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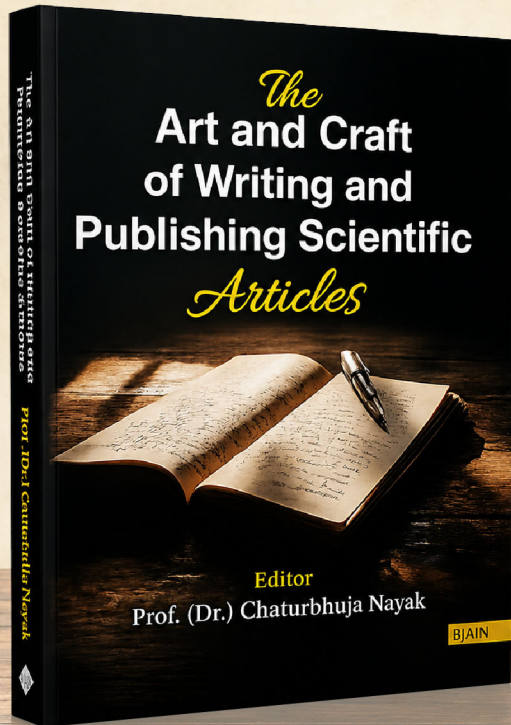
ISSN: 9070-6038

Vol. 52, No. 5, August 2026



Homeopathy in Respiratory Disorders: A Breath of Relief through Similimum

- Respiratory Harmony: A Homoeopathic Perspective
- Role of Homeopathy in Respiratory Disorders: Miasmatic Understanding and Relief through Similimum



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ISBN: - 9788131999462

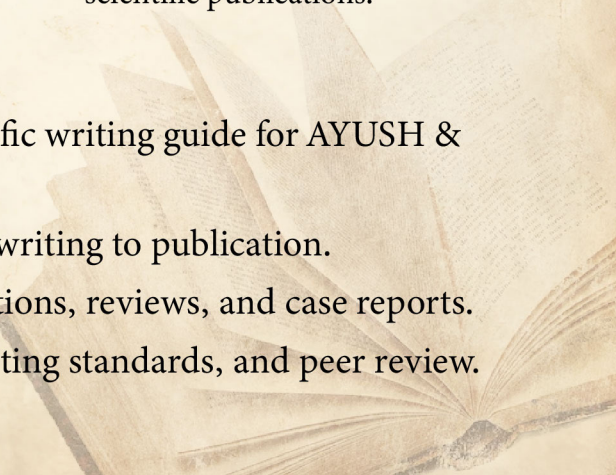


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Vol. 52, No.5, August 2026
Pages: 156

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Published by: Mr Kuldeep Jain on behalf of
M/s. B. Jain Publishers (P) Ltd.

Printed at M/s Narain Printers & Binders,
D-6, Sector-63, NOIDA, UP-201307

Published from 1921/10, Chuna Mandi,
New Delhi - 110055

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

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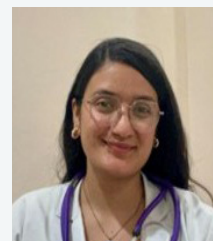
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Dear Readers,

Respiratory disorders continue to represent a significant global health burden, affecting individuals across all age groups and contributing substantially to morbidity and healthcare utilization. An early detection and timely intervention can significantly improve patient outcomes, reduce disease progression, and enhance the overall quality of life in individuals. This issue focuses on the clinical understanding and individualized homoeopathic management of a wide spectrum of respiratory diseases, highlighting evidence-based insights, practical clinical experiences, and the importance of timely diagnosis. We are honoured to feature *The Editor's Desk*, eloquently written by **Dr. Jaswant Patil, MBBS, MD (Pulmonology), BHMS**, whose distinguished experience in pulmonology enriches this issue with practical clinical perspectives on respiratory health. While the Stalwart section is enriched by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata. The In Italics section features a scholarly contribution by **Dr. Yogesh Dhondiraj Niturkar**, Chief Associate Editor, THH.



The respiratory system stands as one of the body's most vital interfaces with the external environment, continuously exposed to allergens, pollutants, infectious agents, and changing climatic surroundings. In the current changing weather we see respiratory related cases are increasing, especially among the geriatrics groups. Respiratory disorders continue to represent a significant global health burden, affecting individuals across all age groups and contributing substantially to morbidity and healthcare utilization. Respiratory diseases are leading causes of death and disability. About 65 million people suffer from chronic obstructive pulmonary disease (COPD), making it the third leading cause of death worldwide.

Today I would like to focus on the diagnostic approach because an early detection and timely intervention can significantly improve patient outcomes, reduce disease progression, and enhance the overall quality of life in individuals. The diagnosis of respiratory disease invariably requires a combination of diagnostic techniques applied in a step-by-step evaluation. Conducting a careful clinical history and physical examination is always the first step. Respiratory symptoms may include dyspnea, abnormal noisy breathing (wheezing or stridor), hoarseness, cough with or without sputum production, snoring, and chest pain.

New or Improved Respiratory Diagnostic and Evaluative Techniques

Assesses Anatomical or Physiologic Function

- **High-Resolution Computed Tomography**

- **Cardiopulmonary Exercise Test** (evaluates how your heart, lungs, and muscles work together during physical activity.)
- **Bronchoprovocation Test:** Also known as Methacholine challenge test; performed to evaluate how "reactive" or "responsive" your lungs are. A breathing test will be repeated after each dose of methacholine to measure the degree of narrowing or constriction of the airways.
- **6-Minute Walk Test:** A safe, practical clinical exercise evaluation measuring the total distance in meters an individual can walk on a flat, hard surface over six minutes. Along with the monitoring of heart rate, BP, fatigue levels, SpO2 before, during and after the test.
- **Modified Medical Research Council Dyspnea Scale**
- **BODE Index (Body mass index, airflow Obstruction, Dyspnea, and Exercise capacity)**

Indirect or Potential Relevance to Physical Function

- **Endobronchial Ultrasound**
- **Video-Assisted Thoracic Pleuroscopy**
- **Positron Emission Tomography**
- **Genetic Testing**

Pulmonary function testing (PFT) is often the starting point of assessment in the physical examination of respiratory disease. Common elements of

PFT are spirometry, lung volumes, and diffusing capacity. Spirometry entails measuring the volume and flow rates of exhaled and inhaled breath.

INCENTIVE SPIROMETER

A simple device that encourages deep breathing to improve lung expansion and prevent post-operative pulmonary complications.



The most frequently used spirometric measures are forced vital capacity (FVC, in liters) which is the largest volume of air that can be exhaled forcefully from a maximal inhalation, and the forced expiratory volume in 1 second (FEV1, in liters), which is the volume exhaled during the first second of a maximal forceful expiratory effort following a maximal inhalation. The ratio of FEV1/FVC is an important indicator of the presence of airflow obstruction typical, e.g., of asthma or chronic obstructive lung disease.

In healthy adults, a normal FEV1/FVC ratio is typically between 70% and 80% (0.70 to 0.80)

Explore Mother Tinctures In Respiratory Disorders

Aralia Racemosa



Common name: American spikenard

Family: Araliaceae

Habitat & Distribution: Rocky wood in North America

Part used: The root

Action: Acts on respiratory system, female sexual system.

Indications:

- Dyspnoea or violent cough after first sleep.
- Whistling breathing, salty expectoration.
- Constriction of the chest, feels as if a foreign body were in throat.
- Sneezing with copious watery, excoriating nasal discharge of salty acid taste.
- Coryza, with frequent sneezing.
- Right lung appeared more affected than left.

Balsamum Toluifera



Also called: Balsam of Myroxylon toluifera

Family: Leguminosae

Natural habitat: Central America.

Properties: Stimulant, expectorant.

Action: Has a tonic influence upon the mucous membrane (or respiratory system)

Indications:

- A good remedy in bronchial irritation of the chronic or subacute form.
- Useful in dry, hacking cough, as well as where there is great excess in expectoration the result of relaxed condition of the mucous membrane.
- Chronic bronchitis with profuse expectoration.
- Chronic inflammation of bronchial tubes.

Blatta Orientalis



Common name: Indian cockroach.

Family: Class - Insecta. Order - Orthoptera.

Clinical: Asthma, Bronchitis, Cough, Dyspnoea

Indications:

- A medicine for acute dyspnoeic attacks of asthma

- Asthma associated with bronchitis.
- Much pus like mucous.
- Dyspnoea and bronchitis with copious muco-purulent sputum and severe attacks of coughing.
- Cough with dyspnoea
- Threatened suffocation

Cassia Saphora



Common name: Kasunda, Baner

Family: Fabaceae

Part used: Root

Distribution: Throughout India

Clinical: Dyspnoea, Cough, Coryza, Asthma, Pain joints, skin complaints

Indications:

- Pain in the chest with feverish feeling.
- Burning sensation and tightness in the middle of the chest with cough.
- Difficult breathing (dyspnoea).
- Sneezing with irritation in both the nostrils after exposure to cold and after bathing.
- Ringworms like eruptions on thighs.
- Painful pimple like eruption in the middle of the upper lip.
- Urticarial eruptions over forearms.

Drosera



Common name: Sundew

Family: Droseraceae

Habitat & Distribution: Europe, N. America and Asia.

Part used: Whole plant

Physiological action: This agent is an antispasmodic, sedative and expectorant.

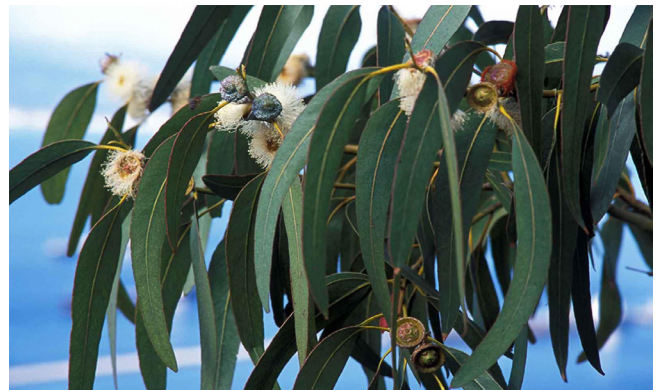
Action: Affects markedly the respiratory organs and was pointed out by Hahnemann as the principal remedy for whooping-cough. This remedy acts powerfully upon the system through its influence upon the pneumo-gastric nerve Clinical: Asthma, Bronchitis, Cough, Laryngitis, Whooping-cough, Catarrh, Measles, Nausea, Phthisis, Vomiting

Indications:

- This remedy is frequently indicated in chubby children.
- Whooping cough with violent paroxysms which follow each other rapidly, is scarcely able to get breath.
- Deep sounding, hoarse barking cough, during or after measles.
- Sensation of feather in larynx, exciting cough.
- Laryngeal phthisis following whooping-cough.

- Constriction and crawling in larynx, hoarseness, and yellow or green sputa.
- Catarrhal hoarseness, with or without coryza or cough; is only able to speak in a bass voice; hoarseness after measles.
- Yellow expectoration with bleeding from Nose and Mouth, retching.
- Asthma when talking with contraction of the throat at every word uttered.
- Paleness of the face with cheeks hollow and eyes sunken.

Eucalyptus



Common name: Blue gum-tree

Family: Myrtaceae

Habitat & Distribution: Australia, Tasmania, southern Europe and California.

Part used: Leaf

Clinical: Asthma, Bronchitis, Aortitis, Intermittent fever, Dysentery, Dyspepsia.

Indications:

- Eucalyptus is a powerful antiseptic and destructive to low forms of life, a stimulating expectorant and an efficient diaphoretic.
- Influenza.
- Stuff ed-up sensation; thin, watery coryza; nose does not stop running; tightness across bridge.

- Chronic catarrhal, purulent and fetid discharge.
- Asthma, with great dyspnoea and palpitation.
- Bronchitis in old and feeble persons.
- Moist asthma in bronchitic subjects; it relieves cough and aids in expulsion of thick mucus.
- Expectoration : white, thick, frothy mucus.
- Cardiac asthma, Moist asthma
- It is said to be a preventive for influenza.
- Foetid form of bronchitis, bronchial dilatation and emphysema.

Grindelia Robusta



Common name: Rosin-wood

Family: Compositae

Habitat & Distribution: South western United States.

Part used: Leaves and flowering tops

Clinical: Asthmatic complaints, Chronic bronchitis, Emphysema, Chyne stroke Breathing, Conjunctivitis, Erythema

Indications:

- Bronchorrhoea, with tough, white, mucous expectoration
- Rattling breathing

- Asthma secondary to heart affections
- It is mostly indicated in mucus asthma
- There is an abnormal accumulation of tenacious, viscid mucus in the smaller bronchi, but the most important peculiarity of the drug consists in an aggravation during sleep.

Many other remedies are also very helpful in respiratory disorder like - *Aspidosperma*, *Ipecacuanha*, *Justicia*, *Lobelia*, *Rumex*, *spongia*, *sene-ga*, *Verbascum thapsus* indicated in obstruction of the nose and larynx, *Viscum album* in dyspnea; spasmodic cough, asthma.

I hope this edition serves as a valuable resource for practitioners, postgraduate scholars, researchers, and students, encouraging thoughtful clinical application, continuous learning, and a deeper appreciation of individualized Homoeopathic management in respiratory disorders.

A Quick word on issue Content

This issue, *"Homeopathy in Respiratory Disorders: A Breath of Relief through Similimum,"* focuses on the clinical understanding and individualized homoeopathic management of a wide spectrum of respiratory diseases, highlighting evidence-based insights, practical clinical experiences, and the importance of timely diagnosis. We are honoured to feature *The Editor's Desk*, eloquently written by **Dr. Jaswant Patil, MBBS, MD (Pulmonology), BHMS**, whose distinguished experience in pulmonology enriches this issue with practical clinical perspectives on respiratory health. While the Stalwart section is enriched by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata, who presents a compelling life sketch of **Dr. Diwan Harish Chand (1924–2011)**. The In Italics section features a scholarly contribution by **Dr. Yogesh Dhondiraj Niturkar**

Chief Associate Editor, The Homoeopathic Heritage. Further enhancing the academic value of this issue by book review of 'Homoeopathy Mind Index - A Comparative Study of Mind Rubrics from Kent's Repertory' authored by Dr. Harshvardhan S. Bhosale

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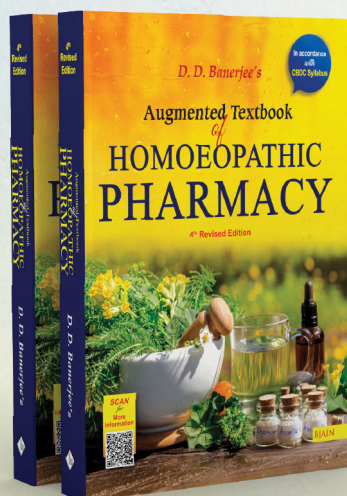
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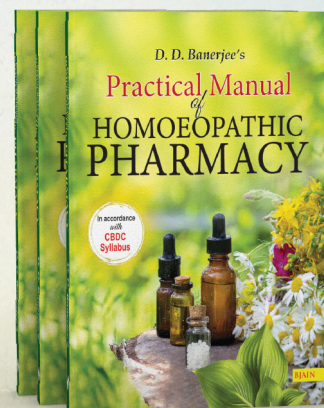
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Homeopathy in Respiratory Disorders: A Breath of Relief Through the Similimum

Dr. Jaswant Patil

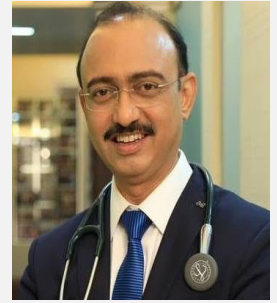
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Medicine has taught me many lessons, but perhaps the greatest has been the importance of remaining open to new evidence and clinical experience. My professional journey began as a staunch MD Pulmonology allopathic physician with 43+ yrs experience. For the first two decades of my career, including fifteen years devoted exclusively to conventional medicine, I regarded homeopathy with considerable skepticism. Like many physicians trained in modern evidence-based medicine, I found it difficult to reconcile homeopathy with the scientific knowledge available at that time.

A desire to offer better care for patients with chronic respiratory illnesses gradually changed that perspective. Many patients with asthma, COPD, allergic disorders, and other chronic lung diseases continued to suffer despite receiving the best available conventional treatment. Seeking additional ways to improve their quality of life, I cautiously introduced homeopathy into my practice. Initially, I prescribed remedies primarily on clinical and pathological indications, without a complete understanding of classical homeopathic principles. To my surprise, many patients experienced meaningful improvement. Those early clinical observations challenged my long-held beliefs and encouraged me to explore the science behind them.

This curiosity led me to formally study homeopathy, complete the BHMS course at mid age, and become a licensed homeopathic physician.

As I embraced classical homeopathy based on individualisation and the prescription of a carefully selected similimum, I witnessed even more rewarding outcomes. At the same time, I realized that successful prescribing requires far more than matching symptoms. Individualisation is both an art and a science, and while its principles have remained unchanged for over two centuries, many of its biological mechanisms could not previously be explored because the necessary scientific tools simply did not exist.

Today, the scientific landscape is changing rapidly. Homeopathic research has expanded substantially, with more than 15,000 publications indexed on ResearchGate. A major milestone came with the pioneering work of Dr. Chikramane, Dr. Bellare, and colleagues at IIT Bombay, who demonstrated the presence of source-derived nanoparticles in few homeopathic medicines. This landmark research has stimulated growing interest in understanding how potentized medicines may interact with biological systems. Subsequent investigations have explored concepts including nanoparticle-mediated activity, hormesis (the phenomenon where a very small dose of a substance that may be harmful in large amounts stimulates the body's natural defense, repair, and healing mechanisms.), immunomodulation, gene regulation, epigenetic influences, oxidative stress modulation, and systems biology. While many questions remain unanswered, these advances have reopened scientific discussions that were

once considered settled.

My own clinical experience spans more than four decades as a pulmonologist / intensivist then as a homeopath & later as Integrated Physician managing patients with allergic respiratory diseases, bronchial asthma, chronic bronchitis, COPD, interstitial lung diseases, pulmonary fibrosis, post-viral respiratory syndromes, severe respiratory infections, tuberculosis, and lung cancer. These illnesses often demand lifelong treatment, multiple medications, and considerable physical and emotional resilience. Throughout these years, I have repeatedly observed that when individualised homeopathy is integrated judiciously with evidence-based conventional care, patients frequently experience meaningful improvements.

Among patients with asthma, many achieved sustained remission with gradual reduction of inhaled bronchodilators and corticosteroids under careful medical supervision. Patients suffering from chronic allergic respiratory disorders often experienced fewer relapses and longer symptom-free intervals. In selected cases of interstitial lung disease and pulmonary fibrosis, disease progression appeared to slow, exercise tolerance improved, oxygen requirements decreased, and quality of life increased. In a few carefully documented patients, the improvement was remarkable enough that supplemental oxygen could eventually be discontinued. These observations cannot be regarded as proof of efficacy, but they certainly deserve careful scientific investigation.

A similar pattern has emerged in integrative oncology. Among patients with lung cancer, individualised homeopathy appeared to complement conventional treatment by improving symptom control, reducing treatment-related discomfort, enhancing general well-being, and improving quality of life. Such encouraging clinical observations now require validation through rigorous, well-designed clinical studies.

Another important lesson from clinical practice has been the realisation that constitutional prescribing alone is not always sufficient, particularly in advanced pathological conditions. Better outcomes were often achieved by integrating the constitutional similimum with carefully selected clinical and pathological remedies prescribed

sequentially according to the stage and complexity of disease. This approach does not replace the principle of individualisation. Rather, it extends classical homeopathy into complex clinical situations where multiple pathological processes coexist. The objective remains unchanged: to reduce suffering, improve function, slow disease progression whenever possible, and enhance quality of life.

Respiratory diseases remain among the leading causes of illness and death worldwide. Despite extraordinary advances in pharmacology, biologics, immunotherapy, pulmonary rehabilitation, and critical care, millions of patients continue to experience persistent symptoms, recurrent exacerbations, progressive disability, and medication-related adverse effects. This reality highlights the need to explore safe, individualised, patient-centered complementary strategies that may enhance existing standards of care.

The philosophy of homeopathy is uniquely suited to respiratory medicine because it recognizes that no two patients with the same diagnosis are truly identical. Two individuals with bronchial asthma may differ completely in their triggering factors, thermal reactions, emotional characteristics, sleep patterns, expectoration, constitutional tendencies, and associated illnesses. The concept of the similimum seeks to address this individuality by prescribing the medicine that most closely corresponds to the patient's complete clinical picture rather than the disease label alone.

Respiratory illnesses also illustrate the intricate interaction between immunity, inflammation, genetics, environmental exposure, psychological stress, and neuroendocrine regulation. Anxiety aggravating asthma, grief preceding recurrent respiratory infections, stress-induced COPD exacerbations, or emotional suppression accompanying chronic cough are observations familiar to every clinician. Homeopathy attempts to integrate these dimensions into one individualised therapeutic prescription.

Emerging scientific research is beginning to provide possible explanations for some of these observations. Experimental studies suggest that ultra-high dilutions may influence biological systems through adaptive responses involving

hormesis, immune modulation, redox signalling, gene-expression changes, nanoparticle-mediated interactions, and complex biological network regulation. Although these mechanisms remain under active investigation, they offer scientifically plausible avenues for future research beyond conventional pharmacological models.

Clinical research in respiratory medicine has also grown steadily. Randomised controlled trials, observational studies, pragmatic clinical research, and systematic reviews have explored homeopathy in allergic rhinitis, bronchial asthma, recurrent respiratory infections, chronic sinusitis, COPD, influenza-like illnesses, and post-viral respiratory syndromes. While methodological limitations exist and larger, higher-quality studies remain essential, several investigations have reported improvements in symptom burden, quality of life, frequency of exacerbations, and patient satisfaction when individualised homeopathy is integrated with standard medical care. Rather than dismissing these findings, the scientific community should examine them with methodological rigor and intellectual openness.

The COVID-19 pandemic further emphasised the importance of comprehensive supportive care in respiratory medicine. Across several countries, homeopathy was explored as an adjunct to conventional treatment during acute illness and recovery. Although definitive conclusions require robust randomised clinical trials, these experiences have renewed interest in host-response modulation, immune regulation, and individualised complementary approaches.

Future research must move beyond the simplistic question of whether homeopathy works and instead investigate how it works, for whom it works best, and under which clinical circumstances it offers the greatest benefit. Precision medicine, systems biology, network pharmacology, metabolomics, transcriptomics, artificial intelligence-assisted repertorization, biomarker-guided patient selection, and rigorous whole-system clinical research offer exciting opportunities to strengthen the scientific foundation of individualized homeopathy.

Equally important is the need to study authentic homeopathic practice rather than protocol-driven

prescribing alone. Pragmatic clinical trials, real-world evidence, N-of-1 methodologies, translational laboratory research, and carefully documented clinical outcomes may together bridge the gap between traditional clinical experience and contemporary biomedical science.

The future of respiratory medicine is unlikely to belong exclusively to any single therapeutic discipline. Instead, it will increasingly embrace collaborative, evidence-informed, patient-centered care that combines the strengths of conventional medicine with scientifically evaluated complementary approaches. Homeopathy should neither be accepted uncritically nor rejected dogmatically. It deserves objective scientific scrutiny guided by methodological rigour, intellectual honesty, and clinical humility.

After more than four decades of caring for patients with respiratory diseases, my conviction is simple. Early and reversible respiratory illnesses may respond remarkably well to carefully individualised homeopathic treatment. In advanced, irreversible, or life-threatening diseases, homeopathy should serve as an integrative partner to evidence-based conventional medicine, with the goal of reducing suffering, improving function, enhancing quality of life, and supporting overall patient care.

Our responsibility as physicians is not to defend systems of medicine but to serve the patient. Every individual struggling for breath reminds us that compassion must always guide science. If a carefully selected similimum can safely contribute to restoring balance, relieving symptoms, and improving quality of life within an evidence-informed integrative framework, it deserves careful investigation and thoughtful application.

The journey of understanding homeopathy in respiratory medicine is still unfolding. Every carefully documented clinical observation, every well-designed laboratory experiment, and every rigorously conducted clinical trial brings us closer to defining its true place in modern healthcare.

For patients living with chronic respiratory disease, even a small improvement in breathlessness, functional capacity, or quality of life is far more than a clinical outcome, it is renewed hope. If the

similimum can safely contribute to that hope, then it may indeed offer a breath of relief.

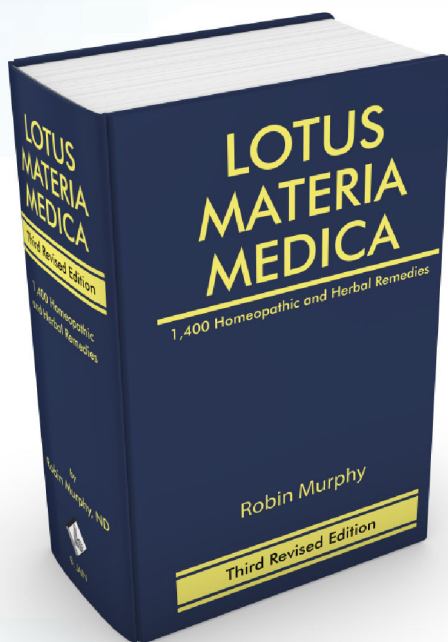
After all mission of physician is to

“Restore the Health of the Sick”

The greatest advances in respiratory care will come not from competing systems, but from integrating the strengths of conventional medicine

with scientifically evaluated, individualised homeopathy. When practiced responsibly within an evidence-informed framework, homeopathy has the potential to reduce suffering, improve quality of life, and complement modern medical care. The future belongs to integrative medicine guided by scientific rigour, clinical wisdom, and compassionate care.

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Learning From The Cause, Symptomatology, Laboratory Investigations & Conventional Treatment: A Case Report on Allergic Asthma Treated With Kali Carb

Dr. Yogesh Dhondiraj Niturkar

Chief Associate Editor, The Homoeopathic Heritage



Abstract

The end objective of any therapeutic intervention is to restore the sick to cure as it is termed, if a disease is curable. Whereas in incurable chronic conditions, malignant or benign, the objective is to provide symptomatic relief in order to ease suffering and improve the quality of life (QOL). In the cases where complete cure is not possible, treatment aims to control the disease and to keep the patient normal or near normal and comfortable as long as possible. This case demonstrates the integration of cause, subjective symptoms, objective symptoms (lab investigations) & conventional treatment in a case of allergic asthma treated with individualized Homoeopathy.

Keywords

Allergic asthma, conventional medicine, IgE, individualized Homoeopathy, kali carb

Objectives

1. Understanding cause effect relationships in perceiving the portrait of disease.
2. Demonstration of how to utilize critical clinical thinking & diagnostic acumen to analyze a case by correlating patient history, examination findings, laboratory investigation reports, and treatment history to formulate accurate diagnosis and individualized therapeutic strategies.
3. Learning how to integrate knowledge of Pathology, Medicine, Pharmacology, Organon, Repertory & Homoeopathic Materia Medica

in the management of chronic allergic asthma.

Introduction

The burden of asthma is immense, with more than 300 million individuals currently suffering from asthma worldwide, about a tenth of those living in India. The prevalence is increasing despite the recent advances in its management including understanding the inflammatory nature of the disease, use of steroids with add-on long acting bronchodilators, use of devices to deliver the medications more appropriately and appreciation of the value of self-management education.

Asthma is a chronic inflammatory disorder of the airways; characterized by (i) airway obstruction & narrowing) that is reversible (but not completely so in some patients) spontaneously or with treatment; (ii) airway inflammation; and (iii) airway hyper responsiveness to a variety of stimuli. These features of asthma are helpful for the diagnosis, management, and potential prevention of the disease. The immune histopathologic features of asthma include inflammatory cell infiltration (Neutrophils (especially in sudden-onset, fatal asthma exacerbations; occupational asthma, and patients who smoke), Eosinophils, Lymphocytes, Mast cell activation and Epithelial cell injury. Airway inflammation contributes to airway hyper-responsiveness, airflow limitation, respiratory symptoms, and disease chronicity.

The strongest risk factors for developing asthma are:-

- a. Exposure, especially in infancy, to indoor allergens (such as domestic mites in bedding,

- carpets and stuffed furniture, cats and cockroaches)
- b. Family history of asthma or allergy
 - c. Exposure to tobacco smoke and exposure to chemical irritants in the workplace
 - d. Other risk factors include certain drugs (aspirin and other non-steroid anti-inflammatory drugs), low birth weight and respiratory infection
 - e. The weather (cold air), extreme emotional expression and physical exercise can exacerbate asthma.

Appropriate management can control the disease and enable people to enjoy a good quality of life. The effective management of asthma can be achieved by focusing our attention to the following components of asthma therapy: **(a)** Patient education and self-management, **(b)** Lifestyle modifications, **(c)** Allergen and risk factor avoidance, **(d)** Assess, treat and monitor asthma & **(e)** Effectively manage asthma exacerbations.

Homoeopathy plays a major role in the management of acute and chronic asthma cases with a check on subsequent recurrence of episodes in terms of frequency, duration & intensity. Studies have shown that Homoeopathic treatment for respiratory diseases was associated with a significant reduction in the use and costs of conventional drugs. Central Council of Research in Homoeopathy has conducted several studies to evaluate the therapeutic usefulness of Homoeopathic medicines in the management of Asthma including observational studies, case reports, theoretical compilations, literary research and personal experiences.

Case Details

Mrs. AR a 28 years old home maker female came for her complaints of coryza, dry cough and dyspnea. All her complaints were since 2019 and patient had taken allopathic treatment from various consultants. Complaints began with itching at upper limbs, coryza, sneezing, dry cough, dyspnea and mild weakness. Coryza is watery thin with continuous sneezing, cough is worse at night and lying down. Cough is generated from throat. All

these complaints are moderate in intensity, its duration is nearly continuous and on daily basis. She is having partial relief with allopathic medicines. In past and family history there is nothing significant. In physical generals, she is having craving for sweets and thermally she is chilly. Her menses are normal. Sleep is disturbed due to cough. Three times she was tested for Tuberculosis & it was negative. She had consulted around 15 doctors for her complaints without any satisfactory result. Her husband had spent approximately Rs. 2 – 3 lakhs for her treatment.

In 2024 she had done blood investigations and in that she was diagnosed with hypothyroidism and her allergy test was positive for certain allergens. **(Fig. 1, 2, 3 & Table 1)**. Since then, her treating physician had advised her Tab. Thyrox 25 mcg (once daily, before breakfast), Inhaler Seroflow 250 (one puff three times in a day), Tab Macphyl-lin SR (once daily, after lunch), Tab Rex LC (once daily, after lunch), Budament Neb Respule (at night, after dinner), Cap. Nativa Gold (once daily, after lunch). **(Table 2)**. As medicines are not helping her, she had discontinued all medicines since 4 months; though the complaints are persistent.

She is a calm lady by nature having anxiety about her health and the impending disease that is not responding to any treatment. She is having two children a boy and a girl; both going to school in 3rd and 2nd standard respectively. Patient’s native is West Bengal. Her husband is goldsmith by profession. They are staying in Latur since 2010.

On examination: Weight – 56 Kgs, Afebrile, No pallor, BP – 120/70 mm of Hg, RR 18/min, Throat – NAD, Nose – NAD, RS- Generalized Wheeze +++

Laboratory Investigation Reports:

Fig. 1: IgE Report

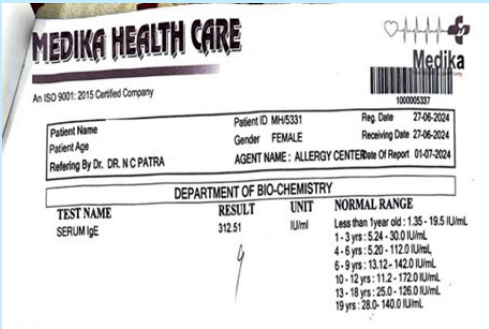


Fig. 2 Allergy test items listed as A01 to D05

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Sl. No.	Allergen	Local Name	Sp. IgE (IU/ml)	Class	Interpretation
INHALANTS					
A. POLLENS					
A01	Acacia nicotica	Babla	0.07	0	Not Detectable
A02	Areca catechu	Supari	0.79	1/0	Very Low Positive
A03	Azadirachta indica	Neem	0.03	0	Not Detectable
A04	Brassica nigra				
A05	Carica papaya	Papaya	9.51	3	Clearly Positive
A06	Coconucifera	Narikel	0.14	0	Not Detectable
A07	Corn	ibhuta	1.25	1	Low Positive
A08	Cynodondactylon	Ghas	0.11	0	Not Detectable
A09	Parthenium hysterophorus		0.23	0	Not Detectable
A10	Peltophorumpteroecarpum	Krishnachura	10.52	3	Clearly Positive
A11	Orchard grass		0.01	0	Not Detectable
A12	Delonixregia	Radhachura	0.17	0	Not Detectable
A13	Wheat		0.77	1/0	Very Low Positive
A14	Eucalyptus spp		0.13	0	Not Detectable
B. MITES IN DUST					
B01	D. Pteronyssinus		0.16	0	Not Detectable
B02	D. Farinae				
B03	Euroglyphummaynet		0.09	0	Not Detectable
B04	D. microcerus				
B05	Glycophagusdomesticus				
C. DUST					
C01	House Dust		0.12	0	Not Detectable
C02	Paper Dust		8.96	3	Clearly Positive
D. MOULDS & SPORES					
D01	Penicilliumnotatum				
D02	Cladosporiumherbarum				
D03	AspergillusFumigatus				
D04	Mucoraceomous				
D05	Candida albicans				

Fig 3: Allergy test report Interpretations & advice

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Sl. No.	Allergen	Local Name	Sp. IgE (IU/ml)	Class	Interpretation
G29	Garlic	Rasun	0.06	0	Not Detectable
G30	Onion		0.19	0	Not Detectable
G31	Apple		0.20	0	Not Detectable
G32	Banana	Kala	3.14	2	Moderate Positive
G33	Carrot		0.10	0	Not Detectable
G34	Grapes		0.02	0	Not Detectable
G35	Orange		8.26	3	Clearly Positive
G36	Coconut	Narikel	0.01	0	Not Detectable
G37	Pea		0.06	0	Not Detectable
G38	Soya beans		0.10	0	Not Detectable
G39	Baker's Yeast	Anaras	0.72	1/0	Very Low Positive
G40	Pineapple	Badam	13.26	3	Clearly Positive
G41	Peanut		0.01	0	Not Detectable
G42	Mango Fruit		0.04	0	Not Detectable
G43	Chocolate		0.08	0	Not Detectable
G44	Moong		0.25	0	Not Detectable
G45	Mossor	Potol	9.23	3	Clearly Positive
G46	Parwal		3.68	2	Moderate Positive
G47	Sweet Potato		0.10	0	Not Detectable

INTERPRETATION :-

- Items classified from 1 to 6 are to be strictly avoided.
- Items classified as not detectable are not excluded from possibility to have a hyper-sensitivity.

DIRECTIONS / ADVICE :-

Patients are advised to eliminate the following food products from their dietary intake.

- Chicken
- Codfish
- Mossor
- Pineapple
- Orange
- Ivy Gourd
- Parwal

B K SARKAR
DR. B K SARKAR
(MD Biochemistry Consultant Biochemist)

Table 1. Laboratory Investigation Report Details

Date	Lab Investigation	Patients Value	Normal Value
27/06/24	• Serum IgE	312.51	Above 19 yrs: 28.0-140.0IU/mL
27/06/24	Serological Allergy Test (SAT)		

- Carica Papaya (9.51 IU/ml) - Peltophorumpteroecarpum (Krishnachura) (10.52 IU/ml) - Paper Dust (8.96 IU/ml) - Codfish (11.28 IU/ml) - Chicken (10.21 IU/ml) - Ivy Gourd (9.12 IU/ml) - Papaya (9.51 IU/ml) - Orange (8.26 IU/ml) - Masoor (9.23 IU/ml)	Clearly positive	
- Egg (white & yolk) (3.56 IU/ml) - Tomato (4.52 IU/ml) - Banana (3.14 IU/ml) - Parwal (3.68 IU/ml)	Moderate Positive	
- Areca Catechu (supari) - Wheat (0.73 IU/ml) - Mosquito (0.73 IU/ml) - Arahar Dal (0.71 IU/ml) - Wheat flour (0.76 IU/ml) - Pumpkin (0.79 IU/ml) - Baker's yeast (0.72 IU/ml)	Very Low Positive	
- Wool (1.38 IU/ml) - Mutton (1.25 IU/ml) - Ladies finger (1.79 IU/ml)		

	- Prawn (1.71 IU/ml) - Corn (1.25 IU/ml) - Spinach (1.02 IU/ml)		
01/09/25	• TSH	5.4	Non Pregnant woman 0.27 – 4.20 microIU/mL
23/12/25	• TSH	4.280	

Clinical significance of laboratory investigation

- Quantitative measurement of serum IgE when interpreted with other clinical indicators can provide useful information for the differential clinical diagnosis of Atopic, non- Atopic disease, patients with atopic disease, including allergic, Asthma, allergic rhinitis and Atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level that is within the range of normally expected values does not rule out a limit set of IgE allergy. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.
- Serological allergy test provides more accurate assessment of the patient's specific allergy status than the arduous process of skin testing. By this method the specific serum IgE levels against a diverse range of causative allergens can be estimated individually by means of ELISA (Enzyme linked immunosorbent Assay) with the help of computerized Multiscan Automatic ELISA Plate reader.
- T3 & T4 levels are normal whereas TSH levels are elevated that indicates subclinical

Systemic Involvement & Pathological Evolution:

Hypothyroidism:→ Genetic Pre-disposition/ **Autoimmune Factors**/Thyroid Injury→ Endocrine System→Mild impairment of thyroid gland function→Slight reduction in the thyroid hormone production capacity→ Pituitary Gland detects reduced thyroid reserve → Increased secretion of TSH → Enhanced stimulation of Thyroid Gland →Maintenance of normal T3 & T4 levels → Elevated TSH with normal thyroid hormones→

Subclinical Hypothyroidism.

Allergic Asthma: → High susceptibility → Exposure to allergen→ airway hyper responsiveness → Inflammatory cell infiltration (Neutrophils, Eosinophils, Lymphocytes, Mast cell activation and Epithelial cell injury) Inflammation → airflow limitation→ Subjective & Objective findings→ disease chronicity.

Understanding from History of treatment:

Handwritten medical history and treatment notes for a patient with Hypothyroidism and Asthma. The notes include patient details, current complaints, diagnosis, and a list of prescribed medications with their dosages and frequencies.

Patient Details:

- ID: [Blank]
- NAME: [Blank]
- ADDRESS: LATUR
- DATE: 21/12/2025
- AGE/GENDER: [Blank]
- MOBILE: [Blank]

Current Complaints / Observations:

- COUGH

Diagnosis: HYPOTHYROID 50 OD, ASTHMA ON TRITFORMETROL 400 OD, MONTEK LC, SALBAIR B

Prescribed Medications:

- 1) TAB. THYROID 25 MCG (1 गोली नाम्ने से पहले (100 गोली)) 1--0--0
- 2) INHL. SEROFLOW 250 (1 puff सुबह - 1 puff दोपहर - 1 puff रात (1)) 1 puff--1 puff--1 puff
- 3) TAB. MACHYLUN SR (1 गोली दोपहर भोजन के बाद (60)) 0--1--0
- 4) TAB. REX LC (BALAI) (1 गोली दोपहर भोजन के बाद (10)) 0--1--0
- 5) BUDAMET NEB RESPUL (1 रस्मिने के बाद (10)) 0--0--1

Handwritten Notes:

- ⑥ Tab. Thyrox 25 MCG (100 गोली)
- Tab. Clevo 250 (10)
- Cap. Nutiva gold (30)

Table 2: Analysis of prescribed medicine (Name of medicine, dosage, content, sphere of action and clinical indications)

Name the medicine	Advised Dosage	Content, Sphere of action & Indications
Tab Thyrox 25 mcg	Once daily before breakfast	Medicine used to treat an underactive thyroid gland (hypothyroidism). It replaces the hormone which is not being produced by your thyroid gland in sufficient

		quantity and helps regulate your body's energy and metabolism.
Inhaler Scroflow 250	One puff three times in a day	It is a combination of two medicines: Salmeterol and Fluticasone Propionate used in the treatment of chronic obstructive pulmonary disease. Salmeterol is a long-acting bronchodilator which works by relaxing the muscles of the airways and widens the airways. Fluticasone Propionate is a steroid. It works by stopping the release of certain chemical messengers that cause inflammation (swelling) of the airways. Together, they make breathing easier. It is used in the treatment of asthma (wheezing and shortness of breath) and chronic obstructive pulmonary disorder (a lung disorder in which the flow of air to the lungs is blocked).
Tab Macphyllin SR	Once daily, after lunch	It contains Acebrophylline sustained release. Acebrophylline is a mucolytic and bronchodilator. It works by relaxing the muscles of the airways and also thins and loosens mucus, making it easier to breathe. Macphyllin SR 200 Tablet is used to treat and prevent symptoms of asthma, bronchitis, and chronic obstructive pulmonary disorder (a lung disorder in which airflow to the lungs is blocked). It helps relax the muscles of the air passages, thus widening them and making them easier to breathe.
Tab Rex LC	Once daily, after lunch	It is a combination of two medicines: Levocetirizine + Montelukast. It is used for sneezing and runny nose due to allergies, hay fever and allergic skin conditions. Levocetirizine is an anti-allergic which blocks a chemical messenger (histamine) responsible for runny nose, watery eyes and sneezing. Montelukast is a leukotriene antagonist. It works by blocking another chemical messenger (leukotriene).

		This reduces inflammation (swelling) in the airways and nose, and improves symptoms. LM-Rex Tablet is used to treat symptoms of allergic rhinitis, such as runny or stuffy nose, sneezing, itching, swelling, watery eyes, and congestion. It also reduces airway inflammation and makes breathing easier. It works by blocking a substance that causes allergy in the body.
Budamate Neb Re-spule	At night, after dinner	It is a combination of two medicines viz. Formoterol + Budesonide. It is used in the treatment of chronic obstructive pulmonary disease. Formoterol is a long-acting bronchodilator which works by relaxing the muscles in the airways and widens the airways. Budesonide is a steroid. It works by stopping the release of certain chemical messengers that cause inflammation (swelling) of the airways. Together, they make breathing easier. Budamate Neb 0.5 mg Re-spules (2 ml each) is a combination of two medicines in one inhaler. It relieves the long-term symptoms of asthma and COPD, making breathing easier. It works by inhibiting the release of certain chemical messengers that cause inflammation (swelling) and relaxes the muscles in the airways.
Cap. Nutiva Gold	Once daily after lunch	It is a multivitamin. It breaks down food. Grow and repair body tissue. Make hormones and brain chemicals (neurotransmitters). Provide an energy source. Maintain healthy skin, hair and nails. Build muscle. Boost your immune system. Sustain a normal digestive system.

Case Processing:

- **Clinical Diagnosis:** Allergic Asthma
- **Classification of Disease:** Chronic
- **Miasmatic Understanding:** Psora² → Syco-sis³ (Hypersensitivity → Functional changes

→ Inflammation→ Airway Obstruction→ Chronic→ Bronchial Wall thickening→ No amelioration & suppression of disease from conventional Rx)

- **Susceptibility:** Moderate **Sensitivity:** High **General Vitality:** Moderate **Potency:** 200 **Rep-etition:** Infrequently

Repertorial totality & the result:

Table 3. Repertorization sheet

Remedy	Ars	Kali- c	Puls	Calc	Sulph
Totality	41	38	38	36	36
Symptoms Covered	12	12	11	11	10
[Complete] [Generalities]Dust:Agg., foreign bodies:	4	1	3	4	4
[Complete] [Cough]Night:Agg.:Lying agg.:	3	4	4	3	4
[Complete] [Generalities]Food and drinks:Fruits:Agg.:	4	1	4	3	3
[Complete] [Generalities]Food and drinks:Fish:Agg.:	3	3	3	0	0
[Complete] [Generalities]Food and drinks:Vegetables:Agg.:Green:	1	3	0	1	0
[Complete] [Generalities]Food and drinks:Sweets:Desires:	2	4	3	3	4
[Complete] [Generalities]Sensitiveness:	4	4	4	4	4
[Complete] [Sleep]Disturbed:	4	4	4	4	4
[Complete] [Respiration]Difficult:	4	4	4	4	4
[Complete] [Cough]Throat or larynx, as from:	4	4	4	3	4
[Complete] [Mind]Anxiety:Health, about:	4	3	4	4	4
[Murphy] [Mind]Fears, phobias, general:Disease, of impending, (see Incurable):	4	3	1	3	1

Totality of symptoms was done as per the BBCR approach because there are characteristic causative aggravating modalities, predominant physical generals and particulars. Cross repertorization was done as the characteristic mental state of developing fear about the impending disease due to poor response to conventional treatment. The repertorial result was Ars (41/12), Kali C (38/12), Puls (38/11), Calc (36/11) and Sulph (36/10). After applying thermal filter Chilly, the result was Ars (41/12), Kali C (38/12), Calc (36/11).

Final Selection of the remedy: Kali Carb

Materia Medica Understanding:

Kali carbonicum (potassium carbonate) is having action on the serous and mucous membranes of the respiratory system. It produces excessive irritation and inflammation. Respiratory complaints are aggravated at night & on lying down. Tickling in the larynx, throat, provoking cough, Fearful & anxious about her disease. Anxiety about health and the impending disease. Kali carb is used as a deep-acting constitutional remedy for respiratory and allergic conditions.

First Prescription & Follow Up:

[1] 06/01/26: Case Definition was done. Kali carb 200 single dose was administered.

Ancillary measures: (a) Avoid eating/drinking cold, sour food, (b) Wear mask when outdoor and while sweeping/doing household work (c) Breathing exercises (d) To report at the onset of acute episodes.

06/02/26: Cough was reduced in intensity, frequency and duration for initial 3 weeks but re-occurred in the last 4 days. She had consumed one small bowl of curd since then she had a cough and breathlessness. O/E: P: 78/min, BP: 110/80 mm of Hg, RR: 16/min, RS: Scattered Wheeze. Diagnosis: Acute Asthma (Acute Exacerbation of a chronic disease)

Rx: Pulsatilla 200 3 tds x 3 days followed by Kali Carb 200 single dose at bedtime on 4th day (i.e. after completing the 3 days of Puls).

[2] 10/03/26: Patient was better with Puls 200 and now her cough is >++. No breathlessness. Sleep improved and sense of well-being.

O/E: P: 80/min, BP: 1160/80 mm of Hg, RR: 16/min, RS: Clear.

Rx: Kali Carb 200 single weekly dose

[3] 04/04/26: Since 2 days due to change in weather, occasional mild cough. No breathlessness.

O/E: Vitals Normal, RS: Clear

Rx: Pulsatilla 200 3 tds x 2 days followed by Kali Carb 200 single dose at bedtime on 3rd day (i.e. after completing the 2 days of Puls).

[4] 08/05/26: Occasional cough at night or in the morning. She is going to her native place in West Bengal for summer vacation. Took 2 months of medicine.

O/E: Vitals normal. RS Clear

Rx: Thuja 200 single dose at bedtime in 1st & 3rd week, Kali carb 200 single dose at bedtime in 2nd & 4th week.

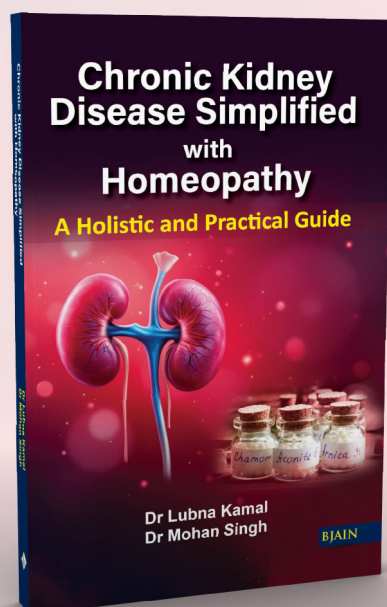
CONCLUSION

- The patient experienced significant improvement in cough, breathlessness, and overall well-being after individualized homeopathic treatment.

- There was a reduction in the frequency, duration, and intensity of asthma episodes, with improved sleep and quality of life.
- The case highlights the potential of individualized homeopathic treatment in managing chronic allergic asthma, especially when conventional therapies provide limited relief.
- This case demonstrates that effective homeopathic asthma management can be achieved by integrating clinical acumen, laboratory diagnostics, and conventional medical insights.
- Such integration ensures a comprehensive understanding of the patient's condition, supports individualized remedy selection, and enhances the potential for improved outcomes.

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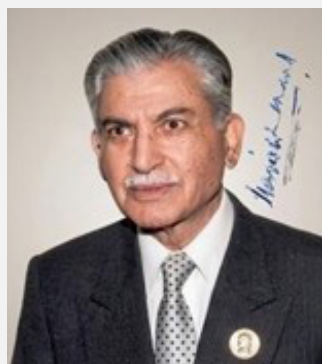


Dr. Diwan Harish Chand (1924–2011) *A Global Ambassador of Indian Homoeopathy*

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Dr. Diwan Harish Chand (1924–2011) was a distinguished physician, visionary leader, and internationally acclaimed Homoeopath whose life-long contributions significantly strengthened the growth and global recognition of

Indian Homoeopathy. Respected as an outstanding clinician, teacher, author, administrator, and international representative of Indian Homoeopathy, he devoted more than six decades to the advancement of the profession. His contributions extended beyond clinical practice to education, research, pharmacopoeia, and public health, leaving a lasting influence on Homoeopathy both nationally and internationally.

Early Life and Family Background

Dr. Diwan Harish Chand was born on 7th March 1924 in Lahore, then part of British India. He was born into a family deeply associated with Homoeopathy. His father, **Dr. Diwan Jai Chand**, was a distinguished Homoeopathic physician and one of the early pioneers responsible for establishing and promoting Homoeopathy in Lahore. Growing up in this intellectually stimulating environment, Dr. Harish Chand developed an early appreciation for the principles and practice of Homoeopathy, which ultimately shaped the course of his professional life.

