while clinical repertories are powerful tools, they are not substitutes for individualized case taking. They complement classical approaches beautifully—especially when used judiciously,

in conjunction with the totality of symptoms and the holistic understanding of the patient. As practitioners, it is our responsibility to discern when to lean on clinical rubrics and when to dive deeper into the patient's constitution.

This month, as we reflect on the role of repertorisation in practice, let us embrace the practicality of clinical repertories. Let us revisit these often-underused tools with fresh eyes, integrating them with our classical foundations to enhance accuracy, efficiency, and confidence in prescribing.

Let us encourage our fraternity to train and re-train in the art of repertory usage, not only as a theoretical subject but as a **living tool in the hands of a healing artist**.

## Quick Word On Issue Content

This issue of The Homoeopathic Heritage themed 'Using Clinical Repertories in Homoeopathic practice' aims to demystify the **practical utility** of clinical repertories in everyday homeopathic practice—especially for busy practitioners, acute cases, or diagnostic-based situations. Besides numerous opinion pieces and case discussions by homeopaths from around the world, this issue features the life sketch of Dr. Thomas Skinner penned by Prof Dr Subhas Singh, Former Director, NIH Kolkata, India, in its Stalwarts' Expedition section, a clinical update on Ai by Prof. Dr. Nisanth K M Nambison and the 'In Italics' section written by Paolo Pifferi, M.D.

In addition, this issue is adorned by an insightful 'From the Editors' Desk' section authored by one and only our Dr S.K. Tiwari sir. Lastly, the Book

Review section features a noteworthy book- 'Conscientious Objector - Why I Became A Homeopath' Reviewed by Karl Robinson

Happy Reading!

Dr Mansi Tyagi

Editorial Team,

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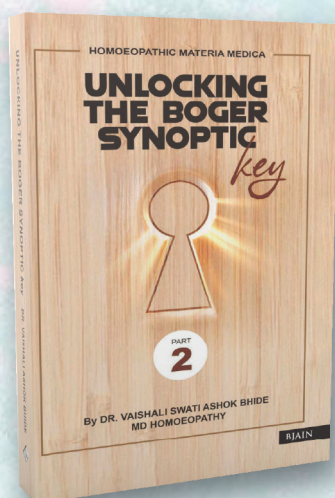
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### Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
Sep 2025	Practical Evidence of Hering's Law of Cure	Jul 15, 2025
Oct 2025	Importance of the Homeopath's Observations in Case Taking	Aug 15, 2025
Nov 2025	Homeopathy as the Future Palliative Medicine	Sep 15, 2025



ISBN: - 9788131967744

## Unlocking the Boger Synoptic Key (Part 2)

*The Key to Grasp Dr Boger's Work*

### Key Features:

- ☑ Detailed analysis of 24 remedies with comparisons
- ☑ Based on 11 authoritative homeopathic sources
- ☑ Flowcharts explaining pathophysiology & remedy action
- ☑ Characteristic Symptoms highlighted as per Boger
- ☑ Clinical tips and therapeutic hints throughout
- ☑ Each remedy ends with a crisp, practical summary



Authored by

**Dr Vaishali Bhide**

# Using Clinical Repertory in Homoeopathic Practice

Dr Shashi Kant Tiwari

Author, Essentials of Repertorization, Professor Emeritus, Rajiv Gandhi University of Health sciences, Bangalore, Karnataka, Former Director, NIH (Govt. of India), Kolkata  
Former Principal, Father Muller Homoeopathic Medical college, Mangalore



Homeopathy, founded by Dr. Samuel Hahnemann, is a science and art that rests on one timeless principle: *treat the patient as an individual*. To arrive at the *simillimum*, we rely on a systematic process—case-taking, analysis, repertorization, and confirmation through *materia medica*. Among the various repertories available to us, the **clinical repertory** occupies a special niche, particularly in today's fast-paced clinical practice.

In many cases—especially where characteristic symptoms are scarce or patients present only with diagnostic labels—the clinical repertory can be a bridge between classical homoeopathic methodology and modern clinical demands. It offers a practical, time-saving approach while still keeping us within the lines of homeopathy, as Dr. Crompton Burnett eloquently put it:

“We need any and every way of finding the right remedy—the simple simile, the simple symptomatic *similimum*, and the furthest reach of all, the pathological *similimum*... still within the lines of homeopathy, an expansive, progressive science.”

## What is a Clinical Repertory?

A clinical repertory compiles remedies under specific clinical conditions or disease names—such as *diabetes*, *pneumonia*, *eczema*, or *migraine*. Unlike general repertories like Kent's or Boenninghausen's, which are symptom-and-modality oriented, the clinical repertory is more pathology-focused.

## Scope and Utility

Clinical repertories serve both as a study tool and a bedside aid. They are especially valuable in:

1. **Cases lacking generals** – where mental and physical generals are absent, but common symptoms predominate.
2. **Cases with a clear diagnosis** – allowing targeted reference.
3. **Short cases** – with limited available data.
4. **Quick reference** – in busy clinics or acute emergencies.
5. **Finding rare rubrics** – sometimes absent in general repertories.
6. **Palliative work** – in incurable cases.
7. **Regional specificity** – through specialized repertories for certain organs or conditions.

## Limitations

Their scope is narrower because they rely on nosological terms and clinical observation. Used mechanically, they risk neglecting individualization—the soul of homeopathy.

## Types of Clinical Repertories

### a. Covering the whole body:

- Clinical Repertory appended to Boericke's *Materia Medica*
- J.H. Clarke's Clinical Repertory

### b. Covering a part or condition:

- **Specific parts:** Berridge's Eyes, Morgan's Urinary Organs, Minton's Uterus
- **Specific conditions:** Robert's Rheumatic Medicines, Bell's Diarrhoea, Allen's Repertory of Intermittent Fever

## Importance in Practice



1. **Time efficiency in acute cases** – Quick access to remedies based on diagnosis.
2. **Focused remedy lists** – Clinically verified medicines for specific conditions.
3. **Educational value** – Helps students grasp therapeutic indications.
4. **Bridging classical and modern practice** – Linking pathology to remedies without abandoning principles.

### Application in Practice

1. **Case taking** – As always, start with a thorough history and symptom picture.
2. **Identifying clinical rubrics** – e.g., “Headache—migraine” in Boericke’s repertory.
3. **Refining with modalities & concomitants** – Narrow down the choice.
4. **Cross-verification with materia medica** – Confirm the final prescription.
5. **Follow-up** – Use in subsequent prescriptions when the clinical picture evolves.

### A Case Example

A 21-year-old girl suffered from migraine for seven years, resistant even to prior homoeopathic treatment. Her headaches—throbbing and

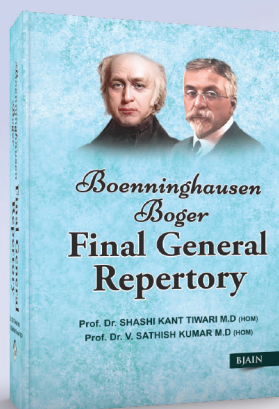
hammering—began mostly in the morning, aggravated by anger, exertion, sunlight, and noise, and ameliorated by lying down and pressure. The pain, mainly in the left forehead, extended to the root of the nose and sometimes to the nape of the neck, with associated constipation, visual disturbances, vertigo, and nausea.

Referring to Boericke’s Clinical Repertory under “Headache—migraine,” **Nux vomica** emerged prominently. Prescribed in 30C once a week, it led to complete relief within a month—a testament to the clinical repertory’s potential in unlocking stubborn cases.

### Final Thoughts

The clinical repertory is not a replacement for the general repertory, nor for the physician’s judgment. It is, however, an indispensable tool—speeding up acute prescriptions, aiding palliative care, and serving as a guide when the totality is incomplete.

Used wisely, with cross-verification in materia medica, it allows us to meet modern practice demands without compromising the soul of homeopathy. In the right hands, it turns diagnostic labels into doorways for curative prescriptions.



## Boenninghausen Boger Final General Repertory

ISBN :- 9788131932421

- Treatise comprises of 12 books related to these great stalwarts: Boenninghausen & Boger
- The utmost care is taken in changing the typography while merging the rubrics from different sources into BBFGR.
- The rubrics are also placed at appropriate chapters and sub chapters making it easy for the students and practitioners.
- All the new information given in BBFGR has citations above the rubrics and medicines which can be verified anytime in case of any doubt.



Dr S K Tiwari

## Dr. Thomas Skinner : A Meticulous Marvel

Prof. (Dr.) Subhas Singh<sup>1</sup>, Dr. Jyotidarshanee<sup>2</sup>, Dr. Vignesh S<sup>2</sup>, Dr. Jasna Moideen V.M<sup>2</sup>, Dr. Rumsha Tamkeen<sup>2</sup>, Dr. Binay P Singh<sup>2</sup>

<sup>1</sup> HOD, Department of Organon of Medicine, National Institute of Homoeopathy, Kolkata.

<sup>2</sup> Postgraduate Scholars, National Institute of Homoeopathy, Kolkata.



Dr. Thomas Skinner was an ardent true follower of Master Hahnemann. He was widely popular for his work on diseases of women. Skinner's high potency was widely popular and much acclaimed which he used to prepare using his potentizer.

### Early Life and Education

Thomas Skinner was born on 11th August 1825 in Edinburgh. He was the second son of John Robert Skinner, a prominent Edinburgh solicitor, known in Scotland as a "Writer to the Signet". Dr. Skinner completed his early education in Edinburgh and entered a business office to pursue a commercial career, but was dissatisfied with it. He then began studying medicine at the Royal College of Surgeons at the University of Edinburgh in the year 1849.

In 1853, Dr. Skinner earned his Licentiate (was granted a license) from the Royal College of Surgeons of Edinburgh and practised privately in Dumfriesshire for two years. He later received his M.D. from the University of St. Andrews. He won the Gold Medal for the session 1851-52.

Dr. Skinner, as well as Dr. Drysdale, were students of the famous Professor Sir James Young Simpson, an Edinburgh Obstetrics Professor who pioneered the use of Chloroform as an anaesthetic in surgery and childbirth. Prof. Simpson opposed polypharmacy, supported single remedy prescribing and greatly influenced Skinner, even though he was not a Homoeopath. Dr. Skinner remained enthusiastic about chloroform throughout his life, claiming it was as harmless as milk—and it was in his hands. His key contribution to

the anaesthetic era was inventing the widely used "Skinner's Mask" and "Skinner's Drop-bottle," both practical and effective tools for administering chloroform.

### Converting to Homoeopathy

Through correspondence unrelated to medicine, Dr. Skinner met Dr. Berridge in 1873. Dr. Skinner converted to Homoeopathy after being successfully treated for his health issues by Dr. Edward Berridge (1844–1920) in the year 1875, while in Liverpool. A single dose of a high-potency of Sulphur (MM) brought about such a dramatic and unforeseen recovery that it deeply influenced him and sparked his enduring commitment to high-potency homoeopathy. As Dr. Skinner exclaimed, "I shall never forget the marvellous change which the first dose effected in a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind". He was cured of the gastric problems of constipation and dyspepsia, as well as insomnia and weakness.

In 1876, he attended the International Exposition in Philadelphia. When he returned to England, he collaborated with Drs. Adolph Lippe, Edward Berridge, and Samuel Swan to launch "The Organon"—an Anglo-American journal of homoeopathic medicine and related sciences.

He heartily studied Dr. Hahnemann's three major books, namely, The Organon of Medicine, The Materia Medica Pura, and The Chronic Diseases, under the guidance of Dr. Berridge. He resigned from the Liverpool Medical Institute which did not permit membership to homoeopaths as per

a law which had been advocated by Dr. Skinner himself in the past.

### Skinner's Centesimal Fluxion Potentizer

Dr. Skinner was a high-potency prescriber. He travelled to the U.S., where he developed a high-potency centesimal fluxion machine. This innovation made him a key figure connecting American and British homoeopathy, associating him with other high-potency prescribers such as Drs. Fincke, Swann, Boericke and Kent.

With the help of this potentizer, he prepared 5, 30, 200, 500, 1M, 5M, 10M, 20M, 50M, CM, DM and MM potencies.

All potencies made on this instrument were labelled as (F.C.), which indicated Fluxion Centesimal. The potentizer could produce 50 centesimal potencies per minute – that is 8,000 per hour, 72,000 per day, 100,000 (CM) in about 33 hours, and 1000000 (MM) in 330 hours (about 14 and a half days), if it ran continuously day and night.

### Contribution to Homoeopathy

Between 1893 and 1895, he was also a member of the esteemed "Cooper Club," a weekly gathering of prominent Homoeopaths. This group centred around figures such as Drs. Robert Thomas Cooper, James Compton-Burnett, and John Henry Clarke, who introduced Skinner to the group. Subsequently, Skinner continued to participate as an occasional member. For Dr. Clarke, Skinner was regarded as one of the three preeminent living Homoeopaths, alongside Cooper and Compton-Burnett.

### Published Works

His articles were published in different homoeopathic journals like:

- *Medical Advance*
- *Homoeopathic Physician*
- *N American quarterly*
- *The Organon*
- *Homoeopathic World*

Some of his publications were:

- *Dynamization of Medicines* (1878)
- *Dr. Skinner's Centesimal Fluxion Potentiser* (1878)
- *Ethics of Mongrelism* (1881) – a correspondence between Dr. Skinner and Dr. RE Dudgeon.
- *Melitagrimum* (1882)
- *Nectrianinum* (1900)
- *Dr. Skinner's Grand Characteristics of the Materia Medica* with John Henry Clarke (posthumous, 1931)
- *Homoeopathy in Relation to the Diseases of Females* (1875).

### Final Days

Two weeks before his death, he slipped on the street and was hurt in the fall. Although he didn't seem seriously affected at first, twelve days later he developed internal pain, followed by bleeding from the bowels and haemoptysis. This suggests that his diabetes may have resulted from an issue in the pancreas, possibly caused by a growth damaged in the fall. Within 48 hours of the initiation of the pain, he died on 11<sup>th</sup> October 1906, with Mrs. Skinner by his side.



The banner for the 10<sup>th</sup> National Homoeopathic Conference features a collage of logos on the left, including the Ministry of Health & Family Welfare, Homoeo Reader, and Media Partner. The central text reads "10<sup>th</sup> National Homoeopathic Conference" with the venue "ATAL BIHARI VAJPAYEE SCIENTIFIC CONVENTION CENTER" and address "Mahatma Gandhi Marg, King George's Medical University Lucknow, Uttar Pradesh". On the right, it lists sponsors (B Jain, B, N, GHR), a date calendar for September 13-14 and 20-25, and a book titled "What if the Indicated Remedy Fails?" by Dr. Parag Sharma, which is offered for free. A coupon code "HMB25" is provided for registration, valid from 18 July to 15 August 2025, applicable for the first 100 registrations.



# Some Considerations on the Topicality of Hahnemann's Concept of 'Obstacles to Healing' A modern reading and an invitation to re-read what the Master bequeathed us

Paolo Pifferi, M.D



## Summary

This article aims to make a review of Hahnemann's thinking on obstacles to healing and to make a comparison between the obstacles that the master had identified in the time in which he lived and those that we, homeopaths of the modern era, but still faithful to his teachings, can identify in our day.

The purpose of this article is to try to read in a "modern" key what Samuel Hahnemann said about possible **OBSTACLES to HEALING**

I believe that many times it happens that we do not understand why we are unable to get to the resolution of a pathology on which we were absolutely convinced that we had chosen the right drug, the right potency, the right repetition.

What do we do?

- Do we review the case?
- Do we change the drug?
- Do we change the potency and the repetition?
- But we still don't solve and perhaps we go on getting worse, then we enter the 'loop' of the impossibility of healing/cure
- But we ask ourselves the question 'what hinders healing?'

*Organon, paragraph 3:*

*the doctor understands what is to be cured in diseases*, he understands what is curative in medicines and how to adapt the most appropriate

medicine, how to prepare it, the right dose and the frequency with which to repeat it; finally, he *knows* what are the *OBSTACLES TO HEALING* in each individual case and is skilful in removing them, so that the restoration of the state of health is lasting

One aspect that Hahnemann took into consideration when treating his patients, when the remedies he administered were in his opinion suitable for the patient, was the concept of *'what is it that hinders this person's recovery?'*

Usually, professional training in traditional Western medicine (I am speaking in relation to my country, Italy) does not pose the problem of considering that something may hinder the action of the drugs that are prescribed.

But in fact this is a question we should all ask ourselves, whatever our view of patient care: allopaths, homeopaths, specialists of the various branches.

In allopathic medical training, at least in my country, the patient was considered, many years ago, to be *'a sick patient' and not 'a disease'* with a defined name: so even if one spoke of allopathic medicine, one still valued *the person and the context in which he or she 'existed'*, the patient was not a **THERAPEUTIC PROTOCOL** as, unfortunately, is happening now.

**WHAT CAN WE EXPECT ?**

An improvement in a **respiratory condition**, even with the myriad of drugs we can prescribe, if **our patient smokes 30 cigarettes a day and lives in an**

**unhealthy environment ?** Are these circumstances not **OBSTACLES to HEALING ?**

Hahnemann had gathered data from his own clinical experience that suggested to him that many substances commonly used by patients could have a “violent” effect and be contrary to the therapies he proposed (coffee, beer, etc.), especially considering the small doses of homeopathic doses compared to the doses of these substances.

He had also realised that *living conditions (environment, hygiene, diet, etc.)* could both determine and favour the onset of pathologies but also be a major obstacle to their recovery.

LET'S CONSIDER DR. HAHNEMANN IN THE ERA IN WHICH HE LIVED

- No artificial magnetic fields but only those found in the universe
- No environmental pollution by chemicals, pesticides
- No artificially modified food, coloured with substances whose action is unknown, made tasty with substances we know nothing or almost nothing about
- Extremely small number of potentially allergenic substances
- NO clothes and shoes “made” from materials that nature does not produce
- Hahnemann in his writings considers *the effect of moderate motor activity in a healthy outdoor environment*: nowadays we live most of the day sitting in narrow, modestly ventilated rooms and for many people movement is represented by frequenting gyms (closed environments, frequented by hundreds of people, with not always adequate hygienic conditions) or swimming pools where chlorine vapours are present (apart from the hygienic conditions).

All this is certainly not conducive to an adequate state of health and could interfere with the action of medicines or in any case ensure that the state of illness does not start to unblock: think, for example, of the skin pathologies that can develop in those who frequent crowded and unhealthy

environments such as gyms and swimming pools: does it make sense to administer antimycotics if *the patient's habits are not cleaned up?*

Hahnemann was a forerunner of the concept of the relationship between **disease and nutrition**, focusing his attention on the quality of *foods and potentially harmful foods and drinks*.

In the years in which Hahnemann lived, plant foods were consumed within a very short time of harvesting, and simple procedures could be used to produce these vegetables to promote growth and ripening (the fertilisers used were animal and plant derived, they did not undergo artificial modification processes).

Animals for human consumption were slaughtered (or caught), cooked and eaten; they could be preserved by methods such as drying, salting (paragraph 195 of “The Chronic Diseases”)

*The composition of today's Western diet*

**simple carbohydrates**, derived from technological contrivances (drinks, snacks, traditional foods such as bread modified by technology to make them tastier, storable)

- **saturated fats** which have replaced natural fats derived from olive oil or other vegetable oils and which cause early and irreversible vascular damage (although Hahnemann lived in a time and area where saturated fats such as butter, lard and the like were used)
- **excess animal protein**
- **junk food** which is rampant in ‘affluent’ societies due to rampant chain distribution and in emerging societies due to low cost, with the increasing damage to health that we all know.
- **drinks**

And let's think about what Hahnemann wrote about coffee and tea, let's re-evaluate it by thinking about energy drinks that contain huge amounts of caffeine.

And let us also think about what Hahnemann wrote about alcohol by re-evaluating it with the current fashions of aperitifs, soft-drinks, spirits, energy-drinks.

## Let us therefore reread our Organon

### paragraph 4

- *The physician is also a preserver of health if he knows the things that disturb it and those that give rise to illness and knows how to remove them from healthy people.*

### - paragraph 5

- *... It is useful for the physician to investigate everything that concerns the physical constitution of the patient, his intellectual and spiritual character, his occupation, way of life, social and family relations, age and all functions.*

### - paragraph 76

*... the internal and external ravages and mutilations of the organism caused, frequently, by years of incongruous exercise of false art with drugs and harmful treatments (bloodletting, diets, etc.) should be remedied by the life force itself, if it had not already been weakened too much by such harmful acts and undisturbed must spend years in this immense operation.*

*An art of human healing, to bring back to normal these countless abnormal conditions so often produced by allopathy's non-curative treatments, does not and cannot exist.*

### - paragraph 77

*Those illnesses from which people are constantly exposed and avoidable harmful influences: the habit of indulging in harmful liquor or food, indulging in excesses of various kinds that undermine health, constantly lacking the things necessary for the support of life, residing in unhealthy places, especially swampy ones, living in small or confined places, being deprived of exercise and fresh air, tiring one's body with excessive physical or mental exercise, living in constant distress. These states of unhealthiness, which some people procure for themselves, disappear spontaneously, if there is not already a chronic miasma in the body, improving the way of life (and cannot be called chronic diseases)*

### - Paragraph 156

There is no homeopathic medicine, especially if administered in a dose that is not too small, that does not **produce in the very sensitive patient unusual even if modest effects or some small**

**symptoms.** It is indeed impossible that "*medicine and disease can cover each other in symptoms like two triangles of equal sides and angles*". But these differences are easily overcome by the energy of the living organism and are not perceived by patients who are not particularly delicate; the recovery proceeds in any case until the perfect cure, if it is not hindered by the action of heterogeneous medicinal substances, by errors in the conduct of life or by the excitement of passions.

### - paragraph 252

*When in chronic illness the remedy chosen homeopathically in the best way and in the appropriate dose does not achieve a result, this means that the cause which caused the illness still persists and that **there is some circumstance in the patient's life or environment which must be removed in order to establish a lasting cure***

### - paragraph 259

*'considering the smallness of the doses necessary and suitable for homeopathic treatment, it is easily understandable **that during the treatment itself, all those factors, in the regimen of life and diet, which may have a medicinal action must be avoided:** this is so that the small dose is not overwhelmed, extinguished or disturbed by any external medicinal stimulus'.*

### - paragraph 260

*The careful search for such impediments to recovery will be all the more necessary in the case of patients suffering from chronic **diseases, when the disease is usually aggravated by similar harmful influences and other errors in diet and conduct of life,** often unspoken, which act morbidly.*

### - paragraph 261

- *The most suitable regimen when administering medicine in chronic illness is based on the removal of all obstacles to the restoration of health, placing the patient, if necessary, in the opposite condition:*

- *innocent moral and intellectual distractions*

- *active exercise in the open air in almost any season (daily walking and light manual work)*

- *appropriate, nutritious and non-medicinal food and drink.*



- *active outdoor exercise with almost any kind of season (walking every day and performing light manual work) ?*

(currently: GYMS, SWIMMING POOLS, closed and unhealthy environments)

- *appropriate, nutritious and non-medicinal food and drink.*

(currently : energy bars, protein powder, so-called protein and vitamin supplements)

A healthy lifestyle, rediscovering the art of walking outdoors without locking oneself up uselessly in gyms with stale air, healthy nutrition already have **the power to restore health in certain situations or, certainly, improve the effectiveness of any therapy.**

*In addition to the difficulties that Hahnemann already found during his era, we of the more modernised era have to deal with other difficulties:*

1. *Self-prescribed medicines*
2. *Medicines that the pharmacist should not sell to us without a prescription*
3. *The ubiquitous availability of products classified as 'supplements' which to all intents and purposes can be considered as pharmacologically active, if one assesses the 'macro-doses' of substances they contain: **magnesium, potassium, sodium**: these doses certainly clash with the homeopathic doses that Hahnemann proposes as therapeutic: how can these substances not interfere with our physiological functions?*
4. *Many pharmaceutical forms do not give the feeling of having a pharmacological effect in the traditional sense: many people think that the banal creams, ointments, have only a local effect and make truly continuous and immoderate use of them.*

- *paragraph 263*

*In acute illnesses, on the other hand, the patient's desire for food and drink goes towards things that have a palliative effect. But usually these things do not have a medicinal character and only supply a temporary need.*

*The small obstacles that the gratification of such desires, kept within moderate limits, can put in the way of a radical cure of the disease will be largely repaired and even overcome by the power of the homeopathically chosen medicine and the life force released by it.*

- HAHNEMANN talks a lot about lifestyle, nutrition, in the paragraphs

- 191

- 192

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of 'Chronic Diseases'

- *The homeopathic doctor should adapt his or her diet and lifestyle prescriptions to the circumstances*
- *Coffee* has deleterious effects and should be eliminated altogether and replaced with cereal-based substitutes
- *Tea* is also never harmless, even if taken in small quantities and very lightly
- The restrictions on **wine** are for Hahnemann less strict, although he recommends a limited use and, when possible, diluted with water.
- Regarding **beer**, Hahnemann leaves no room for doubt: it should definitely be avoided in any form, light or dark, because it slowly undermines the health of the drinker
- **liqueurs and spirits** should be abolished because, after causing an apparent temporary invigoration of the body, they diminish the vital force
- **Tobacco and smoking**: Hahnemann advises

against them, leaving only moderate tobacco smoking to those who are addicted and do not show coughing or expectoration. Do not use aspirate tobacco as it contains additives that damage the nasal mucous membranes.

- Women suffering from oligomenorrhoea should abstain from **saffron and cinnamon. Cinnamon, cloves, nutmeg, pepper, ginger and bitter substances** are not recommended for people with digestive difficulties, as they are palliatives that hinder healing.
- Constipated individuals should abstain from cooked prunes and overly young veal; people suffering from decreased sexual potency should avoid chicken, eggs, vanilla, truffles and caviar (these are palliatives that hinder healing),
- **In paragraph 198 Hahnemann speaks of thermal baths** as a possible cause of an aggravation of latent psora (even if it is a type of water that is not unsuitable for the disorder, the thermal bath is to be considered as a massive and repeated intake of a homeopathic remedy)
- **Allopathic treatments, repeated and frequently modified by different doctors**, also contribute to keeping psora in the body, making it less and less curable.
- **Continuous pain and moral suffering** can quickly magnify even the faintest traces of a latent psora, turning them into more severe symptoms that will expand into the most varied chronic suffering; psychic suffering has a much stronger negative effect on the disease than any other kind of suffering.
- The doctor will have to use all his influence on the patient's relatives and friends in order to alleviate the sorrows and discomforts that undermine mental health; the illness, however, cannot be adequately cured if the cooperation of family and friends cannot be found, if the patient does not find solace for his sufferings in religion, philosophy, moral steadfastness.

*I should also talk about the habit of many allopathic doctors of administering huge quantities of psychotropic drugs that make patients calm*

*but devoid of any will and initiative.*

For **drugs in general**, the problem is clear: the size of the dose taken, the repetition of the doses heavily interfere both on what Hahnemann calls the “vital force” and on the target organs of that drug, (where major anatomo-functional upheavals will occur) but also on other organs.

#### **Reading Paragraph 4 of the ‘Introduction to Homeopathic Medicine’ by P. S. Ortega**

- **Hygiene**, the form of preserving our health, of allowing all our faculties to develop and shine, represented by respecting these natural laws or, at least, by opposing them as little as possible, by attaining the wisdom of moderation of our functions, in accordance with the imperative of nature.
- **Hygiene can therefore be defined as the correct satisfaction of the needs that emanate from vital activity.**
- This is reminiscent of the Socratic precept that **virtue lies in the middle**, it reminds us that freedom lies in the possibility of using our strengths to the maximum as well as not using them or using them to the minimum.
- In the first case we exhaust ourselves easily and end up destroying ourselves
- In the second case we numb our organism, we do not allow the free expulsion of toxins, and we get the least return of our strength
- Therefore, the best thing to live in harmony with everything **IS TO BE IN THE MIDDLE.**
- Ortega does not refer to hygiene in the strict sense as washing hands, but connects these considerations to the **MIASMATIC CONDITION**, i.e. that which must be cured
- **BY REDUCING MYASMATIC LOAD the patient acquires a DIFFERENT, HEALTHIER AWARENESS OF HIMSELF AND THE WORLD .....**

THEN .....

*THEN, before prescribing we must investigate*

- **LIFESTYLE**

- *DIET*
- *PHYSICAL ACTIVITY*
- *WORK ACTIVITY*
- *RELATIONSHIP WITH OTHERS*

## CONCLUSIONS

**What interpretations to make? Where do we go from here?**

- From a miasmatic point of view, how can modern “obstacles to healing” be classified ?
- **PSORA ?**
- **SICOSIS ?**
- **SYPHILIS ?**
- **THEN ? a short list of MODERN obstacles ?**
- TV
- INTERNET
- SMARTPHONE
- SOCIAL ISOLATION
- VIRTUAL CONTACTS ONLY
- ALCOHOLICS
- Weird' DIETARY REGIMES, i.e. far removed from the historical habits of a given social and cultural context, dictated only by the concepts of “modernity and practicality” that the food multinationals want to impose on us.
- **Modern “obstacles to healing”**
- WEAKEN THE LIFE FORCE
- ‘CONSUME’ REMEDIES THAT WE ADMIN-  
ISTRATE
- LEAD TO THE USE OF HIGHER POTENCY  
OF DRUGS and more frequent administra-  
tion.
- I could cite thousands more obstacles to heal-  
ing: all those that Hahnemann had noticed ...  
and those that he could not have imagined but  
which, in any case, could very much resemble  
those he had already described!
- So, in conclusion, NOTHING IMPREVISSED!!!

SO ARE HAHNEMANN'S CONSIDERATIONS  
ABOUT OBSTACLES TO HEALING STILL VAL-  
ID?

Are they still relevant today?

Obviously yes, based on everything I have writ-  
ten so far !

## Bibliography

- **Samuel Hahnemann:** Organon Of Medicine  
6Th Edition With Word Index - Bjain publish-  
ers, New Delhi
- **Samuel Hahnemann:** The Chronic Diseases  
Their Peculiar Nature & Their Hom. Cure,  
Bjain publishers, New Dehli
- **Hahnemann C.F. S.** – Lesser writings – B. Jain  
Publishers, New Delhi
- **Luc DE Schepper:** Hahnemann Revisited :  
a Textbook of Classical Homeopathy for the  
Professional – Full of Life Publications
- **Proceso Sanchez Ortega:** Introduzione alla  
Medicina Omeopatica – Nova Ipsa Editions



# Clinical Repertories: A Living Heritage

Dr. Anil Singhal, MD (Hom.)

Author: *Boger's Legacy* (2<sup>nd</sup> Edition)



## About the Author

*Dr. Anil Singhal, MD (Hom.) is a senior homeopathic practitioner and author of “Boger’s Legacy,” a work exploring the enduring relevance of Dr. C.M. Boger. He is known for his thoughtful contributions to classical homeopathy and for his reflective narratives that integrate clinical insight with philosophical depth and educational clarity.*

A patient walks in, breathless from a sudden asthma attack. His voice is weak, his history incomplete, and his family anxiously waits outside. In such a moment, we, as homeopaths, do not have the luxury of long interrogations, of tracing PQRS symptoms, or composing elegant totalities. We must act — gently, wisely, and swiftly.

In such a moment, a clinical repertory becomes more than a reference book. It becomes a lifeline.

The evolution of the clinical repertory in homeopathy has been shaped not just by theoretical frameworks, but by **compassionate necessity**. It is in the quiet tension between Hahnemann’s philosophical purity and the pressing needs of real-world suffering that the clinical repertory was born — and continues to live.

## The Doctrine and the Dilemma

Samuel Hahnemann bequeathed to us a science rooted in **individualization**. His provings, his meticulous observations, and his insistence on the totality of symptoms have guided generations. In aphorism after aphorism, he cautioned against prescribing merely on disease names. He argued, convincingly, that two patients with the same diagnosis may require different remedies, and that true healing lies in what is *peculiar* to the patient,

not the pathology.

Yet, Hahnemann was not unaware of clinical constraints. His own experiences during epidemics — treating patients en masse in acute conditions — required **clinical wisdom grounded in experience**. He could not always wait for the luxury of complete symptomatology. Nor can we.

## A Tool Born of Compassion

Clinical repertories arose from this recognition. They were never meant to replace classical reperi-  
torization, but to **bridge the gap when the ideal cannot be attained**.

Early pioneers like **J.H. Clarke**, **Oscar Boericke**, and **W.A. Dewey** compiled clinical repertories and therapeutic indexes to guide physicians in hospital practice, acute emergencies, or in public health settings. These works were not speculative. They were **rooted in cured cases, bedside confirmations, and accumulated experience**.

Boericke’s compact repertory, Clarke’s carefully arranged disease-based rubrics, and Nash’s therapeutic insights became trusted companions. Though their form differed from Kent’s elaborate schema or Boenninghausen’s structured logic, their **spirit was no less homeopathic** — they served the suffering when time and context constrained ideal methodology.

## Reconciling Doctrine with Duty

This brings us to a vital philosophical reconciliation. The use of clinical repertories is not a deviation from Hahnemannian homeopathy — it is a **humble extension** of it.

In the reality of practice, there are patients who cannot speak, children who cannot describe, emergencies that cannot wait. The beginner who has not yet mastered the art of individualization, or the seasoned physician faced with a collapsing patient, all deserve access to tools that can guide them toward similarity — even if imperfect.

Used with reverence and caution, the clinical repertory does not undermine the Law of Similars. It **assists the physician in approximating it**, especially when the full portrait of the disease is missing.

A clinical repertory should not be the first or last tool. It is the **bridge** — from diagnosis to differentiation, from uncertainty to insight.

### A Heritage That Breathes

We often speak of *heritage* in terms of monuments and manuscripts. But some forms of heritage are **alive** — passed not only through books, but through the hands and hearts of practitioners. Clinical repertories are part of such a **living heritage** in homeopathy.

They reflect the lived history of our profession — **not just in philosophy, but in practice**. Every time a clinical rubric helps a young doctor recall *Belladonna* in mastitis, or *Arnica* in post-surgical trauma, or *Arsenicum* in sudden collapse — we are drawing from a lineage of observation, experience, and healing.

Their continued presence in digital tools and mobile apps is testimony to their **resilience and relevance**.

But this heritage demands responsibility. A clinical repertory is not a shortcut — it is a stepping stone. Remedies listed under “Typhoid” or “Sinusitis” must lead the practitioner back into the **materia medica**, back into the patient’s individuality, back into reflective prescribing.

### A Quiet Companion

In my own years of practice — from the early 1990s to today — I have often found myself reaching for clinical repertories, especially in settings where patients were unfamiliar with the language of expression, or in acute camps where detailed follow-ups were impossible. The clinical repertory became a **quiet companion** — not guiding the entire case, but offering direction when the compass was cloudy.

Today, as I reflect on the legacy of Dr. C.M. Boger — whose own repertorial works balanced **clinical conditions with philosophical depth** — I see that the line between clinical and classical is not rigid. Boger’s repertories include rubrics such as “Pneumonia,” “Pleurisy,” “Psoriasis,” and “Cancer” — not as static disease names, but as **clinically relevant entry points** through which the practitioner is invited to explore modalities, concomitants, and the deeper individuality of the patient.

His work invites us to **integrate, not segregate** — and to reclaim clinical repertories as part of the classical inheritance, not an outsider to it.

### In Closing

A clinical repertory is not just a book of lists. It is **an archive of healing moments**, curated by those who have practiced before us, and offered to those who will practice after us. It reflects the **pulse of the profession**, the humility of the physician, and the eternal tension between the ideal and the possible.

In honoring it, we do not abandon the principles of homeopathy. We *apply* them — gently, wisely, and humanely.

And so, we continue to turn its pages, not in haste or dogma, but in the spirit of the homeopath who stands — always — in **service of the suffering**.

# Epigenetics and Homeopathy: Exploring The Interplay Between Genes and Gentle Healing

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## Keywords

Epigenetics; Homeopathy; Gene Expression; Vital Force; Miasms; Individualized Medicine; Quantum Biology; Bruce Lipton; Bandyopadhyay; Minimum Dose; Personalized Medicine; Energetic Healing; Psychosocial Genomics

## Abstract

Homeopathy and epigenetics, though emerging from vastly different scientific traditions—energetic healing and molecular biology—converge on a profound insight: subtle influences from the internal and external environment can modify the course of human health. Epigenetics has demonstrated that gene expression can be altered without changing the DNA sequence, through mechanisms like DNA methylation, histone modification, and non-coding RNAs—often in response to lifestyle, beliefs, and environmental exposures. Similarly, homeopathy emphasizes individualization, the vital force, and the minimum dose to trigger the body's natural healing response. This article explores the philosophical and biological parallels between these systems, examining how homeopathic remedies may influence epigenetic pathways. Drawing from Bruce Lipton's theory of perception-based gene modulation and Bandyopadhyay's quantum epistemology, this paper presents a conceptual framework for understanding how homeopathy might act as an informational input capable of initiating epigenetic change. By bridging ancient healing wisdom with modern genetics, homeopathy may find renewed scientific legitimacy in the era of personalized, systems-based medicine.

## Abbreviations

DNA-Deoxyribonucleic Acid; RNA -Ribonucleic Acid; miRNA-Micro RNA; HPT-Homeopathic Proving Trials; QHP-Quantum Homeopathic Philosophy

## Introduction

The convergence of epigenetics and homeopathy opens a fascinating window into how environmental factors, lifestyle, and subtle energetic influences may impact gene expression and health outcomes. While homeopathy has long focused on individualized treatment and stimulating the body's self-healing mechanisms, epigenetics offers a biological framework that may support these traditional principles with modern scientific understanding.

## What is Epigenetics?

Epigenetics refers to the study of heritable changes in gene function that do not involve changes to the underlying DNA sequence.<sup>(1)</sup> These changes are brought about by chemical modifications—such as DNA methylation, histone modification, and non-coding RNA activity—that influence how genes are turned on or off. Importantly, epigenetic changes are dynamic and can be influenced by external factors like: *Diet and nutrition; Stress and emotions; Environmental toxins; Early developmental experiences; Pharmaceuticals and other external stimuli*

Epigenetic modifications can be passed down to subsequent generations, suggesting that not only our genes but also our experiences shape our



biological inheritance.

### Core Principles of Homeopathy

Homeopathy, a holistic system of medicine founded by Dr. Samuel Hahnemann, is based on several foundational principles<sup>(2)</sup>:

#### 1. Law of Similia (Similia Similibus Curentur) -“Let likes be cured by likes.”

The most fundamental principle of homeopathy. A substance that produces symptoms in a healthy person can cure similar symptoms in a sick person. Example: Allium cepa (onion) causes watery eyes and runny nose in healthy individuals, and is used to treat similar symptoms in colds and allergies.

#### 2. Law of Single Remedy- “One remedy at a time.”

Only one remedy is administered at a time based on the totality of symptoms. This avoids confusion and ensures clarity of action, as the body’s vital force reacts to one medicinal stimulus.

#### 3. Law of Minimum Dose- “Use the smallest possible dose that can bring about cure.”

Homeopathic remedies are administered in minute doses to stimulate the vital force gently. High dilutions are believed to retain the energetic imprint of the substance while minimizing toxicity.

#### 4. Law of Drug Proving- “Prove on healthy persons.”

Remedies are tested on healthy individuals to determine the symptoms they produce. These recorded symptoms (drug pictures) form the basis for selecting a remedy based on similarity.

#### 5. Law of the Vital Force- “Vital force maintains life and harmony.”

Health is maintained by a dynamic, immaterial vital force. Disease is considered a disturbance in this vital force, and cure involves restoring its balance.

#### 6. Law of Individualization- “Every patient is unique.”

Treatment is tailored to the individual, not just the disease name. Each person’s physical, mental,

emotional, and hereditary traits are considered in remedy selection.

#### 7. Law of Direction of Cure (Hering’s Law of Cure)- “Healing follows a specific pattern.”

Cure progresses:

From above downward; From within outward ; From more vital to less vital organs ; In reverse order of appearance of symptoms

#### 8. Theory of Chronic Diseases – The 8th Cardinal Principle

Hahnemann observed that in many cases, even after acute symptoms were successfully treated, patients relapsed or developed new diseases over time. He concluded that:

*“The true fundamental cause of most chronic diseases lies in a deep-seated miasmatic dyscrasia or taint.”*

### The Bridge Between Epigenetics and Homeopathy

Though rooted in different paradigms—biochemical vs. energetic—epigenetics and homeopathy share several conceptual parallels<sup>(3)(4)</sup>:

#### 1. Individualization and Gene Expression

Epigenetics affirms that gene expression is not fixed but responds uniquely to the individual’s internal and external environment. This echoes homeopathy’s individualized approach, where a patient’s unique constitution, temperament, and symptom totality determine remedy selection.

#### 2. Dynamic Adaptation and the Vital Force

The concept of the vital force in homeopathy aligns with the adaptive nature of epigenetic responses. Just as the vital force maintains internal harmony and reacts to illness, epigenetic mechanisms regulate gene expression in response to stimuli, ensuring adaptability and survival.

#### 3. Environmental Influence and Miasms

Hahnemann introduced the concept of miasms—chronic disease predispositions that can be inherited or acquired. Modern epigenetics provides a biological basis for this idea, showing how

trauma, stress, infections, and toxins can create heritable epigenetic imprints that influence disease susceptibility.

#### 4. Low-Dose Stimuli and Epigenetic Sensitivity

Epigenetic systems are highly sensitive to even low-dose environmental signals. Homeopathy, which uses ultra-diluted remedies, may act as a subtle signal to shift physiological and epigenetic patterns, although this hypothesis requires further scientific exploration<sup>(5)</sup>.

### Linking Epigenetics with Homeopathy

#### 1. Homeopathic Medicines as Informational/Energetic Signals

Homeopathy uses ultra-diluted remedies that retain the energetic imprint of a substance.

According to Lipton's ideas, the cell membrane is a "brain" of the cell, responding to subtle vibrational and informational cues from the environment — not just to biochemistry.<sup>(6)</sup>

Homeopathic remedies may act as such subtle signals, received by the body's energy field and influencing the vital force, similar to how epigenetic signals affect gene activity.

*"Genes are not destiny! Environmental influences, including nutrition, stress, and emotions, can modify those genes without changing their basic blueprint. This is epigenetics — control above the genes."* - Bruce H. Lipton, The Biology of Belief

#### 2. Perception and Belief: Vital Force and Consciousness

Lipton emphasizes the role of perception in biology: how we interpret a stimulus can change physiological function.

In homeopathy, the patient's mental and emotional state is considered crucial — remedies are selected based on the totality of symptoms, including subjective experience.

The vital force, central in homeopathy, can be interpreted as the dynamic epigenetic regulator — responding to both external and internal signals.

*"Signals from the environment, and more importantly, our perception of the environment, can switch genes on and off. Our beliefs become biology."*

#### 3. Non-Material Influences Can Shape Biology

Lipton's quantum view aligns with the idea that non-chemical, non-material signals can alter biology. Homeopathy's critics often cite the absence of molecules in high potencies, but epigenetic and quantum biology support the notion that information without matter can influence physiology — akin to how a software program alters hardware behavior without changing its physical structure.

