

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 51, No. 11, February 2026

PEER REVIEWED

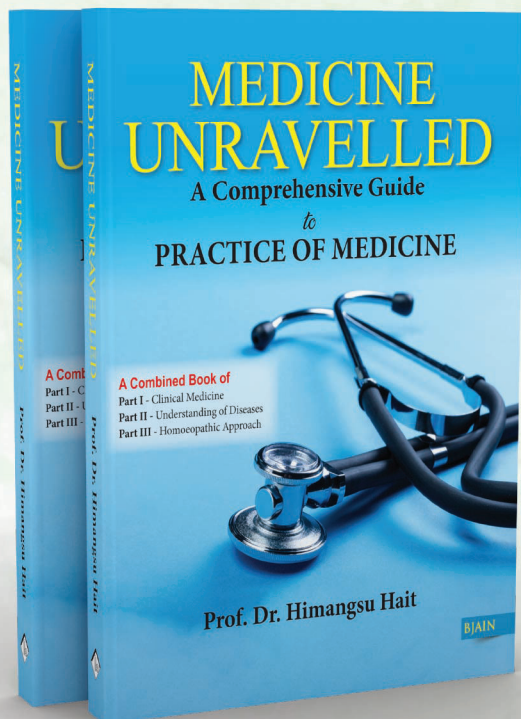


Hidden Gems of Materia Medica: Exploring Rare and Small Remedies

- Treatment Of Endometrial Thickness in Postmenopausal Women Without Vaginal Bleeding by Individual Homoeopathic Medicine- A Case Report
- Image-Based Classification of Dried Homeopathic Herbal Fruits and Seeds Through Advanced Computer Vision Algorithms



BJAIN



MEDICINE UNRAVELLED

*A Comprehensive guide
to
Practice of Medicine*

A Practical Path to Confident Clinical Practice

ISBN - 9788131999370

From the Author's Desk:

Presented with deep humility as a practical guide for UG and PG students as well as practitioners of Homoeopathy. It is designed to simplify the study of diseases, clinical examination techniques, and Homoeopathic approaches to patient care, distilled from more than twenty-five years of teaching and clinical experience.

I owe much to the great authors and teachers whose works shaped my learning and guided my professional journey. Many ideas in this book are inspired by them, and I strongly encourage students to continue studying those classical texts for deeper insight.

This book is combined into three sections:

- **Part I:** *Clinical examination procedures & basic ECG overview*
- **Part II:** *Concise study of diseases—definition to management*
- **Part III:** *Practice of Medicine in light of Homoeopathy*

Homoeopathic therapeutics are outlined with selected drugs and their applications in different conditions. A section on drug relationships is also provided to guide second prescriptions.

It is my sincere hope that this book helps students build confidence in clinical diagnosis and strengthens their understanding of Homoeopathy as applied in the practice of medicine.



Prof. (Dr.) Himangsu Hait

THE HOMOEOPATHIC HERITAGE

Vol. 51, No.11, February 2026
Pages: 180

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

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

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

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

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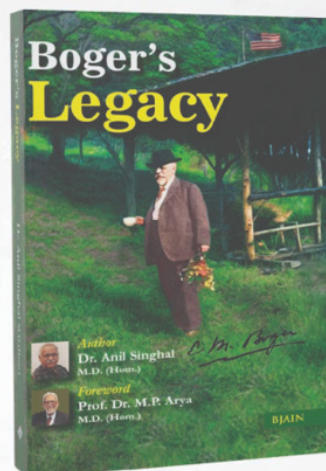
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Boger's Legacy

ISBN:-9788131966525



Dr Anil Singhal

- Meticulous charting of the evolution of two great works of Boger- The Synoptic Key and BBCR
- A detailed analysis of the structural plan and the philosophical underpinnings of The Synoptic Key and BBCR
- A multifaceted representation and detailed exploration of the intricate interplay between The Synoptic Key and BBCR
- Depiction of the lesser known yet pivotal aspects of Dr C. M. Boger's Life.

Dear Readers,

This issue of *The Homoeopathic Heritage* is devoted to exploring these rare and small remedies, encouraging practitioners to look beyond familiarity and rediscover depth, precision, and individuality in prescribing. This month's issue is enriched with the research papers and articles presenting the various sources of Homeopathic materia medica like Imponderabilia drugs, rare nosodes, sarcodes, plants, insects, Mineral spring waters, DNA, etc. The *Editor's Desk* has been eloquently penned by Dr. Muhammed Rafeeqe, presenting 'The Utility of So-called Rare Remedies'. While the *Stalwart* section is enriched by Prof. (Dr.) Subhas Singh, who presents a compelling life sketch of Mauritius Fortier Bernoville (1896–1939). The *In Italics* section features a scholarly contribution by Dr. Anil Singhal writing on 'Hidden Gems from a Century Ago'.



In the ever-expanding landscape of homoeopathic practice, there exists a quiet yet powerful treasury within our Materia Medica—remedies that are seldom prescribed, lightly touched upon, and often overshadowed by the more frequently used polychrests. Yet, it is within these *hidden gems* that the discerning physician often discovers remarkable therapeutic possibilities. This issue of *The Homoeopathic Heritage* is devoted to exploring these rare and small remedies, encouraging practitioners to look beyond familiarity and rediscover depth, precision, and individuality in prescribing.

Imponderabilia Drugs: 'Impoderabilia' means the substance that is not weighable. They are immaterial power or energy. Dr. Hahnemann describes about the Imponderabilia agents in the footnote of § 280

Name of the Drug	Source
1. Magnetis Poli Ambo	prepared from the whole magnet
2. Magnetis Polus Arcticus	prepared from the North Pole
3. Magnetic Polus Australis:	prepared from the South Pole.
4. Luna	Full moon
5. Sol	Sun's ray

Artificial Imponderabilia Drugs

Name of the Drug	Source
1. Electricitas	Electricity
2. Radium bromatum	Radium bromide

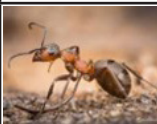



3. Magnetis artificialis	Artificial magnet
4. X-Ray	X-ray

- **X-Ray:** Repeated exposure to Roentgen (X-ray): A penetrating form of high-energy electromagnetic radiation. X-radiation is referred to as Röntgen radiation, after the German scientist Wilhelm Conrad Röntgen

Xray in the form of Homeopathic medicine is proven by Bernhardt Fincke (1897)

Some other Rare Remedies:

- **Algae; Fucus vesiculosus:** Clinically indicated in Obesity, Non-toxic goitre, Flatulency. Preparation: Fucus vesiculosus Mother tincture is prepared from the whole plant of Bladder wrack (Sea kelp), a perennial sea algae.[1]
- **Lichens;**
 - a. **Cetraria islandica:** Also known as true Iceland lichen. Habitual vomiting. Feels full and satisfied after eating a little. Pthisis. Dose: Q or 1X or 3X.
 - b. **Sticta pulmonaria:** Bronchial catarrh, coryza. Nervous and rheumatic disturbances. Dose: Q or 1X
 - c. **Usnea barbata:** Clinically indicated in Congestive headache, Sunstroke Preparation: Usnea barbata Mother tincture is prepared from the Old man's beard or Tree Moss. Dose: Q or 1X
- **Animal Kingdom;**

Name of the Drug	Source	Clinical Indication	Image
Insecta : Formica Rufa	Prepared from Crushed Live Ants	An <i>arthritic</i> medicine. Gout and articular rheumatism; pains worse, motion; better, pressure. Right side most affected.	
Spider: Aranea diadema	Papal-cross spider/ Garden spider	Malarial poisoning. All spider poisons powerfully affect the nervous system. It is a right sided haemorrhagic remedy.	
Pisces: Serum anguillar ichthyotoxin	Eel serum	Acts on renal system, Heart muscles. Has a toxic action on the blood, rapidly destroying its globules. The presence of albumin and renal elements in the urine, hemoglobinuria, prolonged anuria (24 and 26 hours),	
Pisces: Oleum jecoris aselli	Fresh liver of the Cod fish/ Gadus Morrhua	<i>Hoarseness, Aching in joints and fluttering in sacrum, Gout, Rheumatism, Lumbago, Sciatica.</i>	

- **Plantae; Ceanothus americanus:** Locally as a hair tonic.
- **Nosode;**
 - Botulinum-** Prepared from Exotoxin of Clostridium botulinum. Indicated in Food poisoning.
 - Epihysterinum-** Prepared from tissue of fibroid tumour of uterus; possibly with malignant element. Fibroma. Menorrhagia.

Metrorrhagia.

- **Mineral Spring Water;**

- Carlsbad aqua:** The Waters of the Sprudel Springs. Famous for its action on the liver and in the treatment of obesity, diabetes, and gout.- Has the property of stimulating cellular metabolism. Indicated in skin lesions often followed by cancer. Distressing pain. Sexual glands are particularly affected. Atrophy of ovaries and testicles.
- Gettysburg aqua:** Derived from mineral rich water of Gettysburg, Pennsylvania, USA. Known for addressing various rheumatic and gouty conditions.
- Sanicula aqua:** The Water of Sanicula Springs, Ottawa, Ill. Has been found a useful remedy in enuresis, seasickness, constipation, etc. Rickets.
- Skookum chuck aqua:** Derived from salts from Water from Medical Lake near Spokane, Washington. Has strong affinity for skin and mucous membranes-An antipsoric medicine.
- Vichy aqua:** Derived from Mineral springs at Vichy, in France. The springs of Vichy are alkaline, both hot and cold. They are used in a large number of maladies- Bladder, catarrh of, Constipation, Diabetes, Gall-stones, Gout, Gravel, Heartburn, Indigestion, Intermittent fevers.
- Wiesbaden aqua:** Derived from the Spring at Wiesbaden, in Prussia. A natural remedy that is believed to support hair health, scalp conditions and various conditions like Amenorrhœa. Angina pectoris. Body, odour of, offensive. Constipation. Corns. Diarrhœa. Ear-wax, excessive, etc.

- **DNA;**

DNA (auto-sarcode of DNA) aiming at triggering a complex and dynamic therapeutic reaction from the epigenome (gene expression modulation).: An article on 'Isopathic Use of Auto-Sarcode of DNA as Anti-Miasmatic Homeopathic Medicine and Modulator of Gene Expression' by Marcus Zulian Teixeira is published in 2019.

These remedies are called rare not because

they are rare to find, they are so called because we often hesitate to go on the road which is less taken. Rare remedies have very specific action and when the similimum is achieved they show miraculous results.

How to Learn Rare Remedies

- **Comparison is the Key:** Study rare remedies alongside the polychrests, using comparative analysis to clearly understand their distinguishing characteristics, indications, and points of differentiation.
- **Never Limit your Knowledge:** Avoid limiting learning to a single source; enrich understanding by consulting a wide range of journals, classical and contemporary textbooks, and reliable online resources.
- **Clinical Proving:** Emphasize clinical application and verification, as repeated observation and experience at the bedside serve as the most authentic form of proving and deepen confidence in the use of rare remedies.

Today, we are on the threshold of cross roads. If we want to achieve heights in Homeopathy, we have to do indepth study and this needs dedication. If we run for simplicity and remain easy going, the success will be only partial and that too uncertain.

A Quick word on issue Content

The present issue of *The Homoeopathic Heritage* is devoted to the theme “**Hidden Gems of Materia Medica: Exploring Rare and Small Remedies,**” a subject of enduring relevance and scholarly

interest for the homoeopathic fraternity. This edition brings together a thoughtfully curated collection of clinical experiences and analytical articles that illuminate the therapeutic potential of lesser-known and infrequently prescribed remedies, highlighting their precise application in diverse clinical scenarios.

The *Editor’s Desk* has been eloquently penned by **Dr. Muhammed Rafeeqe**, Medical officer, Dept of Homeopathy, Govt. of Kerala, while the *Stalwart* section is enriched by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, National Institute of Homoeopathy, Kolkata, who presents a compelling life sketch of Mauritius Fortier Bernoville (1896–1939), the mastermind of French homoeopathy.

The *In Italics* section features a scholarly contribution by **Dr. Anil Singhal**, MD (Hom.), author of *Boger’s Legacy* (2nd Edition): *Hidden Gems from a Century Ago*. Further enhancing the academic value of this issue are book reviews of *Homoeopathy Through Harmony and Totality*, Volume I by **Dr. Ajit Kulkarni**, and *What If the Indicated Remedy Fails?* by **Dr. Parag Sharma**.

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
Arp 2026	The dual Edge of Ai in Homeopathic Science	Feb 15, 2026
May 2026	Marine Materia Medica: Therapeutic Potentials of Sea Remedies	Mar 15, 2026
Jun 2026	Psychoanalysis and Homeopathy: Bridging the Depths of Mind and Medicine	Apr 15, 2026

The Utility of So-called Rare Remedies

Dr Muhammed Rafeeqe

Medical officer, Dept of Homeopathy, Govt. of Kerala

Author: Rapid Prescribing, Be a Master of Materia Medica, etc



Introduction

Rare remedies, as the name indicates, are prescribed very rarely and yet we use this term commonly in our day today practice. It is needless to say that these drugs are used rarely and are usually confined to shelves within sealed bottles. There is no clear-cut 'Lakshman Rekha' between rare and common drugs, the demarcation of which differs from person to person. A rare drug for one practitioner may be a commonly used one for another. However, differentiating polycrest drugs from other short acting drugs is not that difficult.

Now the question arises, why these drugs are prescribed rarely. There are a few reasons worth mentioning:

1. These drugs are not well proved. Hence their therapeutic value is not fully known.
2. Their proving mainly contains relatively less important symptoms such as clinical symptoms, pathological symptoms, pharmacological actions and clinical experience of doctors. Here generals are very few.
3. Because of the low intensity of symptoms or lack of authenticity, these drugs are not given in many repertories. If at all considered, they are given in a low grade and therefore are not usually selected in repertorization.
4. When we come to a group of similar drugs for the final selection, we omit the rare drugs due to partial similarity, and polycrest drugs which are considered as deep acting remedies are prescribed usually.
5. Majority of doctors are under the impression

that rare remedies rarely cure.

6. Our previous experience with rare remedies may not be favorable and hence we gradually stop prescribing such drugs.
7. Now the trend of classical homoeopathic prescribing is becoming more popular and usually polycrest drugs are used.
8. Rare remedies are considered as short acting drugs and are prescribed in lower potencies as they do not usually seem fully similar to the case.
9. The availability of rare remedy is a difficulty in many countries. Some western countries do not even have many commonly used remedies. Mother tinctures are not available in many countries as they are enlisted as "toxic".
10. Some countries charge tax for each remedy kept at the pharmacy. Hence those pharmacies can afford to keep only fast selling remedies, not rare remedies.

Due to all these reasons many rare remedies are untouched and they get evaporated easily. Despite all these, there are a number of doctors using rare drugs even for chronic diseases based on partial similarity or on the basis of clinical proving and experience. Some of these drugs are used or even misused as favorite drugs by many practitioners.

Some books on rare remedies:

The first book we consider is Pocket Materia Medica by William Boericke. Allen's Encyclopedia of Pure Materia Medica, Clark's Materia

Medica, 1001 Rare Remedies by Fredrick Schroyens, Rare Remedies by P N Verma, New Manual of Homoeopathic Materia Medica, Jeremy Sherr's Provings, Anshutz EP's New and Old Forgotten Drugs, Bedside Clinical Tips by Dr Farokh Master, Symphony of Homeopathy by Dr S G Biju, etc. are some useful books. Of course magazines, periodicals, Internet resources and new versions of homoeopathic softwares are also helpful.

Some clinical indications of rare remedies:

1. Hyoscyamus hydrobromide: Important remedy for Parkinson's disease
2. Indigo: This remedy helps for the prevention of repeated epileptic attacks.
3. Populus can: The mother tincture helps to manage loss of voice. It has also helped in a case of hoarseness due to Sulcus vocalis in which surgery was cancelled.
4. H Pylori Nosode: Very useful as an intercurrent remedy in RUT +ve cases (Rapid urease test positivity in gastric ulcer cases due to H pylori infection)
5. Viola tric: Enlarged regional lymphnodes with scalp eruptions.
6. Strontium carb: Effect of chronic sprains of ankle joint.
7. Magnetis polus australis: Effective remedy for in-growing toe nails
8. Lycopersicum esculentum: Post chikungunya arthritis.
9. Propylamine: This remedy really helped us during the Chikungunya epidemic, especially when Ledum and Eup perf did not give complete results.
10. Oreodaphne: For stiffness of neck, when Rhus tox does not help (Another remedy for the same situation is Lachnanthes)
11. Luffa operculata: Very useful in allergic rhinitis.
12. Cataria nepata: Remedy for the children's colic.
13. Stelleria media: Very useful in the rheumatism of finger joints (also consider Viola odorata)

14. Oleander: Useful for itching of the scalp, and diarrhea with involuntary stools.

15. Angustura vera: For Temporo mandibular joint pain, never forget this remedy.

Therapeutic utility of some rare remedies:

1. Thiosinaminum

This remedy must be called as a 'secret Homeopathic remedy' that has helped Homeopaths to manage many difficult cases as a result of scars, tumors, obstructions, strictures, atherosclerosis, opacities, scleroderma and adhesions. So very commonly used remedy in the Homeopathic infertility clinics and OPs dealing with surgical and cosmetic cases. We have several medicines that dissolve or prevent the formation of scar tissues (acetic acid, calc flr, anagalis, graph, caust, silica, calend, fl ac, maland, rhustx etc), but Thiosinaminum is the leading remedy in practice even though it is less important in the theory syllabus. This remedy has huge scope in infertility due to adhesions and obstructions. It is valuable in many ENT cases such as vertigo and tinnitus due to formation of fibrous tissue. Consider this remedy for differential remedial diagnosis for fibrosis at any location in our body, also age related sclerotic changes. Commonly used in 3 c, 6c, 12c, 30, 200 potencies, but higher potencies are also useful as per the case.

2. Slag

It is a byproduct from the blast-iron-furnace. Chemically it is Silico-sulpho-calcite of Alumina. A Dictionary of Practical Materia Medica by John Henry Clarke has given many indications of Slag such as various types of headaches, flatulence, constipation, diarrhea, anal itching, piles, cough with expectoration, Housemaid's knee, lumbago and various pains. I have used it only in knee joint pains, especially for those osteoarthritis cases that were not responding to the indicated remedies. For Housemaids knee (pre patellar bursitis) Slag can also be considered for differential remedial diagnosis (Other remedies: Apis, Ruta, Bry, Acid benz, Calc flour, stict, silica)

3. Castor equi

One of the difficult conditions in obstetrics is cracked nipples that make feeding difficult, even

extremely painful with bleeding. Most of the cases don't respond to external applications available in the market. This is the situation for a homeopath to help the suffering mother. I have seen many patient-friendly gynecologists suggesting homeopathy for such cases. In *Castor Equi*, the nipples are cracked with excessive tenderness, leading to swollen breasts due to mastitis. *Castor Equi* is also indicated for warts on the forehead and breasts, chapped hands, thickening of skin and epithelium. I have many times used this remedy in 30 potency, also 200 when no change after 30.

4. *Collinsonia*

Engorgement of veins, congestion and catarrhal complaints as a result of portal congestion is the main pathology in *Collinsonia* (compare with *Aesculus*). When a woman comes with hemorrhoids, which started since her last pregnancy, it is one of the remedies to be considered. This approach has helped me many times. There is sensation of sharp sticks in the rectum (*Anacardium* has 'plugged feeling', *Aesculus* has 'full of small sticks' feeling). There is alternation of heart troubles with piles. There is a hidden indication in this remedy which is not commonly considered: A remedy for cough and hoarseness from overuse of voice (compare with *arnica*, *arg nit*, *arg met*, *coca*, *pop can* etc).

5. *Uva ursi*

I remember an old man who was bedridden for many years due to Alzheimer's disease. He was getting recurrent UTI as a result of indwelling Foley's catheter. His family physician had to give many antibiotics, one after the other. Finally there was oral candidiasis with sloughing. Later I took the case and gave *Merc sol 30* as per the findings, which controlled the oral candidiasis and halitosis, but UTI was the same; urine was cloudy with traces of blood, pus and excess of protein. Later, given *Pyrogen 30* as an intercurrent dose which improved the general condition including the chills, still urine was the same. So I took the help of *Uva ursi Q* which controlled the UTI. Within a few days, the urine became clear! He lived for another two years without any UTI. *Uva ursi* can be considered when we come across UTI, both acute and chronic, with burning urination with turbid urine with traces of blood and pus, especially seen among those cases having catheter. Other remedies to be considered for differential remedial

diagnosis: *Cantharis*, *Sarasaparilla*, *stigmata*, *co-paiva*, *tereb*, *berb v*, etc.

6. *Elaterium*

A very useful remedy for diarrhea with sudden gushing of stools, with cutting pain in the abdomen and hip joints. There is copious watery evacuation. Like *Elaterium*, there are many medicines for diarrhea with sudden and forceful evacuation (Differential remedial diagnosis: *Thuja*, *Gambog*, *Jatropha*, *Arg nit*, *Crot t*, *Verat alb*, etc.). When I write about *Elaterium*, I must mention the name of late Dr N K Jayaram sir, who used to suggest this remedy for diarrhea cases, when there is no change even after giving the most suitable remedy. He used to suggest that remedy in 3x potency. This has helped me many times in cases that were not responding to the previous remedy.

7. *Caladium seguinum*

This remedy must be kept in our travel kit whenever we are visiting countries that have mosquitoes and we are allergic to their bites. Same precaution we need when we are visiting a forest that has many insects. Due to allergy, there are eruptions at the bitten surface with burning and itching and even secondary infection (other remedies to be considered: *Ledum*, *Apis*, *Rhus tox*, *sulphur*, *echin*, *staph*, *hyper*, etc.). There is a characteristic indication in this remedy: sweet sweat which attracts the flies. We have many times noticed that some individuals are often bitten by insects compared to others. This remedy is also useful for the itching of the genital area, tobacco addiction, impotency, extreme sensitiveness to noise which causes sleeplessness and headache (compare *opium*, *nux v*, *Asarum*). There is acrid vomiting, and the patient tolerates only warm drinks (compare: *Ars alb*, *Lyc*, *chelid*). There is asthma with fear to go to sleep, which aggravates asthma (compare with *Lach*). There is itching alternating with asthma (compare with *Psor*). There is aggravation by motion, so dread of motion (compare with *Bryonia*). So far, I have successfully prescribed this remedy in 30 potency, only for mosquito bite allergy and itching of the genitals.

8. *Angustura vera*

When we manage a case of pain in the temporomandibular joint (TMJ), and pain in the bone and muscles of the cheek, this remedy can be

considered for differential remedial diagnosis (other remedies: Caust, rhustox, arum t, ign, stry, am, ruta, asaf, mag phos, verbascum, etc) There is crackling in joints due to osteoarthritis. The muscles and bones become stiff, hence useful in cervical spondylosis (Ruta, rhustox, lachnanthus, caust, oreodaphne, actea r, agar, etc). There is irresistible desire for coffee. It is also a remedy for various spinomuscular troubles. When an ulcer on the skin affects the bone, consider this remedy. Mainly the long bones are affected, leading to caries (asaf, aur met, acid flr, mez, acid phos, silicea, calc p, still). When the indicated remedy does not help to manage TMJ pain, I often consider Angustura Vera in 30 potency, if it gives only partial relief; try the next higher potency of the same remedy. When we manage pain in the TMJ and cheek, if the medicine gives only short relief, it is better take a dental x-ray, and make sure that there is no impacted wisdom teeth (often this is missed to diagnose). If it is present, Calc flour can be tried. Even after that when there is no change of pain, then take the help of a dental surgeon to remove it.

9. Antim Ars

I must thank Dr Sujatha, former Medical officer in the Dept of Homeopathy, for suggesting me to study this remedy, which was a very useful remedy during covid pandemic.

Dr N M Choudhary writes under Ant Ars: "This drug has not been verified often. With time and experience I feel sure, it will be more and more popular". Yes, his words are symbolic, as this remedy is now helping Homeopaths to manage covid cases, a really helpful remedy to be considered for differential remedial diagnosis along with medicines like Ars alb, Rumex, Bryonia, Nux vom, Phos, Puls, Gels, etc. This remedy has only a few indications given in most of the Materia Medica books including Boericke. It covers both pulmonary and cardiac complications of covid.

10. Amyl nitrosum

Every homeopathic clinic must have this remedy, also every first aid box. It is great if we keep this remedy at every household, because this will help you at the time of an emergency medical condition. The inhalation of a few drops of this medicine in mother tincture form has awakened many unconscious cases during attack. A

person becomes unconscious due to various reasons, which includes heart attack, seizures, hysterical causes, emotional reaction, panic attack, spasm of the respiratory tract, or any other causes. We can just take a few drops of this mother tincture in a towel and let the victim inhale. It will dilate the blood vessels and wind wipes so he may get up. Of course, this is only a first aid measure, not a treatment for such cases. Such victims must be managed by a medical practitioner after proper investigations and diagnosis. This is only a first aid measure everyone can do while others around do CPR and arrange things for the ambulance to come. This remedy has many other indications too, which is very useful remedy for hot flushes in climacteric period, spasmodic suffocative cough, palpitations, chest pains, constriction of the throat, pulsations in finger tips, profuse sweating after influenza, etc.

11. Coccus cacti

The repeatedly verified indication of this remedy is, patient gets cough while brushing teeth in the morning, which ends with vomiting of tough mucous. It is not only a remedy for cough with thick viscid mucous, it is also indicated for renal calculi with lancinating pain from kidney to bladder associated with edema, troubles from foreign bodies in the eye, profuse menses with large clots of blood which escape while urinating. I have used this remedy in 30 and 200 potency. In the initial days of my practice, I used to use the mother tincture as a cough remedy. Since it is a remedy for cough with vomiting, we must differentiate it from Ipecac and Ant tart.

12. Actea spicata

We have many medicines that are having affinity towards some organs or locations in our body. One of the best examples is Actea Spicata for the wrist. It is indicated for the tearing and tingling pains of small joints, also the wrist joints. Slightest fatigue produces swelling of the joints, so patient suddenly suffers after a physical work. Pains are worse by slightest motion and touch. We often get good results in wrist pains of any reason, associated with tingling and weakness, hence useful in carpal tunnel syndrome. Unfortunately, it is not given in the repertory under the rubric Carpal tunnel syndrome. Those who do too much writing and computer works are often benefited by this remedy. We must also understand

this remedy beyond a rheumatic remedy. It is indicated for congestion of head with throbbing as we see in Belladonna and Glonoine, cardio vascular spasm, facial pains, vomiting of cancer, breathlessness at night and troubles after exposure to cold air (Acon, hepar, rumex etc.). When we study Actea spicata, we can compare it with another 'Actea', that is Actea Racemosa (Cimicifuga), which is also a rheumatic remedy. There are a few more remedies that can be compared: Bellis, Rhustox, Ruta, Mag phos, Bry, Arnica, Viola od, etc.

CONCLUSION

We should never discriminate our remedies as

rare and common remedies, because when indicated all remedies are important. Unfortunately, now the Homeopathic world is facing a real challenge, which is not attacks by the skeptics, but non availability of many remedies. In India, we are fortunate enough to get all remedies, but the situation is not so in many countries, usually they get only the most popular polycrest remedies. What is the use when we need a particular remedy for a patient and it is not available?! So, homeopaths worldwide must take this matter seriously and make all remedies and potencies available including the so called rare remedies.



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Dr. Mohammed Rafeeqe

An essential companion understand the synthesis of Symptom Hierarchies



Mauritius Fortier Bernoville (1896 – 1939)

Mastermind of French Homoeopathy: The Life and Legacy.

Prof. (Dr.) Subhas Singh¹, Dr. Gone Maniprasad², Dr. Dodani Riya Rajkumar², Dr. Sudhanshu Kumar²

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Maurice (Mauritius) Fortier Bernoville (1896–1939) was an influential French physician who played a significant role in shaping modern Homoeopathy in France. Trained initially in orthodox medicine, he later embraced Homoeopathy and became one of its most important advocate, educator, clinician, and writer. His contributions extended across clinical practice, education, research, publishing, and organizational leadership at both national and international levels.

Early Life and Background

Maurice Fortier Bernoville was born in 1896 in France. He was originally trained as a conventional medical practitioner and began his career within the framework of orthodox medicine. Over time, his growing interest in holistic and scientific approaches to healing led him toward Homoeopathy, a system that would later define his professional life. His medical background strongly influenced his effort to integrate scientific reasoning with Homoeopathic principles.

Education and Early Training

Bernoville completed his formal medical education and defended his doctoral thesis in 1924. He served as a consultant in different hospitals in Paris and later became a physician at the Léopold Bellan Hospital under the guidance of Dr. Charles Mondain. During his formative years, he studied under Dr. Léon Vannier and was intellectually influenced by several leading figures of contemporary Homoeopathy. His colleagues included Drs Rene Baudry, Jean and Henri Boiron, Bonnerot,

Rajkumar Mukerji, Antoine Nebel, Rouy, Jean Paul Tessier, and many others. His training emphasized disciplined clinical observation, laboratory-based inquiry, and a rational approach to therapeutics.

Professional Career and Pioneering Work

Bernoville emerged as a leading figure in French Homoeopathy during the early twentieth century. He founded *L'Homéopathie Moderne* in 1932, a magazine run by Maurice Fortier Bernoville with the support of the French Society of Homoeopathy, and served as its chief editor until his death. The journal became an important platform for scientific discussion and clinical advancement in Homoeopathy.

He also co-founded the *Laboratoires Homéopathiques Modernes* and established the *Institut National Homéopathique Français*. In addition, he created and directed the French School of Homoeopathy, which promoted scientific openness and rejected sectarian divisions within the discipline.

Bernoville was actively involved in professional organizations, including the *Liga Medicorum Homœopathica Internationalis*. In 1932, he played a key role in founding the *Syndicat National des Médecins Homœopathes Français*. He was also a member of the French Society of Homoeopathy and the Homoeopathic Society of the Rhône.

Clinically, Bernoville was known for his exceptional diagnostic skills and teaching ability. He

acknowledged the limitations of Homoeopathy and supported the judicious use of alternative therapies when required. Along with his colleagues, he contributed to the development of several new isopathic remedies.

Publications and Literary Contributions

Bernoville was a prolific author who published numerous articles and presented papers at many Homoeopathic seminars and conferences. His literary output covered a wide range of subjects, including chronic diseases, pediatrics, toxicology, constitutional medicine, and advanced therapeutic concepts.

His major literary works included

- *Chronic Rheumatism.*
- *Circulatory and Respiratory System.*
- *Diabetes Mellitus.*
- *Eruptive Fevers & Contagious Diseases of Children*
- *Homoeopathic Treatment of Cancer.*
- *Liver and Biliary Ducts*
- *Respiratory and Digestive System In Children.*
- *Therapeutics of Intoxication.*
- *What We Must Not Do In Homoeopathy*

He also co-authored the notable "Homoeopathic Therapeutics of Cancer from the Masters of Homoeopathy" along with Dr. J.H. Clarke, A.H. Grimmer and R. T. Cooper. He also contributed important texts on nosodotherapy, isotherapy, opotherapy, scientific iridology, and Homoeopathic semiology of pain. Collectively, his publications reflect both clinical depth and scientific curiosity.

He also presented a report at the International Congress in Glasgow in August 1936 regarding "The State of Homoeopathy in France in 1936."

Honours and Professional Recognition

Bernoville earned widespread respect as an outstanding clinician, teacher, and researcher. His leadership roles in major Homoeopathic institutions and organizations reflected the high regard in which he was held by his contemporaries. Through his editorial work, teaching, and institutional initiatives, he significantly influenced the direction of French and international Homoeopathy during his lifetime.

Personal Life and Legacy

Maurice Fortier Bernoville passed away in 1939, leaving behind a lasting legacy in Homoeopathic Medicine. He continued the intellectual lineage of Dr. Antoine Nebel, particularly in the study of constitutional medicine and drainage therapy, while refining these ideas through contemporary medical science.

Bernoville challenged rigid constitutional classifications and emphasized the need for scientific evaluation across different populations. He strongly supported the physiopathological study of remedies, building upon ideas introduced by Grauvogl and Schuessler and later expanded by Albert Mouézy-Éon.

His work remains notable for its modern outlook, scientific balance, and clinical relevance. Through his writings, institutions, and teachings, Bernoville helped establish a rational and progressive foundation for modern French Homoeopathy.



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Hidden Gems from a Century Ago

Dr. Anil Singhal MD(Hom.)

Author: Boger's Legacy (2nd Edition)

In every generation, *Materia Medica* gains its strength from two streams - the enduring classics that everyone knows, and the quieter “**hidden gems**” that survive because a careful clinician once saw something real and recorded it. Here, I wish to share one such small but precious piece of legacy from India - a brief clinical note published more than a century ago, yet still capable of awakening curiosity about *rare and small remedies*.

In *The Homoeopathic Recorder* (Vol. 10, 1895, p. 267), we find a letter written from Calcutta by **Dr. P. C. Majumdar, M.D.**, addressed to the well-known homeopathic publishers and suppliers **Messrs. Boericke and Tafel**.

The tone is modest and practical. He begins by acknowledging the accurate fulfilment of his order. Dr. Majumdar then highlights two remedies that many modern readers may pass by without a second glance - **Mullein Oil** and **Skookum Chuck** - and he does so not by theory, but by clinical experience.

He writes that **Mullein Oil** was “very valuable in cases of **deafness**.” He describes a young lady with deafness of about ten years of a “nervous character,” declared by allopathic doctors to be beyond medical help. He treated her for three months with both **internal** and external application of Mullein Oil, and she “got well.” What makes the note even more intriguing is his added observation that the patient was “very thin and nervous,” and that “strange to say the remedy did her much service in those respects also.” In a few lines, we witness the old homeopathic habit of seeing the patient as a whole - not only the ear, but the person behind the symptom.

Next, he turns to **Skookum Chuck**, stating it had “remarkable curative powers over **eczema**.” An elderly gentleman had suffered from this “nasty disease” for years. Dr. Majumdar reports that he had affected an “apparent” cure several times - an honest admission that relapses had occurred. Then comes the practical detail that makes this a **true clinical note**: “The last time I gave him Sk. ch. 3 trit., which I procured from your firm. This time there is no relapse.” Here is a physician recording not only the remedy, but the preparation, the potency form, and the observed change in the course of the case.

Why share this now, in 2026? Because “hidden gems” are not revived by nostalgia alone. They are revived when we re-enter the discipline of our elders - careful observation, honest reporting, and the courage to use lesser-known remedies when the case truly calls for them. Dr. P. C. Majumdar’s note from Calcutta is more than a historical curiosity. It is **homeopathic heritage** in its simplest form, quietly reminding us to look again at small remedies, keep our minds disciplined, and let sincere clinical experience guide our curiosity.

Dr. Anil Singhal, MD (Hom.) is a senior homeopathic practitioner based in Gurugram and the author of *Boger’s Legacy* (2nd edition), a work exploring the enduring relevance of Dr. C.M. Boger. Known for his thoughtful commitment to classical homeopathy, he writes in a reflective narrative style that blends clinical insight with philosophical depth and educational clarity. He has been in active practice since 1989 and has served as visiting faculty at Bakson Homeopathic Medical College, Nehru Homeopathic Medical College, and

Dr. Sur Homeopathic Medical College.

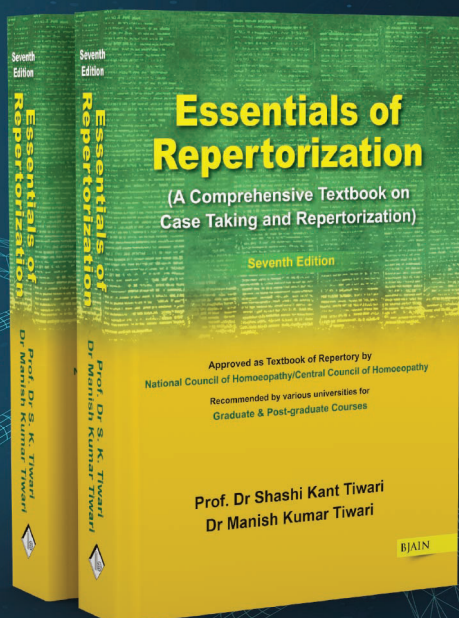
He currently serves as a reviewer for *Homoeopathic Links* (an international peer-reviewed journal published by Thieme), *Similia* (The Australian Homoeopathic Association, Australia), the 14th

Australian Homoeopathic Medicine Conference 2026 (Australia), the *International Journal for Fundamental and Interdisciplinary Research in Homoeopathy* (India), and *The Hahnemannian Homoeopathic Sandesh* (India).\



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Dr S K Tiwari

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Gem of Materia Medica: Agraphis Nutans in Action - Managing Adenoids with a Rare Homoeopathic Remedy - A Case Report

Dr. Jineshwar Annasaheb Yaligouda¹,

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Abstract

Rare and small remedies, in Homoeopathy, are those which had a few symptoms recorded through drug proving. These medicines are proved to be specific remedy in specific disease condition. Many of our fraternity are not aware of these rare and small medicines due to lack in literature and less clinical use. In this one important and very rare homoeopathic medicine was enumerated with its symptomatology, so that this can be used in day-to-day practice to increase the literature of such medicines by conducting clinical researches at our outdoor patients' departments or in clinics. In my 29 years of practice in children's suffering from Adenoids can be best utilized Agraphis Nutans to treat the same.

Keywords

Adenoids, Nasopharyngeal Tonsils, Sympathetic, Lymphoid Tissue, Hypertrophy, Bluebell, Angiosperms.

Introduction

Homoeopathic Remedy: Any drug may be considered to be a homoeopathic medicine if it is recorded in "homoeopathic proving" or has known physiological effect as causing the symptom syndromes which it is administered to cure, if it is used in a dose insufficient to cause active

physiological effects.

Homoeopathic remedies work by the principles of harmonic resonance. The original name for Homoeopathic remedies before Hahnemann's time was sympathetic or sympathic medicines because of these resonance factors. Sympathy reflects the principle of likes cure likes. There is a sympathetic relationship between the action of the remedy on healthy person, the proving and the therapeutic action of disease and indicated medicine is called remedy.

Rare and small remedies in the Materia medica have their importance, because these remedies had few symptoms found through drug proving.

These medicines had too few symptomatology, thus, can be very useful in treating one-sided diseases (diseases having too few symptoms).

Uses of Rare and Small Remedies of Homoeopathic Materia Medica Are -

- ▶ Useful in one-sided diseases.
- ▶ Used as organ remedy.
- ▶ Used as pathological remedies.
- ▶ Used as rescue remedy.
- ▶ In palliative cases.

ADENOIDS OR NASOPHARYNGEAL TONSILS

Definition – Adenoids are the pathologically enlarged Nasopharyngeal tonsils are called as adenoids.

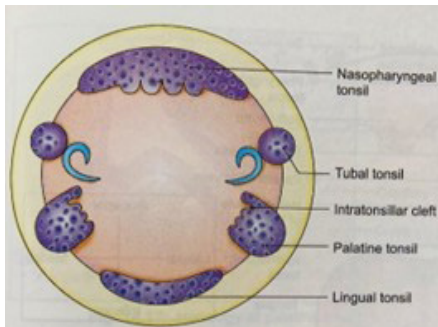
There is a large collection of lymphoid tissue in the mucous coverings the roof of the nasopharynx. Enlargement of this pharyngeal tonsil, known than as adenoids, can occlude the nasopharynx so that breathing is only possible through the oral cavity. Adenoids when enlarged, is in the midline on the roof of the nasopharynx.

Hypertrophy or enlargement of the nasopharyngeal tonsil or adenoids may obstruct the posterior nasal aperture and may interfere with nasal respiration and speech leading to mouth breathing. These tonsils usually regress by puberty.

Hypertrophy of the tubal tonsil may occlude the auditory or pharyngotympanic tube leading to middle ear problem.

Waldeyer's Lymphatic Ring

AGRAPHIS NUTANS (Bluebell)



Agraphis nutans, commonly known as Bluebell or Wild Hyacinth or Drooping Leucothoe, is a remedy derived from the vegetable kingdom in Homoeopathy with certain historical uses and is known for its distinctive drooping flower clusters. The sphere of action of this remedy is on respiratory system and mucous membrane.

- **Kingdom:** Plantae
- **Phylum:** Angiosperms
- **Class:** Eudicots
- **Order:** Ericales
- **Family:** Ericaceae
- **Genus:** Agraphis

- **Species:** Agraphis nutans

Agraphis nutans is a deciduous shrub that typically grow in dense, mounded form, it is characterized by its elongated, drooping clusters of small, bell shape flower

GUIDING SYMPTOMS

1. Catarrhal Conditions



Agraphis nutans has obstruction of the nostrils, especially from adenoids and throat deafness. Enlarged tonsils, adenoids. The action of it is felt towards the root of the nose.

2. Ear and Throat Troubles

The remedy is associated with throat and ear troubles, particularly when there is tendency to free discharge from mucous membranes.

3. Adenoids and Enlarged Tonsils

Agraphis nutans is related to conditions involving adenoids and enlarged tonsils. This can contribute to symptoms like deafness and mutism in childhood.

4. Mucous Diarrhoea from Cold

In the cases of mucous diarrhoea triggered by exposure to cold.

5. Chill from Cold Wind

Susceptibility to catching cold on exposure to cold wind.

HOMOEOPATHIC GEM: AGRAPHIS NUTANS IN ACTION- MANAGING ADENOIDS WITH A RARE HOMOEOPATHIC REMEDY -

A CASE REPORT

PRELIMINARY DATA

Name : Mr. A.S.S.

Age : 6 yrs.

Sex : Male

Address : Malgaon

Occupation : Student

Religion : Hindu

Marital status : Unmarried

Date of interview : 11/04/2025

OPD No. : 5779

CHIEF COMPLAINTS

- Recurrent Coryza since childhood.
- Blockage of nose with mouth breathing with snoring at night during sleep.
- Frequent urination in the last 1 year.

HISTORY OF CHIEF COMPLAINTS

- Recurrent Coryza since childhood.
- Discharge from nose during day
- But nose blocking at night.
- Nostrils blocked, difficulty in breathing.
- Fever due to that.
- < Cold drink, cold air and at night, during sleep.
- Frequent urination in the last 1 year.
- Pass little quantity and has to go after every 10 mins.

PAST HISTORY

No H/o any major illness in the past.

FAMILY HISTORY

4 members in family. No any major illness in family

PERSONAL HISTORY

Thermally - Chilly patient.

Diet - Mixed

Appetite - Reduced

Desire - Sweet, meat

Aversion - Milk, pungent, eggs

Bowel - Satisfactory

Urine - 3-4/2-3, D/N

Perspiration - Profuse on forehead, esp. during sleep

Sleep - Disturbed, screams in sleep occasionally

Dreams - Not remembered

CONSTITUTION

Fat, fair complexion with black hairs. Well, built.

MIND

- Obstinate
- Irritable
- Throws things in hands
- Naughty, hits even his younger brother

GENERAL PHYSICAL EXAMINATION

Built - Fat

Nourishment - Average

Eyes - Conjunctiva- Pink

Sclera - White

Tongue - White coated

Throat - Rawness

Ear - No discharge

Nose - Watery discharge

Extremities - NAD

Cyanosis, clubbing, oedema, pallor- Absent

VITAL DATA

Temp. - 99°F

Pulse - 94 beats/ min

RR - 20 cycles/min

BP - 120/80 mm of Hg

SYSTEMIC EXAMINATION

Respiratory System

INSPECTION - Bilaterally symmetrical chest. No scar swelling present.

PALPATION - Trachea centrally placed

PERCUSSION - Resonant note except cardiac dullness

AUSCULTATION- Slight wheeze heard

CVS -NAD

GIT - NAD

CNS - Patient is co-operative and conscious.

- All superficial and deep reflexes are well oriented.

ANALYSIS OF SYMPTOMS

1. GENERAL SYMPTOMS

b. MENTAL GENERALS

- Obstinate
- Irritable
- Throws things in hands
- Naughty, hits even his younger brother

c. PHYSICAL GENERALS

- Thermally chilly
- Desire sweet, meat

2. PARTICULAR CHARACTERISTICS

- Recurrent coryza
- Blockage of nose
- Pain in chest while coughing
- < Cold, winter, night, sleep
- > Summer

EVALUATION OF SYMPTOMS

1. GENERAL SYMPTOMS

GRADE I - Obstinate

- Irritable
- Throws things in hands
- Naughty, hits even his younger brother

GRADE II - Thermally chilly

- Desire sweet, meat

2. PARTICULAR SYMPTOMS

GRADE I - Recurrent coryza, blockage of nose.

- Pain in chest while coughing

GRADE II- < Cold, winter and night

- > Summer

DIFFERENTIAL DIAGNOSIS

- Adenoids
- Acute Rhinitis
- Common Cold
- Sinusitis

INVESTIGATIONS

CBC Hb – 11.6 gm%

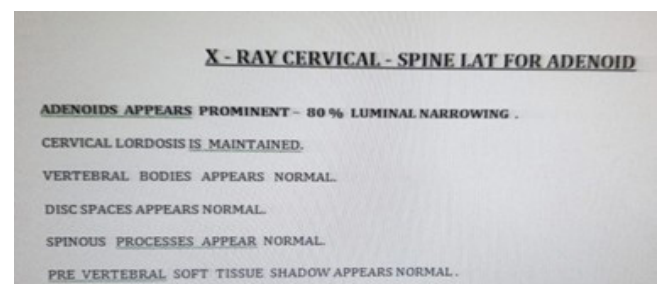
WBC - 7400/cmm

ESR - 30 mm after 1 hr. Increased

X - ray – Head-lateral view for Adenoid

X - ray report – Adenoid appears prominent with 80 % luminal narrowing

Before Treatment



FINAL DIAGNOSIS - Adenoids

DIFFERENTIAL REMEDIAL DIAGNOSIS

- Calc carb
- Sulphur
- Agraphis Nutans
- Mercurius

FINAL REMEDY- Agraphis Nutans

PRESCRIPTION

Name : Mr. A.S.S.

Age : 6 yrs.

Sex : Male

Date : 11/04/2025

Rx

Agraphis Nutans 30

3 Pills BID for 6 Days.

PL

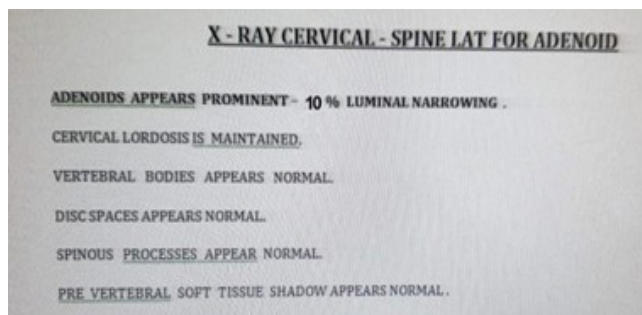
3 ---0--- 3 For 1 month

Follow up After 1 month.

FOLLOW UP

Date	Follow up	Prescription
10/05/2025	<ul style="list-style-type: none"> • Blocking of nose reduced but mouth breathing during sleep present. • Watery discharge from nose. • Urination only at night. 	Rx Agraphis Nutans 30 3 Pills BID for 6 Days. PL 3 ---0---3 For 1 month
07/06/2025	<ul style="list-style-type: none"> • Coryza and mouth breathing reduced 60% • Cough at night reduced completely • Frequency of urination reduced. • Sticking of eyelids • Sleep sound 	Rx PL 3 ---0---3 For 1 month

After Treatment



CONCLUSION

Agraphis Nutans is a valuable homoeopathic remedy for treating adenoids, particularly in children. It's effective in alleviating nasal congestion, throat discomfort, and enlarged tonsils associated with adenoid issues. This remedy is often recommended for individuals prone to catching colds and experiencing catarrhal conditions. Adenoid hypertrophy can be considered for adenoidectomy. Rare and small homoeopathic medicine Agraphis nutans mainly used to treat the cases of adenoids. Clinical verification studies of such medicines will help to increase the symptomatology of these rare medicines and also develop a firm belief on clinical effectiveness of the same in our fraternity.

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Religious Disposition And Its Clinical Utility In Homoeopathic Prescription

Dr. Km Shruti Prabha

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Abstract

This article explores the scope of homeopathy in managing the religious disposition, mental disorder. Homeopathy, a system of alternative medicine offers a holistic approach that aims to restore mental balance and alleviate the symptom. The individualized treatment approach of homeopathy addresses the unique manifestation of religious affection in each patient promoting long-term healing and overall well-being. Homeopathic remedies, carefully selected based on symptom matching, target the state of the patient's disposition and regulate the mental status including all problems. State of disposition often chiefly determines the selection of the homoeopathic remedy.

Keywords

Religious affection, religious insanity, spiritualism, divine, delusion.

Introduction

Religious disposition conveys a sense of one's inherent tendency towards religious beliefs, practice or attitudes.

Definition of Religious

The belief in and worship of a superhuman controlling power, especially a personal God or gods. (Oxford Dictionary). Relation of human beings to God or the gods or to whatever they consider sacred or, in some cases, merely supernatural. (Britannica Concise Encyclopedia)

Functions of Religion

Religion fulfills the psychic needs of the individual and creates social solidarity in his/her group life.

Religion removes fear and anxiety

Create Relation between Man and God

Gives Judgment of Right & Wrong

Protection of values

Religion creates Purity & cleanliness

Make individual socialize

Creates Relations with other institutes

Religious affection

Religious affection: Committed, dedicated, concerted, to the service of the divine or religion.

The patient has a strong fear of God. They are so committed or dedicated to their feelings or religion that they will be guided in all aspects in their life, according to the religions they are attached to.

They build up his ideas and life according to whatever has been preached in the holy books. They will not try to go an inch beyond the limit of their religion. They give no importance to materialism but they are more inclined towards and interested in spiritualism.¹

Various Homoeopathic Medicine In Case Of Religious Disposition ^{[2][3][4][5][6][7]}

Stramonium

He needs a book of authority in which he trusts

and to which he constantly clings in order to avoid the uncertainty and darkness which he feels around him. He feels like a child without support and has anxiety about salvation. "Religious affections, Bible, wants to read all day"³.

He will say: "Doctor, wherever you go, please don't stay away for more than a week, otherwise I will be lost. If something happens, where can I go?" "Anxiety about salvation" as if they have lost your support, the person on whom they are dependent will leave and they will be left alone in the wilderness, forsaken.³

Many stramonium people cling on to sanity and keep the terror at bay by praying fervently. "Praying night"²

stramonium patient will feel very high with rush of energy, and a feeling of closeness to god.⁴ "Religious insanity" (Phatak)³

"Delusion, devine, he is"³

Veratrum Alb

Veratrum can be religious but even there, there is usually a very large element of show in it: there is much ostentation in his religiousness.³

"Delusion, God communication with, he is in"³

Tendency towards religious fanaticism: usually such fanaticism involves the threat of damnation and the possibility of redemption⁴

It may be obsessed with the thought that he is damned,i.e. "Anxiety about salvation"

Try hard to be pious and make amends for his sins, 'Praying'³

Veratrum may adopt an evangelist's role and try to convince others that they must repent and turn to the lord, 'Exhorts to repent, preaches'⁴

MIND – PREACHING- religious psychotic preaching

In a manic phase this religiosity may be fuelled, and veratrum may stand on street cornes and preach excitedly at passers by. He may at these times believe that he has been chosen by God to save the multitudes, or even that he is himself

God , 'exalted state of religious frenzy'⁴

Lachesis

Being a highly intuitive type, lachesis is often attracted to philosophical ideas, "Religious affection"⁴

When her very best efforts to compete fail she may turn religious, and is full of religious insanity. She has always lived an upright and pious life, yet she is not able to apply the promises that are in the word of God to herself; these things seem to apply to somebody else but not to her. She is full of wickedness and has committed the unpardonable sin. She is compelled to say these things and may feel that death is near and that she should concentrate on spiritual things; she then starts meditating. Hence the rubric: "Avoids company to indulge in her fancy."^{6,3}

Aurum Metallicum

Aurum has the polarity between high morality and extreme guilt and suicidal tendencies. He alternates between "I am highly moral" and "I am highly immoral and have sinned away the day of grace".³

They are usually relieved tremendously by music. One of my early observations was that Aurum patients like to hear Bhajans. Bhajans are Indian religious songs, which are sung with exact meter and with a lot of devotion. The three components:

– Religiousness.

– Music ameliorates.

– Exactness.

this combination are found only in Aurum, and Aurum persons are almost the only people to be markedly ameliorated from hearing Bhajans.³

Lilium Tigrinum

A main theme of Lilium tigrinum is religious fervour alternating with an increased sexual desire.³

Religious affections alternating with sexual excitement.

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – sexuality; conflict between religious ideas and ⁷

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – alternating with – sexual excitement⁷

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – melancholia⁷

These two sides of the *Lilium tigrinum* are at tremendous odds with each other. The patients are very religious persons and consider their high sexual desire as being something sinful. They therefore try to repress the same by keeping busy all the time, keeping themselves occupied always. To keep themselves as busy as possible, they take up several tasks at a time and are hurried in their work. A characteristic symptom of *Lilium tigrinum* is: Restless: must keep busy in order to repress sexual desire.³

Pulsatilla

Despair, religious despair of salvation,³ *Pulsatilla* is very impressionable, and she will take any religious teachings in her upbringing very seriously and literally, hence the aversion to sexuality, a time when religious teachings on sexuality were stricter.⁴

She imagines the company of the opposite sex a dangerous thing to cultivate.

“Religious, aversion to the opposite sex”⁵

Platina

The *Platina* feeling is of being humiliated, of being crushed down utterly, as if by some huge power.³

The mental symptoms alternate with the physical symptoms. Strange illusions of fancy. Imagine that she does not belong to this race and becomes insane over religious matters, sits in the corner and broods and says nothing & takes on insanity.

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – alternating with –sexual excitement

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – taciturnity, haughtiness, voluptuousness and cruelty;religious affections with⁷

MIND- HAUGHTY- religious haughtiness⁷

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – penance, desires to do⁷

Calcarea Carbonicum

Children commonly develop an intense curiosity about supernatural things, and taking on sadness, melancholy, and commencing to talk about the future world, and the angels, and actually waiting for an angel to come and take her, and that she wants to die and she is sad and wants to read the Bible all the day. However this curiosity can be carried to a pathological extreme. ³(Religious ideas, in children;phatak)

MIND – RELIGIOUS AFFECTIONS – too occupied with religion-bible,wants to read all the day⁷

Mind –magnetized – desire to be³

MIND – RELIGIOUS AFFECTIONS – too occupied with religion –metaphysical concerns

Sulphur

It has cured a patient who did nothing but meditate as to what caused this and that and the other thing, finally tracing things back to Divine Providence, and then asking: “who made God?”^{6,3}

MIND - AILMENTS FROM - excitement - religious ⁷

MIND - ANXIETY - salvation, about – scrupulous ⁷

MIND – RELIGIOUS AFFECTIONS – too occupied with religion – speculations- dwells on⁷

Maismatic View

Psora- With all its anxieties and fears.

They are often in trouble, often found complaining, never satisfied with his condition in life. The psoric attitude towards religion is deceitful and the patient appears as a feigning philosopher due

to his inability to concentrate.

Sycosis- There is emotional and physical incoordination.

In sycosis there are many manias, which are all, characterized by underlying suspicion.

Syphilis- Syphilis is characterised by violent and destructive rage and manias.

Mental delusion of all kinds.

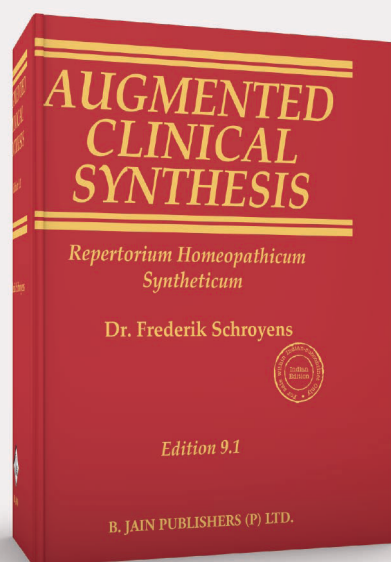
DISCUSSION AND CONCLUSION

Worldwide there is increasing evidence that homeopathy is the treatment of choice for people suffering from elements which are chronic in nature. Homeopathy can be a potential way to cure this condition and will be helpful in improving the quality of a patient's life. This article integrates

the miasmatic nature of religious symptoms with the pathophysiological alteration that causes them. This preceding article also discusses the rubric stated in various repertories.

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Frederik Schroyens

- Four new concept chapters have been added to find physical, mental, pediatric and latent psora symptoms.
- New families Repertory 2.1 is added which is another source of information, working in the background.
- Kent's arrangement of rubrics has been followed throughout.

Comparison of Dreams between Kent's Repertory of Homoeopathic Materia Medica and Boger Boenninghausen's Characteristics & Repertory.

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Abstract

Dreams are nature's phenomena, not the outcome of the unconscious mind in sleep. Dream interlinks between the procedure of life and our sensible personality¹. As we know in homoeopathy the mind is always taken in priority in case taking and dreams are the one which are more important as it shows the internal feeling of the patient.