Medical Education and Professional Influences

Before dedicating himself entirely to Homoeopathy, Dr. Harish Chand pursued conventional medical education and obtained his **M.B.B.S. degree in 1945**. This strong foundation in modern medicine enriched his understanding of disease and later complemented his Homoeopathic practice.

His pursuit of excellence was rooted in the strong professional foundation laid by his father, Dr. Diwan Jai Chand, a distinguished Homoeopathic physician and teacher under whose guidance Mother Teresa is reported to have studied Homoeopathy.

Seeking advanced training in Homoeopathy, he travelled abroad during the **1950s**. He received clinical training at the **Royal London Homoeopathic Hospital**, one of the world's most prestigious Homoeopathic institutions. He further refined his knowledge under the guidance of **Dr. Pierre Schmidt** in Switzerland, a very renowned Homoeopathic physicians of the 20th century. These international experiences profoundly influenced his clinical approach and philosophical outlook, enabling him to integrate classical Homoeopathic principles with a broader global perspective.

Dedication to Homoeopathy

Following his advanced training, Dr. Harish Chand devoted himself exclusively to the practice, teaching, and promotion of Homoeopathy.

Over a professional career spanning **more than sixty years**, he established himself as an exceptional clinician and educator. His commitment to the discipline inspired generations of students and practitioners across India and abroad.

Homoeopathy remained a family tradition, as his son, **Dr. Vijay Chand**, also emerged as a Homoeopathic physician, continuing the family's contribution to the profession.

International Leadership and Recognition

Dr. Harish Chand played a pivotal role in representing Indian Homoeopathy on the global stage. He achieved the distinction of becoming the **first Asian President of the Liga Medicorum Homoeopathica Internationalis (LMHI)**, the world's premier international organization for Homoeopathic physicians. Following his presidency, he continued to serve the organization for many years as its **Indian Vice-President**, further strengthening international collaboration in Homoeopathy.

In recognition of his lifelong dedication, the **66th LMHI Congress**, held in **New Delhi on 1 December 2011**, conferred upon him the prestigious title of "**President of Honour**." The award was presented by **Shri Ghulam Nabi Azad**, then Union Minister of Health and Family Welfare, only days before Dr. Harish Chand's passing, symbolizing the culmination of his remarkable international career.

Awards and Honours

Throughout his distinguished career, Dr. Harish Chand received numerous national and international honours acknowledging his invaluable contributions to Homoeopathy.

Among his most significant recognitions was the **Dhanvantari Award**, regarded as India's highest medical honour for "the most outstanding medical man of the year." Dr. Harish Chand holds the unique distinction of being the **first Homoeopathic physician** to receive this prestigious award.

Later in his career, on **24 April 2011**, he was honoured with the **Homoeo Ratan Award**, presented by **Dr. A. K. Walia**, the then Health Minister of the Government of Delhi, in recognition of his

lifelong service to Homoeopathy.

Literary Contributions

Dr. Harish Chand was a prolific author whose publications enriched Homoeopathic literature and continue to serve as valuable references for students, practitioners, and researchers. His major works include:

- *A Compendium of Lectures on Homoeopathy*
- *Microdoses Mega-results*
- *Homoeopathy in Geriatrics* (co-authored with Dr. Pierre Schmidt)
- *Kent's Final General Repertory*
- *Iconography of Hahnemann- A Pilgrimage*
- *History of Homoeopathy in India in the 19th Century*
- *Sir John Weir: A Legend in Homoeopathy*

His final publication, **History of Medicine – The Contribution of Hahnemann**, co-authored with **Dr. Pritha Mehra**, was released during the **66th LMHI Congress in 2011**, providing a fitting conclusion to his extraordinary literary and professional journey.

Contributions to Policy, Education, and Public Service

Beyond his clinical and academic achievements, Dr. Harish Chand played a crucial role in shaping the development of Homoeopathy in India. For nearly **five decades**, he served on numerous Government of India committees dealing with Homoeopathy. He chaired and contributed to expert panels concerned with **research, medical education, and pharmacopoeia standards**, thereby influencing national policies and the standardization of Homoeopathic practice.

His commitment to public welfare extended beyond medicine. He actively participated in the **Rotary Club of Delhi**, contributed to **Civil Defence** initiatives, and supported various **AIDS-awareness** and **family welfare** programmes, demonstrating his broader concern for community health and social service.

Personal Interests

Apart from his professional accomplishments, Dr. Harish Chand was known for his diverse personal interests. Colleagues and contemporaries remembered him as an enthusiastic **sportsman, photographer, and philatelist**. These pursuits reflected his curiosity, creativity, and well-rounded personality beyond the field of medicine.

Legacy

Dr. Diwan Harish Chand passed away on 13

December 2011, bringing to a close an extraordinary career devoted to the advancement of Homoeopathy. His contributions as a clinician, educator, author, administrator, and international ambassador significantly strengthened the position of Indian Homoeopathy on the world stage. His scholarly writings, institutional leadership, and policy initiatives continue to inspire students, practitioners, and researchers, ensuring that his legacy remains an enduring part of the history and development of Homoeopathy.



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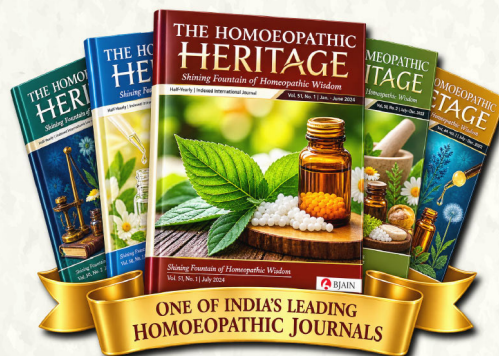
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Honouring the Past. Enriching the Present. Shaping the Future...

Individualized Homoeopathic Management of Acute Lower Respiratory Tract Infection with *Medorrhinum*: A Case Report

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Abstract:

Background: Acute lower respiratory tract infections (LRTIs) are among the most common causes of respiratory morbidity worldwide. In homoeopathy, remedy selection is based on the totality of individual physical, mental, and general symptoms rather than the pathological diagnosis alone. This case report describes the individualized homoeopathic management of an acute lower respiratory tract infection using *Medorrhinum*.

Case Presentation: A 58-year-old female anaesthesiologist from Switzerland presented with an acute lower respiratory tract infection following prolonged exposure to cold weather during travel. She experienced a deep barking cough, hoarseness, wheezing, difficulty in expiration, left-sided chest tightness, inability to lie on the left side, thick greenish expectoration with a salty taste, and offensive perspiration. Characteristic modalities included aggravation in enclosed spaces, aggravation from thinking about her complaint, intolerance to dust, and marked relief in open air and from hot tea. The patient's symptom totality was evaluated through individualized homoeopathic case-taking and repertorial analysis.

Intervention: Based on the characteristic mental and physical symptoms, *Medorrhinum* 200C was prescribed as a single oral dose on 6 January 2023, followed by placebo during subsequent follow-up visits. No additional homoeopathic medicines were administered.

Outcome: Within one hour of receiving the remedy, the patient reported marked relief in breathing, disappearance of left-sided chest tightness, and reduced sensation of constriction in enclosed spaces. Over the following days, her cough progressively diminished, expectoration changed from thick green to white and subsequently became clear, offensive body odour resolved, energy levels improved, and normal daily activities were resumed without relapse. Complete clinical recovery was observed during follow-up.

Conclusion: This case highlights the importance of individualized homoeopathic prescribing in the management of acute lower respiratory tract infection. The prescription of *Medorrhinum* was guided by the patient's distinctive physical and mental characteristics rather than the clinical diagnosis alone. Although the favourable outcome observed in this case is encouraging, further well-designed clinical studies are required to evaluate the effectiveness of individualized homoeopathic treatment in acute respiratory infections.

Keywords:

Acute lower respiratory tract infection; Homoeopathy; Individualized prescribing; *Medorrhinum*; Case report; Respiratory infection.

Introduction:

Lower respiratory tract infections (LRTIs) comprise a group of infectious diseases involving

the trachea, bronchi, bronchioles, and lung parenchyma, including acute bronchitis, bronchiolitis, and pneumonia. They remain a major global public health problem and are an important cause of morbidity, hospitalization, and mortality, particularly among older adults and individuals with underlying comorbidities. Clinically, patients commonly present with cough, expectoration, dyspnoea, wheezing, fever, chest discomfort, malaise, and constitutional symptoms. Viral infections, bacterial pathogens, environmental exposure to cold, and impaired host immunity are recognized predisposing factors. Early diagnosis and appropriate management are essential to prevent disease progression and complications.^[1]

In homoeopathy, the management of acute respiratory infections is based on the fundamental principles described by Samuel Hahnemann in the *Organon of Medicine*. According to Aphorisms 72 and 73, acute diseases are rapid morbid disturbances of the vital force that arise either from individual exciting causes, such as exposure to cold, physical exertion, dietary indiscretions, or emotional stress, or from sporadic and epidemic influences affecting susceptible individuals.^[2] The physician should therefore identify not only the pathological diagnosis but also the exciting cause and the complete symptom picture before selecting the appropriate homoeopathic medicine.^[3]

Hahnemann further emphasized that successful homoeopathic prescribing depends upon the totality of symptoms rather than the disease name alone. In Aphorism 5, he advised the physician to investigate the exciting cause of acute disease together with the patient's constitution, temperament, occupation, habits, and other individual characteristics that may influence the course of illness.^[2] Moreover, Aphorisms 152 and 153 state that remedy selection should primarily be guided by the striking, singular, uncommon, and characteristic symptoms of the patient, because these peculiar features establish the closest similarity between the natural disease and the pathogenetic effects of the medicine.^[4] Consequently, patients with the same clinical diagnosis of lower respiratory tract infection may require different homoeopathic medicines according to their individual symptom totality.

Classical homoeopathic literature describes several medicines that may be indicated in acute lower respiratory tract infections when prescribed on the basis of Individualisation. *Aconitum napellus* is frequently indicated during the initial stage following sudden exposure to cold, dry wind with high fever, anxiety, restlessness, and dry cough.^[5,6] *Bryonia alba* is characterized by painful dry cough aggravated by motion, stitching chest pain, dryness of mucous membranes, and intense thirst.^[5,7] *Phosphorus* is recognized for bronchitis and pneumonia associated with hoarseness, oppression of the chest, burning sensation, haemorrhagic or rust-colored expectoration, and marked weakness.^[5,7] *Antimonium tartaricum* is classically indicated in patients presenting with coarse rattling of mucus, difficult expectoration, dyspnoea, and impending respiratory failure despite abundant bronchial secretions.^[5,6] *Hepar sulphuris calcareum* is frequently prescribed when respiratory infection is accompanied by extreme sensitivity to cold air, loose rattling cough, and purulent expectoration, whereas *Kali bichromicum* is particularly indicated for tenacious, stringy, difficult-to-expectorate mucus and localized bronchial involvement.^[5-8] Likewise, *Me-dorrhinum* has been described in the homoeopathic Materia Medica as a remedy possessing characteristic respiratory symptoms, including asthma, difficult respiration, aggravation in closed or confined spaces, amelioration in open air, offensive perspiration, and distinctive mental and general modalities that assist in Individualized prescription.^[5,8,9]

The present case report demonstrates the application of these homoeopathic principles in the management of a 58-year-old female physician presenting with an acute lower respiratory tract infection following prolonged exposure to cold weather during travel. The prescription of *Me-dorrhinum* was based on the patient's characteristic respiratory symptoms together with her peculiar mental and general modalities, illustrating the practical application of individualized prescribing as advocated in the *Organon of Medicine*.

Case Presentation

A 58-year-old female anaesthesiologist from Switzerland visited Goa, India, for an intensive practical training programme in homoeopathy from

2nd to 8th January 2023. She had been studying and practicing homoeopathy since 2020.

The patient developed an influenza-like illness on 25th December 2022 following extensive social interaction with family members, friends, and patients during the Christmas holidays. On 28th December 2022, she experienced prolonged exposure to cold weather after being stranded at a railway station for approximately 4–6 hours due to a train delay, without adequate protection against the cold. Following this exposure, her symptoms worsened considerably, and she developed fever, persistent cough, and generalized weakness, requiring complete bed rest.

Despite her illness, she travelled by air to Goa on 30th December 2022 and arrived on 31st December 2022. During the flight, a fellow passenger expressed concern regarding the severity of her cough. Owing to marked difficulty in breathing, she was unable to tolerate wearing a face mask for prolonged periods.

On 1st January 2023, she developed complete hoarseness of voice and remained at rest because of illness and jet lag. During the initial consultation, she was able to communicate only by whispering. She presented with a deep, barking cough occurring in paroxysms of seven to eight consecutive episodes. Each bout of coughing was followed by an irresistible desire to drink water and was noticeably relieved by going outdoors into fresh air. Despite the severity of her respiratory symptoms, her appetite remained normal.

Her past history revealed improvement in arthritic complaints after discontinuing meat consumption. She also reported a family history of arthritis.

Several characteristic mental and general symptoms emerged during detailed case-taking. She observed that her coughing episodes were aggravated whenever a man sat directly in front of her and subsided after moving away from the situation. She became uncomfortable when people focused attention on her illness or repeatedly expressed concern regarding her persistent cough. She stated that merely thinking about her respiratory complaint intensified the cough. During her illness, she experienced a vivid dream in which

the allopathic physician with whom she was staying approached her carrying a large stethoscope to examine her lungs, producing marked fear and anxiety. She preferred walking intermittently outdoors and consistently experienced relief in open air.

Clinical Findings

On 5th January 2023, the allopathic physician in whose residence the patient was staying contacted the treating homoeopathic physician because of concern regarding the possibility of developing pneumonia. Chest radiography and immediate conventional treatment were advised considering the severity of her respiratory symptoms.

A more detailed clinical evaluation conducted later that evening revealed the following characteristic findings:

- Tightness predominantly involving the left side of the chest.
- Wheezing associated with difficult expiration.
- Inability to lie on the left side because of respiratory discomfort.
- Thick greenish expectoration with a salty taste.
- Offensive odor of perspiration.
- Marked aggravation in enclosed or narrow rooms.
- Aggravation from thinking about her illness.
- Aggravation from exposure to dust.
- Marked amelioration in open air.
- Relief while sitting quietly in natural surroundings.
- Amelioration after drinking hot tea without milk.
- Aversion to exposure to a fan.
- Excellent memory for plants and patients, although she occasionally forgot computer passwords.

The overall clinical impression was of an acute lower respiratory tract infection characterized by

prominent respiratory symptoms together with well-defined mental, physical, and general modalities that were valuable for individualization.

Repertorization and Prescription

The prescription was based on the totality of characteristic symptoms obtained during detailed case-taking. The principal repertorial rubrics considered were:

1. Mind – ailments aggravated by thinking about

the complaint.

2. Respiration – difficult; worse while lying on the left side.

Repertorial analysis indicated *Medorrhinum* as the remedy most closely corresponding to the patient's symptom totality. Accordingly, a single oral dose of *Medorrhinum* 200C was administered on 6th January 2023 at 6:00 p.m., followed by placebo during subsequent follow-up.

Follow-up and Outcome

Date	Response	Prescription
6 th Jan 2023	Approximately one hour after administration of <i>Medorrhinum</i> 200C, the patient reported easier breathing with complete relief of left-sided chest tightness and spasmodic sensation. The sensation of constriction experienced in enclosed rooms had disappeared. No adverse effects were observed.	<i>Medorrhinum</i> 200, 1 single dose at 6pm
7 th Jan 2023	Marked improvement in general well-being and energy. The patient remained active throughout the afternoon without requiring rest and was able to read scientific articles comfortably. Expectoration changed from thick greenish sputum to white sputum. The barking cough became less frequent and less intense, with the sensation shifting from the left side of the chest to the retrosternal region. Mental clarity improved, and exposure to a ventilation fan no longer aggravated symptoms.	Placebo
8 th Jan 2023	Continued clinical improvement was observed. Expectoration became clear and watery. The offensive odour of perspiration completely resolved. The patient remained free from chest tightness and wheezing, with further reduction in cough frequency.	Placebo
11 th Jan 2023	The patient shifted to a beachside cottage, resumed swimming and other outdoor activities, and reported complete absence of respiratory discomfort. No relapse of cough, dyspnoea, wheezing, or chest tightness was noted.	Placebo
15 th Jan 2023	During the final follow-up, the patient had relocated to another beach in South Goa and remained asymptomatic. She resumed normal physical activities and continued to enjoy good health without recurrence of respiratory symptoms.	Placebo

DISCUSSION:

This case illustrates the application of individualized homoeopathic prescribing in the management of an acute lower respiratory tract infection. Although the clinical diagnosis suggested an acute respiratory infection, the prescription was determined by the patient's distinctive symptom totality rather than by the pathological diagnosis alone, consistent with the principles of homoeopathic therapeutics.

Several characteristic features strongly supported the selection of *Medorrhinum*, including aggravation from thinking about the illness, intolerance

of enclosed spaces with marked relief in open air, inability to lie on the left side due to and greenish expectoration. These symptoms correspond closely with the remedy picture described in authoritative homoeopathic Materia Medica by Allen, Nash, Kulkarni, and Mathur. The patient's emotional sensitivity, worsening of symptoms when attention was directed towards her illness, and desire for open air further reinforced the remedy selection.

Following a single dose of *Medorrhinum* 200C, rapid clinical improvement was observed. Respiratory distress improved within one hour, followed by progressive reduction in cough, change in the

character of expectoration from green to white and subsequently clear, restoration of energy, disappearance of offensive perspiration, and complete functional recovery without relapse during follow-up. The sequence of improvement, together with the absence of additional medicinal intervention, supports the clinical effectiveness of the individualized prescription in this case.

Nevertheless, this report has important limitations. The diagnosis was based primarily on clinical findings, as radiological investigations and laboratory confirmation were not available. Being a single case report, the findings cannot be generalized, and controlled clinical studies are required to establish the therapeutic role of individualized homoeopathy in acute lower respiratory tract infections.

CONCLUSION

This case demonstrates the successful individualized homoeopathic management of an acute lower respiratory tract infection using *Medorrhinum* 200C. The prescription was guided by the patient's characteristic mental, general, and physical symptoms, particularly aggravation from thinking about the complaint, worsening in enclosed spaces, inability to lie on the left side, offensive perspiration, and marked amelioration in open air. Rapid and sustained clinical improvement following a single dose highlights the importance of detailed case-taking and individualized remedy selection in homoeopathic practice. Although

the outcome was favorable, further well-designed observational studies and controlled clinical trials are required to evaluate the effectiveness of individualized homoeopathic treatment in acute lower respiratory tract infections.

Acknowledgement:

The authors sincerely acknowledge the support and cooperation of all individuals who contributed to the clinical observation and documentation of this case. The authors are also grateful to the patient for providing written informed consent for publication of this case report.

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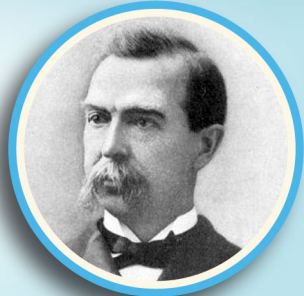


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ISBN:- 9788131911754

T F Allen



Role of Hormones In Allergic Rhinitis And Bronchial Asthma And Its Impact On Similimum Selection

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Abstract

Hormones play an important role in the regulation of respiratory function. Their imbalance can influence the severity and pattern of allergic rhinitis and bronchial asthma. Both conditions may worsen due to hormonal changes. This article discusses the hormonal influence on these conditions and homoeopathic concepts of similimum selection based on mental and physical symptoms.

Keywords

Allergic Rhinitis, Bronchial Asthma, Holistic approach, Homoeopathic similimum, Hormonal Influence.

Introduction

Allergic Rhinitis and Bronchial Asthma are common allergic conditions that significantly affect the respiratory system and quality of life. Both diseases are closely associated with hypersensitivity reactions mediated by immunoglobulin E (IgE), eosinophilic inflammation and airway hyperresponsiveness. Allergic rhinitis mainly affects the upper respiratory tract, producing symptoms such as sneezing, nasal discharge, itching and congestion, whereas bronchial asthma involves inflammation and narrowing of the bronchial airways, leading to wheezing, breathlessness, chest tightness and cough. Hormones play an important role in the development, progression and severity of allergic respiratory diseases. Endocrine hormones such as estrogen, progesterone, testosterone,

cortisol and thyroid hormones influence immune responses, inflammatory mediators and bronchial reactivity. Hormonal fluctuations during puberty, menstruation, pregnancy, Menopause and emotional stress may aggravate or modify allergic symptoms. Females often experience variations in asthma severity during menstrual cycles or pregnancy, indicating the influence of sex hormones on airway inflammation and immune regulation. Stress-related hormonal imbalance also contributes to increased allergic sensitivity and recurrent respiratory complaints. In Homeopathy, the individual is treated as a whole, considering physical, mental, emotional and constitutional characteristics. The selection of the similimum is based on the totality of symptoms, including hormonal and endocrine manifestations that may influence disease susceptibility. Homeopathic remedies such as Pulsatilla, Sepia and Lachesis are often indicated where hormonal disturbances coexist with allergic conditions. Understanding the Hormonal influence in allergic rhinitis and bronchial asthma may therefore help in accurate constitutional assessment and individualized remedy selection in homeopathic treatment.

Gender Differences in Asthma and Allergic Rhinitis

- Boys more affected before puberty
- Females more affected after puberty
- Hormonal cycling increases female susceptibility^{1,2,3}

List of Hormones and its Influence on Allergic Rhinitis and Bronchial Asthma

1. Estrogen

Estrogen enhances histamine release and increases mucosal vascularity and inflammation. Elevated estrogen levels may worsen nasal congestion and bronchial hyper-reactivity.

Effects:

- Increased nasal mucosal edema
- Enhanced allergic sensitivity
- Increased asthma exacerbations during ovulation or pregnancy

Clinical Observations:

- Women may experience worsening symptoms before menstruation.
- Pregnancy rhinitis is often associated with elevated estrogen levels.

2. Progesterone

Progesterone affects smooth muscle tone and respiratory drive. In some individuals, high progesterone levels aggravate asthma symptoms.

Effects:

- Bronchial smooth muscle instability
- Dyspnoea during luteal phase
- Fluid retention causing nasal blockage

3. Cortisol

Cortisol possesses anti-inflammatory properties. Reduced cortisol response may predispose individuals to chronic allergic inflammation.

Effects:

- Increased inflammatory cytokines
- Poor stress tolerance
- Frequent allergic attacks

4. Thyroid Hormones

Both hypothyroidism and hyperthyroidism

influence respiratory function and immune regulation.

Hypothyroidism:

- Nasal stuffiness
- Reduced lung efficiency
- Fatigue-associated dyspnoea

Hyperthyroidism:

- Anxiety-induced asthma aggravation
- Increased respiratory sensitivity.

Pathophysiology of allergic rhinitis

Allergen Exposure → IgE Production → IgE binds Mast Cells → Re-exposure to Allergen → Mast Cell Degranulation → Histamine & Leukotriene Release → Sneezing, Rhinorrhoea, Nasal Itching, Congestion → Eosinophilic Infiltration (Late Phase) → Chronic Nasal Inflammation.^{4,5}

Pathophysiology of bronchial asthma

Allergen Exposure → Th2 Cell Activation → IgE Production → Mast Cell Degranulation → Histamine & Leukotriene Release → Bronchoconstriction + Mucosal edema + Mucus Hyper secretion → Airflow Obstruction → Clinical Symptoms of Asthma (Wheezing, Dyspnoea, Cough, Chest Tightness) → Chronic Inflammation → Airway Remodelling.^{4,5}

Mental and Physical Symptoms due to Hormonal influence in Allergic rhinitis and bronchial asthma:

Mental Symptoms - Common psychological features observed in patients include:

- Anxiety and fear during breathlessness
- Irritability before menses
- Emotional sensitivity
- Mood swings
- Weeping tendency
- Restlessness
- Depression due to chronic illness

- Desire for company or aversion to consolation
- Fear of suffocation at night

Physical Symptoms

Allergic Rhinitis

- Sneezing in paroxysms
- Watery nasal discharge
- Nasal obstruction
- Itching of nose and eyes
- Postnasal drip
- Worse from dust, pollen, cold weather

Bronchial Asthma

- Wheezing respiration
- Shortness of breath
- Tightness in chest
- Cough worse at night
- Difficulty lying down
- Expectoration with rattling mucus
- Aggravation from exertion, cold air

Homoeopathic Similimum Remedies ^{5,6,7}

1. Pulsatilla nigricans

Indications:

- Allergic complaints associated with hormonal changes
- Mild, emotional, weeping disposition
- Thick bland nasal discharge
- Asthma worse in warm rooms
- Symptoms before menses

Mental Symptoms:

- Desire for consolation
- Timid and affectionate

- Mood changes

2. Natrum muriaticum

Indications:

- Allergic rhinitis with sneezing and watery discharge
- Asthma triggered by grief or emotional Suppression
- Headaches related to menstrual cycle

Mental Symptoms:

- Reserved personality
- Dwells on past grief
- Aversion to sympathy

3. Lachesis mutus

Indications:

- Symptoms worse before menses or menopause
- Left-sided complaints
- Suffocation during sleep
- Cannot tolerate tight clothing around neck

Mental Symptoms:

- Jealousy
- Talkative nature
- Suspiciousness

4. Arsenicum album

Indications:

- Severe asthma with anxiety and restlessness
- Burning nasal discharge
- Great exhaustion

Mental Symptoms:

- Fear of death
- Restlessness

- Fastidious nature

5. *Sepia officinalis*

Indications:

- Hormonal imbalance with allergic disorders
- Menopausal asthma
- Chronic nasal catarrh
- Bearing-down sensation

Mental Symptoms:

- Indifference to family
- Irritability
- Desire to be alone

6. *Tuberculinum*

Indications:

- Recurrent allergic attacks
- Family history of allergies or tuberculosis
- Changeable symptoms
- Asthma with frequent respiratory infections

Mental Symptoms:

- Desire for travel
- Irritability
- Destructive tendencies

7. *Ipecacuanha*

Indications:

- Asthma with persistent nausea
- Wheezing and spasmodic cough
- Constant rattling in chest

Mental Symptoms:

- Irritable
- Oversensitive

8. *Calcarea carbonica*

Indications

- Allergic rhinitis in individuals with endocrine imbalance
- Asthma during puberty
- Dyspnoea on exertion
- Recurrent respiratory infections
- Symptoms aggravated before menses

Mental Symptoms

- Anxiety about health
- Fear of misfortune
- Slow, cautious disposition
- Easily fatigued

9. *Thuja occidentalis*

Indications

- Chronic allergic rhinitis with nasal obstruction
- Asthma associated with sycotic constitution
- Hormonal disturbances following vaccination or suppression
- Thick greenish nasal discharge

Mental Symptoms

- Fixed ideas
- Secretive nature
- Low self-esteem
- Feeling as if something is alive inside

10. *Nux vomica*

Indications

- Allergic rhinitis with marked sneezing
- Asthma aggravated in the early morning
- Premenstrual aggravation

- Symptoms associated with sedentary life-style and stress

Mental Symptoms

- Irritable
- Impatient
- Ambitious
- Oversensitive to external impressions

11. Sulphur

Indications

- Chronic allergic conditions with recurring attacks
- Asthma worse at night
- Burning sensation in airways
- Skin allergies associated with respiratory symptoms

Mental Symptoms

- Intellectual pride
- Philosophical tendency
- Indifference to appearance
- Irritability when disturbed

12. Ignatia amara

Indications

- Allergic rhinitis triggered by grief
- Asthma following emotional disappointment
- Globus hystericus
- Symptoms varying with emotions

Mental Symptoms

- Silent grief
- Mood swings
- Sighing
- Contradictory behaviour

13. Kali carbonicum

Indications

- Asthma aggravated 2to 4am
- Hormonal changes during menopause
- Chronic bronchial asthma with weakness
- Wheezing with difficult expectoration

Mental Symptoms

- Anxiety
- Conservative nature
- Irritability
- Fear of being alone

14. Sabina

Indications

- Allergic symptoms associated with menstrual irregularities
- Asthma aggravated during uterine disorders
- Congestive conditions linked to hormonal imbalance

Mental Symptoms

- Irritability
- Anxiety
- Emotional sensitivity

15. Folliculinum

Indications

- Estrogen-dominant states
- Premenstrual allergic rhinitis
- Cyclical asthma
- Symptoms aggravated around ovulation

Mental Symptoms

- Emotional instability
- Anxiety

- Hypersensitivity
- Depression before menses

16. Lac caninum

Indications

- Symptoms alternating sides
- Asthma and allergic rhinitis associated with menstrual disorders
- Complaints aggravated before menses

Mental Symptoms

- Low self-confidence
- Fear of failure
- Emotional sensitivity
- Depression

17. Ambra grisea

Indications

- Nervous asthma in menopausal women
- Dyspnoea from emotional excitement
- Allergic symptoms aggravated by embarrassment

Mental Symptoms

- Timidity
- Bashfulness
- Anxiety in company
- Oversensitivity

18. Cimicifuga (Actaea racemosa)

Indications

- Allergic symptoms associated with menstrual disturbances
- Asthma during menopause
- Hormonal headaches accompanying allergic rhinitis

Mental Symptoms

- Depression
- Fearfulness
- Nervousness
- Talkative with changing moods

19. Bromium

Indications

- Asthma at puberty
- Wheezing with sensation of suffocation
- Allergic complaints in fair-haired individuals
- Symptoms worse in warm rooms

Mental Symptoms

- Anxiety
- Restlessness
- Fear of being alone

20. Graphites

Indications

- Chronic allergic rhinitis with thick discharge
- Allergic manifestations associated with menstrual irregularities
- Menopausal respiratory complaints

Mental Symptoms

- Indecisiveness
- Sadness
- Timidity

Table 1: Remedies Particularly Related to Hormonal Phases⁹

S.no	Hormonal Phase	Important Remedies
1.	Puberty	Calcarea carb, Pulsatilla, Bromium, Tuberculinum

2.	Menstruation	Pulsatilla, Lachesis, Natrum muriaticum, Folliculinum, Lac caninum
3.	Pregnancy	Pulsatilla, Ipecacuanha, Natrum muriaticum, Arsenicum album
4.	Menopause	Sepia, Lachesis, Kali carbonicum, Cimicifuga, Ambra grisea
5.	Emotional-Hormonal Triggers	Ignatia, Natrum muriaticum, Pulsatilla, Arsenicum album

Homoeopathy Similimum Selection:

In homoeopathy, medicine is prescribed after a detailed case taking giving importance both to mental and physical attributes as well as any Particular symptom. Both subjective and objective Symptoms have got its importance. The Symptoms that represent the patient as a whole are of more value, especially such as are expressed in the patient Own Words. The core concept of Homoeopathy is principle of similia similibus Cur- enter. Which demonstrates that a remedy selected for the treatment of natural disease shall be the one that is capable of Producing a range of similar symptoms in a healthy person.

Important points for prescription

- Hormonal Modalities
- Aggravation before or during menses.
- Symptoms appearing at puberty or menopause.
- Asthma worsening during pregnancy or postpartum period.
- Seasonal allergies influenced by endocrine disturbances.
- Constitutional Assessment
- Physical constitution, thermal reactions, cravings, aversions, sleep patterns, and mental characteristics.
- Family history of asthma, allergic rhinitis, and endocrine disorders.¹¹
- **Miasmatic background**
 - ▶ **Psora** (functional level disturbances) Sneezing, itching, hypersensitivity

- ▶ **Sycosis** (increased secretion) Chronic catarrh, nasal blockage
- ▶ **Syphilis** (destruction) Structural airway damage, chronic asthma
- ▶ **Tubercular** Miasm (Recurrent and Progressive Tendency)
 - » Recurrent allergic rhinitis
 - » Frequent colds and respiratory infections
 - » Alternating rhinitis and asthma
 - » Spasmodic bronchial asthma
 - » Rapid changeability of symptoms
 - » Tendency toward chronic respiratory weakness¹²

CONCLUSION

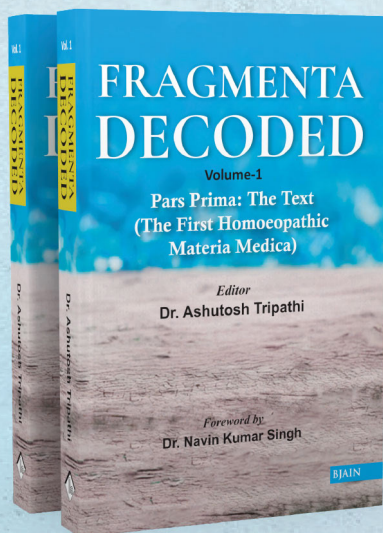
The relationship between endocrine activity and allergic respiratory disorders highlights the importance of considering hormonal influences in patient evaluation. Fluctuations in hormones can alter immune responsiveness, affect the intensity of allergic manifestations, and contribute to variations in disease expression at different stages of life. These changes are often reflected through characteristic physical complaints as well as distinct emotional and behavioural patterns.

Homoeopathy places great emphasis on such individual variations and seeks to understand the patient beyond the pathological diagnosis. Careful observation of hormonal modalities, mental disposition, constitutional traits and associated respiratory symptoms assists in forming a complete symptom picture for remedy selection. This individualized approach enables the physician to identify a remedy that corresponds closely to the patient's unique response to illness.

An integrated understanding of hormonal influences and constitutional characteristics may enhance case analysis and remedy selection in allergic rhinitis and bronchial asthma thus supporting long-term well-being and a more patient-centered approach to treatment.

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From Materia Medica To Bedside: Clinical Translation of Sambucus Nigra In Childhood Respiratory Disorders

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Paediatric respiratory disorders are among the most common health problems affecting children worldwide and contribute substantially to morbidity, hospital admissions, impaired daily functioning, and reduced quality of life. Children are particularly susceptible to respiratory illnesses due to their immature immune systems, narrow airways, and increased exposure to infectious agents and environmental allergens. The spectrum of these disorders ranges from acute upper and lower respiratory tract infections to chronic conditions such as asthma and allergic respiratory diseases, with asthma being one of the most prevalent chronic respiratory disorders in childhood. ^[1] Acute lower respiratory tract infections remain a major cause of death and disability globally, particularly among children under five years of age, while chronic respiratory diseases continue to increase in prevalence. Nearly one-fourth of paediatric consultations are related to respiratory conditions. Moreover, respiratory health during childhood has a significant influence on long-term respiratory outcomes, as early infections and environmental exposures may predispose individuals to chronic respiratory diseases later in life. ^{[2][3]}

Respiratory tract disorders are anatomically classified into upper and lower respiratory tract diseases depending on the region involved. However, owing to the continuous mucosal lining of the respiratory tract, infections frequently extend beyond a single anatomical region. These illnesses often result in recurrent healthcare visits, school absenteeism, limitations in daily activities, and a considerable burden on families and healthcare

systems. Consequently, paediatric respiratory disorders continue to represent a major public health challenge requiring safe, effective, and comprehensive therapeutic approaches. ^[1]

Challenges in Paediatric Respiratory Disorders

Despite considerable advances in modern medicine, paediatric respiratory disorders continue to pose significant clinical and public health challenges worldwide. Conventional management primarily focuses on symptomatic relief, antimicrobial therapy when indicated, and supportive care. Although antibiotics have revolutionised the treatment of bacterial infections and remain indispensable in appropriate clinical settings, their excessive and sometimes inappropriate use, particularly in respiratory illnesses, has contributed to the growing global problem of antimicrobial resistance. Moreover, repeated antibiotic exposure during early childhood has been associated with alterations in the gut microbiota, which plays a crucial role in immune development and regulation. Disruption of this microbial balance has been linked to an increased risk of allergic disorders, asthma, obesity, inflammatory bowel disease, and other chronic health conditions. Furthermore, many paediatric respiratory conditions, including recurrent upper respiratory tract infections, allergic rhinitis, asthma, and spasmodic croup, tend to recur despite conventional treatment. These challenges highlight the need for comprehensive therapeutic strategies that not only manage acute symptoms but also enhance the child's overall resistance and susceptibility to disease.

Consequently, growing interest has emerged in complementary and holistic approaches such as homoeopathy as supportive options in paediatric healthcare. ^{[1][2][3]}

Homoeopathic Perspective In Pediatric Respiratory Disorders

Homoeopathy is a widely practised complementary therapeutic system that emphasizes individualized patient care. It is considered particularly suitable for children because treatment is tailored to the child's unique physical, mental, emotional, and behavioural characteristics rather than focusing solely on the disease. By addressing the individual's susceptibility to illness and promoting overall health and resilience, homoeopathy aims to support long-term well-being. Constitutional homoeopathic treatment is therefore regarded as beneficial in the management of both acute and chronic disorders. Furthermore, homoeopathic medicines are generally easy to administer and well accepted by children, which may enhance treatment compliance in paediatric practice. ^{[4][5]}

The homoeopathic Materia medica includes a broad range of medicines recommended for different respiratory conditions affecting children, each chosen based on the patient's individual symptomatology and constitutional traits. These medications are used for ailments like croup, bronchitis, asthma, allergic rhinitis, recurring upper respiratory tract infections, and spasmodic cough, where a tailored prescription is essential to treatment. Due to its notable affinity for respiratory illnesses in newborns and young children, *Sambucus nigra* holds a prominent position in paediatric practice among the many remedies working on the respiratory system.

Sambucus Nigra



Drug Source and Botanical Description:

Kingdom	Plantae
Family	Adoxaceae
Genus	Sambucus
Species	Sambucus nigra

^[6]*Sambucus nigra*, commonly known as **black elder or elderberry**, is a deciduous shrub or small tree native to Europe, Western Asia, and parts of North America. The species name *nigra*, derived from Latin, refers to the characteristic dark black-purple colour of its berries. In homoeopathy, the mother tincture is prepared from the fresh leaves and flowers of the plant.

Historical Background

Sambucus nigra was proved by Samuel Hahnemann and subsequently incorporated into the homoeopathic Materia medica. The results of its proving were published in Hahnemann's *Materia Medica Pura*, where its characteristic action on the respiratory system, mucous membranes, and skin was documented. Since then, the remedy has been extensively described by classical homoeopathic authors, including Clarke, Boericke, Allen, and Hering, who emphasised its value in respiratory disorders, particularly those affecting infants and young children. ^[8]

Sphere of Action

According to classical homoeopathic literature, *Sambucus nigra* exerts its principal action through the cerebrospinal nervous system, with a marked affinity for the respiratory mucous membranes and the skin. Its action on the mucous membranes is characterised by catarrhal inflammation, oedematous swelling, and obstruction of the respiratory passages, giving rise to symptoms such as nasal blockage, dyspnoea, spasmodic cough, and nocturnal suffocative attacks. This affinity explains its prominent role in respiratory affections of infancy and childhood.

A second important sphere of action is the skin, where the remedy produces marked disturbances in perspiration. The characteristic alternation of profuse perspiration during waking hours and dry heat during sleep constitutes one of its most important keynote features. Together, these

actions create the distinctive clinical picture for which *Sambucus nigra* is recognized in homoeopathic practice.

Pharmacological And Therapeutic Significance Of *Sambucus Nigra* ^{[8][9]}

Beyond its traditional use in homoeopathy, *Sambucus nigra* has attracted scientific interest owing to its rich content of bioactive constituents, including flavonoids, phenolic acids, anthocyanins, and lectins, which have demonstrated antiviral, antioxidant, anti-inflammatory, and immunomodulatory properties in experimental studies. Extracts from its flowers and fruits have been investigated for their potential role in respiratory health, particularly in viral respiratory infections, through modulation of inflammatory mediators and support of immune function. The plant has also been reported to influence cytokines such as interleukin-6 (IL-6) and tumour necrosis factor-alpha (TNF- α), which are involved in respiratory inflammation and immune responses. Traditionally used in the management of colds, fever, and catarrhal respiratory conditions, *Sambucus nigra* has long been recognised in homoeopathic literature for its marked affinity for the respiratory system, especially in infants and young children. Its characteristic features, including nocturnal suffocative attacks, nasal obstruction, and spasmodic cough, closely resemble common paediatric respiratory presentations, underscoring its clinical relevance in childhood respiratory disorders. ^{[8][9]}

Constitutional Picture Of *Sambucus Nigra*

Sambucus nigra is particularly adapted to children of scrofulous constitution who exhibit a marked tendency toward recurrent respiratory complaints. Classical authors describe patients who were previously robust and well-nourished but subsequently became emaciated following repeated illnesses. The remedy demonstrates a special affinity for conditions affecting the air passages of infancy and childhood. ^[10]

Mental And Emotional Characteristics

Emotional excitement and fright occupy an important place in the symptomatology of *Sambucus nigra*. Children requiring this remedy are often easily startled and may develop respiratory

distress following emotional disturbances. ^{[8] [11] [12]}

Characteristic Generalities ^[8]

One of the most characteristic indications of *Sambucus nigra* is the presence of dry coryza with complete nasal blockage in infants. The resulting obstruction interferes with both respiration and nursing, producing the well-known "snuffles" of infancy. When the same tendency toward mucosal swelling affects the lower respiratory passages, the child may experience sudden attacks of dyspnoea, often occurring during sleep. The child awakens abruptly with a sensation of suffocation, sits upright in bed gasping for breath, and may present with a bluish or livid discolouration of the face. Respiration is rattling and difficult, with an apparent inability to expire properly. These attacks frequently recur during the night and form the characteristic respiratory picture of the remedy. Such symptomatology has traditionally been linked to *Sambucus nigra* in conditions resembling spasmodic croup, whooping cough, and nocturnal asthma.

Another keynote feature of *Sambucus nigra* is the peculiar alternation between profuse perspiration while awake and dry heat during sleep. This characteristic has been observed in various febrile and respiratory conditions and is often accompanied by a deep, dry cough that may precede the onset of fever. Fever is frequently associated with the absence of thirst and marked sensitivity to uncovering.

The general symptomatology of the remedy reveals a pronounced aggravation during rest, sleep, and the hours after midnight, particularly between 2 a.m. and 3 a.m. Respiratory distress often worsens when lying down, prompting the patient to sit upright for relief. Symptoms may also be aggravated by exposure to dry cold air, uncovering, cold drinks when overheated, and emotional disturbances such as fright or anxiety. Indeed, fright occupies an important place in the remedy picture and may precipitate acute suffocative attacks in susceptible children.

Although the respiratory sphere predominates, *Sambucus nigra* also exhibits characteristic gastrointestinal manifestations. Patients may complain of nausea, abdominal distension, griping

pain, and vomiting, initially of food and later of bile. Loose, watery, or slimy stools accompanied by flatulence and abdominal discomfort may also occur. Urinary symptoms include frequent desire to urinate, changes in urinary output, deep yellow urine, and the presence of sediment. In certain cases, these symptoms may be associated with dropsical tendencies, reflecting the oedematous nature of the remedy.^{[8][10][11][12][13]}

The Sambucus Respiratory triad

- Nocturnal suffocation
- Nasal/Laryngeal obstruction
- Relief by sitting up

These symptoms form a recognisable clinical pattern that closely resembles several common paediatric respiratory presentations.

Keynotes And Clinical Relevance

Homoeopathic prescribing is based on the totality

Distinguishing Features Of Sambucus Nigra From Similar Remedies

FEATURE	SAMBUCUS	SPONGIA	HEPAR SULPH	ACONITE
Time	After midnight 2-3 am aggravation	Before midnight	Morning	Evening
Dyspnoea	Suffocative	Dry barking	Loose rattling	Fearful
Coryza	Dry obstruction	Minimal	Thick discharge	Acute onset
Face	Bluish	Red	Sensitive	Anxious

Rubrics From Kent Repertory Of Sambucus Nigra^[14]

First Grade Rubrics	Second Grade Rubrics
Cough, croupy	Cough, asthmatic
Cough, suffocative	Cough, chill, after
Cough, suffocative, night, midnight	Cough, chill, before
Expectoration, gelatinous	Cough, deep
Expectoration, viscid	Cough, dry
Larynx and trachea, voice, hoarseness, mucus in larynx	Cough, dry, chill, before
Respiration, arrested	Cough, suffocative, night, midnight, after
Respiration, asthmatic	Cough, whooping
Respiration, asthmatic, children	Expectoration, copious
Respiration, asthmatic, night, midnight, after	Larynx and trachea, croup

of symptoms rather than disease labels. The characteristic features of *Sambucus nigra* are notable for their similarity to the clinical manifestations of several common paediatric respiratory disorders. Understanding these correlations helps bridge classical Materia Medica with contemporary clinical practice and provides a practical framework for exploring the remedy's application in childhood respiratory affections.

KEYNOTE	CLINICAL CORRELATION
Sudden awakening with suffocation	Spasmodic croup
Worse after midnight	Nocturnal asthma
Must sit up to breathe	Acute respiratory distress
Dry coryza	Allergic rhinitis
Snuffles preventing nursing	Infantile nasal obstruction
Bluish face	Airway compromise
Rattling respiration	Bronchiolitis/Bronchitis

Respiration, asthmatic, night, midnight, after, must spring out of bed	Larynx and trachea, inflammation, trachea
Respiration, difficult, night, during	Larynx and trachea, laryngismus stridulus
Respiration, difficult, night, midnight, after	Larynx and trachea, laryngismus stridulus, night, midnight, waking out of sound sleep
Respiration, difficult, night, 3 a.m.	Larynx and trachea, mucus, trachea
Respiration, difficult, night, frequent attacks until 4 a.m.	Larynx and trachea, pain, rawness, larynx
Respiration, difficult, expiration	Larynx and trachea, voice, hoarseness
Respiration, difficult, inspiration	Larynx and trachea, voice, hollow
Respiration, loud	Respiration, accelerated

Respiration, rough, crowing	Respiration, anxious
	Respiration, arrested, coughing
	Respiration, difficult
	Respiration, difficult, fright, after
	Respiration, difficult, lying, while
	Respiration, difficult, waking with
	Respiration, impeded, lying, while
	Respiration, paroxysmal
	Respiration, stridulous
	Respiration, wheezing
	Respiration, wheezing, mid-night, after
	Respiration, whistling

Single Remedy Rubrics From Phatak [15]

Asthma, fright, after
Choking, sudden
Cough, exhausting, fever before
Cough, fright, from
Cough, vomiting, wakes, midnight, after
Exhalation, aggravation from fright
Face, heat, feet cold, with
Face, puffy, bloated, coughing, when
Respiration, sweat, with
Robust habit, emaciating suddenly
Sweat, awaking on
Sweat, profuse, drenching
Sweat, profuse, drenching, delivery, after
Sweat, profuse, drenching, many symptoms with
Trembling, anxiety, with
Urine, profuse (polyuria), heat of body, with
Voice, screeching

CONCLUSION

Sambucus nigra is a popular homeopathic remedy, especially for the respiratory system, particularly in infants and young children. This remedy has a peculiar set of symptoms, such as sudden onset of night-time breathing difficulties, dry nasal congestion, wheezing, symptoms that are worse after midnight and symptoms that improve when sitting up. These key features are strongly

related to several common respiratory problems in children, such as spasmodic croup, nocturnal asthma, nasal obstruction in infants, and bronchial problems.

The article stresses the importance of understanding *Sambucus nigra* not in terms of isolated symptoms but in terms of its characteristic respiratory picture and its relevance to contemporary pediatric clinical presentations. A correlation of classical homoeopathic *Materia medica* with modern clinical understanding provides a better appreciation of the remedy’s sphere of action. Further clinical and observational studies are needed to explore its role in childhood respiratory affections and to strengthen the evidence base for therapeutic application in homoeopathic practice.

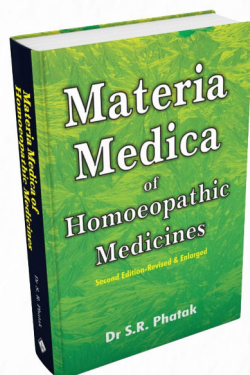
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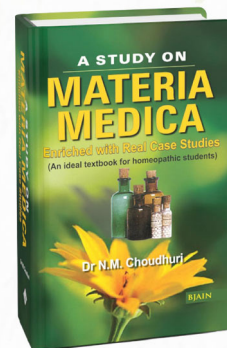
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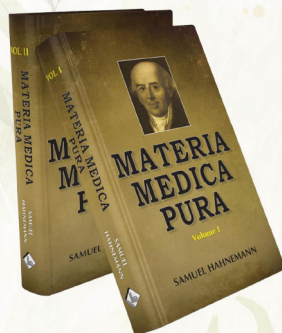
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Respiratory Harmony: A Homoeopathic Perspective



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PEER REVIEWED

Abstract

Respiratory disorders continue to impose a massive burden on global health, affecting people of all ages and significantly impairing their daily activities and quality of life. Such problems as allergic rhinitis, bronchial asthma, chronic bronchitis, sinusitis and recurrent respiratory tract infections are becoming increasingly common because of environmental pollution, a sedentary way of living and changes in the body's immunity.

This article presents a qualitative and analytical review of the role of Homoeopathy in respiratory disorders based upon the principles of classical Homoeopathic philosophy, individualization and constitutional prescribing. Appropriate concepts from Homoeopathic Materia Medica, Repertory and Organon of Medicine were critically studied and integrated with contemporary clinical understanding.