*"Cells respond to energetic signals from the environment. Quantum physics shows us that invisible forces like thoughts, emotions, and intention have a measurable impact on the physical body."*

### How Epigenetic Mechanisms Reflect Homeopathic Principles

HOMEOPATHIC CONCEPT	EPIGENETIC PARALLEL
Vital Force	Dynamic regulation of gene expression
Individualization	Personalized gene-environment interactions
Miasms (inherited tendencies)	Epigenetic inheritance from trauma, environment
Minimum Dose	Sensitivity of gene regulation to low-level signals
Totality of Symptoms	Holistic influence of mind-body states on gene behavior
Constitutional Prescribing	Recognizing genotype-phenotype-epitype connections

### How homeopathy may work epigenetically: a hypothetical framework

- Input Signal:** Homeopathic remedy (ultra-diluted but energetic imprint).
- Reception:** Body's cell membranes or energy fields detect signal (via resonance).
- Interpretation:** The vital force (adaptive intelligence) responds by initiating a healing

process.

**4. Epigenetic Response:** This process could involve:

- Demethylation or methylation of DNA
- Histone modification
- mRNA regulation

**5. Physiological Outcome:** Change in gene expression → symptom relief or system regulation.

*“When you change a person’s beliefs and perceptions, you change their biology.”* — Lipton

This mirrors homeopathy’s impact: changing the energetic and psychological state to initiate physical healing.<sup>(7)</sup>

## Connecting Bandyopadhyay’s Philosophy of Quantum Homoeopathy to Epigenetics in Homeopathy

CONCEPT	QUANTUM HOMOEOPATHY <sup>(8)</sup>	EPIGENETICS
Consciousness influences biology	Consciousness as a field	Psychological states affect gene expression
Information > matter	Remedy carries energy / information	Epigenetics signals
Holistic organism	Quantum coherence	Gene networks modulate collectively
Ultra - dilution	Homoeopathy as quantum signal	Low – dose sensitivity in epigenetic mechanisms
Beyond material causality	Epistemology includes energy and consciousness	Systems biology and psychosocial epigenetics

## Scientific Exploration and Future Possibilities

Recent research suggests that psychosocial stress, emotions, and healing modalities can influence gene expression. Some studies on meditation, acupuncture, and nutrition have demonstrated measurable epigenetic effects. Though direct evidence linking homeopathy to epigenetic changes is limited, this emerging field invites inquiry into

whether homeopathic remedies could modulate gene expression patterns through systemic effects on the organism.<sup>(9)</sup>

## CONCLUSION

While homeopathy and epigenetics come from distinct scientific traditions, their potential interplay offers exciting opportunities for integrative healing. As we continue to unravel the complexity of gene-environment interactions, homeopathy’s individualized, gentle, and holistic principles may find new relevance in the era of personalized medicine and epigenetic science. Future research into this intersection could open innovative paths for both prevention and cure, bridging ancient wisdom and modern biology.

Dr. Bruce Lipton’s *The Biology of Belief* provides a scientific and philosophical foundation for understanding how homeopathy might act through epigenetic mechanisms. While mainstream science still debates this intersection, Lipton’s work encourages the integration of consciousness, belief, and energetic medicine into biology. Homeopathy, as a system built on subtle, individualized healing, may find its explanatory bridge in the growing field of epigenetics, especially as we understand more about how non-material influences can regulate gene activity.

## REFERENCES

1. Bird, A. (2007). Perceptions of epigenetics. *Nature*, 447(7143), 396–398. <https://doi.org/10.1038/nature05913>
2. Hahnemann, S. (2003). *Organon of Medicine* (6th Edition, Trans. by William Boericke). New Delhi: B. Jain Publishers.
3. Feinberg, A. P. (2008). Epigenetics at the epicenter of modern medicine. *JAMA*, 299(11), 1345–1350. <https://doi.org/10.1001/jama.299.11.1345>
4. Wadhwa, P. D., et al. (2009). Developmental origins of health and disease: Brief history of the approach and current focus on epigenetic mechanisms. *Seminars in Reproductive Medicine*, 27(5), 358–368. <https://doi.org/10.1055/s-0029-1237424>
5. Bell, I. R., & Koithan, M. (2012). A model for homeopathic remedy effects: Low dose nanoparticles, allostatic cross-adaptation, and time-dependent sensitization in a complex adaptive system. *BMC Complementary and Alternative Medicine*, 12(1), 191. <https://doi.org/10.1186/1472-6882-12-191>
6. Lipton, B. H. (2005). *The Biology of Belief: Unleashing the Power of Consciousness, Matter and Miracles*. Mountain of Love/Elite Books.
7. Rossi, E. L. (2002). Psychosocial genomics: Gene expression, neurogenesis, and human experience in mind-body medicine. *Advances in Mind-Body Medicine*, 18(3), 22–30.
8. Bandyopadhyay, P. (2003). Quantum mechanics, consciousness, and homeopathy: Towards a new epistemology. *Homeopathy*, 92(2), 84–91. [https://doi.org/10.1016/S1475-4916\(03\)00028-9](https://doi.org/10.1016/S1475-4916(03)00028-9)
9. Jonas, W. B., & Ives, J. A. (2007). The Challenge of Homeopathy Research: Current Status and Recommendations for the Future. In *Biosemiotic Medicine* (pp. 237–254). Springer.

# The Importance of Clinical Repertory in Homoeopathy: A Key to Successful Menstrual Complaint Management

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## Keywords

Clinical repertory, Menstrual Complaint, Utility and Scope

## Abstract

Clinical Repertories are a culmination of years of effort by pioneering homoeopaths, offering a treasure trove of homoeopathic knowledge. Their usefulness in specific cases is undeniable. To effectively practice homoeopathy, physicians must study human beings as individuals and groups, in health and disease, using a phenomenological approach through sense perception. Clinical Repertories facilitate this process by: Identifying remedies with general correspondence to disease features and enabling practitioners to select the most similar remedy for a given case. Menstrual complaints, including dysmenorrhoea, menorrhagia, and premenstrual syndrome (PMS), affect millions of women worldwide. Homoeopathy offers a holistic and non-invasive approach to managing these complaints. This article reviews the homoeopathic literature on menstrual complaints, highlighting key remedies based upon different clinical repertories.

## Introduction:

Clinical repertories are those repertories which

contain clinical symptoms/conditions and the corresponding group of medicines <sup>[1]</sup>. They serve as a comprehensive index, mapping remedies to specific symptom patterns and syndromes, which can be categorized and labelled for diagnostic purposes. It can be a general clinical repertory (e.g. O.E. Boerick's and J.H.Clark's repertory, Rouff's Repertory), disease oriented clinical repertory (e.g. The Repertory of Intermittent Fever by W.A. Allen, Repertory of Leucorrhoea, Bell's Diarrhoea,) or an organ based clinical repertory (Minto's Uterine Therapeutics, Berridge Repertory of Diseases of Eye).

Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through hypothalamo-pituitary-ovarian axis <sup>[2]</sup>. The components of normal and abnormal menstrual cycles and menstruation can be clearly defined by a group of four criteria; these criteria all relate to the varied symptoms of normal and Abnormal Uterine Bleeding (AUB) <sup>[3]</sup>:

1. Regularity of successive episodes of menstruation (this includes 'variability').
2. Frequency of successive episodes of menstruation.
3. Duration of each bleeding episode.



4. Volume of bleeding, as perceived by the woman on different days of her menstruation.

Menstrual terminologies which are used to define AUB are - Menorrhagia, Hyper-menorrhoea, Uterine haemorrhage, Metropathia-haemorrhagica, Metrorrhagia, Hypomenorrhoea, Menometrorrhagia, Polymenorrhoea, Polymenorrhagia, Epimenorrhoea, Epimenorrhagia, Functional uterine bleeding, Dysfunctional uterine bleeding<sup>[1]</sup>.

Clinical repertory, a cornerstone of homoeopathic practice, plays a vital role in identifying effective remedies for menstrual problems. Clinical repertories like O. E. Boericke's repertory and J.H. Clarke's repertory are the important general clinical repertories in day to day practice.

### Utility and scope of clinical repertories –

Clinical repertories catalog symptoms, conditions, and corresponding medicines, facilitating remedy selection based on pathological similarity, causation, modalities, and concomitants. They prove invaluable in cases where clinical conditions obscure characteristic symptoms, guiding physicians to the simillimum. Clinical repertories have a broad range of applications in homoeopathic practice, including:

- Study aid for therapeutics and Materia Medica
- Repertorization of challenging cases
- Identifying medicines for specific disease conditions
- Palliative care for incurable cases
- Regional applications for specific clinical conditions
- Acute case management

### Comprehensive Guide: "The Prescriber" by J.H. Clarke <sup>[4]</sup>.

Author: John Henry Clarke, M.D. (1853-1931),  
Number of Medicines: 428

### Scope and Utility:

"The Prescriber" is a valuable resource for homoeopathic practitioners, offering a comprehensive

repertory of remedies for various clinical conditions, including an elaborate section on "Toothache". The book provides a structured approach to treatment, considering factors such as: Diet, Constitution, Chronic diseases.

Each clinical rubric begins with a concise description of the condition, followed by indicated medicines. This practical arrangement enables practitioners to efficiently identify suitable remedies.

Key Features:

- Commonly indicated medicines listed with attenuation, dosage, and repetition schedules
- A valuable resource for homoeopathic practitioners seeking to expedite patient recovery.

### A Comprehensive Analysis of Boericke's Repertory <sup>[5]</sup>.

Book Details:

Title: Pocket Manual of Homoeopathic Materia Medica. Author: Oscar Eugene Boericke. Medicines: 1405. Chapters: 25

Key Features:

- Therapeutic study aid
- Prophylactic suggestions
- Regional symptomatology
- Comprehensive symptom analysis

### Managing Menstrual complains by using Clinical Repertories-

Individualized homoeopathic medicines cater to the unique experiences and characteristics of each woman, addressing the physical, emotional, and mental aspects of menstrual health. Clinical repertories, a cornerstone of homoeopathic practice, play a vital role in identifying effective remedies for menstrual problems.

### Rubrics with related medicines in Clarke's Clinical Repertory for management of Menstrual Complaints-

Amenorrhoea- Alns., Ars., Aur., Bry., Caul., Epn., Fe. i., Gas., Gos., Gph., Gui., Hdm., Hel., Hlon., Ind., K. ca., K. ph., Kre., Ln. c., Lo. i., Mgt. n.,

Ol.j., Ov. g. p., Prt., Pin. 1., Plat., Pod., Plg., Pul., Pl. n., Rho., Rhs., Snc., Se. a., Sep., Sin. n., Sul., Tan., Tep., Thyr., Tur., Ver., Ve. v., Wis., Wye.

Dysmenia, or Dysmenorrhoea-Aco., Aga., Alet., Ana., Atp., Aran., Art. v., Asr., Asc. s., Ber., Brac., Bro., Cast., Caul., Cer.o., Cham., Ch. s., Chl. h., Coll., Col., Cro., Crt. h., Cur., Dio., Gel., Gna., Gos., Gph., Gui., Haem., Hdm., Hlon., Hyo., Ign., Inu., Iris, Jab., Jn. c. K.ca., K. fc., K. n., Klm., Lc. c., Lc. f., Lp. a., Lau., Lo. i., Lyc., Mac., Mag. m., Mag. P., Mag. s, Man., Med., Mli., Mrl., Mil., Mit., Mom., Mur., Naj., Na. c., Nic., Nx. m., Opi., Pet., Phyt., Plat., Pb., Pod., Plg., Pop. c., Pul., Rap., Rhs., Sbl., Sbi., Sang., Sap., Sars., Se. a., Sep., Sul., Syph., Tan., Trn., Ter., Ther., Thu., Thyr., Tur., Ust., Ver., Ve. v., Vb. o., Vb. p., Wye., Xan.

Membranous- Bor., Ca. ac., Con., Gas., Gui., Hlt., Mag. p., Vb. o.

Neuralgic- Vb. o.

Spasmodic- Vb. o.

Menorrhagia- Alet., All., Apo., An. i., Cen., Cinm., Ccs. c., Epn., Fe.s., Fic. r., Hlon., Hep., Hdr., Jg. r., K. ca., K. fc., K. n., Lc. v.f., Lips., Mag. c., Mag. s., Mgt. s., Mom., Mur., Nx. m., Prf., Pho., Plat., Pr. s., Rap., Rhs., Rs. v., Se. a., Su. x., Trl., Urt., Vb. p., Vis.

Climaxis at- Ust.

Menstrual Colic- Col.

Headache- COC. i., K. ph., Ust.

Menstruation- Bel., Nt. x.

Abnormal- Pul.

Arrested- Symt.

Delayed- Mag. c., Sbl., Se. a.

Diarrhcea Before- Ver.

Disorders of- Aco., Act. r., All., Am. m., Aps., Ars., Bov., Caj., Calc., Caul., Caus.,

Cham., Chi., Con., Cyc., Fer., Gph., Ham., Ipc., K. i., Kre., Li. c., Lyc., Na. m., Sep., Sto.c.,

Sul., Voe.

Early, Too -Lam., Rsm., Tub.

Early And Profuse-Se. a.

Excessive-Nt. x., Sbi., Sec., Ust

Interrupted- So.t. ae.

Irregular- Amb., Aran., Ov. g. p., Pip.n.

Late- Mrl.

Obstructed- Se. a.

Painful- Cac., Coc i., Gel., Mag. m., Mag p., Vb. o., Xan. (See also Dysmenorrhoea.)

Painful, Membranous- Bor.

Premature- Sin.n., Sol.

Profuse- Cro.

Protracted- Ve.n.

Retardted- Pl. n. (Pul.)

Scanty- Pip.n. (Pul.), Sto.n.

Suppressed- As. h., Cean., Chn. a., Gel., Glo., Lc. v. d., Nx. m., Plat., Smp., Ve. v., Ziz.

Menstruation, Symptoms Before- Pho.

Vicarious- Bry., Epn., Ham., Pul., Se. a., Ust.

Metrorrhagia- Apo., Arnt., Bov., Crd. m., Cinm., Cof., Cro., Crt.c., Dct., Elp., Ere., Fic. r., Gel., Hlon., Hnn. m., Hdr., K. ca., Lau., Lrs., Lyc., Mag. c., Mur., Na. hch., Nt. x., Nx. m., Pb., Pr. s., Rap., Rat., Rhs., Sec., Sil., Su. x., Tep., Thl., Trl., Vis., Zn. s.

### Rubrics with related medicines in Boerick's Clinical Repertory for management of Menstrual Complaints-

MENSTRUATION; TYPE, AMENORRHEA, Remedies in general: Acon., Alet., Aln., Apis, Apoc., Ars., Aven., Bell., Bry., Calc., Cann-s., Caul., Caust., Cimic., Con., Cycl., Dulc., Euphr., Ferr, Ferr-ar., Ferr-r., Gels., Glon., Graph., Hedeo., Hell., Helon., Joan., Kali-c., Kali-perm., Lil-t., Mang-act., Merl., Nat-m., Nux-v., Op., Parth., Phac., Pin-l., Plat., Plb., Polyg-h., Puls., Sec., Seneg., Sep., Spong., Sulph., Tanac., Thyr., Ust., Xan.

Before the proper age: Calc., Calc-p., Carb-v., Chin., Cocc., Sabin., Sil., Verat.

Delayed, first menses: Calc., Calc-p., Dam., Ferr., Graph., Kali-c., Kali-perm., Polyg-h., Puls., Senec., Sep.

Intermittent: Coc-c., Ferr., Kreos., Lac-c., Mag-s., Meli., Murx., Nux-v., Phos., Puls., Sabad., Sep., Sulph., Xan.

Irregular: Ambr., Caul., Cimic., Cocc., Cycl., Graph., Iod., Joan., Lil-t., Nux-m., Nux-v., Phos., Pisc., Puls., Rad-br., Sec., Senec., Sep., Sulph.

Protracted: Acon., Calc-s., Caust., Con., Crot-h., Cupr., Ferr., Graph., Iod., Kreos., Lyc., Nat-m., Nux-m., Nux-v., Phos., Rhus-t.

Scanty flow: Alet., Alum., Apis, Berb., Borx., Canth., Caul, Caust., Cimic., Cocc., Con., Cycl., Dulc., Euphr., Gels., Graph., Ign., Kali- c., Kali-p., Kali-s., Lach., Lam., Lil-t., Mag-c., Mang-act., Meli., Merl., Nat-m., Nux-v., Ol-an., Phos., Plat., Puls., Sang., Senec., Sep., Sil., Stry-af-cit., Sulph., Valer., Vib., Xan.

Suppressed: Acon., Apis, Bell., Bry, Calc., Cean., Cham., Chion., Cimic., Con., Croc., Cupr., Cycl., Dulc., Ferr., Gels., Glon., Graph., Helon., Ign., Kali-c., Kali-m., Lach., Leon., Nat-m., Nux-m., Op., Podo., Puls., Puls-n., Senec., Sep., Sulph., Tanac., Tax., Tub., Verat-v., Zinc.

DYSMENORRHEA, Remedies in general: Acetan., Acon., Am-act., Ap-g. Apiol., Apis, Aqu., Atrop., Aven., Bell., Borx., Bov., Brom., Bry., Cact., Calc., Canth., Castm., Caul., Cham, Cimic., Cocc., Coff., Coll., Coloc., Croc., Cupr., Dulc., Epiph., Ferr., Ferr-p., Gels., Glon., Graph., Goss., Graph., Guaj., Ham., Helon., Hyos., Ign., Kali-perm., Lach., Lil-t., Macrot, Mag-c., Mag-m., Mag-p., Merc., Mill., Morph., Nux-m., Nux-v., Op., Plat., Puls., Rhus-t., Sabin., Sang., Santin., Sec., Senec., Sep., Stram., Thyr., Tub., Ust., Verat., Verat-v., Vib., Vib-p., Xan., Zinc.

Membranous: Ars., Bell., Borx., Brom., Bry., Calc., Calc-act., Cham., Coll., Con., Cycl., Guaj., Helio., Lac-c., Mag-p., Merc., Rhus-t., Sulph., Ust., Vib

MENORRHAGIA, (profuse, premature flow), Remedies in general: Achil-m., Agar., Alet., Aloe,

Am-c., Ambr., Apoc., Aran., Arn., Ars., Bell, Borx., Bov., Bry., Cact., Calc., Calc-p., Cann-i., Canth., Carb-v., Caul., Cean., Cham., Chinin-s., Cimic., Cinnm., Coll., Coloc., Croc., Cycl., Dig., Erig., Ferr., Ferr-p., Ferr-r., Fic-r., Ger, Glyc., Ham., Helon., Hydr., Ign., Joan., Kali-c., Kali-m., Kreos., Lac-c., Lach., Led., Lil-t., Mag-c., Mez., Mill., Murx., Nit-ac., Nux-v., Pall., Paraf., Ph-ac., Phos., Phyt., Plat., Plb., Ruta, Sabin., Sec., Sed-ac., Sep., Sil., Stann., Sul-ac., Sulph., Thlas., Tril-p., Ust., Vinc., Xan.

Complaints, Preceding And Attending Flow, Abdomen distended: Apoc., Aran., Cham., Chin., Cocc., Kali-c., Kreos., Nux-v.

Complaints Following Menses, Diarrhea: Graph., Puls.

Weakness, profound: Alum., Am-c., Am-m., Ars., Calc., Carb-an., Carb-v., Chin., Cimic., Cocc., Ferr., Glyc., Graph., Iod., Ip., Kali-c., Mag-c., Phos., Thlas., Tril-p., Verat., Vinc.

Modalities, Aggravation, At night: Am-c., Am-m., Borx., Bov., Coc-c., Mag-c., Mag-m., Zinc.

From excitement: Calc., Sulph., Tub.

From lying down, rest: Am-c., Am-m., Bov., Cycl., Kreos., Mag-c., Zinc.

From motion: Bov., Bry., Canth., Caust., Erig., Lil-t., Mag-p., Sabin., Sec., Thlas., Tril-p.

From sleep: Mag-c.

In morning, daytime: Borx., Cact., Carb-an., Caust., Cycl., Lil-t., Puls., Sep.

Amelioration, From establishment of flow: Aster., Cer-ox., Cycl., Eupi.,

Lach., Mag-p., Senec., Zinc.

From cold drinks: Kreos.

From hot applications: Mag-P.

From lying down: Bov., Cact., Caust., Lil-t.

From motion: Am-m., Cycl., Kreos., Mag-c., Sabin.

## CONCLUSION

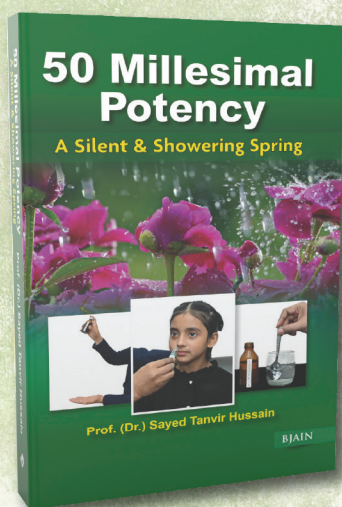
Clinical repertories play a pivotal role in



homoeopathic practice, particularly in the management of menstrual complaints. By providing a systematic approach to identifying similar remedies, clinical repertories empower practitioners to deliver personalized and effective care. As highlighted in this article, the judicious use of clinical repertories can significantly enhance the success of menstrual complaint management, improving the quality of life for countless women. By embracing the importance of clinical repertories, homoeopathic practitioners can unlock the full potential of this holistic approach, providing relief and restoration to those seeking natural and sustainable healthcare solutions.

## REFERENCES

1. Shashi Kant Tiwari. Essentials of Repertorization. Fourth edition. B. Jain Publishers (P) Ltd. 2005; New Delhi.
2. Impey L, Child T, editors. Oxford Textbook of Obstetrics and Gynaecology. Oxford(UK): Oxford University Press; 2017.
3. Dutta DC. Dutta's Gynaecology. 8th ed. Kolkata (India): New Central Book Agency (P) Ltd; 2019.
4. J. H. Clarke. The Prescriber. Third edition. B. Jain Publishers (P) Ltd. 2006; New Delhi.
5. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory: including Indian drugs, nosodes, uncommon rare remedies, mother tinctures, relationships, sides of the body, drug affinities, & list of abbreviations. New Delhi: B. Jain Publishers; 2007.
6. Siju PV. A reference to repertories for homoeopathic students. Reprint ed. B. Jain Publishers (P) Ltd. 2007; New Delhi.
7. Boericke OE. Pocket manual of homoeopathic materia medica and repertory. Reprint ed. B. Jain Publishers (P) Ltd. 1999; New Delhi.



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**Dr Sayed Tanvir Hussain**



# As Field Remedies: Homoeopathy's Forgotten Role in War Medicine



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### Keywords

Homoeopathy, Wartime medicine, Epidemic diseases, Wound care, Psychological trauma, Individualized care, Minimal side effects

### Abstract

Warfare has long driven medical innovation, often under extreme and resource-limited conditions. Among the therapeutic approaches tested in such settings, homoeopathy has made a unique yet under-recognized contribution. This review explores homoeopathy's role during major military conflicts, including the Napoleonic Wars, American Civil War, World Wars I and II, and more recent guerrilla and humanitarian operations. It examines the use of homoeopathic remedies in treating battlefield injuries, infectious diseases, epidemics, and mental health conditions such as shell shock and PTSD.

Drawing on military records, hospital archives, and personal accounts, the article highlights how homoeopathy's principles of individualized treatment, minimum dosing, and holistic care enabled its adaptability in chaotic wartime environments. It also reviews clinical studies and case reports to evaluate the method's scientific and practical merits alongside conventional medicine.

Special attention is given to homoeopathic field

hospitals and their documented effectiveness when conventional supplies were scarce. Finally, the article discusses homoeopathy's relevance in contemporary integrative military medicine and its potential in disaster relief and conflict-zone healthcare. By revisiting its historical role, this review offers a subtle perspective on homoeopathy as a complementary approach to wartime and emergency care.

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### Introduction:

Homoeopathy - the science and art of healing, founded in the late 18th century by Dr. Samuel Hahnemann. "Like cures like" is the guiding principle of this system of medicine. Homoeopathy believes that the body has a natural ability to heal itself and what is required is to support and stimulate this natural healing through the use of highly diluted substances. The aim of homoeopathy is to provide rapid, gentle and lasting cures.

From the perspective of war, homoeopathy emerged as a significant alternative. Especially in wartime during the 19th and early 20th centuries, homoeopathy arose as a safer alternative to the merciless aid of conventional medicine which involved harsh treatment. Homoeopathic remedies are highly effective in managing wounds, epidemics and psychological trauma, homoeopathy individualized care with minimal side effects, which

was an important benefit when medical supplies were lacking.

Particularly for accessible use in war zones, homeopathic remedies are ideal as they are easy to administer, affordable and stable. They aid both pre and post-operative surgeries for faster recovery and reduction of complications. Moreover, homeopathy treats not just physical symptoms but also emotional trauma such as anxiety, fear and PTSD without leading to dependence or sedation making it a valuable aid in conflict and crisis settings. Homeopathy may act both as a preventive and curative approach for psychological trauma, aiming to restore balance and resilience in the patient as a whole.

### History:

In the historical manuscript of World War I (1914–18), many homeopathic hospitals were established in France. These hospitals provided medical care to soldiers and civilians. Homeopathic physicians served as hospital administrators and practitioners with the aim to prove the value of homeopathic treatments in military medicine. Homeopathy also played a vital role in managing epidemics such as the Spanish flu which got common during wars. The Spanish flu pandemic of 1918–1919 coincided with the end of World War I. Reports from American homeopathic physicians indicated that the mortality rates among patients treated with homeopathy were low as compared to those receiving conventional care. For instance, mortality rates get as low as 0.7% -- 1.05% in homeopathically treated cases in comparison to much higher rates with conventional treatment.

### Why Homeopathy Was Used In World War 1:

There can be many reasons for the one system of medicine in getting acceptance during the war like a crucial time. Out of which the main reason for using the homeopathy for the treatment of soldiers and civilians during the crucial times of World War 1 are as follows:

1. Limited Conventional Treatments and High Demand
2. Success in Treating Epidemic occurred after WW1

3. Lowers the Mortality in Critical Cases
4. Used in Wound and Burn Care
5. Response to Chemical Warfare
6. Public and Institutional Support

### Types Of Injury Caused In Wartime:

During war injuries sustained by both soldiers and civilians which can be broadly categorized into two types:

1. **Physical Injuries** - Physical injuries in war are more common, severe and multifaceted due to the weapons used in modern warfare involving explosives, firearms, and close combat weapons. The different types of physical injuries occurs in war are:
  - Blast Injuries: caused by bombs, missiles, grenades, landmines, improvised explosive devices (IEDs), and unexploded ordnance.
  - Gunshot Wounds: also known as penetrating trauma to various body parts.
  - Blunt Trauma and Assault Injuries: caused by physical violence or accidents.
  - Knife and Machete Injuries: includes lacerations, nerve and tendon transections, puncture wounds, open fractures, traumatic amputations.
  - Burns: results from thermal, chemical, or radiation exposure.
  - Extremity Injury: injuries to arms and legs.
2. **Psychological Injuries** - Trauma caused during war extends beyond physical harm and significantly impacts mental health for soldiers, civilians, refugees, and displaced persons. Different types of psychological injuries and disorders are:
  - Post-Traumatic Stress Disorder (PTSD): it is one of the common consequences of war trauma. It affects both military personnel and civilians. It shows higher prevalence among women veterans and those exposed to military sexual trauma.

- Anxiety and Depression: it co-occur with PTSD or arise independently.
- Other Neuropsychiatric Conditions: includes suicidal ideation, grief, anger, sleep disturbances, and substance abuse disorders.
- Vulnerable Population of War: includes women, children, refugees, and asylum seekers. Prevalence of anxiety, depression, and PTSD is two to three times higher in these populations.

### Homoeopathic Wartime Care Kit:

In war-like situations, a soldier and civilian may face different types of injuries. The injury may be psychological or physical. As homoeopathy believes in treating patients as a whole, so a number of medicines are there in homoeopathy which act on injury that occurs during and due to war. Out of all those medicines, 18 medicines that can be the most effective are discussed with their therapeutic indications as a homoeopathic wartime care kit. The below discussed medicines are useful in pre, during and post war situations

Homoeopathic Wartime Care Kit	
Medicine	Indications
<b>Aconitum Napellus</b>	A soldier becomes nervous about taking part in a war for fear of death or other horrors of war and is reluctant to fight. A dose of this remedy will remove his fears and nervousness.
<b>Argentum Nitricum</b>	By the use of this remedy, anxiety on account of air raids is diminished.
<b>Arnica Montana</b>	Any person who has been too close to the site of a bomb explosion and is not hurt, but feels fear and anxiety, will be comforted by a dose of this remedy.  This remedy relieves pain, bruising and swelling associated with trauma, surgery or overexertion.
<b>Bellis Perennia</b>	This remedy is useful for injuries to the trunk and deeper tissues especially if a feeling of stiffness or coldness develops in the injured area.
<b>Arsenicum Album</b>	Sleeplessness due to fear of air raids is cured by this remedy.
<b>Borax Veneta</b>	Violent fright from the sound of a firing gun, even at a distance.
<b>Calendula Officinalis</b>	This remedy can be applied to disinfected cuts, chapping, burns and scrapes.
<b>Convallaria Majalis</b>	Palpitations and impending heart failure of the aged from a sudden explosion of a bomb. Extremely rapid and irregular pulse.
<b>Hypericum Perforatum</b>	For healing the wounds produced by gun shots and after the lead has been taken out surgically, apply externally and take orally for injuries of the nerves.
<b>Ignatia Amara</b>	Fear and anxiety of air raids is removed by the use of this remedy.
<b>Iodium</b>	It is a powerful and harmless remedy to keep gunshot wounds clean and disinfected when used locally.
<b>Ipecacuanha</b>	This remedy can be helpful as first aid if heavy bleeding occurs after an injury, with a feeling of nausea and weakness.
<b>Kalium Iodatum</b>	It protects the thyroid gland in case of an accidental release of radioactivity from the nuclear stations. People living near, in about a 10 kilometre radius of nuclear generating plants, should keep such tablets handy in their houses and take them as soon as possible, after the radiation leak, in order to avoid permanent damage to their thyroid gland and they should move to a far off place quickly.
<b>Ledum Palustre</b>	This relieves bruises from blunt objects, especially where the skin is thin as well as pain and bruising from pointed objects.

<b>Phosphorus and Strontium Carbonicum</b>	Removes bad effects of the radiations on account of an atom bomb explosion.
<b>Ruta Graveolens</b>	This remedy relieves strained ligaments and tendons.
<b>Symphytum Officinale and Trillium Pendulum</b>	When the bones have been pierced by gunshots which have been removed surgically, take Symphytum Q internally and apply Trillium pend. Q externally to arrest bleeding.
<b>Thallium Metallicum</b>	Loss of hair due to an atom bomb explosion.

### Scope and Limitations:

Homoeopathy provides effective treatment for conditions such as sprains, strains, contusions, soft tissue sprains, and other mild to moderate injuries. Homoeopathy plays a key role in supporting pre and post treatment in surgical interventions. Furthermore, it helps in reducing complications, manage pain and anxiety, and aids in the aftermath of psychological trauma and depression.

Homoeopathic management gets limited in the case of severe emergencies such as significant fractures, severe burns, uncontrolled bleeding, poisoning, and any critical conditions that require immediate surgical intervention, intensive care, and other life-saving procedures. In such situations it is unable to substitute surgical procedures or the mitigation of complex tissue damage, it offers minimal assistance.

### CONCLUSION:

Homoeopathy is crucially valuable in wartime and emergency situation due to its distinct effectiveness, safety and practicality. It treats both physical injuries and psychological trauma like PTSD, anxiety, and shock. Homoeopathy has a major advantage that it does not require bulk medications but a single, properly chosen homoeopathic medicine doses yield swift and gives astonishing outcomes. Homoeopathic remedies are inexpensive, stable and easy to carry, store and administer, which particularly makes it ideal and valuable for soldiers and civilians in the conflict zones. As homoeopathy is side effect-free in nature, so this allows it to be safely used along with other

conventional treatments. Homoeopathy's concept of individualization ensures that care is provided relative to the patient's state, both physically and emotionally. Treating professionals and laypersons alike can utilize homoeopathy which makes it an effective and low-risk solution for healthcare during wartime. The ability to integrate homoeopathy into medical strategies can enhance crisis response systems and make effective care accessible in tough environments.

### REFERENCE:

1. Comprehensive Study of Organon: An Attempt to Understand the Organon of Medicine As a Scientific Treatise by Dr. G. Nagendra Babu, 2010 edition, published by B. Jain Publisher
2. A Treatise on Organon of Medicine (Part-1) by Dr. Asok Kumar Das, 2nd Edition (January 2013), published by Souvik Homoeo Publication
3. The Organon of Medicine by Samuel Hahnemann, 6th edition, translated by William Boericke, published by B. Jain Publisher
4. Leary, Bernard. "Homoeopathy in theatres of war, 1914–18." *British Homeopathic Journal* 86, no. 03 (July 1997): 161–65. [http://dx.doi.org/10.1016/s0007-0785\(97\)80084-1](http://dx.doi.org/10.1016/s0007-0785(97)80084-1).
5. Illustrated Guide to the Homoeopathic Treatment by Dr. Harbans Singh Khaneja, 3rd Edition (2008), published by B. Jain Publisher
6. Boericke's New Manual of Homoeopathic Materia Medica with Repertory by William Boericke, reprint edition 2020, published by B. Jain Publisher
7. Lotus Materia Medica by Robin Murphy, Third edition 2010, published by B. Jain Publisher
8. Allen's Key-notes Rearranged & Classified With Leading Remedies of the Materia Medica & Bowel Nosodes Including Repertorial Index by H. C. Allen, 10th Edition (2005), published by B. Jain Publisher
9. Materia Medica of Homoeopathic Medicine by Dr. S. R. Phatak, 2nd Edition, published by B. Jain Publisher
10. American Institute of Homeopathy. (2023, May 25). Homeopathy in the Army - American Institute of Homeopathy. Retrieved May 20, 2025, from <https://homeopathyusa.org/ajhm/homeopathy-in-the-army/>



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# New, Altered but Perfected Method of Dynamisation with its Association to Miasmatic Exegesis

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### Keywords

Infinitesimal dilutions; New altered but perfected method; LM potencies; mild yet effective; miasmatic exegesis

### Abstract

Hahnemann's experiments, right from the Peruvian bark to his discovery of the unfolding of the pharmacodynamic properties of drug substances, brought about by a systematic process of drug potentization, were directed towards his goal 'highest ideal of cure'. He says, "when we have to do with an art whose end is the saving of human life and any neglect to make ourselves master of it becomes a crime". He worked hard and on the eve of his death given us "new, altered but perfected method", In 6th edition of the organon of medicine and gave "Infinitesimal dilutions" which mentioned by him as the 'most nearly perfect of all'. It was Hahnemann's last great gift to homeopathy, and it's necessary to go deep into the use of these potencies and put them in action in our practice for the benefit of suffering mankind speedily, safely and gently.

### Introduction

50 millesimal scale is the final reformation in posology by Dr Hahnemann, at the age of 86 years and in active practice at Paris, Dr. Hahnemann experienced several problems with the usage of centesimal potencies, such as lower potencies are unable to stimulate a healing reactions; takes longer time to cure any disease; Undesirable medicinal aggravation with the use of higher potency;

Physician has to wait for so long to observe positive-negative outcomes as single dose of high potency continues to act for a period of several weeks to months; that's how he realised that, one of the vital homeopathic principal 'ideal of cure' could not be materialised with that centesimal potencies. At that time, he had to deal with a large number of patients suffering from mainly nervous disorders, during treatment, he noticed troublesome medicinal aggravation in maximum cases, even after using low potencies, this led him to process further minimising the material quantity of the drug with changes in ratio of the vehicle to the medicine and to the number of succession strokes. He contributed his last years of life to discover this new method of dynamisation and mentioned his new potency by "Infinitesimal dilutions" and called this preparations 'medicaments au globule' to distinguish them from the old centesimal potencies 'medicaments a la goutte'. Dr. Pierre Schmidt termed this new scale as "50 millesimal potency" because of the fact that the material part of the medicine was said to be decreased by 50,000 times for each degree of dynamisation. In western countries, some homeopaths indicate it as 'LM potency', 'Q potency', 'water potency'.

For up to 20 years after the publication of the 6th edition LM potencies didn't gain Spotlight, neither Boericke nor Richard Haehl had referred to the significance of this new method in the introduction to their respective editions. After so many years, Dr. Pierre Schmidt and Dr. Charles Pahud published, "Hidden treasure of the 6th edition of the organon" especially to throw lights on new and perfected methods of dynamisation. This lack of popularity amongst homeopaths are all due to

late publication, practical complexity, entrenched practices, lack of availability and training, misconception and skepticism. The credit of having rediscovered the Q potencies for the 20th and 21st century belongs to the Swiss physician Dr. Rudolf fury, he made his own medicines in LM potencies as no manufacturer prepared such potencies and used only LM potencies in his practice. However, in recent decades some changes have been noticed as people are converting towards the era of research base practice.

### Replacement to centicemal scale

Replacing centesimal potencies with LM potencies is not about discarding one method entirely, but about moving towards a more refined, individualised and safer approach, in line with Hahnemann's mature philosophy. This shift is based on several practical, clinical and philosophical improvements by Dr Hahnemann. LM potencies are less likely to produce strong aggravations or healing crises, which are sometimes seen with C potencies, especially useful in hypersensitive individuals, children, the elderly or patients with advanced chronic diseases. Unlike C potencies, which are often dosed infrequently, LM potencies can be given daily or even multiple times per day, this makes it easier to adjust dosing based on patient response and leads to more consistent healing momentum. LM scale offers finer potency gradation, that allows more gradual and precise movement from one level of stimulation to the next, reducing the risk of provings or aggravations. Due to the milder dynamic action, LM potencies are less likely to suppress symptoms or be antidoted by lifestyle factors. LM potencies are typically administered in liquid form, allowing practitioners to easily adjust the number of succussions before each dose, dilute further to reduce intensity, and modify dose frequency without changing the potency. LM potencies align more closely with the ideal cure, allowing steady progress with fewer setbacks; especially in chronic cases which are deeply entrenched, relapsing or evolving conditions that often require long-term, nuanced management. 50 millesimal potency is more refined, flexible and its action in depth making it a powerful tool in both classical and contemporary homeopathic practice. It is particularly

suited for the modern patient who presents with multiple layers of pathology, sensitivity and miasmatic complexity.

### Key areas of application

Application area	Why LM potencies?
Chronic diseases	Gentle, long-term stimulation, layer-by-layer miasmatic clearing
Hypersensitive patients	Avoid violent aggravations
Mental/emotional disorders	Precise, adaptable dosing
Pregnancy	Mild yet effective action
Palliative care	Comfort without provocation
Paediatrics	Safe and responsive
Recovery after suppression or drugs	Gradual rebalancing of the vital force
Post-surgical recovery	Supports healing and reduces post-op stress
Preventive	Strengthen immunity and vital force
Autoimmune & allergic conditions	Controls over stimulation of immune system

### LM scale and miasmatic exegesis

Chronic miasmatic cases often require long-term treatment with careful management. LM potencies offer flexibility and control in such cases. LM potencies are specially suited for miasmatic prescribing because, they act deeply and can address fundamental miasmatic layers, gradual and repeated dosing helps in treating deep-seated miasms without strong aggravation, they allow individualised dosing, making it easier to navigate suppressions or mixed miasmatic cases. In anti-miasmatic therapy, LM potencies are often employed to gently clear layers of miasmatic influence over time. Prescribing LM potencies in relation to different miasms requires an understanding of the nature of each miasm, the patient's vitality and the depth of pathology.

- Psoric miasm** : LM potencies useful in slowly, unfolding and treating latent psora without aggravation, frequent repetition helps in tackling deep emotional insecurities and functional symptoms overtime, ideal for long-term constitutional work, especially in children and the elderly with psoric backgrounds
- Sycotic miasm** : Here they addresses deep

seated sycotic suppression gently, especially in patients prone to relapses. Supports chronic discharge and growths without forcing eliminations too fast. Repeated LM doses helps uncover suppressed symptoms gradually and guide the case back to balance.

3. **Syphilitic miasm** : LM potencies carefully manages violent, destructive tendencies without triggering aggravation. Essential for palliative care in terminal or degenerative diseases, where destruction must be controlled, compassionately. Frequent LM dosing maintains gentle stimulus in deep destructive pathology.
4. **Tubercular miasm** : LM scale of potencies helps in regulating unstable vitality, offers balance between high energy phases and fatigue. Suitable for recurrent respiratory ailments, inherited conditions or mental/emotional turbulence. LM's adaptability allows close management of quick symptoms shift.

Different miasms needs different LM potencies accordingly, because each miasm represents a distinct level of depth, intensity and response in the patients Constitution.

Miasm	Potency range	Why this potency?
Psora	LM 1 to LM 3	Gentle stimulation with low potencies as patients are often hypersensitive or over-reactive
Sycosis	LM 3 to LM 6	Need of Moderate potency that helps to clear suppressions and overgrowths gradually
Syphilis	LM 6 to LM 9+	Deep destructive miasm requires deeper stimulation carefully with higher potencies
Tubercular	LM 3 to LM 10+	Tends to fluctuate between vitality and weakness (potencies balance this instability)

## Current status

LM potency scale, once underused and misunderstood, is now gaining recognition and adoption globally, particularly among classical and advanced homeopathic practitioners. It also gaining

academic recognition as taught in homeopathic colleges across many countries featured in updated curriculum alongside centesimal and decimal potencies also referenced in post graduate studies and thesis research. Since it was hahnemann's final refinement in field of pharmacodynamics, many modern classical homoeopaths view LM as the most advanced and scientific potency scale. LM scale of potencies are more available today than even before, reputed pharmaceutical companies are now produces. LM potencies in standardised dilutions, enabling accurate, and consistent use. However, still less widely available than centesimal potencies in some regions. Some homeopathic software and reputation tools also have now included LM potency management options, aiding practitioners in tracking LM progression. There are also noticeably growing numbers of published case reports and observation studies document successfully of using LM potency for different disorders. But still some challenges are present among homeopathic practitioners like lack of awareness, familiarity to centesimal scale, lack of availability of readily stock of LM potencies, lack of knowledge and training and lack of experience related to its outcomes.