In this article an attempt has been made to understand the comparative study of Dreams between Kent's Repertory of Homoeopathic Materia Medica and Boger Boenninghausen's Characteristics & Repertory emphasizing their philosophical differences, structural organization, and practical application in homoeopathic prescribing.

Introduction

Dreams itself have a very long history; they have been a subject of debate and disagreement. Throughout history, people have tried to find meaning in dreams or prediction through dreams. They have been defined physiologically as a response to neural processes at the time of sleep and action of rapid eye movement; psychologically as thoughts of the sub-conscious mind and spiritually as messages from God or predictions of the forthcoming².

According to Sigmund Freud, "the interpretation of dreams is royal to a knowledge of the unconscious activities of the mind."³ Our Homoeopathic repertories and proving's contain many references to dreams⁴. Dreams can be very useful for a homeopath as dreams are the reflection of the

unconscious, they bypass compensations and a homeopath can understand a patient's state better by interpreting dreams which he or she would not be otherwise able to share⁵.

Philosophical Overview

Kent's Repertory is based on the philosophy of Generals to Particulars. It starts with the Mind chapter and ends with Generalities which contains physical modalities. In Kent's Repertory, *Dreams* are incorporated elaborately under the chapter "Sleep", reflecting their connection to mental and emotional activity during rest.

Boger Boenninghausen's Characteristics & Repertory is based on the following fundamental concepts i.e. Doctrine of complete symptoms and concomitants, Doctrine of pathological generals, Doctrine of causation and time, Clinical rubrics, Evaluation of remedies, Fever totality, Concomitances.

In BBCR, Dreams have been given in the separate chapter followed by aggravation. Dreams is in chapter Sleep as the last subsection. In general, followed by dreams in alphabetical order and in the end Aggravation.

Structural Comparison:

Aspect	Kent's Repertory	Boger-Boenninghausen's Characteristics & Repertory (BBCR)
Placement	Under <i>Sleep</i> chapter (after Mind rubrics)	Under <i>Sleep</i> chapter, last subsection before Aggravation

Philosophical Basis	Generals to Particulars; mind-focused	Doctrine of complete symptom; clinical synthesis
Arrangement	Alphabetical, descriptive, detailed	Concise, clinical, symptom-based
Total First-Grade Remedies	48	25
Interpretation	Symbolic, psychological, emotional	Practical, modal, and concomitant-based
Application	Deep constitutional analysis	Clinical generalization and repertorial synthesis

FIRST GRADE REMEDIES in Rubric of Dreams in the following repertories^{6,7}:

Kent's Repertory :	Boger Boenninghausen's Characteristics & Repertory :
1. Aconite	1. Arnica
2. Alumina	2. Arsenic
3. Amm-c	3. Amm-mur
4. Amm-mur	4. Asarum
5. Anacardium	5. Bryonia
6. Arnica	6. Cal
7. Arsenic	7. China
8. Asarum	8. Graphites
9. Aurum	9. Heper
10. Bartya carb	10. Ignatia
11. Bell	11. Lyco
12. Borax	12. Mag- c
13. Bryonia	13. Nat mur
14. Cal ars	14. Nux Vomica
15. Calc	15. Nat-c
16. Carb anim	16. Opium
17. Carb-s	17. Phos
18. Cina	18. Puls
19. Cocc	19. Rhus tox
20. Conium	20. Sepia
21. Crot-c	21. Silicea
22. Graphites	22. Staph
23. Hepar	23. Sulphur
24. Ignatia	24. Thuja
25. Kali ars	25. Viola -t
26. Kali carb	
27. Kali n	
28. Lach	
29. Laur	
30. Lyco	
31. Mag-c	
32. Nat Carb	
33. Nat mur	
34. Nicc	

35. Nitric acid	
36. Nux vomica	
37. Opium	
38. Paeon	
39. Phos acid	
40. Puls	
41. Phos	
42. Rhus tox	
43. Silicea	
44. Spongia	
45. Staph	
46. Sulphur	
47. Thuja	
48. Viola -t	

Thus, there are 48 remedies in Kent's Repertory and 25 remedies in BBCR having first grade.

The most widely used, **Kent's Repertory** shows an extensive work on 'Dreams'. Many rubrics have only one remedy mentioned against them. These include⁶:

- 'dreams of pins' - Mercurius
- 'dreams of nakedness' - Rumex
- 'dreams of being pregnant' - Picric acid
- 'dreams of soldiers' - Mag sulph
- 'dreams of ghosts' - Silicea
- 'dreams of skeletons' - Opium
- 'dreams of suicide' - Naja
- 'dreams of tombs' - Anacardium
- 'dreams of being wounded' - Antim crudum
- 'dreams of explosion' - Stannum
- 'dreams of haemorrhage' - Phosphorus
- 'dreams of dragons' - Opium
- 'dreams of beasts' - Pulsatilla
- 'dreams that he was blind' - Physostigma
- 'dreams of body embalmed' - Carbolic acid
- 'dreams of body disfigured' - Sepia
- 'dreams of limbs broken' - Cimicifuga
- 'dreams of body swollen' - Squilla
- 'dreams of body covered with rashes' - Ammonium mur

- 'dreams of knees swollen' - Cocculus
- 'dreams as if he was calling out for help' - Kali carb
- 'comical dreams' - Glonoine & Sulphur
- 'dreams of being in a cellar and the walls falling in' - Bovista
- 'dreams of battles' - Allium cepa
- 'dreams after mortification' - Pulsatilla
- 'dreams of being cut with a knife' - Guaj
- 'dreams of seeing a person being cut up' - Mercurius
- 'dreams that he would be crushed' - Sulphur
- 'dreams when sleeping on the left side' - Thuja
- 'dreams about dirty linen' - Kreosote
- 'dreams of his own death and orders rapid removal of the corpse from the house' - Fluoric acid
- 'dreams of disaster' - Sarsaparilla
- 'dreams of being encircled tightly' - Ruta
- 'dreams of being pursued by ghosts' - Silicea
- 'dreams that he is a girl' - Apis
- 'dreams of seeing persons hung' - Merc sulph
- 'dreams of water being poured upon him' - Oxalic acid
- 'dreams of vomiting of worms' - Chin.

In **BBCR** rubrics having single medicine in chapter dreams are⁷:

- Dying of :- Am-c.
- Exertion, laborious, etc. :- Rhus-t.
- Pursued being :- Sil.
- Voyages :- Op.
- Boasting, of :- Mgs.
- Connected :- Staph.
- Cruelty, of :- Sel.
- Errors, of :- Am-m.
- Eruptions, of :- Am-m.
- Fantastic :- Bufo.

- Fruit, of :- Mag-c.
- Greatness of :- Bufo.
- Light :- Coff.
- Lightning, of :- Euphr.
- Literary matters :- Ign.
- Miscarriage, of :- M-arct.
- Poetical :- Lach
- Projects :- Bufo.
- Swelling of body, of :- Squil.
- Teeth falling out, of :- Nux-v.
- Thirst and drinking :- Dros.
- Of disappointed hope :- Ign
- Water, of :- Verat-v.
- Wild beasts, of :- Nux-v.
- Wrong, of doing :- Cocc.

Aspect	Kent's Repertory	Boger-Boenninghausen's Repertory (BBCR)
Placement	Under "Sleep" chapter, linked to the Mind sphere	Under "Sleep" chapter, last subsection before aggravations
Philosophical Basis	Mind-oriented, qualitative, interpretative	Generalized, analytical, based on complete symptom doctrine
Total Remedies (1st Grade)	48	25
Arrangement	Alphabetical, descriptive, and detailed	Short, clinical, and concise
Depth	Broad and symbolic (psychological insight)	Objective, symptom-based (modalities and concomitants)
Utility	Deep constitutional analysis	Clinical and practical prescription support

Analytical Discussion

- **Kent's Repertory:** Expansive and qualitative, ideal for **understanding the inner mental state**. Dreams are viewed as symbolic reflections of suppressed emotions, fears, or desires, serving as guides to the *constitutional remedy*.
- **BBCR:** Structured and systematic, with

dreams treated as part of the **complete symptom picture**. It relates dreams to concomitants and modalities, helping in **clinical prescription** rather than symbolic interpretation.

In short, Kent's Repertory enables **psychological depth**, while BBCR supports **clinical synthesis**.

CONCLUSION

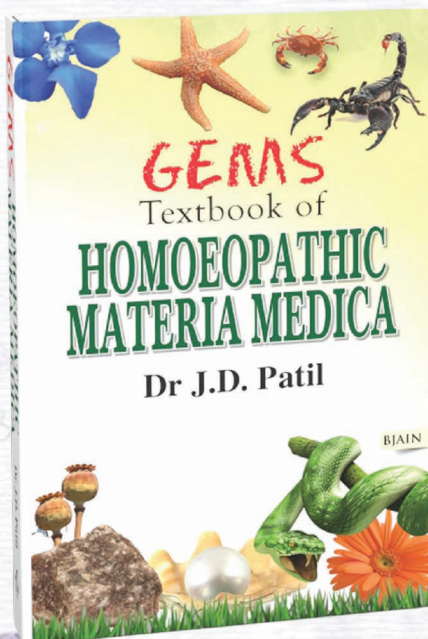
Dreams serve as a bridge between the conscious and unconscious mind, offering valuable clues about the patient's internal state. It is concluded that the dream rubrics in both repertories shows an important role in prescription for clinical practice. The fact given by different authors are true and applicable practically. As in Kent's Repertory, Dreams has been given elaborately in Chapter "Sleep" with a wide range of rubrics in comparison with BBCR. It helps in forming the totality

of symptoms thereby helps in individualising the patient as well as the remedies. Thus, establishing a complete cure.

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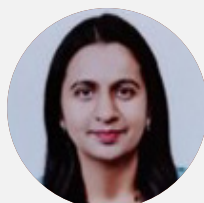
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Exploring Few Rare Homoeopathic Remedies from Plant Kingdom along with Related Rubrics from Boericke's Repertory



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Abstract

The soul purpose behind writing this article is to explore few rare homoeopathic remedies from plant kingdom along with indicating their related rubrics from Boericke's Repertory. Also, the focus is to show related empirical evidence and encourage use of such rare remedies in our day-to-day homoeopathic practice.

Keywords

Rare remedies, Haemorrhage, Nervous Exhaustion, Morphine Abuse, Anti-histaminic, Uterine Bleeding, Uric Acid

Introduction

In our routine homoeopathic practice, we are habitual to prescribe a set of homoeopathic remedies which we believe to act well depending on our past clinical experiences. Though Dr. Hahnemann tells us to be unprejudiced in our practice but eventually ever homoeopath sometime or the other becomes prejudiced and prescribes only those set of medicines he/she is comfortable with.

We all are aware of the different sources of homoeopathic drugs i.e. Plant Kingdom, Animal Kingdom, Mineral Kingdom, sarcodes, Nosodes,

Imponderbilia etc. So, in this article we have thought of picking up few rare remedies from Plant Kingdom and exploring their empirical sources, clinical indication along with related rubrics as given in Boericke's Repertory.

Here are the 5 rare remedies which we have selected from plant kingdom are-

1. Avena Sativa
2. Erigeron Leptilon Canadense
3. Fagopyrum
4. Lemna Minor
5. Thlaspi Bursa Pastoris

So, moving further let's understand these remedies into detail.

Body

AVENA SATIVA

Full Name: Avena Sativa³

Common Name: Common oat³

Kingdom; Plant³

Family: Graminaceae³

Part Used: whole plant²

Homoeopathic Prover ; Not known

Clinical Indications: Nervous Exhaustion, Sexual debility, Alcohol and Morphine abuse, nervous tremors, Insomnia, Neurasthenia, Tuberculosis^{1, 6}



- It has a selective action on brain and nervous system, favorably influencing their nutritive function.¹

- Nervous exhaustion, sexual debility, and the morphine habit call for this remedy in rather material dosage. Best tonic for

debility after exhausting diseases.¹

- Nerve tremors of the aged; chorea, paralysis agitans, epilepsy. Post-diphtheritic paralysis.¹
- Rheumatism of heart.
- Colds. Acute coryza (20 drop doses in hot water hourly for a few doses).¹
- Alcoholism. Sleeplessness, especially of alcoholics.¹
- Bad effects of Morphine habit.¹
- Nervous states of many female troubles.¹
- **Female.**--Amenorrhœa and dysmenorrhœa, with weak circulation.¹
- **Male.**--Spermatorrhœa; impotency; after too much indulgence.¹
- **Dose.**--Tincture ten to twenty drop doses, preferably in hot water.¹

RUBRICS^{1, 4}

[Boericke] [Nervous System]Sleep:Insomnia:
[Boericke] [Nervous System]Chorea:
[Boericke] [Nervous System]Alcoholism:
[Boericke] [Male Sexual System]Spermatorrhœa:
[Boericke] [Male Sexual System]Impotence:
[Boericke] [Generalities]Complaints-abuse of:Narcotics:
[Boericke] [Nervous System]Paralysis:Type:Agitans:

Avena Sativa is most useful remedy in all cases of nervous exhaustion, general debility, nervous palpitation of the heart, insomnia, inability to keep the mind fixed upon any one subject etc. more especially when any or all of these troubles are apparently due to nocturnal emissions,

masturbations, over sexual intercourse and the like.²

ERIGERON LEPTILON CANADENSE

Full Name: Erigeron Leptilon Canadense³

Common Name: Fleabane³

Kingdom; Plant³

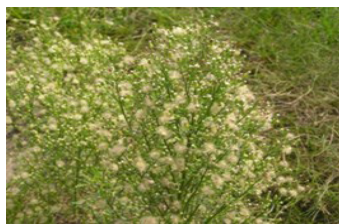
Family: Asteraceae³

Part Used: whole plant

Homoeopathic Prover: Erigeron Canadensis (Canadian fleabane) was proved by **W.H. Burt**, as documented in the American Homoeopathic Observer in 1866

Clinical Indications:Haematuria, Cystitis, Menorrhagia, Lochia which is bloody, Haemorrhoids, Vicarious menstruation

- Hæmorrhages are caused and cured by this remedy.¹
- Persistent hæmorrhage from the bladder. Hæmorrhage from the uterus, with painful micturition.¹
- Profuse bright-red blood.¹
- Pain in left ovary and hip.¹
- Chronic gonorrhœa, with burning micturition; continual dribbling.¹
- Dysentery, with soreness and burning in bladder.¹
- Tympanites.¹
- **Female.**--Metrorrhagia, with violent irritation of rectum and bladder, and prolapsus uteri. Bright-red flow. Menorrhagia; profuse leucorrhœa; bloody lochia returns after least motion, comes in gushes; between periods, leucorrhœa with urinary irritation; pregnant women with "weak uterus;" a bloody discharge on slight exertion. Bleeding hæmorrhoids; nose-bleed instead of menses (Bry).¹
- **Dose.**--Tincture, to third potency. Oil of Erigeron 1x internally for tympanites. An enema of one dram of the oil with the yolk of an egg and pint of milk will reduce the most enormous tympanites.¹



RUBRICS^{1,4}

[Boericke] [Urinary System] Bladder:Inflammation: Acute:
[Boericke] [Urinary System] Kidneys:Calculi, gravel:
[Boericke] [Urinary System]Bladder: Irritability: Bladder and neck:
[Boericke] [Urinary System]Bladder:Pain
[Boericke] [Urinary System]Bladder: Weakness:Inability to retain urine, dribbling:
[Boericke] [Urinary System] Urine:Bloody:
[Boericke] [Urinary System] Urination:Complaints during act:Burning, smarting:
[Boericke] [Urinary System] Urination: Complaints during act:Pains:In general:
[Boericke] [Female Sexual System]Type of menstrual blood:Bright-red:
[Boericke] [Male Sexual System]Gonorrhoea: Chronic, subacute stage:
[Boericke] [Male Sexual System]Gonorrhoea:Gleet:
[Boericke] [Female Sexual System]Lochia:Bloody: In gushes, worse from motion:
[Boericke] [Female Sexual System]Complaints during pregnancy:Discharge bloody:
[Boericke] [Female Sexual System]Menstruation, type: Suppressed: Vicarious bleeding with:
[Boericke] [Modalities] Aggravation:Left side:
[Boericke] [Abdomen]Haemorrhoids:Bleeding:

FAGOPYRUM

Full Name: Fagopyrum esculentum Moench³

Common Name: Buckwheat³

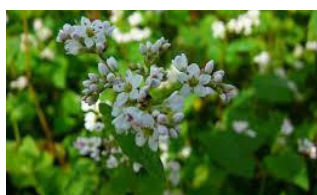
Kingdom: Plant³

Family: Polygonaceae³

Part Used: whole plant²

Homoeopathic Prover: Dr. Dexter Hitchcock

Clinical Indications: Pruritus senilis, Erythema, allergic conditions



- Its action on the skin, producing pruritus, is very marked.¹
- Visible pulsation of arteries.¹
- Fluent coryza.¹
- Offensive excretions.¹
- Itching erythema.¹
- Pruritus senilis.¹
- Post-nasal catarrh; dry crusts, granular appearance of posterior nares with itching.¹
- Pains deep in head, with upward pressure.¹
- Itching in and around eyes and ears.¹
- Head hot, better bending backward, with tired neck.¹
- Occipital headache.¹
- Bursting pains.¹
- Cerebral hypercemia.¹
- **Nose.**--Sore, red, inflamed. Fluent coryza, with sneezing, followed by dryness and crust formation.¹
- **Eyes.**--Itching and smarting, swelling, heat and soreness.¹
- **Female.**--Pruritus vulvæ, with yellow leucorrhœa, worse, rest. Burning in right ovary.¹
- **Extremities.**--Stiffness and bruised sensation in the muscles of the neck, with sensation as if nape of neck could not support head. Pain in shoulder, with pain along fingers. Vehement itching in arms and legs; worse towards evening. Feet numb and pricking. Streaking pains in arms and legs.¹
- **Skin.**--Itching; better by bathing in cold water; worse scratching, touch and retiring. Sore red blotches. Blind boils. Itching of knees and elbows and hairy portions. Itching of hands, deep in. Vesicular, pustular, phlegmonous dermatitis. Skin hot, swollen.¹
- **Modalities.**--Better, cold water, coffee; worse, in afternoon; from sunlight, scratching.¹
- **Dose.**--Third potency and 12x.¹

RUBRICS^{1, 4}

[Boericke] [Skin]Pruritus:
[Boericke] [Modalities] Ameliorations: Cold: Water:
[Boericke] [Skin] Erythema:Intertrigo:
[Boericke] [Female Sexual System] Vulva, labia: Itching:
[Boericke] [Female Sexual System] Ovaries: Pain:Burning:
[Boericke] [Female Sexual System]Leucorrhoea: Type: Purulent, staining, yellow:
[Boericke] [Locomotor System]Nape of neck: Dislocated, bruised feeling:
[Boericke] [Locomotor System]Shoulders-scapulae: Pains: In general:
[Boericke] [Locomotor System]Arm:Itching:
[Boericke] [Skin]Dermatalgia:
[Boericke] [Modalities] Aggravation: Sun:
[Boericke] [Modalities] Aggravation: Afternoon:

Its effects upon the mental conditions are marked by depressions of spirits, irritability, inability to study, or to remember what has been read, bringing to our minds Aconite, Bryonia, Chamomilla, Coffea, Colocynth, Ignatia, Lachesis, Mercury, Nux Vomica, Staphysagria, Stramonium and Veratrum.²

For congestive headaches it is as valuable as Belladonna, Glonine, Nux Vomica or Sepia.²

LEMNA MINOR

Full Name: Lemna Minor³

Common Name: Duckweed³

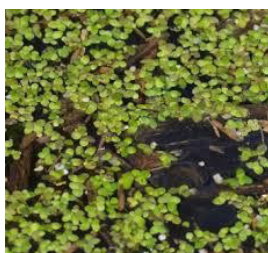
Kingdom; Plant³

Family: Lemnaceae³

Part Used: Whole plant including stem, leaf along with bearing flowers²

Homoeopathic Prover: Not known

Clinical Indications: Catarrhal conditions, Nasal polyp, Atrophic Rhinitis, Asthma



- A catarrhal remedy. Acts especially upon the

nostrils.¹

- Nasal polypi; swollen turbinates.¹
- Atrophic rhinitis.¹
- Asthma from nasal obstruction; worse in wet weather.¹
- **Nose.**--Putrid smell; loss of smell. Crusts and muco-purulent discharge very abundant. Post-nasal dropping. Pain like a string from nostrils to ear. Reduces nasal obstruction when it is an oedematous condition. Dryness of naso-pharynx.¹
- **Modalities.**--Worse, in damp, rainy weather, especially heavy rains.¹
- **Dose.**--Third to thirtieth potency.¹

RUBRICS^{1, 4}

[Boericke] [Nose] Internal nose: Dryness:
[Boericke] [Nose] Posterior nares: Chronic: Dropping of mucus, with - remedies in general:
[Boericke] [Nose Internal nose: Furuncles, pimples: Polypi:
[Boericke [Nose] Coryza: Inflammation: Chronic catarrhal:
[Boericke] [Nose] Ozaena: Odour:
[Boericke] [Nose] Posterior nares: Thick, tenacious, yellow, or white mucus:
[Boericke] [Nose] Sense of smell:Lost:
[Boericke [Nose] Stoppage stuffiness:
[Boericke] [Nose]Swelling:
[Boericke] [Taste] Perverted, altered,: Disgusting, putrid, foul, slimy:

The indications that are noticed belonging to Lemna are either a putrid smell in the nose or a loss of all senses of smell and a putrid taste in the mouth, especially on rising in morning, with a general foulness of mouth, due to apparently dropping down of impure material from the post nasal region.²

THLASPI BURSA PASTORIS

Full Name:Thlaspi Bursa Pastoris – Capsella³

Common Name: Shepherd's Purse³

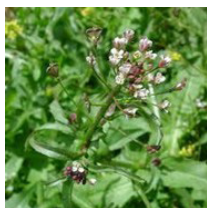
Kingdom; Plant³

Family: Brassicaceae (mustard family)³

Part Used: Fresh Plant along with flower²

Homoeopathic Prover: Not known

Clinical Indications: Increased Uric acid, haemorrhages, Uterine Fibroid along with uterine Haemorrhage



- Is an anti-haemorrhagic and anti-uric-acid remedy.¹
- Albuminuria during gestation.¹
- Chronic neuralgia.¹
- Renal and vesical irritation.¹
- Haemorrhage from uterine fibroid with aching in back or general bruised soreness.¹
- Aching between scapulæ.¹
- Uterine haemorrhage, with cramps and expulsion of clots.¹
- Craves buttermilk.¹
- Effects of suppressed uterine disease (Burnett).¹
- **Female.**--Metrorrhagia; too frequent and copious menses. Haemorrhage, with violent uterine colic. Every alternate period very profuse. Leucorrhœa before and after menses; bloody, dark, offensive; stains indelibly. Sore pain in womb on rising. Scarcely recovers from one period before another begins.¹
- **Urinary.**--Frequent desire; urine heavy, phosphatic. Chronic cystitis. Dysuria and spasmodic retention. Haematuria. Accumulation of gravel. Renal colic. Brick-dust sediment. Urethritis; urine runs away in little jets. Often replaces the use of the catheter.¹
- **Dose.**--Tincture, to sixth potency.¹

RUBRICS^{1, 4}

[Boericke] [Urinary System]Bladder: Haemorrhage:
[Boericke] [Female Sexual System]Pregnancy and labor: Abortion with Haemorrhage persisting:
[Boericke][FemaleSexualSystem] Uterus: Haemorrhage:Remedies in general:
[Boericke][FemaleSexualSystem] Uterus:Haemorrhage:Chlorosis; climacteric; cancer uteri:
[Boericke] [Female Sexual System]Uterus: Haemorrhage with: Blood, :Blood, clotted or partly clotted:

[Boericke] [Urinary System]Kidneys:Calculi, gravel:
[Boericke] [Head]Headache cephalalgia, cause:Character of pain:Pressing:
[Boericke] [Nose]Internal nose: Bleeding epistaxis: Remedies in general:
[Boericke] [Nose]Internal nose: Bleeding epistaxis: Type of blood, : Non-coagulable, passive, profuse:
[Boericke] [Male Sexual System]Spermatic cord:Pain in general:

CONCLUSION

After studying the detailed homoeopathic materia medica part and related rubrics of all five remedies it can be concluded that -

1. Avena sativa has main action for debility after exhausting diseases along with paralysis, abuse of alcohol and narcotics, action on male sexual system like that of Nux vomica.
2. Erigeron has main action on hemorrhagic tendency, urinarysystem, female sexual system like that of cantharis and sepi.
3. Fagopyrum has action on pruritus of female sexual system, locomotor system, ear and nose because of its antihistaminic properties like that of Sulphur and arsenic album.
4. Lemna minor has action on mucus membrane. it is a catarrhal remedy which acts specially on the nasal polyp, swollenturbinate and asthmatic complaints like that of kali bichrome.
5. Thlaspi bursa has anti hemorrhagic and anti-uric acid properties as that of nitric acid and hamamelis.

In our day-to-day practice we can make use of these rare remedies instead of using frequently prescribed polycrest.

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Unveiling Cajuputum: A Lesser-Known Remedy in Homoeopathic Materia Medica

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Abstract

Cajuputum, a lesser-known remedy of the family Myrtaceae, remains underrepresented in classical homoeopathic Materia Medica due to limited proving data and sparse clinical documentation. Despite this, the remedy demonstrates a well-defined and clinically consistent symptom picture predominantly marked by functional disturbances rather than structural pathology. This article systematically presents the symptomatology and clinical scope of Cajuputum, highlighting its relevance in contemporary lifestyle-related functional disorders and advocating for its judicious use as a precise therapeutic remedy in homoeopathic practice.

Keywords

Cajuputum, *Melaleuca cajuputi*, Homoeopathic Medicine

Introduction

There is a clear pull toward the tried-and-true polycrest remedies in homoeopathic practice. While these cures have earned their place through years of testing and use in clinics, people frequently forget about the smaller, less well-known drugs that can also work well. Despite being underrepresented in the Materia Medica, little medicines frequently serve as powerful clinical keys: narrowly suggested but decisively effective when the overall image matches. Among these hidden gems, there stands Cajuputum—a remedy

under-documented and under-utilized, but strikingly relevant for today's upper aero-digestive complaints marked by tenacious mucus, spasmodic irritation, and choking or constrictive sensations. Its rediscovery aligns perfectly with the growing need for refined, targeted homoeopathic therapeutics in the modern era.

Family tree of Cajuputum [1]

Kingdom: Plantae

Order: Myrtales

Family: Myrtaceae

Genus: *Melaleuca*

Species: *Melaleuca cajuputi*

Brief History and Sources

Cajuputum is derived from *Melaleuca leucadendron*, a member of the Myrtaceae family, from which a fragrant essential oil is extracted through steam distillation of its leaves and young twigs. Traditionally, this oil has enjoyed a long-standing reputation in various regional healing systems as a natural antimicrobial, expectorant, antispasmodic—used particularly for respiratory and catarrhal ailments. [2]

Its transition into homoeopathy was shaped largely by empirical observations rather than structured provings. Clarke's writings provide only limited proving data supplemented by clinical notes, leaving significant gaps in its full

pathogenetic profile. As a result, Cajuputum never entered mainstream homoeopathic use and remained overshadowed by more extensively proven polycrests.

Physiological action [2]

Cajuput oil serves as a powerful stimulant, providing diaphoretic and antispasmodic effects. When taken internally, it generates a warming sensation in the stomach, boosts the pulse rate and strength, and may promote sweating. Its stimulating properties make it beneficial for conditions such as depression, inadequate circulation, spasmodic issues, and specific types of nervous irritability.

The oil affects both the muscular and nervous systems, aiding in the relief of rheumatic pain, spasms, colic, and stomach or bowel cramps, as well as some hysterical symptoms. It has a notable affinity for mucous membranes, particularly in the larynx, bronchi, and bladder, making it useful for chronic laryngitis, chronic bronchitis, and catarrhal conditions.

When used externally, its stimulating and pain-relieving properties help alleviate rheumatic and neuralgic discomforts, tension headaches, and various skin disorders. When applied to a decayed tooth, it can relieve a toothache.

As a strong stimulant, it should not be taken internally during active inflammatory conditions.

Conceptually, Cajuputum appears to act at the intersection of :

- Altered digestive function
- Heightened nervous excitability
- Diminished vital endurance

Rather than producing violent or destructive pathology, the remedy picture is characterised by disturbed coordination of function, wherein gas accumulation, spasmodic sensations, tremors and weakness coexist. This pattern suggests a regulatory rather than tissue-destructive mode of action, aligning the remedy closely with functional disease models.

Homoeopathic Indications of Cajuputum [3][4]

[5]

- Marked sensation of enlargement of the head, as if excessively large.
- Mental confusion and inability to collect oneself, even in familiar surroundings; transient loss of orientation (Bapt.)
- Sensation of being poisoned, with profound heaviness and ineffectiveness of the body.
- Generalized numbness, associated with intense irritation and measles-like eruption.
- Nervous dyspnea, with functional distension of bowels and persistent choking sensation of hysterical origin.
- Early morning aggravation (around 5 a.m.), with sudden relief after eating.
- Causation – Effects of checked perspiration.

Mind - Marked mental irritability with desire for silence and aversion to being addressed, yet a passive comfort in hearing others converse and merely observing people. Emotional state is sad, tearful, withdrawn, and bashful, with a distinct preference for gentle female company over men. Thought processes fluctuate strikingly—from mental dullness, stupor, intoxicated confusion, and inability to study or work, to sudden, rapid ideation with a rush of innumerable thoughts. There is a strong inclination to solitary, slow, dignified walking, with improvement in open air, alongside episodes of disorientation, low energy, and difficulty collecting oneself, especially in the evening

Head - A profound sense of bodily and cranial enlargement with difficulty in collecting oneself, accompanied by a dull, heavy, stupefied or intoxicated state. Head pain is severe, dull or neuralgic, chiefly frontal (especially about the eyes, worse on bending forward) and later settling in the occiput, often appearing early in the morning around 5 A.M. Facial neuralgia with malar pain, prosopalgia, and stiff, dry jaws is marked, frequently aggravated at night or after exertion, yet strikingly relieved by eating or breakfast. Vertigo on walking with an unsteady gait and sensation of stumbling over one's own legs completes the picture

Eyes - Eyes appear dull and heavy, with a sodden, intoxicated look, as if from excess fluid. There is marked heaviness of the eyes and upper lids—feeling thick, leathery, and weighted—without accompanying sleepiness. Ocular discomfort includes pungent pain with lachrymation (especially in the right eye), burning in the left inner canthus, and impaired vision in the dark, with momentary relief obtained by rubbing the eyes

Ears - Lobules of the ears turn red.

Nose - During the day, alae nasi suddenly turn red, redness suddenly disappearing.—Nose is most prominent; it looks as if large and extending out from the face on looking down.

Face - Face feels all puffed up.—Cannot hurt the skin of the face by pinching it.—Face feels rough. Stiff, dry feeling in the jaws, with neuralgic pains in the malar bones, and severe headache all over the head on waking at 5 a.m.

Mouth - Persistent choking with spasmodic constriction of the oesophagus and difficulty in swallowing solid food. The tongue feels markedly swollen, as if filling the entire mouth, causing lisping and thick, slow speech; it appears white, rough, calf-like, with a scalded, raw sensation.

Profuse salivation is present, with acrid and altered tastes—lye-like, sour-bitter, or sweetish—extending into the pharynx and oesophagus, along with aching in unsound teeth on biting.

Throat - Constant inclination to spit and hawk up large quantities of tough, white, tenacious mucus, felt as if drawn through the nares, with a sense of closure in the throat. The oesophagus feels paralysed, swollen, and constricted—especially on attempting to swallow solid food—accompanied by persistent choking and burning extending from the pharynx down the oesophagus to the stomach.

Stomach - Hiccough occurring on the slightest provocation—talking, laughing, eating, or any motion—extending clinically as an obstinate, characteristic feature of the remedy (as noted by T. F. Allen). There is burning from the throat down to the stomach, with nausea, especially from smoking tobacco or on rising from a seat. Appetite may be present but is accompanied by an unnatural, mechanical sensation while eating,

often disappearing once desire is satisfied; thirst is variable, with occasional salty taste

Abdomen - Flatulence, colic; tympanites (Tereb). Nervous distention of bowels. Urine smells like a cat's urine. Spasmodic cholera.

Stool and Rectum - Paralysed, inactive rectum with ineffectual urging to stool and a sense of loss of expulsive power, accompanied by itching about the anus. Diarrhoea is watery, frequent, and bright yellow, markedly worse at night, sometimes choleraic in character—especially after sudden checking of perspiration—with stools later becoming delayed or scanty, including small morning stools on rising.

Urinary Organs - Urine is diminished and voided with delay, appearing milky or sparkling to dark red in color, and having a strong, characteristic odor like cat's urine

Male Sexual Organs - Erections are frequent and prolonged, occurring even all night and after rising, yet paradoxically accompanied by either excessive desire or complete absence of desire; the penis subsequently becomes shrivelled and reduced in size, with final loss of sexual desire.

Female Sexual Organs - Menses suspended, or diminished and attended with pain, when caused by a cold or check of perspiration.

Respiratory Organs - Warmth descends from the trachea into the lungs, accompanied by hoarseness and a cough that is sometimes strangulating and nearly causes vomiting. There is sharp, stitching pain through the apices and superior parts of the lungs, especially on the right, extending from front to back, with occasional soreness across the chest and left shoulder. The lungs feel loose, as if needing support, particularly during motion such as riding.

Pulse, Neck and Back - Pulse may be rapid, full, and strong, or weak. There is tenderness of the cervical muscles to pressure, pain on the dorsal surface of the left scapula, and sharp, stitching pain in the right lumbar region, especially when stooping.

Extremities - Rheumatic and arthritic sensations dominate the limbs, with joints feeling enlarged,

painful, or weak. Upper limbs are heavy, numb, or lame—especially the left arm, which may feel dislocated, tied to the body, or like soaked wood, trembling when raised, with weakness in elbows and carpal bones. Lower limbs show weakness in the knees, with stitching pains on rising at night and difficulty walking due to pain. There is almost complete loss of sensibility on the outer thighs and dorsal surfaces of forearms and hands, contrasting with heightened sensitivity to pinching on inner thighs and palmar surfaces. Shoulder joints are painful, especially under pressure, more on the left side

Skin - Eruption as thick as measles all over arms and body, and the upper part of the legs. Itching, agg. Scratching.

Sleep - Gaping and stretching. Desire to sleep with arms locked under his head. Sleep unsound. Amorous dreams without emissions; unpleasant D., and in the latter part of the dreams disposition to swear and act like a rowdy.

Fever - Cold feeling, with cold sweat. Burning in the face. Profuse and weakening sweat.

Relations - Compare

- Bov. (swollen sensations)
- Plantago (earache, toothache)
- Colch. (gout and rheumatism)
- Aco. and Bell. (effects of checked sweat)

Future Scope and Conclusion

Cajuputum holds strong clinical relevance in modern lifestyle-related disorders marked by functional irritation of the upper aerodigestive tract. Contemporary factors such as prolonged screen use, mouth breathing, urban pollution, air-conditioning, and post-viral states contribute to chronic throat clearing with tenacious, white, difficult-to-expectorate mucus—an area where Cajuputum is particularly effective. Its symptomatology closely aligns with esophageal hypersensitivity and functional swallowing disturbances, characterized by sensations of constriction, swelling, and weakness on swallowing solids. Frequently encountered in voice-dependent professionals, these chronic catarrhal states highlight Cajuputum as a precise remedy for viscid secretions, choking sensations, and functional esophageal constriction arising from modern environmental stressors.

Future research could explore its role in functional upper aerodigestive disorders, post-viral mucosal sequelae, and esophageal motility disturbances, areas where the remedy already shows promising alignment.

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"Include me, I'm feeling castaway"- *Hura Brasiliensis* -A Rare and small remedy

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Introduction

The homoeopathic materia medica is a vast treasury of remedies, each possessing unique powers to act upon the human organism. While many medicines are well established in practice, there exists a significant number of lesser-known remedies whose potential remains underutilized. These remedies, though often overlooked, are capable of addressing profound pathologies and deserve recognition within the clinical sphere.

Among such remedies is *Hura Brasiliensis*, a medicine that has long remained in the shadows, almost cast away from the attention of practitioners. Yet, its pathogenesis reveals deep action and therapeutic possibilities that merit exploration. The purpose of this article is to reintroduce *Hura brasiliensis* to the homoeopathic fraternity, highlighting its heritage, clinical significance, and the role it can play in enriching our practice.

The **heritage** of *Hura Brasiliensis* lies in its Amazonian roots, where it was both feared and revered for its powerful action. Homoeopathy has preserved this legacy, transforming traditional knowledge into a remedy with clear indications for **skin, nervous, and mental pathologies**. Its journey from indigenous medicine to homoeopathic materia medica exemplifies the continuity of healing traditions.

Botanical Source

- **Kingdom:** Plant
- **Family:** Euphorbiaceae
- **English:** Monkey's Dinner-bell; Monkey pistol; Sandbox tree; Dynamite tree.
- **Part Used:** Tincture prepared from the milky juice of the tree (2)

Sphere of Action

Hura brasiliensis exhibits a marked affinity for the **skin** and **nervous system**.(2)

- Produces **leprosy-like eruptions**; vesicles are tense and eject contents when pricked.(2)
- Eruptions tend to appear on **skin covering projecting portions of bone**.(1)
- Sensation of a **splinter under the thumbnails**. (2)
- Acts on the **spinal marrow**, producing nervous excitement, twitching, and irritability.(2)

Clinical Notes

- A case of leprosy has been reported cured during proving (Mure)(2)

- Pathological affinity lies in **destructive conditions** with little hope of recovery, such as **lepromatous leprosy**.
- Blindness, Hysteria, Obesity (4)

Miasmatic Background

Hura brasiliensis covers the zone **between tubercular and syphilitic miasms**, manifesting destructive tendencies and hopelessness.(3)

Mental State

- Profound **feelings of forsakenness**: delusion that friends have lost affection.(3)
- Intense **sense of being cast away, unwanted, despised, and hated**.(3)
- Deep **sadness and depression**, difficult to overcome.
- **Self-reproach** and **self-dislike**, leading to frustration and tendencies toward self-destruction.
- Anger directed inward, with a persistent sense of misfortune.
- The mental state of this remedy is marked by a deep emotional sensitivity and a peculiar duality. On one hand, there is an **affectionate disposition**, a sudden surge of love for everyone around, especially noticeable during and after fainting spells, as if the heart opens in vulnerability. Yet this tenderness is overshadowed by **anxiety about the future**, often accompanied by sleeplessness, and a heavy, oppressive sense of impending misfortune. The patient feels weighed down by fate, as though calamity is inevitable. Socially, there is an **aversion to company**, particularly when suffering from physical complaints such as abscesses of the nose, reflecting withdrawal and isolation. The mind is haunted by **delusions and imaginations**: accidents while driving, loss of confidence, and the painful conviction that friends have lost affection. There is a persistent fear of losing beloved ones, of being repudiated by relatives, or of being enclosed by walls—images that symbolize abandonment and confinement. At night, strange visions arise, such

as the sensation of hanging three feet off the ground while falling asleep. The emotional tone is coloured by **fears of graves and misfortune**, especially in the afternoon, when gloom descends. Nostalgia and homesickness appear at the onset of menses, linking physical cycles with emotional longing. The patient is highly vulnerable to **humiliation**, ailments arising and worsening from feelings of disgrace. Nervousness may paradoxically express itself in a desire to sing children's songs, a regression to innocence in times of stress. Finally, there is marked **timidity**, especially about appearing in public before people she knows, reflecting a fragile self-image and dread of exposure. Altogether, the mental picture is one of affection mingled with anxiety, delusion, fear, and self-doubt, painting a portrait of a soul caught between yearning for connection and despair of rejection.

Let's understand this remedy with help of complete repertory(5)

- Mind; affectionate; love for everyone about him, during and after fainting
- Mind; anxiety; future, about; sleeplessness, with
- Mind; anxiety; oppressive; misfortune, as from
- Mind; company; aversion to; abscess of nose, with
- Mind; delusions, imaginations; accidents; driving, while
- Mind; delusions, imaginations; confidence in him, his friends have lost all
- Mind; delusions, imaginations; friends, beloved ones; she is about to lose a
- Mind; delusions, imaginations; hang, hanging; three feet off the ground, on falling asleep
- Mind; delusions, imaginations; lose some one dear, she will
- Mind; delusions, imaginations; repudiated, is; relatives, by
- Mind; delusions, imaginations; walls; around her
- Mind; fear; graves, of
- Mind; fear; misfortune, of; afternoon
- Mind; homesickness, nostalgia; menses;

beginning of

- Mind; humiliation; ailments from, agg.
- Mind; sing, desires to; children's songs; nervous, when
- Mind; timidity; public, about appearing in; people she know
- Mind; exaggerated conscientiousness
- Mind; laughing; chill; followed by

Physical

- Chest; pain; stitching; needles, as from; skin, under
- Skin; eruptions; miliary; tensive; very, when they are pricked, they ejects their contents
- Skin; eruptions; pimples; touch agg.
- Skin; eruptions; pimples; itching; projecting portions of bone, on all
- Skin; eruptions; vesicles; tense
- Skin; scratching; agg.
- Extremities; heat; fingers; tips; right
- Extremities; cramps; fingers; third, middle
- Extremities; pain; raw, as if; fingers; tips
- Extremities; pain; stitching; stinging; fingers; first, thumb, balls
- Extremities; numbness, insensibility; nerves, along
- Extremities; numbness, insensibility; lower limbs; sciatic nerve, left
- Chest; shivering, shuddering; nervous
- Male; emissions, pollutions, seminal; lemon coloured
- Taste; bloody; coition, during
- Urine; greenish; light

Dreams

- Business; work; large business operations
- Corpses; bodies, dead, mutilated, their arms cut off; children with their heads half cut off, decapitated.
- Sea voyage, journey, travelling; purchases;

parties, pleasure, feast; swimming in a warm, dark-green river.

- Plantation in Brazil where some men were drawing up water from a yellow-looking marsh.
- Amorous, lewd, lascivious, voluptuous.
- Animals, devouring meat in market; putrid oxen.
- Houses being built; demolition of a public building, ruins.
- Crimes; guns, shots; murder; assassins; revolution, gunshots.
- Funerals; graves, putting tapers on tombs; churchyard, about death and burial.
- Cutting; hunting; pleasant; release of prisoners; yellow water.

A/F Grief, Sorrow . Sadness agg in morning and mental complains are < Afternoon.< Thinking of complains(4)

CONCLUSION

This medicine especially used in leprosy, when skin feels as it were hide bound, tight feeling in skin.(3)

Hura Brasiliensis (assacu) stands as a **rare and small remedy** in the materia medica, yet its profound action on the skin and psyche makes it invaluable in cases of **destructive pathology with deep mental despair**. It reminds us that even lesser-known remedies can illuminate hidden aspects of disease and healing.

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Hidden Gems of Materia Medica: Exploring the Strategic Role of Rare Remedies in Homoeopathic Practice



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Abstract

The vast arsenal of the Homoeopathic Materia Medica includes not only the well-proven polychrests but also a myriad of "rare" or "lesser-known" remedies. These remedies, often specific in their sphere of action, play a crucial role when constitutional prescribing faces a stalemate due to a paucity of symptoms or advanced pathology. This article explores the concept of rare remedies as elucidated by pioneers like Hahnemann, Burnett, and Boericke. It further provides a clinically classified compilation of select remedies, detailing their indications in dermatological, renal, gastro-hepatic, and cardiovascular affections, serving as a ready reckoner for practitioners handling intractable cases.

Keywords

Rare remedies, Organopathy, Pathological prescribing, Lesser-known medicines.

Introduction

The Homoeopathic Materia Medica is a vast ocean, teeming with thousands of remedies derived from the vegetable, mineral, and animal kingdoms. While every Homoeopathic student and practitioner is well-versed in the "Polychrests"—the giants

like *Sulphur*, *Nux vomica*, and *Lycopodium* that cover a wide range of constitutional and general symptoms—there exists a parallel universe of "Rare" or "Lesser-Known" remedies. These remedies, often relegated to the footnotes of clinical practice, possess a precise and incisive power that, when applied correctly, can resolve cases where the well-selected constitutional remedy fails to act or where the symptom picture is too sparse for a polychrest.

Defining the "Rare" Remedy

A "rare" remedy is not necessarily rare in nature, nor is it weak in power. Rather, it is termed "rare" or "small" primarily due to a lack of extensive provings compared to the polychrests. These remedies often lack the broad mental and general picture required for constitutional prescribing. Instead, they frequently exhibit a specific affinity for particular organs or tissues—a sphere of action limited to specific pathological states or anatomical locations. Whether it is *Gun powder* for septic suppuration or *Thlaspi bursa pastoris* for specific renal and haemorrhagic conditions, these remedies act as sharpshooters rather than carpet bombers.

The Pioneers' Perspective

The utility of these remedies is not a modern invention but is rooted in the foundational literature of our science.

- **Dr. Samuel Hahnemann** himself, in **Aphorism 164** of the *Organon of Medicine*, explicitly states that the small number of symptoms in a remedy does not prevent it from curing, provided that those few symptoms are *characteristic* and similar to the disease state. He posits that a remedy does not need to cover the entire human physiology to be effective; it only needs to cover the presenting sickness.
- **Constantine Hering**, in his *Guiding Symptoms*, frequently included remedies with limited provings, adhering to the maxim that "no remedy is too small to be useful" if the indications match.
- **Dr. J.C. Burnett**, a stalwart of organopathy, relied heavily on such remedies. He argued that when a disease is localized to a specific organ (e.g., the liver or kidneys) and lacks constitutional symptoms, one must rely on remedies with a specific affinity for that organ to "drain" the pathology.
- **William Boericke** and **J.H. Clarke**, in their respective *Materia Medica*s, documented hundreds of these medicines based on clinical verifications and toxicology, bridging the gap between theoretical proving and clinical application.

Polychrest vs. Rare: The Clinical Distinction

The distinction between a polychrest and a rare remedy lies not in efficacy, but in scope. A polychrest covers a multitude of miasms, tissues, and mental states. In contrast, a rare remedy is often defined by:

1. **Organ Specificity:** High affinity for specific systems (e.g., *Eryngium aquaticum* for the renal system).
2. **Pathological Simile:** A strong correspondence to specific disease products or stages (e.g., *Chrysarobinum* for ringworm/psoriasis).
3. **Paucity of Symptoms:** Use in "one-legged cases" where there are few mental or general

symptoms to guide the physician.

The Need for Rare Remedies

In contemporary practice, physicians often encounter cases obscured by suppression, advanced pathology, or a lack of characteristic general symptoms. In conditions ranging from intractable skin affections to complex renal failures, rare remedies serve as vital tools. They are essential when the "similimum" cannot be found among the polychrests, or when a specific pathological block prevents the constitutional remedy from acting.

This article aims to bring these "Hidden Gems" out of obscurity. By exploring their specific indications in skin, respiratory, gastrointestinal, and renal affections, we demonstrate that these remedies are not merely alternatives, but often the only means to a cure in specific clinical scenarios.

1. Rare Medicines for Dermatological Affections

Skin pathologies often present with a paucity of mental symptoms or are heavily suppressed by topical applications, making constitutional prescribing difficult. In such cases, the following remedies have shown specific pathological affinity:

- **Astacus fluviatilis:** Specific for urticaria and nettle rash, particularly when associated with liver dysfunction. A key differentiator is its utility in *Crusta lactea* accompanied by enlarged lymphatic glands.
- **Gun powder:** As emphasized by **Clarke**, this acts as a powerful systemic antiseptic. It is indicated for wounds that refuse to heal, acute infections, boils, and abscesses. It serves as a specific for blood poisoning and is invaluable in septic conditions where *Silicea* or *Hepar Sulph* may fail.
- **Chrysarobinum:** A powerful irritant to the skin, successfully used in ringworm, psoriasis, herpes, and acne rosacea. It is clinically targeted at vesicular or squamous lesions with foul-smelling discharge. A characteristic feature is violent itching in the thighs, legs, and ears.
- **Skookum chuck aqua:** Has a strong affinity

for the skin and mucous membranes. It is clinically useful in cases of urticaria, eczema, and persistent dry skin.

- **Fagopyrum esculentum:** Marked by intense pruritus. Indicated for itching erythema and *Pruritus senilis*. The guiding modality is **itching ameliorated by bathing in cold water** but aggravated by scratching, touch, and retiring to bed.

2. Rare Medicines for Allergic Rhinitis and Coryza

When the general symptoms are clouded by the acute violence of hay fever or coryza, these lesser-known remedies often provide rapid relief based on specific local sensations:

- **Wyethia helenoides:** Excellent for pharyngitis and irritable throats of singers. The keynote symptom for hay fever is an **intense itching in the posterior nares**.
- **Penthorum sedoides:** Indicated for coryza characterized by a specific sensation of **rawness and wetness in the nose**. It corresponds to a state of hypersecretion of the mucous membranes.
- **Senega:** While known for respiratory catarrh, a peculiar guiding symptom for its use in allergic conditions is a **cough that often ends in a sneeze**.
- **Phleum pratense:** Potentized pollen (specifically in the 12c potency) acts as a specific desensitizing agent in many cases of hay fever.

3. Rare Medicines for Gastro-Hepatic Disorders

In cases of acute gastrointestinal disturbances or hepatic congestion where the etiology is specific, these remedies often prove curative:

- **Alstonia scholaris:** Specific for camp diarrhoea and dysentery, particularly from bad water or malaria. Indicated for violent purging with cramps, **painless watery stools**, and diarrhoea immediately after eating.
- **Jatropha curcas:** Invaluable in choleraic

conditions. The guiding picture includes sudden, profuse, watery stools resembling **rice-water**, associated with coldness and cramps. A distinct keynote is a **loud noise in the abdomen sounding like the gurgling of water coming out of a bung-hole**.

- **Carduus marianus:** A specific for gallstone disease with an enlarged liver. The pain is located in the region of the liver, with the **left lobe being particularly sensitive**, accompanied by jaundice.
- **Chelone glabra:** Indicated for pain or soreness specifically of the **left lobe of the liver** extending downwards. It is useful in dyspepsia with hepatic torpor.
- **Leptandra:** A liver remedy distinguished by its stool characteristic: **black, tarry stools**. It is indicated for bilious states and aching in the liver region extending to the spine.

4. Rare Medicines for Sexual Health and Function

These remedies address specific functional derangements of the sexual sphere, often linked to nervous exhaustion or specific neuralgic sensations:

- **Yohimbinum:** Acts powerfully on the congestive conditions of the sexual organs. It is indicated for strong and lasting erections and states of excessive sexual excitation.
- **Lupulus humulus:** Useful in cases of painful erections, sexual weakness, and spermatorrhoea.
- **Oleum animale aethereum:** A significant remedy for neuralgia of the spinal cord with a specific reflex action on the genitals. The guiding symptom is a **sensation as if the testicles were seized and pulled forcibly upward**, accompanied by pressure in the perineum.
- **Origanum majorana:** Acts on the nervous system and is effective for complaints arising from masturbation and excessively aroused sexual impulses. It is also indicated for affections of the breasts and a peculiar desire for active exercise, impelling the patient to run.

- **Damiana:** A preeminent remedy for sexual neurasthenia and debility resulting from nervous prostration. It is also indicated in chronic prostatic discharge.

5. Rare Medicines for Renal and Urinary Affections

The "Water" or "Kidney" remedies in Homoeopathy are numerous. When the constitutional picture is faint, these organopathic remedies often restore function or facilitate the passage of calculi:

- **Ocimum canum:** The specific indication is **red sand in the urine (brick-dust red or yellow sediment)**. Frequently used for right-sided renal colic where the urine has a characteristic odour of musk.
- **Solidago virgaurea:** Historically known to "make the use of the catheter unnecessary." Indicated for scanty, reddish-brown urine with gravel and pain extending from the kidneys forward to the abdomen and bladder.
- **Thlaspi bursa pastoris:** Another remedy capable of replacing the catheter. Indicated for chronic cystitis, haematuria, and renal colic. A characteristic symptom is **urine running away in little jets** due to urethral irritation.
- **Serum anguillae (Eel serum):** A remedy for advanced renal pathology. Indicated for albuminuria, haemoglobinuria, and prolonged anuria. Clinically, it is specific for **hypertension of renal origin without oedema**.
- **Eryngium aquaticum:** Specific for renal colic with spasmodic stricture. The differentiating symptom is **dull pain in the back running down the ureters and limbs**.

6. Rare Medicines for Cardiovascular Conditions

The therapeutics of the heart often require precise pathological similitude. When grand polychrests do not cover the case, these remedies offer specific support:

- **Latrodectus mactans:** Indicated for violent precordial pain extending to the axilla and down the arm to the fingers, with numbness.

A keynote is the **coldness of the whole surface**, with skin cold as marble.

- **Crataegus oxyacantha:** The great heart tonic. It produces giddiness, lowered pulse, and air hunger. It is indicated for high arterial tension, cardiac dropsy, and insomnia of aortic sufferers.
- **Strophanthus hispidus:** Used to "run off" dropsical accumulation. It is indicated in mitral regurgitation where oedema and dropsy have supervened.
- **Iberis amara:** The patient is **conscious of the heart's action**. Palpitation is accompanied by vertigo and choking in the throat, aggravated by the least motion.
- **Adonis vernalis:** Most valuable in **cardiac dropsy with scanty urine**. Indicated for hydrothorax and ascites where the urine is scanty and albuminous.

DISCUSSION

Rare remedies often yield excellent results when prescribed on the basis of pathological similarity or specific organ affinity. While they can be used in any potency, the literature—particularly the works of **Burnett** and **Cooper**—often suggests their efficacy in lower potencies (Mother Tinctures, 3x, 6x, or 30c) when the intent is organopathic support. However, when characteristic mental or general symptoms match (e.g., the restlessness of *Tarentula* or the haughtiness of *Veratrum*), they act deeply in higher centesimal potencies.

CONCLUSION

The study of rare remedies is not an abandonment of classical principles but an expansion of the physician's ability to cure. As **Dr. Hahnemann** taught, the true physician must be a master of the instruments of art. While the polychrests remain the backbone of constitutional practice, the "rare" remedies serve as the scalpel—precise, sharp, and essential for specific pathological knots that broad-acting remedies cannot untie. By integrating these hidden gems into our daily practice, we fulfil our highest mission: to restore the sick to health, utilizing every tool nature has provided.

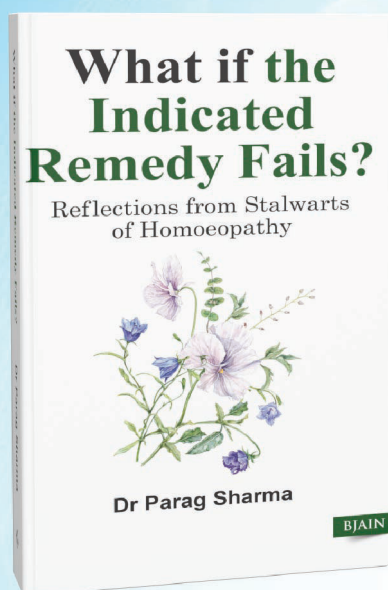
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Dr Parag Sharma

The Silent Healers: A Scholarly Review of Underused and Rare Remedies in the Homoeopathic Materia Medica

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Abstract

While classical Homoeopathy has been profoundly shaped by well-known polycryst remedies, a vast treasure of small and rare remedies—often overshadowed by the giants—remains underexplored. These remedies, meticulously recorded by Hahnemann, Boericke, Clarke, and Phatak, constitute the “hidden gems” of the Materia medica. Their subtle yet targeted spheres of action, unique clinical patterns, and high specificity make them indispensable in cases where common remedies fail. This article revisits these lesser-used medicines, explores their historical development, highlights their clinical relevance, and provides detailed portraits of selected remedies from Boericke, Clarke, Allen’s Keynotes, and Phatak’s Materia Medica, emphasizing their utility in modern homoeopathic practice. The broader goal is to reawaken interest in these rare remedies and integrate them into evidence-based Homoeopathy.

Keywords

Classical Homoeopathy, Polycryst remedies, Hahnemann, Boericke, Clarke, Phatak, Hidden gems.

Introduction

The vast expanse of the Homoeopathic Materia Medica contains within it a rich tapestry of remedies, each shaped by proving’s, toxicological data, and clinical experience. While classical Homoeopathic practice continues to rely heavily on a core

group of well-established polycrysts, an equally significant but often overlooked category exists—the small and rare remedies. These underused medicines, though limited in their proving records or frequency of clinical recognition, embody the true spirit of Hahnemannian individualisation. They represent the subtle nuances, peculiar symptoms, and narrowly defined spheres of action that are vital for cases which do not conform to the broad pictures of commonly prescribed drugs.