Keywords

Respiratory disorders, Similimum, Constitutional treatment, Bronchial asthma, Allergic rhinitis, Chronic bronchitis, Sinusitis, Individualization, Lifestyle and dietary measures, Advantages of Homoeopathy in respiratory disorders

Introduction

Respiration is one of the most basic physiological

processes maintaining human life. Disorders affecting the respiratory system not only compromise oxygen exchange but also significantly influence physical, emotional and social wellbeing. During past decades, respiratory diseases have increased remarkably owing to urbanization, environmental contamination, occupational risks, smoking habits, climatic variations and weakened immunity. ^[1]

Among the most common respiratory disorders seen in clinical practice are allergic rhinitis, bronchial asthma, chronic obstructive pulmonary disease, sinusitis, recurrent upper respiratory tract infections and chronic bronchitis. Standard medical treatment often provides symptomatic palliation through bronchodilators, antihistamines, corticosteroids and antibiotics. Although these measures may offer momentary relief, continued reliance, reappearance of symptoms and drug related side effects remain major concerns. ^[13,14]

Homoeopathy approaches respiratory disorders from an entirely different perspective. Instead of suppressing symptoms, it seeks to understand the patient as a whole, considering mental, emotional and physical characteristics together. The Homoeopathic physician attempts to identify the constitutional remedy capable of stimulating the organism's inherent healing mechanism. This individualized remedy, selected according to the law of similars, is termed the similimum. ^[2]

The principle of “Similia Similibus Curentur” forms the cornerstone of Homoeopathy. According to this doctrine, “Homoeopathy rests on the law of similars: a remedy that provokes particular symptoms in healthy provers may, in potentized form, relieve comparable symptoms in the sick.” and cite Hahnemann. In respiratory disorders, the application of similimum aims not merely at relieving cough, dyspnoea or expectoration, but at correcting the underlying susceptibility responsible for recurrent disease. ^[2,3]

This article explores the importance of Homoeopathy in respiratory disorders with especial emphasis upon constitutional prescribing, miasmatic

understanding, repertorial analysis and clinical application of selected Homoeopathic remedies. ^[2,3,5]

Doctrine Of Signature

The Doctrine of Signature is an ancient philosophical concept suggesting that the physical appearance, colour, habitat, texture, or behaviour of a substance indicates its medicinal usefulness. In Homoeopathy, although drug proving remains the scientific basis of prescribing, several scholars have discussed the Doctrine of Signature as a supplementary philosophical aid in understanding remedy action. ^[2,18-20]

Doctrine Of Signatures Of Homoeopathic Medicines In Respiratory Disorders

MEDICINE	DOCTRINE OF SIGNATURE	RESPIRATORY INDICATIONS
Lobelia inflata	Inflated seed pods resemble distended lungs and emphysematous chest	Asthma, dyspnoea, spasmodic cough ^[17,18]
Spongia tosta	Burnt sponge becomes dry and porous like dry laryngeal passages	Dry barking cough, croup ^[4,18]
Antimonium tartaricum	Rattling mucus signature resembles chest filled with secretions	Bronchitis, pneumonia with rattling cough ^[3,20]
Drosera rotundifolia	Sticky glandular surface symbolises spasmodic irritation	Whooping cough, nocturnal spasmodic cough ^[4,19]
Rumex crispus	Sensitive leaves correspond to airway hypersensitivity	Tickling cough aggravated by cold air ^[3,20]
Bryonia alba	Dry root and vine signify dryness of mucous membranes	Dry painful cough, pleurisy ^[4,18]
Hepar sulphuris calcareum	Oyster shell and sulphur indicate suppuration and sensitivity	Suppurative respiratory infections, croup ^[19,21]
Aspidosperma	“Lung tonic” association reflects respiratory strengthening action	Emphysema, oxygen hunger, difficult breathing ^[17,18]
Ipecacuanha	Persistent nausea parallels incessant respiratory irritation	Asthma with wheezing and nausea ^[3,20]
Justicia adhatoda	Traditional herbal association with bronchial passages	Productive cough, bronchitis ^[20,22]
Arsenicum album	Burning and restlessness resemble anxious asthmatic states	Asthma after midnight with wheezing ^[4,19]
Kali bichromicum	Thick, stringy mucus signature reflected in ropy expectoration	Chronic sinusitis and bronchitis ^[3,20]

Homoeopathic Understanding Of Respiratory Disorders

Homoeopathy considers disease as a dynamic disturbance of the vital force manifested through signs and symptoms. Respiratory disorders are viewed not as isolated pathological entities but as outward expressions of internal imbalance. ^[2]

Views Of Different Homoeopathic Stalwarts On Respiratory System

Homoeopathic stalwarts consistently regarded respiratory diseases not merely as local pathological conditions but as constitutional and dynamic disturbances of the whole organism. Their teachings collectively stress individualisation, miasmatic understanding, susceptibility, and holistic

prescribing in the management of respiratory system diseases.

Samuel Hahnemann

Hahnemann considered respiratory diseases as dynamic disturbances of the vital force. He emphasised that chronic respiratory complaints such as asthma, chronic catarrh, and recurrent bronchitis arise from underlying miasmatic dyscrasia, especially psora. Treatment should be based upon individualisation and the law of similars. ^[2]

Stuart Close

In *The Genius of Homoeopathy*, Stuart Close does not describe respiratory diseases (like asthma, bronchitis, pneumonia) as separate conditions to be treated by their names. Instead, he explains disease in a functional and dynamic sense, which directly applies to respiratory disorders.

From Close's philosophy, "Homeopathy in Respiratory Disorders" means:

- Selection of remedy based on individual symptom totality,
- Priority to functional disturbances of breathing,
- Consideration of patient constitution, modalities, and sensitivity.
- Acute as well as chronic respiratory diseases both are governed by the same law: Similia Similibus Curentur. ^[9]

James Tyler Kent

Kent viewed respiratory pathology as an outward manifestation of deeper constitutional disorder. He believed suppression of external diseases could lead to pulmonary involvement. In respiratory diseases, he stressed constitutional prescribing based upon generals, modalities, and mental symptoms. ^[4]

Constantine Hering

Hering explained respiratory disease through the law of cure and direction of symptoms. He observed that true recovery in pulmonary diseases follows movement of symptoms from within

outward and from more vital organs to less vital tissues. ^[15]

Clemens von Bönninghausen

Bönninghausen emphasised concomitant symptoms and modalities in respiratory disorders. He considered weather changes, time aggravation, cough modalities, and associated systemic symptoms essential for remedy selection. ^[16]

John Henry Clarke

Clarke discussed respiratory diseases extensively, particularly asthma, bronchitis, tuberculosis, and allergic conditions. He combined constitutional prescribing with organ-specific indications and highlighted hereditary tendencies. ^[17]

According to Samuel Hahnemann, the totality of symptoms forms the only reliable guide for selecting the curative remedy. Hence, while evaluating respiratory complaints, the physician must assess:

- Characteristic nature of cough
- Modalities affecting symptoms
- Type of expectoration
- Triggers and aggravations
- Associated constitutional features
- Emotional and psychological state
- Family history and inherited tendencies
- Miasmatic background ^[2]

In many chronic respiratory disorders, Psoric, Sycotic and Tubercular miasms are commonly encountered. Tubercular tendencies especially predispose individuals to recurrent infections, allergic manifestations and fluctuating respiratory symptoms. ^[2,11]

Homoeopathy recognizes that each patient experiences respiratory disease uniquely. Two patients diagnosed with bronchial asthma may require entirely different remedies depending upon their constitutional makeup, thermal reaction, emotional disposition and peculiar symptoms. ^[2,3,4]

Scope Of Homoeopathy In Common Respiratory Disorders

Allergic Rhinitis

Allergic rhinitis is characterized by sneezing, nasal obstruction, watery discharge and itching of nose and eyes. Seasonal changes, dust exposure, pollen and strong odors commonly trigger attacks.^[1]

Homoeopathic treatment aims at reducing hypersensitivity and strengthening resistance against recurrent allergic episodes. Constitutional remedies frequently indicated include:

Allium cepa

Commonly prescribed in acute coryza with acrid nasal discharge and bland lachrymation.^[3]

Arsenicum album

Useful in patients with burning watery discharge, restlessness, anxiety and marked aggravation after midnight. Symptoms are often relieved by warmth.^[3,4]

Natrum muriaticum

Indicated in chronic allergic tendencies with excessive sneezing, watery coryza and emotional sensitivity. Patients may have reserved personalities and headaches associated with sun exposure.^[3,4]

Sabadilla

Beneficial in spasmodic sneezing with intense itching of nose and palate. Symptoms are often aggravated by the smell of flowers.^[5,6]

Long-term constitutional treatment often reduces recurrence and dependency upon antihistamines.^[2,3]

Rare remedies in allergic rhinitis become especially valuable when commonly prescribed medicines such as *Allium cepa*, *Natrum muriaticum*, or *Arsenicum album* fail to cover the peculiar characteristic symptoms. Classical homoeopathic prescribing relies on individualisation, modalities, concomitants, and constitutional background rather than disease diagnosis alone.

Important Rare Clinical Remedies Mentioned in Literature:

Ammonium iodatum

Chronic catarrhal rhinitis with thick irritating discharge^[17]

Arsenicum iodatum

Corrosive excoriating discharge with burning and sneezing^[3]

Arundo mauritanica

Intense itching of nostrils, palate, and ears; hay fever with loss of smell^[3]

Galphimia glauca

Paroxysmal sneezing, lacrimation, seasonal allergic coryza^[17]

Kali iodatum

Acrid watery discharge with frontal sinus involvement^[3]

Lemna minor

Rhinitis with nasal obstruction worse in damp weather^[17]

Naphthalinum

Irritative coryza with spasmodic sneezing and asthma tendency^[15]

Sabadilla

Spasmodic sneezing with scanty discharge and sensitivity to odours^[3]

Sambucus nigra

Nocturnal nasal obstruction especially in children^[3]

Sanguinaria nitrate

Violent sneezing with burning eyes and fluent coryza^[15]

Sinapis nigra

Dry anterior nares with posterior discharge and

night obstruction ^[3]

Sticta pulmonaria

Dry stuffed nose with constant desire to blow nose ^[3]

Teucrium marum verum

Chronic nasal irritation with obstruction and nasal polyps ^[17]

Wyethia helenoides

Extreme dryness and itching of posterior nares and throat ^[4]

Bronchial Asthma

Bronchial asthma is a chronic inflammatory airway disorder characterized by wheezing, breathlessness, chest tightness and episodic cough. Emotional stress, allergens, cold weather and exertion frequently precipitate attacks. ^[1,4]

Homoeopathy individualizes every asthmatic patient according to the peculiar symptom totality. ^[2,3]

Antimonium tartaricum

Indicated where there is excessive mucus accumulation with difficult expectoration and rattling respiration. ^[6]

Arsenicum album

Indicated in severe dyspnoea with anxiety, restlessness and desire for small sips of water. Symptoms worsen after midnight and in cold weather. ^[3,4]

Blatta orientalis

Frequently employed in asthmatic attacks associated with damp weather and obesity. ^[5]

Ipecacuanha

Useful in spasmodic asthma with incessant cough, nausea and rattling of mucus without expectoration. ^[6,7]

Spongia tosta

Helpful in dry barking cough with sensation as

though breathing occurs through a sponge. ^[6]

Constitutional remedies prescribed during inter-current periods may reduce frequency and intensity of attacks while improving general vitality. ^[2,3]

Important Rare Clinical Remedies Mentioned in Literature: ^[3]

Aconitum Napellus

Shortness of breath. Child grasps at throat every time he coughs.

Allium Sativum

Constant rattling of mucus in bronchi. Cough in the morning after leaving bedroom, with mucous expectoration, which is tenacious and difficult to raise. Dilated bronchi, with fetid expectoration.

Alumen

Asthma. Copious, ropy morning expectoration in old people.

Ambra Grisea

Asthmatic breathing with eructation of gas.

Ammoniacum Gummi

Chronic bronchial catarrh. Large accumulation of purulent matter and feeble expectoration; worse cold weather.

Ammonium Carbonicum

Cough every morning about three o'clock, with dyspnoea, palpitation, burning in chest; worse ascending.

Aralia Racemosa

Asthma on lying down at night with spasmodic cough; worse after first sleep, with tickling in throat. Hay asthma with sneezing and watery discharge aggravated after sleep.

Aspidosperma

The digitalis of the lungs. An effective remedy in many cases of asthma. It stimulates the respiratory centers and increases the oxygen in the blood. "Want of breath" during exertion is the guiding

symptom. Cardiac asthma.

Bacillinum

Humid asthma. Bubbling rales and muco-purulent expectoration.

Benzoicum Acidum

Asthmatic cough; worse at night; lying on right side Expectoration, green mucus.

China Officinalis

Dyspnoea, sharp pain in left lung. Asthma; worse damp weather.

Cistus Can

Asthmatic after lying down (trachea feels narrow), preceded by formication.

Cuprum Met

Suffocative attacks, worse 3 a.m. Spasm and constriction of chest; spasmodic asthma, alternating with spasmodic vomiting. Dyspnoea with epigastric uneasiness.

Drosera

Asthma when talking, with contraction of the throat at every word uttered.

Eriodictyon Californicum (Yerba Santa)

A remedy for asthmatic and bronchial affections. Asthma relieved by expectoration.

Eucalyptus Globulus

Asthma, with great dyspnoea and palpitation. Moist asthma. Expectoration white, thick mucus.

Euphorbium Officinarum

Breathing oppressed, as if chest were not wide enough. Spasmodic, dry cough, day and night, with asthma.

Graphites

Spasmodic asthma, suffocative attacks wakes from sleep; must eat something.

Grindelia Robusta

Asthma, with profuse tenacious expectoration, which relieves. Stops breathing when falling asleep; wakes with a start, and gasps for breath. Must sit up to breathe.

Hypericum Perforatum

Asthma worse foggy weather and relieved by profuse perspiration.

Juncus Effusus

Asthmatic symptoms in haemorrhoidal subjects.

Justicia Adhatoda

Asthmatic attacks, cannot endure a close, warm room.

Kalium Iodatum

Expectoration like soap-suds, greenish. Asthma. Dyspnoea on ascending, with pain in heart.

Kalium Muriaticum

Asthma, with gastric derangements; mucus white and hard to cough up.

Kalium Nitricum

Asthma, with excessive dyspnoea, nausea, dull stitches, and burning in chest.

Kalium Phosphoricum

Asthma; least food aggravates. Short breath on going upstairs.

Lobelia Inflata

Asthma; attacks, with weakness, felt in pit of stomach and preceded by prickling all over.

Mentholum

Asthmatic breathing, with congestive headache.

Mephitis Putorius

Asthma, as if inhaling sulphur.

Moschus

Asthma, with intense anxiety, fear, and smothering

sensation.

Naja Tripudians

Asthmatic constriction in evening. Asthma beginning with coryza.

Natrium Arsenicosum

Miner's asthma. Lungs feel as though smoke had been inhaled.

Natrium Sulphuricum

Humid asthma; rattling in chest, at 4 and 5 a.m. Asthma in children, as a constitutional remedy. Every fresh cold brings on attack of asthma.

Nux Vomica

Asthma, with fullness in stomach, morning or after eating.

Oleum Animale Aethereum

Asthma from suppressed foot-sweat.

Psorinum

Asthma, with dyspnoea, worse sitting up; better lying down and keeping arms spread wide apart.

Ptela

Asthma; dyspnoea; cramp like pain in cardiac region.

Sambucus Nigra

Millar's asthma.

Scrophularia Nodosa

Asthma in scrofulous patients.

Senega

Old asthmatics with congestive attacks.

Solidago Virgaurea

Asthma, with nightly dysuria.

Succinum

Asthma, incipient phthisis, chronic bronchitis, pains in chest.

Syphilinum

Chronic asthma in summer, wheezing and rattling.

Valeriana Officinalis

Spasmodic asthma; convulsive movements of the diaphragm.

Viscum Album

Asthma, if connected with gout or rheumatism.

Wyethia Helenoides

Dry asthma.

Zingiber Officinale

Asthma, without anxiety, worse; toward morning.

Chronic Bronchitis

Chronic bronchitis involves persistent productive cough due to chronic inflammation of bronchial passages. Smoking, pollution and recurrent infections are common causative factors. ^[1]

Homoeopathic remedies are selected based upon expectoration, modalities and constitutional characteristics.

Bryonia alba

Indicated in dry painful cough aggravated by movement and relieved by rest. ^[6]

Hepar sulphuris

Helpful in advanced bronchial inflammation with marked sensitivity to cold air and tendency toward suppuration. ^[6]

Kali bichromicum

Useful in tough, stringy and difficult expectoration associated with sinus involvement. ^[6,7]

Phosphorus

Suitable for tall, sensitive individuals with burning chest sensation, haemorrhagic tendency and weakness. ^[3,6]

Homoeopathic management may assist in reducing recurrent infections and improving respiratory endurance. ^[2,3]

Important Rare Clinical Remedies Mentioned in Literature: ^[3]

Aconitum Napellus

In the first stages when the fever is high and has been preceded by a chill with engorgement of lungs, due to checked perspiration and exposure to cold draughts.

Balsamum Peruvianum

Bronchitis, and phthisis, with muco-purulent, thick, creamy expectoration.

Blatta Orientalis

A remedy for asthma with bronchitis. Indicated after arsenic when this is insufficient. Cough with dyspnoea in bronchitis and phthisis. Acts best in stout and corpulent patients. Much pus-like mucus.

Capsicum

Chronic bronchitis with fetid breath in deep expiration and expectoration.

Chlorum

Breathlessness after bronchitis.

Coccus Cacti

Chronic bronchitis complicated with gravel; large quantities of albuminous, tenacious mucus, are expectorated. Walking against wind takes breath away.

Drosera

Chronic bronchitis with spasmodic cough worse after midnight.

Eriodictyon Californicum (Yerba Santa)

Chronic bronchitis, bronchial tuberculosis, with profuse, easily raised bronchial secretion, giving relief.

Eucalyptus Globulus

Bronchitis in the aged. Profuse expectoration of offensive muco-pus. Fetid form of bronchitis, bronchial dilatation and emphysema.

Gelsemium Sempervirens

Aphonia; acute bronchitis, respiration quickened, spasmodic affections of lungs and diaphragm.

Grindelia Robusta

An efficacious remedy for wheezing and oppression in bronchitic patients. The sibilant rales are disseminated with foamy mucus, very difficult to detach. Acts on the pulmonary circulation.

Hippozaeninum

Bronchitis in the aged, where suffocation from excessive secretion is imminent.

Hydrastis Canadensis

Bronchitis in old, exhausted persons, with thick, yellow, tenacious expectoration.

Ichthyolum

Bronchitis, especially of the the aged.

Inula Helenium

Chronic bronchitis; cough, with much thick expectoration, with languor and weak digestion.

Kreosote

Bronchitis with fearful smelling breath and sputum, making it impossible for anyone to go near the patient.

Ledum Palustre

Bronchitis with emphysema of aged.

Manganum Aceticum

Every cold rouses up a bronchitis.

Napthaline

Bronchitis with oppression and disseminated sibilant rales, shortness of breath on walking, dyspnoea and wheezing at night.

Pilocarpus Microphyllus

Bronchial mucous membrane inflamed. Much inclination to cough and difficult breathing. Foamy sputa.

Pix Liquida

Rales through the lungs, and muco-purulent sputum. Offensive odor and taste. Chronic bronchitis.

Senega

Asthenic bronchitis of old people with chronic interstitial nephritis or chronic emphysema.

Solidago Virgaurea

Bronchitis, cough with much purulent expectoration, blood-streaked; oppressed breathing.

Succinum

Asthma, incipient phthisis, chronic bronchitis, pains in chest.

Sulphuricum Acidum

Bronchitis in children with short, teasing cough.

Veratrum Album

Rattling in chest. Much mucus in bronchial tubes, that cannot be coughed up. Coarse rales. Chronic bronchitis in the aged.

Zincum Metallicum

Debilitating, spasmodic cough; worse, eating sweet things. Child grasps genitals during cough. Asthmatic bronchitis, with constriction, of chest.

SINUSITIS

Sinusitis commonly presents with headache, nasal blockage, postnasal drip and facial heaviness.^[1]

Iodium

Sinusitis with shooting, hammering pain in head and the lower jaw, especially during attack of catarrh, worse by bending forward. It affects right side of the head, ear and lower jaw.^[3]

Kali bichromicum

One of the most important remedies for sinusitis with thick ropy discharge and pain at specific points.^[6]

Mercurius solubilis

Helpful in sinusitis associated with profuse salivation, offensive breath and nocturnal aggravation.^[2,3]

Pulsatilla nigricans

Useful where discharge becomes thick, bland and yellowish-green, especially in mild emotional individuals.^[3,6]

Silicea

Indicated in chronic sinus infections with low immunity and offensive discharge.^[3]

Homoeopathy may improve drainage, reduce inflammation and prevent chronic recurrence.^[2,3]

Recurrent Respiratory Tract Infections In Children

Children with recurrent colds, tonsillitis and chest infections often demonstrate lowered immunity, poor nutrition or inherited susceptibility.^[1]

Baryta carbonica

Useful in shy, underdeveloped children prone to recurrent tonsillitis and enlarged glands.^[3]

Calcarea carbonica

Indicated in fair, flabby children with delayed development, perspiration on scalp and recurrent respiratory infections.^[3,6]

Copaiva officinalis

Acts powerfully on mucus membranes, especially that of the urinary tract, the respiratory organs.^[3]

Duboisia myoporoides

Acts chiefly on the nervous system, eyes, upper respiratory tract.^[3]

Senecio aureus

Acute inflammatory conditions of upper respiratory tract.^[3]

Sulphur

Helpful in children with recurrent catarrhal tendencies, heat aggravation and unhealthy skin manifestations.^[3]

Tuberculinum

Frequently considered in children with recurrent colds, enlarged glands, restless behaviour and strong family history of tuberculosis.^[3]

Constitutional treatment in childhood often strengthens resistance and decreases antibiotic dependency.^[2,3]

Role Of Repertorisation In Respiratory Disorders

Repertorisation serves as an important scientific tool in Homoeopathic practice. By analysing characteristic symptoms through repertorial rubrics, the physician narrows down the group of probable remedies.^[7]

In respiratory disorders, valuable rubrics may include:

- Respiration difficult at night
- Asthma from dust exposure
- Cough aggravated lying down
- Expectoration ropy
- Sneezing in morning
- Dyspnoea during exertion
- Wheezing during sleep^[7]

Kent's Repertory, Boenninghausen's Therapeutic Pocket Book and Complete Repertory remain highly useful for respiratory case analysis.^[7]

However, repertorisation should always be integrated with materia medica comparison and constitutional evaluation. Mere pathological prescribing may not achieve deep and lasting cure.^[2,3,7]

Constitutional And Miasmatic Approach

One of the greatest strengths of Homoeopathy lies in constitutional prescribing. The constitutional remedy is selected after careful evaluation of physical constitution, temperament, desires, aversions, sleep pattern, thermal reaction and emotional disposition.^[2,3]

In chronic respiratory diseases, miasmatic assessment is equally significant.^[1]

Psoric Manifestations

- Functional disturbances
- Allergic tendencies
- Dry cough
- Hypersensitivity^[1]

Sycotic Manifestations

- Thick catarrhal discharges
- Recurrent sinusitis
- Asthmatic obstruction
- Overproduction of mucus^[1]

Tubercular Manifestations

- Recurrent respiratory infections
- Changeability of symptoms
- Weak immunity
- Family history of tuberculosis^[1]

Understanding the dominant miasm assists the physician in selecting deep-acting constitutional remedies and appropriate anti-miasmatic medicines.^[1,2]

Lifestyle And Dietary Considerations

Successful management of respiratory disorders requires supportive lifestyle modifications alongside Homoeopathic treatment.^[1]

Important recommendations include:

- Avoidance of smoking and passive smoke exposure

- Reduction of dust and allergen exposure
- Adequate hydration
- Nutritious balanced diet rich in fruits and vegetables
- Regular breathing exercises
- Moderate physical activity
- Proper sleep hygiene
- Stress management through meditation or relaxation techniques¹

Patients suffering from asthma and allergic disorders should identify individual triggers and minimize exposure wherever possible.^[1]

Advantages Of Homoeopathy In Respiratory Disorders

Homoeopathy offers several advantages in respiratory care:

1. Individualized treatment based upon totality of symptoms.^[2]
2. Holistic approach addressing mental and physical dimensions.^[2,3]
3. Minimal adverse effects due to potentized medicines.^[2]
4. Suitability for all age groups.^[3]
5. Potential reduction in recurrence and chronicity.^[2,3]
6. Improved immunity and constitutional resistance.^[2,3]
7. Gentle and non-invasive therapeutic approach.^[2]

Homoeopathy may be employed alongside necessary conventional medical care under appropriate supervision, particularly in severe or emergency respiratory conditions.^[1,4]

Limitations And Need For Further Research

Despite widespread clinical use, Homoeopathy continues to face criticism owing to limited large-scale evidence-based studies. Variability in individualized prescriptions, difficulty in

standardization and methodological challenges remain obstacles in Homoeopathic research.^[7,8]

Future studies incorporating validated clinical scales, pulmonary function tests, quality-of-life assessment tools and long-term follow-up may help strengthen scientific understanding of Homoeopathic outcomes in respiratory disorders.^[7,8]

Collaborative interdisciplinary research integrating conventional respiratory medicine and Homoeopathy could provide broader insight into patient-centered integrative healthcare.^[1,4,7]

DISCUSSION

Respiratory diseases frequently become chronic because treatment often focuses solely upon pathological diagnosis and symptomatic suppression. Homoeopathy attempts to restore equilibrium by stimulating the body's self-regulatory mechanisms through the administration of the similimum.^[2]

Clinical experience suggests that carefully selected constitutional remedies may decrease susceptibility to recurrent respiratory illness while improving general health and emotional stability. Homoeopathic management emphasizes individualization rather than disease labelling. This unique approach allows treatment to be tailored according to the patient's characteristic expression of disease.^[2,3]

The physician's role therefore extends beyond prescribing medicines. Detailed case taking, understanding patient psychology, assessing miasmatic background and providing lifestyle guidance collectively contribute to successful outcomes.^[1,2,3]

In paediatric respiratory disorders especially, constitutional Homoeopathic treatment may help reduce repeated infections and improve overall vitality. Similarly, in chronic allergic and asthmatic conditions, long-term management with constitutional remedies may support better adaptation to environmental triggers.^[2,3]

Although Homoeopathy should not replace emergency medical intervention in acute respiratory distress, its role in chronic management and supportive care deserves continued scientific exploration.^[1,4]

CONCLUSION

Respiratory disorders represent a major challenge in modern healthcare due to their chronicity, recurrence and impact upon quality of life. Homoeopathy offers a comprehensive and individualized therapeutic system based upon the principle of similimum.^[2]

Homoeopathy offers a holistic and patient-centered approach in the management of respiratory disorders. By addressing susceptibility and restoring internal balance, the similimum may provide sustained relief with minimal adverse effects.^[2,3,6]

By addressing constitutional susceptibility and dynamic imbalance, Homoeopathic treatment seeks not merely temporary palliation but deeper restoration of health. Individualized remedies selected through careful case analysis, repertorial evaluation and miasmatic understanding may provide significant support in respiratory illnesses such as asthma, allergic rhinitis, bronchitis and recurrent respiratory infections.^[2,3]

Individualized Homoeopathic prescribing based on the principle of similimum has been reported to have potential benefits in improving respiratory symptoms, reducing the frequency of acute exacerbations, and enhancing overall patient well-being. However, further high-quality clinical studies are needed to establish its effectiveness. Constitutional treatment, supported by miasmatic evaluation and lifestyle correction, was found to contribute to long-term relief.^[2,5,11,12]

The holistic philosophy of Homoeopathy, combined with lifestyle modification and patient-centered care, continues to make it a valuable complementary approach in respiratory healthcare. Further systematic clinical research may help strengthen scientific validation and expand its role within integrative medicine.^[7,8]

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Breath of Recovery: Exploring Homeopathic Therapeutics in Post-Ventilator Induced Lung Injury Care.



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Abstract

Mechanical ventilation is a life-saving intervention for respiratory failure; however, it carries a well-documented risk of Ventilator-Induced Lung Injury (VILI). VILI results from mechanical stressors—such as barotrauma, volutrauma, and atelectrauma—which trigger a systemic inflammatory cascade known as biotrauma. While conventional protocols focus on “lung-protective ventilation,” surviving patients frequently experience prolonged recovery periods characterized by pulmonary fibrosis, chronic inflammation, and compromised gas exchange. This narrative review explores the theoretical potential and philosophical rationale of homeopathic therapeutics in post-VILI care. By examining the principles of individualization and similimum selection, this article discusses how individualized homeopathic management might offer a complementary framework for supporting pulmonary recovery, while emphasizing the need for future empirical and clinical investigations.

Keywords

Ventilator, Mechanical ventilation, Lung injury, Law of similimum, Homoeopathic therapeutics.

Introduction

Mechanical ventilation is a wonderful tool. The birth of modern-day critical care occurred in Copenhagen in 1952, when Bjorn Ibsen realized that positive pressure ventilation could save lives during a polio epidemic when the iron lungs (a negative pressure ventilator) were failing. The most common reason for admission to a medical intensive care unit is the need for mechanical ventilatory support. The combination of endotracheal intubation & positive pressure ventilation has likely saved hundreds of thousands, if not millions, of lives.

However, this life-saving intervention is not without risk, as the physical forces required to support breathing can also damage delicate lung tissue. The threshold of injurious ventilation is unique to each patient. Moderate ventilator pressures and volumes used to ventilate healthy lungs may not cause the injury, but the same settings may cause significant ventilator-induced lung injury (VILI) if given to a patient with lungs that are already damaged from pre-existing diseases.

The pre-existing diseases in which patients may get ventilator induced lung injury are,

- Acute respiratory distress syndrome.
- Chronic obstructive pulmonary disease.
- Pulmonary Tuberculosis.
- Pulmonary Carcinoma.
- Severe acute asthma.
- Interstitial lung diseases.
- Pulmonary fibrosis.

- Severe pneumonia. etc.

Pathophysiology: Every positive pressure breath causes cyclical inflation of alveoli followed by deflation. The resultant damage to alveoli occurs via several possible mechanisms:

A. Distending forces from the tidal volume, termed 'volutrauma'.

Volutrauma refers to the lung injury caused by excessive end-inspiratory alveolar volume. Unlike barotrauma, which focuses on high airway pressures, volutrauma emphasizes the mechanical stretch and local tissue deformation that occurs when alveoli are overdistended.

1. Alveolar Overdistension.	2. Mechanotransduction and Biotrauma.	3. Surfactant Dysfunction.	4. Vascular Stress.
When tidal volumes are excessively high, the alveoli are stretched beyond their physiological limits. This physical strain causes microscopic tears in the epithelial and endothelial cell membranes.	The mechanical force of overstretching is "sensed" by the lung cells and converted into chemical signals, a process known as mechanotransduction. Alveolar macrophages and epithelial cells release pro-inflammatory cytokines. This local inflammation called biotrauma further damaging the lung tissue.	Severe distending forces causes mixing of edema fluid in alveoli; it dilutes the surfactant. Without functional surfactant the alveoli become unstable and are prone to collapse during expiration (atelectasis).	High volumes can stretch the pulmonary capillaries, narrow their diameter and increase pulmonary vascular resistance. This promotes microvascular thrombosis and further contributes to the leakage of fluid into the interstitium.

B. The pressure used to inflate the lung, referred to as 'barotrauma'.

While volutrauma focuses on the volume-induced stretch, barotrauma refers to the lung injury caused by high transmural pressure (the

difference between the pressure inside the alveoli and the pressure in the pleural space). When this pressure gradient exceeds the tensile strength of the alveolar walls, it results in air escaping into extra-alveolar spaces.

1. Alveolar Rupture and Air Leakage.	2. Epithelial and Endothelial Shearing.	3. Microvascular Compression.	4. The Inflammatory Response.
High pressure causes air to burst out of the alveoli and track along the perivascular and peribronchial sheaths toward the hilum.	High peak inspiratory pressures (PIP) exert significant shear stress on the cells lining the airways.	Excessive alveolar pressure exerts external force on the surrounding pulmonary capillaries. As alveolar pressure rises above capillary pressure, the vessels are compressed.	Volutrauma & barotrauma triggers a biological response. The physical trauma stimulates the release of inflammatory markers resulting in local inflammation.

C. Alveoli collapsing at the end of expiration, called 'atelectotrauma'.

Atelectotrauma is the lung injury caused by the repeated opening and closing of unstable

alveoli during the respiratory cycle, a phenomenon often described as "cyclic recruitment and derecruitment". While volutrauma and barotrauma are injuries of "overdistension," atelectotrauma is an injury of instability.

1. Shear Stress and Mechanical Tearing.	2. Abnormal Surface Tension.	3. Propagation of Biotrauma.	4. Regional Overdistension.
As the lung inflates, the collapsed units are forced open, and as it deflates, they snap shut. This creates immense shear stress at the junctions of these units, literally tearing the alveolar membranes and the surfactant layer.	The physical act of cyclic collapsing and reopening 'squeezes' surfactant molecules out of the alveolar lining. The small amounts of airway fluid can form bridges. When these bridges break during inspiration, they generate high-velocity fluid flows that damage the underlying epithelial cells.	The repetitive mechanical trauma causes the immediate release of inflammatory mediators. The resulting inflammation leads to more edema and more surfactant dysfunction, which in turn makes the alveoli even more prone to collapsing.	When large portions of the lung are collapsed, the delivered tidal volume is forced into the small percentage of alveoli that remain open. These few open alveoli become severely overdistended, and meaning that atelectasis in one part of the lung directly causes volutrauma in another.

D. The release of inflammatory cytokines in response to cyclical distension, called 'biotrauma'.

While volutrauma, barotrauma, and

atelectotrauma represent the mechanical triggers, biotrauma is the resulting biological and biochemical response. It is the process by which physical forces are translated into a systemic inflammatory state.

1. Mechanotransduction.	2. Release of Inflammatory Mediators.	3. Neutrophil Infiltration and Secondary Damage.	4. Systemic Translocation.
Lung cells possess "mechanosensors" on their surfaces. When these cells are cyclically overstretched or sheared, the physical deformation triggers intracellular signaling pathways. This physical stress activates transcription factors, which move into the cell nucleus and turn on the genes responsible for inflammation.	Once the genes are activated, the cells begin producing and secreting a variety of "alarm signals" known as cytokines and chemokines. These molecules amplify the local inflammatory response.	The arrival of neutrophils transforms a mechanical injury into a biological battleground. Neutrophils release toxic substances to kill pathogens and reactive oxygen species. These further damages the alveolar-capillary barrier, worsening pulmonary edema and surfactant inactivation.	The most dangerous aspect of biotrauma is that it does not stay confined to the lungs. The inflammatory mediators and even bacteria or bacterial products can leak across the damaged alveolar-capillary barrier into the systemic circulation. Multi-Organ Dysfunction Syndrome (MODS).

Clinical features of post ventilator-induced lung injury:

1. Symptoms -

Fever with chills.	Dry cough with sore throat.	Difficulty in swallowing, talking.
Difficulty in breathing.	Cough with expectoration.	Drowsy or sleepy feeling.
Fullness in chest.	Dryness in mouth.	Hoarseness of voice.
Persistent dryness in throat.	Chest pain in lower ribs.	Palpitations.
Pain in throat.	Pain in upper abdomen.	General weakness.

2. Signs -

Flushed face.	Dull note heard at lower side of chest on palpitation.
Dehydration.	On auscultation wheezing, ronchi, creptations.
Redness in throat with inflammation.	On chest auscultation Air entry reduced with chest spasm.
Barrel type chest, pigeon type chest, etc.	
Hyperthermia, tachycardia, tachypnoea.	
Use of accessory muscles for respiration.	

Some rubrics related to post-ventilator induced lung injury -

Respiratory system - bronchitis - inflammation, acute (ACON, ANT-T, BELL, BROM, BRY, CAUST, FERR-P, HEP, IP, KALI-BI, MERC, PHOS, PULS, RUMX, SANG, SQUIL.)

Respiratory system - lungs - inflammation - broncho-pneumonia (ACON, ANT-T, ARS-I, CHEL, IP, PHOS, SQUIL, TUB.)

Respiratory system - respiration - dyspnoea [difficult, embarrassed, oppressed, anxious] - (ACET-AC, ALL-C, ANT-ARS, APIS, CALC, CALC-ARS, CARB-V, CUPR-ACT, DIG.)

Respiratory system - voice - hoarseness, paretic. (CAUST, GELS, OX-AC.)

Respiratory system - cough - type, loose, rattling, gagging, choking, strangling (ANT-T, BROM, CALC, CALC-ACT, CHEL, DULC, HEP, IP, NAT-S, PULS, SENEC, STANN, SULPH.)

Respiratory system - chest - weakness - from least exertion, even talking, laughing, singing (ARG-MET, CALC, CARB-V, DIG, PH-AC, STANN, SULPH.)

Respiratory system - cough - type, dry, hard, racking, hacking, short, tight, tickling (ACAL, AM-BR, ARUM-T, BELL, BROM, CAPS, CON, CHAM, CINA, KALI-C LACH, LOB, NAJA, NIT-AC, NUX-V, RUMX, SEP, SIL, SPONG, STICT.)

Throat - Dryness (BELL, BRY, CALC, CAN-I, CANTH, CAUST, COC-C, KALI-BI, LAC-C, LYC, MAG-C, MERC, NAT-M, PHOS, PULS, RHUX-T, SANG, SENEG, SEP, SIL, STRAM, SULPH, VERAT.)

Throat - swallowing - difficult (AM-C, AM-MUR, BAR-C, CHIN, HYOS, KALI-C, LAC-C, LACH, LYSS, NIT-AC, NUX-V, RHUX-T, STRAM, STRY.)

Throat - dryness (AESC, BELL, BRY, CAUST, COC-C, KALI-BI, LAC-C, LYCO, MERC, NAT-M, NUX-V, PHOS, PULS, RHUS-T, SANG, STRAM, SULPH, VERAT-V.)

Homoeopathic Management -

1. **Antimonium tartaricum** - Hoarseness. Great

rattling of mucus, but very little is expectorated. Velvety feeling in chest. Rapid, short, difficult breathing; seems as if he would suffocate; must sit up. Emphysema of the aged. Coughing and gaping consecutively. Bronchial tubes overloaded with mucus. Cough excited by eating, with pain in chest and larynx. Palpitation, with an uncomfortable hot feeling. Dyspnoea relieved by eructation. Cough and dyspnoea better lying on the right side.

2. **Bromium** - Dry cough, with hoarseness and burning pain behind the sternum. Spasmodic cough, with rattling of mucus in the larynx. Difficult and painful breathing. Violent cramping of chest. Chest pains run upward. Cold sensation when inspiring. Every inspiration provokes a cough. Suffocative hoarseness. Asthma difficulty in getting air into lungs. Better at sea, of seafaring men when they come on land. Fibrinous bronchitis, great dyspnoea. Bronchial tubes feel filled with smoke.

3. **Eucalyptus Globulus** - A stimulating expectorant with marked effects on catarrhal processes. Bronchitis in old and feeble persons. Bronchorrhoea, breathing quickened. Asthma in debilitated, anaemic subjects, with terrible dyspnoea, the heart sympathising strongly. Moist asthma in bronchitic subjects; it relieves cough and aids in expulsion of thick mucus. Expectoration white, thick, frothy mucus.

4. **Griendelia Robusta** - An efficacious remedy for wheezing and oppression in bronchitic patients. The sibilant rales are disseminated with foamy mucus, very difficult to detach. Acts on the pulmonary circulation. Asthma, with profuse tenacious expectoration, which relieves. Stops breathing when falling asleep; wakes with a start, and gasps for breath. Must sit up to breathe. Cannot breathe when lying down. Bronchorrhoea. Cheyne-stokes respiration.

5. **Kali Bichromicum** - Voice hoarse. Metallic, hacking cough. Profuse, yellow expectoration, very glutinous and sticky, coming out in long, stringy, and very tenacious mass. Tickling in larynx. True membranous croup, extending to larynx and nares. Cough, with pain in sternum, extending to shoulders; worse when undressing. Pain at bifurcation of trachea on

coughing; from mid-sternum to back.

6. **Lobelia Inflata** - Respiration anxious, difficult, sobbing, with sensation of obstruction in chest; short, imperfect, with sensation of fullness in chest; during inspiration. Pain in chest, with breathing, while sitting after dinner, > moving about. Congestive pressure and weight in chest as if blood from extremities was filling it, > by rapid walking. Great difficulty in retaining the breath. Oppression of chest, causing laboured respiration. Dyspnoea, sometimes with a sort of presentiment of death; difficulty of respiration, after the least fatigue, after washing in cold water, likewise from a current of air, and from heavy food.
7. **Medorrhinum** - Much oppression of breathing. Hoarse while reading. Pain & soreness through chest & mammae. Incessant, dry, night cough. Asthma. Larynx feels sore. Dyspnoea cannot exhale. Air hunger. Cough agg. from sweet things, amel. lying on stomach. Asthma. Lungs feels stuffed up with cotton. As if a cavity in chest. Coldness in chest.
8. **Phosphorus** - Oppressive breathing agg. least motion. Larynx raw, sore, furry, painful on speaking. Voice low, hoarse agg. morning and evening croupy. Cough hard, wheezing dry, violent, painful, tickling, hacking, and exhausting. Sputum is easy, frothy, rusty, bluish, salty, sour, sweetish, or cold. Pneumonia of left lower lung secondary, with sopor. Dry hot feeling in chest with cough at first dry then loose. Asthma after coughing. Repeated haemoptysis. Tuberculosis, in tall slender, rapidly growing persons. Congestion in lungs.
9. **Sanguinaria Canadensis** - Edema of larynx. Trachea is sore. Heat and tension behind the sternum. Aphonia. Cough of gastric origin; relieved by eructation. Cough, with burning pain in chest; worse, right side. Sputum tough, rust-coloured, offensive, almost impossible to raise. Cough returns with every fresh cold. Tickling behind sternum, causes a constant hacking cough; worse at night on lying down. Must sit up in bed. Burning soreness in right chest, through to right shoulder. Fibroid phthisis. Pneumonia; better, lying on back. Asthma with stomach disorders.

10. **Senega** - Hoarseness. Hurts to talk. Bursting pain in back of coughing. Catarrh of larynx. Loss of voice. Hacking cough. Thorax feels too narrow. Cough often ends in a sneeze. Rattling in the chest. Chest oppressed on ascending. Bronchial catarrh, with sore chest walls, much mucus; sensation of oppression and weight of chest. Exudations in Pleura. Difficult rising of tough, profuse mucus, in the aged. Old asthmatics with congestive attacks. Asthenic bronchitis of old people with chronic interstitial nephritis or chronic emphysema.

CONCLUSION

Post-ventilator induced lung injury (VILI) represents a critical post-acute challenge, leaving many patients with chronic inflammation, pulmonary fibrosis, and impaired gas exchange long after successful weaning from mechanical support. While conventional medicine remains indispensable during acute respiratory failure, restoring long-term pulmonary homeostasis often requires comprehensive, individualized care aimed at addressing the patient's dynamic state of health.

From a homeopathic therapeutic perspective, post-VILI sequelae represent a persistent alteration of the vital force following acute mechanical trauma. As outlined in classical homeopathic philosophy - specifically within Dr. Samuel Hahnemann's *Organon of Medicine* (e.g., Aphorisms 72–76 regarding chronic disease manifestations and secondary reactions, and Aphorism 153 on individualizing characteristic symptoms) - restoration of health relies on selecting a *similimum* that addresses the totality of the patient's presenting state rather than treating isolated structural damage alone.

While this review outlines the theoretical and philosophical rationale for homeopathic care in post-VILI rehabilitation, well-designed clinical studies, prospective observational data, and rigorous documentation remain essential to systematically evaluate these therapeutic outcomes in post-ventilator respiratory care. Bridging foundational homeopathic philosophy with modern clinical research offers a promising framework for exploring new avenues in pulmonary health and long-term quality of life.

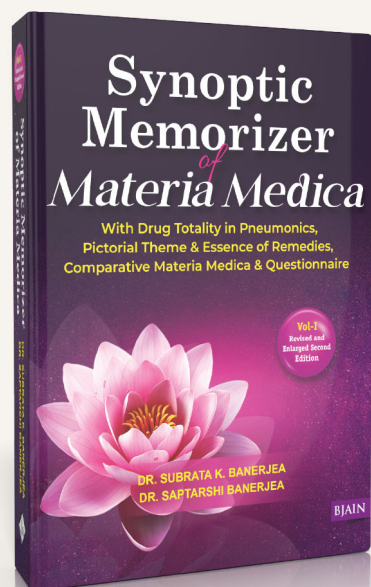
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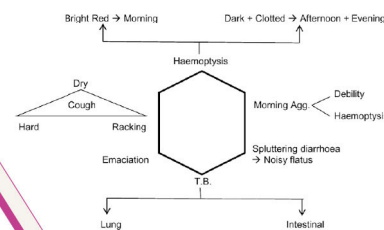


ISBN: - 9788131932445

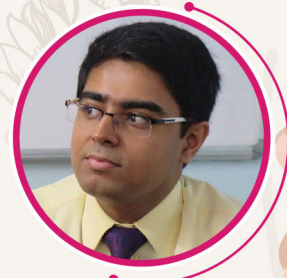
DRUG TOTALITY

A = Absent minded.
 G = Gonorrhoeal history: its bad effects.
 N = Nervous debility: neurasthenia.
 U = Undue old-age: premature.
 S = Smells: imaginary.
 C = Complete impotency.
 A = Apathy: adapted to lymphatic constitution.
 S = Suppression of milk.
 T = Thirstlessness (Ref. Lippe).
 U = Unmarried persons: old-sinners.
 S = Sadness; says she will die.

THEME & ESSENCE



Dr Subrata K Banerjee



Dr Saptarshi Banerjee

Inside the Book:

- Mnemonic-style learning
- Multiple perspectives on each remedy - views from various classical stalwarts
- Mental pictures & clinical tips made memorable through association



Homeopathy in Respiratory Disorders: A Breath of Relief through Similimum

Dr. Vikas singhal

Founder Director and CEO, Homeo saga international private limited CHANDIGARH

1. Introduction

We live in an environment where the pollution is not just limited to the external environment but has also crept inside our homes. The Air Quality Index (AQI) of our cities is rapidly declining and we are also exposed to fine particulate matter while working outdoors and in factories. All of this has increased the risk of respiratory disorders in both the young and ageing population.

Chronic Obstructive Pulmonary Disease (COPD) and asthma have affected as much as 35 million people in India. Though these disorders are not life-threatening, lack of medical facilities and improper diagnosis often leads to death. In fact, among the total number of asthma deaths across the world, 42% of them happen in India alone. This shows the poor quality of healthcare in India when it comes to respiratory disorders.

Apart from asthma and COPD, respiratory disorders such as tuberculosis and seasonal infections also affect a significant part of the population in India. Though government-run hospitals offer free treatment, the lack of modern diagnostic tools and advanced healthcare facilities in these hospitals pose a threat to the life of patients. To combat these risks and to overcome the side effects of conventional treatment, individuals diagnosed with respiratory disorders are now turning towards homeopathy.

Homeopathy emerges as a successful form of treatment for various types of respiratory

disorders. In this blog, we will look at the major respiratory disorders in India and their homeopathic treatment procedures in detail.

2. Homeopathic Management of Asthma

Asthma is one of the most common respiratory disorders diagnosed in India. Around 10 to 15% of asthma patients are children who fall in the age bracket of 5 to 11.

In asthma, the airways become narrow and inflamed due to accumulation of excess mucus. Some of the common symptoms of asthma include difficulty in breathing clearly, wheezing sound while exhaling, a feeling of heaviness in the chest, and consistent coughing.

Asthma does not have a permanent cure and therefore, the symptoms need to be managed proactively to avoid any health hazards. Conventional treatment includes usage of corticosteroids inhalers, inhaled bronchodilators such as albuterol that relax the airways, and other sorts of medications. Some types of asthma also get triggered during seasonal changes or allergies.

The conventional treatment is not only expensive but it does not provide long-term relief to the patients. Homeopaths suggest a natural and far more effective way of managing asthma. In classical homeopathy, a single remedy that relates strongly with the physical, mental, and emotional states of a person is selected. This process is also called as similimum in which the entire constitution of an asthma patient is taken into consideration while selecting a particular remedy.

The emotional and mental issues such as irritation, anxiety during an asthma attack, mood swings, etc. are evaluated first. Then, the factors that worsen or make the patients feel better are taken into consideration.

For instance, some patients experience discomfort with cold air whereas some people experience breathing issues during a particular time of the day. This along with the impact of seasonal changes are evaluated before suggesting constitutional remedies to handle the same. Some of the potential similimums prescribed to the asthmatic patients include:

1. **Arsenicum Album:** Asthmatic patients with a deep fear of suffocation and who experience restlessness or anxiety due to cold air are often recommended this remedy. Some asthmatic patients who also experience unrelated symptoms such as eczema are also suggested this as a similimum.
2. **Phosphorus:** The individuals who feel tightness in the chest, crave for icy drinks, and are sensitive to thunderstorms and particular aromas are often suggested this similimum.
3. **Natrum Sulphuricum:** The asthmatic patients who experience a flare-up of symptoms due to humidity, mold, and rainy weather are given this homeopathic remedy. Such people often experience asthma attacks early in the morning and feel a general sense of weakness, especially while coughing.

The asthma treatment is often carried out in homeopathy through a biphasic process. In the first phase, the acute episodes that cause deep inconvenience or frequent asthma attacks are handled with remedies that provide a fast yet short-lived relief. Once the acute episodes are managed, the homeopath suggests a similimum that focuses on providing a long-term relief to the patients.

The underlying miasm i.e. chronic disease or genetic predisposition that contributes to the asthma development is also evaluated by

the homeopath. This helps them prescribe the remedies to reduce the allergies that affect the air passages.

There is a debate on the effectiveness of homeopathic treatment in the medical fraternity. However, it is often seen that individualised homeopathic treatment offers long-term relief to the asthmatic patients. The constitutional remedies suggested by a homeopath help in reducing the frequency of asthma attacks. Also, by addressing the underlying causes of the condition, the homeopath tries to reduce a patient's dependence on inhalers and other medications. This leads to a successful long-term management of the symptoms.