## REFERENCES

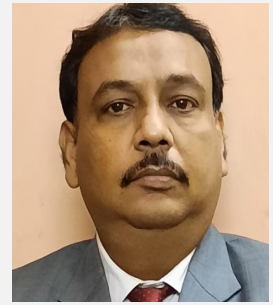
1. Hahnemann S, Sarkar BK, Dudgeon RE. Organon of Medicine. Aude sapere with an introduction and commentary on the text. New Delhi: Birla publication; reprint 2022.
2. Dudgeon R E, Boericke W, hahnemann S. Organon of medicine; edition 6th; 1922
3. Bosch R. LM potencies in homeopathy, from their beginning to present day; English edition; Stuttgart; summer: 2007
4. Schmidt P. The hidden treasures of the last organon. B.jain publishers pvt. Ltd. New Delhi: reprint edition, 2006
5. Chaudhury Harimohan. 50 millesimal potency in theory and practice. Third revised and enlarged edition.
6. Srivastava A, Bala R. A review on history of LM potency: tracing its roots in the past, IJHS. <https://doi.org/10.33545/26164485.2019.v3.i3a.91>
7. Kalpande S. Efficacy of LM potency in day to day homeopathic practice. IJRPR. <https://ijnrd.org/papers/IJNRD2412131.pdf>
8. <https://ijnrd.org/papers/IJNRD2412131.pdf>
9. <https://ijrpr.com/uploads/V6ISSUE3/IJRPR40148.pdf>

# Autoimmune Mediated Arthritis: A Comprehensive Overview

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## Keywords

Autoimmune arthritis, Seronegative Arthritis, Rheumatoid arthritis, Homoeopathic treatment, Scope of homoeopathy

## Abstract

Autoimmune arthritis encompasses a diverse group of disorders characterized by the immune system erroneously attacking the body's own tissues, particularly the joints. This review delves into various forms of autoimmune arthritis, including rheumatoid arthritis (RA), seronegative spondyloarthropathies (SpA), systemic lupus erythematosus (SLE), Behçet's disease, palindromic rheumatism, polymyalgia rheumatica (PMR), Sjögren's syndrome, sarcoidosis, and systemic sclerosis (SSc). We explore their clinical manifestations, epidemiology, ICD-11 classification, latest investigative approaches, and current management strategies, incorporating the most recent updates from the World Health Organization (WHO). Advances in biologic and targeted therapies have significantly improved outcomes, emphasizing the need for early diagnosis and intervention [1,2].

## Introduction

Autoimmune arthritis refers to a spectrum of inflammatory joint diseases caused by dysregulated immune responses. These conditions primarily target the synovium, leading to chronic inflammation, joint destruction, and systemic involvement. The diseases can be categorized as seropositive (e.g., RA, SLE, Sjögren's syndrome)

or seronegative (e.g., PsA, SpA, Behçet's disease, PMR, sarcoidosis), based on the presence or absence of specific autoantibodies. Recent advancements in diagnostic tools and targeted therapies have transformed the management and prognosis of these disorders [3].

**FIG 1: Difference between seropositive and seronegative autoimmune arthritis:**

Features	Seropositive Arthritis	Seronegative Arthritis
Definition	Autoimmune arthritis with +ve autoantibodies (RF and/or anti-CCP)	Autoimmune arthritis without autoantibodies (RF and/or anti-CCP)
Common types	Rheumatoid arthritis	Ankylosing Spondylosis, Psoriatic arthritis, Reactive arthritis, Enteropathic arthritis etc.
Autoantibodies	RA, anti-CCP +ve	RA, anti-CCP -ve, may be HLA-B27 +ve
Joint involvement	Symmetrical, small joints involved	Asymmetrical, large joints involved, axial skeleton often involved
Systemic features	More common (nodule, vasculitis)	Less common (may have skin, eye, GI symptoms)
Radiological findings	Joint erosion, osteopenia, joint space narrowing	Syndesmophytes, sacroilitis, new bone formation
Genetic marker	HLA-DR4 (in RA)	HLA-B27 (in spondyloarthropathies)
Prognosis	Often more severe with progressive joint damage	Variable, can be milder or have extra-articular manifestations

## 1. Rheumatoid Arthritis (RA)



**Articular Symptoms:** Symmetrical polyarthritis, affecting small joints of the hands and feet, characterized by pain, swelling, and morning stiffness lasting >30 minutes.

**Extra-articular Features:** Rheumatoid nodules, interstitial lung disease, vasculitis, and cardiovascular complications [1].

2. Seronegative Spondyloarthropathies (SpA)

**Ankylosing Spondylitis (AS):** Chronic back pain, spinal stiffness, sacroiliitis, and progressive loss of spinal mobility [4].

**Psoriatic Arthritis (PsA):** Asymmetric oligoarthritis, dactylitis ("sausage digits"), and psoriatic skin/nail involvement.

**Reactive Arthritis (ReA):** Acute arthritis following infections, commonly associated with conjunctivitis and urethritis.

**Enteropathic Arthritis (EA):** Arthritis linked to inflammatory bowel disease (Crohn’s disease, ulcerative colitis).

3. Systemic Lupus Erythematosus (SLE)

**Articular:** Non-erosive arthritis, typically involving small joints.

**Systemic:** Malar rash, photosensitivity, lupus nephritis, and hematologic abnormalities [5].

4. Other Autoimmune Arthritis Conditions

**Behçet’s Disease:** Recurrent oral/genital ulcers, uveitis, and arthritis.

**Palindromic Rheumatism:** Recurrent joint inflammation without permanent damage.

**Polymyalgia Rheumatica (PMR):** Proximal muscle pain and stiffness (shoulders, hips), systemic symptoms.

**Sjögren’s Syndrome:** Dry eyes (keratoconjunctivitis sicca), dry mouth (xerostomia), systemic features.

**Sarcoidosis:** Arthritis, erythema nodosum, and hilar lymphadenopathy.

**Systemic Sclerosis (SSc):** Skin thickening, Raynaud’s phenomenon, organ fibrosis.

FIG 2: Epidemiology and ICD-11 Classification

Disease	Global Prevalence (%)	Peak Age (years)	M:F Ratio	ICD-11 Code
RA	0.5-1.0	30-50	1:3	FA20
AS	0.1-1.4	20-40	3:1	FA24
PsA	0.1-0.3	30-50	1:1	FA20.1
ReA	0.1-0.2	20-40	1.5:1	FA23
SLE	0.02-0.1	15-45	1:9	FA33
Behcet’s	0.03-0.06	20-40	1:1	FA35
PMR	0.5	>50	1:2	FA32
Sjogren’s	0.3-0.6	40-60	1:9	FA30
Sarcoidosis	0.02-0.05	20-50	1:1	CBF
SSc	0.01-0.03	30-50	1:3	FA34

Latest Investigations

1. Serological Tests

Rheumatoid Factor (RF): Positive in ~70% of RA patients.

Anti-Cyclic Citrullinated Protein Antibodies (ACPA): Highly specific for RA.

Antinuclear Antibodies (ANA): Positive in SLE, Sjögren’s syndrome.

HLA-B27 Testing: Linked to AS, ReA.

2. Imaging Studies

Ultrasound: Detects synovitis and early erosions.

MRI: Identifies early joint inflammation and bone marrow edema.

X-rays: Show joint erosions and structural changes.

3. Advanced Diagnostics

HRCT: Assesses interstitial lung disease in RA, SSc.

Salivary Gland Biopsy: Confirms Sjögren’s syndrome.

PET-CT: Evaluates systemic inflammation in sarcoidosis [7].

Latest Management Strategies

1. Pharmacological Therapies

NSAIDs: Symptom relief.

Glucocorticoids: Rapid control of inflammation.

Disease-Modifying Antirheumatic Drugs (DMARDs):

Conventional: Methotrexate, hydroxychloroquine.

Biologic: TNF inhibitors (e.g., etanercept), IL-6 inhibitors (e.g., tocilizumab), JAK inhibitors (e.g., tofacitinib) [8].

## 2. Non-Pharmacological Management

Physical therapy for maintaining joint function.

Dietary modifications to reduce inflammation.

Psychosocial support to enhance patient quality of life.

## 3. Other Lifestyle approaches to managing autoimmune forms of arthritis:

- **Getting regular exercise:** Some types of physical activity can improve the range of motion in the joints. Walking, water aerobics, and other low impact aerobic exercises are especially beneficial.
- **Quitting smoking, drug intake, if applicable:** Smoking can worsen the symptoms of many types of autoimmune arthritis.
- **Eating a well-balanced diet:** A nutritious diet can help people maintain a moderate weight, putting less pressure on painful joints. Polyunsaturated fatty acids (PUFAs) have gained wider attention because of their links to a variety of brain disorders, including anxiety and depression. These PUFAs include docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) in the series of omega-3 fatty acids.
- **Aiming for a regular sleep schedule:** Sleep disruptions may worsen flares and other symptoms.

## HOMOEOPATHIC APPROACH OF AUTOIMMUNE MEDIATED ARTHRITIS

### Miasmatic analysis:

- **PATHOLOGICAL CONDITIONS ASCRIBED FOR THREE MIASMS according to M. L. Dhawale:[9]**

Psora: Functional, reversible and nutritional deficiency disorders.

Sycosis: overgrowth of tissue, fibromuscular affection, rheumatism, arthritic conditions, tumours (simple, benign), gouty diathesis

Syphilis: Degenerative, deformities, suppuration, ulceration, squamous and coppery eruption of skin, ulceration, fissures of glands, bones, blood vessels.

- **According to H. A. ROBERTS:[10]**

The fundamental miasms have their period of remission, latent states lasting perhaps for years without showing any manifestations, some sudden-crisis in the history of the individual may rouse them to sudden eruption and the patient will become severely disturbed in health.

Weakness of the knee joints is a sure indication of the presence of a syphilitic taint in combination with the psoric stigma.

The sycotic patient is especially liable to rheumatic troubles, and where this taint appears, especially if there has been any attempt at suppression of the rheumatic manifestations. There are pains in the small joints with infiltrations and deposits. Stiffness, soreness and lameness are characteristic of this stigma.

The syphilitic stigma attacks the long bones; the growing pains of children are syphilitic, especially when at night, < in storms or on change of weather. This stigma causes destruction of tissue partly because it hampers assimilation of the necessary elements, and we see the result in rickets of children; they cannot assimilate from their food what they require to make the bones sufficiently hard to support their weight without bending.

- **According to J.H. Allen:[11]**

Syphilis Long bones; the growing pains of children, at night, < in storms or on change of weather. Destruction of tissue, rickets of children; > dry, fair weather; worse at the approach of a storm or a damp, humid atmosphere and a falling barometer

or becoming cold;

Sycosis Stiffness, sore-ness, lameness. > stooping, bending or beginning to move.

Psora Worse by motion and better by rest and warmth

Tubercular Joint troubles have increased in osseous tissues, nodular growths similar to syphilis. The bones are soft, rickety and curved, as seen frequently in bow-legged children, soft and flexible, deformed or the long bones become curved. The periosteal difficulties in pseudo-psora are due to periosteal inflammations or tertiary or tubercular changes in the bones themselves, while the pains in the joints or periosteum from sycosis, are due to gouty concretions, or chalky deposits in the tissues themselves, conveyed from the circulation. The tubercular and syphilitic bone pains are very similar, both as to their character and times of aggravation.

- **According to Dr. S.P. Dey**, in his immunology and homoeopathy, stated that, the therapeutic approach should begin with nosodes. Though not specified to autoimmune diseases, it could be taken in importance.[12]

### Examples of some CLINICAL REPERTORIES

#### 1. The homoeopathic therapeutics of rheumatism and kindred disease by C.D. Perkins:[13]

CHAPTER	RUBRIC	MEDICINE
KNEE Rheumatic	Drawing in:	Iodum
KNEE	Pains in	Cimici., Clem., Phyto.

#### 2. Repertory of the symptoms of rheumatism, sciatica etc by Alfred Pulford (1898):[14]

CHAPTER	RUBRIC	MEDICINE
Knee	Rheumatism	Apis, Bry. Ferr., Kali c. Puls., Rhus Sticta, Sul. Esp.

### HOMOEOPATHIC THERAPEUTICS

- **According to Lilienthal**, in his therapeutics:[15]

RHEUMATISM:

- ▶ **CHRONIC RHEUMATISM AND SWELLING OF JOINTS:** abrot, arn, calc, caust, chinap, Clem...etc
- ▶ **WITH CURVATURE AND STIFFNESS OF THE AFFECTED PART:** ant, bry, caust, guaic, Lach, sulph...etc
- ▶ **WITH PARALYSIS:** arn, chin, fer, rhus, ruta...etc
- ▶ **ERRATIC PAIN:** bry, nux.m, nux.v, puls...etc

- **According to Dr. E.B. Nash:[16]**

Trio of rheumatism: Caust., Rhus. Tox., Sulph.

- **Roberts Rheumatic Remedies:[17]**

Rhus Tox.: Inflammatory rheumatism from exposure to cold followed by paralysis of right side ; pain almost constant in right side.

Caust: Pain in loins as if bound by hands. Pinching cramping pain in lumbar region and buttocks. *CHRONIC INFLAMMATION OF ARTICULAR STRICTURES, ESPECIALLY IF FROM A BLOW OR STRAIN. SYNOVITIS, FALSE ANCHYLOSIS.*

### SCOPE OF HOMOEOPATHY

- **Symptom Relief**

Homeopathic remedies are prescribed based on the specific symptoms experienced by each individual. They aim to alleviate pain, stiffness, swelling, and inflammation associated with rheumatoid arthritis. Homeopathic remedies are selected based on the principle of similars, meaning that substances that produce similar symptoms in healthy individuals are used to stimulate the body's self-healing mechanisms.

- **Individualized Treatment:** Homoeopathy emphasizes the importance of individualization. Each person with rheumatoid arthritis may experience different symptoms and respond differently to various triggers. Homeopathic practitioners take into account the unique characteristics, modalities, and

progression of symptoms in each patient to prescribe a customized treatment plan.

- **Holistic Approach:** Homeopathy considers the physical, mental, and emotional aspects of an individual. It aims to address the whole person rather than just the physical symptoms of rheumatoid arthritis. By considering the individual's overall well-being, homeopathy seeks to improve the quality of life and promote a sense of balance and well-being.
- **Minimizing Side Effects:** Homeopathic remedies are highly diluted and prepared through a process called potentization, which aims to enhance the healing properties of the substances while minimizing potential side effects. This makes homeopathy a potentially safer alternative or complementary option to conventional medications used in the management of autoimmune mediated arthritis.
- **Psychological Stress Triggers Autoimmune Diseases:** Retrospective studies found that a high proportion (up to 80%) of patients reported uncommon emotional stress before disease onset. Unfortunately, not only does stress cause disease, but the disease itself also causes significant stress in patients life.

## CONCLUSION

Autoimmune arthritis represents a heterogeneous group of diseases with significant implications for morbidity and quality of life. Early diagnosis using serological markers, imaging techniques, and clinical evaluation is crucial for initiating appropriate treatment. The advent of biologic DMARDs and targeted therapies has revolutionized disease management, improving long-term outcomes though it has significant side effects. Ongoing research continues to refine treatment strategies, with the goal of achieving remission and minimizing disability. Here individualized approach of classical homoeopathic treatment promises better health and improves patients life by treating with its holistic view point. Each patient with same disease presents with different symptomatology and disease phenomena which should be taken care by homoeopathic physicians by means of detailed case taking and finding the similar

with miasmatic and therapeutic evaluation.

## REFERENCES

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. *Harrison's Principles of Internal Medicine*. 22nd ed. New York: McGraw-Hill Education; 2023.
2. Papadakis MA, McPhee SJ, Rabow MW, editors. *Current Medical Diagnosis and Treatment* 2025. 64th ed. New York: McGraw-Hill Education; 2024.
3. Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. *Lancet*. 2016;388(10055):2023-38.
4. Van der Heijde D, Ramiro S, Landewé R, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis*. 2017;76(6):978-91.
5. World Health Organization. WHO Model List of Essential Medicines. 2023 update. Available from: <https://www.who.int/publications/m/item/WHO-model-list-of-essential-medicines-2023>
6. Penman, Ian D, et al. *Davidson's Principles and Practice of Medicine International Edition*. S.L., Elsevier Health Sciences, 2022. P.1043
7. Powell A, Davis P, Jones N, Russell AS. Palindromic rheumatism is a common Disease: comparison of new-onset palindromic rheumatism compared to new-onset Rheumatoid arthritis in a 2-year cohort of patients. *J Rheumatol*. 2008 Jun;35(6):992- Epub 2008 Apr 15. PMID: 18412310.
8. Ruan P, Wang S, Yang M, Wu H. The ABC-associated Immunosenescence and Lifestyle Interventions in Autoimmune Disease. *Rheumatol Immunol Res*. 2022 Oct 20;3(3):128-135. Doi: 10.2478/rir-2022-0021. PMID:36788975;PMCID:PMC9895871.
9. Dhawale M.L. *Principle and Practice of Homoeopathy*, B Jain Pvt Limited, 2014.
10. Roberts HA. *Disease classification, The principles and art of cure by homoeopathy: a modern textbook*, Sittingbourne, England:B. Jain Publishers (P) Ltd Homoeopathic Book Service; 1995 p:180-187
11. Allen J H. *Mental sphere,The Chronic Miasms, vol I, Psora and Pseudo-psora* New Delhi: reprint edition B. Jain Publishers (P) Ltd; 2004,p:49-50
12. DEY S.P. *Essentials of Principles and Practice of Homoeopathy*. Bhattacharya, Recorded Cassetts, 2009 p.159
13. Perkins DC, *The Homeopathic Therapeutics of Rheumatism and Kindred Diseases*. Philadelphia: F. E. Boericke, Hahnemann Publishing House; 1888.p154155
14. Pulford A. *Repertory of the Symptoms of Rheumatism, Sciatica, Et Cetera*. 1898.p,122-12.
15. Lilienthal S. *Homoeopathic Therapeutics*. B Jain Pvt Limited, 1879.p.916-917
16. Nash E.B. *Expanded Works of Nash*. B Jain Pvt Limited, 2022 p.346
17. Roberts H.A. *The Rheumatic Remedies*. B Jain, 1994





# Mastering Clinical Repertories: Enhancing Homoeopathic Practice Through Effective Repertorization and Practical Guide to Clinical Application

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### Keywords

Symptomatology, Repertorization, Exponent, Therapeutic actions, Rubrics, Sub-rubrics, Clinical rubrics, Cross-references.

### Abstract

This article discusses a few best clinical repertories like the Pocket Manual of Homoeopathic Repertory by Oscar E. Boericke's, a Comprehensive Clinical Repertory covering the entirety of symptomatology. Based on clinical findings and verifications, this repertory is a valuable resource for Homoeopathic practitioners, particularly in acute and chronic case management. The article highlights the repertory's unique structure, its relationship to Boericke's Materia Medica, and its popularity among practitioners. Additionally, it touches upon Dr. S.R. Phatak's concise repertory, which builds upon C.M. Boger's Synoptic Key, incorporating additions from various standard sources.

Dr. J. H. Clarke writes that it will be seen that the clinical repertory is a clinical repertory and much more besides. The practitioner who consults it will not be tied down to a mere list of names of diseases. He will be able to test his choice of a remedy from other points of view, and if further information should be required, the dictionary of Materia Medica, which this repertory is designed to make

more accessible.

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### Introduction

Clinical Repertories are those repertories which contain clinical symptoms/conditions and the corresponding group of medicines. These repertories facilitate the selection of a remedy on the basis of pathological similarity, causation, modalities and concomitants. They are not commonly used for the purpose of repertorization. However, these repertories can be used for repertorization of cases where clinical conditions mask the characteristics of the patient. In such cases, the physician finds the prominent common symptoms with a few modalities and concomitants. These cases need the help of clinical repertories for selecting the simillimum.

### Concept of Clinical Repertories

In spite of emphasis on individualization and prescription based on characteristic expressions, the emergence of clinical repertories could not be prevented in homoeopathic practice as early as Hahnemann's time. The grouping of medicines according to the name of diseases, though discouraged by many stalwarts, has given birth to clinical repertories. The greatest modern exponent of this practice is the late Dr J. Crompton Burnett, who has brought once more to light the vast therapeutic treasures which had been allowed to

lie forgotten in the works of the great masters. The use of nosological correspondence is one method by means of which a similar, if not the most similar remedy may be discovered.

Always finding indications are open to practitioners and the clinical avenue is one of them. J.H. Clarke has described it like this, certain diseases come to have certain remedies assigned to them and all the patients who are found to be suffering from any given disease must be closed with one of the remedies credited to it. Master Hahnemann was certainly not happy with such kind of practice; he described it as, "Treating the names of the diseases with names of therapeutic actions." Such a practice was favoured by Dr J. Crompton Burnett. He expresses it as the fact is, we need any and every way of finding the right remedy; the simple simile, the simple symptomatic simillimum and the furthest reach of all the pathological Simillimum.

Though many clinical repertories are available these days, three of them are well known as General Clinical Repertory. They are: A Clinical Repertory by J.H. Clarke and Materia Medica with Repertory by O.E. Boericke and A Concise Repertory of Homoeopathic Medicine by S.R. Phatak there are many useful regional clinical repertories which help the practitioners to find a similar remedy.

In my 29 years of Clinical Practice, I have used the three Clinical Repertories are to prescribe the simillimum to my patients are -

1. BOERICKE'S REPERTORY - Dr. William/Oscar E. Boericke
2. A CLINICAL REPERTORY TO THE DICTIONARY OF MATERIA MEDICA - Dr. John Henry Clarke
3. A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES - Dr. S. R. Phatak
1. **BOERICKE'S REPERTORY - POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA WITH REPERTORY - Dr. William/Oscar E. Boericke**

## Introduction -

Pocket manual of a Repertory appended to Homoeopathic Materia Medica by Oscar E. Boericke is class under the group of general clinical repertory covering whole symptomatology. This repertory is based on clinical finding and clinical verifications, and the major source of which is Boericke's Materia Medica. Boericke & Runyon, 1049 pages, published this repertory, the Materia Medica, by William E. Boericke was issued in 1901. The Repertory was added to the 3rd edition in 1906. The repertory is constructed differently than that of either Kent or Boenninghausen, and takes a bit of work to become familiar with. The current edition of this repertory is very popularly used in acute as well as in chronic cases.

## In the Preface to the Repertory Dr. Oscar E Boericke Writes that -

1. In conformity, which established reportorial methods, the division of sections is somewhat the old Hahnemannian method.
2. Headings and sub-headings or the specific conditions or symptoms comprise under the later are arranged in alphabetical order and this is more or less adhered throughout the entire work.

E.g. under Mind the headings read.

Awkward – Brainfag - Catalepsy, etc.

3. All the headings when extensive in scope are presented under: - Cause, Type, Location, Character of pain, Concomitants and Modalities.
4. Technical names of the diseases are bracketed for which is in strict accord with Homoeopathic requirements, prescribed for the symptoms of each specific case, not for mere the name of the disease.
5. Remedies are arranged in alphabetical order.
  1. Italics: - Indicates the more frequently - 3 marks.
  2. Verified clinical remedy - 2 marks.
  3. Roman remedies - printed in Roman – 1 mark.

Lastly, he adds, it is only by persistent study of

one repertory, its intricate arrangements gradually crystallize themselves in definite outline in the mind.

### CONSTRUCTION OF BOOK

The first part of the book is Materia Medica and the second part is Repertory - followed by an:

- a. Index to the Repertory
- b. Therapeutic Index
- c. List of remedies with common and Latin names.

### Sections of Boericke's Repertory

The repertory has 25 chapters:

1. MIND
2. HEAD
3. EYES
4. NOSE
5. EARS
6. FACE
7. MOUTH
8. TONGUE
9. TASTE
10. GUMS
11. TEETH
12. THROAT
13. STOMACH
14. ABDOMEN
15. URINARY SYSTEM
16. MALE SEXUAL SYSTEM
17. FEMALE SEXUAL
18. CIRCULATORY SYSTEMS
19. LOCOMOTOR SYSTEM
20. RESPIRATORY SYSTEM

21. SKIN
22. FEVER
23. NERVOUS SYSTEM
24. GENERALITIES
25. MODALITIES

### Hunting Of Rubrics From Boerickes Repertory

1. For hunting of rubrics after case taking one must be sure that one has correctly picked up the Basic and Determinant symptoms and have converted into proper rubrics.
2. Next, he will think of the chapters where these rubrics may have.
3. As regards the position of rubrics in the chapters they are always followed in the alphabetical series.
4. As the physician is previously acquainted with the anomalies in the arrangement of rubrics and sub-rubrics in the very chapter and thus, he can avoid the diversion.

### 2. A Clinical Repertory To The Dictionary of Materia Medica - Dr. John Henry Clarke

#### INTRODUCTION

This repertory was published in 1904 & then after reprinted by B. Jain in 1997. It is constructed on the basis of dictionary of Practical Materia Medica and consist with Repertories of causation, Temperament, Clinical Relationship, and Natural and Relationship. Dr. J. H. Clarke writes that it will be seen that the clinical repertory is a clinical repertory and much more beside. The practitioner who consults it will not be tied down to a mere list of names of diseases. He will be able to test his choice of a remedy from other points of view, and if further information should be required, the dictionary of Materia Medica, which this repertory is designed to make more accessible.

**CONSTRUCTION** - The book starts with: -

1. Preface
2. List of remedies with abbreviations. (List of

appro.1063 remedies with few repetitions.)

3. List of abbreviations with remedies arranged alphabetically.

### **Repertory proper contains five parts: -**

**Part I** - Introduction to the Clinical Repertory. Clinical repertory.

**Part II** - Prefatory note to repertory of Causation. Repertory of Causation.

**Part III** - Repertory of Temperaments, disposition, constitution and state.

**Part IV** - Prefatory note to clinical relationship. Repertory of clinical relationship.

**Part V** - Introduction to the Repertory of natural relationships. Repertory of Natural Relationships.

### **This part is further divided into five parts: -**

1. Elements
  - a. Alphabetical lists.
  - b. List according to atomic weight.
  - c. Mendeleeff's Group.
2. Vegetable Kingdom-
  - a. Alphabetical list of natural orders.
  - b. Systematic arrangement of natural order.
3. Animal Kingdom -
  - a. Alphabetical list of natural order.
  - b. Systematic arrangement of natural order.
4. Sarcodes
5. Nosodes

In the dictionary of practical Materia Medica every remedy is described from a number of different points of view. The clinical point of view is one of these, and under the heading "Clinical" Dr Clarke has prefixed to each remedy a list of the affection in which it has been found most frequently indicated in practice. In compiling these clinical lists, he had in view the project of preparing,

later on, an index of these heading to enable the reader to find at a glance all the remedies which have been accredited with the cure or alleviation of any given state. In the first section one, he described remedies in the dictionary as "causation". This tells how remedies are related to conditions due to definite cause. Another index deals with temperaments. Acute observers from the time of Hahnemann onwards, have noticed that some remedies act well on some types of persons and not all so well on others. The last of the repertory included in this volume is a repertory of relationships.

### **3. A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES**

**- Dr. S. R. Phatak**

#### **Introduction**

Dr. S. R. Phatak's concise alphabetical repertory is based on the Repertory part of the synoptic key to Materia Medica by C. M. Boger, however it contains innumerable additions both in rubrics and remedies, so that it is like a much enlarged and improved version of the 'Synoptic Key'. The additions made by Dr. S. R. Phatak are from other standard books and repertories like Boericke, Kent, Therapeutic pocket book etc. and also from his own case taking and accurate clinical observation.

The 1st edition of the repertory was published in 1963 and afterwards in 1977- 2nd edition was published with the help of Dr. P. Sankaran. B. Jain publisher New Delhi published this repertory and was reprinted in 1994 with 410 pages.

#### **Historical Background-**

The idea of a handy concise alphabetically arranged repertory seems to be of Dr. Phatak's own, but because of ill health he was unable to contribute much. His friend Mr. S. L. Kapadi, who knew about the idea, unexpectedly came to his help. One day he came to the author, with a skeleton copy of this work and asked the author to fill up the gaps. Check and recheck it. This skeleton work was prepared from the authors rough draft notes of marathi repertory.

Thus, after the initiative pain taken by Mr. Kapadi,



Dr. Phatak arranged the work properly, rewrote it and made many additions. Then Dr. Miss. Homai merchant, his student, typed up the copy for repertory, after words with his son's help, 1<sup>st</sup> edition was published. A few years later Dr. P. Sankaran added a few new rubrics, remedies and published the 2nd edition of the book.

### Construction of Repertory -

#### The Repertory has -

1. Preface to the repertory by Dr. S.R. Phatak.
2. Preface to the 2nd edition by Dr. P. Sankaran.
3. List of abbreviations of 114 remedies.
4. Lastly, the repertory proper.

#### PREFACE PART

1. Arrangement of rubric is strictly from alphabetical Abdomen to Zygoma.
2. In the preface Dr. Phatak says, prescribing in Homoeopathy is both science and art. Three pre-requisites are required for this - good case taking, sound knowledge of Materia Medica and skilful use of reference book.
3. This repertory is a concise one and not exhaustive as repertories like by Kent, Boenninghausen and others. But it is aimed at reducing the Burden of prescribing by serving as a handy and useful reference book.
4. There are no definite sections. The plan is in alphabetical order and covers headings like mental generals, modalities, organs and their subparts. So, finding appropriate rubric is easy.
5. All the physiological and pathological conditions such as appetite, aversions, desires, nausea, thirst, fever, pulse etc. In alphabetical order.
6. Cross-references given wherever necessary. In each main rubric all important symptoms their concomitants and modalities are given.
7. Causations are given under aggravation. both general and particular. For general modalities

the words AGG and AMEOL, while under particular rubrics written ordinary Agg & Amel.

8. Generals and particulars - Many general symptoms have been coined from particular symptoms. This knack is the secret of the Bogers method.

E.g. Black denotes those discharges, menses, skin etc. are black calculus represents a tendency to from calculi and includes urinary and pancreatic, calculi etc. Many characteristic particular symptoms have been included and this represents Kent's influence on Boger's approach.

9. Pathology- Repertory contains many pathological entities like Addison's disease. Fatty degeneration, leukaemia etc, one understands that these rubrics are to be used in the absence of guiding symptoms.
10. No drug is given unless the author has cured in his own practice or unless there is strong justification, provided for it by authors like Boger, Kent, Clarke.
11. The concise repertory contains many rubrics not found in Kent's repertory. Though it is much smaller it gives more remedies for some rubrics, than are given in Kent's repertory.

E.g. under spices aggravation Kent gives only Phos. Whereas under condiments aggravation, Nux v. Phos. and Sele. are given.

#### Remedies are graded in to: -

##### 1. CAPITAL BOLD

##### 2. *Italics*

##### 3. Roman

This book is easy to refer because of alphabetical arrangement. Cross-references are given wherever necessary. There are 42 clinical rubrics which are not present in Kent's repertory are included in this book

#### Rubrics that are not present in Kent's Repertory

Barometer, Aeroplane flying in aggravation, Bead like swelling, Blood pressure, Foetus lying,

financial loss aggravation. Air passages, Adenoids, Bregma, Bile duct, Fallopian tubes, Cerebro-spinal axis, Loin, Gall bladder, Orbits, Medulla, Sensorium, Pudendum

### **Clinical rubrics those are not present in Kent's Repertory: -**

Actinomycosis, Acidosis, Acromegaly, Acrophobia, Acuminate, Air hunger, Anasarca, Anorexia, Antisocial, Arthralgia, Beri-Beri, Bilharzias, Black water fever, Blood sepsis, Claustrophobia, Co-ordination disturbed, Cretinism, Dementia, Eclampsia, Ectropion, Embolism, Haemophilia, Hydroarthrities, Leukoderma, Menier's disease, Myxoedema, Osteomalacia, Paraplegia, Raynaud's disease, Pellagra, Salpingitis, Scleroderma, Osteomyelitis, Stomatitis, Spondylitis

## **NON-PHILOSOPHICAL GROUP**

### **1. CLINICAL REPERTORIES**

These repertories have many clinical rubrics under different systems and medicines are grouped against the name of disease. These repertories are based on clinical conditions and verification of symptoms. They are subdivided as follows.

#### **1. Covering the whole.**

Examples; Clinical Repertory appended to Boericke's Materia Medica.

Clinical Repertory by Dr. J. H. Clarke.

#### **2. Covering the parts or system.**

Which deals with disease conditions and various parts of the body.

#### **Examples**

- ▶ Diarrhoea - By Dr. Bell.
- ▶ Cough and Expectoration - By Lee and Clark.
- ▶ Neuralgia - By Lutze.
- ▶ Intermittent Fever - By Allen, W. A.
- ▶ Rheumatism - By Robert.
- ▶ Repertory of Urinary Organs - By Morgan, A. R.

- ▶ Times of Remedies - By Boger, C. M.
- ▶ Repertory of Haemorrhoids - By Guernsey.
- ▶ Sensation as if - By Holcomb.
- ▶ Repertory of Headache - By Knerr, C.B.
- ▶ Repertory of Appendicitis - By Yingling.
- ▶ Repertory of Respiratory Disease - By Nash.
- ▶ Repertory of Sensation as if - By Robert's.
- ▶ Repertory of the Eyes - By Berridge.
- ▶ Desire's and Aversion's - By Guernsey.
- ▶ Repertory of Modalities - By Worcester.
- ▶ Repertory of Foot Sweat - By Drake, O. M.
- ▶ Special Pathology - By Raue.
- ▶ Clinical Repertory - By Shedd.
- ▶ Repertory of Poliomyelitis - By Bhatia, V. R.
- ▶ Short Repertory of Indian Drugs - By Ahmad, S.
- ▶ Repertory of Cough - By Pierce, W.
- ▶ Repertory of Likes and Dislikes - By Sethi, B.
- ▶ Repertory of Convulsions - By Santee, E. M.

## **CONCLUSION**

Though clinical repertories have not been put to their fullest utility, these can be very useful too if their scope and limitations are properly understood and implemented in practice.

1. Clinical repertories can be used in the study of Homoeopathic therapeutics as well as Materia Medica.
2. They help to repertorize the following types of cases:
  - a. Cases lacking in mental generals and physical generals, but rich in common symptoms.
  - b. Cases with clinical diagnosis.
  - c. short cases with a few symptoms.

3. They are used as quick reference books at the bedside.
4. Clinical repertories contain some rubrics, which are not found in other general repertories; therefore, they can become a good companion in the study of such rubrics.
5. Clinical repertories help us to find the most appropriate palliative medicine in incurable cases.
6. Regional repertories help in finding out the simillimum in a specific clinical condition.
7. Clinical repertories are based on nosological terms and clinical symptoms, which are the result of clinical observations hence, their use is limited to particular type of cases. They are mainly used for reference work.



### Which is the Best Repertory?

A very fact that a number of repertories are in use


should convince us that none of them is suited to all cases. To this Kent gives a reply “the best is that which one makes oneself” this means many of the bigger and more complete, General Repertories will serve the ordinary purpose of any practitioner provided that he is sufficiently familiar with its contents and their use. For this purpose, what is essential is first to give a number of thorough readings of the preface and introduction of the repertory.

### REFERENCES


1. Boericke, William, Materia Medica with Repertory.
2. Phatak, S.R, Concise Repertory of Homoeopathic Medicines, 2<sup>nd</sup> Edition.
3. Phatak, S.R, Materia Medica of Homoeopathic Medicines.
4. Kent, J.T, Repertory of the Homoeopathic Materia Medica.
5. Shashi Kant Tiwari, Essentials of Reperiorization, 5<sup>th</sup> Edition, B Jain Publishers(P) Ltd, New Delhi, India.
6. Vidyadhar R. Khanaj, Reperire, Repertory Simplified, 2<sup>nd</sup> Edition Reprint Edition, Indian Books & Periodicals Publishers, New Delhi, India.





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# Dig the Drug – *Digitalis Purpurea* “A Double Edged Sword”

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## Keywords

Alkaloid, Cardiac glycoside, *Digitalis*, Digoxin, Digitoxin, Lanoxin.

## Abstract

*Digitalis purpurea* is a well-known remedy for every homeopath worldwide. The use and abuse of the drug *Digitalis* have been in the spotlight among us for ages. The iconoclastic **Paracelsus**, known as the “father of chemistry” stated that “it depends only on the dose whether a poison is poison or not.”<sup>(1)</sup> The paramount aim of this article is to present the pharmacology of the drug along with its intracellular mechanism of action, its symptoms as well as its toxicity.

## Introduction

*Digitalis purpurea* (Common foxglove or purple foxglove) was the first Cardiac glycoside discovered in Western Europe by the Englishman Dr. William Withering in 18<sup>th</sup>-century. He discovered the alkaloids of the plant as an important cardiac drug.<sup>(2)</sup> The main cardiac glycoside digitoxin is isolated from *Digitalis Purpurea*.<sup>(10)</sup>

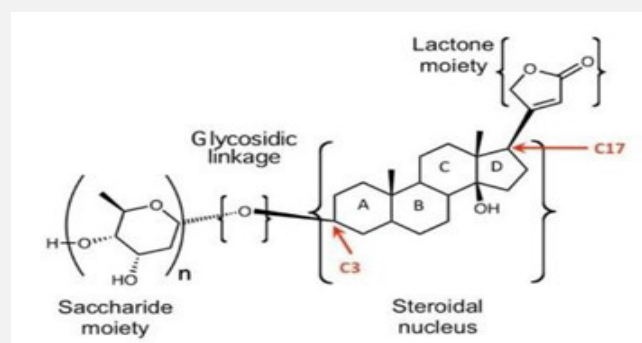
## Alkaloids

The mechanism of action of the various alkaloids occurs by regulating different channels and receptors in the body. E.g. Na<sup>+</sup> ions and channels, cholinergic receptors, acetylcholine esters, opioid and opiate receptors.<sup>(6)</sup>

## Glycosides

Are the sugar molecules linked together with a non-sugar molecule by one of two bonds. In cardiac glycoside, the sugar is 1 or 4 of the digitoxose molecule with a steroidal lactone which is a non-sugar part.<sup>(3)</sup> Cardiac glycosides have a direct action on the heart by providing strength and proper rate of contraction whenever the heart is failing. Besides its fundamental action on the heart, it also acts as a diuretic.<sup>(4)</sup>

Fig 1 – cardiac glycoside.



## Active principles

Cardiac glycoside:

1. Digitoxin [C<sub>47</sub>H<sub>54</sub>O<sub>16</sub>]
2. Digoxin [C<sub>47</sub>H<sub>54</sub>O<sub>13</sub>]

Fig 2 – alkaloid structure

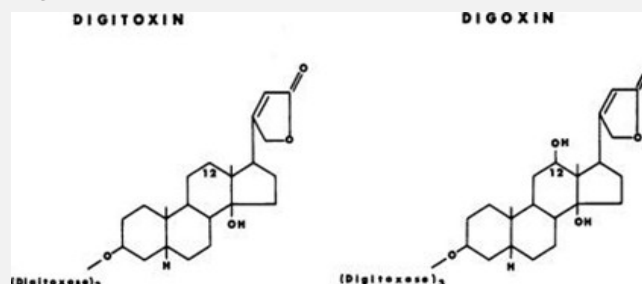




Fig 3 – *Digitalis purpurea*



Other ingredients are anthraquinones, saponins, and flavonoids.

Digitoxin alkaloid quickly strengthens the heartbeat, but is also excreted very slowly. Digoxin is therefore a preferred Long-term medication.

Source: The main source of digitoxin is

the leaves of *Digitalis purpurea*, which are harvested in summer.<sup>(5)</sup>

Allopathic Brand name:

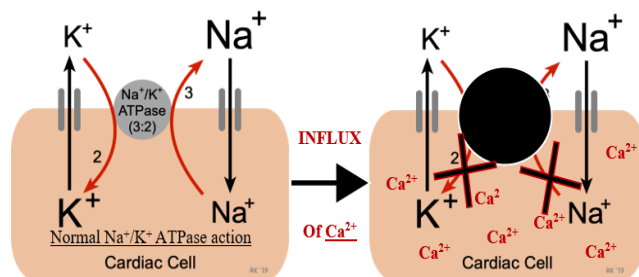
Lanoxin tablets are used to treat heart failure in combination with other medications.

It aims to relieve symptoms by getting the heart to pump blood more efficiently. It is also used to treat heart rhythm disorders (arrhythmia).

Fig 4 –Allopathic medicine.

## Cellular Mechanism of *Digitalis* Action:

*Digitalis* binds to the  $\text{Na}^+/\text{K}^+$  ATPase and blocks it. This leads to an accumulation of intracellular  $\text{Na}^+$  and a loss of intracellular  $\text{K}^+$ . An increase in the



intracellular  $\text{Na}^+$  concentration causes an influx of  $\text{Ca}^{2+}$  from the outside. And the  $\text{Ca}^{2+}/\text{Na}^+$  exchange mechanism results in an outflow of  $\text{Na}^+$ . An increase in cytosolic free  $\text{Ca}^{2+}$  triggers the release of more  $\text{Ca}^{2+}$  from the sarcoplasmic reticulum and mitochondria.

An increase in intracellular  $\text{Ca}^{2+}$  levels is the inotropic effect of the calcium sensitizer that triggers the contraction mechanism of the failing heart. Digitoxin or digoxin acts on the  $\text{Ca}^{2+}$  and increases cardiac contractility with cardiac output to maintain rhythm. The higher extracellular  $\text{K}^+$  concentration inhibits the binding of digitalis to the  $\text{Na}^+/\text{K}^+$ -ATPase. Therefore, hyperkalemia has been found to reduce digitalis toxicity.<sup>(9)</sup>

A thyroid storm or thyrotoxic crisis has a high mortality rate of >50% and requires aggressive therapy along with supportive therapy for congestive heart failure or tachyarrhythmia requiring digitalis and diuretics.<sup>(18)</sup>

## Pharmacological action of *Digitalis*:

The effect of *digitalis* in a normally functioning heart is different from the effect in a failing heart. In a normal heart, digitalis increases the force of contraction, which actually causes constriction of the peripheral blood vessels. The heart rate and cardiac output do not change.

In a failing heart, on the other hand, *digitalis* increases the contractility of the heart muscle, which leads to an increase in cardiac output. Digitalis leads to a reduction in the conduction velocity of the AV node and the His-Purkinje fibers, which, with the help of the vagal and extra vagal effect, leads to a lengthening of the effective period of refraction (E.P.R). This effect protects the ventricle from atrial flutter (200 – 300 beats/min) or atrial fibrillation (500 beats/min).<sup>(7)</sup>

Different parts of the heart are differently sensitive to digitoxin/digoxin. To reduce cardiotoxicity, slow digitoxin treatment is always preferable as it has a smaller therapeutic window (dose and range).<sup>(8)</sup>

## Homeopathic Remedy:

Digitalis is mainly associated with the heart. It has been prescribed to people who have a fear of death or fear that the heart may stop beating with exercise.<sup>(11)</sup>

Historically there are main 3 symptoms in digitalis pathogenesis that should be born in mind.

1. Weak, slow, irregular, and intermittent pulse.

2. Enlarged, sore, painful liver, due to strong use of alcohol.
3. White and pasty stools.<sup>(12)</sup>

With *digitalis*, an old saying "broken heart" has much truth in it. The cardiac arrhythmias and palpitations, which have worsened since mourning and also since bad news, are similar to *Natrum Muraticum*.<sup>(13)</sup>

Leading symptom of fainting and sinking in the stomach with extreme prostration. The pulse is weak and stops on every 3rd, 5th and 7th beat. *Chinchona* can counteract the effect of *digitalis*.<sup>(16)</sup>

Its indication is a slow pulse in a lying position, but dicortic and irregular when standing up. In heart disease with liver involvement. In cases of Heart disease with hepatic involvement. White chalk-like, ashy, pasty stools. Jaundice with Diarrhea.<sup>(14)</sup>

### Digitalis toxicity:

*Digitalis* was one of the greatest panaceas in the Material Medica. In the past, cardiac arrhythmias and other heart diseases were treated with *digitalis*, leading to many toxic effects and death of patients due to overdose. The patient may die if the drug is administered when the heart beats too fast and causes paralysis. In the hands of an allopath it is a powerful sedative.<sup>(15)</sup>

*Digitalis* is strictly contraindicated in hypokalemia because it potentiates binding to the Na<sup>+</sup>/K<sup>+</sup> ATPase. In myocarditis or severely damaged heart muscle, there is a risk of cardiac arrhythmias. In hypothyroidism, as digoxin is excreted more slowly.<sup>(17)</sup>

### 1. Cardiac:

It has caused bradycardia, partial or complete heart block. It has been strongly associated with Mobitz type II A-V block and fatal cardiac arrhythmias. Ca<sup>2+</sup>, Mg<sup>2+</sup>, and K<sup>+</sup> should be evaluated in cases of toxicity. In severe *digitalis* intoxication, measurements of serum K<sup>+</sup> levels can be misleading, as it is found elevated because of the K<sup>+</sup> loss from the intracellular compartment of tissues and skeletal muscles.

