THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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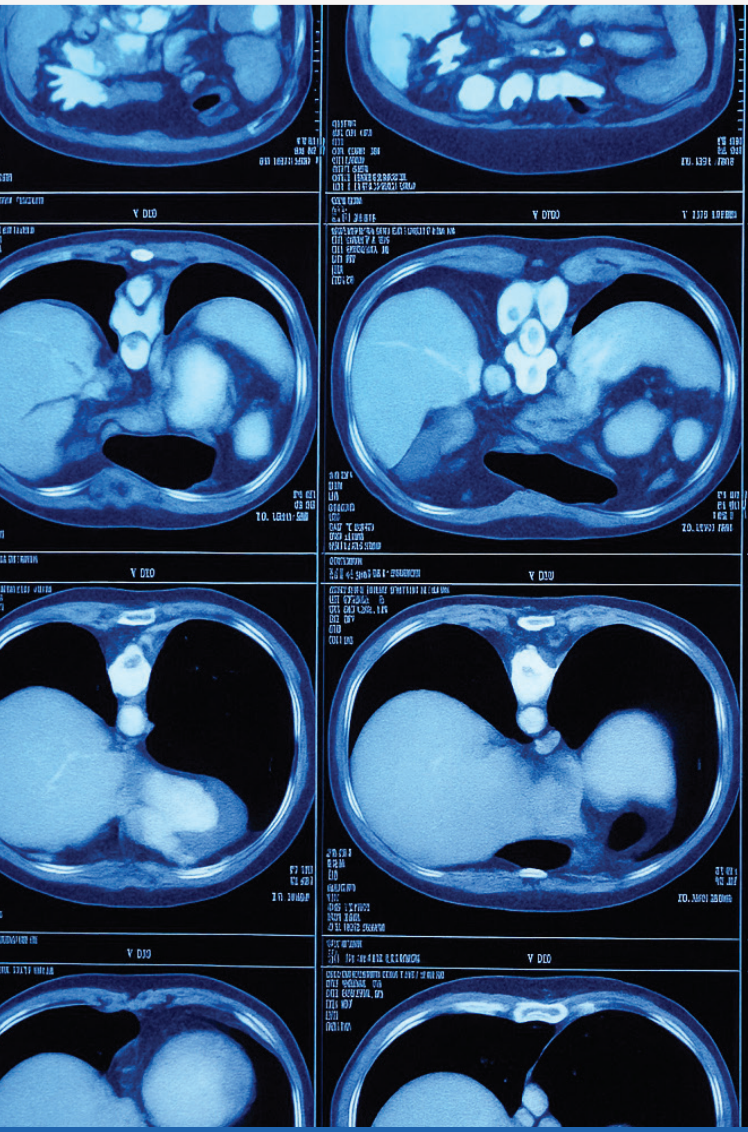

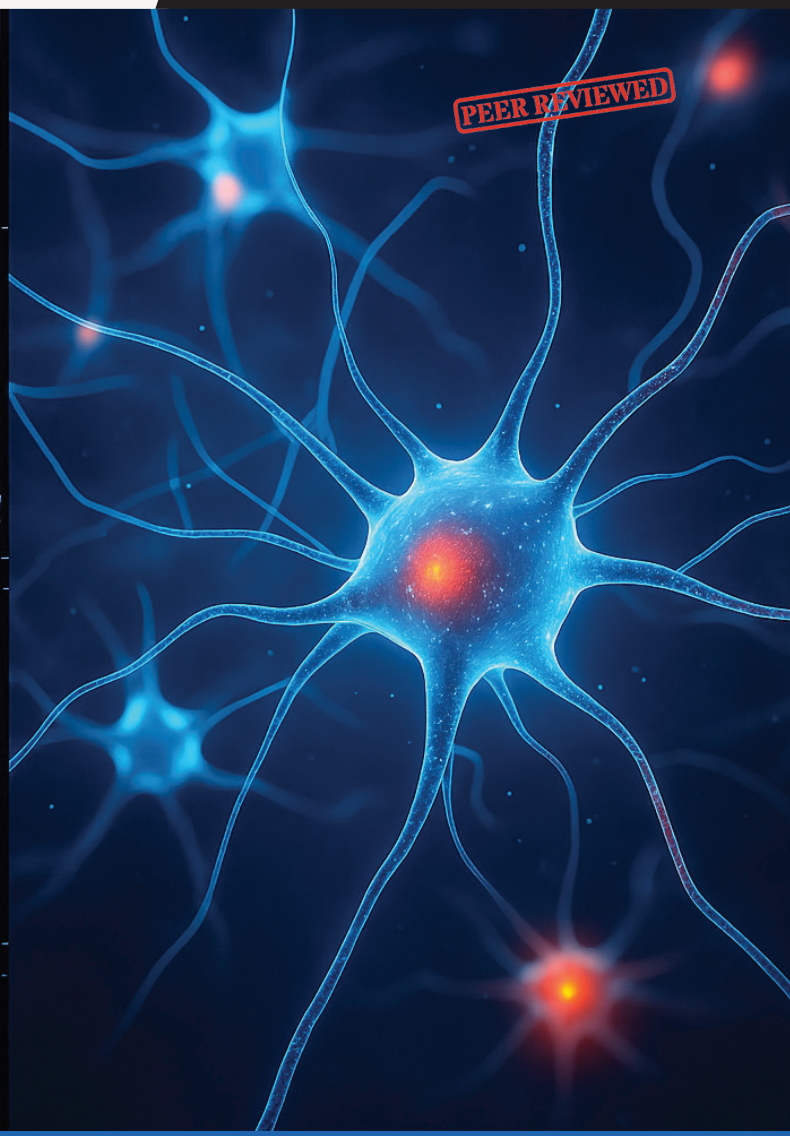

Homeopathy in Neurological Problems

- Hereditary Neuropathy: Genetic Foundation & Homoeopathy- Dynamic Approach
- Integrative Management of Type 2 Diabetes Mellitus: An Observational Study on the Use of Homoeopathic Mother Tinctures Alongside Allopathic Antidiabetics

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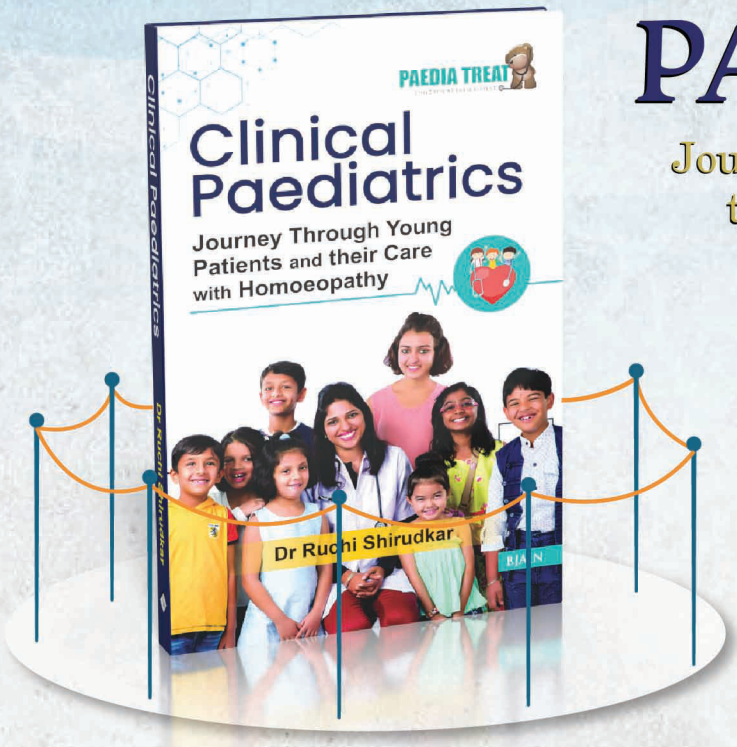
CLINICAL PAEDIATRICS

Journey Through Young Patients & their Care with Homoeopathy



ISBN: - 9788131999660

From the Author's Desk

No. 1 BEST SELLER on Amazon

Dr Ruchi Shirudhkar

Q. Do you have a favourite case from the book?

Ans. All the cases in this book are handpicked, so they are all my favorites. I could not possibly choose just one. However, I do have a favorite chapter, which is '80 Important Rubrics of Pediatric Practice.' In my opinion, if you read these rubrics and familiarize yourself with common situations that frequently arise in your clinic, you will be able to solve about 80% of your pediatric cases.

Q. What one piece of advice you would give to every practitioner working with children?

Ans. One valuable tip I would like to share with practitioners working with children is that it's crucial to listen attentively to what caregivers—parents—are saying, while also keeping your eyes open to observe every gesture of the child, including their reactions to their parent's words. Your observations can reveal more than just the spoken words. To effectively interpret various child behaviors, it's essential to stay updated and knowledgeable. Additionally, developing strong physical examination skills takes time and effort. With hard work and perseverance, you will go a long way in providing excellent care for your young patients.

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Dear Readers,

Neurological disorders form one of the most challenging domains in modern clinical practice. With rising stress levels, unhealthy lifestyle patterns, environmental influences, and aging populations, the burden of neurological illnesses has increased dramatically in recent years. A carefully taken history of the pattern of present in neurological symptoms should suggest a short list of diagnoses that can be tested on examination during the neurological exam. Examination knowledge of the relevant anatomy and physiology of the nervous system. **In this issue of *The Homoeopathic Heritage, themed 'Homeopathy in Neurological Problems'***, we bring together valuable insights, cases, and experiences from seasoned practitioners who continue to extend the boundaries of Homoeopathic understanding in neurology. This issue is also adorned by an insightful 'From the Editor's Desk' section written by **D. Papamethodiou**, MD Neurologist Homeopathy. And featuring the life sketch of **Dr. Charles Julius Hempel**, penned by **Prof Dr Subhas Singh**, Former Director, NIH Kolkata, India, in the Stalwarts' Expedition section. This issue is also enriched with 'In Italics' written by **Dr Mayur S Mahajan**, M.D, President HHF, Director and Mentor, presenting 'A Case of Parkinson's Disease'.

Neurological disorders form one of the most challenging domains in modern clinical practice. The brain, spinal cord, and peripheral nerve constitute an organ responsible for perception of the environment. A person's behaviour within it and the maintenance of the bodies, internal Milieu in readiness of this behaviour, however, neurological symptoms are often not associated with disease and considered clinical skill is needed to distinguish those with the significant disease from those who need sympathetic reassurance.

A carefully taken history of the pattern of present in neurological symptoms should suggest a short list of diagnoses that can be tested on examination during the neurological exam. Examination knowledge of the relevant anatomy and physiology of the nervous system helps to determine the site of the lesion.

Once the patient's neurological region (the deficit) is identified, the clinic needs to assess what impact this has had on the patient's functioning (the disability) and how this is affecting his or her life.

Upper motor and lower motor neuron lesion

Upper motor neuron are corticospinal inter neurons which arise from the motor contacts and descend in the spinal cord, mostly in lateral part where these signs with low motor neurons, lower motor neurons start from the interior home cells where upper motor neuron sign apps and go to the effect, organs, (mainly muscles, and glands)

Cells of the nervous system

In addition to a variety of neurons, the nervous system include specialised blood vessels, ependymal cells lining the cerebral ventricles and the girl cells of which there are three types astrocytes from the structural framework for the neurons and control their biochemical environment, astrocyte foot processes and closely associated with the blood vessels to form the blood brain barrier, oligo, Dentro sites and responsible for the formation of maintenance of the Milin sheet, which surrounds Exxon and is essential for the rapid transmission of action potential by is Tottori conduction, micro and blood drive. Mono micro phases peripheral neurons have the exams invested in made by Schwann cell.

Investigations of neurological Diseases

The major tests are:

- Electroencephalography EEG
- Evolve potential EPs
- Now conduction studies electromyography, NCS/EMG
- Imaging- CT, myelography and angiography,

MRI, MRA,

- Plain Xray - neck, lumbar sacral region , skull
- Ultrasound (Doppler, imaging of blood vessels, and radio isotopes (SPECT, PET)

In Homeopathy, treatment begins the moment the patient enters the clinic. Every gesture becomes a diagnostic clue—their gait, posture, facial expressions, tone of voice, level of confidence, and the way they narrate their concerns. This holistic observation forms the foundation of our understanding of neurological disorders. In such cases, examining **posture, stance, axial tone, coordination, and balance** becomes essential.

For instance, the **Romberg Test** offers a simple yet powerful neurological assessment. By asking the patient to stand with feet together—first with eyes open, then closed—we evaluate proprioception and the body's ability to maintain spatial orientation. Any swaying, instability, or collapse provides insights into sensory ataxia, vestibular weakness, or cerebellar involvement.

Patients showing marked instability, trembling, or difficulty maintaining balance may reflect remedies like:

1. **Gelsemium**, known for muscular weakness and loss of coordination
2. **Cocculus**, often indicated in cerebellar disturbances and vertigo.
3. **Argentum nitricum** suits those with anticipatory anxiety coupled with ataxic gait and trembling.
4. **Conium** is valuable when vertigo worsens on closing the eyes—mirroring a positive Romberg.

In cases of neuromuscular incoordination with staggering gait, **Phosphorus** and **Alumina** frequently emerge in the totality, while **Agaricus** remains a classic choice for jerky, unsteady movements resembling cerebellar dysfunction.

What studies says:

Many people with incurable brain tumors use alternative therapies, such as taking vitamins and homeopathy, in addition to their conventional treatments, according to a study published in the December 14, 2010, print issue of Neurology®, the medical journal of the American Academy of Neurology.

About 40 percent of brain tumor patients in the study used alternative therapies including homeopathic remedies

Procedure	Abnormility	Disease
Examine Posture Axial tone Retropulsion/ anteropulsion	Stooped Axial tone ↑ Postural instability	Parkinsonism Parkinsonism (Parkinson's plus syndrome) Parkinsonism
Examine arms during waling	Reduced arm swing	Pakinson, upper motor neuron lesion
Examine routine walking	Circumduction (stiffleg moves outwards in circular manner) 'Slapping' due to foot drop Narrow-based,short strides Wide-based, irregular strides High-stepping gait	Upper motor neuron lesion Lower motor neuron lesion Parkinsonism Cerebellar lesion Dorsal column lesion/sensory neuropathy
Examine tandem gait	Inability to perform task	Cerebellar lesion, dorsal column lesion
Perform Romberg Test	Patient falls with eyes shut	Loss of joint position sense at ankles

Quick Word On Issue Content

In this issue of *The Homoeopathic Heritage, themed 'Homeopathy in Neurological Problems'*, we bring together valuable insights, cases, and experiences from seasoned practitioners who continue to extend the boundaries of Homoeopathic understanding in neurology. This issue is

also adorned by an insightful 'From the Editor's Desk' section written by **D. Papamethodiou**, MD Neurologist Homeopathy. And featuring the life sketch of **Dr. Charles Julius Hempel**, penned by **Prof Dr Subhas Singh**, Former Director, NIH Kolkata, India, in the Stalwarts' Expedition section. This issue is also enriched with 'In Italics' written by **Dr Mayur S Mahajan**, M.D, President HHF, Director and Mentor, presenting 'A Case of Parkinson's Disease'. Reader's Perspective by **Dr. Rajiv Rui Viegas Peres** on 'Case Report of Migraine with Aura'. Lastly, our Book Review section showcases remarkable books- **The Nucleus by Dr. E. S. Rajendran & Clinical Paediatrics by Dr Ruchi Shirudhkar.**

Happy Reading!

Dr Mansi Tyagi

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

Call for papers for the upcoming issues:

	Unbolt Yourself	
Issue	**Topic**	**Date**
Feb 2026	Hidden Gems of Materia Medica: Exploring Rare and Small Remedies	Dec 15, 2025
Mar 2026	Exploring Veterinary and Agro-Homeopathy: Principles and Practice	Jan 15, 2026
Apr 2026	The dual Edge of Ai in Homeopathic Science	Feb 15, 2026

Neurological Diseases

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President HHMS (Greek Homeopathic Medical Society)

[2]MD, Radiologist Homeopathy PME Neuroradiology (UCSF) Associate teacher in Master of Classical Homeopathy and Holistic Systems (Syros) Former NVP of LMHI for Greece

President of 81th International LMHI Congress- Athens 2028

The term Neurology comes from the Greek words nevron and logos, meaning the study of the nervous system (brain, spinal cord, and neuromuscular system) and was first formulated in 1610. The observation and attempt to interpret and treat related injuries and diseases dates back to prehistoric times by the survived Egyptian and Sumerian writings that associated injuries to the skull and spine with disorders of bodily functions, and in many cultures worldwide, trepanation was practiced for many centuries.

The father of Medicine, Hippocrates, questioned the sacred cause of epilepsy and attributed it to natural causes, laying the scientific basis for the study of the nervous system. Later, Galen, the founder of Allopathy, linked the transection of the recurrent laryngeal nerves to the resulting aphonia.

Modern anatomy's founder, Andreas Vesalius, depicted the details of the brain's structure and challenged the belief of his time that human intelligence resided in the ventricles of the brain. A century later, Thomas Willis by removing the brain from the skull, described the circular arterial supply of the brain. Over the next two centuries, scientists from different cognitive and philosophical fields (from Descartes and Newton to Galvani, Bell, Purkinje, and Golgi) recorded the electrical activity of the nervous system and linked it to the function of reflexes through the nerves to the muscles, the structure of neurons, the function of synapses, all the way up to Paul Broca, who localized the language functions of the cerebral cortex.

Jean-Marie Charcot is rightly considered the father of modern Neurology, who separated neurological from psychiatric disorders, founded the first neurological clinic and his famous colleagues and students from different countries (as Freud, Babinski, Bouchard, and Gilles de la Tourette) enriched the knowledge about the anatomy and interconnected function of the nervous system by taking individual and family history, the clinical examination, the localization of the pathology and post-mortem study of the pathophysiology.

The clinical examination with tendon hammer, pin and tuning fork, was enriched with the evolution and application of technology in neurology with imaging and neurophysiological tests (from lumbar puncture, skull x-rays, myelography, and angiography to electroencephalography, nerve conduction studies, and electromyography). In recent decades, the clinical practice of neurology has been radically transformed by the introduction of CT, MRI, the related angiographies, and functioning imaging and further change is expected with the application of genomic neurology.

Acetylsalicylic acid, antibiotics, prednisone, anticoagulants, antiepileptic drugs, L-dopa, cholinergic, and anticholinergic agents are considered the pillars of the therapeutic quiver of neurology. The last three decades, the use of recombinant tissue plasminogen activator (rtPA) has significantly improved the prognosis of ischemic strokes.

Despite all these progresses, in chronic neurological diseases , there is not real cure with classical medicine, just palliation.

While diagnostic accuracy is increasing geometrically, therapeutic management in the field of both acute and chronic neurological diseases is significantly lagging behind. Perhaps, the persistence in mechanistic thinking, although it has significantly

helped in the accumulation of knowledge, is not keeping pace with the complexity of the structure and function of the nervous system.

In refocusing attention on the dynamics of the patient as a non linear complex system, the proposed research program is constituted with the homeopathic emphasis on the individual rather than the disease!

Emerging properties, non linearity, adaptation, self organisation, (Homeostasis), interconnectedness and social systems play a major role (Complex systems in Biology).

The old idea in neuroscience was that we occupy one mental state at a time:

Either fight or flight based on some overall modulation of the nervous system. But our brains are more nuanced, and so we can easily inhabit multiple complex, even contradictory, cognitive and emotional states.

Actually the deep truth of being human is that there is no objective experience. Our brains are not built to measure the absolute value of anything.

All that we perceive and feel is colored by expectation, comparison, circumstance based on our miasmatic level. There is no pure sensation, only interference based on sensations.

(David J. Linden: Unique: The New Science of Human Individuality).

To this issue of Heritage, dedicated to Neurological Disorders, we will see articles about ataxia, constitutional prescribing, miasmatic consideration, Parkinson, Epilepsy, use of LM potencies, plussing method, classification, lifestyle and emotional state, for more effective personalised Homeopathic treatments.

I want to mention here the serious work of Dr. A. K. Gupta in his clinic for severe neurological disorders!

Holistic principle addresses not just pathology but the psychosomatic link - essential in finding the true simillimum under homeopathic care. (Neurological Disorders through the Lens of Homeopathy Dr. Arrind Prasad, Dr. Santesh Anand Mishra).

Dr. Charles Julius Hempel, M.D. (1811–1879)
A Scholar, Physician, and Linguistic Luminary

Prof. (Dr.) Subhas Singh[1], Dr. Sudhanshu Kumar[2], Dr. Dodani Riya Rajkumar [2], Dr. Gone Maniprasad [2]

[1]HOD, Department of Organon of Medicine, National Institute of Homoeopathy, Kolkata

[2]Postgraduate Scholars, National Institute of Homoeopathy, Kolkata

Dr. Charles Julius Hempel was a man of letters, science, and deep conviction, a physician whose pen carried the message of Homoeopathy across continents. For more than three decades, his name resonated in both Europe and America as a scholar, translator, teacher, and reformer who made Homoeopathy accessible to the English-speaking world.

Through his exceptional linguistic talent and intellectual breadth, Dr. Hempel translated nearly all of Hahnemann's and Jahr's foundational works into English. His literary labour laid the cornerstone of English Homoeopathic literature, earning him the enduring title of "*the Father of English Homoeopathic Translations.*"

Early Life and Education

Born on 5th September, 1811, in Solingen, Prussia, Hempel demonstrated early brilliance in his studies. Excelling in his collegiate education, he was granted the rare privilege of postponing compulsory military service until the age of twenty- three to pursue higher learning.

His academic curiosity led him to Paris, where he attended lectures at the University and College de France. There, destiny brought him into contact with Jules Michelet, the celebrated historian and philosopher. Hempel not only assisted Michelet in preparing his *History of France* for publication but also lived with him for several months, an experience that left a profound mark on his intellectual and moral outlook.

In Paris, he became acquainted with several American families, whose affection and encouragement later inspired him to seek a new life across the Atlantic. On his twenty-fourth birthday, 5th September, 1835, he set foot in New York, a coincidence he often regarded as a sign of providence.

Life in America

Upon arrival, Hempel immersed himself in the study of the English language and American literature with remarkable speed and depth. His love of languages also drew him toward Italian, which he studied under Signor Maroncelli, the close companion of the Italian patriot Silvio Pellico. Living in Maroncelli's home for two years, Hempel absorbed not only linguistic grace but also the revolutionary spirit and the idealism of the Italian struggle for freedom.

Eventually, his intellectual pursuits took a decisive turn toward medicine. He joined the University of New York, one of the first American institutions to recognize Homoeopathy. Under the influence of pioneering physicians such as Drs. Gram, Gray, Hering, Hall, and Channing, Hempel was drawn deeply into the study of Hahnemann's principles. He graduated in 1845, one of the earliest Homoeopathic physicians of the University.

Professional Career

The mid-nineteenth century was a time when the treasures of Homoeopathy lay largely locked within the German language. Hempel undertook the Herculean task of bringing these treasures to the English-speaking world. His collaboration with the New York publisher William Radde opened the gates to an era of English Homoeopathic

publishing through which most of his monumental translations were issued. His early publications included On Eclecticism in Medicine (1845) and *A Treatise on the Use of Arnica* (1845).

His translations of Hahnemann's Materia Medica Pura, Chronic Diseases, Jahr's Symptom Codex, and Hartmann's Acute and Chronic Diseases were monumental achievements. They not only made the science accessible but also introduced a refined, faithful English style that retained the depth of the original works.

In 1857, he was appointed Professor of Materia Medica and Therapeutics at the Hahnemann Medical College of Philadelphia, succeeding Dr. J. P. Dake. His lectures were celebrated for their eloquence, warmth, and philosophical insight, inspiring generations of students. He continued teaching until 1860, after which he retired from the college upon its reorganization. During his stay in Philadelphia he published his "Materia Medica and Therapeutics".

Dr. Hempel married Mrs. Mary E. Calder in 1855, the daughter of George Coggeshall, Esq., a founder of Grand Rapids and a descendant of Governor William Bradford of the Massachusetts. About five years later, the death of his father-in-law required him to travel to Grand Rapids to settle the family affairs. This responsibility led him to relocate permanently to the city, where he soon established a flourishing practice and became widely admired for his scholarship, gentle nature, and humility.

Publications and Translations

Dr. Hempel's literary legacy remains among the richest in Homoeopathic history. His works, both original and translated continue to be cited for their precision and scholarly elegance.

Major Translations and Works:

- *Hahnemann's Materia Medica Pura* (4 vols.)
- *Hahnemann's Chronic Diseases: Their Specific Nature and Homoeopathic Treatment* (5 vols., 1846)
- *Jahr's Symptom Codex* and *Repertory* (compiled by Hempel, 1853)
- *Hartmann's Acute and Chronic Diseases* (4 vols., 1849)
- *Manual of Homoeopathic Theory and Practice* (1858)
- *A New and Comprehensive System of Materia Medica and Therapeutics* (1859, 1202 pages) — regarded as his magnum opus
- *The Science of Homoeopathy* (1874)
- *Rau's Organon of Homoeopathy*
- *Baehr's Science of Therapeutics* (2 vols.)

His *Domestic Physician* became a household name in America and Europe, translated into several languages. Beyond medicine, Hempel also translated the complete works of Friedrich Schiller, a monumental literary undertaking that demonstrated his deep humanistic spirit.

Honours and Recognition

Dr. Hempel's contributions earned him recognition both at home and abroad. He was among the earliest Honorary Members of the British Homoeopathic Society and received multiple honorary diplomas from American institutions for his distinguished service to medical science.

Colleagues and students admired him not only for his scholarship but also for his gentle character, unfailing courtesy, and moral integrity. He stood as an embodiment of the belief that science and humanity are inseparable.

Philosophical and Spiritual Pursuits

A seeker by nature, Dr. Hempel's later years were deeply influenced by the philosophy of Emanuel Swedenborg. He saw a divine unity between the healing art and spiritual truth, often writing on themes that merged medicine, morality, and metaphysics. His works *The True Organization of the New Church* and *The Life of Christ* reflected this mature spiritual outlook.

Twilight Years and Passing

Years of constant hard work affected his health. In 1872, he went back to Europe for rest and

treatment, visiting Italy and his home in Prussia. Doctors there told him that his eyesight was getting worse and that he might become completely blind.

But he did not give up. He continued writing by speaking his ideas while his dedicated wife wrote them down for him. Even when he later became blind and partly paralyzed, his mind stayed bright, calm, thoughtful, and creative.

He passed away peacefully on 24th September, 1879, at Grand Rapids, Michigan, aged 68 years and 19 days. His final work on the principles of Homoeopathy and Materia Medica was completed after his death by Dr. H. R. Arndt (1880).

Dr. Charles Julius Hempel lived a life full of intelligence, belief, and dedication. Through his translations, books, and teachings, he helped bring Homoeopathy from German writings to the English-speaking world. Because of his work, many generations of doctors have been able to learn and practice Homoeopathy.

To this day, his works remain not only medical classics but also enduring reminders that true healing begins with the harmony of knowledge, compassion, and truth.

Case Report of Migraine with Aura

Dr. Rajiv Rui Viegas Peres

Associate Professor working in the Dept of Organon of Medicine at Nootan Homoeopathic Medical College & Hospital, a constituent college of Sankalchand Patel University, Visnagar, Gujarat

Abstract

This is a case of migraine with aura and associated with depression who despite receiving antidepressants and antiepileptic was not relieved. Individualised Homoeopathic Medicines helped to manage his acute episodes followed by constitution thereby preventing recurrence of further episodes. Needless to say that all previous therapies were stopped in a short time.

Keywords

Migraine, Acute phase medicine, Constitutional Medicine, cure

Introduction

Migraine is defined as a recurring, episodic neurological syndrome of headache associated with other symptoms of neurological dysfunction. It is the second most common cause of headache and is characterised by an attack that can last from 4 to 72 hours and often includes unilateral throbbing pain, nausea, vomiting, and increased sensitivity to light(photophobia). A family history is often present and attacks can be triggered by various stimuli such as stress, hormonal fluctuations, physical exertions and lack of sleep[1].

Case

A 52 year old married man presented with terrible complaints on 15th June 2025. He complained that his trouble starts with a sudden vertigo accompanied by blurring of vision that lasts about for 25 minutes which he termed as Aura. Thereafter it is followed by a terrific headache which lasts the whole day, the pain is strongly felt in the occipital region. It mostly involved the right eye but no radiation from the site.

Past History

This trouble for the last 2 years and consumes Past medication Dicopril 500mg PR. During the headache his scalp is very painful to touch as if he has taken a shower then he can't wipe his head due to tenderness of the scalp. The headache is so terrible that he has to retreat home and sleep. No nausea or vomiting. He is incapacitated by the headache and unable to go to work. He has a known case of hypertension for the last 5 years. He was on anti depressants for the last 5 years Venpad 100mg. His appetite is lost during headaches. Desire for spicy things. No thirst. Thermally hot patient. He is worried that if something happens to him, he will take care of his son. He is anxious about his health and fears early death.

He had a troubled first marriage. Once his earlier wife got 50 lakhs from inheritance, she walked away from the marriage. He has 1 bother and 1 sister. They used to live in a joint family in Gujarat. He was brought up in Gujarat. However, originally, he is a Keralite. After his father's death his brother took over and made the house on his name and promised him to give money in return but nothing of this happened. When he was in crisis he asked money from his brother but his brother flatly denied. His earlier work life was in Chennai and he married a second time with a women from Kerala and has a son studying in class 4. Presently he has a lot of financial issues. He lives on rent. His sister also doesn't offer him any help. While he was young he squandered his savings on friends and today he regrets it. His eyes looked sad. But face had a smile. Occasionally he likes to outdoor for a walk in the garden but generally his headache makes him restricted. He tried to let go but grief has become a part of him. The Neurologist has advised him an MRI and angiogram of arteries of the occiput but he doesn't have the

money to go for the investigation.

Case Analysis and Therapeutic administration"

I consulted Kent's Repertory edited by Dr R.P Patel in the chapter:

Vision Rubric:

Blurred headache before. *Gels*, hyos, **Iris**, *Kali-bi*, podo, *sep*[2].

We are dealing with a case where a sudden appearance of migraine brings about complete arrest of all the normal functioning and that too for the whole day. With help of Materia Medica references by consulting **Dr M.L Dhawale's symposium volume 1**, I confirmed under monogram of ***Gelsemium*** that the kind person that Gelsemuim is Anxious, Sensitive, migranous, headaches with visual disturbances.

Ailments from emotional tension. Migraine: hemicrania (Rt), Pin occiput. So, the cause and effect (Manifestations) match that of Gelsemium[3]. I tried to ask the patient is cold application, passing urination or warm appilication relieve the headache but he replied in negative, saying that he has observed no difference. I prescribed him Gelsemium 1 M, 1 single dose on 15th June 2025.

Follow up after 3 days 19th June 2025: Not a single episode of migraine and his outlook to life has changed. He now visits his neighbour in the evening for a chat. Taking more interest in life. Placebo continued.

Follow up 23rd June 2025: Patient felt slightly vertigo sensation but no migraine, however head and eyes felt heaviness. He associated it with extra work that he executed at night hours and delay in sleeping. He was given Gelsemium 1M, 1 single water dose.

Follow up 27th June 2025: He noticed that after the water dose he got deep sleep and ever since no heaviness nor any unwell feeling. Stopped all allopathic drugs except for hypertension. Mild depressive episode. Placebo.

Follow up 15th July 2025: His wife's relative expired so he had to visit hometown Kerala and do expenditure for the funeral in addition to the loss of work that month. Was tense and my headache has reappeared since the last 4 days. The intensity is the same. Completely incapacitates him. Gelsemium 10M, 1 single dose given.

Follow up 8th August 2025: No single episode of headache. Doing good. Placebo.

Follow up 31st August 2025:Feeling of slight vertigo while going for work in the morning, returned back home and rested due to fear of death. Says that feels as if his present wife may leave him and go away like the previous wife & cant trust. Always tends to think negative things like "will I reach home?" and suffers from flatulence. The more he thinks the more gaseous distention of abdomen is observed. The relapsing nature of vertigo suggested need for more chronic remedy. A humble man not desiring to bother even his doctor when he suffers. With depression of Natrums. Grief which is not accepted, it takes it and holds it deep inside. Grudge that remains reflects a sort of anger. 'This had to happen to me', it keeps nurturing it inside. A great symptom of Natrum Mur. This is what happened and now he takes it and messes it up inside turning it into a mountain out of a mole. They think of the two bad things that happened to them rather than the many nice things that came their way generating a kind of irritation inside it. Eyes oversensitive to car lights at night. Dislikes noise[4]. Considering this I prescribed him Natrum-Carb 200, 1 single dose. (Remedy selected non-repertorially)

Follow up 6th September 2025: No single attack of migraine headache. Appetite improved. Can work better and enjoy life like before. Very grateful.

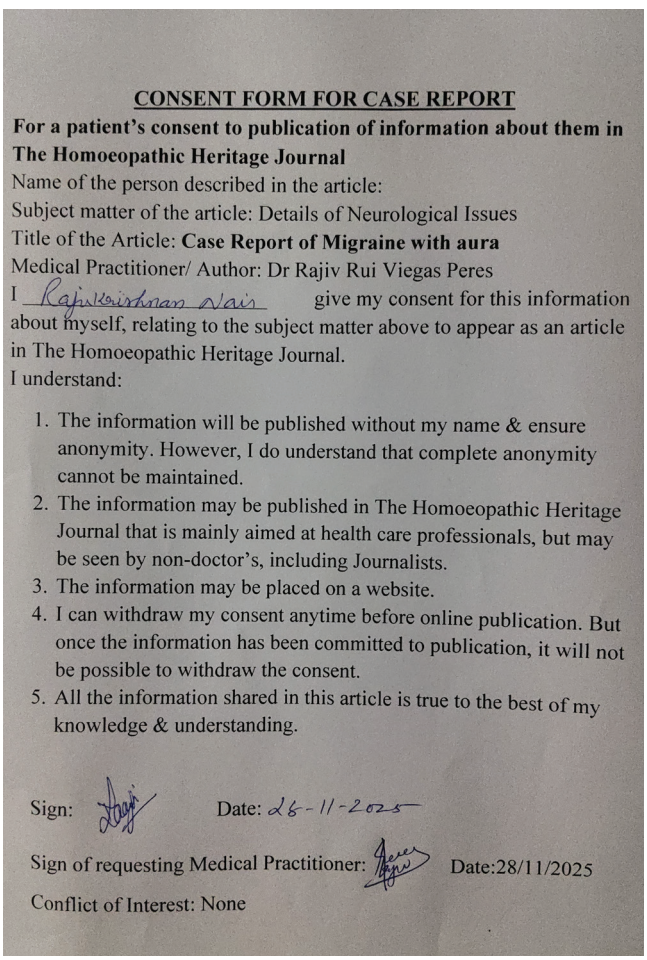
Follow up 25th October 2025: No migraine headache episode. He is coping up with all the financial issues and family issues without his health being affected. Like to drink beer with friends on occasions.

Follow up 10th November 2025: No migraine problem. Placebo

FOLLOW UPS

Date	Symptoms	Remedy

15/06/2025	First Prescription	Gelsemium 1M, 1 single dose
19/06/2025	>>>	Placebo
23/06/2025	<<	Gelsemium 1M, water dose
27/06/2025	>>	Plabebo
15/07/2025	Tense with extra expenditure, Migraine reappeared	Gelsemium 10M, 1 single dose
08/08/2025	>>	Placebo
31/08/2025	Dizziness reappeared, No migraine	Natrum-carb 200, 1 single dose
06/09/2025	>> No episode of migraine	Placebo
25/10/2025	>>	Placebo
10/11/2025	>>	Placebo
21/11/2025	Herpes Zoster on Left lateral aspect of chest	Kali-Bich 200, 1 Single dose
28/11/2025	No pain anymore, eruptions in process of healing. No episode of headache or acidity	Placebo



CONSENT FORM FOR CASE REPORT

For a patient's consent to publication of information about them in The Homoeopathic Heritage Journal

Name of the person described in the article:

Subject matter of the article: Details of Neurological Issues

Title of the Article: **Case Report of Migraine with aura**

Medical Practitioner/ Author: Dr Rajiv Rui Viegas Peres

I Rajivkrishnan Nair give my consent for this information about myself, relating to the subject matter above to appear as an article in The Homoeopathic Heritage Journal.

I understand:

1. The information will be published without my name & ensure anonymity. However, I do understand that complete anonymity cannot be maintained.
2. The information may be published in The Homoeopathic Heritage Journal that is mainly aimed at health care professionals, but may be seen by non-doctor's, including Journalists.
3. The information may be placed on a website.
4. I can withdraw my consent anytime before online publication. But once the information has been committed to publication, it will not be possible to withdraw the consent.
5. All the information shared in this article is true to the best of my knowledge & understanding.

Sign: Date: 28-11-2025

Sign of requesting Medical Practitioner: Date:28/11/2025

Conflict of Interest: None

Before treatment

After treatment

DISCUSSION

The differential diagnosis for migraine with aura includes conditions like transient ischemic attack (TIA), epilepsy, and retinal migraine. Other considerations are less common neurological events like cervical artery dissection, intracranial hemorrhage, and posterior reversible encephalopathy syndrome (PRES). A thorough medical history, neurological exam, and sometimes imaging like an MRI or CT scan are used to distinguish these from migraine aura

Neurological conditions: Transient Ischemic Attack (TIA): A temporary blockage of blood flow to the brain that can cause visual and neurological symptoms similar to aura.

Epilepsy: Particularly occipital lobe seizures, which can present with visual disturbances.

Ophthalmological conditions: Retinal Migraine- A rare form of migraine with aura that affects only one eye. Symptoms are unilateral (in one eye only).Other Ophthalmological Causes: Conditions like acute glaucoma or other primary eye issues that can cause visual symptoms.

Other headache disorders:Tension-type headache- Typically characterized by a squeezing or pressing pain, but does not typically involve aura. Cluster headache: Severe, one-sided headaches that are not typically preceded by auras, but rather by other symptoms. How to differentiate? A detailed symptom analysis: The duration, progression, and quality of symptoms are key. Unilateral vs. bilateral symptoms: Retinal migraine affects only one eye, while migraine with aura typically affects both eyes as observed in this given case.

CONCLUSION

He was a blocked personality. He never could share family problems with anyone. Gelsemium was his sector remedy but the constitutional remedy was Natrum-Carb that helped to achieve deeper healing. Natrum-carb has the delusion that there is a division between himself and others. That he is forsaken and deserted. Hence they have difficulties in connecting to others, even with intimate friends or family. *Aversion to family members and to society as well as aversion to company*. Natrum-carb is a combination of lycopodium physically and Natrum-mur emotionally. Noise creates tremendous panic! His reactivity is also expressed in the weak digestive system which creates *sadness from errors of diet;* a chronic dyspepsia. Especially sensitive to the sun's heat which causes headache, vertigo and exhaustion.

Kali-Bichromium aspect of this patient had surfaced earlier while he craved for beer, and at present the profuse perspiration, nightly fever and Herper itself in its pathophysiology indicates towards the same drug. The disease also found its way to the surface. From Neurological Level to Dermatological level.

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A Case of Parkinson's Disease

Dr Mayur S Mahajan, M.D

President HHF, Director and Mentor, HHF Academy And Research, Institute. Practicing More Than 27 Years,

Author of 4 Books:

1)Little Angels Part 1

2)Little Angels Part 2

3)Managing Pain With Sweet Pills

4)The Third Eye of Prescription

A case of a 64 yrs old male patient accompanied with his wife and daughter.

Family status – Pt (himself) his wife, one son (married) one grandson ,daughter in law, and one daughter (married)

Chief complaints

Diagnosed with Parkinson, and the relatives were not ready to take modern medicine fearing their side effects.

Pt : My hands have gone weak, cannot hold anything firmly, I start trembling, not able to walk confidently for six months, it started slowly and steadily, hence I didn't realize the severity of the disease.

Dr MSM : Anything else?

Pt : Nothing, that is all….

Dr MSM : *(looking at the wife and daughter I asked one question, just to find out the ailments from)* What went wrong in his life 7 months ago?

(Pt's wife embarrassingly looking at the daughter… but no reply from the wife .

I could feel that there must be something fishy, so I probed further, confidently looking in the eyes of the pt's wife)

Dr MSM : There must be something !!!! Please tell me as it could help me to solve the problem.

Now please note in most of the chronic critical cases we need to understand the cause of the disease, hence I asked the above question repeatedly, and the answer was very interesting, which helped me to resolve the problem..

Pt's wife : Actually, he was doing a business of investments, and One fraud company approached him and promised him to give 40% returns in investment with this inciting & lucrative offer .He readily agreed to deal with this fraud company. As an investment consultant he approached around 10-15 people to invest in this venture, hoping to get 40% returns in the investment. Within a few months after investment my husband realized that the company was a big fraud, As soon as he realized he got palpitations and weakness in the limbs, his face was very much depressed !!

(Simultaneously, as a doctor and as well as a keen observer I was looking into the facial expression of the patient and the he was looking down with deep fear, restlessness and grief

I tried to convince the pt saying)

Dr MSM : But why do you worry so much?? You have just convinced the other investors …you have not done any fraud… the company is fraud …!

(Pt replied)

Pt : No doubt sir, the company is fraud but all the investors trusted my word, so obviously they will come to me!!

Dr MSM : So, what exactly do you feel about this situation??

Pt : I feel very bad about it, I feel I have done a

very big crime, people will ask me about their investment, I feel they will drag me into the court, I will be arrested & my entire work of 35 yrs will be in vain. Look !! Dr, now my hands and legs are trembling like anything

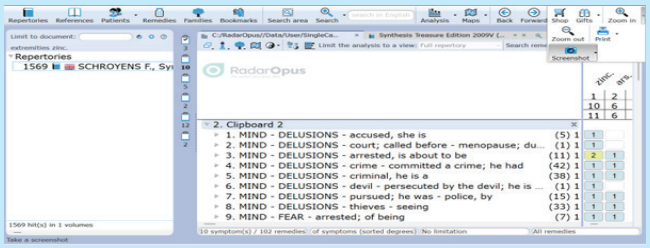
On Physical examination, there was Anaemia.

Analysis & Evaluation :

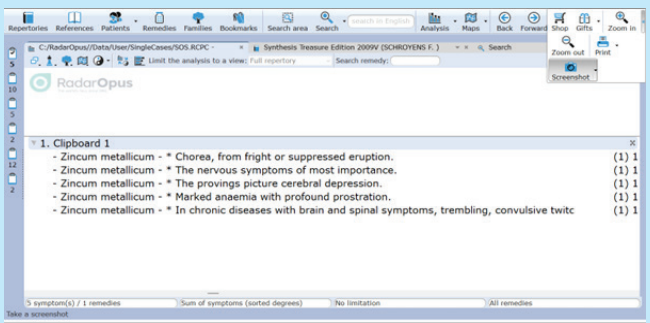
The core feeling of the entire case was

"Of being accused"

& the associated rubrics are as follows



Dr William Boericke :



Prescription :

Zincum Met 200 weekly twice for 1 month

Follow up :

Pt symptomatically with 30 % relief in tremors and fidgety, but still not going out of home with the fear of the people talking about him

Zincum Met 1M weekly once for 1 month

Follow up : generalities better, hemoglobin increased to 12gm%, energy levels increased, pt started smiling and communicating with the external world

Placebo for 1 month

Follow up : 60-70% recovery. Parkinson disease is an irreversible process; hence repeated dosage is necessary. So, I continued with Zincum Met 0/1 once a week for 3 months

After 1 yr pt came to me with a smile on his face. All problems sorted as the fraud company was blacklisted and the culprits were arrested. No weakness, as Parkinson is an incurable disease

15-20 % of symptoms persisting otherwise pt is better physically mentally socially by 85%

In a nutshell Zincum metallicum

A remedy full of fear, worries and internal restlessness which is expressed with fidgety & trembling.

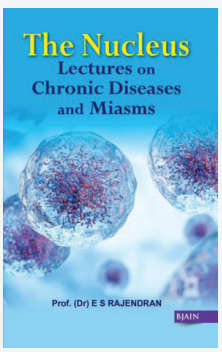
Has a constant fear as something bad will happen like disaster and is cowardice by nature who feels he had committed a big crime and police may arrest him, he carries a thought that "he is being blamed or accused and may be persecuted"

Thank you all.

Earnest Colloquy with Dr. E S Rajendran

A Little About *Dr. E S Rajendran*

Dr. E.S Rajendran is an internationally renowned teacher, author, clinician and researcher. He is the first researcher to discover the presence of Nano particles in the ultra-high diluted homoeopathic medicines. He has presented research papers in 40 international conferences around the world. He treat patients from all continents. He is a reviewer for many reputed international journals of oncology, genetics and complementary medicines. He is the author of four books, two of them are translated into German, Spanish, Russian and Turkish languages. He is an expert in the treatment of chronic diseases.



Dr Noori: Do you think modern practitioners have drifted away from Dr. Samuel Hahnemann's original intent of Theory of Chronic Diseases— and if so, what have we lost in that shift?

Dr. E S Rajendran: Dr. Hahnemann discovered the concept of chronic diseases (miasms) after many years of arduous work. This discovery led him to cure more diseases which he found impossible to cure earlier. Science is a process of evolution. The Hahnemannian hypothesis on miasm should not be considered as the final word. As science progresses, our knowledge improves. Keeping the practical utility of the concept of miasm intact, I think we are free to interpret and re-interpret it on the basis of advancement of knowledge.

Dr Noori: How does your book interpret this philosophical dimension in the light of contemporary clinical science?

Dr. E S Rajendran: **Rather than interpreting the philosophical dimension of miasms, 'The Nucleus' tries to see reason with modern advancement in Genetics. Miasms can be considered as genetic traits inherited through generations.**

Dr Noori: How has applying miasmatic understanding changed the way you see your patients — not just their diseases, but their life stories, predispositions, or inherited patterns?

Dr. E S Rajendran: I started teaching chronic diseases to BHMS students in 1992. Later taught chronic diseases to M.D.(Hom.) students since 1997. I continue to teach chronic diseases regularly till March 2019. I can clearly tell, without inculcating the concept of miasm in totality of patients, the treatment and cure will be insignificant. Integrating miasm into the totality is the Golden rule of success in Homoeopathy.

Dr Noori:Do you see parallels between Hahnemann's miasmatic concepts and modern ideas like genetics, epigenetics, or psychosomatic medicine?

Dr. E S Rajendran: It is not an alien concept. Genetics and epigenetics is the core of the concept of miasms. I believe that miasms are related to 'Master Genes'. Master genes are regulator genes, they control the expression of many genes.

Dr Noori: How has your own understanding of miasms evolved through research and practice,

and what do you hope readers take away about their practical value today?

Dr. E S Rajendran: **I wrote 'The Nucleus' in 2004. The book was later translated into Russian and Turkish languages. My clinical practice has been fine tuned with my deep learning, teaching and application of miasms in all patients, both acute and chronic. I believe every successful homeopath should utilize the concept of miasm in their clinical practice.**

Homoeopathic Perspective in the Management of Sciatica: A Comprehensive Review

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Abstract

Sciatica is a painful neurological condition caused by irritation or compression of the sciatic nerve. It manifests as lower limb weakness, numbness or discomfort that radiates. Even if it provides immediate relief, conventional treatment frequently has adverse side effects and recurrence. With its holistic and individualised approach, homoeopathy offers safe, mild and permanent gentle cure. This Article reviews the Aetiology, pathophysiology, clinical features, diagnosis and homoeopathic point of view for sciatica.

Keywords

Sciatica, Homoeopathy, Individualised, Gentle cure, Neurological disorder.

Introduction

Pain, numbness or paraesthesia along the sciatic nerve are the hallmarks of sciatica, a common but severe condition. Most often affecting the L4–S3 nerve roots, it typically results from muscular entrapment, spinal stenosis, or lumbar disc herniation. Because sciatica is frequently mistaken for any leg pain originating in the back, misdiagnosis is common. In particular, pathology of the sciatic nerve or its roots is referred to as the true disorder. It has a major impact on quality of life, work capacity and mobility. Even though they work well in the short term, conventional therapies can have unfavourable side effects or lead to relapse. A gentle, long-lasting cure is the goal of homoeopathy, which provides a complete alternative by addressing the patient's constitutional and miasmatic background in addition to their pain. [1,12]

Aetiology: [1]

- Intervertebral disc protrusion compressing nerve roots – herniated lumbar discs.
- Nerve compression due to spinal canal narrowing – spinal stenosis.
- Spondylolisthesis: Nerve roots are impacted by vertebral slippage.
- Piriformis Syndrome: When the piriformis muscle compresses the sciatic nerve.
- Age-related alterations in the spinal discs – degenerative disc disease.
- Damage or growths that impact nerve pathways – trauma or tumours.

Epidemiology: [2]

- Incidence over life: 13–40%
- Incidence per year: 1% to 5%
- Risk elements:
  - Positives include growing older, taller, having a genetic predisposition, walking or jogging if you have had sciatica in the past, engaging in physical activities like driving, flexion/torsion, and overhead work, and smoking.
  - Gender, body mass, and parity are all neutral.
  - Jogging without any prior sciatica is a negative.
- Disc herniation levels: L4/5 and L5/S1 are the

most common; L2/3 and L3/4 herniations are more common in older adults.

- Heritability is estimated to be between 10 and 20 percent genetic.

Pathophysiology: [2]

- Originally believed to be caused by mechanical pressure, disc herniation is now understood to be multifactorial:
  - The release of PLA2 by the nucleus pulposus results in the production of inflammatory mediators (TNF-α, IL-1, and IL-6) that cause nerve root oedema, demyelination, and ectopic discharge.
  - Immunologic: Increased CSF markers (NFL, S-100) and autoantibodies to nerve components (such as glycosphingolipids) point to immune involvement.
  - Mechanical: While nerve compression increases inflammation, it is not enough to produce pain on its own.
- Additional causes include pelvic endometriosis, piriformis syndrome, infection, vascular compression, osteophytes, and epidural adhesions.