Historically, stalwarts such as Hering, Clarke, Allen, and Boericke have repeatedly emphasized the importance of studying minor remedies, noting their sharp, characteristic indications and their ability to act where polycrysts fail. Despite this, modern clinical trends, exam-oriented learning, and therapeutic shortcuts have inadvertently marginalized these “silent healers.” Yet, their potential remains immense—both as precise constitutional medicine and as organ-specific medicines for conditions with limited polycryst correspondence.

In Homoeopathic practice, where complex chronic diseases, drug-modified presentations, and multi-morbidity are increasingly common, the relevance of rare remedies becomes even more pronounced. Their unique symptom expressions often illuminate a precise path to cure in cases that resist mainstream prescriptions. A renewed scholarly engagement with these remedies can significantly enrich clinical outcomes and reinforce Homoeopathy’s foundational emphasis on holistic and individualized treatment.

This article endeavours to re-examine these lesser-known medicinal treasures, exploring their historical evolution, key characteristics, therapeutic significance, and clinical applicability. By bringing these hidden gems back into professional consciousness, Homoeopathy can reclaim its depth, diversity, and precision—ensuring that even the quietest remedies receive the recognition they deserve.

Boericke aptly wrote that many rare drugs are “valuable for their peculiar, sharply-cut symptoms, and should never be underestimated.”

Farokh J. Master, in his clinical writings, frequently reminds us that small remedies often save patients who remain uncured despite protocols of polycrests.

Why Small and Rare Remedies Are Underutilized

1. Limited Proving Data

Classical proving's of many minor remedies were conducted on small groups, leading to shorter symptom lists. This creates practitioner hesitation.

2. Limited Teaching and Visibility

Syllabi and materials often prioritize polycrests, leaving smaller remedies unexplored.

3. Predominance of Clinical Protocols

Modern case management has shifted toward “remedy shortcuts,” overshadowing deeper study of lesser-known drugs.

4. Lack of Repertorial Familiarity

Many clinicians do not recognize small remedy rubric patterns and therefore do not reach them during analysis.

5. Absence in Standard Therapeutic Lists

Disease-based prescribing often excludes rare medicines unless one studies *Materia medica* comprehensively.

However, these limitations underscore—not diminish—the value of small remedies. Their sharply defined modalities and peculiar symptoms often make them *similimum* in rare but significant clinical scenarios.

Philosophical Importance of Rare and Small Remedies in Homoeopathy

The philosophical foundation of Homoeopathy, as articulated by Hahnemann, emphasizes the individuality of disease expression and the primacy of the *similimum* in restoring health. Within this paradigm, rare and small remedies hold profound significance, not because of their frequency of use, but because of the depth with which they capture unique, finely-differentiated human experiences. These remedies represent the subtle nuances of the *Materia Medica*—expressions that may not fit into the broader symptomatology addressed by well-known polycrests, yet are indispensable for certain constitutional types and distinct clinical pictures.

The philosophy of Homoeopathy teaches that every substance capable of producing a deviation in human health has an innate potential to cure when applied according to the law of similars. Rare remedies embody this principle in its purest form. They remind the practitioner that the *Materia Medica* is not a hierarchy of popularity but a spectrum of therapeutic possibilities. When carefully studied and judiciously applied, these remedies offer curative solutions in complex, atypical, or refractory cases where polycrest falls short.

Moreover, the use of rare remedies reflects the intellectual maturity and perceptual refinement of the Homoeopathic physician. It encourages a deeper engagement with proving's, clinical observations, and repertorial subtleties, thereby strengthening the practitioner's mastery of individualized prescribing. Philosophically, these remedies symbolize humility in practice—recognizing that healing is not restricted to familiar tools but requires openness to the entire Homoeopathic armamentarium.

Rare and small remedies also reinforce the holistic essence of Homoeopathy. Their often-precise, sharply-etched portraits mirror delicate psychological, emotional, and somatic states that might

otherwise remain unaddressed. By acknowledging the therapeutic importance of these lesser-known remedies, Homoeopathy remains faithful

to its core tenets: totality, individualization, and unwavering commitment to the gentle, rapid, and permanent restoration of health.

Hidden Gems of Materia Medica: Selected Rare Remedies

No.	Remedy	Essence / Core Theme	Key Indications / Indications	Clinical / Therapeutic Notes / Clarke Notes / Phatak Key-note / Boericke Note / Clarke Tip / Therapeutic Uses / Boericke Notes
1.	Abroma Augusta	A lesser-known remedy of immense utility in metabolic and reproductive disorders, especially where nervous exhaustion and sleeplessness predominate.	<ul style="list-style-type: none"> Severe insomnia with inability to sleep despite extreme fatigue. Diabetes mellitus with intense thirst, polyuria, and weight loss. Dysmenorrhoea with membranous discharge. Chronic fatigue from night watching. Modalities <ul style="list-style-type: none"> Worse: Night, mental exertion. Better: Rest. 	Dr. J.T. Kent mentions its action on the pancreatic region. Useful in lean, dark-complexioned patients with constant restlessness and nervous depletion.
2.	Angustura Vera	Marked stiffness, cracking, and spasmodic contraction of muscles.	<ul style="list-style-type: none"> Tremendous tension in neck and back. Paralytic weakness especially after injuries. Oversensitivity to touch. 	Useful in Parkinsonian rigidity, chronic cervical spondylosis, and post-traumatic spasm.
3.	Anilinum	A rare drug for purplish, cyanotic discolorations and menstrual disturbances.	<ul style="list-style-type: none"> Purplish skin eruptions. Dark, clotted menses, early and profuse. Violent migraine with bluish lips. 	Deep action on blood pigments; resembles poisoning picture.
4.	Blatta Orientalis	A small but effective asthma remedy.	<ul style="list-style-type: none"> Asthma worse damp, rainy weather. Profuse mucous expectoration. Wheezing with rattling in chest. 	Useful in Patients with a history of smoking, obesity, or allergic tendencies.
5.	Cenchris Contortrix	A rare snake remedy with strong emotional and circulatory symptoms.	<ul style="list-style-type: none"> Fear of being alone, jealousy, suspicion. Haemorrhagic tendencies with marked restlessness. Hot flashes, fainting spells. 	Hormonal instabilities, menopausal vasomotor crises.
6.	Chionanthus Virginica	A vital remedy for hepatic congestion, gallbladder pathology, and migraine.	<ul style="list-style-type: none"> Intense frontal headache with bilious vomiting. Gallstone colic, pale stools. Jaundice with dull liver pain. 	Headache before menses or during liver dysfunction.

7.	Eclipta Alba	Rare yet indispensable for hair and liver disorders.	<ul style="list-style-type: none"> • Alopecia, especially after pregnancy or chronic illness. • Liver enlargement, elevated bilirubin. • Haemorrhages from different organs. 	Useful in traditional Indian medicine, now proving value in Homoeopathy.
8.	Epigea Repens	Kidney stone-specific remedy.	<ul style="list-style-type: none"> • Renal colic with sand-like deposits. • Dull aching in kidneys. • Frequent urging with scanty urination. 	Use when urine contains gravel resembling red sand.
9.	Formica Rufa	Rheumatic and gouty remedy.	<ul style="list-style-type: none"> • Uric acid overload. • Pain worse cold, damp. • Marked itching before storms. 	Gouty arthritis, lumbago, urticaria.
10.	Heloderma Horridum	Antidote for icy coldness and peripheral neuropathies.	<p>“Cold as ice” sensation in hands, feet.</p> <ul style="list-style-type: none"> • Diabetic neuropathy. • Slow, sluggish patients. 	Simulates symptoms of Addison’s disease.
11.	Gun Powder		<ul style="list-style-type: none"> • Blood Poisoning. • Septic Suppuration. • Protective against wound infection. 	
12.	Fagopyrum Esculentum	Its action on Skin, producing pruritus, is very marked.	<ul style="list-style-type: none"> • Pruritus senilis. • Pruritus vulva, with yellow leucorrhoea worse rest. • Itching better by bathing in cold water, worse scratching, touch and retiring. 	
13.	Ova Tosta	<ul style="list-style-type: none"> • Cancer of os uteri. • Leucorrhoea. 	<ul style="list-style-type: none"> • Leucorrhoea profuse and offensive with sensation as if the back were broken in to two and tied with string. • Controls haemorrhage from the uterus. • Has cured cases of cancer of os uteri. 	

DISCUSSION

The exploration of underused and rare remedies within the Homoeopathic Materia Medica reveals an essential yet frequently neglected dimension of our therapeutic armamentarium. These small remedies, though limited in proving volume or clinical popularity, hold significant potential when examined through the lens of individualisation—the cornerstone of Homoeopathic practice. Their rarity does not diminish their value; instead, it highlights the precision with which they act in distinctive symptom constellations.

The discussion around these remedies illustrates that clinical success in Homoeopathy is not governed by the frequency of use but by the accuracy of remedy selection based on totality.

The modern clinical landscape, shaped by multi-dimensional chronic diseases and complex presentations, demands a broadened Materia Medica perspective. Many contemporary conditions do not fit neatly into the profiles of polycryst remedies. In such cases, small remedies often bridge the gap, offering nuanced symptomatology and organ-specific action that can unlock curative

responses where conventional choices fall short. Their integration into routine study and case analysis may enhance the practitioner's ability to perceive subtle differentiating features, thereby improving precision in prescribing.

Recognising the therapeutic significance of these "silent healers" calls for renewed scholarly engagement—through focused study, improved repertorial familiarity, and continued documentation of clinical outcomes. Reviving interest in lesser-known remedies also aligns with Hahnemann's vision of comprehensive *Materia Medica* development, ensuring no symptom or proving is lost to obscurity.

CONCLUSION

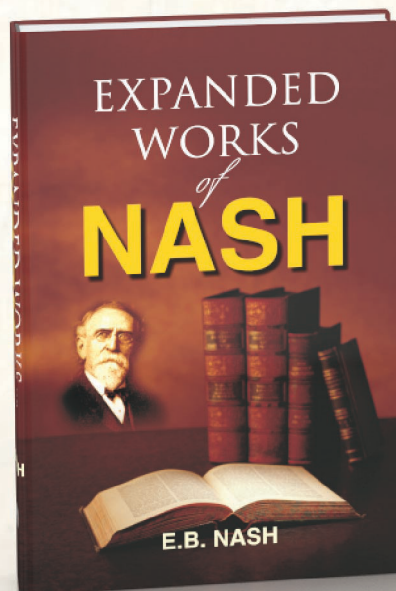
The small and rare remedies of Homoeopathy deserve a prominent place in contemporary practice. Their unique clinical utility reinforces the richness

and depth of Homoeopathic therapeutics. By embracing these hidden gems, practitioners can expand their efficacy, refine their prescribing acumen, and uphold the true spirit of individualized healing. Such renewed attention ensures that these quiet yet potent remedies continue to illuminate the path toward holistic and lasting cure.

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Women's Empathetic Friend: Aletris Farinosa

Dr. Hensi Mangukia

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Abstract

In regards to women of reproductive age, menstrual disorders are frequent and have an impact on both their daily lives and social interactions. Menstrual issues may go undetected for cultural reasons. Homoeopathy is useful in many female complains and is effective in cases of Menorrhagia, Metrorrhagia and Leucorrhoea. Aletris ferinosa used in treatment of female complains on the basis on symptoms similarity without producing any adverse effect. It is a lesser known medicine which is not used in day to day clinical practice because this medicine had few symptoms recorded through drug proving. This medicine is indicated towards a few specific female conditions. Many homoeopaths in our fraternity are not aware of this lesser known medicine due to lack in literature and clinical use. So this article explores the Significance of Aletris Farinosa in Female complains to study the effectiveness of Aletris farinosa in various type of female complains such as menorrhagia, metrorrhagia and leucorrhoea.

Keywords

Aletris Farinosa, Female complaints, Homoeopathy, Menorrhagia, Metrorrhagia, Leucorrhoea.

Introduction

Homoeopathic treatment for Female complaints such as hormonal changes during puberty, menarche, pregnancy, and menopause, and this condition is known as female problems. Research has shown that women under a lot of physical and emotional strain experience irregular menstruation. Three stages comprise a woman's life i.e. birth to puberty, puberty to adulthood, and

menopause climacteric. The right nutrition and regular health checks should be conducted regularly for girls. International estimates range from 3% to 30% for the prevalence of abnormal uterine bleeding, among which menarche and perimenopause have the highest incidences, while irregular and intermenstrual bleeding is taken into account, the prevalence increases to 35% or more. ⁽¹⁾ The most common treatment in conventional system of medicine is hormonal pill which is having variety of adverse effects such as nausea, vomiting, headache, leg cramp, mastalgia, weight gain, chloasma, menstrual abnormalities, libido, and leucorrhoea, among others. ⁽²⁾ Hence, the overall burden for female complaints is high in the conventional system of medicine. The Homeopathic treatment has good and effective scope in women who experience menorrhagia, metrorrhagia and leucorrhoea. The majority of women avoid going to the doctor because they are ignorant about their illnesses. ⁽³⁾ Aletris ferinosa act as an irritant to mucus surface, congestion of the pelvic viscera, atonic condition of all parts but more especially of female generative organs, uterine atony, anemic debility of chlorotic girls, prolapse uteri, endometritis, leucorrhoea, amenorrhea, dysmenorrhea, metrorrhagia, pregnancy, habitual abortion, sterility. According to **E.M.HALE** "It is the china of the uterine organ." i.e., Aletris ferinosa is a marvelous remedy for hemorrhagic conditions especially in the cases of uterine organs. Dr.C.Hering stated that Aletris ferinosa is most useful in "debility, especially of female from protracted illness or defective nutrition no organic disease" ⁽⁴⁾ Physiological action of Aletris, particularly in large dose acts as atonic emetic, cathartic, and narcotic. It has a direct action on the pelvic organ of the female ⁽⁵⁾. This lesser known medicine is having

strong affinity towards female complains.

ALETRIS FERINOSA

- Botanical name: Aletris farinose Linn.
- Family: liliaceae
- Synonyms: English: Star grass

French: Aletris Farineux

German: Mehlig Aletris ⁽⁶⁾

- Description: A little perennial herb that is deciduous. Rhizome dimensions are 2 to 4 cm long, 3 to 12 mm in diameter, and it can be horizontal or slightly oblique. The leaves are in a spreading rosette and are sessile or somewhat sheathing at the base. They are lance-shaped, sharp, ribbed, flat, pale, smooth, coriaceous, and between 7 and 20 cm long. On a thin scape, a spike-like raceme of tiny, tubular, white or creamy-white flowers grows. The tiny, ribbed seeds of the fruit capsule are oblong, tapered, coriaceous, and covered by a perianth. ⁽⁶⁾
- Pharmacy- Alet. Aletris ferinosa. Star grass blazing grass colic root, Unicorn root.
- N.O –Hemodoraceae. United States. Tincture of root.
- Historical dose: Tincture and all potency, esp. the tincture to third Potency.
- Planets: Venus, moon.1
- Herbal-star grass is said to be the most bitter of all plants.

Figure 1 ⁽⁷⁾



Figure 2 ⁽⁸⁾



According to Dr. J T Kent "Aletris ferinosa is most useful and neglected remedy has been frequently indicated in complain of women especially in those predispose to hemorrhages uterine hemorrhage particularly whether it be after abortion or in connection with menstruation. Copious bleeding from the uterus is characteristic; hemorrhages when the uterus fill with blood until become distended, and its contents are expelled in large clots, followed by copious hemorrhage with or without painful contractions. A copious menstrual flow followed by watery oozing during the inter-menstrual period now and then dilates into copious gushing flow with black clots; this remedy is useful at the critical period when it is attended with hemorrhage. Hemorrhages of this medicine are particularly due to a relaxed or debilitated state of the uterus. Weakness of the reproductive organs may be said to be the guiding feature; atony, weakness of the uterus with repeated abortion or hemorrhages with debility of the individual, bruised feeling in region of the ovaries, particularly in the right, bearing down in the region of the uterus as if the contents of the pelvis would escape, much worse while walking. An attack of hemorrhage that came on with great violence in the middle of the night, the patient walking, unable to speak, so exhausted from the flow: was cured by Aletris ferinosa. This patient lost her urine when coughing, sleeping or walking, and this symptom which has been present many years was entirely cured by Aletris ferinosa. This involuntary escape of urine was always brought on by catching cold. This patient had pale sickly chlorotic face, would like to lie down all day and do nothing but rest. Such debilitated patient when they become pregnant, suffer from vomiting and colic; the stomach seems to

be in the same weak condition as the reproductive organs. Most constipation until this remedy was known as kreosote i.e., the most promising remedy for copious frothy eructation with vomiting; this remedy must take the place of Kreosote in the vomiting of pregnant women, when the symptoms agree. There is violent pain in the rectum and anus stool very large and hard most difficult to expel painful constipation.”⁽⁹⁾

As stated by **Dr. S R Phatak** “It affects the female organs. It is a remedy for anemic, debilitated, relaxed female who always feel tired, and suffer from leucorrhoea, rectal distress. Many symptoms appear due to uterine disorder. Part feel heavy, suitable for anemic girls and weak emaciated persons. Hemorrhage. Early profuse menses with labor like pain, Menorrhagia profuse, black, with clots. Uterus seems too heavy, Leucorrhoea white, stringy, due to weakness and anemia, Habitual tendency to abortion, Muscular pain during pregnancy. Menses copious followed by watery copious oozing between periods. Cough before menses, Backache with dragging in sacral region with stringy colorless leucorrhoea, Obstinate vomiting of pregnancy.”⁽¹⁰⁾

As claimed by **Dr. J H Clarke** “Alettris Farinosa is said to be the most bitter of all plants; it is characterized by weariness of body and mind. Want of appetite especially in connection with uterine disorders. The least food distends the stomach. There are fainting attacks with vertigo; emaciation is marked in some cases, disgust for food, nausea, constipation, obstinate vomiting of pregnancy. Many symptoms appear in the uterine sphere, menses profuse and premature with labor like pain or amenorrhoea, debility from loss of fluid, menorrhagia, black clots, fullness and weight, leucorrhoea, with debility, sterility, habitual tendency to abortion, Sensation of weight in uterine region and tendency to prolapse. It is most suited for chlorotic girls and pregnant women. Weak emaciated people. premature profuse menses with labour like pain amenorrhoea or delay menses from atony; weariness of mind and body; abdomen distended, bearing down menses too soon with colic light color, menorrhagia profuse black with coagula; fullness and weight leucorrhoea white stringy; prolapse; sterility; habitual tendency to abort; sensation weight in uterine region;

tendency to prolapse; myalgic pain like “false pain before menses; cough. Pain in the left breast as if a knife ran into it; pain in the left breast, then pain extending through into back to the left of lower part of the right scapula.”⁽¹¹⁾

As reported by **Dr. Robin murphy** “It is characterized by weariness of body and mind. The patient is tired all the time and suffers from prolapse, leucorrhoea, rectal distress, etc. It is a remedy for anemic, debilitated, relaxed female who always feel tired. They suffer from prolapse, leucorrhoea, and rectal distress. Many symptoms appear due to uterine disorder. Parts feel heavy, hemorrhages, lack of appetite in connection with uterine disorders, marked anemia, obstinate vomiting of pregnancy, Infertility, menorrhagia black clots, fullness and weight, leucorrhoea with debility. Habitual tendency to miscarriage sensation of weight in uterine region and tendency to prolapse relaxed female who always feel tired. Premature and profuse menses with labor like pain, retarded and scanty flow. Prolapse uterus with pain in right inguinal region, Leucorrhoea white stringy, due to weakness and anemia, Muscular pain during pregnancy. Menses copious followed by watery copious oozing between periods”⁽¹²⁾

According to **Dr. William Boericke** “As anemic, relaxed condition, especially of the female organism, is portrayed by this remedy, the patient is tired all the time, and suffers from prolapse, leucorrhoea, rectal distress, etc. Anemic, chlorotic girls and pregnant women, premature and profuse menses with labour like pains with retarded and scanty flow. Prolapse, with pain in the right inguinal region, leucorrhoea due to weakness and anemia, habitual tendency to abortion, muscular pain during pregnancy, vomiting during pregnancy.”⁽¹³⁾

According to **E.A.Farrington** “This is the most bitter substance known in allopathic parlance i.e., tonic. It is especially useful in women having uterine trouble, leucorrhoea have extreme condition and great being required to effect an evacuation from the bowels. When uteri prolapse is a symptom of general defective nutrition, with little or no local congestion.”⁽¹⁴⁾

According to N.M.Choudhari “It is indicated in anemic female suffering from protracted ailment

or defective nutrition. It is generally indicated in anemic patients, especially in females suffering from protracted ailments or defective nutrition, great debility is characteristic of this remedy. This patient is tired all time and suffers prolapse, leucorrhoea, sterility and rectal discomfort. Great weariness of mind and body, anorexia, nausea and a sensation of weight in the uterine region are important indication of Aletris." ⁽¹⁵⁾

According to **Dr. C. Hering** "Premature, profuse menses with labour like pains. Amenorrhoea or delayed menses, from uterine or ovarian atony; weariness of mind and body; abdomen distended, bearing down; lassitude. Prolapse from muscular atony, menorrhagia from a congested state of uterus and ovaries; profuse black blood and coagula; fullness and weight in uterine region, leucorrhoea from loss of fluids or defective nutrition; debility from protracted illness, menses too early and too profuse, prolapses uteri, sterility from uterine atony, habitual tendency to abortion, sensation of weight in uterine region, and tendency to prolapses." ⁽¹⁶⁾

According to **T.F Allen** "Pain in uterine region; in morning on waking, menses almost black, scanty and sour, with malaise, menses too soon, light coloured, with colic and bearing down pain, then leucorrhoea, white, stringy; too soon and profuse, with labour like pains. It has been found useful for prolapse uteri associated with general anemia and scanty menstruation; the pain are gripping clutching in the right inguinal region extending down the thigh; it has been used for leucorrhoea and endometritis." ⁽¹⁷⁾

DISCUSSION

In this article shows effectiveness of Aletris farinosa, a lesser known remedy in Menorrhagia,

Metrorrhagia, Leucorrhoea and to conclude therapeutic importance of Aletris farinosa As

there is less than and equal to five leading symptoms of menorrhagia, metrorrhagia and

leucorrhoea of Aletris farinose given in Materia medica, there has been difficulty to

prescribed on broader prescription and causing

hindrance for further assessment.

CONCLUSION

COMMON FEMALE COMPLAINTS AND THE INDICATE SYMPTOMS OF ALETRIS FERINOSA ARE AS FOLLOWS:

- **MENORRHAGIA:** Menorrhagia resulting from uterine and ovarian congestion; profuse, coagulated, black blood; fullness and weight in the uterine region. ⁽¹⁶⁾ At midnight, the leucorrhoea is stringy and white and more abundant, black clotted, or pale. Bruised discomfort in the right ovary. ⁽¹⁸⁾
- **METRORRHAGIA:** Menses copious oozing between periods, occasionally dilating into a thick, gushing flow with black clots. ⁽³⁾
- **LEUCORRHOEA:** Leucorrhoea white, stringy due to anemia and weakness. Accompanied by or as a result of widespread and localized deterioration, chronic sickness, fluid loss, and poor nutrition. A much in between periods. Obstinate constipation, which makes it difficult to evacuate stool, expectoration of foamy saliva, and impaired digestion. ⁽¹⁹⁾ Additionally there was excessive and premature leucorrhoea that was white and stringy, along with painful labour. Leucorrhoea associated with sterility ⁽¹⁷⁾

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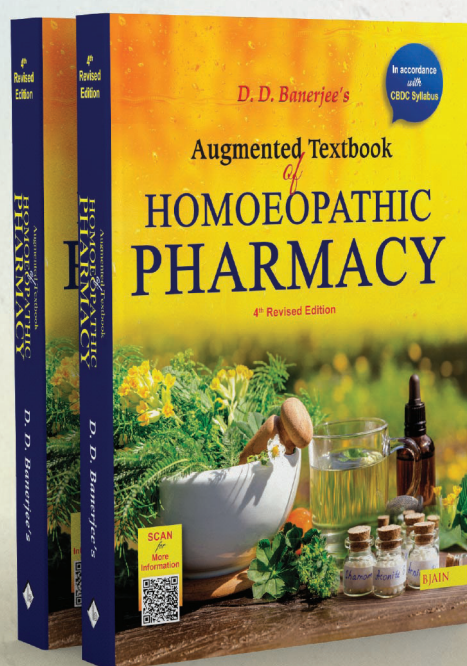
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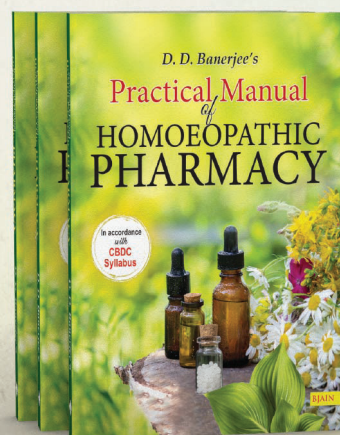
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The Untapped Potential of Rare Homoeopathic Remedies in Female Wellness

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Abstract

Guided by the enduring principles of classical homoeopathy, female wellness is understood as the balanced expression of the vital force across physical, mental, and emotional spheres. Although homoeopathy possesses a vast and rich materia medica, contemporary clinical practice often limits itself to a small group of frequently prescribed polychrests. This article highlights the importance and therapeutic relevance of rare homoeopathic remedies in addressing complex female health concerns such as menstrual disorders, infertility, chronic pelvic affections, recurrent infections, and menopausal disturbances. Drawing upon homoeopathic heritage and the teachings of stalwarts like **Hahnemann, Hering, and Kent**, it emphasizes the necessity of accurate individualization beyond routine prescribing. Revisiting lesser-used remedies broadens clinical horizons, deepens constitutional healing, and reinforces the fundamental spirit of homoeopathy in promoting true female wellness.

Keywords

Female Wellness, Rare remedies, Materia Medica, Individualization, Menstrual disorders, Infertility, Climacteric complaints, Vital force

Introduction

Female wellness is a multidimensional concept extending far beyond the mere absence of disease. It encompasses hormonal balance, reproductive

health, emotional resilience, and overall vitality across all stages of a woman's life. Homoeopathy, with its individualized and holistic approach, is uniquely positioned to address this complexity. Yet, in routine clinical practice, prescribing often gravitates toward a limited group of well-established polychrests, leaving a vast treasury of lesser-known remedies relatively unexplored.

As **Dr. Richard Hughes** aptly stated, "Every remedy has its sphere of action; its rarity in practice does not lessen its value." Echoing this, **Dr. J.T. Kent** emphasized that true prescribing lies in accurate selection from the entire materia medica, not merely the frequent use of common remedies. Many rare remedies demonstrate remarkable precision in addressing subtle patterns of menstrual irregularities, infertility, pelvic pathology, recurrent infections, and menopausal transitions—areas where conventional and even common homoeopathic remedies may offer only partial relief.

Dr. Hering's enduring wisdom that "There are no useless remedies, only unused ones" further strengthens the need to revisit these underutilized medicines. In an era emphasizing integrative, patient-centered care, exploring the untapped potential of rare homoeopathic remedies can significantly broaden the therapeutic horizon and offer gentle yet profound healing in female wellness.

Some rare homoeopathic remedies whose sphere of action is centered especially on the female pathology:

1. Cinnamomum Zeylanicum

- Repeated small haemorrhages during gestation and puerperal state; agg. on any exertion, lifting, straining, over-stretching arms; false step.¹
- Menorrhagia; in females troubled with itching at nose; blood bright red.¹
- A strain in loins or false step brings on a profuse flow of bright blood.²
- The excellent action of this drug on uterine haemorrhage at the time of menopause and appreciating result in the case of bleeding from uterine cancer.³

2. Gossypium Herbaceum

- Tall constitutions like Phos + Female troubles especially scanty menses or PCOD are the keynote of this remedy.⁴
- *When the main complaint is in the ovary, think of this remedy especially intermittent pain in the ovarian region.*⁴
- It is useful in uterine subinvolution and fibroids, when the patient is anaemic, complains of gastric pain and debility.⁵
- Tumor of the breast with swelling of axillary glands.²

3. Aristolochia Clematitis

- When there is a past history of the use of contraceptive pills, the main remedy that can be useful is Aristolochia. This remedy is a mixture of Pulsatilla + Sepia + Arnica.⁴
- Psychosomatic condition aggravated before and after periods, clearly ameliorated during menstrual flow.⁶
- *Pain and feeling of hardening of the left breast.*⁶
- *Menses - Absent, late or short. Blood black, with clotting.*⁶

4. Pulex Irritans

- Marked urinary and female symptoms, stains of menses and leucorrhoea are very hard to wash out.⁷

- It is also of service in delayed menstruations, with burning in the vagina and an increased flow of saliva during the menses.⁵
- Between the periods there is a profuse *leucorrhoea* and backache⁵, leucorrhoea foul, staining greenish yellow.

5. Eupionum

- Useful in many women's diseases, can be thought of in *uterine displacements*.⁸
- Patient turns morose and does not desire to talk when the menses are appearing.⁸
- *Gushing leucorrhoea.* After menses, yellow leucorrhoea, with severe backache, when pain in back ceases, the discharge gushes out.²

6. Hedeoma Pulegioides

- Called the menstrual regulator, bearing down pains agg any movement and accompanied by paralytic weakness of legs.⁴
- There is *amenorrhoea*, with an excoriating leucorrhoea.⁵
- Female symptoms are most marked; usually associated with nervous disturbances.²

7. Viburnum Opulus

- *Often prevents miscarriages, 2Frequent and very early miscarriage, causing seeming sterility.*
- *Spasmodic and membranous dysmenorrhoea*, cramps extending down thighs.²
- *Menses too late, scanty, lasting a few hours, offensive in odour.*²

8. Fraxinus Americana

- Fibroids with bearing down sensations, cramping in feet agg. afternoon and night.²
- This remedy is indicated in *enlargement and subinvolution* ⁵ of the the uterus, when attended with prolapsus and a bearing down sensation.
- Dr. Burnett, regards it as a uterine tonic in all heavy states of the uterus and calls it "the medical pessary".¹

- Sensitive left ovary and profuse menses and leucorrhoea.⁷

9. Natrum Hypochlorosum

- The keynotes of this remedy are Natrum- like constitution + uterine pathology.⁴
- In congested and atonic states of the uterus and its ligaments, with hepatic disorders.⁴
- Cooper's grand characteristic indication is : Water-logged uterus. The womb is sodden, heavy, low down in pelvis; bearing down in pelvis, with tendency to prolapse.¹
- According to the prover, **Dr. R.T. Cooper**, it is useful in debilitated persons, of lax fibre and rather sluggish mentally and physically. The debility is accompanied by emaciation, nervous exhaustion.⁹

10. Mitchella Repens

- There may be a condition of *amenorrhoea, delayed menstruation, dysmenorrhoea*, 5 menorrhagia with the dark, congested appearance of the parts.
- It is of some service in the relief of the *false labor pains* of the last months of pregnancy.⁵
- Its great use has been during the last few months of pregnancy to assist in securing a safe and easy delivery.
- This remedy is indicated when the uterine cervix is swollen and presents upon inspection a dark red, engorged appearance; the uterus is enlarged and there is a lack of tone of the uterine tissues.
- It is also of service in the *urinary difficulties*⁵ of woman who suffer from uterine derangements.

Miasmatic Perspective In Female Wellness

Female disorders often represent complex miasmatic expressions. Psoric influences commonly underlie functional disturbances such as irregular menses, dysmenorrhoea, and emotional instability. Syco-sis manifests in proliferative pathologies such as fibroids, ovarian cysts, endometriosis, and

chronic leucorrhoea. Syphilitic tendencies are observed in destructive processes such as recurrent pregnancy loss, severe climacteric suffering, atrophic changes, and malignant affections.

Many rare remedies exhibit strong affinity to mixed miasmatic states. For example, *Fraxinus americana* and *Natrum hypochlorosum* show marked action in syco- uterine congestion and prolapse, while *Viburnum opulus* and *Mitchella repens* reflect syco-syphilitic tendencies in habitual abortion and uterine atony. Understanding the miasmatic background enhances the precision of remedy selection and ensures deeper, long-lasting constitutional cure.

Limitations Of Routine Polychrest Prescribing In Female Disorders

Despite the vastness of the homoeopathic materia medica, modern clinical practice often revolves around a limited group of frequently prescribed remedies such as *Pulsatilla*, *Sepia*, *Natrum muriaticum*, *Lachesis*, and *Calcarea carbonica*. While these polychrests undeniably hold immense therapeutic value, overreliance on them can sometimes lead to partial or short-lived relief, especially in chronic and deep-seated female complaints.

Every woman presents a distinct totality of symptoms shaped by constitution, miasmatic background, emotional disposition, and life circumstances. When prescribing becomes confined to a narrow group of remedies, the finer individualizing characteristics of a case may be overlooked. Rare remedies often correspond more precisely to uncommon symptom expressions, peculiar modalities, or specific etiological factors such as drug abuse, suppressed discharges, repeated hormonal interventions, or emotional trauma. Thus, expanding beyond routine polychrests is not a departure from classical homoeopathy but a return to its true spirit.

Historical Evidence Of Rare Remedies In Female Disorders

The history of homoeopathy reveals that many remedies now considered “rare” were once actively used by early physicians in managing complex female disorders. Their clinical value

is documented across classical materia medica, provings, and journals of the 19th and early 20th centuries. Over time, with the rise of polychrests and changing prescribing trends, these medicines became less frequently used, though their historical efficacy remains significant.

During the late 1800s and early 1900s, journals such as *The American Homoeopathic Review*, *Hering's Guiding Symptoms*, and *Hale's New Remedies* carried numerous case reports on rare remedies. For example:

- *Cinnamomum zeylanicum* was historically used as a *haemostatic* in uterine bleeding during and after childbirth, with repeated references in **Hale's** writings regarding its value in menopausal flooding and postpartum haemorrhage.
- *Gossypium herbaceum* was widely recognized in the 19th century for regulating suppressed menses and relieving ovarian pains. **Hale** described it as “remarkably useful in *uterine subinvolution*,” especially in anemic women after childbirth.
- *Viburnum opulus* has strong historical evidence in preventing *habitual miscarriages*. Early clinicians regarded it as a key remedy for *spasmodic dysmenorrhoea* and false labor pains, a reputation it continues to hold.
- *Fraxinus americana* was described by **Dr. Burnett** as “*the medical pessary*” for prolapse, uterine enlargement, and fibroids. His repeated successful cases positioned the remedy as a cornerstone in the management of heavy, congested uterine states.
- *Pulex irritans* and *Eupionum* were noted in **Allen's Encyclopaedia** for their marked action on leucorrhoea and pelvic congestion—conditions commonly troubling women of that era due to infections and poor genital hygiene.

CONCLUSION

Rare homoeopathic remedies represent an invaluable yet underexplored dimension of female healthcare. Their precise therapeutic action in menstrual disorders, infertility, uterine pathologies, and menopausal complaints highlights their immense clinical relevance. When prescribed with accurate

individualization, guided by miasmatic understanding and totality of symptoms, these remedies not only alleviate suffering but also restore constitutional harmony.

Revisiting and reintegrating these medicines into mainstream homoeopathic practice strengthens the very foundation laid down by Hahnemann and enriched by later stalwarts. The future of holistic female wellness in homoeopathy lies not in limiting ourselves to a few remedies, but in embracing the vast therapeutic universe of the complete materia medica.

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Exploring Developmental Delays Its Assessing Methods And Uncommon Homeopathic Remedies

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KNOW WHAT ?

Delayed milestone, also called developmental delays, is used to describe the condition where a child does not reach developmental milestones at the expected age. Milestones are often measured using percentiles, and for many milestones a value between the 5th and 95th percentile does not require intervention, though values towards the edges of that range can be associated with other medical conditions.

There are FIVE major areas where a child may show Developmental delay,

1. Cognitive skills,
2. Social and emotional skills,
3. Speech and language skills,
4. Motor skills,
5. Daily activities.

KNOW WHY ?

Common Causes of Developmental Delay

- Premature Birth
- Pregnancy
- Complications in Pregnancy
- Genetic Disorders like Down Syndrome
- Chronic Infections
- Fragile X syndrome – an inherited type of cognitive impairment

- Drinking excessive alcohol during pregnancy- Foetal alcohol syndrome
- Other Disabilities-autism spectrum disorders

Assessment Tools & Scales

- Missing examples:
- Denver Developmental Screening Test (DDST)
- Bayley Scales of Infant Development
- Vineland Adaptive Behavior Scale
- M-CHAT for autism screening
- IQ testing tools

According to the Centers for Disease Control and Prevention (CDC) about 15% of children between the age of 3 and 17 have one or more developmental disabilities.

Most developmental disabilities occur before a child is born, but some can occur after birth due to infection, injury, or other factors.

Developmental delay can also be a symptom of other underlying medical conditions, including:

- Autism Spectrum Disorders (ASDS)
- Cerebral palsy
- Fetal Alcohol Spectrum Disorders
- Landau Kleffner Syndrome
- Myopathies, including Muscular Dystrophies
- Genetic Disorders, such as Down syndrome

and fragile X syndrome

- **Speech and language delay:** The most active time for learning speech and language is the first three years of life, during this time the brain develops and matures.

The language learning process begins when an infant communicates hunger by crying. By 6 months old, most infants can recognize the sounds of basic language. At 12 to 15 months old, infants should be able to say a few simple words, even if they aren't clear. Most toddlers can understand a few words by the time they are 18 months old. When they reach the age of 3, most children can speak in brief sentences.

KNOW WHEN ?

UNDERSTANDING MILESTONES

Cognitive Delays

Cognitive delays may affect a child's intellectual functioning, interfering with awareness and causing learning difficulties that often become apparent after a child begins school. Children with cognitive delays may also have difficulty communicating and playing with others.

This type of delay may occur in children who have experienced a brain injury due to an infection, such as meningitis, which can cause swelling in the brain known as encephalitis. Shaken baby syndrome, seizure disorders and chromosomal disorders that affect intellectual development, such as Down syndrome, may also increase the risk of a cognitive delay. In most cases, however, it is not possible to identify a clear reason for this type of delay.

Social, Emotional, and Behavioral Delays

Children with developmental delays, including those with related neurobehavioral disorders such as autism spectrum disorder and attention deficit hyperactivity disorder, often also have social, emotional, or behavioral delays. Due to differences in brain development, they may process information or react to their environment differently than children of the same age. These delays can have an impact on a child's ability to learn,

communicate, and interact with others.

It is common for children with developmental delays to have difficulty with social and emotional skills. For example, they may have trouble understanding social cues, initiating communication with others, or carrying on two-way conversations. They may also have difficulty dealing with frustration or coping with change. When the environment becomes too socially or emotionally demanding, children with developmental delays may have prolonged tantrums and take longer than other children to calm down. This behavior can be a signal that the child needs more support by modifying his or her environment or learning skills to cope with social and emotional challenges.

Speech and language delay: The most active time for learning speech and language is the first three years of life, during this time the brain develops and matures.

Speech and language delay are not the same. Speaking requires the muscle coordination of the vocal tract, tongue, lips, and jaw to make sounds. Speech delay is when a child stutters or has difficulty producing sounds the correct way. A disorder that makes it hard to put syllables together to form words is called apraxia of speech.

A language disorder occurs when children have difficulty understanding what other people say, and cannot express their own thoughts. Language includes speaking, gesturing, signing and writing.

Poor hearing can cause speech and language delay, so a hearing test is conducted for diagnosis.

Autism Spectrum Disorder: Autism spectrum disorder is a neurological Disorder that can impair the child's ability to communicate and interact with others. Classic autism usually includes language delay and intellectual disabilities.

Symptoms are sometime very much obvious on early age, but may not be noticed until child reaches 2 or 3 years of age.

Signs and symptoms of autism vary, but usually include delayed speech and language skills and difficulty communicating with others. Each child have a unique pattern of behavior with differing

levels of severity. Some symptoms include:

- Failure to respond to their names
- Resistance to cuddling or playing with others
- Lack of facial expression
- Doesn't speak or has difficulty speaking, carrying on a conversation, or remembering words and sentences.
- Perform repetitive movements
- Develop specific routines
- Coordination problems

Pediatric specialists identify several types of developmental delays in children. These delays can affect a child's physical, cognitive, communication, social, emotional, or behavioral skills. Often, developmental delays affect more than one area of a child's development. When a child has delays in many or all of these areas, it is called **global developmental delay**.

Motor Delays

Delays in motor skills interfere with a child's ability to coordinate large muscle groups, such as those in the arms and legs, and smaller muscles, such as those in the hands. Infants with gross motor delays may have difficulty rolling over or crawling; older children with this type of delay may seem clumsy or have trouble walking up and down stairs. Those with fine motor delays may have difficulty holding onto small objects, such as toys, or doing tasks such as tying shoes or brushing teeth.

Some motor delays result from genetic conditions, such as Achondroplasia, which causes shortening of the limbs, and conditions that affect the muscles, such as cerebral palsy or muscular dystrophy. They may also be caused by structural problems, such as a discrepancy in limb length.

Children may have speech delays due to physiological causes, such as brain damage, genetic syndromes, or hearing loss. Other speech delays are caused by environmental factors, such as a lack of stimulation. In many instances, however, the cause of a child's speech delay is unknown.

THE CHILD WITH DEVELOPMENTAL DELAY: AN APPROACH TO ETIOLOGY

KNOW HOW ?

Abstract

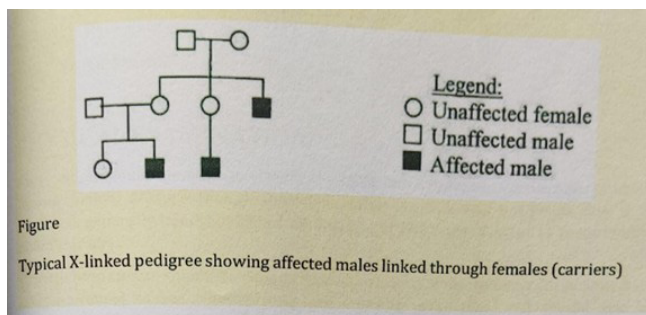
A three-year-old boy is referred to you for consultation because of speech delay. When you meet with his mother, you learn that all of his milestones were late – he sat at 10 months, walked at 22 months and is currently using only a few single words. In the course of your discussion, the mother mentions that she may be pregnant.

Developmental delay is not uncommon and occurs in 2% to 3% of all children. While the causes are many, establishing a diagnosis may be critical not only for accurate health surveillance and educational planning for the child, but also for the family to understand the cause, if known, and the possible risk of having affected children in the future. In some cases, the possibility of having affected children may extend to other family members.

As in most other areas in medicine, the approach to making a diagnosis involves a detailed history and physical examination. Specific points in the history and physical examination are highlighted below. While the list of potential investigations for mental retardation is large, the choice of tests can usually be targeted based on information gathered during the evaluation.

Family History

- Three generations, maternal and paternal
- Consanguinity
- Previous pregnancy outcomes: miscarriages, stillbirths, neonatal or childhood deaths, infertility
- Family history of birth defects, childhood deaths, mental retardation, speech delay, learning disabilities, autism and known genetic conditions -note level of education in parents and siblings
- Ethnic background



The family history can be neatly recorded in the form of a pedigree. Often, seeing the family history in pictorial form makes the pattern of inheritance more apparent (Figure). For boys with developmental delay, we are particularly interested in looking for evidence of X-linkage. This is suggested by affected males on the mother's side, who are linked through female carriers, including brothers, nephews and uncles. Consanguinity is common in certain ethnic groups and may not be mentioned unless specifically queried. If present, consanguinity makes autosomal recessive inheritance more likely.

Prenatal History

- Potential teratogens including alcohol, medications, vitamins, maternal infection (rubella, cytomegalovirus, toxoplasmosis, varicella), maternal diabetes, hyperthermia, maternal phenylketonuria
- Fetal movements
- Prenatal tests (For example- amniocentesis, ultrasound, etc)

Perinatal History

- Gestation, mode of delivery, Apgar scores, resuscitation
- Birth weight, length, head circumference
- Feeding, muscle tone, other problems.

Postnatal History

- Milestones, school performance
- Evidence of regression (this may be a clue to inborn error of metabolism or neurodegenerative process)
- Unusual behavior, personality

- Coordination, seizures, unusual movements, increased or decreased tone
- Growth: height, weight, head circumference
- Previous illnesses
- Vision, hearing

Physical Examination

An attempt should be made to classify the child into syndromic versus nonsyndromic developmental delay. Although sometimes clear-cut, this may not be so easy if the patient is generally nondysmorphic, but has one or two unusual features (hypotonia or short stature).

Growth parameters should be compared with previous measurements (especially head circumference) to see whether they are crossing percentiles, and should also be compared with those of other family members. Familial megalencephaly, for example, is particularly common and may not be significant if one of the parents also has a large head. An assessment of body proportion is also important -any asymmetry between left and right? Are the limbs and trunk in proportion?

In addition to a basic physical examination, it is important to look in detail for minor anomalies, particularly of the face, but also paying attention to the shape of the head as well as the hands. Try to first determine whether the child looks like either of the parents or siblings. Often this is done by general gestalt, rather than looking at each feature separately.

Photographs of the siblings or parents at a similar age may be useful as a comparison. If the child looks significantly different, try to determine what makes him or her look different by analyzing each feature in turn. Sometimes a comment about the face in general is adequate to describe the features (coarse, myopathic), whereas in other situations, a more specific description of each feature is required (widely spaced [hypertelor] eyes, anteverted [upturned] nares, down-turned corners of the mouth).

The more unusual a feature is, the more helpful it is as a 'handle' in reaching a diagnosis (single palmar creases [simian creases] are common in many genetic syndromes as well as the general

population, whereas cutaneous syndactyly [webbing] between the fingers is far less common and more helpful in pinpointing a diagnosis).

Measurements of certain features such as eye spacing and hand length can be made, but are more likely to be done by a clinical geneticist than a paediatrician.

A careful neurological examination is important, noting abnormalities of muscle tone and strength (particularly in boys to screen for muscular dystrophy), ataxia, etc. Other clues to common causes of developmental delay may be found by carefully examining the skin for hyper or hypopigmentation. Café-au-lait spots may signal neurofibromatosis, while hypopigmented lesions may suggest other neurocutaneous disorders (tuberous sclerosis). These findings may be quite subtle and may be visible hemangiomas may suggest certain genetic disorders or syndromes. Only with a Wood's lamp (ultraviolet light) in a darkened room. Vascular tumours can be noted.

Other unusual findings such as anomalies of the genitalia, connective tissue and/or joint abnormalities and internal anomalies (especially cardiac and renal) should be noted. In addition, a detailed ophthalmology examination, audiology testing and a psychometric evaluation are helpful in assessing all children with developmental delay.

KNOW THIS

Homoeopathic Management

- **Agaricus-M-**

Behavioral problems-Some individuals requiring Agaricus show the loquacity and "silliness" seen in intoxication, particularly the children. It is a powerful remedy for behavioral problems in children. They are mischievous, excitable, often "away with the fairies" and often stammer. In many cases their parents have used large quantities of recreational drugs or alcohol.

Agaricus is a remedy that should be considered for Foetal Alcohol Syndrome and for babies born to drug-addicted mothers.

-These are frequent, both in the adults and children. Apart from twitching of the eye muscles, there are visual disturbances, reminiscent of

Alice's fall into the rabbit hole and the distortions of perception and size, characteristic of temporal lobe epilepsy. The treatment of epilepsy is obviously a task for medical homeopaths who will prescribe alongside standard anti-epileptic medication.

- **Anantherum Mur:**

Idiotic monomania for doing the same things and frequenting the same places. Laughs and sings and sheds tears very easily. Ungovernable jealousy. Blunted intellect and loss of memory.

- **Arnica Montana:**

Traumatic insanity as after concussions of the brain. Forgetful, absent minded. Thoughts wander from their objects and dwell on images and fancies. Does not speak a word. Spiteful and indented. Indifferent and hopeless. Great heat in head, body cool. Awakens from heat and fears to sleep again.

- **Cicuta Virosa:**

Attacks of inability to collect his senses with thoughtless staring fixed look and vanishing of sight. Indifference to everything. Confounds the present with the past. Everything about him appears strange and frightful. Childish humor in which he finds everything lovely and attractive like a toy. Insane dancing, laughing and clapping of hands at night with violent heat and redness of face. Quiet disposition contented and easily affected by the sad stories.

- **Kali Brom:**

Profound melancholia, often from anaemia, depressed, low spirited with weeping, extreme despondency; imagines he is singled out as an object of divine wrath, that his honor is at stake, that he is to be murdered, constant worry, fears to see people or to be spoken to, always aggravate when trying to sit quietly. Inability to concentrate mind on anything. Pricking sensation all over body. Constantly busy tying his shoes, fumbling in his pocket, pricking threads etc.

- **Opium:**

Fantastical insanity with frightful visions, congregating around his bed and tormenting him. Talks

in a confused manner. Commits indecent actions, cheerfulness and feeling of great strength with buffoonery and subsequent angry savageness or tearful sorrowfulness. Complete dementia, excessive debility, frequent sweats and eruptions on skin. Diminished secretion of urine.

- **Belladonna:**

Bell. is a great children's remedy, not less important than Cham. Belladonna acts upon every part of the nervous system, producing active congestion, furious excitement, perverted special senses, twitching, convulsions and pain. It has a marked action on the vascular system, skin and glands. Belladonna always is associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperesthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water, neuralgic pains that come and go suddenly (Oxytropis). Heat, redness, throbbing and burning. Great children's remedy. Epileptic spasms followed by nausea and vomiting. Scarlet fever and also prophylactic. Here use the thirtieth potency. Exophthalmic goitre. Corresponds to the symptoms of "air-sickness" in aviators. Give as preventive. No thirst, anxiety or fear. Belladonna stands for violence of attack and suddenness of onset. Bell for the extreme of thyroid toxemia.

Mental State-Patient lives in a world of his own, engrossed by specters and visions and oblivious to surrounding realities. While the retina is insensible to actual objects, a host of visual hallucinations throng about him and come to him from within. He is acutely alive and crazed by a flood of subjective visual impressions and fantastic illusions. Hallucinations; sees monsters, hideous faces. Delirium; frightful images; furious; rages, bites, strikes; desire to escape. Loss of consciousness. Disinclined to talk. Perversity, with tears. Acuteness of all senses. Changeableness. Complaints come suddenly; hot, red face, semi-stupor, every little while starting or jumping in sleep as if it might go into convulsions. A very general characteristic of Bell. Is lying down. "Starting, twitching, or jumping in sleep. Moaning in sleep. "Sleepy, but cannot sleep."

In the early part of the fever the delirium is very violent and excitable: but as it passes on he goes

into a sleep, a sort of half-slumber, a semi-comatose state. Apparently in a dream, and he screams out. Dreams are horrible things. Sees in his

Dreams the things that he talks about. These mental states take the form of acute mania, when the patient will bite the spoon; will bark like a dog; will do all sorts of violent things; even jump out of the window. He has to be restrained, put in a strait-jacket.

- **Bufo Rana:**

This remedy works by primarily influencing the nervous system. A child needing Bufo rana tends to display significant feeble mindedness. The child might exhibit anxiousness, restlessness, inclination to bite, sadness, impatience and nervousness. There could also exist object specific obsession or phobias coupled with inappropriate social responses e.g., laughing when others are upset or crying.

- **Calcarea Carbonica:**

Calcarea carb is one of the top remedies for developmental delay, especially suited to children with red face, flabby muscles, who sweat easily, fat, and catch cold very easily. They have large head and abdomen, fontanelles and sutures open, bones soft, and develop very slowly. Difficult and delayed dentition. Profuse sweating during sleep, especially head and chest.

- **Calcarea Phosphorica:**

Calcarea phos is another best remedy for both mental physical development. It is suited to emaciated children, difficult to stand and slow in learning to walk. Children have sunken, flabby abdomen. Cranial bones are thin and brittle; fontanelles and sutures open too long or close and re-open. Delayed and complicated teething. Children suffering from diarrhea and flatulent complaints. At every attempt to eat, colicky pain in abdomen. Total loss of memory. Writes wrong words. They often suffer from fractures and growing pains due to poor nutrition. Also they often suffer from enlarged glands.

- **Carcinosin:**

Carcinosin arrested the child's development. Dwarfishness, Malformations, Mongolism.

Disturbed sleep in children. The child wants to be carried. Children sleep on their knees and elbows. They suffer from recurrent attacks of severe infection.

- **Baryta Carbonica:**

Baryta carb is best for scrofulous, dwarfish children, who do not grow. They are both mentally and physically weak. Nutritional disturbances are seen in Baryta carb. Children, shy of strangers. They hide behind the furniture and keep their hands over their face and peeping through their fingers. They are liable to take cold easily, sore throat from cold, glandular disorders. There is a tendency for enlargement of glands with indurations, especially tonsils. They always have a swollen tonsil. Children with large abdomen is another characteristic symptom. Profuse offensive sweat, especially on feet may be found along with other symptoms.

- **Aethusa Cynapium:**

Aethusa cynapium is another effective remedy for development delay, where the child cannot stand, sit up or hold the head up. Children who lack the power to hold their heads up with no particular ailment. Want of power to stand up. Inability to digest milk is a leading symptom of Aethusa cynapium. Diarrhea from drinking milk. Cannot tolerate milk in any form, it is vomited in large curds as soon as taken, causes weakness and drowsiness. Anguish, crying and showing expression of discomfort and discontent.

- **Medorrhinum:**

Medorrhinum are often night people. They may become hyperactive at night, or have very irregular sleep patterns, such as frequently staying up all night. There is often an inability to maintain a balanced eating, sleep or work schedule. Medorrhinum is one of the most commonly used remedies for children with behavioral problems, and sleeping and eating disorders. Aggressive tendencies can be very high, and a cruel streak can also be present, which often appears as cruelty to animals, though they can also love animals. These are usually very high maintenance children, with frequent illnesses and poor health from infancy.

Often gay or bisexual. They can have a very high

sex drive, or go to the opposite. There can be a confusion about the sexual orientation, and Medorrhinum are extreme and be celibate for years.

- **Natrum Muriaticum:**

Natrum mur children are poorly nourished on account of digestive disturbances. They talk late, cross, irritable, cry from slightest cause. Emaciation while living well. Emaciation, descending of neck or abdomen. Emaciation most notable in neck.

- **Silicea:**

Silicea is another effective remedy for developmental delay, where the children are scrofulous, rachitic with large heads. Defective nutrition, due to imperfect assimilation. Open fontanelles are sutures are seen. Weak ankles, slow in learning to walk. Wasted in body, especially legs. Distended, hot abdomen. Profuse sweating on head, but lower than Calcarea carb. Offensive sweat on feet and axillae. Scrofulosis and helminthiasis, with profuse salivation; frequent pulling at the gums; nocturnal fever with heat on head; abdomen hot, hard, swollen; difficult stools, faeces receding before the child can effect its passage; feet smell badly, notwithstanding every effort to prevent it, perspiration makes feet sore; profuse sour smelling perspiration upon the head in the evening; large head and large fontanelles; protruding gum, sensitive and seems blistered

- **Tuberculinum:**

Tuberculinum is also an effective remedy for development delay, where the child is emaciated rapidly, and losing flesh while eating well. In Tuberculinum there is a strong tendency to catch cold easily without knowing how and where; it seems to catch cold every time he takes a breath of fresh air. They are mentally and physically weak. Excessive sweat at night is a leading symptom of Tuberculinum. Children have recurrent attacks of upper respiratory tract infections and also have night fever.

Exploring Small Remedies in Everyday Homeopathic Practice: A Guide to Mastering the Minor

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Keywords

Small Rare remedies, Materia Medica, Individualization, Polychrests, Chronic diseases.

Introduction

In acute and pathological conditions, the primary significance of uncommon and modest therapies is evident. They affect a certain organ or system in a certain way. Although polychrests are the mainstay of homeopathic medicine, uncommon remedies can play a part in difficult circumstances because of their special ability to treat complicated medical conditions, they are known as “Hidden Gems.” A specific remedy can be chosen when polychrests fail to act based on an acute symptom picture. As, the red line symptoms, also known as keynote symptoms, are uncommon, unusual, and distinctive. Therefore, the small, uncommon remedies serve as a missing piece of the puzzle for complex, one-sided and also in chronic illnesses inheriting few distinguishing or erratic symptoms that are incurable. They are therefore a crucial homeopathic instrument for attaining cure in such ailments.