### 2. Extra-cardiac:

In the Gastrointestinal tract, it can cause nausea, vomiting, diarrhea, and abdominal pain.

## CONCLUSION

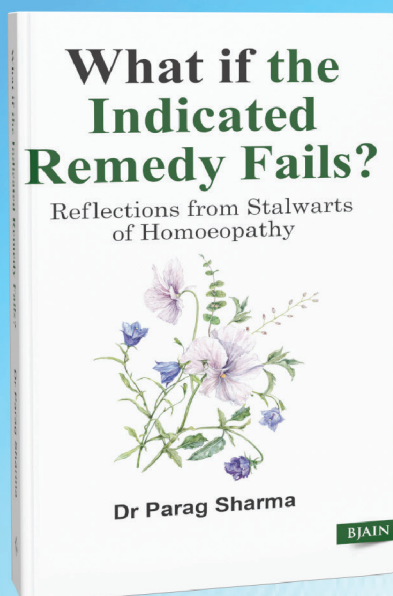
*Digitalis purpurea* is the first cardiac glycoside discovered in the 18th century and is still one of the most popular drugs used by physicians for cardiovascular diseases, including heart failure. In this article, the author has attempted to establish a link between the homeopathic symptoms of *digitalis* and the pharmacodynamics of the drug. The intracellular mechanism of action of digitoxin and digoxin alkaloids holds promise for understanding the course of action of a drug and the associated outcomes. It is also important for a homeopathic physician to recognize the pharmacokinetics of *digitalis* in the body along with the symptoms recorded by many pioneers in their respective Materia Medica books.

## REFERENCES

1. Andrew C, Tobey M, editor. Encyclopedia of herbal medicine. 3rd Ed. New York: DK Publishing Inc.; 2016. Pg. 26.
2. Andrew L, Janet M, Jill H, Senior editors. Encyclopedia of Homeopathy. 1st Ed. New York: DK Publishing Inc.; 2000. Pg. 140.
3. Sharma HL, Sharma KK. Editors. Principles for Pharmacology. 3rd Ed. Hyderabad: Paras Medical Publisher; 2017. Pg. 318.
4. Andrew C, Tobey M, editor. Encyclopedia of herbal medicine. 3rd Ed. New York: DK Publishing Inc.; 2016. Pg. 15.
5. Andrew C, Tobey M, editor. Encyclopedia of herbal medicine. 3rd Ed. New York: DK Publishing Inc.; 2016. Pg. 202.
6. Tadeusz A, Editor. Alkaloids- Secrets of Life. Alkaloid chemistry, Biology, Significance, Applications, and Ecological Role. 1st Ed. Amsterdam: Elsevier Publication; 2007. Pg. 181.
7. Sharma HL, Sharma KK. Editors. Principles for Pharmacology. 3rd Ed. Hyderabad: Paras Medical Publisher; 2017. Pg. 320.
8. Sharma HL, Sharma KK. Editors. Principles for Pharmacology. 3rd Ed. Hyderabad: Paras Medical Publisher; 2017. Pg. 321.
9. Sharma HL, Sharma KK. Editors. Principles for Pharmacology. 3rd Ed. Hyderabad: Paras Medical Publisher; 2017. Pg. 319.
10. Shinji F, Geoffrey A.C, Editors. Alkaloids, ATreasury of Poisons and Medicine. 1st Ed. Amsterdam: Elsevier Publication; 2015. Pg. 246.
11. Andrew L, Janet M, Jill H, Senior editors. Encyclopedia of Homeopathy. 1st Ed. New York: DK Publishing Inc.; 2000. Pg. 141.
12. Robin M, Editor. Keynote Materia Medica. 1st Ed. U.S.A: R.R. Donnelley and Sons, Company; 2002. Pg. 262.
13. Robin M, Editor. Keynote Materia Medica. 1st Ed. U.S.A: R.R. Donnelley and Sons, Company; 2002. Pg. 263.
14. William B, Editor. Boericke's New Manual of Homeopathic Materia Medica with Repertory. 3rd Revised and Augmented Ed. New Delhi: B. Jain publishers; 2007. Pg. 223.
15. James T.K, Editor. Lectures on Homeopathic Materia Medica. 1st Ed. New Delhi. B. Jain publishers; 2007. Pg. 498.
16. Allen H.C, Editor. Keynotes- Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes.

- 10<sup>th</sup> Ed. New Delhi: B. Jain Publishers; 2005. Pg. 121, 122.
17. Sharma HL, Sharma KK. Editors. Principles for Pharmacology. 3<sup>rd</sup> Ed. Hyderabad: Paras Medical Publisher; 2017. Pg. 318.

18. Rulraj S, Editor-in-chief. Jayalal J.A, Editor. Textbook of Family Medicine. 3<sup>rd</sup> Ed. New Delhi: Wolters Kluwer (India); 2017. Pg. 114.



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# What If the Indicated Remedy Fails

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# Using Clinical Repertories in Homoeopathic Practice

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## Keywords

Clinical repertory, plan & construction, features, arrangements, use.

## Abstract

The clinical repertories need of the profession & homoeopathic practitioners & useful treasures in homoeopathic literature.immense useful in many of cases where we cannot rule out. e.g.Phatak rep., Boericke Rep., The Prescriber- Clarke etc.

## Introduction

Clinical repertory is an index of remedies applicable to various more or less fixed symptoms syndromes to which nosological labels can be given, they are not commonly used for the purpose of repertorization. However,these repertories can be used for repertorization of cases where clinical conditions mask the characteristic symptoms of the patients.in such cases the physicians finds the prominent common symptoms / clinical conditions with few modalities & concomitant.

## Clinical Repertories = 6



But, Clinical repertories (3) types

Clinical Repertories - Based on Parts	Clinical Repertories – Based on conditions	Clinical Repertories of Fevers
Complete repertory to the homoeopathic materia medica on the disease of the eyes – E.W.Berridge	The homoeopathic therapeutics of diarrhoea – James.B.Bell	The therapeutics of Intermittent fever – H.C.Allen
Analytical repertory of the symptoms of the mind – C.Hering	The homoeopathic therapeutics of haemorrhoids – W.J.Guernsey	Repertory to the symptoms of Intermittent fever – W.A.Allen
Uterine Therapeutics – Henry Minton	Lee & Clarke's cough & expectoration	Intermittent Fever with Repertory of Boen-ninhausen – P.P.Wells.
Ophthalmic Disease & Therapeutics – A.B.Norton	Repertory of the symptoms of Rheumatism, Sciatica, ET CETERA. ALFRED PULFORD	
Skin Disease – M.E.Douglass	The rheumatic remedies- H.A,Roberts	
Repertory of the Urinary Organs & Prostate gland including condylomata – A.R.Morgan	Homoeopathy in Rheumatism – S.L.Kumar	
Leaders in respiratory organs – E.B.Nash	Homoeopathy in Rheumatism – Y.R.Agrawal	
Therapeutics of the respiratory system – Mervin w.van denburg	Borland's Pneumonias – Douglas.M.Borland	
Repertory of psychic remedies with materia medica – jean-pierre gallavardin	A repertory of gonorrhoea, with the concomitant symptoms of the genitals & urinary organs – Samuel A.Kimball	



	Repertory of migraine & other headache con- comitants – Siju.P.V	
--	--	--

## Clinical Repertories

### 1. Symptoms register – T.F. Allen

- This index to the encyclopaedia of pure materia medica embraces everything except Horat's provings.
- The arrangement is directly alphabetical first, the part affected, second – the sensation, conditioned or modified.
- In this, index the part affected will be found by referring to its first letter.
- The localisation of symptoms is carried out to the fullest extent
- If the anatomical region has a specific & independent name, it is placed itself.
- The numerous symptoms of side are placed together under a special multidivisional of general part & when the particular side is specified, the letter "r" & "I" follow the drug.
- Sensation – have arranged then alphabetically under, the various headings & have given numerous cross-references.
- Under each sensation will be found in condition & peculiarities.
- General condition – first - time, second- circumstance.
- A sensation conditioned will not be found in the list of drugs under the unconditioned sensation, but aggravation or amelioration repeat the drug in the unconditioned section.
- The peculiar sensation is arranged alphabetically after the unmodified sensation.
- Among this peculiar sensation will be found all modification of the original, sensation such as course & direction, alteration of sensation.
- In the preparation of encyclopedia & its index, he say that in as much as physiological action of drug may be attained from high potencies

& the sick may recover while under such action, it whenever homoeopathic physician to act with caution & rest their feet upon the rock of pure materia medica & not upon the shifting sands of "symptoms" gathered from sick & well alike.

### 2. The Prescriber – John Henry Clarke.

- The prescription was first published by the firm of Messers keene & Ashwell.
- Mr.Ashwell was himself the author of the invaluable companion to British & America Homoeopathic Pharmacopeias, a volume of about the same size as the prescriber.
- He took the reference from the clinical index of Dr.Ruddock's will to know vade melum.
- A large edition has appeared in America & translated into Spanish also.
- For the shake of Indian readers & Britons living in tropical rigors he added items and disease which are mostly seen in those parts.
- In compiling these the admirable work by Dr.E.A Neatby & T.Miller Neatby ; A manual A tropical index & giens for minionaries , has been of great anistance.
- The prescriber deals with nothing else but treatment & direction instead of dealing with generalities that go into minute particulars for ready application to any case of any disease.
- The prescriber contains the content:-
  - » **Introduction to the Prescriber**
  - » **PART – I = How to Practice Homoeopathy**
  - » Necessary Implement
  - » comparative value of symptoms. The prescriber & clinical repertory cases in point.
  - » The dictionary of practical materia medica.
  - » Boeninghausen's pocket book.
  - » The scope of clinical repertories.
  - » kinds & degrees of similarity.
  - » Hahnemann's doctrine of chronic disease.

- » Genus Epidemicus.
- » The homoeopathic Materia Medica
- » Symptoms repertories
- » various materia medica.
- » **PART-II = Case Taking**
- » A suggested form.
- » “Totality of symptoms” & the visible nature of disease.
- » “Treating Symptoms” Hahnemann’s case
- » Indication from heredity & history.
- » The value of the names of diseases.
- » **PART-III = The plan of the prescriber & how to use it.**
- » The plan.
- » Rules for prescribing.
- » Example of Prescription
- » **PART-IV = List of Remedies, Alteration & signs.**

### 3. A clinical repertory to the Dictionary of Materia Medica – Dr. John Henry Clarke.

- Dr.J.H.Clarke describe his repertory as being designed for use in the study of materia medica than as an instrument for finding out the indicated remedies,
- In his dictionary of practical materia medica every remedy is described from number of different point of view.
- The clinical point of view comes under heading “CLINICAL”
- In another section, he have described remedies in the dictionary headed “CAUSATION”
- This tell how remedies are repeated to condition due to definite causes to had added alphabetical list of CAUSES where one can found name of drugs which is observed to be curative in certain condition.
- In another index it is temperament – some

remedies act well in one person but not at all in another person.

- So, there is a section mentioned “CHARACTERISTICS” as the type of constitution the particular remedy is specially suited to.
- Since type patient constitution is way often determining factor in the choice of a remedy.
- But, under “SUITED TO” are not inducted in temperament, person & constitution only but also complaints occurring in person of particular age & type.
- In another section included “REPERTORY OF RELATIONSHIPS” includes clinical relationship & natural relationship.
- The repertory of natural relationship shows at a glance the place in nature of any remedy ingestion mineral, vegetable or animal.
- In the repertory it will be found in an alphabetically list of all natural orders represented.
- But, also given list of the natural order in their systemic or evolutionary order.
- All known natural relationship he says – “known relationships” because there is nothing in nature really unrelated to anything else.
- A knowledge of these relations is all important to these who aim at accurate prescribing.
- Here, he is also all out. Antidotes, compatibles, incompatibles so he has given a tolerated list of all remedies in the materia medica with their antidotes and other related remedies.
- In compiling this table be made use of excellent published by Dr.cuibsen miller in the homoeopathic world of September,1902.
- The alteration he had followed largely those selected by the compiles of the cypher repertory.
- Firstly, he had given two list first a list of remedies in alphabetical order with abbreviations appended to each & next a list of abbreviation in alphabetical order with the remedy it stand for appended.

- It is seen that he had followed the cypher repertory in using the better “X” to signify “acid”.
- Everytime a medicines is mentioned it begins with a capital letter. When the name has two parts, the second part follow up beings with small letters.
- 4. **Pocket Manual of Homoeopathic Materia Medica – O.E.Boericke.**
  - Publication year- 1906.
  - Editions –
    - » 1<sup>st</sup> edition – 1901 (without repertory part)
    - » 2<sup>nd</sup> edition – 1903 (without repertory part)
    - » 3<sup>rd</sup> edition – 1906 (Added repertory)
    - » 4<sup>th</sup> edition
    - » 5<sup>th</sup> edition – 1912
    - » 6<sup>th</sup> edition – 1916
    - » 7<sup>th</sup> edition
    - » 8<sup>th</sup> edition – 1922
    - » 9<sup>th</sup> edition – 1927
    - » 1<sup>st</sup> Indian edition – 1969
  - Number of medicines – 1414.
  - Excluding the 9 synonyms, the total number of remedies are 1414 – 9 =1405.
  - Number of chapters – 25
  - Typography
    - » 1<sup>st</sup> grade – Italics
    - » 2<sup>nd</sup> grade – Roman
  - This clinical repertory by O.E.Boericke was published, attached along with th 3<sup>rd</sup> edition of materia medica by William Boericke in 1906. The 1<sup>st</sup> edition of William Boericke materia medica was published in 1901.
  - The repertory is a trust worthy guide in clinical practice for the selection of homoeopathic simillimum as it has been completely remodelled & brought up to date, by embodying with clinical rubrics, technical terms & frequently verified clinical remedies.
- Many of the sections have been carefully rewritten with appropriate expansion, according to the author, being a clinical repertory & not truly a ‘symptomatological Index’ for which the practitioners & students should refer the monumental works of kent, knerr, & Clarke.
- **Plan & Construction:-**
  - Total chapter- 25.
  - Heading , subheading & conditions or symptoms are arranged in alphabetical order. E.g- Chapter MIND – Awkward, Brain fag, Catalepsy, etc.
  - All the heading when extensive in scope are presented under definite captions in the following order : Cause, Type, Location, Character of pain, concomitant, modalities.
  - Remedies are arranged in alphabetical order.
- **Features –**
  - Rubrics in each chapter are given in bold capital & followed by sub rubrics in bold roman.
  - The remedies given in *Italics* indicate the more frequently verified clinical remedies.
  - Cross references are provided after the remedies. The cross references from the same chapter are represented as ‘see’ & for those from other chapters, the name of the chapters is given in brackets along with the rubrics.
  - E.g- (1) THROAT-DEPOSITS- **Membranous** – *Acetic acid*,; Apis...Phyt. See Diptheria. ,(2) MALE SEXUAL SYSTEM – **SYPHILIS** – **Adenopathy**- *Bad*; Carbo an.; phyt. See Glands (Generalities)
- **Special Feature :**
  - Technical names of disease are bracketed correspondingly, which are in strict accord with the homoeopathic requirement, to prescribe for the symptoms of each specific case, and not for a mere name of a disease.

e.g – EYES (Chapter)

**CONJUNCTIVA** (Rubric)

**Inflammation (conjunctivitis)** (sub rubrics)

- Technical words are often selected as main heading.

e.g- MIND- **DEMENTIA**, EYES-VISION-AS-**THENOPIA**, RESPIRATORY SYSTEM – **PLEURISY**.

- Specific indication, common name, synonym & explanations are also given in brackets along with the rubrics.

E.g – STOMACH- **NAUSEA (qualmishness)**

## 5. A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES – Dr.S.R.Phatak.

- Publication year – 1963
- Editions –
  - » 1<sup>st</sup> edition – 1963
  - » 2<sup>nd</sup> edition – 1977
  - » 3<sup>rd</sup> edition – 2000
  - » 4<sup>th</sup> edition – 2005
- Number of remedies – 451 (4<sup>th</sup> edition)
- Typography – CAPITAL, *Italics*, Roman
- **Plan & Construction**
- The rubrics in the whole repertory are arranged in alphabetical order without being separated into chapters.
- The repertory is printed in two columns on each page.
- Repertory begins with the rubrics 'ABDOMEN' & ends with 'ZYGOMAE'
- In a rubric, the sub rubrics are arranged as;

Location / sensation / affections in general

Side – right / left / alternating sides.

Exertion, sub location, sub sensation, Aggravation, Amelioration & Concomitants are given

intermingled in alphabetical order.

- » Main rubrics are given in capital bold, sub rubrics are given in roman bold with first letter in capital, sub sub rubrics are given in roman.

- **The changes made for the 4<sup>th</sup> edition are as follows.**

**LEVEL (1) MAMMAE:**

**LEVEL (2) Right**

**LEVEL(3).** Below

.jumping alive, as if

.Scapula, to:

**Left:**

.Arms to fingers

.Below;

.Pain:

**LEVEL(4)** cough with

Drawn back, as if

Dysmenorrhea, with

Head, to

Jumping

Meals , after

Menses

**LEVEL (5) at:**

Between:

- There 2 types alternating symptoms : Alternating sides within the same organ / location  
Symptoms alternating with other organs
- **Special Features**
  - » In this repertory, the heading mentals, generals, modalities, organs, & their sub-parts are all arranged according to their alphabetical order.
  - » All the physiological & pathological conditions such as appetite, aversion, desires,



nausea, vomiting, thirst, fever, pulse etc. are also included in alphabetical order.

- » Additions made by Dr.D.S.Phatak, since 3<sup>rd</sup> edition have been placed in appropriate places & are indicated by placing “+” after the symptoms.

e.g **COUGH**

Sitting:

Agg+ : Nat-p

- The cross references within the same 1<sup>st</sup> level rubric (main rubric) are indicated by roman; where they refer to a different 1<sup>st</sup> level rubric (main rubric), they are indicated by CAPITALS.

E.g **CHEWING** : See **BITING**

### FOOD AND DRINKS

**Acid** : see Sour.

- Indications of general aggravation & amelioration are given in capitals (AGG / AME) and particular aggravation & amelioration are given in romans (Agg / Ame).

e.g – 1. **EYES – Closing**

.AGG : Arn., Bry.

.AME : Con., Gel.

### 6. The Clinical Repertory – P.W.SHEDD

- Publication year – 1908
- Chapters – 50
- Typography – CAPITAL, Roman
- In this book, the essentials of rapid & accurate clinic or office repertorial work are assembled.
- The CLINICAL REPERTORY is inscribed to “Old School Men” as giving insight into the delicate reactions of the human organism; as a mean deliverance from therapeutics nihilism & as an introduction of a greater science of therapy in conditions amenable to cure by the use of drugs.
- The author also states that, the originality in

homoeopathic materia medica is not the invention of new things, but a more helpful arrangement of durable pathogenic & clinical facts.

- The book also includes a translated work adapted from ‘Repertory of time modalities’ by Dr.Ide.

### Plans & construction

50 various chapters

The repertory of time Modalities by Dr.Ide is arranged as follow...

Appearance & Aggravation of Complaints According to time

- » Spring
- » Summer
- » Autumn
- » Winter
- » Lunar aggravations
- » Fever modalities
- » periodicity
- » During the day (sunrise to sunset)
- » Morning ( 4 – 9 AM)
- » Forenoon (9 – 12 PM)
- » Noon
- » Afternoon ( 12 – 6 PM)
- » Evening ( 6 – 9 PM)
- » Night (9 AM – 4 AM)

### • Features

- » The chapter ALTERATION OF COMPLAINTS, includes alternating symptoms which are mentioned by a symbol ‘X’.

**e.g. Diarrhea x rheumatism : Dulc.**

- » The sub rubrics (specification) are given in brackets between the remedies.

e.g – **CHEST – Milk, Bad:** Bor., CHAM.,

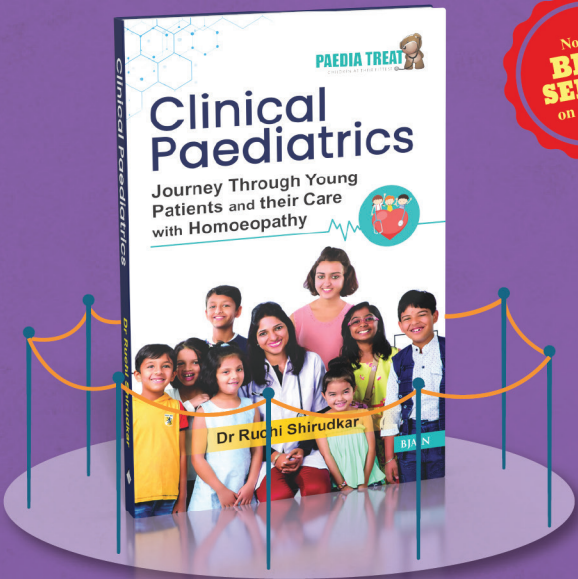
Lach., Mers. (child refuses), SIL.

- » Cross – reference are given in brackets denoting ‘cf’ after the rubrics

e.g – LIMBS – Pain, aching: rheumatic ( cf. common Diseases, Rheumatism)

## REFERENCE


1. J.H.Clarke. The prescriber. 3<sup>rd</sup> edition. B.Jain publishers (p) ltd.2006 ; New Delhi.
2. Boericke William. Boericke’ s new manual of Homoeopathic Materia Medica with Repertory. 3<sup>rd</sup> revised & Augmented edition. 9<sup>th</sup> edition. 48<sup>th</sup> impression B.Jain Publishers (P) LTD -2021 ; New Delhi.
3. Phatak.S.R. A Concise Repertory of Homoeopathic Medicines Alphabetically Arranged. 4<sup>th</sup> Revised & corrected edition.14<sup>th</sup> impression. B.Jian Publishers (P) Ltd. 2016; New Delhi.
4. Dr.Shanu Salim. Repertory Expert- A New experience on understanding Repertories.1<sup>st</sup> edition. Dr.Salim’s center for homoeopathic healing publishers 2020 ; kozikode,kerala.
5. Allen. Timothy.F , The Encyclopedia of Pure Materia Medica , A Record Of The Positive Effects Of Drugs Upon The Healthy Human Organism ( Vol. 11) , Reprinted edition, Chuna mandi , Paharganj, New Delhi , India , B.Jain Publishers(P.) Ltd.,1997.



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*Dr Ruchi Shirudkar*

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# Unlocking the Clinical Potential of Clarke's Repertory: A Case-Based Exploration in Homeopathic Practice

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### Keywords

Clarke's *Clinical Repertory*, Case-Based, Homeopathic Treatment.

### Abstract

Clarke's *Clinical Repertory*, though less commonly referenced than those of Kent or Boenninghausen, presents a highly practical and symptom-focused approach to homeopathic prescribing. Compiled by Dr. John Henry Clarke, it provides a unique and practical framework for both remedy selection and the in-depth study of *Materia Medica*. This article highlights the practical utility of Clarke's *Clinical Repertory* through a series of clinically verified case studies successfully managed using this repertory. The discussion underscores its value as a complementary tool that bridges pathological specificity with individualized homeopathic treatment.

### Introduction

Repertorization is a cornerstone of classical homeopathic practice, guiding the selection of remedies through systematic analysis of symptoms. Among the most widely used repertories are Kent's *Repertory of the Homeopathic Materia Medica* and Boenninghausen's *Therapeutic Pocket Book*, both of which emphasize philosophical consistency and individualization.<sup>1, 2</sup> However, there exists another repertory—less frequently taught but immensely practical—Clarke's *Clinical Repertory*, authored by Dr. John Henry Clarke.<sup>3, 4</sup>

Dr. John Henry Clarke's *Clinical Repertory*, in contrast, adopts a distinctly clinical orientation. Derived from his *Dictionary of Practical Materia Medica*, it organizes remedies primarily according to disease conditions, causative factors, temperaments, and remedy relationships. This structure aligns with the Hahnemannian ideal of the totality of symptoms—not merely cataloging clinical diagnoses, but also incorporating etiological factors, age, sex, temperament, and constitutional attributes, thereby supporting a more individualized and holistic approach to remedy selection.<sup>4, 5, 6</sup>

One of Clarke's major contributions lies in bridging the gap between modern clinical diagnosis and homeopathic remedy selection. His repertory includes headings such as *Clinical Conditions*, *Causation*, *Temperaments and Constitutions*, and *Remedy Relationships*, allowing practitioners to approach cases not only from a nosological standpoint but to test the choice of remedy from other point of view. Remedies included in his repertory are derived from clinical experience, ensuring that they have demonstrated relevance in real-world settings.<sup>4</sup>

This paper explores the utility of Clarke's *Clinical Repertory* through a case-based approach, illustrating its relevance in managing diverse conditions. Through these examples, the article demonstrates how Clarke's repertory supports effective, individualized prescribing by offering a structured, symptom-specific, and clinically grounded tool.

### Objectives



1. **To evaluate the practical clinical utility of Clarke's Clinical Repertory** in modern homeopathic practice through case studies.
2. **To promote awareness and adoption** of Clarke's Clinical Repertory among students and practitioners of homeopathy by validating its efficacy in diverse clinical scenarios.

## Material and Methods

This study employed a **qualitative case-based methodology**, emphasizing clinical reasoning supported by Clarke's Clinical Repertory.

### 1. Case-Taking:

- A thorough case-taking process was employed for each patient, including history of present illness, general modalities, mental/emotional state, and constitutional features.
- Detailed physical examination findings were documented in each case.

### 2. Repertorial Analysis:

- Rubrics were derived from Clarke's Clinical Repertory and repertorisation was done using *Synergy Homeopathic Software*.<sup>4,8</sup>

### 3. Remedy Selection:

- Remedies were selected based on the totality of symptoms in conjunction with *Materia Medica* references.
- Potency and dosage were chosen in accordance with established principles of homeopathic posology and modified as per the case dynamics.

### 4. Follow-Up and Outcome Assessment:

- Patients were followed systematically at weekly or biweekly intervals.
- Clinical outcomes were tracked using subjective (patient feedback) and objective (physical examination, functional improvement) parameters.
- Remedy effectiveness was determined by symptom resolution, relapse prevention,

and general vitality improvement over time.

### 5. Case Selection:

- Three cases were selected randomly from the OPD of Smt C.M.P. Homeopathic Medical College

**6. Inclusion criteria:** Well-documented cases with established diagnoses and full follow-up

**7. Exclusion criteria:** Incomplete follow-ups

## Case Studies

### Case study 1

#### Patient Profile

A 21-year-old male presented with the following symptoms:

- **Nasal obstruction**, particularly pronounced at the **root of the nose**
- **Foul-smelling nasal discharge** persisting for the past **4–5 days**
- **Tenderness over the cheek** on pressure
- **A sensation of pressure or fullness** at the nasal root
- The nasal discharge was described as **thick, offensive, and yellowish**
- **Headache**, described as dull and localized, worsening with nasal blockage
- **Symptoms were aggravated by heat and alcohol**, particularly beer

The patient had a light complexion and hair, was moderately overweight, and demonstrated a sluggish, slow-moving temperament, both physically and mentally.

#### On Examination

- **General Appearance:** The patient appeared mildly uncomfortable, with a dull facial expression and sluggish responsiveness. No fever was noted at the time of examination.
- **Facial Inspection**



- **No redness or swelling** externally visible over the maxillary region
- Palpation
  - **Tenderness** elicited over the **maxillary sinuses** (cheek area) bilaterally, more pronounced on the left
  - **No fluctuation** or signs of external abscess formation
  - **Percussion** over the frontal and maxillary sinuses produced **dullness and discomfort**
- **Nasal Examination**
  - **Mucosal congestion** and **swelling** of the nasal turbinates
  - Presence of **thick, yellowish, offensive nasal discharge**, especially in the middle meatus
  - **Deviated nasal septum** not observed
  - **Postnasal drip** evident on posterior pharyngeal wall

**Diagnosis: Acute Sinusitis**, likely involving the **maxillary and frontal sinuses**.

	Kali-bi.	Alum.	Ant-m.	Ant-c.	Calc-f.	Calc-p.	Dulc.	Hydr.	Kali-s.	Merc-l-f.	Phos.	Puls.	Skook.	Stict.	Thu.	Agra.	Ant-c.	Ant-s.	Ant-s.
Total	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubrics	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Kingdom	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Clinical; Catarrh(68)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Clinical; Ozaena(33)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Causes; Weather; hot(2)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Causes; Beer(4)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Temperaments; Slow; torpid constitution(9)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Temperaments; Sluggish(3)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

## Repertorial Rubrics Consulted

- Nose – *Ozena, catarrh*
- Symptomatology – *Pressure at the root of the nose*
- Causation – *Aggravation from heat and alcohol*
- Temperament – *Sluggish, phlegmatic constitution*

## Remedy Selection

Based on the totality of symptoms and constitutional features, **Kali Bichromicum** was selected as

the indicated remedy. This remedy is well-documented for its: <sup>5,7</sup>

- Specific affinity for **mucous membranes**
- Efficacy in conditions with **thick, stringy, yellow discharge**
- Usefulness in **chronic nasal catarrh and ozena**

## Prescription

- Kali Bichromicum 200C every 12 hours for 3 days, followed by once a day for next 3 days, followed by observation

## Follow-up and Outcome

### Week 1:

The patient reported a **notable reduction in nasal obstruction**, particularly at the root of the nose. The **sensation of pressure and facial heaviness** had lessened significantly. **Cheek tenderness on palpation** was reduced. There was also a **decrease in headache intensity**, which previously accompanied the congestion.

### Week 2:

Continued improvement was observed. The **nasal discharge became less offensive**, reduced in quantity, and shifted in consistency—no longer as thick or yellow.

### Week 4:

The **nasal discharge had ceased completely**. The nasal passages felt **clear and unobstructed**, with no return of pressure or congestion. The patient noted **normalization of sleep and mood**, and no cheek tenderness was present on examination. **Sinus percussion** was non-tender bilaterally.

### Week 8:

The patient remained **symptom-free**, with no recurrence of nasal obstruction, discharge, or sinus pressure. Energy and mental alertness had improved significantly.

## Case Study 2:

## Patient Profile

- **Age/Sex/Occupation:** 44-year-old male; daily wage laborer at a construction site
- **Past Medical History:** Recurrent episodes of gout over the past 5 years; positive family history (father and paternal uncle affected)
- **Social History:** Habit of binge alcohol consumption;
- **Constitutional Traits:** Moderately built, reports feeling cold frequently but dislikes excessive warmth. Outgoing, sociable, with a preference for gatherings involving alcohol.

## Presenting Complaint

- **Onset:** Sudden onset of severe pain and swelling in the **right first metatarsophalangeal joint (big toe)** since the previous night
- **Radiation:** Occasionally radiates to the ipsilateral ankle
- **Pain Description:** Described as “crushing” and throbbing; significantly worse at night and with movement
- **Associated Symptoms:** Erythema, tenderness, and joint warmth
- **Triggering Event:** Heavy alcohol and meat consumption during a social event the previous evening.

## Clinical Examination

### General Examination :

- **Appearance:** Patient appears in moderate distress due to pain.
- **Vital Signs:**
  - Temperature: 99.6°F (mildly elevated)
  - Pulse: 88 bpm, regular
  - Respiratory Rate: 16/min
  - Blood Pressure: 130/80 mmHg
- No icterus, cyanosis, clubbing, or lymphadenopathy observed.

## Local Examination (Right First Metatarsophalangeal Joint):

## Inspection

- Swelling localized to the right big toe
- Overlying skin appears erythematous and tense
- No visible deformity or open wounds
- **Palpation**
  - Marked tenderness over the right first MTP joint
  - Increased local temperature
  - Joint is exquisitely painful on light touch
  - Joint margins indistinct due to swelling
- **Range of Motion (ROM)**
  - Active and passive movements significantly restricted due to pain
  - Pain increases with dorsiflexion and pressure at the joint
- **Gait**
  - Patient is unable to bear weight on the right foot

## Systemic Examination:

- **Musculoskeletal System:** No other joint abnormalities or signs of arthritis noted.
- **Cardiovascular, Respiratory, and Abdominal Exams:** NAD

**Diagnosis:** Acute Gouty Arthritis of the Right First Metatarsophalangeal (MTP) Joint

## Repertorial Rubrics

- Gout
- Causation – *Alcohol, meat intake*
- Temperament – *Sanguine, outgoing, and socially active, exhibiting a constitutional tendency toward gout*

	Led.	Ar.s.	Aur.	Cham.	Nux-v.	Querc.	Sabin.	Sulph.	Acid.	Acet.	Am-b.	Am-p.	Anthr.	Apis	Art.	Bell-p.	Benz-ac.	Bron.
Total	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubrics	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Kingdom	Green	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Clarke - Clinical; Gout(80)																		
Clarke - Causes; Alcohol(24)																		
Clarke - Temperaments; Sanguine; temperament(12)																		
Clarke - Temperaments; Diathesis; gouty(3)																		

**Remedy Selection:** *Ledum palustre* supported by history of alcohol abuse and feeling cold frequently but dislikes excessive warmth.<sup>5,7</sup>

### Prescribed Regimen

- Acute phase: *Ledum 30C*, TDS for 3 days, followed by BD for 3 days
- Maintenance: *Ledum 200C*, once weekly for 4 weeks
- **Supportive Advice**
  - Dietary counseling: Limitation of meat, shellfish, and alcohol
  - Hydration: Encouraged to maintain fluid intake  $\geq 2.5$  liters/day

### Follow-Up and Outcome

#### Within 48 Hours

- **Subjective Improvements:**
  - Sharp reduction in joint pain; patient rated pain decrease from 9/10 to 3/10.
  - Improved mobility; patient able to walk with minimal assistance.
- **Clinical Findings:**
  - Noticeable reduction in swelling and erythema of the right first MTP joint.
  - Local warmth markedly decreased.
  - Tenderness present but less intense.
  - Partial restoration of joint range of motion.
  - No signs of systemic infection; temperature normalized (98.6°F).

#### At 1-Month Follow-Up

- **Subjective Improvements:**
  - No recurrence of acute symptoms.
  - Patient reported feeling physically more active and mentally more stable.
  - Consistent adherence to dietary restrictions and alcohol avoidance.
- **Clinical Findings:**
  - No visible swelling or erythema in the affected joint.

- No tenderness on palpation; full, painless range of motion restored.
- Gait completely normalized; able to bear full weight.

#### At 6-Month Follow-Up:

- **Subjective Improvements:**
  - One mild flare reported (lasting <24 hours), triggered by dietary lapse.
  - Resolved promptly with a single dose of **Ledum palustre 200C**.
  - No further significant episodes since.
  - Improved sleep, appetite, and overall sense of well-being.
- **Clinical Findings:**
  - No signs of joint inflammation in any joint.
  - Right first MTP joint structurally normal; no deformity or tenderness.
  - Systemic examination (CVS, respiratory, GI) NAD

### Case Study 3

#### Patient Profile

- **Age/Sex:** 16-year-old male
- **Presenting Complaints (Duration: 3–4 days):**
  - Severe throat pain described as **burning in nature**, radiating and aggravated by swallowing
  - Painful swallowing causing significant discomfort with solids and liquids
  - **Profuse, offensive salivation**
  - Frequent hawking due to **thick mucus accumulation in the throat**
  - Voice sounds as if something stuck in the throat
  - Symptoms worsened noticeably during thunderstorms and stormy weather
- **General Constitution:**
  - Moderate build, light complexion
  - Foul-smelling body odor

- Markedly **restless**, anxious, and easily startled

### On Examination

- General Appearance:** The patient appeared anxious, restless. He frequently attempted to clear his throat due to mucus accumulation.
- Vital Signs:** Temperature 97 F; pulse: 86/m,
- Oropharyngeal Examination:**
  - Marked **erythema and swelling** of the soft palate and tonsillar region,
  - Deviated uvula**, pushed toward the contralateral side, suggestive of peritonsillar involvement
  - Presence of **thick, tenacious mucus** coating the pharyngeal walls
  - Tenderness on palpation** of the tonsillar fossa and adjacent areas
  - No trismus** (jaw stiffness), but mild discomfort during mouth opening
- Lymph Nodes:** Cervical lymphadenopathy noted—tender and slightly enlarged

**Diagnosis:** The symptomatology and clinical findings were consistent with **early-stage quinsy (peritonsillar abscess)**,

### Repertorial Rubrics

- Quinsy
- Odor of body – *Fetid*
- Weather sensitivity – *Worse before thunderstorms*
- Temperament – *Restless, anxious, sensitive*

	Pearl	Acorn	Gels	Phos.	Puls.	Sep.	All.	Am-C	Ambr.	Arnic.	Apis	Art.	Asa.	Asar.	Bar-C	Bell.	Bor.	Bry.	Cham.	Chin.
Total	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubrics	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Kingdom	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Clarke - Clinical; Quinsy(14)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clarke - Clinical; Odor of body; fetid(1)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clarke - Causes; Storms, and thunderstorms(9)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clarke - Temperaments; Nervous(35)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clarke - Temperaments; Restless; persons who are eas... (1)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

**Remedy Selected:** *Psorinum*

The repertorial and constitutional analysis pointed toward **Psorinum** as the most suitable remedy.

The justification for this selection includes:<sup>5,7</sup>

- Clinical Match:** Psorinum is prominently indicated in conditions like quinsy with burning throat pain, Frequent hawking due to thick mucus accumulation in the throat and excessive salivation, and offensive discharges
- Constitutional Concordance:** Matches the patient's general state—restlessness, foul body odor, and weather sensitivity

### Prescription

- Remedy:** *Psorinum 200C*
- Dosage:** One every 12 hours for 5 days followed by once daily for 2 days, followed by observation
- Supportive Care:**
  - Warm saline gargles advised for symptomatic relief
  - Encouraged hydration and soft diet

### Follow-Up and Outcome

#### Week 1 Follow-Up

- Symptomatic Improvement:**
  - Significant reduction in **throat pain and burning** sensation.
  - Swallowing considerably improved** – patient able to consume both solids and liquids without discomfort. Voice improved
  - Marked decrease in **offensive salivation** and **hawking**; mucus in throat became thinner and less tenacious.
- Clinical Examination:**
  - Erythema and swelling** of the tonsillar and pharyngeal region notably decreased.
  - Uvula returned to **midline**; no deviation observed.
  - No tenderness** on palpation of the tonsillar fossae.
  - Cervical lymph nodes **non-tender and regressing** in size.

#### Week 2 Follow-Up



- **Complete Symptom Resolution:**
  - **No throat pain**, burning, or discomfort on swallowing.
  - **No hawking** or mucus accumulation; oral cavity clear on examination.
  - Voice returned to **normal tone**.
- **Final Clinical Examination:**
  - **Pharyngeal and tonsillar regions healthy** with no signs of residual inflammation.
  - **No lymphadenopathy**; cervical lymph nodes within normal limits.
  - **Overall recovery confirmed**, with no signs of recurrence.

## DISCUSSION

These cases demonstrate the clinical efficacy of Clarke's repertory when applied with rigorous case-taking. Rather than merely relying on fragmentary rubrics, Clarke's integration of disease pathology, causation, and constitution enables a multi-dimensional analysis.

In **Case 1**, *Kali Bichromicum* was selected not only for its action on mucosal inflammation but also its alignment with the patient's general modalities and temperament.

**Case 2** reflects Clarke's strength in acute-on-chronic metabolic conditions like gout. *Ledum palustre* addressed both the acute inflammatory response and the underlying predisposition, while the repertory's focus on causative lifestyle factors facilitated remedy confirmation.

In **Case 3**, *Psorinum* was chosen for its alignment with both clinical symptoms and constitutional indicators, such as weather sensitivity and general offensiveness—a hallmark of the remedy. Clarke's repertory helped navigate complex constitutional indicators amid acute pathology.

Unlike repertories that rely on abstract symptomatology, Clarke's work is deeply rooted in observed clinical responses. This makes it particularly valuable in modern practice, where diagnosis is often already established, and the goal is precision in individualization.

## CONCLUSION

Clarke's *Clinical Repertory* remains a valuable but underutilized resource in homeopathic medicine. Its structure aligns well with modern clinical reasoning, allowing practitioners to integrate classical homeopathy with contemporary diagnostic frameworks. The repertory's use of disease categories, etiological factors, constitutional profiles, and remedy relationships provides a practical yet philosophically grounded tool for individualized treatment. For newer practitioners, it offers a digestible starting point; for experienced clinicians, it deepens insight into remedy selection and case management. Used judiciously, it enhances clarity, efficiency, and therapeutic precision in both acute and chronic care.

## REFERENCES

1. Kent, J. T. (1897). *Repertory of the Homeopathic Materia Medica*. St. Louis: Ehrhart and Karl.
2. Bönninghausen, C. von. (1846). *Therapeutic Pocket Book for Homoeopathic Physicians to Use at the Bedside and in the Study of the Materia Medica* (Republished by T.F. Allen, Ed., 1897). Reprinted edition, B. Jain
3. Clarke, J. H. (1902). *The Prescriber: A Dictionary of the New Therapeutics*. London: The Homoeopathic Publishing Company.
4. Clarke, J. H. (1900). *A Clinical Repertory to the Dictionary of Materia Medica*. London: The Homoeopathic Publishing Company.
5. Clarke, J. H. (1900). *A Dictionary of Practical Materia Medica* (3 Vols.). London: The Homoeopathic Publishing Company.
6. Hahnemann, S. (1996). *Organon of Medicine* (6th ed., translated by W. Boericke). New Delhi: B. Jain Publishers.
7. Boericke, W. (1927). *Pocket Manual of Homeopathic Materia Medica and Repertory*. Philadelphia: Boericke & Runyon.
8. Synergy Homeopathic. (n.d.). *Synergy Homeopathic Software [Computer software]*. Retrieved from <https://www.synergyhomeopathic.com>

# Efficacy of Clinical Repertory in Homoeopathic Practise and A Case Study

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## Keywords

Homoeopathic, clinical repertory, homoeopathic practice, repertorization, rheumatoid arthritis, leucorrhea.