Clinical Features:

- Pain: Sciatica is characterised by sharp, shooting, or burning pain radiating from the lower back down to the leg, typically following the distribution of the sciatic nerve. This pain is often exacerbated by activities such as coughing, sneezing, or prolonged sitting. [3]
- Paraesthesia: Patients may experience tingling, numbness, or a "pins and needles" sensation along the path of the sciatic nerve, particularly in the posterior thigh and calf. [4]
- Muscle Weakness: Weakness in the affected leg is common, with patients reporting difficulty in movements such as standing on tiptoe or heel walking. This is due to nerve root compression affecting motor function. [1]
- Aggravating Factors: Pain intensifies with activities that increase intra-abdominal pressure, such as coughing, sneezing, or bending forward. Prolonged sitting or standing can also exacerbate symptoms. [3]
- Relieving Factors: Symptoms may improve with walking, changing positions, or lying down in a position that reduces nerve tension. [3]

Diagnosis: [5]

- Most patients with acute sciatica have a favorable prognosis but about 20%-30% have persisting problems after one or two years.
- Imaging is indicated only in patients with "red flag" conditions or in whom disc surgery is considered.
- Passive (bed rest) treatments have been replaced with more active treatments.
- Disc surgery may provide quicker relief of leg pain than conservative care but no clear differences have been found after one or two years.
- Take a history to determine localization; severity; loss of strength; sensibility disorders; duration; course; influence of coughing, rest, or movement; and consequences for daily activities.
- Carry out a physical examination, including neurological testing—for example, straight leg raising test (Lasegue's sign).
- Imaging or laboratory diagnostic tests are only indicated in red flag.

Differential Diagnosis: [6]

- Piriformis syndrome
- Tumour
- Potts Disease
- Epidural Haematoma
- Epidural abscess
- Lumbosacral disc Herniation
- Nerve root impingement
- Muscle spasm

Complications: [6]

- Numbness is present on the affected side of the body.
- Pain is present, ranging from moderate to severe, and gets worse progressively.
- Muscle weakness is present in the affected leg.
- Functional disturbance: Sciatica causes Permanent nerve injury.

Pharmaceutical Management: [2]

- NSAIDs and opioids are examples of analgesics.
- Gabapentinoids are anticonvulsants.
- Tricyclics and SNRIs are antidepressants.
- injections of epidural steroids (LESI).

Non-pharmacological Management: [2]

- Physiotherapy
- Cognitive-behavioural therapy and psychotherapy
- Epidurioscopy with adhesion lysis and spinal cord stimulation.

Homoeopathic Therapeutics: [7,8,9,10]

Aesculus Hippocastanum:

Weakness in the spine, back, and legs. Walking or stooping exacerbates back pain in the sacrum and hips; walking causes the feet to turn under, and chilly air feels better in the morning when get up. Walking aggravates lumbago sacral pain and extreme exhaustion, which impacts the hips and sacrum.

Angustura:

The sciatic nerve on the back of the leg feels dull and lame; anterior thigh muscles tense painfully when extended; and thigh muscles appear lame when moving.

Bryonia Alba:

Hip joint cracking and dislocation, walking-related hip joint stitches that extend to the knee, thigh-drawing pains, shootings in the thigh from buttock to ankle, unbearable pain when touched and paralysis of the legs during movement. knee stiffness that is unpleasant and tense. Excruciating knee pain that radiates from calves of legs to ankles and is tibia-tensive. Pain from tearing and stitching that gets worse at night and is aggravated by movement.

Buforana:

Cramp awakens him from sleep. Lower limbs get weak - lower limbs straight and stiff before attack. Swelling of knees with pulsative and distending pains. Pain in loins, cramps, staggering gait feeling as if a peg were driven in joints.

Causticum:

Left-sided sciatica, accompanied by numbness, tearing agony, dull, weak ankles, and a heaviness and weakness, is made worse by cold winds and carriage motion and improved by warm, humid weather and bed heat. Heat helps to relieve pain, but dry weather makes it worse. Weak ankles from contracted tendons make it difficult to walk pain-free.

Colocynth:

A hip ache that feels like screws in a vise and is felt on the side that is affected. pain that shoots like lightning shocks into popliteal fossa and travels down the entire leg, including left hip, left thigh, and left knee. Sciatica on the left side, pulling, tearing, better with heat and pressure, worse with light touch.

Cuprum metallicum:

Leg pain, particularly in calves when at rest. stiffness and cramping in legs' calves, weakness in knee joint, and agony that seems like it's broken. lower extremity muscles are twitching. painful and pressurizing. burning in the foot's sole.

Gnaphalium:

Rheumatic discomfort in ankle joints and legs, cramping in calves of legs and feet while in bed. Sciatic nerve and severe pain that alternates with numbness. It is better to flex the thigh on the abdomen and draw the limbs up. chronic neck and

back muscle rheumatism.

Lycopodium:

Sciatica that is worse on the right side and that prevents lying on the side that hurts. Calves and toes quiver and jerk in bed at night due to cramps. The discomfort moves from the right foot to the left, with the right becoming cold and left becoming warm.

Rhus Toxicodendron:

Small back pain and stiffness that becomes better while moving or resting on a hard surface, and gets worse when sitting. Motion helps relieve rheumatic aches that are distributed over a wide area, including the neck, legs, and extremities. sciatica, tearing down the thighs, and worse, cold, rainy weather at night.

Ruta Graveolens:

Limbs and spine feel bruised, small back and loin pains, lumbago worse in morning before getting out of bed, cold, rainy weather, hamstring pain, legs giving out when getting out of a chair, weak hips and thighs, worse when lying down at night; better when applying pressure to the back. Hip joint ripping and shooing that extends to hamstrings, particularly while standing.

Veratrum Album:

Sciatica pains like electric flashes, cramps in calves, Neuralgia worse by night, wet, cold weather; better by walking, warmth. Soreness and tenderness of joints, pains like electric flashes, Cramps in calves.

Miasmatic Characteristics of Sciatica: [11]

Psoric Miasm: Chronic, dull, aching, or intermittent pain; worse by exertion, cold, or damp weather; may have weakness or fatigue.

Syphilitic Miasm: Sharp, burning, lancinating, or destructive pain; sudden onset; often linked with nerve degeneration or disc pathology.

Sycotic Miasm: Recurrent stiffness and restriction; triggered by overuse, prolonged sitting, or mechanical strain; associated with hypertrophic or proliferative changes.

Tubercular Miasm: Pain with hyperreactivity, inflammation, or spasms; worse at night; may involve nerve hypersensitivity or systemic irritability.

CONCLUSION

Mobility and day-to-day functioning are severely limited by sciatica. Conventional treatment relieves symptoms, but recurrence is common. Homoeopathy addresses the underlying susceptibility and treats the individual as a whole, guided by miasmatic analysis and Organon principles. Homoeopathy offers a safe and effective therapeutic approach which improves neurological function, reducing pain, and improving quality of life through the individualisation of remedy selection.

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Workplace and Neurological Health: Impact of Stress, Screens, and Poor Ergonomics on Headaches & Nerve Pain — Preventive Strategies for IT Professionals and Students

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Abstract

Workplace conditions such as chronic stress, prolonged screen exposure, and inadequate ergonomics contribute significantly to neurological complaints among IT professionals and students. This article integrates homeopathic principles—drawing upon Hahnemann's *Organon of Medicine*, classical materia medica, and over two decades of clinical experience—to analyse the pathogenesis of tension-type headaches, neuralgias, and strain-related neuropathies within this population. Preventive strategies, remedy suggestions, and follow-up approaches are discussed from a holistic clinician's perspective. Emphasis is placed on balancing mental stress, correcting posture, incorporating micro-breaks, and supporting constitutional health with indicated remedies.

Keywords

Headaches; Nerve pain; Ergonomics; Homeopathy; IT Professionals; Stress

Introduction

The twenty-first century has brought an unparalleled transformation in occupational health. A large proportion of today's workforce—particularly information technology (IT) professionals and university students—spend between six to twelve hours daily in front of digital screens. This unprecedented exposure, combined with demanding deadlines, multitasking, and performance pressures, produces a triad of **mental strain, physical strain, and neurological sequelae.**

The complaints most frequently reported are **chronic headaches, cervical and shoulder myalgia, visual fatigue, paraesthesia of the upper limbs, and stress-linked neuralgias.** Conventional medical practice tends to rely on **analgesics, muscle relaxants, physiotherapy, and ergonomic modification.** Yet from the perspective of a homeopathic physician, the problem extends beyond the musculoskeletal or nervous system. As Hahnemann emphasised, disease is an alteration of the *vital force,* and hence chronic occupational insults must be examined in their **miasmatic, mental, and constitutional context.**

The aim of this paper is twofold:

1. To elucidate how the combination of stress, screen exposure, and poor ergonomics contributes pathogenetically to neurological disturbance, from a homeopathic standpoint.

2. To propose preventive and therapeutic strategies—both lifestyle and remedy- based—relevant to clinicians treating IT professionals and students.

Objectives

- To delineate the pathophysiological and

energetic pathways through which occupational factors give rise to neurological complaints.

- To integrate homeopathic concepts such as *vital force, miasms,* and susceptibility in explaining these complaints.
- To recommend preventive strategies—ergonomic, lifestyle, and stress management—that complement constitutional prescribing.
- To suggest appropriate remedies, potencies, and follow-up strategies grounded in clinical experience and classical sources.

Materials and Methods (Conceptual / Observational)

This article is based on **clinical observation**, combined with literature review and materia medica cross-referencing. The methodology comprises:

- **Case review:** IT professionals and students with neurological complaints such as headaches, radiculopathy, and peripheral neuropathic pain.
- **Literature survey:** Screen ergonomics, occupational neurology, and stress neuroscience.
- **Materia medica correlation:** Symptom profiles were cross-referenced with Kent, Boericke, Phatak, Boger, and Allen.
- **Framework:** Preventive and therapeutic guidance formulated on Hahnemannian principles.

Inclusion criteria:

- Daily screen use exceeding six hours.
- Symptoms: recurrent headaches, cervical/ shoulder pain, neuralgia, or paraesthesia.
- Absence of gross structural pathology.

Exclusion criteria:

- Cases with irreversible neurological damage or surgical pathology.

Outcome measures:

- Subjective pain relief.
- Reduction in frequency and intensity of headaches.
- Improved posture and sleep.
- Reduced dependence on analgesics.

Discussion and Theoretical Framework

Stress and Vital Force Depletion

Chronic intellectual labour, deadlines, and the constant demand for productivity weaken the *vital force* (Organon, 5th ed., Aphorisms 5–6; 6th ed., Aph. 96). The psoric or psoro- tubercular burden predisposes to nervous exhaustion, impaired adaptability, and susceptibility to migraine or neuralgia.

Postural Strain and Microtrauma

Forward-head posture and prolonged cervical flexion generate cumulative microtrauma of paraspinal muscles, reduced vertebral artery flow, and intermittent nerve root compression. Clinically, this manifests as **cervicogenic headache, occipito-frontal tension, or cervical radiculopathy.**

Screen Exposure and Visual Strain

Blue light, glare, and prolonged near-focus stress the ocular apparatus. The trigeminal nerve, sensitised by ocular fatigue, frequently produces referred pain to temporal, occipital, or frontal regions. Visual strain is also linked to **migraine initiation** in susceptible individuals.

Cumulative Miasmatic Burden

Where susceptibility is heightened, even minor occupational insults—slight compression of a cervical nerve root, repetitive keyboard strain—manifest disproportionately. Stress and posture act synergistically, perpetuating chronic pathology.

Symptom Reinforcement and Chronicity

If unaddressed, maladaptive neuroplastic changes occur, producing **central sensitisation, medication overuse headaches, and depressive overlay.** This progression explains why many patients experience recurring cycles of partial relief and relapse.

Clinical Presentations

Occupational neurological complaints rarely manifest as isolated symptoms. They often overlap, producing **multi-layered presentations.**

- **Tension-Type Headache (TTH):** Bilateral, pressing/tightening in quality, mild to moderate intensity, non-throbbing, not aggravated by activity. Pericranial muscle tenderness is common. Triggers: prolonged computer use, psychological stress.
- **Cervicogenic Headache:** Pain originating in the cervical spine, radiating to occipital or orbital regions. Typically worsens by neck movement and associated with restricted cervical range of motion.
- **Migraine:** Often precipitated by **visual triggers** (screen flicker, glare, repetitive patterns), **sleep irregularities**, and stress. Accompanied by nausea, photophobia, and sometimes aura.
- **Ocular or Eye-Strain Headaches:** Frontal or periorbital pain linked to near work, especially in uncorrected refractive errors. May be relieved by rest or correction of vision.
- **Carpal Tunnel Syndrome (CTS):** Median nerve compression presenting with nocturnal paraesthesia, numbness in thumb and radial fingers, and clumsiness of grip. In advanced cases, thenar atrophy.
- **Cubital Tunnel Syndrome:** Compression of the ulnar nerve at the elbow, leading to numbness in the ring and little fingers, intermittent weakness, and reduced hand dexterity.
- **Radial Tunnel Syndrome and Lateral Epicondylalgia:** Pain in the proximal forearm, exacerbated by repetitive wrist extension or pronation. May mimic lateral epicondylitis.
- **Cervical Radiculopathy:** Compression of cervical roots, causing dermatomal pain, paraesthesia, and weakness in upper limb myotomes. Can mimic peripheral entrapment syndromes.
- **Thoracic Outlet Syndrome:** Postural narrowing compressing brachial plexus structures, leading to diffuse arm pain, paraesthesia, vascular compromise, and fatigue on overhead activity.
- **Digital Eye Strain (Computer Vision Syndrome):** Dryness, burning eyes, blurred vision, photophobia, and secondary headaches. Increasingly recognised among students and young professionals.
- **Psychophysiological Overlay:** Many patients report **insomnia, irritability, anxiety, or depressed mood**, which in turn perpetuates neurological symptoms. The *circular reinforcement* between psyche and soma is a key clinical observation.

This spectrum demonstrates that occupational neurology is **multifactorial**— simultaneously musculoskeletal, neurological, ophthalmic, and psychological.

Preventive and Therapeutic Strategies

A. Preventive / Lifestyle / Ergonomic Measures

No remedy can sustain benefit unless mechanical and stress-related insults are addressed. Key measures include:

Strategy	Rationale	Practical Tip
Micro-breaks every 30 – 45 min	Relieves postural load, prevents muscle fatigue	One–two minutes of stretching, gaze shift, shoulder rolls
Ergonomic workstation	Reduces cervical strain and nerve compression	Screen at eye level, chair with lumbar support, arms at 90°
Blue-light filters, blinking exercises	Reduces visual fatigue and trigeminal activation	Use software filters, anti-glare glasses, periodic gaze shift
Stress management	Preserves vital force	Short meditation, paced breathing, structured work–rest cycles
Regular exercise	Improves circulation and resilience	20–30 minutes moderate daily activity
Hydration, nutrition, sleep hygiene	Vital force support	Adequate meals, electrolyte balance, regular circadian rhythm

B. Homeopathic Remedy Suggestions

- **Kali phosphoricum:** For nervous exhaustion, brain fatigue, overwork, insomnia from worry.
- **Natrum muriaticum:** Reserved temperament,

silent grief, headaches from eye- strain, photophobia.

- **Coffea cruda:** Hypersensitivity, sleeplessness, over-excitement, mental hyperactivity.
- **Gelsemium:** Dull, heavy headaches, diplopia, visual fatigue, tremulous weakness.
- **Ruta graveolens:** Overstrain of tendons, periosteal pain, occipital neuralgia from cervical tension.
- **Kalmia latifolia:** Cervical neuralgia radiating to arm, shooting pains.
- **Hypericum perforatum:** Nerve trauma, tingling, lancinating pain.
- **Bryonia / Lycopodium / Arsenicum:** According to modalities—Bryonia for motion-aggravated headaches, Lycopodium for gastric-linked symptoms, Arsenicum for perfectionistic anxiety with weakness.

Clinical Vignette

A 28-year-old software engineer presented with daily occipito-frontal headaches, neck stiffness, tingling in the right fingers, and irritability. He reported, *"My eyes burn, my head feels heavy, I cannot think after 7 pm."* Posture examination showed forward head and rounded shoulders, with a poorly adjusted workstation.

Intervention comprised ergonomic correction, micro-breaks, and stress boundary setting. A single dose of **Kali phosphoricum 200C** was prescribed.

At one-week follow-up, headache frequency was reduced by 40%, fatigue was lessened, and posture awareness improved. He was then maintained on **Kali phosphoricum 200 SOS.** Over three months, he remained analgesic-free, requiring only occasional supportive doses.

Challenges, Caveats, and Future Directions

- Many patients request a "quick pill" and resist ergonomic reform. Education and persuasion are indispensable.
- Cases with structural pathology (e.g., cervical disc protrusion) demand co- management with neurology or physiotherapy.
- Controlled trials of homeopathy in occupational neurology are limited; future research must compare **remedy + ergonomic intervention** versus standard care.
- Over-prescription should be avoided; remedy changes must follow genuine symptom evolution, not practitioner impatience.

CONCLUSION

Neurological complaints related to occupational stress and digital overuse are rapidly increasing in prevalence. For the homeopathic physician, these cases underscore the need for a **dual strategy**: first, correction of stress, posture, and ergonomics; second, careful prescription according to constitutional totality.

By viewing "headaches" and "nerve pain" not as isolated conditions but as expressions of susceptibility shaped by environment, the clinician remains faithful to the spirit of Hahnemann. Future case series, multi-centre collaboration, and integration with occupational health science will further strengthen homeopathy's contribution to this modern epidemic.

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Dyslexia: Neurodevelopmental Insights and Holistic Management with Homoeopathy

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Abstract

Dyslexia is a neurobiological, language-based learning disability affecting reading, writing, and spelling, resulting from phonological processing deficits and atypical brain functioning and is unrelated to intelligence or motivation. Influenced by genetic, neurological, and developmental factors, it manifests differently across ages. Early diagnosis and intervention improve academic outcomes and self-esteem. Management involves educational strategies, individualized learning plans, and emotional support. Homoeopathy offers a holistic approach, addressing cognitive, emotional, and behavioral aspects, and, when combined with conventional therapies, enhances overall development, confidence, and long-term wellbeing.

Keywords

Dyslexia, Homoeopathy, Learning Disability, Cognitive Development, Emotional Support, Educational Intervention, Holistic Care

Introduction

Dyslexia is a developmental neurobiological, language-based learning disability that primarily affects an individual's ability to read accurately and fluently, as well as their spelling and writing skills.

Dyslexia, derived from the two Greek words *dys* (inadequate or lack of) and *lexicon* (word or verbal language), was initially termed "word blindness." Dyslexia therefore stands for problems learning how to read words and deal with language in print.

Dyslexia falls under the umbrella of "specific learning disorder." That disorder has three main subtypes:

- Reading (dyslexia).
- Writing (dysgraphia).
- Math (dyscalculia).

Causes and Risk Factors

Genetic and Neurological Factors

Children with a family history of dyslexia are more likely to develop the condition. However, dyslexia is not solely determined by genetics; it is a multifactorial developmental disorder influenced by both biological and environmental factors.

Research using MRI and other medical imaging techniques shows that many individuals with dyslexia exhibit reduced overall brain volume, decreased gray matter, and a notable reduction in the outer white matter. These structural differences contribute to less efficient neural circuits for reading.

Multiple studies have shown that people with dyslexia often experience a shift in hemisphere dominance for reading from the left to the right hemisphere. Researchers describe this shift as a disruption in intrahemispheric "short" connections or a dysfunction in corticocortical

connectivity. These neurological differences impair phonological awareness—the ability to identify and manipulate sounds in language.

Symptoms of Dyslexia

Early Childhood (Before School Age)

- Delayed speech development or late talking
- Learning new words slowly
- Difficulty forming words correctly, often confusing words that sound alike
- Trouble remembering or naming letters, numbers, and colors
- Challenges in learning nursery rhymes or participating in rhyming games

School Age

As children enter school, symptoms of dyslexia often become more noticeable.

- Reading more slowly than kids their ages
- Difficulty processing and understanding spoken information
- Struggling to find the right words or formulate answers to questions
- Trouble remembering sequences or steps in tasks
- Difficulty recognizing similarities and differences in letters and words
- Writing letters or numbers backward (e.g., "b" instead of "d")
- Inability to sound out the pronunciation of an unfamiliar word
- Spelling difficulties
- Taking an unusually long time to complete reading or writing tasks
- Avoiding reading-related activities
- Difficulty connecting letters with their corresponding sounds
- Writing slowly
- Perceiving words as blurry or as if they jump around on the page
- Struggling to follow instructions

Symptoms After Elementary School

- Social withdrawal due to difficulty communicating with peers
- Frequent errors in spelling, grammar, and punctuation
- Taking an unusually long time to complete homework or tests
- Messy or poorly formed handwriting
- Slow speech
- Avoidance of reading aloud
- Using incorrect words, such as saying "furnish" instead of "finish" or "lotion" instead of "ocean"

Diagnosis

It is important to note that not all students who have difficulties with these skills have dyslexia. Formal testing of reading, language, and writing skills is the only way to confirm a diagnosis of suspected dyslexia. An individual can have more than one learning or behavioural disability. For example, in various studies as many as 30% of those diagnosed with a learning or reading difference have also been diagnosed with ADHD. Although disabilities may co-occur, one is not the cause of the other.

Dyslexia cannot be diagnosed through a blood test or neurological examination. Instead, diagnosis involves comprehensive testing and assessment conducted by medical and educational professionals to identify characteristic signs of the condition.

Assessment Components

A typical dyslexia evaluation may include:

- Reading and decoding unfamiliar words
- Assessing verbal language skills
- Evaluating reading comprehension

- Testing spelling abilities
- Measuring vocabulary knowledge
- Assessing word recognition

SOCIAL AND EMOTIONAL CONNECTION

People with dyslexia often face emotional, social, and family challenges beyond academic struggles.

Anxiety is common, triggered by fear of failure and avoidance of reading or spelling tasks. This is often mistaken for laziness, though it stems from fear and confusion. Prolonged anxiety may lead to **depression.**

Anger arises from frustration in school and social life. Children may suppress it at school but release it at home, confusing parents. During adolescence, anger may also be used to assert independence.

Poor self-image develops when repeated failures cause children to feel powerless and inferior. Unlike typical learners, they may attribute success to luck and failure to stupidity.

Depression in dyslexic children often shows irritability, misbehavior, or hopelessness. They may struggle to enjoy life, expect future failure, and in severe cases, have suicidal thoughts.

Social problems stem from language and memory difficulties. Dyslexic students may misinterpret sarcasm, struggle with word retrieval, or recall events inconsistently—sometimes seen as lying. They may perform erratically, causing frustration for adults and hopelessness in themselves.

Family problems include sibling rivalry, as non-dyslexic children may resent the extra attention given to the affected child. Parents who deny or have lived through dyslexia themselves may project their own frustrations, straining family relationships.

Treatment

While there is no medication to treat dyslexia, a combination of educational strategies, emotional support, and tailored interventions can help children become effective readers and learners.

Early treatment

Early intervention is crucial for children with dyslexia. Early support in kindergarten or first grade helps children with dyslexia build strong reading skills and long-term success. Delayed help makes it harder to learn, often leading to academic struggles and difficulty catching up.

Reading Programs

Working with a reading specialist can help a child:

- Sound out letters and words using phonics
- Improve reading speed
- Understand more of what they read
- Write more clearly

Supporting a Child With Dyslexia at Home

Parents can support children with dyslexia at home by reading together, making learning fun, and breaking tasks into steps. Emotional support is vital: celebrate small wins, value effort, explain dyslexia positively, encourage hobbies, limit screen time, join support groups, and focus on strengths rather than struggles.

Supporting Adults With Dyslexia

Dyslexia is not a disease, nor is it a sign of low intelligence. It simply means that reading and related skills are more challenging. Many adults with dyslexia are highly capable, creative, and talented. They may excel in fields such as math, science, the arts, or even pursue successful careers in writing. With the right resources and strategies, adults with dyslexia can thrive both professionally and personally.

Role of Homoeopathy in Dyslexia

Homoeopathy looks at dyslexia not just as a learning problem, but as part of the child's overall development. It considers emotional, behavioral, and social aspects along with difficulties in reading and writing. This helps create a **complete picture of the child**, not just the "problem." Every dyslexic child is unique—one may have more difficulty with letters, another with numbers, and

another with memory or attention. Homoeopathy works alongside therapies like special education, speech therapy, or occupational therapy. The supportive and individualized perspective of homoeopathy helps these interventions become more effective by addressing the **child as a whole**. The goal isn't only better reading/writing scores, but **overall growth**—improving confidence, emotional balance, and adaptability in social and academic life. This helps the child reach their potential without feeling defined by the label of dyslexia.

Agaricus

- Children are late in learning to talk and walk due to a mental defect, a slowly developing mind.
- Children who can't remember, make mistakes and are slow in learning.
- Nervous patients who are going over their manuscripts find out their mistakes in writing and spelling.
- The condition of the mind is one in which they are slow to grasp ideas; wrong words float in kaleidoscopically. (kent)

Baryta Carb

- Children are late coming into usefulness; or activity; late with their studies; late learning to talk; late learning to read; late learning to make the combinations that enter into life; late learning to take in images, and form perceptions; to take on their activities; to do their work.
- Great weakness of memory. Inattention to studies in children. Deficient memory (children cannot remember and learn).
- Children easily forget what they have memorized. They have trouble concentrating.
- Children with dyslexia who have weak memory, mental fatigue, and low self confidence.
- Dullness and confusion of mind are the characteristic symptoms of baryta carb.

Calcarea Carb

- Great weakness of memory and of conception, with difficulty in thinking.
- Dizziness of mind. Forgetful; learns poorly.
- Tendency to make mistakes in speaking and to take one word for another.
- Confused, misplaces words and expresses himself wrongly.
- She fears she will lose her understanding, or that people will observe her confusion of mind.

Carcinosinum

- Impossibility to read because of difficult concentration or mental exhaustion; difficult concentration during conversation

Lycopodium

- Weak memory, confused thoughts; spells or writes wrong words and syllables.
- Failing brain-power.
- Cannot bear to see anything new. Cannot read what he writes.
- Inability to express oneself correctly; misapplication of words and syllables
- Confused speech.
- Confusion about everyday things, but rational talking on abstract subjects.
- Inability to remember what is read. Can not read what he writes.

Ambra Grisea

- Memory impaired
- Slow of comprehension, has to read a sentence over and over again, and then does not understand; thinking powers are quite impaired.

Germanium Metallicum

- Confusion can result in the Germanium Metallicum patient, leading to mistakes in speaking or writing. Dyslexia is a known symptom

of this remedy picture.

CONCLUSION

Dyslexia is a lifelong but manageable learning disability rooted in neurobiological and phonological deficits. While it presents challenges in reading, spelling, and writing, it does not reflect a person's intelligence or potential. Early diagnosis, individualized educational support, and emotional encouragement are critical to ensuring success. With effective strategies, individuals with dyslexia can overcome barriers and lead fulfilling, successful lives. Homoeopathy provides a holistic, individualized approach addressing cognitive, emotional, and behavioral aspects. Integrated with conventional therapies, homoeopathy can enhance confidence, overall development, and long-term wellbeing, enabling individuals with dyslexia to achieve their full potential.

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Role of Homoeopathy in the Management of Alzheimer's Disease: A Holistic Therapeutic Approach

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Abstract

Alzheimer's disease (AD) is a progressive neurodegenerative disorder and the leading cause of dementia worldwide. It is characterized by memory impairment, cognitive decline, behavioral disturbances, and gradual loss of independence. The prevalence of AD is rising globally due to aging populations, posing significant medical, social, and economic challenges. Conventional treatments, including cholinesterase inhibitors and NMDA receptor antagonists, provide symptomatic relief but fail to reverse underlying neurodegeneration. Homoeopathy, through its individualized and holistic approach, offers a complementary therapeutic strategy aimed at improving cognitive function, emotional well-being, and quality of life. This review explores AD in terms of pathophysiology, clinical features, risk factors, diagnosis, differential diagnosis, and the role of homoeopathic interventions.

Keywords

Alzheimer's disease, Dementia, Cognitive decline, Memory loss, Homoeopathy, individualized therapy, Holistic care

Introduction

Alzheimer's disease was first described by Alois Alzheimer in 1906 when he observed a patient presenting with severe memory impairment, language difficulties, and unusual behavioral changes. Upon neuropathological examination, he discovered amyloid plaques and neurofibrillary tangles in the cerebral cortex, which remain hallmark features of AD. Today, AD accounts for 60–70% of all dementia cases globally, affecting over 55 million people, and this number is expected to rise significantly with increasing life expectancy [1].

AD is primarily characterized by progressive neuronal loss, particularly in the hippocampus and cortex, leading to deficits in memory, cognition, reasoning, and behavior. The disease progresses slowly over years, starting with mild memory lapses and advancing to severe cognitive and functional impairment . The pathological process involves accumulation of beta-amyloid plaques, hyperphosphorylation of tau proteins, oxidative stress, and chronic neuroinflammation, all of which contribute to synaptic dysfunction and neuronal death [2].

Conventional pharmacological treatments, such as cholinesterase inhibitors (donepezil, rivastigmine, galantamine) and NMDA receptor antagonists (memantine), primarily offer symptomatic relief and fail to halt disease progression [3]. Homoeopathy, in contrast, employs individualized treatment based on the totality of symptoms, encompassing physical, emotional, and mental characteristics of the patient. This approach aims to enhance cognitive function, reduce behavioral disturbances, and improve overall quality of life [4].

Epidemiology

Alzheimer's disease prevalence increases markedly with age. Approximately 3% of individuals

aged 65–74 are affected, while prevalence rises to 17% in those aged 75–84 and reaches nearly 32% above 85 years [5]. Women are slightly more affected than men, likely due to longer life expectancy. Early-onset AD, occurring before age 65, is uncommon and often linked to genetic mutations, while late-onset AD is more prevalent and influenced by multiple factors including genetics, lifestyle, and environment [6,7]. The rising prevalence of AD worldwide underscores the urgent need for effective management strategies.

Pathophysiology

AD is a complex neurodegenerative disorder resulting from multiple pathological processes:

1. **Amyloid-beta deposition**: Misfolded beta-amyloid peptides aggregate to form extracellular plaques, disrupting synaptic communication and triggering neurotoxicity.
2. **Tau protein hyperphosphorylation**: Tau proteins form intracellular neurofibrillary tangles, which interfere with microtubule stability and neuronal transport.
3. **Cholinergic dysfunction**: Loss of cholinergic neurons in the hippocampus and cortex leads to deficits in memory and cognition.
4. **Oxidative stress and mitochondrial dysfunction**: Free radicals damage cellular components and reduce neuronal energy metabolism, exacerbating neurodegeneration
5. **Neuroinflammation**: Activated microglia release pro-inflammatory cytokines, contributing to progressive neuronal injury [8,9].

Together, these mechanisms lead to synaptic dysfunction, neuronal loss, and the clinical manifestations of cognitive decline and behavioral disturbances.

Clinical Features

AD manifests gradually, typically over several years. Symptoms can be grouped into cognitive, behavioral, and functional categories:

Cognitive Symptoms

Patients experience progressive memory loss, particularly affecting recent events. They often struggle with attention, planning, and problem-solving. Language impairment (aphasia) and difficulty in finding words are common, along with disorientation in time and place.

Behavioral and Psychiatric Symptoms

Behavioral changes such as irritability, aggression, and social withdrawal are frequently observed. Emotional disturbances including depression, anxiety, and apathy are also common, and in advanced stages, patients may experience hallucinations or delusions.

Functional Impairment

As the disease progresses, patients lose the ability to perform routine tasks such as cooking, dressing, and bathing. Eventually, complete dependence on caregivers becomes necessary [10].

Types of Alzheimer's Disease

AD can be classified based on age of onset and genetic factors:

1. **Early-onset AD**: Occurs before age 65 and is often associated with mutations in APP, PSEN1, or PSEN2 genes.
2. **Late-onset AD**: Occurs after 65 years and is commonly linked with the APOE-ε4 allele.
3. **Familial AD**: A hereditary form affecting multiple family members through autosomal dominant inheritance.
4. **Sporadic AD**: Multifactorial in origin, influenced by age, comorbidities, and environmental factors [11].

Causes and Risk Factors

The etiology of AD is multifactorial:

- **Genetic predisposition**: Mutations in APP, PSEN1, PSEN2, and the APOE-ε4 allele increase susceptibility.
- **Age**: Advancing age is the most significant risk factor.
- **Comorbidities**: Hypertension, diabetes,

obesity, and hyperlipidemia contribute to risk.

- **Lifestyle factors**: Sedentary behavior, smoking, alcohol use, and poor nutrition exacerbate risk.
- **Head trauma**: Repeated injuries can accelerate cognitive decline.
- **Psychosocial factors**: Low education, social isolation, and depression increase vulnerability [12].

Complications

AD leads to multiple complications including total dependence on caregivers, malnutrition, dehydration, infections, falls, and fractures. Psychiatric complications such as agitation, psychosis, and depression further compromise quality of life.

Diagnosis

Diagnosis involves a combination of clinical assessment, cognitive testing, imaging, and laboratory evaluation.

- **Clinical evaluation**: Detailed patient history and cognitive assessment.
- **Neuropsychological testing**: Tools like the Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) are used to quantify cognitive decline.
- **Imaging**: MRI and CT scans identify structural brain changes; PET scans detect amyloid deposition.
- **Laboratory tests**: Assess for reversible causes of cognitive decline such as thyroid dysfunction or vitamin B12 deficiency [13].

Differential Diagnosis

AD must be distinguished from other causes of dementia, including vascular dementia, Lewy body dementia, frontotemporal dementia, Parkinson's disease dementia, normal pressure hydrocephalus, and depression-related pseudodementia.

Homoeopathic Perspective

Homoeopathy approaches AD using **individualized prescribing**, considering physical, emotional, and mental symptoms. Treatment is aimed at improving cognition, reducing behavioral disturbances, and enhancing quality of life.

Commonly Used Remedies

1. **Baryta carbonica** – For premature senility, childish behavior, weak memory, confusion, and inability to learn new things. Suited to elderly patients who forget daily tasks and feel insecure.
2. **Alumina** – Indicated when comprehension is slow, with absent-mindedness and confusion about identity or surroundings. Patients often forget what they are about to do or say.
3. **Anacardium orientale** – Useful in severe memory weakness, suspicion, and the peculiar "duality of will." Patients forget names, words, or recent events, and may show indecisiveness.
4. **Cannabis indica** – For extreme forgetfulness, difficulty in connecting thoughts, and loss of the thread while speaking. Time and space perceptions may be disturbed.
5. **Phosphoric acid** – When memory weakness comes from grief, exhaustion, or prolonged stress. Patients appear indifferent, dull, and apathetic.
6. **Lycopodium clavatum** – Weak memory for names, words, and places. Patients transpose letters and syllables, lack confidence, and often anticipate failure.
7. **Natrum muriaticum** – For forgetfulness linked to grief and emotional trauma. Past painful experiences remain vivid, while present comprehension is poor.
8. **Medorrhinum** – Very forgetful; forgets names, words, and even what was just said. Misplaces objects, forgets appointments, and often has hurried, restless behavior.
9. **Kali phosphoricum** – A nerve tonic for brain fatigue, mental weakness, and memory decline from overwork, stress, or prolonged

illness. Patients feel dull and unable to concentrate.

10. **Conium maculatum** – Best suited to age-related memory decline and senile dementia. The mind works slowly, comprehension is weak, and recalling past events is difficult [14,15,16].

Role in Symptom Management

Homoeopathic remedies can support cognition, stabilize mood and behavior, reduce anxiety or agitation, and enhance overall well-being. The holistic approach also benefits caregivers by improving patient cooperation and daily functioning.

CONCLUSION

Alzheimer's disease is a progressive, debilitating disorder with significant impact on patients and families. Conventional treatments provide symptomatic relief but cannot halt disease progression. Homoeopathy, through individualized and holistic care, offers complementary management to improve cognitive function, emotional balance, and quality of life. Further clinical studies are needed to validate its role in evidence-based dementia care.

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Role of Homoeopathy in Alcohol Addiction Management: An Integrative Approach

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Abstract

Alcohol addiction, or alcohol use disorder (AUD), is a chronic relapsing condition characterized by compulsive alcohol consumption, loss of control over intake, and negative emotional states during withdrawal. It has multifactorial causes involving genetic, psychological, and environmental factors and leads to serious physical, mental, and social consequences. Conventional treatments, including pharmacotherapy and psychotherapy, aim at detoxification and relapse prevention but often have limited long-term success due to relapse and side effects. Homoeopathy, based on the principles of individualization and holistic care, may offer a complementary approach by addressing the underlying emotional disturbances, cravings, and behavioral tendencies associated with addiction. This review explores the proposed role of homoeopathy in managing alcohol addiction and emphasizes the need for further research to substantiate its effectiveness.

Keywords

Alcohol addiction, dependence, craving, withdrawal, homoeopathy, holistic care, neuroadaptation, relapse prevention

Introduction

Alcohol addiction, also known as Alcohol Use Disorder (AUD), is a major public health concern worldwide, characterized by the inability to control alcohol consumption despite adverse consequences. It was first recognized as a disease entity in the 19th century when the term "alcoholism" was introduced by Magnus Huss in 1849 [1]. Chronic alcohol consumption leads to adaptive changes in the brain's reward and stress systems, resulting in tolerance, dependence, and withdrawal symptoms when intake is reduced.

Globally, alcohol use contributes significantly to morbidity and mortality, being responsible for approximately 3 million deaths annually, accounting for 5.3% of all deaths [2]. Alcohol affects nearly every organ system, leading to liver disease, cardiovascular complications, neuropsychiatric disorders, and social dysfunction. Conventional management focuses on detoxification, pharmacological interventions such as disulfiram, naltrexone, or acamprosate, and behavioral therapies. However, high relapse rates and emotional instability remain persistent challenges [3].

Homoeopathy offers a holistic and individualized therapeutic strategy aimed at managing both physiological and psychological aspects of addiction, reducing cravings, stabilizing emotions, and promoting long-term recovery.

Epidemiology

According to the World Health Organization (WHO), about 107 million people worldwide suffer from alcohol use disorder, with men being more affected than women (3:1 ratio). The prevalence varies regionally, with the highest rates seen in Europe and the Americas. In India, around 14.6% of the population aged 10–75 years

consumes alcohol, with 2.7% exhibiting dependence patterns [4]. Alcohol-related disorders contribute significantly to premature mortality, accidents, violence, and socio-economic burdens globally.

Pathophysiology

The neurobiological mechanisms underlying alcohol addiction involve complex interactions between neurotransmitter systems and neural circuits:

1. Reward pathway activation: Alcohol stimulates dopamine release in the mesolimbic pathway (nucleus accumbens), producing euphoria and reinforcing use.
2. Neuroadaptation: Chronic consumption downregulates dopamine receptors, leading to tolerance and diminished pleasure response.
3. GABA and glutamate imbalance: Alcohol enhances GABAergic inhibition and suppresses glutamatergic excitation. During withdrawal, this balance reverses, causing hyperexcitability, anxiety, and seizures.
4. Endorphin system dysregulation: Alcohol increases endogenous opioid activity, contributing to reinforcement and craving.
5. Neuroinflammation and oxidative stress: Chronic intake induces inflammatory and oxidative changes, leading to neuronal injury and cognitive decline [5,6].

These neurobiological changes perpetuate dependence, craving, and withdrawal symptoms, making recovery challenging.

Clinical Features

1. Behavioral and Psychological Symptoms

- Strong craving and loss of control over drinking
- Neglect of responsibilities and social withdrawal
- Denial or minimization of drinking habits
- Mood swings, irritability, or depression

2. Physical Symptoms

- Tremors, sweating, palpitations, and nausea during withdrawal
- Sleep disturbances and fatigue
- Gastrointestinal discomfort and poor appetite
- Coordination difficulties and slurred speech

3. Cognitive and Emotional Symptoms

- Impaired memory and attention
- Anxiety, guilt, and emotional instability
- Delirium tremens in severe withdrawal cases [7,8]

Types of Alcohol Addiction

1. Type I (Late-onset): Occurs after 25 years, influenced by environment and stress, with less severe dependence.
2. Type II (Early-onset): Begins before 25 years, strong genetic link, associated with impulsivity and antisocial behavior.
3. Acute alcohol intoxication: Temporary impairment of consciousness and coordination.
4. Chronic alcoholism: Long-term dependence with systemic complications [9].

Causes and Risk Factors

- Genetic predisposition: Variants in genes regulating dopamine and alcohol metabolism (ADH1B, ALDH2).
- Psychological factors: Low self-esteem, anxiety, depression, stress, or trauma.
- Environmental influences: Peer pressure, easy availability, and cultural acceptance.
- Socioeconomic factors: Unemployment, relationship issues, and poor social support.
- Early exposure: Alcohol use during adolescence increases the risk of dependence [10].

Complications

- Physical: Liver cirrhosis, gastritis, pancreatitis, hypertension, cardiomyopathy.
- Neurological: Peripheral neuropathy, Wernicke–Korsakoff syndrome, cognitive decline.
- Psychiatric: Depression, anxiety disorders, psychosis, suicidal tendencies.
- Social: Family breakdown, financial instability, legal issues, unemployment.
- Withdrawal-related: Seizures, delirium tremens, dehydration, electrolyte imbalance [11].

Diagnosis

Diagnosis is primarily clinical, supported by history, examination, and standardized tools:

- Clinical assessment: Evaluating tolerance, craving, and withdrawal.
- Screening tools: CAGE questionnaire, AUDIT (Alcohol Use Disorders Identification Test).
- Laboratory tests: Elevated liver enzymes (GGT, AST, ALT), macrocytosis, elevated MCV.
- Imaging: To assess liver or brain damage when necessary.
- DSM-5 criteria: Used to classify severity of Alcohol Use Disorder [12].

Differential Diagnosis

- Substance use disorders (opioids, benzodiazepines)
- Bipolar disorder or major depression
- Schizophrenia with substance use
- Generalized anxiety disorder
- Delirium due to other medical causes

Homoeopathic Perspective

Principles

Homoeopathy focuses on treating the patient as a whole rather than merely suppressing symptoms. In alcohol addiction, the goal is to restore mental equilibrium, reduce craving, manage withdrawal, and strengthen willpower through individualized prescriptions. Remedies are selected based on personality traits, causative factors, emotional disturbances, and physical manifestations.

Commonly Used Remedies

1. **Quercus glandium spiritus**
   - Reduces craving for alcohol and aids detoxification.
   - Beneficial in cases with enlarged liver and tremors due to prolonged drinking.
2. **Nux vomica**
   - Indicated for irritability, nausea, and gastric disturbances after alcohol use.
   - Suitable for individuals with a sedentary lifestyle and overindulgence in stimulants.
3. **Sulphur**
   - Helpful for chronic alcoholism with neglect of hygiene, aversion to water, and craving for spirits.
   - Used in persons with strong dependence and relapse tendency.
4. **Capsicum annuum**
   - Useful for homesick, irritable individuals with burning sensations and a tendency to drink due to emotional pain.
5. **Avena sativa**
   - Acts as a tonic for nervous exhaustion and insomnia after withdrawal.
   - Supports convalescence and strengthens the nervous system.
6. **Arsenicum album**
   - Beneficial in cases with anxiety, restlessness, and fear during withdrawal phases.
   - Indicated for individuals with weakness,

trembling, and digestive issues [13,14,15].

Role in Symptom Management

- Craving reduction: Remedies like Quercus glandium spiritus and Nux vomica help curb the urge to drink.
- Withdrawal management: Avena sativa and Arsenicum album relieve restlessness, anxiety, and insomnia.
- Liver support: Chelidonium majus and Carduus marianus aid hepatic detoxification.
- Emotional balance: Ignatia amara and Lachesis mutus help stabilize mood and reduce depression.
- Overall well-being: Holistic care enhances motivation, self-control, and social reintegration.

CONCLUSION

Alcohol addiction is a multifaceted disorder involving biological, psychological, and social dimensions. Conventional management focuses on detoxification and relapse prevention but often overlooks the individual's emotional and mental health needs. Homoeopathy provides a holistic, individualized approach that addresses the root causes of addiction, alleviates withdrawal symptoms, reduces craving, and improves overall mental and physical well-being. While more evidence-based studies are warranted, homoeopathy holds promise as an adjunctive therapy in comprehensive alcohol addiction management.

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Neurological Disorders through the Lens of Homoeopathy

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Keywords

Neurological disorder, Holistic approach, Miasmatic understanding.

Abstract

Neurological disorders encompass a wide range of conditions affecting the brain, spinal cord, and peripheral nerves. While conventional medicine focuses mainly on pharmacological or surgical management, Homoeopathy offers a holistic approach aimed at stimulating the body's self-healing mechanism. This article explores the scientific, clinical, and philosophical scope of Homoeopathy in neurological disorders, emphasizing individualized treatment and the importance of miasmatic understanding.

Introduction

The nervous system, being the control center of all bodily functions, is susceptible to various pathological and functional disturbances. Neurological disorders such as epilepsy, Parkinson's disease, multiple sclerosis, migraine, neuralgia, neuropathies, and cerebrovascular accidents significantly affect quality of life and often lead to long-term disability. Despite advances in modern neurology, many cases remain incurable, which highlights the importance of complementary systems like Homoeopathy. According to the World Health Organization (WHO), neurological disorders account for nearly 6.3% of the global disease burden, affecting millions of people worldwide.

Homoeopathy, founded by Dr. Samuel Hahnemann, offers a dynamic approach that aims to correct the disturbed vital force rather than merely suppressing symptoms. Neurological disorders often have dynamic origins before structural manifestations appear; thus, Homoeopathic intervention at early stages can be transformative. The principle of "Similia Similibus Curentur" (let likes be treated by likes) forms the basis of selecting individualized remedies that resonate with the patient's totality of symptoms.

CLASSIFICATION OF NEUROLOGICAL DISORDERS

I. Based on site of lesion

Category	Structure involved	Examples
Central Nervous System Disorders	Brain and Spiral cord	Stroke, Parkinson's disease, Multiple sclerosis, Epilepsy, Encephalitis, Meningitis.
Peripheral Nervous System Disorders	Peripheral nerves and ganglia	Guillain- Barre syndrome, Peripheral neuropathy (e.g. Diabetic neuropathy), Bell's palsy.

Autonomic Nervous System Disorders	Involuntary Control system	Dysautonomia, Postural orthostatic tachycardia syndrome (POTS)
Muscular Disorders	Neuromuscular junction and Muscle	Myasthenia gravis, Muscular dystrophy, Polymyositis.

II. BASED ON ETIOLOGY

Vascular Disorders	Stroke, Transient ischemic attack, Aneurysm.
Infectious Disorders	Meningitis, Encephalitis, Poliomyelitis.
Autoimmune Disorders	Multiple sclerosis, Guillain- Barre syndrome, Myasthenia gravis.
Degenerative Disorders	Alzheimer's disease, Parkinson's disease, Huntington's chorea
Neoplastic Disorders	Brain tumors (glioma, meningioma, astrocytoma)
Metabolic and Nutritional Disorders	Wernicke's encephalopathy, Diabetic neuropathy, Hypothyroid neuropathy.
Congenital and Developmental Disorders	Cerebral palsy, Spina bifida, Muscular dystrophy, Neural tube defect.
Genetic/ Hereditary Disorders	Huntington's disease, Friedreich's ataxia, Duchenne muscular atropy.
Functional disorders(Psychogenic)	Conversion disorders, Somatoform disorder.

III. BASED ON FUNCTION AFFECTED

Motor Disorders	Paralysis, Dystonia, Tremor.
Sensory Disorders	Neuralgia, Neuropathy, Parasthesia.
Cognitive Disorders	Dementia, Amnesia, Aphasia
Seizure Disorders	Epilepsy, Febrile seizures.

Philosophical Basis of Homoeopathic Approach

Homoeopathy is based on the principle of 'Similia Similibus Curentur'. It views disease as a disturbance in the dynamic equilibrium of the vital force. In neurological disorders, this disturbance often precedes structural pathology. Homoeopathic remedies act on the dynamic plane to restore the body's inherent balance and vitality through individualized and miasmatic prescribing. The miasmatic background—Psora, Sycosis, or Syphilis—often plays a vital role in the chronicity and expression of these conditions.

Dr. Samuel Hahnemann did not explicitly use the term "Neurological Disorders" in the Organon of Medicine or his other writings, because in his era (late 18th–early 19th century), the concept of neurology as a distinct medical branch did not yet exist.

However, his theoretical framework, principles, and cases clearly relate to what we now recognize as neurological conditions (disorders of the brain, spinal cord, and nerves).

1. Organon of Medicine (6th Edition)-Vital Force and Dynamic Diseases (§9, §11, §15, §16)

- Hahnemann explained that all diseases—including those affecting the nervous system—arise from a dynamic disturbance of the vital force, not from structural change alone.
- This directly includes conditions now called neurological (e.g., paralysis, convulsions, epilepsy).

2. One-sided Diseases (§172–§178)

He described one-sided diseases where only a few symptoms appear—many neurological diseases (like paralysis, epilepsy, facial palsy) fall in this category.

§173: "These are diseases in which only one or a few symptoms predominate… the rest of the morbid state lies concealed."

3. Mental and Emotional Diseases (§210–§230)

- Mental and emotional diseases were considered to arise from or influence nervous system derangement.
- Hahnemann saw the mind and nerves as part of one dynamic system—this anticipates the modern neuropsychiatric understanding.

4. Chronic Diseases (Theoretical Part)

In The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure (1828), Hahnemann described many conditions that today would be labelled as neurological.

Examples:

- Epilepsy, chorea, paralysis, tremors, neuralgias, vertigo, convulsions — all discussed as

results of chronic miasmatic affections, especially Psora.