3. Homeopathic Management of COPD Through Similimum

Chronic Obstructive Pulmonary Disease (COPD) is a medical condition that affects the flow of air through the lungs. This affects a person's ability to breathe freely. COPD is further classified into two other conditions including:

- I. **Emphysema:** This condition develops due to destruction of elastic fibres and walls of the air sacs present in the lungs. Eventually, the air sacs lose their shape and the process of exchanging carbon dioxide and oxygen gets obstructed.
- II. **Chronic Bronchitis:** Chronic Bronchitis refers to the condition where the airways or bronchial tubes get inflamed and swell-up. This narrows the airways and leads to production of thick mucus that further affects a person's ability to breathe.

Persistent cough, shortness of breath, wheezing (whistling sound while breathing), heavy or a tight feeling around the chest are some common symptoms experienced by the people diagnosed with COPD. A general weakness and respiratory infections are also found commonly in such patients.

Pollutants, especially the smoke that emanates from the charcoal, wood, or sawdust burnt indoors while making food can be a major reason behind the development of COPD.

People who smoke regularly or are exposed to heavy smoke in the factories are also susceptible to this risk.

While lifestyle changes are a must to improve the condition, conventional medicine often prescribes inhalers and bronchodilators. These medications are primarily given to open-up the airways. Some steroids may also be prescribed to reduce the inflammation of the airways. Breathing exercises and oxygen supplementation are also suggested to handle the symptoms and flare-up episodes effectively.

As COPD is not curable, conventional medicine only relies on symptom management. The condition may worsen with age affecting one's lifestyle and ability to work. The dependence on the steroids and inhalers cannot be avoided and the patients feel highly restless or anxious when their supply or availability is obstructed.

On the other hand, homeopathy reduces the dependency on medications by cutting down the flare-ups and severity of the symptoms. This not only makes the patients feel better but also improves their quality of life. Modern homeopaths use repertorisation tools to find a single remedy that matches a patient's causes, symptoms, and overall medical profile.

The specific factors that provide relief or aggravate the symptoms are studied. For instance, some people feel breathing difficulty in the morning whereas some experience worse symptoms at night. Some people feel better with cool air whereas some people experience relief after drinking warm fluids.

Along with that, the mucus type i.e. whether it is stringy, dry, or yellow is also examined. The physical structure, emotional conditions, and mental makeup of the patients are also considered while selecting the similimum. The triggers that cause respiratory infections or acute episodes are also analysed. The entire analysis is then broken down to find a single-remedy that can provide complete long-term relief to the COPD patients. These are some

similimums prescribed for COPD treatment:

1. **Antimonium Tartaricum:** This remedy is suggested to elderly patients diagnosed with emphysema and struggling with symptoms such as extreme weakness, rattling noise in the chest, and heavy mucus.
2. **Kali Bichromicum:** People who experience shortness of breath and other severe symptoms in the morning with a sticky yellow mucus are often given this remedy.
3. **Bryonia:** This remedy is suggested to people who have a dry cough with brown coloured sputum and experience worse symptoms with movement.

Like asthma, COPD does not have a full cure. However, homeopathy reduces the intensity of the symptoms and strengthens lung function. Clinical research such as the EPOXILO study has proven that homeopathic remedies control the duration of Upper Tract Infections (UTIs) in COPD patients. Also, they reduce the dependence on allopathic medications such as corticosteroids that pose long-term risk to general health and wellness.

4. Homeopathic Management of Influenza Via Similimum

Caused by the influenza virus, Influenza is a respiratory disorder that affects your lungs, throat, and nose. It is an infectious disease that spreads when the influenza-diagnosed individual coughs, sneezes, or talks.

Some common symptoms of Influenza are fatigue, body ache, and fever. Some people also complain of a runny or stuffy nose along with sore throat and dry cough. When present in children, they may also exhibit symptoms such as diarrhea and vomiting.

Influenza can be handled with proper rest and intake of fluids. However, people suffering from flu are also exposed to risks such as pneumonia that require immediate medical attention.

Antiviral medicines and influenza vaccine are the two common medications used to treat

and prevent influenza respectively. To prevent the side effects associated with conventional medications, one can also resort to homeopathic remedies. Homeopaths evaluate the physical, mental, and emotional traits of a person along with their medical history to determine the right similimum. The symptoms that may be individual to each patient are also taken into consideration while suggesting homeopathic remedies. Here are some similimums that are prescribed for the patients diagnosed with influenza:

1. **Arsenicum Album:** People who experience chilliness, anxiety, and restlessness along with a general sense of weakness after being diagnosed with Influenza are given this remedy.
2. **Gelsemium:** Gelsemium is suggested for people who experience symptoms associated with flu along with headache and dizziness.
3. **Belladonna:** Belladonna is recommended for patients who are sensitive to noise and bright light and experience sudden bouts of fever along with profuse sweating.
4. **Rhus Toxicodendron:** Patients who cannot rest or sleep peacefully due to restlessness and fever are given this remedy.
5. **Influenzinum:** Homeopathy also has Influenzinum, a dilution that helps prevent Influenza and also helps in recovery after undergoing the treatment.

The individualised homeopathic remedies are effective in reducing the severity and duration of sickness. The complications associated with Influenza aka Influenza-Like Illnesses (ILI) can also be handled better with the homeopathic treatment taken under a professional and experienced homeopath.

5. Homeopathic Management of Pneumonia Through Similimum

Pneumonia is a respiratory disorder that causes inflammation of the air sacs in either one or both the lungs. It can be caused due to viruses, fungi, or bacteria of certain species.

The pneumonia caused due to viruses usually get better on their own but bacterial pneumonia is a more severe kind of pneumonia which requires urgent medical intervention.

People diagnosed with pneumonia experience difficulty in breathing along with fever, severe chills, and a persistent cough. Bloody, yellowish, or brownish mucus along with the stiffness in the chest and rapid pulse rate are some other symptoms of pneumonia. Infants, toddlers, and elderly people have a higher risk of acquiring pneumonia due to their weak immune system. As pneumonia is a contagious disease, it should be dealt with immediate medical attention and care.

Pneumonia caused due to viruses often heal on their own with rest and proper fluid-intake. Fungal pneumonia is treated with antifungal medicines. Antibiotics are prescribed for those diagnosed with bacterial pneumonia. Oxygen therapy along with Intravenous (IV) fluids are required for severe cases along with consistent respiratory monitoring.

Those who want to avoid the side effects of conventional medicine often resort to homeopathic treatment. Homeopathic treatment involves careful examination of the X-rays to determine the extent of infection whereas the sputum is also studied to determine the kind of fungi, bacteria, or viruses that have caused it. A single remedy or similimum is suggested only after careful analysis of the symptoms, medical history, and overall characteristics (mental, emotional, and physical) of the patients.

Differential diagnosis is also an important step used to differentiate between respiratory disorders sharing the common symptoms. The stage of pneumonia also determines the homeopathic remedies that ultimately help the homeopath to determine the similimum. Here are some homeopathic remedies that are often suggested for respiratory disorders like pneumonia depending upon its stage:

1. Onset or Initial Stage

In the initial stage or onset of pneumonia,

remedies such as *Aconitum napellus* or *Ferrum phosphoricum* can be prescribed as the *similimum*. Patients suffering from symptoms such as anxiety, dry cough, high fever, and severe chills that get triggered with dry winds and cold weather are often given *Aconitum napellus*.

Those suffering with a higher fever, paleness of skin, and painful cough along with blood-streaks in the expectoration are given *Ferrum phosphoricum*.

2. Consolidation

After the initial onset of pneumonia, it consolidates and the severity of symptoms also increases. Such patients are suggested remedies such as *Phosphorus* and *Bryonia Alba*. Those who experience an intense pain in the chest, cough that worsens with motion, and very dry mucous membrane, along with an intense thirst for cold water are given *Bryonia Alba*.

Phosphorus is given to the patients who experience tightness in the chest along with an intense craving for ice-cold beverages.

3. Gray Hepatisation

In the later stages, the chest gets filled with mucus that is thick and the patient is unable to expectorate due to weakness. In such conditions, remedies such as *Antimonium tartaricum* and *Hepar sulphuris calcareum* can be prescribed.

Hepar sulphuris calcareum is given to those patients who are sensitive to cold air and become irritable. Those who develop bluish skin, face difficulty in breathing, and feel too drowsy are given *Antimonium tartaricum*.

4. Later Stages

In the progressive stages of pneumonia, the patients are unable to react to the medications and cannot breathe freely. For such patients, *Sulphur* and *Lycopodium clavatum* are suggested to offer quick

relief and long-term stability.

The potency of the homeopathic remedies are often low for children and elderly patients. For patients with good physical health and vigour, doses of higher potencies are suggested for quick healing and recovery. The doses are repeated in quick intervals to provide relief to the patients who are suffering from acute pneumonia. However, the repetition is avoided when some improvements are noticed.

6. Homeopathic Management of Tuberculosis Through *Similimum*

Tuberculosis or TB is an infectious respiratory disorder that spreads through air. It is caused by a bacteria called *Mycobacterium tuberculosis* that affects the normal functioning of your lungs. People who are diagnosed with TB often find difficulty in breathing followed up by other symptoms such as:

- Blood streaks or mucus in the expectoration while coughing up
- Severe fatigue and fever
- Sudden weight loss and not feeling like eating
- Pain experienced while breathing or coughing
- Night sweats that often lead to drenching of the clothes
- Persistent cough

Heavy antibiotic medications are suggested for Tuberculosis treatment in conventional medicine. These medications are often given in a combination that involves multiple antibiotics. These heavy medications often cause irreversible damage to the lungs, heart, and kidney which often manifests in the later stages of life.

Homeopathy offers some natural and holistic remedies that manage and treat TB. Homeopaths do not consider it only as a bacterial attack but the underlying tubercular miasm is also taken into consideration to determine the

similimum.

The temperament, physical build, and mental state of the patient are studied along with their emotional traits. Some classical homeopathic remedies that are often used as similimum during homeopathic treatment of TB include:

1. **Silicea:** Swollen lungs are treated with silica to promote faster healing.
2. **Tuberculinum/Bacillinum:** When the homeopathic remedies selected carefully fail to address the underlying issue, a nosode called Tuberculinum/Bacillinum is administered. These nosodes are made using tubercular tissues (sterilised) and address the underlying tubercular miasm.
3. **Arsenicum Iodatum:** Arsenicum Iodatum is prescribed for TB patients who experience persistent night sweats, yellowish-green expectoration, and sudden weight loss.
4. **Calcarea Carbonica:** Those showing early signs of TB such as slow metabolism, sweating around the head, etc. are prescribed this remedy.

Homeopathy serves as a complimentary or supportive treatment in acute or severe cases. Anti-Tubercular Treatment (ATT) should never be replaced by homeopathic remedies in active TB patients. However, those patients who receive homeopathic support along with the standard ATT show much faster signs of progress and recovery.

Their weight gain percentage and haemoglobin levels also increase significantly faster in these patients. While homeopathy proves to be effective in many cases, the antibiotic medicines and standard hygiene protocols followed in conventional clinics must be followed at all costs.

7. Homeopathic Management of Allergic Rhinitis Through Similimum

Allergic Rhinitis aka hay fever is a respiratory disorder caused due to breathing in allergens

which are often harmless environmental matter such as dust or pollen. As an anti-inflammatory response, the body releases histamine that causes nasal itching, sneezing, stuffy nose, itchiness in the eyes, throat soreness, etc.

Decongestants, antihistamine medications, and nasal sprays are suggested to get rid of the symptoms associated with Allergic Rhinitis. Immunotherapy using allergy shots are also given in severe cases to desensitise the immune system from specific allergens.

Allergic Rhinitis is not a life-threatening respiratory disorder. People who prefer natural treatment forms often get it treated via homeopathic remedies. In homeopathy, the body's natural immunity is strengthened so that it can cope with the environmental stressors better. People who receive a tailored similimum often show better progress and lead a better lifestyle after undergoing the homeopathic treatment.

A qualified homeopath conducts a detailed assessment of your medical history, symptoms, environmental triggers, nasal discharge, and overall personality to determine the appropriate similimum. Here are some commonly suggested similimum during homeopathic treatment of Allergic Rhinitis:

1. **Natrum Muriaticum:** Natrum Muriaticum is prescribed for the patients who struggle to breathe freely due to a blocked or runny nose. These patients also experience frequent sneezing accompanied with a whitish nasal discharge.
2. **Pulsatilla Nigricans:** People who experience a blocked nose in the evening and exhibit a nasal discharge of yellowish green mucus are given this remedy.
3. **Sabadilla:** Watery eyes, itchy nose, severe episodes of sneezing, and irritation in the mouth's roof are the symptoms that can be addressed by Sabadilla.
4. **Arsenicum Album:** Arsenicum Album is prescribed when the nose is stuffy and congested accompanied with a nasal discharge that often creates a burning

sensation in the nose.

- 5. Acute Remedies:** For acute cases of Allergic Rhinitis, remedies that are derived from the allergens themselves are given.

Homeopathic treatment of Allergic Rhinitis leads to faster recovery and builds the inner resilience of the patients. It helps them regain their quality of life faster without experiencing the side effects associated with conventional medicines.

8. Why Has Homeopathy Emerged as an Effective Way of Treatment for Respiratory Disorders?

Homeopathy has emerged as an effective way of treating respiratory disorders due to these reasons:

1. Strengthens The Immune System

Homeopathic remedies do not focus only on suppressing the symptoms. They address the underlying issues and optimise the immune system for better management of the disease.

For example, in Allergic Rhinitis, the diluted homeopathic remedies desensitise the immunity to allergens such as pollen and provide long-term relief to the patients.

2. Individualised Treatment

Homeopathy uses an individualised treatment method to treat various respiratory disorders. The triggers in climate changes, type of discharge, and other respiratory systems are taken into consideration while finalising the similimum. The emotional, physical, and emotional parameters are also taken into account while selecting from the collection of constitutional remedies.

3. Safe for Everyone

Homeopathic remedies are not only side-effect free but they are also safe for all types of individuals. Individuals belonging to any age group can take them

without experiencing any issues or long-term health effects. This has made homeopathic treatment a safer alternative to conventional medicine in several respiratory disorders.

4. Reduced Reliance on Conventional Drugs

Conventional drugs are required to handle severe respiratory disorders such as pneumonia and COPD. In the severe cases, homeopathy emerges as an alternative treatment approach that reduces the dependency on these drugs. This not only helps the patients to regain their lifestyle faster but also saves them from the detrimental side effects associated with conventional drugs.

5. Managing Symptoms

While homeopathy addresses the root causes or underlying issues of several respiratory illnesses, it also helps in handling the symptoms better.

From managing the acute symptoms of asthma to handling the flare-ups of COPD, homeopathy has emerged as a great alternative treatment method for many respiratory disorders. It also reduces the intensity of the symptoms and minimises the frequency or occurrence rate.

The right similimum also stimulates your immune system and prevents development of respiratory infections that might get triggered during conventional treatment.

9. Future of Homeopathy in The Context of Respiratory Disorders

In the future, homeopathy can be the better, safer, and cost-friendly option for the treatment of respiratory disorders. At present, homeopathic treatment is mostly preferred as a supplementary or supportive care for the patients. The concept of integrative care has also become popular where the patient gets the best of both conventional and homeopathic treatment for faster healing and recovery.

The role of homeopathic treatment in the integrative approach may evolve further with more research being carried out on homeopathic remedies and their effectiveness. Far more potent and targeted medicines may develop that can be integrated into public healthcare to make the healthcare options more affordable and accessible to the general public.

The use of Ai in symptom matching and finding the constitutional remedies according to the specific mental, physical, and emotional characteristics of the individuals cannot be ruled out. Moreover, the use of digital tools for repertorisation and other aspects of homeopathy may become more frequent in the coming days.

Homeopathy has emerged as a safer treatment method in pediatrics due to the natural and gentle homeopathic treatment and remedies. In the future, we may see homeopathy integrated seamlessly in pediatric care to provide individualised, natural, and safer options for the treatment of infants, toddlers, and younger kids.

Things to Remember While Undergoing Homeopathic Treatment of Respiratory Disorders

Here are some things that you must remember while undergoing homeopathic treatment for respiratory disorders:

1. Lifestyle & Diet Modifications

Homeopathy works best when paired with the right kind of diet and lifestyle modifications. For instance, if you are undergoing homeopathic treatment for asthma, you must avoid spicy foods, sweets, and alcoholic beverages as they may trigger the symptoms.

Do not smoke and keep away from strong aromas as they may alter the effectiveness of homeopathic remedies by acting as antidotes.

2. Avoid Overdose

After one dose of homeopathic remedy, you

must wait and observe its effects before going for the second dose. Overdosing is not recommended and the dosage must be strictly as per the homeopath's recommendations.

3. Avoid Triggers

People suffering from respiratory disorders get easily triggered by climate changes and temperature shifts. For instance, people diagnosed with Allergic Rhinitis must steer away from pollen, dust, and other environmental stressors. Similarly, those who are sensitive to temperature changes must be careful while venturing out.

4. Consistent Monitoring in Must

Homeopathic treatment can provide the expected results under the guidance of an experienced homeopath. At the same time, one must also use the modern diagnostic tools to watch the improvement in respiratory conditions consistently.

For instance, people diagnosed with pneumonia must get their chest X-rays done regularly to ensure that the treatment is heading in the right direction. Homeopathic remedies should only be treated as a secondary treatment form in severe cases. During emergencies, conventional medicines and treatment methods can provide immediate relief and prevent the symptoms from aggravating.

CONCLUSION

These were a few benefits of preferring the homeopathic treatment for respiratory disorders. Homeopathy is constantly evolving as advanced remedies and results obtained through clinical research being implemented on a wide scale. However, only the professional homeopaths who have vast experience and upgrade themselves as per new methods and learnings consistently can be trusted.

The Cypher Of The Wheeze: Decoding Bronchial Asthma Through Homeopathy

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Abstract

Bronchial asthma is conventionally viewed as a localized inflammatory airway disorder. Homoeopathy recognizes it as a profound, whole-body manifestation of internal distress, deeply intertwined with the patient's emotional landscape.

It is stated across various medical literatures that the lungs serve as the primary energetic seat of grief, sorrow, and anxiety. When an individual experiences unprocessed sadness or a rigid inability to let go of the past, this emotional stagnation physically manifests within the respiratory tract. Organon of Medicine outlines bronchial asthma as an outward expression of a fundamentally deranged Vital Force, where the lungs as an emergency alarm system, projects the internal disease outward to protect more vital centres, such as the brain and mind, from deeper damage. Consequently, true cure cannot be achieved through local suppression or bronchodilation. Permanent recovery demands a dynamic, constitutional homoeopathic intervention that restores harmony to the spiritual Vital Force governing the entire human being.

Keywords

Asthma. Homoeopathy . Materia Medica. Miasm.

Introduction

The term ‘asthma’ in Greek means ‘breathless’ or ‘breathe with open mouth.’

Asthma is a chronic inflammatory airway disorder classified as an obstructive pulmonary disease, which is characterized by persistent and progressive airflow limitation. This persistent inflammatory state directly yields airway hyperreactivity,

causing the bronchial smooth muscles to narrow excessively to minor, non-allergic triggers like cold air, exercise, or viral infections. This manifests clinically as recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, which characteristically display a diurnal pattern worse at night or in the early morning.

While these acute episodes feature widespread airflow obstruction that is typically reversible but long-standing and poorly controlled disease leads to permanent remodelling of the airway. This structural alteration causes progressive sub-epithelial fibrosis, fixed airway narrowing, and a markedly reduced therapeutic response to bronchodilator medications.

Etiology

- Genetics : Strong genetic predisposition, with susceptibility loci mapped to chromosomes 5 and 6.
- Environmental: Many environmental factors have been associated with asthma's development and exacerbation, including, allergens, air pollution, and other environmental chemicals.

Allergen Inhalation	Animal dander, House dust , Pollens
Air Pollutants	Exhaust fumes, Cigarette smoke
Viral respiratory tract infection	Human Rhinovirus, Influenza , Respiratory Syncytial virus.
Drugs	NSAIDs , Beta adrenergic blockers.
Occupational exposures	Wood dusts ,Industrial chemicals and plastics.
Miscellaneous	GERD , Stress , Obesity

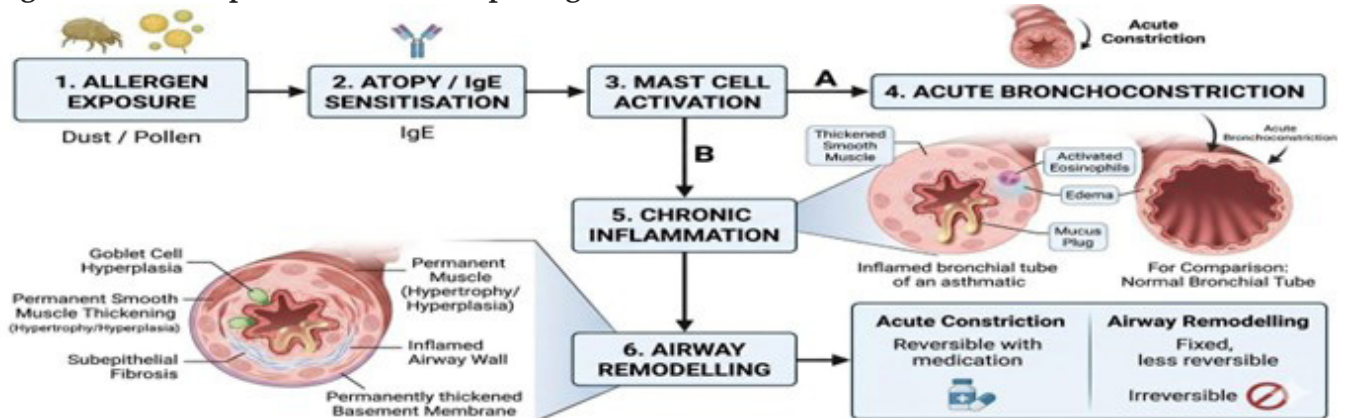
Triggering Factors

Pathophysiology

Dynamic Root Of Bronchial Asthma

As per the concepts of Homoeopathy, Asthma is a multi-miasmatic disorder, predominantly falls under the category of Sycosis. The expression of

Fig.: Schematic representation of the pathogenesis of bronchial asthma



Miasmatic Totality

- **Psora** : Hahnemann stated that all non-venereal chronic diseases are Psoric. Most diseases of chronic nature, all skin diseases, most dysfunctional diseases of organs and systems, etc. He lists among others, catarrhs, asthma, pleurisy, haemoptysis, hydrocephalus, stomach ulcers, scrotal swelling, jaundice, swollen glands, cataract, diabetes, tuberculosis, epilepsy, fevers and suppressed urine as all being typically psoric manifestations.
- **Sycosis** : This miasm is held to be responsible for those conditions worsened by damp weather and by contact with the sea. Thus, arthritis and rheumatism, asthma, catarrhs, bronchitis, cystitis and warts are all regarded as partly or mainly sycotic in character.

The Homoeopathic Armoury Combating Bronchial Asthma

1. Natrum sulph:

- Greenish expectoration. Much thick, viscid white mucus forms in the larynx and trachea.
- Dyspnea on exertion and while walking;

the acute episode differs from patient to patient depending up on the constitutional makeup of the individual. The therapeutic approaches adopted

- to control the acute attack
- to prevent the recurrence
- to prevent complications

with sharp pain in left chest. Stitching on deep breathing. Dyspnea in damp weather.

- It is a most useful remedy in humid asthma in children of sycotic parents. Humid asthma with copious viscid mucus in every spell of hot weather. Chronic catarrh of the bronchial tubes.
2. **Aconitum napellus**: Constant pressure in the left chest; oppressed breathing on least motion; loud, laboured breathing. Very sensitive to inspired air. Shortness of breath. Hot feeling in the lungs.
 3. **Aralia racemosa**: Asthma worse after sleep, with tickling in throat. Dry cough coming on after first sleep, about middle of night. Constriction of chest.
 4. **Antimonium Tart**: Asthma associated with a lot of rattling in the chest with little expectoration.
 5. **Blatta Orientalis**: Asthma from a damp environment. There can be an allergy to mildew, rotting leaves, mounds. Aggravation from exertion and ascending.
 6. **Ipecac**: Asthma with nausea and vomiting.

There is constant cough with vomiting and gagging.

7. **Lobelia inflata:** Asthma without cough and expectoration. Asthma is worse after any exertion.
8. **Medorrhinum:** Asthma better by bending his head on a pillow and the patient desires fast fan even in winter with a craving for ice.
9. **Ocimum sanctum:** Pain in the chest while coughing sneezing, can't be quiet in bed during the attack.
10. **Sambucus nigra:** Childhood Asthma. The attack is generally worse at midnight making child wake up from sleep.
11. **Senega:** Wheeze and cough end in a sneeze. Rattling in the chest.

Expanding The Armoury : Lesser-Known Asthmatic Remedies

- **Amyl Nitrosum:** Dyspnoea feels asthmatic. great oppression and fullness of chest, desire to eructate. Spasmodic, suffocative cough for several minutes. Feeling of weight on sternum. hastens and deepens breathing. anxiety, must have fresh air.
- **Antifebrinum:** Severe dyspnoea, the patient seized and clenched the hands of those around him. He felt as if the diaphragm had ceased working and he must go on breathing on his own account at any cost.
- **Armoracea Sativa:** Increases activity of respiratory organs. Mucous asthma, and consumption. Oedema of lungs. Chest painful to touch.
- **Asclepias Tuberosa:** Respiration painful, esp. at base of left lung. Breath smells like pepper. Humid asthma; <after eating, < after smoking a little. Oppression and difficulty of breathing.
- **Aspidosperma Quebracho :** Digitalis of lungs. Want of breath during exertion. Cardiac asthma. Expectoration, pearls of rounded gelatinous masses.
- **Chlorum:** Sudden dyspnoea from spasms of the vocal cords, with protruding eyes, blue face, cold sweat. Inspiration free but cannot exhale. Asthma of hay fever. As if air were forced into upper chest.
- **Derris Pinnata:** Feeling of suffocation with fetid breath; must sit up in bed at night. Cramp-like pains, and lancination behind sternum.
- **Electricitas:** Asthma, sometimes lasting for life, with palpitation of the heart and disposition to syncope. Short, irritable cough. Oppression of the chest.
- **Oeriodyction:** Wheezing, asthma with coryza and mucus secretions. Dull pain in right lung, feels near nipple, occurring at short intervals or on sudden changes of position. Chronic bronchitis with easily raised bronchial secretion, giving relief. Worse 5pm.
- **Euphorbia Lathyris:** Humid asthma, cardiac dyspnoea, hay fever and bronchitis. Breath, cold with a musty odour. Laboured breathing. It has cured desperate cases of asthma.
- **Gadus Morrhu:** Fits of wheezing cough with pain deep in chest. Breath short, laborious; as if air passages were closed. Rush of blood to chest, without palpitation. Lumps seem adherent to parietes. Sharp pains running through chest; not aggravated by walking, though renewed on first movement.
- **Galvanismus:** Cough, dry; humid; with patients who have tubercles the nodosities speedily soften and break, and the fatiguing cough disappears. Difficult respiration; asthma, respiration deep, slow, rattling. Respiration impeded by each shock.
- **Grindelia Robusta:** For wheezing and oppression in bronchitis patients. Sibilant rales. Asthma, with profuse tenacious expectoration. Cannot breathe when lying down. Cheyne-stoke respiration.
- **Guarea Trichiloides:** Breathing, difficult during chill. Larynx irritated. Sensation of hollowness and dilatation of chest. Respiratory symptoms <from putting hand to throat.
- **Hippozaeninum:** Loud snoring respiration before fatal termination; breath fetid. Cough

and obstructed respiration, resulting from cicatricial contraction of mucous membrane of nose and larynx. Patients cough severely and expectorate profusely, sputa usually bearing a strong resemblance to the discharge from the nostrils, size of millet seed to a pea, often grey, yellowish or reddish colour.

- **Lactuca:** Convulsive asthma; fits of suffocation in dropsy of chest. Indescribable sensation of tightness and lightness. Feeling as if a hundred weight on chest. Spasmodic cough with feeling of suffocation. Whooping cough, paroxysm preceded by anxiety.
- **Linum Usitatissimum:** Picture of an aggravated case of bronchial asthma; with the most extreme effort to breathe. Livid, and struggles for breath.
- **Mancinella:** Whistling breathing. Asthma, chronic. Frequent hawking with nausea. Violent cough and painful stitches in trachea from slightest exertion.
- **Naphthalinum:** Spasmodic asthma; better in open air. Soreness in chest and stomach; must loosen clothing. Dyspnoea and sighing inspiration. Emphysema in the aged with asthma. Whooping-cough, long and continued paroxysms of coughing, unable to get a respiration.
- **Pecten Jacobeus:** Quick, laboured breathing; cannot lie flat or on left side; constriction of chest, especially right side. Attacks preceded for two or three days by sneezing and excessive coryza; burning sensation in throat and chest; fullness of head; pulse very quick and wiry; subsequently copious expectoration of tough, stringy, and frothy mucus. Aggravation at night.
- **Pulmo Vulpis:** Accelerated short breath amounting to suffocation, even without corresponding heaving of the chest, frequently with cough and inability to expectorate. The patient could only live sitting up, bent forward; constant lividity of face, lips, and extremities, and dropsy of legs. Dyspnoea on least motion.
- **Silphium Lacinatum:** Cough with expectoration profuse, stringy, frothy, light -coloured.

Excited by sense of mucus rattling in chest & worse, drafts of air. Constriction of lungs. Desire to hawk and scrape throat.

- **Terebinthina:** Breath short, hurried, and anxious. Choking sensation. Emphysema. Cough as if a foreign body had entered larynx, spasmodic inspiration. Dry, hacking cough. Expectoration streaked with blood. Respiration impeded by congestion of lungs.
- **Verbascum Thapsus:** Hoarse voice sounds like a trumpet; "basso profundo". Cough; worse at night. Soreness in pharynx, cough during sleep.
- **Xanthoxylum:** Shortness of breath; no appetite; bowels constipated; urine light-coloured, alkaline. Had to sit up in bed and turn first one way, then another, as in a severe fit of asthma, with several spasmodic coughing spells. Thought she could not get air enough into lungs, inspiration was so difficult.

Modalities

Homoeopathy appraises modalities as factors of paramount significance. Consequently, in cases where a patient is unable to articulate their subjective symptoms, these modifying factors serve as a critical guide for selecting the most accurately indicated medicine.

< Lying down	Aral., Grindelia , Samb.
> Lying down, keeping arms spread apart	Psorinum
< Change of weather	Arsenic, Chelidonium, Dulcamara
< cold air	Lobelia, Nux-v, Petr.
< Foggy weather	Hypericum
< Warm wet weather	Bell., Carb-v
< Damp weather	Dulc, Medo, Nat-s
> Damp weather	Caust., Hep.
Sailors as soon as they go ashore	Bromium
Better in open air	Naphthalinum
Worse from talking	Drosera
Worse in warm room	Am-c, carb-v, kali-s
Worse from inhaling dust	Ictod., Ip., Kali-c
>Bending forward, rocking	Kali Carb.
<Sitting up	Ferr-ac., Laur., Psorinum

>Lying on face, protruding tongue	Medo.
Difficult sitting bend forward	Digitalis , Rhus Tox. , Sepia
Better lying on the right side	Spigelia
>Bending forward	Arsenic , Kali Bich, Lachesis , Spongia

CONCLUSION

This article highlights a profound convergence between conventional pulmonology and homoeopathic philosophy. While Modern medicine targets chronic airway inflammation and structural remodeling, Homoeopathy interprets these physical spasms as an outward alarm of a deranged Vital Force bound by deep-seated grief and miasmatic burdens.

The Homoeopathic Materia Medica equips us to achieve holistic alignment by utilizing these diverse natural remedies to address the multi-faceted layers of acute sensitivity, deep structural pathology, and inherited miasmatic blocks, ultimately neutralizing internal disease to re-tune the

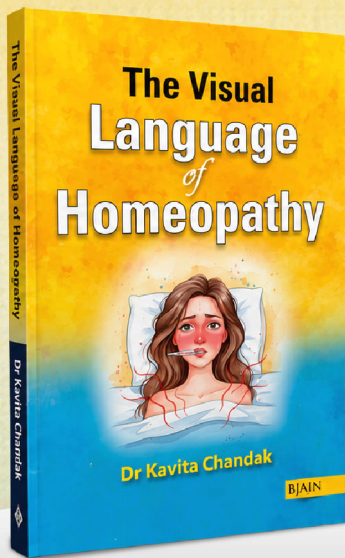
vital force. By the virtue of the dynamic simillimum, homoeopathy fundamentally tunes the deranged Vital Force, removing the internal barrier to health so that the breath of life may flow unhindered.

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The Visual Language of Homeopathy





The Art of Seeing—and Remembering—the Remedy.

ISBN: 9788131999325



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Indian Homoeopathic Medicines in Respiratory Disorders: Revisiting Their Therapeutic Scope in Contemporary Practice



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Abstract

Respiratory diseases are among the most common health problems worldwide, affecting millions of people and causing significant illness and death each year. Conditions such as asthma, chronic bronchitis, pneumonia, and other breathing disorders can make everyday activities difficult and often require long-term care. Although modern medical treatments have greatly improved the management of these conditions, many respiratory illnesses remain chronic or tend to recur, affecting patients' overall well-being, daily functioning, and quality of life. As a result, respiratory disorders continue to pose a major challenge for individuals, families, and healthcare systems across the globe.

Homoeopathy follows an individualized approach to treatment, focusing on the unique symptoms and overall health of each patient rather than treating a disease alone. Within its extensive materia medica, several Indian homoeopathic medicines have traditionally been used for respiratory complaints and have shown particular affinity for conditions affecting the lungs and airways. However, many of these remedies remain relatively less used in clinical practice. This article highlights selected indigenous medicines—*Acalypha indica*,

Blumea odorata, *Ficus religiosa*, *Azadirachta indica*, *Hydrocotyle asiatica*, *Solanum xanthocarpum*, *Justicia adhatoda*, *Ocimum sanctum*, and *Blatta orientalis*—and discusses their key indications in respiratory disorders. By revisiting these valuable remedies, practitioners may discover additional therapeutic options and gain a deeper appreciation of the rich contribution of indigenous medicines to homoeopathic respiratory care.

Keywords

Indian Homoeopathic Medicines, Respiratory Disorders, Asthma, Chronic Bronchitis, *Materia Medica*, Individualization.

Introduction

Respiratory disorders constitute one of the most significant public health challenges of the modern era. According to the Global Burden of Disease Study 2019, chronic respiratory diseases affected approximately 454.6 million people worldwide and were responsible for more than 4 million deaths annually.¹ Asthma affects over 262 million people globally and remains among the most common chronic diseases across all age groups.²

India contributes substantially to the global

burden of respiratory disease. Rapid urbanization, increasing industrialization, environmental pollution, tobacco consumption and widespread exposure to biomass fuels have contributed to rising prevalence rates of respiratory illnesses. Asthma, chronic obstructive pulmonary disease (COPD), allergic rhinitis, recurrent respiratory tract infections and pulmonary tuberculosis continue to impose considerable morbidity, health-care expenditure and loss of productivity.³

Respiratory disorders often extend beyond physical symptoms. Persistent cough, breathlessness, wheezing, recurrent infections and sleep disturbances significantly affect emotional well-being, daily functioning and quality of life. Although conventional medicine has transformed the management of acute and chronic respiratory conditions, recurrence and chronicity remain common challenges.

Homoeopathy approaches respiratory diseases through individualization, emphasizing the selection of a remedy based on the patient's unique symptom totality rather than merely the diagnostic label. While the commonly used polychrests occupy a prominent position in respiratory therapeutics, several Indian Homoeopathic Medicines possess noteworthy respiratory affinities that deserve greater clinical attention. Many of these remedies originated from indigenous medicinal plants long utilized in traditional systems of medicine and were subsequently incorporated into homoeopathic practice through proving and clinical observation.

The present review revisits selected Indian Homoeopathic Medicines and highlights their characteristic indications in respiratory disorders, thereby encouraging their thoughtful application in contemporary homoeopathic practice.

Burden of Respiratory Disorders: A Global and Indian Perspective

Respiratory diseases encompass a broad spectrum of acute and chronic conditions affecting the airways and lungs. Chronic respiratory diseases alone account for nearly 7.4% of the total global disease burden.¹ COPD is currently among the leading causes of death worldwide, while asthma remains a significant cause of disability-adjusted

life years (DALYs), particularly among children and young adults.²

In India, epidemiological studies estimate that asthma affects approximately 34 million individuals, while COPD affects more than 55 million people.³ The annual incidence of acute respiratory infections remains particularly high among children and older adults, contributing significantly to outpatient visits and hospital admissions. Air pollution is recognized as one of the most important modifiable risk factors, with India accounting for a substantial proportion of global pollution-related respiratory morbidity.⁴

These figures highlight the continuing need for safe, individualized and holistic therapeutic approaches that complement existing healthcare strategies and address the diverse manifestations of respiratory disease.

Why Revisit Indian Homoeopathic Medicines?

India has a long and rich tradition of using medicinal plants for the treatment of various illnesses, including respiratory diseases. Many indigenous plants have been used for generations to relieve cough, breathlessness, and other respiratory complaints, and several of these later became part of homoeopathic materia medica. However, despite their historical significance and potential clinical usefulness, many of these remedies are not commonly discussed.

Revisiting Indian homoeopathic medicines is important for several reasons. It helps practitioners become aware of a wider range of remedies that may be useful in managing respiratory conditions, particularly when commonly prescribed medicines do not fully match the patient's symptom picture. It also highlights the valuable contributions of India's indigenous medicinal resources and encourages further study, research, and clinical application of these lesser-known remedies. By bringing renewed attention to these medicines, homoeopathic practitioners can enrich their therapeutic options while preserving and advancing an important part of the country's medical heritage.

Some Indian Homoeopathic Medicines in Respiratory Disorders^{5,6}

Acalypha indica

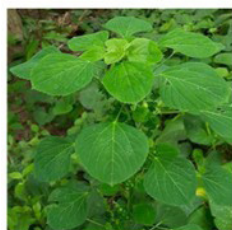


Fig-1 *Acalypha indica*

Acalypha indica occupies an important place among Indian remedies affecting the respiratory system. Its sphere of action centers upon the respiratory mucosa and pulmonary circulation, particularly conditions associated with

hemorrhagic tendencies.

The characteristic indication is a dry, hard cough followed by the expectoration of bright red blood. Hemoptysis may occur in the morning, while dark clotted blood may be expelled later in the day. The patient often complains of weakness, emaciation and chest oppression.

The remedy has traditionally been employed in pulmonary tuberculosis, chronic bronchitis with hemorrhage and persistent respiratory irritation accompanied by bloody expectoration. The presence of hemoptysis remains one of its most distinctive guiding symptoms.

Blumea odorata



Fig-2 *Blumea odorata*

Blumea odorata has been utilized in respiratory disorders characterized by inflammation and irritation of the respiratory passages.

It is particularly useful in cough associated with mucosal congestion, excessive secretion and irritation of the airways. Patients frequently complain of persistent cough with difficult expectoration and a sensation of obstruction within the chest.

The remedy has been clinically employed in chronic bronchial catarrh and recurrent respiratory infections where congestion and mucus accumulation predominate. Its action appears especially suited to conditions accompanied by tenacious secretions and lingering inflammatory symptoms.

Ficus religiosa



Fig-3 *Ficus religiosa*

Ficus religiosa, the sacred fig, has a notable affinity for the respiratory and circulatory systems.

A prominent feature is recurrent cough associated with bleeding tendencies.

The remedy has been mentioned in cases presenting with hemoptysis, chest weakness and chronic pulmonary irritation. Patients may complain of chest discomfort, breathlessness on exertion and persistent respiratory exhaustion.

Its traditional use extends to chronic respiratory conditions in which vascular congestion and hemorrhagic manifestations are prominent. The remedy deserves consideration whenever respiratory symptoms are accompanied by a marked tendency toward bleeding.

Azadirachta indica



Fig-4 *Azadirachta indica*

Azadirachta indica (Neem) is widely known for its antimicrobial and anti-inflammatory properties. Within homoeopathic therapeutics, it has been employed in respiratory conditions associated with recurrent infections and

catarrhal states.

Patients requiring this remedy often exhibit chronic nasal catarrh, offensive discharges and recurrent upper respiratory tract infections. Cough may be associated with throat irritation and mucosal inflammation.

The remedy may prove valuable in individuals with repeated respiratory infections, especially when accompanied by constitutional weakness and susceptibility to infectious diseases. Its broad action on mucous membranes contributes to its relevance in respiratory therapeutics.

Hydrocotyle asiatica

Hydrocotyle asiatica possesses a marked action on connective tissues, skin and mucous membranes. Although more frequently recognized



Fig-5 *Hydrocotyle asiatica*

for dermatological applications, its usefulness in respiratory conditions should not be overlooked.

The remedy has been employed in chronic catarrhal conditions characterized by thickening of mucous membranes and persistent irritation. Patients may present with chronic throat symptoms, recurrent respiratory discomfort and prolonged catarrhal inflammation.

Its value appears greatest in long-standing conditions marked by tissue infiltration and chronic mucosal changes rather than acute inflammatory processes.

Solanum xanthocarpum



Fig-6 *Solanum xanthocarpum*

Solanum xanthocarpum (Kantakari) is among the most important indigenous respiratory remedies.

It has a well-established reputation for asthma, chronic bronchitis and productive cough. Characteristic symptoms include difficult breathing, wheezing, chest tightness and abundant expectoration. The cough is often aggravated during cold weather and at night.

Patients frequently experience a sensation of mucus accumulation within the chest that is relieved by expectoration. The remedy has been traditionally employed in obstructive airway diseases and recurrent respiratory infections. Its pronounced affinity for bronchial pathology makes it particularly valuable in respiratory practice.

Justicia adhatoda



Fig-7 *Justicia adhatoda*

Justicia adhatoda (Vasaka) occupies a prominent position among Indian respiratory remedies.

Its keynote is a loose, rattling cough with copious expectoration. Breathing is difficult

because of mucus accumulation in the bronchial passages. Patients often complain of suffocative attacks, wheezing and oppression of the chest.

The remedy is frequently indicated in acute and chronic bronchitis, bronchial asthma and respiratory infections associated with profuse mucus production. Expectoration may be thick, abundant and difficult to expel.

The long-standing traditional use of Vasaka in respiratory ailments further supports its importance in homoeopathic therapeutics.

Ocimum sanctum



Fig-8 *Ocimum sanctum*

Ocimum sanctum (Tulsi) is another well-known indigenous remedy with marked respiratory affinity.

It is useful in recurrent colds, allergic respiratory conditions and cough associated with throat irritation. Patients often present with sneezing, nasal congestion, hoarseness and irritating cough.

The remedy has demonstrated clinical usefulness in upper respiratory tract infections and allergic respiratory disorders. It is particularly valuable in individuals prone to frequent respiratory complaints triggered by seasonal changes.

Its action on both the upper and lower respiratory tract broadens its applicability in day-to-day clinical practice.

Blatta orientalis



Fig-9 *Blatta orientalis*

Blatta orientalis is one of the most frequently prescribed remedies for respiratory disorders characterized by marked dyspnoea.

Its principal sphere of action is bronchial asthma, particularly when associated with excessive mucus accumulation. Patients experience severe breathlessness, suffocative attacks and difficulty in obtaining adequate air. Symptoms are often aggravated by damp weather and improve after

expectoration.

The remedy is especially useful in obese individuals and those with chronic bronchitic tendencies. Wheezing, rattling respiration and profuse mucus production are prominent features.

Many clinicians regard *Blatta orientalis* as one of the most valuable remedies for asthmatic conditions accompanied by bronchial obstruction and copious secretions.

Clinical Considerations in Remedy Selection

Although each of these remedies possesses characteristic respiratory indications, successful homoeopathic prescribing requires careful evaluation of the individual patient. Similar diagnostic conditions may present with entirely different symptom expressions, modalities and constitutional characteristics.

Acalypha indica and *Ficus religiosa* stand out in respiratory conditions associated with hemorrhagic manifestations. *Justicia adhatoda* and *Solanum xanthocarpum* exhibit strong affinities for bronchial catarrh and productive cough. *Blatta orientalis* remains particularly valuable in asthma with marked dyspnoea and mucus accumulation. *Ocimum sanctum* and *Azadirachta indica* are useful in recurrent respiratory infections and catarrhal states, while *Hydrocotyle asiatica* and *Blumea odorata* find application in chronic inflammatory and catarrhal conditions.

The distinguishing features of each remedy provide valuable guidance in clinical practice and reinforce the importance of individualization in respiratory therapeutics.

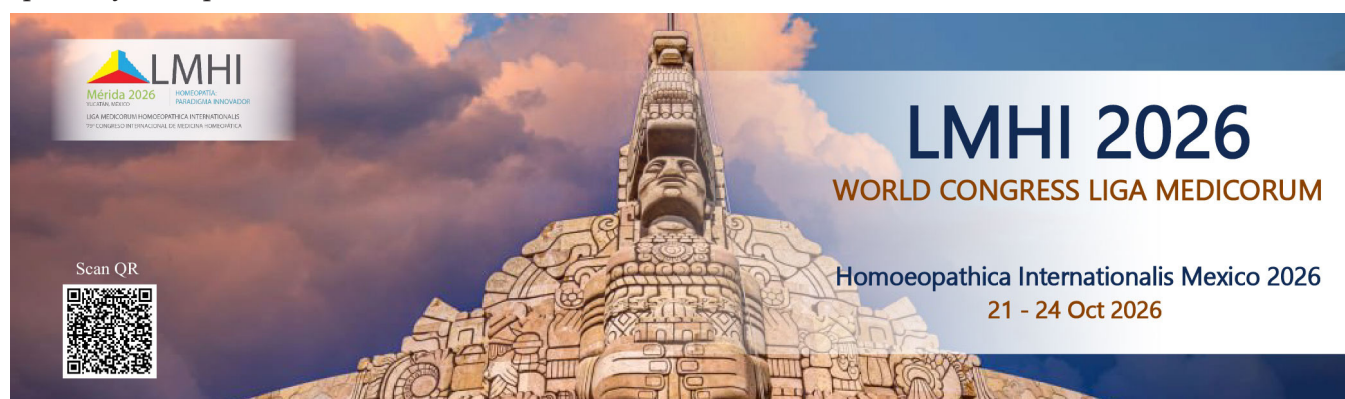
CONCLUSION

Respiratory disorders continue to impose a considerable burden on global health, particularly in countries such as India where environmental and lifestyle factors contribute significantly to disease prevalence. While conventional treatment remains indispensable, homoeopathy offers an individualized therapeutic approach that seeks to address the unique symptom profile of each patient.

Indian Homoeopathic Medicines represent a valuable yet underutilized component of respiratory therapeutics. Remedies such as *Acalypha indica*, *Blumea odorata*, *Ficus religiosa*, *Azadirachta indica*, *Hydrocotyle asiatica*, *Solanum xanthocarpum*, *Justicia adhatoda*, *Ocimum sanctum* and *Blatta orientalis* possess characteristic indications that may assist practitioners in managing a variety of respiratory complaints. Revisiting these indigenous medicines enriches the homoeopathic materia medica and underscores the continuing relevance of India's medicinal heritage in contemporary respiratory care.

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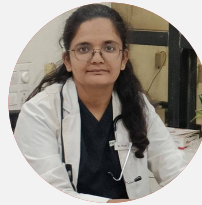


The Constitutional Lung: Respiratory Archetypes And Susceptibility In Homoeopathy



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Abstract

Background:

Respiratory disorders show marked variability despite similar environmental exposures, highlighting the key role of individual susceptibility.^{9,13} Conventional approaches emphasize pathology and external triggers, often overlooking intrinsic host factors. Homoeopathy, through individualization, miasmatic predisposition, and vital reactivity, provides a framework to interpret this variability. Understanding respiratory disease as altered constitutional responsiveness offers deeper insight into its evolution and therapeutic approach.

Objective:

To analyze respiratory constitutional archetypes and propose the Respiratory Terrain as a model for understanding disease expression.

Materials and Methods:

A conceptual analysis based on the classical homoeopathic literature, integrated with contemporary insights into respiratory susceptibility.^{9,13}

Result:

Distinct archetypes demonstrate characteristic

respiratory patterns, while the Respiratory Terrain links susceptibility with clinical expression.

Conclusion:

The Constitutional Lung paradigm reinforces individualization and redefines the similimum as a regulator of susceptibility rather than merely a symptomatic intervention.¹⁻⁶

Keywords

Respiratory Archetypes; Constitutional Lung; Susceptibility; Respiratory Terrain; Similimum; Miasms; Homoeopathy.

Introduction

Respiratory diseases constitute a significant global health burden and continue to challenge healthcare systems despite remarkable advances in diagnostics and therapeutics.^{9,13} Bronchial asthma, allergic rhinitis, recurrent respiratory tract infections, chronic bronchitis, and chronic obstructive pulmonary disease are among the most common causes of morbidity and impaired quality of life. Contemporary medicine has elucidated various mechanisms involving inflammation, immune dysregulation, genetic predisposition, and environmental exposure in the pathogenesis of respiratory disorders.^{9,13,14,15} Nevertheless, substantial

variability remains in the manner in which respiratory diseases manifest among individuals exposed to similar environmental influences.

This variability raises an important question: why does one individual develop allergic rhinitis, another asthma, while a third remains unaffected despite comparable exposure? Modern respiratory research increasingly acknowledges the role of host responsiveness and individual susceptibility in disease expression. The emerging concepts of precision medicine, respiratory microbiome dynamics, and host–environment interactions have highlighted the importance of individualized responses in determining disease outcomes.^{10,13,14,15}

Interestingly, the doctrine of susceptibility has occupied a central place in homoeopathic philosophy since the time of Hahnemann. According to the *Organon of Medicine*, disease cannot affect an individual unless susceptibility exists.¹ The nature, intensity, and expression of disease depend upon the receptivity of the living organism rather than the external influence alone. Thus, disease is understood as an expression of a disturbed vital state manifested through characteristic signs and symptoms.