## Abstract

The Clinical Repertories emerged from the demands of the profession and the insights of distinguished homeopathic practitioners. These compilations, the result of extensive research, encapsulate invaluable knowledge within homeopathic literature. Their significant utility in specific cases is undeniable, as medical professionals must analyze both the collective and individual aspects of human health and illness. Physicians are tasked with reconciling tangible realities with scientific theories, necessitating a study approach grounded in phenomenology and sensory observation. In homeopathy, any remedy can potentially address any disease, and the inclusion of a remedy under a particular disease category indicates its general relevance to the prominent characteristics of that condition. Practitioners often consider multiple remedies that may align with a specific case, and consulting The Clinical Repertory allows them to identify the most appropriate option swiftly. One method for discovering a suitable remedy involves examining nosological correspondences, while another focuses on the specific affinity of certain drugs for particular organs, which can alleviate a range of conditions associated with those organs. A case of a female in which she is suffering from rheumatoid arthritis and leucorrhea.

## Introduction

A Homoeopathic repertory is an indexed, structured Compilation of symptoms and corresponding remedies Derived from materia medica and clinical observations. It aids in the systematic evaluation of cases, ensuring a More precise remedy selection process.

The observations made by a physician are inherently clinical in nature. In the context of homeopathy, which is a distinct form of drug therapy, the process of diagnosis transcends the mere identification of a disease. For homeopaths, diagnosis involves understanding the patient's unique responses to various remedies, aiming to restore their vital balance. This approach emphasizes the individual's overall well-being rather than focusing solely on the disease itself.

## Utility of Clinical Repertory

Clinical repertories are those that list conditions or symptoms along with the appropriate class of medications. Based on pathogenic similarities, etiology, modalities, and concomitants, these repertories make it easier to choose a cure. Although they are not frequently utilized for this purpose, these repertories can be used to repertorize cases in which the patient's characteristics are obscured by clinical circumstances. In these situations, the physician can find modalities and concomitants. Clinical repertories are necessary in these circumstances in order to identify similimum.

## Scope and Limitation

Although they have not been utilized to their maximum potential, these tools are highly beneficial when their scope and limitations are comprehensively understood and effectively applied in practice.

### Scope

1. Both Materia Medica and Homoeopathic therapies can be studied using clinical repertories.
2. They assist in reenacting the following kinds of cases:
  - A. Cases that are rich in common symptoms but lacking in mental and physical generals.
  - B. Cases that have been clinically diagnosed.
3. At the bedside, they serve as quick reference books.
4. Clinical repertories can be a useful companion in the study of certain rubrics because they contain rubrics that are not present in other general repertories.
5. Clinical repertories help us to find the most appropriate palliative medicine in incurable cases.
6. When determining the simillimum in a particular clinical state, regional repertories are helpful.

### Limitation

Clinical repertories are only used in specific types of instances since they are based on nosological terminology and clinical symptoms that are the outcome of clinical observations. Their primary purpose is reference work.

### Clinical Repertory by J. H. Clarke

The repertory is a tool for determining a remedy and was created for use in the study of Materia Medica. This repertoire has been organized into five primary chapters so that we may quickly get the information we need. They're

- Clinical repertory
- Repertory of causation
- Repertory of temperaments, dispositions, constitutions and states.
- Repertory of clinical relationships.
- Repertory of natural relationships.

### Clinical Repertory by E. Boericke

It is the most popular bedside clinical repertory that William Boericke has linked to homeopathic materia medica. Numerous uncommon remedies in this repertory aid in expanding our understanding of materia medica and providing therapeutic patient care.

The book had no repertory part in the first Edition.

It was added from 3<sup>rd</sup> edition onwards.

The 1<sup>st</sup> Indian edition came in 1969 .

It was published by Roy PublishingHouse,

Kolkata. It contains an introduction by Dr B.K. Sarkar.

### Types of Clinical Repertory

In homeopathy, clinical repertories are specialized repertories that are organized by clinical conditions (diagnoses or disease names) rather than by symptoms. They are particularly useful for practitioners who prefer to start from a known diagnosis and look for corresponding remedies. Here are the main types of clinical repertories in homeopathy:

#### 1. Pure Clinical Repertories

- Organized by disease names or clinical conditions.
- Do not rely heavily on symptom provings.
- Useful for quick reference in common diseases.

Examples:

Dr. J. H. Clarke's Clinical Repertory

Dr. Oscar Boericke's Repertory to the Pocket Manual

#### 2. Combined Clinical and Symptomatological Repertories

Blend clinical conditions with characteristic symptoms and modalities.

Offer more depth and flexibility in remedy selection.

Examples:

Dr. Phatak's Repertory

Dr. Boericke's Repertory (combined with *Materia Medica*)

### 3. Regional or System-Based Clinical Repertoires

Focused on specific organ systems or specialties (e.g., skin, respiratory, gynecology).

Useful for specialists or focused clinical practice.

Examples:

Clinical Repertory of the Urinary Organs – Dr. Lilienthal

Skin Diseases Repertory – Dr. J. Compton Burnett

### 4. Therapeutic Clinical Repertoires

More therapeutic in approach, combining allopathic diagnoses with homeopathic remedies.

Often used by beginners or for quick clinical reference.

Examples:

Dr. Ruddock's Homoeopathic Vade Mecum

Dr. Pulford's *Materia Medica* and Clinical Repertory

## Case

A 34-year-old woman from a farming town who belongs to the middle class reported experiencing discomfort and swelling in several joints for about a year. Over the past three months, the number of complaints has increased. She experienced lumbar back discomfort, finger joints, wrist pain, both knees, and both ankles with pedal oedema, which was more noticeable on the left.

The site of pain was moving. With the exception of the lumbar back and knee joint discomfort, which were nearly constant, the pain moved virtually every two to three days. At 7 p.m., all problems get worse. Except for pedal oedema, there was no noticeable swelling upon examination. She had to take medications nearly three times a day to be

able to move since the pain was so bad (but still significant suffering). As a result, she had abandoned a lot of normal domestic chores. She also reported having leucorrhoea for a year, with nearly daily discharge that was watery, unpleasant, 2+, and sticky. Delible but stains.

Occasional irregular headaches.

She was on allopathic treatment with little relief;

Tab Torex(NSAIDs) ½ tab tds

Cap Omez (PPI) OD

**Some other data was gathered about physical generals and personal history:**

Appetite: poor

Desire: not marked

Aversion: not marked

Thirst: less

Menses: dark red, regular, 25 days cycle. Mild backache during menses.

Sleep: good

Dreams: not marked/significant

Perspiration: scanty, previously used to be profuse.

Thermally: chilly especially after all the complaints started.

**Obstetric history:** 1 Full term normal delivery, had c/o vomiting all through 9 months of pregnancy

History of abortion in 1st trimester, 2 times.

About her nature I could elicit only little data, she is irritable, likes company. No other significant data or life event was available during case taking.

## Investigation

RA: Positive

Hb: 11.2 gm%



## Analysis

In contrast to a classical instance, we do not have the life history or mental symptoms here, but we do have some common data. The basics of Boenninghausen's and Boger's concepts should be examined before moving on to more in-depth analysis.

- Generalization of sensation/location/modality
- Importance of concomitant

This was augmented by Boger with some more points,

- Importance of time modality/factor in disease picture
- Pattern of disease/pathogenesis
- Pathological general; discharges, objective look etc.

The general norms of analysis and reasoning apply here. Therefore, unusual or uncommon symptoms are always more significant.

## Totality

TIME MODALITY: <7pm

CONCOMITANT: Leucorrhea as a concomitant

(to chief complaints- as started with it, no other obvious cause)

OBJECTIVE DATA- Type of discharge: offensive

General tendency: tendency to abortion

(These were important points in the case which reflected some peculiarity in the case, typical time modality, time association of leucorrhea with chief complaints, general tendency.)

## Repertorization

TIME, EVENING 7 P.M. <  
LEUCORRHOEA, CONCOMITANTS  
LEUCORRHOEA, FETID, FOUL, ETC.  
FEMALE ORGANS, ABORTUS, TENDENCY TO:

	Sep	Kreos	Lyc	Carb-v	Puls	Calc	Ferr	Silic	Sulph	Con	Nat-c	Nat-v	Nat-m	Alum	Sil	Zinc	Cocch
Abolished	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mildly cured	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mildly good	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Phos	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Serap	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Serap	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Portia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

So, on the basis of irritability and H/O vomiting during pregnancy (all 3 months) SEPIA was selected.

## Prescription

On 12-02-25

Sepia 200 2 doses given, to be taken one day one dose with placebo for 2 weeks.

## Follow Up

After 10 days on 22-02-25	Pain in all joints better >+Pedal oedema reduced Leucorrhea >+>	Rx: Sep 200 1 doses given, with Placebo given for another 2 weeks
On 6-03-25	All joint pains were better >+But knee joints and back pain has slightly increased Oedema reduced further, leucorrhea was better >+>	Rx: Sep 200 1 dose given with placebo for another 2 weeks
On 23-03-25	She got diarrhea for one day, pains were increased for 2-3 days after dose of sep200Then she was much better, now no more shifting of pains, back pain is also better, leucorrhea almost better >+>	Kept on placebo
On 10-4-25	Reported with good improvement, except back pain and knee pain of mild intensity. All other symptoms were gone	Rx Sep 200 1 dose with placebo for 1 month given
01-05-25	Now much better.She got some pains of mild intensity when placebo is finished.Headache -0-  Leucorrhea -0-  Back pain >+>  Knee pain >+>	Still she kept on Sep 200 weekly for 2 weeks and doing well.
	With some exciting factors like overexertion and some other points she expressed some aggravation	

## CONCLUSION

An excellent illustration of Boenninghausen's notion and application of his repertoire is provided by this case. Boger's Boenninghausen repertoire did not adequately illustrate a particular

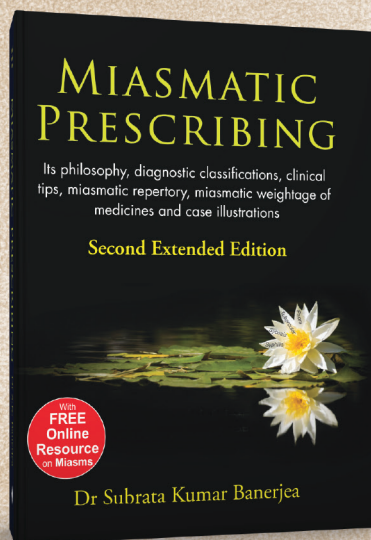
time modality, so Phatak's repertory was used as a guide for the time rubric. The original concept was effectively expressed by other rubrics. In situations where the conventional "mind" style is not flexible, Boenninghausen can be helpful with limited mental input, a solid grasp of the idea, and the ability to see physical characteristics. The doctor can find the simillimum in a variety of ways. Every case has unique characteristics, therefore after truly using all of our abilities, one should extract the most significant and reliable information with the least amount of subjectivity possible, which will lead to a successful outcome.

## REFERENCE

1. A Clinical Repertory to the Dictionary of Materia Medica by John Henry Clarke, M.D. B. Jain Publishers .
2. A Clinical Repertory of the Homoeopathic Materia Medica by E. A. Farrington, M.D. B. Jain Publishers.
3. Boericke's Clinical Repertory by William Boericke, M.D. B. Jain Publishers.
4. Clinical Repertory to the Dictionary of Practical Materia Medica by John Henry Clarke, M.D B. Jain Publishers.
5. A Clinical Repertory by Oscar E. Boericke, M.D .B. Jain Publishers
6. A Clinical Repertory: Arranged Alphabetically and Categorically by W. A. Dewey, M.D. B. Jain Publishers
7. Shashi Kant Tiwari. Essentials of Repertorization. Fourth edition. B. Jain Publishers
8. Dr. Samuel Hahnemann; Organon Of Medicine; B Jain Publisher 6 edition
9. Dr.Jugal Kishore; Evolution Of Repertories And Repertorization; B Jain Publisher
10. J. H. Allen; The Chronic Miasm Psora And Psudo Psora; B Jain Publisher
11. J.H.Clarke; A Dictionary Of Practical Material Medica( Vol 1,2,3); B Jain Publisher
12. Dhawale M.L; Principales And Practice Of Homoeopathy

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**Dr. Subrata Kumar Banerjee**



# One Symptom, One Remedy: A Rubrical Study of Insomnia from Kent's Repertory

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## Keywords

Homoeopathy, Repertory, Rubrics, Sleeplessness, Remedy

## Abstract

Concentrating on a single prominent symptom, a particular remedy may be selected that is conventionally linked to it. The application of the "One Symptom, One Remedy" method to the homoeopathic treatment of insomnia is examined in this paper, with a particular emphasis on sleep disturbance rubrics from James Tyler Kent's Repertory of the Homoeopathic Materia Medica. In order to demonstrate the accuracy and clarity that this straightforward approach may provide to remedy selection, the study will isolate important rubrics and identify the remedies that are most closely related. The study examines the advantages and disadvantages of this method in therapeutic settings, using examples to highlight its usefulness and philosophical compatibility with traditional homoeopathy.

## Introduction

Insomnia is a common and often long-term sleep problem that materially impacts the health of millions of everywhere. It encompasses difficulties in getting restful sleep, staying asleep, or falling to sleep. Effects of insomnia goes well beyond merely missing a night's sleep.<sup>1</sup> In the field of homoeopathy, accurate symptom description is essential for the successful choice of remedies. James Tyler Kent's Repertory of the Homoeopathic Materia Medica acts as a crucial resource in this process,

providing an organized collection of rubrics along with their related remedies.

## Repertorial Point of view<sup>2</sup>

1. Eye, Staring, Sleeplessness with (1) *Eupatorium Purpureum*.
2. Nose, Pain, Night, With sleeplessness (1) *Corallium Rubrum*.
3. Respiration, Difficult, Perspiration, Anxious, face and sleeplessness (1) *Eupatorium Perfoliatum*.
4. Extremities, Jerking, Lower limbs, Sleeplessness, during (1) *Thuja Occidentalis*.
5. Extremities, Twitching, Lower limbs, Sleeplessness, during (1) *Thuja Occidentalis*.
6. Sleep, Comatose, Alternating, with Sleeplessness (1) *Camphora*.
7. Sleep, Sleepiness, Sitting, Sleepless, while lying (1) *Chamomilla*.
8. Sleep, Sleeplessness, Morning, Images (1) *Aconitum Napellus*.
9. Sleep, Sleeplessness, Evening, And closing eyes (1) *Magnesium Muriaticum*.
10. Sleep, sleeplessness, Evening, Menses, during (1) *Magnesium Muriaticum*.
11. Sleep, Sleeplessness, Evening, Starting, from (1) *Pulsatilla Nigricans*.
12. Sleep, Sleeplessness, Evening, Walk, after a (1) *Fluoricum Acidum*.

13. Sleep, Sleeplessness, Evening, Wine, after (1) Fluoricum Acidum.
14. Sleep, Sleeplessness, Night, Until 11 p.m. (1) Chelidonium Majus.
15. Sleep, Sleeplessness, Night, After 11 p.m. (1) Chelidonium Majus.
16. Sleep, Sleeplessness, Night, After 11 p.m., Until 1 a.m. (1) Ammonium Carbonicum.
17. Sleep, Sleeplessness, Night, After 11 p.m., 2 a.m. (1) Coca.
18. Sleep, Sleeplessness, Midnight, Until 1-30 to 2-30 a.m. (1) Agaricus Muscarius.
19. Sleep, Sleeplessness, Midnight, Until 2 to 4 a.m. (1) Phosphoricum Acidum.
20. Sleep, Sleeplessness, Midnight, At 1 a.m. (1) Spigelia Anthelmia.
21. Sleep, Sleeplessness, Midnight, After 1 or 2 a.m. (1) **KALI CARBONICUM**.
22. Sleep, Sleeplessness, Midnight, After 2-30 a.m., 2 or 3 a.m. (1) Magnesium Carbonica.
23. Sleep, Sleeplessness, Midnight, From 1 to 2 a.m. (1) *Sulphur*.
24. Sleep, Sleeplessness, Midnight, From 1 to 5 a.m. (1) Magnesium Carbonica.
25. Sleep, Sleeplessness, Midnight, From 2 to 4 a.m. (1) Magnesium Muriaticum.
26. Sleep, Sleeplessness, Midnight, From 3 to 4 a.m. (1) Chelidonium Majus.
27. Sleep, Sleeplessness, Midnight, From 3 to 5 a.m. from heat (1) **BORAX VENETA**
28. Sleep, Sleeplessness, Burning in the veins (1) *Arsenicum Album*.
29. Sleep, Sleeplessness, Child must be carried (1) Chamomilla.
30. Sleep, Sleeplessness, Coffee, abuse of, after (1) Nux Vomica.
31. Sleep, Sleeplessness, Coldness, from of hands (1) Veratrum Album.
32. Sleep, Sleeplessness, Conversation, after (1) **AMBRA GRISEA**.
33. Sleep, Sleeplessness, Drawing in legs (1) Carbo-Vegetabilis.
34. Sleep, Sleeplessness, Erections, from (1) Sepia.
35. Sleep, Sleeplessness, Formication of legs, from (1) Zincum Metallicum.
36. Sleep, Sleeplessness, Heavy feeling in arms, from (1) Alumina.
37. Sleep, Sleeplessness, Haemorrhages (1) China Officinalis.
38. Sleep, Sleeplessness, Homesickness, from (1) **CAPSICUM ANNUUM**.
39. Sleep, Sleeplessness, Hysterical (1) Moschus.
40. Sleep, Sleeplessness, Joy, excessive (1) **COFFEA CRUDA**.
41. Sleep, Sleeplessness, Low fevers (1) *Stramonium*.
42. Sleep, Sleeplessness, Lying, Because unable to lie on, left side (1) *Colchicum Autumnale*.
43. Sleep, Sleeplessness, Maniacal (1) *Cocculus Indicus*.
44. Sleep, Sleeplessness, Menses, Before (1) Cyclamen Europaeum.
45. Sleep, Sleeplessness, Mental Strain, after (1) **NUX VOMICA**.
46. Sleep, Sleeplessness, Mortification, after (1) *Colocythis*.
47. Sleep, Sleeplessness, Old people (1) *Baryta Carbonica*.
48. Sleep, Sleeplessness, Open the eyes, with inability to (1) Carbo Vegetabilis.
49. Sleep, Sleeplessness, Pain, on falling asleep, from (1) Lilium Tigrinum.
50. Sleep, Sleeplessness, Pulsation of body & particularly in the abdomen (1) *Silicea*.
51. Sleep, Sleeplessness, Pulsation In ear (1) Silicea.



52. Sleep, Sleeplessness, Retiring, after, but sleepy before (1) **AMBRA GRISEA**.
53. Sleep, Sleeplessness, Rocked, child must be (1) Cina.
54. Sleep, Sleeplessness, Shivering, from (1) Bryonia Alba.
55. Sleep, Sleeplessness, Sleepy in day, sleepless in night, full body aches (1) **STAPHYSAGRIA**
56. Sleep, Sleeplessness, Tobacco, abuse of, after (1) Nux Vomica.
57. Sleep, Sleeplessness, Uneasiness & anxiety with heat, must uncover, which causes chilliness (1) *Magnesium Carbonica*.
58. Sleep, Sleeplessness, Weariness, from (1) **ARSENICUM ALBUM**

### CONCLUSION

We have demonstrated how quick access to

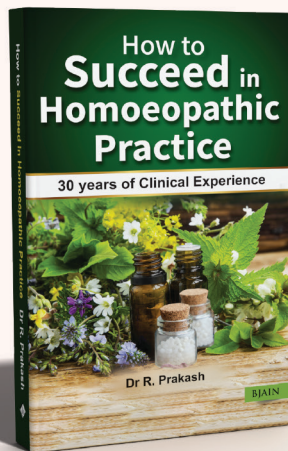
potentially accurate prescriptions is provided by Kent's structure. The Homoeopathic notion that the smallest, most characteristic detail might indicate to the most appropriate remedy is reaffirmed by this study, which emphasizes the need of accurate symptomatology and repertorial analysis in obtaining therapeutic effects. Such targeted rubrical research act as a link between traditional knowledge and current therapeutic relevance, as insomnia continues to pose a problem to modern healthcare.

**Conflicts of Interest:** Not available

**Financial Support:** Not available

### REFERENCES

1. Gupta G, Kushwaha S, Kumar M. Reclaim your nights: harnessing homoeopathy for transformative sleep. *IJRAR - International Journal of Research and Analytical Reviews*. 2025 Apr;12(2):390-395.
2. Kent JT, Clara Louise Kent. *Repertory of the homoeopathic materia medica*. New Delhi, B. Jain publishers (P) Ltd; 2016.



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# Empowering Maternal Health: Innovative Homeopathic Approaches to Managing Pregnancy-Induced Hypotension

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## Keyword

Hypotension, Maternal low blood pressure, antenatal care, Homoeopathy

## Abstract

Hypertension is often a focal point during pregnancy, while hypotension in the antenatal period tends to be overlooked. Hypotension is defined as systemic blood pressure lower than normal, typically below 100/60 mm Hg. Both low blood pressure and orthostatic hypotension (a drop in blood pressure upon standing) can negatively impact maternal health. Symptoms of hypotension include fatigue, headaches, cold extremities, paraesthesia, visual disturbances (such as flickering or blackouts), and dizziness, which result from impaired central and peripheral blood flow. Homeopathy offers a complementary approach to preventing and managing hypotension during pregnancy, alongside regular antenatal check-ups and appropriate management are crucial for preventing these complications.

## Introduction

Blood pressure is dynamic, fluctuating throughout the day in response to the body's ever-changing needs. Factors like breathing patterns, sleep cycles, emotional states, physical activity, and even body position all shape these natural variations. <sup>(1)</sup> Hypertension is defined by a chronic elevation of systemic arterial pressure above a certain threshold, with cardiovascular risk rising logarithmically as blood pressure exceeds approximately 115/75 mm

Hg. <sup>(2,3)</sup> Hypotension is a significant drop in systemic blood pressure below normal levels, with values under 100/60 mm Hg commonly recognized as indicative of the condition. <sup>(4)</sup>

Hypertension is a widespread medical condition with various forms and it is well explained the phenomenon, including primary and secondary hypertension as well as pregnancy-related forms like preeclampsia and gestational hypertension each presenting distinct health risks. <sup>(3)</sup> A decrease in maternal systolic (SBP) and diastolic blood pressure (DBP) is a phenomenon commonly observed during prenatal care secondary to the physiological changes in the pregnancy. In pregnancy, hemodynamic shifts and inferior vena cava compression can lead to a natural decrease in blood pressure. <sup>(4,5)</sup>

While hypertension in pregnancy is well established, routine practice often reveals maternal hypotension, which arises as a result of the natural physiological changes inherent to the pregnancy. The key question is whether sustained low blood pressure can impact fetal growth or adverse negative perinatal outcomes. <sup>(6)</sup>

A direct correlation exists between the change in mean arterial blood pressure upon standing and birth weight in late pregnancy. <sup>(5)</sup> Patients experiencing a drop in blood pressure upon standing are more likely to have the lightest babies. <sup>(7)</sup>

Few works of literature have explored the role of maternal hypotension on negative perinatal outcomes. Los Reyes et al.'s study is the pioneering and largest-scale research to date, exploring the

effects of persistent maternal hypotension. In a recent well-designed cohort study, de Los Reyes et al. found a significant link between persistent maternal hypotension and small-for-gestational-age (SGA) neonates in low-risk nulliparous mothers. This study demonstrated the impact of transient hypotension during the first and second trimesters on the risk of SGA. The decrease in maternal blood pressure in the third trimester causes circulatory changes. <sup>(7,8)</sup>

### Epidemiology

The U.S. Collaborative Perinatal Project (1955–1966) studied 41,089 singleton pregnancies with low blood pressure. Of these, 671 babies were stillborn (1.6%), and 563 died within the first 7 days (1.4%), resulting in a total of 1,234 perinatal deaths (3.0%). <sup>(9)</sup>

During the 1980–1996 study period, the prevalence of medically recorded hypotension in Hungarian pregnant women was 3.3% among those who delivered babies without congenital anomalies (CAs), compared to 2.4% in mothers of children with CAs. <sup>(10)</sup>

### Aetiology

Blood pressure is regulated by two key factors: cardiac output and peripheral vascular resistance. Any condition that disrupts these parameters can result in hypotension. <sup>(11)</sup>

During the first and second trimesters of pregnancy, blood pressure may be lower, likely due to the expansion of blood vessels, which increases blood flow to the uterus. Hemodynamic changes in the third trimester can also result from a decrease in maternal blood pressure. <sup>(10,12)</sup>

Zhang and Klebanoff proposed that the poor outcomes in women with low diastolic blood pressure (DBP) were primarily linked to factors such as low pre-pregnancy BMI and social status, rather than being directly caused by low DBP. <sup>(12)</sup>

- During pregnancy, a temporary drop in maternal blood pressure can also be triggered by factors like standing up too quickly or lingering in a hot bath for too long. <sup>(13)</sup>

- Morning sickness: severe vomiting/ nausea can contribute to hypotension in pregnancy by causing dehydration and electrolyte imbalances. Hormonal changes, such as increased levels of hCG, are thought to trigger both morning sickness and the associated drop in blood pressure. <sup>(14, 15)</sup>
- Thyroid insufficiency in pregnancy, including hypothyroidism, can lead to hypotension by slowing metabolism and reducing cardiac output. <sup>(13)</sup>
- Ectopic pregnancy can cause hypotension due to internal bleeding from the rupture of the fallopian tube, leading to blood loss and decreased blood pressure. <sup>(13)</sup>

Other potential causes of low blood pressure include <sup>(5,13,16,17)</sup>

- Dehydration
- Extended bed rest
- Anemia due to nutritional deficiencies, like a lack of iron, vitamin B12, or folic acid
- Certain medications can lead to hypotension by influencing key biological processes.
- Diuretics can decrease cardiac stroke volume, contributing to hypotension.
- Beta-blockers and calcium channel blockers are particularly known for lowering heart rate.
- In pregnancy, hypotension can result from conditions such as: <sup>(11,13)</sup>
  - ▶ Major blood loss (e.g., hemorrhage)
  - ▶ Cardiac tamponade
  - ▶ Arrhythmias
  - ▶ Diastolic or systolic heart failure
  - ▶ Valvular regurgitation or stenosis

Transient hypotension during pregnancy refers to a temporary decline in blood pressure, commonly seen in the first or second trimester. It is primarily driven by hormonal fluctuations, expanded blood volume, and the growing uterus exerting pressure on blood vessels. <sup>(10,12)</sup>

**Risk Factors** for hypotension in pregnancy include: <sup>(13,18)</sup>

- Maternal age, birth order or parity, and short stature
- Low body weight, lean physique, and inadequate weight gain
- Lower socioeconomic status
- Ethnic minority status
- Smoking/ alcohol

The Collaborative Perinatal Project (1959 to 1966) a large cohort study conducted in 12 U.S. hospitals, revealed that the association between low blood pressure during pregnancy and poor perinatal outcomes was primarily confounded by these risk factors. <sup>(10)</sup>

### Pathophysiology

Blood pressure is controlled by the autonomic nervous system, balancing the sympathetic and parasympathetic activity. The sympathetic system raises it through increased heart rate and constriction of arterioles, while the parasympathetic system lowers it by reducing heart rate and relaxing arterioles. <sup>(11)</sup>

Blood pressure may decrease during the first 12 weeks of pregnancy, remaining low through the first and second trimesters (American College of Obstetricians and Gynecologists, 2020). <sup>(13)</sup>

During pregnancy, peripheral vascular resistance (PVR) decreases as part of the body's adaptation to support increased blood flow to the uterus and fetus. This physiological change leads to a reduction in vascular resistance leading to a decrease in both systolic and diastolic blood pressure (SBP and DBP) in the first and second trimesters. Additionally, maternal hypotension can result from compression of the inferior vena cava by the growing uterus, particularly in the third trimester. This compression reduces venous return to the heart, lowering blood pressure and often causing symptoms like dizziness or fainting when the mother is supine (American College of Obstetricians and Gynaecologists, 2020). <sup>(11,13)</sup>

If maternal hypotension persists, it can lead to a

decrease in uterine blood flow, resulting in placental hypo-perfusion. This inadequate blood supply to the placenta can impair oxygen and nutrient delivery to the fetus, potentially leading to fetal growth restriction, resulting in poor fetal growth and development (American College of Obstetricians and Gynaecologists, 2020) <sup>(13,16)</sup>

### Clinical Features

Hypotension is typically asymptomatic. The literature revealed that primary hypotension in pregnant is protective against pre-eclampsia. <sup>(3)</sup>

Primary hypotension in pregnancy, influenced by genetic factors, is marked by an early decline in both diastolic and systolic blood pressure (averaging 7mmHg). This drop is largely due to a reduction in systemic vascular resistance during pregnancy, which can explain the onset of hypotension in pregnant women. <sup>(11)</sup>

Dizziness, and light-headedness: which can occur due to hormonal changes, increased blood flow demands, and changes in circulation. This can cause a feeling of faintness or unsteadiness, especially when standing up quickly. <sup>(11)</sup>

Maternal hypotension may increase nausea and vomiting in pregnancy, due to the chemoreceptor trigger zone, located in the area postrema of the brainstem, is close to the vomiting center, which controls the motor nuclei of cranial nerves, including the dorsal motor nucleus of the vagus nerve. This region is sensitive to various signals, including human chorionic gonadotropin and thyroxine, whose cyclical levels are elevated in pregnant women experiencing nausea or vomiting. <sup>(14,15)</sup>

Anemia, which can increase the risk of bleeding, often due to iron deficiency or more frequent hemorrhoids. <sup>(13)</sup>

- Excessive thirst – Persistent thirst despite drinking, often due to dehydration.
- Cold, pale, or clammy skin – Reduced circulation leads to these skin changes.
- Fatigue – Worsening throughout the day due to reduced blood flow.
- Shortness of breath – Rapid, shallow breathing



from insufficient oxygen. <sup>(5)</sup>

### Diagnostic Evaluation

Blood pressure should be measured using a sphygmomanometer at each prenatal visit. Blood pressure and heart rate should be checked in one-minute intervals over 30 minutes with an automatic Dinamap measuring device in maternal hypotension. This period was subdivided into a 10-minute lying period and, a 10-minute standing period followed by a 10-minute lying period. <sup>(5)</sup>

According to the World Health Organization (WHO), hypotension is generally diagnosed in adults (18 years or older) when blood pressure is lower than 100/70 mm Hg. This threshold helps identify low blood pressure that may need attention. <sup>(19)</sup>

- Hypotension-related drug treatments should be carefully evaluated <sup>(11)</sup>
- Maternal age, birth order (parity), and socioeconomic factors should be considered when evaluating hypotension in pregnancy. <sup>(16)</sup>
- Maternal comorbidities, prenatal supplements, prior surgeries, and cardiovascular conditions should be thoroughly assessed in cases of hypotension during pregnancy. <sup>(11)</sup>
- When evaluating hypotension in pregnancy, basic lab work should include a complete blood count (CBC) with differential, cortisol levels, thyroid-stimulating hormone (TSH), and free T4. <sup>(13)</sup>
- An echocardiogram with inferior vena cava (IVC) assessment and a 2D echo

### Complication: <sup>(11,13)</sup>

- small for gestational age
- low placental perfusion and neonatal mortality
- fetal growth restriction
- preterm labor

### Management: <sup>(11,13)</sup>

**Rest:** ensure adequate rest, rise gradually, and avoid excessive activity. If dizziness occurs, sit or recline, breathe deeply, and lie on the left side to enhance circulation.

**Liquid:** fluid resuscitation in case of morning sickness, ensure proper hydration

**Diet:** A nutrient-rich diet is crucial during pregnancy to support overall health.

- Eat smaller, frequent meals throughout the day instead of larger meals to maintain stable blood pressure.
- Increase salt intake if experiencing low blood pressure, but only under the guidance of a healthcare provider.
- Ensure a balanced diet and essential nutrients to manage hypotension effectively.

### Homoeopathic Management: <sup>(20,21,22)</sup>

Homeopathy has been proven to be an effective medicine for pregnancy-induced hypotension and offers a holistic approach that seeks to restore balance by addressing the underlying causes of low blood pressure, such as hormonal fluctuations and decreased blood volume. This treatment focuses on individualized remedies that aim to alleviate symptoms and promote overall well-being.

Homoeopathy remedies enhance cardiac health by strengthening the heart muscle, boosting coronary circulation, and fortifying blood vessels to maintain normal blood pressure.

### Cardiac-induced hypotension in pregnancy:

**Gelsemium:** its action is on the nervous and vascular systems. Sudden emotional excitement leads to hypotension. Low blood pressure causes dizziness, drowsiness, dullness, and trembling. Slow pulse tired feeling. General depression from heat. Dull heavy headache.

**Viscum Album:** Low blood pressure can cause persistent vertigo. The pulse is small and weak. There is aching and dull pain in the head.

**Cactus Grandiflora:** Low blood pressure is caused by cardiac disease, with a feeble, irregular, and quick pulse. Cold sweat, and a constant sensation

of an iron band. Other conditions may include endocarditis with mitral insufficiency, subnormal temperature, and endocardial murmurs with excessive impulse. There is a sensation of weight on the vertex, right-sided pulsating pain, and congestive headaches, which are periodical and threaten apoplexy.

### **Hypovolemic shock-induced hypotension in pregnancy:**

**Tabaccum:** low blood pressure caused due to nausea, vomiting, and giddiness. Death-like pallor vomiting icy coldness and sweat with an intermittent pulse. Gastralgia, vigorous peristaltic activity diarrhea.

**Camphor Officinalis:** Weak and small pulse, sudden loss of strength, and icy coldness throughout the body. Symptoms include precordial distress, suffocative dyspnoea, anguish, and great weakness.

**China Officinalis:** low blood pressure is due to debility from discharges or blood loss and loss of vital fluids with nervous erethism. Vomiting, diarrhea, or gastroduodenal catarrh. Dizziness and vertigo also seen.

**Carbo Vegetabilis:** low blood pressure due to dehydration or hypovolemic shock with low and weak pulse often imperceptible. The body is cold to the touch with sweating.

**Argentum Nitricum:** Low blood pressure with violent gastroenteritis, headache with coldness, and trembling with general debility. Nausea and vomiting of glairy mucus.

**Ferrum Metallicum:** low blood pressure to anemia with a feeble, soft, weak, small, and irregular pulse.

**Sepia:** low blood pressure is due to morning sickness. The smell and thought of food worsen the nausea sensation. There is a craving for vinegar, sweet.

**Colchicum:** Low blood pressure causes nausea and vomiting. The mere thought of food, especially fish and eggs, intensifies the nausea. Women will sleep with their knees drawn close to the chest.

**Natrum Muraicum:** Low blood pressure is caused by Nausea, vomiting, and exposure to the sun. The sun's heat is unbearable, and patients experience a strong craving for salt. Significant debility and weakness exist. The pulse is weak and slow.

**Cocculus Indica:** low blood pressure is due to morning sickness. Loss of appetite, with the thought or smell of food, causes nausea and vomiting and vertigo with dehydration and loss of sleep. Complaints were worse in the afternoon.

**Aegelia Folia:** low blood pressure due to anemia

**Ipecac:** low blood pressure is due to morning sickness with dehydration. Constant nausea and vomiting. With profuse salivation, and continuous spitting.

**Chamomilla:** Hypotension is due to rupture of ectopic pregnancy with griping pain behind the navel and pain in the small back, and flatulent abdomen.

### **Orthostatic hypotension in pregnancy:**

**Cimicifuga:** low blood pressure during the pregnancy as compression of subclavian vessels. This medicine has wide action on the cerebrospinal muscular systems. Irregular, slow, trembling pulse. Shooting and throbbing type of pain in the head.

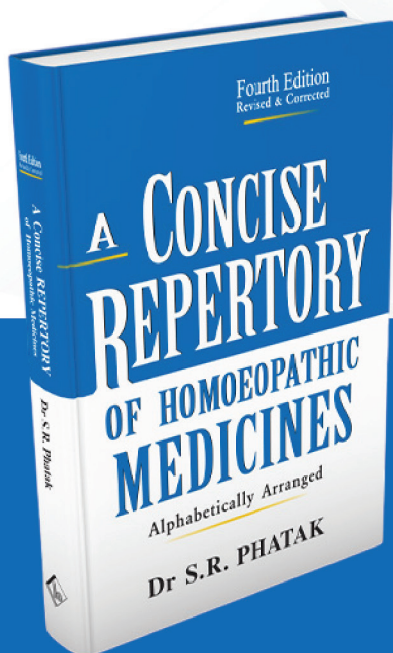
## **CONCLUSION**

Pregnant women with hypotension are at an increased risk for adverse complications. Factors contributing to this risk include anemia, living in rural areas, poor socioeconomic status, multiparity, and a history of pregnancy loss. Proper screening and consistent antenatal care are essential in managing maternal blood pressure and preventing complications. The homeopathic system of medicine can play a significant role in managing hypotension during pregnancy, helping to prevent adverse outcomes, and supporting maternal health.

## **REFERENCE**

1. Imai Y, Aihara A, Ohkubo T, Nagai K, Tsuji I, Minami N, Satoh H, Hisamichi S. Factors that affect blood pressure variability. American journal of hypertension. 1997 Nov 1;10(11):1281-9.

2. Oparil S, Acelajado MC, Bakris GL, Berlowitz DR, Cifková R, Dominiczak AF, Grassi G, Jordan J, Poulter NR, Rodgers A, Whelton PK. Hypertension. Nature reviews. Disease primers. 2018 Mar 22;4:18014.
3. Giles TD, Materson BJ, Cohn JN, Kostis JB. Definition and classification of hypertension: an update. The journal of clinical hypertension. 2009 Nov;11(11):611-4
4. de Los Reyes S, Plunkett BA, Dude A. The association between persistent maternal hypotension and small for gestational age neonates. American Journal of Obstetrics & Gynecology MFM. 2021 Nov 1;3(6):100449.
5. Hohmann M, Künzel W. Low blood pressure in pregnancy. Zeitschrift für Geburtshilfe und Neonatologie. 2007 Apr 1;211(2):45-53.
6. Eraslan Sahin M, Sahin E, Kirlangic MM. Third-trimester persistent maternal hypotension effects on late-onset small for gestational age and adverse perinatal outcomes. Plos one. 2023 Jul 14;18(7):e0286900.
7. Sahin ME, Madendag IC, Sahin E, Madendag Y, Acmaz G, Bastug O, Ozdemir A. Fetal pulmonary artery acceleration/ejection ratio for transient tachypnea of the newborn in uncomplicated term small for gestational age fetuses. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2020 Apr 1;247:116-20.
8. de Los Reyes S, Plunkett BA, Dude A. The association between persistent maternal hypotension and small for gestational age neonates. American Journal of Obstetrics & Gynecology MFM. 2021 Nov 1;3(6):100449.
9. Friedman EA, Neff RK. Hypertension-hypotension in pregnancy: Correlation with fetal outcome. Jama. 1978 May 26;239(21):2249-51.
10. Bánhidý F, Acs N, Puhó EH, Czeizel AE. Hypotension in pregnant women: a population-based case-control study of pregnancy complications and birth outcomes. Hypertension Research. 2011 Jan;34(1):55-61
11. Sharma S, Hashmi MF, Bhattacharya PT. Hypotension. InStatPearls [internet] 2023 Feb 19. StatPearls Publishing.
12. Hermida RC, Ayala DE, Iglesias M. Predictable blood pressure variability in healthy and complicated pregnancies. Hypertension. 2001 Sep 1;38(3):736-41.
13. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 204: fetal growth restriction. Obstetrics and gynecology. 2019 Feb;133(2):e97-109.
14. KL K. Approach to the patient with nausea and vomiting. Textbook of gastroenterology. 1955:731-40.
15. Jarnfelt-Samsioe AN. Nausea and vomiting in pregnancy: a review. Obstetrical & gynecological survey. 1987 Jul 1;42(7):422-7.
16. LUNELL NO, NYLUND L. Uteroplacental blood flow. Clinical obstetrics and gynecology. 1992 Mar 1;35(1):108-18.
17. Resnik R. Intrauterine growth restriction. Obstetrics & Gynecology. 2002 Mar 1;99(3):490-6.
18. Czeizel AE, Petik D, Puho E. Smoking and Alcohol Drinking During Pregnancy The Reliability of Retrospective Maternal Self-reported Information. Central European journal of public health. 2004 Dec 1;12(4):179-83.
19. Chen A, Basso O. Does low maternal blood pressure during pregnancy increase the risk of perinatal death?. Epidemiology. 2007 Sep 1;18(5):619-22.
20. Boericke W. Materia medica with repertory. InMateria medica with repertory 1927 (pp. 1049-1049).
21. Kent JT. Repertory of the homoeopathic materia medica. B. Jain Publishers; 1992.
22. Allen TF. A handbook of materia medica and homoeopathic therapeutics. FE Boericke; 1889



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# Use of Clinical Repertory in Homoeopathic Practice

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PEER REVIEWED

## Keywords

Boericke's repertory, Clinical repertory, Clarke's repertory, Phatak's repertory, Therapeutics of intermittent fever, Homoeopathic medical repertory

## Abstract

Clinical repertories are those repertories which contain clinical symptoms/conditions and corresponding group of medicine. In this article, the main clinical repertories have been focused upon and illustrated with examples the use of each.

## Examples of Regional Repertories:

FUNDAMENTAL CONCEPT	TITLE	AUTHOR & YEAR OF PUBLICATION
PATHOLOGICAL GENERALS	Dysentery & its homoeopathic treatment	By F. Humphrey, 1853
PHYSICAL GENERALS	Repertory of eyes	Berridge, 1873
	Repertory on Desires & Aversions	W. J. Guernsey, 1879
MENTAL GENERAL/PHYSICAL GENERALS	Repertory on symptoms beginning with 'Sensations as if'	A. W. Holcombe, 1894
MODALITIES	Repertory to the Modalities	S. Worcester, 1880
RELATIONSHIP OF REMEDIES	Repertory on Duration & Action of Remedies	F. H. Lutze, 1892
CONCOMITANTS	Leucorrhea & its concomitant symptoms	A. M. Cushing, 1882
	Headache & their concomitant symptoms	J.C. King, 1891

Thus, the benefit of clinical repertories is that they are handy, easy to use and provide a wide array of rubrics for the purpose they are dedicated to.

The greatest modern exponent of this practice was Dr. Burnett, expressed his opinion as "we need any and every way of finding the right remedy; and I maintain that we are still within the lines

Here, cases directly from our stalwarts have been brought to you, how efficiently they have put to use clinical repertories which will further enhance the understanding of clinical repertories in day to day practice.

## Introduction

Clinical repertories are those repertories which contain clinical symptoms/conditions and corresponding group of medicine. They are also called 'regional repertory' as they serve the purpose on which they are based upon.

of homoeopathy that is an expansive, progressive science". Dr. Clarke said "all ways of finding indications are open to practitioners, and the clinical avenue is one of them".

However, Master Hahnemann was certainly not happy with such kind of practice; He described it as, "Treating the names of the diseases with



names of the therapeutic actions”.

They are not commonly used for the purpose of systematic repertorization, however these repertories can be used in cases where clinical conditions mask the characteristics of the patients, in such cases only the pathology or few peculiar modalities, concomitants etc help in the selection of the remedy.

Clinical repertories can be very useful if the scope and limitations are properly understood and implemented in practice. Clinical repertories can be used in the study of Homoeopathic therapeutics as well as Materia Medica. Used usually as reference in Cases lacking in mental symptoms and physical general symptoms, cases with clinical diagnosis and for palliative medicines in incurable cases.