- He linked functional nervous disorders to deep-seated miasmatic causes.

"The chronic miasms lie at the root of most nervous affections, when not the result of recent physical injury."

(The Chronic Diseases, Vol. I)

5. Materia Medica Pura & Lesser Writings

In Materia Medica Pura, Hahnemann and his provers recorded many neurological symptoms (e.g., tremors, spasms, numbness, paralysis, vertigo) for remedies like:

Remedy	Neurological Symptoms (as per Hahnemann)
Belladonna	Convulsions, spasms, cerebral congestion
Hyoscyamus	Trembling, Twitching, Delirium
Nux vomica	Spinal irritation, Paralysis, Convulsive attack
Opium	Coma, insensibility, apoplexy- like states.
Aconite	Numbness, Neuralgia, Anxiety with restlessness.

These prove that Hahnemann recognized nerve-origin symptoms and considered them part of systemic disease processes.

Reference to Repertory

- Kent's Repertory provides a systematic approach to locate rubrics related to neurological dysfunctions.
- Key related rubrics appear under: Mind, Head, Vertigo, Back, Extremities, and Generalities.

Organization of Kent's Repertory

Arranged from Generals to Particulars.

Each chapter subdivided by anatomical and functional sections.

Important neurological sections:

- Mind (mental symptoms)
- Head and Vertigo (CNS symptoms)
- Back (spinal disorders)
- Extremities (motor and sensory functions)
- Generalities (systemic manifestations).

CENTRAL NERVOUS SYSTEM RUBRICS

- Mind – Delirium, rambling.
- Mind – Confusion, morning, rising.
- Generalities – Convulsions, epileptic, aura. Generalities – Convulsions, warm air streaming up spine.
- Head – Heaviness, pressure, or dullness

HEAD AND VERTIGO RUBRICS

- Vertigo – On turning head.
- Vertigo – Ameliorated by lying down.
- Head – Sensation of emptiness.
- Head – Heaviness and pressure in occiput.
- Head – Throbbing or bursting sensations.

SPINAL AND BACK RUBRICS

- Back – Pain as from bruised spine.
- Back – Paralytic weakness.
- Back – Sensation as if cold water poured down back.
- Generalities – Convulsions with spinal irritation.
- Back – Numbness extending to limbs.

EXTREMITIES RUBRIC

- Extremities – Paralysis, upper or lower limbs.
- Extremities – Trembling, twitching, spasms.
- Extremities – Weakness while walking.
- Extremities – Numbness and formication.
- Extremities – Cramps and contractures.

SENSORY AND NEURALGIC RUBRIC

- Numbness – Coccyx, while sitting.
- Formication – Extending to limbs.
- Neuralgia – Facial, sciatic, intercostal.
- Sensations – Burning, tingling, crawling.
- Pain – Shooting or tearing along nerves.

GENERALITIES AND MODALITIES

- Aggravations: Motion, cold, mental exertion.
- Ameliorations: Rest, warmth, gentle motion.
- Periodicity and alternating symptoms.
- Generalities – Convulsions, epileptic.
- Generalities – Weakness and exhaustion after attack.

Homoeopathic Medicine for Neurological Disorders with Key indications: -

Neurological Disorder	Homoeopathic Remedies	Key Indication
1) Stroke / Paralysis	Arnica	After trauma, Haemorrhage. Apoplexy, paralysis left sided. Loss of consciousness, involuntary evacuation from bowel and bladder.
	Causticum	Paralysis of single parts- vocal organs, tongue, eyelids, face, extremities, bladder; generally, of right side.
	Gelsemium	Lack of muscular coordination Muscle refuse to obey the will. Complete relaxation and prostration of whole muscular system with motor paralysis. Dizziness, drowsiness, dullness and trembling is marked.
	Lachesis	Left sided paralysis worse after sleep. Loquacity, Jealousy, Delirium tremens with marked trembling.
2) Epilepsy	Cuprum Metallicum	Aura begins in knees and ascends. Violent spasms, clenched thumbs, blue face. Seizures after suppressed eruption.
	Cicuta virosa	Convulsion with loss of consciousness. Opisthotonus, Brain disease from suppressed eruption.
	Hyoscyamus Niger	Spasm with consciousness. Every muscle in the body twitches from eyes to the toes.
	Bufo Rana	Convulsive seizure occurs during sleep at night. Spasm during coition.
3) Neuralgia	Spigelia	Trigeminal neuralgia, left sided , electric like pain. Worse – touch, noise, motion.
	Magnesium Phosphoricum	Pain – sharp, cutting, lightning like in coming and going better by heat and pressure.
	Sanguinaria Canadensis	Neuralgia of face > kneeling down and pressing the head firmly against the floor.
4) Multiple Sclerosis	Plumbum	Muscular atrophy from sclerosis of spinal system.
	Lathyrus Sativus	Lateral Sclerosis. Affects lateral and anterior column of the cord. Reflexes always increased. Spastic paralysis.
	Zincum	Spinal affection – burning along whole length of spine.
	Mercurius Solubilis	Paralysis agitans with trembling extremities especially hands. Excessive salivation.
	Plumbum	Weakness or loss of memory. Slow of perception.
	Agaricus Muscarius	Unsteady gait, stumbling. Tremors in elderly. Trembling, twitching, spasmodic jerking of muscles.

Pathophysiological Overview in Homoeopathy

From a Homoeopathic standpoint, neurological disorders arise from a dynamic imbalance of the vital force, resulting in functional disturbances that later manifest as organic pathology.

- The miasmatic background—Psora, Sycosis, or Syphilis—often plays a vital role in the chronicity and expression of these conditions.
- Psoric tendencies may lead to functional disturbances (e.g., neuralgias, headaches).
- Syphilitic expressions may manifest as destructive lesions (e.g., multiple sclerosis, paralysis).
- Sycotic tendencies can lead to degenerative or proliferative pathologies (e.g., Parkinsonism, tumors).

Hence, treatment must be both miasmatic and symptomatic for effective neurological recovery.

Advantages of Homoeopathy in Neurology

- Holistic approach addressing mind and body.
- Minimal side effects and safe for long-term use.
- Cost-effective and complementary to modern therapy.
- Enhances quality of life and emotional well-being.

Future Scope

1. Collaborative research integrating Homoeopathy and neuroscience.
2. Development of standardized protocols for chronic neurological cases.
3. Establishment of Homoeopathic neuro-rehabilitation centers.
4. Documentation of large-scale clinical trials and case series

DISCUSSION

Homoeopathy holds significant potential in managing neurological disorders through its individualized, holistic, and miasmatic approach. By addressing the dynamic disturbance rather than only the structural lesion, it promotes neuro-functional restoration, improves mental resilience, and enhances patient well-being. Homoeopathy continues to hold a significant and expanding role as a safe, holistic, and patient – centered system of healing. Its integration with modern medical approaches not only enhances therapeutic outcomes but also enriches our understanding of individualised care.

Homoeopathy offers significant potential in neurological care. Its holistic principle addresses not just pathology but the psychosomatic link—essential in disorders like Parkinsonism and epilepsy. Remedies act subtly yet profoundly on neural tissues, supporting both prevention and recovery. Integration with modern neurodiagnostic tools can help bridge the gap between classical Homoeopathy and evidence-based medicine.

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Hereditary Neuropathy: Genetic Foundation & Homoeopathy- Dynamic Approach

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PEER REVIEWED

Abstract

Hereditary neuropathies represent a challenging frontier in neurology — disorders where the blueprint of life itself, our genetic code, becomes the source of degeneration. Modern medicine decodes these mutations with precision but remains limited to symptomatic relief. Homoeopathy, rooted in the dynamic understanding of life and disease, offers a parallel yet profound perspective — one that seeks to awaken the body's inherent capacity for balance and repair. As genetics evolves to include the field of epigenetics, this boundary between material science and dynamic healing begins to blur. This paper explores the scientific, philosophical, and future integrative dimensions of hereditary neuropathy through the lens of homoeopathy and modern genetics.

Keywords

Hereditary Neuropathy, Homoeopathy, Neurodegeneration, Demylation Individualized medicine, Homoeopathic Medicines

Abbreviations

CMT: Charcot-Marie-Tooth, **PMP22:** peripheral myelin protein-22, **MPZ:** myelin protein zero, **EGR2:** early growth response2, **MFN2**: mitofusin-2, **ALS:** amyotrophic lateral sclerosis, **MND**s: motor neuron diseases, **VLCFA**s: very long-chain fatty acids, **PEX:** peroxisomal biogenesis factor, **ALDP:** adrenoleukodystrophy protein, **ABCD1:** ATP binding cassette subfamily D memer1, **AD:** autosomal dominant; **AR:** autosomal recessive; **ATL1:** atlastin GTPase1; **DNMT1DNA:** (cytosine-5) methyltransferase1; **DST:** dystonin; **FAM1348:** family with sequence similarity 134, member B; **IKBKAP:** inhibitor of light polypeptide gene enhancer in B cells, kinase complex-associated protein; **KIF1A:** kinesin family member 1A; **NGF:** nerve growth factor (B polypeptide); **NTRK1:** neurotrophic tyrosine kinase, receptor, type 1, **SPTLC1:** serine palmitoyltransferase, long chain base subunit 1: **SPTLC2:** serine palmitoyltransferase, long chain base subunit 2; **WNK1:** WNK lysine deficient protein kinase 1.

Introduction

Hereditary neuropathies are inherited disorders of the peripheral nerves, leading to progressive weakness, sensory impairment, and muscular wasting. The most common form, Charcot–Marie–Tooth disease (CMT), along with other variants such as Hereditary Sensory and Autonomic Neuropathy (HSAN) and Hereditary Neuropathy with Liability to Pressure Palsies (HNPP), collectively affect thousands of individuals worldwide.

Conventional medicine identifies over 100 gene mutations responsible for these conditions — such as those affecting PMP22, MPZ, and MFN2

— yet no curative therapy exists. Most interventions remain supportive, aimed at maintaining function and minimizing deformity.

Here lies the bridge to homoeopathy: while genetics explains how the disease manifests, homoeopathy delves into why a particular constitution succumbs to it. Where genes describe structure, the homoeopathic view interprets susceptibility — the inherited pattern of reaction that shapes an individual's response to environment, stress, and disease.

Literature-

Hereditary neuropathies are congenital degenerative disorders of the peripheral nerves, such as Charcot–Marie–Tooth (CMT) disease. They may occur independently or as part of other hereditary conditions. These neuropathies can be non-syndromic, affecting only peripheral nerves, or syndromic, involving multiple systems. Demyelinating forms arise from defects in Schwann cell genes, while axonal types result from neuronal gene mutations. Additionally, mutations in non-neuronal genes, as seen in inherited amyloid neuropathies, can lead to peripheral nerve damage due to amyloid fibril deposition in nerves and other organs.[1,2]

Hereditary neuropathies are classified as:

1. Motor and sensory
2. Sensory and autonomic
3. Motor

1. Motor and sensory neuropathies[3,4,5]

Motor and sensory neuropathies are classified into three main types—CMT1, CMT2, and CMT3—typically manifesting in childhood, with rarer and more severe variants appearing at birth. CMT1 and CMT2, the most common forms of Charcot–Marie–Tooth disease (peroneal muscular atrophy), are usually inherited in an autosomal dominant manner, though recessive and X-linked cases exist. CMT1 is most often caused by a duplication of the PMP22 gene on chromosome 17, accounting for 70–80% of cases. Clinically, both types present with distal muscle weakness and wasting, especially in the peroneal region, and often show a positive family history. Disease severity varies, ranging from asymptomatic cases with slowed nerve conduction to significant functional impairment.

Patients with CMT1 may present in middle childhood with[11]

i. Foot drop
ii. Slow progressive distal muscle atrophy, causing stork leg deformity.
iii. Intrinsic muscle wasting in the hands begins after sometime.
iv. Vibration, pain, and temperature sensation gradually decreases in a stocking-glove pattern.
v. Deep tendon reflexes are lost.
vi. High pedal arches or hammertoes may be the only signs in family members who are carriers of the disorder.
vii. Nerve conduction velocities are slow while distal latencies are prolonged.
viii. Segmental demyelination and remyelination occurrence can be seen.
ix. Enlarged peripheral nerves may be palpated.

Charcot–Marie–Tooth (CMT) disease generally progresses slowly and does not affect life expectancy. In some subtypes, males show more severe symptoms, while females may have mild or no manifestations.

CMT2 accounts for about 25% of all CMT cases, though identifiable gene mutations are found in only a quarter of patients, highlighting its genetic diversity. The most common subtype, CMT2A, results from mutations in the MFN2 gene, which encodes a protein essential for mitochondrial fusion. Inherited in an autosomal dominant pattern, CMT2A is an axonal neuropathy with gradual progression, often manifesting in adulthood. Nerve studies typically reveal preserved conduction velocity but reduced amplitudes of sensory and motor potentials, while nerve biopsy shows axonal (Wallerian) degeneration.

CMT3, or Dejerine–Sottas disease, is a rare

congenital hypomyelinating neuropathy inherited in either a dominant or recessive manner, involving mutations in genes such as PMP22, MPZ, and EGR2. It presents in childhood with progressive muscle weakness, sensory loss, and absent reflexes. Although resembling CMT in early stages, CMT3 progresses more rapidly, particularly in motor function. Pathologically, repeated demyelination and remyelination lead to hypertrophic nerves and characteristic onion bulb formations on biopsy.

2. Sensory and autonomic neuropathies[3]

Hereditary sensory and autonomic neuropathies are rare characterized by a predominant loss of pain and temperature sensation in the distal limbs, with comparatively milder impairment of vibration and position sense. A major complication is foot mutilation resulting from pain insensitivity, which increases the risk of recurrent infections and osteomyelitis.

Seven main types have been described.

Type	Nomenclature	Transmission	Chromosomal location	Age of onset	Clinical features[1]
I..	Hereditary sensory radicular neuropathy **(HSAN I)**	Autosomal Dominant	SPTLC1 SPTLC2 ATL1 DNMT1 3p24-p22	Adult	Pain & temperature sensation loss, lancinating pain, ulcerations, hypohidrosis
II.	Congenital sensory neuropathy (CSN) **(HSAN II)**	Autosomal Recessive	WNK1 FAM134B KIF1A	Early Childhood	Pain, temperature, touch sensation loss in hands & feet, mild hypotonia, hyperhidrosis
III.	Familial dysautonomia (FD) / Riley Day **(HSAN III)**	Autosomal Recessive	IKBKAP	Congenital	No pain & temperature sensation, impaired conduction & deep tendon reflexes, reduced taste sensation, alacrima, hyperhidrosis
IV.	Congenital insensitivity to pain with partial anhidrosis **(HSAN IV)**	Autosomal Recessive	NTRK1	Congenital	Absence of response to painful stimuli, anhidrosis, variable mental retardation, joint deformities
V.	Congenital insensitivity to pain with partial anhidrosis **(HSAN V)**	Autosomal Recessive	NGFB	Congenital	Absence of response to painful stimuli, hypohidrosis, joint deformities
VI.	Congenital autonomic dysfunction with universal pain loss (CAD)	Autosomal Recessive	DST	Congenital	Dysautonomia, hypotonia, facial deformity, decreased pain response, joint contractures, retardation, respiratory failure
VII.	Progressive panneuropathy	Not Known			

3. Motor Neuropathies[6]

- **Amyotrophic lateral sclerosis (ALS) {aka Lou Gehrig disease; Charcot syndrome}**

Amyotrophic lateral sclerosis (ALS) usually starts with muscle cramps, weakness, and wasting—often in the hands or feet—and gradually spreads to other limbs. As it progresses, patients may experience stiffness, twitching, exaggerated reflexes, fatigue, weight loss, and difficulty controlling facial and tongue movements.

Speech often becomes slurred and nasal, and swallowing problems can lead to drooling or choking.

In later stages, some develop uncontrollable episodes of laughing or crying (pseudobulbar affect).

Despite the physical decline, sensation, thinking, eye movements, and bladder control usually remain normal. Most patients die from respiratory failure within three years; about one in five live five years, and long-term survival beyond a decade is rare.

- **Progressive bulbar palsy and progressive pseudobulbar palsy**

Progressive bulbar palsy primarily affects the bulbar muscles controlled by cranial nerves due to degeneration of their motor neurons. This leads to increasing difficulty with chewing, swallowing, and speaking, along with a nasal voice, weak gag reflex, tongue and facial weakness, fasciculations, and reduced palatal movement. Aspiration is a major risk.

Its upper motor neuron counterpart, progressive pseudobulbar palsy, results from degeneration of the corticobulbar tracts while sparing brainstem motor neurons. It causes spastic speech, inability to repeat syllables quickly (e.g., "ka-ka-ka," "ta-ta-ta," "la-la-la," "ba-ba-ba"), exaggerated gag and jaw reflexes, and emotional lability with episodes of inappropriate laughter or crying.

Progressive bulbar palsy often spreads beyond the bulbar region, becoming the bulbar variant of ALS. Prognosis is poor, as swallowing difficulties and aspiration commonly lead to death within 1–3 years.

- **Progressive muscular atrophy**

Progressive muscular atrophy (PMA) is a motor neuron disease that may appear at any age and is often inherited in an autosomal recessive pattern, especially in childhood cases, though sporadic forms exist. It primarily affects anterior horn cells, with minimal corticospinal involvement, making its course generally milder than other MNDs.

Fasciculations are often the earliest symptom, followed by progressive muscle wasting and weakness that start in the hands and spread to the arms, shoulders, and legs. Deep tendon reflexes are typically reduced, and many patients live 25 years or more.

Clinically, ALS or another MND should be suspected when both upper and lower motor neuron signs coexist—such as extensor plantar responses along with muscle atrophy and fasciculations.

- **Primary lateral sclerosis**

Primary lateral sclerosis (PLS) is a motor neuron disorder marked by progressive muscle stiffness, spasticity, and exaggerated reflexes in the limbs, due to predominant upper motor neuron involvement. Unlike other motor neuron diseases, muscle wasting and fasciculations are rare. The prognosis is generally good, with low risk of aspiration or pneumonia, though gradual progression over years may result in significant disability.

Diagnosis:

i. Clinical evaluation

ii. Electrodiagnostic testing- The characteristic distribution of motor weakness, foot deformities, and family history suggests hereditary neuropathy, which should be confirmed by electrodiagnostic testing.

iii. Genetic analysis is available.

Treatment:

i. Supportive care

ii. Bracing helps correct footdrop; orthopedic surgery to stabilize the foot may help.

iii. Physical therapy (to strengthen muscles) and occupational therapy may help; vocational counseling may help prepare young patients to maintain vocational skills despite disease progression.

Peroxisomal Disorders - Inherited metabolic disorder[7,8,12]

Peroxisomes are cellular organelles responsible for fatty acid β-oxidation, complementing mitochondrial function. However, only peroxisomes can break down very long-chain fatty acids (VLCFAs; C20–C26). As a result, most peroxisomal disorders show elevated VLCFA levels, except in conditions like rhizomelic chondrodysplasia punctata and Refsum disease. While VLCFA analysis aids initial screening, a complete assessment also includes measuring plasma phytanic,

pristanic, and pipecolic acids, along with red blood cell plasmalogen levels.

There are 2 types of peroxisomal disorders:

1. Those with defective peroxisome formation
2. Those with defects in single peroxisomal enzymes

A. Peroxisome Biogenesis and Very Long-Chain Fatty Acid Metabolism Disorders - Zellweger syndrome (ZS), neonatal adrenoleukodystrophy, and infantile Refsum disease (IRD)

These disorders form a clinical spectrum, from the most severe, Zellweger syndrome, to the milder infantile Refsum disease. They result from mutations in one of the PEX genes, a group of at least 12 genes essential for peroxisome assembly and protein import.

Manifestations include

1. facial dysmorphism,
2. central nervous system malformations,
3. demyelination,
4. neonatal seizures,
5. hypotonia, hepatomegaly,
6. cystic kidneys,
7. short limbs with stippled epiphyses (chondrodysplasia punctata),
8. cataracts,
9. retinopathy,
10. hearing deficit,
11. psychomotor delay, and
12. peripheral neuropathy.

Diagnosis is indicated by elevated blood levels of very long-chain fatty acids, phytanic acid, bile acid intermediates, and pipecolic acid, and is confirmed with genetic testing. No disease-specific treatment exists; care is mainly supportive and symptomatic.

B. Rhizomelic chondrodysplasia punctate

Rhizomelic chondrodysplasia punctata is a peroxisomal biogenesis disorder caused by mutations in the *PEX7* gene. It presents with skeletal abnormalities—such as midface hypoplasia, short proximal limbs, frontal bossing, small nares—along with congenital cataracts, ichthyosis, psychomotor impairment, and often vertebral clefts.

Diagnosis is suggested by characteristic radiographs, elevated serum phytanic acid, and reduced red blood cell plasmalogens, while very long-chain fatty acids remain normal. Genetic testing provides definitive confirmation. There is no specific treatment; management is supportive and symptom-focused.

C. X-linked adrenoleukodystrophy[9,10]

X-linked adrenoleukodystrophy (X-ALD) is caused by mutations in the *ABCD1* gene, leading to ALDP deficiency and mainly affecting males. The childhood cerebral form appears around ages 4–with attention deficits that evolve into severe behavioral disturbance, dementia, and progressive visual, auditory, and motor impairment, culminating in total disability and death within 2 to 3 years of diagnosis. milder adolescent and adult forms are includes ALD, marked by spastic paraparesis, sphincter and sexual dysfunction, sometimes with later cerebral involvement. Adrenal insufficiency can occur in any form, and some present with isolated Addison disease.

Diagnosis is indicated by elevated very long-chain fatty acids and confirmed genetically. Treatment is supportive: stem cell transplantation can stabilize early cerebral disease, adrenal steroids manage adrenal failure, and Lorenzo's oil may slow progression if used presymptomatically. Gene therapy is being explored with encouraging early results.

D. Classic Refsum disease

Refsum disease is caused by a deficiency of the peroxisomal enzyme phytanoyl-CoA hydroxylase, leading to accumulation of dietary phytanic acid. Clinically, it presents most often in the second decade with progressive peripheral neuropathy, retinitis pigmentosa–related visual impairment, hearing loss, anosmia, cardiomyopathy

with potential conduction defects, and ichthyosis

Diagnosis is made by markedly elevated serum phytanic acid with low pristanic acid, distinguishing it from other peroxisomal disorders. Treatment focuses on strict dietary restriction of phytanic acid (<10 mg/day), which can prevent or delay symptoms if started early.

Differential diagnosis - Other disorders that cause pure muscle weakness should be ruled out:

1. Disorders of neuromuscular transmission
2. Various myopathies (including non-inflammatory and drug-induced)
3. Spinal muscular atrophies (mostly in children)
4. Polymyositis
5. Dermatomyositis
6. Thyroid disorders and adrenal disorders
7. Electrolyte abnormalities (eg, hypokalemia, hypercalcemia, hypophosphatemia)
8. Various infections (eg, syphilis, Lyme disease, hepatitis C)
9. Autoimmune-mediated motor neuropathies
10. Cervical spinal stenosis
11. Behavioral variant of frontotemporal dementia (15 to 20% develop motor neuron disease)
12. Heavy metal toxicity (eg, lead, mercury)

When cranial nerves are affected alongside both upper and lower motor neuron signs, including facial weakness, the presentation strongly points to amyotrophic lateral sclerosis, making reversible causes unlikely.

Testing

1. Electrodiagnostic testing helps rule out neuromuscular junction or demyelinating disorders, with needle EMG detecting fibrillations, fasciculations, and giant motor units—even in unaffected muscles. Nerve conduction is usually normal until late stages.
2. Brain MRI is essential; cervical spine imaging is advised if bulbar signs are absent. Diffusion tensor MRI may support upper motor neuron involvement.
3. Laboratory workup screens for reversible causes: CBC, electrolytes, CK, thyroid tests, and, if indicated, protein electrophoresis, paraproteinemia, or antibodies (e.g., anti-MAG). Lumbar puncture and targeted serologies are reserved for specific clinical suspicion. Genetic or enzyme testing is typically unnecessary unless counseling is planned.

Treatment of ALS and Other MNDs[13,14,15,16]

Allopathic treatment- The following medications may help reduce symptoms:

1. For spasticity, baclofen
2. For cramps, phenytoin
3. To decrease saliva production, a strong anticholinergic medication (eg, glycopyrrolate, amitriptyline, benztropine, trihexyphenidyl, transdermal hyoscine, atropine)
4. For pseudobulbar affect, amitriptyline, fluvoxamine, or a combination of dextromethorphan and quinidine
5. In patients with progressive bulbar palsy, surgery to improve swallowing has had limited success.

Homoeopathic approach - A Dynamic Approach to Inherited Disease

Dr. Samuel Hahnemann, two centuries ago, described inherited tendencies as miasmatic taints — latent disturbances passed through generations that predispose individuals to certain diseases. Today's science calls them genetic predispositions.

The parallel is striking.

Homoeopathy sees disease not as a mechanical defect, but as a dynamic imbalance of the vital force — the governing intelligence of the organism. Treatment is therefore not aimed at the pathology itself, but at restoring the inner harmony that maintains health.

In hereditary neuropathy, where degeneration and destruction dominate, syphilitic miasm is

often central, with sycotic influences producing deformities and fibrosis. The homoeopathic objective is to moderate the destructive process, strengthen nerve vitality, and improve function — not by force, but by stimulating the body's own self-regulatory mechanisms.

The constitutional remedy, chosen after a deep understanding of the patient's mental, emotional, and physical traits, becomes the true corrective force. In hereditary conditions, periodic anti-miasmatic therapy with remedies like Syphilinum, Medorrhinum, or Tuberculinum may be necessary to act on the inherited layer of disease.

Therapeutic Insights in Homoeopathy[18,19,20,21]

Remedy	Characteristic Indications	Miasmatic Basis
Causticum	Gradual paralysis, muscular contractures, numbness, trembling; emotional sensitivity and strong empathy.	Syphilitic
Phosphorus	Tingling, burning, and weakness beginning in extremities; warm-hearted, anxious, and sensitive personalities.	Tubercular
Plumbum Metallicum	Marked muscle wasting, retracted limbs, and motor paralysis with preserved sensation.	Syphilitic
Gelsemium	Tremulous weakness, heaviness, lack of coordination; ailments from anticipation or fear.	Psoric
Zincum Metallicum	Restless legs, jerking movements, delayed reflexes, mental fatigue with nerve exhaustion.	Syphilitic
Conium Maculatum	Ascending paralysis, muscular stiffness, degenerative changes; ailments from suppressed sexual energy.	Sycotic
Agaricus Muscarius	Twitching, numbness, cold sensations, incoordinated movement; sensitive to cold.	Sycotic
Phosphoric Acid	Profound nervous weakness following grief or emotional shock; indifference and apathy.	Psoric–Sycotic

Some important homoeopathic medicines[17,18]

Aconite napellus: Mainly affects the sensory and motor nerves, causing neuralgic pains and paresthesias (tingling, numbness), as well as aconitic paralysis due to inflammatory blockade of nerve conduction. The acute phase is marked by sudden loss of nerve excitability, progressing to motor and sensory impairment. Burt notes its power to temporarily arrest or diminish nervous excitability, making it suitable for sudden-onset neuropathic states.

Agaricus muscarius: Frequently indicated for twitching, burning, tingling, numbness and spasms, typical of sensory neuropathies.

Argentum nitricum: Acts on the motor and sensory nerves, producing progressive motor weakness and sensory disturbances. Muscle wasting and loss of coordination result from degenerative changes in the nerve sheaths. Chronic neuropathies with tremor and incoordination are noted in both congenital and acquired contexts.

Arnica montana: Causes traumatic and post-traumatic neuropathic changes—neuralgias following nerve injury, with numbness or burning. Promotes absorption of extravasations, reduces nerve inflammation, and restores nerve function after injury or strain.

Arsenicum album: for burning pains, anxiety & weakness with agitation with marked restlessness.

Aurum metallicum: Profound action on nerves and brain, producing trophic changes (degeneration) and hypersensitivity. In neuropathies, this results in neuralgic pain, paresis, and altered tendon reflexes. Burt classifies it as a constitutional remedy for deep-seated nervous degenerations, including hereditary/congenital forms.

Baryta carbonica: Indicated where there is marked developmental delay, muscle weakness, and glandular underdevelopment, along with general sluggishness.

Belladonna: Selective irritant of sensory and motor nerves, producing neuralgia, hyperesthesia, and spasmodic conditions. In neuropathic states, Belladonna's pathophysiology includes acute inflammatory neurotoxicity, with rapid onset of neural irritation and pain.

Calcarea phosphorica: Frequently prescribed for

delayed milestones, muscle weakness, or hypotonia in infants, especially when associated with poor bone and muscle development.

Causticum: used for progressive muscle weakness, numbness and burning pains. Degenerative nerve disorders. Noted for gradual paralysis from neuronal degeneration or demyelination. Causticum scenarios involve motor weakness, contractures, spasticity, and burning pains—often matching motor neuropathies or dystrophic forms.

Gelsemium: used for generalized weakness of muscles, trembling and in some neuropathic conditions. Produces marked prostration and paralysis by depressing the motor nerves and causing abulia (loss of will), matching some forms of congenital and hereditary neuropathies with progressive motor weakness.

Hypericum perforatum: used for nerve pain, tingling and numbness, especially after trauma but sometimes suggested in chronic neuropathy for neuralgic pain. Trauma to nerves, especially crushing injuries, results in excruciating pain and nerve hypersensitivity. Burt notes its action primarily on peripheral nerve endings, useful in neuropathic pain and regeneration.

Plumbum metallicum: Acts deeply on motor neurons and nerve sheaths, producing progressive paralysis, muscle atrophy, and sensory loss. Burt details its affinity for "progressive muscular atrophy," often paralleling hereditary neuropathies.

Rhus toxicodendron: indicated for neuropathic pain worse with rest and improved by motion, helpful in pain with stiffness.

Ruta: Peripheral neuralgia arises at the tendon–periosteum–nerve interface, with "stretched nerve" pain after sprains, bruised–burning–tearing sensations, first-motion aggravation, and partial relief from gentle continued motion, warmth, and pressure, reflecting sensitization of mechanosensitive nociceptors.

Zincum metallicum: Causes both irritability and exhaustion of the nervous system—neuralgic pain, twitching, loss of reflexes, extreme restlessness. Useful in neuropathies of both sensory and motor character, especially with neuropathic fatigue.

Remedy	Nerve/Tissue Focus	Key Pathophysiological Effects	Indication for Neuropathy	Pathophysiological Action
Aconitum	Sensory/motor nerves	Acute neuralgias, paresthesia, transient paresis	Neuralgias, sensory/motor loss	Rapid blockade of nerve excitability
Argentum Nitricum	Motor/sensory nerves	Progressive weakness, ataxia, tremors	Progressive motor weakness, ataxia	Degeneration of nerves, tremor
Causticum	Motor nerves, sheath degeneration	Gradual paralysis, contractures, burning	Motor paralysis, hereditary neuropathy	Nerve sheath degeneration, gradual paralysis
Gelsemium	Motor nerve, muscles	Weakness & paralysis	Motor weakness, paralysis	Depression of motor nerve function
Plumbum	Motor nerves, neurons	Chronic paralysis, muscle wasting	Chronic paralysis, muscle atrophy	Motor neuron degeneration
Zincum Metallicum	Both sensory/motor nerves	Neuralgic pain, restlessness, exhaustion	Sensory, motor neuropathies, twitching	Nerve exhaustion, irritability
Hypericum	Peripheral nerve endings	Traumatic neuralgia, nerve pain	Neuralgias, sensory/motor loss	Regeneration of nerves

The future of medicine lies not in dividing systems, but in bridging philosophies.

Modern genetics has mapped the structure of life, while homoeopathy has long studied the energy that animates it. The convergence of these sciences promises a shift — from disease management to true health restoration.

Hereditary neuropathies may be written in our genes, but how they express, progress, or subside may depend on the vital intelligence that homoeopathy seeks to harmonize.

As we move toward integrative research combining molecular biology, epigenetics, and homoeopathic philosophy, we step closer to a new paradigm — one where healing is both scientific and

soulful.

Indeed, future perspectives integrating homoeopathic principles with modern genetic understanding may open new therapeutic horizons — not only in hereditary neuropathy, but in the very understanding of human health.

DISCUSSION

Hereditary neuropathies occupy a unique space at the intersection of genetics, neurology, and individualized medicine. While conventional science maps the structural changes behind these disorders- gene mutations, defective proteins, demyelinating processes, these findings often stop at explanation rather than restoration. The patient's lived experience, however, extends far beyond molecular defects. Fatigue, loss of mobility, emotional burden, and the uncertainty of progression all shape the natural history of the disease in ways that laboratory markers cannot fully capture.

This is where homoeopathy offers a complementary dimension. Instead of viewing hereditary neuropathy as a fixed genetic destiny, the homoeopathic approach recognizes a dynamic pattern of susceptibility, deeply rooted in constitutional and miasmatic influences. By addressing the individual rather than the disorder alone, homoeopathic treatment aims to support resilience, slow functional decline, and enhance the body's self-regulatory capacity. Although it cannot reverse genetic mutations, it may influence how those mutations express aligning closely with emerging fields such as epigenetics, which show that environment, lifestyle, and subtle energetic factors can modify gene expression.

Integrating these perspectives invites a more humane and holistic model of care. Patients benefit not only from physiotherapy, genetic counselling, and supportive treatment but also from therapies that respect individuality, emotional states, environmental influences, and inherited energetic patterns. As research advances, it becomes increasingly important to explore how dynamic therapies may interact with genetic predispositions, shifting the conversation from "What disease does the patient have?" to "What kind of person has this disease, and how can their vitality be strengthened?"

CONCLUSION

Hereditary neuropathies remind us that the story of a disease is never written in genes alone. While genetic science has illuminated the structural framework of these disorders, it has also revealed its own limits, highlighting the need for approaches that address the whole person. Homoeopathy contributes meaningfully to this landscape by offering a dynamic, individualized model of healing, one that acknowledges inherited patterns yet empowers the patient's innate capacity for adaptation and recovery.

The convergence of modern genetics, epigenetics, and homoeopathic philosophy opens the door to a future where treatment is both scientifically informed and deeply human. By blending structural insights with dynamic therapeutic principles, clinicians can provide care that is compassionate, holistic, and truly patient-centred.

Ultimately, the hope for individuals with hereditary neuropathy lies not only in future genetic discoveries but in a comprehensive approach that honours the complexity of human life, its biology, its susceptibility, and its inherent potential for balance.

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A Symphony of Silence: Homoeopathy and the Restoration of Inner Ear Health in Meniere's disease

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Abstract

Meniere's disease is a chronic inner ear condition marked by recurring episodes of vertigo, fluctuating unilateral hearing loss, tinnitus, and a sense of ear fullness. Though the exact etiology remains undetermined, it is commonly linked to irregular fluid accumulation in the inner ear, leading to the term "Endolymphatic Hydrops." Typically affecting individuals between 20 to 50 years of age, it can disrupt daily functioning and impair quality of life. Homoeopathic medicine offers promising relief, even in advanced cases, by reducing the frequency and intensity of symptoms through well-indicated remedies.

Keywords

Homoeopathy, Vertigo, Tinnitus, Sensorineural Deafness, Inner Ear Disorder

Introduction

Meniere's disease is an inner ear disorder that impacts equilibrium and auditory function. It manifests through a cluster of symptoms including vertigo (spinning sensation), tinnitus, intermittent hearing loss, and a feeling of fullness in the ear. Initially described in 1861 by Prosper Meniere, the condition was mistakenly attributed to labyrinthine hemorrhage. Later, Hallpike identified endolymphatic dilatation within the cochlea. The core pathology involves an abnormal build-up of endolymph fluid in the labyrinth, though the precise cause is still uncertain. Meniere's disease usually presents in the 40–60 age group and requires early detection and intervention to manage its impact.

Pathophysiology

The central pathological feature of Meniere's disease is **endolymphatic hydrops**—an abnormal distension of endolymphatic spaces within the inner ear. This condition may impair the cochlear and vestibular structures, though not every case of hydrops evolves into Meniere's disease. Depending

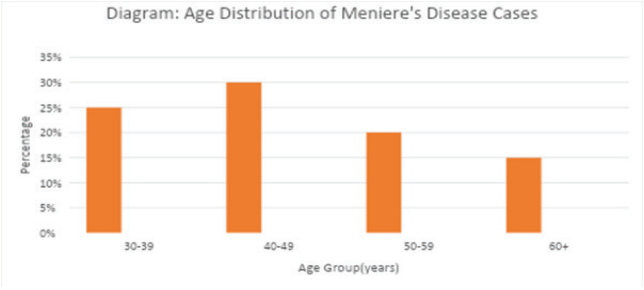
On the system affected, subtypes include **cochlear** (mainly auditory symptoms) and **vestibular** Meniere's disease (mainly vertigo). The fluid imbalance interferes with sensory hair cell function, leading to episodic vertigo, hearing loss, and tinnitus, potentially causing irreversible damage if

unmanaged.

Epidemiology

In India, prevalence varies:

- A study in Mumbai found a 0.61% diagnosis rate among patients evaluated for hearing loss, with more females affected (1.85:1).
- A South Indian tertiary center reported a 15.6% frequency, predominantly in males (2.6:1), with peak incidence between ages 30–49.



Globally, Meniere's affects around **15 per 100,000 annually**, with a prevalence rate near **218 per 100,000**. Approximately 15% of patients are over 65 years.

Aetiology

Though its root cause is elusive, Meniere's is attributed to fluid dysregulation in the inner ear. Suspected contributing factors include:

- Chronic infections (e.g., dental sepsis)
- Allergies
- Vitamin deficiencies
- Electrolyte imbalance
- Cranial trauma
- Psychosomatic disturbances
- Migraine disorders
- Age (30–60 years)
- Degenerative changes in the cochlear structures
- Conditions like Multiple Sclerosis

Clinical Features

- **Onset:** Sudden, often triggered by head movement
- **Vertigo:** Paroxysmal and intense; may cause falls
- Tinnitus: May persist between episodes
- **Deafness:** Progressive, sensorineural, mainly affecting speech frequencies
- **Other Symptoms:** Hyperacusis, nausea, vomiting, pallor, sweating, and nystagmus during attacks
- **Duration:** Minutes to hours, worsening over time

Complications

- Irreversible hearing loss
- Chronic tinnitus
- Psychological distress

Prognosis

Meniere's has a **chronic and progressive** nature. Initially, episodes are spaced out but increase in frequency over the years. Early treatment may delay progression.

Miasmatic Background

Predominantly **psoro-sycotic** in nature.

Diagnosis

- Clinical evaluation: Aural fullness, episodic vertigo, tinnitus
- Audiometry: To assess hearing loss
- Imaging: MRI/CT to rule out central causes

General Management

- Reassure the patient
- Avoid sudden postural changes
- Stress reduction and adequate sleep

- Dietary adjustments: Low-salt intake
- During attacks: Bed rest, avoid visual/auditory stimuli
- Severe cases: Surgical options like cervicothoracic sympathectomy

Homoeopathic Management

Homoeopathy aims at individualised, holistic healing. The remedies listed below are commonly prescribed based on symptom similarity:

1. Cocculus indicus:

Useful for vertigo with nausea, vomiting, and water-like sounds in the ears.

2. Gelsemium:

Indicated for vertigo with heaviness of eyelids, visual disturbances, and unsteady gait.

3. Salicylic acid:

Effective when vertigo is accompanied by buzzing, roaring tinnitus, and hearing loss.

4. Theridion:

Best suited for sound sensitivity, vertigo on eye closure, and motion-induced symptoms.

5. Kali muriaticum:

Used in cases of deafness due to internal ear blockage, with crackling sounds during swallowing.

6. Natrum salicylicum:

Low-pitched tinnitus with worsening vertigo on head elevation; relief on lying down.

7. Silicea:

For hissing, gunshot-like ear sounds, and vertigo on eye closure, especially post-ear infections.

8. Chenopodium:

Helpful for pulsating tinnitus and vertigo episodes triggered by loud noise.

Intercurrent Remedies:

- **Sulphur**
- **Thuja occidentalis**

CONCLUSION

Homoeopathy addresses Meniere's disease holistically, focusing on the patient's complete physical, mental, and emotional state. A carefully chosen remedy based on totality of symptoms, miasmatic analysis, and individual sensitivity can substantially reduce both the severity and recurrence of episodes, offering a gentle and lasting resolution.

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The Invisible Network: Homoeopathy's Role in the Psychoneuroimmunology Connection

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Abstract

The field of psychoneuroimmunology (PNI) highlights the link between psychological stress, neural activity, immune dysregulation, and physical health. Central to this connection is the Conserved Transcriptional Response to Adversity (CTRA)—a genomic pattern shaped by chronic stress. CTRA explains how stress imprints on the mind-body-immune axis, influencing vulnerability to illness. This article examines the scientific foundation of PNI, its role in chronic stress-related neurological and immune disorders, and the potential of integrative interventions. Homeopathy, with its holistic and individualized approach, aligns with PNI principles and may help regulate mind-body-immune interactions for improved well-being.

Keywords

Psychoneuroimmunology (PNI), Chronic Stress, Conserved Transcriptional Response to Adversity(CTRA), Inflammation, Homeopathy, Mind-Body-Immune Axis, Autoimmune Disorders, Emotional Trauma.

Introduction

Health is more than the absence of disease; it reflects a dynamic balance among psychological, neurological, and immunological systems[1]. Psychoneuroimmunology (PNI) explores this integration, showing how mental states influence brain and immune functions. Chronic stress, anxiety, and emotional trauma are key contributors to neurological illness and immune imbalance. Such stress disrupts equilibrium by triggering transcriptional pathways in immune cells(1). The Conserved Transcriptional Response to Adversity (CTRA) is a recognized molecular signature linking chronic stress to immune and neurological dysfunction[1].

Homeopathy, based on treating the individual holistically, addresses interconnected systems. Dahlke and Dethlefsen in *The Healing Power of Illness* shows how unresolved emotional conflict symbolically emerges through physical symptoms[2].

Understanding Psychoneuroimmunology:

PNI shows psychological factors shape health through neural and immune pathways. The HPA axis and sympathetic nervous system drive stress responses, releasing cortisol, cytokines, and neurotransmitters[3]. Prolonged activation of these pathways disrupts balance, fostering chronic inflammation, autoimmune disorders, mood disturbances, and neurodegeneration[3].

A core principle of the CTRA is the immune system's ability to activate ancestral defence programs in response to modern social stress. Since immune cells cannot directly sense social threats, they depend on the brain to signal danger through multiple pathways. Two major routes are the sympathetic nervous system (SNS) and hypothalamic-pituitary-adrenal (HPA) axis[4-5]. Recently, a third pathway was identified: a direct physical link between the brain and peripheral immune system via meningeal lymphatic vessels[6].

The origins of mental health problems have long been debated. Ancient Greeks believed disorders arose from imbalances in bodily fluids. Plato later suggested disharmony among mind, body, and

spirit caused distress. By the 18th and 19th centuries, thinkers recognized that adverse life experiences, especially in childhood, could shape long-term emotional and social difficulties[6].

Stress and Inflammation[6]:

Research links stress and inflammation through laboratory and naturalistic studies, highlighting stressors most strongly associated with heightened inflammatory activity across cross-sectional and longitudinal contexts.

Early Adversity and Inflammation[6,7-12]:

Research consistently shows early life adversity—stressful experiences before age 18—strongly correlates with heightened inflammatory activity across diverse study designs[7].

Studies show stressors like physical or sexual abuse, parental separation, or foster care before age 8 predict elevated inflammatory markers, including IL-6 and CRP, at ages 10 and 15, linking early adversity with long-term immune dysregulation[8].

Another study found prenatal stressors (i.e., family structure, parental education, parental occupation, and family income) and early life stressors (e.g., parental occupation, changes in parental marital status, changes in family environment, death of a sibling, unemployment, housing problems, financial difficulties, etc.), strongly predicted higher CRP levels in adulthood, linking adversity to inflammation[9].

Other Studies show that growing up in risky environments—marked by unpredictability, harsh discipline, neglect, or verbal, physical, and/or sexual abuse—predicts elevated CRP levels in young adulthood, linking adversity to inflammation[10].

Several studies shows that lower socioeconomic status in childhood is associated with greater inflammatory activity in adulthood[6].

A study measured inflammation at the molecular level, finding adolescents from low socioeconomic households showed increased TLR4 gene expression, activating innate immunity, and reduced glucocorticoid receptor expression, impairing cortisol's anti-inflammatory role. These findings suggest early life stress influences inflammation deeply, altering gene expression and long-term immune regulation[6].

Evidence shows childhood bullying, abuse, and trauma predict adult inflammation. Bullying between ages 7–11 predicted elevated CRP in midlife. A meta-analysis of 25 studies confirmed childhood adversities associate with higher CRP, IL-6, and TNF-α. Physical and sexual abuse were linked to increased IL-6 and TNF-α, but not CRP[6].

Adulthood Life Stress and Inflammation[5,6,11-24]:

Research consistently links social stressors in adolescence and adulthood to elevated inflammation, especially stress involving devaluation, conflict, isolation, rejection, or threat, highlighting the strong impact of interpersonal adversity[5, 11-13].

Adults having low socioeconomic status (i.e., indexed as poorer education, income, and occupational prestige) predicted higher levels of CRP. There is also evidence that IL6 is elevated in individuals with lower socioeconomic status[6],.

Aligned with the CTRA model, negative interpersonal interactions with family, peers, and friends elevate inflammation. One study found daily conflict, harassment, and punishment predicted higher CRP. Individuals under chronic family stress also showed increased IL-4, IL-5, and IFN-γ, while those with lower stress did not[6].

Research links social isolation to higher mortality risk and inflammation. Cohort studies show isolated individuals are 2–2.5 times more likely to exhibit elevated CRP[6]. Isolation also upregulates proinflammatory genes and downregulates antibody-related genes[22], demonstrating its broad, harmful effects on immune processes essential for long-term health[23].

Collectively, these studies provide evidence that different forms of chronic social stress are associated with elevated inflammatory activity at both the gene expression and protein level[6].

Studies show that even one recent socially stressful major life event can upregulate inflammation. Events involving *targeted rejection*— interpersonal loss, intentional social exclusion or severing of ties—often occur in relationships (e.g., getting

broken-up with) or work (e.g., getting fired). These stressors precipitate depression three times faster than equally severe, non-rejection events, highlighting their strong physiological and psychological impact[24].

Homeopathy's Relevance to PNI:

Homeopathy views disease as a disturbance of the vital force, often triggered by emotional or psychological factors. Its individualized approach considers mental and emotional symptoms as central to remedy selection. Homeopathic remedies are believed to stimulate the body's innate healing mechanisms, thus potentially modulating the HPA axis and immune responses[25].

Clinical Conditions Where PNI and Homeopathy Intersect (with Mind-Body Symbolism):

1. **Fibromyalgia and Chronic Fatigue Syndrome (CFS):** These disorders, often linked to chronic stress and immune dysfunction, show improvement with *Arsenicum album, Phosphoric acid, or Gelsemium*[26]. Such conditions may reflect deeply rooted emotional exhaustion, repressed self-worth, or an inability to assert boundaries[2].

2. **Autoimmune Disorders:** Emotional trauma is frequently noted in case histories. Remedies such as Ignatia, Natrum muriaticum, and Staphysagria have been reported to support emotional healing and improve systemic symptoms[27]. Autoimmune diseases often mirror internal conflict where the self-attacks itself due to guilt, unexpressed anger, or unresolved identity issues[2].

3. **Anxiety and Depression with Physical Symptoms:** Homeopathy can be effective in psychosomatic conditions where mental stress manifests physically, such as IBS, migraines, and skin conditions[28]. From a symbolic lens, these symptoms represent an inability to digest life's experiences (IBS) or a conflict between mental overload and expression (migraines)[2].

4. **Post-viral Fatigue and Long COVID:** Recent evidence suggests that emotional stress and immune dysfunction play a role in lingering symptoms. Homeopathy can address constitutional imbalances in such cases[29]. Symbolically, post-viral fatigue may represent an unconscious resistance to returning to the demands of an unfulfilling life structure or unhealed emotional wounds exposed by illness[2].

5. **Multiple Sclerosis (MS):** A chronic demyelinating condition with autoimmune basis, often exacerbated by stress. Homeopathy has been explored for symptom relief using Plumbum metallicum, Causticum, and Nux vomica[30]. Rigid internal control mechanisms and suppressed freedom of movement, reflecting psychological paralysis or fear of autonomy[2].

6. **Parkinson's Disease:** Emotional stress and neuroinflammation are considered contributors. Homeopathic support through Zincum metallicum and Agaricus has shown anecdotal benefit[31]. The tremors and rigidity may represent a symbolic fear of letting go or a suppressed desire for spontaneity and fluidity in life[2].

7. **Epilepsy:** Emotional trauma is known to lower seizure threshold. Remedies like Cicuta virosa, Cuprum metallicum are used in constitutional approaches[32]. Symbolically, seizures can be interpreted as eruptions of repressed impulses or a violent release of inner tension that cannot be consciously expressed[2].

8. **Tics and Tourette Syndrome:** Stress-related neurodevelopmental disorders often benefit from Tarentula hispanica, Stramonium, and Hyoscyamus[33]. These involuntary movements may symbolize inner chaos or conflict between control and expression[2].

9. **Mechanistic Hypotheses and Research Avenues:** While the exact mechanism of action of homeopathy remains under investigation, emerging studies suggest that ultra-dilutions may exert biological effects via nanostructures or quantum coherence[34]. PNI provides a framework for understanding how subtle therapeutic signals could influence regulatory systems like the neuroendocrine-immune axis.

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Efficacy of Homeopathy in the Management of Ataxia

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Abstract

Aim

To explore how individualized Homoeopathic treatment, when used alongside conventional care, can help improve coordination, gait stability, and daily functioning in individuals living with Ataxia.