The respiratory system provides an ideal field for studying susceptibility because it functions as the primary interface between the organism and its environment. Every breath brings exposure to allergens, microorganisms, pollutants, climatic variations, and numerous external influences. Yet the response to these influences differs dramatically among individuals. Homoeopathy interprets these differences through constitutional predisposition, miasmatic inheritance, and individual patterns of reactivity.^{2,7}

Although respiratory therapeutics has been extensively discussed in homoeopathic literature, relatively little attention has been devoted to understanding respiratory diseases through constitutional archetypes. Most discussions remain disease-centred, focusing on remedies for asthma, bronchitis, or rhinitis. Such an approach, while clinically useful, may not fully reflect the homoeopathic emphasis on individualization.

The present article proposes the concept of the Constitutional Lung, wherein respiratory

pathology is viewed as an expression of constitutional individuality. It further introduces the concept of the Respiratory Terrain as a dynamic field through which susceptibility, miasmatic tendencies, constitutional characteristics, and environmental influences interact to produce respiratory disease. This perspective aims to shift attention from disease labels toward constitutional patterns of respiratory reactivity and thereby strengthen the foundations of individualized prescribing.

The Respiratory Terrain: A Conceptual Framework

The concept of “terrain” refers to the internal environment that governs an individual’s susceptibility to disease.^{1,3} In homoeopathy, this is understood through the interrelated principles of constitution, miasms, susceptibility, and vital force.^{1,2,7}

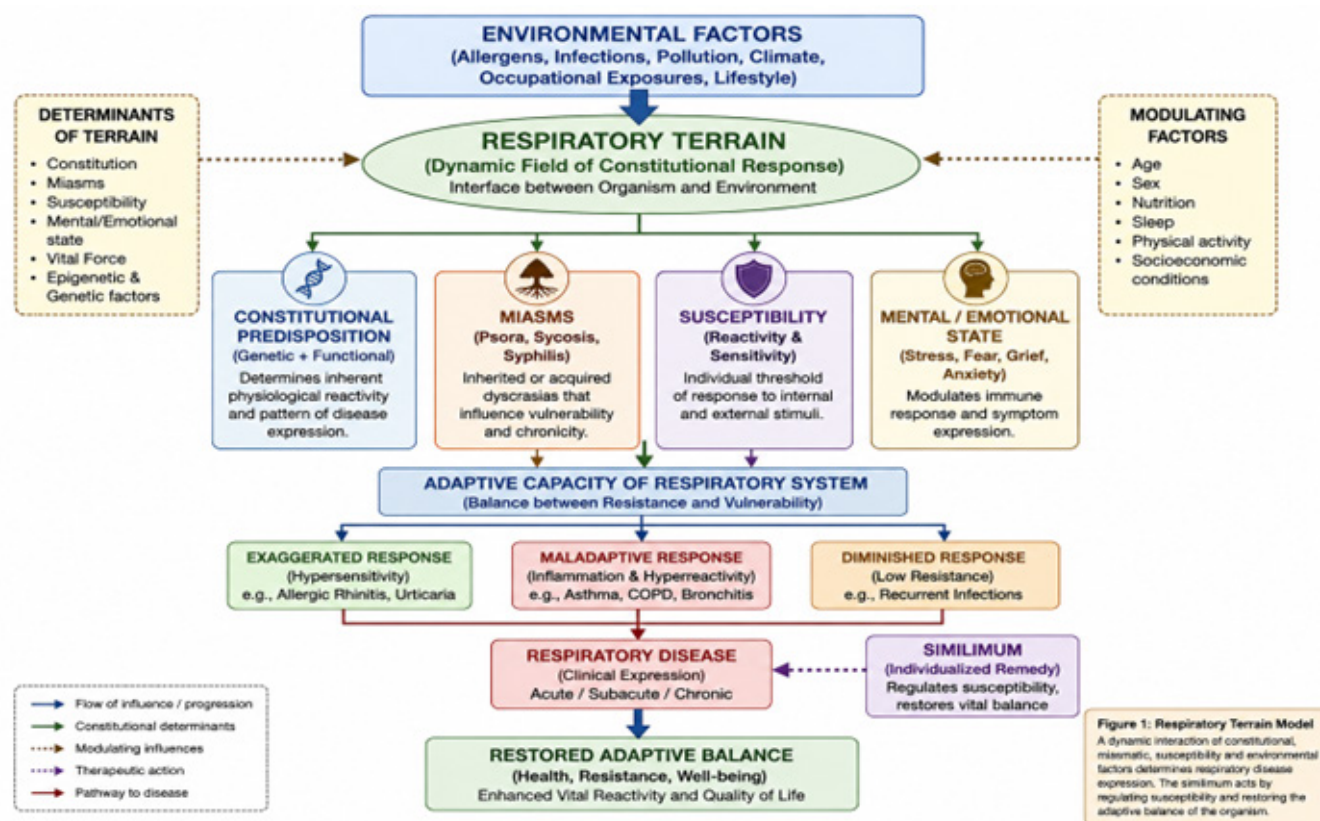
The Respiratory Terrain may be defined as a dynamic constitutional field through which the organism responds to respiratory influences and expresses disease. It is not a static anatomical entity, but a functional representation of the organism’s adaptive capacity.^{1,3}

This terrain is shaped by multiple determinants. Constitutional predisposition influences physiological reactivity and disease expression, while the miasmatic background provides inherited and acquired tendencies that modulate respiratory pathology. Environmental factors, including allergens, pollutants, and infections, interact continuously with the host, with effects determined by susceptibility rather than exposure alone. Emotional and mental states further influence respiratory reactivity, reflecting the holistic nature of homoeopathic understanding.

At its core, the respiratory terrain reflects the organism’s adaptive capacity. Disease arises when this capacity is disturbed, resulting in characteristic expressions such as asthma, rhinitis, bronchitis, or recurrent infections.

Proposed Model

Figure I: The Respiratory Terrain Model



This framework shifts the focus from diagnosis-based prescribing to a deeper constitutional understanding of respiratory disease.

Susceptibility In The Light Of Organon

Susceptibility is a fundamental concept in homoeopathy, forming the basis for understanding both disease and cure.

Aphorism 3 emphasizes that the physician must perceive the individual expression of disease rather than rely solely on diagnosis.¹ Thus, respiratory conditions like asthma cannot be understood purely as disease entities, as their manifestation varies according to constitutional susceptibility.

Aphorism 7 establishes that the totality of symptoms reflects the internal disturbance.¹ Respiratory symptoms such as wheezing, dyspnoea, and cough gain significance only when interpreted within the complete constitutional context, shifting focus from pathology to individuality.

Aphorisms 30–32 highlight that disease affects only when susceptibility exists.¹ This explains why similar exposures do not produce uniform disease patterns. Susceptibility thus serves as the link between environmental influences and disease expression.

In respiratory disorders, conditions such as asthma, allergy, and recurrent infections represent variations of altered susceptibility shaped by constitutional and miasmatic factors.

Aphorism 42 further clarifies that the similimum acts by influencing the disturbed vital state.¹ Accordingly, it may be viewed as regulating susceptibility rather than merely alleviating symptoms, forming the basis of constitutional prescribing.

The Lung As An Organ Of Adaptation

The respiratory system, though traditionally viewed as an organ of gaseous exchange, may be more appropriately understood in homoeopathy as an organ of adaptation. Each breath exposes the organism to allergens, microorganisms, pollutants, and environmental variations, requiring continuous adaptive responses.

Health depends on the organism's ability to maintain equilibrium in the face of these influences, while disease reflects a disturbance in this adaptive capacity. Thus, allergic rhinitis may represent exaggerated responsiveness, asthma maladaptive hyper-reactivity, and recurrent infections diminished resilience.

This concept bridges contemporary respiratory science—emphasizing host responsiveness and immune regulation^{10,13} - with classical homoeopathic principles of susceptibility, constitution, and miasmatic predisposition.¹⁻³ The lung therefore functions as a dynamic interface through

which constitutional individuality becomes clinically evident.

Respiratory Constitutional Archetypes: An Advanced Materia Medica Interpretation

The concept of respiratory constitutional archetypes represents an approach to understand respiratory pathology not merely as a disease process but as a constitutional expression of susceptibility.^{3,6,8} Each archetype embodies a characteristic mode of adaptation, reaction, and vulnerability. The respiratory manifestations become meaningful only when interpreted in the context of the patient's constitutional identity.

Rather than asking "*Which remedy treats asthma?*",

the physician asks: "*Which constitutional pattern is expressing itself through asthma?*"

This shift from diagnosis to constitutional understanding represents the essence of individualized homoeopathic prescribing.

Table I: Respiratory Constitutional Archetypes and Their Clinical Correlates.^{3,6,8}

Archetype	Central Theme	Respiratory Characteristics	Constitutional Traits	Respiratory Interpretation	Miasmatic Affinity
Arsenicum Lung	Defensive Hyper-reactivity	Asthma with anxiety; wheezing worse after midnight; burning chest; air hunger; restlessness; better sitting up; worse cold air	Fastidious, anxious, fear of death, insecure, desire for control	State of chronic physiological alertness with exaggerated response to minor stimuli	Psoric-Syphilitic
Phosphorus Lung	Openness & Vulnerability	Recurrent infections; chronic laryngitis; dry cough; haemoptysis tendency; chest tightness; weak voice	Affectionate, sensitive, fear of being alone, desire for company, easily exhausted	Increased permeability allowing deeper environmental influence	Tubercular
Tuberculinum Lung	Instability & Recurrence	Recurrent bronchitis; repeated infections; variable symptoms; asthmatic tendency; recurrent fever	Restless, dissatisfied, desire for travel, need for change, poor resistance	Failure of sustained adaptation leading to recurrent pathology	Tubercular
Natrum Sulphuricum Lung	Environmental Susceptibility	Asthma worse in damp; chronic catarrh; green expectoration; post-infectious complaints; morning aggravation	Reserved, emotionally suppressed, sensitive to humidity, slow recovery	Strong environmental influence on respiratory function	Sycotic
Sulphur Lung	Persistent Reactivity	Chronic complaints; morning cough; burning; skin-respiratory alternation; recurrent inflammation	Intellectual, philosophical, heat aggravation, neglect of appearance	Chronic hypersensitivity with repeated inflammatory expression	Psoric

Specialized Respiratory Archetypes

While the primary archetypes represent broad

constitutional patterns, several lesser-discussed remedies express unique respiratory themes.

Table II: Acute Respiratory Archetypes and Their Clinical Correlates.^{4,6,8}

Archetype (Remedy)	Central Theme	Respiratory Characteristics	Clinical Interpretation
Spongia Tosta	Dry Hyper-reactive Airway	Dry, barking cough; marked laryngeal constriction; nocturnal suffocation; pronounced airway dryness	Reflects impaired broncho-laryngeal relaxation, resulting in dry, constrictive airway dynamics
Bromium	Environmentally Modulated Airway	Hypersensitivity to dust; laryngeal irritation; environmentally triggered asthma; amelioration in sea air	Demonstrates heightened environmental responsiveness with direct modulation of airway reactivity
Aspidosperma	Oxygen-Deprivation Archetype	Intense air hunger; dyspnoea; emphysematous tendencies; respiratory fatigue	Indicates functional insufficiency of oxygenation despite relative structural preservation
Grindelia Robusta	Sleep-Associated Respiratory Dysregulation	Apnoea on sleep onset; chronic bronchial catarrh; difficult expectoration	Suggests impaired autonomic control of respiration, particularly during sleep transitions
Lobelia Inflata	Neuro-Respiratory Dysregulation	Asthma with gastric association; respiratory constriction; anxiety-linked dyspnoea; vagal disturbances	Highlights dominant autonomic (vagal) dysregulation influencing respiratory function

Respiratory Microbiome And Homoeopathic Susceptibility: Bridging Classical Philosophy And Contemporary Science

Recent advances have established the presence of a dynamic respiratory microbiome involved in immune regulation and maintenance of pulmonary homeostasis, shifting focus from pathogen-centric models to host–environment interactions.^{10–13}

This paradigm aligns closely with the homoeopathic doctrine of susceptibility,^{1,14,15} wherein disease expression depends not merely on exposure but on the organism’s inherent responsiveness. Contemporary observations that identical exposures produce varied clinical outcomes—ranging from asthma and allergic rhinitis to asymptomatic states—further reinforce this concept.^{10–15}

From a homoeopathic perspective, such variability reflects differences in constitutional susceptibility expressed through the respiratory terrain.^{14,15} The microbiome may thus be considered a component of a broader adaptive network integrating constitutional predisposition, immune regulation, environmental influences, and miasmatic tendencies.

This convergence does not reduce homoeopathy to microbiology but underscores a shared emphasis on host responsiveness. Respiratory disease,

therefore, is best understood as the outcome of interaction between environmental exposures and constitutional adaptability.

Similimum As A Modifier Of Susceptibility

In classical homoeopathy, cure is understood as restoration of health through the action of the similimum.^{1–6} In chronic respiratory disease, however, its effects extend beyond mere symptom relief. Clinical observations indicate reduced infection frequency, decreased environmental sensitivity, improved climatic tolerance, fewer recurrences, and enhanced vitality following appropriate constitutional treatment.^{14,15}

These outcomes suggest that the similimum modifies the individual’s pattern of reactivity. Within this framework, it may be conceptualized as a regulator of susceptibility, aligning with Hahnemann’s principle of restoration of health and subsequent interpretations by Kent and Roberts.^{1–6}

Thus, the therapeutic objective shifts from symptomatic control to restoration of adaptive balance. Disease arises from exaggerated constitutional responses to environmental triggers, whereas successful treatment establishes a balanced adaptive response, leading to sustained health.

The similimum therefore functions not merely as a therapeutic agent but as an instrument of

constitutional regulation

Clinical Implications^{1,8,14,15}

The concept of respiratory constitutional archetypes offers significant clinical utility in homoeopathic practice.

1. Enhanced Individualization

Prescribing shifts from diagnosis-based selection to identification of the underlying constitutional pattern. For example, two patients with asthma may correspond to distinct archetypes such as Arsenicum or Natrum sulphuricum, reflecting different susceptibilities.

2. Improved Remedy Differentiation

Archetypal analysis enables differentiation between remedies with similar presentations. For instance, asthma with anxiety may indicate Arsenicum album or Lobelia inflata, with selection guided by constitutional features.

3. Miasmatic Interpretation

It facilitates recognition of dominant miasmatic tendencies, e.g., recurrent instability suggesting tubercular, chronic catarrh sycotic, and hypersensitivity psoric patterns.

4. Long-Term Constitutional Management

Respiratory disease is approached as a manifestation of constitutional susceptibility, supporting management aimed at reducing recurrence and restoring adaptive balance.

DISCUSSION

The concept of Respiratory Constitutional Archetypes reinterprets respiratory pathology through core homoeopathic principles, emphasizing susceptibility, miasmatic influence, and individuality over diagnosis-based prescribing.¹⁻³

The proposed Respiratory Terrain Hypothesis conceptualizes disease as the result of interaction between constitutional predisposition and environmental exposure, offering an explanation for variability in respiratory manifestations. This aligns with Hahnemann's doctrine of susceptibility and reinforces the primacy of individual

response.

The archetype model provides a structured framework for integrating Materia Medica with constitutional analysis, wherein remedies reflect characteristic patterns of respiratory reactivity rather than disease-specific indications.³⁻⁶ It also enables conceptual alignment with contemporary approaches such as personalized and precision medicine, both of which recognize individual variability in disease expression.¹⁰⁻¹⁵

This framework does not replace classical principles but rearticulates them in a contemporary context. As a conceptual model, it warrants further validation through clinical and observational studies to assess its applicability in respiratory practice.

Future Research Directions

The Respiratory Archetype model offers multiple avenues for further investigation.

1. Standardized Assessment Tools

Development of validated instruments to systematically identify respiratory archetypes in clinical practice.

2. Archetype-Based Clinical Studies

Prospective studies evaluating clinical outcomes across different archetypal groups.

3. Miasmatic Correlation Research

Exploration of associations between respiratory archetypes and dominant miasmatic patterns.

4. Longitudinal Outcome Evaluation

Assessment of constitutional treatment effects on recurrence rates, infection frequency, environmental sensitivity, and long-term respiratory health.

Declarations

Acknowledgement: None

Source of Funding: None

Conflict of Interest: None declared

Ethical approval: Not required as this is a conceptual review.

CONCLUSION

Respiratory disorders cannot be adequately explained by pathology alone, as variability in clinical expression reflects underlying constitutional susceptibility. The concepts of the Constitutional Lung and Respiratory Terrain provide a framework for interpreting respiratory disease as an expression of individual reactivity.^{1,3}

Respiratory Constitutional Archetypes represent distinct patterns of susceptibility that transcend diagnostic categories and reinforce the principle of individualization. By integrating classical homoeopathic doctrines with contemporary concepts of host responsiveness, this model offers a coherent approach to understanding respiratory disease.^{10,13}

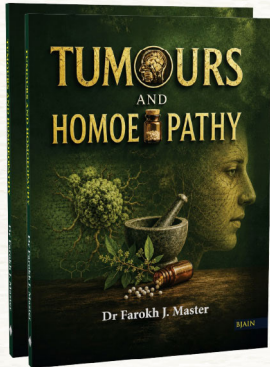
Within this framework, the similitum functions as a regulator of susceptibility, aiming not merely at symptom relief but at restoration of adaptive balance. This perspective shifts respiratory homoeopathy from disease-centred prescribing toward constitutional management and long-term health restoration.^{1,6,14,15}

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Similimum Based Breath Restoration: A Journey Towards Relief

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Abstract

Across all age groups, respiratory illnesses account for significant morbidity, mortality, and healthcare costs, making them a significant global health burden. Both acute and chronic illnesses affecting the upper and lower respiratory tract are included in the range of respiratory disorders. Cough, fever, nasal congestion, and, in extreme situations, respiratory failure are symptoms of acute respiratory infections (ARIs). Chronic respiratory diseases include chronic obstructive pulmonary disease (COPD), asthma, pneumoconiosis, interstitial lung diseases, and pulmonary sarcoidosis. Of these diseases, COPD and asthma are the most common. COPD is one of the leading non-communicable causes of death globally, as well as in India. Instead of focusing just on the disease diagnosis, homoeopathic intervention highlights individual symptomatology, miasmatic background, constitutional susceptibility, and psychosomatic aspects of sickness. With an emphasis on an individualized approach, this article explores a variety of respiratory conditions and the role of homoeopathy in their treatment.

Keywords

Respiratory illness, Morbidity, Public Health, Homoeopathy, Intervention, Miasm, Psychosomatic, Individualized.

Introduction

In higher organisms, respiratory disorders are pathological conditions that impact the organs and tissues involved in gas exchange, such as the upper and lower respiratory tract, breathing

muscles, and nerves. They include everything from minor, self-limiting ailments like the common cold to serious illnesses like lung cancer, severe asthma, bacterial pneumonia, and pulmonary embolism. Modern medicine provides symptomatic relief and emergency management; however, recurrence, drug dependency, and chronicity continue to challenge healthcare systems globally.

India has a population of 1.4 billion people living in 28 states and 8 union territories, many of which have populations as large as some countries, and which often vary widely in terms of ecology, economy, and demography, all of which affect respiratory health. Asthma is a common public health problem around worldwide developed countries. About 300 million people have been affected globally due to bronchial asthma.

According to the National Health Portal of India's 2019 report, respiratory infections caused 41,996,260 illnesses and 3,740 deaths nationwide in 2018. India accounts for 18% of the world's population, and one of the leading causes of death for children older than five is severe acute respiratory infections (SARIs).

According to World Health Organisation (WHO) report, the deaths due to lung problems in India were on a leap, accounting for 11 % of the total deaths¹⁹. India is ranked first in the world in deaths due to lung diseases, due to deaths as many as 142.09 in every 1 lakh.

Homoeopathy is a system that uses a variety of homoeopathic prescription techniques to treat patients with specific symptoms similimum in order

to achieve a precise cure. All of these illnesses can be treated with homeopathy, which has the ideal remedies and abilities to lessen symptoms, their severity, and their recurrence.

Concept Behind Homoeopathy[1]

Homoeopathy a holistic system for cure, discovered by Dr. Hahnemann in 18th century was based on the core principle of “Similia similibus curentur” where a substance capable of producing certain symptoms in a healthy human being, in minute doses, relieve similar symptoms in illness.

Homoeopathy uses individualized medicine to treat respiratory conditions. In the Organon of Medicine, Dr. Samuel Hahnemann stressed that illness is a dynamic disruption of the vital energy rather than just a local pathological process. Aphorism 7 states that the doctor must determine what is curative in medicine and find it in patient's symptoms. The similimum stimulates the organism's self-healing mechanism in a gentle, quick, and long-lasting manner.

Concept of Miasm in Respiratory Illness^{[1][13]}

Homoeopathy considers respiratory disease as an expression of internal imbalance. Environmental triggers, hereditary predisposition, suppressed skin eruptions, emotional stress, allergens, infections, and lifestyle factors may contribute to the manifestation of respiratory pathology.

Hahnemann described chronic diseases as rooted in miasmatic dyscrasia, especially psora, sycosis, and syphilis. In chronic respiratory ailments:

PSORA

Usually affects the upper respiratory tract. Respiratory complaints with a sensation of burning and band around the chest, aggravated during winter and from cold and they are ameliorated by warmth in general and appearance of natural discharges. There will be associated anxiety and

apprehension.

SYCOSIS

In sycosis, there will be oedematous appearance of nose, uvula, tonsils etc. with hypertrophy of nasal turbinate and dilatation of bronchi and bronchioles. Stitching and aching pains are usually relieved by pressure.

SYPHILIS

Syphilitic patient experiences sensation of rawness and soreness; feels worse at night and during the morning. Hoarseness and paroxysmal cough with sticky thread/ pus like putrid expectoration. Dyspnoea before and going to bed or while lying down.

TUBERCULAR

Tubercular patients are poor breathers resulting in laboured respiration. Curves and lines of the chest are imperfect (pigeon chest). Chest cannot expand fully as the expansive power of lungs is greatly diminished. Symptoms are worse at night and aggravated from cold air and from milk and relieved by open air and epistaxis. Sensation of mucus stuck in the throat with tickling. Dry, deep and prolonged coughs induce headaches or the whole body is shaken by explosive paroxysms. Dyspnoea present on ascending stairs with weakness and debility.

The physician should therefore consider the full picture of a patient to evaluate his individualized remedy through its-

- Constitution
- Mental generals
- Physical generals
- Particulars
- Miasms in background etc.

Common Respiratory Ailments and Homoeopathic Approach^{[2][3][4][9][10][12]}

S.No.	Ailments	Medicine	Indications
1.	Allergic Rhinitis/ Hay fever	i. Arsenic album ii. Sabadilla	Great anguish and restlessness Thin, watery, excoriating discharge.

		iii. Allium cepa	Nose stopped up. Sneezing without relief. < Open air >indoors Spasmodic sneezing with Runny nose Frontal headache, redness of eyes, lachrymation Profuse watery and acrid nasal discharge with profuse bland lachrymation. Hay fever : in August every year; from handling peaches.
2.	Acute coryza	i. Aconitum napellus	Exposure to dry cold air;draught of cold air while in a perspiration Bad effects of checked perspiration. High fever with fear and anxiety Early inflammatory stage Coryza, with rawness inside of the nostrils Nose and upper lip covered with thick grayish brown scabs. Winter catarrh Cold commences in head, nose stopped up at night. Can only breathe with mouth open. Frequent sneezing with epistaxis, when blowing nose.
3.	Bronchial Asthma	i. Antimonium tartaricum ii. Blatta orientalis iii. Natrum sulphuricum iv. Nux Vomica v. Ipecacuanha	Loud rattling sound due to excessive accumulation of mucus in the respiratory tract which can be heard. oppression of breathing in generally better by expectoration of mucus plug. Suffocation feeling in the evening and especially at 3 am. Cough with purulent, viscid and yellow colored expectoration, which ameliorates the complaint. Cough with dyspnea. asthma is because of humid weather. Asthma progressing with over secretion of mucus. feeling of sore pain in the chest region, relieved by pressure. pain more in the left side of the chest Shallow respiration. Oppressed breathing Asthma, with the sensation of fullness in the stomach Suffocative cough with nausea Wheezing with little expectoration Spasmodic constriction of chest
4.	Bronchitis	i. Badiaga ii. Aralia racemosa iii. Lobelia inflata iv. Hepar sulph	Spasmodic cough with sneezing and lachrymation. Cough loose in daytime and tight in night. Viscid mucus flying out of mouth and nostril. Dry wheezing respiration Constant desire to clear chest. Sense of impending respiration. Threatning paralysis of lungs.

			Orthopnea Indicated in stage of resolution. Rattling choking, moist cough < Towards morning and after eating. Cough on uncovering.
5.	Pneumonia	i. Aranea diadema ii. Arsenicum iodatum iii. Bromium	Violent chill with very short respiration. Cough with blood. Excessive prostration and debility. Pneumonia complicated with valvular disease of heart. Great anxiety and restlessness. < Evening. Burning and heat in chest. Extremities cold. Affection of lower lobe of right lung. Sensation as if he could not get enough air. Hepatization of lower lobes. Emphysema following Pneumonia.
6.	Chronic Obstructive Pulmonary Disease (COPD)	i. Senega ii. Carbo vegetabilis iii. Spongia Tosta	Hoarseness, Talking hurts. Thorax feels too narrow. Bronchial catarrh with sore chest walls. < Walking in Open air >bending head backwards. Desire to be fanned from near. Beginning stage of whooping cough. Cough with burning in chest < Evening. Asthma in the aged with cyanosis. Dryness of all air passages. Dry, barking cough. Larynx sensitive to touch. Cough> Eating or Drinking especially warm drinks.

General Management

- Proper ventilation

Management must be promoted in addition to homeopathic medicine:

- Avoidance of allergens
- Sufficient hydration
- A balanced diet
- Breathing exercises
- Quitting smoking
- Managing stress

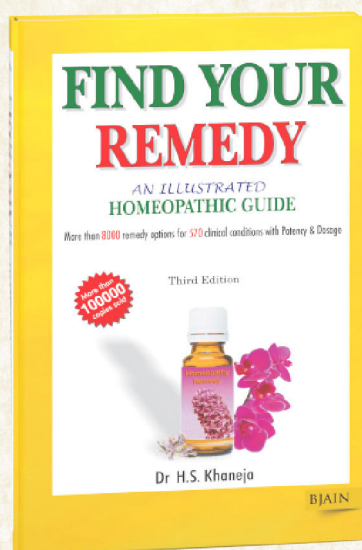
CONCLUSION

By addressing the underlying causes and symptoms of respiratory diseases rather than just suppressing them, homeopathy provides a individualized and all-encompassing approach to treatment. Homeopathic remedies can be customized to offer long-term treatment and promote the body's natural healing process by taking into account the patient's particular constitution, history, and emotional condition. Homeopaths choose the best treatment based on the ideas presented in

Hahnemann's Organon of Medicine, such as the idea of miasms and the application of repertories and Materia Medica.

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Understanding The Rubric "Sympathetic": Concept, Remedy Differentiation, And Repertorial Study

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Abstract

The mental rubric "Sympathetic" represents an individual's ability to understand and emotionally share the suffering and misfortunes of others. Although commonly associated with compassion, this rubric has distinct characteristics that differentiate it from related concepts such as benevolence, charity, generosity, and anxiety for others. This article explores the etymology and conceptual understanding of the rubric, highlights its differentiation from allied mental rubrics, discusses the important remedies represented under this rubric with emphasis on their characteristic expressions of sympathy, and presents repertorial references from Kent, Complete, Reliable, Murphy, Phatak, and Boericke repertories. Understanding these subtle distinctions helps improve remedy differentiation and enhances repertorial analysis in homoeopathic practice.

Keywords

Sympathetic, Compassionate, Mental Rubric, Homoeopathy, Repertory, Materia Medica

Introduction

Mental rubrics are fundamental in homoeopathic case analysis, as they reflect the patient's emotional and psychological state. The rubric "Sympathetic" denotes the ability to understand and share the suffering of others and should not be confused with benevolence, charity, generosity, or anxiety for others. This article reviews the concept of the rubric, its differentiation from related

rubrics, important remedy profiles, and its representation in various repertories.

Word Meaning

The word **sympathetic** comes from the Greek word *sympatheia*, which translates to "having a common feeling". This combines *syn/sym* (meaning "together") and *pathos* (meaning "feeling" or "suffering").¹

Meaning: Mutual affinity between individuals in which, whatever affects one, correspondingly affects the other.

Word Origin

1640s, "pertaining to or proceeding from 'sympathy,' as a healing quality," from Modern Latin *sympatheticus*, from late Greek *sympathetikos* "having sympathy," from *sympathein*, from *sympathēs* "having fellow-feeling, affected by like feelings".²

Understanding Of Rubric

The rubric "Sympathetic" describes a person who deeply feels and understands the suffering, emotions, and misfortunes of others.³ A trait that makes one naturally compassionate, caring, and comforting. These people can understand the feelings of suffering human being and develop excessive pity or kindness towards them. They keep themselves in check by feeling other people's suffering as though it were their own. It is sufficient to characterize someone as "sympathetic" if they are deeply affected by the suffering of others; it doesn't really matter if they assist those

individuals or not. It is a higher level of compassion for suffering people, typically greater than that of ordinary men.⁴

Differentiation From Related Rubrics⁴

Benevolence- is the disposition to do good or help others. Benevolent people can be sympathetic, but not always.

Charitable- people help ill, poor or needy people, either by material things like money, food etc. They may also have some hidden selfish purposes like many politicians have.

Generous- people Freely giving time, money, effort, or resources beyond normal expectations.

Anxiety, Others, For- Excessive worry about the problems or safety of others arising from anxiety rather than compassion.

Rubric	Core idea	Dominant motivation
Sympathetic	Feels others suffering	Compassion
Benevolence	Disposition to help	Goodwill
Charitable	Material giving	Charity/ social duty
Generous	Gives beyond expectation	Magnanimity
Anxiety for Others	Worry about others	Fear/Anxiety

Important Remedies Covering The Rubric

Phosphorus⁵

The leading remedy for genuine, unconditional sympathy.

Deeply feels the suffering and emotions of others.

Naturally affectionate, caring, and compassionate, with a strong desire to give and receive love.

Causticum⁵

Sympathy is expressed through anxiety and concern for others.

Constantly worries about the welfare and safety of loved ones.

Strong sense of justice and responsibility accompanies the sympathetic nature. **Nitric Acid**⁵

Sympathy is selective and based on loyalty.

Deeply cares for friends and supporters but is hard, resentful, and unforgiving towards enemies.

Represents conditional rather than universal sympathy.

Natrum carbonicum⁵

Gentle, sympathetic, and helpful.

Particularly sensitive to lonely, neglected, and socially forsaken people. **Nuphar luteum**³

Marked sympathy towards animals, especially when they are suffering. Feels deep emotional pain on witnessing the suffering of animals.

Carcinosinum

Deep compassion, self-sacrificing nature, love for people and animals.

Discussion

The remedies under the rubric *Sympathetic* demonstrate different expressions of compassion. Phosphorus exhibits genuine and unconditional sympathy, Causticum expresses sympathy through anxiety and concern for others, Nitric Acid shows sympathy that is largely dependent on loyalty and personal relationships, Natrum carbonicum is especially sympathetic towards lonely and neglected individuals, while Nuphar luteum displays remarkable compassion towards suffering animals. These distinctions are valuable during remedy differentiation when multiple remedies appear under the same rubric.

Rubrics In Different Repertories Taken From The Synergy Viva Repertory Software

Kent Repertory

Mind; Sympathetic(15) : carl., 2 caust., 2 cic., croc., 2 ign., iod., lyc., manc., 2 nat-c., 2 nat m., 2 nit-ac., nuph., 2 nux-v., 3 phos., puls.

Reliable repertory

R.R. - Mind; Antagonism with self; sympathetic and helpful or selfish and self-centred,, whether one should be(1) : 2 lac-h.

R.R. - Mind; Dreams; people, of; sympathetic(1) : pest.

R.R. - Mind; Sympathetic, compassionate; animals, towards(9) : 3 aeth., falco-p., fic-mac., lsd., lyss., merl., 3 nuph., posit., puls.

R.R. - Mind; Dreams; sympathetic(3) : lac-leo., morph-me., rhodi.

R.R. - Mind; Sympathetic, compassionate; animals, towards; suffering, feels great pain seeing suffering animals(2) : ign., stram.

R.R. - Mind; Dreams; sympathetic; being(2) : morph-me., rhodi.

R.R. - Mind; Sympathetic, compassionate; children, towards(2) : falco-p.,

posit. R.R. - Mind; Sympathetic, compassionate; felt same pain(1) : androc.

R.R. - Mind; Sympathetic, compassionate; felt same pain; brother complained of(2) : ephe., 3 lyss.

R.R. - Mind; Dreams; sympathizing with forsaken friend(1) : lac-h.

R.R. - Mind; Sympathetic, compassionate; felt same pain; brother complained of; lyssophobia, in(1) : 3 lyss.

R.R. - Mind; Sympathetic, compassionate; felt same pain; friend, complained of(1) :

corv-c. R.R. - Mind; Sympathetic, compassionate; felt same pain; wife complained of(1) : clad-r.

R.R. - Mind; Sympathetic, compassionate(81) : adam., aeth., 2 aids., alco., aloe., am-c., androc., ang., ara-m., bell., benz-p., biti-a., caps., carb-v., 3 carc., carl., 3 caust., chel., chir-f., 2 cic., clad-r., 2 cocc., coff., con., corv-c., croc., crot-c., crot-h., cygn-x., cypra-e., elaeo-g., ephe., 3 falco-p., fic-mac., gavi-i., germ., graph., ham., helx., hydrog., 2 ign., iod., irid., kalm., kola., lac-h., lac-leo., lac-lup., lac-o., lach., lam-cy., lepro., lim-b-c., loxo-l., lsd., 2 lyc., 3 lyss., 2 manc., merl., micro-a., 2 nat-c., 2 nat-m., 2 nit-ac., nuph., 2 nux-v., oci-s., op., 3 phos., posit., 2 puls., rhus-t., sals-t., salx-f., sang., schist-a., 2 sep., seq-g., seq-s., stram., tarent-c., tarent.

R.R. - Mind; Sympathetic, compassionate; misfortune of others, at(8) : corv-c., crat., frag., kalm., prun., pyrus., rhus-t., sanguis.

Complete Repertory

CR24 - Mind; sympathetic, compassionate, too; animals, towards; birds(1) : rhodi.

CR24 - Mind; sympathetic, compassionate, too; animals, towards; cats(1) : niob.

CR24 - Mind; sympathetic, compassionate, too(236) : abel., absin., acet-ac., 2 acon., act-sp., adam., aeth., agath-a., 2 aids., alco., aloe., alum-s., am-c., ambr., 2 amer-n., 3 amet., amph., ana-i., androc., 3 apei-s., aran-ix., 3 arg-n., 2 argo., 2 arn., 2 ars-s-f., 3 ars., 3 aur-m-n., aur-s., aur., bac., bani-c., bar-c., bar-p., bell-p., bell., beryl-n., beryl., betul., biti-at., 3 bos-s., bud-d., bufo., bute-j., caes-m., caesal-s., calc-ar., 3 calc-p., calc., calop-s., calx-b., cand-a., caras., 4 carc., 2 carl., cath-a., 4 caust., cench., cer-p., cer., 2 chel., chely-s., 2 chin., chir-f., chlor., choc., 3 cic., clad-r., cocc., 3 coloc., 2 con., corv-c., croc., crot-c., cub., cupr., cyg-c., cypra-e., 3 dama., 2 dendro-a., 3 diosp-k., dir., dor., dros., 3 dulc., dysp-n., dysp-p., elaps., electr., enal-c., ephe-v., erb., ex-cr-can., 3 falco-p., ferr-i., ferr-p., fic-mac., 2 fic-sp., fic., gado-o., 2 gall., garden., gavi-i., gels., germ., gins., gnaph., graph., grew-oc., 2 hafn., 3 haliae-l., harp., hell., helod-c., 2 helx., hema-h., 3 hep., hipp., 4 hoch., holm-p., hydr-ac., 2 hydro-c., 3 hydrog., 3 ign., ilx-p., iod., irid., joan., kali-bi., kali-m., kali-sil., kola., lac-cpr., 3 lac-del., 3 lac-eq., lac-f., 3 lac-leo., lac-lup., lac-mat., 2 lach., lamp-c., lant-p., lat-m., 2 lepro., 3 lim-b c., lith-p., litho-c., lob., 2 loxo-l., loxo-r., 2 lux-s-p., lyc., 3 lyss., m-aust., mag-c., 2 mag-m-o., manc., 3 mand., mant-r., 3 med., melal-l., meli., merc., micro-a., mosch., nabal., naja., 3 nat c., 3 nat-m., neod-n., neod-p., 2 nic-r., niob., 4 nit-ac., nuph., 3 nux-v., oci-s., oci., onc-t., oryc-c., ox-ac., oxyg., panth-t., 2 paracant-h., pass-d., paull-c., perl., petr., 4 ph-ac., 4 phos., 3 plac., plat., plut-n., pop-approx., posit., prot., psor., pter-a., 4 puls., pyrit., querc-r., rhodi., ros ca-a., ros-d., ros-g., sabal., sac-alb., salx-f., sama-cob-mg., scan., schist-g., 3 scorp., scroph-n., sec., 2 sep., seq-s., sin-a., 3 staph., stram., 3 sulph., taosc., 3 tarent., tax., teg-a., 2 thiosin., thor., thul-c., 2 tritic-v., 2 tub., turd-m., ulm-c., 3 uran-n., ven-m., verbe-o., 2 xan., xeno., ytte p.

CR24 - Mind; sympathetic, compassionate, too; animals, towards(85) : aeth., agath-a., ambr., 3 amet., amph., aran-ix., 2 argo., 2 ars-s-f., bar-c., beryl-n., biti-at., bufo., bute-j., calc-p., calc., calx-b., caras., 2 carc., cath-a., 3 caust., chely-s., chin., choc., corv-c., crot-c., cub., cupr., cyg-c., dama., 2 dendro-a., dor., dysp-p., excr-can., 3 falco-p., fic-mac., gnaph., grew oc., haliae-l., hipp., 2 hydro-c., ign., lac-cpr., 3 lac-del., lac-eq., lac-f., 3 lac-leo., lac-mat., 2 lach., litho-c., 2 lux-s-p., lyss., 2 mag-m-o., mand., med., mosch., nabal., naja., nat-m., niob., nuph., oxyg., 2 paracant-h., pass-d., paull-c., perl., 3 phos., pop-approx., posit., prot., psor., puls., rhodi., scan., scroph-n., sep., sin-a., 3 sulph., taosc., tarent., teg-a., 2 tritic-v., tub., turd m., verbe-o., ytte-p.

CR24 - Mind; sympathetic, compassionate, too; animals, towards; suffering, feels great pain seeing suffering animals(8) : carc., 3 caust., cupr., ign., 2 lux-s-p., lyss., nuph., pass-d.

CR24 - Mind; sympathetic, compassionate, too; children, in(17) : aur., calc-p., 3 caust., chin., coloc., dros., erb., ign., mag-c., merc., 3 nat-m., nit-ac., 3 nux-v., phos., sep., 3 staph., tub.

CR24 - Mind; sympathetic, compassionate, too; daughter, with(2) : electr., lac-lup.

CR24 - Mind; sympathetic, compassionate, too; animals, towards; spiders(1) : teg-a.

CR24 - Mind; sympathetic, compassionate, too; children, to(36) : acet-ac., act-sp., 3 ars., carl., chlor., dama., electr., excr-can., falco-p., ferr-i., gins., 3 hep., ilx-p., joan., kali-bi., kali m., lac-eq., lac-lup., lant-p., 3 lim-b-c., mant-r., niob., onc-t., ox-ac., panth-t., ph-ac., phos., 2 plac., plat., posit., ros-g., sama-cob-mg., sep., taosc., verbe-o., 2 xan.

CR24 - Mind; sympathetic, compassionate, too; misfortune of others, at(5) : 3 coloc., corv-c., enalc., 2 hydrog., 3 tarent.

CR24 - Mind; sympathetic, compassionate, too; animals, towards; only(6) : aeth., carc., falco p., mand., med., mosch.

CR24 - Mind; sympathetic, compassionate, too; parents, towards(1) : excr-can.

CR24 - Mind; sympathetic, compassionate, too;

son, with(2) : act-sp., ros-g.

CR24 - Mind; sympathetic, compassionate, too; suffering of people, others, to; alternating with cruelty(1) : nat-m.

CR24 - Mind; sympathetic, compassionate, too; suffering of people, others, to; felt same pain his brother complained of(4) : 2 carc., ephe-v., garden., 3 lyss.

CR24 - Mind; sympathetic, compassionate, too; suffering of people, others, to(59) : acet-ac., act-sp., 2 amer-n., amet., 3 apei-s., arn., 3 ars., bar-p., bell-p., caes-m., caesal-s., 3 carc., carl., 3 caust., chlor., dama., electr., ephe-v., erb., excr-can., 3 falco-p., ferr-i., ferr-p., garden., gins., 3 hep., hydr-ac., 2 hydrog., ilx-p., joan., kali-bi., kali-m., lac-del., lac-eq., lac-lup., lant-p., 3 lim-b-c., 3 lyss., mand., nat-m., niob., onc-t., ox-ac., ph-ac., phos., 2 plac., plat., posit., pter a., ros-g., sama-cob-mg., sep., staph., taosc., tarent., tub., uran-n., verbe-o., 2 xan.

CR24 - Mind; sympathetic, compassionate, too; weeping, with(1) : 2 caust.

Phatak Repertory

Phatak repertory; Sympathetic(5) : caust., ign., nat-m., nux-v., 2 phos.

Boericke Repertory

Mind; Sympathetic(3) : 2 caust., cocc., puls.

Murphy Repertory

Mind; sympathetic, empathy(64) : acon., adam., aeth., 2 aids., alco., am-c., ambr., androc., arg-n., 2 aur-m-n., aur., bac., bell., 2 calc-p., calc., cann-i., 3 carc., carl., 3 caust., 2 cic., clotho., 3 cocc., coff., coloc., croc., crot-c., cupr., cycl., 2 dulc., graph., ham., hell., 2 hydrog., 2 ign., iod., kola., lac-leo., lac-lup., lach., lyc., 2 lyss., manc., med., 2 moni., 2 nat-c., 3 nat m., nat-p., nat-sil., 2 nit-ac., nuph., 2 nux-v., 3 phos., plut-n., 2 podo., 3 puls., sabad., sep., seq-s., stram., sumb., symph., tarent-c., tarent., ulm-c.

Mind; sympathetic, empathy; animals, for(12) : aeth., carc., ham., kali-p., 2 med., nat-m., nat sil., nuph., 2 phos., podo., symph., tarent.

Mind; sympathetic, empathy; empathy, feels same pains as others(2) : 2 lyss., 2 phos.

Mind; sympathetic, empathy; unsympathetic(13) : am-c., 3 anac., ars., 2 cham., chin., 3 dig., mag-m., nat-m., nit-ac., op., 2 plat., puls., 2 sep.

Mind; sympathetic, empathy; ailments, from(20) : ars., 2 bell., cact., 2 calc., 3 carc., 3 cocc., coff., con., hell., 3 ign., kali-s., 2 lyss., 2 nat-m., 3 phos., 2 plat., sabal., sep., 2 sil., sulph., syph.

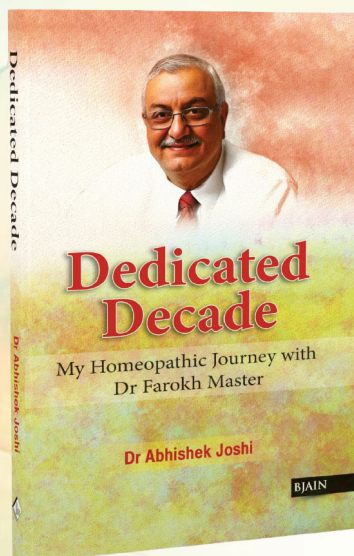
CONCLUSION

The rubric "Sympathetic" encompasses much more than ordinary kindness or concern. It reflects an individual's capacity to emotionally identify with the suffering of others, although the manner and motivation differ among remedies. A thorough understanding of its conceptual meaning, differentiation from related rubrics,

and repertorial representation enables more precise remedy selection. Careful study of remedies such as Phosphorus, Causticum, Nitric Acid, Natrum carbonicum, Nuphar luteum, and Carcinosinum further enhances the clinician's ability to individualize cases and apply the rubric effectively in homoeopathic practice.

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ISBN - 9788131999844

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From Wheezing to Wellness: A Case of Bronchial Asthma Managed with Psorinum as the Similimum

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Introduction

Respiratory disorders are among the most common chronic ailments affecting quality of life, particularly in middle-aged and elderly individuals. Conditions such as recurrent allergic rhinitis, chronic cough, bronchial asthma and respiratory weakness often require prolonged treatment and repeated use of inhalers, bronchodilators and steroids. Homoeopathy offers an individualized and holistic mode of treatment by considering the patient's mental, physical and general characteristics along with the disease pathology.

The present case was selected due to its unique psychosomatic background and the striking correspondence between the patient's emotional dependence, sense of insecurity, respiratory complaints, dreams, thermals and characteristic generals. The case demonstrates the importance of understanding the patient as a whole rather than merely treating respiratory symptoms. The improvement observed after constitutional prescribing based on the similimum highlights the role of Homoeopathy in chronic respiratory disorders.

Case History

Patient Information

Name: Mrs. Xyz.

Age: 52 years.

Gender: Female.

The patient presented with recurrent respiratory complaints associated with weakness of chest, allergic coryza, cough, breathlessness requiring

inhaler support and marked emotional dependency.

Chief Complaints

Breathlessness and Respiratory Weakness with difficulty in breathing since 6 to 7 years, gets aggravated on sitting and better on lying down..

- Required inhaler ("pump") frequently.
- Sensation of weakness in lungs: "It feels as if weakness is present in the chest itself."
- Fatigue on slight exertion: "If I work, I feel tired slowly and gradually."

Recurrent Coryza and Sneezing.

- Episodes of cold with watery nasal discharge.
- Sneezing with itching and watering of eyes.
- Complaints aggravated by change of weather and excessive fan exposure.

Cough

- Mild cough with expectoration after upper respiratory infection.
- Marked improvement after initial treatment.

History of Present Illness

The patient had chronic recurrent respiratory complaints for several years with periodic aggravations. Breathlessness was more troublesome during hot weather. She depended intermittently on inhaler support.

Mental Generals

The emotional state of the patient formed the central theme of the case.

- Feeling of Lack of Support
- The patient repeatedly expressed emotional insecurity and dependence: "When my mother-in-law was there, I had energy to work." "Now I feel alone." "If someone stands beside us, there is peace." "Support means someone standing by our side."
- She associated emotional support with safety, relaxation and confidence.
- Anxiety and Mental Exhaustion
- Felt mentally disturbed when burdened with responsibilities.
- Easily irritated when work accumulated.
- Felt helpless without emotional backing.

Dreams

- Dream of stool/excrement previously.
- Dreamed of the deceased mother-in-law telling her to take care of the house.

Physical Generals

Thermal reaction: Cannot tolerate excessive heat or excessive cold.

Appetite: 3 meals per day; appetite satisfactory.

Thirst: Increased; approximately 3–4 litres/day.

Desire: Sweets.

Aversion: Chinese food.

Urine: 2-3 times/day; Pale yellow.

Stool: Once daily; no constipation.

Sleep: 6–7 hours; refreshing.

Dreams: Dreams of stool/excrement; dreams of deceased mother-in-law advising her to take care of the house.

Perspiration: Profuse perspiration over the face and upper trunk, especially during exertion and

warm weather.

Family History

No major hereditary pathology was reported during case taking.

Diagnosis

Bronchial Asthma (According to ICD-10 Classification).

Investigation Reports

Recommended Investigations

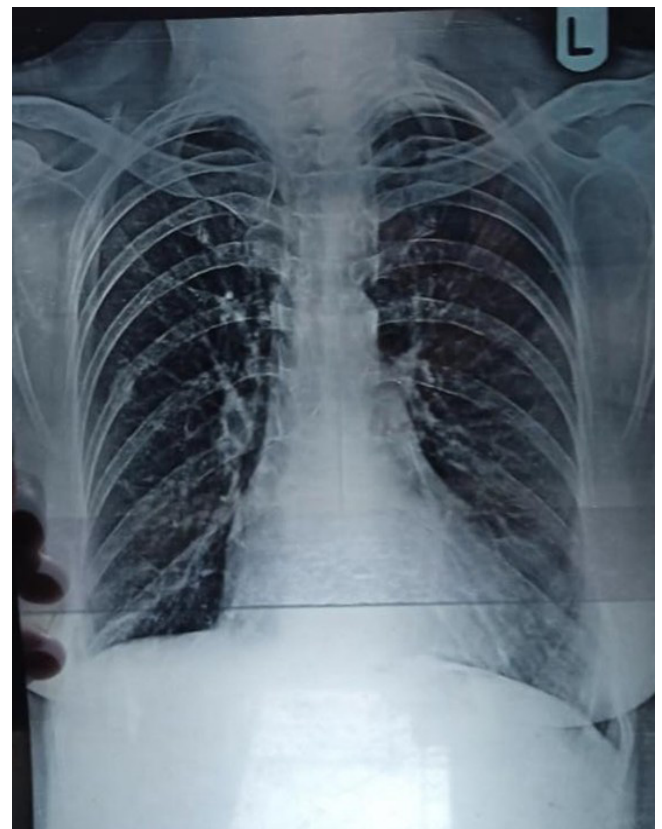
Complete Blood Count (CBC)

Chest X-ray (PA view)

Pulmonary Function Test (PFT)

Vitamin B12 levels

Vitamin D3 levels



Chest X-ray (Findings): Cardiomedastinal silhouette appears within normal limits. Both lung fields are well expanded with no focal areas of

consolidation, pleural effusion or pneumothorax. Mild prominence of the bilateral bronchovascular markings is noted, with no evidence of active pulmonary parenchymal disease. The radiographic findings are consistent with bronchial asthma in the absence of acute chest pathology.