Clinical Repertories are based on nosological terms and clinical conditions, which are the end result hence they are not suitable in cases where plenty of general symptoms are available and the pathology is not much advanced.

### Examples from Stalwarts:

A CLINICAL REPERTORY TO THE DICTIONARY OF MATERIA MEDICA TOGETHER WITH REPERTOIRE OF CAUSATION, TEMPERAMENT, CLINICAL RELATIONSHIPS AND NATURAL RELATIONSHIPS-J.H.CLARKE:

Though the concept of such practice was conceived by Burnett, the credit for authoring the first General clinical repertory goes to Dr. J. H. Clarke.

In the introduction of the repertory, he says that “Certain diseases come to have certain remedies assigned to them, and all the patients who are found to be suffering from that disease must be dosed with one of the remedies credited to it”.

In addition to the uses mentioned for clinical repertories, in this repertory are a few remedies under each rubric but among them are some rare remedies which can be thought of in difficult cases when the typically indicated remedy were used, without much effect as-

**CLINICAL-Growth defective-** Bac. (thyr.); usually we would not at the first hand think of these

remedies in arrested development.

**TEMPERAMENT-Mischievous-** Pul, Tarent.; Puls is not a popular mischievous remedy.

It consists of 5 parts which are as follows-

**Part I** – A clinical Repertory: This section is based on **clinical** conditions given under each drug in the dictionary of Practical Materia Medica. Most important part of the repertory.

E.g-

**Multiple abcess-vespa**

**Brain,tumour of-Plb.**

Rubrics related to specificity of seat of disease: Some drugs have predominant affinity for certain organs and these drugs will relieve a great variety of affections seated in or arising from diseases of these organs.

E.g.-

**Interscapular pain-nat-ar**

**Rheumatism of Knee-puls-n**

**Part II** –Repertory of Causation,

E.g.-

**Journeys,long-coff**

**Fever-Lyc**

Case example-A middle aged female patient complained of pain in the abdomen more so in the right inguinal region with loose stool since a day. Eating < the urge for stool and pain, on further enquiry it was elicited that the previous day she had **overeaten**. Bryonia was found in a repertory of causation under overeating. It helped the patient rapidly.

**Part III** –Repertory of Temperaments, Dispositions, Constitutions, and States:

Acute observers from the time of Hahnemann have noticed that some remedies act well on some persons and not at all well in some others. These are mentioned in the dictionary under the heading “**characteristics**” as the types or constitutions the particular remedy is especially “**suited**” to.

Eg-

**Defecation and Urination**, Children inclined to frequency of – K.i

**Children-Unmangeable when sick-Lyc**

**Part IV** –Clinical Relationships:

In compiling this table Dr. Clark had made use of excellent table published by Dr. Gibson Miller in *The Homoeopathic World* of September, 1902)

Under each drug there are headings like-Complementary, Remedies Follow Well,Compatible. Incompatible , Antidotes ,Duration of action of Remedies.etc

**Part V** –Repertory of Natural Relationships:

Dr. Clarke has mentioned that nothing in nature is really unrelated to anything else, medicines are inter-related in various ways in point of therapeutic action.

So, remedies are arranged according the nature of their belongings to different kingdoms as Metals and elements,The vegetable kingdom,The animal kingdom,Sarcodes,Nosodes.This is often too important, since there is a strong therapeutic likeness between members of the same group.<sup>2,3</sup>

**PHATAK REPERTORY:** A Concise Repertory of Homoeopathic Medicines by Dr. S. R. Phatak is an alphabetized re-working of Boger and Boenninghausen. There are no definite sections. With such an arrangement finding appropriate rubric is easy. This repertory is a concise one and not exhaustive as repertories like by Kent, Boenninghausen and others, it is aimed at reducing the burden of prescribing by serving as a handy and useful reference book

In the preface Dr. Phatak says, “Prescribing in Homoeopathy is both science and art.” Three pre-requisites are required for this: -Good case taking -Sound knowledge of Materia Medica -Skillful use of reference book.

No drug is given unless Dr. Phatak has cured in his own practice or unless there is strong justification provided by authors like Boger, Kent, Clarke and remedies for a particular rubric have been reduced to minimum by a careful selection.

**Adaptibility**-It allows quick repertorisation and gives an idea of entry point to the case.In cases where there are only few peculiar symptoms,cases lacking clear mental and particular symptoms.

Many general symptoms have been coined from particular symptoms. This was the secret knack of the Boger’s method. A case of peripheral neuritis,not suffering from diabetes,was relieved by passing flatus or belching.Rubric used by Dr.Phatak was-

FLATUS,up and down AMEL

The Repertory contains many rubrics not found in Kent’s Repertory.E.g.-MEDULLA: Aco; Agar; Naj

Though it is much smaller it gives more remedies for some rubrics than are given in Kent’s Repertory. E.g. Under spices agg. Kent gives only Phos. Whereas under ‘CONDIMENTS agg.’ Nux-v., Phos., Selenium are given in Phatak.

**Pathology:** Repertory contains many pathological entities ,one must understand that these rubrics are to be used in the absence of guiding symptom.

SCLERODERMA: Radm; Thyr.

PELLAGRA: Ars; Bov; Gel; Hep; Sec.

BERI-BERI: Ars; Elat; Rhus-t.

BILHARZIASIS: Ant-t

BLACKWATER FEVER: Ars; Crot-h; Lyc.<sup>3,4</sup>

Following are a few cases treated by Dr Phatak using the rubrics from Phatak Repertory-

A case of weeping infant (Dr. P.Sankaran’s case re-evaluated by Dr.Phatak):A 3-month old Baby, had been crying non -stop except while feeding or asleep,many remedies including chamomilla,Cina had been tried with no effect. Dr.Phatak prescribed syphilinum-1M, three doses. With the very second dose the child had stopped screaming.The following rubric from his repertory helped in this marvellous prescription-CHILDREN,infants-Weep,cry continuously,infants new born:Syph;Thuj.

In yet another case Dr.P Sankaran says, was of his son where eruptions would ulcerate and heal slowly and after some days would again ulcerate at the same spot.Dr.Phatak Prescribed Kreosote on

the symptom in the repertory-ULCERS, BREAK AND HEAL, Recur.<sup>5</sup>

Prophylactics-It is among those few repertories that contain prophylactics rubric.E.g-

mumps-Trifolium is the only remedy.In the materia, Trifolium has the symptom where patient feels as if mumps were going to come.

**NEW MANUAL OF HOMOEOPATHIC MATERIA MEDICA WITH REPERTORY:** The book contains material in the first part and repertory appended to it by Oscar E.Boericke.

The division of the section is of Hahnemannian order, headings and subheadings are arranged in alphabetical order, headings extensive in scope are presented under cause, type, location, character of pain, concomitants, modalities. The technical names of disease are bracketed.

It can be used in entirely pathological case without marked mental symptoms, only nosological terms or clinical diagnosis and also in pathological cases where causation, modalities or concomitants are marked.E.g.-

**[Head]CEREBELLAR DISEASE:** Helo, Sulfo

**[Nervous System]CONVULSIONS REMEDIES IN GENERAL:** Cause and type:Cerebral sclerosis or tumour: Plb

It has Rubrics to help in terminal diseases-E.g.-

**[Generalities]CANCER, REMEDIES IN GENERAL:**To relieve pains: Anthr, Apis, Ars, Aster, Bry, Calc, Calc-acet, Calc-o-t, Calc-ox, Carc, Cedr, Cinnb, Con, Cund, Echi, Euph, Hydr, Mag-p, Morph, Op, Ph-ac, Sil

In peculiar symptoms or appearance of complaints. E.g.-

**[Head]SCALP: Hair: Gray, premature:** Lyc, Ph-ac, Sec, Sul-ac

**[Generalities]BONES: Pain: Coccyx, in:** Cast-eq

**[Generalities] COMPLAINTS APPEAR: Atypically:** Mosch

Some single drug rubrics,are of great value as they are clinically verified.E.g.-

**[Nose]CORYZA,worse in new born-** Dulc.<sup>4,6</sup>

Case E.g.-A case of retinal detachment treated by Dr. Gaurang Gaikwad,Phosphorus was given without any effect.Then only on pathology, clinical prescription was made referring the rubric **[Eyes]RETINA:Detachment:Aur-m, Dig, Gels, Jab, Napht, Naphthalinum 30** improved the patient in a few weeks.<sup>4</sup>

**Therapeutics of Intermittent Fever- H.C.Allen:**

A clinical repertory specific for fevers but along with that it also encompasses principles(The cause,malarial theory,when to administer the remedy etc) and Materia medica. In the materia, general representation of a medicine is as its general characteristics,Modality, nature of fever described under the headings like Type, time, prodrome, Chill, Heat,Sweat,Tongue, Pulse and Apyrexia.Under certain drug a comparative study of most similar drug is given.E.g.:- in drug Capsicum; Eup. purp. compared with capsicum. in drug Ars alb; Cinchona compared with Ars alb. He mentioned most important characteristic symptoms of the drug in fever are put under analysis.A separate clinical section is given at the end of each drug where examples of cases treated either by him or by others are mentioned.E.g.-In Natrum mur he quotes a case of T.D.STOWE: A girl aged 8 yrs had a hard chill daily at 9 am or 10 am,with no thirst;heat with great thirst,followed by copious sweating,drinking and sweating giving much relief,frontal headache increasing with fever twelve powders of Natrum mur 200.

Repertory proper has main broad sections as-Chill, Heat, Sweat,Appetite, taste, tongue etc., Symptoms of Apyrexia.

Few interesting E.g. from each section are :

Chill,Prodrome (conditions occurring during)-**Debility:** Ars, Cinch, Corn fl.

Chill, Commencement of chill (chill beginning in)-**Knees: Apis, Thuja**

**-Lips:Bry**

Chill,Symptoms during the chill- **Abdomen bloated:** Cina, Kali c.

Chill followed by-**Breathing,Oppressed:** Cimex.



Heat, Heat symptoms during- **Eyelids**, cannot open: **Gels**

Sweat, Sweat aggravated- **Drinking** by: Cocc

Sweat, Sweat location of- **Hand**, Left: Anac

Appetite, taste, tongue etc. Symptoms of: **Food**, disgust for: Cycl.

Apyrexia symptoms during- **Weep**, disposition to: *Cina*, Puls, Nux v.<sup>7</sup>

**Homoeopathic Medical Repertory- Robin Murphy:** He has tried to merge the clinical and classical way in the repertory. He says "If you do only one type you are half homoeopath,

learn to prescribe according to the case", hence Murphy repertory is suitable for all types of cases including prescription based on pathology in the cases that lack other characteristics.

Chapters like Blood, Children, Disease, Emergency, Toxicity etc have plenty of clinical rubrics.

Few e.g.- Diseases: elephantiasis, dyslexia, double vision, ecclempsia etc

Children: dentition during, autism etc

Toxicity: Cu, homoeopathic medicine, hangover etc.

If along with the pathology there are a few characteristics, they too can be sought for in the other chapters in the same book like environment, generals, food, mind etc. Chapters and rubrics

all are arranged alphabetically for easy access. In the third edition blood, diseases, emergency and nerves were clubbed together under chapter 'Clinical'.<sup>8</sup>

## CONCLUSION:

"A tool is as good as the workman who handles it. A bad workman naturally blames his tools when things start going wrong."- Dr. M. L. Dhawale

With the above illustrations it is evident that clinical repertories can be very useful if their scope and limitations are properly understood. It should be used wisely and appropriately as required to uncover remarkable results.

## REFERENCES:

1. Salim S., Mohan G.D., Genesis D., Repertory expert, Kerala, Dr. Salim's centre for homoeopathic healing; 2020
2. Clarke J H. A Clinical Repertory to the Dictionary of Materia Medica: Together with Repertories of Causation, Temperaments, Clinical Relationships, Natural Relationships. 11<sup>th</sup> impression: New Delhi: B Jain Publishers (P) Ltd; 2019.
3. Phatak SR., A Concise Repertory Of Homoeopathic Medicines, Fourth edition, New Delhi, B.Jain publishers Pvt. Limited, 2005.
4. Gaikwad G., Art of repertorisation; Gulmohar HSC, Mumbai; Gaurang Gaikwad; 2021.
5. Phatak S.R., Clinical experiences; Indian books and periodicals; New Delhi: April 2022.
6. Boericke W. New manual of homoeopathic Materia medica with repertory. 3rd Revised Augmented Ed based on 9th Ed, New Delhi: B Jain Publishers (P) Ltd; 2015
7. Allen HC. Therapeutics of fever. 2<sup>nd</sup> Reprint edition. B.Jain Publishers; 2004.
8. Robin Murphy N.D. Homoeopathic Medical Repertory. 3rd Revised edition, 6th impression. New Delhi: B Jain publishers (P) Ltd; 2017.



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# Acne Unmasked: A Case Study in Homeopathic Transformation

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## Abstract

Acne vulgaris is one of the most common dermatological disorders that afflict people in their adolescence. Acne vulgaris or simply known as acne is a human skin disease characterized by skin with scaly red skin (seborrhea), blackheads and whiteheads (comedones), pinheads (papules), large papules (nodules), pimples and scarring. Acne vulgaris is a disease of pilosebaceous unit characterized by the formation of open and closed comedones, papules, pustules, nodules and cysts. Acne affects skin having dense sebaceous follicles in areas including face, chest and back. Acne is not life threatening but severe acne can affect psychological status and social activities. The present review focuses on epidemiology, etiology, pathogenesis, diagnosis, differential diagnosis and management of acne.

## Introduction

Acne vulgaris or simply known as acne is a human skin disease characterized by skin with scaly red skin (seborrhea), blackheads and whiteheads (comedones), pinheads (papules), large papules (nodules), pimples and scarring. Acne affects skin having dense sebaceous follicles in areas including face, chest and back. Acne may be of inflammatory or non-inflammatory forms. Due to changes in pilosebaceous units lesions are caused by androgen stimulation. Acne occurs commonly during adolescence, affecting about 80–90% of teenagers in the Western world and lower rates are reported in rural societies. Acne is usually caused by an increase in androgens levels like

testosterone mainly during puberty in both male and females. Acne reduces over time and tends to disappear over the age. The large nodules are called cysts and severe inflammatory acne is called nodulocystic. The cystic acne occurs on the buttocks, groin, armpit area, hair follicles and perspiration ducts and affects deeper skin tissue than common acne. Acne causes scarring and psychological effects such as; reduced self-esteem and in rare cases depression or suicide.

Reports showed the incidence of suicidal tendency in patients with acne as about 7.1%. Acne usually occurs during adolescence. The word acne refers to the presence of papules, scars, comedones and pustules. The common form of acne is known as acne vulgaris. Many teenagers suffer from this type of acne. Acne vulgaris shows the presence of comedones.

Acne rosacea is synonym for rosacea and some persons do not have acne comedones associated with their rosacea, hence prefer the term rosacea.

Chloracne occurs due to exposure to polyhalogenated compounds.

## Signs and Symptoms of Acne

It includes papules, nodules (large papules), seborrhea (increased oil-sebum secretion), comedones, pustules and scarring. The appearance of acne varies with skin colour and it is also associated with psychological and social problems. Acne scars shows inflammation within the dermis and it is created by the wound healing resulting in collagen deposition at one spot. In Table 1 type of

scars are presented.

## **Physiological and Environmental Factors That Influence Acne**

### **Diet**

In a study from Greece among high schools students, 62.3% implicated diet as a cause for their acne. In another study that analyzed the knowledge of acne causation among

English teenagers, 11% of the responders blamed greasy food as the main cause. The study revealed that intake of milk during adolescence was associated with history of teenage acne. This association may be caused by the presence of hormones and bioactive molecules in milk.[33]

Milk contains placenta-derived progesterone and other dihydrotestosterone (DHT) precursors, including 5 $\alpha$ -pregnanedione and 5 $\alpha$ -androstenedione. These compounds are only a few enzymatic steps away from DHT, the main acne stimulator and the enzymes required to mediate the change are present in the human pilosebaceous unit. An alternative hypothesis explaining the association between milk and acne suggested that the iodine content of milk might also have an effect in the development of acne. It is proposed that high glycemic indexes lead to hyperinsulinemia and a resulting cascade of endocrine consequences, including increased androgens, increased IGF-1 and altered retinoid signaling pathways that mediate acne. In a single-blind, placebo-controlled, crossover study performed in American hospital acne clinic attendees and male prisoners found no effect of chocolate on acne or on sebum production or composition. A study with several methodological limitations, found that high-fat and high carbohydrate foods such as sweets, pizza and French fries did not cause acne.

### **Premenstrual flare**

Acne is a common disease with an underlying hormonal basis. Four hundred female participants, aged 12 to 52 years, were questioned whether their acne got worse before, during, or after their menstrual period. Overall 177 of 400 of those interviewed experienced premenstrual

flares of their acne. Women older than 33 years had a higher rate of premenstrual flares relative to women aged 20 to 33 years. Premenstrual flares may be more common in older women.

### **Sweating**

Up to 20% of acne patients notice that sweating causes deterioration in their acne, especially if they live or work in a hot humid environment; for example for a cook, ductal hydration may be the responsible factor.

### **Ultraviolet radiation**

Mills and Kligman state that ultraviolet radiation is not highly beneficial in patients with moderately severe papulopustular acne. Modest improvement was observed with sunburn rays (UV-B) and slightly more with the combination of long ultraviolet radiation (UV-A) and UV-B. Photosensitization with coal tar and UV-A greatly aggravated acne and was notably comedogenic. Photosensitization with methoxsalen (8-methoxypsoralen) applied topically was neither harmful nor helpful.

### **Occupation**

Hydration of the ductal stratum corneum may induce acne in such occupations as catering and steam cleaning. Patients dealing with oil may develop an acneiform oil folliculitis, particularly on their trunks and limbs, but usually their overall to be very heavily contaminated.

### **Case**

A 13-year-old female presented with pleomorphic eruptions on face, cheek, and back with induration for the last 3-4 months. She had very small size multiple pustules. For 1 month lesions gradually increased and some of them became cystic eruptions on the face and neck

### **Case summary**

1. She had erythematous papules, pustules, cystic lesion, and hyperpigmentation on cheek, forehead, back, and arms.
2. Lesions were 5–10 mm in diameter.

3. The patient was thin having a body mass index (BMI) of 21.6.
4. She had halitosis, profuse foul-smelling perspiration, dysmenorrhea, and offensive leucorrhoea.
5. She had a desire for cold drinks. She was irritable on trivial matters, forgetful, and desired company of family member's. The patient was thin with dysmenorrhea, dirty looking face, pustular acne, discharge of yellow pus, desire for cold drinks, profuse, and offensive.



**Past History:-** Leucorrhoea since 1 year Family

**History – mother –** hypothyroidism

**Treatment adopted –** Allopathic; Result – No relief

**Past History:-** No history of serious and autoimmune disease.

### Physical generals:-

- Diet : both (Vegetarian diet & non vegetarian)
- Desire: Sweets & Cold things
- Disagrees : Cabbage .
- Thirst: 2-3 litters/ day.
- Tongue: Clean
- Taste: No altered taste as mentioned by the patient. Salivation: Moderate as per patient.
- Perspiration: profuse.
- Stool : normal 2 time/day
- Urine : frequent in cold(watery 8-9 times in 24 hrs.) Bathing : Regularly.
- Dwelling place : Well ventilated house with proper sunlight Appetite : constipation
- Thermal : Chilly
- Skin : oily
- Sleep:- 8hrs/day, refreshing

**Mental generals:-** Company desire for, Weakness of memory Irritable.

### Examination :-

BP- 130/90mmhg

Pulse: 80beats/min Temperature: 99°F

Respiration: 16 beats/ min

Abdomen – blotting for constipation Local examination (Skin)

Inspection: - Border: Irregular, raised Colour: Hyperpigmented with erythematous at border

Weeping: Present after scratching

Crusting: Not present

Palpation: -



Tenderness: Not present

Surface texture: Rough

Associated signs: Nothing significant

Oedema: Mild oedema of the affected site

Elevation: At borders with reddish eruptions in circular fashion

MIND			
1 MIND - COMPANY - desire for			×
2 MIND - IRRITABILITY			×
3 MIND - MEMORY - weakness of memory			×
FACE			
4 FACE - ERUPTIONS - acne - pustular			×
5 FACE - ERUPTIONS - papular - Cheeks			×
6 FACE - PAIN - Cheeks - burning			×
MOUTH			
7 MOUTH - ODOR - offensive			×
FEMALE GENITALIA/SEX			
8 FEMALE GENITALIA/SEX - LEUKORRHEA - offensive			×
SKIN			
9 SKIN - IRRITATION			×
Remedies	ΣSym	ΣDeg	Symptoms
merc.	6	12	1, 2, 3, 4, 7, 8
sulph.	6	12	1, 2, 3, 6, 7, 8
caust.	6	11	1, 2, 3, 6, 7, 8
ph-ac.	6	11	1, 2, 3, 6, 7, 8

Prescription :- 02/03/25

Sulphur 30 BD for 1 day


Rubrum met 30 BD for 10 days

Follow up:-

1. Itching decreased, no new eruptions, 12/03/25 Rubrum met 30 BD for 10 days
2. No new eruptions, no increase in itching
3. Constipation relief, relax beforehand in frequent urination 22/03/25 Rubrum met 30 BD for 10 day
4. Itching reduced, eruptions reduced , mild discoloration are present.

Common Homeopathic Remedies for Acne vulgaris:-

1. **Hepar sulphuris calcareum:** For painful, pus-filled acne. Skin is very sensitive to touch and cold. Pimples may be slow to heal and prone to infection.
2. **Silicea (Silica):** For deep, hard pimples or cystic acne. Skin tends to scar easily. Useful when acne is stubborn and recurrent.
3. **Calcarea sulphurica:** For yellow, pus-filled pimples that are slow to heal. Helps drain and clear infections.
4. **Natrum muriaticum:** For acne in people with oily skin, especially along the hairline or forehead. Often used when acne worsens during stress or hormonal changes. Suited for introverted, emotionally sensitive individuals.
5. **Sulphur:** For red, itchy, inflamed acne that worsens with heat. Often used for individuals with poor hygiene habits or excessive sweating.
6. **Kali bromatum:** For severe acne with bluish-red pustules, especially on the face, chest, and shoulders.



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# Managing Homoeopathic Aggravation of Tinea Corporis with 50 Millesimal Potency: An Illustrative Case Report

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### Keywords

Homoeopathic aggravation, Modified Naranjo criteria, Tinea corporis, 50 millesimal potency.

### Abstract

Tinea corporis is a superficial fungal skin infection of the body caused by dermatophytes. Nowadays Tinea corporis is a very common problem in daily practice and it is very difficult to treat because it is highly contagious and there is a very high chance of re-infection.

In Homoeopathy after giving medicine there is a chance of Homoeopathic aggravation if the dose is large and specially skin cases if aggravation occurs it is very difficult to control. This study shows how Homoeopathic medicine in 50 millesimal potency gradually controls Homoeopathic aggravation along with improvement of the original disease.

In 50 millesimal potency not only we control the dose but also we can repeat the medicine very frequently. This case of Tinea corporis shows the efficacy of 50 millesimal potency in managing Homoeopathic aggravation.

### Introduction

Like other kinds of tinea, tinea corporis is a fungal infection of the body. It is a particular kind of dermatophytosis, often known as ringworm, that primarily affects the skin on the arms and legs, however it can affect any superficial area of the body.

Dermatophytosis can be caused by over 40 different species of fungi.[1] Usually they belong to the type of Trichophyton, Microsporum, or Epidermophyton.[1] Up to 20% of the world's population may be infected with dermatophytosis at any given time due to its global spread.[2]

### Types

There are various types of Tinea, which are named according to their locality-

- Tinea pedis (athlete's foot): fungal infection of the feet.
- Tinea unguium: fungal infection of the fingernails and toenails, and the nail bed.
- Tinea corporis: fungal infection of the arms, legs, and trunk.
- Tinea cruris (jock itch): fungal infection of the groin area.
- Tinea manuum: fungal infection of the hands and palm area.
- Tinea capitis: fungal infection of the scalp and hair.
- Tinea faciei (face fungus): fungal infection of the face.
- Tinea barbae: fungal infestation of facial hair.

### Signs and symptoms

It may have a variety of appearances; most easily identifiable are the enlarging raised red rings with a central area of clearing.[3]

The following are some typical characteristics of

tinea corporis:

- In the diseased area, itching happens.
- The rash's margin feels scaly to the touch and looks raised.
- The skin around the rash might occasionally be flaky and dry.
- Infection-affected areas will almost always experience hair loss.<sup>[4]</sup>

### Causes

Dermatophytes are microscopic fungi that cause tinea corporis. When given the chance, these microscopic organisms, which typically reside on the epidermis outermost layer, might cause an infection or rash.<sup>[5]</sup>

Additionally, the disease can spread from person to person, mainly by direct skin contact with an infected person.<sup>[3]</sup> Transmission from animal to human is also frequent. Pets (dogs and cats) are frequently affected by ringworm, a fungus that can be contracted through pet care or grooming. Horses, pigs, ferrets, and cows are among the numerous animals that can contract ringworm. Touching inanimate items such as combs, sports equipment, personal care items, bed linens, or hair brushes tainted by an infected individual can also spread the fungus.<sup>[3]</sup>

Those who are at a high risk of developing ringworm include:

- live in a crowded, humid environment.
- Sweat too much because it might create a moist, humid atmosphere that is ideal for the growth of harmful fungi. This is especially prevalent in the skin folds of the abdomen, groin and armpits.
- Engage in sports that require a lot of close contact, such as rugby, wrestling, or soccer.
- Wear clothing that is tight, constricting, and has inadequate ventilation.
- possess a compromised immune system.

### Diagnosis

A fungus may be detected by looking at superficial skin scrapes under a microscope. This is accomplished by using a diagnostic technique known as

the KOH test,<sup>[6]</sup> in which skin scrapings are put on a slide and submerged in a drop of potassium hydroxide solution to breakdown the keratin and reveal fungal components such hyphae, septate, or yeast cells. Skin scrapings are submitted for culture if the results are negative but a fungus is still suspected. It does take a few days for the culture results to turn positive because the fungus grows slowly.

### Case Summary

Patient information:

Name- Mr. x

Age- 60 years

Sex- Male

Religion- Hinduism

Visiting date- 16/05/24

Visiting place- NIH Kolkata

MRN no- 1124265

A male of aged 60 years old visited the OPD of NIH Kolkata on 16/05/24 with complaints of severe itching all over the body with ring-like patches. After proper clinical examination we diagnosed it was a case of tinea corporis.

### Present complaint

Severe itching all over the body

Duration- 6 months

Sensation- Burning

Modalities- < At night, Undressing > Scartching

Treatment- Allopathy but no relief

### History of present complaint

The patient presented with severe itching all over the body for the last 6 months with a burning sensation. The itching aggravated at night and undressing and ameliorated by scratching. Initially he was treated by allopathic treatment but no relief was there. The patient also had a history of tendency to easily catch cold.

### Past history

He suffered from typhoid fever at the age of 20 years and also from pneumonia at the age of 40 years. Previously he suffered from tinea which was treated by allopathic ointment. Now he is a known diabetic patient and takes allopathic medicine regularly. He also suffered from tuberculosis.

### Family history

Father- Paralysis due to cva  
Paternal grand father- Tuberculosis  
Mother- Hypertension

### Personal history

Occupation- Farmer  
Accommodation- Pakka house, ventilated with no dampness  
Marital status- Married  
Socio economic background- Poor  
Relation with family- Good  
Dietary habit- Irregular  
Number of children- 1 son and 1 daughter

### Physical Generals

Appetite- Good, can't tolerate hunger  
Desire- Sweet and also like warm food  
Aversion- Cold food  
Intolerance- Meat causes indigestion  
Thirst- 3-4 liters / day, drinks while eating  
Tongue- Moist, flabby, centrally cracked, posterior part white coated  
Stool- Constipated, 2 times/ day, hard and offensive  
Urine- Can't hold urine for long time and offensive  
Sweat- Profuse, stain on cloth and offensive  
Sleep- Sound  
Dream- Nothing particular  
Thermal relation- Hot Patient but aversion to bathing

### Mental Generals

The patient was mild and gentle, and had not

so much anger. He wanted to stay alone and his memory was good. He had a tremendous fear of dog.

### General examination

Built- Fair complexion, flabby and short height  
Anaemia- Mild  
Jaundice- Nil  
Cyanosis- Nil  
Clubbing- Nil  
Oedema- Nil  
Lymph node- Not palpable

### Provisional diagnosis

Tinea corporis  
ICD 11- 1F28.Y

### Analysis of symptoms

#### Mental generals

- The patient was mild and gentle.
- He wants to stay alone
- He had a tremendous fear of dogs.

#### Physical generals

- Appetite- Good and can't tolerate hunger
- Desire- Sweet
- Stool- Constipated, 2 times/ day, hard and offensive
- Urine- Frequent urging for urine and offensive
- Sweat- Profuse, stain on cloth and offensive
- Thermal relation- Hot Patient but aversion to bathing

#### Particulars

Severe itching all over the body for 6 months which was burning in sensation and itching aggravated at night and undressing and ameliorated by scratching.

### Evolution of symptoms

#### Mental generals

- Patient was mild and gentle
- He wants to stay alone
- He had tremendous fear of dog

## Physical generals

- Appetite- Good and can't tolerate hunger
- Desire- Sweet
- Stool- Constipated, 2 times/ day, hard and offensive
- Urine- Frequent urging for urine and offensive
- Sweat- Profuse, stain on cloth and offensive
- Thermal relation- Hot Patient but aversion to bathing

## Particulars

Severe itching all over the body for 6 months which was burning in sensation and itching aggravated at night and undressing and ameliorated by scratching

## Totality of symptoms

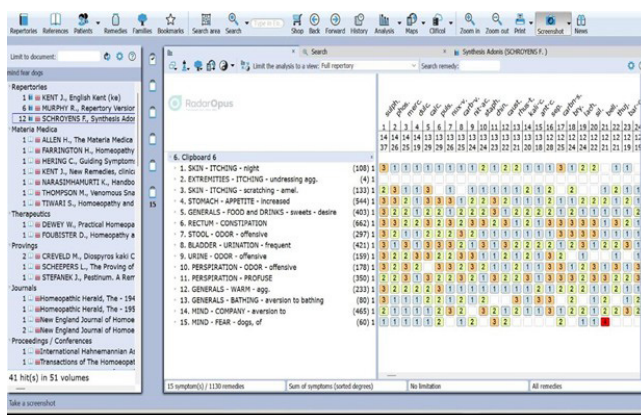
- Itching all over the body which < at night, undressing > scratching
- Appetite good and can't tolerate hunger
- Desire sweet
- Stool constipated and offensive
- Frequent urging for urine and offensive
- Sweat profuse and offensive
- Hot patient
- Aversion to bathing
- Wants to stay alone
- Fear of dog

## Miasmatic analysis

Symptoms	Miasmatic analysis
Itching all over the body which < at night, undressing > scratching	Psora
Appetite good and can't tolerate hunger	Psora
Desire sweet	Psora
Stool constipated and offensive	Psora
Frequent urging for urine and offensive	Sycosis
Sweat profuse and offensive	Psora

Aversion to bathing	Psora
Wants to stay alone	Sycosis
Fear of dog	Psora

## Repertorial Analysis





glasses) and by giving in alternating days and also in 50 millesimal potency we can repeat the

medicine frequently. That's why we gave Bacillinum in 50 millesimal potency.

### Follow up

Date	Symptoms	Justification of symptoms	Prescription
19/06/24	The whole tinea was aggravated and itching also severely increased.	Homoeopathic aggravation	Bacillinum 0/3, 16 doses. Ad × 16 days from 2nd cup
25/07/24	Tinea still aggravated and itching also increased	Homoeopathic aggravation continues	Bacillinum 0/4, 16 doses. Two days alternate × 16 days from 2nd cup
16/09/24	Tinea was now started to improving and itching also decreased	Homoeopathic aggravation stopped and improvement started	Bacillinum 0/5, 16 doses. Two days alternate × 16 days from 2nd cup
04/11/24	Tinea was much better and there was no itching present.	Improvement continues	Bacillinum 0/6, 16 doses. Two days alternate × 16 days from 2nd cup
24/12/24	Tinea was almost cured and itching also not present	Improvement continues	Rubrum 200/1 drachm, od × 1 month
30/01/25	No more tinea was present	Cured	Rubrum 200/1 drachm, od × 1 month

16/05/24 1st prescription was done



04/11/24 Homoeopathic aggravation stopped with gradual improvement



25/07/24 Severe Homoeopathic Aggravation occurred



30/01/25 Total cure of the patient



## Assessment by Modified Naranjo Criteria (MONARCH)

Domains	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-	-
3. Was there an initial aggravation of symptoms?	+1	0	-
4. Did the effect encompass more than the main symptom or conditions i.e. were other symptoms ultimately improved or changed?	+1	-	-
5. Did overall well-being improve?	+1	-	-
6(A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6(B) <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms:  - from organs of more importance to those of less importance  - from deeper to more superficial aspects of the individual  - from the top downwards	-	0	-
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement?	-	+1	-
9. Was the health improvement confirmed by any objective evidence?	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	0
Total Score= +10			

## Discussion

This case involved a 60 years old male with tinea corporis successfully treated with Bacillinum in 50 millesimal potency. In this case we started with Bacillinum 0/1 followed by Bacillinum 0/2 but after this 1<sup>st</sup> prescription there was severe Homoeopathic aggravation (All the tinea was severely increased along with itching also). Then we gave Bacillinum 0/3, Ad × 16 days from 2<sup>nd</sup> cup (Diluting the dose more) but aggravation still continued. Then we gave Bacillinum 0/4, two days alternate from 2<sup>nd</sup> cup, after this further Homoeopathic aggravation stopped and improvement started. Then we gave Bacillinum 0/5, two days alternate from 2<sup>nd</sup> cup, after this no more Homoeopathic aggravation occurred and improvement continues. Next we gave Bacillinum 0/6, two days alternate for 16 days, as a result improvement continued

and no more Homoeopathic aggravation happened. Next we gave placebo only because the tinea was totally cured after Bacillinum 0/6.

## CONCLUSION

Hahnemann himself was not satisfied about the unnecessary aggravation of centesimal potency that's why in sixth edition of organon of medicine (footnote of aphorism 246) he said that- "What I said in the fifth edition of the organon, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new altered but perfected method."<sup>7</sup>

Hahnemann himself mentioned in sixth edition of

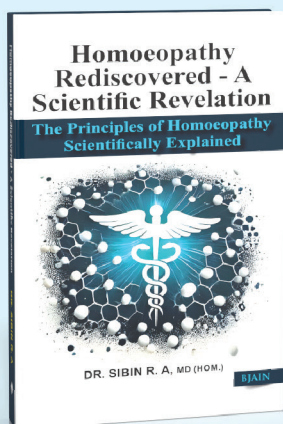
organon of medicine (footnote of aphorism 248) what to do in case of sensitive patients, he said that- "If he is unusually excited and sensitive, a teaspoon of this solution may be put in a second glass of water, thoroughly stirred and teaspoonful doses or more be given. There are patients of so great sensitiveness that a third or fourth glass, similarly prepared, may be necessary."<sup>7</sup>

So in case of homoeopathic aggravation in 50 millesimal potency we can easily control that by diluting the doses more, which is not possible in centesimal potency. We have to wait until the action of doses is exhausted, that leads to unnecessary sufferings of the patient.

This study shows the advantage of 50 millesimal potency over centesimal potency (managing homoeopathic aggravation by diluting the doses).

## REFERENCES

1. "Definition of Ringworm". CDC. December 6, 2015. Archived from the original on 5 September 2016. Retrieved 5 September 2016.
2. Mahmoud A. Ghannoum, John R. Perfect (24 November 2009). Antifungal Therapy. CRC Press. p. 258. ISBN 978-0-8493-8786-9. Archived from the original on 8 September 2017.
3. Likness, LP (June 2011). "Common dermatologic infections in athletes and return-to-play guidelines". The Journal of the American Osteopathic Association. 111 (6): 373–379. doi:10.7556/jaoa.2011.111.6.373. PMID 21771922.
4. Berman, Kevin (2008-10-03). "Tinea corporis - All Information". Multi Media Medical Encyclopedia. University of Maryland Medical Center. Archived from the original on 2012-12-30. Retrieved 2011-07-19.
5. Brannon, Heather (2010-03-08). "Ringworm - Tinea Corporis". About.com Dermatology. About.com. Archived from the original on 2016-01-24. Retrieved 2011-07-19.
6. MedlinePlus Encyclopedia: Skin lesion KOH exam.
7. Hahnemann S, Boericke's W, Dudgeon RE, Singh M, Singh S. First corrected, re-translated & redacted English edition of Organon of Medicine: 6th & 5th editions with an appendix & word meaning (of each aphorism): Aude Sapere. Kolkata, W.B.: Homoeopathic Publications; 2015.



## *Homoeopathy Rediscovered: A Scientific Revelation*

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- ⊙ Miasms, their combinations & Necessity of Modification in Degree of Dynamisation



## DR SIBIN R A

# Gentle Healing: A Homeopathic Approach to Chronic Anal Fistula - A Case Report

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## Keywords

Fistula in ano, Homeopathy, Individualization.

## Abstract

Fistula in ano is an abnormal connection between the anal canal and the perianal skin, typically resulting from an infection in an anal gland. It leads to the formation of a tunnel or tract that connects an internal opening within the anal canal to an external opening on the perianal skin. This condition is often associated with a history of an abscess in the region. The anal canal contains several small glands (the anal glands), located just below the surface of the mucosa. These glands are responsible for secreting mucus that helps lubricate the anal canal. In some cases, one of these glands becomes infected, leading to the formation of an abscess, a localized collection of pus. If the abscess fails to heal properly or is not adequately drained, it can develop into a fistula.

## Introduction

A fistula is essentially a tract that connects the infected anal gland with the skin surrounding the anus. The tract can vary in complexity, from a simple straight channel to more complicated ones that branch out. A common feature of fistulae in ano is their chronicity and tendency to relapse if not adequately treated. Fistulas in ano can be classified based on their relationship to the anal sphincter muscles:

- **Intersphincteric Fistula:**

The most common type, it lies between the

internal and external sphincter muscles. It typically involves a single tract and can often be treated successfully with a simple surgical procedure.

- **Transsphincteric Fistula:**

This type crosses through the external anal sphincter muscle and can be more complex to treat due to the involvement of the sphincter, which is essential for maintaining continence. Surgery must be carefully planned to avoid compromising the sphincter function.

- **Suprasphincteric Fistula:**

These fistulas extend above the sphincter muscles and may be more difficult to access surgically. They are less common but can present significant challenges for treatment.

- **Extrasphincteric Fistula:**

Rarely, fistulas may originate from outside the anal sphincter complex, typically due to conditions like Crohn's disease, tuberculosis, or malignancy. These are the most complex and often require advanced surgical intervention.

Fistula in ano typically presents with the following symptoms:

- **Perianal Discharge:**

Persistent discharge of pus, mucus, or blood from an external opening around the anus is one of the hallmark signs of a fistula.

- **Pain and Swelling:**

Pain, especially during bowel movements, is common. The surrounding area may also become swollen, tender, or inflamed.



- **Recurrent Abscesses:**

Individuals with a fistula often experience recurrent perianal abscesses that drain pus periodically. Abscesses can recur if the fistula remains untreated.

- **Itching or Irritation:**

The external opening of the fistula may cause itching and irritation, contributing to discomfort.

- **Fever:**

In cases of an active infection or abscess, fever may be present.

### Causes and Risk Factors

The primary cause of a fistula in ano is an infected anal gland that leads to the formation of an abscess. Other factors that may contribute include:

- **Anal Abscess:**

The most common precursor to fistula in ano is the formation of an anal abscess.

- **Crohn's Disease:**

Inflammatory bowel disease (IBD) like Crohn's disease is a significant risk factor for fistulas due to chronic inflammation of the bowel and surrounding tissues.

- **Tuberculosis:**

Although rare, tuberculosis can cause perianal fistulas.

- **Malignancy:**

In certain cases, anorectal cancers can lead to fistula formation.

- **Trauma or Injury:**

Anal trauma, surgery, or injury can predispose individuals to the development of fistulae.

- **Poor Hygiene or Inadequate Treatment of Infections:**

Inadequate or delayed treatment of abscesses can result in the formation of fistulas.

- **Immunocompromised States:**

Conditions like diabetes, HIV, or immunosuppressive therapy may increase the risk of infections leading to fistulas.

### Diagnosing fistula in ano typically involves a combination of the following:

- **Physical Examination:**

A digital rectal examination (DRE) is essential to assess the internal opening of the fistula, perianal skin condition, and any associated abscesses.

- **Anoscopy:**

In anoscopy, a small scope is used to examine the internal anal canal, helping to identify any tracts or abnormal openings.

- **Imaging:**

In more complex cases, imaging studies such as an MRI of the pelvis or fistulogram (a contrast-enhanced X-ray of the fistula) are used to map the fistula tract and identify the extent of the disease. These are particularly useful in cases of transsphincteric or suprasphincteric fistulas.

- **Endorectal Ultrasound:**

This imaging technique can provide detailed information on the location of the fistula and its relationship to the anal sphincters.

### If left untreated, fistula in ano can lead to several complications, including:

- **Chronic Infection:**

The fistula may remain infected, causing repeated abscesses or abscess formation.

- **Incontinence:**

Surgical procedures, especially those that involve cutting through sphincter muscles (like fistulotomy), can lead to incontinence or difficulty controlling bowel movements.

- **Recurrence:**

Fistulas have a high recurrence rate, particularly in individuals with complex or transsphincteric fistulas.

- **Sepsis:**

If the infection is severe, the bacteria can enter the bloodstream and cause sepsis, a life-threatening condition.

### Prognosis

The prognosis for fistula in ano varies depending on the type, severity, and location of the fistula, as well as the treatment method used. Simple fistulas typically have a good prognosis with appropriate surgical management, while complex fistulas may require more extensive treatment and have a higher risk of recurrence. Early diagnosis and treatment are essential to preventing complications and improving long-term outcomes.

### Case History:

A 38-year-old, male visited medicine OPD of RBTS homeopathic medical college and hospital, Muzaffarpur on 17/02/2025 registration no A08442/8443 with following complaint for two months.

### Chief Compliant:

Fistula in ano

Discharge of pus green yellow in character, offensive

Pain in anus with itching

Stool constipated with great straining

### Modalities:

Pain aggravates while siting, after stool.

Itching aggravates at night

### On Examination:

Fistula in ano with extensive ulceration tender to touch.

Discharge of pus.

### Physical generals:

RH/C: Chilly patient, easily catches cold on slightest exposure to cold air

Thirst: 2-3 lit/24-hour.

Desire: salty food, sour food, warm food.

Perspiration: increased and offensive.

**Build:** Tall, fatty with dusky complexion. Dark black hair

### Mental general:

Anxious about disease

Irritation due to pain

Obstinate

### Differential Diagnosis

**Table no. 1: SYMPTOM TOTALITY & REPERTORIAL TOTALITY**

Symptom Totality	Repertorial Totality
1. Obstinacy	MIND- Obstinate
2. Fistula in ano	Rectum- fistula- gland-Anal
3. Itching around the anus	Rectum- Itching-Anus around
4. Stitching pain around anus	Rectum-Pain-Stitching pain
5. Chilly Patient	GENERALITIES – HEAT – vital - lack of

### Repertorial Totality

Repertorisation of the case was done manually using The synthesis repertory.