Objectives

1. To understand the clinical profile of patients with Ataxia, focusing on disturbances in balance, coordination, walking pattern, muscle strength, and associated symptoms.
2. To prescribe Homoeopathic medicines on an individualized basis, according to the patient's complete physical, mental, and emotional picture.

Ataxia is a group of neurological disorders marked by problems with coordination, unsteady walking, and balance, usually resulting from dysfunction in the cerebellum or its neural pathways. It can be hereditary, sporadic, or acquired, and its progression may be slow or rapid, often having a significant impact on daily life and overall quality of life. Conventional treatment typically focuses on supportive care, physiotherapy, occupational therapy, and managing specific symptoms. Homoeopathy provides a holistic, individualized approach, taking into account the full spectrum of physical, mental, and emotional symptoms when selecting remedies. Natural Homoeopathic medicines such as *Alumina, Argentum Nitricum, Causticum, Gelsemium, Lathyrus Sativus*, and *Plumbum Metallicum* have been used to help reduce symptoms like tremors, unsteady gait, muscle weakness, and fatigue. While standard therapies remain essential, Homoeopathy can complement them by addressing underlying functional disturbances and improving coordination.

Keywords

Homoeopathy, Ataxia, Nervous degeneration, Homoeopathic Remedies.

Introduction

Ataxia refers to a group of degenerative disorders that affect the nervous system, primarily resulting from damage to the cerebellum—the region of the brain responsible for coordinating voluntary movement and maintaining balance. Individuals with ataxia often display symptoms resembling alcohol intoxication, such as unsteady gait, slurred speech, difficulty with fine motor skills, and poor coordination. Depending on the type, the condition may also impair eye movements and speech articulation.

The onset of ataxia can occur at any age, ranging from early childhood to late adulthood. Treatment primarily focuses on symptom management and improving daily functioning through physical, occupational, and speech therapy, as no definitive cure currently exists. Progressive forms of ataxia can lead to severe disability and, in some cases, premature death.[1]

Epidemiology

Ataxia is considered a relatively rare neurological disorder, with an estimated global prevalence of approximately 26 cases per 100,000 children. Among hereditary forms, the overall prevalence is about 10 per 100,000 individuals. Within this group, dominant cerebellar ataxias are reported in around 2.7 per 100,000, while recessive hereditary cerebellar ataxias occur in about 3.3 per 100,000 individuals. The frequency of these disorders tends to be higher in regions where consanguineous marriages are more common, as such practices increase the likelihood of inheriting autosomal recessive conditions.

Globally, the spinocerebellar ataxias (SCAs) have a reported prevalence ranging between 3 and 5.6 per 100,000 people, with spinocerebellar ataxia type 3 (SCA3) recognized as the most prevalent subtype across multiple populations.[2]

Pathophysiology

Ataxia arises from disruptions in the neural pathways responsible for coordinating movement and maintaining balance. When the transmission of sensory information to the cerebellum is impaired due to lesions in the spinal cord or peripheral nerves, sensory or spinal ataxia occurs. Conversely, damage within the cerebellum or its output pathways to the cerebral cortex results in cerebellar ataxia. Spinocerebellar ataxias (SCAs) represent a combination of both mechanisms and are typically inherited in an autosomal dominant manner. They are caused by abnormal CAG trinucleotide repeat expansions in specific genes located on various chromosomes, leading to progressive neurodegeneration.

Among hereditary forms, Friedreich's ataxia (FRDA) is the most prevalent autosomal recessive ataxia. It results from mutations in the FXN gene, which encodes the mitochondrial protein frataxin. Deficiency of frataxin disrupts mitochondrial iron homeostasis, leading to oxidative stress and degeneration of sensory neurons and peripheral axons. Clinical manifestations often appear during the first or second decade of life and include gait instability, loss of proprioception, muscle weakness, sensory deficits, pes cavus deformity, spastic plantar responses, and limb atrophy. Systemic involvement is also common, with cardiomyopathy, diabetes mellitus, hearing impairment, and visual disturbances frequently reported.[3]

Causes of Ataxia

Ataxia can result from a wide variety of underlying medical conditions that interfere with the brain's ability to coordinate movement. Acquired causes include stroke, multiple sclerosis, brain tumors, chronic alcoholism, peripheral nerve damage (neuropathy), metabolic or endocrine disorders, vitamin deficiencies (particularly vitamins E and B12), autoimmune diseases that attack the cerebellum, and brain infections such as encephalitis. In these cases, treating the underlying disorder may help alleviate or stabilize the symptoms of ataxia.

In addition to being a symptom, the term *ataxia* also describes a group of neurodegenerative diseases that primarily affect the cerebellum and its connections. These are classified into hereditary and sporadic forms:

Hereditary ataxia: This type is caused by genetic mutations that lead to the production of abnormal proteins damaging nerve cells. The disorder may appear in childhood or adulthood, and its severity and rate of progression vary depending on the specific genetic subtype. Examples include Friedreich's ataxia and various spinocerebellar ataxias.

Sporadic ataxia: This form usually appears in adulthood, without a known family history. Its causes are not well understood but may involve a combination of environmental and genetic factors.

As these neurodegenerative processes advance, the communication between the brain and muscles becomes less efficient, resulting in progressive deterioration of balance, coordination, and fine motor control.[4]

Symptoms of Ataxia

The symptoms of ataxia differ significantly depending on its type, underlying cause, and rate of progression. Some individuals experience a gradual decline in coordination over several decades, while others may develop severe impairment within months. The condition affects multiple

systems of the body and can interfere with both voluntary and involuntary functions.

Common manifestations include impaired coordination of movement, resulting in clumsiness or difficulty performing precise tasks. Many patients experience slurred or slowed speech (dysarthria) and challenges with eating or swallowing (dysphagia). Progressive loss of fine motor control may make everyday activities increasingly difficult. Unsteady gait and balance disturbances are hallmark features, often accompanied by abnormal or jerky eye movements (nystagmus). Additional symptoms can include tremors, changes in vision, and in some cases, cardiac complications such as cardiomyopathy.[5]

Diagnosis of Ataxia

Diagnosing ataxia involves a comprehensive evaluation to determine the underlying cause and to distinguish between hereditary and acquired forms. The process typically begins with a detailed medical and family history, followed by a thorough neurological and physical examination to assess coordination, gait, reflexes, muscle tone, and eye movements.

A variety of diagnostic tests are used to confirm ataxia and identify its origin:

- Laboratory tests: Blood and urine analyses help detect metabolic disorders, vitamin deficiencies, infections, or autoimmune markers that could contribute to ataxia.
- Genetic testing: Molecular and chromosomal analyses are performed to identify gene mutations associated with inherited ataxia syndromes, such as spinocerebellar or Friedreich's ataxia.
- Magnetic Resonance Imaging (MRI): MRI scans of the brain and spinal cord allow visualization of structural abnormalities, cerebellar atrophy, tumors, stroke, or demyelinating lesions.
- Nerve conduction studies (NCS) and electromyography (EMG): These tests assess the function of peripheral nerves and muscles, particularly in cases where neuropathy is suspected.
- Ataxia may appear suddenly or progress gradually depending on its cause. Acute onset ataxia can result from conditions such as head trauma, stroke, brain hemorrhage, infections, exposure to toxic substances or drugs, or transient oxygen deprivation to the brain (e.g., during cardiac arrest).
- Chronic or slowly progressive ataxia, on the other hand, is often linked to hypothyroidism, long-term alcohol misuse, persistent vitamin deficiencies, chronic toxin exposure, certain medications, multiple sclerosis, or degenerative neurological diseases. Identifying the cause is essential for targeted treatment and management.[6]

Treatment of Ataxia

Currently, there is no definitive cure for most forms of ataxia. Treatment primarily focuses on managing symptoms, improving functional ability, and enhancing quality of life. A multidisciplinary approach is often recommended, involving several types of therapy and supportive care.

Key components of ataxia management include:

Speech and language therapy: Helps improve speech clarity and addresses swallowing difficulties (dysphagia) that may occur as the disease progresses.

- Physiotherapy: Focuses on enhancing coordination, balance, and muscle strength, reducing the risk of falls and maintaining mobility.
- Occupational therapy: Assists patients in adapting to daily challenges by recommending assistive devices and strategies to promote independence in routine activities.
- Medication management: Drugs may be prescribed to alleviate symptoms such as muscle stiffness, tremors, bladder dysfunction, cardiac irregularities, or eye movement problems, depending on the patient's individual needs.

In certain acquired forms of ataxia, treating the underlying cause—such as vitamin deficiencies, hypothyroidism, infections, or toxin exposure—can

halt progression or even reverse symptoms. For genetic ataxias, ongoing research aims to develop gene-based and neuroprotective therapies, although such treatments are still largely investigational.[7]

Patient Education

Comprehensive patient education is a crucial aspect of managing ataxia, as many individuals experience functional limitations that affect daily living. Patients and caregivers should be informed about warning signs and symptoms—such as worsening imbalance, difficulty swallowing, or sudden speech and vision changes—that require prompt medical attention.

- Multidisciplinary management is essential. Patients should be referred to the appropriate specialists for specific complications:
- Speech and swallowing difficulties should be addressed through speech-language therapy.
- Visual and hearing impairments should be evaluated and managed by ophthalmology and audiology services.
- Physiotherapy and occupational therapy can help patients adapt their environments to reduce fall risk and maintain independence.
- Education should also include strategies for preventing common emergencies, such as aspiration pneumonia due to swallowing difficulties and falls caused by poor coordination. In cases where ataxia results from modifiable or acquired causes—including alcohol misuse, drug toxicity, or nutritional deficiencies—treatment should focus on correcting the underlying cause and reinforcing healthy lifestyle changes.
- Empowering patients with knowledge about their condition promotes self-care, enhances adherence to therapy, and improves overall quality of life.[8]

Homoeopathic Philosophical Perspectives

Homeopathy approaches ataxia not merely as an isolated symptom but as an expression of a deeper disturbance in the patient's vital force, which sustains the body's health and balance. This framework informs the therapeutic approach.

- **Individualization:** Central to homeopathy, individualization ensures that no two patients receive the same remedy, even if they share the same medical diagnosis. Comprehensive case-taking allows the homeopath to understand the patient's specific physical, neurological, and emotional profile. Treatment is therefore tailored to the individual's unique symptom presentation, temperament, and constitutional features, rather than the disease label of ataxia.[9]
- **Vital Force:** Illness is perceived as a dynamic disturbance of the body's self-healing energy, or "vital force." Ataxia is considered a symptom of this imbalance. Homeopathic remedies stimulate the vital force to restore balance and coordination internally.[10]
- **Holistic Assessment:** Homeopathy considers the totality of symptoms, including mental and emotional states, which are inseparable from the physical condition. A patient with ataxia may experience fear, fatigue, or mood changes; these are incorporated into remedy selection. [11,12]
- **Order of Healing:** Guided by Hering's Law of Cure, homeopathy monitors symptom progression from more vital to less vital organs, inside out, top to bottom, and in reverse order of appearance. This principle helps practitioners assess treatment effectiveness.[13]
- **Complementary Approach:** Homeopathy is most effective when used alongside conventional therapies, including physiotherapy, occupational therapy, and nutritional management. It is not a substitute for essential medical follow-up, particularly in genetic forms of ataxia.[14]
- **Symptomatic Relief:** Homeopathic treatment targets the multifaceted symptoms of ataxia, such as balance difficulties, coordination problems, tremors, and fatigue, aiming to improve quality of life and functional independence.
- **Addressing Emotional Resilience:**

Homeopathy also supports psychological well-being, helping manage anxiety, stress, or loss of confidence often associated with progressive neurological conditions.

Homeopathic Remedies for Ataxia

Homeopathic medicine aims to restore coordination and nervous balance in individuals with ataxia by stimulating the body's innate healing response. The selection of a remedy is individualized, based on the patient's characteristic symptoms and constitutional profile. The following are commonly used natural homeopathic remedies for managing ataxia-related symptoms:

1. Alumina

Key indication: Staggering gait with heaviness or numbness in the limbs.

Alumina is frequently prescribed when a person experiences uncertain or unsteady walking, especially worse at night or when the eyes are closed. The patient often describes a bandaged or constricted sensation in the limbs, marked fatigue, and increased sensitivity to cold. Difficulty swallowing due to a sensation of constriction in the throat or dryness may also be present.

2. Argentum Nitricum

Key indication: Trembling and unsteady gait due to loss of muscular control.

This remedy is beneficial for individuals who exhibit trembling of the limbs, rigidity in the calf muscles, and a lack of coordination while standing or walking. The unsteadiness tends to worsen when the person is not consciously focusing on movement.

3. Causticum

Key indication: Unsteady walking with frequent falling. Causticum is indicated when there is a staggering gait with a tendency to fall forward or sideways. It also helps with speech difficulties and indistinct articulation resulting from neurological weakness.

4. Gelsemium

Key indication: Generalized weakness, muscle fatigue, and lack of coordination.

Gelsemium is suited for cases marked by muscular exhaustion, drowsiness, dizziness, and tremulous weakness. Patients may complain that their muscles "do not obey their will," and even minor physical effort results in extreme tiredness.

5. Remedies for Early-Stage Ataxia

In the initial stages of ataxia, medicines such as Belladonna, Nux Vomica, and Zincum Metallicum are often beneficial.

- *Belladonna* is indicated when there is sudden loss of coordination and a staggering gait.
- *Nux Vomica* is helpful for patients, especially alcoholics, who experience dragging of the feet while walking.
- *Zincum Metallicum* is useful when tremors, jerks, or pain in the limbs accompany early ataxic symptoms.

6. Remedies for Advanced Ataxia

In more advanced stages, Lathyrus Sativus and Plumbum Metallicum are prominent remedies.

- *Lathyrus Sativus* addresses rigidity and emaciation of the lower limb muscles and jerky, tottering gait.
- *Plumbum Metallicum* is indicated when there is muscle atrophy with pain, particularly when weakness in the hands interferes with lifting or grasping objects.

7. Heloderma

Key indication: High-stepping gait with excessive lifting of feet while walking.

Heloderma is prescribed for patients who exhibit a peculiar gait where the feet are lifted excessively high and then struck to the ground forcefully. Such individuals may also show marked sensitivity to cold.

8. Phosphorus

Key indication: Visual disturbances associated with ataxia. Phosphorus is particularly suited to patients suffering from visual weakness, blurred or double vision, and fatigue of the eye muscles

following minor exertion.[15]

CONCLUSION

Ataxia is a complex neurological condition marked by impaired coordination and balance due to cerebellar or neural pathway dysfunction. Conventional management primarily emphasizes supportive care, physiotherapy, and symptom control. Homoeopathy, in contrast, provides a personalized and holistic approach, addressing the patient as a whole rather than focusing solely on the disease. By selecting remedies based on the totality of physical, mental, and emotional symptoms, Homoeopathic treatment aims to activate the body's inherent self-regulatory mechanisms and enhance neuromuscular coordination.

Remedies such as *Alumina, Argentum Nitricum, Causticum, Gelsemium, Lathyrus Sativus,* and *Plumbum Metallicum* have been used in clinical practice to help alleviate symptoms including tremors, unsteady gait, muscle weakness, and fatigue. While supportive therapies remain essential, Homoeopathy can complement conventional interventions by targeting functional disturbances and improving overall quality of life.

Continued research, including controlled clinical trials, is needed to substantiate these therapeutic benefits and clarify the mechanisms of Homoeopathic remedies in neurological disorders such as ataxia. A combined approach that integrates evidence-based Homoeopathy with multidisciplinary care has the potential to offer a more comprehensive, patient-centered strategy for managing ataxia effectively.

Limitations

Homeopathic practitioners recognize that the scope of homeopathy is limited, particularly in cases involving advanced disease processes or hereditary forms of ataxia. Since these conditions often arise from irreversible genetic or structural abnormalities, homeopathy cannot provide a complete cure. Instead, it may help in managing symptoms and improving overall well-being. In situations where ataxia results from nutritional deficiencies—such as vitamin E deficiency—appropriate supplementation remains the primary and most effective treatment approach, while homeopathy can serve as a supportive measure to enhance recovery and quality of life.

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Addressing Delayed Milestones through Homoeopathy: From Delay to Development

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DEFINITION

Children reach developmental milestones at their own pace. As child develop and matures, they achieve various skills, such as smiling, crawling, responding, sitting, walking or talking at expected times. When a child does not reach these developmental skills or milestones as expected and continuously lags behind, it is termed as delayed milestones. Also, delay in reaching speech and language, thinking and understanding skills, gross and fine motor skills, social and emotional development is called developmental delay.

Minor, temporary delays are usually no cause for alarm, but an ongoing delay or multiple delays in reaching milestones can lead to issues later in life.

Fine and gross motor skills

Fine motor skills include small movements usually of small muscles like holding a toy or using a crayon.

Gross motor skills require larger movements like walking, running, jumping, climbing stairs, or throwing a ball.

Speech, communication and language skills

The most active time for learning speech and language is the first three years of life, as the brain develops and matures. The language learning process begins when an infant communicates hunger by crying. Smiles in response to being talked to, played with or smiled at. Turn their attention to whoever is speaking. Gurgles and coos.

Cognitive skills

Thinking skill including remembering, learning, understanding, problem solving and reasoning.

Social and emotional development

Interacting with others, having relationships with family, friends, teachers, cooperating and responding to the feelings of other, familiar to cross gender.

Global developmental delay

Children who show delay in one or a combination of the above development and skills at a certain age we term it as 'Global developmental delay' or GDD.

Developmental Milestones at a glance

Developmental milestones are the things or skills a child can attain by a certain age. Most of the children develop skills and abilities in roughly the same order, but the timeframes involved varies from child to child.

Age	Motor	Speech	Vision and hearing	Additional Notes
1-3 Months	Grasp objects	Vocalizes, begins to coo, cries for different needs	Becomes calm when spoken to	Smiles at parent
4 Months	Prone: head held up for prolonged periods.	Makes vowel noises	Follows dangling toy from side to side with eyes. Turns head round towards sound	Squeals with delight appropriately. Discriminates smile.
5 months	Holds head steady. Goes for objects and gets them. Objects taken to mouth	Enjoys vocal play		Laughs
6 months	Transfers objects from one hand to the other. Pulls self up to sit and sits erect with supports. Rolls over prone to supine. Palmar grasp of cube	Double syllable sounds such as 'mumum' and 'dada'	Localizes sound lateral to either ear	May show 'stranger shyness'
7–9 Months	Wiggles and crawls. Sits unsupported. Picks up objects with pincer grasp	Babbles tunefully	Looks for toys dropped	Apprehensive about strangers
10-12 Months	Stands holding furniture. Stands alone for a second or two, then collapses with a bump	Babbles words repeatedly	Drops toys, and watches where they go	Cooperates with dressing, waves goodbye, understands simple commands
12-18 Months	Can walk alone. Picks up toy without falling over. Gets up/ down stairs holding onto rail. Begins to jump with both feet. Can build a tower of or 4 cubes and throw a ball	'Jargon'. Many intelligible words	Likes hearing short stories or songs	Demands constant mothering. Drinks from a cup with both hands. Feeds self with a spoon. Most children with Delayed milestones are diagnosed at this age.
18 months to 2 years	Able to run. Walks up and down stairs feet per step. Builds tower of 6 cubes	Joins - words in sentences	Likes to see various images in books	Parallel play. Dry by day
2-3 years	Goes up stairs foot per step and downstairs feet per step. Copies circle, imitates cross and draws man on request. Builds tower of 9cubes	Constantly asks questions. Speaks in sentences	Likes to listen rhymes	Cooperative play. Undresses with assistance. Imaginary companions
3-4 years	Goes down stairs one foot per step, skips on one foot. Imitates gate with cubes, copies across	Questioning at its height. Many infantile substitutions in speech	Tries to recognize rhymes, pictures in book	Dresses and undresses with assistance. Attends to own toilet needs
4-5 years	Skips on both feet and hops. Draws a man and copies a triangle. Gives age	Fluent speech with few infantile substitutions in speech	Tries to understand speech, recognizes pictures in book by their name.	Dresses and undresses alone
5-6 years	Copies a diamond. Knows right from left and number of fingers	Fluent speech	Understands speech	Likes to play puzzle
6-7 years	Knows distance of objects and height. Draw figures.	Speech more fluent and expressable	Reverts back well to what hears.	Can use common devices like mobile phones, games, tv remote.

Every child grows and develops at an individual pace. Below is a look at common developmental milestones for each age period.

Various factors influencing growth and development

Genetic: It is well known that certain hereditary influences may have a bearing on ultimate constitution of the body. Tall parents are likely to have tall offspring's. Transmission of abnormal genes may result in a familial illness which affects the physical and or functional maturation, e.g. Down syndrome, thalassemia, hemophilia, galactosemia, etc.

Nutritional: Nutritional deficiency of proteins, calories, minerals, vitamins, and essential amino

acids (especially lysine), both quantitative and qualitative, considerably retards both physical growth and development.

Infection and infestation: Debilitating illness, like malabsorption syndrome, tuberculosis, malignancy, diarrheal disease, and intestinal parasitic infestation which interfere with adequate absorption of nutrition leads to developmental delay.

Socio-economic: Poverty is associated with diminished and affluence with good growth, children from well to do families usually are better nourished.

Environmental and seasonal: Physical surroundings (sunshine, hygiene and living standard) and also psychological and social factor (relationship with family members, teachers, friends etc) affects growth and development and also it is observed that maximum weight gain occur during winters and maximum height gain during spring.

Chronic diseases: Chronic diseases of the heart (congenital heart disease, rheumatic heart disease), chest (tuberculosis, asthma, and cystic fibrosis), kidneys (nephrotic syndrome, nephritis, and bladder neck obstruction), liver (cirrhosis, hydatid cyst), neoplasm's, digestive or absorptive disorders, hypothyroidism, hypopituitarism etc affects growth and development.

Growth potentials: The smaller the child at birth (Especially in context of gestation) the smaller he is likely to be in subsequent years. The larger the child at birth, the larger he is likely to be in later years. Thus, the growth potential is somewhat indicated by child's size at birth.

Prenatal and intrauterine: Intrauterine growth retardation (IUGR), endometritis, maternal infection like rubella, cytomegalic inclusion body disease, and toxoplasmosis, and maternal diabetes mellitus, hypothyroidism, anti thyroid drug administer for thyrotoxicosis etc, adversely affect the fetus and there by the newborn.

Emotional: Emotional trauma from unstable family, insecurity, siblings, jealousy, and rivalry, loss of parent, inadequate schooling etc, all have negative effect on growth and development.

RISK FACTORS FOR DELAYED MILESTONE

There are some risk factors to consider. They include:

- **Complications at birth:** Being born too early (prematurely); low birth weight; not getting enough oxygen at birth
- **Environmental issues:** Lead poisoning; poor nutrition; exposure to alcohol or drugs before birth; difficult family situations; trauma
- **Other medical conditions:** Chronic ear infections; vision problems; illnesses, conditions, or injuries that have a significant and long-term effect on a child's day-to-day activities

CLINICAL FEATURES

1. **Fine and gross motor skill delay-**
    - limited movement in arms and legs
    - inability to sit without support by 9 months old
2. **Speech and language delay-**

Speech and language delay aren't the same. Speaking requires the muscle coordination of the vocal tract, tongue, lips, and jaw to make sounds. A language delay occurs when children have difficulty understanding what other people say or can't express their own thoughts. Language includes speaking, gesturing, signing, and writing.

3. **Delayed teething-**

Teething problems such as delayed teething, painful and difficult teething, permanent teeth develop behind the primary teeth. Generally dentition starts at 5-7 months after birth.

4. **Cognitive delay-**

Thinking skills including delay in learning, understanding and remembering things. Difficulty in problem solving and reasoning.

5. **Social and emotional delay-**

Difficulty in interacting with others, having relationships with family, friends and teachers, cooperating and responding to the feelings of others.

DIAGNOSIS

Usually diagnosis is based on clinical features.

Initial Assessment -

- Full history and examination including neonatal period, consanguinity, episodes of hypoglycaemia
- Developmental assessment
- Hearing and vision assessments
- Growth parameters including head circumference
- Observing and closely monitoring day to day activities of child.

INVESTIGATION

These generally include: individual's history and examination.

MANAGEMENT

Gross Motor Skills

- Place infants on their tummies while awake to develop neck and back muscles
- Create a safe home environment and put babies on the floor to explore
- Give older children time outside where they can run and jump

Fine Motor Skills

- Provide toys with different textures that encourage babies to explore with their fingers
- Provide age-appropriate puzzles, blocks, paper, and crayons
- Encourage older babies to feed themselves

Language Skills

- Play music for newborns to stimulate hearing
- Talk to child
- Read to child
- Name objects as point to pictures in a book

Social Interaction

- Laugh and smile with baby
- Limit television and play with the child

There is almost never a specific medicine or surgical procedure that will correct developmental delay. The most important thing a parent can do for a delayed child is provide a loving and stimulating environment. Physician often recommend contact with the physical or occupational therapist to assist in providing appropriate exercises and stimulation for child. The goal of treatment is to maximize abilities while preventing new problems as much as possible.

PHYSIOTHERAPY AND AIMS

- To reduce spasticity and encourage more normal movements.
- To improve motor and cognitive skills
- To control and co-ordinate movement patterns.
- To keep muscles strong and strengthen those are weak.
- To keep joints mobile and prevent stiffness becoming permanent.
- To improve co-ordination and balance.
- To help improve gait, balance and flexibility
- Improve aerobic activity and movement initiation
- To improve circulation, thereby supporting bodily functions.
- Regain functional abilities and overall independence

OCCUPATIONAL THERAPY

Here they advise and help maintaining all aspects relating to activities of daily living, both at work and at home; with the aim of maintaining work and family relationships; encouraging self-care where appropriate, assessing any safety issues, making cognitive assessments and arranging any appropriate interventions

SPEECH AND LANGUAGE THERAPY–

Here therapist aims at improving loudness and intelligibility of speech where possible, using voice properly and using the muscles to make the right sounds, ensuring methods of communication are available and to help with swallowing (reducing risk of aspiration). It helps in understanding language and expressing themselves. The goal of treatment is to maximize abilities while preventing new problems as much as possible.

HOMOEOPATHIC MANAGEMENT

Medicines selected as per constitutional symptoms help overcome delayed milestones to a large extent and to aid normal development of the child. Homoeopathy is very effective and useful in Delayed development both at the mental and physical level. Homoeopathy provides a safe and economic mode of therapy holistically to improve the children who are seeking help to live a normal state of life.

In aphorism 5 of Organon of Medicine, Dr.Hahnemann has described the *constitutional approach* towards state of the patient. By constitutional approach one means "An individual", his/her moral and intellectual character, mode of living and habits, his/her social and domestic relations, his/her age related activities etc. An individual is the basic unit which is affected by interior (mental generals) and exterior (environmental) factor, thus the approach to rectify it should be holistic. Homoeopathic treatment is based on "similia similibus curanter'' where constitutional medicines selected on the basis of totality of symptoms. Some medicines for developmental delay are as follows:

1. Calcarea Carbonica

This medicine is most suited for children having a fatty, fair and flabby constitution. Children who are slow in learning to walk and have slow dentition. They tend to be obese, with a big head and large belly. The skin often looks pale and chalky. Children are sluggish, dull and lethargic. Fontanelles, especially the anterior one, may also show delayed closure in children who will respond well to this remedy. Another peculiar symptom is the tendency to perspire excessively, mainly on the scalp, neck, and chest.

2. Calcarea Phosphorica

Calcarea Phos is majorly effective in delicate, thin, emaciated children with noticeably slow progress. These children are late in learning to walk and talk, the teeth develop slowly and the posterior fontanelle may be slow to close. The skull is soft, thin and brittle in such instances. Extremely useful in treating children with slow mental and physical growth.

3. Baryta Carbonica

The medicine shows excellent results in children who are dwarfish, both mentally and physically. These children often appear dull minded and are slow learners where speech and walking are concerned. Children show a marked fear of strangers as well. The child shows retarded development after trauma or vaccination.

4. Tuberculinum

This medicine works well in children who are weak, emaciated and mentally deficient due to retarded development. Like in all developmental delay cases, they learn to speak late. Excessive sweating, especially at night, may be noticed in children.

5. Carcinosin

This medicine is equally effective in children with arrested growth. A child who have very low immunity and thus, suffer from recurrent severe infections. Children in such cases of developmental delay have difficulty in falling asleep. Therefore, where the child needs to be carried around or rocked to sleep or where he specifically sleeps on the abdomen, Carcinosin is also the medicine for autistic disease in children with development delay. Such cases show marked hyperactivity and restless behavior.

6. Silicea terra

Silicea is one of the most effective medicines for developmental delay that works best in children with a large head and thin legs. The sutures and fontanelles are slow to close in these children. Emaciation, defective assimilation, distended abdomen, delay in learning to talk and walk and

worm infestation.

7. Aethusa cynapium

It is medicine for developmental delay majorly recommended in infants who are unable to hold their head. These children are highly restless and cry too much and inability to digest milk. The child is intolerant to milk and may vomit curdled milk if fed. Weakness, exhaustion and sleepiness may result. These children may also get diarrhea after taking milk.

8. Natrum muriaticum

This medicine is best suited for children who begin to talk late, cross nature, irritable, cry from slightest cause. Rapid emaciation despite eating well with descending of neck. These children are short and lean.

9. Antimonium crudum

This medicine is very useful in children who are very irritable, emotional and sensitive in nature. The children are very obese and hate to be touched. These children show late learning to talk, adopting language skills and social behaviour.

10. Chamomilla

This medicine is indicated for children who have trouble concentrating, less intellectual and are dissatisfied with everything. Children are restless and want to be carried all the time. They break into rage and tantrums for no reason and are very difficult to handle. They are sensitive to pain, noise and people. This medicine is also useful in teething delays.

11. Cina

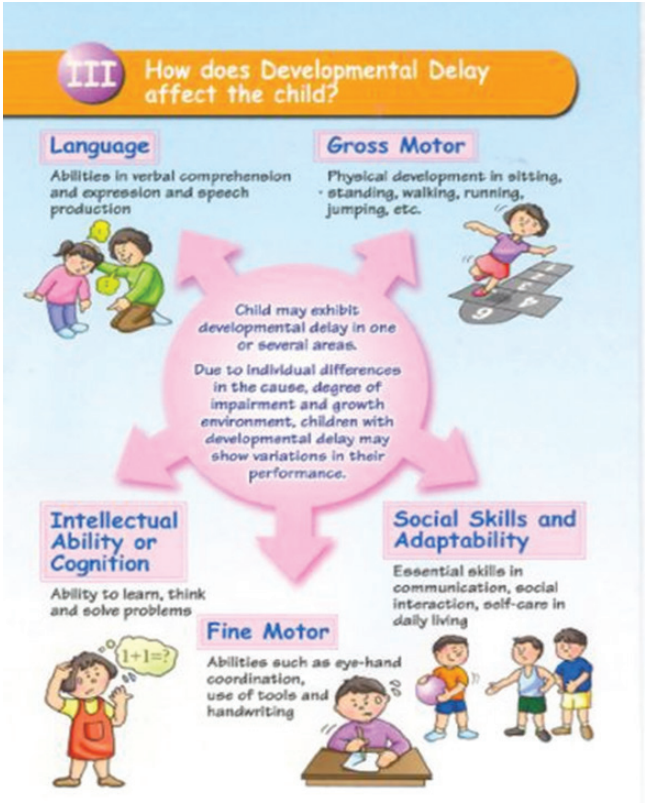
This medicine is indicted for children who have delayed teething, delay in learning to walk. These children are very intolerant, irritable, obstinate and hate to be touched. Wants to be carried all the time, great restlessness from worm troubles are general features of this medicine.

12. Belladonna

This medicine is useful in case of delayed and difficult walking in children. In this medicine children also have trouble during dentition including intense inflammation and gum pain with swelling and redness of gum with delayed teething. Flushing of face and feeling of heat often indicates need for this remedy. The child is easily startled and cries out during sleep.

13. Pulsatilla

This medicine is often indicated in social, intellectual and behavioural delays. The child is very tearful, wants to be constantly held. The child is very reserve, introvert and shy in nature. Always answer in expression.



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Alzheimer's Disease and Homeopathy: Supporting Cognitive and Behavioral Health in Neurological Problems

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Abstract

Alzheimer's disease is defined as premature aging of the brain, usually beginning in mid adult life and progressing rapidly to extreme loss of mental powers—similar to that seen in very old age. The clinical features of Alzheimer's disease include

1. an amnesic type of memory impairment,
2. deterioration of language, and
3. visuospatial deficits.

Motor and sensory abnormalities, gait disturbances, and seizures are uncommon until the late phases of the disease. One consistent finding in Alzheimer's disease is loss of neurons in the part of the limbic pathway that drives the memory process. Loss of this memory function is devastating.[11]

Keywords

Alzheimer's disease, Dementia, Cognitive decline, Neurodegeneration, Individualized treatment, Behavioral symptoms, Alternative medicine, Holistic care, Homoeopathic remedies, Complementary therapy.

Introduction

Alzheimer's disease is a progressive, fatal neurodegenerative disorder and the most common cause of dementia in older adults. It is characterized by:

- Early symptoms:

Memory impairment, especially short-term memory loss, subtle problem with language and visuospatial skills, and difficulty recalling recent events.[11]

- Progression:

As the disease advances, patients experience worsening memory loss, deterioration of language, disorientation, confusion, and visuospatial deficits. Behavioral changes, loss of motivation, and mood swings are also common.[11]

- Late stages:

Individuals lose the ability to perform daily activities independently, may not recognise close relatives, and can develop severe cognitive and functional impairments. Motor and sensory abnormalities. Motor and sensory abnormalities, gait disturbances, and seizures typically appear only in late phases.[11]

- Pathology:

The disease is marked by the accumulation of **beta-amyloid peptide** in the brain, forming amyloid plaques, and by neurofibrillary tangles. These

pathological changes lead to the loss of neurons, especially in the limbic system, which is crucial for memory. Genetic factors, such as mutation increases beta-amyloid production and the presence of certain apolipoprotein E alleles, elevate risk.[11]

- Epidemiology:

Over 5.5 million Americans are affected, with risk doubling every five years after age 65. About two-thirds of patients are women. The disease leads to increasing dependency, with most patients requiring continuous care within a few years of onset.[11]

According to World Alzheimer Report - 2023, There are 12 modifiable risk factors for dementia according to The Lancet :

1. Less education
2. Hypertension
3. Hearing loss
4. Smoking
5. Obesity
6. Depression
7. Physical inactivity
8. Diabetes
9. Self isolation
10. Excessive alcohol consumption
11. Head injury
12. Air pollution [1]

In India Alzheimer's disease is listed under ICD-10 code.

- Alzheimer's and Dementia:

Dementia is a chronic organic mental disorder characterized by the following features:

i. Impairment of intellectual functions

ii. Impairment of memory

iii. Deterioration of personality with lack of personal care.

Alzheimer's Dementia

- This is the commonest cause of dementia, seen in about 70% of all cases of dementia in USA. It is more commonly seen in women.

- Earlier, it was differentiated into two forms: a presenile form and a senile form. Now it is known that these two forms represent the same disease clinically and pathologically.

- There is some evidence to suggest that Alzheimer's disease may have a genetic basis.

- The diagnosis of Alzheimer's dementia is by exclusion of all other causes of dementia, as there are no distinct diagnostic clinical features or laboratory investigations.

- Autopsy shows macroscopic changes such as enlarged cerebral ventricles, widened cerebral sulci and shrinkage of cerebral cortex, as well as microscopic changes such as senile plaques, neurofibrillary tangles, cortical nerve cell loss, and granulovacuolar degeneration.

- However, these changes are only quantitatively, and not qualitatively, different from a normal aged brain.

- Neurochemically, there is a marked decrease in brain choline acetyltransferase (CAT) with a similar decrease in brain acetylcholinesterase (AchE).

- At present, Alzheimer's dementia is not considered a treatable disorder. However, Cholinesterase Inhibitors such as Rivastigmine (1.5 mg twice a day to 6 mg twice a day), Donepezil (5-10 mg/day), and Galantamine (4 mg twice a day to 12 mg twice a day) have been used in the recent past for treatment of moderate dementia with Alzheimer's disease. These elevate acetylcholine (Ach) concent rations in cerebral cortex by slowing the degradation of acetylcholine released by still intact cholinergic neurons in Alzheimer's disease.

- Memantine (5-20 mg/day), an N-methyl-D-aspartate (NMDA) antagonist, is also available for the treatment of moderately severe to severe Alzheimer's disease. There are several other drugs (such as ginkgo biloba, piracetam, and vitamin C and E) used for treatment, though their value remains uncertain. [13]

Use of Homoeopathy in Alzheimer's Disease

Overview

Alzheimer's disease is a progressive neurodegenerative condition marked by memory loss, disorientation, behavioral disturbances, and cognitive decline. Conventional treatments such as donepezil or memantine may provide symptomatic relief but do not significantly delay disease progression or reverse neuroal damage. In contrast, homoeopathy offers a holistic and individualized approach that may support cognitive function, quality of life, and emotional balance. [1,4,5]

Homoeopathic Principles Applied to Alzheimer's

Homoeopathy does not treat Alzheimer's disease as a single diagnosis but rather as a **state of individual imbalance** expressed through unique symptoms. The prescription is based on:

- The **totality of symptoms**, especially mental and emotional changes
- The patient's **miasmatic background** (often syphilitic or sycotic in degenerative disease)
- The remedy that most closely matches the entire picture (similimum). This method aims to stimulate the body's inherent healings ability and restore balance. [2,3,6]

Commonly Used Remedies in Alzheimer's [3,4,7]

Anacardium Orientale : Anacardium patients manifest very peculiar and striking mental symptoms. There is SUDDEN LOSS OF MEMORY, the patient is very much disturbed about his forgetfulness. The patient is so forgetful that he even forgets his own name and the names of well known places and most intimate friends. Feels he has two wills; one commanding him to do what the other forbids and he does not know what to do. In one ear a devil prompts him to do murder, in the other an angel counsels him to do acts of benevolence. SUSPICIOUS - doubts, everything around him. Potency: 6th to 200th potency. [10]

Baryta carbonica : Loss of memory, mental weakness. Senile dementia. Confusion. Childish; grief over trifles.9 Forgets in the middle of the speech . Most familiar words fails him. Potency: 3rd to 30th potency. [10]

Cannabis indica : Very forgetful - forgets his last words and ideas; BEGINS A SENTENCE, FORGETS WHAT HE INTENDS TO SPEAK, inability to recall any thought or event on account of other thoughts crowding his brain. Delirium tremens, extreme loquacity, exaggeration of time and distance. Wonderful imagination and hallucinations. Potency: Tincture and low attenuation.[10]

Alumina : Somebody who is very confused, and in this confusion has problems with his own identity. He does not know what he wants. He cannot make up his choice. If you drop a hint, he will follow it. When somebody else gives him another solution, he will follow it too. He follows because he does not know what he wants. He is not always aware of his situation, because it is something that has slowly developed through years.[12] Great mental confusion persists; confusion of mind and ideas. The consciousness of his existence is forgotten. Potency: 6th to 30th and hugher.[10]

Nux Moschata : The patient is very much absent minded. She cannot think or concrete her mind on anything. The patient is very much forgetful. Weakness of memory is of the topmost degree. The forgetfulness is of so much degree that she does not recognise a well known and quite familiar street and cannot remember anything. Along with this there is vanishing of thoughts while reading, talking or writing. Uses wrong words. Potency: 1st to 6th potency.[10]

Hyoscyamus niger : Makes irrelevant answers and thinks that he is in the wrong place; behaves like a mad man; does foolish things; abuses those around him. Talks of imaginary doings, but has no wants and makes no complaints. Low muttering delirium continues even when awake. The patient is very fearful. He is afraid of everything. Jealousy and suspicion. Stupor and unconsciousness are well - marked in this drug. The patient does not reply or give irrelevant answers. Does not recognise anyone. Sometimes answers properly, but stupor returns at once. Illusion and delusion of all senses. Sees person who are not actually present there. Thinks he is in the wrong place. Potency: 6th to 200th potency.[10]

Lycopodium : Loss of self confidence. Hurried when eating. Constant fear of breaking down under stress. WEAK MEMORY , CONFUSED THOUGHTS; spells or writes wrong and syllables. Failing brain power. Cannot bear to see anything new. Cannot read anything he writes. Potency: Tincture, a few drops, 3 times a day, have proved efficacious, otherwise the 6th to 200th potency, and higher, in not too frequent doses.[10]

Azadirachta indica : Forgetful, mistakes in writing and spelling; forgets the names of very familiar persons, or what has been done previous day. Potency: 6, 30, 200. [9]

Atista Indica : Weak memory ; indifferent mood ; vigourless. Potency: Mother tincture, 2x, 3x, 6. [9]

Andersonia or Amoora Rohitaka : Memory becomes dull and disordered; mistakes in spelling, place, etc. Potency: 3x, 6x , 30. [9]

Ocimum Sanctum : Forgetful, lack of concentration.Potency: Mother Tincture, 3x. [9]

Brahmi : Impaired memory. It is mostly used as a tonic for absent-mindedness and short of memory. Potency: Mother Tincture. [9]

Repertory

Mind - Delirium

AGAR, ARS, ARUM-T, BELL, BRY, CANN-I, CHEL, HYOS, LACH, LYC, NIT-AC, OP, RHUS-T, SEC, STRAM, VERAT, VERAT-V, Acon, Act-sp, Aeth, Aur,Bapt, Calc, Camph, Canth, Carb-s, Cham, Cic, Cina, Colch, Con, Crot-c, Crot-h, Cupr, Dig, Dulc, Gels, Ip, Meli, Merc, Nux-m, Nux-v, Oena, Petr,Phos, Plb, Puls, Sulph, Ter. [15]

Mind - Delusions, imaginations, hallucinations, illusion

ARG-N, BELL, CANN-I, COCC,HYOS,IGN, LACH, PETR, PH-AC, SABAD,STRAM, SULPH,Acon, Aeth, Ambr, Ars, Aur-m, Aur, Bapt, Calc, Camph,Cann-s, Coff, Glon, Hell, Kali-ar,Lyc, Lyss, Merc, Nit-ac, Op, Phos, Plat, Psor, Puls, Rhus-t, Sec, Sil, Staph, Valer, Zinc. [15]

Mind - Dementia

ANAC, HYOS, Agar, Bell, Lil-t, Merc, Nat-s, Nux-v, Ph-ac, Phos, Pic-ac, Verat, alco, alum, ant-c, ars, calc, calc-p, cann-i, carbn-s, coca, con, croc, crot-h, hell, ign, kali-i, lach, op, sulph, tarent. [15]

Mind - Confusion of mind

BELL, BRY, CALC, CANN-I, CARB-V, COCC, GLON, HYDROG, LACH, MERC, NAT-M, NUX-M, NUX-V, ONOS, OP, PETR, RHUS-T, SEP, SIL, STRY-P,Acon, Act-sp, Aesc, Aeth, Agar, Alum, Anac, Ant-t, Apoc, Arg-n, Arn, Ars, Asar, Aur, Bapt, Bar-c, Bar-m, Bism, Bor, Bov, Bufo, Calc-p, Camph,Cann-s, Canth, Caps, Carb-an, Carb-s, Chel, Chin, Coc-c, Coff, Coloc, Con, Croc, Crot-c,Crot-h, Cupr, Dros, Dulc, Fago, Ferr, Gels, Graph, Hell,Hyos, Hyper, Kali-c, Kali-i, Kreos, Lac-c, Laur, Lec, Lyc, Mag-c, Med, Mez, Mosch, Nat-c, Ph-ac, Phos, Plb, Psor, Puls, Sabad, Sec, Seneg, Spig,Staph, Stram, Sulph, Tab, Thuj, Verat, Zinc. [15]

Clinical Evidence and Experience

Though Randomized Controlled Trials on Homoeopathy in Alzheimer's are lacking, **case series and observational studies** show that individualized Homoeopathic treatment may help:

- Improve mood and behaviour
- Slow cognitive deterioration
- Reduce aggression, wandering, or night restlessness. In one systematic review, anecdotal and case based improvements were noted in memory, orientation, and caregiver satisfaction, though the need for structured trials was emphasized.[5,8]

Advantages of Homoeopathy in Alzheimer's

- Safe and non-toxic, ideal or polypharmacy patients.
- Addresses emotional and behavioral issues, not just cognition.
- Customizable, individualized treatment plan
- Integrates well with conventional dementia care without interaction risks. These benefits make homoeopathy a valuable supportive therapy, especially in early to moderate

stages. [3,5]

CONCLUSION

Homoeopathy provides an **individualized, person - centered** framework for addressing the multidimensional symptoms of Alzheimer's disease. While not a substitute for conventional care, it can complement standard treatment by **improving patient comfort, emotional stability, and possibly slowing disease progression.** More case series, observational research, and well - designed trials are needed to further validate its effectiveness. [1,3,5]

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The Role of Homoeopathy in Managing Conduct Disorder: A Comprehensive Case Study

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Abstract

Over the years, there has been a significant increase in Neurological disorders like Autism Spectrum Disorder (ASD), Attention-Deficit Hyperactivity Disorder (ADHD), Conduct Disorder (CD) etc. However, there is no standard medical treatment available for this population. Homoeopathy, as reported in literature, can prove to be a privilege for neurological disorder management, as in homoeopathy patients are prescribed medicine based on specific symptoms in light of associated physical and mental aspects. Conduct disorder (CD) is a prevalent psychiatric disease characterised by severe antisocial and violent behaviour during childhood or adolescence. It often co-occurs with ADHD and is linked to antisocial personality disorder later in life. It affects 3% of school-age children, twice as common in males. Here is a case report of conduct disorder that has improved with the management of homoeopathic medicine.

Keywords

Conduct Disorder, Behavioural Disorder, Homoeopathy, Attention Deficit Hyperactivity Disorder.

Introduction

The term "conduct disorder" **(ICD-11 code-6C91.0Z)** describes a collection of emotional and behavioral issues that children have that are recurrent and chronic. This illness makes it extremely difficult for kids and teenagers to follow rules, respect others rights, be empathetic, and behave in a way that is acceptable in society. Rather than being mentally sick, they are frequently perceived as "bad" or delinquent by adults, other kids, and social agencies. A kid may develop conduct disorder as a result of a variety of circumstances, such as brain injury, childhood abuse or neglect, genetic predisposition, academic failure, and traumatic life experiences [1]. Children or adolescents with conduct disorder may exhibit various behaviours [2], as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months.

Aggression towards people and animals

1. Bullies, threatens, or intimidates people
2. Enjoys being cruel and mean to others
3. Initiates physical altercations
4. Has used a weapon that could seriously injure someone physically (such as a bat, brick, broken bottle, knife, or gun)
5. Is physically cruel to people or animals
6. Takes from a victim while inflicting harm upon them
7. Coerces someone into engaging in sexual activity.
8. Exhibits no real regret following an aggressive episode.

Destruction of Property

1. purposefully started a fire with the goal to do harm
2. purposefully harms the property of others

Deceitfulness, lying, or stealing

1. Has broken into a person's home, vehicle, or building
2. lies to obtain goods, or favors or to avoid obligations
3. steals items without confronting a victim (e.g. shoplifting, but without breaking and entering)

Serious violations of rules

1. Against parental concerns, frequently spends the night out, beginning before the age of 13.
2. Often flees from home overnight, at least twice while living in the parental or parental surrogate home, or once without returning for a learning period.
3. Often truant from school, beginning before the age of 13 years.

To evaluate the current level of severity.

Mild

Conduct issues, such as lying, truancy, remaining out at night without permission, and other rule violations, cause very little harm to others, and there are few, if any, conduct issues beyond those necessary to make a diagnosis.

Moderate

Intermediate between those classified as "mild" and "severe" are the quantity of behaviour issues and their impact on others (e.g., stealing without facing a victim, vandalism).

Severe

Excessive numbers of conduct problems—such as forced sex, physical abuse, using a weapon, stabbing while confronting a victim, and breaking or conduct issues that seriously injure other people are present.

Children who manifest these behavioural disorders should receive a comprehensive evaluation by an experienced health professional. A qualified mental health expert should conduct a thorough evaluation of children displaying these tendencies.

Many kids who struggle with behavioural disorders may also have co-occurring mental health issues that need to be addressed, like mood disorders, anxiety, PTSD, substance misuse, ADHD, learning disabilities, or schizophrenia. Studies reveal that children with conduct disorder who do not receive early and comprehensive therapy are likely to have persistent issues, as are their families. Many children with conduct disorder struggle to adjust to adult responsibilities and continue to have difficulties in relationships and finding employment if they are not treated.

Risk and Prognostic Factors [3]

Temperament - A challenging, uncontrollably irritable temperament in infancy and lower-than-average intelligence, especially in verbal IQ, are risk factors for temperament.

Environmental - Risk factors for childhood-onset conduct disorder include parental rejection, neglect, inconsistent child rearing methods, strict discipline, abuse, absence of supervision, early institutionalization, caregiver turnover, parental criminality, substance abuse disorders, and community exposure to violence.

Genetic and physiological - Conduct disorder is influenced by environmental and hereditary factors, with a stronger genetic correlation with aggressive symptoms. Children with a disorder-affected sibling, adoptive or biological parents, severe alcoholism, bipolar disease, depression, schizophrenia, ADHD, or conduct problems are more susceptible.

Cultural-Related Diagnostic issues

Conduct disorder diagnosis can be misguided in environments where disruptive behavior is perceived as normative, such as high-crime areas or war zones. Inexperienced health practitioners may mistakenly diagnose anger and resistance-based coping in marginalised ethnic and racialised youth as conduct disorder.

Sex and Gender related diagnostic issues

Boys and men diagnosed with conduct disorder often display issues related to fighting, theft, vandalism, and school discipline. Lying, skipping school, running away, and prostitution are more

common behaviours among girls and women who have been diagnosed with conduct disorder. While all genders display relational aggression behavior that jeopardizes others social relationships, girls and women display far less physical hostility than do boys and men.