The small and uncommon remedies are characterized by their strong, distinctive symptoms. According to Dr Hahnemann, homoeopaths should focus on the patient’s characteristic symptom picture. Since homeopathy is based on the concept of individualization, no two people with the same

illness may be treated with the same medication. [1-2] When unique, unusual or distinctive symptoms are present, as well as in chronic cases and difficult differential where remedies only partially match, little cures have a greater scope. However, polychrests like Sulphur, Arsenic Album, Lycopodium, Natrum muriaticum, Calcarea Carbonicum are frequently used in therapeutic practice nowadays. Although these polychrests treatments are invaluable, their dominance causes lesser, less common remedies to be underutilized. These polychrests remedies are invaluable but their dominance results in underuse of smaller, rare remedies. [3-4]

The current situation is that homeopathic practitioners, especially those in their early careers, rely on well-known and familiar polychrests remedies which further results in -

- Overuse of polychrests remedies leading to partial relief
- Failure to identify peculiar, characteristic symptom picture
- Consequently, leading to lack of confidence in prescribing rare remedies and
- No documentation of rare small remedies. [5-6]

Small uncommon remedies are important as:

- They have distinctive sensation

- Distinctive modalities
- Distinctive mentals and
- Strong affinity for particular organ or systems.
[7-8]

Today’s requirement consists of-

- Accurate treatment selection
- Identifying important modalities
- Recognizing uncommon, unusual symptoms
- Improves outcomes in complicated chronic situations [1-2]

The clinical and philosophical rationale for using small remedies-

1. Individualization: when the symptoms are rare and the usual polychrests remedy is ineffective, small remedies can prove beneficial.

2. In cases of irreversible pathology, such remedies act as an anchor for attaining palliative relief along with enhancing an individual's quality of life.
3. Rare remedies assist in closing the therapeutic gap [9]
4. Prescribing according to the law of similimum as compared to polychrests, leading to quicker and more profound recovery.

Application of uncommon remedies in dermatological instances:

Although constitutional polychrests are necessary in dermatological conditions, smaller remedies ultimately provide a tailored therapeutic match. Chronic skin conditions often present a difficulty due to their unique modality and accompanying symptoms that do not clearly indicate a main treatment. [10][11]

Table no 01 Rare remedies for Dermatological disorder- [11-17]

	Remedy	Characteristic Symptom	Peculiar Modalities
1.	Dolichos Pruriens	Severe itching without an eruption	One of the main complaints is the itchy feeling, which is relieved by medication.
2.	Hydrocotyle asiatica	Illness causing thickening, scaling, and hyperkeratosis	Eruptions limited to particular areas with unique modalities
3.	Viola tricolor	Facial and behind ear eczema, particularly in young children	Excessive crust formation and unpleasant discharge are characteristics of eruptions
4.	Sarsaparilla	Herpetic eruption or withered, dried	Has distinct time modality and emerges in the spring every year.
5.	Chrysarobinum	Ringworm and psoriasis both have thick, big scales.	Localized, symmetrical skin affections with dry areas that bleed upon when scratched
6.	Kreosotum	Senile pruritus and a destructive ulcer with an unpleasant discharge.	Every discharge is acidic and frequently causes tissue damage.
7.	Fagopyrum esculentum	unbearable itching that results in aggressive scratching.	Itching worse after waking up or warmth, better by cold accompanied by congestion.

Table no 2 - Rare remedies and how they are used for female Disorder: [11] [18-19]

	Remedy	Characteristic Symptom	Peculiar Modalities
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1.	Bovista	Menses and diarrhea coexist. Tightly gripped things continuously drop since the onset of menstruation.	Worse from first appearance, menses flow more at night or early morning.
2.	Hydrastis Canadensis	All discharges are yellow, persistent, thick, stringy, and emaciated.	Worse- motion, bread and vegetables. Better by- warmth, rest
3.	Lilium Tigrinum	Bearing down feeling in the uterus due to an organ prolapse. An urge to cross the legs.	Worse- standing, walking, and consolation. Better by- tightly crossing legs
4.	Cimicifuga Racemosa	Menses are heavy, dark, clotted and profuse. Bearing down sensation in uterus along with back pain and muscle stiffness extending to thighs	Worse- morning Better by- rest, eating, warmth
5.	Sabina	A/F- Hemorrhages, and a history of recurrent miscarriages, particularly in the third month. Indicated in retained placenta.	Worse- slightest movement.

Table no 3 Rare remedies for gastrointestinal disorders: [11] [22-23]

	Remedy	Characteristic Symptom	Peculiar Modalities
1.	Asarum Europaeum	Coldness in mouth, abdomen, and teeth. Bile and mucus diarrhea.	Worse- from chilliness Better- limbs drawn up, covering
2.	Gratiola Officinalis	violent, flowing, yellowish green diarrhea that appears right after consuming immediately after drinking water.	Worse- after drinking water, milk.
3.	Gambogia	Abrupt release of thin, yellow stool Feeling of a hot water stream in rectum	Worse- after stool, morning Better- by complete expulsion
4.	Leptandra Virginica	Primarily acts on liver Dark, tarry, offensive stool Jaundice with clay colored stool	Worse- during autumn, cold damp air.

Table no 4 Rare remedies for cardiovascular system: [11] [24- 26]

	Remedy	Characteristic Symptom	Peculiar Modalities
1.	Crataegus Oxycantha	Cardiac weakness, myocardial degeneration, murmur sensation as if heart is compressed	Can be use as a long- term tonic
2.	Kalmia Latifolia	Slow, weak, intermittent pulse Pain extending to left arm	Severe palpitation shaking body Worse- stooping, lying
3.	Cactus Grandiflorus	Angina pectoris accompanied by palpitation, anxiety tightness, and heart pain.	Feeling like an iron band is grabbing and releasing the heart.
4.	Spongia Tosta	Palpitation and Valve affections. Patient awakens from sleep with suffocating sensation.	Better by- eating or drinking warm food is preferable.
5.	Clematis Erecta	Splitting pain and swelling of the veins. Hard lymphatic glands.	worse- warmth of bed

Table no 5 Rare remedies for respiratory condition – [11] [27- 29]

	Remedy	Characteristic Symptom	Peculiar Modalities
1.	Drosera Rotundifolia	Laryngitis, Whooping cough, dry spasmodic cough,	Coughing makes it difficult to breath. Cough accompanied by vomiting.
2.	Corallium Rubrum	Rapid succession of violent, suffocative cough. Feeling of rushing chilly air.	Worse- as soon as patient lie down.
3.	Antimonium Tartaricum	Asthma, Bronchitis and Bronchopneumonia. Mucus Rattling in the chest without expectoration	To breathe one must sit up. It Sounds like a walnuts bag.
4.	Arum Triphyllum	Raw, painful lips and throat. Croup. Despite being thirsty refuse to drink.	Patient picks at their nose nonstop till they bleed.
4.	Justicia Adhatoda	Bronchitis, Influenza, and an acute dry cough.	Coughing is worse in morning. Lack of expectoration


CONCLUSION:

This study demonstrates the careful depth needed for personalized healing. The thorough exploration of uncommon treatments for the skin, gastrointestinal tract, female reproductive system, cardiovascular system, and respiratory system in the lesser-known areas of the Materia Medica results in gaining proficiency with this unique, unusual medication. It transforms prescribing from a generalized approach to specificity, ensuring a distinct suffering for which the vast wealth of the Materia medica has the cure.

So, a virtuous, committed practitioner is characterized by the study of uncommon little cures along with possessing ability of finding and prescribing original treatments with the ability to mastery in materia medica. As homoeopathy is not a specialized field, the integration of tiny remedies is now essential for achieving the therapeutic potential of materia medica. Hence, the methodical validation of these minor fixes enhances the individualization and Repertorization process, which in turn lowers the number of failures and results in encouraging researchers and clinicians to actively examine primary sources and provide documented clinical verification of these therapeutic measures.

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Bambusa – A Clinical and Psychological Overview: case study

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Keywords

Bambusa, Degenerative joint disease, psychosomatic, emotional rigidity, post-partum depression, chronic fatigue, sciatica

Abstract

Our Homoeopathic Materia Medica has come a long way from its first proving of Cinchona Bark. Today, we have several remedies which are adequately proven but less used. *Bambusa* is one such rare remedy that is very versatile and can be used for multiple purposes. Although not a polycryst, *Bambusa* has carved a distinct niche for patients who present with mechanical weakness, degenerative tendencies, and emotional rigidity mirroring the symbolic structure of the bamboo plant—outwardly strong yet internally vulnerable. This article explores its indications, clinical applications, mental picture, personality profile, modalities, and therapeutic relevance.

Introduction

The extracts of *Bambusa arundinacea* have been used in Indian folk medicine to treat various inflammatory conditions. The plant has antiulcer activity also. It is believed that these two properties in the same extract are highly useful in treating inflammatory conditions.

Bamboo is also symbolic of the art of survival, of modesty, of old age and laughter. It is supposed to bring good luck throughout life (we give them as a sign of good luck). In ancient China, bamboo symbolised perseverance. In Japan, the characteristic of persevering is called the Bamboo mentality; i.e. reaching a compromise, giving in, but ultimately emerging from all troubles unbroken.

Bamboo yields and so survives.

Bamboo has held symbolic and medicinal importance across cultures for centuries, representing resilience, flexibility, and uprightness. In homoeopathy, *Bambusa* is prepared mainly from *Bambusa arundinacea* (siliceous concretions found inside the bamboo culm). *Bambusa* is occasionally compared to remedies like *Calcarea*, *Silicea*, and *Ruta*.

It is primarily indicated for complaints of the Musculoskeletal, Female Reproductive, and Respiratory systems. It has the potential to help with arthritis, rheumatism, vague back pains, and sciatica. It is also valuable for spinal injuries, joint tension, and joint stiffness. It has also proved its worth for post-partum depression.

A methodical large-scale proving was conducted in Germany in 1994 by Dr Bernd Schuster.

Clinical Applications

1. Degenerative Joint Disease: Here, patients usually describe the complaints as, grinding/creaking sensations, stiffness on rising and relief from warm applications. *Bambusa* helps when degeneration coexists with nutritional depletion or connective tissue fragility.
2. Uterine and pelvic support weakness: Here, *Bambusa* acts on the pelvic ligaments. It causes mild to moderate prolapse of the uterus and pelvic dragging pains
3. Growth Pains in Youth: Here, the affinity of the medicine lies in rapid growth, nightly bone pains, and lack of muscular coordination
4. Psychosomatic Structural Tension: These are the patients who suffer from back and neck

tension from emotional burden, stooping posture from mental weariness and symptoms aggravated by responsibilities

Mind

The mental state of Bambusa reflects the bamboo plant, expected to remain upright yet internally burdened.

Patients often say things like:

- "I feel like my backbone is giving way."
- "I cannot stand up to the pressure anymore."
- "I must hold everything together."

This metaphoric language is a strong pointer to the remedy.

Personality Type

A Bambusa type generally presents as:

- Upright, disciplined, composed
- Quietly strong with high endurance
- Does not complain until symptoms worsen
- Loves structure, planning, routine
- Sensitive to perceived failure or criticism
- Tends towards physical burnout rather than emotional expression
- Often thin, wiry, or nutritionally depleted despite a high responsibility load

They are the "quiet pillars" of families or workplaces—strong until they break.

In these patients, we find a kind of separation between mental precocity and a physical body unable to support it. It is as if there is a strong inner push to grow as quickly as possible. We can say that the poor mechanical body is obliged to over-consume fuel just a little at a time.

There is often a deep, profound sense of vexation within, which leads to extreme muscle stiffness. The desire to be perfect is deeply embedded within. This is due to a lack of self-confidence. At the end, you get a poor system which is not supported

by anything.

There is this idea that you must do everything on your own. It is as if they know they will not receive any support from the outside world. "I am weak, and nobody will help me." This is the most characteristic thing about Bambusa. They are perfect in their one small area and constantly seek high esteem. This is the support they need, not the emotional. Someone to say they did a good job.

There is tremendous anger inside, much of which is directed towards the self.

It is a good remedy post-delivery. Whatever Bamboo produces takes considerable effort. It destroys them; they know they do not have the energy to take care of another person, but they are obliged to do so.

Physicals:

The three main physical effects seen are:

1. Pain, stiffness and pathological changes of the spinal column, problems with the inter-articular discs, Bamboo-spine (Morbus Bechterew) and Primary Chronic Polyarthrititis. There is pain in the shoulder joints, often with stiffness, as well as in the joints of the knees, hands, and feet. The pains are mainly short, sharp, and stitching. Sciatic pain. Distinct tendency to support the head.
2. Female hormonal problems. Especially a regulatory effect on the hypophysis and on the estrogen-progesterone ratio. Pre-menstrual syndrome, excruciating swelling of the mammae, premature menopause, painful menses, weakness after parturition with premature restarting of the menstruation, irritability towards the child, refusal to nurse the child, depression, and headache.
3. Strong effect on the mind: a feeling of stress, particularly by their own child, with a support search. Laziness and sleepiness alternating with silliness and exaggerated laughter. (There is a saying in China: 'The Bamboo bends with laughter'.)

Modalities

Aggravation

Damp or rainy weather
Standing for extended periods
Rising from a seated position
Overexertion, especially physical strain
Cold drafts on joints
Emotional strain or overwork

Amelioration

Warm compresses
Gentle movement
Rest after exertion
Support to back/pelvis
Sunshine and dry weather
Massage or stretching

Case

Name: xzx
Date: 22/01/22
Address: North Gujarat
55 years, Male, Married
Education: M.B.B.S.; doctor

Chief complaints:

For the last 1 year, the patient has been feeling lethargic and tense. He feels weak and has difficulty concentrating, especially after 5:00 pm.

He has a disturbed appetite and shows indifference toward his work and family.

Though he likes to do his work, he feels exhausted. He has been on allopathic medications without relief.

He says he is oversensitive; if somebody tells him something, he immediately becomes tense.

He experiences blurred vision in the evening for a very brief moment, which resolves after taking glucose.

Known case of recurrent renal stones with calcium oxalate crystals. In March last year, he underwent surgery for a 9 mm stone.

He experiences pain when the stone is moving; otherwise, it leads to recurrent UTIs, low-grade fever, and cramping.

Physical generals

Appetite: +++
Desires: Cold, spicy, and sour food
Aversions: Drumsticks and rice
Bowel: Constipation
Thirst: 4–5 litres/day
Urination: Frequent and urgent
Perspiration: On palms; cold
Sleep: Insomnia due to thoughts
Position: Prefers right side
Habits: Drinks 2 glasses of milk/day
Medicines: Antidepressants for the last year
Tongue: Clean
Mouth: Dryness
Weight: Decreased by 18 kg in the previous year
Season: Likes winter
Sun: Skin rash
Covering: Seasonal
Water: Seasonal preference

Past history:

Typhoid: Yes
Skin Disease: Allergic rash
Accident 30 years ago; has had intermittent backache since then
Renal stones frequently

Family history:

Father: Medical practitioner, 81 years old,

suffering from cancer

Mother: 77 years old, suffering from TB, BP problems, and allergies

Siblings: Two sisters

Wife: 50 years old, mild and gentle

Children: One son (27 years old) and two daughters

All are medicos

Other physical details:

Recently had a cold & cough lasting 2–3 months

Borderline hypertension and diabetes

Cracks on soles

Pain in the right knee joint, though he can walk easily

Three months ago, he developed a severe backache radiating to the right leg with numbness and tingling. He was hospitalised for 11 days, and traction was given—this was a sudden attack. All pain attacks are accompanied by nausea, dullness, giddiness, and increased thirst, and he is frequently chilly.

Personal history & life sketch:

The patient was born and brought up in a small town and completed college in Tatanagar. As a child, he loved cricket and reading religious books. His nature was very mild, pleasant, and career-oriented. He describes his father as mild and disciplined, whereas his mother is cool and calm.

He experiences anxiety and worries at times about his health, family members, and old friends. He was married in 1969. His wife has a good and cooperative nature. He says he used to be very jolly and lively, but since last year, he has completely changed and now cannot even laugh.

He feels he is over-punctual; regularity and planning are essential to him. He has only one son who went to America last year. There were problems regarding his settlement, which are now solved. He says he lived like a prince until he was 24, receiving everything before he even asked for it.

He tends to let go of things and does not like to quarrel. He no longer feels sadness or joy. Earlier, he did not feel sad even at anyone's death, but since last year, tears have come out of his eyes without any reason. In short, he likes nothing. There is no interest in any activity, and he likes loneliness, which sometimes leads to suicidal thoughts.

He has no financial worries. He was sad when his son went to America in August 1999; thereafter, he felt very alone. His wife is very cooperative, and his mother is also good to him. He thinks that in 31 years, he has made his name and believes that he is nothing without it. He says, "I serve humanity, and that is my hobby; that is why my charges are much lower."

He enjoys treating patients. He treats nearly 250 patients per day and even examines some at no cost.

Rubrics

Brooding

Change: Desire for

Company: aggravated by

Solitude: Fond of

Concentration: Difficult

Delusion: Deserted, forsaken

Delusion: Health, he has ruined his

Delusion: Cannot succeed; does everything wrong

Confidence: Want of self; feels a failure

Conscientious about trifles

Repertorisation:

	Bamb-a.	Bar-c.	Rhus-t.	Sals-f.	Aur.	Sulph.	Nat-c.	Ozone.	Sep.	Plat.	Nat-m.	Arg-n.	Staph.	Nux-v.	Lach.	Cycl.	Hyos.	Kali-c.	Chin.	Calc.
Total	10	16	14	11	20	17	14	7	19	18	18	17	16	15	14	13	12	11	10	9
Rubrics	9	8	8	7	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6
Kingdom	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Brooding(185)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Change; desire for(47)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Company; avers(203)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Company; agg.(99)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Concentration; d(535)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Delusions, imaginat(72)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Delusions, imaginat(7)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Delusions, imaginat(30)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CR16 - Mind; Confidence; want (28)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Treatment:

Bambusa 1M – 22nd January 2022

Bambusa 1M – 18th March 2023

Bambusa 1M – 28th July 2024

Bambusa 1M – 26th April 2025

CONCLUSION:

Bambusa is a valuable remedy for individuals whose structural and emotional resilience is under strain, manifesting as musculoskeletal weakness, pelvic support insufficiency, and tension-driven fatigue.

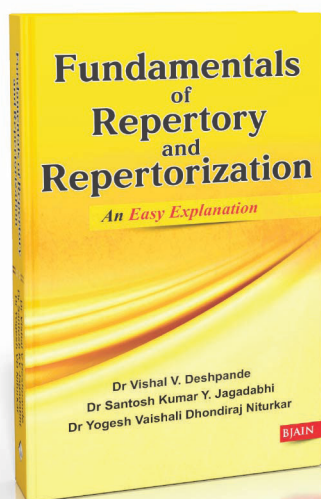
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Fundamentals of Repertory & Repertorization

An Easy Explanation



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ISBN - 9788131999516

Part 1: Core Concepts

Covers the fundamentals of disease, disposition, logic of homeopathy, and individualization—explained in simple, beginner-friendly language.

Part 2: Practical Approach

Introduces repertory, symptomatology, various methods of case-taking, case processing, and how to build a homeopathic totality through repertorization.

Part 3: Repertory at a Glance

An overview of key repertories—from BTPB to modern computer repertories—along with their features, use, and comparison. Also includes the vital connection between Materia Medica, Repertory, and the Organon, plus case-taking insights from homeopathy pioneers.

Hidden Treasures of Healing: Rare and Small Remedies in Materia Medica

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Abstract

Homoeopathy emphasises individualisation, where prescribing is guided by the totality of symptoms rather than disease names or the frequency of a remedy's use. Rare and small remedies, although infrequently prescribed and often underrepresented in classical literature, play an essential role in addressing distinctive, atypical, or suppressed symptom pictures that lie beyond the therapeutic scope of polycrests. Their value lies in their specificity, unique organ affinities, and ability to provide curative responses in complex or chronic cases where conventional homoeopathic choices fail. By broadening the clinician's materia medica and encouraging precise symptom matching, rare remedies contribute to deeper, evidence-based homoeopathic practice and prevent therapeutic stagnation. Comparative analysis of their keynotes versus polychrests demonstrates that while polychrests cover broad symptom ranges, rare remedies often correspond to sharp, characteristic, highly individualised modalities that make them indispensable in certain clinical scenarios.

Key Points : Individualised Homoeopathy, Rare Remedies, Polychrest Comparison

Introduction

Homoeopathy is rooted in the principle of individualisation, wherein the totality of the patient's symptoms, rather than disease labels or remedy popularity, guides the prescription.^{1,2} As a result, remedies with limited historical use, often termed

rare or small remedies, play a crucial role in matching unique patient presentations.³ Although these remedies appear infrequently in practice, their accurate selection can offer deep curative outcomes where polycrests fail.⁴ Exploring their clinical utility is essential for expanding therapeutic horizons and contributing to modern evidence-based homoeopathy.⁵

Importance of Rare Remedies in Homoeopathy

1. Philosophical Foundation

Samuel Hahnemann emphasised the principle of *individualisation* in his *Organon of Medicine*, asserting that treatment must be tailored to the totality of symptoms rather than disease labels.¹ Rare remedies embody this principle by offering therapeutic options for unique clinical presentations.³ They remind practitioners that homoeopathy is not about the popularity of drugs but about precision in matching the patient's individuality.²

2. Therapeutic Individualisation

Rare remedies embody the principle of *similia similibus curentur* by addressing idiosyncratic symptomatology.^{1,2} They allow clinicians to prescribe beyond polycrests when the patient's pathognomonic features are atypical or subtle.⁴

3. Clinical Precision

Rare remedies often correspond to distinctive, uncommon symptom patterns that do not match the broader scope of polycrest medicines.^{3,4} They become crucial in cases where characteristic symptoms are scarce, complaints are suppressed, or

pathology has advanced.²

4. Pharmacodynamic Diversity

Rare remedies expand the therapeutic spectrum by introducing unique pharmacological profiles. Many act on specific organ systems such as hepatobiliary, hematopoietic, or neuroendocrine pathways, providing targeted symptom relief.⁶ This diversity prevents therapeutic stagnation and enriches the physician's armamentarium.⁴

5. Preventing Therapeutic Stagnation

Exclusive reliance on polycrests risks therapeutic inertia.⁴ Rare remedies prevent iatrogenic suppression by offering alternatives when conventional homoeopathic drugs fail to elicit curative responses.²

6. Educational and Research Significance

Studying rare remedies enhances clinical semiology and sharpens diagnostic acumen.^{6,7} They encourage comparative materia medica analysis and stimulate new provings, contributing to the epistemological growth of homoeopathy.⁷

7. Special Role in Paediatrics and Chronic Cases

In children, rare remedies are especially valuable when symptoms are subtle or atypical, making polycrests insufficient.⁴ Chronic and rare diseases (e.g., fibromyalgia, multiple sclerosis) often require remedies beyond the usual options, emphasising the clinical need for rare medicines.⁶

Rare and Small Homoeopathic Remedies^{3,6,8,10}

Rare and Small Remedies are homoeopathic medicines that are infrequently prescribed in general practice and often have limited clinical data compared to large, commonly used remedies (polychrests). They are characterised by their specificity and are often the key to resolving complex or unusual cases where common remedies fail.

Cassia Sophera

Cassia Sophera is extremely rare yet clinically useful in asthma with intense suffocative spells that worsen at night. It is especially important in individuals with a past history of dermatitis or allergic

skin eruptions suppressed by topical treatments.

Mitchella Repens

Mitchella Repens is seldom prescribed, yet it is effective in uterine irritability and habitual tendency to miscarriage, especially in women with weak pelvic musculature and constant bearing-down pains long before labour.

Boldo

Boldo is a rare remedy indicated in chronic hepatic congestion, sluggish gallbladder function, sour or bilious vomiting, and a feeling of gastric heaviness. Although it works well in patients with digestive lethargy and biliary complaints, it is rarely selected because it appears sparsely in classical literature.

Polyporus Pinicola

Polyporus is almost forgotten but useful in periodic fevers, especially malarial types with intense bone pains and recurrent relapses. It is valuable in cases where chills and sweats alternate irregularly and leave marked exhaustion.

Geum Urbanum

Geum Urbanum is rarely mentioned but helps in chronic digestive weakness, sour belching, and persistent nausea associated with mental depression. It becomes relevant when emotional strain directly affects digestion.

Baccharis Coriacea

Baccharis is a rare South American remedy that helps in stubborn obesity with glandular swelling and difficulty losing weight despite diet changes. Patients often feel heavy, sluggish, and depressed.

Nyctanthes Arbor-tristis (Harsingar)

Nyctanthes is a rare but highly effective remedy in malarial fevers with marked backache, chilliness, and recurrence at the same hour each evening. It also becomes clinically relevant in post-chikungunya joint pains.

Granatum (Pomegranate)

Granatum is a rare remedy with a strong clinical role in parasitic infestations, especially tapeworm,

accompanied by extreme hunger alternating with nausea, and peculiar sensations as if the body parts were separated.

Psoralea corylifolia (Babchi)

Deep-seated skin disorders, such as leucoderma/vitiligo (characterised by white patches) and other chronic dermatological conditions, have a traditional use. Its application in homoeopathy is an effort to utilise substances known in traditional systems for difficult, pigment-related disorders, offering a targeted approach where conventional remedies are often ineffective.

Lappa Major (Burdock)

Lappa Major is useful in chronic skin eruptions, especially of the scalp, accompanied by itching, crust formation, and persistent hair fall. Though rarely used, it has proven beneficial in long-standing eczema with a history of suppressed eruptions.

Sumbul (Nardostachys jatamansi)

Sumbul is seldom used yet clinically valuable for hysterical states with marked nervous excitement, palpitations, and a sensation of impending disaster. Patients often have a strong psychosomatic presentation, and the drug becomes useful when emotional triggers dominate physical symptoms.

Piscidia Erythrina (Jamaica Dogwood)

Piscidia is a very rare remedy indicated in cases of intractable neuralgic pains, extreme insomnia, and nervous irritability. It is especially helpful when sleep is disturbed due to continuous nerve excitation and when routine sedative remedies fail to provide relief.

Scutellaria Lateriflora (Skullcap)

Scutellaria is a small yet important remedy for nervous exhaustion, insomnia, and trembling caused by prolonged mental strain. It is especially useful in students, professionals, and caregivers with chronic sleep deprivation.

Solanum Carolinense (Horse Nettle)

Solanum Carolinense is seldom used but clinically valuable in epileptic tendencies where attacks

are preceded by violent gastric disturbances and extreme irritability. It may be considered when convulsions are triggered by emotional shocks or fright.

Curare

Curare is rarely used in routine homoeopathy but can be invaluable in peripheral neuropathy, paralysis, and muscle exhaustion where the patient feels completely unable to initiate movement. It is especially considered after nerve injury or toxic paralysis.

Myrica Cerifera

Myrica Cerifera is a little-known liver remedy showing strong clinical value in jaundice with profound drowsiness, clay-colored stools, and complete loss of appetite. It becomes valuable when the patient exhibits a peculiar “muddy” or dirty appearance of the skin.

Cynodon Dactylon (Doob Grass)

Cynodon is an almost forgotten remedy that is useful in dengue-like fevers, epistaxis, and bleeding tendencies with profound weakness. Clinically, it helps where bleeding occurs with minimal provocation and the patient feels persistently faint.

Justicia Jecorina (Adhatoda Vasaka - higher potency use)

Though the mother tincture is popular, its potencies are rarely explored. In potentised form, this remedy becomes important in chronic bronchitis with rattling mucus and persistent morning aggravation, especially in elderly individuals.

Heloderma horridum

Heloderma horridum is one of the rarest remedies in homoeopathy, especially valuable in cases of peripheral and diabetic neuropathy. Patients often describe an extreme sensation of coldness, “as if ice is circulating through the veins,” which is a highly characteristic feature of this remedy. Because it comes from the lizard venom group rather than the more commonly used snake remedies, it remains underrecognized in clinical practice.

Cenchrus contortrix

Cenchrus contortrix is one of the least-used snake remedies, though it has a distinct clinical profile. It is indicated in sudden hot flushes, constriction of the chest, urinary difficulty, and a mental picture marked by jealousy and suspicion. Its subtle symptomatology contributes to its rare usage.

Sinapis Nigra (Black Mustard)

Sinapis Nigra is seldom used but helps in peculiar burning sensations, dryness of the throat, and left-sided headaches. It becomes important in cases of chronic rhinitis with dryness and plugged nostrils.

Indigo tinctoria

Indigo tinctoria holds significance in childhood epilepsy, sudden spasmodic attacks, head-banging behaviours, and night terrors. Despite these strong indications, it is seldom prescribed due to its brief proving history and low popularity among practitioners.

Senecio aureus

Senecio aureus is especially beneficial in young girls experiencing early menstrual disturbances, pelvic congestion, or premenstrual headaches. Although it has clear indications in gynaecological complaints, it receives little attention due to limited repertorial representation.

Chimaphila Umbellata

Chimaphila is a rare but very important remedy for chronic urinary ailments characterised by chronic prostatitis, painful retention, and difficulty passing urine unless standing with legs apart. It has special relevance in elderly males with long-standing prostate enlargement.

Skookum Chuck

Skookum Chuck, an unusual remedy, is clinically useful in allergic rhinitis, eczema, and mucous membrane dryness. It becomes important in cases with thick, tenacious secretions and chronic sinus blockage.

Fagopyrum (Buckwheat)

Fagopyrum is clinically useful but rarely prescribed. It shows marked action on itching

eruptions that worsen in warm rooms and improve in open air. The remedy is particularly important when skin symptoms alternate with digestive irregularities and restlessness.

Xanthoxylum Fraxineum

Xanthoxylum is a rare but significant remedy in neuralgic dysmenorrhea, especially when pain shoots down the thighs and the patient becomes extremely nervous and hypersensitive. It becomes more important when conventional remedies like Mag-phos fail.

Badiaga

Badiaga is a rare remedy useful for chronic bruised soreness, enlarged glands, and skin sensitivity. It is clinically important in cases where even light touch causes discomfort, often seen in post-viral fatigue states.

X-ray

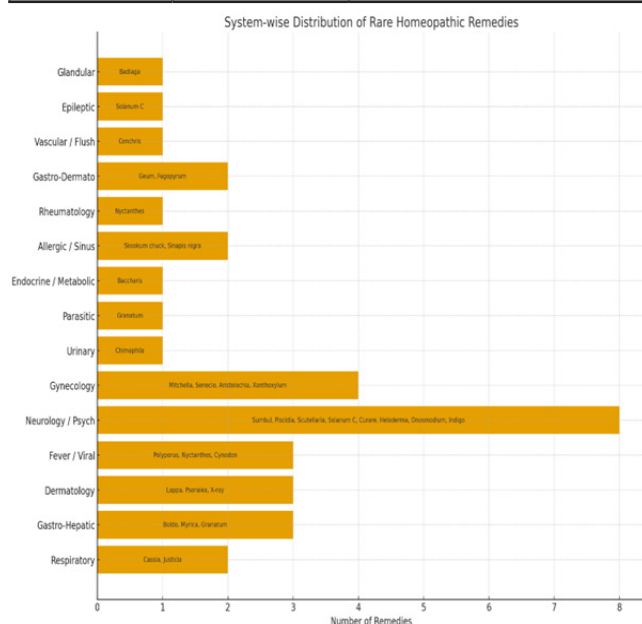
X-ray is rarely utilised despite its significant value in chronic skin conditions aggravated by radiation exposure, cracked and psoriatic eruptions, glandular swellings, and post-radiation fatigue. Due to its limited proving, it remains underrepresented in practice even though it is a highly relevant modern remedy.

Keynotes vs. Differentiation (Rare Remedies vs. Polychrests)^{2,3,6,8,9,10}

Rare Remedy	Keynotes	Different from Polychrests
Cassia sophera	Night asthma after suppressed skin eruptions.	Unlike Arsenicum, Cassia shows <i>suppression history</i> , not anxiety-driven asthma.
Mitchella repens	Habitual abortion; pelvic muscle weakness.	Unlike Sepia, Mitchella shows <i>uterine irritability</i> even before pregnancy progresses.
Boldo	Bilious vomiting; hepatic torpor; heaviness after meals.	Unlike Chelidonium, Boldo lacks marked right-shoulder pain and yellow tongue.
Polyporus	Malarial bone pains; irregular periodicity.	Unlike China, Polyporus has <i>severe bone pains</i> not merely weakness from fluid loss.
Geum urbanum	Nausea is linked to emotional depression.	Unlike Nux vomica, there is <i>mental sadness</i> , not irritability.

Baccharis coriacea	Obesity with glandular swelling; sluggishness.	Unlike Calcarea, Baccharis has a <i>depressed emotional tone</i> and no craving for eggs.
Aristolochia	Postpartum exhaustion; weak uterus; retained lochia; pelvic dragging.	Unlike Caulophyllum, Aristolochia acts after delivery, not before or during labour pains.
Sumbul	Nervous excitement; hysterical palpitations.	Unlike Ignatia, Sumbul has <i>marked cardiac sensations</i> and perfume-like odour symptoms.
Myrica cerifera	Jaundice with drowsiness; muddy skin.	Unlike Merc sol, Myrica lacks salivation or metallic breath.
Cenchrus	Jealousy; hot flushes, chest constriction.	Unlike Lachesis, symptoms are more <i>sudden</i> and lack loquacity.
Psoralea	Vitiligo: deep skin pigment disorders.	Unlike Arsenicum, Psoralea lacks burning or restlessness focus is on pigmentation.
Nyctanthes	Evening malarial paroxysms with backache.	Unlike Eupatorium, Nyctanthes has <i>spinal pain</i> more than bone-breaking pains.
Granatum	Tapeworm with alternating hunger & nausea.	Unlike Cina, Granatum has a <i>peculiar sensation of body part separation</i> .
Scutellaria	Mental exhaustion; trembling; sleeplessness	Unlike Gelsemium, Scutellaria is due to <i>overwork</i> , not anticipatory fear
Solanum carolinense	Epilepsy preceded by gastric disturbances.	Unlike Cicuta, gastric irritation is more prominent than violent spasms.
Cynodon dactylon	Bleeding with faintness in fevers	Unlike Phosphorus, bleeding is <i>passive</i> , not bright-red or profuse.
Piscidia	Neuralgia with insomnia from nerve irritation.	Unlike Coffea, Piscidia has <i>nerve exhaustion</i> , not joyful hyperactivity.
Senecio aureus	Early menstrual disturbances in young girls.	Unlike Pulsatilla, Senecio has <i>pelvic congestion</i> without emotional dependency.
Heloderma	Icy cold sensations; neuropathy.	Unlike Secale, coldness is <i>refreshing</i> , not painful; no gangrene signs.
Onosmodium	Extreme ocular fatigue; dull, congestive headache, weakness of memory and concentration; and sexual neurasthenia.	Unlike Gelsemium, which has anticipatory weakness, Onosmodium has slow, dull mental heaviness from overuse, especially eye strain and brain fatigue
Skookum chuck	Thick mucus; allergic tendency; eczema.	Unlike Kali bich, secretions are <i>less stringy</i> and more gelatinous.

Indigo tinctoria	Childhood epilepsy; head-banging; terror.	Unlike Stramonium, the child is more withdrawn than violently fearful.
Curare	Post-nerve injury paralysis; extreme muscular weakness	Unlike Plumbum, Curare has <i>less retraction</i> and more flaccid paralysis.
Sinapis nigra	Dry burning throat; left-sided headaches.	Unlike Arum triph, dryness is <i>burning</i> without picking at the nose.
Lappa major	Chronic scalp eczema, crusts, and hair fall.	Unlike Mezereum, Lappa has <i>less neuralgia</i> and more chronic hair-fall dominance.
Fagopyrum	Itching eruptions; > open air; < warm rooms.	Unlike Sulphur, Fagopyrum has <i>restlessness</i> with GI alterations.
Xanthoxylum	Neuralgic dysmenorrhea radiating to the thighs.	Unlike Mag-phos, heat gives less relief; nerve hypersensitivity is stronger.
Badiaga	Bruised soreness; skin hypersensitivity.	Unlike Arnica, soreness is <i>tactile</i> (from slightest touch).
Chimaphila	Prostatic enlargement; urine is passed only when standing legs apart.	Unlike Conium, Chimaphila has <i>relieving position</i> keynotes.
Justicia (potency)	Chronic bronchitis with a rattling morning cough.	Unlike Ant-tart, mucus is <i>less suffocative</i> and more chronic/elderly in nature.
X-ray	Post-radiation skin damage, cracks and glandular swelling.	Unlike Graphites, X-ray focuses on <i>radiation-triggered pathology</i> .



CONCLUSION

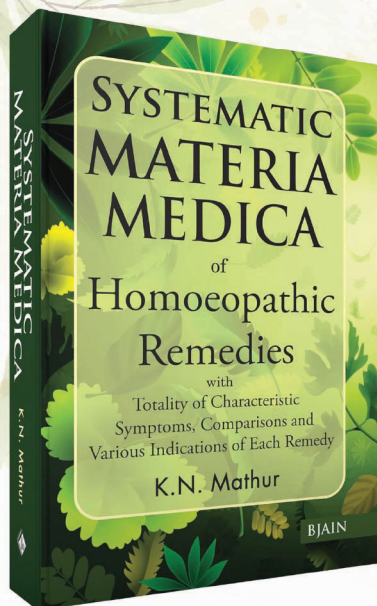
Rare and small remedies, though often underutilised, carry immense clinical potential when applied according to classical principles. Their value lies not in popularity but in precision, frequently providing solutions in chronic and challenging cases with unique symptomatology. Studying and integrating these remedies sharpens clinical judgment, deepens understanding of Materia Medica, and ensures more effective, individualised homoeopathic care. Systematic documentation and research on their use will further enrich global homoeopathic literature and strengthen the future of the discipline.

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Exploring Hidden Gems of the Materia Medica: A Comparative Study of Three Repens Remedies in Urinary Disorders

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Abstract

Within the extensive Homoeopathic Materia Medica, well-established polychrest medicines tend to dominate clinical attention, while many smaller remedies remain relatively unexplored. This article focuses on three such lesser-known medicines—*Epigaea repens*, *Triticum repens*, and *Brachyglottis repens*—which, although botanically diverse, share the epithet repens (“creeping”) and exhibit a notable affinity for the urinary tract system. Their clinical relevance includes conditions such as renal colic, vesical irritation, cystitis, irritable bladder states, and uric-acid diathesis, as suggested by available provings and clinical observations.

Using a framework that encompasses pharmacognosy, original provings, comparative materia medica, clinical confirmations, and a brief consideration of the Doctrine of Signatures, this analysis evaluates each remedy’s characteristic indications and therapeutic potential without overstating their scope. Findings suggest that these remedies, though rarely prescribed, possess distinct and consistent symptom profiles that merit greater recognition in individualised prescribing. Highlighting such precise yet underutilised medicines support a more nuanced and enriched approach to homoeopathic practice.

Keywords

Epigaea repens, *Triticum repens*, *Brachyglottis repens*, Rare Homoeopathic Remedies, Urinary Tract Disorders, Renal Colic, Cystitis, Homoeopathic Materia Medica.

Introduction

The Homoeopathic Materia Medica is a vast and complex landscape, consisting of remedies that range from extensively proven polychrests to small, rarely prescribed medicines with very specific spheres of action. While the major remedies receive considerable clinical attention, much of the Homoeopathic Materia Medica remains underused, not because of a lack of therapeutic potential, but due to limited provings, insufficient clinical documentation, and overshadowing by better-known remedies. Exploring these lesser-known medicines is essential to deepen individualised prescribing and improve clinical precision, especially in cases where common remedies do not produce sustained improvement.

Among such underexplored remedies are three botanically diverse medicines that share the epithet *repens*—*Epigaea repens*, *Triticum repens*, and *Brachyglottis repens*. Despite their differing plant families, traditional uses, and phytochemical profiles, all three exhibit a consistent affinity for the urinary tract. Their indications span a range of presentations, including uric-acid diathesis, renal gravel, cystitis, vesical catarrh, irritable bladder states, and renal congestion. These conditions constitute a significant proportion of clinical practice and often pose diagnostic and therapeutic challenges, making a precise understanding of smaller remedies especially valuable.

A thorough examination of these medicines through pharmacognosy, original provings, comparative materia medica, clinical confirmations, and even the Doctrine of Signatures provides an

opportunity to recognise their specific spheres of action. Such an approach not only highlights their individual usefulness but also underscores the broader need to integrate lesser-known remedies into contemporary homoeopathic thinking.

This article presents a systematic and comparative study of *Epigaea repens*, *Triticum repens*, and *Brachyglottis repens*, with particular focus on their urinary indications, characteristic keynote, and differentiating features. By bringing these small remedies into clearer focus, the article contributes to a more balanced and enriched understanding of the Homoeopathic Materia Medica, one that values both the well-established pillars and the subtle, often overlooked gems.

Source Study, Pharmacognosy & Doctrine Of Signatures

1. *Epigaea repens* (Trailing Arbutus / Mayflower)

Family: Ericaceae

Part used: Leaves and flowering tops

Habitat: Cool forest floors of North America

Fragmentary Prover: Recorded primarily through Hale's "New Remedies."

Doctrine of Signature

The trailing plant creeps low over acidic forest soil, thriving where few plants survive. Its leaves contain *arbutin*, a natural urinary antiseptic also seen in *Uva ursi*. This low-creeping plant thrives in acidic soils; it helps humans dealing with the acidity of urine and alignment with *uric-acid diathesis*.

Pharmacognosy- Traditionally believed to

- Contains *arbutin*, hydroquinone derivatives → urinary disinfectant
- Mild diuretic and anti-inflammatory
- Cleanses urinary passages, especially when *sand-like uric deposits* obstruct flow

Key Symptoms:

- Burning micturition
- Red, sandy uric-acid sediment

- Renal colic radiating downward
- Pain < motion

2. *Triticum repens* (Couch Grass)

Family: Poaceae

Part used: Rhizome

Distribution: Europe, Asia

Fragmentary Prover: Dr. Burt

Doctrine of Signature

Couch grass is a stubborn survivor. It spreads underground through long, silky, creeping rootstocks. No matter how often it is cut, it sprouts back with resilience, symbolising persistence against constant irritation. This reflects its key symptom: *Persistent urging and irritation of the bladder*. The plant's mucilaginous rhizome suggests soothing, coating, and demulcent action, exactly what irritated urinary mucosa needs.

Pharmacognosy- Traditionally believed to be

- Rich in mucilage → soothing, demulcent
- Triticin, potassium salts → mild diuretic
- used for Cystitis, urethritis, and painful urination

Its structure and chemistry perfectly anticipate its homoeopathic sphere.

Key Symptoms:

- Intense vesical tenesmus
- Mucus-laden urine
- Burning urethra
- Incomplete evacuation sensation

3. *Brachyglottis repens*

Family: Asteraceae

Distribution: New Zealand

Part used: Fresh leaves (resinous leaf material)

Fragmentary Prover: Sourced from early New Zealand provings.

Doctrine of Signature

A tough, resinous shrub growing on steep, rocky

terrains, symbolising endurance against harsh environmental stress. Its thick leaves store moisture, echoing key symptoms: *Scanty, high-colour, concentrated urine, with heat and renal irritation.*

Pharmacognosy- Traditionally believed in crude herb form

- Resinous leaves → anti-inflammatory
- Volatile oils → reduce irritation in the mucosa
- Traditional Maori use → bladder

inflammation

- Supports the kidneys during congestion

While homoeopathic action is based on proving, it thus fills a unique place among urinary remedies.

Key Symptoms:

- Pain extending from the kidneys to the bladder
- Scanty, dark, concentrated urine
- Renal soreness and dragging
- Bladder catarrh

Common Urinary Conditions Addressed By The Three *Repens* Remedies

Urinary Condition	Characteristic Features	<i>Epigaea repens</i>	<i>Triticum repens</i>	<i>Brachyglottis repens</i>
Renal Colic	Severe flank-to-groin colicky pain due to an obstructed ureter (usually stones).	Indicated when colic arises from uric-acid gravel, burning, red sandy urine.	Supportive of bladder irritation during stone passage.	Useful when colic causes tenesmus and vesical spasm.
Urinary Gravel	Passage of uric-acid crystals causes burning and frequent urging.	Strongest indication—uric-acid diathesis, sandy sediment.	Mild relevance only when gravel irritates the bladder.	Rarely indicated; only when gravel causes bladder sensitivity.
Cystitis	Burning urination, frequency, suprapubic discomfort, cloudy urine.	Indicated when cystitis follows gravel irritation.	Prominent for acute cystitis with frequency and burning.	Very useful for cystitis with marked tenesmus and irritable bladder.
Irritable Bladder / Vesical Irritation	Urgency and frequency without major infection; heightened sensitivity.	Relevant when due to crystal-induced irritation.	Strong indication—frequent urging, burning, sensation of fullness.	Highly relevant—chronic vesical irritability and tenesmus.
Dysuria (Painful Micturition)	Pain and frequent urination from infection, irritation or inflammation.	Burning from gravel; painful urging.	Pain with inflammation or an irritated bladder.	Painful urging; sensitive and weak bladder.
Urinary Retention / Incomplete Emptying	Weak stream, hesitancy, and residual urine after voiding.	Minor relevance; mostly irritation-related difficulty.	Occasionally indicated in functional vesical weakness (non-obstructive).	Occasionally useful in functional bladder weakness(non-retentive).

Why These Remedies Qualify As “Hidden Gems” Of The Materia Medica

These remedies are “hidden gems” because their limited provings and scattered records obscure their clinical value, yet they show clear urinary affinities and reliable keynotes. Their focused action enriches individualised prescribing and restores attention to lesser-known but significant Materia Medica contributors.

Comparison With Polychrest Urinary Remedies

Although urinary disorders are well represented by polychrest remedies such as *Cantharis*, *Berberis vulgaris*, *Lycopodium*, and *Sarsaparilla*, these widely used medicines often overshadow smaller, highly specific remedies. Polychrests act across broad urinary pathologies—burning cystitis, radiating

renal pains, or chronic irritability, but may not always match the finer nuances of individual cases. It is within these gaps that the *repens* remedies find their clinical relevance. These remedies are not substitutes for polychrests but provide finer differentiation when totality demands lesser-known medicines

Epigaea repens becomes valuable where uric-acid diathesis produces sandy deposits and renal irritation beyond the typical *Berberis* or *Benzoic acid* picture.

Triticum repens stands out in cases of persistent vesical tenesmus with mucus-laden urine, features often insufficiently covered by *Cantharis*.

Brachyglottis repens provides a unique option for

bladder weakness, tendencies to incomplete emptying and irritable vesical states, particularly in elderly or debilitated patients. These remedies fill specific niches where polychrests may not exactly match the individuality.

Thus, the *repens* remedies complement, rather than compete with, existing polychrests—reinforcing the importance of recognising precise, lesser-known options in individualised prescribing.

Scope For Further Research

Although the *repens* remedies show consistent clinical indications in urinary disorders, their available proving data and documented experiences remain limited. Therefore, these medicines require more systematic clinical trials and contemporary research to further validate and strengthen their therapeutic applications. Future work may include re-provings, multi-centre case documentation, and clinical outcome studies comparing these remedies with established urinary prescriptions.

CONCLUSION

The exploration of *Epigaea repens*, *Triticum repens*, and *Brachyglottis repens* reveals how small and lesser-known remedies can hold significant clinical value when examined through multiple lenses—pharmacognosy, original provings, comparative symptomatology, and confirmed clinical applications. Though modest in their proving records and often overshadowed by the more prominent urinary remedies, these three *repens* medicines demonstrate a consistent therapeutic affinity for the urinary tract, particularly in conditions

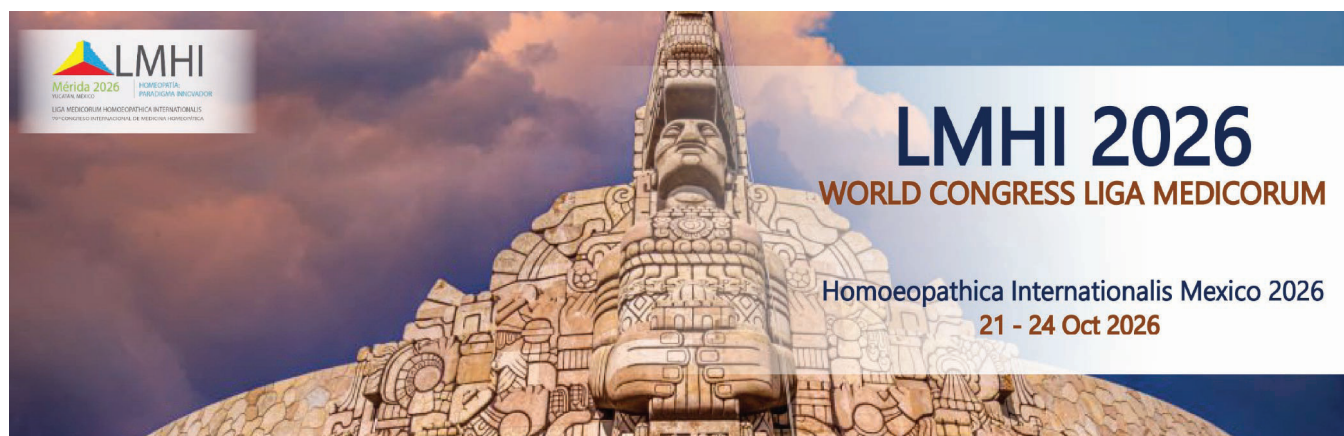
marked by irritation, inflammation, and disordered urinary flow.

While the Doctrine of Signatures is symbolic and not a scientific basis for prescribing, it provides an interesting historical perspective, while comparative analysis highlights their individual strengths: *Epigaea repens* in uric-acid gravel and renal irritation, *Triticum repens* in inflammatory cystitis and vesical tenesmus, and *Brachyglottis repens* in functional bladder weakness with tendencies to incomplete emptying. Together, they exemplify why rare remedies merit deeper clinical attention; they enrich the physician's toolkit and encourage individualised prescribing beyond the familiar boundaries of polychrests.

By shedding light on these “hidden gems” of the Materia Medica, this article underscores the importance of revisiting lesser-used remedies with an open, analytical, and unbiased clinical perspective. In doing so, the homoeopathic physician's capacity for precision, personalisation, and therapeutic creativity is greatly expanded.

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Phytochemical Constituents and Pharmacological Activities of *Alstonia Scholaris*: A Review

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Abstract

Alstonia scholaris, commonly called the “devil’s tree,” is a well-known medicinal species used across many traditional healthcare systems in Asia, Africa, and Australia. The plant plays a therapeutic role in Homoeopathy as well as in Ayurvedic, Unani, and Siddha medicine. Traditionally, the bark is boiled to prepare a decoction that is administered for several health problems, with malaria being one of its most prominent traditional uses.

In Homoeopathy, this remedy is marked by symptoms such as a pronounced sense of emptiness or “gone feeling” in the stomach and a deep sinking sensation in the abdomen, usually linked with marked exhaustion. It is often recommended as a strengthening tonic during recovery from prostrating fevers. Malarial conditions associated with diarrhoea, dysentery, anaemia, and weak digestion generally indicate the suitability of this medicine.

The plant is valued for its bitter and astringent properties and is prescribed for managing skin disorders, malarial fever, urticaria, chronic dysentery, diarrhea, and even snake bites. Beyond its traditional applications, *Alstonia scholaris* has been reported to exhibit a wide spectrum of pharmacological activities, including antioxidant, immunomodulatory, free radical scavenging, anti-inflammatory, antimutagenic, anticancer, analgesic, hepatoprotective, wound-healing, antidiarrheal, and antiplasmodial effects. The present review compiles and discusses the diverse ethnobotanical and traditional uses of *Alstonia*

scholaris, along with its phytochemical constituents and pharmacological properties.

Keywords

Alstonia scholaris, Phytochemical Constituents, Pharmacological Activities.

Introduction

Alstonia scholaris also known as devil tree is an evergreen tree growing up to height of 100 m. It is used against chronic diarrhea, dysentery, bowel movements, beriberi, congestion of liver, dropsy, and ulcers. *Alstonia scholaris* (L.) R.Br. (Apocynaceae) is an evergreen tropical tree native to the Indian subcontinent and Southeast Asia, having grayish rough bark and milky sap rich in poisonous alkaloid. This plant is a native to India, Sri Lanka, Pakistan, Nepal, Thailand, Burma, Malaysia, Southeast Asia, Africa, Northern Australia, Solomon Islands, and Southern China. The plant is large, growing up to 17–20 m in height, with a straight, often grooved and supported bole, about 110 cm in diameter. The bark is grayish-brown, rough, and abundantly lenticellate, with a bitter taste and exudes a white milky latex when incised. Leaves are 4–7 in a whorl, coriaceous, elliptic-oblong. The flowers are small, greenish-white, and borne in many-flowered umbellate panicles. The corolla tube is short, and the inflorescences are characterized by a strong, distinctive fragrance. Fruits have follicles, 30–60 cm long. Seeds are papillose with brownish hair at each end. The bark, also called dita bark, is traditionally used by many ethnic groups of Northeast India and other

parts of the world as a source cure against bacterial infection, malarial fever, toothache, rheumatism, snakebite, dysentery, bowel disorder, etc. Furthermore, the latex is used in treating coughs, sores, and fever. It is a beautiful foliage tree with a large covering, and because of this, it has become a popular ornamental tree in the landscapes and gardens in the warm and moderate regions of Florida, Texas, and California in the United States. *Alstonia scholaris* (L.) R.Br. has been used in traditional systems of medicine for treating various diseases. Leaves of *Alstonia scholaris* Linn. are known to contain a very high amount of alkaloids which can be extracted as a source of natural fungicide. The ripe fruits of this plant are traditionally employed in the management of syphilis and epilepsy. It is additionally employed for its tonic, antiperiodic, and anthelmintic properties. The milky juice of *Alstonia scholaris* (L.) R.Br. has been applied to treat ulcers. The bark is the most intensively used part of the plant and is used in many compound herbal formulas. It is a bitter tonic, alternative, and febrifuge and is reported to be useful in the treatment of malaria, diarrhea, and dysentery. Recently, the leaf extract has also been found to have antimicrobial properties. *Alstonia scholaris* (L.) R.Br. has also been reported to inhibit liver injuries induced by carbon tetrachloride, beta-d-galactosamine, acetaminophen, and ethanol as remarked by the reduced elevation of levels of serum transaminases and histopathologic changes such as cellular necrosis and inflammatory cell infiltration. Screening of natural products from plants provides the chance to discover new molecules of the unique structure with high activity and selectivity.

Morphological Characteristics

Saptaparna is a medium-sized evergreen tree that typically reaches 12–18 m in height, although fully mature specimens may grow up to 27 m. The bark is rough and grayish-white externally, yellowish on the inner surface, and exudes a bitter milky latex when injured. The leaves occur in whorls of four to seven and are thick, oblong, and blunt-tipped. They are dark green on the adaxial surface, while the abaxial surface is pale and bears brownish pubescence.

Habitat

A dominant canopy species commonly found in coastal mesophyll vine forests with canopy heights of 35–42 m. It also occurs in palm-dominated forests and notophyll vine forests.

Stem

The bark is yellowish and gray, rough on the outside and smooth on the inner surface. Branches are arranged in whorls, and young branches are lenticellate. When the bark is injured, a milky latex exudes.

Leaves

Leaves occur in whorls of 4–7 and are coriaceous, oblong-lanceolate, obtuse or bluntly acuminate. The upper surface is dark green, while the lower surface is pale and covered with a whitish bloom. The leaf base tapers, and the numerous main nerves are nearly horizontal and parallel, joining to form an intramarginal nerve.

Inflorescence

Capitate cymes.

Flowers

- Small, fragrant, greenish-white, arranged in umbellate, branched, many-flowered, pubescent capitate cymes; peduncles 2.5–5 cm long; pedicels very short; bracts oblong and pubescent.
- Calyx about 0.3 cm long; lobes oblong, obtuse, and ciliate.
- Corolla tube about 0.8 cm long, villous inside, with a ring of hairs at the mouth; lobes cuneate-oblong, rounded or subtruncate at the apex, pubescent.
- Carpels pubescent.

Fruit

Follicles 30–60 cm long and about 0.3 cm in diameter, cylindrical, drooping in clusters, and completely averted after dehiscence.

Seeds

Seeds are approximately 0.6 cm long, linear-oblong, flat, and rounded, bearing a fringe of hairs at both ends.

Flowering and Fruiting Period

December–March and May–July.

Figure:1 Fig -leaves, flowers, fruits



CLIMATE AND SOIL

The trees typically flower only after experiencing distinct periods of dry weather. *Alstonia scholaris* grows across a wide range of climatic conditions in India, from dry tropical to subtemperate zones. Optimal blooming occurs in regions receiving annual rainfall of approximately 100–150 cm, as the species prefers a moderately moist habitat.

The species thrives particularly well in red alluvial soils with good aeration. It can also grow in black cotton soils; however, its growth is comparatively slower due to the persistently moist conditions prevalent during the rainy season.

Table: 1

INDIAN NAMES	COMMON NAMES	SYNONYMS
Bengali: Chattim Hindi: Saptaparni, Shai-tankajhar, Chitvan Kannada: AeleeleHaale, Bantale, Doddapala Malayalam: Daivappala Marathi: Satvin Sanskrit: Saptaparna Tamil: Ezilaipillai, mukumpalai Telugu: Daevasurippi Gujrati: Satvana.	<ul style="list-style-type: none"> Indian pulai white cheesewood devil tree blackboard tree milkwood pine dita bark bitter bark 	<ul style="list-style-type: none"> Echites scholaris Alstonia kurzii Tabernaemontana alternifolia Acokanthera scholaris Echitespala

Table: 2

TAXONOMICAL DISTRIBUTION	
Kingdom: Plantae Subkingdom: Viridiplantae Infrakingdom: Streptophyta Superdivision: Embryophyta Division: Tracheophyta Subdivision: Spermatophytina Class: Magnoliopsida Superorder: Asteranae Order: Gentianales Family: Apocynaceae Tribe: Plumeriae	Subtribe: Alstoniinae Genus: Alstonia Species: A. scholaris.