**Table no. 2: REPERTORIAL CHART**

Remedies	Sum Symptom	Sum Degree	Symptoms Covered
Kali carbonicum	5	11	1,2,3,4,5
Silicea	5	10	1,2,3,4,5
Calcarea	4	11	1,3,4,5
Nitric acid	4	11	1,3,4,5
Causticum	4	10	1,3,4,5

### Remedy Selected:

**Table no. 3: Follow Up & Observations**

Date of Visit	Indication of Prescription	Medicine & Doses
17/02/2025	Fistula in ano, Discharge of pus green yellow in character, offensive Pain in anus with itching Pain aggravates while sitting, after stool. Itching aggravates at night Desire: salty food, sour food, warm food. Perspiration: increased and offensive. Tall, fatty with dusky complexion. Dark black hair Anxious about disease Irritation due to pain Obstinate	Silicea 200/ 4 doses 4 globules BD early morning/ 4 globules dissolve in half cup water and drink empty stomach Phytum 30/ 4 globules BD/ 7 days
25/02/2025	Pain in ano has decreased , itching ameliorated, discharge of pus have decreased. Healthy tissue have been formed. Constipation remains but less frequent	Phytum 30/ 4 globules BD/ 7 days
03/03/2025	No more episode of pain. Discharge of Pus has stopped. Itching ameliorated but sometimes appear Constipation still remains	Silicea 200/ 2 dose 4 globules dissolve in half cup water and drink empty stomach Phytum 30/ 4 globules BD/ 7 days
11/03/2025	No new symptoms appeared. Patient is feeling overall well.	Phytum 30/ 4 globules OD/ 15 days

## Discussion & Result

In this case, after thorough analysis, the totality was formed including which included Physical

Generals and intense particular symptoms such as Fistula in ano, Discharge of pus green yellow in character, offensive. Pain in anus with itching. Pain aggravates while sitting, after stool. Itching aggravates at night. The Selection of remedy was done using The Synthesis Repertory and repertorisation chart is shown in table no.2 repertorial results showed 'Kali carb' & 'Silicea' on top. The final selection of remedy was based on marked symptom consulting Materia Medica; hence Silicea 200C was prescribed. Repetition of dose was done according to Organon of Medicine, mentioned in aphorisms no. 246 and 248.

### Indication of Silicea tera <sup>[5,6,7]</sup>

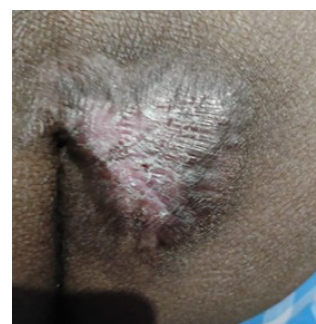
Imperfect assimilation and consequent defective nutrition. diseases of bone caries necrosis. suppurative processes. it is related to all fistulous burrowing's, ripens the abscess since it promotes suppuration . Silica patients are chilly, hug the fire, and desire warm clothing. Chilly patients. feces remains for a long time in rectum . fissures and haemorrhoids , painful , with spasms of the

sphincters.

### Before Treatment (Date: 17/02/2025)



### After Treatment (Date: 11/03/2025)



## CONCLUSION

This case report highlights the effectiveness of

homeopathy in fistula in ano, where silicea 200 was selected as an individualized remedy, leading to clear positive outcomes. Fistula in ano is a common and sometimes debilitating condition that can significantly affect quality of life if left untreated. Though it can be a challenging condition to manage, advances in surgical techniques offer high success rates, particularly with early intervention. People who develop fistulae, especially those with underlying conditions like Crohn's disease, should seek timely medical advice to prevent complications and ensure proper management. The findings from this case are expected to encourage and inspire confidence in young homeopaths to treat conditions using individualized homeopathic medicines.

### Acknowledgement

I gratefully acknowledge the active participation and cooperation of the patient's guardian throughout the course of treatment, which significantly

contributed to the successful management of the case. I would like to express my heartfelt gratitude

to my Institution, RBTS homeopathic medical college and hospital.

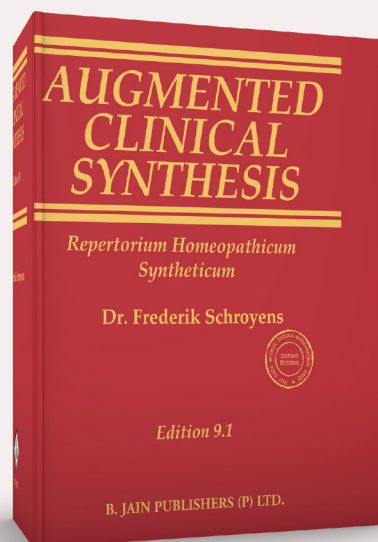
### Declaration of patient's consent

I hereby acknowledge the patient's guardian's informed consent to publish this case report, which includes a detailed account of their medical history, diagnosis, treatment, and outcome.

**Conflicts of interest:** None declared.

### REFERENCES

1. Harrison internal medicine, 20<sup>th</sup> edition, Mc Graw Hill Education; January 2018
2. Mathew K.G. Aggarwal p. Medicine; prep manual for undergraduate 6<sup>th</sup> edition, Elsevier publication 2007
3. Jameson jl, fauci as, kasper dl, hauser sl, longo dl, loscalzo j. Harrison's manual of medicine. 20<sup>th</sup> edition. Mc. Graw hill education 2020.
4. ICD-11 version:02/2022 [Internet]. <http://icd.who.int/browse/11/2022>
5. Clarke J.H. a dictionary of practical materia medica, 1st edition vol. II ; P- 61.
6. Boericke william. Boericke's new manual of homoeopathic materia medica with repertory, 3rd revised and augmented edition, based on ninth edition; new delhi, b. Jain publishers (p) ltd; 2007, P- 1019.
7. Just you Think, Dr Sunirmal Sarkar, Homoeopathic Medical Publishers, 1st edition 2019, P- 549



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# Augmented Clinical Synthesis



*Frederik Schroyens*

- ✓ Four new concept chapters have been added to find physical, mental, pediatric and latent psora symptoms.
- ✓ New families Repertory 2.1 is added which is another source of information, working in the background.
- ✓ Kent's arrangement of rubrics has been followed throughout.





# Homoeopathy for Female Infertility and Antenatal Care- A Case Report

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## Keywords

Infertility, Miscarriage, Uterine Fibroid, Antenatal Care, Homoeopathy

## Abstract

Homoeopathy offers a valuable result in cases of female infertility. Here this case report of OPD case of State KGK homoeopathic medical college & hospital, Moradabad, UP; showing a female patient, aged 25 yrs married for 6 years had complain of uterine fibroid with history of 2 miscarriages, was successfully treated for infertility and even after conceiving, the patient has trusted the homoeopathic treatment during the pregnancy till the birth of her healthy baby as a part of the antenatal care. This shows that with homoeopathy, a treatment of infertility as well as the antenatal care is possible if proper, well indicated remedy given on the basis of symptom similarity. Thus, homoeopathy can definitely help female to go through the beautiful phase of pregnancy.

## Introduction

**Infertility:** "According to the World Health Organization (WHO), infertility is a condition characterized by the inability to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse."<sup>9</sup>

According to the WHO (2024), "one in six individuals experiences infertility globally."

Infertility can be primary or secondary:

- Primary infertility denotes those patients who have never conceived.
- Secondary infertility indicates previous pregnancy but failure to conceive subsequently

Hiralal Konar and DC Dutta (2013) in the textbook of Gynaecology extensively outline the **Causes of infertility**,

Causes of female infertility are as follows:

- Ovarian factors: The ovulatory dysfunctions
  - Anovulation or oligo-ovulation Decreased ovarian reserve
  - Luteal phase defect (LPD)
  - Luteinized unruptured follicle (LUF).
- Tubal (obstruction of the tubes)
- Uterine factors: uterine hypoplasia, inadequate secretory endometrium, fibroid uterus, endometritis (tubercular in particular), uterine synechiae or congenital malformation of uterus.
- Cervical factors:

- Anatomic: congenital elongation of the cervix, second degree uterine prolapse and acute retroverted uterus.
- Physiologic: fault in the composition of the cervical mucus, so much that the spermatozoa fail to penetrate the mucus. Scanty mucus following amputation, conization or deep cauterization of the cervix. The abnormal constituents include excessive, viscous or purulent discharge as in chronic cervicitis. Presence of antisperm or sperm immobilizing antibodies (immunological factor)
- Vaginal factors:
  - Atresia of vagina (partial or complete), transverse vaginal septum, septate vagina, or narrow introitus
  - Vaginitis and purulent discharge (pregnancy too often occurs in presence of vaginitis, specific, or nonspecific)
  - Dyspareunia
- General factors:
  - Advanced age of the wife beyond 35 years
  - Infrequent intercourse, lack of knowledge of coital technique and timing of coitus to utilize the fertile period
  - Anxiety and apprehension.
  - Use of lubricants during intercourse, which may be spermicidal.

### Antenatal Care

**Definition:** “Systematic supervision of a woman during pregnancy called antenatal (prenatal care)”.

**Objective:** To ensure a normal pregnancy with delivery of a healthy baby from a healthy mother.

**Criteria of a normal pregnancy are:** Delivery of a single baby in good condition at term (between 38 and 42 weeks), with foetal weight of 2.5. kg or more and with no maternal complication.

### Minor ailments in pregnancy:

- Nausea and vomiting (morning sickness)
- Backache
- Constipation
- Leg cramps
- Acidity and heartburn
- Varicose veins
- Hemorrhoids
- Carpal tunnel syndrome (10%)
- Round ligament pain
- Ptyalism
- Syncope
- Ankle edema
- Vaginal discharge

### Case Report-

NAME OF THE PATIENT- Mrs. xyz

AGE-25 Years

SEX- Female

MARITAL STATUS- Married for 6 years

Date of first visit - 27th Feb 2024

### Present Complaints-

C/O- Pain in lower extremities, as if broken since long

Pain in upper back, between scapula since long

Recurrent Cramping pain in lower abdomen with involuntary stool since last 1 year

Married for 6 years but not able to carry a full-term healthy pregnancy (h/o- 2 miscarriage at 2 months and 3 weeks of pregnancy)

**Menstrual History-** LMP- 5/2/24, irregular menses, Heavy bleeding, lasting for 6 days

**Obstetric History-** G2P0A2, Married for 6 years and she has no child.

**Past History-** 2 Miscarriages

**Family History-** She has 5 brothers and 2 sisters and her parents. All are keeping good health.

### Personal History-

- APPETITE-Decreased
- THIRST- Thirsty
- BOWELS- Irregular
- DESIRE- Spicy food, oily food, Non- veg

- AVERSION- Banana
- SLEEP- Alert sleep
- THERMALS- Hot patient
- MENTALS – Answers abruptly, feels prostrated in morning, dullness whenever she is alone at home, very anxious because she is not able to conceive

### General Physical Examination-

- APPEARANCE OF THE PATIENT- Dull complexion, Dark colour appearance, lean, Dark hair
- WEIGHT- 41kg
- TEMPERATURE- afebrile
- PULSE RATE- 74 beats/min
- RESPIRATORY RATE- 20 breaths/min
- BP- 124/82 mmHg

### Gynaecological Examination-

P/S= Not Significant

P/V= Not Significant

Investigations – RBS- 228 mg/dl

### Case Processing:

#### Symptom totality:

1. Pain in lower extremities, as if broken since long
2. Pain in upper back, between scapula since long
3. Recurrent Cramping pain in lower abdomen with involuntary stool since last 1 year
4. Irregular menses, Heavy bleeding, lasting for 6 days
5. Decreased appetite
6. Thirsty
7. Irregular bowels
8. Desire for Spicy food, oily food, Non- veg
9. Banana to banana
10. Hot patient
11. Answers abruptly
12. Feels prostrated in morning
13. Dullness whenever she is alone at home,
14. very anxious because she is not able to conceive

**Diagnosis of disease (Nosological) :** Secondary infertility + menorrhagia

**Diagnosis of disease according to Homoeopathy:** Chronic Fully developed miasmatic disease

**Miasmatic diagnosis:** Psora+ Syphilis

#### Totality of symptoms:

1. Answers abruptly
2. Feels prostrated in morning
3. Dullness whenever she is alone at home,
4. very anxious because she is not able to conceive
5. Irregular menses, Heavy bleeding, lasting for 6 days
6. Decreased appetite
7. Thirsty
8. Irregular bowels
9. Desire for Spicy food, oily food, Non- veg
10. Banana to banana
11. Hot patient
12. Pain in lower extremities, as if broken
13. Pain in upper back, between scapula
14. Recurrent Cramping pain in lower abdomen with involuntary stool

#### Selection of medicine by repertorial approach:

1 MIND - ANSWERING - abruptly	⊗		
2 MIND - DULLNESS - alone, when	⊗		
3 MIND - PROSTRATION of mind - morning	⊗		
ABDOMEN			
4 ABDOMEN - PAIN - Hypogastrium - cramping	⊗		
RECTUM			
5 RECTUM - INVOLUNTARY stool	⊗		
BACK			
6 BACK - PAIN - Dorsal region - Scapulae - Between	⊗		
EXTREMITIES			
7 EXTREMITIES - PAIN - Lower limbs - broken; as if	⊗		
Remedies	ΣSym	ΣDeg	Symptoms
ph-ac.	6	10	1, 2, 3, 5, 6, 7
sulph.	5	11	1, 4, 5, 6, 7
ars.	5	9	1, 4, 5, 6, 7

#### Prescription:

Rx - Phosphoricum Acidum 200 BD X 3days

Sac lac 200 BD x 7days

## FOLLOW UP –

Sr.no.	Date	Follow up	Prescription
1	5/03/24	Patient got better in pain in the back	Phosphoricum acidum 200 OD x 7days
2	12/03/24	Patient got pregnant UPT Positive	Sulphur 1M (Stat dose) Sac lac 200 BD x7days
3	19/03/24	First ANC- Pain in lower abdomen RBS- 228 mg/dl	Colocynthis 200 BD Magnesium phosphoricum 200 TDS
4	02/04/24	In First Trimester Morning Sickness (Nausea and Vomiting) FBS- 150 mg/dl, PP2BS- 221 mg/dl	Ipecacuanha 200 BD
5	29/05/24	Pain in lower abdomen and frequent urination and nausea.	Phosphoricum acidum 200 OD x15 days Ferrum phosphoricum 200 BD weekly (As to prevent Iron deficiency in both mothers and foetus.
6	06/08/24	Pain in lower back Desire sour things USG LOWER ABDOMEN-14/6/2024 Findings are suggestive of single live fetus of about 17 weeks +- 2 weeks of gestation USG LOWER ABDOMEN-25/7/2024 Findings are suggestive of single live fetus of about 22 weeks +- 2 weeks of gestation	Medorrhinum 1M (Stat dose) Kali phos 30 HS
7	16/10/24	Aching pain in back and bones of extremities weakness constipation USG LOWER ABDOMEN-15/10/2024 Findings are suggestive of single live fetus of about 32 weeks +- 2 weeks of gestation	Eupatorium perfoliatum 200 BD x3days
8	23/10/24	loose motions	Aloe socotrina 200 every hour x 4 drops
9	2/1/2025	Delivered a healthy baby on 23/11/2024	Advice to follow up if required.

## CONCLUSION

This case report shows that, an Integration of constitutional medicine and acute management offers a well rounded solution to treating infertility by combining long term, root cause focused therapies with targeted, symptom specific interventions. This dual approach leverages the strength of holistic medicine , which seeks to balance the body and mind and acute management which addresses immediate challenges that may arise during treatment. Patient benefit from personalised care plans that not only aim to improve fertility outcomes but also promote comprehensive

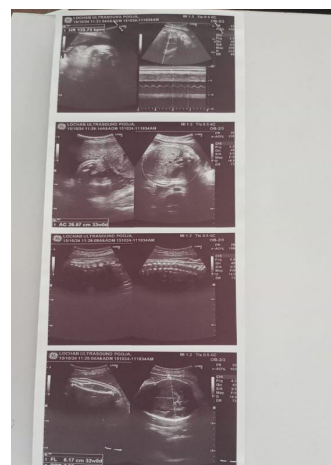
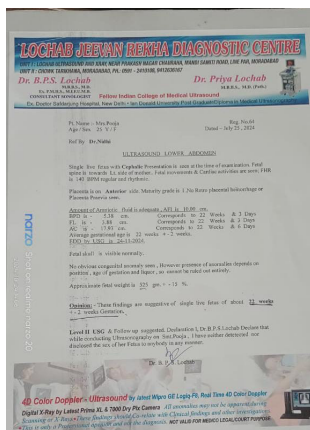
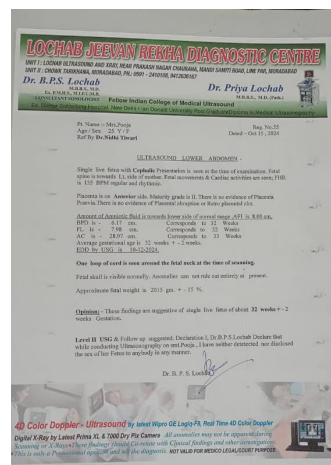
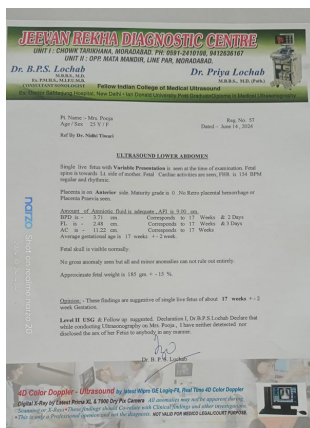
antenatal care for well being of pregnant mother and foetus both.

## Bibliography

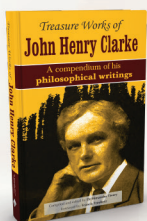
1. Konar, H., & Dutta, D.C. (2013). *Textbook of Gynaecology* (6th ed.). New Central Book Agency.
2. World Health Organization. (2024). Infertility: Key facts. Retrieved from <https://www.who.int>
3. Hahnemann, S., & Boericke, W. (2016). *Organon of medicine* (6th ed.). New Delhi: B. Jain.



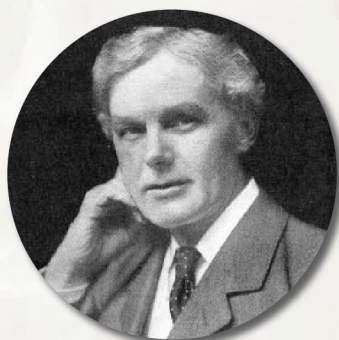
## 4. Dr. Frederik schroyens, The Synthesis app (2009 v.2.1.8). zeus soft sprl.



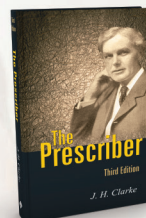
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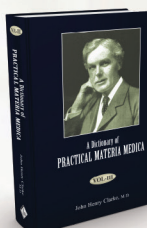
Treasure Works of  
**J. H. CLARKE**  
A Compendium of his  
Philosophical Writings



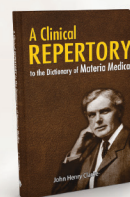
**DR J. H. CLARKE**



The  
**Prescriber**



A Dictionary of  
**PRACTICAL  
MATERIA MEDICA**



A Clinical  
**REPERTORY**  
to the Dictionary of  
Materia Medica

# A New Approach to Repertorization leveraging Artificial Intelligence: Materialization or Materiomics

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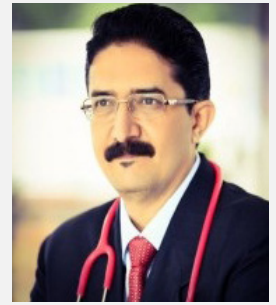
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## Abstract

The paper discusses the limitations of traditional repertorization techniques and proposes a new approach, Materialization or Materiomics, which leverages AI and advanced computing technologies for more efficient and accurate repertorization.

## Introduction

The advent of homeopathic repertories was a pivotal development in the pre-computer era, designed to aid practitioners in navigating the vast Materia Medica through indexing of symptoms. These repertories established due to the burgeoning pool of symptoms of Materia Medica to address the human limitations in recalling and correlating vast symptomatic data of Materia Medica for clinical application. Historically, Samuel Hahnemann himself recognized the necessity of such tools to efficiently pinpoint accurate remedies amidst a growing list of drug provings. However, the utility of these repertories was constrained and came under the criticism of the master, by their format—either too concise to be thorough or too detailed to be practical—thus leaving them as mere providers of "vague hints" and not definitive solutions.

With the rise of AI (artificial intelligence) and advanced computing, the landscape of homeopathic practice is poised for transformation. AI Large Language Models (LLMs) and other advanced

computing technologies offer a profound leap over traditional methods of repertorization. These models can process extensive texts rapidly, providing precise and semantic search capabilities directly within the texts of Materia Medica without the intermediary step of repertorization, instead of traditional cumbersome and outdated search techniques. This capability significantly reduces the time and complexity involved in selecting the most appropriate homeopathic medicine.

For homeopathic practitioners, the integration of AI tools means an alleviation of the tedious processes traditionally involved in remedy selection. AI can quickly analyze the symptomatology and context provided by patients, directly correlating these with relevant remedy profiles from the Materia Medica. This not only speeds up the consultation process but also enhances the accuracy of prescriptions by handling a broader set of data points simultaneously.

## Limitations of Traditional Repertorization

Traditional repertorization, the process of finding a suitable homeopathic remedy based on the symptoms of a patient, has several limitations. The process involves converting symptoms into rubrics (standardized symptom descriptions) and then searching for these rubrics in a repertory, an index of symptoms and corresponding remedies. This process can be time-consuming and may not always yield the most accurate results.

Furthermore, the alphabetical arrangement of symptoms in a repertory everything is sacrificed for the alphabetical system, leading to the loss of the whole context.

### **Materiazation: A New Approach to Repertorization**

Materiazation or Materiomics is a new approach to repertorization proposed by Dr. Nambison. This approach involves repertorization directly from *Materia Medica*, the comprehensive directory of homeopathic remedies, without the need for converting symptoms into rubrics. This approach allows for a more holistic consideration of the patient's symptoms and avoids the loss of context associated with traditional repertorization.

### **Application of AI in Homeopathic Science**

AI, specifically LLMs and advanced computing, can be effectively used for more than just text retrieval in homeopathic science. LLMs can understand natural language, consider the context of the search to give more relevant results, figure out the intent behind a search query, differentiate between multiple meanings of a word or phrase, handle and answer complex questions effectively, and provide human-like responses. These capabilities make LLMs particularly useful for repertorization.

### **HomeoXpert: A Specialized AI for retrieving homeopathic knowledge**

HomeoXpert, developed by Dr. Nambison and nambison, is a specialized version of ChatGPT that provides information on homeopathy based on specific texts from renowned homeopathic authors. HomeoXpert can provide more accurate and contextually relevant answers, handle queries on topics it was not specifically trained on by leveraging the retrieval mechanism to access up-to-date or specialized information, and scale

### **Hahnemann's Contribution to the Development of the Homeopathic Repertory**

The concept of the Homeopathic Repertory, derived from the Latin term 'repertorium' meaning an inventory. As early as 1805, Hahnemann's

book, 'Fragmenta De Viribus Medica Mentorium Positivis', contained an index in its second part. In addition, he published another short repertory, the 'Aperture Repertory Symptom Dictionary', in 1817 in Latin. Dr. Richard Hael wrote about Hahnemann's passion for the repertory, further highlighting his significant contributions to this field. This was a period when Hahnemann began the process of cataloguing all the symptoms collected from an increasing number of provings he was conducting at the time.

Over time, Hahnemann's alphabetical list of symptoms expanded to four volumes. However, these volumes were never published. It was Hahnemann who first recognized the necessity for an index to recall the symptoms from the ever-growing proving's data.

Several masters, including Dr. Jahr and Ruckert, attempted to create such an index, but none were able to meet the standards set by Dr. Hahnemann.

### **The Necessity for a Repertory in Homeopathy**

The need for a repertory in homeopathy was driven by several factors. One of the primary reasons was the response to the rapidly expanding knowledge in *Materia Medica*. The growth in this field made it increasingly challenging to manually select appropriate remedies.

Hahnemann's insight into the limitations of human memory in retaining vast amounts of information also played a significant role. He recognized the need for a systematic indexing system to manage the extensive data.

Another challenge was addressing similars. Hahnemann grappled with the question of how to effectively identify the most suitable remedy, or similimum, from a multitude of similar options.

Finally, the need for efficient retrieval of information was a crucial factor. Hahnemann acknowledged the difficulty in recalling all symptoms and the necessity for a tool to aid in quickly retrieving relevant information.

### **Hahnemann's Cautions in Homeopathic Practice**

In the book 'Hahnemann's Cautions' by Guy E.



Manning, M.D., San Francisco, California, several important points are highlighted regarding the practice of homeopathy.

Firstly, the importance of precision is emphasized. Homeopathic practitioners are urged to be exact, tireless, earnest, and diligent in their search for the appropriate remedy. This approach discourages guessing and settling for superficial symptom matching.

Secondly, Hahnemann criticized the limitations of repertories. He argued that they provide only "vague hints" rather than detailed guidance. This suggests that their usefulness is limited unless they are very detailed, which then makes them cumbersome and difficult to use.

### Hahnemann's Directive for Prescribing

Hahnemann provided a directive for prescribing remedies. The ideal approach involves carefully selecting remedies that holistically consider the patient's mind, body, and soul. This ensures that the chosen remedy closely matches the symptoms, which counters lazy practices and leads to better outcomes.

### Kent's Perspective on the Use of Repertory and Materia Medica

According to J.T. Kent, a remedy that has been correctly worked out from the repertory should, when looked up in the Materia Medica, be perceived to agree with and fit the patient, his symptoms, his parts, and his modalities. He further stated that it is quite possible for a remedy not having the highest marking in the anamnesis to be the most similar in image, as seen in the Materia Medica.

Kent emphasized the role of the artistic prescriber, who sees much in the proving that cannot be retained in the Repertory, where everything is sacrificed for the alphabetical system. The artistic prescriber must study Materia Medica long and earnestly to enable him to fix in his mind sick images, which, when needed, will infill the sick personalities of human beings.

Furthermore, Kent pointed out that provings (MM) cannot be retained in the Repertory and

that in the Repertory, everything is sacrificed for the alphabetical system, leading to the loss of the whole context. Therefore, the prescriber must study Materia Medica long and earnestly.

For instance, upon examining the longest rubric in Kent's repertory, one may find that it lacks coherence. It is more beneficial to refer to the symptom in the Materia Medica for a comprehensive understanding. The process of creating the repertory and rubric often results in the loss of the entire context, thereby reducing its comprehensibility.

- Chapter – COUGH
- Rubric – LYING aggravation face, great rattling of mucus, which appears to be low down in chest, while cough does not seem to reach there, only to throat-pit, consequently hard cough does not reach phlegm unless he lie on his face when he brings up a greenish-yellow or a pale greenish- yellow gelatinous mucus without taste (313 alphabets)

### Exercise

**To understand the shortcomings as asserted by the stalwarts. Let us try to understand how to build a Repertory from scratch?**

(More than a doctor, it needs a language expert to write a repertory)

1. Symptoms in the provings/materia
2. Collect them/break them into smaller
3. Convert into Rubrics (Repertorial language)
4. Chunks

**Now let us try to build a rubric by converting a symptom of Allen's Keynote MM from symptom to rubric.**

1. **Symptom:** Before stool: rumbling, violent sudden urging; heaviness in rectum; during stool, tenesmus and much flatus; after stool faintness. - *Aloe Socotrina*

**When converted to Rubric it becomes:**

- Stool, before, rumbling - *Aloe Socotrina*



- Stool, before, urging, sudden, violent - *Aloe Socotrina*
- Stool, before, rectum heaviness - *Aloe Socotrina*
- Stool, during, tenesmus, - *Aloe Socotrina*
- Stool, during, flatus, much - *Aloe Socotrina*
- Stool, after, faintness - *Aloe Socotrina*

### 2. Another example from Allen's Keynote MM:

- **Symptom:** Cannot go to sleep because she cannot get herself together; head or body feels scattered about the bed; tosses about to get the pieces together; thought she was three persons, could not keep them covered (Petr.). - *Baptisia*

### When converted to Rubric it becomes:

- Mind; delusions, imaginations; body, body parts; scattered about bed, tosses about to get the pieces together; tossing about bed to collect pieces - *Baptisia*

### Exercise

Now try to Search for **common missing symptoms and drugs in repertory:**

- Cough as from smoke
- Pain Mcburney
- Traumatic neuritis
- Painter colic
- Lack of Interest
- Beginning coryza (NV & Quillaya Saponaria- begining of coryza, frequently checking its further development.)

You won't find them in the repertory. For finding them in the repertory you will have to undertake the whole exercise of converting the patient symptom into relevant rubric, it depends on the luck and the language capabilities of the physician to reach for such symptoms in the Repertory. Why take so much pain and still have too low a probability of reaching the similimum.

**Thus, the question arises: Why should we use the Repertory?**

**Repertory was Good:** For pre computer era

**Repertory is Good:** Repertory is Good in one aspect that is Gradation of remedy according to clinical verification. But, this too can always be done for Materia Medica too.

### What is the Solution?

- **Hahnemann emphasized the necessity for a tool to aid in quickly retrieving relevant information.**
- **Kent pointed out that in the Repertory, everything is sacrificed for the alphabetical system, leading to the loss of the whole context.**

Consequently, there is a need to develop an efficient retrieval tool, such as software, and to avoid indexation methods like alphabetical arrangement and chunking that sacrifice comprehensive understanding.

### Advocating for a New Paradigm: Materiazation or Materiomics

There is a compelling case for a new paradigm in homeopathy, which can be referred to as Materiazation or Materiomics. This approach involves listing symptoms as they are presented in the Materia Medica, without converting them into rubrics, and then proceeding with gradation.

By making symptom analysis more intuitive and intelligent, semantic AI tools act as valuable assistants to homeopaths, enhancing decision-making without replacing the art of individualization.

The new concept of Semantic search, with the help of AI (artificial intelligence) and advanced computing technologies, offers a powerful tool to enhance remedy selection of remedies, how we retrieve and interpret complex information from Materia Medica.

### 1. Understanding Intent Beyond Keywords:

Traditional keyword searches often miss relevant remedies if exact terms aren't used. Semantic search, powered by AI, understands the *meaning* behind the query, matching

symptoms even if worded differently (e.g., “fear of death” vs. “dread of dying”).

2. **Contextual Symptom Matching:** AI can interpret the context of a patient’s symptoms—physical, mental, emotional—and correlate them with remedies in a more human-like, accurate manner. This can mimic the approach of expert homeopaths who can read between the lines.
3. **Enhanced Remedy Differentiation:** AI can compare similar remedies by analyzing their subtle distinctions across multiple *Materia Medica* texts. For instance, it might help distinguish between **Aconite** and **Arsenicum Album** in acute anxiety by examining emotional tone, modalities, and associated physical complaints.
4. **Faster, More Precise Repertorization:** AI-driven semantic search can rapidly scan repertories and case notes to suggest possible rubrics and remedies that align closely with the case, thereby saving time and reducing oversight.
5. **Cross-Referencing Multiple Sources:** AI can intelligently cross-link data from Hahnemann, Kent, Clarke, and others—bringing forth remedies that may be underutilized yet perfectly suited based on totality of symptoms.
6. **Case Pattern Recognition:** With machine learning, AI can learn from large volumes of past cases to identify patterns and suggest likely remedies based on successful outcomes in similar situations.

AI plays a transformative role in calculating a **similarity detection score** between patient’s symptoms and those recorded in the *Materia Medica*, thereby assisting in selecting the most suitable homeopathic remedy with greater precision and objectivity.

1. **Symptom Vectorization:** AI algorithms convert both the patient’s symptom narrative and *Materia Medica* symptom descriptions into mathematical representations known as vectors. This includes not just physical symptoms, but emotional and mental aspects, modalities, and concomitants etc.

2. **Similarity Scoring:** AI then computes a **similarity score**—typically between 0 and 1—for each remedy, representing how closely the remedy’s known picture (from sources like Kent, Hahnemann, Allen) matches the patient’s totality of symptoms. A higher score indicates a stronger match.
3. **Weighting and Prioritization:** The system can assign weights to different types of symptoms based on homeopathic principles—e.g., mental/emotional symptoms carry more weight than local physical symptoms, following **Hahnemann’s** guidelines on totality.
4. **Dynamic Comparison Across Authors:** It can synthesize and compare symptom expressions across multiple authors like **Boericke**, **Clarke**, and **Hering**, allowing a more complete picture of the remedy to emerge.
5. **Visual Analytics:** Finally, AI can present the results in user-friendly dashboards showing the top 5–10 remedies, their similarity scores, and matching rubrics—serving as a guide, not a replacement, for the homeopath’s final judgment.

In this way, AI helps quantify the qualitative process of individualization, aligning beautifully with Hahnemann’s vision of *matching the remedy to the totality of symptoms*.

This method offers several advantages over traditional repertorization. Firstly, it preserves the original context and detail of the symptoms, which can be lost when they are converted into rubrics. This ensures that practitioners have access to the full range of information about each symptom, enhancing their ability to select the most appropriate remedy.

Secondly, this format is highly conducive to training artificial intelligence (AI) and machine learning (ML) models. AI and ML have the potential to revolutionize homeopathy by automating and enhancing various aspects of practice, including symptom analysis and remedy selection. However, the effectiveness of these technologies is heavily dependent on the quality of the training data they are provided with.

By preserving the original, detailed symptom

descriptions from the Materia Medica, the Materiazation approach provides rich, high-quality data that can be used to train more accurate and effective AI and ML models. This could lead to significant improvements in the accuracy and efficiency of homeopathic practice, ultimately leading to better patient outcomes.

Therefore, the adoption of the Materiazation or Materiomics paradigm could represent a significant step forward for the field of homeopathy.

### Advantages of Materiazation or Materiomics:

- Repertorization directly from Materia Medica.
- No more sacrificing of Totality of symptom.
- No more repertorizing and then the herculean task of cross verification in Materia Medica.
- Symptoms (Rubrics) arranged in readable language for effective Materiazation or Materiomics (aka- repertorization).
- Most things in this technique remains the same only the book changes from Repertory (Kent, BBCR,...etc) to Materiomics.

### Simple yet powerful Materiazation or Materiomics technique:

1. Patient presents symptoms
2. Listen and write it down
3. Search in MM
4. Match patient symptom picture with Medicine

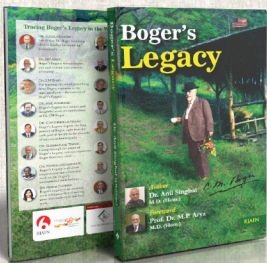
symptom picture

### 5. Prescribe

Repertorization	Materiomics (Materiazation)
1. Case Taking	1. Case Taking
2. Analysis of Case/Symptoms	2. Analyse for Totality Of Symptoms
3. Evaluation of Symptoms	<b>3. Materiomics</b>
4. Totality of Symptoms/Synthesis of Case	4. Go To Materia Medica And Check If The Remedy Is Really A Totality?
5. Selection of Repertory according to the case	5. Then Prescribe
<b>6. Repertorize</b>	
7. Repertorial Analysis	
8. Remedy Selection	
9. Go To Materia Medica And Check If The Remedy Is Really A Totality?	
10. Then Prescribe	


## CONCLUSION


The advent of AI and advanced computing technologies in homeopathic medicine is paving the way for a future where traditional repertorization may become obsolete. By enhancing the efficiency, accuracy, and objectivity of the remedy selection process, AI will not only help in streamlining homeopathic practices but also enhancing the overall efficacy of treatments. As this technology continues to evolve, its integration into homeopathic science heralds a new era of precision and effectiveness, making personalized homeopathic treatment more accessible and impactful for patients.



# Boger's Legacy

ISBN:-9788131966525





*"Instinctive wishes for perfection keep one to dive into the treasure of natures among universal surrounding. Developing conscientiousness about the minute details makes one an acute observer who keeps on acquiring every detail and keep on updating himself. Dr. Cyrus Maxwell Boger put himself into the arena of homoeopathy with initial influence of his educationist father and later on big impact coming from Dr. Boenninghausen...."*

*Reviewed by*  
**Dr M K Sahani**  
 (Author & Teacher)  
Former Chairman of the Education Committee,  
 Central Council of Homeopathy, Gov. of India.



# Symptom Sleuthing: How Clinical Repertories Sharpen Homoeopathic Practice

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## Keywords

Clinical repertory, Homoeopathic philosophy, Repertorisation, Symptom analysis, Kent Repertory, Boenninghausen, Hahnemann, Materia medica, Bayesian analysis, Artificial intelligence in homoeopathy

## Abstract

The clinical repertory in homoeopathy serves as a vital bridge between patient individuality and remedy selection. Evolving from handwritten indexes to advanced software systems, clinical repertories have revolutionized the practice of homoeopathy by offering structured and reproducible pathways to identify the similimum. This article explores the historical evolution, structural anatomy, and workflow of clinical repertorisation, highlighting its role in enhancing precision, reducing bias, and supporting evidence-based homoeopathic prescribing. Through detailed case examples and philosophical insights from masters such as Hahnemann, Boenninghausen, and Kent, it emphasizes the enduring relevance of clinical repertories in a modern, digital practice landscape. Furthermore, the paper reflects on the growing integration of artificial intelligence and big data in repertory tools, suggesting future directions while reaffirming the primacy of individualized patient understanding in homoeopathy.

## Abbreviations

EMR (Electronic Medical Record), RCT (Randomized Controlled Trial), AI (Artificial Intelligence), SRP (Strange, Rare, Peculiar symptoms), §Section(as referenced in Organon of Medicine),

Rx (Prescription), M.M. (Materia Medica).

## Introduction

### Why Repertories Still Matter

Ever since Samuel Hahnemann began grouping remedy “proving” into tables of concordance, homoeopaths have searched for ways to organize the ever-expanding materia medica. The clinical repertory—an alphabetical index of patient symptoms cross-referenced to remedies—emerged as the profession’s detective kit, helping practitioners move from a maze of signs and sensations to a manageable shortlist of likely medicines. Although homoeopathy itself remains controversial in mainstream biomedicine, within the discipline the repertory has steadily evolved from hand-compiled ledgers to sophisticated decision-support software.(1)

### From Paper Tomes To Silicon Chips – A Brief History

**Generation 1:** Alphabetical repertories (1830-1890). Early works such as Jahr’s Manual arranged symptoms alphabetically, but were unwieldy and inconsistent.

**Generation 2:** Kent’s grand synthesis (1897). James Tyler Kent’s Repertory of the Homoeopathic Materia Medica introduced a three-grade weighting system and a mind-first structure that dominated 20th-century teaching.

**Generation 3:** Condensed clinical repertories (1929-1963). Boericke, Boger and Phatak produced streamlined “clinical” repertories focused on diagnostic rubrics that clinicians met every day, shrinking Kent’s ~1 400 pages to pocket size



without losing therapeutic power.

**Generation 4:** Digital era (1985-present). Mac-Repertory, Radar Opus, Complete Dynamics and open-source tools now let users merge books, filter by kingdoms or sensation, and rank remedies statistically. A 2022–23 international survey found 59 % of homoeopaths already use software routinely and 71 % believe it adds clear value .<sup>(2,3)</sup>

Anatomy of a Clinical Repertory

- Chapters follow organs or functional systems (Mind, Head, Eyes ...), allowing rapid navigation.
- Rubrics describe symptoms in plain language—e.g., Throat, pain, stitching, on swallowing.
- Sub-rubrics refine location, modality or aetiology—e.g., left side, < cold drinks.
- Grades or symbols weight the remedy’s reliability (e.g., Kent’s 1–3 stars).
- Cross-references point to allied rubrics or confirmatory signs.
- Clinical rubrics add nosological entities (e.g., Sinusitis, Migraine), useful when totality is scant.

Knowing this “grammar” lets the practitioner translate the nuanced language of a patient’s story into standardized rubrics that any repertory—paper or pixel—can understand.<sup>(4)</sup>

The Repertorisation Workflow: Symptom Sleuthing Step-By-Step

STEP	KEY QUESTIONS	PITFALLS (AND FIXES)
Case-taking	What is the exact, verbatim expression?	Leading questions blur originality record phrases literally.
Uniqueness filter	Does the symptom individualize?	Over-weighting common diagnoses favor modalities, sensations, causation.
Rubric selection	Which rubric fits all elements?	“Creatively” bending rubrics prefer exact matches or use combined small rubrics.

Repertorisation	How do remedies rank?	Software bias (default weights); re-view raw rubric counts.
Differential study	What in materia medica confirms?	Blind faith in highest score; always read key remedies before prescribing.

Why Clinical Repertories Sharpen Practice

1. **Objectivity & reproducibility.** Standard rubrics let two practitioners reach similar short-lists from identical notes—supporting audit and teaching.
2. **Breadth without overload.** Condensed clinical repertories distil >8 000 remedies into pragmatic mini-atlases, ideal for busy outpatient settings.
3. **Bias-countering algorithms.** Statistical refinements such as likelihood ratios and Bayesian filters improve the signal-to-noise ratio in large datasets .
4. **Speed & documentation.** Digital tools export repertory grids into EMR systems, embedding reasoning behind each prescription for medicolegal clarity.
5. **Education & research.** Aggregated rubric usage reveals prescribing trends and gaps, guiding curriculum design and remedy proving.<sup>(5)</sup>

Evidence Snapshot – What The Literature Shows

Focus	Key finding
Practitioner uptake	59 % regular software use; training is main barrier
Case-report quality	Better rubric transparency improves scientific value
Bayesian validation	Some Kent rubrics show high likelihood ratios (>5) when prospectively evaluated <sup>(6)</sup>

While rigorous RCT evidence for homoeopathy remains debated, these studies suggest that within the modality, disciplined repertorization enhances clarity, consistency and research ability.

Two Quick Case Vignettes

- Case A – Acute tonsillitis

- A Girl, 8 yrs old had sudden high fever with red-hot face, painful swallowing, tonsils crimson with white spots, pain < right side, < swallowing liquids, > cold applications.
- **Rubrics chosen from Boericke repertory:**
  - i. Throat; redness
  - ii. Throat; swelling
  - iii. Throat; inflammation, aggravation, from swallowing liquid
  - iv. Fever; febrile heat.
- Top remedies: **Belladonna, Merc-sol, Hepar-sulph.**

By Materia medica confirmation: Belladonna matches sudden onset, high fever, crimson mucosa.

→ Rx **Belladonna 200C.**

#### ► Case B – Chronic migraine

- Woman of 32 yrs age had throbbing right-sided headache beginning 2 a.m.; she had to sit up; < light, noise; > firm pressure; triggered by skipped meals.
- Rubrics:
  - i. Head; headache type, congestive.
  - ii. Head; headache type, migraine .
  - iii. Head; headache , location , semi lateral , left side .
  - iv. Head, headache , modalities, ameliorations, sweating .
  - v. Head, headache , modalities, aggravation , morning, on awaking, opening eyes.
- Analysis: **Nat-mur, Lac-def, Bryonia** high.