The patient had low Vitamin B12 levels for which she had received six injections.

Case Analysis

Evaluation of Symptoms

Mental Generals

Feeling forsaken and unsupported

Emotional dependence

Anxiety regarding responsibilities

Restlessness

Dreams related to excrement

Desire for emotional security

Physical Generals

Thermal: Cannot tolerate excessive heat or excessive cold.

Thirst: Increased

Desire: Sweets.

Aversion: Chinese food.

Dreams of stool/excrement; dreams of deceased mother-in-law advising her to take care of the house.

Profuse perspiration over the face and upper trunk, especially during exertion and warm weather.

Particular Symptoms

Recurrent allergic coryza with sneezing and breathlessness and asthmatic tendency aggravated by sitting and feels better on lying down.

Miasmatic Analysis

The case predominantly represented the Psoric miasm, reflected by chronic allergic tendency,

recurrent coryza, bronchial asthma, weakness, emotional insecurity, lack of confidence, dependency and diminished vitality. The recurring respiratory complaints with functional disturbances, hypersensitivity to climatic changes and gradual improvement following constitutional treatment further supported the psoric background.

A Sycotic influence was also evident through the presence of multiple soft, flat warts over the occiput, around the nose and periorcular region. Thus, the case was considered predominantly Psoric with Sycotic manifestations, making Psorinum the most suitable constitutional similimum.

Repertorial Totality

Repertorization was performed using the Synthesis Repertory.

1 MIND - FORSAKEN feeling				✕
RESPIRATION				
2 RESPIRATION - ASTHMATIC - lying - amel.				✕
3 RESPIRATION - ASTHMATIC - sitting agg.				✕
DREAMS				
4 DREAMS - EXCREMENTS				✕
Remedies	ΣSym	ΣDeg	Symptoms	
psor.	4	6	1, 2, 3, 4	
aids.	2	3	1, 4	
dulc.	2	3	1, 4	
plut-n.	2	3	1, 4	
taosc.	2	2	1, 4	
bell-p-sp.	2	2	1, 4	
bros-gau.	2	2	1, 4	
heroin.	2	2	1, 4	
hippoc-k.	2	2	1, 4	

Remedy Selection

Initially, **Psorinum 200** was prescribed based on:

Dreams of stool/excrement

Dirty feeling theme

Lack of vitality

Emotional dependence

Feeling unsupported

Respiratory weakness

Anxiety with restlessness

Asthmatic tendency

Weakness aggravated by sitting

- The patient responded favourably with marked reduction in inhaler dependency and respiratory symptoms.
- The constitutional background was therefore considered predominantly psoric with possible sycotic influence.

Prescription

First Prescription (26 February, 2024)

Psorinum 200 OD for 3 days.

Sac lac BD for 20 days.

Follow Up:

Date	Complaints	Prescription
1/3/24	Significant reduction in inhaler use. Improvement in cough and better respiratory comfort. Relief sustained for approximately 20 days. Persistent Symptoms were weakness, emotional insecurity and restlessness.	Sac lac BD for 15 days
20/3/24	Patient reported: Increased breathlessness due to heat. Mild recurrence of cold symptoms, Needed inhaler twice. Management included constitutional consideration and supportive acute management.	Psorinum 200 OD one dose Sac lac TDS for 7 days.
15/4/24	Acute episode after weather change: Profuse watery coryza, sneezing. Itching and watering of eyes with nasal discharge from both nostrils. Patient related onset to prolonged fan exposure during hot weather. Despite acute exacerbation: Overall respiratory health remained better than before treatment. Frequency and severity of cough reduced considerably.	Psorinum 1M one dose Sac lac TDS for 15 days.

1/5/24	No complaints of breathlessness. Patient feels overall good and better. Even dreams of stools are no more and she feels mentally good and physical can breath well. For the first time, she skips pump for one whole week.	Sac lac TDS for 1 month.
3/6/24	She feels good, no coryza and no complaints of cough. She took pump only 3 times in a month. She is so much satisfied with the treatment.	Sac lac BD for 1 month.
7/7/24	Attacks of breathlessness felt this time, she needed pumps 6 to 7 times in this month. Feeling stressed and anxiety due to death of her relative.	Psorinum 1M one dose Sac lac TDS for 15 days.

28/7/24

She is feeling better, only one pump in 15 days. She feels good and can breath without pump now.

Later, she was given one other dose of Psorinum 1M after 3 months duration and she is feeling good and better afterwards. Pumps are no more required.

Prognosis

The prognosis appeared favourable because: Initial remedy produced clear improvement. Dependency on inhalers is reduced. General vitality improved. Mental state became more expressive and stable.

However, chronic allergic tendency and climatic sensitivity indicated need for long-term constitutional treatment and regular follow-up.

DISCUSSION

Homoeopathic management of respiratory disorders requires individualization based on totality of symptoms rather than pathological diagnosis alone. In this case, the emotional theme of dependence and need for support formed the central characteristic guiding remedy selection.

The respiratory pathology was closely linked with emotional insecurity and exhaustion. The case demonstrates how constitutional prescribing may influence not only respiratory complaints but also mental and general well-being.

Psorium acted beneficially in reducing respiratory distress and inhaler dependency.

CONCLUSION

This case highlights the effectiveness of individualized Homoeopathic treatment in chronic respiratory disorders. The patient experienced:

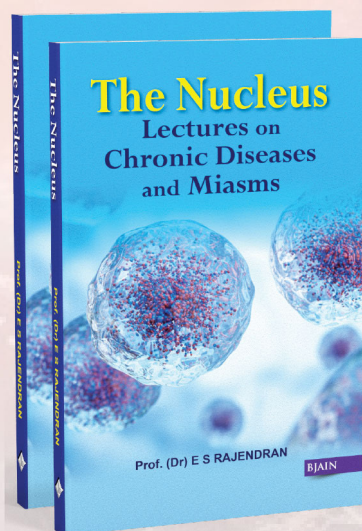
- Reduction in respiratory distress
- Decreased inhaler dependence
- Improvement in cough and coryza
- Better overall vitality and emotional state
- The uniqueness of this case lies in the strong correlation between respiratory pathology and emotional dependence. Careful

case-taking, understanding of characteristic mental symptoms and individualized remedy selection played a major role in clinical improvement.

The case further emphasizes the importance of constitutional prescribing and long-term follow-up in chronic respiratory diseases.

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ISBN: - 9788131999820

The Nucleus

Lectures on Chronic Diseases and Miasms

Through the Reader's Lens

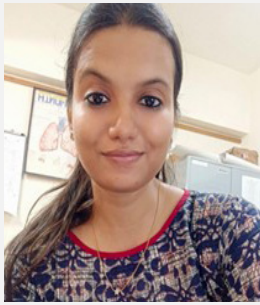
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- **Explores Hahnemann's Theory of Chronic Diseases:** A practical guide to understanding miasms and their role in chronic disease management.
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Respiratory Anatomy as a Guide to Homoeopathic Remedy Selection in Respiratory Disorders: A Narrative Review

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Abstract

Respiratory disorders are among the most prevalent conditions encountered in clinical practice. Understanding the anatomy of the respiratory tract enables clinicians to identify the site of pathology and interpret symptoms with greater precision. In homoeopathy, remedy selection is fundamentally based on the totality of symptoms; however, anatomical localisation frequently serves as a valuable adjunct during case analysis. Different remedies exhibit distinct affinities for specific regions of the respiratory tract, including the nose, pharynx, larynx, bronchi, and lungs. This narrative review delineates the relationship between respiratory anatomy and homoeopathic therapeutics. It further examines how systematic anatomical knowledge can support clinical reasoning and refine remedy selection in the management of respiratory disorders.

Methodology: This narrative review was prepared by reviewing literature from standard anatomy textbooks, classical homoeopathic texts (including the Organon of Medicine and Materia Medica), and published articles retrieved from databases such as PubMed and Google Scholar. Relevant English-language literature focusing on respiratory anatomy, respiratory disorders, and homoeopathic remedy selection was included.

Keywords

Respiratory anatomy; Homoeopathy; Respiratory disorders; Remedy affinity; Anatomical localisation.

1. Introduction

Respiratory diseases contribute significantly to global morbidity and encompass a wide spectrum of conditions, including allergic rhinitis, sinusitis, pharyngitis, laryngitis, bronchitis, asthma, and pneumonia. The respiratory system is structurally organised into upper and lower respiratory tracts, each producing characteristic clinical manifestations when affected by disease.

Homoeopathy emphasises individualisation and symptom similarity as the primary basis of remedy selection. Nevertheless, understanding the anatomical site of involvement provides essential clinical information and assists the physician in analysing symptoms in a systematic and coherent manner. Classical homoeopathic literature extensively describes the affinity of certain remedies for specific tissues and organs. This review aims to establish a meaningful correlation between respiratory anatomy and homoeopathic remedy selection in common respiratory disorders.

2. Anatomy of the Respiratory System

The respiratory system is conventionally divided into upper and lower respiratory tracts, each with distinct anatomical components and physiological functions.

2.1 Upper Respiratory Tract

The upper respiratory tract comprises the following structures:

- Nose and nasal cavity

- Paranasal sinuses
- Pharynx
- Larynx

Its primary physiological functions include filtration, humidification, and warming of inspired air, as well as protection of the lower airways from particulate matter and pathogens.

2.2 Lower Respiratory Tract

The lower respiratory tract comprises the following structures:

- Trachea
- Primary, secondary, and tertiary bronchi
- Bronchioles and terminal bronchioles
- Lungs, including alveolar ducts and alveoli

These structures are primarily responsible for air conduction and gaseous exchange between the pulmonary circulation and the external environment. Each anatomical region produces distinct symptoms when diseased, rendering anatomical localisation clinically indispensable for accurate diagnosis and targeted management.

3. Anatomical Localisation and Homoeopathic Remedy Affinity

3.1 Nose and Paranasal Sinuses

The nasal cavity and paranasal sinuses are frequently involved in infective and allergic conditions. Characteristic symptoms arising from this region include nasal discharge, congestion, sneezing, and facial pressure or pain.

Allium cepa — Characterised by profuse, acrid watery nasal discharge, frequent sneezing, and marked irritation of the nasal mucosa. Lacrimation is typically bland, in contrast to the burning nasal secretion.

Kali bichromicum — Particularly indicated in sinusitis presenting with thick, ropy, stringy discharges that are difficult to detach. Facial pain may be prominent, often localised over the sinuses.

Arsenicum album — Indicated in burning nasal

discharge of watery character, accompanied by marked restlessness, prostration, and a characteristic periodicity of symptoms.

3.2 Pharynx

Inflammation of the pharynx presents clinically with sore throat, dysphagia, and local erythema. The character of the exudate, the degree of glandular involvement, and associated systemic symptoms guide homoeopathic remedy selection.

Belladonna — Indicated in acute inflammatory pharyngeal conditions characterised by intense redness, localised congestion, dryness, and sudden onset of fever. The throat appears bright red and glazed.

Mercurius solubilis — Frequently indicated when glandular enlargement, excessive salivation, offensive breath (fedor oris), and ulcerative changes are prominent features of pharyngeal inflammation.

3.3 Larynx

Laryngeal disease characteristically produces hoarseness, voice changes, and cough. The nature of the cough, its aggravating and ameliorating factors, and any associated stridor are important distinguishing features.

Spongia tosta — Well-known for a dry, barking, croupy cough with marked laryngeal irritation, often described as a saw cutting through wood. Symptoms are frequently ameliorated by warm drinks.

Hepar sulphuris calcareum — Frequently indicated in croupy cough with marked hypersensitivity to cold air and draughts. The patient characteristically presents with irritability and chilliness.

Phosphorus — Useful in hoarseness and progressive weakening of the voice associated with laryngeal irritation. The cough is often worse in the evening and on exposure to cold air.

3.4 Trachea and Bronchi

Bronchial diseases typically present with cough, wheezing, breathlessness, and expectoration. The character and colour of sputum, the nature of the cough, and the relationship of symptoms to

position and motion inform remedy selection.

Bryonia alba — Characterised by a dry, hard, painful cough, it is markedly aggravated by the slightest motion. The patient often holds the chest while coughing to minimise discomfort.

Ipecacuanha — Indicated in persistent spasmodic cough accompanied by nausea and wheezing, with a tendency towards bronchospasm. The tongue remains characteristically clean despite nausea.

Antimonium tartaricum — Useful in cases with excessive accumulation of loose mucus in the bronchi that rattles audibly but cannot be effectively expectorated, particularly in debilitated or elderly patients.

3.5 Lungs

Pulmonary diseases impair gaseous exchange and manifest as dyspnoea, chest discomfort, and altered sputum production. Remedies for pulmonary conditions are selected based on characteristic modalities, concomitants, and the nature of respiratory distress.

Phosphorus — Demonstrates a marked affinity for pulmonary tissue and is indicated in conditions characterised by pneumonic consolidation, haemoptysis, and progressive respiratory weakness.

Bryonia alba — Frequently considered in pleuropneumonic conditions, particularly when pleuritic chest pain aggravated by movement and respiration is a dominant feature.

Kali carbonicum — Useful in chronic respiratory complaints associated with progressive weakness, marked breathlessness, and characteristic stitching pains in the chest.

3.6 Pleura

Pleurisy is characterised by sharp, stabbing chest pain that is aggravated by inspiration and movement. The homoeopathic approach addresses both the inflammatory process and the associated pain.

Bryonia alba — Represents the most commonly cited remedy in classical homoeopathic literature

for pleuritic conditions, particularly where pain is markedly worsened by the slightest movement and ameliorated by firm pressure.

Ranunculus bulbosus — Indicated in sharp, neuralgic-type chest pain of pleuritic origin, often with intercostal sensitivity and aggravation from changes in weather or atmospheric pressure.

4. Summary: Anatomical Correlation with Homoeopathic Remedies

The following table summarises the correlation between anatomical structures, associated common disorders, and commonly indicated homoeopathic remedies as described in classical materia medica:

Table 1. Correlation between respiratory anatomical structures, associated disorders, and commonly indicated homoeopathic remedies.

Anatomical Structure	Common Disorders	Commonly Indicated Remedies
Nose	Rhinitis, Sinusitis	Allium cepa, Kali bichromicum
Pharynx	Pharyngitis	Belladonna, Mercurius solubilis
Larynx	Laryngitis, Croup	Spongia tosta, Hepar sulphuris, Phosphorus
Trachea & Bronchi	Bronchitis, Asthma	Antimonium tartaricum, Ipecacuanha, Bryonia alba
Lungs	Pneumonia, Asthma	Phosphorus, Bryonia alba, Kali carbonicum
Pleura	Pleurisy	Bryonia alba, Ranunculus bulbosus

5. Current Research in Respiratory Disorders

Respiratory diseases constitute one of the most extensively investigated areas in homoeopathic clinical research. Published reviews of homoeopathic literature have documented investigations involving allergic rhinitis, upper respiratory tract infections, and bronchial asthma, reflecting the high clinical burden of these conditions globally.

Several studies have suggested that individualised homoeopathic treatment may contribute to symptomatic improvement in selected respiratory conditions. However, systematic reviews have

consistently emphasised the necessity for larger, methodologically rigorous, and adequately powered clinical trials to establish a stronger and more reproducible evidence base.

Despite these acknowledged limitations, respiratory disorders continue to represent a significant and productive field of clinical research within homoeopathy. Future evidence-based studies employing randomised controlled trial designs, standardised outcome measures, and appropriate blinding procedures are required to further characterise the therapeutic role of homoeopathic medicines in this domain.

6. DISCUSSION

Anatomical localisation represents a fundamental principle in conventional clinical medicine and retains considerable practical utility in homoeopathic practice. Although remedy selection is primarily determined by the characteristic symptoms of the individual patient and the principle of individualisation, identifying the anatomical site of disease assists in narrowing the range of potentially indicated remedies and enhances the quality of case analysis.

Knowledge of respiratory anatomy equally facilitates a more nuanced understanding of disease progression and enables the clinician to correlate pathological changes with clinical symptoms in a systematic manner. This integrative approach — combining structural and functional understanding with symptom-based prescribing — is likely to improve both diagnostic precision and therapeutic outcomes.

Anatomy and homoeopathic therapeutics should therefore be regarded as complementary disciplines rather than separate or competing frameworks. The classical homoeopathic literature itself supports this view through its extensive description of organ and tissue affinities, which implicitly acknowledge the importance of anatomical and pathological context in prescribing.

7. CONCLUSION

A systematic understanding of respiratory anatomy enhances the clinician's capacity to recognise the precise site of pathology and interpret clinical

symptoms with greater accuracy. When integrated with the core homoeopathic principles of individualisation and symptom similarity, anatomical localisation can serve as a meaningful and practical adjunct in remedy selection.

The incorporation of anatomical knowledge alongside materia medica and repertorial analysis contributes to a more systematic and clinically oriented approach to remedy selection. The concepts discussed in this review are primarily derived from classical homoeopathic literature and established anatomical principles rather than contemporary clinical trials. Further high-quality clinical research is needed to strengthen the evidence base for this integrative approach.

Declarations

Conflict of Interest

The authors declare no conflict of interest in relation to this publication.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethical Approval

Not applicable. This article is a narrative review and does not involve the collection of primary data from human or animal subjects.

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Homoeopathic Management of Dyspnoea: A Clinical Framework for Individualised Management of Respiratory Disease

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Abstract

Breathlessness or Dyspnoea is a cardinal symptom across a broad spectrum of cardiorespiratory, systemic, and psychogenic disorders, carrying a significant and growing burden in outpatient settings worldwide. This article outlines a comprehensive approach to clinically evaluate and manage acute and chronic dyspnoea clinically within a homoeopathic framework, integrating specialist clinical presentation data with current respiratory protocols & researches. A structured differential diagnosis framework is outlined, covering obstructive and restrictive airways disease, cardiac failure, severe anaemia, and psychogenic causes, with ICD-11 coding throughout. Furthermore, it details the integration of standard diagnostic tools, such as spirometry and pulse oximetry, with traditional Hahnemannian case-taking. The therapeutic discussion highlights the necessity of individualised prescriptions to address both the acute paroxysm and the underlying miasmatic susceptibility, providing specific indications for critical remedies including Arsenicum album, Antimonium tartaricum, and Aspidosperma. Finally, the article highlights the need for a dual strategy that harmonises objective physiological monitoring with classical homoeopathic principles to achieve sustainable patient outcomes.

Keywords:

Dyspnoea; Homoeopathy; individualised Homoeopathic Medicines; respiratory disease

Introduction

The American Thoracic Society defines breathlessness or dyspnoea, as a subjective experience of

breathing discomfort that consists of qualitatively distinct sensations varying in intensity, clinically presenting as the distressing complaint that the patient "can't get enough air", manifesting across conditions ranging from mild exertional limitation to acute, life-threatening respiratory failure. [1].

The global burden of chronic respiratory illness has escalated markedly. The World Health Organisation estimates that chronic obstructive pulmonary disease alone affects over 200 million individuals globally and ranks as the third leading cause of mortality [2]. Bronchial asthma, heart failure, interstitial lung disease, and severe anaemia further compound this burden, with dyspnoea as the common clinical denominator.

Conventional medical management of breathlessness relies heavily on pharmacological interventions such as long-acting bronchodilators, inhaled corticosteroids, and diuretics. While these are very effective as acute-phase management, in long-term these strategies carry well-documented limitations like inhaler dependency in asthma, progressive functional decline in COPD despite maximal bronchodilator therapy, and the systemic sequelae of chronic corticosteroid use. [3] This leaves a clinical void, where perhaps an approach that addresses the patient's underlying susceptibility rather than palliating or suppressing an end-stage manifestation can find profound relevance.

Homoeopathy, grounded in Hahnemann's Law of Similar and the principle of individualised holistic prescribing attempts offers this precisely. By matching the precise subjective and objective

symptomatology of the patient to a proved therapeutic agent, the homoeopathic physician tries to achieve an internal reorganisation of the defence mechanism and self-healing ability. [4] This article attempts to establish a pragmatic, structurally sound methodology for the homoeopathic clinician, bridging the gap between rigorous conventional diagnostics and classical Homoeopathic therapeutic principles to manage dyspnoea effectively safely. In this regard, targeted textbook and database searches (like Google scholar, PubMed, etc) for global directives, contemporary guidelines and foundational homoeopathic literature were done, keeping the outpatient setup in consideration, to ensure a comprehensive and transparent integration of current best practices.

CLINICAL EVALUATION AND DIFFERENTIAL DIAGNOSIS

Clinical Assessment of Dyspnoea mandates a systemic approach, before taking a detailed history, haemodynamic and respiratory stability must be ascertained. The clinician must first look for objective signs of distress like tachypnoea and the use of accessory muscles of respiration. The immediate identification of "Red Flags" like altered mental status (suggests severe hypoxia or carbon dioxide narcosis) central cyanosis or a peripheral oxygen saturation (SpO₂) falling below 90%, stridor (indicating upper airway obstruction) and a severe struggle to breathe where the patient can only communicate in fragmented words, is essential for patient safety. In such cases immediate stabilisation with oxygen supplementation, an upright propped positioning, and urgent emergency referral takes precedence over any further diagnostic workup.

Once the patient is deemed clinically stable, through detailed history taking a differential diagnosis may be constructed across three primary aetiological domains: respiratory, cardiac, and systemic,

- Respiratory causes encompass Asthma [ICD-11: CA23], Chronic Obstructive Pulmonary Disease (COPD) [ICD-11: CA22], Pneumonia [ICD-11: CA40], Bronchiectasis [ICD11: CA 24], interstitial lung diseases [ICD-11: CB0Z], silicosis [ICD-11: CA 60]. [5]

- Cardiac aetiologies predominantly include conditions like Left Ventricular Heart Failure [ICD-11: BD11], Ischaemic Heart Diseases [ICD-11: BA6Z], and valvular disease [ICD-11: BC0Z]. [5]
- Systemic considerations must always include Severe Iron Deficiency Anaemia [ICD-11: 3A00], Diabetic Ketoacidosis [ICD-11: 5A22.0] characteristically presenting with deep, rapid Kussmaul breathing, and psychogenic anxiety [ICD11:6B0Z] or panic disorders [ICD-11: 6B01]. [5]

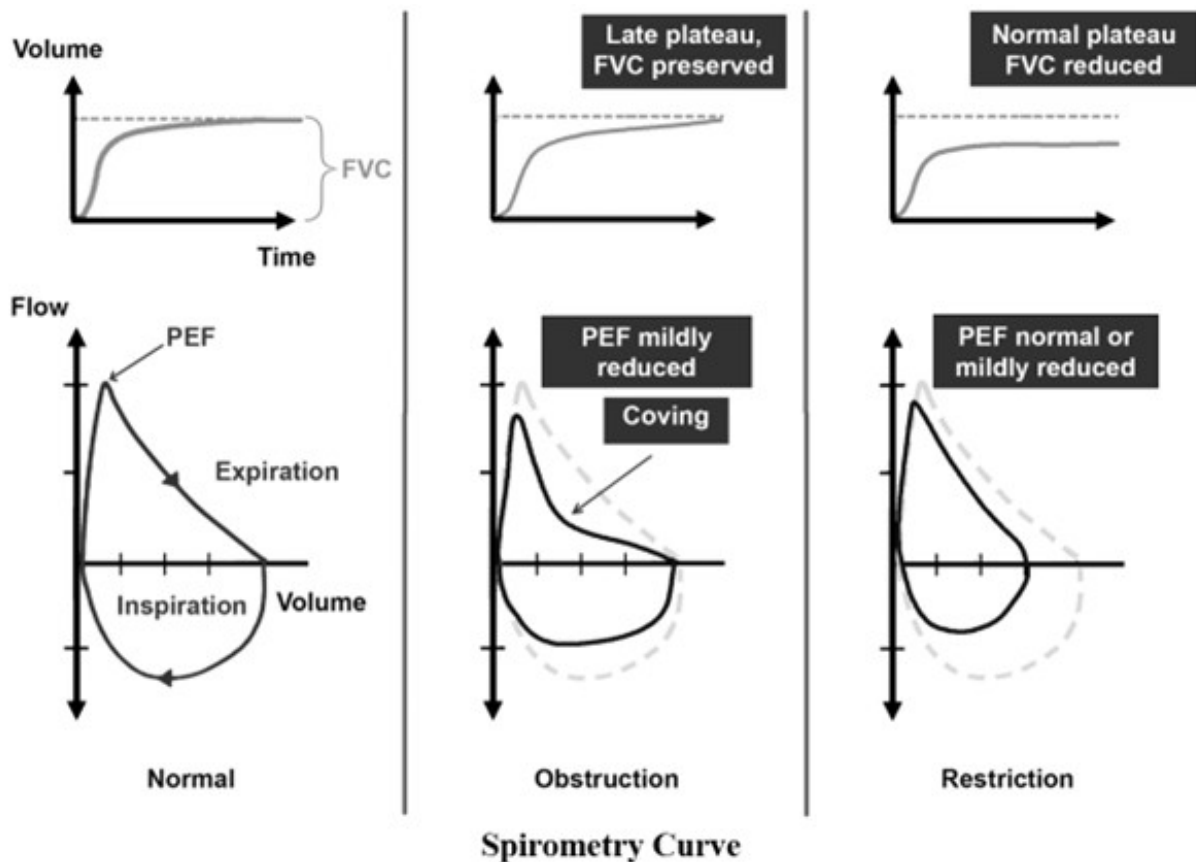
A sudden onset points towards an acute event like a pneumothorax or pulmonary embolism, whereas gradual progression is typical of COPD, chronic heart failure or Anaemias. Orthopnoea i.e. inability to sleep flat and Basal crackles strongly suggests cardiac involvement, particularly left ventricular failure; pedal oedema and raised jugular venous pressure points toward right ventricular Failure while increased Nocturnal or early morning aggravation is a classical hallmark of asthma. A consistently underdiagnosed exertional breathlessness, particularly in young females are often be due to severe anaemia, while psychogenic or anxiety-related dyspnoea usually presents with characteristic sighing respirations, peripheral tingling, and symptoms disproportionate to a normal pulse oximetry reading. Environmental and occupational histories are equally vital; a history of cooking with biomass fuel ("Chulha") in non-smoking females is a dominant risk factor for COPD in developing regions, whilst occupational exposure in mining or stone crushing raises the suspicion of silicosis.

Physical examination through general survey and auscultation further refines the diagnosis; for instance, identifying pallor for anaemia, clubbing for suppurative lung disease, Interstitial lung diseases or cyanotic congenital heart diseases, wheezing for airway narrowing as in Asthma and COPD or "Velcro" crackles for interstitial lung disease or left ventricular failure.

Spirometry remains the objective cornerstone for airways assessment. Low forced expiratory volume in one second (FEV₁) and FEV₁/FVC ratio < 0.70 confirms an obstructive pattern (i.e. inability to push air out effectively), as in asthma or COPD,

represented by the characteristic scooped, concave flow-volume curve. Conversely, a reduced forced vital capacity (FVC) with a preserved or

elevated FEV₁/FVC ratio indicates restriction, as seen in interstitial lung disease, producing the characteristic tall, narrow 'witch's hat' curve [7].



The Homoeopathic Approach To Breathlessness

From the homoeopathic perspective, dyspnoea is not viewed merely as a mechanical failure of ventilation or perfusion, but as an outward expression of an internal derangement of the vital force. [4] The lungs' response to recurring triggers - cold air, house dust, damp weather, or emotional shock - reflects a susceptibility rooted in miasmatic predisposition. Psoric susceptibility underlies the atopic, recurrent nature of asthma and allergic bronchitis. Sycotic elements govern the tendency to chronic catarrh, retained secretions, and thickened airway mucosa. The syphilitic dyscrasia is implicated in destructive pulmonary pathology such as cavitation, fibrosis, and irreversible obstructive decline [4],[6]

Clinically, this understanding demands a two-tier prescribing strategy. The acute paroxysm - a midnight asthmatic attack, an episode of rattling bronchospasm in a debilitated patient, or sudden

dyspnoea with intense panic- requires a precisely selected acute remedy acting on the totality of the immediate symptom picture. Once the acute phase resolves or concurrently, deep-acting constitutional or anti-miasmatic prescribing addresses the recurring susceptibility, progressively widening the intervals between acute episodes and reducing their severity. Sustained Homeopathic care has been found to reduce the frequency of asthmatic attacks, improved spirometry values, and partial or complete reduction in conventional inhaler use significantly [8,9].

Non-Medicinal And Supportive Care

With sustained Individualised homoeopathic care, patients frequently demonstrate objective improvements in these spirometry parameters alongside enhanced quality-of-life scores. Integrating non-medicinal supportive care further accelerates this process. Positioning the patient in a "tripod" posture (leaning forward with hands on

knees) optimises accessory muscle recruitment, Pursed-lip breathing (conceptualised as "smell the rose, blow out the candle") creates internal back-pressure to keep terminal bronchioles stented open, a technique crucial for COPD patients. Additionally, simple fan therapy i.e. blowing cool air across the face, stimulates the trigeminal nerve, significantly reducing the subjective sensation of air hunger. Reassurance and patient education can noticeably attenuate the anxiety-hypoxia feedback loop that worsens every episode of acute breathlessness. [8,9,10]

Medicinal Management:

The selection of the homoeopathic remedy demands an exacting match between the patient's individualised symptom picture and the drug pathogenesis considering the precise modalities, the mental-emotional state, and the specific nature of breathing difficulty with modalities. Individualised Homeopathic medicines, as directed in organon of medicines, have been found to be most effective. [4,8,9]. Some of the commonly used remedies with their important indications are:

- *Aconitum napellus* - indicated in the very first stage of acute inflammation or asthma, typically triggered by a sudden exposure to cold, dry wind. The onset is violent, accompanied by intense, palpable fear, panic, and palpitations.[11]
- *Antimonium tartaricum* corresponds to the resolution phase of pneumonia or severe COPD exacerbations where the chest is completely congested. The patient feels the chest is full of loose mucus but is too weak to cough it out. There is an audible rattling in the chest (rhonchi) that can be heard even without a stethoscope, and the patient appears drowsy, pale, and sweating [11]
- *Arsenicum album* is a premier remedy for acute asthmatic attacks or allergic bronchitis presenting with a distinct midnight aggravation, typically between 12 AM and 2 AM. Extreme restlessness, intense fear of suffocation, inability to lie flat, and a thirst for small frequent sips characterise the case. Aggravation from cold air, cold weather, and windy conditions extends its application to allergic bronchitis and COPD exacerbations in the chilly, anxious patient [11].
- *Aspidosperma* is called the "digitalis of the lungs" —stimulates the respiratory centre and increases oxygen uptake, making it useful in COPD-related exertional dyspnoea and functional hypoxia.[11]
- *Blatta orientalis* is considered when airways are heavily congested with accumulated mucus, particularly in bronchitis, and is a noted alternative when *Arsenicum* fails to act.[11]
- *Bryonia alba* covers respiratory distress complicated by pleurisy or dry coughs, where the breathlessness is violently aggravated by the slightest motion, prompting the patient to hold their chest tightly when coughing [11].
- *Carbo vegetabilis* is indicated in states of air hunger with venous stasis and near-collapse condition. Cold, clammy skin with a craving for vigorous fanning and cool air, coldness of the extremities, and venous congestion with cyanotic tinge mark its pathological state. It addresses the debilitated, elderly patient where circulatory compensation has failed [11].
- *Hepar sulphuris* is indicated for patients exhibiting extreme physical hypersensitivity to cold, where the slightest draught triggers a choking, rattling cough. [11]
- *Ipecacuanha* covers acute bronchospasm with persistent nausea, a characteristically clean tongue, and a cough that ends in gagging or vomiting. The chest constriction and wheezing with marked gastric involvement are its hallmark [11].
- *Kali carbonicum* governs the 2 to 4 AM asthmatic paroxysm. The patient is chilly, anxious, and demands to sit up or lean forward with elbows resting on the knees for relief. Characteristic bag-like swelling of the upper eyelids and stitching chest pains alongside the nocturnal aggravation identify this remedy with reliability [11].
- *Laurocerasus* is indicated for cyanosis with dyspnoea paradoxically aggravated on sitting

up and ameliorated in a semi-propped position, with a tickling cough and jelly-like expectoration associated with valvular cardiac disease.[11]

- **Phosphorus** addresses haemorrhagic or inflammatory respiratory conditions, hepatisation of lung tissue, and blood-streaked sputum in a tall, lean, warm-blooded patient with a burning sensation in the chest and bilateral crackles. Dyspnoea of phosphorus is characterised by a severe sense of tightness and oppression across the chest, notably worse when lying on the left side. [11].
- For patients where anaemia and hypoxia co-exist, **Vanadium** acts to catalyse oxygen carriage

Further, repertories like Repertory of Homoeopathic Materia Medica by J.T. Kent [12] provides additional clinical precision, by aiding us in peculiar conditions like

- RESPIRATION – Asthmatic- Drunkards (Mephitis)
- RESPIRATION – Asthmatic- Urinating while (Chelidonium Majus)
- RESPIRATION – Difficult - ameliorated by rapid walking (Sepia);
- RESPIRATION – Difficult - closing the eyes, on (Carbo vegetabilis, Carbo animalis);
- RESPIRATION – Difficult -raising arms (Berberis vulgaris, Spigelia);
- RESPIRATION – Difficult – writing - Amel (Ferrum metallicum)

These granular modalities, when verified in the case, frequently clinch the simillimum where the broader symptom picture remains ambiguous.

CONCLUSION

The effective management of breathlessness in outpatient Homeopathic practice can be achieved by integration of objective physiological assessment with the nuanced application of homoeopathic philosophy. Diagnosis should be swift and accurate, integrating tools like pulse oximetry

and spirometry to differentiate between obstructive, restrictive, and cardiovascular pathologies, in our daily clinical practice. Vigilant attention to the warning signs like SpO₂ falling below 90% despite oxygen support, the ominous presence of a "silent chest," exhaustion, or haemodynamic instability—is paramount to ensure patient safety. Disciplined adherence to the Law of Similars, meticulous case-taking, and applying a dual therapeutic strategy- managing acute paroxysm with rapidly acting similimums based on modalities and concomitants, mad relying on anti-miasmatic prescribing for the long-term management and correction of the underlying susceptibility and structural pathology, can be an effective strategy. Integration of non-medicinal supportive techniques with precise homoeopathic therapeutics can help a clinician to significantly improve respiratory function and quality of life of the patients.

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Exploring the Role of Phyto-Constituents in Homoeopathic Remedies: A Review of Ranunculaceae Family Drugs and Their Therapeutic Potential

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Abstract

Phytoconstituents^{3,4,6,8,11,12} play a pivotal role in determining the therapeutic potential of herbal medicines. These naturally occurring compounds vary significantly among plant families and even within species of the same family, contributing to diverse medicinal effects. In Homoeopathy, where remedies are derived largely from botanical sources, understanding the phytochemical profile of these plants is essential to support evidence-based practice. This review focuses on the **Ranunculaceae**^{4,6} family, exploring the phytochemical constituents, their pharmacological actions, and therapeutic implications within Homoeopathic practice. By correlating these findings with clinical symptomatology, we aim to bridge the gap between traditional materiamedica and modern pharmacognosy³.

Introduction

Medicinal plants have been integral to traditional systems of medicine worldwide, serving as nature’s reservoir for healing. In Homoeopathy, a significant number of remedies are derived from plant sources, and the **scientific understanding** of their **phyto-constituents** forms the foundation for therapeutic validation.

Modern science emphasizes **evidence-based**

approaches, urging practitioners to justify therapeutic actions through systematic methods such as **plant taxonomy** and **pharmacognosy**³.

Key Scientific Disciplines^{3,4,8,9,11,12}:

Field	Role in Homoeopathy
Plant Taxonomy	Classifies plants based on structural and genetic features to identify species.
Pharmacognosy	Studies medicinal properties, active constituents, and biological effects of plants.
Phytochemistry	Investigates chemical constituents like alkaloids, glycosides, flavonoids, etc.
Pharmacology	Evaluates physiological effects, especially through Homoeopathic drug provings.
Pharmacognostical Analysis	Assesses quality through physical, chemical, and biological parameters.

In Homoeopathy, the unique process of drug proving³—administering potentized substances to healthy individuals—helps observe the symptoms produced. These clinical manifestations, when matched to similar symptoms in patients, lead to remedy selection via the law of similars.

By understanding phyto-constituents, practitioners can anticipate the potential proving symptoms, strengthen remedy selection, and predict therapeutic outcomes more precisely. Especially

for plants within the same botanical family, identifying common properties helps streamline remedy differentiation and improve individualization in treatment.

This review investigates key members of the Ranunculaceae family, their known phytoconstituents, and correlates them with both pharmacological actions and classical Homoeopathic indications.

Ranunculaceae Family Overview^{3,4,8,11,12}

The Ranunculaceae family, commonly known as the buttercup or crowfoot family, encompasses 2,500 to 3,000 species spread across 60 to 70 genera. Members of this family are primarily found in colder climates such as North America, the Himalayan region, and Nilgiris in Tamil Nadu, India.

Etymology:

The name “**Ranunculus**” is derived from Latin *rana*, meaning **little frog**, referring to the plant's tendency to grow near water bodies.

Classification of Ranunculaceae

Subfamily	Representative Gen- era	Example Species/ Drugs in Homoe- opathy
Ranunculoi- deae	Ranunculus, Aconi- tum, Delphinium, Staphysagria, Clema- tis, Helleborus	Aconite, Staphy- sagria, Clematis erecta

Thalictroui- deae	Thalictrum, Aquilegia	Thalictrumflavum (used in TCM & Ayurveda)
Coptidoi- deae	Coptis, Xanthorhiza	Coptischinensis (used in TCM)
Hydrastidoi- deae	Hydrastis	Hydrastiscanaden- sis (Goldenseal)
Glaucidioi- deae	Glaucidium	Rarely used me- dicinally
Anemoneae	Pulsatilla, Anemone	Pulsatillanigricans (Wind flower)

General Traits of Ranunculaceae Plants

Characteristic	Details
Habitat	Moist, cold climates; mountainous regions
Nature	Acrid, irritant, vesicant (caustic); many are poisonous
Common Uses	Ornamental plants, dye production (Thal- ictrum), insecticidal (Thalictrum)
Ethnomedical Uses	Ayurveda (Thalictrum: fevers, rheuma- tism), Chinese medicine (Arrhythmia)
Traditional Toxic Uses	Aconite as arrow poison , Actaea for snakebite remedies

Phytoconstituents Of Ranunculaceae Fam-
ily^{1,3,4,8,9,11,12}

The Ranunculaceae family is rich in **bioactive phytochemicals** that are responsible for its diverse pharmacological and Homoeopathic actions. These compounds include **alkaloids, glycosides, terpenoids, saponins, flavonoids, and polysaccharides**. Each plays a distinct role in modulating biological systems and producing characteristic symptoms during drug provings.

Key Phytoconstituents and Their Biological Actions^{7,8,11,12}

Class of Com- pound	Example Com- pound	Source (Plant/ Drug)	Pharmacological/Pathological Action
Alkaloids	Aconitine	<i>Aconitum napellus</i>	Neurotoxic, analgesic, cardiotoxic; affects CNS, causes hor- monal and emotional imbalances
	Delphinine, Ranun- culine	<i>Delphinium spp.</i> , <i>Ranunculus spp.</i>	GI irritation, stimulation of vomiting center, inflammation
Glycosides	Aconfoline	<i>Aconitum spp.</i>	Anti-inflammatory, analgesic, cardiovascular stimulant
Terpenoids	Thymoquinone	<i>Nigella sativa</i> (close- ly related)	Antioxidant, antimicrobial, hepatoprotective
Saponins	Hederagenin	<i>Various Ranuncula- ceae species</i>	Hemolysis, cytotoxicity, inflammation

	Oleanolic Acid	<i>Clematis spp., Pulsatilla spp.</i>	Anti-inflammatory, antioxidant, anti-microbial
Flavonoids	Quercetin, Kaempferol	<i>Common in Pulsatilla, Actaea</i>	Antioxidant, anti-allergic, anti-inflammatory effects
Polysaccharides	Unspecified complex sugars	<i>Found in several genera</i>	Immunomodulation, antioxidant support

Pathophysiological Influence of Phytoconstituents^{7,8}

System Affected	Influence
Endocrine System	Alters hypothalamic-pituitary-adrenal (HPA) axis, modulates estrogen/testosterone (esp. Pulsatilla, Staphysagria)
Nervous System	Stimulates or inhibits neurotransmitters like serotonin/dopamine, causing anxiety, tremors, insomnia
Cardiovascular System	Alters ion exchange, adrenergic responses, ATPase inhibition—leads to arrhythmia/palpitations
Gastrointestinal Tract	Causes mucosal irritation, vomiting, and altered gut motility (via alkaloids)

Skin/Immune System	Stimulates histamine release, inflammation, itching, and vesicle formation
Anti-Cancer Activity	Saponins, alkaloids, and glycosides inhibit cell proliferation, act as antioxidants

Homoeopathic Materia Medica Perspective

Commonly Used Ranunculaceae Remedies in Homoeopathy

These remedies are extensively used in Homoeopathy and share certain common spheres of action while also expressing distinct drug-specific symptoms.

Comparative Table: Homoeopathic Drugs from Ranunculaceae^{1,2,3,4,5,6,7,8}

Drug Name	Botanical Source	Part Used	Key Sphere of Action	Characteristic Symptoms
<i>Aconitum napellus</i>	Monkshood	Root, Leaves	CNS, CVS, Respiratory	Sudden fear, anxiety, acute fever, palpitations, dry croupy cough
<i>Actaearacemosa</i>	Black Cohosh	Rhizome	Female reproductive, Musculoskeletal, CNS	Uterine neuralgia, hysteria, myalgia, menopausal mood swings
<i>Pulsatillanigricans</i>	Wind flower	Whole plant	Hormonal, Digestive, Mucous membranes	Mild, tearful, thirstless, menstrual irregularities, bland discharges
<i>Helleborusniger</i>	Christmas Rose	Root	Brain, Kidneys, Serous membranes	Slow mental activity, coma, hydrocephalus, dropsy
<i>Clematis erecta</i>	Virgin's Bower	Stem, Leaves	Glands, Urogenital, Skin	Orchitis, scanty urine, indurated glands, vesicular eruptions
<i>Hydrastiscanadensis</i>	Goldenseal	Rhizome, Bark	Mucous membranes (GIT, Respiratory), Cancerous diathesis	Thick yellow mucus, gastric cancer, catarrhal conditions
<i>Ranunculusbulbosus</i>	Buttercup	Whole plant	Skin, Intercostal muscles, Nervous system	Burning, vesicular eruptions, intercostal neuralgia, rheumatic chest pain
<i>Staphysagria</i>	Stavesacre	Seeds	Genitourinary, Skin, Mind	Suppressed anger, sexual excess, urinary irritation, prostate enlargement
<i>Actaeaspicata</i>	Baneberry	Root	Joints, Musculoskeletal	Rheumatism with wrist pain, tremors, soreness

Common Family Themes (Mental Generals)⁴

- Heightened **emotional sensitivity**: anxiety, fear, irritability
- Mood fluctuations: sadness ↔ anger
- Reaction to **grief, vexation**, or fright
- Delirium or depression in some cases (e.g., *Helleborus*)

Common Physical Generals⁴

- Suited to **chilly**, thin, sensitive individuals
- Perspiration localized or one-sided
- **Menstrual irregularities**, hormonal shifts
- Skin eruptions (vesicular, acrid)
- Physical aggravation during **sleep** or **evenings**
- Modalities: Worse by sudden weather change, cold, touch

Miasmatic Classification²

Drug	Miasm Covered
Pulsatilla, Staphysagria	Psora and Syctosis
Hydrastiscanadensis	Psora, Syctosis, Syphilis (trisyphilitic)
Clematis, Actaeaspirata	Cancer miasm tendencies

CONCLUSION

Understanding the **phytoconstituents** of medicinal plants provides a valuable scientific basis for appreciating their **therapeutic potential in Homoeopathy**. The Ranunculaceae family, with its

diverse range of bioactive compounds, exerts multifaceted actions on the nervous, hormonal, cardiovascular, and immune systems. These actions reflect in the proving symptoms and clinical applications of Homoeopathic remedies such as **Aconitum, Pulsatilla, Actaearacemosa**, and others.

By integrating **pharmacognostic knowledge** with **classical materia medica**, Homoeopaths can refine remedy selection, predict drug actions more accurately, and engage in evidence-based research. This approach not only complements traditional Homoeopathic wisdom but also elevates the system toward **scientific validation and global credibility**.

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Role of Homeopathy in Respiratory Disorders: Miasmatic Understanding and Relief through Similimum

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PEER REVIEWED



Abstract

The article aim to present a concise overview of the classification of respiratory disorders along with their homoeopathic miasmatic evaluation. It highlights the role of psora, sycosis, syphilis, and tubercular miasm in the causation, progression, and clinical presentation of respiratory diseases. A case of Acute pharyngitis treated with individualized homeopathic therapy assessed through MYMOP (Measure Yourself Medical Outcome Profile) scoring and miasmatic evaluation. MYMOP is an evidence-based, validated patient-reported outcome measure used to assess changes in symptoms, activity limitation, and wellbeing following treatment.

Keywords

Miasm, Case report, Complete Repertory, Lycopodium, MYMOP score.

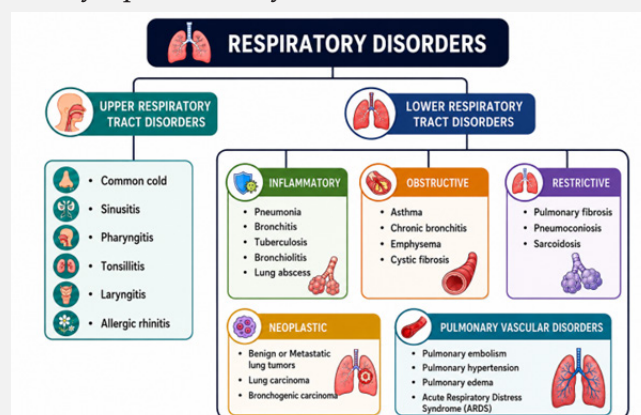
Introduction

Respiratory disorders are diseases or conditions that affect the organs and tissues involved in breathing, mainly the lungs, airways, and respiratory muscles. These disorders interfere with the normal exchange of oxygen and carbon dioxide in the body, leading to breathing difficulties and reduced oxygen supply to tissues. The upper respiratory tract consists of the nose, nasal cavity, paranasal sinuses, pharynx, and larynx, while the lower respiratory tract includes the trachea, bronchi, bronchioles, alveoli, and lungs. Any disturbance in this system due to infection, inflammation, allergy, obstruction, genetic factors, environmental pollution, or lifestyle habits such as

smoking can result in respiratory disease. ⁽⁶⁾

Classification of Respiratory disorders ^(7,11):

Respiratory diseases can be classified in many different ways, including by the organ or tissue involved, by the type and pattern of associated signs and symptoms, or by the cause of the disease.



Miasmatic Evaluation in Respiratory Disorders ^(1,2,3,4):

Chronic miasms are the fundamental causes of diseases. They produce true chronic diseases and predispose human beings to acute diseases. There are three important types of chronic miasms viz. Psora, Syphilis and Sycosis. The chronic miasms go on increasing worse inspite of best mental and corporeal regimen and torment to the end of his life. They are ineradicable by the vital force alone without proper medicinal treatment. Hahnemann clearly points out the essentials of considering the miasms while treating complex chronic maladies in his book "Organon of Medicine" especially vide aphorism 5, 78 to 82, 94 and 206 to 208. He has

made this abundantly clear in Aphorism 206. ⁽⁵⁾

In clinical practice, miasmatic evaluation is important because it helps the physician understand the patient as a whole, including the tendency toward acute attacks, chronicity, tissue changes, recurrence, and response to treatment. Identification of the dominant miasm assists in constitutional remedy selection, assessment of prognosis,

and long-term management of chronic diseases. It also provides insight into the evolution of disease from functional disturbance to structural pathology. Therefore, miasmatic evaluation of respiratory disorders plays an important role in understanding disease susceptibility, chronic progression, recurrence, and individualized homoeopathic management.