Phytochemical Constituents

The various species of *Alstonia* are highly rich in alkaloids, steroids, and triterpenoids, and phenolic compounds which contribute to the toxicity of *Alstonia scholaris*. Various alkaloids that have been reported in stem bark of *Alstonia scholaris* includes alstonidine, O-methylmacalstonine, macalstonine O-acetylmacalstonine, alstonine, ditamine, echicaoutchin, corialstonidine, corialstonine chlorogenine, villalstonine, pleiocarpamine, macrocarpamine, and triterpenoids which have been reported are alpha-amyrrin linoleate, lupeol palmitate, and lupeol linoleate. There have been several other alkaloids that had been isolated and reported which are 12-methoxyechitamine, 5-epi nareline ethyl ether, nareline methyl ether, scholaricine, picrinine, and scholarine-N(4)oxide, 19-hydroxytubotaiwine, 6,7-seco-19,20 epoxyangustibobine B, Nb-methyl-scholarine, Na-methylburnamine, 19-episolarine and vallesamineNb-oxide [27], 19,20-[E]-vallesamine, angustilobine, 20(S)-tubotaiwine, B-N4-oxide, and 6,7-seco angustilobine. Leaves of *A. scholaris* have been reported as a source of novel picrinine-type monoterpenoid indole alkaloids, including 5-methoxystrictamine, picralinal, and 5-methoxyaspidophylline. Alkaloids including ditamine, echitamine, and echitenine isolated from the bark of *Alstonia scholaris* are obtained as a yellow, amorphous mass. Acicular crystals of echicerin and crystalline scales of echitin have been reported from the bark extract. Similar alkaloids such as echitein (a crystallizable acid) in rhombic prisms and an amorphous substance called echiretin are all like an alkaloid, a fatty acid and fatty resinous substances. Ditain which is an uncrystallizable bitter principle was isolated long ago and attributed to have antipyretic properties. Ditamine and echitamine can be extracted with ether and chloroform by making the solution alkaline with sodium bicarbonate and NaOH, respectively. Echitamine (C₂₂H₂₅O₄N₂) is major alkaloidal constituent of several species of *Alstonia* such as *A. angustiloba*, *A. gillettii*, *A. congesta*, and *A. spathulata* including *A. scholaris*; however, the same alkaloid was absent in other species of *Alstonia* such as *A. villosa*, *A. constricta*, or *A. macrophylla*. Lupeol acetate, stigmasterol, and α -sitosterol have been isolated from root bark. Alkaloids such as chlorogenic acid and several other hallucinogenic indole

alkaloids which have been reported in the seeds of *Alstonia scholaris* are chlorogenine, alstovenine, reserpine, echitamine, ditamine, and venenatine. 7-megastigmen-3, 6, 9-triol and megastigmane-3 β , 4 α , 9-triol are the two important structures which have been identified and were extracted from the leaves of *A. scholaris* and are known to be C13-norisoprenoids. Alstonic acids, including 2,3-secofernane-type triterpenoids, have also been isolated from the leaves of *Alstonia scholaris*.

Pharmacological Activities

Anticancer activity

Methanol extracts of root barks of *A. macrophylla*, *A. glaucescens*, and *A. scholaris*, collected from Thailand, have been assessed for cytotoxic activity against two human lung cancer cell lines, MOR-P (adenocarcinoma) and COR-L23 (large cell carcinoma), using the sulforhodamine B assay. Pleiocarpamine, O-methyl macralstonine, and macralstonine were all considerably less active than villalstonine.

Antidiabetic potential

Several *in vitro* and *in vivo* studies were undertaken by researchers to evaluate traditional and local antidiabetic claims of *Alstonia scholaris*. The antidiabetic potential of *Alstonia scholaris* has been investigated primarily through its α -glucosidase inhibitory activity and hypoglycemic effects. To date, potent antidiabetic activity has been reported in the leaves and stem bark of *Alstonia scholaris*. The powder of *Alstonia scholaris* leaves exerts a consistent hypoglycemic effect in patients suffering from non-insulin-dependent diabetes mellitus. The hypoglycemic effect *Alstonia scholaris* leaves powder in patients suffering from non-insulin-dependent diabetes mellitus was ascribed to their insulin triggering and direct insulin-like actions.

Antidiarrheal activity

Patil et al. reported the antidiarrheal effects of both aqueous and alcoholic bark extracts of *Alstonia scholaris* in mice.

Antimicrobial activity

Goyal and colleagues observed that *Alstonia*

scholaris contains several bioactive compounds—such as alkanes, alkanols, and sterols—that show notable antimicrobial effects. In another study, Khan et al. assessed the antibacterial properties of different solvent fractions (petroleum ether, dichloromethane, ethyl acetate, and butanol) prepared from the methanolic extracts of the plant's leaves as well as its stem and root bark. Among all the tested fractions, the butanol extract displayed the strongest and widest range of antibacterial action, indicating its potential as a broad-spectrum antimicrobial agent.

Analgesic and anti-inflammatory activities

The effects of the ethanolic leaf extract of *Alstonia scholaris* were evaluated using experimental models of pain and inflammation. The leaf extract at 200 and 400 mg/kg showed significant decrease in acetic acid induced writhing in mice with a maximum of 65.76% at 400 mg/kg. In hot plate method, the percentage of pain inhibition was found to be 73.90% and 79.56% with 200 and 400 mg/kg of extract. There was a significant inhibition in carrageenan-induced paw edema with 200 and 400 mg/kg of the extract.

Antioxidant

Antioxidants are substances that counteract excess free radicals, reactive oxygen species, and nitric oxide, thereby neutralizing their pathological effects. Plants serve as excellent natural sources of antioxidants, which are known to reduce the risk of several diseases, including cancer, cardiovascular disorders, and stroke. Thus far, the antioxidant activity of *Alstonia scholaris* has been investigated primarily through *in vitro* models, and no reports are available on its *in vivo* antioxidant potential. James et al. reported that the methanolic extract of the flowers exhibited higher antioxidant activity than that of the fruits. The radical scavenging and overall antioxidant properties of the leaves were attributed to their phenolic and flavonoid constituents, while those of the flower and fruit extracts were mainly associated with their flavonoid content.

Antiplasmodial Activity

Keawpradub et al. evaluated the antiplasmodial activity of methanolic extracts from various parts

of *Alstonia scholaris* against the multidrug-resistant K1 strain of *Plasmodium falciparum* cultured in human erythrocytes. The extracts demonstrated pronounced antiplasmodial activity. Indole alkaloids isolated from the active fractions were subsequently tested against the K1 strain, with bisindole alkaloids—particularly villalstonine and macrocarpamine—exhibiting the most potent activity, with IC_{50} values of 0.27 and 0.36 μM , respectively.

In contrast, Gandhi and Vinayak reported that petroleum ether and methanolic bark extracts of *Alstonia scholaris* showed no significant antimalarial activity in mice infected with *Plasmodium berghei*. However, animals treated with the methanolic extract exhibited dose-dependent improvement in clinical conditions and delayed mortality. Additional reports indicate that *A. scholaris* displays little or no antimalarial efficacy in malaria induced in monkeys and in naturally occurring infections in human patients. Therefore, it cannot be recommended as a substitute for quinine or other cinchona alkaloids.

Hepatoprotective activity

Lin et al. investigated the hepatoprotective effects of *Alstonia scholaris* R. Br. against liver injuries induced by carbon tetrachloride (CCl_4), D-galactosamine, acetaminophen, and ethanol, using both serum biochemical analyses and histopathological examinations. The serological and histopathological responses observed with *Alstonia scholaris* were comparable to those of *Bupleurum chinense*, a plant previously recognized for its therapeutic relevance in hepatitis. Histopathological analysis also indicated that *Alstonia scholaris* tended to reduce cell necrosis and inflammatory cell infiltration caused by D-galactosamine-induced hepatic injury.

Immunomodulatory activity

The immunostimulating effects of *Alstonia scholaris* bark extracts were investigated in BALB/c mice by Iwo et al. The aqueous extract at a dose of 100 mg/kg body weight significantly enhanced the lytic activity of peritoneal exudate cells against *Escherichia coli*. However, at doses of 50 and 100 mg/kg body weight, the extract did not influence the primary antibody response. Notably, the 50

mg/kg dose stimulated the cellular immune response, whereas the 100 mg/kg dose inhibited the delayed-type hypersensitivity reaction.

Molluscicidal and Anticholinesterase Activity

The aqueous extracts of the stem bark and leaves of *Alstonia scholaris* exhibit both molluscicidal and *in vivo/in vitro* anticholinesterase activities against the snail *Lymnaea acuminata*. The stem bark extract demonstrated markedly stronger molluscicidal activity than the leaf extract across all exposure periods, acting in a time- and dose-dependent manner, with the LC_{50} value decreasing from 665.82 to 138.32 mg/L. The anticholinesterase activity of the extracts was similarly dose dependent.

William BOERICKE

Malarial diseases accompanied by diarrhoea, dysentery, anaemia, and feeble digestion are the general conditions indicating this remedy.

Its characteristic symptoms include a marked “gone” sensation in the stomach and a sinking feeling in the abdomen, associated with great debility. It is especially useful as a tonic after exhausting fevers.

Abdomen

Violent purging with cramping pains in the bowels. Heat and irritation in the lower intestines. Useful in camp diarrhoea, bloody stools, and dysentery; diarrhoea resulting from impure water and malarial influences. Painless, watery stools (compare *Phosphoric acid*). Diarrhoea occurring immediately after eating.

Compare:

- *Alstonia constricta* – closely similar in action; known as the “bitter bark” or “native quinine” of Australia.
- *Ditain* – the active principle; possesses anti-periodic properties similar to quinine but without its unpleasant effects.
- *Cinchona* – similar in diarrhoea, chronic dyspepsia, and profound debility.

CONCLUSION

Alstonia scholaris is recognized as a valuable

medicinal plant with a wide spectrum of therapeutic applications. Numerous studies have demonstrated its antioxidant, anticancer, antidiarrheal, antimicrobial, antiplasmodial, analgesic, anti-inflammatory, immunomodulatory, hepatoprotective, and wound-healing properties. Based on the available scientific evidence, this concludes that *Alstonia scholaris* holds significant potential as a promising medicinal resource for future pharmacological and therapeutic developments.

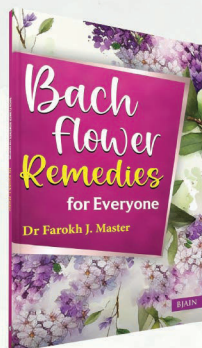
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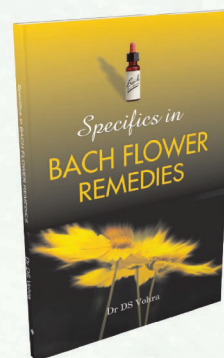
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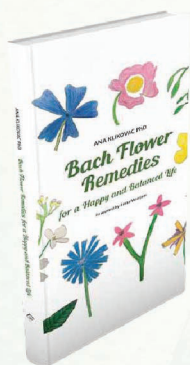
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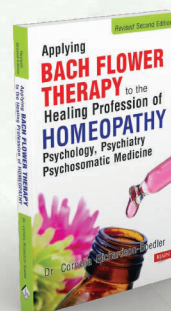


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A Sequential Understanding of Matridonal Remedies across the Evolution of Human Identity

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Abstract

Matridonal remedies represent one of the least-explored yet symbolically rich groups within the homeopathic materia medica. Traditionally understood as remedies derived from substances associated with pregnancy, birth, and early infant nourishment, they are often discussed in relation to bonding, perinatal trauma, or mother–child dynamics. This article proposes a new international framework: Matridonal remedies may be understood as energetic representations of the universal human transition from shared physiology to individual autonomy.

From the fluid unity of the amniotic environment to the formation of early boundaries and the establishment of independent self-regulation, these remedies reflect sequential stages of developmental separation. By viewing them through this broader anthropological and psychological lens, practitioners gain a more universal, culturally independent, and clinically relevant understanding of their significance. This perspective integrates prenatal biology, attachment psychology, and homeopathic symbolism to offer a contemporary approach applicable to patients across diverse global contexts.

Keywords

Matridonal remedies; homeopathy; developmental autonomy; shared physiology; prenatal symbolism; mother–child bonding; separation–individuation; archetypal medicine; emotional development; rare remedies

Introduction

Matridonal remedies occupy a distinctive yet sometimes misunderstood place within homeopathic practice. Derived from substances closely linked to early life—placenta, amniotic fluid, umbilical cord, vernix caseosa, colostrum, and human milk—they are typically associated with themes of bonding, nourishment, and emotional belonging. Over the past two decades, practitioners have used these remedies for patients presenting with chronic emotional insecurity, attachment disruptions, and unresolved pre-verbal trauma.

However, despite their clinical promise, Matridonal remedies have rarely been examined within a broader developmental or anthropological context. Most available literature focuses either on remedy pictures or on maternal–infant dynamics. What has been missing is a conceptual model that links these remedies to universal human development—a framework reflecting not only the mother–child dyad but the deeper biological and psychological transitions that shape identity.

This article proposes a novel interpretation for international readership:

Matridonal remedies may represent energetic milestones in the human journey from shared physiology to autonomous existence.

Before birth, the fetus lives within a state of complete dependence—its nourishment, protection, temperature regulation, and immunologic support all provided by the mother. After birth, a dramatic transition occurs: the newborn must begin

breathing independently, digesting, regulating temperature, forming boundaries, and developing an individualized identity. Each Matridonal remedy aligns symbolically and functionally with a step in this transition.

This developmental perspective transcends cultural boundaries, integrating prenatal biology and homeopathic symbolism with modern understandings of attachment and identity formation. It provides a unified language for practitioners worldwide, enabling more grounded and clinically intuitive use of these important but under-explored remedies.

The Concept of Shared Physiology

Human development begins not in separation but in embeddedness. Throughout gestation, the fetus exists in a state where its physiological needs are inseparable from the mother's body. This condition of biologically shared existence has been extensively described in developmental biology and obstetrics, but homeopathy has not traditionally incorporated this concept into remedy interpretation.

In this state:

- circulation is shared through the placenta
- nutrition comes without effort
- temperature regulation is externally controlled
- immunity is borrowed
- stress hormones are shared
- sensory input is filtered by the maternal system

This total dependence creates what can be called primary unity. Matridonal remedies derived from early-life substances can be understood as symbols or imprints of this unity, which forms the earliest layer of the human experience.

1. Amniotic Fluid: The Remedy of Primordial Unity

It is prepared from ethically sourced human amniotic fluid and potentized by licensed homeopathic pharmacies. Amniotic fluid symbolizes the earliest environment of the human experience. In this space, boundaries are not yet established—there

is no distinction between “me” and “not-me.”

Within this framework, Amniotic fluid (*Aqua amniotica*) may be seen as representing:

- complete immersion within another
- absence of sharp boundaries
- sensory buffering
- pre-emotional safety
- original containment

Clinically, individuals needing this remedy often describe a longing for protection from over-stimulation, a desire to “float” or withdraw, or difficulty managing the intensity of the world. By understanding the remedy as an imprint of primordial unity, its broader psychological implications become clearer: it supports individuals overwhelmed by separation, independence, and the sensory demands of modern life.

2. Placenta: Shared Nourishment and the Archetype of Sustenance

A sarcode prepared from human placental tissue under regulated conditions and transformed into a potentized homeopathic remedy. The placenta represents not simply a physical organ but a biological relationship. It is the mediator between mother and fetus, facilitating nourishment, oxygenation, hormonal balance, and toxin removal. Symbolically, it reflects the essence of secure support.

Within the autonomy model, Placenta corresponds to the stage where:

- nourishment is abundant and unquestioned
- survival is externally managed
- existence is fundamentally relational

People requiring Placenta often carry core themes such as:

- “I must earn support”
- “I fear support will disappear”
- “I take too much responsibility because support feels unsafe”

Viewing Placenta as the energetic memory of shared nourishment helps practitioners understand chronic patterns of over-care, exhaustion, or mistrust in receiving help. It frames the remedy as

essential for restoring the archetype of unconditional support.

3. Umbilical Cord: The First Boundary and the Bridge Between Selves

It is prepared from the human umbilical cord using standard homeopathic potentization methods and dispensed only in potentized form. The umbilical cord is not only a lifeline—it is the first interface between self and other. It symbolizes a boundary that is connected yet distinct. Within the developmental framework, Umbilicalis represents the threshold between unity and individuality.

It expresses the first dynamics of:

- dependence vs independence
- trust in connection
- fear of separation
- early relational negotiation

Individuals who resonate with this remedy often exhibit:

- fear of detachment
- difficulty transitioning between stages of life
- patterns of relational clinging
- identity that feels dependent on another's emotional state

By understanding the umbilical cord as the beginning of relational autonomy, practitioners can use this remedy to help patients who struggle with transitions, relational boundaries, or enmeshment.

4. Vernix Caseosa: The First Independent Protection

It is prepared from the newborn's protective vernix and processed through serial dilution and succussion to obtain a potentized remedy. Vernix caseosa serves as the baby's first protective barrier against the outside world. Symbolically, it represents the earliest layers of personal defense as the newborn prepares for an environment fundamentally different from the womb.

Within this model, Vernix corresponds to developing:

- sensory protection

- skin boundaries
- adaptation to external conditions
- resilience in unfamiliar surroundings

Patients who may benefit from Vernix often feel:

- hypersensitive to touch, sound, or emotional stimuli
- defensive or "raw"
- unprotected in relationships or environments

Interpreting Vernix through the autonomy framework allows practitioners to see it as a remedy for people whose boundaries are underdeveloped or easily breached.

5. Lac Humanum: Early Relational Autonomy

It is prepared from human breast milk obtained with consent and potentized according to established homeopathic pharmaceutical standards. Human milk symbolizes nourishment that is shared, but with a new autonomy—the baby must actively suckle, regulate digestion, and respond to emotional cues. Thus, Lac Humanum stands at the intersection of dependency and individuality.

It carries themes of:

- reciprocity
- emotional connection
- early social development
- empathy and belonging

Many patients with Lac Humanum themes describe:

- longing for emotional nourishment
- struggle between connection and self-preservation
- difficulty receiving love
- persistent feelings of being "unmothered"

Framing Lac Humanum as a remedy for early relational autonomy allows for deeper clinical understanding; it addresses the earliest experiences of learning to connect without losing oneself.

Sequential understanding of Matridonal remedies with pregnancy-stage relevance

Developmental stage	Matridonal remedy	Stage meaning	Clinical description	Use in pregnancy stages (Pre / During / Post)
Primordial intra-uterine unity	Amniotic Fluid (Aqua amniotica)	Complete immersion; absence of boundaries	Represents the earliest experience of being completely held and protected. Patients feel overwhelmed by stimulation, seek withdrawal, and struggle with separation or independence. Longing for safety and containment is prominent.	Pre-pregnancy: Anxiety about conception, fear of exposure, emotional overwhelm. During pregnancy (1st trimester): Heightened sensitivity, fear of loss, need for protection. Post-pregnancy: Difficulty adjusting to reality after loss or traumatic birth.
Shared nourishment & sustenance	Placenta (Placenta humanum)	Unquestioned support; nourishment without effort	Symbolizes secure sustenance and relational support. Indicated where there is fear of losing support, over-responsibility, exhaustion from caregiving, or mistrust in receiving help.	Pre-pregnancy: History of miscarriage, fear of not being supported, emotional depletion. During pregnancy (all trimesters): Emotional dependency, fatigue, fear of abandonment. Post-pregnancy: Postpartum exhaustion, emptiness, difficulty integrating separation after birth.
Connection with emerging boundaries	Umbilical Cord (Umbilicalis)	Connection with separation; first boundary	Represents the bridge between unity and individuality. Seen in patients with fear of detachment, enmeshment, difficulty with transitions, and identity dependent on others.	Pre-pregnancy: Fear of independence, difficulty letting go of past attachments. During pregnancy (2nd–3rd trimester): Anxiety about separation from fetus, over-attachment. Post-pregnancy: Difficulty allowing independence of child, emotional clinging.
First independent protection	Vernix Caseosa	Protective barrier; adaptation to outside world	Symbolizes development of early boundaries and resilience. Indicated in hypersensitive individuals who feel raw, exposed, or unprotected emotionally or physically.	Pre-pregnancy: Fear of vulnerability, defensiveness, emotional rawness. During pregnancy (late 3rd trimester): Anxiety about external world, fear of childbirth exposure. Post-pregnancy: Sensory overload, emotional defensiveness after delivery.
Early relational autonomy	Lac Humanum (Human milk)	Reciprocal nourishment; shared effort	Represents emotional nourishment that requires participation. Seen in patients longing for love, struggling to receive care, or feeling emotionally deprived despite connection.	Pre-pregnancy: Longing for emotional fulfillment, unresolved mother-child themes. During pregnancy (post-birth preparation): Anxiety about bonding or nurturing ability. Post-pregnancy: Difficulty bonding, feeling emotionally “unmothered,” or conflicted about caregiving.

DISCUSSION

Matridonal remedies represent a distinct and symbolically rich group within homeopathic materia medica, derived from substances associated with pregnancy, birth, and early nourishment.

Human development begins in a state of complete dependence, where survival, regulation, and protection are externally mediated. This early phase of shared physiology forms the foundation of emotional security and relational patterns that continue to influence the individual throughout life. Matridonal remedies symbolically correspond to specific milestones within this developmental continuum.

Amniotic fluid represents primordial unity and absolute containment, characterized by the

absence of boundaries and protection from external stimuli. Placenta reflects unquestioned nourishment and externally regulated survival, forming the archetype of secure support. The umbilical cord introduces the first experience of separation while maintaining connection, symbolizing the emergence of relational boundaries. Vernix caseosa corresponds to the earliest independent protection as the individual prepares for exposure to the external world, while lac humanum represents reciprocal nourishment, where connection continues but requires active participation. Together, these remedies form a sequential map that mirrors universal stages of early human experience.

Pregnancy and the perinatal period are profound transitional phases that frequently reactivate these early developmental layers. Emotional

vulnerability, anxiety, fear of loss, exhaustion, hypersensitivity, and disturbances in bonding are commonly observed during these stages. Such manifestations may reflect not only present physiological changes but also the resurfacing of unresolved pre-verbal experiences. Their application during pre-pregnancy, antenatal, and postnatal stages supports emotional integration during periods of significant biological and psychological transition.

The relevance of Matridonal remedies, however, is not limited to reproductive phases. The themes they embody—security, nourishment, attachment, separation, and autonomy—are central to human development across the lifespan. Individuals presenting with chronic dependency, fear of abandonment, difficulty receiving support, emotional hypersensitivity, or challenges with relational boundaries may exhibit patterns corresponding to these early developmental stages. Matridonal remedies therefore provide a valuable conceptual and clinical tool for understanding such presentations, particularly when symptoms are diffuse or lack a clear situational origin.

CONCLUSION

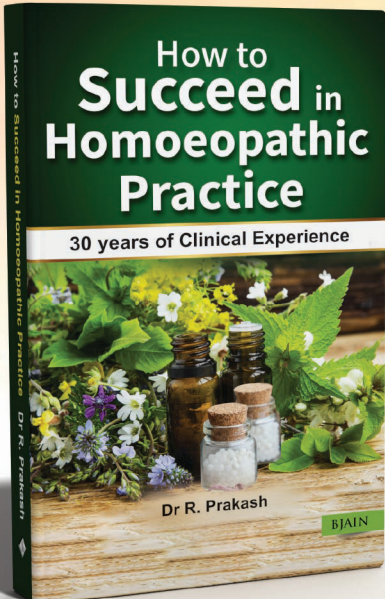
Matridonal remedies offer an extraordinary


window into the earliest phases of human development. By interpreting them as energetic reflections of the transition from shared physiology to autonomous existence, homeopathy gains a new, internationally relevant framework for their application. This perspective unites biological reality, psychological development, and symbolic meaning, allowing practitioners to draw connections between pre-verbal experiences and lifelong emotional patterns.

Such an approach transforms Matridonal remedies from rare and obscure tools into a powerful developmental map that mirrors the universal human journey. It provides deeper clinical insight, broader therapeutic potential, and a more holistic understanding of how the earliest layers of human experience continue to shape identity, relationships, and well-being.

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ISBN:-9788131967812



Reviving India's Indigenous Remedies: A Retrospective Observational Review of Indigenous Remedies in Homoeopathic Materia Medica

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Abstract

India's traditional medical heritage encompasses a vast body of indigenous plants and substances. Over the years, practitioners and researchers compiled these into homoeopathic literature through provings, monographs, and observational records. Despite this rich history, many indigenous drugs have been underutilized in contemporary practice.

This retrospective observational review synthesizes knowledge from established homoeopathic sources including the authoritative *Homoeopathic Materia Medica of Indian Drugs* (CCRH, 2011), classical materia medica texts, and indigenous drug compilations to highlight the historical roots, therapeutic relevance, and regional significance of lesser-known Indian remedies.

The review outlines conceptual foundations such as *desha-satmya*, examines the contextual framework of Indian-origin drugs, and proposes a structured approach for their thoughtful integration into modern homoeopathic prescribing. The aim is to reinvigorate scholarly interest and clinical consideration of these underexplored remedies.

Keywords

Indigenous drugs; Indian homoeopathic remedies; retrospective review; regional materia medica; CCRH

Introduction

The Indian subcontinent has nurtured an extensive pharmacopeia across centuries, embedded in Ayurveda, Siddha, Unani, local traditions, and tribal systems. With Homoeopathy's establishment in the country in the late 19th century, attention naturally turned toward indigenous flora and substances to expand the homoeopathic materia medica.

A classical Ayurvedic principle supports this relevance:

“देशनुरूपाणि औषधानि तत्रस्थेषु जनसु शीघ्रं परिणामं ददति।”

Deśānūrūpāṇi auśadhāni tatra-stheṣu janasu śīghraṁ pariṇāmaṁ dadati.

“Medicines native to a region exert deeper and quicker effects upon the people who dwell in that land.”

This concept of *desha-satmya* reflects the idea that local medicinal agents often align with local symptom patterns and constitutions, providing a compelling rationale for examining Indian-origin homoeopathic drugs.

Historical Background Of Indian Drug Provings

The systematic documentation of Indian drugs in Homoeopathy evolved through multiple streams of scholarship:

- Early provers and practitioners contributed proving data and clinical notes.

- Compilations such as *Drugs of Hindoosthan* provided valuable references to indigenous substances.
- Scholars including Prosad Banerjee examined Indian materia medica and integrated classical knowledge with homoeopathic interpretation.
- The **Central Council for Research in Homoeopathy (CCRH)** later consolidated these efforts into authoritative monographs and the comprehensive *Homoeopathic Materia Medica of Indian Drugs* (2011), serving as an invaluable resource for clinicians and researchers.

These initiatives collectively formed a foundation for understanding how Indian-origin remedies function within homoeopathic practice.

Rationale For Reviving Indigenous Remedies

1. Regional Relevance (Desha-Satmya)

Local remedies often exhibit modalities and symptom expressions aligned with environmental conditions, dietary habits, and endemic influences prevalent in Indian populations.

2. Distinctive Symptomatology

Indigenous drugs frequently possess sharply delineated peculiar symptoms, which can enhance differential diagnosis when common remedies yield partial correspondence.

3. Therapeutic Breadth

Classical sources suggest that many Indian remedies possess affinities for conditions shaped by climatic influences, seasonal exacerbations, and diet-related patterns contexts that are especially relevant in Indian clinical settings.

4. Contribution to Indian Homoeopathic Identity

Reintegrating indigenous drugs supports a culturally rooted expansion of Materia Medica and honors India's contribution to global homoeopathic literature.

Methodology

This retrospective observational review assesses homoeopathic literature drawing on four principal sources:

- Pocket Manual of Homoeopathic Materia

Medica & Repertory by William E Boericke

- Homoeopathic Materia Medica of Indian Drugs by CCRH
- Drugs of Hindoosthan by S C Ghosh
- Materia Medica of Indian drugs: indigenous system of medicine by Prosad Banerjee.

Information from these references was synthesized and interpreted to provide a cohesive understanding of the historical development, therapeutic roles, and regional relevance of selected Indian-origin remedies. When multiple sources discussed the same remedy, consonant themes were identified to support clinical interpretation.

Materia Medica Of Selected Indigenous Remedies

Embelia ribes - "Worm Killer" (Krimigna)

Traditionally regarded as a children's remedy, *Embelia ribes* is noted for its usefulness when common anthelmintic homoeopathic remedies such as *Cina*, *Nux vomica*, or *Santoninum* fail to act. Classical descriptions highlight its value particularly in worm conditions associated with **bloody, pungent urine**, which serves as a strong guiding feature.

Gentiana chirata - "Fever Killer"

Recognised as a potent antipyretic, *Gentiana chirata* has long been used in chronic fevers. A characteristic pattern includes:

- A **prolonged cold stage** accompanied by nausea and bilious vomiting,
- A **hot stage lasting 3–4 hours**,
- Followed by a **sweating stage**.

Patients often develop a **desire for hot water** immediately after the cold phase.

Gymnema sylvestre - "Sugar Killer"

Traditionally valued for its action in **diabetes mellitus**, *Gymnema sylvestre* has also been referenced in traditional literature for its usefulness in certain types of **snake bites**. Its reputation is linked to its influence on sugar metabolism.

Hydrocotyle asiatica

A classical indigenous remedy, *Hydrocotyle asiatica*

is indicated in **jaundice** and hepatic disturbances. Traditional Ayurvedic references, including those attributed to Sushruta, describe the plant as beneficial in **enhancing memory**, adding a cognitive dimension to its sphere of action.

Jutisia adhatoda

Known widely as a remedy for **all forms of cough and cold**, *Jutisia adhatoda* has a historic reputation for remarkable respiratory efficacy. Traditional claims state that “no death can occur from cough of any kind if this remedy manifests its healing power.”

Terminalia arjuna

A prominent indigenous cardiovascular remedy, *Terminalia arjuna* is used in disorders of the **heart**, both functional and organic. It is referenced for **angina pectoris**, **ecchymosis**, and has shown usefulness in **spermatorrhoea** and **gonorrhoea**. Historically, it has been considered “supreme” in conditions of vascular fragility.

Clinical Applications Of Additional Indigenous Remedies

Bites, Stings, and Toxic Exposures

- Bad effects of dog and snake bites → *Achyranthes aspera*
- Poisonous snake bite → *Gymnema sylvestre*
- Snake bite (internal and external use) → *Leucas*

aspera

- Scorpion sting (rapid relief of burning pains) → *Leucas aspera*
- Maggot formation in putrid ulcers → *Ocimum sanctum*
- Snake bite, rat bite, rabid dog bite → *Boerhaavia diffusa*

Chronic or Systemic Disorders

- **Leprosy** → *Boerhaavia diffusa*
- **Obesity** → *Calotropis gigantea*
- **Uterine cancer (single dose at long intervals)** → *Caltha palustris*

Respiratory Conditions

- **Destroyer of cough** → *Cassia sophera*

Metabolic and Digestive Disorders

- **Diabetes mellitus (reducing sugar in urine)** → *Cephalandra indica*
- **Powerful emetic in traditional literature** → *Cephalandra indica*

Hepatic and Vascular Affinities

- **Disordered bile leading to varicose conditions** → *Cynodon dactylon*

Table 1: Homoeopathic Materia Medica of Selected Indian Remedies with Dose, Rubrics, and References

Remedy	Homoeopathic Source & Recommended Dose	Key Homoeopathic Indications	Repertory Rubrics	Classical Homoeopathic Reference
Embelia ribes	CCRH proving — 3X to 6X, repeated in worm infestations	Worms in children; bloody urine; grinding teeth during sleep	<ul style="list-style-type: none">• Stool – worms• Urine – bloody, pungent• Sleep – restless, grinding teeth	CCRH, 2012; Ghosh, 2005A Sequential Understanding of Matrimonial Remedies across the Evolution of Human Identity
Gentiana chirata	Clinical proving — Q to 3X in fevers; 30C in chronic cases	Chronic intermittent fevers; chill with nausea; thirst after chill	<ul style="list-style-type: none">• Fever – intermittent, long cold stage• Chill – with nausea, vomiting• Thirst – after chill	Ghosh, 2005; Banerjee, 1977
Gymnema sylvestre	Traditional adaptation — Q (Mother tincture) in diabetes; 6X–12X for taste loss	Diabetes mellitus; loss of sweet taste; snake bite	<ul style="list-style-type: none">• Urine – sugar in• Taste – lost, sweet• Generals – snake bite	CCRH, 2012; Ghosh, 2005
Hydrocotyle asiatica	Proving & translation — Q externally for skin; 6X–30C internally for memory/ jaundice	Skin ulcers; memory weakness; jaundice	<ul style="list-style-type: none">• Skin – ulcers, leprous• Memory – weak• Liver – jaundice	CCRH, 2012; Ghosh, 2005; Boericke, 2018

Justicia adha- toda	Clinical verification — Q for syrup in cough; 3X–6X for acute spasms	Cough, asthma; haemoptysis; chest tightness	<ul style="list-style-type: none"> Cough – spasmodic, whooping Expectoration – bloody Chest – tightness, constriction 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977
Terminalia ar- juna	Proving by CCRH — Q (MT) or 6X–30C in heart conditions; 200C in haemorrhage	Heart weakness; angina; haemorrhagic tendency	<ul style="list-style-type: none"> Heart – weakness, organic Haemorrhage – tendency Palpitation – exertion 	CCRH, 2012; Banerjee, 1977
Achyranthes aspera	Traditional use — Q (externally) for bites; 3X–30C for bleeding	Dog bite; bleeding; menorrhagia	<ul style="list-style-type: none"> Bites – rabid dog Bleeding – profuse Menses – profuse 	CCRH, 2012; Ghosh, 2005
Leucas aspera	Folk integration — Q (local application) for stings; 6X–30C internally	Scorpion sting; snake bite; itching eruptions	<ul style="list-style-type: none"> Pain – burning, stinging Skin – eruptions, itching Bites – snake 	Ghosh, 2005; Banerjee, 1977
Ocimum sanc- tum	Traditional use — Q for fever; 3X–6X for ulcers/catarrh	Fever with delirium; maggots in ulcers; catarrh	<ul style="list-style-type: none"> Fever – with delirium Ulcers – maggots in Cough – catarrhal 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977
Boerhaavia dif- fusa	Proving by CCRH — Q–3X in dropsy; 6X–30C for urinary complaints	Dropsy; ascites; urinary difficulty	<ul style="list-style-type: none"> Dropsy – generalised Urination – difficult Oedema – renal, hepatic 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977
Calotropis gi- gantea	Proving & toxicology — 6X–30C in obesity; Q externally for ulcers	Obesity; ulcers; rheumatic pains	<ul style="list-style-type: none"> Generals – obesity Skin – ulcers, leprosy Pain – rheumatic 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977
Cephalandra indica	Traditional use — Q (MT) in diabetes; 6X–12X for thirst/nausea	Diabetes; polyuria; nausea with fever	<ul style="list-style-type: none"> Urine – copious, sugar Thirst – intense Nausea – with fever 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977
Cynodon dacty- lodon	Folk integration — Q (MT) for jaundice; 3X–6X for piles	Jaundice; varicose veins; bleeding piles	<ul style="list-style-type: none"> Liver – jaundice Veins – varicose Rectum – piles, bleeding 	CCRH, 2012; Ghosh, 2005; Banerjee, 1977

Table 2: Evidence Landscape of Indigenous Indian Remedies in Homoeopathic Literature

Remedy	Research Type	Key Publications	Clinical Focus	Publication Status
Embelia ribes	Proving, Clinical verification	CCRH, 2012; Ghosh, 2005	Anthelmintic, urinary disorders	Published (Materia Medica)
Gentiana chirata	Traditional adaptation, Clinical use	Banerjee, 1977; Ghosh, 2005	Chronic intermittent fevers	Published (Traditional texts)
Gymnema sylvestre	Traditional use, Clinical review	Ghosh, 2005; CCRH Monograph	Diabetes mellitus, snake bite	Published (Monograph)
Hydrocotyle asiatica	Proving, Clinical studies	Boericke, 2018; CCRH, 2012	Skin disorders, memory weakness	Published (Clinical verification)
Justicia adhatoda	Clinical verification, Review	Patel, 2016 (IJRH); Ghosh, 2005	Respiratory disorders, cough, asthma	Peer-reviewed article
Terminalia arjuna	Proving, Cardiovascular studies	CCRH Monograph, 2011; Banerjee, 1977	Heart diseases, haemorrhagic conditions	Published (Monograph)
Achyranthes aspera	Traditional review, Clinical evidence	Singh & Gupta, 2019 (Homoeopathic Links)	Rabies prophylaxis, bleeding disorders	Peer-reviewed article
Leucas aspera	Folk medicine integration	Ghosh, 2005	Scorpion sting, snake bite, skin eruptions	Published (Traditional text)
Ocimum sanctum	Systematic review, Clinical use	Mohanan & Nair, 2020 (JHM)	Fever, ulcers, respiratory catarrh	Peer-reviewed review

Boerhaavia diffusa	Clinical verification, Trials	CCRH, 2014 (IJHM)	Dropsy, renal and hepatic oedema	Peer-reviewed clinical study
Calotropis gigantea	Toxicological study, Clinical review	Gupta & Sharma, 2018 (Homoeopathy Today)	Obesity, skin ulcers, rheumatic pain	Published (Review article)
Cephalandra indica	Traditional adaptation	Ghosh, 2005; Banerjee, 1977	Diabetes, polyuria, nausea with fever	Published (Traditional text)
Cynodon dactylon	Ethnomedicinal study	Nambiar & Mathew, 2017 (Journal of Ethnopharmacology)	Jaundice, piles, varicose veins	Peer-reviewed ethnopharmacology article

DISCUSSION

The present article is designed as a retrospective and observational review, drawing exclusively from classical homoeopathic literature and authoritative compilations rather than original clinical case series. Such reviews are particularly relevant in revisiting areas of *Materia Medica* that have remained underrepresented in routine teaching and prescribing. Indian indigenous remedies occupy a unique position in Homoeopathy. Many of these drugs possess sharply defined spheres of action and characteristic indications, yet their clinical use remains limited. This underutilisation appears to stem not from therapeutic inadequacy, but from insufficient exposure, scattered documentation, and limited representation in modern teaching tools.

The compilations and monographs published by the Central Council for Research in Homoeopathy (CCRH) have played a vital role in preserving and systematising knowledge related to Indian homoeopathic drugs. By consolidating classical observations, provings, and clinical references, these works provide a reliable foundation for retrospective analysis.

However, translation of this knowledge into everyday practice continues to remain inadequate.

The concept of regional suitability of remedies, often discussed under the broader principle of *desha-satmya*, gains renewed relevance in this context. Many indigenous drugs appear closely aligned with symptom patterns influenced by Indian climate, dietary habits, and endemic conditions. Retrospective reviews such as the present one aim to bridge the gap between classical documentation and contemporary prescribing behaviour.

This discussion emphasises the need for renewed

academic engagement, structured clinical observation, and future research initiatives to further develop and validate the therapeutic potential of Indian homoeopathic remedies.

Repertorial Orientation Of Selected Indigenous Remedies

The repertorial representation of indigenous Indian remedies remains limited and non-uniform.

Unlike commonly used polychrests, many Indian drugs are either sparsely represented or entirely absent from standard repertories. Their therapeutic identity has been preserved predominantly through *materia medica* descriptions rather than systematic repertorial compilation.

In view of this limitation, the following repertorial orientation is presented as a conceptual guide, not as an authoritative repertory chapter. It reflects commonly associated spheres of action and characteristic symptom groups derived from classical literature.

Embelia ribes

Conceptually associated with abdominal disturbances related to worm infestation, accompanied by offensive or bloody urine.

Gentiana chirata

Oriented toward intermittent febrile states, particularly those marked by prolonged chill, bilious vomiting, and alternating stages of heat and perspiration.

Gymnema sylvestre

Linked to disturbances of sugar metabolism, especially conditions corresponding to diabetes mellitus.

Hydrocotyle asiatica

Associated with hepatic dysfunction, jaundice, and cognitive dullness or memory weakness.

Jutisia adhatoda

Primarily related to respiratory conditions, especially cough and bronchial irritation.

Terminalia arjuna

Conceptually aligned with cardiac weakness, angina pectoris, and circulatory disturbances.

The absence of comprehensive repertorial coverage highlights a significant gap in homoeopathic literature. This limitation underscores the need for systematic repertorial inclusion based on further provings, clinical verification, and research-oriented documentation.

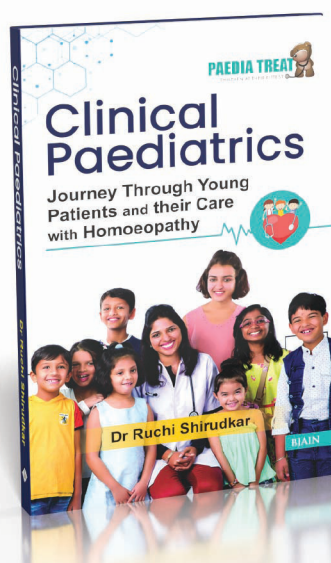
CONCLUSION

Although this review highlights several important indigenous Indian drugs, it represents only

a single water-line in an ocean of underexplored therapeutic potential. The materia medica of Indian- origin remedies remains vast, intricate, and largely undeveloped in contemporary homoeopathic scholarship. Much of this heritage is still awaiting systematic study, critical evaluation, and clinical exploration. Continued research, structured provings, and scholarly engagement are essential to uncover the deeper layers of these remedies and to integrate them meaningfully into modern practice.

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Clinical Paediatrics

Journey Through Young Patients & their Care with Homoeopathy

From the Author's Desk

ISBN - 9788131999660



Dr Ruchi Shirudkar

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

Ans: One valuable tip I'd 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 parents' 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'll go a long way in providing excellent care for your young patients

Stones, Groans, and Bones: A Fresh Perspective on Tribulus Terrestris

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Keywords

Tribulus terrestris, Gokshura, Kidney Stones, Sexual Neurasthenia, Arthritis, Neuroinflammation, Homoeopathy, Nephroprotection.

Abstract

In everyday practice, most homeopaths reach for Tribulus Terrestris only when they see a kidney stone. However, when we combine our traditional Materia Medica with modern science, we find this remedy is capable of much more. This article outlines the "Urinary-Arthritic Axis"—a specific pathway of disease that starts with urinary trouble, leads to sexual exhaustion, and ends in joint pain [7]. By looking at its chemical makeup and clinical stages, we show how this "hidden gem" protects the kidneys, restores reproductive vitality, and clears deep-seated inflammation [9].

Introduction

We tend to think of Tribulus Terrestris (or Gokshura) as a "plumber's remedy"—a simple tool to mechanically flush out a blocked pipe in the body [7]. But this view is too narrow. Recent scientific breakthroughs have revealed that this plant is a powerhouse of biological protection [1]. It doesn't just push stones out; it fights inflammation and stress at a cellular level [2]. It acts as a bridge connecting three major body systems: the Urinary Tract, the Nervous System, and the Joints [4]. When you see a patient suffering from the triad of obstruction, fatigue, and rheumatic pain, Tribulus is often the missing piece of the puzzle [7].

Morphology and Source

Tribulus terrestris, known as "Puncture Vine" or "Gokshura," belongs to the family Zygophyllaceae [1]. It is a prostrate, spreading herb found in dry, sandy regions.

- **The Signature of Pain:** The most characteristic feature is its fruit, which is armed with hard, sharp spines capable of flattening bicycle tires or injuring bare feet [5].
- **Homeopathic Correlation:** This "puncture" morphology serves as a doctrine of signatures for the remedy's clinical presentation: sharp, piercing, and pricking pains in the urethra and kidneys, as if "stones were piercing the tissues" [7].

Sphere of Action (Organ Affinity)

Authentic provings and clinical usage identify a specific "triangular" sphere of action, linking the urinary, nervous, and musculoskeletal systems:

- **Urinary Organs:** Primary action on the kidneys, bladder, and prostate (calculi, inflammation, and hypertrophy) [5].
- **Sexual Organs:** Targets the testes and seminal vesicles, addressing "debilitated states of the sexual organs" and "sexual neurasthenia" [8].
- **Fibrous Tissues & Joints:** Acts on the musculoskeletal system to eliminate toxins (urates) that cause rheumatic complaints [7].

Chemical Properties

To understand why this remedy works on such different parts of the body, we need to look at its chemistry [1].

1. **The Cellular Shield (Antioxidants):** The plant is packed with compounds that act like rust-removers for our cells [1]. Research shows it lowers "oxidative stress"—the damage caused by toxins and aging—protecting delicate tissues from breaking down [2].
2. **The Reproductive Booster (Saponins):** It contains specific molecules called saponins (like Protodioscin) that target the reproductive system [1]. These have been proven to fix hormone levels and improve sperm quality, even helping the body recover from damage caused by environmental chemicals [3].
3. **The Brain Protector:** One of the most surprising new findings is that Tribulus reduces inflammation in the brain [4]. This explains why our urinary patients often feel so irritable and mentally drained—the physical inflammation is actually affecting their nervous system [4].

Miasmatic Interpretation

Tribulus manifests a Syco-Syphilitic miasmatic background :

- Sycosis: Dominates the structural changes, such as the formation of renal calculi (stones), prostatic hypertrophy, and the "overgrowth" aspect of the pathology [5].
- Syphilis: Dominates the functional and destructive aspect, seen in the "sexual neurasthenia", the deep exhaustion ("auto-traumatism of masturbation"), and the ulcerative nature of urinary inflammation [7].

Characteristic Features

We can trace the action of Tribulus through four distinct stages. It guides the patient through the progression of their disease.

1. The Warning Signs (Urinary Irritation)

Before any stone actually forms, the bladder becomes angry and irritable .

- The Symptom: The patient feels a sudden, nagging urge to urinate that they can't control .It burns, and the bladder neck is so sensitive that they might leak urine before reaching the toilet .

"Urge to urinate; incontinence; inability to retain urine." — William Boericke [5].

2. The Blockage (Stones & Prostate)

If we ignore the irritation, the body starts creating solids—kidney stones form, or the prostate gland swells up .

- The Symptom: The flow stops or just dribbles . The patient feels sharp, cutting pains (from stones moving) or a heavy, dragging weight between the legs (from the prostate) [7].
- The Action: The remedy increases the pressure of the urine flow to push these blockages out [7]. Crucially, modern studies show it also acts as a "kidney shield," protecting the organ from damage caused by harsh drugs like antibiotics [6].
- "Calculous affections... it meets the auto-traumatism of the urinary passages." — Dr. S.C. Ghose [7].

3. The Crash (Sexual Exhaustion)

Chronic urinary strain drains the body's battery, leading to what old doctors called "Sexual Neurasthenia" .

- The Symptom: The patient feels physically wiped out .Men may suffer from weak erections or "nightfall" (involuntary emissions), leaving them feeling drained the next day [8].
- The Action: It rebuilds the system from the ground up . Science confirms it can restore reproductive function even after it has been damaged by toxicity [3].
- "Debilitated states of the sexual organs... seminal emissions." — E.P. Anshutz [8].

4. The Joint Connection (Arthritis)

The final link in the chain is the joints. When the kidneys aren't filtering toxins properly, that inflammation moves to the body's framework [9].

- **The Symptom:** You start seeing rheumatism (joint pain) appearing alongside the urinary trouble [7].
- **The Action:** Tribulus extracts have been shown to stop the inflammatory processes that harden arteries and damage joints, effectively "cleaning" the system .
- **Validated by traditional use in Vatavyadhi (Rheumatism) and modern anti-inflammatory studies [9].**

Differential Diagnosis

To prescribe Tribulus accurately, we must differentiate it from both the common polychrests and the rare organopathic remedies.

A. The Classical Rivals (Polychrests)

These are the most common remedies for urinary calculus, often confused with Tribulus.

- **Tribulus Terrestris:** Identified by the triad of Stones, Sexual Neurasthenia, and Rheumatism [7]. The keynote is partial impotence accompanied by urinary symptoms and incontinence due to bladder neck sensitivity [5].
- **Berberis Vulgaris:** The pain radiates from the kidneys outward to the loins and thighs . There is a bubbling sensation in the kidneys, and the urine contains red, turbid sediment . The complaints are aggravated by standing [5].
- **Lycopodium:** This is a right-sided remedy characterized by "red sand" or "brick dust" in the urine .It is associated with severe backache relieved by passing urine, along with gastric bloating and an aggravation between 4-8 PM [5].
- **Cantharis:** The hallmark is destructive burning .There is violent tenesmus (straining) and scalding . The burning persists before, during, and after urination, and urine is passed drop by drop, often with blood [5].
- **Pareira Brava:** This is distinguished by mechanical straining . The pain is so violent in the glans penis that the patient must get down on all fours and press their head against the floor to urinate . The pain shoots down the thighs to the feet [5].

B. The Hidden Gems (Rare Remedies)

These remedies share the specific "organ affinity" of Tribulus but present with distinct modalities.

- **Hydrangea Arborescens:** Known as the "Stone-Breaker," it is indicated by a profuse deposit of white amorphous salts in the urine [5]. The pain is sharp in the loins, especially on the left side, acting specifically on the ureter [8].
- **Ocimum Canum:** A "Right-Sided Gem" for renal colic specifically on the right side . It presents with high acidity, the formation of spike crystals, and red sand in the urine, closely resembling Lycopodium [5].
- **Solidago Virgaurea:** The "Sensitive Kidney" remedy .The kidneys are painful and sensitive to pressure . The pain extends forward from the kidneys to the abdomen and bladder, accompanied by difficult and scanty urination [5].
- **Epigea Repens:** The "Sediment Gem," indicated when there is fine brown sand or "brick dust" sediment [8]. It is valuable in chronic cystitis with lithiasis, presenting with dysuria, burning, and tenesmus [5].
- **Stigmata Maydis:** The "Retentive Gem," marked by the retention of urine and tenesmus .It is particularly useful when urinary symptoms are associated with organic heart disease [5].
- **Equisetum Hyemale:** The "Fullness Gem," characterized by severe, dull pain in the bladder that is not relieved by urinating . There is a constant desire to urinate with a feeling of distension and fullness [5].
- **Uva Ursi:** The "Slimy Gem," where the urine contains blood, pus, and tenacious mucus (slimy urine) .There is burning after the discharge of slimy urine, making it specific for pyelitis and cystitis [5].

CONCLUSION

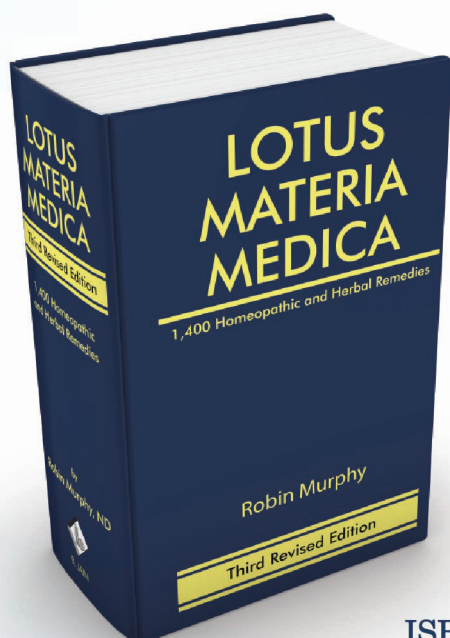
It is time to stop treating Tribulus Terrestris as just a "stone breaker" .It is a systemic cleanser It protects the kidneys from damage, rebuilds sexual strength after exhaustion, and clears inflammation from the joints and brain [9]. When you

recognize the specific pattern of Stones, Groans (sexual weakness), and Bones (joint pain), this remedy is the precise tool you need to break the cycle of disease [7].

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From Mother to Medicine: Understanding Rare Remedies Made from Human Tissues and Secretions

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Keywords

Matrional remedies, Human-derived remedies, Placenta humana, Aqua amniota humana, Umbilicus humanus, Lac maternum, Vernix caseosa, Rare homoeopathic remedies, Birth trauma, Emotional and psychosomatic disorders

Abstract

Homoeopathic practice largely relies on well-established polychrest remedies; however, several lesser-known medicines remain underutilised despite their potential clinical value. Among these are matrional remedies, a unique group of homoeopathic medicines derived from human tissues and secretions associated with pregnancy, childbirth, and early life. These remedies reflect fundamental themes such as identity formation, nurturing, bonding, protection, separation, and survival, and are often indicated in cases with a strong emotional and psychosomatic basis.

This article aims to provide an overview of selected rare matrional remedies, including Placenta humana, Aqua amniota humana, Umbilicus humanus, Lac maternum, and Vernix caseosa. Their conceptual foundations, key symptom themes, and clinical relevance are discussed based on available literature, provings, and clinical observations. Special emphasis is placed on their applicability in conditions related to birth trauma, lack of nurturing, emotional insecurity, attachment disturbances, and heightened environmental

sensitivity, particularly during pregnancy, the postpartum period, and other transitional phases of life.

Although these remedies demonstrate promising depth of action, the existing literature remains limited and largely exploratory. The article highlights the need for systematic provings, clinical verification, and thorough documentation to better define the therapeutic scope of matrional remedies. Increased academic interest and clinical exploration may help broaden their application and encourage their judicious use in contemporary homoeopathic practice.

Introduction

Homoeopathy is mostly practiced using the well known polychrest remedies and which gives wonderful results. These remedies act as the core of homoeopathy but there also exists numerous remedies which are not commonly used and there is not much research or study available on that group but when used it acts excellently in specific cases. Among these there exist a group known as matrional remedies that are prepared from the human origin. These include remedy prepared from breast milk, placenta, amniotic fluid, umbilical cord, etc. This article thus aims to focus on these matrional remedies, exploring their relevance, benefits and scope of action. And also, to encourage further study and clinical exploration of these lesser known matrional remedies.

Definition

Matridonal remedies are sarcodes derived from human tissues related to pregnancy, childbirth motherhood and intra uterine environment. These remedies include placenta, amniotic fluid, breast milk, etc. The term “Matridonal” originates from the Latin word “mater” which means mother and matridonal means ‘given or gifted by the mother’. These remedies primarily reflect on the themes of identity, nurturing, bonding, protection, separation, and survival. It often acts deeply at the emotional, hormonal, and constitutional levels.

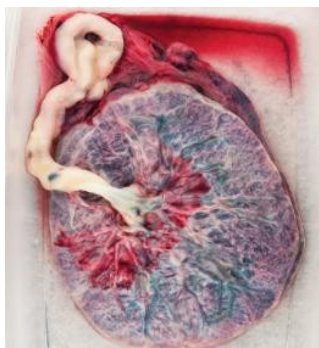
Common matridonal remedies include: -

1. Placenta humana
2. Aqua amniota humana
3. Umbilicus humanus
4. Lac maternum
5. Vernix caseosa

1. PLACENTA HUMANA :

This remedy is made from the human placenta. Welsh midwife, Gwillim (2009) conducted a proving of placenta, bringing this remedy into use. In clinical observation this remedy is found useful in children with autism (Autism Spectrum Diagnosis - ASD). Placenta humana remedy is also very useful for birth trauma, preterm delivery, lack of mothering, and lack of breastfeeding.

Source: <https://www.scientificamerican.com/article/5-things-we-bet-you-didnt-know-about-the-placenta/>



The key concept of Placenta humana

- They are full of other people’s beliefs.

- They feel overwhelmed by the chaos that came with reincarnation.
- They start their new journey and write their own itinerary.
- They let go of other people’s influence.
- They become more autonomous.
- They desire to be an individual with own potential.
- There is an acceptance of self, which allows own identity to emerge.
- There is a feeling of having another chance (a rebirth which brings a reawakening, self- acceptance and a renewal of their personal power).

Few Rubrics :

- [Complete] [Mind] Alternating states
- [Complete] [Mind] Sensitive, Oversensitive
- [Complete] [Mind] Sympathetic, compassionate, too
- [Complete] [Mind] Indifference, apathy; children, to her
- [Complete] [Mind] Irritability; children towards
- [Complete] [Mind] Weeping, tearful mood; weariness, weakness, with

2. AQUA AMNIOTA HUMANA:/ AMNII LIQUOR:-

This remedy is made from the amniotic fluid of a pregnant woman. Amniotic fluid keeps us contained and connected to self and the universe whilst developing in preparation for life as a unique individual.

Source: MedicTests.com



The key concepts of Aqua amniota humana:

- There is a deep underlying feeling of grief.
- Grief or trauma during gestation.
- There is a sensation of having the ability to breathe underwater or sensation of being in the womb.
- There is self-recognition; they feel that they know things that have not been taught.
- They have heightened senses.
- They have time distortion issues.
- They have breathing issues.