Nat-mur confirmed by craving salt, reserved personality.

→ Rx **Natrum muriaticum 1M**

#### ► Case C – Dermatitis

- A child of 1 year old was having red itchy eruptions over whole face since 4 months ; < night, scratching after; > cold application.
- Rubrics:
  - i. Mind, impatient
  - ii. Face, eruptions on face, eczema
  - iii. Skin, pruritis, worse from scratching
  - iv. Skin, pruritis , ameliorated from cold
  - v. Skin, eruptions, dry, scaly



Rx **Sulphur 200C**

These mini-scenarios show how repertories distil complex narratives into replicable logic chains that any colleague can follow and critique.

#### Common Pitfalls and How to Avoid Them

- **Mechanical totality.** Dumping every minor symptom inflates noise—apply hierarchy (generals > particulars > common).
- **One-rubric prescriptions.** Clinical rubrics like Haemorrhoids tempt shortcuts; always corroborate with modalities.
- **Software over-reliance.** Default settings may overweight polychrests; customise grades and cross-check raw counts.
- **Translation errors.** Different repertories phrase rubrics differently; verify synonyms before discarding a remedy.
- **Obsolete proving.** Some 19th-century data lack modern toxicology; consult updated materia medica for safety.

### Tips For Sharpening Your Own Sleuthing Skills

1. **Master rubrics weekly.** Pick one chapter, re-write 20 unusual rubrics with examples from real life.
2. **Dual-screen analysis.** Keep materia medica open beside your repertory; never trust numbers without narrative.
3. **Use smaller rubrics.** Three-to-five-remedy rubrics discriminate better than giant catchalls.
4. **Log every repertory grid.** Review successes and failures monthly to spot bias trends.
5. **Learn Bayesian filters.** Software like Polar Rubrics or Open Rep includes likelihood-ratio tools that upgrade accuracy on sparse data.

### Philosophical Foundation of Clinical Repertories in Homoeopathic Practice

The clinical repertory is not merely an index of symptoms, but a philosophical bridge between the art of individualization and the science of systematized healing. As per the teachings of the classical homoeopathic masters, every patient represents a unique expression of a dynamic diseased state. Repertories, especially clinical ones, serve as tools to translate this uniqueness into structured form without losing its essence.<sup>(7)</sup>

#### 1. Individualisation and the Repertory

*Samuel Hahnemann, in Organon of Medicine § 153, emphasized the importance of "the most striking, singular, uncommon and peculiar (characteristic) signs and symptoms."* These are the differentiating factors that help the physician find the similimum. Clinical repertories offer a practical tool to locate remedies based on such characteristic symptoms encountered repeatedly in practice.<sup>(1)</sup>

"In the search for a homoeopathic specific remedy... the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms... must chiefly be kept in view." Samuel Hahnemann, *Organon of Medicine*, §153

#### 2. Repertory as a Bridge Between Disease Name and Patient Totality

While Hahnemann discouraged the use of disease names as the basis for prescription, later homoeopaths like Boenninghausen and Kent understood the value of structured symptom classification. Clinical repertories evolved to cater to busy practitioners dealing with repetitive or acute conditions where entire totalities weren't always possible to collect.

*"A repertory is not a book to prescribe from, but a book to aid the memory."* -J.T. Kent, *Lectures on Homoeopathic Philosophy*

Clinical repertories (e.g., Phatak's or Boericke's) are designed to balance clinical realities (like time constraints or limited symptom expression) with philosophical fidelity to individualization.

#### 3. Doctrine of Generalization and the Use of Clinical Rubrics

Boenninghausen introduced the concept of complete symptoms-location, sensation, modality, and concomitants-stressing that each element is transferable across body systems. Clinical repertories often reflect this by listing common clinical diagnoses (e.g., gastritis, arthritis) while ensuring they are subdivided according to modalities or sensations to respect individualization.<sup>(8)</sup>

*"It is only through such complete symptoms that a comparison with the Materia Medica becomes possible."* C.M.F. VON BOENNINGHAUSEN, *Therapeutic Pocket Book*, Preface.

Thus, clinical repertories retain philosophical integrity by retaining modality-based rubrics rather than relying solely on nosological labels.

#### 4. Practical Wisdom vs. Mechanical Practice

Philosophically, homoeopathy resists reduction to mechanical rule-based treatment. Repertories can risk making homoeopathy mechanical-yet when used as a compass rather than a crutch, they sharpen the practitioner's insight.

*"Do not let the repertory replace your knowledge of Materia Medica."* -H.A. Roberts, *Principles and Art of Cure by Homoeopathy*

The clinical repertory supports but does not substitute the discriminative judgment of the homoeopath. It is a method of bringing order to

chaos, not a replacement for intuitive analysis.<sup>(9)</sup>

## 5. Remedy as Dynamic Similar-not Diagnostic Match

A common misconception is that a clinical rubric like asthma or diabetes implies a fixed remedy. Philosophically, homoeopathy treats the person in the disease, not the disease per se. Clinical repertories must always be read with the patient's individuality in mind. *A rubric is an entry point, not an answer.*

*"You are treating the patient, not the disease. The name of the disease means little, except as a pointer."*- Margaret Tyler, *Homoeopathic Drug Pictures*

## 6. Evolution as Reflection of Philosophy in Practice

The emergence of repertories (especially clinical ones) reflects homoeopathy's ability to adapt without compromising core principles. As homoeopathy entered more clinical settings and faced modern expectations of evidence and efficiency, repertories became philosophically grounded tools that support both individualization and reproducibility.<sup>(10)</sup>

*"Repertory is the externalization of the physician's internal reasoning."*-George Vithoulkas, *The Science of Homeopathy*

## Research Horizons – Ai and Big-Data Repertories

Natural-language processing is beginning to mine millions of EMR sentences to auto-generate rubrics and suggest remedies. Early prototypes can already tag modalities and sensations with >90 % precision. Combining this with Bayesian weighting could yield dynamic repertories that update continuously, similar to clinical decision-support in conventional medicine. Yet practitioner input remains vital; algorithms cannot (yet) perceive the patient's nuanced gestures, fears or "strange, rare,

peculiar" signs that homoeopathy prizes most. Ethical debates about data privacy and algorithmic transparency parallel those in mainstream digital health, reminding us that technology is a servant, not a master.

## CONCLUSION

Clinical repertories turn the art of homoeopathy into a disciplined act of symptom sleuthing. From Kent's leather-bound volumes to cloud-based dashboards, they give practitioners a transparent roadmap from complaint to similimum, reduce cognitive bias, and open the door to statistical validation. Used wisely—alongside attentive case-taking and thoughtful materia medica study—they remain the homoeopath's sharpest diagnostic scalpel. From a homoeopathic philosophical standpoint, clinical repertories are a necessary evolution-not a dilution. They represent the application of foundational principles to real-world contexts, allowing the physician to retain fidelity to Hahnemann's teaching even amidst clinical complexity.

## REFERENCES

1. Hahnemann, Samuel. *Organon of Medicine*, 6th edition. Aphorisms § 5, §1. Hahnemann, Samuel. *Organon of Medicine*, 6th edition. Aphorisms § 5, § 153.
2. Boenninghausen, C.M.F. von. *Therapeutic Pocket Book*. B. Jain Publishers.
3. Phatak, S.R. *A Concise Repertory of Homoeopathic Medicines*
4. Saha S et al. "Case Reporting in Homeopathy – An Overview of Guidelines and Scientific Tools." *Complementary Therapies in Medicine (Review)*, 2022.
5. Gray A C, Pracjek P, Straiges D. "Attitudes to and Uptake of Repertory Software in Homeopathy Clinical Practice—Results of an International Survey." *Homeopathy* 112 (2):97-106, 2023.
6. Koley M et al. "Prospective Evaluation of Few Homeopathic Rubrics of Kent's Repertory from Bayesian Perspective." *Journal of Evidence-Based Complementary & Alternative Medicine*, 2016.
7. Kent, J.T. *Lectures on Homoeopathic Philosophy*. B. Jain Publishers.
8. Roberts, H.A. *The Principles and Art of Cure by Homoeopathy*.
9. Vithoulkas, George. *The Science of Homeopathy*. Grove Press, 1980.
10. Tyler, Margaret *Homoeopathic Drug pictures* B.Jain publishers.





# From Itch to Ease - Homoeopathic Treatment of Eczema: Case report

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### Keywords

Cure, Eczema, Homoeopathy, Individualisation, Phosphorus, Repertorisation

### Abstract

Eczema is a common skin disease that affects both children and adult characterized by itching, scaling, oozing, vesicle. In modern medicine corticosteroids and emollients are used but maximum time patient is suppressed but homoeopathy has a positive role in treatment of eczema permanently. In this case homoeopathic medicine phosphorus is used for a male baby patient suffering from eczematous lesions over the face. This case report shows an efficacy of homoeopathic medicine in a case of eczema.

### Introduction

Eczema is relapsing inflammatory skin disease characterised by itching, scaling, oozing, vesicle due to impaired barrier function [1]. The main features of this problem are scratching leads swelling, redness, sticky discharge [2, 3]. Itching is the main hallmark which aggravated at night [3]. Associated with these symptoms social avoidance also occurs due to deprived sleep and itching [4]. Allopathic physician used corticosteroids and emollients, but relapse is very common. Homoeopathy has a positive role in treatment of eczema permanently [5]. Impaired skin barrier, immune dysfunction, Family history, Environmental pollution is the main cause of eczema [6]. The types depend on characteristics of eczema. These are

atopic, seborrheic, dyshidrotic, allergic contact, dermatitis herpetiformis etc. Severity of eczema depend on po-scored index which characterised by erythema, excoriation, oozing, oedema, lichenification [4, 5]. The primary management of this case is taking a leading role for treatment of eczema these includes avoid cosmetic, avoid scratching, avoid synthetic cloths, avoid some allergen food substances [6, 1]. Homoeopathy is based on individualization, Law of similar, theory of miasms. Homoeopathy treats the patient not the disease. Based-on totality of symptoms and cardinal principal of homoeopathy, individualised homoeopathic remedy can permanently eradicate the symptoms as whole. In Materia medica of homoeopathy there are numerous remedies for the treatment of eczema like sulphur, Arsenicum album, Graphites, sepia, Tellurium, Mezereum, Rhus Toxicodendron, Dulcamara etc. This case report shows the effect of homoeopathic remedy phosphorus in eczema.

### CASE STUDY

A 1.8 YR Male baby reported to homoeopathic OPD on 7march 2024 with the complaints of itchy eczematous lesions over the face around eyebrows (fig no 1). During the arrival of patient, he was complaining of itchy skin and thick sticky moist discharge from lesion, the itching is aggravated by warmth & hot weather.

### History of present complaints

Gradually, patient develop itching on forehead followed by sticky discharge from it.

Past History – nothing specific

Family history – all apparently well

Mental General –

The patient presents with marked restlessness during the night, often finding it difficult to settle or sleep peacefully. There is a noticeable fear of darkness, accompanied by a strong desire for the presence of another person, indicating a need for reassurance and companionship. Emotionally, the patient is very affectionate, seeking closeness and emotional warmth from others. However, this is contrasted by episodes of irritability, where the patient becomes easily annoyed or agitated without significant provocation. These symptoms collectively suggest a heightened emotional sensitivity and possible underlying anxiety or insecurity.

Physical general -

- Appetite – good desire – sweet
- Thermally – chilly
- Thirst – thirsty
- Sleep – disturbed
- Perspiration – forehead
- Stool – 2 times a day
- Micturition – 4-5 times a day

General constitution – fair complexion with average built weight of 12 kg

On examination – Eczematous lesion present around eyebrows

Table 1: Analysis and Evolution

SR NO.	SYMPTOS	ANALYSIS	INTENSITY
1	Patient was very restless	Mental	++
2	Fear of dark, want company in night	Mental	++
3	Desire sweet	General	++
4	Itching aggravates in night & warmth	Particular	++
5	Eruption moist	Particular	++

Table 2: Modified Naranjo criteria

Sr no.	ITEM	YES	NO	N/A
1	Was there any improvement in the main symptoms or condition for which the homoeopathic medicine was prescribed?	Y		
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	Y		
3	Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	Y		
4	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		N	
5	Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms from organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?	Y		
6	Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during improvement?			N/A
7	Are there alternative causes (other than medicine) that with a high probability - could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant intervention)		N	
8	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	Y		
9	Did repeat dosing, if conducted, create similar clinical improvement?		N	
	TOTAL			

Reportorial analysis –

Repertorisation done by using complete repertory from the zomoeo software. The rubric was taken from complete repertory related to skin – eruption, along with Analysis C evaluation done of symptoms

*Phos 10/4, rhus tox 10/4, Sepia 10/4, Kali c c/4, Cal carb S/3, Thuja c/4 were coming on top score, in this case phosphorus is chosen because it covers mental as well as physical aspects.*

Remedy selection and administration

Phosphorus 200 single dose is given in globule form followed by placebo TDS for one month

Fig 5. Repertorisation sheet

Repertorisation													
Type Keywords for Quick Repertorisation (Ctrl+F)													
Symptoms: 4 Remedies: 59 Filters: Remedy Properties (0)													
Remedy	Phos	Rhus-t	Sap	Calc	Alum	Asa	Caus	Hep	Sil	Roz	Graph	Per	Kali-C
Totally	10	10	9	9	7	7	7	7	7	7	7	7	6
Symptoms Covered	4	4	4	3	3	3	3	3	3	2	2	2	4
Kingdom													
[Complete] [Skin]ITCHING/WarmthAgg.: (155)	3	3	3	3	3	3	3	3	3	3	3	3	1
[Complete] [Skin]ERUPTIONS/Eczema/Moist: (94)	1	3	3	3	3	1	1	3	3	4	4	4	1
[Complete] [Mind]RESTLESSNESS, NERVOUSNESS/Evening Agg. Bed, in: (126)	3	1	2		1		1						1
[Complete] [Mind]FEAR/Dark, of: (126)	3	3	1	3		3	3		1				3

Follow up and outcome

Follow up was done at one month where interval mark changers were elicited at end of treatment. Treatment was given periodically with single remedy dose of phosphorus 200, and placebo treatment was continued till 3 months to complete cure.

Table 3: Follow up

Date	Changes in signs and symptoms	Treatment and Management	REASON-ING
7/3/2024	First case taking	Phosphorus 200 stat SL TDS for one month	Repertori-sation.
6/4/2024	50 % improve eruption, itching decrease, appetite slightly increase, loose stool every alternate day one time a day for 4-5 days	SL TDS for one month	Complaints were better so advised placebo
5/5/2024	No eruption, Patient was cured by homoeopathic medicine	SL TDS for one month advice to visit if there any recurrence	Advice to visit if there are any other complaints.

Fig 1- Before treatment on 7/3/24



Fig 2- under treatment on follow up 6/4/24



Fig 3 On 5/5/24 post treatment



Fig 4





## DISCUSSION

Homoeopathy is a treatment option for anyone who suffering from eczema and suggesting further studies to investigate the role of homoeopathic medicine for this case. Our study used individualised medicines based on “law of similia” and totality of symptoms broadly covering from homoeopathic point of view. The miasmatical interpretation of eczema psora [Itching is persistent symptom, dry, rough scaly eruption, < Open air, > Night], Syphilis [Thick and heavy scale, very little soreness, eruption is circular grouping], Psychotic [Eruption in circumscribed spot, Eczema exfoliate, Scaly and patchy skin eruption]. This case was conducted on the patient suffering from eczema attending OPD on 7/03/2024. The presenting complaint the complaints of itchy eczematous lesions over the face around eyebrows at present patient complaining of itchy skin and thick sticky moist discharge from lesion, the itching is aggravated by warmth & hot weather

After repertorisation phosphorus, Calcarea carb, Rhus tox, Sepia, Kali carb, Thuja was coming in the leading score. In this case Phosphorus was selected because it covers mentals, physicals as well as particulars with highest gradation. So, I prescribed phosphorus 200 single dose associated with placebo in tablet form thrice a daily after 1 month's eczema 50%improved, loose stool every alternate day one time a day for 4-5 days, appetite slightly increase. After 3- months, patient is overall good, no new eruption. The homoeopathic


remedy along with assurance can help in alleviating disease symptoms as well as improve the quality of life.

## CONCLUSION

Form this study, it has been observed that the homoeopathic medicine prescribed on basis of totality of symptoms of a patient suffering from eczema had shown beneficial result and the medicine is effective. Homoeopathy plays observably statistical role in the treatment of eczema

## REFERENCES


1. Sarkar R, editor. *Concise dermatology*. Boca Raton: CRC Press; 2021 Mar 4.
2. Pasricha JS, Verma K. *Treatment of skin diseases*. New Delhi: JP Medical Ltd; 2013 May 30.
3. Whitfield A. *A handbook of skin diseases and their treatment*. London: Edward Arnold; 1921.
4. Hall BJ, Hall JC, editors. *Sauer's manual of skin diseases*. Philadelphia: Lippincott Williams & Wilkins; 2010.
5. Khanna N. *Illustrated synopsis of dermatology & sexually transmitted diseases* [e- book]. New Delhi: Elsevier India; 2019 Aug 2.
6. Khopkar U. *Skin diseases & sexually transmitted infections*. Mumbai: Bhalani Publishers; 2018.
7. Complete Repertory [software]. Zomeo.
8. Bagdi N, Ram H. A case report for successful treatment of atopic dermatitis (AD) with a constitutional homoeopathic medicine *Natrum muriaticum*. *Int J Homoeopath Sci*. 2020;4(2):46-51.
9. Mait BP. Eczema treated with individualized homoeopathic medicine: A case report. *Int J Homoeopath Sci* [Internet]. 2023 [cited 2025 Jul 20];7(2a):[about 3 p.]. Available from: <https://doi.org/10.33545/26164485.2023.v7.i2a.808>
10. Das M. *Atopic dermatitis: Case series*.



## CASE TAKING, METHOD & CASE MANAGEMENT

### An Assemblage of Works on Clinical Homeopathy

Explore the Landscape of Homeopathic Medicine Through Case Taking, Case Processing and Case Management



Alastair Gray



# An Evidence Based Case of Plaque Psoriasis Treated by Individualized Homoeopathic Medicine: A Case Report

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## Keywords

Plaque psoriasis, Individualised Homoeopathy, Modified Naranjo criteria, Sulphur

## Abstract

Psoriatic plaques are well-defined and erythematous with a predilection for the extensor aspect distributed over elbows, knees, and lower back. It features hyperkeratotic, pustular, or mixed morphologies. It is chronic in nature and produces significant disfigurement and / or functional disability. As such, they are associated with substantial impairment in quality of life. This is such a case report of a patient with Plaque Psoriasis successfully managed by Homoeopathic treatment. A male patient of 42 years with the complaints of Chronic Plaque psoriasis was treated with the Homoeopathic Medicines Sulphur with different potencies (30C, 200C, 1M) for about 9 months without any recurrence and good quality of life. The causal attribution of homoeopathic medicines was assessed through Modified Naranjo Criteria for Homoeopathy (MONARCH). The MONARCH score was 9, which suggested a 'definite' causal relationship between the medicine and the outcome. This report suggests that a correctly chosen homoeopathic medicine can be beneficial in the treatment of psoriasis.

## Introduction

Psoriasis is a chronic and recurrent disorder. The classic lesion is a well-marginated, erythematous plaque with silvery white surface scale.

Distribution includes extensor surfaces (i.e., knees, elbows, and buttocks); may also involve palms, planter surface and scalp (particularly anterior scalp margin). The associated findings include psoriatic arthritis and nail changes (onycholysis, pitting or thickening of nail plate with accumulation of subungual debris). The cause is unknown but may be autosomal dominant or familial, resulting from physical trauma, infections, drugs and immunological factors. Prevalence roughly 1% of population is affected, but less than half require aggressive treatment. It can occur at any age but two peaks are generally seen, the early onset peak incidence is seen at 22.5 years. This indicates more severe disease and such patients usually have positive family history. The late onset peak incidences seen at 45.5 years. Both sexes are equally affected. Most patients are worse particularly in winter season.

Psoriatic plaques are well-defined and erythematous with a predilection for the extensor aspect distributed over elbows, knees, and lower back. The plaques are invariably symmetrical, but the number of plaques may vary. They are covered by silvery-white scales which on removal show pinpoint bleeding spots (Auspitz sign). This is an important clinical sign although not pathognomonic in the diagnosis of plaque psoriasis. The depth of colour of the plaques differs according to skin type; the full, rich red or salmon pink colour is lost in dark-skinned individuals. In some patients, erythema and scaling may be less pronounced.

A number of research papers have showed that homoeopathy is being successfully employed for treating psoriasis. A prospective observational

study with patients suffering from psoriasis has shown evidence that under classical homoeopathic treatment; patients with psoriasis had improvement of symptoms and quality of life. Other articles with case series on psoriasis have also depicted the positive effects of homoeopathic treatment in different forms of psoriasis.

### Case History

A 42-year-old male came to R.B.T.S. Govt. Homoeopathic Medical College and Hospital Muzaffarpur 16 Jan 2024, reported with complaints with plaque psoriasis of right leg. White scaly eruptions with itching on both lower limbs mostly on anterior-lateral aspects for 7 years. There is reddish discoloration surrounding the margins of the lesion which is slightly painful to touch. Itching and pain are aggravated by scratching. Slight similar eruptions appear on elbow for 2 months.

**HISTORY OF PRESENTING COMPLAINT-** Onset gradual 7 years back small eruption with mild itching on lateral aspects of right leg

**HISTORY OF PAST ILLNESS-** recurrent skin eruption

**FAMILY HISTORY -** Father's elder brother has similar complaints over scalp, upper and lower limb

**PERSONAL HISTORY-**

Relation with family members: Good

Outlook: Fatty, fair complexion

Habits and hobbies: Nothing special

Dietetic: Regular.

Socio-economic condition: Middle class

Addiction: occasional alcohol and daily smoking

Occupation: farmer

Marital status: married and has 2 children

**PHYSICAL EXAMINATION-**

Height: 5.8 feet

Appearance: well, built

Anaemia: Not anaemic

Oedema: not present

BP: 148/86mmhg

Pulse: 78bpm

Temperature: 98.6 F

Cyanosis: Not present

Clubbing: Not present

**PHYSICAL GENERAL-**

Appetite: Good

Thirst: normal prefer normal or cold water

Sleep: Sound sleep

Dreams NP

Desire: Sweets

Aversion: bitter

Intolerance: NP

Bowel: regular occasional loose stool

Urine: Np

Sweat: generalized more on head

Tongue: white coated

Thermal: Hot

**MENTAL GENERAL-**

desire company with friends and family

Sensitive to noises which irritates him esp. Sharp sounds road traffic noise

Anxiety about his disease condition

Angry even little things mostly towards family members

**ANALYSIS AND EVALUATIONS-**

Mental Generals

desire company

Sensitive to noises which irritates him

Anxiety about his disease

Angry even little things

Physical generals

Desire: sweets

Occasional alcoholism and daily smoking

Tongue: white coated

## Case Report

Sweat more on head

Particular symptoms

White scaly eruption with itching on anterolateral aspects of leg

PROVISIONAL DIAGNOSIS-

Plaque psoriasis

ICD-11- EA90.0

REPORTORIAL SHEET-

Remedy Name	Sulph	Ars	Graph	Lyc	Calc	Sil	Phos	Puls	No-ac	Sep	Nat-m
Totals	33	29	29	29	26	25	25	25	25	25	24
Symptoms Covered	9	9	8	8	8	9	8	8	7	7	8
Kingdom	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
[Complete] (Mind)Anxiety/Trifles, about (24)	4	4	3	4	3	2	3	1	4	3	3
[Complete] (Mind)Anxiety/Health, about (317)	4	4	4	3	4	3	4	4	4	4	4
[Complete] (Mind)Sensitive, oversensitive.Noise, sounds, to, agg...	3	3	4	4	3	4	3	4	4	4	4
[Complete] (Extremities)Eruptions/Legs (179)	4	4	4	3	3	4	4	3	4	3	4
[Complete] (Extremities)Itching/Scratching/Agg. (39)	4	4				1		3			
[Complete] (Skin)Eruptions/Psoriasis (369)	3	4	3	4	3	3	3	3	3	4	3
[Complete] (Generalities)Food and drinks/Sweets/Desires (308)	4	1	4	4	4	1	3	3	3	3	1
[Complete] (Generalities)Room/Agg. Warm (29)	4	4	4	4	3	4	4	4	3	4	4
[Complete] (Skin)Eruptions/Recurrent (46)	3	1	3	3	3	3	1				1

REPORTORIAL RESULT

Sulph- 33/9

Ars. Alb- 29/9

Graph. – 29/8

Lyc – 29/8

Calc. – 29/8

REPERTORIAL ANALYSIS & REMEDY SELECTION-

After repertorisation Sulphur got highest (33/9) marks and on the second position was Ars Alb (29/9) marks. After analysing the totality of symptoms together with materia media, Sulphur was selected as the best simillimum for the concerned case.

Prescription on (16-01-24)-1- Sulphur 30/ 2dose/ OD

2- Rubrum 200/1drm/ 4 globule BD

3- Sac lac 200/1drm/4 globule BD

FOLLOW UP-

Date	Response	Rx
02-02-24	Amel. in complaint, Scaling reduced.	SL30/ 1drm/ BD
17-02-24	Amel. in complaint, Scaling and itching reduced up to 70%	SL30/ 1drm/ BD
04-03-24	Itching recurs with slight bleeding,	Sulphur 200/1 Dose OD(M) SL 30 1 dram /BD
21-03-24	Amel. In itching, scaling, bleeding, Anxiety	SL30/ 1drm/ BD
06-04-24	Improvement continues.	SL30/ 1drm/ BD
27-4-24	Amel. in complaint No itching, No bleeding.	SL30/ 1drm/ BD
13-05-24	Amel. in complaint. Scaling reduced	SL30/ 1drm/ BD
24-05-24	Patient improvement continue	SL30/ 1drm/ BD
11-06-24	Amel. In Complaint.	SL30/ 1drm/ BD
28-06-24	Scaling, with Itching, Burning and anxious about their recurrency	Sulphur 1M/one Dose SL30/ 1drm/ BD
16-7-24	Amel. in complaint, in itching, Burning	SL30/ 1drm/ BD
01-08-24	Amel. in complaint.	SL30/ 1drm/ BD
17-08-24	Amel. in complaint	SL30/ 1drm/ BD
02-09-24	Amel. in complaint	SL30/ 1drm/ BD
8-10-24	Amel. in complaint	SL30/ 1drm/ BD

BEFORE TREATMENT-



DURING AND AFTER TREATMENT-



ASSESSMENT OF THE CASE ACCORDING TO MODIFIED NARANJO CRITERIA FOR

## HOMEOPATHY INVENTORY

The Modified Naranjo Criteria for Homeopathy Inventory consists of 10 Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5. Did overall well-being improve? (Suggest using validated scale)	+1		
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:  –from organs of more importance to those of less importance?  –from deeper to more superficial aspects of the individual?  –from the top downwards?	+1		
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)			0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

## DISCUSSION

Psoriasis is a chronic multi-factorial, autoimmune inflammatory skin disease that leads to the hyperproliferation of keratinocytes in the epidermis with increased epidermal cell turnover rate. There are multiple causes of psoriasis including familial history, injuries from chemical, mechanical and radiation, etc. It can be triggered by various

factors like psychological stress, alcohol, smoking, and obesity. Certain drugs like NSAIDs, steroids and beta-blockers can worsen psoriasis. It affects skin on the scalp, elbow, arms, back and knees, but can also spread on other body parts. Clinically psoriasis is classified into five types: plaque psoriasis, guttate psoriasis, inverse psoriasis, pustular psoriasis, and erythrodermic psoriasis. Homeopathic treatment of psoriasis depends upon symptom similarity and progression of disease pathology. There are various homeopathic drugs like Arsenic album, Graphites, Mezereum, Mercurius, Calcarea Carb, Rhus tox, Sepia, Sulphur, and Lycopodium helpful in psoriasis. Selection of homeopathic medicine is always based on the patient's symptom totality, which includes the patient's mental state, physical signs & symptom, aggravating & ameliorating modalities and dominant miasm.

The present case shows the classical symptoms of psoriasis were treated with the help of individualised homeopathic medicine *Sulphur*, in increasing potencies (30C, 200C, 1M), according to the response of the patient over 9 months. No adverse event was encountered during the period of treatment. *Sulphur* was found to be homeopathically the most indicated remedy for this particular case.

*Sulphur*, which was chosen based on the picture produced by the entirety of the symptoms after consulting with materia medica, entirely cured the case. The homeopathic principles—such as the individual's susceptibility and the criteria for the second prescription in Kent's philosophy—were followed in the potency selection and dosage repetition.

The MONARCH was used for the assessment of the causal relationship, which yielded a score of '+9', which shows there is a possible causal relationship between the result observed and the prescribed medication.

## CONCLUSION

This case illustrates the positive role of individualised homeopathic medicine in the management of Psoriasis. However, a randomised controlled trials with a large sample size is suggested for further understanding in this regard.



**ACKNOWLEDGEMENT-** The authors gratefully acknowledge the patient for her active cooperation and participation.

### DECLARATION OF PATIENTS' CONSENT

Written, informed consent was obtained from the patient for publication of the case report, while he enjoyed free will to quit the consultation in case of any disappointment or adverse events during treatment. The patient was made to understand that her name and initials will not be included in the manuscript and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

**FINANCIAL SUPPORT AND SPONSORSHIP-** Nil.

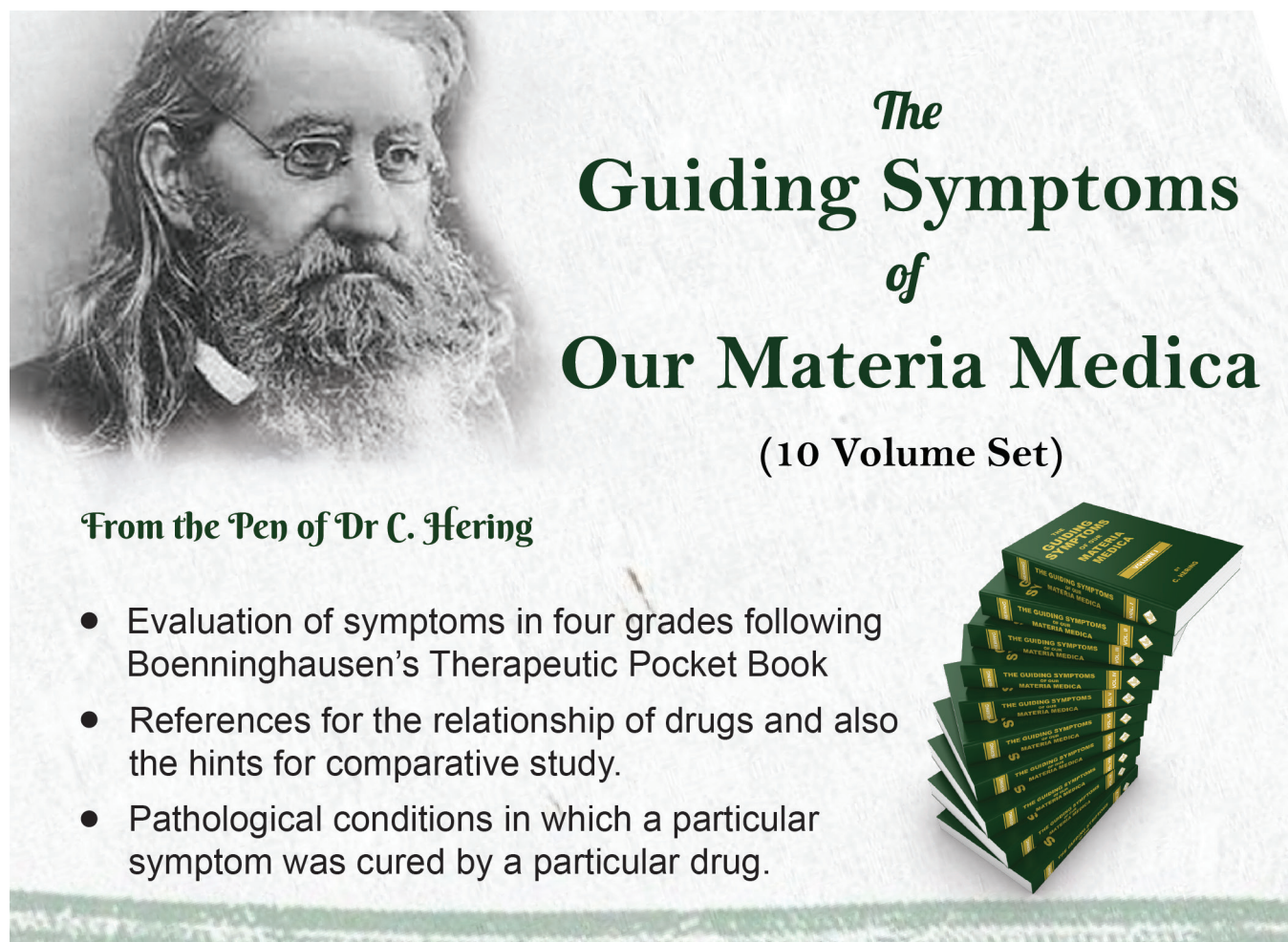
**CONFLICTS OF INTEREST-** None declared

### REFERENCE

1. Chaurasiya PB, Chaphekar PG, Ingale SV. Role of homoeo-

pathic medicine in the management of psoriasis—An evidence-based case report. *Indian Journal of Research in Homoeopathy*. 2024;18(4):258-67.

2. Venkatesan H. Palmar psoriasis' successfully treated with homoeopathy—a case study. *International Journal of AYUSH Case Reports*. 2019;3(4):260-6.
3. William Boericke, *Pocket Manual of Homoeopathic Materia Medica and Repertory*, Reprint 2016, B.Jain Publishers Pvt. Ltd.
4. Hahnemann S. *Organon of Medicine*. 5th and 6th ed. New Delhi: B Jain Publishers Pvt Ltd.; 2015.
5. Close S. *The Genius of Homoeopathy*. New Delhi: Indian Books and Periodicals Publishers; 2001.
6. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B. Jain Publishers Pvt Ltd.; 2009
7. Lamba CD, Gupta VK, Van Haslen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;
8. Sahoo S, Mukherjee S, Bhattacharya S, Mondal M, Nayak C. Impact of individualized homoeopathy in plaque psoriasis -A case report. *J Integr Stand Homoeopathy* 2023;
9. Nagar N, Poswal RK, Kumar A, Singhal K. Homoeopathic medicine Arsenic album 200C in treatment of plaque psoriasis: A case report. *Indian J Res Homoeopathy* 2024;



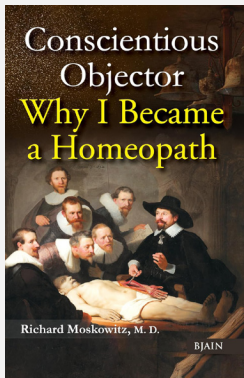
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# Conscientious Objector - Why I Became A Homeopath

Reviewed by Karl Robinson, M.D.



Dick Moskowitz is one of our brighter homeopathic stars renowned as an able practitioner and as a writer. His latest book, *Conscientious Objector: Why I Became a Homeopath*, written since his retirement from active practice, is part biography, part polemic.

The first few chapters detail his zigzag journey to becoming a medical doctor followed by doctoring in Boulder, Colorado, Santa Fe, New Mexico, and lastly, Boston. From the outset, he endeavored to practice a kinder, gentler medicine. In Boulder, he wrote that he was "giving out ample helpings of education and advice, and doing as little as possible of a drastic or aggressive nature. I saw my role as essentially guiding people through the complicated and tortuous labyrinth of the medical system and protecting them from being hurt too badly." This attitude earned him the gratitude and trust of his patients while managing to alienate and sometimes even infuriate his allopathic colleagues.

What strikes one throughout the book is Moskowitz's penchant for total honesty even at the expense of occasional self-disparagement. Very evenly, he praises those doctors whom he felt truly cared for their patients while not refraining from pointing out medical arrogance and hubris which he frequently encountered. The book brims with fascinating medical escapades (and I use the term advisedly). I have no doubt as to the veracity of his vignettes but be forewarned: Moskowitz is a first-rate storyteller who knows how to spin a yarn making the book, especially the first part, hard to put down.

*Conscientious Objector* is a kind of medical

Pilgrim's Progress whereby the hero, in this case Moskowitz, sees his life as a quasi-spiritual pursuit as he faces various trials (read here moral dilemmas and medical emergencies) and encounters a motley group of characters (doctors, midwives, and patients) representing an assortment of virtues and vices.

A moral dilemma:

In the summer after his Junior year at Harvard he worked as a trainee in the Jackson Laboratory in Bar Harbor, Maine where one of his duties was to sacrifice experimental mice. He referred to this task as "little murders [which] disgusted and appalled me" and, with his wry sense of black humor, went on to liken his work and similar work in other labs to "a vast decentralized Auschwitz for mice and other animals." He wondered (one presumes tongue in cheek) if he might be "a future Dr. Mengele in the making." His solution: hole up in a corner of the library where he avidly read the works of Sigmund Freud whose writings enchanted him.

A medical emergency:

At one point in New Mexico he delivered a healthy baby but the placenta would not expel. After waiting an hour, he pulled on the umbilical cord and extracted the placenta but it was still attached to the uterus. In fact, the uterus turned inside out and the woman was hemorrhaging badly with extremely low blood pressure. Unable to stop the bleeding and realizing he was in over his head, Moskowitz drove the woman "as fast I dared" to the hospital 20 miles away. On arriving, the woman was barely conscious and with an undetectable blood pressure. Fortunately, a young obstetrician happened by and knew exactly what to do. "Putting on a rubber glove, he rammed his fist into the woman's vagina as hard and as far up as he could;



and she awoke and sat up in a matter of seconds as if nothing had happened, with a blood pressure of 130/70, a sight I'll never forget and would not have thought possible." That incident left Moskowitz, a staunch critic of conventional medicine "with gratitude and admiration for so much that it [allopathic medicine] has achieved."

When at Harvard, he had no predetermined interest in medicine; in fact, he had not even sent in an application to medical school by late spring (classes set to start in the fall). At that point his father swung into action, made a tactical call and "The next thing I knew I was going to NYU in the fall, well aware the class was already full and I had no business being in it." In the spring of his last year (the time when medical students apply for internships and residencies) he had no idea what to do. "I felt completely up in the air...without any clear direction or purpose..." At this point, his brother proposed he study philosophy "which felt totally right."

Believing he was leaving medicine "once and for all" he boycotted his own graduation ceremony much to the chagrin of his father. After 3 years at the University of Colorado in Boulder studying philosophy, he did an internship, got a Colorado license and began specializing in home births, quite unheard of for a medical doctor in that era. Over a thirteen-year period he attended around 600 home births. In Santa Fe, after studying some acupuncture, he ended up embracing homeopathy because, he writes, "it [acupuncture] felt too alien culturally..."

Moskowitz, like me, got his first formal introduction into homeopathy at "The Millersville Course," a two-week summer course in Millersville, Pennsylvania, taught by the few dedicated (and aging) homeopaths left in America. Little did we know at the time that a few years hence we younger homeopaths would be bearing the torch for classical homeopathy in America. By the third chapter of *Conscientious Objector* Moskowitz is in full swing with homeopathy as he details a series of fascinating cures. One case in Chapter 5 entailed the use of Lapis albus (Silico-fluoride of Calcium.) A 15-year-old girl had such severe menstrual cramps that she sometimes fainted. Moskowitz, using Kent's *Repertory*, found

the rubric, "Faintness, before menses, from pain" where Lapis albus was listed in italics. Admitting he knew nothing about the remedy and that he had never even heard of it, he prescribed it with brilliant success thus illustrating the beauty of allowing an unusual symptom to govern the selection of the medicine.

How unlike allopathic medicine wherein all uncommon symptoms are dismissed and every diagnosis mandates a set prescription. We homeopaths refer to our approach as the inductive method and we proceed very much like a careful detective who scrupulously gathers this and that bit of evidence and allows the evidence to lead to the conclusion. If the conclusion is surprising or novel, so be it. It is the assembled clues that are all important.

Espousing this approach, Moskowitz relates a number of cases in which lesser known homeopathic medicines such as *Cistus canadensis*, *Chimaphila* and *Agaricus* were successfully prescribed. On page 130 of Chapter Five, "Medicines and Cases," under the heading, "Homeopathic Research" the book veers away from the anecdotal. Moskowitz begins summarizing six studies proving the efficacy of homeopathic medicines and then writes: ...if treatment with homeopathy yields results equal to or better than drugs, then logic, science, and common sense would all argue for using the cheaper, gentler, and safer method first, and saving the heavy artillery (read allopathic interventions) for when it fails.

In case Moskowitz's proposal sounds naïve, I can attest that a similar system already existed in Castro's Cuba when I taught homeopathy there in the early 2000s. The first level of care included diet and nutrition, plants and medicinal herbs, acupuncture and homeopathy. If the problem could not be resolved at that level the patient was referred up the medical ladder. The final rung was a fully-equipped hospital, usually in a large city, that emphasized pharmaceuticals and surgery. All medical treatment in Cuba was, and I assume still is, free. That such a system might come to pass in the United States is, of course, unlikely; but let it be known, Cuba has proved it feasible. Just doesn't jibe well with capitalismo.

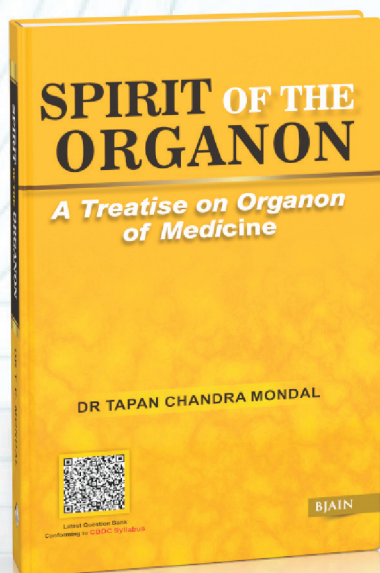
Chapters 6 through 10 have an entirely different

flavor from the earlier chapters. Absent is Moskowitz the raconteur who tells anecdotes in a skillful and amusing manner. No longer the homespun philosopher, he is, in the latter chapters, the hard-hitting critic of modern or so-called 'scientific' medicine. These chapters require more attention as Moskowitz sometimes employs technical terms not familiar to the average reader.

Chapters 8, 9, and 10 are a brilliant analysis of the shortcomings (read dangers) of allopathic medicine and especially vaccines. Moskowitz has been a critic of vaccines for a good fifty years and probably knows as much or more about the subject as anyone. Every criticism is carefully referenced in the scientific literature making his arguments

virtually impossible to refute though I realize I am being naïve when I write that as the hugely powerful medical establishment believes quite the contrary. Moskowitz sums it up when he writes that vaccines "...enjoy an almost religious veneration in our country." *Conscientious Objector: Why I Became a Homeopath* is – with apologies to Charles Dickens – a kind of *Tale of Two Cities* with a charming folksy first part and a second part that is a withering (but fair) and very precise critique of allopathic medicine. It is a major opus.

Disclosure : Though Dick went to Harvard, and I to Yale, I venture to say that our allegiance to homeopathy outweighs our allegiance to our Alma Maters.



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