PSORA (SENSITIZING MIASM) (§80) (Keywords: suddenness and hypersensitivity at the functional level)	SYPHILIS (CHANCER MIASM) (§79) (Keyword: degeneration and deformity)
PATTERN OF RESPONSE 1. Sudden onset. 2. Short duration. 3. Reversible, functional and self limiting without damaging or destructing any structure.	PATTERN OF RESPONSE 1. Slow or sudden onset. 2. The progress may be gradual or rapid but the end result is destructive, moving towards the final destination of its.
NOSE AND SMELL • The nostrils feel as if they were stuffed up. • Sensation of dryness in the nose. • Oversensitiveness to odours. Greatly affected by strong odours of any kind which produce nausea, headaches, vertigo etc. • Polypi of the nose, usually with loss of power of smelling. • The psoric cold begins with sneezing, redness, heat, sensitiveness to touch when blown for sometime. • Discharges thin, watery and acrid. • In rhinitis, it is often dry, hot and burning. • Epistaxis more or less profusely and more or less frequently. • Painful boils, pimples and vesicles in septum.	NOSE AND SMELL • Syphilis produces Ulceration. Large thick crust, known as clinkers, often filling the whole nasal cavity. The crusts are dark, greenish, black or brownish. • Nasal discharges or snuffles may or may not be offensive. • Loss of smell. • The bones of the nose are destroyed. • Caries of nasal bones, palate and septum with perforation.
CHEST AND LUNGS • Cough: dry, teasy, spasmodic and annoying; Bronchial. Cough returns every winter. • Dry cough with great weakness in the chest. Sensation of ulceration behind the sternum. • Expectoration: mucus scanty, tasteless. • Burning Pain in the chest that are better from lying down. • Asthma with dyspnea, worse by sitting down, better from lying down with arms stretched out.	CHEST AND LUNGS • Cough: one or two distinct barks like a dog. • Thread like mucus, short barking cough. • Dyspnea aggravated by lying down in the bed.
RESPIRATORY CONDITIONS • Allergic rhinitis	RESPIRATORY CONDITIONS • Emphysema

• Bronchitis • Acute pharyngitis • Asthma	• Bronchiectasis • Pulmonary fibrosis • Lung carcinoma • ARDS
SYCOSIS (FIGWARTS MIASM) (§ 79) (Keywords: sluggishness and fixed negativity)	TUBERCULAR (PSEUDO PSORA) (Keywords: unpredictability and erraticism)
PATTERN OF RESPONSE 1. It has sudden or slow onset, gradual progress and decline. 2. Sycosis is Sensitive but slow and sluggish in response.	PATTERN OF RESPONSE 1. The onset could be sudden or slow and duration is unpredictable. The termination is towards destruction. 2. The intensity of response is variable and deep.
NOSE AND SMELL • The sycotic usually has a red nose with prominent capillaries. • The sense of smell is lost. • New babies of sycotic parents often get “snuffles”- nose dry stuffed up, frequently chilled, will scream with anger in its attempt to breathe with its mouth closed. • The Sycotic stigma has suffers moist snuffles, but without ulceration or crusts. • Polypi of the nose, moles and papilloma. • Children born to sycotic parents with gouty tendencies are highly sensitive to cold and frequently develop acute coryza with profuse, watery, excoriating nasal discharge. • Catarrhal discharges are scanty, purulent or greenish, with the characteristic of fish-brine odour or stale fish. • Nose may be clear one hour, and then he cannot get a particle of air through his nasal passage. • Respiration spasmodic as in asthma.	NOSE AND SMELL • A tubercular patient will have a haemorrhage from the nose from the slightest provocation- blowing the nose, a slight blow, or washing the face even will produce it in some people. • Nose haemorrhages are profuse bright red, difficult to arrest and are better cold application, Over heating, over exercise will often bring them on. • The catarrhal discharge is thick, usually yellow and of the odour of old cheese or sulphate of hydrogen, and is constantly dropping down in throat. • Acne rosacea on the nose.
CHEST AND LUNGS • Coughs of sycotics are usually bronchial. Always having bronchitis, hard dry racking cough, often in early Autumn and/or Winter. • Often the troubles begin with coryza- much sneezing with profuse watery flow from nose in a few days it will go down to the bronchii and they have a week, ten days or longer of coughing spells. • Cough of sycosis has very little expectoration, usually of clear mucus; occasionally this is ropey and may also be of cottony nature. A great deal of coughing is required to raise it, hence the prolonged teasing cough. • Expectoration scanty. In Summer time usually free but always taking cold in the head on least exposure to cold air or dampness. They can not as a rule breathe through the nose. • Discharge is yellowish-green, scanty except in fresh winds when it is copious this mucus.	CHEST AND LUNGS • Coughs of sycotics are usually bronchial. Always having bronchitis, hard dry racking cough, often in early Autumn and/or Winter. • Often the troubles begin with coryza- much sneezing with profuse watery flow from nose in a few days it will go down to the bronchii and they have a week, ten days or longer of coughing spells. • Cough of sycosis has very little expectoration, usually of clear mucus; occasionally this is ropey and may also be of cottony nature. A great deal of coughing is required to raise it, hence the prolonged teasing cough. • Expectoration scanty. In Summer time usually free but always taking cold in the head on least exposure to cold air or dampness. They can not as a rule breathe through the nose. • Discharge is yellowish-green, scanty except in fresh winds when it is copious this mucus.

RESPIRATORY CONDITIONS • Chronic sinusitis • Bronchial asthma • Chronis Bronchitis • Pneumonia	RESPIRATORY CONDITIONS • Pulmonary tuberculosis • Recurrent Bronchitis • Bronchopneumonia
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Case Report:

Date: 08/04/2025

ICD Criteria: ICD 11- CA02.0

Presenting Complaints:

A 10 year child patient had complaint of the last three days, soreness of the throat (+2) with Dry, tickling cough (+3). Cough aggravated in the evening (after 4 PM) and at night, and pain in the throat is worse on swallowing.

Associated complaints:

For the past three Days, the patient has experienced abdominal bloating (+2) and a marked Sensation of heaviness (+3), aggravated after eating.

Physical Generals:

Appetite: Adequate. 2 meals/day	Stool: Once/day Satisfactory
Thirst: 8 to 9 glasses/day	Urine: 3 to 4 times/day
Desire: Warm food	Sleep: Sound sleep
Aversion: Nothing specific	Dreams: Not remember
Perspiration: Nothing specific	Diet: Veg
Addiction: Nothing	Thermal: Hot

Past History:

Recurrent cold and coryza since 3 years, aggravated by cold exposure and seasonal changes.

Family History:

His Father had suffered from a hernia before 5 months and had surgery to treat it.

Local examination:

ENT Examination

Ear	Normal on inspection.
Nose	Normal on inspection.

Throat	Right sided congestion of pharynx. Mild Tonsillar hypertrophy. No pus, no exudation. On examination child protrude tongue during cough.
--------	--

Mentals and Life space:

Mother reports that during illness, the child becomes more obstinate- Refusing to listen, demanding his own way, and reacting with anger or Silence when denied. He resists taking medicine and shows increased Irritability. During illness, he also becomes afraid of being alone and Prefers to have someone nearby at all times. When asked about other traits, His mother said that he is very intelligent for his age, understands things Quickly, and asks many questions. He talks well and learns new things Faster than other children.

Diagnosis: Acute Pharyngitis

Analysis and Evaluation of Symptoms (Kent method):

Symptoms	Classification	Grade
Afraid to be alone	Mental General	1
Intellectual	Mental General	2
Obstinate	Mental General	1
Desire warm food	Physical General	2
Dry tickling cough (+3) aggravated in Evening	Physical Particular	2
Child protrude his tongue during coughing	Physical Particular	1
Throat pain (+2) aggravated during Swallowing	Physical Particular	2
Bloating (+2) and heaviness (+3) of Abdomen eating after	Physical Particular	2
Soreness of throat (+2)	Physical Particular	3

Miasmatic evaluation:

Fundamental Miasm: Psora

Dominant Miasm: Psora

Reason:

- Short duration of complaints
- Intellectual
- Afraid to be alone
- Desire warm food
- Dry tickling cough
- Soreness of throat
- Bloating and heaviness of abdomen eating after

Totality of symptoms:

- Afraid to be alone
- Intellectual
- Obstinate
- Desire warm food
- Child protrude his tongue during coughing
- Dry tickling cough aggravated in evening after 4 pm.
- Throat pain aggravated during swallowing
- Bloating and heaviness of abdomen eating after
- Soreness of throat

Repertorial analysis from Complete Repertory (Zomeo Pro LAN) :

Repertorisation Sheet - Zomeo Pro LAN															
Physician Name : Dr. PIHR , Patient Name : , Reg. No. : , Date : 05/06/2026															
Remedy	Lyc	Bell	Nux-v	Puls	Sulph	Arg-n	Ars	Phos	Kali-c	Bry	Ign	Calc	Bar-c	Sep	Merc
Totality	32	27	26	25	25	25	25	24	23	23	23	23	22	22	22
Symptoms Covered	9	8	8	8	8	7	7	8	9	8	8	7	7	7	6
[Complete] [Mind] Fear:Alone, being:	4	3	1	3	0	4	4	4	4	1	1	3	1	3	3
[Complete] [Mind] Intellectual:	4	4	3	3	1	2	0	4	1	1	3	0	4	4	3
[Complete] [Mind] Obstinate, headstrong:	4	4	4	1	3	4	3	2	3	3	4	4	4	2	4
[Complete] [Throat] Pain:Swallowing:Agg.:	4	4	4	4	4	4	4	3	3	4	3	4	4	3	4
[Complete] [Abdomen] Distension:Eating:After:	4	1	3	3	4	3	3	3	4	3	3	3	1	3	0
[Complete] [Abdomen] Heaviness as from a load or weight:Eating:After:	1	0	3	0	3	0	0	0	1	0	0	0	0	0	0
[Complete] [Cough]Dry:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities] Food and drinks:Warm:Drinks:Desires:	3	3	0	3	3	0	4	1	1	4	1	1	0	0	0
[Complete] [Throat] Pain:Sore, bruised:	4	4	4	4	3	4	3	3	2	3	4	4	4	3	4

Remedy selection: Lycopodium Clavatum

Remedy Justification: *Lycopodium Clavatum* was selected based on the totality of symptoms including Afraid to be alone, Head strong and haughty when sick, Dryness of throat, Inflammation of throat with stitches on swallowing, Bloating of abdomen especially the lower abdomen, Desire warm food and drink, Worse at 4 to 8 pm.⁽⁸⁾

Prescription: Lycopodium Clavatum 200 one dose with SL 4 pills TDS

For 2 days

Advice:

Gurgle with Luke warm water and avoid cold drink.

Follow up assessment:

Date	Complaints	Prescription
10/04/2025	- Cough reducing - No soreness in throat - Throat pain reduces after swallowing - Bloating and Heaviness after eating is present	Rubrum 200 1 dose with SL 4 pills TDS For 2 days
12/04/2025	- Cough 2 or 3 Times/ days - No throat pain - Relieve in bloating and heaviness of Abdomen	Rubrum 200 1 dose with SL 4 pills TDS For 3 days
15/04/2025	No any Complaints and patient feels better	SL 4 pills TDS For 3 days

MYMOP (MEASURE YOURSELF MEDICAL OUTCOME PROFILE) SCORE ⁽¹⁰⁾:

Fig.1. MYMOP (Measure Yourself Medical Outcome Profile) score Before treatment

MYMOP 2: Measure Yourself Medical Outcome Profile – Initial Profile Form

Full name: [REDACTED] Date of birth: [REDACTED]
 Address: [REDACTED]
 Today's Date: 8.10.4.1.2025

Choose one or two complaints (physical or mental), which bother you the most. Write them on the lines below. Now consider how bad each complaint is, over the last week, and score it by circling your chosen number.

SYMPTOM 1: 0 1 2 3 4 5 6
Sore throat..... As good as it could be As bad as it could be

SYMPTOM 2: 0 1 2 3 4 5 6
Cough..... As good as it could be As bad as it could be

How long have you had your Primary Complaint, either all the time or on and off?
 Please circle:
 0 - 4 weeks 4 - 12 weeks 3 months - 1 year 1 - 5 years over 5

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY: 0 1 2 3 4 5 6
it could be As good as it could be As bad as it could be

Lastly how would you rate your general feeling of wellbeing during the last week?
WELLBEING: 0 1 2 3 4 5 6
 As bad as As bad as it could be it could be As bad as it could be

Are you taking any medication FOR THIS PROBLEM? Please circle: YES / NO
IF YES:
 1. Please write in name of medication, and how much a day/week

 2. Is cutting down this medication: Please circle:
 Not important a bit important very important not applicable

IF NO:
 Is avoiding medication for this problem:
 Not important a bit important very important not applicable

MYMOP: Measure Yourself Medical Outcome Profile – Initial Profile Form

$B.T = \frac{5+5+4}{3} = \frac{14}{3} = 4.67$

Fig.2. MYMOP (Measure Yourself Medical Outcome Profile) score After treatment

MYMOP 2 FOLLOW UP FORM

Full name: [REDACTED] Today's date: 15/10/2025
 Please circle the number to show how severe your problem has been IN THE LAST WEEK. This should be YOUR opinion, no-one else's!

SYMPTOM 1: 0 1 2 3 4 5 6
Sore throat..... As good as it could be As bad as it could be

SYMPTOM 2: 0 1 2 3 4 5 6
Cough..... As good as it could be As bad as it could be

ACTIVITY: 0 1 2 3 4 5 6
As good as it could be As bad as it could be

WELLBEING: 0 1 2 3 4 5 6
 How would you rate general feeling As good as it could be As bad as it could be of wellbeing?
 If an important new symptom has appeared, please describe it and mark how bad it is below. Otherwise do not use this line.

SYMPTOM 3: 0 1 2 3 4 5 6
As good as it could be As bad as it could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):
 Are you taking medication FOR THIS PROBLEM? Please circle: YES/NO **IF YES:**
 Please write in name of medication, and how much a day / week

MYMOP, Measure Yourself Medical Outcome Profile

$$A.T = \frac{1+1+0}{3} = \frac{2}{3} = 0.66$$

DISCUSSION

Pharyngitis is defined as the inflammation of the pharynx, hypopharynx, uvula and tonsils. It is usually infectious in etiology and majority of the cases are of viral origin. Other causes of pharyngitis include allergy, trauma, toxins and neoplasia. Pharyngitis caused by group A β -haemolytic Streptococci is more common in children aged 4 to 7 years. Pharyngitis may present with throat discomfort, odynophagia, cough, and constitutional symptoms such as fever, headache, malaise and myalgias. Clinical examination reveals tonsillopharyngeal erythema, exudates and rarely foul smelling, grey-white pharyngeal membrane (diphtheria). Swollen tender cervical lymphadenopathy, conjunctivitis (adenovirus), maculopapular rash (infectious mononucleosis) may also be present. Cough, rhinorrhea, and conjunctivitis are frequently associated in viral pharyngitis. ⁽⁶⁾

The MYMOP (Measure Yourself Medical Outcome

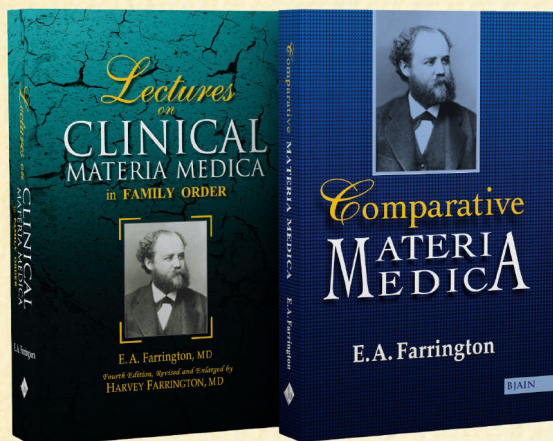
Profile) score showed a marked improvement, decreasing from 4.67 before treatment to 0.66 after treatment, indicating substantial symptomatic relief and a significant enhancement in the patient's overall health status.

CONCLUSION

The study highlights the importance of miasmatic evaluation in respiratory disorders. Chronic inflammatory conditions of the respiratory tract often reflect a mixed miasmatic background. This case report highlights the successful homoeopathic management of Acute pharyngitis and miasmatic evaluation indicated the predominance of the psoric miasm, which supported the therapeutic approach adopted in this case. The significant reduction in the MYMOP score that sustained clinical improvement demonstrated substantial recovery.

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From Surgery To Simillimum: Resolution Of Chronic Rhinosinusitis With Individualized Homoeopathy — A Case Report

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Abstract:

Chronic rhinosinusitis (CRS) is a prevalent inflammatory condition of the nasal cavity and paranasal sinuses that significantly impacts patients' quality of life and imposes a substantial burden on healthcare systems and society, including considerable costs associated with surgical management when required. The case was managed based on the principles of Organon of Medicine, employing thorough case taking, individualisation, and repertorisation. This highlights the role of individualised homoeopathy as a safe and effective alternative for chronic rhinosinusitis, even in patients who have not achieved sustained relief through surgical intervention.

Case Summary:

A 28-year-old male patient presented with complaints of recurrent attacks of cold, headache, bilateral nasal obstruction, open mouth breathing, and snoring since childhood. The symptoms were persistent and recurrent in nature, suggestive of chronic rhinosinusitis. The patient had a history of surgical intervention in 2017, including septoplasty, bilateral functional endoscopic sinus surgery (FESS), and partial inferior turbinectomy, following which he experienced temporary relief for approximately one year, after which symptoms gradually recurred. During the entire period of homoeopathic treatment, the patient did not receive any concurrent conventional medical treatments, including intranasal corticosteroids, saline irrigation, antibiotics, or antihistamines.

Based on the totality of symptoms and

individualisation, *Nux vomica* was selected as the constitutional remedy and administered in 200C potency, followed by 1M. There was a complete resolution of symptoms within 6 months. The Modified Naranjo criteria for Homoeopathy (MONARCH) was used for assessing causal attribution, yielding a score of +7, suggesting that the clinical improvement was attributable to homoeopathic treatment. The evidence-based case could pave the way for further research into using individualised homoeopathy for chronic rhinosinusitis.

Key Words:

Chronic rhinosinusitis, homoeopathy, *Nux vomica*, nasal obstruction, snoring.

Introduction:

Chronic Rhinosinusitis is a persistent inflammatory disorder that affects the nasal cavity and paranasal sinuses, resulting in a range of bothersome symptoms and a significant impairment in patients' quality of life⁽¹⁾. The condition is characterized by two or more cardinal symptoms, including nasal obstruction, nasal discharge (anterior and/or posterior nasal drip), facial pressure, and a reduction in or the loss of sense of smell. CRS affects a substantial portion of the population, with prevalence estimates ranging from 5% to 12%, although these figures may be underreported due to misdiagnosis or underdiagnosis⁽²⁾.

The impact of CRS extends far beyond the individual patient, affecting families, workplaces, and healthcare systems⁽³⁾. The chronic nature of

the disease, with its persistent symptoms and frequent exacerbations, can lead to decreased productivity, missed workdays, and impaired sleep, resulting in substantial economic and social burdens. Furthermore, when surgical intervention becomes necessary, it adds another layer to these societal costs, encompassing direct medical expenses and indirect losses due to recovery and potential complications. Moreover, CRS is often associated with other comorbidities, such as asthma, allergies, and sleep disorders, further complicating its management and contributing to its overall burden⁽⁴⁾.

Herein, we present a case of post-surgical recurrent chronic rhinosinusitis that demonstrated complete resolution with individualised homoeopathic treatment.

Patient Information:

A 28-year-old male patient was apparently healthy up to 11 years of age. Then he gradually developed complaints of recurrent attacks of cold, headache, bilateral nasal block, also associated with open mouth breathing and snoring. He used medication only when he suffered from cold, headache, nasal block and got temporary relief, on the advice of a physician, he underwent septoplasty, bilateral FESS, bilateral partial inferior turbinectomy in 2017. He had an uneventful recovery for 1 year. He gradually developed recurrent attacks of cold, headache, bilateral nasal block associated with difficulty in breathing on inspiration, and snoring. He also reported associated dryness of the throat. Then he came to homoeopathic hospital OPD for his complaints.

Nasal blockage was aggravated by eating sweets, cold weather, and night. No history of any nasal discharges and sneezing.

Recurrent headache starts in temples, radiates to whole head, sensation as if shaking of the head. Aggravated by sun exposure, exertion, air conditioner, and change in weather. Ameliorated by eating food, sleep, and pressure.

Past history: History of LASIK surgery, history of typhoid fever. No major illness.

Family history: father and mother are healthy. No siblings. No similar history is present in the

family. Spouse is healthy.

Personal history:

Appetite – 3 times/day, satisfactory.

Desires – sweets (++), Aversions – not specific

Thirst – 4 L/day, tongue – moist.

Bowels – regular, satisfactory, soft stool, no pain or bleeding.

Urine – clear, no pain or burning.

Perspiration – profuse only on exertion.

Sleep: 8 hours, refreshing.

Dreams- does not remember.

Thermal modality: towards chilly.

Life space investigation: Patient belongs to a low socio-economic family. He is a software employee with a sedentary lifestyle.

Mental generals: He is irritable, scolds during anger, always wants things in proper order, is ambitious, and fastidious about cleanliness.

On Examination:

Nasal septum deviated to left, congestion. Vitals are stable at the time of examination.

Diagnosis of case:

According to J32.9 (ICD-10) / CA0A.Z (ICD-11), the patient is diagnosed with chronic rhinosinusitis based on clinical history and symptomatology. The diagnosis was established on clinical grounds per EPOS 2020 criteria, with symptoms persisting beyond 12 weeks, comprising bilateral nasal obstruction, facial pressure, and sleep impairment. Radiological or endoscopic evaluation was not available at the time of presentation. The bilateral involvement without phenotype subclassification (polyp/non-polyp) fits the 'unspecified' category.

Analysis of case: After analyzing the symptoms, the characteristic mentals and physical generals and particulars were considered to frame the totality of case.

and the identification and management of individual conditions. Thus, a holistic approach is useful in treating chronic rhinosinusitis.

There is a significant effect of *Nux vomica* in chronic rhinosinusitis as described in the previous case reports^(5–7). In this case, *Nux vomica* proved to be the indicated medicine as the first prescription, going by the result of repertorisation. The potency of 200C was selected at the beginning with repetition when needed, followed by 1M potency. Repetition of the *Nux vomica* 1M was done only when improvement had plateaued. A steady and progressive improvement was observed across follow-ups: Reduction in frequency of recurrent colds, Gradual disappearance of headache triggers, Significant reduction in snoring and Absence of relapse over time.

Causal attribution assessed by the MONARCH criteria⁽¹¹⁾ yielded a score of +7 (Table 2), indicating a definite relationship between homeopathic intervention and clinical outcomes. The case showed marked clinical improvement with complete resolution of symptoms in this individual. However, as a single case report, these findings are insufficient to establish the broader effectiveness of homeopathy for chronic rhinosinusitis. Rather, they support the need for further investigation, including controlled clinical trials, to evaluate the efficacy of individualised homeopathic treatment across a wider patient population.

Table 2 modified Naranjo criteria for homeopathy (MONARCH).

Domains	Yes	No	Not sure
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?			

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?	+1		
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 improvement?			
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)	-3		
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory tests, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = +7

Declaration Of The Patient:

Written informed consent was obtained from the patient for publication. The patient understands that his name will not be published, and all the efforts will be made to conceal his identity.

Financial Support And Sponsorship: None

Conflict Of Interest: None

CONCLUSION:

The case demonstrates that individualized homeopathic treatment can provide significant and sustained relief in chronic rhinosinusitis, reducing symptom recurrence and improving quality of life without adverse effects.

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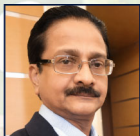


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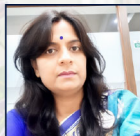
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Individualized Homoeopathic Management of Primary Hypothyroidism: A Case Report

Dr Pavan Kumar Pandey¹, Dr Pranav Shukla¹, Dr Ajay Kumar Prajapati¹

BHMS MD(Hom)

Abstract

Background: Primary hypothyroidism is a chronic endocrine disorder characterized by deficient thyroid hormone production, resulting in metabolic slowing and multisystem involvement.

Patients commonly present with fatigue, constipation, generalized weakness, weight gain, cold intolerance, hair fall, and psychological disturbances. Individualized homoeopathic prescribing is based on the totality of characteristic symptoms rather than the pathological diagnosis alone.

Case Summary: A 34-year-old female presented with gradually progressive heaviness of the whole body, generalized weakness, diffuse hair fall, constipation, body pain and emotional instability of six months' duration. Laboratory evaluation revealed an elevated thyroid stimulating hormone (TSH) level of 16.3 μ IU/mL, consistent with primary hypothyroidism.

Detailed homoeopathic case taking elicited characteristic mental and physical generals including anxiety regarding health, fear of disease, strong sense of responsibility, desire for milk, aversion to meat, chilly thermal reaction and marked weakness. Repertorization was performed using RADAR (Complete Repertory 4.5), following which the totality was verified with Materia Medica. Calcarea Carbonica was selected as the constitutional remedy and prescribed in 200C potency.

Outcome: Progressive improvement was observed in constipation, generalized weakness, body pain, heaviness, emotional state and hair fall during subsequent follow-ups. Repeat thyroid function testing after approximately three months

showed normalization of TSH from 16.3 μ IU/mL to 3.49 μ IU/mL.

Conclusion: This report describes the clinical course of a patient with primary hypothyroidism managed with individualized homoeopathic treatment. Although clinical and laboratory improvements were observed during follow-up, this single case cannot establish treatment efficacy, and larger controlled studies are required.

Keywords

Primary hypothyroidism, Constitutional Homoeopathy, Calcarea Carbonica, Individualization, Case Report

Introduction

Hypothyroidism is among the most prevalent endocrine disorders worldwide, with a higher incidence among women of reproductive age. It is characterized by deficient secretion of thyroid hormones leading to a generalized reduction in metabolic activity. Clinical manifestations include fatigue, constipation, weight gain, dry skin, cold intolerance, menstrual irregularities, hair fall, depression and cognitive impairment.

The prevalence of overt hypothyroidism in India has been reported to range between 3–5%, while subclinical hypothyroidism affects a substantially larger population. Early diagnosis and long-term management are essential to prevent metabolic and cardiovascular complications.

From the homoeopathic standpoint, disease is understood as a dynamic derangement of the vital force, manifesting through characteristic mental

and physical symptoms. According to Hahnemann (§6, Organon of Medicine), the physician should perceive the totality of symptoms as the only indication for selecting the curative remedy. Therefore, the constitutional prescription is determined not by the diagnostic label but by the individuality of the patient.

This report illustrates the individualized homoeopathic management of a patient with primary hypothyroidism using constitutional prescribing.

Case Presentation

Patient Information

A 34-year-old married female presented to the Outpatient Department with complaints of generalized heaviness of the body, increasing weakness, constipation, diffuse hair fall and generalized body pain for six months.

The symptoms developed insidiously and progressively interfered with her daily activities. She reported feeling tired even after minimal exertion and described a persistent sensation of heaviness throughout the body. Hair fall had become excessive over the preceding few months.

Constipation was characterized by hard stools with unsatisfactory evacuation. She also complained of emotional instability with frequent mood swings and irritability.

Routine biochemical investigations performed before consultation revealed an elevated serum TSH concentration of **16.3 μ IU/mL**, confirming primary hypothyroidism.

Chief Complaints

- Generalized heaviness of the body for six months.
- Generalized weakness aggravated by exertion.
- Constipation with hard stool.
- Diffuse hair fall.
- Mood swings with emotional irritability.

History of Present Illness

The complaints appeared gradually without any

identifiable exciting cause. Initially, weakness was experienced only during physical work; however, it progressively became persistent throughout the day. Constipation worsened simultaneously with increasing body heaviness. Hair fall gradually increased and was associated with diminished vitality. Emotional irritability and mood fluctuations became more prominent after the onset of physical complaints.

Treatment History: Patient confirmed that, during the treatment period, she did not take any other treatment or medication related to the thyroid condition. The patient also stated that no other medicines or therapies were used before or during the course of treatment.

Mental Generals

The patient exhibited a **marked sense of responsibility**, often assuming excessive responsibility for household duties. She expressed persistent **anxiety regarding her health**, accompanied by a **fear that the disease may worsen** if not adequately treated. She was emotionally sensitive with frequent mood swings and became easily irritable over trivial matters.

Physical Generals

Thermal reaction: Chilly.

Appetite: 3 meals/Day.

Thirst: 5 glasses/Day and decreased

Desire: Milk.

Aversion: Meat.

Urine: Yellow color, 5times/Day

Stool: Hard (unrefreshing), 2times/Day

Sleep: 6hr (unrefreshing).

Dreams: of Daily Activity

Perspiration: No odor, in Face.

Energy: Marked weakness and easy exhaustion.

Past History

No history of diabetes mellitus, hypertension, tuberculosis or previous thyroid disease. No

previous surgical intervention.

Family History

No significant hereditary illness was reported.

Clinical Examination

General condition was satisfactory.

The patient appeared tired and lethargic.

Vital parameters were within physiological limits.

Systemic examination did not reveal any significant abnormality.

Investigations

Investigation	Before Treatment (05/03/2026)
Serum TSH	16.3 μ IU/mL (Reference: Figure 2)

Case Analysis

Following Hahnemannian principles, particular importance was given to **mental generals, physical generals, characteristic cravings and aversions**, and **constitutional features**.

The diagnostic label "Hypothyroidism" was considered only as a clinical confirmation and not as the primary basis for prescription.

Repertorization

The following symptoms were selected after eliminating common pathological symptoms and

retaining only those considered characteristic of the patient's individuality:

1. Mind – Fear – disease – impending.
2. Mind – Anxiety – health, about.
3. Mind – Responsibility – strong.
4. Mind – Fear – dogs.
5. Generalities – Hypothyroidism.
6. Generalities – Weakness – exhaustion.
7. Generalities – Food and drinks – Milk – desire.
8. Generalities – Food and drinks – Meat – aversion.

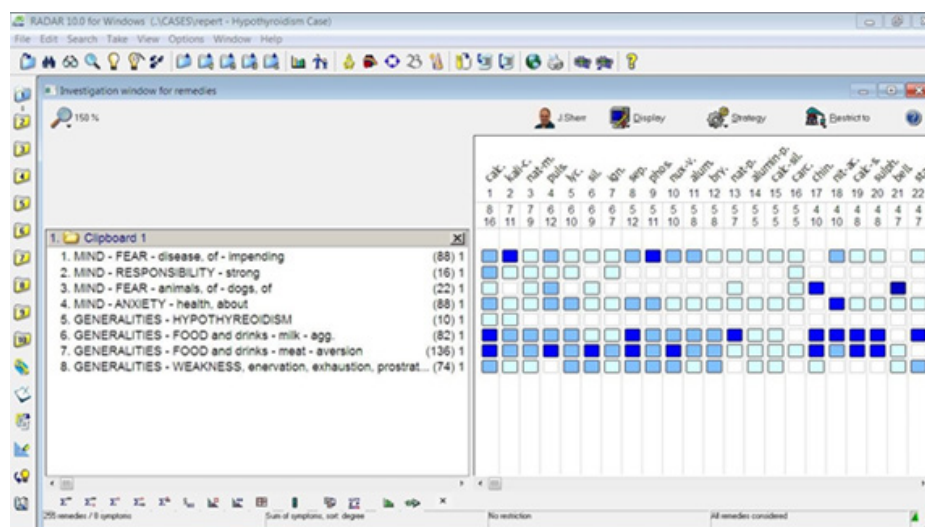
These rubrics were repertorized using **RADAR (Complete Repertory 4.5)**.

Repertorial Result

The repertorial analysis yielded the following leading remedies:

Remedy	Score
Calcarea carbonica	16/8
Kali carbonicum	11/7
Natrum muriaticum	9/7
Pulsatilla	12/6
Lycopodium	10/6

Figure 1: Repertorial analysis using RADAR (Complete Repertory 4.5).



Remedy Differentiation

Although Kali Carbonicum, Natrum Muriaticum and Pulsatilla covered several rubrics, **Calcarea Carbonica** showed the closest correspondence with the constitutional portrait.

The patient's chilly constitution, marked weakness, endocrine dysfunction, tendency towards constipation, desire for milk, emotional insecurity, anxiety regarding health and persistent sensation of heaviness collectively formed a characteristic Calcarea carbonica picture. Materia Medica confirmation further strengthened the selection.

Prescription

Calcarea carbonica 200C

One dose weekly.

Saccharum lactis placebo on remaining days.

Dietary advice and regular follow-up were advised.

Follow-up

Date	Clinical Changes	Prescription
1 st Visit	Baseline symptoms TSH: 16.3 µIU/mL (Figure 2)	Calcarea Carbonica 200
2 nd Visit (After 4 weeks)	Constipation improved; weakness slightly better	Placebo
3 rd Visit (After 8 weeks)	Body pain reduced; heaviness considerably improved	Placebo
4 th Visit (After 12 weeks)	Hair fall markedly reduced; mood stable; energy improved Repeat TSH: 3.49 µIU/mL (Figure 3)	Placebo

Investigations Comparison (Before- After)

Baseline thyroid function tests performed prior to commencement of homoeopathic treatment revealed an elevated serum TSH level, consistent with primary hypothyroidism, while serum T3 and T4 levels remained within the reference range.

Table. Thyroid Function Tests Before and After Treatment

Parameter	Before Treatment (05/03/2026)	After Treatment (09/07/2026)	Reference Range
Total T3	127 ng/dL	136 ng/dL	80–200 ng/dL
Total T4	7.44 µg/dL	9.71 µg/dL	4.5–11.7 µg/dL
TSH	16.3 µIU/mL	3.49 µIU/mL	0.27–4.2 µIU/mL

The laboratory reports are presented below.

Figure 2. Baseline Thyroid Function Test showing elevated TSH (16.3 µIU/mL) prior to treatment.

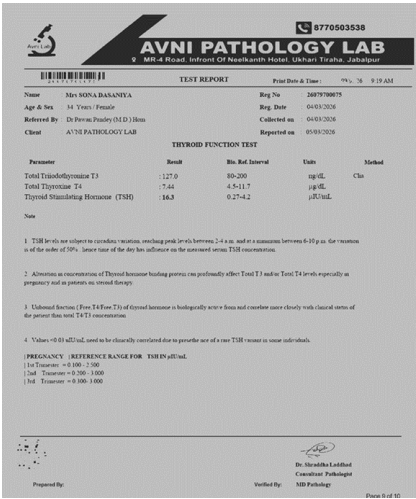
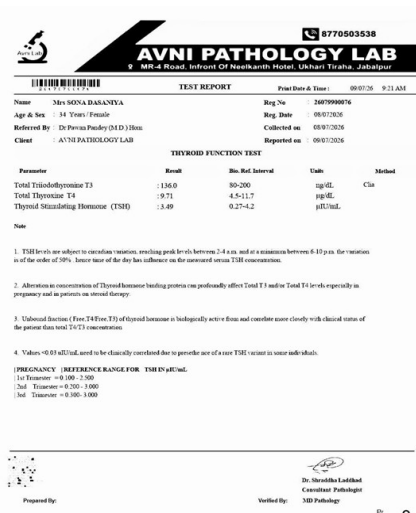


Figure 3. Follow-up Thyroid Function Test demonstrating normalization of TSH (3.49 µIU/mL) after individualized homoeopathic treatment.



DISCUSSION

The present case illustrates constitutional prescribing based upon the totality of characteristic symptoms rather than the nosological diagnosis. According to Hahnemann, peculiar mental and physical generals occupy the highest rank in remedy selection. Accordingly, symptoms such as anxiety regarding health, fear of disease, strong sense of responsibility, desire for milk, aversion to meat, chilly constitution and generalized weakness were accorded greater weight than common pathological manifestations of hypothyroidism.

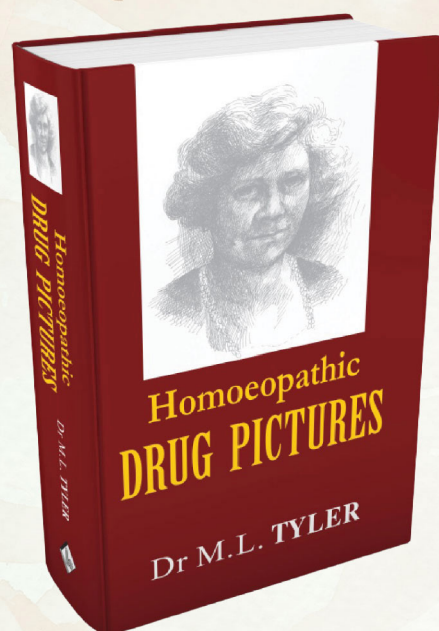
Repertorial analysis suggested *Calcarea Carbonica* as the leading remedy, and *Materia Medica* verification confirmed its suitability. During follow-up, both subjective symptoms and thyroid function tests improved. However, as this is a single observational case, the findings should be

interpreted with caution. The observed improvement cannot by itself establish causality or efficacy of the intervention. Controlled clinical studies with larger sample sizes are necessary to evaluate individualized homoeopathic treatment in patients with hypothyroidism.

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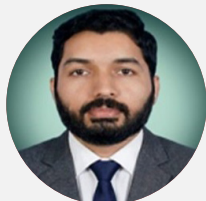


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Functional Improvement in Vertebrobasilar ischemic Stroke During Individualised Homoeopathic Treatment: A Case Report



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Abstract

Multifocal posterior circulation infarction involving the vertebrobasilar system often produces complex neurological deficits with guarded prognosis^{1,2}. A 60-year-old male presented with imbalance of gait, slurring of speech, excessive salivation, dysphagia, and visual blurring following an acute ischemic stroke. Neuroimaging revealed multifocal infarcts involving the pons, cerebellar hemispheres, occipital lobes, temporal lobes, and left thalamus^{2,3}. Individualised homoeopathic treatment based on characteristic symptoms was initiated and instant progress was observed in gait stability, visual disturbance, speech clarity, increased salivation and bowel function. This case highlights the therapeutic utility of homoeopathy in functional recovery following posterior circulation infarction⁸⁻¹¹.

Keywords

Cerebrovascular accident, Posterior circulation infarction, Homoeopathy, Nux vomica, MON-ARCH

Introduction

Stroke involving the posterior circulation structures supplied by the vertebrobasilar system

represents 20-25 % of ischemic strokes and frequently results in complex neurological deficits^{1,2}. Lesions affecting structures such as the thalamus, cerebellum, pons, and occipital lobes may lead to gait instability, dysarthria, dysphagia, visual disturbance, and coordination deficits^{2,3}. Residual neurological impairment remains common despite advances in conventional management including thrombectomy, anticoagulation therapy, and rehabilitation⁴⁻⁶. In such conditions, homoeopathy aims to stimulate the vital force through individualisation of symptoms and selection of the similimum based on characteristic expressions of the patient. The present case was selected due to the multifocal involvement of posterior circulation structures, the presence of significant neurological deficits, and the rapid functional improvement observed during individualised homoeopathic treatment, making it relevant to the discipline of homoeopathy⁷⁻¹¹.

Case Presentation

A 60-year-old male mechanic residing in Kozhikode, Kerala, presented with complaints of imbalance while walking, unsteady gait, and a tendency to fall toward the right side. His head and body were tilted toward the right while walking. The patient also had slight deviation of the face

toward the right side, mild slurring of speech, increased salivation with drooling, blurred vision, and preferred to keep his eyes closed. He also experienced gastric bloating with frequent belching, constipation with hard stools requiring straining & difficulty in swallowing water, which caused choking, if drank in larger quantities. Neurological examination revealed mild recent memory impairment, visual blurring related to involvement of the optic nerve. The patient was unable to perform finger-nose and finger-to-finger tests, past pointing test and presented with gait imbalance which suggested cerebellar involvement.

History of Presenting complaints

The patient experienced an acute episode of vomiting, vertigo, headache, blurring of vision, profuse sweating, facial deviation toward the right side, and mild weakness of the right upper and lower limbs on 29 January 2026. The onset was sudden and there was no history of any trauma. There was no associated fever or seizures during the acute episode. There was no numbness/paresthesia and all the sensations were intact. The patient also had complaints of recurrent episodes of headache and vertigo the previous month. He was known to be hypertensive (6 yrs), diabetic (1 yr) and dyslipidemic (4 yr) and was under allopathic medications.

The patient was diagnosed with acute ischemic stroke and underwent emergency mechanical thrombectomy. Following discharge, he continued to experience imbalance while walking, dysarthria, drooling of saliva, visual blurring, and swallowing difficulty. He was undergoing physiotherapy but residual neurological deficits persisted.

Physical Generals

Appetite: Average, difficult to swallow

Thirst: Moderate

Sleep: Disturbed after illness

Thermal state: Ambithermal

Perspiration: Moderate

Stool: Constipated occasionally, hard stool with straining

Urine: Normal

Miasmatic Analysis

The pathological evolution in this case suggests predominant syphilitic miasm, characterised by destructive vascular pathology leading to infarction and neurological deficit. The presence of chronic metabolic disorders such as hypertension, diabetes mellitus, and hyperlipidaemia indicate a syco-syphilitic background, contributing to vascular degeneration and structural changes.

Diagnosis: Disease: Acute ischemic stroke – Vertebral basilar stroke (ICD-10 Code: I63 – Cerebral Infarction)

Diagnosis was established based on acute neurological symptoms, imaging findings (vascular abnormalities in posterior circulation.)

Prognosis: Guarded due to multifocal infarction, involvement of vital structures, associated comorbidities including hypertension, diabetes mellitus and hyperlipidaemia.

Investigation Reports

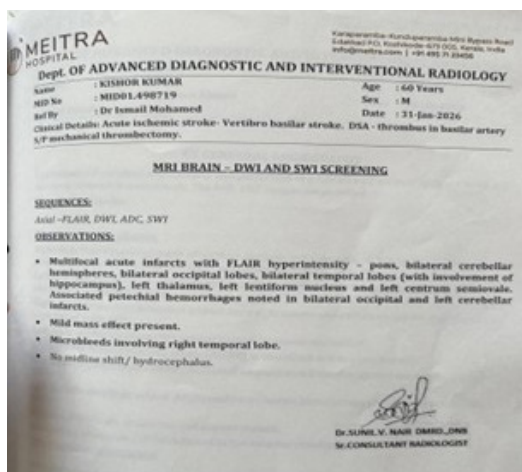
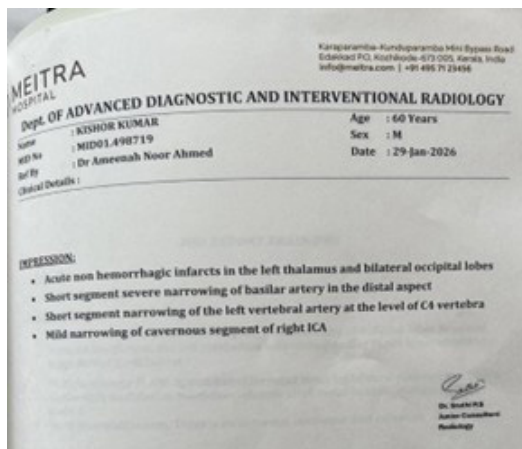
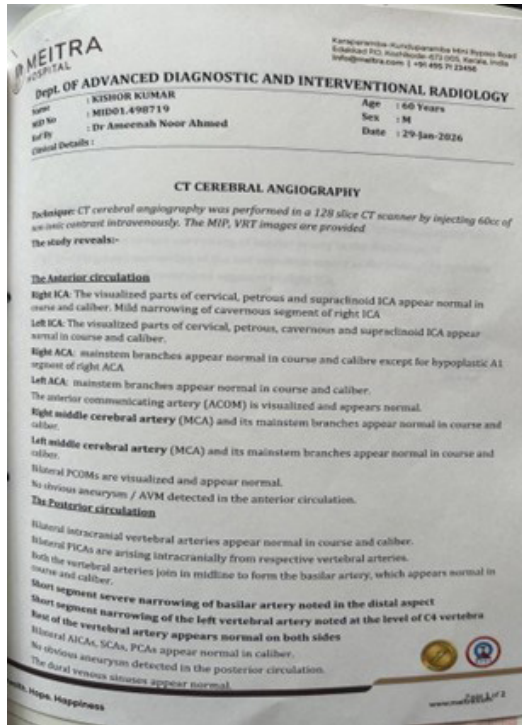
CT Cerebral Angiography 29/01/2026

- Acute non hemorrhagic infarcts in the left thalamus and bilateral occipital lobes
- Short segment severe narrowing of distal basilar artery
- Short segment narrowing of left vertebral artery at C4 level
- Mild narrowing of cavernous segment of right ICA

MRI Brain (DWI and SWI Screening) 31/01/2026

- Multifocal acute infarcts with FLAIR hyperintensity involving pons, bilateral cerebellar hemispheres, bilateral occipital lobes, bilateral temporal lobes, left thalamus, left lentiform nucleus, left centrum semiovale, associated petechial haemorrhages noted in bilateral occipital and left cerebellar infarcts
- Mild mass effect

- Microbleeds in right temporal lobe



Case Analysis

Totality of symptoms

- Blurring of vision
- Excessive salivation with drooling
- Slurring of speech
- Difficulty in swallowing fluids causing choking
- Occasional constipation with hard stool
- Gastric bloating with belching ameliorating discomfort
- Imbalance of gait with tendency to fall toward right side

Repertorization (Synthesis Repertory ¹⁵)

1. Vision – blurred
2. Mouth – salivation – apoplexy in
3. Mouth – speech – difficult
4. Throat – choking – drinking aggravates
5. Rectum – constipation – difficult stool
6. Extremities – incoordination – lower limbs

Repertorial Result

- Nux vomica – 10/5
- Anacardium – 9/5
- Phosphorus – 8/5
- Natrum muriaticum – 13/4
- Sulphur – 8/4

Remedy Justification

The selection of Nux vomica was based on the similarity between the patient's symptom totality and the remedy picture described in standard materia medica ¹²⁻¹⁴. Key indication supporting remedy selection was increased salivation following apoplexy. The Potency selected was 30C based on the moderate vitality, presence of structural pathology and functional neurological deficits and is in accordance with the principles of

individualisation described in classical homeopathic literature ¹⁴. Nux vomica 30 was administered in aqueous dosage. One dram of number 40 globules were medicated with one drop of the medicine, from which four medicated globules were dissolved in 15 mL of water. The patient was advised to take two drops as one dose, five times daily and the solution was succussed 10 times prior to each administration.

The screenshot shows a software interface with a list of symptoms on the left and a grid of remedies on the right. The symptoms listed are: 1. Vision - blurred, 2. Mouth - salivation - apoplexy, in, 3. Mouth - speech - difficult, 4. Throat - choking - drinking agg., 5. Rectum - constipation - difficult stool, and 6. Extremities - incoordination - lower limbs. The remedies listed in the grid include: nux-v, alic, phos, nat-m, sulph, hyos, nux-t, bell, zinc, acon, gels, nux-m, ph, alum, crosc, graph.

Follow up summary

Date / Period	Clinical Events	Intervention	Outcome
Dec 2025	Recurrent episodes of headache and vertigo	Symptomatic treatment	Symptoms intermittently present
27 Jan 2026	Onset of neurological symptoms: slurring of speech, slight weakness of right upper and lower limbs, unsteady gait, facial deviation	Hospital evaluation	Stroke suspected
29 Jan 2026	Acute episode with vomiting, vertigo, headache, sweating	CT cerebral angiography and MRI brain performed	Multifocal infarcts detected involving thalamus, occipital lobes, cerebellum, pons
29 Jan 2026	Emergency hospitalization	Mechanical thrombectomy with recanalization	Acute management completed
31 Jan 2026	Follow-up MRI brain	Multifocal acute infarcts confirmed in pons, cerebellum, occipital lobes,	Residual neurological deficits present

		temporal lobes and thalamus	
04 Feb 2026	Persistent symptoms: gait imbalance, blurred vision, dysarthria,	Physiotherapy initiated	Only Limited improvement
07 Feb 2026	Drooling of saliva and swallowing difficulty started		
24/02/26 (Homeopathic consultation)	Drooling of saliva, blurring of vision, constipation with hard stool, gastric bloating with belching, gait instability	Nux vomica 30 was administered in water dose.. One dram of number 40 globules was medicated with one drop of the medicine, from which four medicated globules were dissolved in 15 mL of water. The patient was advised to take two drops as one dose, five times daily. The solution was succussed 10 times prior to each administration.	Treatment initiated
25/02/26 -27/02/26	Reduction in excessive salivation	Continued Nux vomica 30C as before	Drooling decreased
28/02/26 -02/03/26	Improvement in swallowing difficulty, bowel movement and gastric symptoms	Continued Nux vomica 30C as before	Difficulty in swallowing and gastric symptoms reduced
03/03/26 -06/03/26	Speech clearer, patient more alert and communicative and happy	Continued Nux vomica 30C as before	General wellbeing improved and able to walk better
07/03/26	Vision slightly improved, gait stability better	Continued Nux vomica 30C as before and patient discharged on request	Could see nearer objects more clearly and patient was able to walk few

			steps without any support.
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MONARCH: It is used to understand the causal relationship between the disease and the treatment undergone ¹⁶

Criteria	Yes	No	Not sure or N/A	Score
1. Was there improvement in the main symptom after the homeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0	+1
3. Was there a homeopathic aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptom or condition? (i.e., were other symptoms, not related to the main presenting complaint improved or changed)?	+1	0	0	+1
5. Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioural elements)	+1	0	0	+1
6A Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	+1
6B Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: -From organs of more importance to those of less importance? -From deeper or more superficial aspects of the individual? -From the top downwards?	+1	0	0	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?	+1	0	0	0
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)	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
Total score				+9

MONARCH Score after the treatment of multifocal posterior circulation infarction is +9

Patient's Response: Scan QR to watch video



At the time of Admission



At the time of Discharge

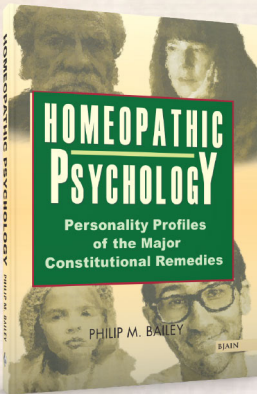
CONCLUSION

This case illustrates functional improvement observed during individualised homoeopathic

management in a patient suffering from multifocal posterior circulation infarction involving multiple neurological structures^{1,2}. The complexity of neurological deficits including gait imbalance, dysarthria, dysphagia, and visual disturbance posed a significant therapeutic challenge. Despite the guarded prognosis associated with posterior circulation infarction, rapid improvement in the functional parameters such as speech clarity, vision, bowel regulation, salivation, gait stability and improvement of overall wellbeing of the patient was observed during the course of treatment. This case highlights the importance of PQRS symptoms and its role in case analysis and remedy selection after repertorization. The case also emphasises the synergy of homeopathy with rehabilitative measures in improving functional recovery and quality of life in chronic neurological conditions⁸⁻¹¹. Further studies including case series and controlled trials are necessary to explore the therapeutic potential of homeopathy in similar neurological conditions.

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Philip M. Bailey

Clinical Evaluation of Individualised Homoeopathic Management in Acute Pharyngitis Using the Sore Throat Assessment Tool (STAT-13): A Prospective Single-Arm Observational Study



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Abstract:

Background: Acute pharyngitis is a common upper respiratory tract infection characterised by sore throat and associated symptoms, affecting individuals of all age groups and contributing significantly to healthcare visits. This study aimed to evaluate the role of individualised homoeopathic treatment in the management of acute pharyngitis.

Methodology: A Prospective Single-Arm Observational Study was conducted on 120 patients diagnosed with acute pharyngitis from October 2023 to March 2024. Cases were selected through convenient sampling and assessed using the Sore Throat Assessment Tool-13 (STAT-13). Individualised homoeopathic medicines were prescribed, and patients were followed up on the 3rd, 5th, and 7th days.