Differential Diagnosis [3]

Oppositional defiant disorder - Conduct disorder and oppositional defiant disorder involve conflict with adults and authority figures, with oppositional defiant disorder exhibiting less severe behaviours.

Attention-deficit/hyperactivity disorder - ADHD children's disruptive behavior doesn't violate societal norms or rights, so it doesn't meet conduct disorder criteria. If both criteria are met, both diagnoses should be given.

Adjustment disorders - If major conduct difficulties are linked to psychological stresses, remain unrelated to other disorders, and cause impairment in social, academic, or vocational domains for more than six months, a diagnosis of adjustment disorder should be made.

Case Report

Little Master Q.T. was an 11-year-old male student, fair in complexion, who appeared physically fit, of average height, and well-groomed for his chronological age, with no evident signs of deformity; initially, his IQ was sharp. As noted by parents.

Present complaint

Inappropriate behaviour like always trying to hurt his sibling, destroying things, never following parent's advice or order, truancy from school, very abusive behaviour, and wickedness, with fear of examination.

History of present complaint

According to the patient's mother, it was first reported by the Child's teacher that the Child displayed inappropriate behaviour toward classmates over the last six months.

Past Medical History

There was no significant medical history reported.

Past Psychiatry History

Nil.

Family History

There is no known history of mental illness in the family, as reported by the patient's mother. Disputes between parents before and after the delivery of a child.

Personal History (Pregnancy, Labour and Neonatal)

The child's mother stated that the pregnancy was taken to full term and was delivered through spontaneous vaginal delivery. The child did not cry naturally at birth but was forced to cry. It was also reported that the developmental milestone of the Child was eventful. Child living in a combined family and have a society that promotes more abusive behaviour.

Educational History

During his primary school days, the patient was aggressive towards other children, but it was not seen as a problem. People (including parents) felt the child was a tough person. Although, the Child also struggled academically with poor grades, in his present school, the patient still fights, abuses people, and uses foul or inappropriate language, resulting in several punishments.

Premorbid Personality

The patient was kind, enjoyed playing football, and was always willing to help others. However, they might be unfriendly, destructive, thieving, brutal to animals, manipulative, dislike following rules, and occasionally cheerful.

DISCUSSION

The ***Clinician-Rated Severity of Conduct Disorder (American Psychiatric Association, 2013)*** assesses the severity of the conduct difficulties a person faces by considering the number of issues and the harm they cause to others. **Level 0 denotes none, Level 1 mild, Level 2 moderate, and Level 3 denotes severe conduct disorder severity**

on a 4-point rating system. It is necessary for the healthcare provider to evaluate all relevant facts for the patient and, based on clinical judgment, select the level that most accurately represents the severity of the patient's illness. Based on the complaints presented, the client was deemed to have a "Moderate" severity level.

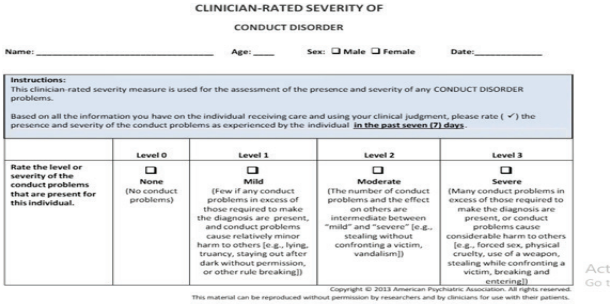
Physical Generals

- Desire- Milk
- Sleep- Restless, with folded limbs
- Dream-Horrible things, particularly fire.

Mental Generals

- Always trying to hurt/fighting his sibling with the desire to attack in his peer group.
- Destructive behaviour, destroying things is valuable or non valuable.
- Never obeys the request, order, or the parents despite this, he gets irritated easily and becomes verbally offensive. Lack of moral restraint.
- Never obeys the rules and regulations as complained by the teacher and observed by parents.
- Very abusive, impulsive, revengeful, wicked, always use abusive and insulting language
- Absent minded, very forgetful, with weakness of memory, slow in learning.
- Fear of examination and failure.
- Lack of confidence, lack of concentration during study.

Figure: -1. Clinician-Rated Severity of Conduct Disorder



CLINICIAN-RATED SEVERITY OF CONDUCT DISORDER

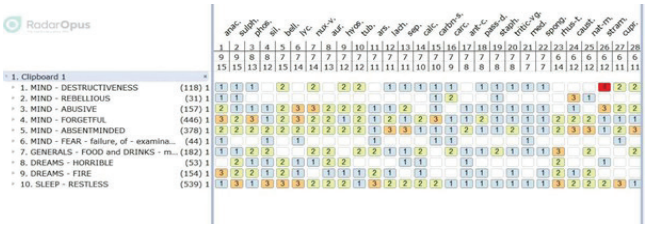
Name: _____ Age: ___ Sex: ❑ Male ❑ Female Date: _____

Instructions:
This clinician-rated severity measure is used for the assessment of the presence and severity of any CONDUCT DISORDER problems.

Based on all the information you have on the individual receiving care and using your clinical judgment, please rate (✓) the presence and severity of the conduct problems as experienced by the individual **in the past seven (7) days**.

	Level 0	Level 1	Level 2	Level 3
Rate the level or severity of the conduct problems that are present for this individual.	❑ **None** (No conduct problems)	❑ **Mild** (Few if any conduct problems in excess of those required to make the diagnosis are present, and conduct problems cause relatively minor harm to others [e.g., lying, truancy, staying out after dark without permission, or other rule breaking])	❑ **Moderate** (The number of conduct problems and the effect on others are intermediate between "mild" and "severe" [e.g., stealing without confronting a victim, vandalism])	❑ **Severe** (Many conduct problems in excess of those required to make the diagnosis are present, or conduct problems cause considerable harm to others [e.g., forced sex, physical cruelty, use of a weapon, stealing while confronting a victim, breaking and entering])

Figure: -2. A Repertorial sheet with the help of Radar opus Software



Following the process of repertorisation for the child's case, several remedies were considered, including Lycopodium, Nux Vomica, Sulphur, and Anacardium. Among these, Anacardium stood out due to its alignment with the child's most pronounced symptoms and its demonstrated efficacy in subsequent potencies.

This child came from an environment marked by conflict, characterised by a combative atmosphere. Their behaviour was marked by extreme abuse, both verbally and emotionally, and there was a palpable fear of examination situations. When assessed using the Clinician-Rated Severity of Conduct Disorder scale, the child presented with Lack of Objective Measures: The primary outcome measures are subjective reports from the mother and teacher. There is no use of standardized, validated behavioral rating scales (e.g., Conners Rating Scales, Child Behavior Checklist) completed by parents and teachers at each follow-up to quantify changes.and present it separat table for each followup moderate level of conduct disorder, which fell under the classification of level 2.

Given this context, the appropriate choice was to select Anacardium at a potency of 200, administered as a single dose. This targeted approach reflects the need for a nuanced understanding of the child's unique challenges and the urgency for effective intervention.

Follow up Report

06/10/23	Aggressiveness in symptoms and behaviour remains the same	Sac Lac-30 Placebo-30
20/10/23	No changes appeared.	Anacardium-1M (OD) Placebo-30

07/11/23	Improve in aggressiveness of behaviours like following the order of parents, less confrontation with siblings. However school performance and activity remain the same as usual.	Placebo-30 Sac lac-30
22/11/23	Improvement remain at the same time still as remain before	Anacardium-10M(OD) Placebo-30
09/12/23	Improvement in destructiveness and abusive behaviour, with school performance and peer group habits. **In the CRS conduct disorder rating scale it was level-1**	Placebo-30 Sac lac-30
13/12/23	Improvement in daily activity, follows the parent and teacher guidelines and no confrontation with the peer group. Now, the child begins to play on ground with their group and actively participates in group work, as observed by their teacher, reported by the mother.	Placebo-30 Sac lac-30
30/12/23	Aggressiveness in behaviour has improved, with no confrontation in peer group and some positive activities came in habits such as actively participation in outdoor group play and study. **In the CRS conduct disorder rating scale it was level-0**	Placebo-30 Sac lac-30

CONCLUSION

This case study demonstrates the effectiveness of homoeopathic treatments for behaviour disorder, a problematic issue in contemporary children's aggressive behaviour. Homoeopathy has a wide range of applications in the field of pediatric mental health and related issues, similar to other diseases for which further research is necessary.

Conflict of Interest: - None

Consent – Written consent was obtained from the parents.

Acknowledgement

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Neural Resonance: The Role of Homoeopathy in the Harmonization of Neurological Disorders

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Abstract

Neurological disorders constitute some of the most complex challenges in modern medicine, involving dysfunctions of the brain, spinal cord, and peripheral nerves. They affect nearly one in six people worldwide, contributing significantly to disability and mortality. Clinical manifestations such as cognitive decline, motor and sensory disturbances, seizures, and autonomic dysfunction reflect intricate structural, biochemical, and energetic imbalances within the nervous system. Conventional medicine primarily manages these conditions through pharmacological and surgical interventions targeting structural or biochemical abnormalities. In contrast, homoeopathy offers a holistic approach that aims to restore the disturbed vital force governing neurofunctional balance. This article explores the pathophysiological mechanisms and symptomatology of major neurological diseases while correlating key homoeopathic remedy groups—such as spider, snake, metallic, kali, acid, and plant alkaloid groups—with characteristic neurological expressions. Their active principles and proving data demonstrate notable parallels with neurophysiological dysfunctions, highlighting the potential of homoeopathy as a complementary modality in restoring and maintaining neurological harmony.

Keywords

Homoeopathy, Neurological Disorders, Vital Force, Holistic Approach, Neurological Harmony

Introduction

Neurological disorders encompass a broad spectrum of conditions affecting the brain, spinal cord, and peripheral nerves—ranging from headaches, neuralgias, and epilepsies to degenerative diseases such as Parkinson's and Alzheimer's. These disorders often present with overlapping motor, sensory, cognitive, and behavioural symptoms, making diagnosis and management highly challenging. Globally, their burden is rising: in 2021, an estimated 3.4 billion people lived with a neurological condition, and the disability-adjusted life years (DALYs) lost to nervous system disorders increased about 18 % compared to 1990.[1]

Despite advances in imaging, pharmacotherapy, and surgical interventions, many neurological diseases remain progressive or only partially responsive to conventional treatments. This gap underscores the need for integrative, personalized approaches. Homeopathy—rooted in the concept of treating the whole person and restoring the disturbed vital force—may provide complementary insight. Remedies sourced from animal venoms, metals, plant alkaloids, and minerals often exhibit neuro-affinity. Classifying these into remedy groups (mineral, plant, animal, nosode, etc.) offers a structured framework to correlate remedy choice with neurological symptom-patterns and constitutional tendencies.

Pathophysiology and Overview of Major Neurological Disorders

MECHANISM	DESCRIPTION	DISORDERS
Neuronal Degeneration	Progressive loss of neurons due to accumulation of misfolded proteins (e.g., α-synuclein, tau, β-amyloid) causing oxidative stress and synaptic failure	• Alzheimer's disease [2] • Parkinson's disease • Amyotrophic lateral sclerosis (ALS)
Neuroinflammation	Activation of microglia and astrocytes leads to release of pro-inflammatory cytokines (TNF-α, IL-1β, IL-6), contributing to neuronal injury	• Multiple sclerosis • Alzheimer's disease • Post-stroke inflammation
Neurotransmitter Imbalance	Altered synthesis, release, or receptor sensitivity of neurotransmitters like dopamine, serotonin, GABA, and glutamate [3,4]	• Depression • Epilepsy • Parkinsonism
Demyelination	Loss of myelin sheath around axons disrupts saltatory conduction, leading to impaired nerve transmission	• Multiple sclerosis [5] • Guillain-Barré [6]syndrome
Ischemic and Hypoxic Injury	Reduced cerebral blood flow or oxygen deprivation leads to excitotoxicity, mitochondrial dysfunction, and cell death	• Stroke • Hypoxic-ischemic encephalopathy
Genetic and Mitochondrial Dysfunction	Mutations affecting mitochondrial enzymes or neuronal structural proteins cause impaired ATP production and neurodegeneration	• Huntington's disease • Mitochondrial encephalopathies
Autoimmune Mechanisms	Autoantibody-mediated attack on neuronal or glial antigens results in inflammation and demyelination	• Myasthenia gravis [7] • Autoimmune encephalitis
Excitotoxicity [8,9]	Overactivation of glutamate receptors (especially NMDA) causes excessive Ca^{2+} influx leading to neuronal death	• Epilepsy • Ischemic stroke
Oxidative Stress [10]	Excess reactive oxygen species (ROS) and reduced antioxidant defense lead to lipid, protein, and DNA damage in neurons	• Parkinson's disease [10] • Alzheimer's disease
Neuroendocrine and Metabolic Imbalance	Dysregulation of hormonal and metabolic pathways affects neuronal growth, synaptic plasticity, and glucose utilization	• Diabetic neuropathy [11] • Hypothyroid myopathy [12]

The Concept of Homeopathic Remedy Grouping

In homeopathy, remedy selection is based on individual symptoms and constitutional analysis. However, an evolved approach involves grouping remedies based on their natural origin, thematic characteristics, and clinical affinities. This method is known as remedy grouping which enhances understanding and supports more accurate prescribing, especially in complex conditions such as neurological disorders, where symptoms often span motor, sensory, and psychological domains, remedy groups help **match the patient's deeper themes** with known remedy patterns. For example:

- **Mineral group** remedies like *Calcarea carbonica, Baryta carbonica,* etc suit cases of developmental delay or degeneration.
- **Plant group** remedies such as *Belladonna, Hypericum* address acute inflammation or nerve pain.
- **Animal remedies** like *Lachesis, Tarentula hispanica* may be indicated in expressive or seizure-related conditions

Homoeopathic Medicine Groups in Neurological Disorders [14,15]

Group / Family	Representative Medicines	Active Principle	Pathophysiological Action	Clinical Utility in Neurological Disorders
1. Spider (Arachnida)	*Tarentula hispanica* [13], *Theridion curassavicum, Aranea diadema*	Neurotoxic peptides, arachnid venom components	Excitation of motor neurons causing increased acetylcholine discharge → muscular hyperactivity and restlessness	Produces symptoms of chorea, hysteria, hyperkinesia, tremors, and functional motor disturbances relieved by motion

2. Snake [16] (Ophidia)	*Lachesis mutus, Crotalus horridus, Naja tripudians, Bothrops lanceolatus*	Hemotoxic and neurotoxic polypeptides (phospholipases, proteases)	Venom induces **vascular stasis, hemorrhage, and cerebral ischemia** leading to neuronal hypoxia and paralysis	Correlates with stroke, hemiplegia especially left-sided, speech loss, and convulsions, sensitivity to heat
3. Kali (Potassium Salts)	*Kali phosphoricum, Kali bromatum, Kali carbonicum*	Potassium ions – regulators of nerve excitability	Maintains **resting membrane potential;** imbalance causes either irritability or depression of nerve function	Indicated in nerve weakness, insomnia, epilepsy (Kali brom.), and mental exhaustion
4. Phosphorus	*Phosphorus, Acid phosphoricum, Calcarea phosphorica*	Elemental phosphorus and phosphates	Involved in ATP synthesis and **myelin sheath formation;** deficiency causes neuronal degeneration and sensory fatigue	Useful in brain softening, optic/aural neuropathy, and mental prostration
5. Acid	*Phosphoric acid, Picric acid, Nitric acid, Muriatic acid*	Various organic and inorganic acids	Disturbance in oxidative metabolism leading to **nervous debility and cerebral hypofunction**	Represents brain fag, paralysis after exhaustion, neurasthenia, and emotional dullness
6. Metals [17]	*Zincum metallicum, Plumbum metallicum, Cuprum metallicum, Argentum nitricum*	Metallic ions (Zn, Pb, Cu, Ag) with strong neuro-affinity	Chronic metal toxicity affects **spinal cord neurons and basal ganglia,** causing synaptic failure and demyelination	Corresponds to tremor of hands, paralysis, chorea, muscular atrophy, restless legs and neuritis
7. Solanaceae	*Belladonna, Stramonium, Hyoscyamus niger*	Tropane alkaloids (atropine, hyoscyamine, scopolamine)	**Anticholinergic action** leads to cerebral excitation and loss of inhibitory control → delirium and convulsions	Mirrors acute cerebral congestion, febrile delirium, mania, spasms in humans, sudden violent headaches
8. Leguminosae (Pulse Family)	*Lathyrus sativus, Cocculus indicus, Physostigma venenosum*	Neurotoxic amino acids (ODAP, physostigmine)	Act on **spinal cord and neuromuscular junction**, producing spastic or flaccid paralysis	Analogous to spastic paraplegia, vertigo, motor incoordination, and paralysis
9. Umbelliferae	*Conium maculatum, Cicuta virosa, Aethusa cynapium*	Coniine, cicutoxin – volatile alkaloids	Cause **medullary depression** and disturbance of inhibitory centers → tonic-clonic convulsions and paralysis	Correlates with epileptic seizures, paralysis, and infantile cerebral irritation
10. Carbon	*Carbo vegetabilis, Carbo animalis, Graphites*	Carbon compounds – weak oxidizing agents	Depress tissue oxidation → **cerebral anemia and hypoxia** causing mental torpor and collapse.	Seen in senile brain weakness, fainting, and chronic nervous exhaustion
11. Nitrate / Nitrogen	*Glonoinum, Amyl nitrosum, Nitric acid*	Nitroglycerin and nitrites – vasodilators	Relax vascular smooth muscle → **sudden cerebral hyperemia** and pulsatile headache	Used in migraine, sunstroke, vertigo, vascular headache
12. Animal Venom Group (Ophidia + Arachnida + Insecta)	*Lachesis, Crotalus, Apis mellifica, Tarentula*	Mixed venom proteins (enzymes, peptides)	Induce **vasculitis, neurotoxicity, and inflammatory edema** affecting nerve conductivity	Related to haemorrhagic meningitis, convulsions, paralysis, and encephalopathy
13. Plant Alkaloid	*Gelsemium sempervirens, Nux vomica, Ignatia amara*	Alkaloids – gelsemine, strychnine, ignatin	Affect **motor neurons and inhibitory spinal centers** → tremors, paralysis, or reflex hyperexcitability	Clinically seen in functional paralysis, neurasthenia, emotional disturbances
14. Biochemic (Tissue Remedies)	*Kali phos., Mag phos., Calc phos., Nat mur.*	Inorganic salts essential for nerve cell metabolism	Maintain **electrolyte balance and neural transmission;** deficiency leads to nerve fatigue	Indicated in nervous exhaustion, neuralgic pain, memory weakness, and brain fag
15. Fungi	*Agaricus muscarius, Secale cornutum*	Muscarine, ergot alkaloids	Disturb **cerebellar coordination and peripheral circulation** → tremor, spasm, gangrene	Mimics chorea, tremors, ataxia, peripheral neuritis, and senile paralysis
16. Mineral (Earths & Salts)	*Calcarea carb., Baryta carb., Magnesia carb.*	Calcium and magnesium carbonates	Alter **synaptic transmission and neuronal development;** calcium deficiency leads to impaired conduction	Represents cerebral sclerosis, childish mental state, senile dementia, developmental delay
17. Narcotic	*Opium, Cannabis indica, Coffea cruda, Passiflora incarnata*	Alkaloids and resins – morphine, caffeine, cannabinoids	Depress or over-stimulate **cerebral cortex and medulla,** modifying sensory perception and consciousness	Correlates with insomnia, coma, hallucinations, sensory delusions, and altered reflexes

18. Poison (Neurotoxic Alkaloids)	*Strychninum, Curare, Nux vomica, Conium*	Alkaloids – strychnine, curarine, coniine	Interfere with **motor end-plate transmission (GABA blockade)** causing spasm and paralysis	Manifest as spastic paralysis, tetanic convulsions, neuromuscular weakness

CONCLUSION

Neurological disorders emerge from multifactorial disruptions—biochemical, genetic, and dynamic. Homoeopathy, through its individualized, holistic, and resonance-based approach, offers a unique model for addressing such dysfunctions. Remedy groups with neurotoxic origins display curative analogies with nervous disorders, supporting the concept of "neural resonance." Integrative research combining neurophysiology and homoeopathic philosophy could strengthen the evidence base for these subtle yet promising interventions.

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Integrating the knowledge of surgery into a better understanding of Homeopathic Materia Medica

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Abstract

Surgery and Homoeopathic Materia Medica represent two distinct yet complementary domains of healing—one focused on structural correction through operative procedures and the other on stimulating the vital force for holistic recovery. Integrating surgical knowledge into the understanding and application of Homoeopathic Materia Medica provides practitioners with a more comprehensive clinical perspective, particularly in cases involving surgical trauma, post-operative conditions, and chronic complications. This paper explores how insights from surgical anatomy, pathology, operative techniques, and postoperative physiology can enhance remedy selection and clinical management. Areas of integration include post-surgical healing, pain management, infection control, scar and adhesion prevention, anesthesia-related complaints, emotional effects of surgery, and chronic sequelae. The study emphasizes how deeper surgical understanding enriches remedy differentiation, supports individualized patient care, and expands the therapeutic scope of Materia Medica. By bridging these two disciplines, homeopaths can achieve improved clinical outcomes and offer a more integrative, patient-centered approach.

Keywords

Homoeopathic Materia Medica; Surgery; Post-operative care; Homeopathy; Integration; Healing; Pain management; Surgical pathology; Homeopathic therapeutics; Holistic recovery.

Introduction

Surgery, one of the oldest healing arts, has evolved significantly from the classical techniques described by Sushruta to the technologically advanced operative procedures practiced today. It encompasses diagnostic, therapeutic, reconstructive, and functional interventions that involve deliberate manipulation of tissues and organs. Modern surgical practice integrates advances in anesthesia, asepsis, imaging, and minimally invasive techniques, enabling precise operations with improved patient outcomes. Despite its life-saving role, surgery inevitably produces physiological and psychological trauma such as tissue injury, inflammation, pain, shock, infection risks, scarring, and emotional stress.

Homoeopathic Materia Medica, on the other hand, is founded on the study of drug actions on healthy individuals and emphasizes individualized healing based on symptom similarity. Each remedy possesses a unique personality, sphere of action, affinity for tissues and organs, and characteristic mental and physical expressions. Integrating the principles of surgery into the understanding of Materia Medica enables homeopaths to appreciate pathological processes more precisely and correlate them with remedy indications, thereby enhancing the relevance and accuracy of remedy selection.

This integration becomes particularly meaningful when managing patients undergoing surgery or recovering from operative procedures. Homeopathic therapeutics can complement surgical interventions by supporting tissue repair,

reducing inflammation, minimizing pain, preventing complications such as infection or adhesions, addressing anesthesia-related effects, and aiding emotional recovery. A sound understanding of surgical anatomy, pathology, types of operative procedures, and postoperative sequelae allows homeopathic practitioners to apply Materia Medica more effectively and holistically. This paper discusses various domains where surgical knowledge deepens clinical interpretation of Materia Medica and broadens the scope of homeopathic practice.

Surgery is a medical procedure that involves cutting open the body to diagnose, treat, or repair damaged or diseased tissue or organs. It can be used for various purposes, including removing tumors, repairing injuries, improving organ function, or altering appearance. Surgery can involve both invasive and minimally invasive techniques.

Purpose of Surgery:

Diagnosis: Surgery can be used to diagnose a condition, such as by taking a biopsy of a suspicious lump.

Treatment: Surgery can remove diseased or damaged tissue, repair structures, or replace organs.

Repair: Surgery can be used to fix broken bones, damaged tendons or ligaments, or other injuries.

Improvement of Function: Surgery can improve the function of organs or systems, such as heart surgery to improve blood flow.

Aesthetics: Surgery can be used to alter appearance, such as in cosmetic surgery or reconstructive surgery.

Types of Surgery:

Open Surgery: Involves a large incision to access the surgical site.

Minimally Invasive Surgery: Uses smaller incisions and specialized instruments, often with the aid of a camera, to perform the surgery. This includes laparoscopic surgery and robotic surgery.

Other Surgical Approaches: Microsurgery uses magnification to operate on very small structures.

Historical Context:

- Surgery has a long history, with evidence of surgical practices dating back to ancient civilizations.
- Sushruta, considered the father of surgery, lived in ancient India and documented surgical techniques in the Sushruta Samhita.
- Modern surgery has benefited from advancements in anesthesia, infection control, imaging techniques, and surgical instruments.

Risks and Considerations:

Surgery carries inherent risks, including infection, bleeding, and complications from anesthesia.

Pain is a common experience after surgery, but pain management strategies are available.

Recovery time varies depending on the type of surgery and individual factors.

Homoeopathic Materia Medica is the study of the action of drugs on healthy human being as a whole taking into consideration individual susceptibility and its reaction to various circumstances and time. A good prescription by a homoeopath mainly depends upon the case receiving, processing and a sound knowledge of Homoeopathic Materia Medica. Each drug in Materia Medica not only has its own personality with its mental and physical constitution but also has its own affinity to an area, direction, spread, tissue, organ, system. Each drug in Materia Medica not only has its own personality with its mental and physical constitution but also has its own affinity to an area, direction, spread, tissue, organ, system. This can be achieved only by integrating the study of Materia Medica with other parallel subjects taught during the course.

Integrating the knowledge of surgery into a better understanding of homeopathic Materia Medica can be a powerful approach to enhancing treatment strategies, especially for patients with surgical histories or those experiencing surgical conditions. While surgery and homeopathy are based on different principles, one focusing on physical interventions and the other on stimulating the body's vital force for healing, there are

many opportunities for integration. Homeopathic remedies can support or complement surgical interventions and recovery processes can improve patient outcomes.

Knowledge of surgery can enhance the understanding of Homeopathic Materia Medica:

1. **Post-Surgical Recovery and Healing : Surgical trauma** involves cutting, suturing, and disruption of tissues, which can lead to inflammation, swelling, pain, and a slower healing process. **Homeopathic remedies** can be selected to support recovery from surgical procedures by stimulating the body's ability to heal and manage these issues. Remedies such as *Arnica montana* are frequently used to reduce ***bruising, swelling,*** **and pain** after surgery. *Arnica* is renowned for its ability to help the body recover from physical trauma, reducing the extent of bruising and accelerating the healing process. Similarly, remedies like *Calendula officinalis* can be useful for **wound healing**, particularly for deep cuts or surgical incisions, helping the skin regenerate and reducing the risk of infection.

2. **Managing Surgical Pain:** Pain management is a critical part of surgical recovery. Homeopathy offers remedies that can help manage pain without the reliance on narcotics or other strong medications. For example, remedies like *Hypericum perforatum* are particularly effective for **nerve-related pain,** which may occur after nerve damage during surgery. Similarly, remedies like *Belladonna* can help address **acute, throbbing pain** often associated with inflammation following surgery. Understanding the type and nature of pain (sharp, dull, throbbing, burning, etc.) and correlating it with the homeopathic remedy's profile can enhance the post-surgical experience and promote a quicker, more comfortable recovery.

3. **Reducing Post-Surgical Infections:** Infections are a common risk after surgery, and homeopathic remedies can help support the body's defense mechanisms, reducing the likelihood of infection and promoting faster recovery. Remedies like *Pyrogenium* or *Mercurius solubilis* are frequently used when there is a **risk of infection** or when there is evidence of **pus formation.** Understanding the typical infection patterns after surgery can help homeopaths select remedies that support the immune system and the body's ability to fight off bacterial or viral threats. Homeopathy can also be used to complement antibiotics, working alongside conventional treatments without interfering with their action.

4. **Scar Tissue and Adhesions:** After surgery, scar tissue and internal adhesions (bands of fibrous tissue that can form after surgery) are common concerns, especially after abdominal or pelvic surgeries. **Homeopathic remedies** can help in the **reduction of scar tissue** formation and prevent the development of adhesions, improving flexibility and reducing discomfort. **Silicea** is a remedy frequently used to aid in the healing of scars and tissues, particularly if the healing process is delayed. It can also help when there is a **hardening or induration** of scar tissue. For adhesions, remedies like *Kali bichromicum* may be used to help resolve fibrous tissue build-up, particularly in the abdominal or pelvic area.

5. **Acute and Chronic Conditions Following Surgery:** Surgery may not always result in full recovery, and some patients may experience **chronic conditions** after an operation. For instance, **chronic pain, digestive disturbances,** or **neurological symptoms** may persist after surgery. Homeopathic remedies can support these ongoing issues by addressing the root causes rather than just the symptoms. For example, if a patient experiences chronic **gastrointestinal upset** after an abdominal surgery, remedies like *Nux vomica* may help restore digestive function and relieve discomfort. **Kali carbonicum** may be useful for patients suffering from **weakness and fatigue** after surgery, particularly when the body has not fully recovered its strength.

6. **Emotional and Psychological Effects of Surgery:** Surgery can have a **psychological impact,** including anxiety, depression, or trauma, particularly if the procedure was invasive or life-threatening. Understanding the emotional and mental aftermath of surgery can

guide the homeopath in selecting remedies that support the psychological recovery of the patient. For instance, *Ignatia amara* is useful for emotional **shock** or **grief,** while *Aconitum napellus* may be helpful for **anxiety and fear** following surgery, especially if there was a sense of impending doom or panic before or after the procedure. **Opium** can also be indicated for patients who experience **numbness, emotional detachment,** or **shock** following a traumatic surgical event.

7. **Supporting Pre-Surgical Preparation:** Homeopathic remedies are often used **pre-surgically** to help the body prepare for the physical and emotional stresses of surgery. Remedies such as *Arnica* or *Kali phos* can help patients feel more grounded and reduce fear or anxiety before a procedure. **Arnica montana** is often administered to reduce the shock of surgery and minimize bruising or soreness after the operation. *Nux vomica* or *Gelsemium* can help calm the nerves and reduce anxiety or irritability, ensuring the patient is in a balanced state before undergoing surgery.

8. **Anesthesia and Side Effects:** Anesthesia, while life-saving, can have side effects such as **nausea, fatigue, dizziness,** or **delayed recovery.** Understanding these side effects from a medical perspective helps homeopaths choose remedies that support faster recovery from the effects of anesthesia. Remedies like *Nux vomica* can help alleviate the nausea and digestive upset that can result from anesthesia, while *Carbo vegetabilis* is often used to revive the body after a prolonged anesthetic effect, especially when the person feels **weak or faint.**

9. **Chronic Post-Surgical Complications:** Sometimes, patients experience **long-term complications** after surgery, such as **nerve damage, lymphedema,** or **circulatory issues**. Knowledge of surgical procedures and the potential for complications can guide homeopaths in choosing remedies that address these specific concerns. Remedies like *Hypericum perforatum* (for nerve injuries) or *Calcarea fluorica* (for **stiffness and lack of flexibility** after surgery) can be selected to improve long-term recovery and reduce the risk of lasting complications.

10. **Complementing Conventional Surgery with Homeopathic Care:** While surgery addresses the physical aspects of illness or injury, homeopathy works by supporting the **vital force,** helping the body regain balance after a physical trauma. Combining both treatments can lead to better outcomes by addressing both the physical and energetic aspects of healing. For instance, after **surgical resection of a tumor,** homeopathy can help restore balance to the affected organs, improve energy levels, and minimize any lingering side effects of surgery, such as fatigue, depression, or weakened immunity.

CONCLUSION

Integrating surgical knowledge with Homoeopathic Materia Medica enriches clinical understanding and enhances therapeutic efficiency. Insight into the physiological changes caused by surgery—such as tissue trauma, inflammation, pain pathways, infection risks, scar formation, and postoperative emotional disturbances—directly correlates with remedy indications within Materia Medica. This interdisciplinary approach allows practitioners to select remedies with greater precision, address acute and chronic postoperative conditions, and support the patient's physical and emotional recovery comprehensively. While surgery provides essential structural correction, homeopathy complements it by stimulating the vital force and promoting holistic healing. The combined application of these two systems offers a balanced, integrative model of care that benefits patients by reducing complications, improving comfort, and restoring overall well-being. This synergy represents a meaningful advancement in contemporary homeopathic practice.

Homoeopathy in Neurological Problems

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Abstract

Neurological disorders pose significant treatment challenges due to their complex pathophysiology and chronic nature. Complementary therapies like homeopathy have gained attention for their individualized, holistic approach. This article comprehensively reviews the role of homeopathy in neurological disorders, examining historical context, theoretical foundations, clinical applications across various disorders, and evidence from research. It also discusses benefits, limitations, and future research directions. While promising results are reported, rigorous scientific validation remains essential for integration into mainstream neurology.

Keywords

Homeopathy, Neurological disorders, Complementary and alternative medicine, Individualized treatment, Mild traumatic brain injury, Parkinson's disease, Cerebral palsy, Multiple sclerosis, Neuropathic pain.

Introduction

Neurological disorders, including neurodegenerative, neuroinflammatory, and developmental conditions, affect millions worldwide, often causing disability and reduced quality of life. Conventional treatments alleviate symptoms but may have limitations and adverse effects, prompting interest in complementary medicines. Homoeopathy, developed over two centuries ago, emphasizes individualized treatment using highly diluted natural substances to stimulate self-healing. Given the complexity and variability of neurological manifestations, homoeopathy's personalized approach offers potential benefits. This review aims to explore homeopathy's role in neurological care, evaluating available evidence and highlighting research needs.

Historical and Theoretical Background

Historically, homoeopathy has addressed neurological symptoms such as tremors, seizures, and pain through remedies like Gelsemium, Hypericum, and Causticum. Rooted in the "law of similars," homoeopathy prescribes substances that produce symptoms mirroring the patient's condition in healthy individuals. The homoeopathic materia medica encompasses remedies for emotional, cognitive, and motor neurological disturbances, emphasizing holistic symptom relief.

Common Causes of Neurological Disorders

- Neurological diseases often arise from:
- Genetic or hereditary factors
- Congenital abnormalities
- Infections
- Vascular disturbances like stroke
- Traumatic injuries
- Degenerative changes due to aging
- Autoimmune reactions attacking nerve tissues
- Metabolic and nutritional deficiencies

- Exposure to toxins
- Neoplastic growths like brain tumors

Pathophysiology of Neurological Disorders and Homoeopathy's Mechanism

Neurological diseases often involve neurodegeneration, inflammation, oxidative stress, and neurotransmitter imbalances. Neurological disorders encompass a vast spectrum of diseases marked by exquisite vulnerability of neurons and neural networks. Pathologically, these disorders exhibit progressive neuronal loss, aberrant protein aggregation (such as amyloid plaques in Alzheimer's and Lewy bodies in Parkinson's), and chronic neuroinflammation that exacerbate neuronal damage. The disruption transcends cellular death to affect critical neural circuits responsible for cognition, emotion, and motor control, leading to dramatic impairments in communication, movement, and emotional expression.

For instance, pathological crying and laughing (PCL) in motor neuron disease and other neurological disorders reveal how damaged cortico-ponto-cerebellar networks cause uncontrollable, disproportionate emotional outbursts. These episodes not only reflect the neuroanatomical breakdown but also underscore the devastating psychosocial consequences borne by patients, including social withdrawal and stigma. The pathology here is not merely a loss of function but a disinhibition of emotional circuits, highlighting the intricate neural choreography involved in emotional regulation.

Similarly, diseases like Parkinson's disrupt the fluidity of facial and vocal expressions due to basal ganglia dysfunction, leading to "facial masking," which desynchronizes the internal emotional experience from external expression. This disconnect profoundly affects social interaction and quality of life, illustrating how pathology manifests not only in movement but in the very essence of human communication.

Striking Cellular and Network Pathology

From molecular imbalances to large-scale network dysfunction, the pathology of neurological disorders reveals:

- Aberrant protein deposition causing toxic neuronal environments
- Immune-mediated myelin attacks in diseases like multiple sclerosis
- Excitotoxic neuronal death triggered by excessive neurotransmitter release
- Impaired connectivity between limbic and motor networks causing functional symptoms in disorders such as functional neurological disorder (FND)

While conventional medicine targets specific biochemical pathways, homoeopathy acts at a systemic level, aiming to restore the organism's balance. Experimental studies suggest homoeopathic remedies may influence neurotransmission, inflammatory markers, and gene expression, although precise mechanisms remain under investigation. Research using Gelsemium, for example, indicates modulation of anxiety and motor coordination pathways in animal models.

Clinical Applications and Evidence

Homoeopathy has been applied in various neurological conditions with varying levels of evidence:

- Mild Traumatic Brain Injury: Clinical trials and research studies provide evidence supporting the supportive role of homeopathy in managing mild traumatic brain injury (MTBI). A notable randomized, double-blind, placebo-controlled trial conducted at Spaulding Rehabilitation Hospital demonstrated significant symptom improvement in cognition, headaches, and mood among patients receiving homeopathic treatment compared to placebo. The study involved 60 patients with persistent MTBI, with results indicating clinically meaningful outcomes, although further large-scale studies are recommended to confirm these findings (1).
- Parkinson's Disease: Case studies and observational research highlight improvements in motor symptoms and tremors in Parkinson's disease (PD) patients treated with individualized homeopathic remedies, resulting in enhanced quality of life. For example, a comprehensive article published in the Homeopathic

Journal (2025) discusses commonly prescribed remedies for PD such as Agaricus muscarius (useful for tremors and spasmodic movements), Gelsemium (for weakness and lack of coordination), Zincum metallicum (for restless legs and muscle twitching), Hyoscyamus niger (for involuntary jerking and anxiety), and Causticum (for muscle rigidity and slow movements)(2). This article references a 2019 study published in Complementary Therapies in Medicine that reported symptom improvement and well-being enhancement in neurodegenerative disorders including PD through individualized homeopathy. The treatment approach emphasizes holistic patient evaluation, tailoring remedies to both motor and non-motor symptoms such as depression, anxiety, and sleep disturbances. While these case studies and small observational studies illustrate promising benefits with minimal side effects, the article stresses the need for larger, rigorous clinical trials to confirm efficacy conclusively.

- Cerebral Palsy: Homeopathic care has been reported in case studies and observational reports to reduce muscle spasticity and seizure frequency in cerebral palsy (CP), complementing conventional rehabilitation efforts. For example, documented cases show that homeopathic remedies given over months produced improvements in seizure control and muscle tone in children with severe CP, alongside better mobility and quality of life. These remedies included Calcarea phosphorica, Belladonna, Stramonium, and Zincum metallicum, which are traditionally associated with neuromuscular conditions and spasticity reduction.
- Multiple Sclerosis: Although evidence on homeopathy in Multiple Sclerosis (MS) is limited, several case reports and small studies show potential benefits in managing fatigue, sensory disturbances, and emotional symptoms. A 2013 report of three MS cases treated with homeopathy using LM potencies documented clinical improvement, including reduced symptoms and better MRI findings, while highlighting cost-effectiveness compared to interferon therapy.
- Neuropathic Pain: Remedies like Hypericum have traditional and clinical support for managing nerve pain symptoms(6).

These applications highlight homoeopathy's potential as adjunctive therapy for symptom management and improving functional outcomes.

Case Studies and Individualized Treatment Approaches

Individualization is the cornerstone of homoeopathy, where detailed case taking identifies unique symptom patterns and constitutional traits. Techniques such as the "10 Ws" (Who, What, When, Where, Why, etc.) facilitate thorough evaluation. The plussing method refines potency selection to optimize response. Illustrative cases show that tailored remedies can lead to sustained improvements in neurological symptoms, underscoring the personalized nature of homeopathic care.

Benefits and Limitations

Homoeopathy's major benefits include minimal side effects, holistic symptom management, and potential long-term improvement in neurological function. Its individualized approach aligns well with the heterogeneous nature of neurological disorders. However, the lack of large-scale randomized controlled trials, variability in study quality, and ongoing debates on placebo effects limit widespread acceptance. Slow onset and need for practitioner expertise are additional challenges.

Future Directions and Research Needs

Future research should focus on rigorous clinical trials with standardized protocols to validate homoeopathy's efficacy in neurology. Mechanistic studies using advanced molecular and neuroimaging techniques are needed to clarify biological effects. Integrative approaches combining homoeopathy with conventional neurology may enhance patient outcomes. Training programs and interdisciplinary collaboration will be key to advancing homoeopathic neurological care.

Discussion

The therapeutic potential of homoeopathy in

neurological disorders lies in its individualized, holistic approach, addressing not only the physical symptoms but also the mental and emotional dimensions of neurological diseases. Neurological disorders such as Parkinson's disease, multiple sclerosis, cerebral palsy, neuropathic pain, and traumatic brain injury often have complex etiologies involving genetic, traumatic, metabolic, and inflammatory components. Homoeopathy's paradigm of treating the disturbed vital force through tailored remedies aims to stimulate self-healing and restore balance in these multifactorial conditions.

Clinical case studies and observational reports suggest symptom improvement, including reduction in motor symptoms, tremors, muscle spasticity, seizure frequency, neuropathic pain, and cognitive and emotional disturbances. Remedies like Hypericum for neuropathic pain, Zincum metallicum for Parkinson's, and individualized formulas for mild traumatic brain injury show promise though the evidence largely derives from small-scale studies or case reports. The anti-inflammatory and neuroprotective properties of certain homeopathic medicines, such as those derived from licorice extracts acting on molecular pathways like NF-kB and HMGB1, present mechanistic plausibility for therapeutic benefit.

However, systematic reviews and meta-analyses highlight the need for more rigorous, large-scale, randomized controlled trials to validate these findings and overcome limitations posed by small sample sizes and study heterogeneity. Evidence quality varies, and some skepticism remains in the broader medical community. Nevertheless, homoeopathy's low-risk profile and patient-centric, integrative philosophy make it a valuable complementary approach alongside conventional neurological care.

CONCLUSION

Homoeopathy represents a promising complementary approach for managing neurological disorders by offering individualized, holistic care. Evidence supports its beneficial role in mild traumatic brain injury, Parkinson's disease, cerebral palsy, and neuropathic pain, though more rigorous research is warranted. As neurological disorders often require multifaceted management, homoeopathy's integration alongside conventional therapies holds potential for improving patient quality of life with minimal adverse effects.

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Kent's Repertory And The Mental Sphere; A Psychological Perspective From The Organon

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Abstract

Background

The evolution of Homoeopathy, as laid down by Samuel Hahnemann in the *Organon of Medicine*, emphasized the totality of symptoms as the true basis for cure. Among these, the **mental and emotional symptoms** hold a position of prime importance. Hahnemann consistently highlighted that the state of mind often reflects the deepest disturbance of the vital force, making psychological manifestations crucial for understanding the patient's individuality. Building on this foundation, **James Tyler Kent (1849–1916)** developed his *Repertory of the Homoeopathic Materia Medica*, which became one of the most widely used and influential repertories in classical homoeopathy.

Objectives

1. **To explore the significance of the mental sphere** in homoeopathic philosophy as emphasized by Hahnemann in the *Organon of Medicine.*
2. **To analyze Kent's Repertory** with special focus on the "Mind" section and its role in case analysis.
3. **To correlate psychological concepts** with the mental rubrics of Kent's Repertory, highlighting their relevance in understanding human behavior and emotions.
4. **To evaluate the practical utility** of mental symptoms in repertorization and remedy selection.
5. **To present a psychological perspective** on how Kent and Hahnemann's insights anticipated modern views on the interconnection between mind and body in health and disease.

Methodology

This article is based on a **descriptive and analytical review** of primary and secondary sources related to homoeopathic philosophy, repertory, and psychology.

1. **Primary Sources:**

- *Organon of Medicine* (6th edition) by Samuel Hahnemann, with special reference to aphorisms 210–230, which emphasize the importance of mental and emotional symptoms.
- *Repertory of the Homoeopathic Materia Medica* by James Tyler Kent, particularly the "Mind" section, to understand the classification and practical use of mental rubrics.
- *Kent's Lectures on Homoeopathic Philosophy* to contextualize his emphasis on mental symptoms.

2. **Secondary Sources:**

- Commentaries and scholarly works on the philosophy of homoeopathy and the development of repertories.
- Psychological literature to draw parallels between Kent's rubrics and contemporary

psychological concepts (e.g., emotions, cognition, will, memory).

- Published articles, reviews, and academic discussions on the role of the mind in homoeopathy.

3. **Approach:**

- A **comparative analysis** was carried out between the conceptual framework provided by Hahnemann in the *Organon* and Kent's repertorial structure.
- The rubrics under the "Mind" section were **thematically grouped** (emotions, intellect, memory, will, behavior patterns) and examined from a psychological perspective.
- The findings were then interpreted in the context of the broader homoeopathic approach to the individual as a psycho-somatic unity.

This methodology enables an integrated understanding of Kent's repertory as not only a clinical tool but also as a framework reflecting early psychological insights rooted in Hahnemannian philosophy.

Results

The analysis of Hahnemann's *Organon* and Kent's *Repertory* revealed the following key findings:

1. **Primacy of the Mental Sphere**

- Hahnemann (Aphorisms 210–230) emphasized that disturbances of the mind and emotions often represent the deepest derangement of the vital force.
- Kent aligned with this view by placing the **"Mind" chapter first** in his repertory, underscoring the importance of mental symptoms in case analysis.

2. **Systematic Classification of Mental Symptoms**

- Kent's *Repertory* organizes mental rubrics under distinct domains such as *Emotions* (fear, anger, grief, jealousy), *Intellect* (confusion, concentration, memory), and *Will* (indifference, obstinacy, ambition).
- This structure mirrors many psychological constructs, making the repertory a valuable early tool for understanding human personality and behavior.

3. **Correlation with Psychological Perspectives**

- Several rubrics in Kent's repertory parallel concepts in modern psychology (e.g., anxiety disorders, depression, personality traits, memory deficits).
- The repertory's approach reflects an implicit recognition of the **psycho-somatic connection,** centuries before the mind-body link became central in modern medicine and psychology.

4. **Clinical Utility**

- The repertorization process demonstrates that mental rubrics often carry **higher grading and weightage** in remedy selection.
- This validates the homoeopathic principle that the individual's inner state is crucial for identifying the simillimum.

5. **Integration of Philosophy and Practice**

- Kent's repertory successfully translates the **philosophical insights of the Organon** into a **practical clinical tool,** bridging theory and application in daily practice.

Overall, the study highlights that Kent's focus on the mental sphere not only reflects Hahnemann's philosophy but also anticipates modern psychological approaches, positioning homoeopathy as a holistic system that integrates mind and body in the pursuit of cure.

Conclusion

1. **For Clinical Practice**

- The findings reinforce the **centrality of mental symptoms** in case analysis and repertorization, guiding homoeopaths to give due weight to the mental sphere rather than relying solely on physical complaints.
- Understanding the psychological depth of rubrics can enhance remedy selection, especially

in chronic and deep-seated cases where mental symptoms often reveal the true individuality of the patient.

2. **For Psychological Understanding**

- Kent's repertory offers an **early classification of mental states** comparable to modern psychological concepts such as mood disorders, anxiety, memory disturbances, and personality traits.
- This cross-disciplinary perspective opens a dialogue between homoeopathy and psychology, highlighting how homoeopathic philosophy anticipated many modern mind-body concepts.

3. **For Homoeopathic Education**

- Integrating psychological perspectives into the teaching of Kent's repertory can help students understand rubrics beyond literal interpretation, fostering a more nuanced and patient-centered approach.
- It encourages future practitioners to develop skills in **psychological observation and case-taking,** which are crucial in eliciting mental symptoms.

4. **For Research**

- The study provides a framework for further comparative research between **homoeopathic mental rubrics** and **psychological/psychiatric classifications**, potentially enriching both fields.
- It also opens avenues to explore homoeopathy's role in managing psycho-somatic and purely psychological disorders.

5. **For Holistic Health Care**

- By emphasizing the integration of **mind and body**, Kent's repertory reaffirms homoeopathy's contribution to a holistic model of health—one that modern medicine increasingly recognizes through psycho-neuro-immunology and related sciences

Keyword

Homoeopathy, CBDC, Analysis of symptoms

Introduction

Kent's repertory is distinct for its **systematic arrangement of rubrics,** with the **"Mind" chapter** placed at the very beginning. This placement was not incidental—it reflected Kent's belief, deeply aligned with Hahnemann's teachings, that mental and emotional symptoms often carry greater weight in case analysis than purely physical complaints. From a psychological perspective, Kent's repertory provides an invaluable bridge between **classical homoeopathic philosophy and modern psychological understanding.** The rubrics under the "Mind" section—covering emotions such as fear, anxiety, anger, grief, jealousy, and depression, as well as faculties like memory, will, and intellect—can be seen as early clinical attempts to map human psychology. While Hahnemann's *Organon* describes the vital force and its derangement in mental and physical dimensions, Kent operationalized these insights into practical rubrics, enabling physicians to approach the mental sphere in a structured repertorial way. Thus, Kent's repertory, when studied alongside the *Organon,* offers not only a clinical tool for case analysis but also a **psychological lens to understand the human mind** within homoeopathic practice. By integrating homoeopathic philosophy with modern psychological insights, one can appreciate the foresight of Hahnemann and Kent in recognizing the central role of the mental sphere in health and disease.

METHODS

1. **ORGANON:** In analysis of the case the value of symptoms must be taken in to consideration on several points. First the personality ,the individuality of the patient must stand out in the picture.

Kent divided the symptoms in to

- General
- Particular
- Common

Basically symptoms are ranked according to their

intensity, how deeply they reach into the organism (mental will & emotional symptoms are considered most important) and according to their degree of peculiarity.

According to Kent " all symptoms of will and affections including desires and aversions are the most important as they relate to the innermost of the man. Of less value are those relating to intellect ,while those of memory are to be ranked lowest.

But according to Elizabeth Wright " on the other hand just because the physician knows that mental symptoms are most important he should not hunt in the haystack for a tiny mental, with which to open his case. The symptom should have the same importance, the same weight or mass ,in the patient's case as is assigned to them in the symptom hierarchy.

Kentian method

Kent was the first to introduce the scheme of analysis, evaluation & gradation of symptom to reach the similimum. Kent has given highest emphasis to mental generals reflecting the inner most of the patient.