Few Rubrics:

- [Complete] [Generalities] One-Sided
- [Complete] [Mind] Night, Agg
- [Complete] [Mind] Restlessness, Nervousness
- [Complete] [Mind] Irritability

3. UMBILICUS HUMANUS/ CORDUS UMBILICUS:

This remedy is prepared from the umbilical cord. The proving was done in Greece.

The umbilicus humanus is useful for birth trauma, preterm delivery, lack of mothering and lack of normal breastfeeding. Small, premature and underweight babies may benefit from this remedy or those with trauma while in the womb or at birth.

Source: <https://www.monetnicole.com/stories//the-beautiful-incredible-umbilical-cord>



The key concept of Umbilicus humanus

- They are unintentionally wounded.
- They are homesick, yet good to be alone.
- They feel like they are no longer themselves

and often ask themselves “Who am I”? and they cannot recognize themselves in the mirror.

- They have dreams of being lost or being abandoned on a train.
- Theme of unveiling, shedding skin, dropping masks.
- There is a need to get back to their innocent potential after realising who they are
- They feel like they are in the body of a stranger.
- They feel like they are an outsider.
- They see visions of angels with open wings & flying dragons.

4. LAC MATERNUM:

Lac maternum is made from the milk of nine women, milk from three days (colostrum) to 10 months after parturition.

Essence of Lac maternum:

The main disturbance addressed by Lac maternum is a difficulty in fully settling into physical life. This may arise from factors such as trouble accepting physical existence, fear of life's challenges, a longing for a non-physical or spiritual state, early rejection during pregnancy, or anxiety about the responsibilities of being born. Because of this, the person may lack a clear sense of self. They often feel ungrounded, are easily affected by the emotions and energies of others, and lack inner stability. Their thinking may feel unclear or confused, and they may have weak personal boundaries with the outside world.

After taking Lac maternum, individuals often begin to recognise these patterns. They may realise that their kindness has been misused, their boundaries crossed, or their own needs ignored. Over a period of time, they develop greater awareness of what they truly want and need. This remedy helps to strengthen personal boundaries and supports the ability to let go of influences that do not truly belong to the individual.

Source: - <https://www.tommeetippee.com/en-gb/parent-library/newborn-baby/feeding/expressing/when-should-i-start-expressing-breast-milk>



Source: <https://depositphotos.com/photo/mother-hugging-a-vernix-covered-newborn-88012928.html>



The key concept of Lac maternum

- They crave pressure, swaddling, and small places to feel safe and grounded.
- They had birth trauma.
- They have preterm delivery issues.
- They lack nurturing
- They were never breast fed or were interrupted during breastfeeding.
- They are always sad; there is lack of joy in their life.
- There are sudden changes in mood; there is laughing, alternating with weeping and joyfulness.
- They are irritable and quarrelsome with fits of weeping.
- They question the meaning of life.
- They have a chaotic inner feeling.

Few Rubrics:

- [Complete] [Mind]Alternating states
- [Complete] [Mind]Sympathetic, compassionate, too

5. VERNIX CASEOSA

This remedy is prepared from the vernix caseosa obtained from ten different new-born infants. The central theme of Vernix caseosa appears to be an incomplete differentiation between the individual's own energy field and the surrounding environment. In such condition, the person becomes highly receptive to external emotional influences. While moving through everyday situations, they may unconsciously absorb the grief of someone who has experienced loss, the anger of a person undergoing separation, the anxiety of those facing challenges, or the restlessness and tension that enter a crowded urban setting.

The key concept of Vernix caseosa:

- They feel unprotected and become hypersensitive to surroundings.
- They merge easily.
- They feel invaded.
- They feel threatened.
- They are overwhelmed by all outside energies.
- They have multiple allergies.
- They are paranoid.
- There is no sense of identity.
- They have type A personality (they are addictive and obsessive).
- They are passive and agoraphobic.
- They often have environmental illness such as Chronic Fatigue Syndrome.
- They are easily distracted.
- They are drowning in chaotic thoughts (busy brains) Imprison themselves.
- They have skin problems like eczema.

CLINICAL RELEVANCE OF MATRIDONAL REMEDIES

As lots of things have changed in this modern world, it has created a lots of emotional stress in the people. As the female is also now well-educated and working almost equally to men, it becomes very overwhelming to fit into the role of a perfect mother also there is still a lot of social burden and emotional overload for the mothers. Therefore, due to all this there arises so many problems in bonding with the baby and also other issues related to attachment, emotional security, nurturing, and identity. These are observed during phases such as pregnancy, postpartum period, and menopause.

This matridonal remedies has proven helpful in dealing with all such conditions as during different phases in a female life she has to go through a number of emotional roller coasters. And many a times it feels so struggling for them to deal with that, in such conditions we can see the effects of matridonal remedies.

A published case report by Wittwer in the *American Journal of Biomedical Science & Research* illustrates this relevance. The report describes a 39-year-old woman with long-standing feelings of exclusion, loneliness, and identity disturbance, traced to early abandonment and impaired maternal bonding. Based on the theme of being an unwanted child, *Placenta humana* (C1'000) was prescribed. Follow-up demonstrated sustained improvement in self-confidence, emotional stability, assertiveness, and social integration, with the patient no longer perceiving herself as an outsider. This case supports the clinical significance of matridonal remedies in managing emotional conditions linked to early life trauma and disturbed maternal relationships.

DISCUSSION

Despite their potential depth of action, matridonal remedies remain less known due to limited exposure during undergraduate and postgraduate training.

Also, the available repertorial data for these medicines is still limited. Only a few rubrics are documented in standard repertories, and most information is based on provings, individual case reports, and clinical experience. There is no detailed *Materia Medica* descriptions and large-scale clinical studies.

So, there is a wide scope for research and proving of these remedies on a large scale. There is a need for systematic provings, clinical verifications and documentation of the cases.

CONCLUSION

Matridonal remedies form a unique and less explored group of homeopathic medicines prepared from human tissues and secretions related to pregnancy and early life. These remedies express deep themes of identity, nurturing, bonding, protection, and survival, useful in cases where

emotional and psychosomatic factors play a major role. Though they aren't commonly used, they have significant therapeutic value when properly selected.

In today's clinical setting there is increasing emotional stress, changing maternal roles, and difficulties in attachment and self-identity, especially during pregnancy, the postpartum period, and other transitional phases of life. Remedies such as *Placenta humana*, *Aqua amniota humana*, *Umbilicus humanus*, *Lac maternum*, and *Vernix caseosa* have shown relevance in addressing conditions linked to birth trauma, lack of nurturing, emotional vulnerability, and environmental hypersensitivity.

However, the available literature on matridonal remedies is limited and largely based on provings and individual clinical observations. This highlights the need for further systematic research, clinical verification, and documentation to better understand their scope of action. Increased awareness and academic exploration may help integrate these lesser-known remedies more confidently into contemporary homeopathic practice.

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Small Remedies, Big Impact: Homoeopathic Approach To Renal Calculi

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Keywords

Rare remedies, renal calculi, homoeopathy, renal colic, gravel formation, hematuria, individualized prescribing, materia medica, small remedies.

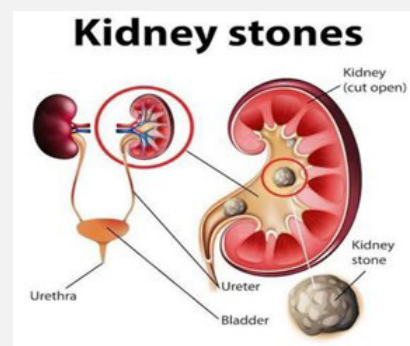
Abstract

Renal calculi remain a common urological condition with significant morbidity, often demanding an individualized approach. While well-known homoeopathic remedies are widely used, rare and lesser-known medicines hold remarkable yet underexplored clinical potential. This article examines the therapeutic relevance of select rare remedies in renal calculi, focusing on their sphere of action, characteristic symptomatology, and key modalities. By integrating materia medica insights with clinical applicability, the article highlights how rare remedies can open new possibilities, sharpen remedy selection, and support more effective individualized care in renal calculi.

Introduction

Renal calculi, or kidney stones, are hard crystalline deposits formed within the renal pelvis or urinary tract due to the super saturation and aggregation of minerals such as calcium oxalate, uric acid, or phosphates. They represent one of the most common urological disorders worldwide, with prevalence increasing due to dietary factors, dehydration, sedentary lifestyle, and metabolic disturbances. It affects 5-15% of the population

worldwide. Recurrence rates are 50%.






Predisposing factors:

- Low urine volume - high ambient temperature, low fluid intake
- Diet - high protein, high sodium, low calcium
- High excretion of sodium, oxalate, urate
- Familial hypercalciuria
- Medullary sponge kidney

Pathophysiology:


Renal calculi occurs when urine becomes too concentrated due to factors such as age, gender, diet, and genetics. This can cause kidney structure irregularities, changes in urine flow, metabolic issues, and infections. Oxalate ions trigger lipid signaling in mitochondria, producing free radicals that can cause renal cell necrosis, increase stone formation, and decrease crystallization inhibitors. This activates crystals and leads to their aggregation and retention in the renal tubule, eventually forming concrete stones.

Types:


Calcium oxalate	Most common (70-80%) Color - brown Shape - irregular Radio-opaque Very rarely produced hematuria	 Calcium Stone
Calcium phosphate	5-10% Color - white to yellow Shape - smooth round Size - large Produce recurrent UTI & hematuria Radio-opaque	
Uric acid stone	5-10% Color - yellow to reddish brown Shape - smooth small hexagonal Seen in gout, hyperuricosis Radio-lucent	 Uric Acid Stone
Cystine stone	<1% Color - yellow Shape - multiple, soft Radio- opaque	 Cystine Stone

Clinical Features:


Site of stone	Pain	Radiation	Associated symptoms
Renal pelvis	Dull constant flank pain	No radiation	Nausea, vomiting, hematuria, dysuria, urgency, increased frequency
Upper ureter	Sharp colicky pain	Flank to upper abdomen	
Mid ureter	Colicky pain	Pain around umbilicus	
Lower ureter	Severe colic	Groin, testis, labia majora	
Vesico-urteric junction	Severe colic	Groin, bladder	
Bladder	Suprapubic pain	No radiation	
Urethra	Severe localised pain	Pain at tip of penis, perineum	



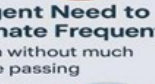
Early Symptoms of Kidney Stones You Shouldn't Ignore




Sharp Pain in the Lower Back or Side
Comes in waves and may shift location




Painful Urination (Burning Sensation)
A key early warning sign




Urgent Need to Urinate Frequently
Even without much urine passing




Dark, Cloudy, or Bloody Urine
May indicate stones moving



Nausea and Vomiting
Due to pain or urinary blockage



Fever and Chills (If Infection Is Present)
A serious symptom needing urgent care



Discomfort While Sitting or Moving
Persistent pressure in abdomen or groin

✕ **Recognise the signs early. Save your kidneys.**

Investigation and diagnosis:

Investigation	Purpose / Indication	Key Diagnostic Findings / Utility
Plain X-ray KUB	Detection of radio-opaque calculi	Identifies ~90% of stones (calcium oxalate, phosphate); useful for initial screening.
CT Scan	Detection of non-radio-opaque stones; detailed anatomical visualization	Gold standard for stone detection, especially for uric acid & cystine stones; assesses obstruction.
USG (Ultrasonography)	Non-invasive imaging; valuable for stone location, size, and kidney assessment	Confirms stone presence, hydronephrosis, kidney enlargement; safe in pregnancy.
Blood Examination	Assess metabolic factors and renal function	<ul style="list-style-type: none"> Serum calcium: Hypercalcemia Serum uric acid: Hyperuricemia Creatinine: Renal impairment
Urine Analysis	Detect urinary abnormalities and stone-forming crystals	<ul style="list-style-type: none"> Crystals: Type (oxalate, urate, etc.) RBCs: Hematuria WBCs/Pus cells: Infection

General Management

1. Fluid intake - drink lots of water, fruit juices like grapefruit, cranberry and grape juice. Citrus fruits esp orange juice is rich in potassium and citrate. Maintain adequate hydration.
2. What to avoid - avoid food containing high oxalate such as spinach, rhubarb, nuts, wheat bran. Avoid high purine food. Reduce intake of sugar.
3. What to eat - consume a good amount of Vitamin B complex. Increase intake of fibers such as whole grains, oat, green leafy vegetables, and salads.
4. Consume lots of vitamin c. It will help in urinary excretion of uric acid.

Homoeopathic Management

Homeopathy interprets renal calculi as more than a mere mechanical obstruction within the urinary system; it considers them a manifestation of a deeper constitutional imbalance. Stones are believed to form when the body's natural mechanisms of fluid regulation, salt balance, and metabolic clearance become disturbed, leading to the gradual deposition of crystalline material. Such disturbances may arise from hereditary predisposition, emotional stress, insufficient hydration, dietary influences, or an inherent weakness in renal metabolism. In this framework, the stone is regarded as the ultimate outcome of an ongoing internal disorder. Therefore, removing the stone alone—whether through surgery or lithotripsy—does not correct the underlying tendency toward stone formation. Homeopathic management,

instead, seeks to understand the patient's complete symptom picture, including side specificity, the precise character of pain, individual modalities, and general constitution, in order to identify the deeper reasons responsible for the formation of calculi.

Within this therapeutic system, rare homeopathic remedies occupy a distinct place. Not all patients exhibit classical or commonly observed symptoms; many present with unusual pain characteristics, atypical modalities, or contradictory features that do not correspond to well-known remedies. In such circumstances, rare remedies become essential in addressing the uncommon symptoms that standard prescriptions may fail to cover. Their use is particularly important in recurrent, resistant, or complex cases, where conventional approaches or frequently used remedies offer only partial or temporary relief.

Rare remedies for renal calculi:

1. Epigea Repens

Remedy for uric acid stones. *Mainly affect left kidney and left ureter.* Cutting pain along ureter to bladder. Burning in neck of bladder while urinating and tenesmus afterward. Mucus, phosphates, calcareous deposits in urine. Useful for chronic cystitis with dysuria.

2. Polygonum hydropiperoides

Acts on genito-urinary organs causing cutting pain along the ureter. *Painful cutting and feeling of strangulation at neck of bladder while urinating,*

lasting long after. Mucus, phosphates, calcareous deposits in urine.

3. **Barosma crenata**

Acts specifically on the genito-urinary system, especially where there are *muco-purulent discharges, chronic irritation, and vesical catarrh*. It is useful in cases with irritable bladder, spasmodic stricture, and abundance of epithelial cells mixed with pus and mucus, indicating chronic inflammation. The remedy is indicated in gravel, bladder catarrh, and calculous conditions, where sediment or small stones are present. It also covers undue secretions from the urethra, vesiculae seminales, or prostate, especially when associated with urinary irritation.

4. **Juniperus communis**

Acts strongly on the kidneys and urinary tract, producing catarrhal inflammation of the kidneys, and conditions like chronic pyelitis. Urine becomes scanty, sometimes bloody, and has a characteristic violet odor. There is strangury, with painful, slow, and difficult urination. A marked weight or dragging sensation in the kidney region is felt due to renal congestion. It is also associated with renal hyperaemia, suppression of urine, and urinary irritation such as burning and cutting pain in the urethra during urination.

5. **Triticum repens**

Primarily acts on the urinary bladder and urethra, producing marked irritability of the urinary tract. It is indicated in dysuria, especially when the trouble originates in the urethra. Urination becomes frequent, difficult, and painful, and the urine may be dense, causing further irritation of mucous surfaces. There may also be catarrhal or purulent urinary discharge, along with excessive bladder irritability seen in cystitis.

6. **Ipomoea purpurea**

There are severe cutting pains in the region of the kidneys, extending down the ureters to the bladder, *always accompanied by nausea or vomiting from kidney pain*. It is indicated in bladder calculi and ureteric colic, with renal colic associated with nausea. The urine contains sediments, gravel, or small calculi, and the passage of this sediment causes pain in the back. There may also be pain in the left

ureter radiating from the renal region.

7. **Fabiana imbricata**

Uric acid diathesis with very excoriating urine and urinary calculi. Inflammation of whole urethral tract. Must often pass urine, burning pain and vehement vesical tenesmus after urination. Acute or chronic cystitis caused from gravel, with much mucus and pus.

8. **Stigmata maidis**

Renal lithiasis with nephrotic colic and discharge of small calculi, red sand and blood. Chronic pyelitis from renal calculi. Tenesmus after urinating. *Organic heart disease with much oedema of lower extremities and low urine output.*

9. **Coccus cacti**

Remedy for uric acid, gouty diathesis. Lancinating violent pain from kidney to bladder. Constant urging to urinate > after passing blood clots from vagina in females. Sandy, dark red, brown or white sediment in urine. *Clinically applicable for spasmodic and whooping cough, catarrhal condition of bladder, spasmodic pain in kidney.*

10. **Eryngium aquaticum**

Left renal colic. It presents tenesmus of the bladder and urethra, with difficult and frequent urination. *There is pain behind the pubes and spasmodic stricture suggesting obstruction or irritation from stones.* It is indicated in renal colic, with congestion of the kidneys, causing a dull pain in the back, which may run down the ureters and into the limbs.

11. **Xanthorrhoea arborea**

Severe pain in kidneys, cystitis and gravel formation. Pain from ureter to bladder and testicles. *Pain in lumbar region returns from least chill or dampness.*

12. **Hedeoma**

Dull, burning pain over the left kidney with pain radiating along left ureter. Dragging sensation from kidney to bladder. Urine contains red sand. Patient experiences frequent urging and cutting pain along with *intense desire to urinate and inability to retain urine for more than few minutes > after urination.*

13. **Oxydendron**

Vesical calculi with irritation at the neck of bladder. Suppressed urine associated with dropsy. Patient also exhibits deranged portal circulation and prostatic enlargement.

14. Piperazinum

Urinary calculi with uric acid diathesis. *Calculi with constant backache and scanty urine.*

15. Brophyllum

It indicated in cases with *large stones*. It helps in breaking them down.

16. Asparagus officinalis

Colic caused by kidney stones with gravel passing in small quantities with urine. The patient experiences urgent need to urinate accompanied by bloody urine and strong odor. After urination, there is *burning in urethra with sensation as though more is still passing*. Urine loaded with phosphates and the urate of ammonia.

17. Nitromuriatic acid

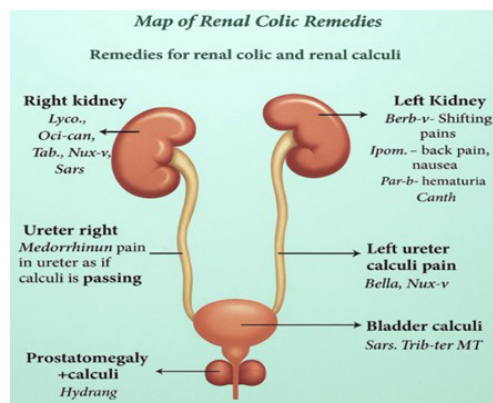
Gravel with oxaluria is almost specific with cloudy urine. Burning pain in urethra that relieves by eating meat, alcohol.

18. Vesicaria Communis

It promptly relieves the renal colic, eliminates stones and *checks formation of the same permanently*. It also prevents uric acid diathesis. Promotes discharge of urine when it is suppressed or retained due to any cause.

19. Calcarea renalis

Severe renal colic with passage of uric acid. Cutting pain in left kidney. Gravel and renal calculi. Lessens' tendency to accumulate tartar on teeth.



20. Elemuy gauteria

Helpful for when stone is in the bladder.

CONCLUSION

Homeopathy offers a gentle and holistic way to manage renal calculi by treating the deeper tendency behind stone formation rather than only focusing on the stone itself. Rare remedies are especially helpful in patients who show uncommon symptoms or in those who do not respond fully to commonly used medicines. These remedies support natural stone passage, reduce pain, and help prevent recurrence by correcting the internal imbalance. Looking ahead, more careful documentation of rare remedy cases, simple clinical studies, and better awareness of individualized prescribing can further strengthen the role of homeopathy in renal stone management. With continued observation and research, rare remedies will continue to expand the scope of homeopathic practice and provide safer, long-lasting outcomes for patients with renal calculi.

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Unmasking Lesser-Known Homoeopathic Remedies In Migraine Management

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Abstract

Migraine is a common and disabling neurological disorder, and while homoeopathy emphasizes individualized care, its prescribing often remains limited to well-known polychrest remedies. This article highlights lesser-known homoeopathic medicines that may offer valuable support in migraine management. A narrative review of classical texts, repertories, modern literature, and clinical insights identifies rare remedies with distinctive symptom patterns suited to various migraine presentations, especially chronic or treatment-resistant cases. Broader clinical awareness of these small yet significant remedies can enhance precision in prescribing and improve outcomes for patients with a case of complex or refractory migraine.

Keywords

Migraine, Homoeopathic management, Individualized treatment, Rare homoeopathic remedies, Hidden gems of Materia Medica.

Introduction

Migraine is a chronic, lifelong neurological disorder and one of the most significant primary headaches contributing to disability across the world.^[1] Affecting over a billion individuals, its impact extends well beyond the person experiencing the attacks, influencing families, workplace productivity, and overall societal wellbeing.^[2] Far more than a simple headache, migraine is a genetically influenced neurovascular condition marked by recurrent episodes of moderate to severe, often

unilateral pain accompanied by nausea, photophobia, and phonophobia.^[3] Persistent and treatment-resistant migraine continues to challenge clinical practice, increasing the demand for individualized therapeutic approaches such as homoeopathy. Despite its symptom-based methodology, prescribing often remains limited to a small group of polychrest remedies, leaving many clinically relevant lesser-known medicines underutilized. This article emphasizes these overlooked remedies, aiming to enhance professional awareness and support more precise, individualized prescribing in the homoeopathic management of migraine.

Types of Migraine

Migraine is a primary headache disorder with two main types: **migraine with aura**, where reversible neurological symptoms precede the headache, and **migraine without aura**, the more common form. A key subtype is **chronic migraine**, defined by ≥ 15 headache days per month for over three months, with at least eight days showing migraine features.^[4,5]

Less common variants include migraine aura without headache (silent migraine), abdominal migraine, hemiplegic migraine, ocular migraine, status migrainosus, and several other rare forms.^[6] Status migrainosus is a severe migraine attack lasting **more than 72 hours**, often accompanied by visual aura, nausea, vomiting, and difficulty concentrating. Prolonged symptoms can lead to dehydration from repeated vomiting and significant insomnia due to continuous pain.^[7]

A migraine attack associated with temporary weakness or paralysis on one side of the body is known as a hemiplegic migraine. This condition is considered a form of migraine with aura. Hemiplegic migraine occurs in two forms: a hereditary type and a sporadic type.^[8]

Risk Factors

Migraine attacks can be triggered by stress, anxiety, hormonal changes, bright lights, loud sounds, strong odors, irregular sleep, weather changes, overexertion, caffeine withdrawal, smoking, alcohol, missed meals, and medication overuse. Dietary triggers are common, with tyramine-rich foods (like chocolate, aged cheese, and processed meats) and MSG frequently reported as provoking factors.^[9,10]

Phases Of Migraine

A migraine attack may unfold in four phases. The **prodrome** appears hours to days earlier with subtle signs like yawning, mood shifts, poor concentration, fatigue, and neck discomfort. Some patients then experience an **aura**, marked by brief, reversible neurological symptoms—most commonly visual flashes, zigzag lines, or blind spots, sometimes with dizziness or speech difficulty. The **headache phase** follows, presenting as unilateral, pulsating pain worsened by light, noise, smells, stress, or activity. After the pain subsides, the **postdrome** leaves patients feeling drained, foggy, stiff-necked, and mildly symptomatic, similar to a “migraine hangover”.^[11]

Pathophysiology

Migraine involves activation of trigeminal meningeal nociceptors, release of CGRP and substance P, and subsequent neurogenic inflammation. Cortical spreading depression, altered cortical excitability, and inflammatory mediators further amplify pain pathways. A genetic predisposition contributes to a hyperexcitable brain that responds abnormally to stress and hormonal triggers. Current evidence highlights elevated CGRP and adenosine, along with reduced serotonin, as key neuromodulators driving migraine pathophysiology.^[11]

Complications

Migraine may lead to complications such as status migrainosus, migrainous infarction, persistent aura without infarction, and migraine-triggered seizures. Chronic migraine also increases the risk of comorbidities, particularly depression, anxiety, and insomnia.^[12]

Diagnosis

The ICHD-3 standardizes migraine diagnosis. Migraine without aura requires ≥ 5 attacks of 4–72 hours with unilateral, pulsating, moderate–severe pain and nausea/vomiting or photophobia/phonophobia. Migraine with aura requires ≥ 2 attacks with reversible visual or neurological symptoms lasting 5–60 minutes and followed by headache within 60 minutes. Chronic migraine is ≥ 15 headache days per month for >3 months, with ≥ 8 showing migraine features. Medication-overuse headache occurs when ≥ 15 headache days per month result from overusing acute medications for >3 months.^[13]

ICHD-3 Diagnostic Criteria for Migraine

Criteria	Migraine Without Aura	Migraine With Aura
A. Required Frequency	≥ 5 attacks fulfilling criteria B-D.	≥ 2 attacks fulfilling criteria B and C.
B. Attack Duration	4–72 hours (untreated or unsuccessfully treated).	Aura symptoms are fully reversible and typically last 5–60 minutes . Headache (if present) follows the aura within 60 min (or may be absent).
C. Headache Characteristics (≥ 2 of 4)	1. Unilateral location. 2. Pulsating quality. 3. Moderate or severe pain intensity. 4. Aggravated by routine physical activity (e.g., walking).	<i>Aura itself has specific characteristics:</i> 1. ≥ 1 fully reversible aura symptom (see below). 2. ≥ 2 aura symptoms occurring in succession. 3. Each symptom lasts 5–60 minutes .

D. Associated Symptoms (≥ 1 of 2)	During headache, patient experiences: 1. Nausea and/or vomiting 2. Photophobia (light sensitivity) and Phonophobia (sound sensitivity).	Not applicable as a separate criterion; aura defines the associated phenomenon.
E. Aura Specification	No typical aura present.	Typical aura involves visual, sensory, or speech/language symptoms (no motor weakness). • Visual: Most common (zigzag lines, flashes, blind spots). • Sensory: "Pins and needles," numbness. • Speech: Dysphasic difficulty (rare alone).
F. Rule-Out (Essential for Both)	Not better accounted for by another ICHD-3 diagnosis. No red flags suggesting secondary headache (e.g., thunderclap onset, fever, neurological deficit, onset after age 50).	Same as Migraine Without Aura.

For clinical assessment and monitoring, the following tools are used:

• **MIDAS (Migraine Disability Assessment):**

MIDAS is a validated questionnaire used to assess the level of disability caused by migraine. It measures the impact of headaches on daily activities such as work, household tasks, and social functioning over a defined period, helping to categorize migraine-related disability and monitor treatment response.

• **VAS/NRS (Pain Intensity Scales):**

The Visual Analogue Scale (VAS) and Numeric Rating Scale (NRS) are simple, patient-reported tools used to measure pain intensity. VAS typically involves marking pain on a continuous line, while NRS asks patients to rate pain on a numerical scale (usually 0–10). These scales help in tracking changes in pain severity over time.

Rare Remedies^[14]

Remedy Name	Key Indications for Headache & Related Symptoms
ZINCUM VALERIANICUM	Violent, neuralgic, intermittent headaches. Becomes almost insane with pain, which is piercing and stabbing. Uncontrollable sleeplessness from pain in head with melancholy.
THEA CHINENSIS	Nervous sleeplessness, heart troubles, palpitation, and dyspepsia of old tea-drinkers. Produces most of the sick headaches Tabacum antidotal (Allen). Temporary mental exaltation. Ill-humored. Sick headache radiating from one point. Sleepless and restless. Hallucinations of hearing. Cold damp feeling at back of head.
SCUTELLARIA LATERIFOLIA	Dull, frontal headache. Eyes feel pressed outwards. Flushed face. Restless sleep and frightful dreams. Must move about. Night terrors. Migraine; worse, over right eye; aching in eyeballs. Explosive headaches of school teachers with frequent urination; headaches in front and base of brain. Nervous sick headaches, worse noise, odor light, better night; rest, 5 drops of tincture.
GUARANA [PAULLINIA SORBILIS]	Sick headache in those who have abused tea and coffee, or in whom nervous headaches followed by vomiting are excited by any error in diet or depression of mind. Throbbing, congestive headache after excessive use of alcohol.
NICCOLUM METALLICUM	Periodical nervous sick headaches, with asthenopia, weak digestion, constipation. Catarrh. Suits debilitated, nervous, literary patients, with frequent headaches, dyspepsia and constipation. Cracking in cervical vertebrae when moving the head. Pain on top as from a nail. Pressure on vertex, in morning; worse till noon and in warm room. Stitches. Objects appear too large. Migraine; first on left side. Twitching of upper lip.
MENISPERMUM CANADENSE	A remedy for megrim, associated with restlessness and dreams. Pain in spine. Dryness, itching all over. Dry mouth and throat. Headache, Pressure from within outward, with stretching and yawning and pain down back. Sick headache; pain in forehead and temples, moving to occiput. Tongue swollen and much saliva.
EPIPHEGUS VIRGINIANA	A remedy for sick, neurasthenic, and nervous headaches, especially in women, brought on or made worse by exertion, shopping, etc. Pressing pain in temples from without inwards, worse, left side. Viscid salivation, constant inclination to spit. Sick headache coming on when deviating from ordinary pursuits. Headaches from nerve tire caused by mental or physical exhaustion, preceded by hunger.
CHIONANTHUS VIRGINICA	This remedy is often of service in many types of headaches, neurasthenic, periodical sick, menstrual and bilious. Taken for several weeks, drop doses, will often break up the sick headache habit. The pain in the forehead, chiefly over eyes. Eyeballs very painful, with pressure over root of nose. Dull frontal headache, over root of nose, over eyes, through temples, worse stooping, motion, jar.

AVENA SATIVA	Nervous headache at menstrual period, with burning at top of head. Occipital headache, with phosphatic urine.
ASPARAGUS OFFICINALIS	Aching in forehead and root of nose. Migraine like morning headache with scotoma.
CALCAREA ACETICA	Senses obscure while reading. Megrin, with great coldness in head and sour taste.
USNEA BARBATA	Is a remedy in some forms of congestive headache; sunstroke. Bursting feeling in head, as if temples would burst, or the eyes burst out of the sockets. Throbbing carotids.
OLEUM ANIMALE AETHEREUM	Acts on the nervous system, especially on pneumo-gastric region. Useful in migraine. Burning pains and stitches. "Pulled upward" and "from behind forward" pains. Headache, tearing pain, with sadness and irritability; worse after dinner; relieved by rubbing. Itching, burning vesicles; better, friction. Malar bones feel pulled forcibly upward. Migraine with polyuria.
GLYCERINUM	Head feels full, throbs; mentally confused. Severe headache two days before menstruation. Occiput feels full.
POLYPORUS PINICOLA	Headache about 10 am, with pain in back, ankles and legs increasing until 3 pm, then gradually better.
ASCLEPIAS SYRIACA	Head; feels as if sharp instrument were thrust through from temple to temple. Nervous headache after suppressed perspiration followed by increased urine and increased specific gravity.
INDIUM MET	Headaches and migraine. Pain in head when straining at stool. Bursting in head during stool. Dull pain in temples and forehead, with nausea, weakness and sleepiness.
LUMINAL	Sleeplessness with skin symptoms in migraine; lethargy like epidemic encephalitis
LEPIDIUM BONARIENSE	Left side of head, face, chest, hip to knee, all have lancinating pain. A streak of pain from the temple to the chin, as if the face were cut with a razor.
LACTUCA VIROSA	This remedy acts principally upon the brain and circulatory system. Delirium tremens with sleeplessness, coldness, and tremor. Stupor of sense. Great restlessness. Sense of lightness and tightness affecting whole body, especially chest. Dull, heavy, confused, dizzy. Heat of face and headache, with general coldness. Headache, with affections of respiratory organs.
PRIMULA VERIS	Cerebral congestion, with neuralgia; migraine; rheumatic and gouty pains. Sensation of a band around head; cannot keep hat on (Carbol ac). Skin of forehead tense. Fear of falling when standing up. Violent vertigo, as if everything turned around. Buzzing in ears; better in open air.

INDIGO TINCTORIA	Excited mood and desire to be busy. Vertigo with nausea. Convulsions. Sensation of a band around forehead. Undulating sensation through whole head. Sensation as if brain were frozen. Gloomy; cries at night. Hair feels pulled from vertex. Head feels frozen.
GYMNOCLADUS CANADENSIS	Headache, throbbing in forehead and temples and over eyes, with bluish-white coating of tongue. Burning in eyes. Desire for heat and quiet. Sensation as of flies crawling over face.
HERACLEUM SPHONDYLIIUM	Headache with drowsiness, worse moving in open air, better tying the head up with cloth. marked fatty [oily] perspiration on the head with violent itching.
HOMARUS	Dyspepsia, sore throat, and headache seems to be a combination that may be controlled by this remedy. Frontal and temporal pain chiefly, with soreness in eyes. Worse, from milk, after sleep. Better, from motion, after eating.

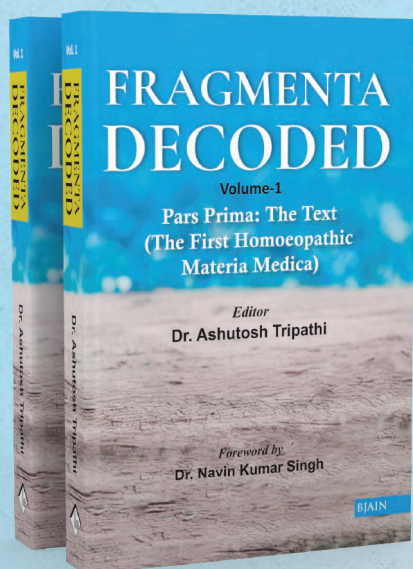
CONCLUSION

Migraine often requires individualized management, and homoeopathy offers additional therapeutic options through many lesser-known remedies that are frequently overlooked. Recognizing and utilizing these small remedies can enhance precision in prescribing and improve care for diverse migraine presentations. Ongoing clinical observation and research are essential to further validate their effectiveness.

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Treatment Of Endometrial Thickness in Postmenopausal Women Without Vaginal Bleeding by Individual Homoeopathic Medicine– A Case Report

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PEER REVIEWED

Abstract

Background: Endometrial thickening in postmenopausal women is often an incidental finding during routine gynaecological Investigation. While it may not always indicate malignancy, persistent thickening can cause concern. The patient, asymptomatic and with incidental findings on routine ultrasound, was treated using individual homoeopathic medicine. Over months, imaging showed a gradual reduction in endometrial thickness without hormonal or surgical intervention. The case illustrates the significant role of individualised homoeopathic medicine in treating benign gynaecological abnormalities in select postmenopausal patients.

Case presentation: A 53-year-old postmenopausal woman, who had been menopausal for the past 10 years, visited the clinic on 25/11/24 with complaints of Endometrial Thickness. She denied any history of vaginal bleeding, discharge, or other systemic complaints. On clinical evaluation, no palpable mass or tenderness was noted. Routine ultrasonography revealed an increased endometrial thickness measuring 9.8 mm, with no pathology. She was not on any other medications. Based on the totality of symptoms, the individualised homoeopathic remedy Cal Carb 200C was selected and administered in single doses at suitable intervals, followed by a placebo.

Conclusion: In this case report, homoeopathic

medicine is very effective in the treatment of endometrial thickness in postmenopausal women.

Keywords

Endometrial thickness, postmenopausal, homoeopathy, Uterus, individualized treatment, ultrasonography.

Introduction

Menopause is a physiological process in females, which is a time when menstrual bleeding permanently stops at the end of the reproductive life of a female [1]. It commonly occurs between 45 to 55. It is a natural process with a decreasing level of estrogen in circulation because of the decreased production of estrogen and progesterone hormones from both ovaries [1]. Asymptomatic Endometrial thickening in postmenopausal women is a relatively common incidental finding during routine pelvic ultrasonography [2]. The absence of vaginal bleeding generally indicates a lower risk of malignancy [2]. Endometrial thickness is defined as when the thickness is more than 5 mm of endometrium with the absence of vaginal bleeding [2].

In postmenopausal women, normally the endometrium thickness is decreased and becomes atrophic, but endometrial thickness less than 4–5 mm on Pelvic ultrasound. An endometrial thickness is more than 5 mm in a woman without postmenopausal vaginal bleeding is considered abnormal.

Vaginal bleeding in postmenopausal women is a very common problem associated with 1 to 10 percentage risk of endometrial cancer [3]. Because most of postmenopausal women with endometrial cancer have symptoms of vaginal bleeding, but who do not have vaginal bleeding with low the risk of endometrial [3].

CASE PRESENTATION

A 53-year-old postmenopausal woman, who had been menopausal for the past 10 years, visited the clinic on 25/11/24 with no gynaecological complaints. Routine ultrasonography revealed an increased endometrial thickness measuring 9.8 mm, with no pathology [Figure 1]. She denied any history of vaginal bleeding, discharge, or other systemic complaints. On clinical evaluation, no palpable mass or tenderness was noted. She was not on any other medications. She was a housewife.

Medical and Gynaecological History:

She had one full-term vaginal delivery and no known family history of gynaecological malignancy. She had no history of abnormal uterine and vaginal bleeding, diabetes, obesity, thyroid, blood pressure. Menopause occurred naturally at age 42. She had no major illness. She had no history of surgery in the past

Family History:

The patient's father is known to have hypertension and Diabetes, and her mother suffers from both a thyroid disorder and hypertension. There is no reported family history of malignancies and other hereditary diseases.

Patient as a Person:

Physical General:

1. Thermal: - Chilly (extremely sensitive to cold)
2. Appetite: - 2 to 3 meals /day
3. Thirst: - normal
4. Desire: - egg, ice cream
5. Aversions: - coffee
6. Urine: - Slight pale yellow

7. Stool: - constipation
8. Sleep: - 6 to 8 hours, Unrefreshing
9. Dream: - Not Specific
10. Perspiration: - offensive

Mental General:

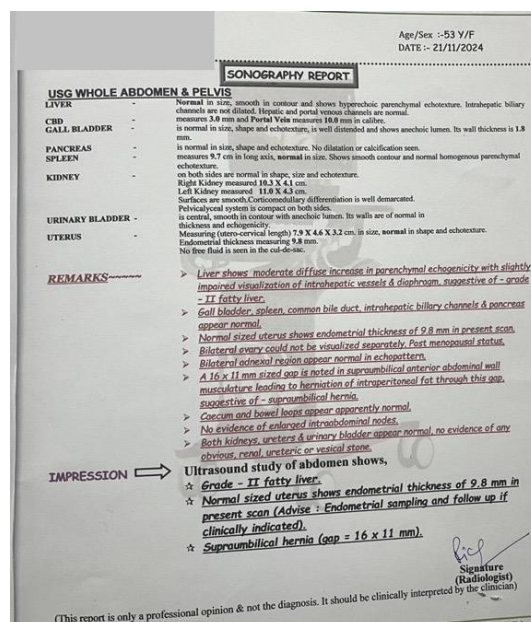
- Fearful and anxious
- Forgetful
- Emotionally sensitive
- Bad news easily affects her
- Mental stress produces physical and emotional disturbances

Miasmatic Assessment of the case: According to the totality of symptoms, the predominant miasm involved is Psora.

Clinical Finding:

- **Pulse:** 84 beats per minute, regular rhythm
- **Temperature:** Afebrile at the time of examination
- **Respiratory Rate:** 16 breaths per minute
- **Blood Pressure:** 130/84 mmHg
- **Weight:** 70 kg
- **Nutritional Status:** Well nourished
- **General Condition:** Stable
- **Systemic Examination:** No abnormality detected (NAD)

Figure 1: Ultrasonography – Before treatment



Analysis of the Case and Repertorisation:

This case was carefully analysed and evaluated based on the totality of symptoms, by homoeopathic principles. A detailed case-taking was conducted following the guidelines of homoeopathic philosophy and the law of similars. The symptoms were selected for repertorisation after a thorough assessment of the patient's physical, mental, and emotional state. The case was repertorised using Stimulare V 2.5.2 software with J.T. Kent's Repertory as the primary reference [Figure 2] and [Figure 3]. The process helped identify the most suitable individualised homoeopathic remedy aligned with the patient's characteristic symptoms and overall constitution.

The analysis yielded the following results: *Calcarea carbonica* scored 32/14, followed by *Phosphorus* at 25/11, *Lycopodium* at 23/9, *Pulsatilla* at 19/10, and *Graphites* at 18/8. Based on the highest score, constitutional characteristics, and overall symptom similarity, *Calcarea carbonica* was selected as the most suitable individualised homoeopathic remedy for this case.

Figure 2: Repertorisation sheet with Rubric

S.No	Symptom	(Chapter)	(Book)
1.	(085) ANXIETY/fear,with – Mind : KENT		
2.	(143) FEAR.(See Anxiety.) – Mind : KENT		
3.	(045) FEAR.(See Anxiety.)/evening – Mind : KENT		
4.	(153) FORGETFUL (See Memory) – Mind : KENT		
5.	(023) BAD news, ailments from – Mind : KENT		
6.	(004) DESIRES/eggs – Stomach : KENT		
7.	(005) DESIRES/ice cream – Stomach : KENT		
8.	(007) DESIRES/lime, slate pencils, earth, chalk, clay, etc. – Stomach : KENT		
9.	(031) AVERSION to/coffee – Stomach : KENT		
10.	(020) AVERSION to/food/warm – Stomach : KENT		
11.	(056) INDIGESTION (Includes Complaints After Substances Not Otherwise Described) – Stomach : KENT		
12.	(108) PAIN/night – Head : KENT		
13.	(042) MENOPAUSE – Genitalia-Female : KENT		
14.	(161) PAIN/pressing (See Bursting/Drawing)/Vertex – Head : KENT		

Figure 3: Repertorisation sheet with Medicine

Remedy(258)	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	Total (Marks/Rub)
CALC	2	3	3	2	3	2	2	2	3	2	3	2	1	2																			32/14
PHOS	2	3	2	3	1	-	3	-	2	3	-	2	2	2																			25/11
LYC	2	3	2	3	-	-	-	-	2	2	3	3	-	3																			23/9
PULS	2	2	3	1	1	-	-	-	-	3	3	1	2	1																			19/10
GRAPH	2	3	-	2	-	-	-	-	-	3	2	1	3	2																			18/8
SULPH	1	2	-	2	2	-	-	-	-	-	3	2	3	3																			18/8
CHIN	2	1	-	1	1	-	-	-	-	2	2	3	2	2	1																		17/10
LACH	1	1	1	2	1	-	-	-	-	2	2	1	3	3																			17/10
NAT-M	2	2	1	2	-	-	1	2	-	2	1	-	1																				16/9
NUX-V	1	2	1	1	-	-	-	2	3	-	3	1	-	2																			16/9
MERC	2	2	1	3	-	-	-	-	2	1	2	3	-																				16/8
IGN	3	3	-	1	2	-	-	-	-	2	1	1	1	1																			15/9

Therapeutic Interventions, Follow-ups, and Outcomes

Following repertorisation using Stimulare V 2.5.2 software and J.T. Kent's Repertory, homoeopathic medicine *Calcarea carbonica*, scored 32/14, was selected as the First prescription. The homoeopathic medicine was manufactured by a best

manufacturing practice certified homoeopathic pharmaceutical company and prescribed in globules sized 30. *Calcarea carbonica* 200C was prescribed in single doses, followed by a placebo. The response to the remedy was positive, with gradual improvement in USG findings. All details, prescriptions with follow-ups are shown in [Table 1], and significant changes with improvement of endometrial thickness were seen in USG dated 30/04/2025 [Figure 4].

The effectiveness of the individualised homoeopathic treatment in this case was assessed using the Modified Naranjo Criteria for Homoeopathy. The case scored 9 [Table -2] out of a maximum of 13 points, which indicates a probable causal relationship between the prescribed homoeopathic remedy and the clinical outcome of the case. The consistent improvement in both symptoms with a reduction in endometrial thickness on ultrasonography supports the positive homoeopathic response.

Table .1: Follow-up evaluations

Date	Symptoms observed on follow-up	Prescription
25/11/24 First Visit	Endometrial thickness measuring 9.8 mm, with no pathology [Figure 1] Gastric upset on and off Pain in the head on and off	Cal Carb 200 C single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
10/12/2024 Second Visit	Gastric upset on and off Pain in the head on and off	Cal Carb 200 C Single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
25/12/24 Third Visit	Gastric upset on and off Pain in the head is occasionally present	Cal Carb 200 C single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)

10/01/25 Fourth Visit	Gastric upset on and off Pain in the head is occasionally present	Cal Carb 200 C single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
24/1/25 Fifth Visit	Gastric upset is occasionally present Pain in the head is occasionally present	Cal Carb 200 C single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
10/2/25 Sixth Visit	Gastric upset is occasionally present Pain in the head is occasionally present	Placebo: 15 drops in 30 ml of water twice daily before meals for 14 days Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
25/2/25 Seventh Visit	Gastric upset is absent Pain in the head is occasionally present	Placebo: 15 drops in 30 ml of water twice daily before meals for 14 days Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
11/3/25 Eighth Visit	Gastric upset is absent Pain in the head is absent	Placebo: 15 drops in 30 ml of water twice daily before meals for 30 days Rubrum 30/TDS for 30 days (6 globules at a time, 30 size)
24/3/25 Ninth Visit	Relief in All Symptoms with the patient is stable	Placebo: 15 drops in 30 ml of water twice daily before meals for 30 days Rubrum 30/TDS for 30 days (6 globules at a time, 30 size)
10/3/25 Tenth Visit	Relief in All Symptoms with the patient is stable	Placebo: 15 drops in 30 ml of water twice daily before meals for 30 days Rubrum 30/TDS for 30 days (6 globules at a time, 30 size)

30/4/24 Eleventh Visit	No episodes of headache Significant changes with improvement of endometrial thickness (6.2 mm) [Figure 4]	Placebo: 15 drops in 30 ml of water twice daily before meals for 30 days Rubrum 30/TDS for 30 days (6 globules at a time, 30 size)
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Figure 4: Ultrasonography – After treatment

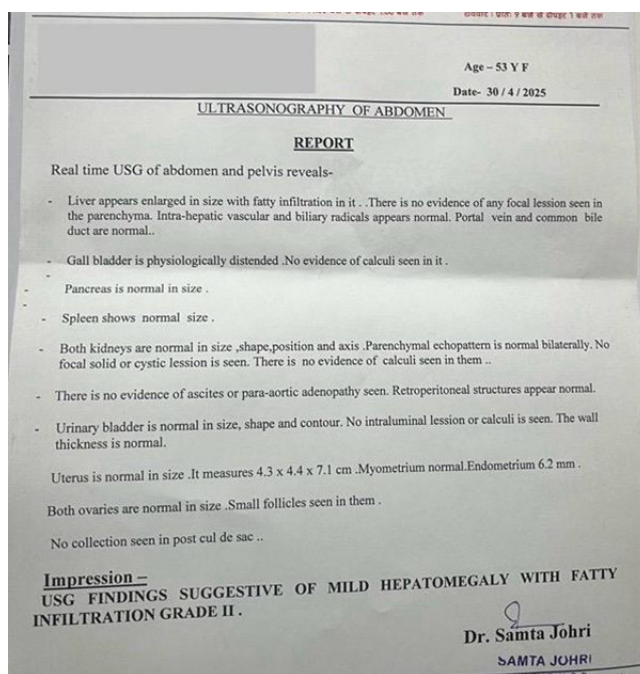


Table 2 - Assessment of outcome of treatment by Modified Naranjo Criteria for Homeopathy

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time-frame relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		

5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioural elements)	+1		
6A <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?			0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Note: Maximum score= +13, Minimum score= -6

There is a total score = +9

DISCUSSION

The positive clinical response following administration of *Calcarea carbonica* 200 C, evidenced by a reduction in endometrial thickness from 9.8 mm to 4.3 mm over about 5 months, along with marked improvement in general well-being, this

case report supports the efficacy of individualised homoeopathic treatment in reducing endometrial thickness in menopausal women. Evaluation of the case using the Modified Naranjo Criteria for Homoeopathy, with a score of 9 out of 13 [Table 2], further supports a probable causal relationship between the homoeopathic treatment and the observed outcome. Importantly, the patient did not require any other treatment during homoeopathic treatment. This reinforces the safety and non-invasive nature of homoeopathy, especially in chronic disease. This case report presents the significant role of homoeopathy in managing early or subclinical gynaecological conditions, particularly when individualised treatment is appropriately applied. Further documentation of such cases, using standard tools such as the HOM-CASE guidelines and validated outcome assessment criteria, will contribute to the evidence base of homoeopathic practice.

CONCLUSION

Homoeopathic medicine is very effectively used in the treatment of endometrial thickness in postmenopausal women. This case report shows that an individual's homoeopathic medicine positively reduces endometrial thickness in postmenopausal women.

Patient perspective

The patient was satisfied during and after the homoeopathic treatment.

Informed consent

The consent to publish the information obtained from the patient.

Conflict of interest

None.

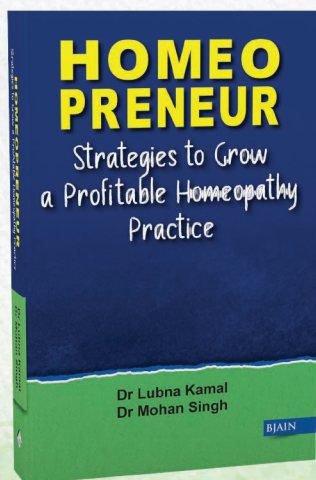
Sources of funding

None.

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An Evidence-Based Case Report on Homoeopathic Management of Vitiligo by *Pulsatilla nigricans*

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Abstract

Introduction: Vitiligo is an acquired skin depigmentation disorder which manifests as asymptomatic depigmented macules anywhere on the body including mucous membranes of lips and genitalia. It is very difficult to treat and mostly associated with psychological distress.

Objective: The objective of the study is to demonstrate the therapeutic efficacy of individualised homoeopathic treatment in the management of vitiligo.

Case summary: This is a case of vitiligo in a 20-year-old female, manifested as diffuse whitish patchy discoloration on the back of neck and behind the right ear for the last 4 years. After taking conventional mode of treatment, patient got temporary improvement but the condition recurred after discontinuing the conventional treatment. Following homoeopathic principles, *Pulsatilla nigricans* was prescribed. Vitiligo impact scale – 22 (VIS-22) was used to assess the patient-reported outcome, and the Modified Naranjo Criteria for Homeopathy (MONARCH) was used to assess potential causal attribution. The overall score (+9) of MONARCH substantiated the possible causal attribution to homoeopathic treatment. In this instance, the case was successfully resolved with *Pulsatilla nigricans* in just 10 months, with no further recurrence.

Conclusion: More research with controlled trials is warranted in the future to validate the role of Homoeopathy.

INTRODUCTION

Vitiligo (ED63.0, as per ICD-11) is an acquired idiopathic depigmentary condition characterized histologically by absence of epidermal melanocytes. The word vitiligo is derived from the Greek word 'vitelius', meaning 'calf', because the resemblance of white spots of vitiligo with white patches on a calf. It is thought to be an autoimmune disease associated with antibodies (vitiligo antibodies) to melanocytes. A few studies have revealed that there is some genetic mechanism involved in the etiology of vitiligo and that it is polygenic in nature.^[1]

Vitiligo affects approximately 1-4% of the world population^[2] and the highest incidence has been recorded in Indians from the Indian sub-continent, followed by Mexico and Japan.^[3] Onset of vitiligo is usually more in childhood or in young adults (20–30 years of age) and in about 30 % there is a positive family history. Vitiligo appears symmetrically, usually in the face, on the nape of neck, axillae, elbows, hands, knees and genitals. The disease can either progress quickly or remain stable.^[4]

The patients suffering from vitiligo often face severe psychological and social problems. It is more acute in the case of young women and children. Vitiligo is thus considered as an important skin disease having major impact on the quality of life (QoL) of patients suffering from it. The disease may be presented alone or in association with other autoimmune disorders such as Hashimoto

thyroiditis, Celiac disease, Scleroderma, Rheumatoid arthritis, Psoriasis, Addison's disease, Pernicious anaemia, SLE, Diabetes type – I, Alopecia areata etc. [5-6]

There are many cases documented in homoeopathic journals regarding the therapeutic efficacy of homoeopathic medicines in the treatment of vitiligo. [7-10] In this case, subjective as well as objective evidence with an improved quality of life (QoL) has been systematically documented through validated scales and photographs. The case report thoroughly discussed the essence of individualised homoeopathic treatment to give the patient rapid, gentle, and substantial relief within a plausible time frame.

PATIENT INFORMATION

Presenting complaints

On August 11, 2024, a 20-year-old unmarried female patient, presented with whitish patchy discolorations persisting for the last 4 years, predominantly affecting her back of the neck and behind the right ear [Figure 1] [Figure 2]. Spread of the patches was very slow. There was no itching or discomfort present over those lesions. The patient had been receiving conventional treatment for a year and had shown some improvement. However, the disease relapsed following discontinuation of treatment.

Past history

The patient had suffered from mumps in childhood. She also gave history of recurrent urinary tract infections.

Family history

Family history had revealed that her grandfather had suffered from pulmonary tuberculosis and her father had hypertension and chronic obstructive pulmonary disease.

Personal history

On detailed case-taking, patient had stated that she had a history of delayed menarche and had severe dysmenorrhoea, accompanied with chilliness.

Physical Generals

- Thermal reaction: hot

- Appetite: 3 meals/day
- Thirst: very less; less than 1 litre/day
- Desire: sour food and cold food
- Aversion: bread
- Urine: clear but she could not hold urge of urine for too long.
- Stool: normal
- Sleep: sound; 8 hours/day
- Dreams: patient cannot remember her dreams.
- Perspiration: profuse, on every little exertion, especially around the nose.

Temperament

Although the patient was mild and gentle, but from her mother's statement, it was revealed that she got easily angered from slightest provocation. She prefers company. She had a sound memory and could recall remote events perfectly. She was depressed and very much concerned about the disease.

General examination

Blood pressure – 124/82 mmHg. Pulse rate – 78 beats per minute. General examination findings revealed no significant abnormality

Diagnostic assessment

Clinical presentation of the patient looked typical of vitiligo and the condition was subsequently confirmed by the dermatologist.

Totality of Symptoms

1. Changeability of mood.
2. Thirstlessness.
3. Diminished appetite.
4. Desire for cold food.
5. Severe dysmenorrhoea, accompanied with chilliness.
6. Whitish patchy discoloured lesions over the back of the neck and behind the right ear.

Evaluation of symptoms and Miasmatic Analysis

Evaluation of symptoms and Miasmatic Analysis

is discussed in [Table 1].

Table 1 showing Evaluation of Symptoms with Miasmatic Analysis of the case

Sr No.	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1.	Changeability of mood	Mental general	+++	Psora
2.	Thirstlessness	Physical general	+++	Psora
3.	Diminished appetite	Physical general	++	Psora
4.	Desire for cold food	Physical general	++	Syphilis
5.	Severe dysmenorrhoea, accompanied with chilliness	Characteristic particular	+++	Psora
6.	Whitish patchy discoloured lesions over the back of the neck and behind the right ear	Characteristic particular	+++	Pseudo-Psora

Therapeutic Intervention

After considering the totality of symptoms and repertorisation using HOMPETH software [Figure 3], it was found that *Pulsatilla nigricans* covered most of the rubrics and scored the highest mark followed by remedies like *Lycopodium clavatum*, *Phosphorus*, *Arsenicum album*, *Sepia officinalis*, *Gelsemium sempervirens*, *Natrium carbonicum*, *Sulphur*, *Silicea terra* etc. Finally, after consultation with Materia Medica^[11,12] *Pulsatilla nigricans* 200C was selected and prescribed. The selection of potency and dosage was done following the guidelines of the Organon of Medicine.^[13]

The first prescription, *Pulsatilla nigricans* 200C, two doses were prescribed on 11th August 2024. The patient was advised not to apply any ointment. Later on, depending on the patient's clinical improvement, the potency, doses, and repetitions were determined employing the homoeopathic principles.



Follow-up and outcome

The details of the follow-ups are given in Table 2.

Table 2 showing Timeline including, Follow-up of the case

Date	Sign and Symptom	Prescription	Justification
11 August 2024	Initial visit: whitish patchy discolorations over the back of neck and behind the right ear for the last 4 years [Figure 1] [Figure 2]. Patient also complained about severe dysmenorrhoea, accompanied with chilliness since menarche.	<i>Pulsatilla nigricans</i> 200C / 2 Doses (in sac. lac.) To be taken in the early morning, on an empty stomach for 2 days. Followed by Placebo for 1 month.	1st prescription as per the totality of symptoms and repertorisation.
8 September 2024	Severe pain during menses reduced that previous cycle but no improvement of whitish patchy discoloration.	Placebo was prescribed for 1 month.	The patient was improving hence Placebo was prescribed.
13 October 2024	Mild pigmentation appeared in patches over the back of the neck [Figure 4]. No new complaint appeared. Menstrual pain was reduced than before.	Placebo was prescribed for 1 month.	The patient was improving hence Placebo was prescribed again.
8 December 2024	Patient reported after 2 months with increased intensity of pain during menses like before taking treatment. No further improvement was noted over the white patches.	<i>Pulsatilla nigricans</i> 200C / 2 Doses were repeated To be taken in the early morning, on an empty stomach for 2 days.	As no further improvement was observed and there was no indication for other medicines, the same medicine was prescribed in the same potency.