Results: Acute pharyngitis was more common among females (56%), individuals aged 21–30 years (41%), and urban residents (62.94%). *Arsenicum album* (18.33%) was the most frequently prescribed medicine. At follow-up, 61.67% of cases showed improvement, 19.16% achieved marked recovery, 7.5% showed homoeopathic aggravation, and 11.67% demonstrated no significant

improvement.

Conclusion: Individualised homoeopathic treatment was associated with favourable clinical outcomes in acute pharyngitis. Further controlled studies are required to establish stronger evidence regarding its effectiveness.

Keywords

Acute Pharyngitis, Homoeopathy, Sore Throat Assessment Tool (STAT-13), Clinical Outcomes

Introduction:

Acute pharyngitis is a common community-acquired infection characterised by sore throat, affecting about one in ten individuals and accounting for 200 physician visits per 1000 population annually. ^[5] ^[1] ^[2] Clinicians primarily aim to identify “strep throat” when evaluating an acute sore throat. ^[9] The condition occurs mainly in school-age children and peaks in winter and early spring in temperate climates. ^[2] Although sore throat, fever, and malaise can be distressing, most cases are benign and self-limiting. ^[2]

Pharyngitis may be viral (40–60%) or bacterial (5–40%), most commonly caused by *Streptococcus*

pyogenes.^[13] Bacterial disease is often associated with sore throat, dysphagia, fever, and lymphadenopathy, while viral disease more commonly includes cough, rhinorrhoea, and congestion; in children <3 years, coryza and crusting of the nares are typical, and exudative pharyngitis is uncommon.^[2] Acute respiratory illness constitutes 40–60% of community health-centre visits and 15–30% of hospital visits.^[11]

Because clinical findings overlap, this study uses a clinical decision rule and the Sore Throat Assessment Tool (STAT-13) to improve diagnostic consistency and assess baseline severity.^{[4][10]} Given limited evidence for homoeopathic treatment of acute pharyngitis, especially in children, the study evaluates the effectiveness of homoeopathic medicines in this condition.^[11]

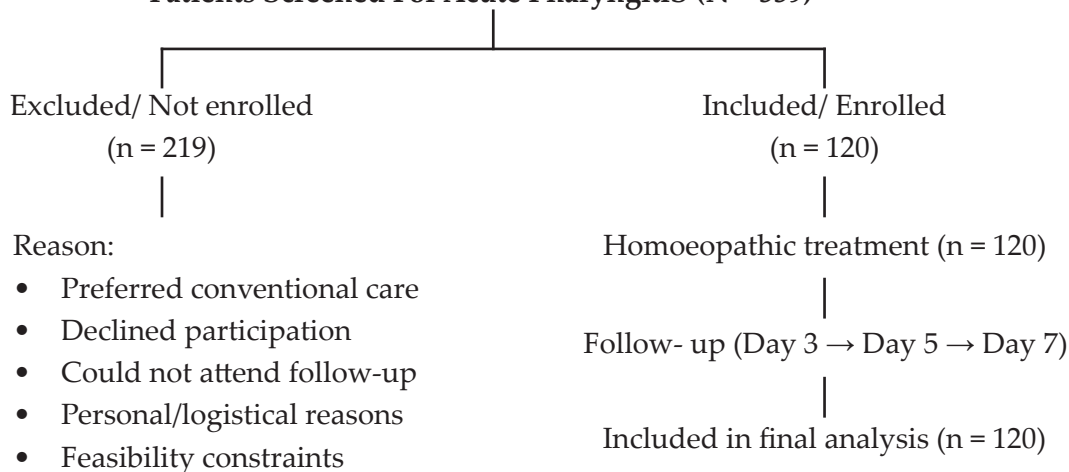
Material And Methodology:

- **Study design:** A prospective single-arm observational study
- **Sampling method:** Convenient sampling
- **Sample size:** 120
- **Study Duration:** 6 months (October

2023–March 2024)

- **Study site:** S.S. Agrawal Homoeopathic Medical College, Navsari & peripheral OPDs
- A structured questionnaire was used to collect history on subjects, demographics and medical data. A questionnaire was completed by each student regarding the participants' personal sociodemographic data (e.g., Name, Age, Sex, Address, and questions for scoring according to the STAT-13 scale)^[7]
- Out of the 339 patients screened for acute pharyngitis, 120 fulfilled the eligibility criteria, consented to participate, and were enrolled in the study. The remaining 219 patients were not included in the treatment cohort because of various practical and feasibility-related reasons, including preference for conventional treatment, unwillingness to participate in the study, inability to comply with the scheduled follow-up visits, personal or logistical constraints, and other factors affecting study feasibility. Consequently, only 120 participants who fulfilled the study requirements and were available for follow-up were included in the final analysis.

Patients Screened For Acute Pharyngitis (N = 339)



- **Inclusion criteria:**
 1. Patient with upper respiratory tract complaints.
 2. Duration of complaints is acute.
 3. Patient with complaints of a sore throat.

4. Patient with a confirmed diagnosis of Acute pharyngitis.

- **Exclusion criteria:**
 1. Patient with allergic complaints.
 2. Patient with lower respiratory tract

- diseases.
- 3. Patient with chronic duration.
 - 4. Patient has skipped medication for any reason.
 - **Diagnostic criteria:** Acute pharyngitis is

- diagnosed by the symptoms and the measuring tool, which is the Sore Throat Assessment tool-13 (STAT-13).^[7]
- **Follow-up:** Every 3, 5 and 7 days
 - **Assessment tools:** Sore Throat Assessment tool-13 (STAT-13):^[7]

Table 1: Sore Throat Assessment Tool (STAT)-13^[7]

Item	At present, to what degree do you experience the following symptoms and are the following daily activities restricted?	Not at all	To a low degree	To a moderate degree	To a high degree	To a very high degree
1	My throat hurts	1	2	3	4	5
2	I have pain on swallowing	1	2	3	4	5
3	I feel uncomfortable	1	2	3	4	5
4	I have difficulty attending my work/school	1	2	3	4	5
5	I have reduced my level of activity	1	2	3	4	5
6	I have difficulty swallowing	1	2	3	4	5
7	I have a decreased appetite	1	2	3	4	5
8	I have a headache	1	2	3	4	5
9	I feel feverish	1	2	3	4	5
10	I feel ill	1	2	3	4	5
11	I have difficulty breathing	1	2	3	4	5
12	I have difficulty opening my mouth	1	2	3	4	5
13	I have a cough	1	2	3	4	5

Observation And Result:

Table 2.1 Distribution of cases as per Incidences (in %)

INCIDENCE	PERCENTAGE (%)
Yes	47.73
No	52.27
Total	100

Chart 1 Distribution of cases as per Incidences (in %)

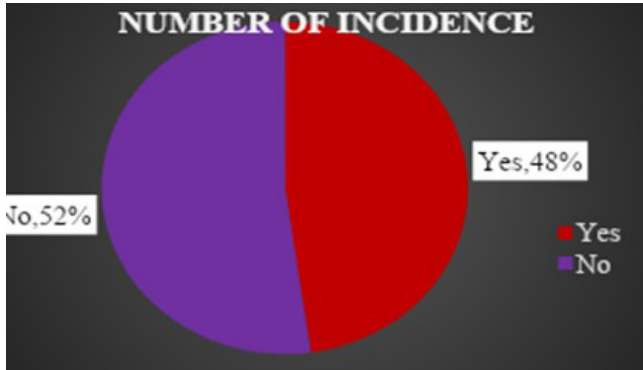


Table 2.2 Distribution of number of incidences as per ages (in %)

GENDER	PERCENTAGE (%)
Female	56
Male	44
Total	100

Chart 2. Distribution of the number of incidences as per ages (in %)

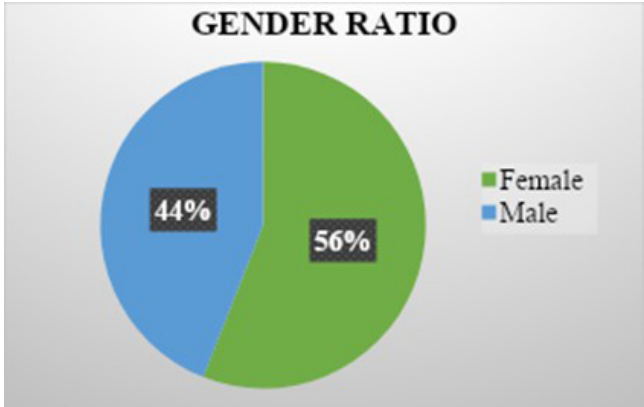


Table 2.3: Distribution of number of incidences as per Age ratio (in %)

AGE	PERCENTAGE (%)
0-10	10
11-20	23.5
21-30	41
31-40	13.5
41-50	3
51-60	3.5
>60	5.5
Total	100

Chart 3: Distribution of number of incidences as per Age ratio (in %)

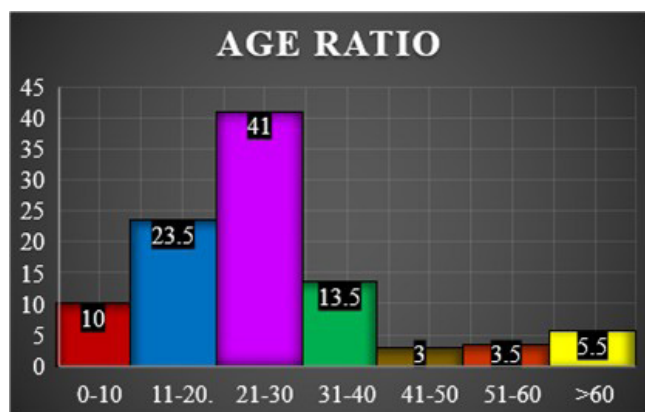


Table 2.4: Distribution of number of incidences as per Area (in %)

AREA	PERCENTAGE (%)
Urban	62.94
Rural	37.06
Total	100

Chart 4: Distribution of number of incidences as per Area (in %)

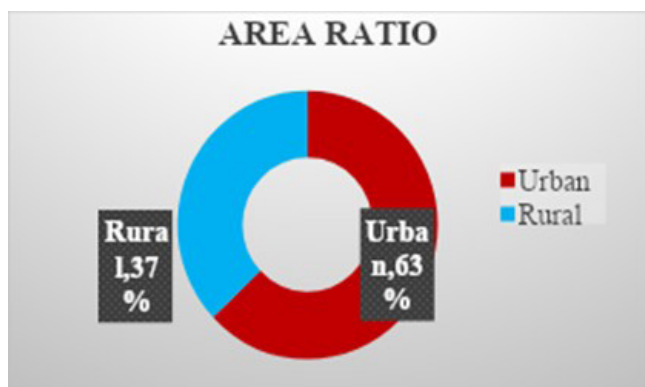


Table 2.5: Number of medicines prescribed in cases according to their necessity (in %)

NAME OF THE MEDICINE	PERCENTAGE (%)
<i>Aconite nepellus</i>	5.83
<i>Apis mellifica</i>	3.33
<i>Argentum nitricum</i>	1.67
<i>Arnica montanna</i>	0.83
<i>Arsenicum album</i>	18.33
<i>Belladonna</i>	9.17
<i>Bryonia alba</i>	2.5
<i>Calcarea carbonicum</i>	0.83
<i>Causticum</i>	0.83
<i>Drosera rotundifolia</i>	1.67
<i>Dulcamara</i>	0.83
<i>Ferrum phosphoricum</i>	1.67
<i>Hepar sulphuricum</i>	11.67
<i>Hydrastis canadensis</i>	1.67
<i>Kali bichromicum</i>	3.33
<i>Kali carbonicum</i>	0.83
<i>Lachesis</i>	5.83
<i>Lycopodium clavatum</i>	7.5
<i>Mercurius solubilis</i>	05.83
<i>Natrum muriaticum</i>	0.83
<i>Nux vomica</i>	0.83
<i>Phosphorus</i>	1.67
<i>Phytolacca decandra</i>	2.5
<i>Pulsatilla nigricans</i>	5.83
<i>Rhus toxicodendron</i>	1.67
<i>Spongia tosta</i>	0.83
<i>Sulphur</i>	0.83
<i>Wyethia helenioides</i>	0.83
Total	100

Chart 5: Number of medicines prescribed in cases according to their necessity (in %)

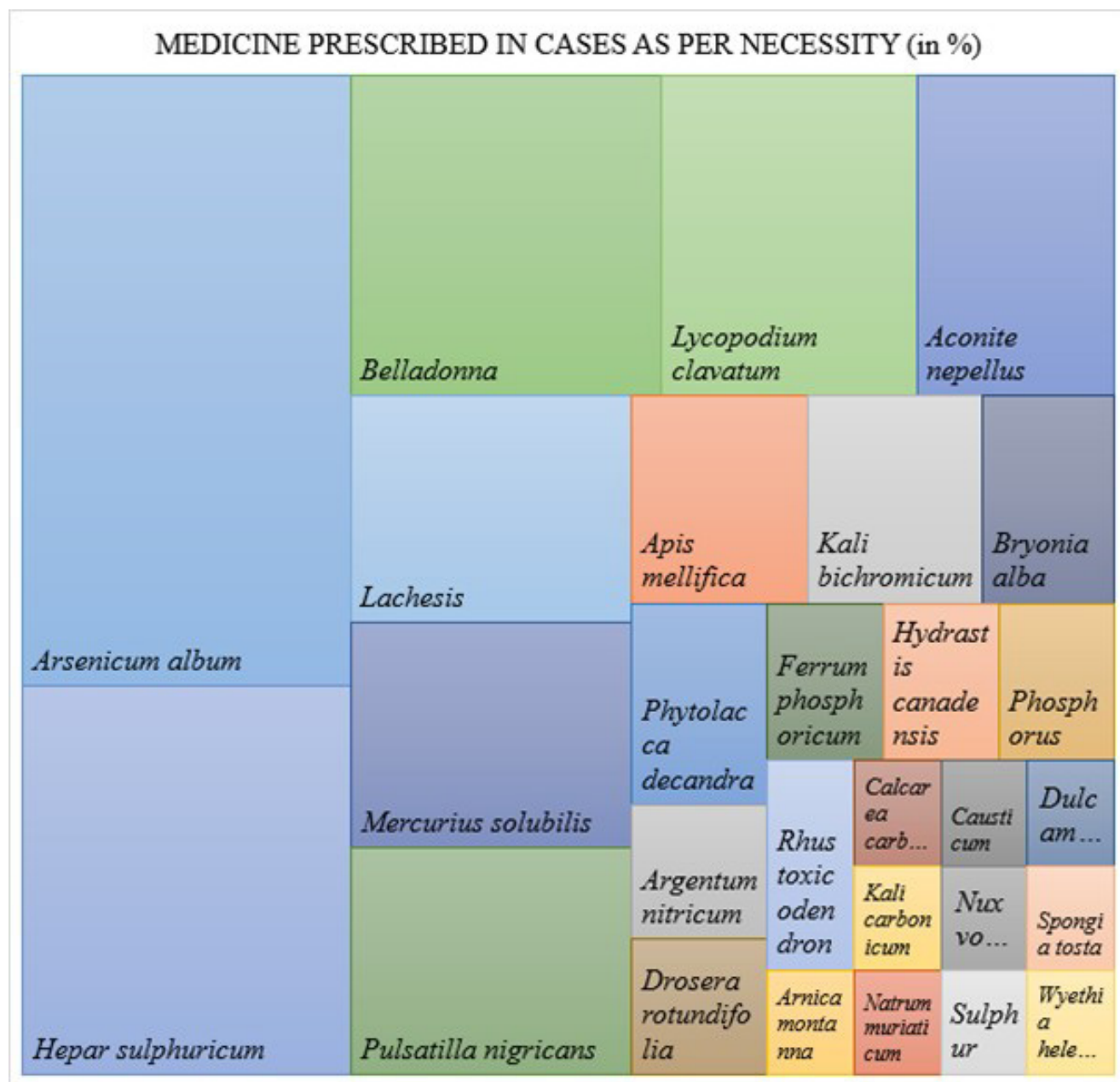
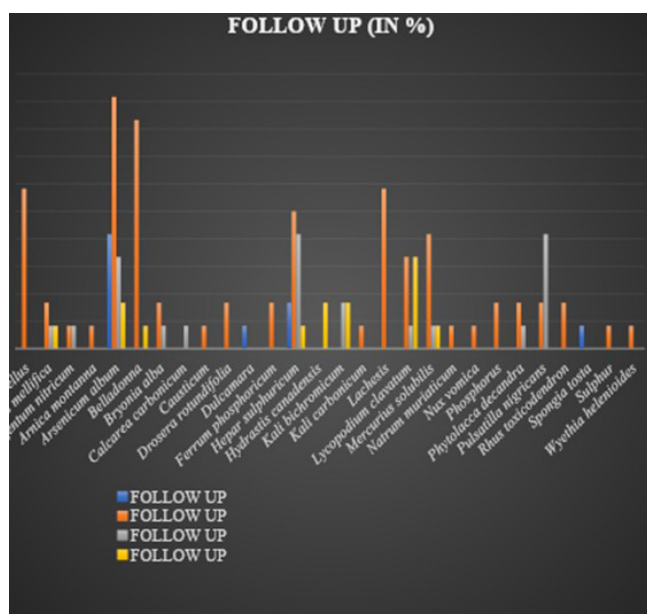


Table 2.6: Follow-up of the number of cases (in %)

NAME OF THE MEDICINE	FOLLOW UP (%) At 7 th day			
	GOOD	BETTER	BEST	NO SIGNIFICANT IMPROVEMENT
<i>Aconite nepellus</i>	0	5.83	0	0
<i>Apis mellifica</i>	0	1.67	0.83	0.83
<i>Argentum nitricum</i>	0	0.83	0.83	0
<i>Arnica montana</i>	0	0.83	0	0
<i>Arsenicum album</i>	4.17	9.17	3.34	1.67
<i>Belladonna</i>	0	8.33	0	0.83

<i>Bryonia alba</i>	0	1.67	0.83	0
<i>Calcarea carbonicum</i>	0	0	0.83	0
<i>Causticum</i>	0	0.83	0	0
<i>Drosera rotundifolia</i>	0	1.67	0	0
<i>Dulcamara</i>	0.83	0	0	0
<i>Ferrum phosphoricum</i>	0	1.67	0	0
<i>Hepar sulphuricum</i>	1.67	5	4.17	0.83
<i>Hydrastis canadensis</i>	0	0	0	1.67
<i>Kali bichromicum</i>	0	0	1.67	1.67
<i>Kali carbonicum</i>	0	0.83	0	0
<i>Lachesis</i>	0	5.83	0	0
<i>Lycopodium clavatum</i>	0	3.34	0.83	3.34
<i>Mercurius solubilis</i>	0	4.17	0.83	0.83
<i>Natrum muriaticum</i>	0	0.83	0	0
<i>Nux vomica</i>	0	0.83	0	0
<i>Phosphorus</i>	0	1.67	0	0
<i>Phytolacca decandra</i>	0	1.67	0.83	0
<i>Pulsatilla nigricans</i>	0	1.67	4.17	0
<i>Rhus toxicodendron</i>	0	1.67	0	0
<i>Spongia tosta</i>	0.83	0	0	0
<i>Sulphur</i>	0	0.83	0	0
<i>Wyethia helenioides</i>	0	0.83	0	0
Total	7.5	61.67	19.16	11.67

Chart 6: Follow-up of the number of cases (in %)



DISCUSSION:

Acute Pharyngitis is a highly prevalent community-acquired infection characterised by a sore throat. 1 in 10 people is affected by a sore throat in their day-to-day life. ^[5] Acute Pharyngitis is one of the most common illnesses for which patients visit primary care physicians. ^[1] According to the National Ambulatory Medical Care Survey, acute pharyngitis is responsible for 200 visits to a physician per 1000 population annually. ^[2] Therefore, when a clinician evaluates a patient with an acute sore throat, the most important clinical task is to decide whether or not the patient has “strep throat.” ^[9] This illness occurs predominantly, though not exclusively, in school-age children. In temperate climates, the incidence is highest during the winter and early spring. ^[2] The sore throat, fever, and malaise associated with acute

pharyngitis are distressing, but with few exceptions, these illnesses are both benign and self-limited. ^[2]

The highest burden of acute pharyngitis as a disease is found in children and young adults, with 50% of cases identified between the ages of 5 to 24 years. ^[4] In a prospective family study, 16% of adults and 41% of children reported an illness with a sore throat over a 1-year time frame. ^[12] According to our study, there is a high prevalence of acute pharyngitis in Navsari during the winter months, which is concerning for the population. However, with this information, we can work towards finding solutions to reduce the burden of this illness on the community.

Despite these caveats, School-aged children from 5 to 18 years of age usually account for the greatest overall number of cases of pharyngitis. ^[4] Our study confidently demonstrates that acute pharyngitis is more prevalent in both adult and child age groups. Specifically, it is mostly observed in the 21–30-year-old age group, accounting for an impressive 41% of cases. The second highest prevalence occurs in the 11–20-year-old age group, with a significant percentage of 23.5%. In the children age group, the prevalence is also noteworthy, at 10%.

One of the studies found that the proportion of pharyngitis amongst females was higher than amongst males and higher within the 18–28-year-old age group, in line with studies performed in Spain and in the United States. ^[8] Our study clearly indicates that females were more prevalent than males, accounting for in female i.e. 56% of the subjects, compared to males who accounted for only 44%. In contrast, a study conducted among Pakistani patients showed that more males suffered from acute pharyngitis than females. ^[8]

According to our study, there were more incidents reported in urban areas at 63% compared to incidents in rural areas at 37%. This information could potentially lead to further investigation and analysis to identify the reasons behind the higher incidence rate in urban areas and to implement strategies to address the issue.

Our extensive research study has revealed that Homoeopathy is a highly effective and personalised

treatment for acute pharyngitis or sore throat. We have identified a wide range of medicines available for pharyngitis in Homoeopathy and have developed a comprehensive treatment protocol that takes into account the patient's unique individuality, susceptibility, and acute totality of cases, including characteristic or peculiar symptoms, physical general, and mental general symptoms. ^[3] In our study, we found that *Arsenicum album* is the most frequently prescribed medicine for pharyngitis in 18.33% cases, followed by *Hepar sulphuricum*, *Belladonna*, *Lycopodium*, *Pulsatilla nigricans*, *Lachesis*, *Mercurius solubilis*, *Aconite nepellus*, *Apis mellifica*, *Kali bichromicum*, *Argentum nitricum*, and *Bryonia album* ect... all of which have been found to be highly effective in treating acute pharyngitis. ^[3]

Out of the 120 cases we studied, we found that there was a significant improvement in 61.67% of cases, with *Arsenicum album* being the most effective medicine, improving symptoms in 9.17% of cases. *Belladonna* was the second most effective, with an improvement in 8.33% of cases. *Aconite nepellus*, *Lachesis*, *Hepar sulphuricum*, and *Mercurius solubilis* were also highly effective, with improvements in 5.83%, 5.83%, 5%, and 4.17% of cases, respectively. Our study revealed that out of the total number of cases, there was a cure in 19.16% of cases, with *Pulsatilla nigricans* being the most effective medicine in achieving a cure in 4.17% of cases. *Hepar sulphuricum* and *Arsenicum album* were the second most effective, with a cure in 4.17% and 3.34% of cases of acute pharyngitis, respectively.

In some cases, we observed homoeopathic aggravation, which is a positive sign according to Dr J.T. Kent's 12th observation. ^[6] We found that 7.5% of cases showed homoeopathic aggravation, which is a positive result. Some cases also had a status quo condition, with no significant improvement, but these were a lower percentage of cases, around 11.67%. In such cases, we need to re-take the case and prescribe medicine based on the new acute totality. ^[6]

Our study provides valuable insights into the efficacy and importance of Homoeopathy in the treatment of acute pharyngitis. We believe that our findings will be useful for healthcare

professionals and patients alike, as they highlight the importance of personalised care and the potential benefits of Homoeopathy in treating this condition. We are confident in our ability to provide effective treatment to patients suffering from this condition, and we encourage healthcare providers to consider Homoeopathy as a viable treatment option for acute pharyngitis.

CONCLUSION:

Acute pharyngitis remains a common upper respiratory tract infection, particularly among children, adolescents, and young adults, contributing substantially to healthcare consultations. The present study demonstrated a considerable prevalence of acute pharyngitis among the studied population, with a higher occurrence in females, individuals aged 21–30 years, and residents of urban areas.

The findings suggest that individualised homoeopathic treatment was associated with favourable clinical outcomes in a majority of cases, with most patients showing symptomatic improvement during follow-up. Remedies such as *Arsenicum album*, *Belladonna*, *Hepar sulphuricum*, *Pulsatilla nigricans*, and *Lycopodium clavatum* were among the most frequently prescribed medicines based on the individual symptom totality. The use of the STAT-13 assessment tool facilitated systematic evaluation of symptom severity and treatment response.

The study highlights the potential role of individualised homoeopathic management in acute pharyngitis and emphasises the importance of patient-centred prescribing. However, larger controlled studies with longer follow-up periods and comparative designs are required to further validate these findings and establish stronger evidence regarding the effectiveness of homoeopathic treatment in acute pharyngitis.

FINANCIAL SUPPORT AND SPONSORSHIP:

Nil.

CONFLICTS OF INTEREST:

None declared

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Effectiveness of Homoeopathic Medicine Arnica Montana in Pain Management Of Root Canal Treatment

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Abstract

Root canal treatment often involves post-operative pain and inflammation, typically managed with conventional analgesics. This study assesses Arnica's efficacy in reducing these symptoms using student clinic data from Pioneer Homoeopathic Medical College. Findings suggest Arnica limits analgesic needs and supports students' endodontic work.

Keywords

Arnica, Root Canal Treatment

Aim and Objective: - To evaluate the efficacy of Arnica montana in relieving pain in Root canal Treatment without use of Other Analgesics.

Introduction

The procedure of Root canal Treatment to remove infected pulp to save teeth but commonly causes inflammatory pain. While conventional dental advances have improved treatment efficacy, post-operative pain, swelling, and bruising remain common complications. Homoeopathy offers a complementary approach by managing inflammation and promoting natural healing. Arnica montana, known for its anti-inflammatory effects on trauma, acts on tissues like muscles and blood vessels to reduce extravasation and discomfort. This research tests Arnica's use pre- and post-RCT without other analgesics, aligning with

individualized posology.

Pain management remains a primary concern in endodontic therapy. While Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are the gold standard, their side effects prompt the search for complementary approaches. Arnica montana is widely recognized in homeopathy for its anti-inflammatory and analgesic properties. This study aims to compare the clinical outcomes of two different potencies (1M vs. 30C) in patients undergoing RCT for various inflammatory dental conditions.

Integrating homeopathy into dentistry is about more than just fixing a tooth; it's about looking at the person behind the smile. We know that root canal treatments can be a source of real stress and physical discomfort for patients. By focusing on holistic oral health, we can use homeopathic remedies to help manage that pre-appointment anxiety and the typical post-procedure inflammation. Instead of just masking symptoms, this approach works with the body's natural ability to heal itself. When we use these remedies alongside standard dental work, we aren't just performing a procedure—we're making the entire experience much more comfortable and supportive for the patient.

Arnica montana, a perennial flowering plant native to Europe and Asia and a member of the Asteraceae family, has been utilized for centuries in traditional medicine to treat trauma, bruising, and

inflammation. In a modern dental context, its value is derived from a complex chemical makeup—specifically sesquiterpene lactones—which aligns with the homeopathic principle of "like cures like" to manage post-operative symptoms. Today, its homeopathic preparations are recognized worldwide for their potential to reduce pain and promote natural healing following invasive procedures such as root canal treatment.

Mechanism of Action

The therapeutic efficacy of *Arnica montana* in treating post-root canal pain is primarily attributed to its complex chemical profile, with Helenalin and Sesquiterpene lactones serving as the key active agents. These compounds modulate the body's inflammatory response through several distinct biochemical pathways:

1. Transcription Factor Inhibition

- **NF- κ B/I κ B Complex Modulation:** Helenalin modifies and balances the Nuclear Factor κ B (NF- κ B) / inhibitor of κ B (I κ B) complex within lymphocytes and epithelial cells.
- **Transcriptional Blockade:** By obstructing the mobilization of the NF- κ B transcriptional factor, Arnica prevents the genetic "trigger" responsible for producing pain and systemic inflammation.

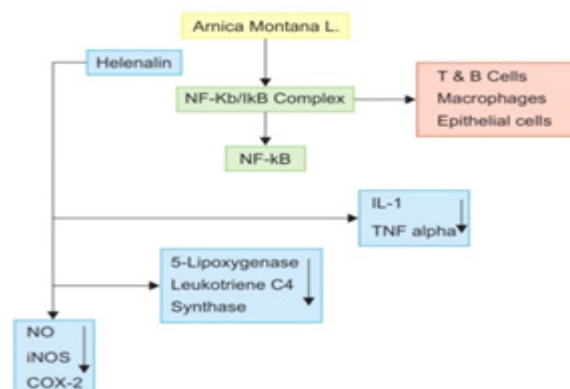
2. Cytokine and Enzyme Suppression

- **Pro-inflammatory Cytokine Reduction:** The medication inhibits the release of specific signaling proteins, namely Tumor Necrosis Factor-Alpha (TNF- α) and Interleukin-1beta (IL-1 β), which are the primary identifiers of inflammatory pain.
- **Enzymatic Inhibition:** Arnica stops the action of enzymes such as 5-Lipoxygenase and Leukotriene C4 Synthase, which prevents the production of Leukotrienes.
- **Prostaglandin Management:** Similar to conventional NSAIDs, it decreases levels of Cyclooxygenase-2 (COX-2) and

Inducible nitric oxide synthase (iNOS), effectively lowering nitric oxide production and prostaglandin-induced swelling.

3. Cellular and Neurological Impact

- **T-Cell Regulation:** Helenalin inhibits T-cell-specific surface glycoproteins, preventing the over-activation of the cellular immune response at the surgical site.
- **Periapical Nerve Soothing:** Post-RCT pain often stems from inflammation in the periapical tissues; Arnica is believed to act on these sensitive nerve endings, potentially raising the pain threshold and providing a soothing effect during acute healing.
- **Tissue Recovery:** Beyond pain relief, its action on blood vessels and muscle tissues helps reduce extravasation (bruising) and promotes faster local tissue repair. Modulation of Inflammatory Mediators.



The alpine plant *Arnica montana* is recommended by homeopathic practitioners for treating injuries as it controls pain of bruising, reduce swelling and promote healing in tissues.

Homeopathic medicine arnica when used in potentised form is popular with patients undergoing surgery, which can reduce postoperative complications like pain, haemorrhage and late healing.

This article examines the effectiveness of Arnica in Root Canal Treatment, exploring its potential to alleviate pain, swelling, and bruising.

Materials And Method

A clinical observation was conducted on 30

patients (n=30) diagnosed with conditions including Acute Pulpitis, Irreversible Pulpitis, Periapical Abscess, and Endo-perio lesions. All patients underwent standard root canal procedures.

- **Study Setting :-**

- ▶ Project site:- My Care Dental Clinic, FF-14, Nilax Citadel, Vadodara

- **Study design :-** Analytical and Prospective Clinical Study

- **Study Duration:** 1 year

- **Selection of Sample:-**

- ▶ Sampling method: Purposive Sampling
- ▶ Sample size – 30 Patients
- ▶ Inclusion criteria:- RCT candidates with moderate-severe pain (NRS >4)
- ▶ Exclusion criteria:- The patient with major chronic disease are excluded from the study

- **Selection of Medicine:-** Arnica montana

- **Selection of potency:-** 15 Patients will be given 30C and 15 Patients will be given 1M

- **Frequency and Repetition:-** Arnica montana 1M/30C - 4 Globules every 4Hr. after Root canal Treatment

- **Selection of tool :-** Numerical Rating Scale, Assessment form

Result

1. Demographic and Clinical Characteristics

A total of 30 patients were included in the study, evenly divided into two groups: Group A receiving Arnica 1M (n=15) and Group B receiving Arnica 30C (n=15). The primary clinical diagnoses across both groups included Periapical Abscess (33.3%), Irreversible Pulpitis (30%), Endo-perio Lesion (13.3%), and Acute Pulpitis (10%).

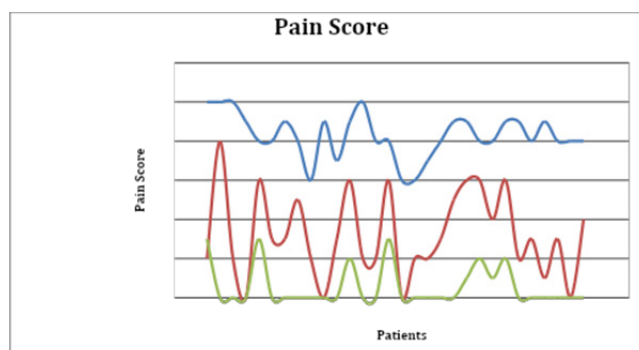
2. Reduction in Pain Intensity

Both potencies of Arnica demonstrated a significant reduction in mean pain scores from

Day 1 to Day 3.

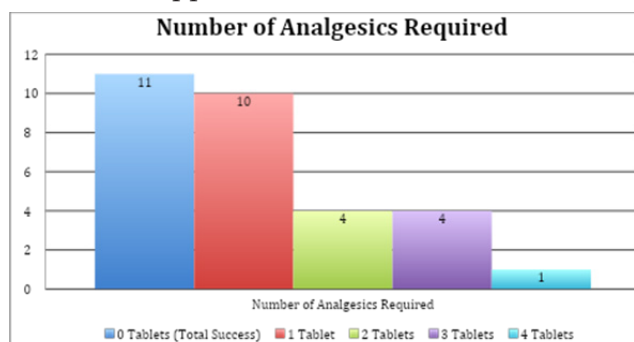
- **Arnica 1M Group:** The mean pain score dropped from 8.6 ± 1.18 on Day 1 to 0.73 ± 1.28 by Day 3, representing a 91.52% overall reduction.
- **Arnica 30C Group:** The mean pain score dropped from 8.0 ± 1.0 on Day 1 to 0.40 ± 0.74 by Day 3, representing a 95.28% overall reduction.

Statistical Comparison: An independent samples t-test showed no statistically significant difference between the two groups by Day 3 ($p = 0.3895$), suggesting both potencies were nearly equally effective in final pain resolution.



3. Analgesic Requirements

The primary outcome measure was the number of conventional analgesics required post-treatment. While both groups showed high efficacy, the higher potency (1M) required fewer supplemental doses.



Number of Analgesics Required	No. of Patients [Arnica 1M (n=15)]	No. of Patients [Arnica 30C (n=15)]	Total (N=30)
0 Tablets (Total Success)	6 (40%)	5 (33.3%)	11 (36.7%)

1 Tablet	7 (46.7%)	3 (20%)	10 (33.3%)
2 Tablets	1 (6.7%)	3 (20%)	4 (13.3%)
3 Tablets	0 (0%)	4 (26.7%)	4 (13.3%)
4 Tablets	1 (6.7%)	0 (0%)	1 (3.3%)

- **Arnica 1M Group:** The mean number of supplemental analgesics required was 0.87 ± 1.06 , with 60% of patients requiring at least one dose.
- **Arnica 30C Group:** The mean number of analgesics was higher at 1.40 ± 1.24 , with 66.7% of patients requiring supplemental medication.
- **Statistical Comparison:** The difference in analgesic requirement between the two groups was not statistically significant ($p = 0.2163$).

DISCUSSION

The findings of this study suggest that both Arnica 1M and Arnica 30C are highly effective in reducing acute dental pain associated with inflammatory and infectious conditions like Pulpitis and Periapical abscesses.

Comparative Effectiveness of Potencies While both groups achieved over 90% pain reduction by the third day, the Arnica 30C group showed a slightly higher percentage of total pain reduction (95.28% vs 91.52%). However, the Arnica 1M group required fewer supplemental analgesics on average (0.87 vs 1.40). This suggests that higher potencies (1M) may provide more sustained relief or reduce the threshold for additional medication in acute settings.

Biochemical Mechanism of Action

The effectiveness of Arnica in these cases can be attributed to its complex chemical makeup, specifically sesquiterpene lactones like Helenalin.

- **NF- κ B Inhibition:** Helenalin modifies the Nuclear Factor κ B (NF- κ B) complex, which is a central regulator of the body's inflammatory response and responsible for producing pain.
- **Cytokine Suppression:** By blocking this

pathway, Arnica reduces the production of pro-inflammatory cytokines such as Tumor Necrosis Factor-Alpha (TNF- α) and Interleukin-1beta (IL-1 β).

- **Enzymatic Blockade:** Arnica also suppresses enzymes like COX-2, 5-Lipoxygenase, and Inducible nitric oxide synthase (iNOS), which are responsible for signaling pain and swelling.

Clinical Implications

The rapid decline in pain scores from Day 1 to Day 2 in both groups indicates that Arnica montana acts quickly during the initial inflammatory phase of dental pain. The high success rate in cases of Irreversible Pulpitis and Periapical Abscess is particularly noteworthy, as these conditions involve high levels of prostaglandins and inflammatory pressure. Managing such intense pain with homeopathic Arnica suggests it is a viable adjunct or alternative to conventional NSAIDs, potentially reducing the side-effect profile associated with long-term analgesic use.

Statistical Significance

Despite the slight numerical advantages observed in the 30C group regarding total pain reduction and the 1M group regarding analgesic count, the p-values ($p > 0.05$) indicate that these differences are not statistically significant. This implies that for general dental pain management, either potency can be selected based on the practitioner's preference or the patient's individual sensitivity.

Limitations and Recommendations

The sample size of 30 cases is relatively small for drawing definitive conclusions about the superiority of one potency over another. Future studies should incorporate a larger cohort and a placebo-controlled arm to further validate these findings. Additionally, recording the frequency of repetition more precisely could yield insights into how dosing frequency interacts with potency strength.

Acknowledgement

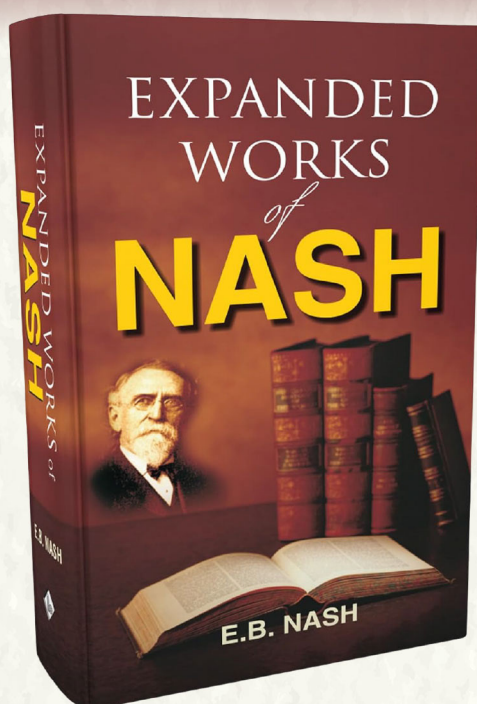
- We acknowledge the contributions of Dr. Arpit Mehta and team of My Care Dental Clinic and express our gratitude for their assistance

and cooperation in conducting this research. I also want to extend my gratitude to the Department of Repertory and Organon of Medicine, their support helped shape this article into its final form.

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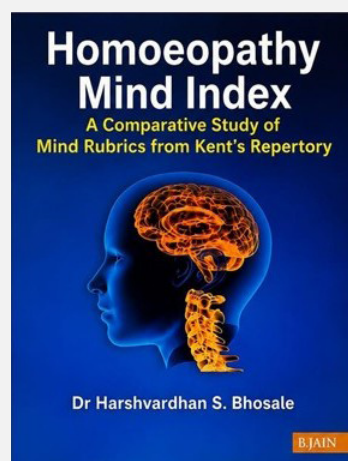


Dr E B Nash

Book Review on Homoeopathy Mind Index - A Comparative Study of Mind Rubrics from Kent's Repertory by Dr. Harshvardhan S. Bhosale

Reviewed by: Dr. Khushi Patel

PG Scholar, Department of Repertory and Case Taking, Anand Homoeopathic Medical College And Research Institute, Anand, Gujarat.



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from MUHS, Nashik, and has authored several research papers, articles, and comparative studies published in reputed homoeopathic journals and magazines across India.

About the Book:

'Homoeopathy Mind Index - A Comparative Study of Mind Rubrics from Kent's Repertory' is an insightful and analytical exploration of Kent's Mind section, presented through a comparative and conceptual lens. This book decodes the subtle shades of emotions, differentiates closely related rubrics, and helps readers understand the essence behind the words. This book bridges the gap between repertory and real-life clinical interpretation. It empowers students to grasp the true meaning of mind rubrics, guides teachers with a systematic comparative framework, and assists practitioners in perceiving the patient's individuality with greater depth. This book reflects a perfect harmony of

philosophy, psychology, and practicality. This book is not just a guide - it is a companion for every homoeopath who seeks to understand the language of the mind through the wisdom of Kent.

Index Contents- The book consists of 42 mind rubrics arranged in a systematic and alphabetic order. The rubrics included in the book are:

1.	Absent-Minded & Absorbed	22.	Foolish & Ludi-crous
2.	Absent Minded & Forgetful	23.	Grief & Despair
3.	Abstraction of mind and Absorbed	24.	Grief & Sadness
4.	Absorbed & Meditation	25.	Impatient and Hurry
5.	Affectionate & Affection	26.	Indignation & Mortification
6.	Air castle & Theorizing	27.	Lamenting & Complaining
7.	Anger & Irritability	28.	Lamenting & Moaning
8.	Anger & Quarrelsome	29.	Lamenting & Weeping
9.	Anger & Rage	30.	Lascivious & Lewdness
10.	Anger & Violent	31.	Lascivious & Shameless
11.	Anxiety & Fear	32.	Magnetized & Mesmerized
12.	Apathy & Indifference	33.	Maliciousness & Cruelty

13.	Boldness & Courageous	34.	Malicious & Hatred
14.	Buffoonery & Stupidity	35.	Melancholy & Sadness
15.	Busy & Industrious	36.	Mildness & Timidity
16.	Calmness & Tranquillity	37.	Miserly & Avarice
17.	Cheerful & Mirth	38.	Obstinate & Contrary
18.	Disgust & Loathing	39.	Obstinate & Haughty
19.	Envy & Jealousy	40.	Pride & Haughty
20.	Exhilaration & Ecstasy	41.	Slowness & Dullness
21.	Foolish & Childish	42.	Slowness & Laziness

Arrangement of Mind Rubrics- Each rubric is presented under the following headings:

a.	Definition	Explains the meaning and concept of the mind rubric.
b.	Characteristics	Lists the important signs, symptoms, and behavioural features associated with the rubric.
c.	Disease Conditions	Mentions the clinical conditions or disorders in which the mental state may be observed.
d.	Important Remedies	Provides the homoeopathic medicines indicated for the rubric, along with a brief description of the characteristic mental picture of each remedy.

Presentation of Mind Rubrics-

1. The book contains general rubrics as well as rubrics that have group of remedies.
2. The fourth section (Important Remedies) covers almost all first and second grade remedies, as well as selected third grade remedies from Kent's Repertory.
3. The rubrics that have cross-references in Kent's Repertory are discussed separately in this book, with detailed explanations of the corresponding medicines. Examples include:
 - In Kent's Repertory, AIR castles (See Theorizing.) → Air castle & Theorizing explained under separate headings in this book.
 - CALMNESS (See Tranquillity.) → Calmness & Tranquillity.

- HATRED → (See Malicious, Misanthropy.) → Malicious & Hatred.

4. In Kent's Repertory, several closely related rubrics are listed separately. In this book, however, similar or closely associated rubrics have been explained together under a single heading wherever appropriate to facilitate easier study and comparison. Examples include:

- The rubrics ABSENT-MINDED (See Forgetful.), and ABSORBED in Kent's Repertory are reorganized into two combined headings: Absent-minded & Absorbed and Absent-minded & Forgetful.
- The separate rubrics ENVY and JEALOUSY in Kent's Repertory are presented together as Envy & Jealousy.
- The rubrics GRIEF, SADNESS, and DESPAIR are reorganized into two combined headings: Grief & Sadness and Grief & Despair.
- The separate rubrics IMPATIENT and HURRY are combined as Impatient & Hurry.
- The rubrics INDIGNATION and MORTIFICATION are presented together as Indignation & Mortification.
- The separate rubrics MILDNESS and TIMIDITY are combined under the heading Mildness & Timidity.

Critical Appreciation:

The exploration of the human mind has always occupied a central place in homoeopathy, as mental characteristics often reveal the individuality of the patient more profoundly than physical symptoms alone. A clear understanding of mental symptoms is therefore essential for accurate case analysis and successful remedy selection. Among the classical repertories, *Kent's Repertory of the Homoeopathic Materia Medica* remains one of the most authoritative references, with its Mind chapter serving as a comprehensive guide to the diverse expressions of human thoughts, emotions, and behaviour.

This book is a thoughtful and practical attempt to

make the study of Kent's Mind rubrics more accessible and meaningful. Rather than merely listing rubrics, it adopts a comparative and analytical approach to explain their subtle distinctions, helping readers appreciate the fine shades of meaning that often determine the correct rubric selection. By organizing related rubrics in a systematic manner and highlighting their characteristic differences, the book bridges the gap between theoretical knowledge and clinical application.

One of the notable strengths of this work is its ability to transform a traditionally complex subject into a structured learning experience. The explanations are presented in a logical sequence, enabling students to build confidence in rubric interpretation while providing practitioners with a reliable reference during case analysis. The emphasis on understanding the underlying psychological state behind each rubric encourages a more individualized and holistic approach to homoeopathic prescribing.

Limitation:

The book does not cover all the mind rubrics found in Kent's Repertory. Many important rubrics are missing. Furthermore, under the "Important Remedies" section, only selected first and second grade remedies have been included, while not all first, second, and third grade remedies are mentioned.

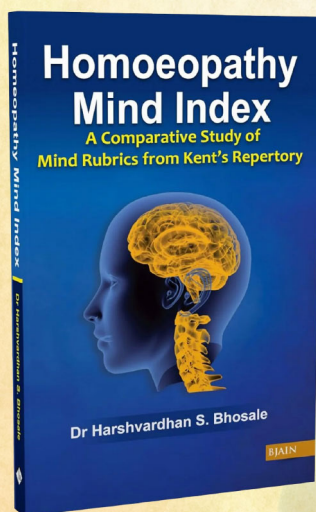
CONCLUSION:

Overall, this book serves as a valuable academic resource for undergraduate and postgraduate students, educators, and practicing homoeopaths. It not only enhances the comprehension of Kent's Mind section but also promotes greater accuracy in repertorisation and remedy selection. By simplifying intricate concepts without compromising their depth, the book makes a meaningful contribution to the study and practical application of homoeopathic repertory.



Homoeopathy Mind Index

A Comparative Study of Mind Rubrics from Kent's Repertory



ISBN - 9788131999363



Dr. Dattajirao Patil

The book compares closely related mind rubrics that often confuse students and practitioners, explaining their subtle differences and clinical significance. Its practical approach helps improve repertorial understanding, differentiation, and clinical application.

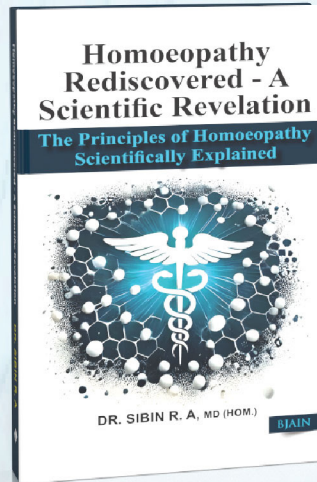
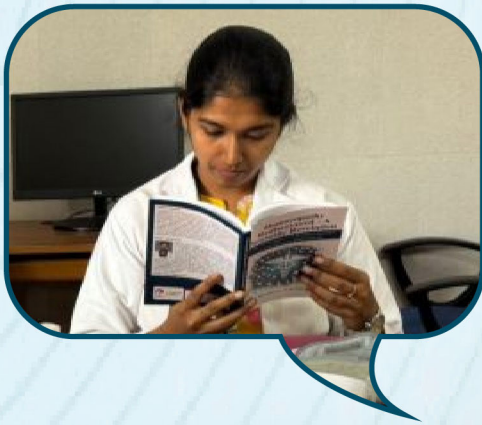
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Quick **QUIZ!** Time!

Q. 1 Which of the following is NOT true with respect to Secale cor.:

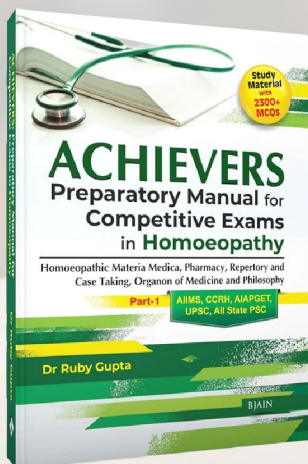
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|----------------|--|
| A. Leucorrhoea | 1. Green, brown, offensive. |
| B. Boils | 2. Small, painful with green contents |
| C. Diarrhoea | 3. Painless, involuntary, stool discharged with great force; anus wide open. |
| D. Gangrene | 4. Dry, senile, > from external heat |

Q. 2 Patient is very forgetful in business, but during sleep, dreams of what he had forgotten. He requires:

- | | |
|-------------|-------------|
| A. Selenium | C. Lach. |
| B. Bry. | D. Nux vom. |

Some Important Indications of Medicines

- The odor from the mouth is very offensive you can smell it all over the room. No remedy has this condition of mouth in any degree equal to Mercury.
- Alteration of hunger and satiety is not markedly found under any other remedy – Nux mos.
- Pain in back in region of kidney, amelioration after discharge of red sanded urine.
- No other remedy helps these cases more promptly and permanently than –Lyco.
- Perhaps no remedy having stronger action on nervous system – Phos



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ISBN: - 9788131958933

August 2026 | The Homoeopathic Heritage | 155

Answer: 1(d), 2(a)

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