Prime importance to mental generals

Limited generalization

Physical generals including modalities

Characteristic particulars for final stage of differentiation

1. General symptoms

a. Mental general

1st grade mental _ will and emotions- love & hates

2nd grade _ Intellect / understanding

3rd grade – Memory

All mental symptoms are general because they reflect the inner self and individuality of a person they take the highest mark in the selection of remedy.Among the mental symptoms of will and affection or emotions and understanding or intellect or perception and memory

Table number 01. (In bracket will and understanding and memory related symptoms in general are mentioned below)

Will(abnormal thinking) -emotion(abnormal feeling)	Understanding - intellect(abnormal perception/ perceiving)	Memory
Love	Delirium	Memory
Hate	Delusion	Concentration
Sad or sadness	Hallucination	Comprehension
Loathing	Confusion of mind	Absent minded
Sucidal and homicidal atendencies	Loss of time sense	Memory loss
lasciviousness		Memory weakness
sexual perversion		Mistakes in writing and speaking
Hurry		
Loquacity		
Dreams		
Brooding		
Irritability		
Anger		
Fear		
Greed		
Desire or aversion to company		
Jealousy		
Suspicious		
Weeping disposition		
Laughing		

REPERTORY

In kent repertory rubrics related to mind and psychology are given in the mind chapter and some rubrics have been scattered in generalities and dreams chapters.

Chapter is given in hahnemann anatomical schema and chapters are given capital bold letters and rubrics are given in alphabetical order for 30 chapters.

4 chapters are given as a first rubric is in general (

vertigo , fever, chills, perspiration)

3 chapters are given as a first rubric is daytime (cough, expectoration, generalities)

Rubrics are given in capital bold letters and sub rubrics are given in roman and sub sub rubrics are given in roman.

Remedies are given in alphabetical order with 3 different grades (bold-3marks, italics-2marks, roman-1marks) A-Z all the remedies are given. Remedies are given in abbreviation form. Total remedies are given in kent repertory is 648-6 = 642

Table number 02.

(6 synonyms used for examples like actea racemosa used other common name as cimicifuga)

Many single remedy rubrics and sub rubrics are given in the mind chapter.

Many clinical rubrics are given.

roman means need to refer to the same chapter.

There are subjective and objective symptoms we can see in the mind chapter.

Rubrics related to psychology

Will(abnormal thinking) - emotion(abnormal feeling)	Understanding -intellect(abnormal perception/ perceiving)	Memory
Abandoned (see forsaken) **Abusive**, forenoon, evening, angry without being, pains with the, scolds until the lips are blue and eyes stare and she falls down fainting **Admonition**, agg **Affectation** **Affectionate** (see love, indifference) **Agitation** (see excitement) **Amorous** (see lewdness and lascivious) **Anger**, irascibility (see irritability and quarrelsome), morning (waking on), forenoon (11am), evening, absent person at, ailments after anger vexation, after anger with anxiety, with fright, alternating with cheerful, answer when obliged to, consoled when, contradiction from, convulsion before, cough before, mistakes over his, misunderstood when, past events about, suppressed from, thinking of his ailments, throws things away, touched when, trembling with, violent, voices of people. **Anguish**, daytime, 5am-5pm, morning, forenoon, evening, night, 4am, chill during, driving from place to place, eating while, heat during, menses before and during, open air aml, perspiration during, stool before and during, walking in open air Anxiety, daytime, morning, forenoon, evening, night, open air, alone when, anger during, ascending steps on, bathing the feet after, bed in, breakfast after, breathing deeply on, business about, children in, chill before and during, church bells from hearing, closing	**Abrupt** **Absorbed**, daytime, morning, afternoon, evening, eating after, menses during. **Activity**, desires, fruitless **Air**, castles **Ambition**, loss of **Amusement**, averse to, desire for **Answers**, abruptly, shortly, curtly, aversion to, morning, difficult, disconnected, foolish, hastily, imaginary questions, incorrectly, monosyllable, refuses to, repeats the question, slowly. **Attention** (see concentration) **Attitudes** **Audicity** **Aversion**, approached to being, everything to, friends to, husband, members of family, religious to the opposite sex, strangers, those around. **Bashful** (see timidity) **Benevolence** **Bewildered** (see confusion) **Black**, and sombre everything that is aversion to rob. **Blindness**, pretended **Boldness** (see courageous) **Busy** (see occupied, delirium) fruitlessly	**Absent minded** (see forgetful) **Absent minded**, morning (11am -4pm), noon, menses during, periodical attacks of short lasting, reading while, starts when spoken to, writing while **Aphasia** (see speech, mistake, forgetful) **Concentration**, active, difficult, morning, calculating while, children in, conversion during, if interrupted, studying or reading, talking and writing while **Dullness**, sluggishness, difficulty of thinking and comprehending, morning, noon, afternoon, evening, night, children. **Forgetful** (see memory), morning, afternoon, evening, night, during chill, eating after, before epilepsy, during headache, during menses, his own name, purchases of goes off and leaves them, after excess sexual, shaving, sleep during he remembers all he had forgotten, of well known streets, which side of the street his house was on, while speaking words. Memory, active (see ideas), weakness of, business for, dates for, time for, write for what about to, written for what he has. **Mistakes**, in calculating, localities, measure weight and gives wrong answers, names calls things by wrong, reading, speaking, spelling, time, words, writing, wrong words using. **Pre - occupied** (see absence of mind)

eyes on, coffee after, coition after, cold drinks aml, company when in, conversation from, cough before, coughing from, crowd in, dark in, dinner during and after, drinking after, dreams on waking from frightful, eating before while after, emmision after, eructation aml, excitement from, exercise aml, exertion of eyes, fear with, fever during, fits with, flatus from, foot bath after, friends at home about, fright after, future about, headache with, health about, house in, hungry when, hypochondrical, lying while, manual labour from, menses before during and after, mental exertion, motion from , music from, night watching, noise from, playing piano, reading while, riding while, salvation about, shaving while, sitting while, sleep before after, speaking when, standing while, stool before during and after, thunder storm, stangers in the presence of, sudden, suicidal, thinking about it from, from tobbaco smoking, triffles about, urination before during after.

Apathy (see indifference)

Apprehension (see fear, anxiety)

Ardent

Arrogance (see haughty)

Avarice

Bad news, ailments from

Barking

Begging, entreating, in sleep

Bellowing

Bemoaning (see lamenting)

Benumbed (see stupefaction)

Brooding (see anxiety, sadness) evening

Buffoonery (foolish behavior)

Cares , (see anxiety) full of, domestic affairs about, trifles about

Chagrin (see mortification)

Changeable (see mood)

Cheerful, gay, happy, (see mirth), daytime, morning, evening, night, open air, sadness with, bed in, chill during, eating while, coition after, company in, constipated when, convulsion after, heat during, menses before and during, perspiration during, stool

after, thinking of death while, thunders and lightening when, urination after, walking in open air

Childish behaviour (see foolish)

Calmness (see tranquility)

Calumniate (see slander)

Capriciousness, morning, evening

Carefulness

Careless (see heedless)

Carphologia (see gestures)

Cautious, anxiously

Censorious, critical, afternoon, dearest friends

Chaotic

Chases, imaginary object, person

Clairvoyance

Clinging, to persons or furniture

Cloudness, confusion (see confusion, steupefaction)

Complaining (see lamenting), offenses long past, sleep in, supposed injury, waking on

Comprehension, difficult (see dullness)

Confidence

Confiding

Confounding

Confusion, of mind (see concentration) morning, afternoon, evening, night, open air, beer from, breakfast before, calculating when, chill during, coffee after, coition after, dinner after, dreams as if, drinking after, eating after, epistaxis aml, eructation aml, hat putting on agg, heat during, identity of his, injury to head after, laughing agg, lying when, menses before during after, perspiration during, pregnancy during, reading while, sitting while, sleeping after, smoking after, spiritous liquor from, spoken when, washing face aml, wine after, yawning aml

Conscientious, about trifles

Conversation, aag (see talking)

Courageous

Critical (see censorious)

Deafness, pretended

Deceitful

Deeds

Defiant

Children, aversion to, desire to beat, dislikes her own, flies from his own

Colour, aversion to red, yellow, green and black

Company, aversion to, morning, afternoon, heat during, menses during, perspiration during, pregnant when, smiling faces, presence of strangers, desire for, friends

Consolation, agg

Contemptuous (see scorn)

Contended (see cheerful)

Contentions (see quarrelsome)

Contradict, disposition to

Contradiction

Contrary (see obstinate, irritable)

Covetous (see avarice)

Cowardice

Crazy (see insanity, delusions)

Cursing

Cut, others desire to

Darkness, agg (see fear)

Death, desire (see loathing of life) sensation of, thoughts of

Dejection (see sadness)

Deserted (see forsaken)

Despondency (see sadness)

Disagreeable (see irritable)

Disgust (see loathing)

Displeased (see discontended)

Distraction (see confusion, concentration difficult)

Disrespectful (see suspicious)

Dogmatic (see dictatorial)

Domineering (see dictatorial)

Dread (see fear)

Dreams

Dwells, on past disagreeable occurrences

Ecstasy (see exhilaration)

Delirium, morning, night, evening, abandons her relatives, antics play, anxious, attacks with knife, bed attempts to leave, busy, changing subjects rapidly, cheerful, chill during, convulsion before, crying, dark in, drunkards, fantastic, fear of men with, foreign countries talks of, gay, headache during, heamorrhage after, hysterical, laughing, loquacious, menses before during, miscarriage after, murmuring, muttering, noisy, raging, religious, same subject all the time, scolding, silent, sleep during, violent

Delusion, imaginations, hallucinations, illusions, night, afternoon, active, affection of friends lost, alone that she is always, animals, fire in the, jumping at her, passing before her, rats mice insect are, bed seems full of ants, that she is not appreciated, is about to be arrested, is going to be assaulted, babies are two in bed, that he is sitting on ball, that he is being beaten, sees bees, that someone is behind, hears ringing of bells, does not belong to her own family, that he is better than others, that he is blind, has a cancer, too long chin, thinks himself to be christ, thinks beautiful clothes, his friends have lost all confidence in him, images others will observe her confusion, that she is criticized, everything is dead, sees devils, that he has every disease, think he is divine.

Dictatorial

Discontended, displeased, dissatisfied

Discouraged

Disobedience

Dissatisfied (see discontended)

Earnestness (see serious)

Egotism

Escape, attempts to, from her family, from the window.

Fastidious

Fault finding (see censorious)

Feigning

Fidgety

Fixed, notions

Flattery, desire

Forsaken

Forsakes

Gentleness (see mildness)

Gestures, makes, hands

Embarrassed (see timidity)

Emotional (see excitement)

Ennui (see loathing of life)

Entertainment (see excitement)

Envy

Exhilaration

Fear (see anxiety), time modalities, accidents of, animals of, being betrayed.

Fretful (see irritable)

Fury (see rage)

Gaiety (see cheerfulness, vivacious)

Good, humour

Grief, future

Happy (see cheerful)

Hatred (see malicious, mis anthrophy), has bitter feeling for slight offences, men of, person who had offended, women of.

Haughty

Headstrong (see obstinate)

Home, desires to go

Home - sickness

Honor, effect of wounded

Hopeful

Hopeless (see sadness, despair)

Horrible, things, sad stories affect her profoundly.

Horror (see anxiety, fear)

Impetus (see hurry, impatience)

Imprudence (see indiscretion)

Indignation

Insanity, madness

Irritability (see anger)

Jealousy

Joy

Joyless

Joyous

Loquacity (see speech)

Grumbling (see complaining)

Hard hearted (see cruelty)

Hastiness (See Hurry)

Helplessness, feeling of

Hide, desire to

Humor (see mood)

Humorous (see jesting, mirth)

Hurry

Ideas, abundant, clearness of mind, deficiency of

Impulsive

Inciting, others

Inconsolable

Indifference, weeping, business affairs, company while, loved ones, opposite sex.

Industrious

Inquestive

Instability (see mood changeable)

Intoxication (see stupefaction, also confusion of mind)

Jesting

Lamenting, bemoaning, wailing (compare weeping)

Magnetized, desires to be

Mania, madness (see delirium, insanity, rage)

Mania - a - potu

Meditation (see absorbed)

Mesmerised (see magnetized)

Moaning, groaning (see lamenting)

Mocking

Mood, agreeable, changeable

Moral feeling

Muttering (see delirium)

Naked, wants to be

Persists, in nothing (see mood, inconstancy)

Pertinacity

Picking

Low - spirited (see sadness)

Malicious

Melancholy (see despair, grief, sadness)

Mildness

Mischievous

Mortification

Obstinate

Offended, easily (see sensitive)

Over sensitive (see sensitive)

Petulant (see irritability)

Phlegmatic (see indifference)

Pleasure, nothing in, own talking in his, voluptuous ideas only, during waking on from a dream of murder.

Positiveness (see obstinate)

Power, love of

Praying, nights

Religious, affection (see anxiety, despair, fear)

Remorse

Resentment (see malicious)

Rudness (compare insolent)

Sadness, mental depression, time modalities, abuse of mercury after, from music, itching from, during labour, menses during before after, sad stories from.

Scolding (see quarrelsome)

Scorn (see contempt)

Scream (see shrieking)

Sentimental

Shrieking

Shy (see timid)

Silly (see foolish)

Sneers, at everyone (see contempt)

Sobbing (see sighing, weeping)

Society (see company)

Solitude (see company)

Plans, making many, evening, gigantic, revengeful

Playful, desire to play in the grass, plays with the buttons of his clothes.

Presumptuous

Pride (see haughty, mortification)

Prophesying

Pull, desires to pull ones hair

Quarrelsome, anger without, jealousy from, during menses, sleep in.

Questions, speaks continually

Quick to act (see thoughts rapid)

Quite, disposition

Rage, fury (see insanity, mania, delirium), alone while constant, convulsive, does not know his relative, while drinking, epilepsy after, insults after, tries to kill people.

Rashness

Refuses, things asked for (see capriciousness) to take medicine.

Reproaches, ailments after, himself, others.

Reserved

Resolute (see courageous)

Restlessness

Reveals, secrets, in sleep

Revengeful (see malicious)

Reveries (see absorbed)

Ridiculous, action

Roving, about naked

Runs, about (see escape)

Searching, on floor

Secretive

Secrets

Selfishness

Senses, acute

Sensitive, oversensitive (see offended)

Serene (see tranquility)

Sorrowful (see sadness)

Stranger, sensation as if one were,

Striking

Stubborn (see obstinate)

Stunned (see stupefaction)

Stupefaction

Stupor (see Unconsciousness)

Suicidal, disposition

Suspicious

Tears, things, genitals her, hair her, himself, pillow with teeth

Timidity

Torpor

Touched, aversion to being

Unconsciousness, time modalities, waking on

Undertakes, lacks will power to undertake anything

Unfriendly, humor

Unsympathetic (see indifferent)

Veneration

Vexation (see irritability and anger)

Vindictive (see malicious)

Violent, vehement (see anger, rage, wildness)

Vivacious

Washing, always her hands

Weeping, tearful mood

Well, says he is when very sick.

Whimsical (see mood)

Whining (see moaning)

Wildness

Will, contradiction of

Will, deficient (see irresolution)

Will, muscles refuse to obey the will when attention is turned away

Will, two, feels as if he had two wills

Serious (see sad)

Silent (see talk)

Sits, quite stiff

Slander, disposition to

Slowness

Sluggishness (see dullness)

Smaller, things appear (see distance, size, delusion)

Simling, foolish

Solemn (see serious)

Speech, babbling (see mouth), childish, confused, embarrassed, foreign tongue in, future about, hesitating, loud, nonsense, random, slow, strange,

Spitiful (see malicious)

Spoken, to averse to being

Strange, things impulse to do

Stupidity (see dullness)

Suggestions, will not receive

Superstitious

Surprise, pleasant, affections after.

Swearing (see cursing)

Talk

Talkative (see loquacity)

Talking, complaints all agg

Thinking, aversion to

Thoughts, of death (see death), disagreeable, disease, frightful, future of, garment made the previous day, homicide, vanishing.

Threatening

Throws, things away

Time, fitters away his, passes too slowly.

Tranquility

Unattractive, things seem

Unfeeling (see cruelty and moral feeling)

Unfortunate

Unobserving

	Unreal, everything seems **Untruthful** **Unworthy**, objects seem **Vacillation** (see mood) **Verses**, makes **Visions** (see delusion) **Witty** **Work**, aversion to mental	

CONCLUSION

The study of Kent's *Repertory* through the lens of Hahnemann's *Organon* highlights the **fundamental role of the mental sphere** in homoeopathic philosophy and practice. By placing the "Mind" chapter at the forefront, Kent not only honored Hahnemann's emphasis on the primacy of mental symptoms but also provided a **systematic framework for their clinical application.** When viewed from a psychological perspective, Kent's rubrics reveal remarkable parallels with modern concepts of emotions, cognition, memory, and personality, demonstrating the foresight of homoeopathic pioneers in recognizing the unity of mind and body. Thus, Kent's repertory serves as more than a clinical index—it stands as a **bridge between philosophy, psychology, and practice,** reinforcing homoeopathy's holistic approach to health and disease. This perspective encourages practitioners to look beyond physical pathology and to appreciate the patient as a whole, with the mental state as the key to true individualization and cure.

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Homoeopathic Approach For The Management of Lifestyle Factors Related To Epilepsy

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Abstract

Epilepsy is a major problem worldwide in the present era and has been attributed mainly to genetic and lifestyle changes. The lifestyle factors play an important role in the development of epilepsy. Lifestyle factors are the modifiable habits and ways of life that can greatly influence overall health and well being including epilepsy.

Homoeopathic medicine can play an important role in modification of such factors related to lifestyle disorder and can have a positive impact on the mental health of an individual. This article reviews the positive impact of homoeopathic medicines in cases of epilepsy.

Keywords

Seizures, Epilepsy, Causative Factors, Homoeopathic medicines

Introduction

To understand Epilepsy, firstly grasp the terminology of seizure. Physiologically, neurons generate chemical and electrical signals which act on other neurons, organs and muscles resulting production of human thoughts, feelings and actions. Sometimes in adverse condition, neurons produce signals much faster than normal and send at the same time causes temporary disruption of brain activity resulting abnormal changes in behavior, consciousness or sensations, called seizure. Some individual recover immediately after a seizure but others may take minutes to hours. They may feel tired, sleepy, weak or confused during this time.[1]

Epilepsy is a chronic brain disorder which characterized by recurrent seizures. In other words, the tendency of unprovoked seizures is called Epilepsy. The following conditions present in a person considered as epileptic patient:-

A. Minimum 2 unprovoked or reflex seizures occurring more than 24 hours apart.

B. One unprovoked seizure and probability of next seizures with recurrence risk of at least 60% after two unprovoked seizures occurring over the next 10 years.

C. Diagnosis of epileptic syndrome.

More than 65 million people worldwide affected by epilepsy. Children and older adults are much susceptible population to grow with new cases of epilepsy. In 2012, according to Institute of Medicine, 1 in 26 people will develop epilepsy at some point in their lifetime in the United States. [3]

In European countries, the prevalence of active epilepsy is about 0.5% but in developing countries this figure is higher due to parasitic illness such as cysticercosis. [5]

The two terms related to epilepsy was used in previous days:-

A. **Grand mal** – It is characterized by generalized tonic-clonic seizures. This is a severe type of epilepsy in which sudden loss of consciousness, body stiffening occurs is called tonic phase and violent, rhythmic muscle contractions called clonic phase.

B. **Petit mal** – This is also called absence epilepsy. This type affects children between ages 4 to 14 mostly but also affects adults. It is characterized by staring, not responding to others and repetitive motions like lips smacking or eyelid fluttering.[5]

On the basis of location of origin of seizures, the epilepsy is categorized in two parts:-

I. **Focal epilepsy**:- In this situation, seizures come from a particular part of the brain. For example – frontal lobe, temporal lobe, occipital lobe. The symptoms of focal epilepsy depend upon the location of seizures origin.

The seizures originated from temporal lobe experiencing an aura, which include sudden emotions such as fear or joy, sudden taste or smell. Aura may be experiencing as something rising sensation in the stomach. People may loss awareness of their surroundings and smack their lips, swallow or chew repeatedly or have movements of their fingers.

The symptoms of frontal lobe seizures are:-

a. Head and eyes are fixed at one side.

b. No response when spoken to and may scream or laugh.

c. May be one arm extended and the other flexed.

d. May be make repetitive movements such as rocking or bicycling pedaling.

The symptoms of occipital lobe seizures are:-

a. Hallucinations

b. May be some loss or all of their vision.

c. Causes eye blinking or make the eyes move. [2]

II. Generalized epilepsy:- generalized epilepsy occurs due to involvement both hemispheres of brain. This type is characterized by loss of consciousness, falls or massive muscle contractions. The types and their features of generalized epilepsy are as:-

a. **Absence seizures** – staring into space, with or without slight twitching of muscles.

b. **Tonic seizures** – stiffening of muscles of the body generally I the back, legs and arms.

c. **Clonic seizures** – repeated jerking movements of muscles on both sides of the body.

d. **Myoclonic seizures** – jerk or twitch of the upper body, arms or legs.

e. **Atonic seizures** – loss of normal muscle tone causes fall of person or drop the head involuntarily.

f. **Tonic-clonic seizures** – combination of features of tonic and clonic seizures as well as loss of consciousness.

g. **Secondary generalized seizures** – starts in one part of brain and spread to both halves of the brain. [1]

Pathophysiology:-

The brain must have to maintain balance between excitation and inhibition to function normally. The **GABA** (gamma-aminobutyric acid) is inhibitory transmitter, acts on ions channels and enhance chloride inflow resulting reduces the chances of action potential formation. The glutamate and aspartate are excitatory transmitters, causes influx of sodium and calcium ions producing the opposite effect. Many seizures are result of imbalance between excitatory and inhibitory transmitters. [5]

Causes:-

Age:- Most commonly occurs in children and older adults but can occur at any age.

Genetic influence:- Some types of epilepsy transfer generation to generation in families. Researchers have found that some types of epilepsy are linked to specific genes. But in some cases genetic epilepsy are not found as hereditary. Genetic changes can occur in child even parents have no genetic abnormalities.

Head injury:- Injury to head in a car accident or

other traumatic injury can cause epilepsy.

Changes in the brain:- Tumors developing in brain can cause epilepsy. Malformations in arteriovenous system and cavernous system can causes seizures. Stroke is also leading cause of epilepsy.

Infections:- Meningitis, HIV, viral encephalitis and some parasitic infections can cause epilepsy.

Gestational injury:- During intra-uterine life (IUL), babies are sensitive to brain damage due to several factors. Infections in the mother, poor nutrition or lack of oxygen are the main factors for brain damage which leads to epilepsy in babies. [2]

LIFESTYLE FACTORS TRIGGER THE EPILEPSY

Diet:- In this era, the carbohydrate rich diet is commonly used. All packed food items and junk food have more trans fat and carbohydrate which trigger seizures. And also skipped meal triggers the attack.

Sleep deprivation:- In today's fast-paced life, everyone choice is a comfortable life for which they are working day and night and in the meantime they are ignoring their essential sleep. Proper sleep gives rest to brain to maintain its balance but lack of sleep disturbs the balance of ions in the brain which induces seizures.

Alcohol consumption:- In this modern life, alcohol consumption become a trend to show high level lifestyle. But alcohol stimulates the nervous system, causes chemical changes in the brain leads to abnormal behavior. Heavy alcohol consumption also triggers the seizures.

Flashing lights:- In today's fashion world, people are more attracted towards shining or flashings. Along with this, our daily uses gadgets screen are also more flashings like T.V., laptop, mobiles. The lights comes from these artificial gadgets irritates our eyes and also optic center which induces seizure attacks.

Physical and mental exhaustion:- In today's competitive world everyone wants to overcome each other and for this do excessive work which causes mental and physical exhaustion. Excessive exhaustion of the body and mind causes electrolytes imbalance, results to abnormality in brain function which leads to seizure attack.

Hormonal change:- At adolescence, hormonal changes occurs in the body and growth spurts occurs suddenly. At this stage, many changes occur in body related to physical, mental and also reproductive function. During this stage, proper diet and counseling is necessary to manage this situation otherwise brain triggered and seizures come.

Stress:- Mental stress also triggers seizures. During stress, chemical changes occur in the body as well as brain in which some chemicals are fruitful and some are harmful to body. This chemical changes also triggers seizures.

Uncommon:-

Loud noises:- loud noises irritates the hearing center of brain, is also a common factor for trigger the seizures.

Hot baths:- This condition is mostly found in winter season. The nerve endings in the brain are affected by external cold and generate action potential accordingly. However, as soon as water falls on peripheral surface, the action potential changes on peripheral region. This sudden change in action potential in nerves causes alteration in impulses which leads to seizures. [2, 5]

COMPLICATIONS:-

Sometimes seizures can be dangerous to the patient or others. The complications of seizures are-

a. **Falling** – During seizure falling on hard object causes injury to head or fracture of bones.

b. **Drowning** – The risk of seizure is higher in water. During swimming or bathing, 13 to 19times more chances of drowning of epileptic patient than non epileptic.

c. **Accidents** – the seizures including loss of awareness are very dangerous while driving a car or operating any other mechanical equipments.

d. **Sleep disorder** – Epileptic patient has no proper time and duration of sleep.

e. **Pregnancy complications** – during pregnancy, seizure attack causes danger to the mother and fetus both. Certain anti-epileptic drugs increase the risk of birth defects in baby.

f. **Memory loss** – In some cases of epilepsy, memory disorder also may be seen.[2]

UNDERSTANDING LIFESTYLE FACTORS IN HOMOEOPATHY

Homoeopathy is strongly recommended for epilepsy with their indicated symptoms.

According to Hahnemann – **"There are no diseases but only sick individuals"** Homoeopathy believes that the disease is the individual's response either to the exciting, maintaining, or the fundamental causes. It is the individual that is reacting and not its anatomical parts. Hence Hahnemann's says, **"Treat the patient not the disease"**.

A constitutional prescription should be based upon the totality of the mental and physical reactions. It should be able to cover the level of susceptibility, the tendencies, the behavioural pattern and the underlying miasms. Constitutional medicine helps the individual to have quickly and unevenful convalescence, also effectively checks the tendency to relapse. Homoeopathy is totally depending upon symptomatolgy. Homoeopathic medicine is help to boost immune system help to control the irritability of the brain centers, hyperactivity of the nerves and secretion of excitatory and inhibitory transmitters.

In **aphorism 5,** Hahnemann has explained for the physician that it is important to know about the exciting cause of the acute diseases, and also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc…, are to be taken in to consideration, during case taking.

Life style factors are nothing but act as a maintaining cause – mentioned in **aphorism 77** & foot-note of **aphorism 7**. It is "avoidable noxious influence" which causes a disease. Sometimes only removal of the maintaining cause is sufficient enough to bring the person back to health. [4]

HOMOEOPATHIC APPROACH TO THE EPILEPSY CASES

Absinthium – Repeated attacks in one day, preceded by terrific hallucination and followed by motor and sensory paralysis; large number of fits recurring in rapid succession; vertigo on rising; momentary unconsciousness; foam at mouth, bites tongue, convulsions begin in face and extend to body and limbs, which are at first rigid and then affected by clonic spasms, with cyanotic face and stertorous, irregular breathing.

Aethusa cynapium – During epilepsy fit thumbs bent inward, face red, **eyes turned down** (in epilepsy usually turned up), pupils dilated and immovable, white, milky froth before mouth, teeth set, violent convulsions pulse small, temperature normal, followed by great weakness, prostration and sleepiness.

Artemisia vulgaris – Very much vexed, irritable, depressed during the day before a fit at night; **fits brought on by violent emotions,** especially by fright; several convulsions come close together and then a long interval of rest, paroxysms usually followed by sleep; mental powers gradually become extinct with the epileptic fits; insensibility after the fit, left pupil more dilated than the right, mouth to left, laceration of tongue, urine increased; violent cramps in abdomen; irregular, insufficient catamenia. **Petit mal,** patient is unconscious only for a few seconds or minutes and then continues his occupation; unconscious of anything usual having happened.

Belladonna – Fresh cases of epilepsy, with decided brain symptoms: there is aura as if a mouse were running over an extremity, or of heat rising from the stomach, or illusions of sight or hearing. Convulsions commence in upper extremities and extend to the mouth, face and eyes; spasms in the larynx and fauces, with a peculiar clutching of the throat during the fit; inability to swallow and danger of suffocations; foam at the mouth; involuntary micturition and defaecation; oppression to the chest and anxious breathing; the spasms are

excited again by the least touch; great anxiety, fear, frightful visions.

Cicuta virosa – Concussion of brain, congestion at the base of the brain and in the medulla oblongata. At first the patient is rigid, opisthotonos or emprosthotonos, with fixed, staring eyes, bluish face and frothing at the mouth, followed by shocks passing from head through body; **excessively violent convulsions, tonic and clonic,** and continuous distortions of extremities, after the attacks profound exhaustion.

Cuprum met. – Nocturnal epilepsy, or when the **fits return at regular intervals,** beginning with a sudden scream; unconsciousness; loss of sensibility and throwing the body upward and forward; convulsions commencing at the fingers or toes or in the arms with coldness of the hands and feet, and pallor or lividity of face; clenching the thumbs; suffocative paroxysms; frequent emission of urine; turbid urine; piercing violent screaming; difficult comprehension or stupor; convulsions of children during dentition or from retrocession of an exanthema.

Ignatia amara – Recent cases of epilepsy. Convulsions return at the same hour in daytime or at night; silent stupid state, with jerking of body, partial spasms of the extremities, one limb or only certain muscles at a time. Emotional epilepsy. lassitude after the fit, morning and afternoon.

Lachesis – Aura begins in the heart; suddenly something runs up to neck and larynx and interrupts breathing entirely or a creeping sensation beginning at the nucha and moving slowly down the spinal column; patient awakes from sleep and is seized with the fit, foam at the mouth ad sudden and forcible protrusion of tongue; left side chiefly affected; often caused by onanism or excessive sexual desire.

Nux vomica:- Epilepsy from indigestion; aura starts in epigastrium and spreads upward; sensation like ants crawling over the face; spinal epilepsy, with opisthotonos; trembling or convulsive twitchings of the limbs; rigidity of limbs; involuntary defaecation and urination; oversensitiveness to external impressions which are unbearable and affect him much.

Platinum met. – Epilepsy from onanism; **hystero-epilepsy of women and children;** tetanic-like spasms with wild shrieks, alternating with catalepsy spasms alternating with dyspnoea to suffocation, trembling, shivering, < at dawn; changing mood and indifference.

Plumbum met. – Epilepsy from cerebral sclerosis or tumors. Almost paralytic heaviness of the legs before the attacks and paralysis and prolonged snoring sleep afterwards; consciousness returns only slowly, earthy color of face, constipation; mind weak, morose and sad.

Silicea – Nocturnal epilepsy, especially **about the time of the new moon;** chronic cases; before the attack; feeling of great coldness of the left side of the body, shaking of the left arm; slumber with starting. The spasms spread, undulating from the solar plexus up towards the brain; violent screaming, groaning, tears drop out of his eyes, foam before the mouth; afterwards warm perspiration, slumber, paralysis of the right side.

Staphysagria – Emotional epilepsy; chronic cases; great sensitiveness of mind and nervous system; vertigo; vanishing of ideas; anxiety with fearfulness; headache as if the brain were compressed; great weakness with spasmodic drawing and twitching in muscles; tendency to paralysis; bad effects of masturbation and excessive sexual indulgence.

Stramonium – Epileptiform spasms, thrusting the head continually in quickly succession to the right; continual rotary motion with the left arm; pain in the pit of stomach; obstinate constipation; deep snoring sleep; **risus sardonicus**; pale, worn-out appearance, with a stupid friendly look; afraid of being alone; convulsions affecting the upper more than the lower extremities; also isolated groups of muscles. Petit mal; fixed gaze for one or two minutes, he does not seem to notice objects around him; vertigo with sudden loss of consciousness, while reading or while walking in the open air; erotic manifestations; constriction of throat, dilated pupils during attack of petit mal.

Sulphur – Whenever some dyscrasia lurks in the system, or its outward symptoms were suppressed. chronic epilepsy; before the spell crawling and running as from a mouse down the back

and arms, or up the leg to the right side of the abdomen; after the convulsions soporous sleep and great exhaustion; onanism.

Zincum met. – Epilepsy from cerebral exhaustion; peevish, whining, hungry days before attack; symptoms felt mostly during rest, < after dinner and towards evening; fainting fits; left side cold; twitching in various muscles; the whole body jerks during sleep; fidgety feet; **infantile epilepsy.** [6]

CONCLUSION

Homoeopathic approach to epilepsy is mainly achieved through the administration of constitutional homoeopathic medicines found most suitable after a detailed case analysis. A detailed case analysis includes the general, physical and mental constitutional make up of the patient along with the symptoms present in epilepsy and the underlying cause that is hindering the normal brain mechanism and needs to be corrected. Most indicated similimum for epilepsy helps by raising the patient's immunity, remove the obstruction that is hindering the normal electrical changes in the brain and also dealing with the improvement of mental health as well as physical health, because homoeopathic medicines treat the patient as a whole. Homoeopathic medicines for epilepsy carry no risk of side effects.

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Homeopathy for Neurological Problems- A Case report on Sciatica

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Abstract

Neurological disorders often lead to significant pain, discomfort, and functional disability, affecting the overall quality of life of an individual. Among them, sciatica is a common condition arising from irritation or compression of the sciatic nerve or its roots, resulting in severe pain radiating along the lower limb. The present article aims to explore the etiology, clinical manifestations, and diagnostic considerations of sciatica, along with the scope of individualized homoeopathic treatment in such neurological conditions. Homoeopathy, with its holistic and patient-centred approach, focuses on restoring the disturbed vital harmony rather than merely treating the pathological condition.

Keywords

Neurological Problems, Sciatica, Homeopathy, Individualization

Abbreviations:

Pt.- Patient, BD- Twice a Day, SL-Sac Lac, MRI- Magnetic Resonance Imaging, NSAID- Non-Steroidal Anti-Inflammatory Drugs, < -Aggravation,

> -Amelioration

Introduction

Neurological disorders represent a major public health concern worldwide, affecting individuals of all ages and contributing significantly to global morbidity and disability. Over 1 in 3 people are affected by neurological conditions, the leading cause of illness and disability worldwide.[1] These disorders encompass a wide spectrum of diseases involving the brain, spinal cord, and peripheral nerves, manifesting as pain, weakness, sensory loss, or functional impairment. Among these, sciatica is one of the most prevalent and distressing conditions, resulting from irritation or compression of the sciatic nerve.

Epidemiology :[2,3]

Sciatica exhibits several distinctive epidemiological features. It shows no specific gender predominance, affecting males and females with nearly equal frequency. The peak occurrence is observed in individuals in their fourth decade of life. The lifetime incidence has been reported to range from 10% to 40%, while the annual incidence is estimated between 1% and 5%. Except in the 50–60-year age group, no significant relationship has been found between body height and the occurrence of sciatica. The condition is uncommon before the age of 20 years unless associated with traumatic causes. Some studies have indicated a possible genetic predisposition contributing to susceptibility.

Physical activity plays a dual role—individuals with a history of previous sciatic symptoms show a higher recurrence rate, whereas those without prior symptoms exhibit a relatively lower incidence. Occupational risk factors are evident in individuals engaged in professions such as machine operation, truck driving, or work requiring prolonged awkward postures, all of which increase the mechanical strain on the lumbosacral spine and sciatic nerve.

Management of Sciatica:[3]

- General Management:

Lifestyle modification plays a vital role in the prevention and relief of sciatic pain. Patients are advised to avoid activities that may aggravate symptoms, such as prolonged sitting or standing. Maintaining an upright and balanced posture helps in reducing spinal strain. The application of hot or cold compresses can aid in minimizing local inflammation and discomfort. Gentle stretching exercises of the lumbar spine and regular light physical activities, such as walking, are beneficial in promoting flexibility and circulation. Exercises aimed at strengthening the core muscles are particularly useful in providing stability to the spine and preventing recurrence.

- Medical Management:

Pharmacological and supportive therapies are employed according to the severity of symptoms. Muscle relaxants and NSAIDs are commonly prescribed to alleviate pain and muscle spasm. In resistant or severe cases, localized corticosteroid injections may be administered to reduce inflammation around the affected nerve roots. Physiotherapy remains an essential adjunct, focusing on posture correction and strengthening exercises. When structural abnormalities such as disc herniation are identified and conservative measures fail, surgical evaluation and correction may be indicated.

Homoeopathic Management

Homeopathy provides effective relief in sciatica by targeting both the underlying cause and the associated neuralgic pain. Treatment is guided by the principle of individualization, taking into account the patient's complete symptom picture rather than focusing solely on the affected area. As a holistic approach, homeopathy seeks to restore internal balance, enhance the body's innate healing ability, alleviate pain, prevent recurrence, and promote overall well-being.

Case Report

A 50 year old married female patient came with complaints of Left side lumbar pain and left side lower limb pain with numbness for 3-4 years. From the central lumbar area the pain shifted to the whole left lower limb. Pain is of bursting type with numbness of the whole affected area. The condition is aggravated by standing, from morning and ameliorated by rest, lying down.

Patient also complain of calf muscle pain of both lower limbs since 1-2 years, with bursting type of pain, pain aggravated by summer, morning, exertion and ameliorated by winter, rest, lying down.

Family history:

Asthma: Father, Brother

Diabetes Mallitus: Mother

Hypothyroidism: Sister

Past history:

Cataract- on both eyes- operated before 5 years

Covid- 2020- Quarantine for 5 days

HTN- since 2 years

Rheumatism of knee- before 15-20 years- treated allopathically

Physical generals:

- Appetite: 3 meals/day
- Thirst: thirsty (1-2 glass every hourly)
- Desire: spicy, sweet
- Aversion: -
- Perspiration: profuse, on every little exertion
- Stool: normal
- Urine: normal
- Dreams: of routine life, of children's, grandchildren's, family
- Thermal: hot
- Sleep: sound sleep
- Menstrual history: menopause before 3 years

Life-space:

A 50-year-old housewife, educated till S.Y. B.Com, lives in a joint family with her husband, son, daughter-in-law, and grandchildren. She has

two sons, both married. Her elder son had a love marriage which became the turning point in her emotional life. About 10 years ago, severe conflict arose between her and her elder daughter-in-law, who is described as angry, disrespectful, and rough in nature. The situation escalated to such an extent that the daughter-in-law filed a police complaint, leading to police intervention at their home.

This incident deeply wounded the patient's sense of honour and dignity, which she had earned over the years in society and within her family. Even after 10 years, she continues to feel ashamed, humiliated, and emotionally broken by the event. She is unable to face relatives, friends, and neighbours due to the stigma associated with the police incident.

The patient is extremely mild, submissive, and emotionally sensitive. Despite provocations, she never reacts or complains. Even during her earlier years in a 20-member joint family, she remained quiet and dutiful, never opposing anyone. She is highly sentimental, weepy over minor issues, and cries while narrating painful past experiences.

She is deeply sympathetic, emotionally moved by the sufferings of others, and frequently offers help in the form of food, money, or support. She also cries easily when hearing about others' illnesses and prays earnestly for their recovery.

Investigations:

MRI was done at 18/07/2024:

Sacralization of LS Vertebral body. Mild Scoliotic curve of Lumbar Spine with Convexity towards Left Side Asymmetrical diffuse Disc bulge of L4-L5 disc along with Facetal Arthropathy causing Stenosis of left Lateral recess & Left Neural Foramen with Compression over Left Traversing Nerve Root Indentation over Left Exiting Nerve Root

Physical Examination:

SLR Test (Left Lower Limb):

The patient was examined in a supine position. Passive elevation of the left lower limb with the knee extended produced radiating pain along the posterior aspect of the thigh and leg at approximately 45° of elevation. The test was positive on the left side, suggestive of sciatic nerve irritation.

Evaluation of Symptoms:

Ailments from honour wounded^{+3}

Sympathetic^{+3}

Dwells on past disagreeable occurrences^{+2}

Weepy mood^{+2}

Mildness^{+2}

Hot^{+3}

Thirsty^{+2}

Perspiration profuse^{+2}

Desires spicy^{+2}

Sciatic nerve pain- left side^{+2}

MIASMATIC ANALYSIS:

Fundamental & Dominant: Sycosis

TOTALITY OF SYMPTOMS:

Ailments from honour wounded

Sympathetic

Dwells on past disagreeable occurrences

Weeping easily

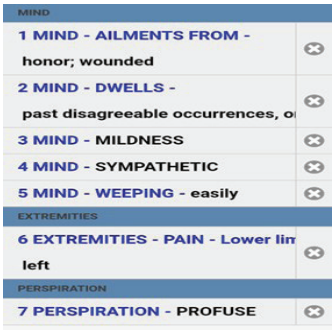
Mildness

Hot

Perspiration profuse

Sciatic nerve pain- left side

Repertorisation:[5]



Repertorial Analysis

Remedies	∑Sym	∑Deg	Symptoms
staph.	7	8	1, 2, 3, 4, 5, 6, 7
nat-m.	6	16	1, 2, 3, 4, 5, 7
aur-m-n.	6	11	1, 2, 3, 4, 5, 7
lyc.	6	11	1, 2, 3, 4, 5, 7
puls.	6	11	2, 3, 4, 5, 6, 7
caust.	6	10	2, 3, 4, 5, 6, 7
sulph.	6	9	1, 2, 3, 4, 6, 7
phos.	5	11	2, 3, 4, 6, 7
sep.	5	10	2, 3, 4, 5, 7
calc.	5	9	2, 3, 4, 5, 7
ign.	5	9	1, 2, 3, 4, 6
carc.	5	8	1, 3, 4, 5, 7
nux-v.	5	8	1, 3, 4, 6, 7
rhus-t.	5	8	2, 3, 5, 6, 7
thuj.	5	7	2, 3, 5, 6, 7
kola	5	5	1, 2, 4, 6, 7
kali-c.	4	8	2, 3, 6, 7

Prescription (24/10/2024):

Natrum mur 200 1 dose +SL 4 pills BD for 15 days

Justification:4,5,6

In this patient, the ailment from wounded honour is the central keynote around which all her suffering began. She experiences a deep sense of guilt over a past incident and continues to dwell on that event, even after many years. In the rubric *"Dwells on past disagreeable occurrences," Natrum muriaticum* is in three marks, showing its strong correspondence to this mental state.

Additionally, *Natrum muriaticum* covers the patient's weeping tendency and sympathetic nature, both of which are prominently observed in this case.

Physically, the patient is hot and has profuse perspiration, further confirming the remedy choice.

Differentiation from other close remedies:[4]

1. Staphysagria – Sensitive to insults and humiliation; reacts with suppressed anger and indignation, not silent grief. Emotion is anger under control, not sadness. Hot but perspiration less marked. The patient may brood over the insult but with inner resentment rather than tender sorrow.
2. Pulsatilla – Mild, gentle, weeps easily and desires consolation and company. Chilly, thirstless, and changeable in complaints. Feels better in the open air.
3. Lycopodium – Ailments from wounded pride or ego humiliation; shows domineering and dictatorial traits at home but timidity before superiors. Right-sided complaints are common.

Follow-ups:

Follow-Up Date	Complaints / Status	Prescription Given
07/11/2024	2-4 % relief in all complaints Left side lumbar pain decrease as compare to last time Numbness- not present at all Calf muscle pain- as it is Diarhoea since 2 days, due to outside food taking, with too much weakness and watery stool with exhaustion	Arsenic alb 30 water dose every 2 hourly for 2 days
09/11/2024	Diarrhoea improves within 1 day with improvement in weakness	SL 4 pills BD for 15 days
23/11/2024	Backache improves 30 % but still aggravated by standing, morning Bursting pain at left lower limb present and aggravated by standing and walking Both calf muscles pain improves but still present	Natrum mur 1M 1 dose + SL 4 pills BD for 15 days
09/12/2024	Lumbar pain improves 60-70% No pain at both calf muscles Pt mentally feel relaxed, no continuous thought about past event In last week herpes at left abdominal area appear, with no pain, only slight irritation at affected part, which improves within week	SL 4 pills BD for 15 days
24/12/2024	No complain of lumbar pain, left lower limb pain, numbness, calf muscle pain Pt do her regular activity with energetic way and mentally feels calm and relaxed	SL BD for 1 month
25/01/2025	Since 15 days knee pain of both sides (more on left side), < by walking, >rest [before 15 years same type of pain(rheumatism) appear at both knee which treated allopathically, but the intensity of pain is less and more tolerable]	SL 4 pills BD for 15 days

08/02/2025	Knee pain improves upto 50-70 % No complain of sciatica Calf muscle pain improves Pt mentally feel relaxed	SL BD for 15 days
22/02/2025	No complain at all Pt improves overall SLR test : left lower limb could be elevated beyond 80° without pain or restriction, negative on the left side, indicating complete relief from sciatic nerve irritation, and significant improvement after treatment.	Stop medicine Follow up after 3 months

CONCLUSION

This case demonstrates how careful observation, thorough case analysis, and an individualized approach are essential in the management of neurological disorders such as sciatica. By understanding the patient's physical complaints, emotional background, and overall constitution, an appropriate homeopathic remedy was selected. Improvement was observed in accordance with Hering's Law of Cure, as previous complaints reappeared during treatment, confirming the correct direction of cure. This case underscores that when the totality is accurately assessed, homeopathy can provide not only symptomatic relief but also lasting restoration of physical and emotional balance.

DISCUSSION

Sciatica is a painful neuropathic condition commonly arising from irritation or compression of the lumbosacral nerve roots. Conventional management—such as NSAIDs, muscle relaxants, physiotherapy, or steroid injections—mainly targets local inflammation and mechanical factors. These methods, while useful, often do not address the patient's emotional state or constitutional background, which may significantly influence the chronicity and intensity of symptoms. Homoeopathy, on the other hand, approaches the patient as a whole, considering both physical complaints and deeper emotional disturbances.

In this case, MRI findings confirmed structural changes at the L4–L5 level with narrowing of the neural foramen and nerve root compression. However, the most striking aspect of the case was the patient's longstanding emotional trauma linked to wounded honour and humiliation. Her tendency to silently endure suffering, brood over past unpleasant events, and display a gentle, sensitive disposition formed the core of her totality. These well-marked emotional characteristics closely matched the mental picture of Natrum muriaticum, making it the most suitable remedy.

After administration of Natrum muriaticum, the patient exhibited steady and consistent improvement. The reduction in pain, disappearance of numbness, and increased mobility were accompanied by noticeable emotional stability. The reappearance of older complaints and minor skin eruptions during the course of treatment indicated a curative movement following the direction described in Hering's law of cure. By the end of treatment, the patient regained normal daily functioning, and clinical examination, including the SLR test, confirmed resolution of sciatic nerve irritation.

This case highlights the therapeutic potential of individualized homoeopathic treatment in chronic sciatica, especially when emotional etiology plays a significant role. While structural pathology was present, addressing the deeper constitutional layer brought about lasting recovery without reliance on analgesics or invasive procedures. Although a single case cannot be generalized, it supports the need for more detailed clinical studies evaluating homoeopathy's effectiveness in neuropathic disorders.

Declaration of patient consent:

The author certifies that due written consent was taken from the patient for anonymously using his clinical information in scientific research publications.

Conflicts of interest:

None declared.

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Nil.

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Effectiveness of Homeopathy in treatment of Psoriasis: A Case Report

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Abstract

Psoriasis is a non-contagious, chronic Auto immune skin condition that produces plaques of thickened, scaling skin. The dry flakes of skin scales result from the excessively rapid proliferation of skin cells. Psoriasis is generally thought to be a genetic disease which is triggered by environmental factors. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Approximately one third of people with psoriasis reports being diagnosed before age 20. In India the prevalence of psoriasis varies from 0.44 to 2.8%, it is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation. In addition to the appearance and distribution of the rash, specific medical signs may be used by medical practitioners to assist with diagnosis. These may include Auspitz's sign (pinpoint bleeding when scale is removed), Koebner phenomenon (psoriatic skin lesions induced by trauma to the skin).

Case summary: We present here a case report of a 38-year-old male with psoriatic lesions on the hands for 10 years with intolerable itching. The present case was completely cured after 1 year of regular treatment with individualised homoeopathic medicine without any adverse effects. After detailed case taking, Merc sol 200C was administered. The Modified Naranjo criteria for Homoeopathy (MONARCH) was used for assessing causal attribution, where the score was +8, suggesting that the clinical improvement was the result of the homoeopathic treatment. Before and after treatment photographs were taken to assess the improvement. This evidence-based case could pave way for further research into using individualised homoeopathy for psoriasis.

Keywords

Merc. Sol, Auspitz's sign, Koebner phenomenon, Homoeopathy, Psoriasis

Introduction

Psoriasis is a non-contagious autoimmune disease of the skin and joints. The word psoriasis is derived from the Greek word *'Psora'* meaning itching and *'Iasis'* means pain.[1] Psoriasis affects the skin and nails and is known to have many complications. The disease can either be localised or generalised and the lesions are usually symmetrical, well-defined red pustular plaques, often covered with white or silvery scales. It mainly causes itching and pain.[2] Psoriasis can affect physically, emotionally and socially. Overall quality of life is often greatly affected too. The most common symptoms of psoriasis reported by patients are skin peeling: 92%, pruritus: 72%, erythema: 69%, fatigue: 27%, swelling: 23%, burning: 20%, bleeding: 20% and pain.[3] Chronic plaque-type psoriasis accounts for about 90% of all cases of the disease. Sharply defined, erythematous, pruritic plaques covered in silvery scales are the hallmark clinical symptoms. Large amount of skin can be covered by the plaques if they merge. The scalp, the extensor surfaces of the limbs and the trunk are typical sites.[4,5] Multiple studies have explored the efficacy of homoeopathic treatment in cases of psoriasis. In a prospective, multicentric observational study evaluating the details and impact of homoeopathic treatment in psoriasis patients receiving standard medical care, diagnoses and severity of symptoms notably improved, yielding large

effect sizes. In addition, there was a marked improvement in the patients' quality of life, coupled with a significant reduction in conventional treatment usage and health-care service utilisation.[6] A case series describes the potential usefulness of classical homoeopathy in addressing psoriasis and associated outcomes. It presents six psoriasis cases with varying degrees of severity. Erythroderma was reported to occur in two cases, one of which progressed to septicemia. All of them received individualised homoeopathic treatment, and as a result, the overall health and Psoriasis Area and Severity Index (PASI) scores of the patients improved.[7] In another case report, regular homoeopathic treatment significantly reduced the severity of psoriasis and improved quality of life.[8] Various other studies also provide evidence in favour of homoeopathic treatment for different types of psoriasis, without any side effects.[9-12] This case report is an attempt to emphasise the positive effect of individualised treatment of psoriasis with Homoeopathy.