5 January 2025	Re-pigmentation was markedly noted over the nape of neck [Figure 5]. Menstrual pain is also reduced.	Placebo was prescribed for 1 month.	The patient was improving hence no medicine was prescribed, only Placebo was given.	11 May 2025	Re-pigmentation was started again [Figure 6].	Placebo was prescribed for 1 month.	The patient was improving hence Placebo was prescribed again.	
9 February 2025	Re-pigmentation was continued. Menstrual complaints were also better.	Placebo was prescribed for 1 month.	The patient was improving hence Placebo was prescribed again.		8 June 2025	Normal skin texture appeared over the affected areas [Figure 7] [Figure 8]. Menstrual pain also markedly reduced. Anxiety of the patient about her disease was also improved.	Placebo was prescribed for 1 month.	Complete restoration of health in approximately 10 months, healthy skin restored.
9 March 2025	No further re-pigmentation. Menstrual complaints were better.	Placebo was prescribed for 1 month.	The patient was improving hence Placebo was prescribed again.					
13 April 2025	The condition of the patches remained standstill. No further improvement.	<i>Pulsatilla nigricans</i> 1M / 1 Dose was prescribed. To be taken in the early morning, on an empty stomach.	As there were no changes and no indication for other remedies, the same medicine was prescribed in higher potency.					
					13 July 2025	There was no recurrence of old complaints; the generals were normal; the menstrual pain was also within normal limits. The patient was advised to visit the clinic every month to check for recurrence of vitiligo. The patient complied with the instructions and reported no recurrent complaints.		

Table 3 showing Vitiligo Impact Scale – 22 (VIS-22) of the case

Sr No.	Questionnaire	1 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit	7 th visit	8 th visit	9 th visit	10 th visit
1.	Do you think this disease is incurable	2	2	1	1	1	1	1	1	1	0
2.	Do you change your doctor	2	1	0	0	0	0	0	0	0	0
3.	Do suggestions and advice from others about the disease bother you	3	3	2	2	1	1	1	1	1	1
4.	Do other people feel that this disease spreads by touch	1	1	1	1	1	1	1	1	1	1
5.	Do you have problems in wearing your choice of clothes	3	3	2	2	1	1	1	1	1	0
6.	Do you feel helpless	3	3	2	2	1	1	1	1	1	1
7.	Do you face difficulties in adhering to the treatment	3	2	1	1	0	0	0	0	0	0
8.	Do your parents keep asking you to seek treatment	2	2	1	1	1	1	1	1	0	0

9.	Do you feel life is not worth living with this disease	2	2	1	1	0	0	0	0	0	0
10.	Do you feel depressed	3	3	2	2	1	1	1	1	1	1
11.	Do you keep thinking about the disease	3	3	2	2	1	1	1	1	1	1
12.	Have you stopped/reduced going to parties/get-togethers	3	3	2	2	1	1	1	1	1	1
13.	Do your friends/relatives avoid you	1	1	1	1	1	1	1	1	1	1
14.	Do you think about bringing your life to an end	1	1	0	0	0	0	0	0	0	0
15.	Do you observe any kind of dietary restriction	1	1	1	1	1	1	1	1	1	1
16.	Does the amount of money you have spent on the treatment bother you	3	2	2	2	1	1	1	1	0	0
17.	Do you believe that this is the worst disease anyone can have	2	2	1	1	1	1	1	1	1	1
18.	Do you get embarrassed when meeting people	3	2	2	2	1	1	1	1	1	1
19.	How worried you will be if you develop new lesions	3	2	2	2	2	1	1	1	1	1
20.	If you are unmarried, please answer the following question: Are you facing problems in getting married	3	3	2	2	2	2	1	1	1	1
21.	If you are working, please answer the following questions: Do your colleagues treat you differently because of the disease	2	2	2	2	2	1	1	1	1	1

22.	If you are studying, please answer the following questions: Do your classmates treat you differently because of the disease	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total score		49	44	30	30	20	18	17	17	15	13
0 – Not at all; 1 – A little; 2 – A lot; 3 – Very much											

Table 4 showing Assessment done by MONARCH Inventory score

Domains	Yes	No	Not Sure /NA
1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-	-
3. Was there a homoeopathic aggravation of symptoms? (need to define in glossary)	-	-	0
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed?	+1	-	-
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	-	-
6: (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6: (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?	-	0	-
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-

8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total score = + 9 (Maximum score = +13, minimum score = - 6)			

Clinical Evidences-



Figure 1- August 11, 2024



Figure 2 -August 11, 2024



Figure 4- 13 October 2024



Figure 5 - 5 January 2025



Figure 6- 11 May 2025



Figure 7- 8 June 2025



Figure 7-8 June 2025

DISCUSSION

Vitiligo is a depigmentation disorder that usually torments the patient throughout their life. The pathophysiology of vitiligo is thought to be caused by an autoimmune response. This hypothesis is supported by the fact that patients with vitiligo often have a personal or family history of other autoimmune conditions. Several studies have found elevated levels of oxidative stress markers and other autoimmune indicators in vitiligo patients, such as CD8+ cytotoxic T cells specific to melanocytes.^[14] In autoimmune diseases, oxidative stress can be triggered by various external factors such as environmental toxins, chemical agents, and UV radiation.^[14,15] The development of vitiligo has also been shown to be associated with viral infections like cytomegalovirus, Epstein-Barr virus, HIV, and many others.^[16] In this case report, patient also gave the history of viral infection in childhood. Following the homeopathic treatment, improvements were documented through different subjective and objective pieces of evidence. In every follow-up visit, improvement in the main complaint, i.e., cessation of spread of the lesions and the appearance of skin

re-pigmentation, along with the psycho-social impact of the disease in the patient's life, as well as overall well-being, was measured through the Vitiligo Impact Scale – 22 (VIS-22) and the Modified Naranjo Criteria for Homeopathy (MONARCH). There are 22 questions in VIS-22 and on a scale of 0 to 3, each question is worth 0 for not at all, 1 for a little, 2 for a lot, and 3 for very much. Higher total scores suggest a greater impact on life, and the score ranges from 0 to 66.^[17] In this case report, VIS-22 score was reduced from 49 to 13 [Table 3]. Patient's follow-up photographs indicated unbiased proof of recovery. MONARCH^[18] was utilised to assess the potential causal attributions. In this instance, a stronger likelihood of a causal association between the homeopathic intervention and the patient's clinical improvement is shown by the +9 score out of the highest score of +13 [Table 4]. In this case, *Pulsatilla nigricans* was selected based on individualisation, considering past history of mumps, delayed menarche with severe painful menstruation accompanied with chilliness. The lesions recovered within 10 months without any aggravations during the course of treatment, and it has not recurred even after 6 months. No untoward or adverse event was reported by the patient throughout the treatment.

CONCLUSION

This was an obstinate case of vitiligo where the patient was suffering for the last 4 years. A single homeopathically selected medicine, *Pulsatilla nigricans* resulted in gentle and speedy improvement of the case, without any recurrence. Further rigorous studies are warranted to generalise the efficacy of homeopathic treatment in the cases of vitiligo.

Declaration of patient consent

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

Financial support and sponsorship

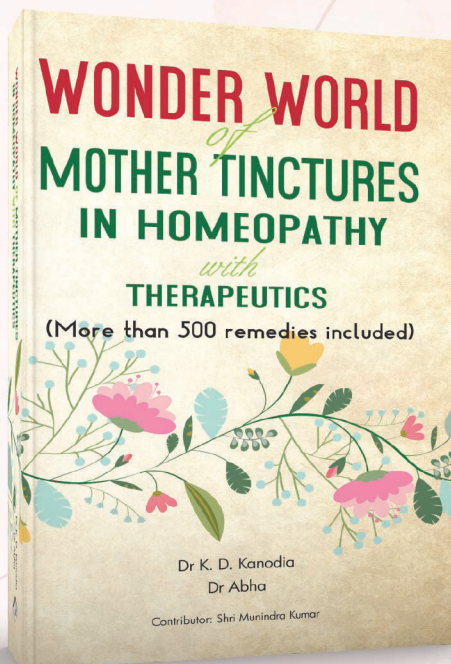
Nil.

Conflicts of interest

None declared.

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ISBN: - 9788131962466

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Restoring Rhythm: An Individualised Homoeopathic Approach to Female Infertility with Folliculinum – A Case Report

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Abstract

Background: Female infertility is a multifactorial condition commonly influenced by ovulatory dysfunction, hormonal imbalance, structural abnormalities, and psychological stress. Conventional management often includes hormonal therapy and assisted reproductive techniques, which may not always yield successful outcomes. Homoeopathy offers an individualized approach aimed at restoring systemic balance.

Materials & methodology: Individualized homoeopathic prescription was done on the basis of detailed case taking of the patient diagnosed with primary infertility. The evidence-based illustrations were made before and after the treatment & the case report was strengthened with pictographic & video graphic evidence. Detailed evolution of the patient is formed as a timeline for better understanding of the patient's personality development.

Conclusion: This case report highlights the efficacy of less commonly prescribed remedy *Folliculinum* 30C as a constitutional medicine in a case of primary infertility associated with disruption of the ovarian cycle following prolonged hormonal therapy, along with emotional and psychological stressors. She later conceived naturally and delivered a healthy baby boy, demonstrating the potential of individualized homoeopathy in

restoring reproductive health in hormonally and emotionally mediated infertility.

Keywords

Primary infertility; *Folliculinum*; Hormonal imbalance; Emotional suppression; Homoeopathy.

INTRODUCTION

Infertility, according to the World Health Organization (ICD-11: GA10), is defined as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse^[1]. It is a global reproductive health concern affecting both men and women, with a significant emotional, social, and psychological impact on couples^[2]. Female infertility may result from ovulatory dysfunction, anatomical abnormalities of the reproductive tract, endometriosis, or hormonal disturbances that impair normal ovarian and uterine function.^{[1][2][3]} Infertility may be primary, when no prior pregnancy has occurred, or secondary, when conception fails after a previous successful pregnancy.^[3]

Physiologically, the female reproductive cycle depends on coordinated interaction between the hypothalamus, pituitary gland, ovaries, and uterus. Disruption at any level can impair oocyte development, ovulation, fertilization, or implantation^{[1][4]}. Ovulatory disorders—often linked with

conditions such as polycystic ovarian syndrome (PCOS) or hormonal imbalance—are among the most common causes.^{[2][4]} Tubal factor infertility results from blockage or damage to the fallopian tubes, preventing fertilization. Endometriosis, pelvic adhesions, and uterine abnormalities such as fibroids or congenital malformations may also contribute to subfertility.

Risk factors associated with female infertility include:

1. Advancing age—fertility declines after age 35 due to diminished ovarian reserve.
2. Hormonal imbalance—disturbances in prolactin, thyroid hormones, or gonadotropins can affect ovulation.
3. Lifestyle factors—stress, obesity, excessive exercise, smoking, and alcohol use negatively impact reproductive health.
4. Reproductive history—pelvic infections, previous surgeries, or endometriosis increase risk.
5. Environmental exposures—toxins, endocrine-disrupting chemicals, and radiation.
6. Genetic predisposition—family history of ovarian or endocrine disorders.^{[1][3]}

Clinical presentation varies widely. Some women experience irregular menstrual cycles, dysmenorrhea, or symptoms of hormonal imbalance, while others may remain asymptomatic and seek evaluation only after difficulty conceiving. Diagnosis involves assessing ovulatory function, ovarian reserve, hormonal profile, and pelvic anatomy. Investigations may include ultrasonography, hysterosalpingography, hormonal assays, laparoscopy, and semen analysis of the partner to ensure a comprehensive evaluation.^{[2][4]}

Case presentation:

Patient's Information:

A 29-year-old female, B.Tech graduate, employed as a software professional (Hyderabad), visited JIMSHMCH Opd along with her father for homoeopathic treatment of infertility (married for 6 years).

In December 2022, she underwent intrauterine insemination (IUI) without success. During the procedure, cervical obstruction (cervical stenosis) was detected, for which hysteroscopy was performed on 30th January 2023. She also received hormonal therapy for around one and a half years, which too was ineffectual.

The patient also had a long-standing history of Pre-Menstrual Syndrome (PMS) since menarche, characterized by pre-menstrual lower abdominal pain, breast tenderness, diarrhea, and increased hunger. Her menstrual cycles are regular with a moderate flow, occasionally dark red with clots and a slightly offensive odor.

Past History: The patient had chickenpox at the age of 13 years. About 4 to 5 years ago, she developed hemorrhoids, which subsided without significant complications. In 2020, she contracted COVID-19 infection, which was predominantly marked by respiratory symptoms.

Family history: The patient's father was a known case of hypertension. Her mother had a history of hypothyroidism and hypertension.

Personal information: Menarche at the age of 13 years. Regular menstrual cycle (28-32 days), for about 4 to 5 days, moderate flow, (2 to 3 pads per day). The menstrual blood - dark red in colour, with occasional clots and a slightly offensive odour. Before menses every month, she experienced lower abdominal pain, diarrhoea, breast tenderness, and increased appetite. Leucorrhoea prior to menstruation, relieved by exposure to open fresh air.

Physical generals: Appetite good- three meals per day (vegetables, pulses, chapattis, and rice). Thirst adequate, around 2-3 litres of tap water daily. She has a marked desire for salty food. Perspiration- profuse on the scalp and forehead. Urine- clear, odourless, and passed freely about 7-8 times during the day only. Habitually constipation with straining and passage of hard stools, which has been chronic. Sleep sound and refreshing, about 7-8 hours per night. Dreams unremembered. Thermally, the patient was chilly, requiring warm covering in all the seasons and preferring summer weather.

Life space investigation: The patient was born and brought up in Hyderabad. She completed B.Tech and was employed in a multinational company.

Since childhood, she lived under the control of a dominating father who exercised authority over her decisions. She reported feeling dominated against her will and expressed that her individuality was suppressed. She described a constant sense of self-denial and emotional exhaustion resulting from this prolonged control.

She got married in 2017, to a man of her father's choice, despite her wish to marry someone else. Easy irritability and anger on contradiction which she usually suppressed especially towards her in-laws, were her emotional expressions. However, over the time, she used to experience emotional outbursts and gradually released her pent-up frustration on them.

The patient was extremely sad and hopeless regarding her becoming a mother. Having undergone multiple treatments and procedures without success she started to develop total hopelessness. Continuous questioning, criticism, and pressure from family and friends about her infertility further intensified her emotional distress. Additionally, her father used to pressurise her and her husband to settle abroad, contrary to her wishes, contributing further to her sense of helplessness and emotional strain.

Mental Symptoms:

Irritability on contradiction but she suppressed her anger & then vented it later. Emotional suppression mainly of anger, ailments from domination for a long time, emotional exhaustion from lifelong authority control, loss of individuality and a sense of under powerful influence, sensitive, sadness and helplessness from family pressure regarding pregnancy and migration abroad and repetitive failed fertility interventions, self-denial and yielding disposition with later explosive outbursts.

Clinical and laboratory findings:

The patient presented with primary subfertility associated with six yrs. long married life, failed intrauterine inseminations (IUIs), and persistently

thin endometrium. She underwent diagnostic and operative hysteroscopy with septal resection and bilateral metroplasty on 30.01.2023 under short general anesthesia.

Hysteroscopic Findings: Figure 1 & Figure 2

- Cervix stenosed; dilated using serial dilators. Nabothian cyst (1×1 cm) on the left side of the cervix excised.
- Uterine cavity well distended, anteverted.
- Sub septum at fundus; septal resection done using hysteroscopic scissors.
- Bilateral ostia visualized.
- Bilateral metroplasty performed.
- Endometrium appeared pale and thin with chronic endometritis noted on all four walls.
- Endometrial curetting's sent for histopathological examination (HPE) and GeneXpert testing.

Histopathological Examination (HPE): Figure 3

- Specimen: Endometrial biopsy.
- Microscopic findings: Scant endometrial glands and stroma with normal gland-to-stroma ratio. Gland's tubular, lined by columnar cells with basally placed nuclei. Stroma compact with few congested blood vessels. Foci showing areas of haemorrhage.
- Impression: Suggestive of proliferative phase endometrium.

Gene Xpert (Mycobacterium tuberculosis): Figure 4

- Specimen: Endometrial tissue.
- Result: Mycobacterium tuberculosis – Not Detected.

Additional Findings: Figure 5

- History of failed 3 cycles of ovulation induction (OI) and 2 cycles of IUI.

Case Report

- LMP: 24.01.2023.
- Menstrual cycle regular, every 30 days.

Figure 1: Hysteroscopy Findings

EVA IVF
The Complete Fertility Care

DISCHARGE SUMMARY

Patient Name: Mrs. [Redacted]
Age/Sex: 30 Years / Female
MR No: EVA/002271
Address: Hyderabad
Phone: 9177606053
D.O.B: 30.01.2023
D.O.D: 30.01.2023

Surgeon: Dr. Manjula Anagani
Consultant: Dr. Aishwarya Nupur

Diagnosis: Primary subfertility with prolonged married life with failed IUIs and persistent thin endometrium for hysteroscopic evaluation.

History of Presenting: Nil
Past History: No H/O HTN, DM, Hypothyroid, Asthma, Drug allergies.
H/O Failed 3 cycles of OI.
H/O 2 Cycles of Failed IUIs.

ML: 5 Years LMP: 24.01.2023 Menstrual History: Regular 3/30 days.

Operative Procedures: Hysteroscopy + sub septal resection + Bilateral metroplasty done under short GA.

Operative Findings:

Hysteroscopy:-
UCL 3.5 inches.
Cervix Stenosed - Dilated with serial dilators, nabothian cyst of size 1x1 cm on left side of cervix, excision done.
Uterine cavity - Well distended, AV.
Subseptum seen at the fundus - septal resection done with hysteroscopic scissors.
Bilateral Metroplasty done.
Both Ostia visualised.
Endometrium - pale and thin on four walls.
F/O Chronic endometritis noted on four walls.
Endometrial curettings sent for HPE and Gene x pert.

Figure 2: Hysteroscopy



Figure 3: Histopathological Examination (HPE)

EVA IVF
The Complete Fertility Care

TEST REPORT

Investigation: Histopathological Examination of Endometrium (D and C)

Result: Subfertility for persistent thin endometrium for hysteroscopic evaluation. Endometrial biopsy for HPE.

Macroscopic Findings: Received multiple grey brown soft tissue brown altogether measuring 0.4 x 0.2 x 0.2 cm.

Sections: All embedded (One block)

Microscopic Findings: Sections studied show scant endometrium glands and stroma with normal gland to stroma ratio. Glands are tubular and lined by columnar cells with basally placed nucleus. Adjacent stroma is compact with few congested blood vessels. Foci show areas of hemorrhage.

Impression: Suggestive of Proliferative phase.

Note: Kindly correlate clinically

Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad
51 Kineta Towers, Banjara Hills

— End Of Report —

Dr. K. Shashi Kiran
Consultant Pathologist

Figure 4: Gene Xpert (Mycobacterium tuberculosis)

Genet
It's Good to Know

Gender: 30 Years / Female
TID/SID: PUP1594840/ 25111059
Registered on: 30-Jan-2023 / 18:02 PM
Collected on: 30-Jan-2023 / 18:14 PM
Reported on: 30-Jan-2023 / 21:03 PM
Reference: EVA Fertility

DR. AISHWARYA NUPUR

BIL2768682

TEST REPORT

DEPARTMENT OF MOLECULAR PATHOLOGY

Investigation: Genexpert MTB
Result: Not Detected

Equipment: GeneXpert(Cepheid)
Specimen Type: Endometrial Tissue
Mycobacterium Tuberculosis: Not Detected

Method: Semi-Nested PCR

Result Interpretation:
If result is TB negative: This indicates no tuberculosis (TB). However, if the clinical picture is strongly suggestive of TB, a repeat test can be suggested by your referring doctor.
If result is TB positive, and Rifampicin resistance negative: This indicates tuberculosis that can be treated with commonly used drugs. Please seek assistance from the referring doctor for treatment of tuberculosis, which is a highly curable disease.
If result is Rifampicin resistance positive and you have previously taken TB treatment: This indicates drug resistance - TB that is difficult to treat with commonly used drugs. Please seek assistance from the referring doctor for treatment of multidrug resistant tuberculosis (MDR TB) which requires specialized management, including additional drug-susceptibility testing.
If result is Rifampicin resistance positive and you have NOT previously taken TB treatment: This may indicate drug resistance, but requires confirmation.
Clinical Background: Genexpert MTB/RIF, is a rapid automated molecular test for diagnosis of Mycobacterium tuberculosis (MTB) and resistance to rifampicin (RIF) in clinical specimens.
It targets rpoB gene (hot spot region) which is critical for identifying Rifampicin resistance mutations.
MDR TB is defined as TB due M.tb complex, resistant to both Isoniazid & Rifampicin. Rifampicin acts as a surrogate marker

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad
51 Kineta Towers, Banjara Hills

— End Of Report —

Dr. Safaa Munzer Ahmed
Consultant Microbiologist

Figure 5: Additional Findings – IVF History

EVA IVF
The Complete Fertility Care

Name: Mrs. [Redacted]
Husband name: Mr. [Redacted]
Phone No: [Redacted]
DOB: [Redacted]

Ph No: [Redacted]
Indication: POI + Asthenospermia
Cycle: 2

30 yrs

Days 18 17 16 15 14 13 12 11 10 <10 D

Days 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

LMP: 29.12.22

Base Line Scan: AFC < 10-5-6
LO-6-7

Stimulation Protocol: Humog

Cycles: Days: FSH: E2: BMI: Special Req:

Semen Analysis Date: Vol: Density: Motility: TSM: Date of Insemination: Catheter: not done in VJO thin endometrium

Diagnosis: Primary infertility due to uterine factor — sub septate uterus with chronic endometritis and persistently thin endometrium and cervical factor — cervical stenosis).

Analysis of symptoms:

- Common Symptoms:** PMS symptoms: lower abdominal pain, diarrhea, breast tenderness, and hunger before menses. Regular menses with dark-red blood with clots and a slightly offensive odor. Habitual constipation with straining and passage of hard stools. Thin endometrium, chronic endometritis, cervical stenosis.
- Uncommon Symptoms:** Spicy food is disagreed upon, as it causes sour eructation and bloating. Perspiration is profuse on the scalp and forehead. Desire for salty food. Leucorrhoea before menses relieved by open air. Emotional suppression mainly anger, Ailments from domination for a long time, Emotional exhaustion from lifelong authority control, Loss of individuality and a sense of under powerful influence, Sensitive, Helplessness, Self-denial and Yielding disposition.

Evaluation of symptoms:

1. Generals

- Mental Generals:** Emotional suppression mainly anger (Grade – I), Ailments from domination for a long time (Grade –I), Loss of individuality and a sense of under powerful influence (Grade –I), Sensitive (Grade –I), Helplessness (Grade –I), Self-denial and Yielding disposition (Grade –I).
- Physical Generals:** Hunger before menses. Regular menses with dark-red blood with clots and a slightly offensive odor. Habitual constipation with straining and passage of hard stools. Aggravation from Spicy food. Desire for salty food. Perspiration is profuse on the scalp and forehead. Leucorrhoea before menses relieved by open air
- Common Symptoms:** Thin endometrium, chronic endometritis, cervical stenosis.
- Characteristic Particulars:** None.

Totality: Emotional suppression mainly anger, Ailments from domination for a long time, Loss of individuality and a sense of under powerful influence, Sensitive, Helplessness, Self-denial and Yielding disposition. Desire for salt, Spices Disagree, habitual constipation with straining and passage of hard stools, which has been chronic. Lower abdominal pain, diarrhea, tenderness in

breasts, and hunger before menses. Thermally-Chilly.

Therapeutic Intervention:

Case analysis followed the Kentian hierarchy, emphasizing mental generals, physical generals, and characteristic particulars over common clinical symptoms. The totality revealed a coherent pattern: chronic domination since childhood leading to sustained emotional suppression, loss of individuality, yielding disposition with periodic outbursts, irritability when contradicted, marked sensitivity to criticism, and profound helplessness linked to repeated fertility failures. These long-standing psychological pressures paralleled physical manifestations—PMS with marked congestion (breast tenderness, diarrhea, abdominal pain, increased hunger), habitual constipation with straining, desire for salt, aggravation from spicy food, profuse scalp perspiration, chilly thermals, and gynecological pathology including thin endometrium, chronic endometritis, and cervical stenosis.

Totality: The totality is constructed following reportorial method & the selection of medicine is based on the totality by the reportorial method.

Repertorial sheet (Figure 06):

Symptom	Opium	MIND - ALIENS FROM - domination - long time	MIND - DELUSIONS - influence: one is under a powerful	MIND - EMOTIONS - suppressed	MIND - HELPLESSNESS - feeling of	MIND - IRRITABILITY	MIND - SENSITIVITY	MIND - YIELDING disposition	GENERALS - COLD - air - amel.	GENERALS - MENSES - before - app.
1. Opium	1									
2. MIND - ALIENS FROM - domination - long time		1								
3. MIND - DELUSIONS - influence: one is under a powerful			1							
4. MIND - EMOTIONS - suppressed				1						
5. MIND - HELPLESSNESS - feeling of					1					
6. MIND - IRRITABILITY						1				
7. MIND - SENSITIVITY							1			
8. MIND - YIELDING disposition								1		
9. GENERALS - COLD - air - amel.									1	
10. GENERALS - MENSES - before - app.										1

Repertorial Analysis: *Carcinosin* 10/9, *Lycopodium* 19/8, *Ignatia* 12/8, *Folliculinum* 11/8. Among these, the qualitative correspondence—suppressed emotional life under prolonged domination, hormonal imbalance following extended allopathic hormonal therapy, pressure-driven personality pattern, and premenstrual aggravations—pointed strongly toward *Folliculinum* as the simillimum. The patient's state closely matched the *Folliculinum* theme of "self-overridden by external control," dysregulated hormonal axis, and cyclic premenstrual disturbances.

Prescription (Baseline) 22/04/2023: *Folliculinum*

30C, three powder doses HS, three consecutive nights, followed by placebo (SL), prescribed as 30 # globules x TDS for 21 days. The patient was advised to avoid all concurrent medication and instructed to report immediately in case of any acute deviations.

Follow up Summary:

1st Follow-up-20/05/2023.

The patient reported a marked improvement in the general sense of well-being. Appetite was satisfactory, stools were soft and regular, and sleep was refreshing. No new complaints were noted. The menstrual history remained consistent, with the last menstrual period recorded on 08/05/2023.

Prescription: *Folliculinum* 1M three powder doses, HS, consecutive nights, followed by placebo (SL), prescribed in 30 # globules x TDS for 21 days. The patient was advised to avoid all concurrent medication and instructed to report immediately in case of any acute deviations.

2nd Follow-up-17/06/2023.

Patient reported dragging pain in the right lateral abdomen, lower back pain radiating to the right hip, and generalized fatigue. Increased appetite since last 3 days, particularly in the morning hours. Sleep was disturbed for 2–3 days. A urine pregnancy test performed at this visit (17/06/2023) was positive, confirming conception. Advised to consult GYOBN for further check-ups near her house, keeping in mind her convenience. USG report attached. (Figure 6)

Prescription: Placebo in 30# globules TDS x 21 days was continued.

Figure 6: USG Report

AMVI HOSPITAL
Cosmetic, Fertility and Laparoscopy Center

Dr. SHANALINI K.
MBBS, DGO, DNB
Gynaecologist & Laparoscopic Surgeon
Reg. No. 71607

20/05/23 F +B1 17-06-2023

Vitals
TEMPERATURE (F): 97 BLOOD PRESSURE (MMHG): 120/75 PULSE (BEATS/MIN): 110
SpO2 (%): 99 RESPIRATION (BREATHS/MIN): 22 WEIGHT (KGS): 62.0 HEIGHT (CMS): 160

Chief complaints
MARRIED SINCE 5 YEARS - UPT POSITIVE, MISSED PERIOD
PAIN WITH 4 WEEKS GA

Diagnosis
PREG WITH 4 WEEKS GA

Investigations
USG EARLY PREG SCAN, CBP, RBS, THYROID PROFILE, BLOOD GROUP AND TYPING

Medicine Name **Duration** **Dosage** **Instructions**

TABLET FOLINEKT	1 month(s)	1 - 0 - 0	After food
BISCURTS SHE	1 month(s)	3 - 0 - 3	After food
POWDER VIVAMOM KESAR BADAM FLAVOUR	1 month(s)	1 - 0 - 1	After food

Advice
T. Trauma/Scarf
30-60 min brisk walk everyday
Rif cefep/ sample 2ml/4ly 00.5 x 10days
T. cefep 200mg 2x 10days
Complete Rest for 1 month
Patient Care Valid upto 7 days

Result

The patient showed steady improvement after the initial prescription of *Folliculinum* 30C followed by *Folliculinum* 1M. General parameters such as appetite, sleep, and bowel habits were normalized by the first follow-up.

On 17/06/2023, a urine pregnancy test performed during the second follow-up visit was positive, confirming conception after six years of infertility and multiple failed assisted reproductive interventions.

This outcome indicates a favourable therapeutic response to the individualized homoeopathic management.

DISCUSSION

Folliculinum^{[6][7][8]} was selected because totality shows domination, long-term emotional suppression, loss of individuality, yielding behavior with periodic explosive release, hormonal dysregulation after prolonged allopathic hormonal therapy, PMS congestion, aggravation around ovulation, chilly thermals, and dependence-driven psychological pattern. This pattern matches the core *Folliculinum* state: loss of personal rhythm, over-adaptation, and self-erasure under external control, drained vitality, pre-menstrual aggravation, ovulation aggravation, and post-hormonal suppression imbalance. Remedy themes correspond exactly.

Psychological, hormonal, cyclic, and etiological symptoms aligns exclusively with *Folliculinum*. *Carcinosinum* lacks accuracy in personality structure; *Lycopodium* lacks mental pattern; *Ignatia* lacks depth and chronicity; *Folliculinum* covers domination, hormonal suppression, loss of rhythm, loss of self, PMS pattern, and post-hormonal therapy dysregulation.

CONCLUSION

A case of primary infertility was successfully treated using constitutional homoeopathic medicine *Folliculinum*. This case study demonstrates the effectiveness of individualized homoeopathic prescription in a patient with long-standing primary infertility associated with chronic endometrial pathology, cervical stenosis, and significant

emotional suppression under prolonged domination. A detailed Kentian analysis integrating mental generals, physical generals, characteristic particulars, and clinical findings revealed a clear *Folliculinum* state marked by hormonal dysregulation, loss of personal rhythm, identity erosion under external control, and premenstrual aggravations. *Folliculinum*, administered in 30C and subsequently 1M, produced steady improvement in general health, emotional stability, and cyclic functioning. Conception was confirmed through a positive urine pregnancy test on 17/06/2023 after six years of failed assisted reproductive interventions. This favorable outcome highlights the therapeutic potential of *Folliculinum* in conditions involving iatrogenic hormonal suppression and chronic disruption of the female hormonal rhythm, supporting its value in selected cases of infertility when prescribed on an accurate totality.

Patient's Consent

Patient's consent was obtained to disseminate the clinical information and display images/videos on a scientific platform. The patient willfully consented for the publication of this case report.

Financial support & sponsorship.

Nil.

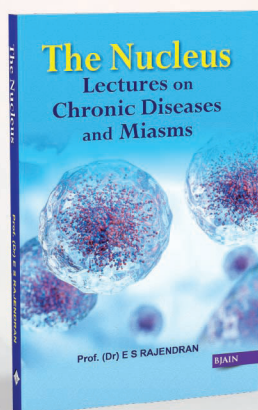
Conflict of interest

None declared.

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The Nucleus

Lectures on Chronic Diseases and Miasms

ISBN: - 9788131999820

"My interest is not to explore the ultimate cause of origin of psora, at which all my predecessors attempted and failed. My interest is in exploring the concept of 'miasm' and integrating it with the concept of 'totality'. I believe that the deep study of miasm and its integration with the concept of totality helps the physician to attain more perfection in the process of cure, which is the intended goal of every medical man in the world."



Dr. E.S. Rajendran

Sciatica pain alleviated by a rare remedy-*Xanthoxylum*: A Case Report

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Abstract

Sciatica pain is caused due to inflammation of sciatica nerve arising from root value L4-S3 spinal nerves. In modern terminology it is commonly known as Lumbar Radiculopathy. Its annual incidence rate lies between 1-5%. The article overviews brief description of sciatica along with the clinical features and assessment criteria specific to it. A 46-years old male suffering from left sided sciatica pain had alleviated by using Homoeopathic rare, specific remedy *Xanthoxylum* in 30C and 200C which proved to be effective in treating the pain along with numbness of Sciatica. Pre and Post treatment RMS-L has been used to evaluate the pain of Sciatica. The use of MONARCH inventory enhanced the validity of the case by scoring 8.

Keywords

MONARCH, Modified Roland Morris Disability Scale, Rare remedy, Sciatica, *Xanthoxylum*

Abbreviations

BMI (Basal Metabolic Index), RMS-L (modified Roland Morris Disability Scale), MONARCH (Modified Naranjo Criteria for Homeopathy)

INTRODUCTION

Sciatica is pain emanating from the nerve root of L4-S3 caused due to an inflammatory condition. The annual incidence of sciatica amounts to 1-5% and lifetime incidence is around 10-40% with least occurrence below the age of 20 years. The clinical symptoms are unilateral stitching, aching or

burning pain along with numbness radiating to the lower extremities. In modern pharmacology pain is managed by analgesics and NSAID (Non-Steroidal Anti-Inflammatory Drugs) along with antispasmodics causing a short time relief. If surgical procedures are taken into consideration like micro-disectomy or laminectomy it causes various long-term side effects.^{1,2,3}

Homoeopathy is a holistic system of medicine where the patient is treated on the basis of symptoms similarity either by constitutional or rare specific remedies which acts as pathological prescription. Past researches on Homoeopathy have been seen to be efficacious in treatment of pain of sciatica.^{4,5} Pre and Post RMS-L has been used in this case report to assess the pain of Sciatica as it was found to be superior to all other scales of Sciatica, alongside MONARCH inventory has also been taken to evaluate the likelihood of the causal relationship between homoeopathic treatment and the disease outcome.^{6,7}

Case Summary

A 46-years old male visited to the OPD of Dr. Girendra Pal Homoeopathic Medical Hospital and Research Centre on 23.11.2024 with complaints of pain in the left lower back extending down the leg along with numbness and tingling <walking, night; >rest, continuous motion, heat, massage, lying on painful side for the last 3 months. The patient was on oral NSAID and antispasmodics which gave temporary amelioration. Looking back to past history he is on antihypertensive medication for about 8 years. On enquiring to his family history, it revealed his father suffered from

HTN, T2DM and mother was healthy.

Personal History: He resided in a well-ventilated environment with a healthy nutritive diet; he is well vaccinated with no adverse reactions.

Physical General:

1. Thermal reaction: Chilly patient
2. Appetite: 3 meals/day.
3. Thirst: 4-5L/day, profuse.
4. Desire: Sweets
5. Aversion: Nothing particular
6. Urine: No specific abnormality found, D7N2.
7. Stool: Once daily, satisfied.
8. Sleep: Refreshing sleep, 7hours/day.
9. Perspiration: Profuse mainly over the whole body.

Mental General:

Extreme restless, irritable

Clinical Findings: On examining the patient, he had an earthy complexion with height of 5feet 8inch and weight of 80kg, BMI was found as 26.9kg/m² which indicated overweight with respect to his height. Tongue was found to be moist and was found mildly anaemic. His pulse rate was 74beats/min, blood pressure was found to be 126/86 mmHg and body temperature measured about 98.5°F.

Local Examination: On performing the SLR test he felt tenderness and pain in left leg if raised above 40°. Tenderness felt in my left hip and leg.

Laboratory investigation: The patient was advised for an X-ray of the Lumbo-sacral region. On next follow-up he came with the X-ray dated 06.12.2024 which showed decreased intervertebral disc on left side of L3-L5.



Differential Diagnosis:

- Herniated disc: The intervertebral disc protrudes and causes compression of sciatic nerve producing pain in leg extending downward.⁸
- Pott's disease: Referred to as vertebral osteomyelitis and intervertebral discitis of vertebral body causing back pain, spinal kyphotic deformity, weakness of legs along with paraplegia.⁸
- Piriformis syndrome: Painful muscular condition where there is peripheral neuritis caused by abnormal condition of piriformis muscle such as injury or irritated muscle.⁸

Diagnosis: Sciatica (ICD-10 – M54.3)

Evaluation of symptoms and Miasmatic Analysis:⁹

Sl. No.	Symptoms	Evaluation	Miasm
1.	Extreme restless	Mental symptoms	Psora
2.	Irritable	Mental symptoms	Syco-psoric
3.	Chilly patient	Physical general	Psora
4.	Profuse thirst	Physical general	Psora
5.	Desire sweets	Physical general	Psora
6.	Perspiration profuse on whole body	Physical general	Syphilis
7.	Pain in left lower back extending down the leg with numbness and tingling	Particular symptoms	Psora
8.	<walking	Particular symptoms	Psora
9.	<night	Particular symptoms	Syphilitic-tubercular
10.	>rest, continuous motion, heat, massage, lying on painful side	Particular symptoms	Tubercular

The predominant miasm was found to be Psora.

Totality of Symptoms:

1. Extreme restless
2. Irritable
3. Chilly patient
4. Profuse thirst
5. Desire sweets
6. Perspiration profuse on whole body

7. Pain in left lower back extending down to the leg with numbness and tingling <walking, night; >rest, continuous motion, heat, massage, lying on painful side.

After consulting Materia medica *Xanthoxylum* was selected on the basis of therapeutic & non-repertorial approach on specific rare symptoms. The first prescription was done on 23.11.2024.¹⁰

Therapeutic intervention, follow-up and Outcome

Date	Symptoms	Intervention	Justification
23.11.24	Pain in the left lower back extending down to the leg, numbness and tingling of the leg. RMS-L: 20	<i>Xanthoxylum</i> 30C, BDx14 days, 2globules	Rare peculiar specific symptoms on neuralgia of <i>Xanthoxylum</i>
07.12.24	Pain in the left lower back extending down to the leg was better than before, numbness and tingling of the leg was relieved almost 50%.	<i>Phytum</i> 30C, BDx14 days, 2globules	Improvement is progressing no need to repeat or change the medicine or dose
21.12.24	Pain in left lower back was much better than before. The extension of pain had slight amelioration, numbness and tingling of leg was hardly present.	<i>Phytum</i> 30C, BDx21 days, 2globules	Improvement is still progressing.
18.01.25	Pain in the left lower back reappeared with slight increase from before, extension of pain had slight amelioration, numbness and tingling of leg was the same as before.	<ul style="list-style-type: none"> • <i>Xanthoxylum</i> 200C, 1dose STAT • <i>Phytum</i> 30C, BDx30 days, 2globules 	Recurrence of symptoms, therefore repeat of similar medicine in next higher potency.
15.02.25	Pain in left lower back was better than before, extension of pain had great relief, numbness and tingling of leg was much better	<i>Phytum</i> 30C, BDx30 days, 2globules	Improvement is in progress, no need for repetition.
15.03.25	Pain in left lower back had great relief with no such discomfort, no recurrence of extending pain, numbness and tingling did not relapse	<i>Phytum</i> 30C, BDx30 days, 2globules	Improvement is in progress, no need for repetition.
12.04.25	Pain in left lower back extending down to leg with numbness and tingling had no relapse with complete amelioration	<i>Phytum</i> 30C, BDx30 days, 2globules	Amelioration in all symptoms, no repetition required.
13.05.25	No relapse of pain, numbness or tingling was observed. RMS-L: 4	<i>Phytum</i> 30C, BDx7 days, 2globules	No recurrence or appearance of new symptoms was observed

Modified Roland Morris Disability Scale⁶

MODIFIED ROLAND MORRIS DISABILITY SCALE BEFORE

Each item response is of YES/NO, with positive response scoring 1 point.

Total score is 0–24 for each scale.

- I stay at home most of the time because of my leg. [YES/NO]
- I change position frequently to try and get my leg comfortable. [YES/NO]
- I walk more slowly than usual because of my leg. [YES/NO]
- Because of my leg, I am not doing any of the jobs that I usually do around the house. [YES/NO]
- Because of my leg, I use a handrail to get upstairs. [YES/NO]
- Because of my leg, I lie down to rest more often. [YES/NO]
- Because of my leg, I have to hold on to something to get out of an easy chair. [YES/NO]
- Because of my leg, I try to get other people to do things for me. [YES/NO]
- I get dressed more slowly than usual because of my leg. [YES/NO]
- I only stand up for short periods of time because of my leg. [YES/NO]
- Because of my leg, I try not to bend or kneel down. [YES/NO]
- I find it difficult to get out of a chair because of my leg. [YES/NO]
- My leg is painful almost all of the time. [YES/NO]
- I find it difficult to turn over in bed because of my leg. [YES/NO]
- My appetite is not very good because of my leg pain. [YES/NO]
- I have trouble putting on my socks (or stockings) because of pain in my leg. [YES/NO]
- I only walk short distances because of my leg pain. [YES/NO]
- I sleep less well because of my leg. [YES/NO]
- Because of my leg pain, I get dressed with help from someone else. [YES/NO]
- I sit down for most of the day because of my leg. [YES/NO]
- I avoid heavy jobs around the house because of my leg. [YES/NO]
- Because of my leg pain, I am more irritable and bad tempered with people than usual. [YES/NO]
- Because of my leg, I go upstairs more slowly than usual. [YES/NO]
- I stay in bed most of the time because of my leg. [YES/NO]

TOTAL SCORE: 20

MODIFIED ROLAND MORRIS DISABILITY SCALE AFTER

Each item response is of YES/NO, with positive response scoring 1 point.

Total score is 0–24 for each scale.

- I stay at home most of the time because of my leg. [YES/NO]
- I change position frequently to try and get my leg comfortable. [YES/NO]
- I walk more slowly than usual because of my leg. [YES/NO]
- Because of my leg, I am not doing any of the jobs that I usually do around the house. [YES/NO]
- Because of my leg, I use a handrail to get upstairs. [YES/NO]
- Because of my leg, I lie down to rest more often. [YES/NO]
- Because of my leg, I have to hold on to something to get out of an easy chair. [YES/NO]
- Because of my leg, I try to get other people to do things for me. [YES/NO]
- I get dressed more slowly than usual because of my leg. [YES/NO]
- I only stand up for short periods of time because of my leg. [YES/NO]
- Because of my leg, I try not to bend or kneel down. [YES/NO]
- I find it difficult to get out of a chair because of my leg. [YES/NO]
- My leg is painful almost all of the time. [YES/NO]
- I find it difficult to turn over in bed because of my leg. [YES/NO]
- My appetite is not very good because of my leg pain. [YES/NO]
- I have trouble putting on my socks (or stockings) because of pain in my leg. [YES/NO]
- I only walk short distances because of my leg pain. [YES/NO]
- I sleep less well because of my leg. [YES/NO]
- Because of my leg pain, I get dressed with help from someone else. [YES/NO]
- I sit down for most of the day because of my leg. [YES/NO]
- I avoid heavy jobs around the house because of my leg. [YES/NO]
- Because of my leg pain, I am more irritable and bad tempered with people than usual. [YES/NO]
- Because of my leg, I go upstairs more slowly than usual. [YES/NO]
- I stay in bed most of the time because of my leg. [YES/NO]

TOTAL SCORE: 4

MONARCH Inventory: It is used to evaluate the quality of clinical case reports where likelihood ratio is measured at the conclusion of treatment between clinical outcome and treatment.⁷

Domains	Yes	No	Not Sure or Not Applicable
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3. Was there a homeopathic aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0
6A. Direction of cure: did some symptoms improve in the opposite order to the development of symptoms of the disease?	+1	0	0
6B. Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: <ul style="list-style-type: none"> from organs of more importance to those of less importance? from deeper to more superficial aspects of the individual? from the top downwards? 	+1	0	0
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
Total score:		8	

DISCUSSION AND CONCLUSION

The writeup consists of a case report where *Xanthoxylum* was found to be effective in decreasing the pain of sciatica. According to Dr. Samuel Hahnemann in §153 the more striking, peculiar, singular uncommon symptoms are the sole guide in selection of the remedy.¹¹ Rare remedies are not rarely used, they have undergone limited proving than those of polycraest. The use of the rare remedy *Xanthoxylum* further adds proof of its healing nature in pathological cases. MONARCH inventory was used to assess the likelihood between treatment and outcome which scored 8; along with a specific assessment tool for Sciatica i.e., modified Roland Morris Disability Scale which evaluated pre and post treatment changes in pain management. Homoeopathy has a vast number of medicines for various diseases, polycraest medicines acts as an individualized medicine but short acting specific remedies are rarely prescribed due to lack of proved effectiveness, proper knowledge or availability of medicine. Therefore, more researches and case reports containing rare, peculiar specific remedy for pathological cases are required for upliftment of true healing art and science of Homoeopathy.

Patient's Consent: It has been duly signed by the patient for the purpose of medical learning and to be reported in the journal keeping the identity of patient concealed.

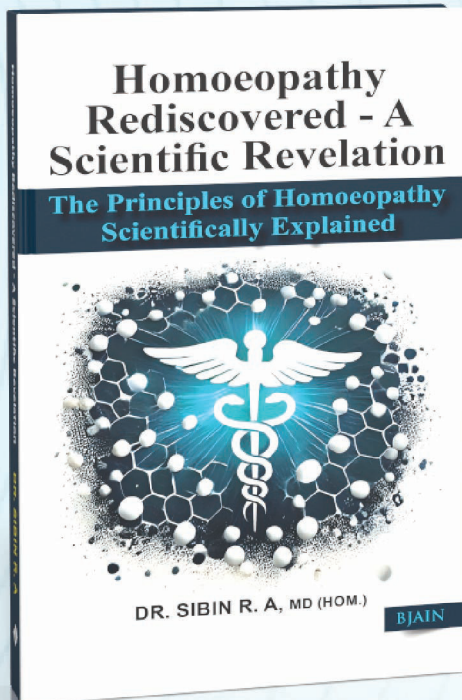
Financial support and sponsorship: Nil

Conflicts of interest: None

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ISBN:-9788131999448

- *Decoding internal interactions of homeopathic prophylaxis and genus epidemicus*
- *Impact of particle size in different potencies on homeopathic aggravation.*
- *Miasms, their combinations & Necessity of Modification in Degree of Dynamisation*

BJAIN

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*"Homeopathy's Journey From
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DR SIBIN R A

Homoeopathic Dynamic Medicines As A Holistic Alternative In Surgical Case of Corn: A Case Report

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Abstract

Background: Corn (heloma) is a localized hyperkeratotic lesion of the skin caused by repeated friction and pressure. Surgical excision and local keratolytic agents remain common treatments; however, high recurrence rates and patient discomfort limit their long-term effectiveness. Homeopathy offers a holistic, individualized, non-invasive therapeutic approach that aims to address both local pathology and constitutional susceptibility.

Objective: To explore the role of individualized homeopathic dynamic medicines as a holistic alternative in surgical and recurrent cases of corn.

Methods: This narrative review analyzes observational studies, published case reports, and classical homeopathic literature related to the management of corns. Emphasis is placed on outcomes in patients previously treated with surgical or conventional local measures.

Results: Available evidence from observational studies and clinical case reports demonstrates significant symptomatic relief, reduction in pain, and decreased recurrence of corns following individualized homeopathic treatment. Remedies such as *Antimonium crudum*, *Silicea*, *Sulphur*, and *Lycopodium* were frequently indicated based on the totality of symptoms. No adverse effects were

reported.

Conclusion: Homeopathic dynamic medicines may serve as a safe, holistic, and non-invasive alternative in surgical cases of corn, particularly where recurrence is common. While current evidence is encouraging, well-designed randomized controlled trials are required to establish definitive efficacy.

Keywords

Corn, Heloma, Homeopathy, Dynamic medicines, Hyperkeratosis, Holistic treatment

Introduction

A corn, also called a clavus, heloma, or focal intractable plantar hyperkeratosis, is a type of callus. It forms as a thickened patch of skin that develops in response to repeated pressure or friction. These lesions are often painful and occur as the body's way of protecting itself from ongoing mechanical stress.^[1] Corns are a frequent foot condition, affecting an estimated 10–48% of adults. They usually appear as hard, yellowish areas of thickened skin found in regions of the foot exposed to constant pressure.

Smokers are especially prone to developing painful lesions on the soles of the feet.^[3] While the precise cause is not fully understood, repeated stress

during walking and the use of footwear contribute to increased shear and frictional forces. This triggers thickening of the outer skin layer, leading to hyperkeratosis, which may progress into painful corns. They are most often seen beneath the metatarsal heads and along the outer side of the little toe.^[2]

Corns are diagnosed mainly on clinical examination by inspection and palpation, as they appear as rough, hyperkeratotic, flesh-colored papules with a whitish center over bony prominences, typically painful on walking or standing. History of physical activity and the body's skin response to trauma may assist in diagnosis. Two main types are seen: hard corns (*heloma durum*), the most common form found on the dorsal and lateral aspects of the toes, and soft corns (*heloma molle*), which develop in interdigital spaces most often the fourth where maceration and secondary infection are common.^[1] A significant number of these individuals seek podiatric care, yet evidence supporting the long-term effectiveness of conventional treatments remains limited. Conventional treatment methods are often invasive, show limited effectiveness, and usually require lengthy recovery periods.

Disorders of cornification represent a group of conditions characterized by defects in the formation or shedding of corneocytes.^[4] Homoeopathy provides a gentle, non-invasive, and individualized approach that not only relieves symptoms but also helps prevent recurrence, offering a safe and effective alternative to conventional management. In this context, a case of corn successfully treated with homoeopathy has been discussed.

Pathophysiology of Corn

Corn develops as a protective response of the skin to repeated mechanical stress. Continuous pressure leads to excessive keratin production, resulting in a conical thickening that may press into deeper tissues, causing pain. Factors such as ill-fitting footwear, abnormal gait, bony prominences, and occupational stress contribute significantly. From a holistic perspective, susceptibility to hyperkeratosis may vary among individuals, suggesting that local pathology alone may not fully explain recurrence. This forms the basis for constitutional treatment approaches.

Limitations of Conventional and Surgical Management

While surgical excision and keratolytic therapy are widely practiced, they present several limitations:

- High recurrence rates if causative factors persist
- Risk of pain, infection, and scarring
- Temporary symptomatic relief without systemic correction

These limitations necessitate exploration of alternative therapeutic approaches that focus on long-term resolution.

Review of Evidence

Observational Studies

Observational studies conducted in homeopathic clinical settings have reported favorable outcomes in patients with corns treated using individualized remedies. Significant reduction in pain, gradual disappearance of lesions, and absence of recurrence during follow-up were commonly observed, even in patients with a history of repeated surgical removal.

CASE REPORT

Patient Profile:

On 01-08-2024, a 35-year-old male shopkeeper, who spends long hours standing, with a painful thickened lesion on the plantar surface of his right foot for the past three months.

Presenting Complaints:

He complained of a painful nodule on the sole, aggravated by walking, standing, and wearing tight shoes, but relieved with rest or when barefoot. The lesion had gradually become hard and tender over time.

History of Present Illness:

There was no history of trauma or insect bite, and no prior occurrence of similar lesions. The patient had used corn caps, which provided only temporary relief, with recurrence of the lesion afterward.

Past History:

He had no history of diabetes, peripheral vascular disease, or gout, and no other significant illnesses were reported.

Family History:

Mother has a history of hypertension, while his father is diabetic.

Personal History:

The patient wore tight leather shoes daily. He was a non-smoker, non-alcoholic, and followed a mixed diet.

Mental generals:

The patient is irritable and dislikes being touched.

Particulars:

Gastric complaints, with a white-coated tongue, pain aggravated by pressure and relieved by rest, along with rough skin.

Examination:

On general examination, the patient was well built and nourished, afebrile, with stable vitals: pulse 78/min, regular; blood pressure 122/78 mmHg; respiratory rate 18/min; and temperature 98.4°F. The skin was rough, and the tongue showed a white coating. Cardiovascular, respiratory, and abdominal systems were clinically normal.

Local examination revealed a solitary, hard, conical hyperkeratotic lesion over the plantar surface of the right foot at the metatarsal head region. The lesion was tender on deep pressure, with a central translucent core, but without surrounding inflammation or neurovascular deficit.

Physical Generals

- **Thermal reaction:** Not specifically elicited; appears moderate / ambithermal
- **Appetite:** Decreased; takes 2 meals per day
- **Thirst:** Increased; approximately 8–10 glasses / 2–2.5 liters per day
- **Desire:** Sour food
- **Aversion:** Bathing
- **Urine:**
 - o Day: 6–8 times

- o Night: 0–1 time
- o Colour: Clear to pale yellow

- **Stool:**
 - o Day: Once in 1–2 days
 - o Night: Nil
 - o Character: Slightly constipated, normal consistency
- **Sleep:** 6–7 hours, refreshing
- **Dreams:** Not significant / not recalled
- **Perspiration:**
 - o Location: Moderate, generalized
 - o Odour: Non-offensive

Temperament

The patient is irritable by nature, easily annoyed, and shows discomfort with physical contact. He prefers to be left undisturbed, especially during pain. His behavior reflects a low tolerance to irritation and pressure, both mentally and physically.

Miasmatic Diagnosis

The case predominantly reflects a Syco-Psoric miasm, with sycotic predominance.

Justification:

- Hyperkeratotic, hard, thickened lesion (corn)
- Tendency for recurrence after local suppression (corn caps)
- Aggravation from pressure and standing
- Slow, progressive development of pathology
- Rough skin and indurated tissue changes

Diagnosis

The diagnosis of Corn (Clavus) was made on a clinical basis.

Totality of symptoms:

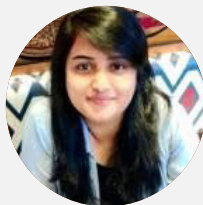
- **Mental general**
 - Irritable
 - dislikes being touched

Unveiling the Hidden Potential in Treating Dysentery – A Case Report



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Abstract

Dysentery remains a common gastrointestinal disorder in developing countries, with amoebic dysentery caused by *Entamoeba histolytica* constituting a significant proportion of cases. Homoeopathy offers an individualised therapeutic approach, including the use of lesser-known remedies. This case report aims to demonstrate the therapeutic role and clinical efficacy of *Holarrhena antidyenterica* in the management of acute amoebic dysentery and to document symptom resolution and recovery following its administration. A 32-year-old male presented with frequent mucoid stools occasionally streaked with blood, abdominal colic, tenesmus, dehydration, and irritability. Based on symptom similarity and Materia Medica considerations, *Holarrhena antidyenterica* 30C was prescribed. Marked clinical improvement was observed within 48 hours, followed by complete recovery. This report highlights the effectiveness of *Holarrhena antidyenterica* in dysentery, underscores the importance of non-reportorial, Materia Medica-based individualised homoeopathic prescribing, and encourages greater clinical utilisation and further research into indigenous homoeopathic medicines.

Keywords

Dysentery; Homoeopathic lesser known remedy; Hidden potential of Materia Medica; Case report.

Introduction

In Homoeopathic practice, acute cases represent sudden disease states of rapid onset, short duration, and marked intensity, often arising from identifiable exciting causes such as infection, exposure, or dietary indiscretion. According to Hahnemann, acute diseases may present with fewer characteristic symptoms compared to chronic cases; however, these symptoms are often **more intense, clearly expressed, and therapeutically decisive**.

Aphorisms 72–73 of the *Organon of Medicine* classify acute diseases and emphasise that their management depends upon **careful observation** of the existing symptom totality rather than pathological diagnosis alone.

In acute conditions, although the number of symptoms may be limited, the **peculiar, striking, and uncommon expressions**—particularly the sensations, modalities, and concomitants—form the basis of remedy selection, as described in **Aphorism 153**. These acute therapeutic symptoms are often sufficient to guide the physician towards a specific remedy when interpreted through Materia Medica knowledge.

Homoeopathy is particularly effective in acute conditions because the vital force is still reactive and capable of responding promptly to the correctly chosen remedy. Hahnemann states in **Aphorisms 63 and 64** that acute diseases, when treated

with a well-selected homoeopathic medicine, often show rapid improvement, as the remedy acts directly upon the disturbed vital force without suppressing symptoms. This rapid response is commonly observed within hours or days, making homoeopathy a valuable therapeutic system in acute clinical practice.