Methodology:

Patient Information:

On February 4, 2024, a 38-year-old male patient, a schoolteacher, presented with raised, scaly lesions persisting for 10 years, predominantly affecting his hands which tends him to scratch. The lesions were red with marked scaling and intolerable itching. Patient was apparently healthy 10 years back, the complaint started initially as itching over both upper limbs. He neglected it as some allergy, and it slowly started to spread all over the upper limbs. Simultaneously the intensity of itching is also increased, so he consulted Allopathic doctors, and they diagnosed him with Psoriasis, he used many allopathic medicines and ointments almost for 5 years but there is only temporary relief. He came to the OPD with severe itching all over the body and explaining that 'this is my last hope to get rid of this complaint'. Initially when the complaint started there was no falling of white flakes, but at present there are scaly eruptions with falling of white flakes on scratching. The patient complains of severe itching with a desire to scratch the part until it becomes red. Along with itching there is burning sensation near the eruptions. The eruptions look scaly and irregular in patches, the skin becomes moist after scratching. He covers his hands with full shirt in front of others which causes sweating, which in turn causes itching. Itching also gets aggravated at night, lying on bed, cold weather and on mental exertion, amelioration on sleeping.

Patient had a history of attack of typhoid fever 4 years back, used allopathic medication and got cured.

Patient had a history of Internal hemorrhoids 12 years back, used ayurvedic medicines and got relieved.

No relevant history running in the family.

Patient hails from middle socioeconomic family, he is the younger child in his family. During his schooling he was very much intrested in studies and he always wants to be first in his academics. At present he is Private school principal in Saroornagar, Hyderabad. He maintains good and healthy relationship with friends and family members. Since last 2 years he was mentally suffering about his wife, who works as lab nurse in the hospital. His wife got addicted to drugs which are used as anesthetics in her hospital. Initially she used to take pills but now she started taking injections and got addicted to it. The hospital management came to know about this and took a severe action and detained her from the work. All the friends and family members came to know about this, and some issues happened in the family. All those things made this person to suffer mentally, even though he is mentally suffering he supported his wife in a positive way. Whenever he thinks about this issue and his wife, he feels very much depressed and sad. When anyone asks about his wife, he feels that "what i have done as a husband is not at all good and responsible, iam waste of living". He feels dissatisfied about himself as a husband. All those mental sufferings make his complaints worse.

Generals:

The patient had a good appetite, and he uses to drink cold water to get his thirst satisfied. She had a desire for cold milk. No peculiar desires, aversions, he has regular bowels with soft stools and urine is clear without any burning. He has

excessive perspiration while eating, no peculiar **odor of sweat.**

Clinical Findings:

The site of onset of the lesions was on his both hands. The erythematous plaques of varying size, covered with white scales, on thick and dry well-demarcated body were found to be present on the affected sites. The distribution of scales was symmetrical, bilateral and scattered all over the body.

Mansion the Miasm

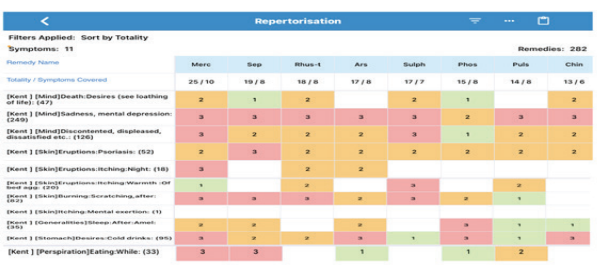
Totality Of Symptoms:

After analysis and evaluation of the symptoms, the totality was constructed based on the following symptoms:

1. He doesn't want to live, loathing of life
2. Depressed and sad.
3. Dissatisfied about himself
4. Desires cold water.
5. Itching of Skin eruptions at night
6. Itching of Skin eruptions aggravated at warmth of bed
7. Burning sensation of skin after scratching.
8. Itching of skin after mental exertion
9. Itching of skin better after sleeping.
10. Perspiration while eating.

Software Used: Repertorisation was done with the help of Hompath software.

Figure-1 Repertorisation chart



Therapeutic Intervention:

After repertorisation, Merc sol, Sepia, Rhustox and Arsenic alb came up as the leading medicines [Figure 1]. Merc sol was finally selected, conforming to Materia medica, and covered all the symptoms.[13]

The potency and dosage were determined based on the susceptibility as per the patient's age, pathology and the disease's nature. All the medicines were administered orally. Three doses consisted of six medicated globules of size 30 for the first 3 days followed by identical looking placebo. Placebos were advised to be taken twice daily every day for 30 days.[14]

Follow Up & Outcome:

After the administration of this remedy twice over the course of 1-year, Psoriatic patches from hands completely disappeared with the individualised homoeopathic treatment. Photographic evidence collected before, and after the treatment are presented in Figures 2-6. The follow-up details are given in Table 1.

Table.1 Follow-up details.

FOLLOW UP DATE	INDICATION OF PRESCRIPTION	MEDICINE WITH DOSE
4/02/2024	Psoriatic lesions with intense itching and burning. Aggravated at night and warmth of bed. Ameliorated after sleep.	Merc sol 200-3doses
10/03/2024	Pt is feeling better regarding itching and eruptions. Redness and falling of flakes reduced slightly. Generals are good. He explains about relief of 25% in his complaints	Rubrum (4-4) 1month
09/04/2024	Pt is feeling better regarding itching and eruptions. Redness and falling of flakes reduced slightly. Generals are good. He explains about relief of 30% in his complaints	Rubrum (4-4) 1month
01/05/2024	Pt explains the condition is same as in the previous visit. No improvement.	Merc sol 1M 1dose

10/06/2024 15/07/2024	Pt is feeling better regarding eruptions and itching as compared to the previous visit. Redness and falling of flakes reduced completely. Generals are good. He explains about relief of 50% in his complaints Pt is feeling better regarding itching and eruptions. Generals are good. He explains about relief of 60% in his complaints	Rubrum (4-4) 1month Rubrum (4-4) 1month
08/08/2024	Pt is feeling better regarding itching and eruptions. Generals are good. Mentally he feels better. He explains about relief of 70% in his complaints	Rubrum (4-4) 1month
19/09/2024	Pt is feeling better regarding itching and eruptions. Generals are good. Mentally he feels better. He explains about relief of 80% in his complaints	Rubrum (4-4) 1month
02/11/2024	Pt is feeling better regarding itching and eruptions. Generals are good. Mentally he feels better. He explains about relief of 90% in his complaints	Rubrum (4-4) 1month
09/01/2025	Pt is feeling better. No scaling, no itching. Mentally he is good. Generals are better.	Rubrum (4-4) 1month

Figure. 1 (04/02/2024)

Figure. 2 (10/03/2024)

Figure. 3 (10/06/2024)

Figure. 4 (19/09/2024)

Figure. 5 (09/01/2025)

DISCUSSION

Psoriasis is an autoimmune skin condition, which has a limited scope of treatment in modern medicine. This case report describes the role of the homoeopathic medicine Merc sol 200C followed by 1M in treatment of Psoriasis. Merc sol was given after repertorisation and after consultation of Materia medica. While upon repertorisation, Sepia and Rhustox [Figure 1] came close. In this case of Psoriasis, severe symptoms such as scaling, Burning and intolerable itching were seen to improve successfully with Merc sol in 200C and 1M potency. During the follow-ups, all the complaints of the patient progressively decreased without any aggravation, which confirms to Kent's fourth observation of "no aggravation with recovery of the patient", which indicates that the patient was given the correct remedy and in the right potency. Dr Hahnemann also mentioned in § 191 'Internal administration of a remedy causes important changes in general health and particularly in the affected external parts. It restores health of the entire body, along with the disappearance of the external affections'.[15]

The Modified Naranjo Criteria for Homoeopathy[16] used for causality assessment showed that homoeopathic medication could be the reason behind the improvement in the case, with the score of +8 (Table 2). The patient was further observed for six months. He did not develop any lesions or itching during this period. This case demonstrates that homoeopathy, when used with an individualized approach, can be effective in treating plaque psoriasis. As this is a single case study and Psoriasis is notorious to have unpredictable remissions, well-designed, randomised, controlled studies can be used as gold standard for firmer evidence.

Table.2 Modified Naranjo Criteria for Homeopathy (MONARCH)

DOMAINS	YES	NO	N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
Was there a homeopathic aggravation of symptoms?	0		
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		
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)	+1		
(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms. -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	0		
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternative causes (i.e., other than the medicine) that with a high probability – could have produced the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?		0	

TOTAL SCORE: +8

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Conflicts of Interest The authors declare no conflicts of interest.

Ethics Approval Ethics approval was obtained from the institutional ethics committee prior to the publication of this case report.

Declaration of Patient Consent Written informed consent was obtained from the patient for publication of clinical findings and accompanying images. The patient understands that personal identity will remain confidential and no identifiable information will be disclosed.

CONCLUSION

This case report demonstrates that individualized homoeopathic treatment may play a beneficial role in the management of chronic plaque psoriasis. The patient showed progressive improvement in itching, scaling, and plaque formation, suggesting a positive therapeutic response to Mercurius solubilis in 200C and 1M potency. The Modified Naranjo Criteria (score +8) further supports the likelihood that the clinical improvement resulted from the prescribed homoeopathic intervention rather than spontaneous remission. Although this is a single case study and psoriasis has a fluctuating natural course with periods of remission and exacerbation, the successful outcome observed in this case highlights the potential of homoeopathy as a complementary therapeutic approach.

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Holistic Neurological Wellness Through Homoeopathy: Managing Stroke and Beyond – A Case Report

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Keywords

Apoptosis, Hypertension, Thromboembolism, Arteritis, Atheroma, Coagulation necrosis, Brain attack, Ischemic Stroke, Hemorrhagic Stroke.

Abstract

The brain is arguably the most complex of all the organs in your body. These three pounds of tissue compose the major nerve center of the body, which coordinates all of our bodily functions, including behavior, thought and emotions. Because your brain is a very hard-working organ, it requires constant supplies of oxygen and nutrients from the blood to function effectively. The heart pumps blood throughout the cerebral arteries, delivering blood to the brain. Any significant interruption to this supply of nutrients and oxygen will start killing brain cells. Damage to brain cells occurs almost immediately upon cessation or even significant restriction of blood flow to the brain. Minor damage to any part of the brain can have a serious adverse effect on the rest of the body. Significant damage to the brain can even result in death.

One relatively common cause of brain damage and death is referred to as a stroke. A stroke is similar to a heart attack, only in this case, blood flow to the brain, rather than the heart, is blocked. The term "stroke" comes from the once popular idea that someone had received a "stroke of God's hand" and was therefore damaged. Strokes are also called cerebrovascular accidents or "brain attacks" to emphasize the need to get immediate medical attention when they occur.

Arterial blood vessels feeding the brain can become blocked on a permanent or temporary basis. The term stroke is generally reserved for more permanent blockages that do not rapidly and spontaneously resolve themselves. These blockages result in permanent brain damage and leave lasting physical or mental deficits. Transient and temporary blockages are called Transient Ischemic Attacks. TIAs temporarily alter behavior and thinking (for less than 24 hours), but do not end up creating lasting brain damage. Because the damage is temporary.

Introduction

Definition

The term "**Stroke**" is defined as rapid onset of focal neurological deficit resulting from disease of cerebral vasculature and its content.

Epidemiology

A collaborative study into countries showed in the population studies stroke incidence rate ranged from 0.2 to 2.5 per 1000 population per year. WHO estimated 9.4 million deaths in India in 1990 as increasing.

Aetiology

Total occlusion of the vessels by thromboembolism cerebral atheroma thrombosis associated with arteritis. Disturbance in Blood Brain Barrier etc.

Conditions like obesity, Hypertension are also contribute to stroke. Cigarette smoking is also promoting the condition of cerebrovascular disease.

Classification

1. Ischemic Stroke
2. Hemorrhagic Stroke
3. Strokes of undermined sources.

Pathophysiology of Stroke

This brief presentation of pathophysiology of stroke reviews conditions that influence ischemic injury, mechanisms of death of neurons (coagulation necrosis vs apoptosis), cerebral blood flow and survival of brain tissue and features of hypotensive stroke. Ischemic penumbra and viability of brain tissue, and re-perfusion hemorrhage - a complication of restoration of cerebral blood flow to injured brain tissue are also explained.

Understanding of the pathogenesis of stroke is to understand how ischemia and hemorrhage cause injury. An ischemic stroke deprives neurons of oxygen and nourishment. Accumulation of noxious metabolites in the brain tissue originating from the injured or dying neurons increases with time, which then results in injury to the surrounding healthy neurons. This process can be halted or even reversed in the ischemic penumbral brain tissue if restoration of blood flow occurs within a critical time period. In hemorrhagic stroke, extra vascular release of blood causes damage by cutting off connecting pathways, resulting in local or generalized pressure injury.

Two major types of "strokes" cause brain damage: ischemic and hemorrhagic stroke. In ischemic stroke, which represents about 80% of total strokes, lack of circulating blood deprives neurons of oxygen and nourishment. The effects are fairly rapid because the brain does not store glucose and is incapable of anaerobic metabolism. Hemorrhagic stroke causes damage to brain tissue by disrupting connecting pathways resulting in local or generalized tissue injury.

Acute Ischemic Injury

The occlusion of a major artery such as the middle cerebral artery is rarely complete and cerebral blood flow (CBF) depends on the degree of obstruction and the collateral circulation. The vascular compromise leading to an acute stroke is a dynamic process that evolves over time and is influenced by many factors.

These conditions influence the progression and the extent of ischemic injury:

1. **Rate and duration:** The brain better tolerates an ischemic event of short duration than a prolonged period of ischemia. However, the rate of development of ischemia also influences the extent of ischemic injury. A slow ischemic event allows for collateral circulation to be established.
2. **Collateral circulation:** The impact of ischemic injury is greatly influenced by the state of collateral circulation in the affected area of the brain.
3. **Systemic circulation:** Adequate systemic blood pressure is required to maintain cerebral perfusion.
4. **Coagulation:** Any hypercoagulable state increases the progression and extent of micro thrombi, exacerbating vascular occlusion.
5. **Temperature:** Elevated body temperature is associated with greater ischemic injury
6. **Glucose:** Both hyper or hypoglycemia have deleterious effects on progression of ischemic injury.

Pathophysiology at Macro tissue Level

The normal cerebral blood flow (CBF) is approximately 50 to 60 ml/100gm/minute and varies in different parts of the brain. In response to ischemia, the cerebral auto regulatory mechanisms compensate for a reduction in CBF by local vasodilatation, opening the collaterals and increasing

the extraction of oxygen and glucose from the blood. However, when the CBF is reduced to below 20 ml/100gm/minute, an electrical silence ensues and synaptic activity is greatly diminished in an attempt to preserve energy stores. CBF of less than 10 ml/100gm/minute results in irreversible neuronal injury.

Microscopic Mechanisms of Neuronal Injury

Micro-thrombi form in distal vessels after an occlusion of a major artery such as the middle cerebral artery. These microvascular occlusions progressively increase with time.

Accumulation of noxious metabolites, such as lactic acid, glutamate, aspartate etc., originating from injured neurons increases with time, which results in injuring adjacent healthy neurons. A destructive cascade becomes established.

Cellular Mechanisms of Neuronal Injury: Excitotoxicity

At a cellular level, the development of hypoxic-ischemic neuronal injury is greatly influenced by "overreaction" of certain neurotransmitters, primarily glutamate and aspartate. This process called "excitotoxicity" is triggered by depletion of cellular energy stores. Glutamate, which is normally stored inside the synaptic terminals, is cleared from the extracellular space by an energy dependent process. The greatly increased concentration of glutamate in the extracellular space in a depleted energy state results in the opening of calcium channels. This causes calcium, sodium, and chloride ions to move into the cells and potassium to leak out. Intracellular calcium activates a series of destructive enzymes resulting in the loss of integrity of the cell membrane, triggering an inflammatory cascade and eventually cell death. Reperfusion of the infarct site and cellular infiltration may further exacerbate the inflammatory response.

Timing of Neuronal Death

The two processes by which the injured neurons are known to die are A)

A. Coagulation Necrosis and apoptosis.

Coagulation necrosis refers to a process in which individual cells die among living neighbor cells without eliciting an inflammatory response. (This is in contrast to liquefaction necrosis, which occurs when cells die, leaving behind a space filled by "inflammatory response" or pus.) This type of cell death is attributed to the effects of physical, chemical or osmotic damage to the plasma membrane. The cell initially swells then shrinks and undergoes pyknosis – a term used to describe marked nuclear chromatin condensation. This process evolves over 6 to 12 hours. By 24 hours, extensive chromatolysis occurs resulting in pannecrosis. Astrocytes then swell and fragment. Myelin sheaths degenerate causing irreversible injury. The morphology of dying cells in coagulation necrosis is different than that of cell death due to apoptosis.

Apoptotic mechanisms begin within 1 hour after ischemic injury whereas necrosis begins later – by 6 hours after arterial occlusion. This observation has important bearing on future direction of research. The manner in which apoptosis evolves is a focus of much research, since hypothetically neuronal death can be prevented by modifying the process of DNA cleavage that seems to be responsible for apoptosis.

B. Major Categories of Ischemic Stroke

Ischemic strokes can be grouped into three main categories: (a) Thrombotic, (2) Embolic and (3) Global ischemic (Hypotensive) stroke. The list of "infrequent" causes is very long. However, strokes caused by vasospasm (migraine, following SAH, hypertensive encephalopathy) and some form of "arteritis" stand out among the more infrequent causes of stroke.

1. Thrombotic Stroke

Atherosclerosis is the most common pathological feature of vascular obstruction resulting in thrombotic stroke. Other pathological etiologies of vascular occlusion in thrombotic stroke are: clot formation due to hypercoagulable state, fibromuscular dysplasia, arteritis (Giant cell and Takayasu), dissection of vessel wall and hemorrhage into a pre-existing plaque leading to an obstruction of the blood flow.

2. Embolic Stroke

Most emboli lodge in the middle cerebral artery distribution because 80% of the blood carried by the large neck arteries end up in MCA. The two most common sources of emboli are the left- sided cardiac chambers and "artery to artery" emboli – as in detachment of a thrombus from the internal carotid artery at the site of an ulcerated plaque. Embolic strokes are generally smaller than thrombotic strokes.

Many embolic strokes become "hemorrhagic" because ischemic tissue is often reperfused when the embolus lyses spontaneously and blood flow is restored to a previously ischemic area.

3. Global – Ischemic or Hypotensive Stroke

Profound reduction in systemic blood pressure for any reason is responsible for "hypotensive stroke." Cerebral gray matter is particularly vulnerable. Global ischemia causes greatest damage to areas between the territories of the major cerebral and cerebellar arteries known as the boundary zone or watershed area. The parietal-temporal-occipital triangle at the junction of the anterior, middle and posterior cerebral arteries is most commonly affected. Watershed infarct in this area causes a clinical syndrome consisting of paralysis and sensory loss predominantly involving the arm. Face is not affected and speech is spared.

Complications of Restoration of Blood Supply to a Previously Ischemic Area

Two main complications of restoring blood supply are hemorrhage and cerebral edema. An initial vascular obstruction is likely to occur at a bifurcation of a major vessel. The occlusion may obstruct one or both of the branches, producing ischemia of the distal tissue. Blood vessels as well as brain tissue are rendered fragile and injured. When the occluding embolus either lyses spontaneously or breaks apart and migrates distally, CBF is restored to the "injured or ischemic" arterioles. This can result in a hemorrhagic or "red infarct" in what had previously been a bloodless field. The areas that continue to be poorly perfused are referred to as "Anemic Infarcts".

The following factors are associated with "red infarcts" or a hemorrhagic transformation of stroke:

a. Size of the infarct- The bigger the infarct, the greater the possibility of hemorrhage.

b. Richness of collateral circulation.

c. The use of anticoagulants and interventional therapy with thrombolytic agents is associated with a higher incidence of hemorrhagic transformation.

Vasogenic edema follows loss of cerebral autoregulatory mechanisms in ischemic areas of the brain. Large infarcts are associated with a greater potential of developing cerebral edema. Post ischemic brain edema peaks at 48 to 72 hours after the onset of symptoms.

Common Homeopathic Remedies

1. **Arnica Montana:** Helps with trauma, shock, and weakness after stroke. It's best for patients who feel sore, fatigued, and weak after the initial stroke event.

2. **Causticum:** Useful for paralysis, especially of facial muscles and limbs. It's ideal for stroke patients with long-term paralysis or weakness of one side of the body.

3. **Cicuta Verosa** – Recommended for case of sudden onset, severe neurological condition including stroke. Muscular rigidity and spasm in limbs resembling post stroke spasticity.

4. **Nux Vomica:** Helps with muscle stiffness, spasms, and digestive troubles post-stroke. It's best for stroke survivors with high stress levels, irregular lifestyle, and digestive complaints.

5. **Gelsemium:** Effective for extreme weakness, trembling, and fatigue. It's suitable for patients with general weakness, shaky movements, and lack of confidence after a stroke.

6. **Baryta Carbonica:** Supports memory issues, confusion, and difficulties in elderly patients. It's best for elderly stroke patients struggling with memory loss and slow recovery.

7. **Belladonna:** Helps with vascular problems,

congestion, throbbing pain, and excitement. It's useful for relieving complaints that worsen with touch, movement, and noise.

8. **Hypericum Perforatum:** Considered neuroprotective and helpful in injuries involving nerve damage. It relieves nerve pain, tingling, numbness, and sadness.
9. **Stramonium:** Deals with seizures and inflammation of the brain.
10. **Ferrum:** Valuable remedy for brain ischemia.
11. **Phosphorus:** Treats brain ischemia and congestion.
12. **Zincum Metallicum:** Recommended for chronic cases of ischemia

As they are selected based on individual symptoms and require personalized treatment. Homeopathy can be used alongside conventional medical treatment and physiotherapy to support stroke recovery

A Case Report

Preliminary Data

Name – Mr. K.D

Age - 68 yr

Sex - Male

Adders – Malgaon

Occupation - Farmar

Religion – Muslim

Marital status – Married

D.O.I - 10/07/2023

O.P.D. - 2533/23

Chief Complaints

Complete loss of movement and sensation of feet and hand left side since 3 – 4 days.

H/o Chief Complaints

- Complete loss of movement and sensation of feet and hand left side

- Complaints of loss of sensation of left feet ad hand with loss of motor function

- Involuntary urination

- Very offensive urination

- Irritable and talking nonsense all the time

- Restless day and night

Past History

No any major illness in past

Family History

No any major illness in family

Personal History

Apatite – Good

Desire – Non-veg

Aversion – Not specific

Thrust – Short quantity at short interval

Bowel – Satisfactory

Micturition – 4-5/0-1, D/N

Perspiration - scanty

Sleep/dreams – sound /no dreams

Mind -Irritable and talking nonsense things

- Restless day and night

- Not recognizing any buddy but answers well

General Physical Examination

Built - Average

Nourishment – Average

Conjunctiva – Pink

Nail – Pink

Tongue - Clean

Cyanosis – Absent

Oedema – Absent

Pallor – Absent

Vital Data

Temperature - 99.6'f

Pulse – 80 Beats/min

B.P – 140/90 mm of Hg

Resp Rate – 18 Cyc/min

Systemic Examination

CNS - All superficial reflux is decreased and deep reflux is normal

- Patient is conscious co-operative

- Talkative

- Weakness of the Left Upper Limb & Lower Limb.

GIT – NAD **CVS** – NAD **RS** - NAD

Differential Disease Diagnosis

Ischemic stroke

Hemorrhagic stroke

Tetanus

Investigation

CT SCAN BRAIN – Massive infract seen at right Cerebrum

CBC

ESR

Final Diagnosis

Ischemia of Left Cerebrum

Analysis of Symptom

Mental General - Irritable and talking nonsense things

- Restless day and night

- Not recognizing any buddy but answers well

Physical General – Convulsion

- Twitching and spasmodic jerks all over body

Particulars - Backward bending

- Abdomen is distended and painful due to Gas accumulation

Evaluation of symptoms

Grade I - Irritable and talking nonsense things

- Restless day and night

- Not recognizing any buddy but answers well

- Twitching and spasmodic jerks all over body

Grade II – Abdomen is distended and painful due to gas accumulation

- Backward bending

- Desire non-veg

Differential Remedial Diagnosis

Cicuta verosa

Cuprum met

Gelsemium

Opium

Final remedial diagnosis

Cicuta verosa

Indication

- Irritable and talking nonsense things

- Restless day and night

- Not recognizing any buddy but answers well

- Twitching and spasmodic jerks all over body

- Abdomen is distended and painful due to gas Accumulation

- Backward bending

Homoeopathic Treatment

Prescription

Name –Mr. K.D

Age – 68 yrs Sex – Male

Rx

Cicuta Verosa 30

Unit dose

PL

4-4-4 X 7 days

Follow up

17/07/2023	Mentals better Recognizing touch Slight movement of foot	Rx, PL. 4-4-4 X 4 days
24/07/2023	Patient feels better Improved movement and senses	Rx Cicuta Verosa 30 Unit dose X 2 days

CONCLUSION

Stroke is one of the leading causes of morbidity and mortality worldwide large difference in incidence and prevalence and mortality have been noted between different parts of world; this has been attributed to differences in risk factors with higher levels of hypertension and other risk factors resulting in more severe stroke.

Understanding of the pathogenesis of stroke is to understand how ischemia and hemorrhage cause injury. An ischemic stroke deprives neurons of oxygen and nourishment. Accumulation of noxious metabolites in the brain tissue originating from the injured or dying neurons increases with time, which then results in injury to the surrounding healthy neurons. This process can be halted or even reversed in the ischemic penumbral brain tissue if restoration of blood flow occurs within a critical time period. In hemorrhagic stroke, extra vascular release of blood causes damage by cutting off connecting pathways, resulting in local or generalized pressure injury.

Two major types of "strokes" cause brain damage: Ischemic and hemorrhagic stroke. In ischemic stroke, which represents about 80% of total strokes, lack of circulating blood deprives neurons of oxygen and nourishment. The effects are fairly rapid because the brain does not store glucose and is incapable of anaerobic metabolism. Hemorrhagic stroke causes damage to brain tissue by disrupting connecting pathways resulting in local or generalized tissue injury.

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Observational Study on the Efficacy of Azadirachta indica 30C in Atopic Respiratory Disorders: Assessment of Serum Immunoglobulin E Levels

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Abstract

Background: Atopic disorders are a significant global health issue, affecting 5%–30% of the population. Type I hypersensitivity reactions, mediated by immunoglobulin E (IgE), play a central role in atopic respiratory complaints. This study evaluates the effect of Azadirachta indica 30C in reducing serum IgE levels. [1–3]

Objective: To assess the variation of serum IgE levels before, during, and after intervention with Azadirachta indica 30C in patients with atopic respiratory complaints.

Materials and Methods: Thirty cases of atopic respiratory complaints (diagnosed based on clinical history, CMDT guidelines, and initial serum IgE levels) were selected using purposive sampling. Azadirachta indica 30C was administered twice daily for 2 weeks, with placebos given in between, and patients were followed for 3 months. Serum IgE levels were measured monthly. Data were analyzed using mean, standard deviation, and repeated measures ANOVA.

Results: ANOVA showed a highly significant reduction in serum IgE levels ($P = 0.000$). Pairwise comparisons demonstrated significant decreases between pre- and during-treatment ($P = 0.007$) and during- and post-treatment ($P = 0.016$) measurements.

Conclusion: Homoeopathic treatment with Azadirachta indica 30C leads to a significant reduction in serum IgE levels in patients with atopic respiratory complaints.

Keywords

Atopic respiratory disorders, Azadirachta indica 30C, Immunoglobulin E, Homoeopathy, Observational study

Introduction

Atopic disorders, affecting 5%–30% of the global population, are primarily mediated by Type I hypersensitivity reactions. In these reactions, immunoglobulin E (IgE) antibodies trigger the release of vasoactive amines and inflammatory mediators from mast cells, contributing to the clinical manifestations of atopic respiratory complaints. [4–6]

Homoeopathy has been evaluated for its potential in managing atopic disorders. Randomized controlled trials using remedies such as Galphimia glauca 6C have demonstrated symptomatic improvement in hay fever and allergic rhinitis, supporting the concept of individualized remedy prescription in homoeopathy.[2–3] Systematic reviews, however, suggest that evidence for a specific effect of homoeopathy remains limited, highlighting the need for further clinical studies.[3,7]

Pilot studies in India have shown that individualized homoeopathic treatment can influence

serum IgE levels, absolute eosinophil counts, and symptom scores in allergic rhinitis.[8] Reilly et al. reported significant clinical improvement in hay fever and asthma patients receiving homoeopathic therapy, along with a reduced need for conventional antihistamines.[4]

Given the immunomodulatory potential of certain homoeopathic remedies, Azadirachta indica 30C has been proposed as a therapeutic option for atopic respiratory complaints.[1] This study aims to evaluate its effect on serum IgE levels, providing preliminary clinical evidence for its role in managing atopic disorders.

Objective

To assess the variation of serum IgE levels before, during, and after treatment in patients with atopic respiratory complaints receiving Azadirachta indica 30C.

Materials and Methods

Period of Study:

The study was conducted on cases presenting between April 2024 and March 2025.

Sample Size:

Thirty patients with atopic respiratory complaints visited the OPD, IPD, and Peripheral Centres of Kamdar Homoeopathic Medical College & Research Centre, Rajkot, Gujarat.

Type of Study:

Single-arm, quasi-experimental, interventional, prospective pilot study.

Inclusion Criteria:

- Both sexes aged 18–50 years
- Patients with atopic respiratory complaints and serum IgE levels above 200 IU/ml[12]
- Patients in whom Azadirachta indica 30C was indicated

Exclusion Criteria:

- Patients receiving homoeopathic remedies other than Azadirachta indica 30C
- Patients taking medications from other systems for concurrent complaints

Materials:

- Standardized Case Record (SCR)
- Serum IgE levels measured using Cobas 6000 fully automated analyzer

Method:

Thirty patients were selected using purposive sampling based on the inclusion criteria. Diagnoses were made using relevant clinical history and initial serum IgE values according to CMDT guidelines. [13] Azadirachta indica 30C was prescribed and followed for 3 months, with data recorded in standardized case records.

Remedy Used:

Azadirachta indica 30C (Dr. Willmar Schwabe Homoeopathic Pharmaceutical Division) was administered three globules (size 40) twice daily for 2 weeks, with placebos given in between if required.

Follow-up and Symptomatic Assessment:

Follow-ups every 2 weeks. Symptoms graded according to intensity, aggravation, amelioration, and presence or absence:

- Allergic rhinitis: coryza, sneezing, nasal itching, nasal obstruction
- Atopic asthma: breathlessness, cough, wheezing

Serum IgE levels were measured at baseline, after 1 month, and after 3 months.

The study flow chart is presented in Figure 1.

***Azadirachta indica* 30C in atopic respiratory complaints using serum immunoglobulin E levels**

30 Cases of atopic respiratory complaints were selected as per the Inclusion and exclusion criteria

(Sample size, *N*=30)

Three globules of Azadirachta Indica 30 (number 40 size) repeated twice daily, for a period of 2 weeks, prescribed and placebos administered in between whenever needed

Serum IgE values of each patient were estimated again, at least twice, which was after one month and after three months of treatment

The collected data was analysed and expressed in terms of Mean, Standard Deviation, and Analysis of

Figure 1: Flow chart of the study

Statistical Analysis

The collected data were analyzed using mean, standard deviation, and analysis of variance (ANOVA) for repeated measures.

Research Hypothesis

There is a significant decrease in serum IgE levels in patients with atopic respiratory complaints during and after homoeopathic treatment with Azadirachta indica 30C.

Null Hypothesis

There is no significant decrease in serum IgE levels in patients with atopic respiratory complaints during and after homoeopathic treatment with Azadirachta indica 30C.

Table 1: Baseline characteristics		
A) Distribution of cases according to gender		
Gender	**Frequency**	**Percentage**
Male	12	33.33
Female	20	66.67
Total	30	100
(B) Distribution of cases according to age group		
Age group	**Frequency**	**Percentage**
18-23	10	33.33
24-29	6	20.00
30-36	5	16.66
37-42	5	16.66
43-50	4	13.30
(C) Distribution of cases according to diagnosis		
Diagnosis	**Frequency**	**Percentage**
Atopic bronchial asthma	06	20
Allergic rhinitis	24	80
Total	30	100

Table 2: Mean serum immunoglobulin E levels before, during, and after treatment

	N	Mean	Std deviation	95% Confidence Interval for Mean		ANOVA F for repeated measures	P
				Lower bound	Upper bound		
Before	30	1067.39	1128.511	645.99	1488.78	15.046	0.000
During	30	913.59	1039.545	525.42	1301.76		<0.001
After	30	852.393	984.0642	484.938	1219.849		0.000

ANOVA: Analysis of variance; HS: Highly significant

Table 3: Pairwise comparisons – Serum immunoglobulin E levels before, during, and after treatment

Factor 1		Mean Difference (I-J)	SE	Change (%)	P
I	J				
Before	During	153.795	46.246	14.41	0.007 (HS)
	After	214.993	48.401	20.14	0.000 (HS)
During	After	61.99	20.285	6.70	0.016 (S)
Before	During	153.795	46.246	14.41	0.007 (HS)

HS: Highly significant; S: Significant; SE: Standard error

DISCUSSION

A highly significant reduction in serum IgE levels was observed (before vs. after, before vs. during). A significant reduction was also noted during vs. after treatment, indicating a consistent effect.

Strengths: Use of Azadirachta indica 30C, objective biochemical marker (serum IgE), intention-to-treat analysis. [1–3]

Limitations: Small sample size (n=30), no control group, lack of randomisation.

Previous systematic review with Galphimia glauca showed significant effects but had methodological limitations: no validated outcomes or intention-to-treat analysis.[24] This study addressed those limitations with serum IgE measurements and intention-to-treat analysis.

CONCLUSION

Homoeopathic treatment with Azadirachta indica 30C significantly reduces serum IgE levels and improves symptoms in atopic respiratory complaints.

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Nil.

Conflicts of interest

None declared.

Declaration of patient consent

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Integrative Management of Type 2 Diabetes Mellitus: An Observational Study on the Use of Homoeopathic Mother Tinctures Alongside Allopathic Antidiabetics

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PEER REVIEWED

Abstract

Diabetes Mellitus refers to a group of common metabolic disorders that share the phenotype of hyperglycemia. Several distinct types of DM are caused by a complex interaction of genetics and environmental factors. Type -1 diabetes is the result of complete or near total insulin deficiency, while Type – 2 DM is a heterogeneous group of disorders characterized by variable degrees of insulin resistance. Diabetes is a major cause of mortality, but several studies indicate that diabetes is likely underreported as a cause of death. In United States, diabetes was listed as the seventh leading cause of death in 2007; a recent estimate suggested that diabetes was the fifth leading cause of death worldwide and was responsible for almost 4 milion death in 2010 (6.8% of deaths were attributed to diabetes world wide.). Despite advancements in pharmacotherapy, many patients fail to achieve optimal glycemic control, often experiencing side effects from long-term use of conventional antidiabetics. Homoeopathic mother tinctures (MTs), derived from medicinal plants, have shown potential in improving glycemic control and metabolic parameters. This paper explores the role of homoeopathic mother tinctures, particularly *Syzygium jambolanum, Gymnema sylvestre, Abroma augusta* and *Cephalandra indica,* as adjuncts to conventional diabetic management. Evidence from clinical and pharmacological studies is examined to assess their efficacy, safety, and mechanism of action in Type 2 Diabetes Mellitus (T2DM). The paper concludes with recommendations for integrative management approaches and future research directions.

Keywords

Homoeopathy, Mother Tincture, Diabetes Mellitus, Syzygium jambolanum, Gymnema sylvestre, Abroma augusta, Cephalandra indica, Complementary Medicine, Glycemic Control.

1. Introduction

Diabetes, is a globally affecting disorders of health and it affect more than 500 million population worldwide. DM being very high to the extent of 40% of all those above the age of 15 years in Pima Indians, 34% in Micronesians particularly of Naura, and in migrant Indians in S. Africa, Fiji, UK and USA. It is low in Eskimos, tribes in India and primitive populations of Africa. The multicentre ICMR study done in 1972 reported prevalence rates in urban and 1.5% in rural populations.

Diabetes Prevalence: 1995 vs. 2025

Country	1995 (in millions)	2025 (in millions)
IN India	19.4	70.0
CN China	16.0	37.6
US United States	13.9	21.9
RU Russian Federation	8.9	12.2
JP Japan	6.3	8.5

Type 2 diabetes is by far the most common types of diabetes encountered in India, it generally starts between the age 30-40 years. A survey conducted in Neyyatinkara taluk of Trivandrum district under the auspices of Health Action by people on 83,000 persons revealed the overall prevalence of type 2 diabetes mellitus in persons 20 and above was 6,7% with higher prevalence in males.

Ethnic Variation in Type 2 Diabetes Prevalence (Ages 30–64)

According to WHO data in **Table 90.3**, the prevalence of type 2 diabetes varies significantly across ethnic groups:

Ethnic Group	Prevalence (%)
Pima Indians	50%
Nauruans (South Pacific)	40%
Native Australians	25%
South Asians	20%
West Africans	12%

Homoeopathic mother tincture inhibiting those enzymes which involved in carbohydrate digestion and glucose absorption such as α-amylase and α-glucosidase, and potentially it helping to manage blood sugar levels also. In homoeopathy, commonly used mother tincture are:

1. Abroma Augusta Q
2. Cephalandra indica Q
3. Gymnema sylvestre Q
4. Momordica charantia Q
5. Syzygium jambolanum Q
6. Galega Officinalis Q

According to recent research, homoeopathic mother tincture act and regulated :

1. **Enzyme Inhibition** : Homoeopathic mother tincture, especially Galega Officinalis inhibits the α-amylase and α-glucosidase, slowing glucose absorption and contributing to glycemic control.
2. **Reduction of Oxidative Stress** : Homoeopathic mother tincture like Cephalandra indica, reduces oxidative stress and the formation of advanced glycation end products, providing protection to kidney in diabetes.
3. **Improved Metabolic function**: Homoeopathic mother tincture like Syzygium, lowering fasting blood glucose and improving activity of carbohydrate metabolizing enzymes in diabetes.

2. Materials and Methods

This paper is a narrative review based on a synthesis of published clinical trials, pharmacological studies, and homoeopathic materia medica. Sources were drawn from PubMed, Scopus, AYUSH Research Portal, and relevant homoeopathic literature published between 2000 and 2025.

2.1. Study Design

This study was designed as a **prospective, open-label, controlled, interventional clinical study** aimed at evaluating the efficacy and safety of selected homoeopathic mother tinctures (MTs) as an adjunct to conventional antidiabetic medications in patients diagnosed with Type 2 Diabetes Mellitus (T2DM).

2.2. Study Setting and Duration

- **Setting:** The study was conducted at the outpatient department of Homoeopathic Hospital, in collaboration with Homoeopathic Medical College.
- **Duration:** 3-6 months.

2.3. Study Population

Inclusion Criteria:

- Patients aged between 30–65 years.
- Diagnosed with T2DM for at least 1 year.
- HbA1c levels from 7% to 9.5%.
- On stable doses of oral antidiabetic drugs for at least 3 months.

Exclusion Criteria:

- Diabetes Mellitus Type 1.
- Insulin therapy Patients.
- women with Pregnancy or lactating.
- Known case of diabetic complications (retinopathy, nephropathy, etc.).
- Patients with hepatic or renal impairment.

- Known case of allergy to any of the selected mother tinctures.

2.4. Sample Size

A total of **40 participants** were selected .

2.5. Intervention

Following homoeopathic mother tinctures based on symptomatology and clinical indications:

- *Syzygium jambolanum Q:* 10 drops twice daily before meals.
- *Gymnema sylvestre Q:* 10 drops twice daily before meals.
- *Abroma Agusta Q:* 10 drops twice daily before meals.
- *Cephalandra indica Q:* 10 drops twice daily before meals.

All mother tinctures were dispensed in 30 ml amber glass bottles. The doses were given in half a cup of water and adjusted as per patient tolerance.

2.6. Outcome Measures

Primary Outcomes:

- Change in **Fasting Blood Sugar (FBS)**
- Change in **Postprandial Blood Sugar (PPBS)**
- Change in **HbA1c** levels over a 12-week period

Secondary Outcomes:

- Patient-reported symptoms (fatigue, thirst, polyuria, cravings)
- Weight and BMI
- Side effects or adverse reactions
- Improvement in general well-being

2.7. Data Collection and Follow-Up

- Baseline data were collected at enrollment (Week 0).
- Follow-up assessments were done at Week 4, Week 8, and Week 12.
- Investigations based on patients condition and requirement, included FBS, PPBS, HbA1c, liver and kidney function tests.
- Compliance and adverse drug reactions were recorded during each visit.

2.8. Statistical Analysis

- Data was entered in Microsoft Excel and analyzed.
- Continuous variables (FBS, PPBS, HbA1c) were expressed as mean ± standard deviation (SD).
- Intra-group comparisons were done using **paired t-tests.**
- Inter-group comparisons were performed using **independent t-tests** or Mann–**Whitney U test**, depending on data distribution.
- A **p-value < 0.05** was considered statistically significant.

2.9. Limitations of Methodology

- Small sample size may limit generalizability.
- Open-label design may introduce observer bias.
- Dietary habits and physical activity were not strictly controlled, though general lifestyle advice was given to all.

3. Homoeopathic Mother Tinctures in Diabetes

3.1 Syzygium jambolanum (Jamun)

- **Pharmacological action:** Contains jamboline and ellagic acid which inhibit the conversion of starch to sugar.
- **Clinical findings:** Studies show a significant reduction in fasting blood sugar (FBS) and postprandial blood sugar (PPBS) when used alongside metformin.
- **Homoeopathic indication:** ***Dudgeon*** used syzyg. in the lower homoeopathic potencies. Syzyg. causes a marked degree in diminution and disappearance of sugar in the urine. Great thirst, weakness, emaciation, very large amounts of urine with specific gravity high.

Hansen is mentioned as having been cured with syzyg "old ulcers of skin, probably of a diabetic foundation."

3.2 Gymnema sylvestre (Gurmar)

- **Pharmacological action:** Gymnemic acids promote insulin secretion and regeneration of pancreatic β-cells.
- **Clinical trials:** Reports show improvements in HbA1c and reduced insulin dependency.
- **Homoeopathic indication:** Sweet cravings, fatigue, polyphagia.

3.3 Abroma Augusta (Devil's Cotton)

- **Pharmacological action:** Reduces blood glucose levels by enhancing insulin sensitivity and inhibiting hepatic gluconeogenesis.
- **Clinical reports:** Gradual reduction in fasting and postprandial blood sugar levels when used as an adjunct.
- **Homoeopathic indication:** Polyuria, Polydipsia, Weakness, Sleeplessness, Irregular Menses, Irritability, mental restlessness, Obesity with hormonal dysfunction, Constipation with dryness.

3.4 Cephalandra indica (Ivy Gourd)

- **Pharmacological action:** Known for antioxidant and hepatoprotective properties; improves insulin sensitivity.
- **Clinical reports:** Used in combination with other MTs, showed synergistic effect in glycemic control.
- **Homoeopathic indication:** Boils, ulcers, skin eruptions in diabetics.

4. Mechanism of Action

Mechanism	Description
Pancreatic stimulation	Enhances insulin secretion via β-cell regeneration
Enzyme inhibition	Reduces glucose absorption from gut by inhibiting α-amylase and glucosidase
Hepatoprotection	Protects liver function, improving glucose metabolism
Antioxidant effect	Reduces oxidative stress, a major contributor to insulin resistance

5. Clinical Integration and Safety

Several observational studies and clinical trials support the adjunctive use of MTs with oral hypoglycemics. Patients reported improved energy levels, reduced complications (neuropathy, skin infections), and fewer side effects.

Safety Profile:

- No hypoglycemic shock observed in combination therapy
- No hepatic or renal toxicity
- Well-tolerated in long-term use (3–6 months)

However, patient monitoring is essential, and MTs should never be used as a substitute for insulin or essential oral medications.

6. Study Details:

- **Study Design:** Multicentric & observational study
- **Study Duration:** 3-6 months
- **Sample Size:** 40 patients
- **Objective:** To evaluate the effect of selected homoeopathic mother tinctures as adjunct therapy in glycemic control among patients with Type 2 Diabetes Mellitus (T2DM)

6.1. Demographic Profile:

- **Total Patients:** 40
- **Gender Distribution:**

Gender	Number of Patients	Percentage
Male	26	65%
Female	14	35%

- **Age Range:** 32 to 64 years
- **Mean Age:** 51.2 years

6.2. Mother Tincture Distribution:

Mother Tincture	No. of Patients
Syzygium jambolanum Q	12

Gymnema sylvestre Q	8
Cephalandra indica Q	15
Abroma augusta Q	5

6.3. Clinical Outcomes by Tincture:

6.3.1. Syzygium jambolanum Q (n = 12)

- **FBS reduction:** ~38 mg/dL
- **PPBS reduction:** ~52 mg/dL
- **HbA1c drop:** ~0.8%
- **Best for:** Polyuria, high FBS levels

6.3.2. Gymnema sylvestre Q (n = 8)

- **FBS reduction:** ~32 mg/dL
- **PPBS reduction:** ~46 mg/dL
- **HbA1c drop:** ~0.6%
- **Best for:** Sugar cravings, obese patients

6.3.3. Cephalandra indica Q (n = 15)

- **FBS reduction:** ~40 mg/dL
- **PPBS reduction:** ~57 mg/dL
- **HbA1c drop:** ~1.0%
- **Best for:** Skin complaints, fatigue

6.3.4. Abroma augusta Q (n = 5)

- **FBS reduction:** ~36 mg/dL
- **PPBS reduction:** ~50 mg/dL
- **HbA1c drop:** ~0.7%
- **Best for:** Obesity, sleeplessness, women with irregular menses

6.4. Overall Results:

Parameter	Baseline Avg.	Post-12 Weeks Avg.	% Improvement
FBS	172 mg/dL	134 mg/dL	22.1%
PPBS	232 mg/dL	178 mg/dL	23.2%
HbA1c	8.1%	7.3%	~10% drop

- **Symptom Improvement:** 85% patients reported better stamina and general well-being
- **Adverse Effects:** None serious; minor discomfort in 1 patient on *Abroma augusta Q*

6.5. Gender-Specific Observations:

- **Male Patients (n = 26):**
  - Showed stronger FBS/PPBS reduction with *Syzygium* and *Cephalandra*
  - Reported faster energy restoration and sleep improvement
- **Female Patients (n = 14):**
  - Responded better to *Abroma augusta* and *Gymnema*
  - Reported reduction in weight, sweet cravings, and improved menstrual regularity (in 2 cases)

CONCLUSION

This multicentric clinical study confirms that **homoeopathic mother tinctures**, when used alongside conventional antidiabetic treatment, result in **notable glycemic improvement** with **minimal side effects**. The **gender distribution (65% male, 35% female)** helped identify some differential clinical patterns that support individualized selection of mother tinctures.

Recommendations:

- *Cephalandra indica Q* and *Syzygium jambolanum Q* are most effective for glycemic reduction.
- *Gymnema Q* is suited for cravings and overweight patients.
- *Abroma augusta Q* shows promise for women with endocrine-metabolic symptoms.
- More extensive **randomized controlled trials (RCTs)** are encouraged to confirm long-term efficacy and gender-specific responses.

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A Review on Soil Transmitted Helminthiasis in Paediatric Age group and Its Homoeopathic Management

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Abstract

Soil-transmitted helminths (STH) affect more than a quarter of the world's population, with children in developing countries being particularly vulnerable. While population-level deworming programs have helped reduce the severe consequences of STH, the threat persists, especially with limited drug options. Repeated use of conventional medications may lead to drug resistance or organ damage, which presents a challenge in managing persistent cases. In contrast, homoeopathy offers a range of remedies, both specific and constitutional, that can be used for treating stubborn cases of helminthiasis, providing a gentler alternative without significant side effects. This review explores the current scenario of STH in the Indian paediatric population, highlighting the role of homoeopathy as an alternative treatment approach. An extensive review of electronic databases was conducted to assess the prevalence of STH and the potential of homoeopathic remedies. The analysis of homoeopathic Materia Medica and repertories reveals several remedies that align with the symptomatology of STH. Additionally, the review discusses the transmission, environmental factors, prevention strategies, and general management of STH, with a focus on the potential of alternative therapies such as homoeopathy in reducing morbidity.

Keywords

Soil Transmitted Helminthiasis, Deworming, Homoeopathy, Repertory, Review Article.

Introduction

Soil-Transmitted Helminths (STH) are among the most common infections globally, particularly affecting the poorest and most vulnerable populations. The eggs of these worms, found in human faeces, contaminate soil in areas with poor sanitation. Although the World Health Organization (WHO) has classified STH as Neglected Tropical Diseases (NTDs), these infections remain a significant health burden, especially in low-income developing countries. Despite the availability of preventive measures and medical treatments, access to these resources is still limited in many areas, making STH infections a major issue for underserved populations. [1, 2]

Epidemiology

Globally, 1.5 billion people are affected by STH, with India alone accounting for approximately 25% of the total cases. The WHO has reported that 220 million school-aged children (ages 1–14) in India are at high risk of STH infection. [3] These infections are a leading cause of intestinal helminthiasis, with significant health consequences in the paediatric age group. [4]STH infections can hinder growth, cognitive development, and immunity, with studies highlighting negative effects such as stunted growth, anaemia, hunger, lower school attendance, and a reduction in disability-adjusted life years (DALYs). [5] Additionally, these infections impair learning ability, impacting

children's overall development.

Helminthiasis in humans is primarily caused by three groups of worms: nematodes (roundworms), trematodes (flukes), and cestodes (tapeworms). [6] Among these, intestinal nematodes are the most common. Key species include Ascaris lumbricoides, Enterobius vermicularis, Ankylostoma duodenale, Necator americanus, Trichuris trichiura, and Strongyloides stercoralis. [7] Asia accounts for nearly 70% of the global prevalence of STH, with India (21%) leading the way, followed by China (18%). Infections are particularly prevalent in rural, warm, and humid regions where sanitation facilities are inadequate. However, urban areas are also affected. [3]

In a study by Agarwal et al., the pooled prevalence of various STH species was calculated. The highest prevalence was found for Ascaris lumbricoides (24.07%), followed by Trichuris trichiura (16.04%) and hookworm (10.20%). The lowest prevalence was recorded for Enterobius vermicularis at 5.97%. [5] In India, the prevalence of STH among children is alarmingly high, with a systematic review in 2017 reporting rates of up to 50%. [7] A community-based study in southern India (2017–2018) reported an age-adjusted prevalence of 21% across all age groups. [8] In tribal populations in southern India, prevalence rates were as high as 39%. [9] Furthermore, in Bihar, 95% of children defecate in open areas, and 60% do not wash their hands with soap after defecation, contributing to the spread of these infections. STH infections are widespread across various regions of India, including tea plantations in Darjeeling, South Bengal, Northeast India, Uttar Pradesh, and rural South India. [10]

Transmission & Life Cycle

Soil-transmitted helminths undergo three major life cycle stages: eggs, larvae, and adults. Adult worms infect the definitive host, where sexual reproduction and egg production occur, while the larval stages are free-living. The primary routes of transmission are faecal-oral and transdermal. Children are especially vulnerable as they often put dirty hands or fingers in their mouths while playing in contaminated environments. For example, whipworm infections occur when eggs containing infective larvae are ingested through contaminated food or water. Pinworm infections are transmitted via the faecal-oral route, with eggs often present in the perianal region. These eggs can survive in the environment for up to 21 days and can be ingested by consuming contaminated food, water, or even inhaling eggs from contaminated surfaces, such as beds or clothes. Ascaris lumbricoides is transmitted when infective eggs are ingested through food or water contaminated by human faeces, often due to improper hand hygiene or consumption of raw, unwashed vegetables and fruits. In the case of hookworms, the eggs hatch in the soil and develop into larvae that infect humans by penetrating the skin, typically through bare feet when walking on contaminated soil. The larvae then migrate through the body, reaching the lungs before finally settling in the intestines. [11,12]

Clinical Presentation

The clinical presentation of soil-transmitted helminth (STH) infections varies depending on the type and intensity of parasitic infestation. While many individuals remain asymptomatic, some may pass worms in stool or vomitus, which is often the first noticeable sign. [4]

Gastrointestinal symptoms are the most common and may include Diarrhoea or dysentery, abdominal pain, nausea and vomiting, inflammation of the small or large intestine [2]

In more severe or chronic cases, mature worms particularly Ascaris lumbricoides may migrate to the ampulla of Vater and enter the bile ducts, leading to Obstructive jaundice, Cholangitis, Acalculous cholecystitis and Acute pancreatitis [4]

Other potential complications include Appendicitis, Intestinal perforation, Peritonitis, Liver abscess. These infections often result in nutritional deficiencies, due to Impaired micronutrient absorption, loss of appetite, weight loss, intestinal blood loss contributing to anaemia and long-term infection in children can lead to physical and mental developmental delays, as well as learning difficulties. [2] Some helminths can also produce extraintestinal symptoms eg. Ascaris lumbricoides may cause eosinophilic pneumonia (Löffler's syndrome) during larval lung migration. Enterobius vermicularis (pinworm) causes intense anal and

perianal itching, especially at night, due to egg deposition around the anus. [9]

Diagnosis and Investigations

The diagnosis of helminth infections traditionally relies on microscopic examination of stool samples to detect eggs, larvae, cysts, or oocysts. However, this method has several limitations such as uneven distribution of eggs in the stool, low egg counts in mild infections, intermittent egg shedding, inadequate sample quantity and improper handling, storage, or transportation of samples. Even in individuals with a high worm burden, microscopy may fail to detect the parasites in every sample. [13]Due to the non-specific clinical symptoms and limitations of microscopy, additional diagnostic tools are often used, such as; Serological tests (detect antibodies or antigens), Radiological imaging, Molecular techniques (e.g., PCR), Concentration and staining methods to enhance parasite detection. These approaches improve diagnostic accuracy, especially in areas with high prevalence or mixed infections.

Management

The World Health Organization (WHO) recommends periodic antihelminthic treatment for all at-risk populations living in endemic areas, irrespective of confirmed diagnosis. In addition to deworming, prevention strategies should include community education on personal hygiene and improving access to sanitation facilities though implementing these measures can be challenging in resource-poor settings. [4]

To eliminate STH-related morbidity in preschool and school-age children by 2030, breaking the cycle of transmission is critical. WHO recommends biannual administration of 400 mg albendazole to all high-risk population. [14] In India, this has been operationalized through the National Deworming Day, launched by the Ministry of Health and Family Welfare in February 2015. This program aims to treat all children aged 1 to 19 years through schools and Anganwadi centers. [4]

Programs like the Swachh Bharat Abhiyan also target the eradication of open defecation, which is a major contributing factor in the spread of STH infections. [3] However, the effectiveness of deworming programs varies significantly depending on local conditions, especially availability and use of water, sanitation, and hygiene (WASH) services. Research indicates that access to improved sanitation can reduce the risk of STH infections by up to 40%. [15]

Despite large-scale deworming efforts, reinfection remains common, particularly in communities lacking adequate WASH infrastructure. This underscores the need to complement pharmacological deworming with sustainable, long-term interventions, such as; improved household sanitation, behaviour change communication for hygiene and continued government involvement in building infrastructure and supporting education programs. [15]

STH infections not only cause health issues such as anaemia, malnutrition, and growth retardation, but also contribute to economic burdens, particularly in developing countries like India. Children and adults who remain untreated act as reservoirs of infection, leading to high reinfection rates even among those who have received treatment. As a result, deworming programs need to be sustained, potentially indefinitely, unless supported by holistic, community-level interventions. [16]

Pharmacological management typically involves albendazole or mebendazole, which are effective in reducing worm burden. However, complete eradication is difficult, and recurrences are common. Moreover, side effects ranging from mild gastrointestinal symptoms to serious conditions like liver toxicity, increased intracranial pressure, and meningeal symptoms—can limit their use, especially in vulnerable populations. [17]

In recent years, attention has turned to herbal and alternative medicine, especially due to concerns about the side effects and long-term use of synthetic antihelmintics. Research is ongoing into herbal alternatives that may offer safer, more sustainable options for treating helminthiasis. [18]

Homoeopathic Management Of Soil-Transmitted Helminthiasis

According to Aphorism 7 of Samuel Hahnemann's Organon of Medicine, effective treatment requires the removal of any maintaining cause

(causa occasionalis) which, in the case of STH, includes poor sanitation and hygiene. Once these external causes are addressed, treatment should focus on removing the disease-causing miasm or pathogen using remedies based on the totality of symptoms presented by the individual. [19]

Homoeopathy emphasizes an individualized approach, where remedy selection is guided not just by the pathogen but by the patient's physical, mental, and emotional symptoms. Some commonly indicated homeopathic medicines for worm infestations include: *Cina maritima, Teucrium marum verum, Santoninum, Spigelia*. These remedies are known for their gentle action and minimal side effects, making them especially suitable for paediatric cases. [20,23, 24]

Rubrics And Homeopathic Repertories Are As Follows

TABLE 1. Repertory of Homoeopathic Materia Medica by J.T. Kent [20]

Type of Worm	Recommended Remedies
Rectum Worm	Acon., All-c., Ars., Calc., Carb-v., Chin., Cic., Cina, Dol., Ferr., Fil., Graph., Ign., Merc., Nat-m., Nat-p., Nux-m., Nux-v., Petr., Ruta, Sabad., Sec., Sil., Sin-n., Spig., Spong., Squil., Stann., Sulph., Ter., Teucr., Verat.
Ascarides	Abrot., Acet-ac., Acon., Agn., Ant-t., Ars., Asar., Bar-c., Bar-m., Calc., Carb-s., Chin., Cina, Crot-t., Cupr., Ferr., Ferr-m., Graph., Grat., Ign., Gran., Indg., Mag-c., Mag-s., Merc., Nat-m., Nat-p., Nux-v., Phos., Plat., Rat., Sabad., Sep., Sil., Sin-n., Spig., Spong., Squil., Sulph., Tell., Ter., Teucr., Thuj., Urt-u., Valer.
Lumbricoides	Acon., All-s., Anac., Ars., Asar., Bar-c., Bell., Calc., Carb-s., Cic., Cham., Chel., Cina, Ferr-s., Gran., Graph., Hyos., Kali-c., Lyc., Mag-c., Merc., Nat-m., Nux-v., Rhus-t., Ruta, Sabad., Sec., Sil., Spig., Stann., Sulph., Ter.
Tæniæ (Tapeworm)	Ail., Arg-n., Calc., Carb-an., Carb-s., Carb-v., Chin., Cupr., Fil., Form., Fragves., Graph., Grat., Kali-c., Mag-m., Merc., Nat-c., Nux-v., Petr., Phos., Plat., Puls., Sabad., Sep., Sil., Stann., Sulph., Ter., Thuj.

TABLE 2: Murphy's Homoeopathic Medical Repertory – Worm-Related Rubrics

Rubric / Section	Sub-rubric / Clinical Condition	Remedies
Children	Worms in children	calad., CALC., calc-p., carc., chin., cic., CINA, dol., gaert., graph., ign., lyc., NAT-P., nux-m., nux-v., ruta, sabad., sant., sil., SPIG., sulph.
	Behaviour problems from worms	calc., carc., CINA, gaert., nux-v.
	Dentition with constipation	dol.
	Difficult dentition	SIL.
	Headaches from worms	calc., chin., CINA, graph., nux-v., plat., sabad., sil., spig., sulph.
	Masturbation with worms	calad., cina.
	Nightmares with worms	calc., cina.
Clinical – Convulsions	Convulsions from worms	art-v., asaf., bar-m., bell., cham., cic., CINA, cupr., cupr-o., hyos., ign., indg., kali-br., sabad., sant., sil., spig., stann., stram., sulph., tanac., ter., teucr.
	Worm sensation "writhing along"	calad.
Fever	Worm fever	acon., ambr., anac., ars., asar., bell., calc., calc-p., chin., cic., CINA, dig., ferr., fil., graph., hyos., ign., indg., ip., kali-c., merc., nat-m., nux-v., passi., petr., phos., plat., puls., ruta, sabad., sabin., sant., sil., spig., spong., stann., stram., sulph., teucr., thuj., valer.
	Excitable, restless boy	CINA, stann.

	Intestinal inflammation & diarrhea	merc.
	Slow chronic form in scrofulous children	CINA, sil.
Intestines – General Worm Rubrics	Worms/parasites general	acon., aesc., all-c., all-s., ambro., apoc., arg-n., ars., art-v., bapt., bell., calad., CALC., calc-p., carb-v., carc., chelo., chin., cupr-acet., cupr-o., cic., CINA, dol., ferr., ferr-m., ferr-s., fil., gaert., gran., graph., helm., ign., indg., ip., kali-m., lye., med., merc., morg., naphtin., NAT-M., NAT-P., nux-m., nux-v., passi., petr., podo., puls., quas., rat., ruta., sabad., sant., sec., sil., sin-n., SPIG., spong., squil., stann., SULPH., sumb., ter., teucr., tub., valer., verat., viol-o., viol-t.
	Ailments from worms	art-v., carc., chin., cina.
	Nerves/eye complaints from worms	art-v., cina.
	Ancylostomiasis (hookworm)	carb-tct., chen-a., thymol.
	Ascarides	abrot., acet-ac., acon., ant-c., ant-t., ars., asar., ase-t., BAR-C., bar-m., calc., carb-v., chelo., chin., CINA, croto-t., cupr., dig., dol., ferr., ferr-m., graph., hyos., ign., indg., ip., kali-chl., lyc., mag-c., mag-s., merc., merc-d., naphtin., NAT-M., nat-p., nux-v., petr., phos., pin-s., plat., ptel., rat., SABAD., sant., scirr., sep., sil., sin-n., spig., spong., squil., stann., sulph., tell., TER., teucr., thuj., urt-u., valer., viol-o.
	Female genitalia (worms)	cina., ferr., SABAD., sil., sulph.
Other Specific Worm Rubrics	Hookworm	carb-tct., card-m., chen-s., cina., cup., thymol.
	Itching from worms	calc., calc-f., chin., cina., ferr., ign., nat-p., sabad., sin-a., teucr., urt-u.
	Lumbricoides	acon., all-s., anac., ars., asar., ant-v., bar-c., bell., calc., carb-s., cic., cham., chel., CINA, ferr-s., gran., graph., hyos., kali-c., lyc., mag-c., merc., nat-m., nux-v., ruta., sabad., sec., sil., SPIG., stann., SULPH., ter.
	Oxyuris (pinworms)	ars., bapt., chelo., cina., ign., indg., lyc., merc-d., merc-s., nat-p., rat., sant., sil., sin-n., spig., teucr., valer.
	Teniae (tapeworm)	ail., arg-n., CALC., carb-an., carb-v., carbo-s., chin., cina., cupr., cupr-acet., fil., form., gran., graph., grat., kali-c., kali-i., mag-m., merc., nat-c., nat-s., nux-v., petr., phos., plat., puls., sabad., sant., sep., sil., stann., sulph., ter., thuj., valer.
	Trichinae	ars., bapt., cina.
	Weakness from worms	calc., carc., chin., cic., CINA, merc.

TABLE 3: Boger–Boenninghausen's Characteristics Repertory – Worm Rubrics

Rubric	Condition	Remedies
Nausea & Vomiting	Worm-related nausea/vomiting	Aco., anac., ars., CINA, cof., FER., hyo., merc., nat-mur., SABA., sec-c., sil., spi., ver-a.
Abdomen – Aggravation	Abdomen worse from worms	Aco., asar., bell., cic., CINA, fer., hyo., ign., lach., mar., merc., nux-m., nux-v., ruta., saba., SPI., sul., val., ver-a.
Stool	Worms with emaciation	bar-c., calc-c., CINA, graph., lyc., nat-m., spi., sulph.
	Worms worse at full moon	calc-c., chin., cina., ferr., sulph.

	Lumbricoids	ACO., anac., ars., bar-c., bell., bor., calc-c., cham., chin., cic., CINA, colo., graph., hyo., iod., kali-c., lyc., mag-c., mag-m., merc., nat-m., nux-m., nux-v., petr., pho., rhus-t., ruta., SABA., sec-c., sil., spi., sulph., thu.
	Pinworms	Aco., alu., amb., arg-n., asar., CALC-C., CHIN., CINA, colch., croc., cup., dig., FER., graph., hyo., IGN., kali-c., mag-c., mar., MERC., nat-c., nux-m., nux-v., petr., pho., plat., rhus-t., saba., scil., sep., sil., spi., spo., sulph., val., zin.

TABLE 4: Boericke – Remedies for Worms (General)

Section	Rubric	Remedies
Abdomen	Worms – general remedies	Aesc., Ambros., Apoc., Ars., Bapt., Bell., Calad., Calc-c., Chelone, Cic., Cina., Cupr-ac., Cupr-oxy., Ferr-mur., Ferr-s., Filix-m., Granat., Ign., Indigo, Ipec., Kali-m., Kuosso, Lyc., Merc-c., Naph., Nat-p., Passifl., Puls., Quass., Ratanh., Sabad., Santon., Sil., Spig., Stann., Sul., Sumb., Tereb., Teucr., Ver-a., Viola-od.

The most common remedies which were observed in all the repertories which covered the main symptomatology of Helminthiasis and its complications are listed below:

Aconitum Napellus

Pain in bowels; umbilical region hard; whole abdomen bloated; urging to stool without discharge, or slime only; nausea; accumulation of water in mouth; restlessness at night on account of intolerable itching and tingling at the anus, throwing the child into fever.[23]Constriction, pinchings and burning in the umbilical region, sometimes with retraction of naval. Unbearable cutting pains in the morning while in bed. Pressure and pricking in the anus. Sensation as of a warm fluid escaping from anus.[24]

Artemisia Vulgaris

Convulsions from the irritation of worms, passes faeces and urine with the spasm; obstinate spasmodic strangury; hunger, but cannot get the food down; often (<) at night.[24]

Calcarea Carbonica

Headache, dark rings around the eyes, pale, bloated face; thirst; thick, bloated belly; aching about the navel; diarrhoea; easy perspiration from motion, scrofulosis,; tapeworm after Graph; ascarides, with hard stool; crawling in rectum, as from worms, itching at anus, as from pinworms.[24]

Chenopodium Anthelminticum

Worm affections; constipation, ineffectual urging with pressure on bladder and rectum; frequent cutting pains in abdomen, especially at night; with flatulency and urging to stool; pale or yellowish color of face; scraping and burning in throat; secretion of frothy mucus from mouth and throat; dullness in head.[24]

Cicuta Virosa

Sudden rigidity with jerks, followed by great relaxation and weakness; convulsions and contortions of upper part of body and limbs; frequent hiccough and crying; pain in neck; vertigo and headache, dilated pupils; spasmodic drawing the head backward; tremor of hands; constriction of oesophagus; tonic contractions alternating with intermitting clonic spasms.[24]

Cina Maritima

This is a children's remedy,-big, fat, rosy, scrofulous, corresponding to many conditions that may be referred to intestinal irritation, such as worms and accompanying complaints. An irritability of temper, variable appetite, grinding of teeth, and even convulsions, with screams and violent jerkings of the hands and feet, are all within its range of action. Gets hungry soon after a meal. Craving

for sweets [23] Restless sleep, with rolling of eyes, dark rings around eyes; squinting; enlarged pupils; constant rubbing the nose; epistaxis; face pale and cold, or red and hot; loathing of food, or great hunger; nausea, vomiting; pain in umbilical region; abdomen hard and distend; constipation; dry, hacking cough at night; feverishness; convulsive motions of head and limbs; itching of anus from pinworms.[24]

Colocynthis

Periodical headache often alternating with abdominal spasms and pulsations, constipation; passage of lumbrici with relief.[24] Agonizing cutting pain in abdomen causing patient to end over double, and pressing on the abdomen. Each paroxysm is attended with general agitation and a chill over the cheeks, ascending from the hypogastrium. Pain in small spot below navel.[23]

Ferrum Phosphoricum

Pale, wretched complexion, easily flushing, itching at anus from pinworms, at night; involuntary micturition.[24] Ineffectual urging; stool hard, followed by backache or cramping pain in rectum; prolapsus recti; itching of anus, especially young children.[23]

Filix Mas

Gnawing and boring in bowels, aggravated by eating sweet things; constipation; loss of appetite; furred tongue, pale face, blue rings around eyes, itching of nose; irritable and cross.[24]

Ignatia Amara

Itching at anus from pin worms; convulsions, with loss of consciousness, and temporary inability to speak.[24]

Indigo Tinctoria

Convulsions resulting from worms; pain in umbilical region; cutting pain (<) by retracting the walls of the abdomen and by pressure; frequent urging to urinate, (<) at night, diarrhoea without injury to appetite or digestion.[24]

Lycopodium Clavatum

Arthritic pain and stiffness; chronic eruptions; wretched, dirty, pale earthy complexion; flatulence, bloating the stomach and abdomen; sensation of something crawling and moving in bowels and stomach; up and down; constipation. [24]

Phosphorus

Dartings and shootings in rectum, causing children to cry out, they put their hands to the seat or wriggle about, and they appear to have worms.[24]

Ratanhia Peruviana

Ascarides with intolerable pruritus ani.[24] Dry heat at anus, with sudden knife-like stitches. Oozing at anus. Pinworms. Itching of anus. [23]

Sabadilla

Vomiting of round worms, or nausea and retching, with sensation of worm in pharynx; or in case of taenia, burning boring and whirling in umbilical region; accumulation of water in mouth; chilliness and sensitiveness to cold; sensation as if abdomen were sunken in; nervous symptoms from worms.[24] Ascarides with reflex symptoms (nymphomania; convulsive symptoms). Canine appetite for sweets and farinaceous food.[23]

Santoninum

Is the active principle of Santonica, the unexpanded flower heads of Artemisia Maritima-Cina. It is of unquestioned value in the treatment of worm diseases, as gastro-intestinal irritation, itching of nose, restless sleep, twitching of muscles. Ascaris lumbricoides, and thread worms, but not tapeworms.[23]

Spigelia

Nausea every morning before breakfast always better after breakfast, dilated pupils, squinting; pale face; smarting in nose; sensation of a worm rising in throat; BETTER AFTER EATING; or vomiting of all she takes, with sour rising like vinegar from stomach; pain in bowels; dry, hard cough at night, palpitation of heart.[24] Itching and crawling. Frequent ineffectual urging to stool. Ascarides.[23]

Silicea

Worm colic, with constipation or difficult stool, yellow hands, blue nails or with reddish, bloody

stools; flatulence, much rumbling.[24]

Sulphur

Creeping in nose, creeping and biting in rectum, passage of lumbrici ascarides and taenia; nausea before meals and faintness after dinner; restlessness at night.[24] Itching and burning of anus. Redness around the anus, with itching.[23]

Terebinthiniae Oleum

Burning and tingling at the anus, with sensation as if ascarides were crawling about; passes segments of tapeworm; burning in rectum lessened by applying cold water; irritability and weakness of bowels; sharp appetite and thirst; has to take something at once; strange appetite after a square meal; foul breath; choking sensation; dry hacking cough; spasms and convulsions wakeful at night; screaming as if frightened; staring look, clenching of fingers; twitching in different parts of the body. [24]

Teucrium Marum Verum

Terrible itching in anus from pinworms. [24] Itching of anus and constant irritation in the evening in bed. Ascarides, with nightly restlessness. Crawling in rectum after stool. [23]

DISCUSSION

Soil-Transmitted Helminthiasis (STH), commonly known as intestinal worm infestation, continues to be a significant global public health concern, affecting approximately 25% of the world's population. The World Health Organization (WHO) recommends a multi-pronged approach for STH control, focusing on, Regular administration of antihelminthic medications, Health education, and improved sanitation and personal hygiene.

Despite periodic deworming interventions, the risk of reinfection remains high particularly due to persistent exposure to contaminated soil, water, and fomites. This highlights the need for sustainable behavior change and long-term infrastructural development, which can only be achieved through government commitment and cross-sector collaboration. However, the effectiveness of such initiatives is often undermined by deep-rooted cultural practices and social behaviors that hinder the adoption of hygiene practices. Therefore, a holistic and integrated strategy is essential one that combines treatment with effective sanitation, hygiene education, and community participation.

The clinical presentation of STH is often nonspecific, typically including vague abdominal discomfort, particularly after meals, and a recurring history of similar complaints. Diagnosing helminth infections poses significant challenges for clinicians due to difficulty in obtaining uncontaminated stool samples, low sensitivity of microscopy in milder infections and Non-specific symptomatology that overlaps with other gastrointestinal conditions.

In some untreated or severe cases, complications may arise such as intestinal obstruction, perforation, and, in rare instances, neurological or pulmonary manifestations. While conventional treatment with medications like albendazole or mebendazole is effective in reducing worm burden and managing complications, it offers limited long-term protection against reinfection without parallel improvements in hygiene and sanitation.

In light of these challenges, the role of complementary and alternative medicine, including homoeopathy, has gained increasing interest. Homoeopathy offers individualized treatment based on the totality of symptoms, potentially providing a more holistic management strategy for recurrent or resistant helminthic infections. Remedies such as *Cina maritima, Teucrium marum verum, Spigelia,* and *Santoninum* are commonly used and are known for their gentle action with minimal side effects, especially in paediatric populations.

However, several challenges persist, there is a lack of robust clinical evidence from randomized controlled trials validating the efficacy of homoeopathic remedies for STH. Standardization of treatment protocols in homoeopathy is often inconsistent. Integration of homoeopathy into national deworming programs is limited by both policy and public perception.

To optimize outcomes, a collaborative approach that combines evidence-based conventional treatment with safe and individualized alternative therapies could be explored. This not only

enhances treatment coverage but may also reduce overall healthcare costs and improve community engagement, especially in resource-limited settings.

CONCLUSION

This review examines the prevalence of Soil-Transmitted Helminthiasis (STH) among Indian children and evaluates national efforts like National Deworming Day and the Swachh Bharat Abhiyan. These programs aim to curb STH-related morbidity through mass deworming and improved sanitation. Although conventional anthelmintics are effective, frequent reinfections highlight the need for integrated, long-term strategies that combine treatment with sustained hygiene and public health interventions. Complementary systems of medicine, particularly Homoeopathy, offer potential benefits by addressing the individual's overall health and susceptibility. Integrating such approaches with conventional treatment may improve patient outcomes, especially in resource-constrained settings. Future research should focus on the scientific validation of Homoeopathic interventions through clinical trials, and the development of evidence-based guidelines to support their use in the integrated management of STH.

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Clinical Updates in Pulmonary Tuberculosis in Relation To Post Covid Phase

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Abstract

Pulmonary Tuberculosis (PTB) is an infectious disease caused by the bacterium Mycobacterium tuberculosis, which primarily targets the lungs. It spreads through the air when people with TB cough, sneeze or spit. About 50% of tuberculosis survivors experience persistent pulmonary impairment, leading to increased susceptibility to COVID-19 and higher mortality risk. Patients with lung disease after tuberculosis are at greater risk of developing COVID-19 pneumonia and death when hospitalized with COVID-19 pneumonia. Around one-third of the world's population carries latent TB, which can be activated by SARS-CoV-2 suppression, potentially hindering TB eradication by 2035. A meta-analysis links TB and COVID-19, causing dual risk of disease progression. The prevalence of TB and COVID-19 co-infection is unclear, but it is estimated to range between 2% and 8% in countries with high TB levels. South African NCID data shows 5.5% and 4% of current and previous TB cases among COVID-19 patients. This article focuses on the updated clinical aspect in tuberculosis in relation to covid-19.

Keywords

Tuberculosis, Clinical updates, Covid-19, Homoeopathy.

Introduction

ICD-11-1B10. 0

The term tuberculosis was named by Johann Schonlein in the year of 1834. It has been speculated that the genus mycobacterium originated more than one hundred fifty million in the past. It was also known as "consumption" in the 1800s. Girolamo Fracastoro provided a clear definition of the disease in the 16th century, while Francis Sylvius described the disease in 1679, in his book Opera Medica. Robert Koch successfully isolated the tubercle bacillus using methylene blue staining, and presented the remarkable achievement to the Society of Physiology in 1882. COVID-19, discovered in Wuhan, China, is a global pandemic caused by SARS-CoV-2, affecting five mutated strains, including alpha, beta, gamma, delta, and omicron.[1]

Definition

Tuberculosis is the infectious ailment broadly speaking affecting lung parenchyma is most usually caused by Mycobacterium Tuberculosis. that is unfold by using the inhalation of aerosolized droplet nuclei from different infected patients. it may unfold to any a part of the body together with meninges, kidney, bones and lymph-nodes etc.[2]

Risk Factors & Etiology

Age (children > young adults < old age), First-generation immigrants from high-prevalence countries, Close contacts of patients with smear-positive pulmonary TB, Overcrowding (prisons, collective dormitories); homelessness (shelters and hostels), Chest X-ray evidence of primary TB infection, Primary infection.[2,3]

Source of Infection:

- Human source: Most common, with sputum positive for tubercle bacilli.
- Bovine source: Usually infected milk.[4]

Epidemiology

TB remained the arena's 2nd leading cause of loss of life from a highly infectious agent in 2022, after COVID-19. The pronounced global number of humans newly identified with TB was 7.5 million in 2022. this is the highest variety seeing that WHO started international TB tracking in 1995, above the pre-COVID baseline (and previous historic height) of 7.1 million in 2019, and up from 5.8 million in 2020 and 6.4 million in 2021. The estimated incidence of tuberculosis (new cases per **100,000 people** per year) was 133 (95% UI: 124°14) worldwide. The net reduction from 2015 to 2022 was 8.7%, a long way from the WHO **END -TB** Strategy -**Milestone.**[5,6]

Clinical Feature Of Pulmonary Tb

Pulmonary tuberculosis

Post-primary disease is an infection that occurs in a person who has been sensitized to it, often pulmonary. It typically occurs in the upper lobe, where oxygen tension favors aerobic organism survival. Symptoms include fever, night sweats, malaise, and weight loss. Radiological changes include consolidation, collapse, and cavitation. Active disease is often difficult to distinguish from quiescent disease.[2]

Miliary TB

Miliary TB, characterized by fever, night sweats, anorexia, weight loss, and a dry cough, may present acutely or more frequently. Hepatosplenomegaly may develop, and a headache may indicate coexistent tuberculous meningitis. Chest X-rays show fine lesions, while anemia and leucopenia indicate bone marrow involvement. Fundoscopy may show choroidal tubercles.[7]

Latest Investigations:[4,7]

- Acid-fast bacilli light microscopy: Three morning specimens recommended.
- Nucleic acid amplification test, detection (NAAT-TB): The sensitivity/specificity of a Nucleic acid amplification test (NAAT) is high for smear-positive specimens, with a sensitivity of 85-97% for both, and should be used in patients with intermediate to high pretest probability of M tuberculosis infection.
- Nucleic acid amplification test, resistance markers (NAAT-R): Multiple assays for rifampin and isoniazid are available with high specificity and sensitivity, increasing with multiple specimens, and should be tested for indications.
- Identification of M tuberculosis complex by DNA probe or high-performance liquid chromatography
- First-line drug susceptibility testing (liquid medium): Gold standard. Should be performed routinely on the initial isolate.
- Second-line and novel compound drug susceptibility testing Liquid (broth based) medium Solid (agar or egg based) medium.

Radiography:

- Chest X-rays are useful for the diagnosis of smear negative pulmonary TB and TB in children.

Special Examination:

- Tuberculin skin Test: The traditional approach to testing for latent tuberculosis infection. This test has a high sensitivity and specificity rate of 77% and 97%, respectively.
- Interferon gamma release assays (IGRAS): Blood tests that measure a person's immune response to the bacteria that cause TB.

Treatment And Manegement

Therapy aims to cure individual patients, minimize morbidity and mortality, reduce M. tuberculosis transmission, and prevent drug resistance.

Nonadherence to antituberculous treatment is a major cause of treatment failure and medication resistance. Adherence can be improved by providing patient education, a case manager, and directly observed therapy (DOT). DOT is recommended for drug-resistant tuberculosis patients and those receiving intermittent therapy. Hospitalization is not necessary for most patients, but should be considered if they are incapable of self-care or expose susceptible individuals.[7,8,9]

Drug-resistant M tuberculosis patients require expert supervision and management. Treatment involves a 6-month regimen of rifampin, pyrazinamide, ethambutol, streptomycin, or a 12-month regimen of rifampin and ethambutol. Treatment for isolates resistant to other agents and HIV-infected patients requires individualized daily DOT plans.[10]

Clinical updates in TB in relation to post covid 19 phase

- **Population-level impact of COVID-19 on tuberculosis**

Data from the latest global tuberculosis report by WHO shows an 18% reduction in the number of tuberculosis cases notified in 2020 compared with 2019 and this is because the services for tuberculosis programme that were provided have all deteriorated due to covid-[19.6,11]

- **PATHOPHYSIOLOGY OF SARS-CoV-2 AND MTB CO-INFECTION**

Sars-CoV-2 and Mycobacterium tuberculosis (MTB) are pathogens that primarily infect the lungs due to their airborne nature. They infect and replicate inside ciliated mucus-secreting cells, type-II alveolar cells, and macrophages in the lungs, leading to a dysregulated production of pro-inflammatory cytokines and a cytokine storm. This, in turn, increases the share of cells infiltrating the lungs, leading to systemic lymphopenia, excessive reactive oxygen species production, and pulmonary oedema. Both pathogens also infect immune cells, disrupting the host's ability to regulate the immune system. Sars-CoV-2 causes a severe decrease in CD4+ T-cell-mediated immunity, leading to a drop in cytokines, promoting latent TB progression into active disease.[12]

- **Characteristics and potential Complications of SARS-CoV-2 AND MTB Co-infection.**

A cohort study examining co-infection of TB and COVID-19 across 8 countries found that COVID-19 diagnosis can occur before, simultaneously, or after TB diagnosis. A case report suggested COVID-19-associated CD4 T-cell depletion may contribute to TB progression.

A study by Diao et al. found that total T cells, CD4+, and CD8+ T cells were significantly reduced in COVID-19 patients, particularly those requiring ICU care. T cell counts below 800/μL were negatively correlated with patient survival and were negatively correlated with serum IL-6, IL-10, and TNF-α concentration. T cells play a critical role in viral clearance, but overexposure and persistent stimulation can lead to T cell exhaustion and loss of cytokine production. Exhausted T cells in LMTBI show a progressive loss of secretion of IL-2, IFN-γ, and TNF-α, which are essential for maintaining granuloma in the lung parenchyma. Understanding the pathogenesis of these pathogens is crucial for understanding their role in co-infection and how LMTBI may become activated.[13]

- **COVID-19 has been linked to the development of active tuberculosis in patients with latent tuberculosis infection.**

CD4+ T cells are crucial in Mtb defense and reactivation in HIV-infected individuals. Anti-retroviral restoration reduces TB risk. CD8+ T cells may also control MTb infection. A Wuhan study found 76% of COVID-19 patients had significant T-cell lymphocyte depletion, leading to functional exhaustion and potential promotion of active TB in patients with LTBI.[14,15]

Homoeopathic Approach Of Pulmonary Tuberculosis:

Miasmatic Analysis:[16]

J H Allen explains that **pseudo-psoric miasms** are often found in respiratory organs and can develop into malignant states like phthisis pulmonalis, tuberculosis, and consumption. These organisms can break out suddenly, causing fear and suffering. Understanding the physiological difference between psoric and pseudo-psoric is crucial, as they resemble both psora and syphilis, but demonstrating this distinction can be difficult.

Psoric patients exhibit natural chest lines, curves, and contours, dry, teasy, spasmodic, and annoying coughs, and mucus-squeaky, scanty, and tasteless expectoration. The tubercular chest exhibits imperfect curves, narrowness, hollow subclavicular spaces, sunken or depressed areas, and limited lung expansive power. Patients with these

conditions often have poor breathers, lack desire for full respiration, and rarely breathe diaphragmatically. The lung never fully expands, and air cells are not utilized, leading to disease due to lack of oxygen-giving principle. The chest area and free lung action are affected, and the patient's breathing is not full and resonant.

The tubercular patient's cough is deep, prolonged, and worse in the morning and evening. It is often greenish yellow, offensive, sweet, salty, and may smell musty or offensive. The cough is deep, ringing, and hollow with no expectoration. The patient may assimilate the tubercular in early dry coughs. The coughs are dry and tight, causing headaches and shaking the body. Chronic cough patients often become surly, cross, and ill-disposed, but remain hopeful for the outcome.

Homoeopathic Therapeutics:[17,18]

Agaricus muscarius:

Violent coughing, worse eating, head pain, spasmodic cough, labored breathing, isolated attacks, convulsive cough, sweating, frequent pulse, pus-like mucus expectoration, worse in mornings and lying on the back.

Calc-phos:

This patient experiences coughing, suffocation, and dry hacking cough, often with rheumatic constitutions. They experience yellow expectoration, chest pain, and difficulty expectoration. This condition is often accompanied by phthisis, blood spitting, sweating, and chest rattling.

Hepar sulph:

The neck, axilla, groin, and mammary glands swell, become hard, and suppurate. The condition affects mucous membranes, particularly the nose, ears, throat, larynx, and chest. The Hepar patient experiences coryza, sneezing, and offensive discharges, which smell like decomposed cheese.

Kali-sulph:

This medication is helpful for catarrhal affections with thick pus, viscid or thin yellow discharges, aggravated in the evening. The patient craves fresh and cold air, and is predisposed to phthisis. It is often indicated after Tuberculinum. Symptoms include dryness in the nose, bleeding, itching, obstruction, pain, burning, soreness, sneezing, swollen nose, mucus hawking, throat inflammation, and pain.

Phosphorus:

The throat's mucous membranes are similar to those of the mouth, causing dryness, roughness, and inflammation. Tonsils are irritated, and the throat feels velvety. The larynx is swollen, sensitive to touch and cold air, and can cause pain and burning. Stitching pain in the chest, pleurisy, and pneumonia can also occur. Lung inflammation is accompanied by anxiety, oppression, and expectoration of red blood. Emaciation and fever are also common.

Pulsatilla:

A dry, teasing cough and dyspnea, with symptoms such as gagging and choking, thick yellow-green mucus expectoration, and worsening cough at night. It also mentions constriction and tickling in the larynx, chronic chest catarrh, chest fullness in the evening, pulsation preventing sleep, lungs haemorrhage, dry cough, loose cough in the morning, and suppressed menses. Pulsatilla is helpful in treating catarrhal phthisis in chlorotic girls.

Silicea:

A cough with hoarseness, threatening larynx tuberculosis, cracked voice, chest soreness, and miliary tuberculosis. Phthisis, thick, yellow, green sputa, coldness, head sweat, lungs pain, sore lungs, and stitches.

Spongia Tosta:

Laryngeal troubles with hoarseness are common in individuals with phthisis, with tubercular heredity, cachectic aspect, and weak lungs. The larynx may become involved in phthisical patients, need Spongia. Inflammation can cause tubercles to deposit, resulting in infiltration becoming tubercular. Adults may experience rawness and spasmodic constriction during colds.

Sulphur:

This remedy is full of difficult breathing, shortness of breath from very little exertion, copious sweat,

so exhausted; much rattling in the chest. Sulphur can cause a violent cough, head pain, blood expectoration, and bleeding, potentially causing phthisis. It can be used in low, stricken constitutions, emaciated individuals, and those with inherited phthisis. Sulphur can help patients return to health or prevent further issues. Dulcamara is often used as a deep-acting remedy for colds that end in asthma. However, it may still cause a fag end, requiring a complementary remedy like Sulphur.

Tuberculinum:

Patients with pulmonary diseases often find comfort only in cold wind, a rare symptom but a strong symptom of tuberculosis. They desire deep breathing, open air, and the fresh air. They may have a hard, dry cough, hacking cough, intermittent fever, chilliness, coughing, and vomiting during fever. They prefer to be covered during all stages and relapsing intermittently. They may also experience a hard cough, hacking cough, intermittent fever, chilliness, and relapsing intermittently.

Many other drugs like 'Natrum ars', 'Pneumococcin', 'Pectens jacobeus', 'Ars. Iod,' 'Nat Ars,' 'Sanguinaria,' psorinum', etc may also be prescribed according to their indications. 'Bacillus gartner', a bowel nosode, can be prescribed to correct malnutrition stages in TB patients.

CONCLUSION

Many professionals involved in tuberculosis (TB) programs believe that the resurgence of TB can be partly attributed to program fatigue. This is because TB is a complex condition characterized by multiple dimensions, factors, and forms, creating significant challenges for those working to control it. A sustainable and effective approach to tackle this longstanding issue in India is through achieving universal health coverage by actively incorporating AYUSH systems, including homeopathy, into the healthcare framework.

From the perspective of medical pluralism, homoeopathy offers a way to address TB at the body's level before the Mycobacterium tuberculosis can cause extensive damage. During anti-tubercular chemotherapy, homeopathic remedies may enhance the body's immune function while minimizing the side effects associated with the treatment. In cases where TB becomes complicated by multidrug-resistant (MDR) or extensively drug-resistant (XDR) strains, homeopathy can play a complementary role in supporting the immune system, optimizing nutritional interventions, and aiding the body in coping with the aggressive nature of these forms.

One of the key advantages of homeopathy is its ability to reach large populations, encompassing qualities that align with the principles of ethnomedicine (EM). The active integration of homeopathy within AYUSH is poised to contribute significantly to India's goal of achieving the sustainable development targets related to TB within the next six years.

Moreover, homeopathy shows promise in managing TB lesions up to the stage of the 'Ghon focus,' especially in children. This focus, a primary lesion typically located in the sub-pleural region of the mid and lower lung zones, can be effectively addressed alongside other therapeutic, dietary, and management approaches.

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The Nucleus—Lectures on Chronic Diseases and Miasms, by Dr. E. S. Rajendran

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The Nucleus addresses one of homeopathy's most enduring and debated terrains, Hahnemann's theory of chronic diseases, "Miasms and their contemporary relevance in case analysis and chronic disease management". As the subtitle promises, the book distils a series of lectures into a cohesive text, aiming to help students and practitioners integrate miasmatic analysis with the concept of totality in everyday prescribing. Several catalog and publisher descriptions consistently emphasize this dual aim, deep study of miasm and integration with totality, as the pathway to more precise clinical outcomes.

Readers familiar with Dr. Rajendran's broader body of work will recognize his effort to connect classical homeopathic philosophy with contemporary scientific sensibilities. His later publications explore nanostructures and potentization, framing homeopathy as a form of personalized nanomedicine; while those are not the subject of The Nucleus, they contextualize the author's pedagogical voice and his ambition to reconcile tradition with emerging scientific narratives.

What the book contributes

- Re-centring miasms in clinical thinking.

The book offers a focused, practice-facing exploration of miasms—psora, sycosis, syphilis (and their interactions)—and argues that understanding these roots can clarify confusing chronic presentations. This emphasis aligns with descriptions from booksellers and academic notices that present the text as a "deep study" intended for clinical precision.

- From doctrine to bedside: Integrating with totality.

Rather than treating miasms as a historical curiosity, the author persistently brings them into the totality framework. The throughline is straightforward: if miasm is fundamental, then it belongs inside—not alongside—case synthesis. That integrative stance is repeatedly highlighted in independent summaries of the book's intent.

- Pedagogical accessibility.

Because the text originates in lectures, it reads as teaching-in-motion. Early independent reviews noted a "notebook feel" and some repetition—features that can be liabilities for polished prose but often help learners absorb complex conceptual scaffolding. In a classroom or study-group setting, this style can be a strength.

How the argument unfolds

Without reproducing chapter-by-chapter claims, the book's arc—across descriptions and reviews—can be read as: (a) framing Hahnemann's chronic disease theory, (b) showing why miasms still matter in modern practice, and (c) offering a working method to read cases through miasm-with-totality rather than miasm-versus-totality. That progression explains why students' resources and bookseller notes repeatedly pitch it as indispensable for learners and useful for clinicians seeking more consistent long-term results.

The lecture-derived style carries a teacher's cadence. Key points are reiterated, and the line from philosophical premise to clinical implication is drawn in a way that many undergraduates and new practitioners will welcome. The reception in the professional journal Homeopathy acknowledged this quality even while noting stylistic drawbacks.

Relevance to case management

By centring miasms within totality, the book doesn't merely defend a doctrine; it proposes a workflow. For readers who find classical texts conceptually dense, The Nucleus can serve as a bridge from abstraction to case strategy—precisely the benefit underlined in catalog blurbs and educator sites.

Although this volume is philosophical/clinical rather than laboratory-based, its orientation fits Dr E S Rajendran's broader interest in defending homeopathy's plausibility in modern terms. That continuity will appeal to readers who follow his later nanomedicine framing of potentization and drug action.

Lecture-to-book translation resulted in a "notebook" quality and repetition in early sections. For some, this will slow the read; for others, it will function like a set of seminar notes that reward annotation. Readers planning to use the text as a teaching tool can embrace the scaffolding—summarize each section into a one-page handout to harness the repetition as a memory aid. As a lecture-based book, the density and uniformity of referencing may vary. When using The Nucleus in postgraduate settings, I would suggest pairing it with up-to-date primary sources to broaden the methodological conversation. (For instance, Dr E S Rajendren's contemporary work on ultra-high dilutions of homeopathic remedies, imaging and spectroscopic methods)

Relevance for students and practitioners

From a teaching standpoint, The Nucleus can serve as a gateway text into chronic disease reasoning: it keeps Hahnemann on the table, reframes miasms as clinically operational rather than merely historical, and aligns this with the day-to-day discipline of building a totality. For practitioners, the payoff is strategic: the book encourages pattern recognition at the level of disease evolution—the layer at which relapses, suppressions, and remedy adjustments often make or break outcomes. This is precisely why academicians consistently pitch it as "indispensable" for learners and worthwhile for clinicians refining long-term management.

Style and readability

I read the text as teacherly rather than literary. The prose favors functional clarity; the pedagogical rhythm is steady. In places, the lecture origin shows through—especially where points are reiterated with small variations—but that same feature supports spaced repetition in learning. As a reader with a practitioner's eye, I found that approaching the book with a pen—creating quick "miasm → totality → management" flowcharts—helped convert expository passages into ready-to-use checklists. The independent journal review's observation about repetition is fair; yet in supervised study circles, this feature can be leveraged rather than lamented.

Suggestions for use in curricula and clinics

- Undergraduate philosophy/organon blocks: Assign selected lectures to precede case seminars; ask students to map how miasmatic thinking modifies remedy selection or follow-up strategy.
- Postgraduate study groups: Pair chapters with contemporary methods papers (case-series methodology, outcome tracking, or—even if one is critical—modern physico-chemical studies on dilutions) to stimulate balanced debate.
- Clinical audit: Use the integration principle "miasm within totality" to re-examine difficult chronic cases; document whether this reframing changes remedy or follow-up decisions over 3–6 months.

The Nucleus is not a glossy monograph; it is a teacher's book—one that invites you into the classroom where foundational ideas are reworked into clinical habits. Its value lies in how it re-operationalizes Miasms for contemporary practice and reinforces the discipline of integrating them with totality. For students, it offers a structured

on-ramp; for practitioners, it provides a reliable prompt to revisit first highly suitable for undergraduate and postgraduate curricula, study circles, and clinicians who want a principled framework for chronic disease management grounded in classical doctrine yet oriented to practice. For academic readers, pairing The Nucleus with current methodological and basic-science literature will deepen the dialogue and balance the lecture-derived style with a broader scholarly apparatus.

Book Review of "Clinical Paediatrics" authored by Dr Ruchi Shirudkar

Reviewed by: Naila Cheema, RSHom (UK), PDHom (adv.)

Clinical Paediatrics: Journey through Young Patients and their Care with Homeopathy By Dr. Ruchi Shirudkar, B. Jain Publishers Dr. Ruchi has dedicated this book to all homeopathic students who tirelessly pursue excellence in the art and science of homeopathy. From the day I have known her as my mentor and teacher, she has been a truly inspiring guide. Her passion for her profession shines through every word she speaks, every case she shares, every remedy she portrays, and every rubric she discusses. I had been eagerly waiting for this book to be published, and I must say, it has been well worth the wait. In today's world, where we are surrounded by endless information and a multitude of books, every homeopath is in search of that similimum – the perfect remedy. Whether one follows the Classical, Modern, Kingdom, or Sensation approach, the quest remains the same. Teachers across the globe share their miraculous cases, guiding students through their successes. But what sets Dr. Ruchi apart is her willingness to share not only her successes but also her failures. Through this, she teaches her students that one must first stumble before walking and tire before running a marathon. Clinical Paediatrics is a treasure trove that could easily be divided into four separate books.

Dr. Ruchi has generously shared the essence of her years of experience for students and passionate learners of homeopathy. She begins with the most fundamental aspect – case taking in paediatric patients – and beautifully explains the art of observation, which is the key to success in child cases. Her discussion on understanding 'play' in children is truly enlightening. Every child expresses themselves differently through play. Even when several children play with the same toy, each one reveals a unique inner world, one might be combing the doll's hair, another driving it around like a car, a third breaking its legs, and a fourth dressing and undressing it repeatedly.

Dr. Ruchi explains how these subtle observations can guide us towards the most suitable remedy. She then moves on to explore two major concerns in paediatrics anger and constipation followed by a series of fascinating clinical cases from her own practice. These cases are a delight to read, offering deep insights into remedy selection and differentiation. The book doesn't stop there. Dr. Ruchi also discusses several common paediatric remedies and their key indications, followed by 80 important rubrics, a true gift for anyone who wishes to master the art of repertorisation. Her clarity and humility in teaching made me start applying her methods in my own practice almost immediately. As if this wealth of knowledge were not enough, she also shares her experiences with Autism and ADHD, along with invaluable clinical tips for newborns and infants. The final section offers therapeutic hints, a practical bonus for every practitioner. Whether it's adenoids, teething troubles, itching, or enuresis, Dr. Ruchi provides concise and effective guidance, enriched with her experience alongside Dr. Satyajit Kuchar. Paediatrics can be one of the most challenging fields in homeopathy, especially since our little patients often cannot articulate their symptoms. Yet, through her compassionate and systematic approach, Dr. Ruchi shows us how observation, patience, and understanding can bridge that gap beautifully. Thank you, Dr. Ruchi, for this wonderful contribution.

Clinical Paediatrics now holds a permanent place on my desk and in my heart. I am certain it will remain my trusted companion for many years to come. I truly hope that someday, you will write an entire book dedicated to a single topic. I am confident it would not only be deeply enriching but also worthy of becoming a course book for universities, a standard text for generations of students to follow.

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