Rare and lesser-used remedies often play a crucial role in acute therapeutics, especially when the symptom picture closely corresponds to their characteristic indications. Classical literature, including Boericke's *Materia Medica*, Clarke's *Dictionary of Practical Materia Medica*, and CCRH publications, documents several indigenous and underutilised medicines with strong affinities for acute pathological states. These remedies may be overlooked due to limited routine usage, yet they become indispensable when their symptom profiles match the acute presentation. **Aphorism 3** of the *Organon* underscores the physician's duty to know the medicines thoroughly, so that even rare remedies may be employed judiciously when indicated.

Furthermore, **Aphorism 6 emphasises that the unprejudiced observer** must rely solely on perceptible signs and symptoms for cure, a principle especially applicable in acute diseases where pathological investigations may not immediately guide therapeutic decisions. The judicious selection of a rare remedy in an acute case thus exemplifies true homoeopathic practice, grounded in individualisation, similarity, and careful *Materia Medica* study.

Acute cases in homoeopathy, though often presenting with fewer symptoms, provide clear therapeutic opportunities through their intensity, modality, and characteristic expressions. When these are matched accurately with the drug picture—including that of rare remedies—homoeopathy can offer rapid, gentle, and effective relief. The classical teachings of Hahnemann and subsequent homoeopathic literature continue to support the clinical value of acute therapeutics and the revival of underutilised medicines in contemporary practice.

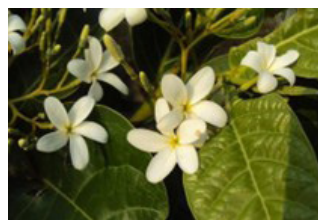
Amoebic Dysentery

Amoebic dysentery is an intestinal infection

caused by the protozoan parasite *Entamoeba histolytica*. It is transmitted via the faeco-oral route through ingestion of contaminated food or water containing cysts. Following ingestion, encystation occurs in the intestine, releasing trophozoites that invade the colonic mucosa and produce characteristic flask-shaped ulcers. Clinically, this invasion manifests as frequent loose stools containing blood and mucus, abdominal pain, tenesmus, weakness, and weight loss. In severe cases, the parasite may spread through the portal circulation, leading to extra-intestinal complications, most commonly amoebic liver abscess. Diagnosis is confirmed by stool examination demonstrating trophozoites with ingested red blood cells, supported by serological investigations and imaging where indicated. Preventive measures include safe drinking water, proper sanitation, and good personal hygiene.

Homoeopathic Rare Medicine

Holarrhena antidysenterica (Kurchi)



Classical authors such as Dr William Boericke, Dr J.H. Clarke, and literature published by the Central Council for Research in Homoeopathy (CCRH) have

highlighted *Holarrhena antidysenterica* as a clinically significant remedy for dysentery and diarrhoea characterised by excessive mucus.

Botanical name: *Holarrhena pubescens*

Family: Apocynaceae

Common names: Kurchi, Conessi bark, Tellicherry bark

Parts used: Dried bark or seeds

Sphere of action: Gastrointestinal tract

Clinical conditions: Acute and chronic dysentery; amoebic and bacillary dysentery

Leading symptoms

Anxious about misfortune, especially accident.

Vertigo with constipation and fever, <lying, > sitting posture.

Poor appetite with bitter taste in mouth, easy satiety.

Mind

Forgetfulness, absentminded, crowding of ideas, confusion of ideas: cannot fix attention when reading. Full of anxiety, apprehension. Melancholic during fever. Sadness. Concentration difficult. Anger with desire to hurt someone. Irritability after loss of sleep.

Head

Vertigo, < in a recumbent posture, > sitting up. Headache, while reading, > pressure. Headache with mild feverish feeling, < reading, motion, > tight pressure. Heaviness in frontal portion which gradually decreases, < morning, remain whole day. Bursting pain in frontal region, <walking around, talking, > closing eyes. Pressing pain in frontal region with nasal catarrh and mucus in throat, > pressure, open air, cold drink with cough. Pulsating pain in supra-orbital region < Left side jerks, bending forward, > slight pressure.

Eyes - Right eye agglutinated in the morning.

Nose

Sneezing with itching in nostrils and dry cough. Coryza with watery; discharge with dry cough, hot food and drink. Coryza with sneezing & blockage, post nasal discharge, < night, cool air. Burning watery nasal discharge, > in open air, fan air. Post nasal discharge like white of an egg, < during meal.

Mouth

Shallow ulcer with burning sensation on upper lip. Aphthae on tip of tongue with soreness, < when tongue touches the teeth. Loss of taste sensation with soreness in throat, during cough. Tongue covered with tenacious mucus. Constant desire to scrape the tongue with a knife to clear the mucus which had accumulated there. Bitter taste in mouth, not ameliorated even after a meal.

Throat

Pain in throat as if something were lodged, < on empty swallowing, swallowing food and drink. Dryness of throat. Haemoptysis without cough and cold. Tingling sensation in the throat leading to haemoptysis

Stomach

Nausea with constipation, <morning. Pain in stomach with fullness in head, <after food or drink, deep inspiration. Thirstlessness with cough. Appetite diminished with > taste in mouth. Small meals produce feeling of satiety. Sour things are palatable. Severe thirst during the whole day. Thirst early in the morning, obliging the patient to drink large quantities of water. Drinking however brings on feeling of repletion in the stomach. Thirst continues unabated. Water brash from worm infestation'.

Abdomen

Pain in abdomen with loose, mucoid stool, <night, > passing stool, hard pressure. Colic with loose watery stool, > lying down. Pain griping around navel region with urging and mucoid stool. Distension of abdomen with cutting pain and rumbling, with loose, foamy stool with white mucus and reddish urine. Colicky pain lower abdomen with mucoid stool, before and during stool, > After stool. Pain in epigastrium. Severe griping pain around naval radiating upwards. Sensation in abdomen as if diarrhoea would come on. Grunting in abdomen. Pain seems to spread transversely in abdomen Pinching pain in stomach obliging the person to press a pillow against the abdominal wall. Soreness deep in umbilical region on pressing.

Rectum

Constant urging for stool. Urging to evacuate followed by stinging pain in the rectum. Stool passed in small quantities, which is hard. Violent stinging, excruciating pain in rectum, preventing defaecation; has to lie down in consequence; followed by soreness in the rectum. Constant tenesmus with > on straining during stool. Bearing down pains during evacuation. Constant desire to strain which is attended with drowsiness and desire to sleep even during an evacuation. Scanty reddish soft stool which is covered with slime. Small stool is voided with desire for more. Stool,

scanty, mucoid, offensive with pain in abdomen and loss of appetite. Stool semi solid with mucus and urging after food or drink, Stool sour smelling like curd, morning. Stool thin, greenish yellow, painless and profuse after fatty food. Stool hard, round ball shaped. Painless rectal bleeding.

Urinary- Reddish urine accompanies loose foamy stool. Urine, scanty and deep yellow coloured. Urethra feels clogged but no actual obstruction is present. Painless haematuria".

Female- Menses profuse, with colicky pain in the abdomen. Extreme paralytic weakness of the limbs with inability to stand up after menses.

Respiratory

Suffocative feeling with sensation of constriction in chest as if lungs were not expanding, at night, on lying down and bending forward. Persistent dry cough, hang Suffocative feeling with sensation of constriction in chest as if lungs were working. Expectoration dark, thick, <afternoon and evening.

Chest - Uneasiness in chest which could not be expressed, relieved after stool

Extremities

Pain in joints with Thirstlessness> open air, cold room, cold drinks< morning. Pain aching in right shoulder. < Pressure, lying on affected side, till 11 p.m. Pain in right Pain in joints with Thirstlessness,> open air, cold room, cold drinks, <morning, Pain elbow as if dislocated. < Full flexion, straightening the joint. Tired feeling in legs are bones are squeezed, <morning. Pain in right knee, <noon, > evening.

Sleep and dreams

Desire to sleep in order to avoid the troublesome sensation of heaviness in the rectum abdominal pain brings on drowsiness. Sleep disturbed in the later part of the night by Drowsiness at 3 pm. Drowsiness and desire to sleep even during stool, Remission dreams of poisoning own self. Unrefreshing sleep.

Fever

Fever followed by severe weakness, <evening

and thirst for cold water. Fever with chill and increased thirst. > covering, walking, cold water cold wind with desire to cover Fever persistent with weakness, chill, thirst increased and burning in soles, Profuse perspirations over trunk with increased thirst for cold water.

Skin

Itching in folds of skin, < undressing. Itching all over body, night, undressing and oozing of blood after scratching. Boil like eruption over back and abdomen with itching, burning and crust formation. Small reddish patch in the middle of left leg with itching. Non-ripened boil

Modalities - Aggravation: At night.

Amelioration: In open air.

Relations - Similar to Atis-r., Atis-i., Merc, and Merc-c.

DOSAGE- 3X, 6X, and 6C: For severe dysentery or diarrhoea.

30C: Typical for acute instances that resolve on their own.

200C or above for recurrent or chronic gastrointestinal issues.

Case Study:

Abstract

A 32-year-old man had acute dysenteric diarrhoea, which was characterized by frequent mucus-filled stools, cramping in the abdomen, agitation in the morning, and fatigue. Holarrhena antidysenterica 30C was chosen as a result of customized homeopathic prescribing when conventional treatment only offered short-term relief. Within 48 hours, there was a noticeable improvement in the patient's condition, and after three months of follow-up, there was no relapse. This instance highlights the possible use of Holarrhena antidysenterica in homeopathic Materia Medica for dysenteric conditions that match its symptom presentation.

Presentation of a Case

Age: 32

Gender: Male

Work: Teacher

Address – Dhamdod

Religion- Hindu

OPD: - 1662

Chief Complaints:

Location	Sensation	Modality	Concomitant
Rectum Frequent 9-10 episodes of loose stool since 24 hours	Loose water, offensive stools with thick white mucus; occasionally streaked with blood	< at Night > passing stool and hard pressure	Vertigo+3
Abdomen	Pain+: cramping colic	< before stool	

Past History: Nothing Specific

Family history: Both parents are in good health.

Physical generals:

Weight: 74 kg

Diet: Mixed

Appetite: Reduced

Thirst: Short quantity of water at short interval

Desire: Not particular

Aversion: Spicy

Urine: Yellowish

Stool: Loose, mucoid stool

Perspiration: Nothing remarkable

Sleep: Disturbed due to frequent urging of stool

Habit: None

Bowel: Loose watery stool

Thermally: Chilly

Mental Sphere: Irritability +3

Anxiety

Physical General Examination:

Built – well built

Conjunctiva – Pink

Sclera- White

Tongue – Pink

Nose – NAD

Clubbing – Absent

Cyanosis – Absent

Vitals:-

Temp -97.6 f

Pulse- 72/min

R.R – 20/MIN

B.P – 90/62 MM OF HG

Systemic Examination

GIT Examination

Per Abdomen

Inspection: – Tenderness+3 in lower abdomen, Dehydration

Palpation: - Gurgling on palpation

Percussion: - Liver dullness present

Auscultation: - Increased peristaltic sound heard

R/S – NAD

CVS- NAD

CNS – NAD

In ICD-10 (International Classification of Diseases, 10th Revision), dysentery is coded according to its cause, not as a single general code.

Amoebic Dysentery

- **A06.0** – Acute amoebic dysentery
- **A06.2** – Amoebic no dysenteric colitis
- **A06.9** – Amoebiasis, unspecified

Bacillary Dysentery (Shigellosis)

- **A03.0** – Shigellosis due to *Shigella dysenteriae*
- **A03.1** – Shigellosis due to *Shigella flexneri*
- **A03.2** – Shigellosis due to *Shigella boydii*
- **A03.3** – Shigellosis due to *Shigella sonnei*
- **A03.9** – Shigellosis, unspecified

Other / Unspecified Dysentery

- **A09** – Infectious gastroenteritis and colitis, unspecified

Differential diagnosis

Case Report

Bacillary dysentery
Acute gastroenteritis
IBD

Laboratory Findings

(Stool examination)
Presence of mucus and pus cells
Presence of Entamoeba histolytica

BEFORE



AFTER



Final diagnosis: Amoebic dysentery

Totality of Symptoms:

Vertigo+3
Irritability +3
Anxiety
Desire of water for small sips
Urine is scanty, yellowish
Loose mucoid stool
Small, slimy stools with thick white mucus,

Occasionally streaked with blood
Cramping colic pain in abdomen before stool
Mild tenderness in lower abdomen
Gurgling on palpation
Clinical assessment
First Consultation (4/7/2025)
Vas scale used for the pain assessment **Vas – 7**
Bristol stool scale were used for the analysis of the frequency of stool **Bristol Scale -7**

Final Remedy
Holarrhena Antidysenterica
Selection of potency – low potency
Low vitality or marked physical weakness
Symptoms are predominantly **local or organ-specific**

Rare remedy choice
Acute case
No marked mental symptoms

(Based on non Repertorial approach)
Prescription

Rx
Holarrhena Antidysenterica
30C 3 pills TID 3 DOSE

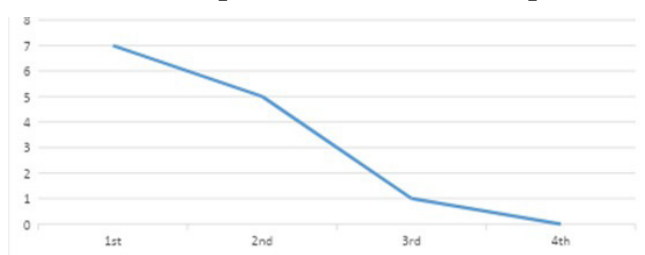
Auxiliary measure
Take POOF
Continue ORS
No over Exertion

Follow up:-

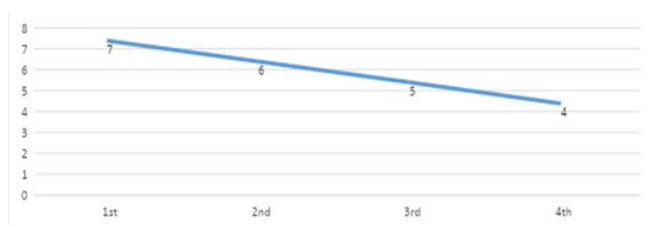
DATE	PROGNOSIS	REMEDY
5/7/2025	Stool frequency reduced Mucus content decreased Vertigo+3 Pain before stool less severe Vas – 5 Bristol scale - 6	H.A - 30C, TID 3 pills 3 dose Cont. ORS Take poof

6/7/2025	Stool frequency: 2 times/day Minimal mucus Appetite returning Mild Vertigo Abdominal pain nearly gone Vas – 1 Bristol scale - 5	H.A - 30C, BD 3 pills FOR 2 DAYS Cont. ORS Take poof
8/7/2025	Stools normal, no mucus Strength improving No complain of vertigo Sleep restored Vas – 0 Bristol scale - 4	S.L 30 BD 3 pills FOR 4 DAYS Cont. ORS Take poof
11/7/2025	No Complain	S.L 30 BD FOR 7 DAYS

Presentation of pain assessment of the patient



Presentation of assessment of frequency of stool of the patient

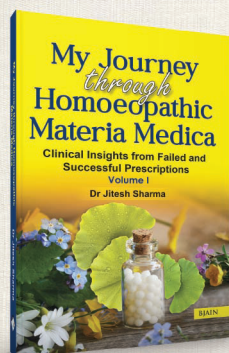


CONCLUSION

This case report demonstrates that *Holarrhena antidysenterica*, when prescribed on the basis of individualised symptom similarity, can be highly effective in the management of acute amoebic dysentery. The rapid and sustained recovery observed in this patient highlights the clinical value of this underutilised remedy and supports its inclusion in Homoeopathic practice. Further systematic studies are recommended to substantiate these findings.

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ISBN: - 9788131966440

My Journey through Homoeopathic Materia Medica

Compendium of case records drawn from the author's own clinical experiences offering his wisdom and insights to the profession.



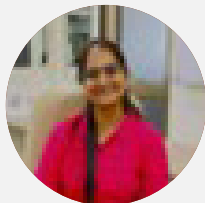
Authored by
Dr Jitesh Sharma

Homoeopathic Management of Ingrown Toenail in a 12-Year-Old Child Using *Magnetis Polus Australis* – An Evidence Based Case Report



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Abstract

This case report discusses the management of a 12-year-old child with pain, swelling, and redness at the lateral margin of the great toe nail, which caused difficulty in walking and wearing shoes. Examination revealed a brownish-black crust at the nail fold, suggesting inflammation and possible infection, with a history of improper nail trimming. ***Magnetis Polus Australis* 200C**, a rare homoeopathic remedy derived from the South Pole magnet, was prescribed based on the totality of symptoms and constitutional features, administered in three doses on the first day, followed by placebo for seven days. Local care with warm saline soaks was also recommended. After seven days, significant reduction in pain and swelling was noted, and by the fifteenth day, the nail fold appeared normal, with no signs of infection or discomfort.

The use of this rare remedy in this case highlights its potential effectiveness in treating localized, acute conditions like ingrown toenails, especially in paediatric patients. It underscores the importance of individualized homeopathic prescribing, which can offer a non-invasive, effective alternative to surgery. The case also emphasizes the value of rare remedies in Homeopathy. Proper foot hygiene and nail care were reinforced as part of the holistic treatment approach.

Keywords

Panaritium, ingrown toe nail, *Magnetis Polus australis*, Homoeopathy.

Introduction

Ingrown toenail, also known as onychocryptosis, is a prevalent nail disorder that commonly affects adolescents and children, although it can occur at any age. It is characterized by the abnormal growth of the toenail, which penetrates the surrounding skin, leading to localized pain, swelling, and potential infection. In severe cases, the condition can result in abscess formation, causing significant discomfort and impairment in mobility. The primary contributing factors include improper nail trimming, tight footwear, trauma, and genetic predisposition [1]. The conventional approach to managing onychocryptosis often involves pharmacological treatments such as antibiotics to prevent or treat infection, analgesics to manage pain, or surgical interventions such as partial or total nail removal to alleviate the problem [2].

Despite the effectiveness of these traditional methods, they may not always address the root causes or offer a long-term solution. In contrast, homeopathy offers a non-invasive, individualized, and holistic approach to managing ingrown toenails.

By focusing on the patient's overall health, predisposition, and the totality of symptoms, homeopathy aims to correct the underlying susceptibility to the condition, reduce inflammation, and promote natural healing without the need for invasive procedures [3].

Among the remedies used in Homoeopathy, **Magnetis Polus Australis**, although rare, has shown promising results in managing acute cases of onychocryptosis. This remedy, derived from the South Pole magnet, is particularly effective in treating inflammatory conditions with localized pain and sensitivity. Despite its relative rarity, Magnetis Polus Australis has been found to address the root causes of the condition, promoting healing without the need for invasive procedures.

Several studies and clinical experiences have shown positive outcomes when homeopathic remedies are used in treating conditions like onychocryptosis, offering a promising alternative for those seeking a more natural and comprehensive treatment approach [4].

Case Presentation

Date: 10/4/25

History of presenting complaints:

A 12-year-old male child came to the OPD with the complain of throbbing pain+2 swelling+1 and redness+1 over the lateral side of the right great toe nail for 5-6 days. Complaints start gradually. Pain and inflammation worsen with walking, pressure, touch and wearing shoes. Patient get relief after warm application and rest. Difficulty in walking and wearing shoes due to tenderness.

History of improper nail cutting. There are mild disturbed sleep and irritability due to pain.

Physical generals:

Appetite: No any change; 3 times/day; adequate
Thirst: no any change; 2-3 lit/day; takes small quantities of water at frequent intervals.

Desire: not specific

Aversion: not specific

Urine: Normal in frequency and quantity; 5-6 times/day and once at night; no burning, or pain.

Stool: Regular, once daily; soft and satisfactory.

Sleep: mild disturbed sleep due to pain

Dreams: Non-specific; no recurring or disturbing dreams.

Perspiration: Moderate perspiration; no offensive odor; not localized.

Temperature: Afebrile

Thermals: Thermally, the patient is chilly.

Miasm: Psora

Mental generals: Shy, cried easily if scolded.

Past history: No major illness

Family history: Mother- Hypothyroidism

Father- Allergic rhinitis

Clinical examination:

Inspection: Redness and swelling along the lateral border of the right great toe nail, Brownish black crust at nail fold, swelling and mild serous discharge.

Palpation: Tenderness on affected part

Clinical diagnosis: Ingrown toe nail.

Totality of Symptoms

1. Shy disposition
2. Cries easily when scolded
3. Mild irritability due to pain
4. Sleep: Mildly disturbed due to pain
5. Ingrown nail of the right great toe
6. Throbbing pain at the lateral nail fold
7. Redness and swelling of the affected area
8. Brownish-black crust at the nail margin
9. Pain and inflammation aggravated by walking, pressure, touch, and wearing shoes
10. Relief from warm applications and rest

Repertorisation and rubric

As the case did not present with specific mental or physical generals, a therapeutic approach was

adopted; however, the rubrics related to the patient's complaints were checked in different repertories

According to Kent repertory

Extremities- ingrowing toe nails

Extremities- Nails affection of- ingrowing toe nails

According to Boericke repertory

Extremities- toes- nails- ingrowing

Skin- ingrowing toe nail

According to complete repertory

Extremities- ingrowing nails- toenails

Extremities- ingrowing nails- inner side of first toes

Prescription:

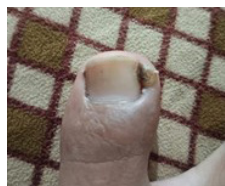
Rx., *Magnetis Polus Australis*-200 C, 3 Doses (Morning, Noon, Evening)

S.L., TDS for 7 days

Advised: Local warm Saline socks twice daily, avoid tight footwear, Keep feet dry.

Follow ups

	Follow up/complains	Treatment
18/04/25	Pain reduced 60% swelling decreased. No discharge.	Rx., S.L TDS For 7 Days
26/04/25	Nail fold normal in colour. No discharge and crust. Walk comfortably. Nail growing properly.	No treatment needed.



Before Treatment



After Treatment

Consent

Informed consent was obtained from the patient's parent/guardian for the photograph and other related clinical information to be reported in the

journal. They were assured that the information would be used solely for medical learning purposes and that the patient's name and other personal details would be kept confidential

Conflict of interest: None

Remedy profile ^[5,6,7,8]

The south pole of the magnet is useful for ingrowing toe nails, with sore pain on the inner side of the nail of big toe, worse walking or slight touch.

Mind: Moroseness and ill-humour, with aversion to conversation. Dislike to society and to laughing faces. Passion and rage. Instability of ideas.

Head: Vertigo, as from intoxication, with staggering gait. Great rush of blood to brain early in morning, in bed. Heaviness, tingling, and digging in head. Shocks in head, sometimes with tearing.

Eyes: Dryness and smarting in eyelids, especially when moving them, worse morning and evening. Lachrymation. Amblyopia.

Teeth: Tearing, jerking odontalgia, worse by hot things.

Mouth: Accumulation of watery saliva in the mouth. Speech embarrassed, as by a swelling of the tongue.

Throat: Burning sensation in gullet.

Abdomen: Pinching in abdomen caused by a current of air. Noisy borborygmi and grumbling in abdomen. Pressive, flatulent colic, with pinching, and inflation of abdomen. Sensation, as if inguinal ring were dilated, preparatory to the rupture, with painful sensibility of that part, when coughing.

Stool and Anus: Soft, loose faeces, preceded by griping. Evacuation of liquid faeces, with a sensation as if flatus were about to be discharged. Contraction and painful constriction in rectum and anus, which hinder the expulsion of wind.

Urinary Organs: Involuntary emission of urine, from paralysis of sphincter vesicae, especially at night. Emission of urine, drop by drop, with torpor of urethra. Very feeble stream of urine. Frequent emission of urine at night.

Male Sexual Organs: Strong disposition to emission. Emission (very unusual) in a hemiplegic patient, paralysis worse after the emission. Impotence, with sudden cessation of all enjoyment, in the moment of greatest excitement. Pain in penis, as if some fibres were torn or plucked away. Painful retraction of testes at night. Swelling of testes, with tearing shocks, and sensation of contraction.

Female Sexual Organs: Catamenia premature and profuse. Metrorrhagia.

Respiratory Organs: Cough and coryza, with expectoration of greenish mucus, and shortness of breath. Paroxysms of fetid cough at night, when sleeping. Want to take full inspirations, like sighing, with involuntary deglutition.

Chest: Oppression of the chest, as if the respiration were tremulous, and produced an impression of coolness. Drawing pressure in both sides of sternum, with anguish of conscience, which allows no rest.

Heart: Violent palpitation of the heart, with great heat in cardiac region. Palpitation of the heart, during which it seems that it is not the heart that palpitates.

Back and Neck: Pressive, burning pain in loins, during repose and movement. Pain, as of a fracture, or wrenching pain in joint of sacrum, and lumbar vertebrae.

Upper Limbs: Tingling along arms, like slight shocks. Painful and rapid jerking along arms. Heaviness and lassitude in arms. Gurgling along arms and veins of the arms. Tingling and throbbing in ends of fingers. Panaritium.

Lower Limbs: Drawings in fingers, joints of fingers, feet, and ankles. Lancinating pulsative pains in roots of nails, as if about to suppurate. Pains, with pinching or burning lancements in different parts of the body. Contusive pains in limbs and joints, as if the patient had been lying on flints. Liability to suffer from a chill. Tendency of nose, ears, hands, and feet to be frozen by a moderate degree of coldness. Sudden lassitude when walking, with anxiety and heat, or sudden inclination to sleep. Lightness of whole body.

Sleep: Urgent inclination to sleep, evening and

morning, closing of the eyes without power to sleep. Sleeplessness with over-excitement before midnight. Confused, frightful dreams. Prolonged dreams on the same subject, with fatiguing meditation. Dreams of incendiary fires. Slow, noisy, snoring expiration before midnight, after midnight inspiration is of the same character. Lying on the back during the night. Congestion in head in morning, which compels lying with head high.

Fever: Excessive dread of open air, which penetrates to the very marrow of the bones, even when the weather is hot, with ill-humour and inclination to weep. Shuddering, with cloudiness before eyes, trembling and tossing of limbs, without shivering, followed by heat in head and face.

DISCUSSION AND CONCLUSION

- This case highlights the successful homoeopathic management of an acute ingrown toenail in a 12-year-old child using *Magnetis Polus Australis*, a rarely prescribed remedy. The selection of the remedy was guided primarily by the characteristic local symptoms and repertorial references, as distinct mental and physical generals were not prominent. The remedy choice was further supported by Materia medica indications of *Magnetis Polus Australis* for painful, inflammatory conditions of the nail folds and Panaritium, particularly involving the great toe.
- The patient showed significant improvement within seven days, with marked reduction in pain and swelling, and complete resolution by the fifteenth day without recurrence. This rapid response suggests the effectiveness of individualized homoeopathic treatment in acute localized conditions. The non-invasive nature of the intervention is especially beneficial in children, helping to avoid surgical procedures and their associated risks.
- Although *Magnetis Polus Australis* is infrequently used in routine practice, its successful application in this case emphasizes the importance of considering lesser-known remedies based on repertorial and Materia medica guidance. Adjunctive advice regarding local hygiene and proper nail care complemented

the internal remedy and supported recovery.

- While this is a single case report and conclusions cannot be generalized, it provides supportive clinical evidence for the role of homeopathy, and particularly rare remedies, in the management of ingrown toenails. Further clinical studies with larger sample sizes are warranted to substantiate these findings

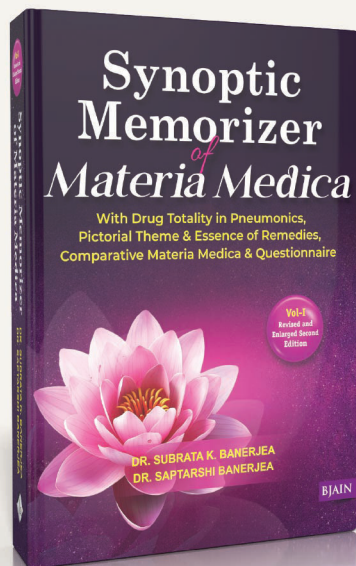
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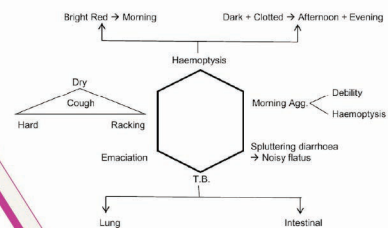


ISBN: - 9788131932445

DRUG TOTALITY

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

THEME & ESSENCE



Dr Subrata K Banerjee



Dr Saptarshi Banerjee

Inside the Book:

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

Image-Based Classification of Dried Homeopathic Herbal Fruits and Seeds Through Advanced Computer Vision Algorithms

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PEER REVIEWED

Abstract

The Study investigates the use of Computer Vision Technology (CVT) combined with Convolutional Neural Networks (CNNs) to address challenges in the identification of dry Homeopathic herbs (fruits and seeds). A dataset of 50,000 high-resolution images, encompassing 50 different herb species used in Homeopathic remedies, was utilized to train the CNN model. The architecture comprised convolutional layers with filters and Dropout layers to ensure efficient feature extraction and prevent overfitting. The model achieved a peak training accuracy of 91.86%, with a validation accuracy ranging from 81% to 83%, and an inference time of 36 milliseconds per step, indicating its practical potential. Performance evaluations, including accuracy metrics and confusion matrices, revealed high prediction rates for distinct species. However, misclassifications among visually similar herbs highlighted the need for further dataset expansion and optimization.

Recommendations include incorporating a more diverse database, additional species, and images captured from various angles and lighting conditions. Addressing class imbalances through data augmentation or resampling is also suggested. The study proposes advanced regularization techniques to enhance the model's generalization capabilities.

This research bridges traditional Homeopathic herb identification methods with modern technological approaches, establishing a robust framework for leveraging AI and computer vision in

Homeopathic medicine. The findings pave the way for the modernization and quality assurance of traditional remedies and emphasize the scalability of AI-driven solutions for large-scale applications, with potential future integration into cloud-based systems for broader use in Homeopathic practices.

Keywords

Homeopathic herbs, Artificial Intelligence, Computer Vision Technology, Convolutional Neural Network, Image Classification

Introduction

The identification and quality control of Homeopathic herbs are vital for ensuring the safety, efficacy, and consistency of traditional medicinal formulations. Homeopathy, a system of alternative medicine based on the principle of "like cures like," utilizes a wide range of herbs, including fruits and seeds, to create remedies for various conditions. However, accurately identifying dry herbs, particularly in their desiccated forms, remains a significant challenge. This is due to the morphological similarities between species, the presence of adulterants, and the absence of standardized methods for quality control. As a result, herbal adulteration is common. For example, seeds from *Carica papaya* are sometimes misrepresented as *Piper longum*, and *Cinnamomum cassia* is often sold as *Cinnamomum zeylanicum*, even though there are clear differences between them.

The Homeopathic Pharmacopoeia of India (HPI) prioritizes macroscopic examination, relying on visual characteristics to identify herbal materials. The World Health Organization (WHO) recognizes macroscopic examination as a rapid and effective method for herbal identification. However, traditional methods, though useful, are increasingly challenged in the global marketplace, necessitating the incorporation of advanced technologies like Computer Vision Technology (CVT) and molecular analysis. Applications such as Ayurleaf and Leafsnap serve as prime examples of how AI and CVT are being utilized in herbal identification. In a similar vein, Praman AI, an app tailored to the cardamom trade, uses AI for post-harvest quality assessment, thus optimizing agricultural processes and ensuring product integrity.

In recent years, researchers have explored AI-based modelling and computer vision for

industrial applications in herb identification. Despite the success of these technologies, the application of computer vision for dry Homeopathic herb identification has been relatively underexplored.

The focus of the present study is to train a model based on the macroscopic features of 50 commonly traded dry Homeopathic herbs (fruits and seeds) through Computer Vision Technology, utilizing a Multiclass Classification approach in combination with Convolutional Neural Networks (CNN). The study also details the fundamentals of Neural Networks (NN) and AI, alongside a comprehensive explanation of the proposed architecture and its parameters. The results of the study have been explored, with discussions on the model's performance, challenges, and further directions for future research.

Table 1: List of Dry Herbs used in this project

S.N.	Name	Botanical Name	Family	Part Used
1.	Bhallatak	Semecarpus anacardium	Anacardiaceae	Fruit
2.	Pippali	Piper longum	Piperaceae	Fruit
3.	Amla	Embillica officinalis	Euphorbiaceae	Fruit
4.	Bibhitaki	Terminalia bellarica	Euphorbiaceae	Fruit
5.	Jatiphal	Myristica fragrans	Myristicaceae	Fruit
6.	Badi Ela	Amomum subulatum	Zingiberaceae	Fruit
7.	Haritaki	Terminalia chebula	Euphorbiaceae	Fruit
8.	Madanphal	Randia spinosum	Rubiaceae	Fruit
9.	Shleshmatak	Cordia dichotoma	Boraginaceae	Fruit
10.	Gokshur	Tribulus terrestris	Zygophyllaceae	Fruit
11.	Dadim	Punica granatum	Punicaceae	Fruit
12.	Kankol	Piper cubeba	Piperaceae	Fruit
13.	Unnav	Ziziphus sativa	Rhamnaceae	Fruit
14.	Bilva	Aegle marmelos	Rutaceae	Fruit (Majja)
15.	Aragvadh	Cassia fistula	Fabaceae	Fruit (Majja)
16.	Gunja	Abrus precatorius	Fabaceae	Seed
17.	Poog	Areca catechu	Arecaceae	Seed
18.	Badi Kateri	Solanum indicum	Solanaceae	Fruit
19.	Erand	Ricinus communis	Euphorbiaceae	Seed
20.	Kaarvelaak	Momordica charantia	Cucurbitaceae	Fruit
21.	Palash	Butea monosperma	Fabaceae	Fruit
22.	Vishala	Citrullus colocynthis	Cucurbitaceae	Fruit
23.	Draksha	Vitis vinifera	Vitaceae	Fruit
24.	Vidanga	Embelia tsjeriam-cottam	Myrsinaceae	Fruit
25.	Ela	Elettaria cardamomum	Zingiberaceae	Fruit

26.	Laung	Syzygium aromaticum	Myrtaceae	Fruit
27.	Kuchla	Strychnos nux-vomica	Loganiaceae	Seed
28.	Nirgundi	Vitex negundo	Verbenaceae	Seed
29.	Til	Sesamum indicum	Pedaliaceae	Seed
30.	Konch	Mucuna pruriens	Fabaceae	Seed
31.	Shatpushpa	Anethum graveolens	Umbelliferae	Seed
32.	Jambu	Syzygium cumini	Myrtaceae	Seed
33.	Kamal	Nelumbo nucifera	Nymphaeaceae	Seed
34.	Latakaranja	Cesalpinia crista	Cesalpiniaceae	Seed
35.	Jaipal	Croton tiglium	Euphorbiaceae	Seed
36.	Upkunjika (Kalonji)	Nigella sativa	Ranunculaceae	Seed
37.	Indrayav	Holarrhena antidysenterica	Apocynaceae	Seed
38.	Methi	Trigonella foenum-graecum	Fabaceae	Seed
39.	Karanja	Pongamia pinnata	Fabaceae	Seed
40.	Shvet Jeera	Cuminum cyminum	Apiaceae	Seed
41.	Kali Mirch	Piper nigrum	Piperaceae	Seed
42.	Dhaanyak	Coriandrum sativum	Apiaceae	Seed
43.	Neem	Azadirachta indica	Meliaceae	Seed, Bark
44.	Yavani	Trachyspermum ammi	Apiaceae	Seed
45.	Javitri	Myristica fragrans	Myristicaceae	Aril
46.	Maalkaangni	Celastrus paniculatus	Celastraceae	Seed
47.	Sauf	Foeniculum vulgare	Umbelliferae	Seed
48.	Jambu	Syzygium cumini	Myrtaceae	Seed

Neural Networks (NN) and Deep Neural Networks (DNN)

An Artificial Neural Network (ANN) is a computational model inspired by the structure and functionality of biological neurons in the human brain. It is designed to understand and solve non-linear physical processes, making it a powerful tool for modelling complex real-world systems. ANNs are composed of artificial neurons (also known as nodes) that are interconnected in a manner that mimics the interconnection of neurons in the brain. These networks learn from data, adjust their parameters through training, and make predictions or classifications based on the learned patterns.

When ANNs are designed with a large number of neurons arranged in multiple layers, they form what is known as a Deep Neural Network (DNN). The “deep” in DNN refers to the multiple hidden layers between the input and output layers, allowing the network to learn hierarchical, abstract representations of data. DNNs are particularly well-suited for complex tasks, such as image recognition, natural language processing, and

predicting patterns in time-series data.

Structure of a Neural Network

A typical Artificial Neural Network (ANN) consists of three main components:

- 1. Input Layer:** This is the first layer of the network, where the raw input data (such as images, text, or numerical values) is fed into the network. The input layer contains nodes that represent the features or variables of the data. For instance, in an image classification task, each pixel value in the image could correspond to an input node.
- 2. Hidden Layers:** These intermediate layers are where the actual learning happens. A DNN typically contains multiple hidden layers, each of which processes the data using nodes that apply activation functions to their inputs. The neurons in each hidden layer learn non-linear patterns by adjusting the weights (parameters) based on the data they receive. The complexity of the model increases with the depth (number of hidden layers) and the number of

neurons in each layer, allowing the network to capture intricate patterns in data.

3. Output Layer: The final layer of the network produces the prediction or classification result. The number of output nodes depends on the type of problem being solved:

- For binary classification, the network typically has two output nodes.
- For multi-class classification, the number of output nodes corresponds to the number of classes.
- For regression tasks, there might be only one output node that predicts a continuous value.
- Each node in the network processes incoming data and computes an output by applying an activation function (e.g., sigmoid, ReLU, or tanh). The output is then passed to the next layer in the network.

Training and Optimization

The layers of a neural network are connected by weights (denoted as $w_1, w_2, \dots, w_i, \dots, w_l$), which control the strength of the connections between neurons. During the training process, the network learns to adjust these weights in order to minimize the difference between its predicted outputs and the actual targets (ground truth). This is done using an optimization algorithm, such as Gradient Descent, that iteratively updates the weights based on the error (loss function).

Training a neural network involves backpropagation, where the error is propagated back through the network to update the weights. This process ensures that the network learns from its mistakes and improves its ability to make accurate predictions over time.

Types of Neural Networks:

- **Logistic Regression:** This is a simpler form of a neural network with only one output node, typically used for binary classification problems. The output node in logistic regression predicts probabilities for two classes.
- **Binary Classification:** In a binary classification

task, the network typically has two output nodes, each corresponding to one of the two classes.

- **Multiclass Classification:** For problems with more than two classes, the number of output nodes increases to match the number of classes. Each node corresponds to one possible class, and the network outputs a probability distribution across the classes.

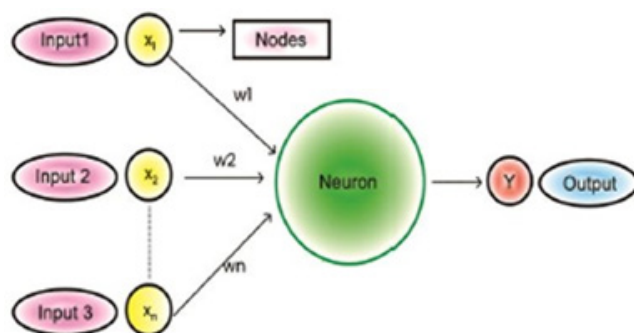
Deep Neural Networks (DNNs)

A Deep Neural Network (DNN) is a type of neural network that contains multiple hidden layers. These layers allow the network to learn complex features and non-linear patterns in the input data, making DNNs highly effective for a wide range of applications, including image classification, speech recognition, and natural language processing.

In a DNN, the first hidden layer learns simple features of the input data, while subsequent layers build on these features to learn more abstract representations. The deeper the network, the more complex patterns it can capture. However, deeper networks also require more data and computational resources to train effectively.

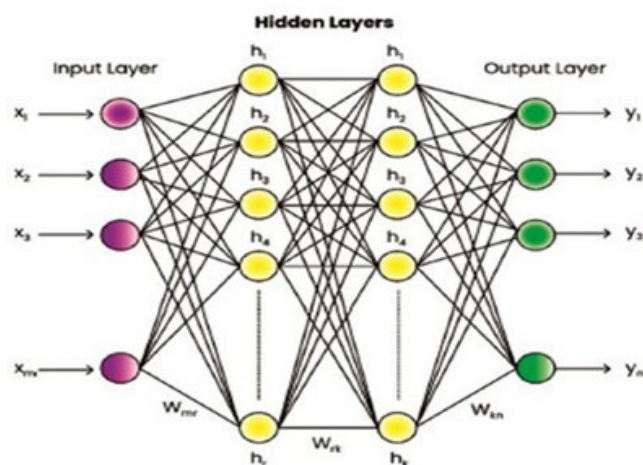
Illustrations

- **Fig. 1: Structure of a Neural Network** – This diagram would show the basic architecture of an ANN, including the input layer, hidden layers, and output layer. Each node in the layers would represent a neuron, and the arrows would show the flow of information from one layer to the next.



- **Fig. 2: Deep Neural Network Architecture** – A more detailed diagram showing multiple

hidden layers, demonstrating how a DNN can learn complex patterns from the data.



Materials

The study employed a combination of literary sources, dataset creation techniques, advanced imaging equipment, robust computational systems, and specialized software tools to achieve its objectives of identifying dry Homeopathic herbs using computer vision technology.

Literary Sources and References:

A comprehensive review of both traditional Homeopathic texts and contemporary research articles was conducted to establish a connection between Homeopathic knowledge and modern image recognition technology. The study referred to Homeopathic Materia Medica, pharmacopoeias, and relevant journals to gather detailed information on the physical characteristics, uses, and medicinal properties of the dry herbs included in the dataset. Modern research on artificial intelligence (AI), image recognition, and their applications in herbal identification was also reviewed to inform the technical methodology and improve the model's accuracy.

Dataset Creation:

The heart of this study lies in creating a high-quality dataset comprising 50 different dry Homeopathic herbs, with equal representation of fruits and seeds. A total of 5,000 images (approximately 150-200 images per herb) were collected to ensure that the model had access to a diverse set of images for robust training. The selected herbs were

chosen based on their common usage in Homeopathic remedies and their availability in traditional Homeopathic Materia medica.

The herbs were sourced from recognized institutions, including the Central Homeopathic Research Institute in Jhansi and the Departmental Museum of the Indian Institute of Homeopathic Science and Research (IHSR). These institutions provided authentic specimens, ensuring that the dataset accurately represented the botanical diversity of dry Homeopathic herbs.

Imaging Equipment:

High-resolution smartphones were used to capture the fine details and morphological features of the dry Homeopathic herbs.

Computational Systems and Software:

To process and analyze the vast amount of image data, computational systems equipped with high-performance CPUs and GPUs were used. These systems were capable of efficiently training the neural network and performing complex computations required for image recognition tasks.

- TensorFlow and Keras: These open-source libraries for machine learning and deep learning were utilized to implement the Convolutional Neural Network (CNN) architecture. The libraries enabled efficient model training, hyperparameter tuning, and optimization to improve performance.
- Python: The study used Python as the primary programming language for data preprocessing, neural network development, and model evaluation. Python libraries such as NumPy, OpenCV, and Matplotlib were used for image processing, visualizing results, and evaluating model performance.
- Jupyter Notebook: This interactive development environment was used to organize and test the code, allowing for iterative model training and experimentation with different image recognition techniques.

Data Preprocessing and Augmentation:

To improve the model's generalization and

prevent overfitting, the dataset underwent extensive data preprocessing and augmentation.

For image analysis, a high-performance computational system featuring Intel Xeon processors and NVIDIA Tesla V100 GPUs was used to handle the extensive processing power required for training the model and analyzing the images. These advanced systems provided the computational efficiency necessary to process large datasets of dry Homeopathic herbs.

Additionally, a range of specialized software tools was employed to ensure effective image processing and model development. Key software and libraries included:

- **Adobe Photoshop:** Used for initial image enhancement, cleaning, and adjustments to improve the quality of herb images before feeding them into the model.
- **TensorFlow and Keras:** These deep learning frameworks were utilized to implement the Convolutional Neural Network (CNN) architecture, enabling the model to learn from the images of Homeopathic herbs and make accurate predictions.
- **Python libraries like OpenCV:** Used for image preprocessing, including resizing, cropping, and data augmentation, to ensure the images were optimized for neural network training.

These powerful tools facilitated the successful extraction of features from the dry Homeopathic herb images and enabled the development of a highly effective image recognition system.

Methodology

1. Data Collection:

High-resolution images of dry Homeopathic herbs (fruits and seeds) were collected to ensure diversity in viewpoints and capture the morphological features of each herb. The dataset was designed to cover different angles, lighting conditions, and backgrounds to improve the model's ability to generalize to real-world variations.

2. Pre-processing and Augmentation:

The collected images underwent pre-processing steps, including resizing, normalization, and enhancement to standardize the data for neural network input. Data augmentation techniques, such as random rotations, flips, zooms, and colour adjustments, were applied to artificially expand the dataset and prevent overfitting, ensuring better model generalization.

3. CNN Model Development:

A Convolutional Neural Network (CNN) was developed to identify and classify the Homeopathic herbs based on their morphological features. The CNN architecture was carefully designed and trained on the dataset, utilizing advanced techniques in image classification.

4. API and UI Development:

A user-friendly API and graphical user interface (UI) were developed to enable easy image uploads and provide real-time classification results. This made the system accessible to practitioners, researchers, and students of Homeopathy.

5. System Integration and Testing:

The system was integrated and thoroughly tested to ensure robustness, accuracy, and reliability. It was deployed and subjected to real-world evaluations to assess its effectiveness in practical Homeopathic herb identification tasks.

Proposed Work

The identification of Homeopathic herbs through computer vision was tackled by employing a Convolutional Neural Network (CNN), a powerful deep learning technique. Traditional methods of identifying Homeopathic herbs, such as macroscopic examination, are labour-intensive and require expert knowledge. These methods also face challenges in terms of time and accuracy. Hence, AI-driven approaches, particularly image recognition, offer viable and efficient alternatives.

In this study, a dataset of high-resolution images of dry Homeopathic herbs, including both fruits and seeds, was used for model training. The dataset was pre-processed by normalizing the images, resizing them to a standard size, and applying augmentation techniques like random rotations,

flips, and zooms to enhance the model's generalization capabilities.

Model Architecture:

The CNN model was designed with the following architecture:

- **Input Layer:** Accepts the input image data.
- **Convolutional Layers:**
 - The first convolutional layer with 32 filters.
 - The second convolutional layer with 64 filters.
 - The third convolutional layer with 128 filters.
- **MaxPooling2D and Dropout layers** were used to reduce dimensionality and prevent overfitting.
- **Fully Connected Layers:** Dense layers followed by a softmax output layer for multi-class classification of the Homeopathic herbs

Figure 3: Developed Model and Layers used

Model: "sequential_4"

Layer (type)	Output Shape	Param #
conv2d_16 (Conv2D)	(None, 256, 256, 32)	896
max_pooling2d_16 (MaxPoolin g2D)	(None, 128, 128, 32)	0
conv2d_17 (Conv2D)	(None, 128, 128, 64)	18496
max_pooling2d_17 (MaxPoolin g2D)	(None, 64, 64, 64)	0
conv2d_18 (Conv2D)	(None, 64, 64, 128)	73856
max_pooling2d_18 (MaxPoolin g2D)	(None, 32, 32, 128)	0
dropout_12 (Dropout)	(None, 32, 32, 128)	0
conv2d_19 (Conv2D)	(None, 32, 32, 256)	295168
max_pooling2d_19 (MaxPoolin g2D)	(None, 16, 16, 256)	0
...
Total params:	8,784,243	
Trainable params:	8,783,987	
Non-trainable params:	256	

The ReLU activation function was applied to each hidden layer, introducing non-linearity. The output layer used softmax activation to output a probability distribution across the classes, representing the likelihood of each herb species being classified correctly.

The total number of trainable parameters in the model was calculated as 8,784,273, as shown in Fig. 3.

Training and Performance:

The dataset, consisting of 5,000 images of 50 Homeopathic herbs, was split into training (70%),

validation (20%), and testing (10%) subsets. Training was conducted over 20 epochs, with a batch size of 51. The Adam optimizer was used with the categorical cross-entropy loss function to optimize the model's performance.

Figure 4: Accuracy Over epochs

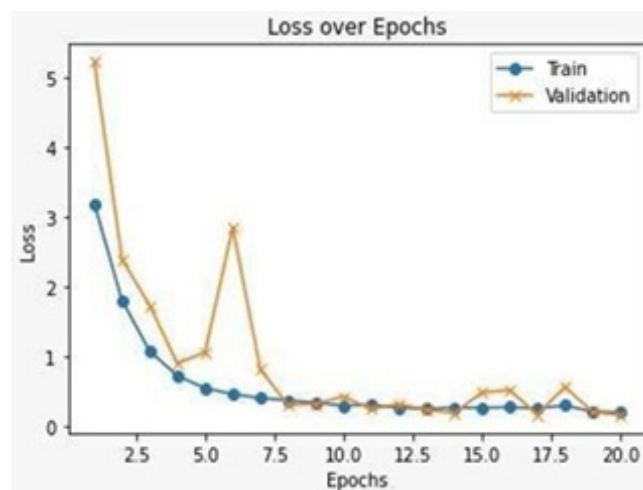


Figure 5: Loss Over epochs

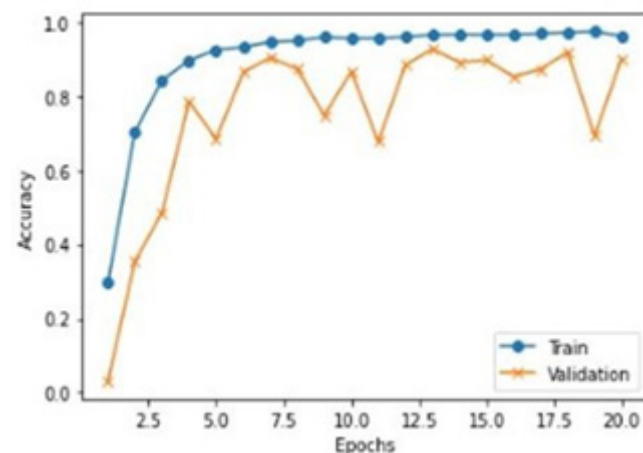
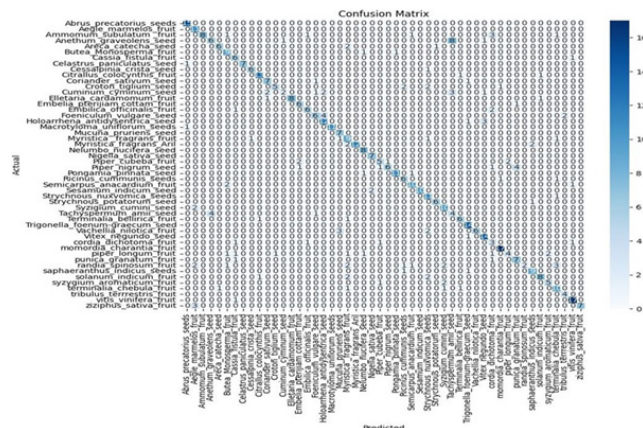


Figure 6: Confusion Matrix



The model's performance metrics were evaluated using accuracy, confidence scores, and confusion matrix analysis. The training accuracy stabilized at around 90% by the 10th epoch, as shown in Fig. 4 & Fig. 5. The confusion matrix (Fig. 6) demonstrated high prediction accuracy, particularly for well-defined classes. However, some misclassifications were observed, especially for visually similar species, indicating the need for further refinement.

Figure 7: Confidence Score of Drugs used in the Project.



Optimized Architecture:

To strike a balance between model complexity and performance, an optimized CNN architecture was employed with three hidden layers consisting of 16, 8, and 4 nodes, respectively. This configuration offered a simpler yet efficient model suitable for Homeopathic herb identification.

Future Work and Model Refinements:

While the model showed strong performance, some misclassifications and fluctuating validation accuracy suggested potential overfitting. To address this, hyperparameter tuning, such as the introduction of L2 regularization and further data augmentation, will be considered to improve the model's ability to generalize better.

In conclusion, this optimized CNN model

represents a robust framework for Homeopathic herb identification and offers great potential for practical applications in Homeopathy. It has the potential to be integrated into real-world systems for large-scale use, such as in pharmaceutical manufacturing or educational tools for Homeopathic practitioners.

CONCLUSION

The CNN model developed for the identification of dry Homeopathic herbs (fruits and seeds) demonstrated promising potential, achieving a peak training accuracy of 91.86% and validation accuracy ranging between 81% and 83%. This performance underscores the model's ability to successfully extract key features for the classification of Homeopathic herbs based on their unique morphological characteristics. However, some misclassifications were observed, particularly among visually similar herbs, indicating areas that require further refinement and optimization.

The architecture's inference time of 36 milliseconds per step and robust performance across distinct Homeopathic herb species suggest that the model is suitable for real-time herb identification applications. While effective, the model's generalization ability remains a key challenge, especially when distinguishing between herbs with similar physical traits.

To enhance the model's robustness and scalability for real-world use, several recommendations are proposed:

- **Dataset Expansion:** The dataset could be expanded to include a wider variety of Homeopathic herb species, different plant parts (such as roots, leaves, and flowers), and variations in drying and processing conditions. Capturing images from multiple angles, lighting conditions, and backgrounds would further improve the model's ability to generalize across different herb specimens.
- **Addressing Class Imbalances:** Data augmentation techniques or resampling strategies could be employed to address class imbalances, ensuring that underrepresented herb species are well-represented in the dataset. This would improve the model's ability to identify

fewer common herbs with greater accuracy.

- **Hyperparameter Optimization:** Fine-tuning hyperparameters such as the learning rate, batch size, and dropout rate would help mitigate the risk of overfitting, ensuring that the model can better generalize to new, unseen data.
- **Regularization Techniques:** The incorporation of advanced regularization techniques like L2 regularization, early stopping, or dropout could further improve the model's performance by reducing overfitting and enhancing its generalization ability.
- **Enhanced Computational Power:** Leveraging more powerful computing systems, such as GPUs or TPUs, would enable faster training and more efficient handling of larger datasets, allowing for more complex models that can better capture subtle differences between species.
- **Cloud-based Platforms:** Implementing cloud-based platforms for distributed model training could facilitate the handling of large datasets, providing the computational resources necessary for scalable and efficient learning.
- **Pre-processing Enhancements:** Pre-processing techniques like noise reduction, contrast enhancement, and image sharpening could help improve the clarity of herb images, leading to more accurate classifications.

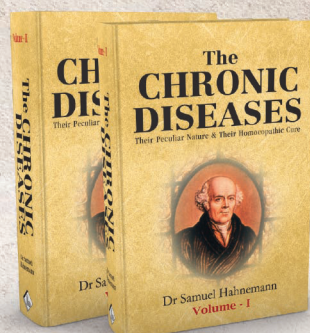
By incorporating these enhancements, the model can evolve into a reliable framework for quality assurance in Homeopathic herb identification. This would have significant implications for Homeopathic practitioners, pharmaceutical companies, and educational institutions seeking to modernize the identification and validation processes for herbal remedies. Ultimately, the study aims to bridge the gap between traditional Homeopathic practices and modern AI-driven approaches, contributing to more efficient, accurate, and scalable systems for herbal medicine.

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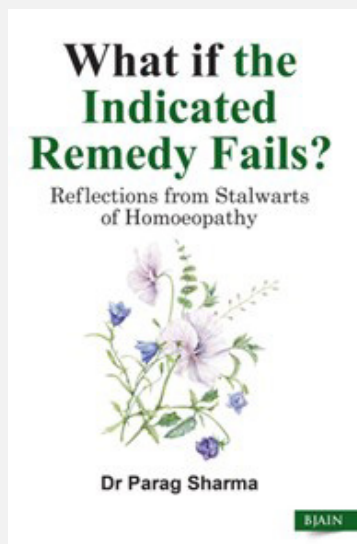
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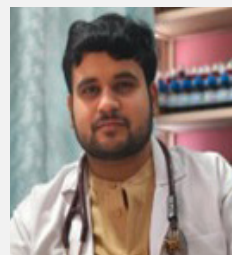


What If the Indicated Remedy Fails? by Dr. Parag Sharma is a thoughtful and clinically relevant book that addresses one of the most common yet least discussed dilemmas in homoeopathic practice. The author raises a practical question that every homoeopath—especially beginners—faces at

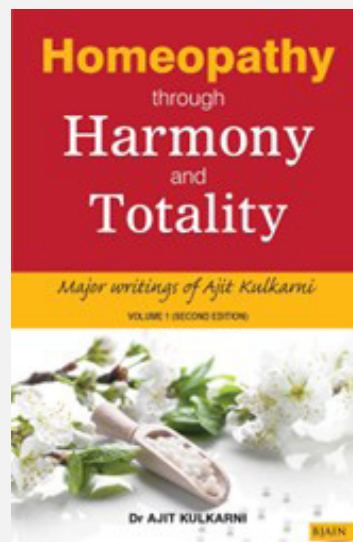
some point, and offers clarity grounded in experience rather than theory alone.

The strength of this book lies in its deep clinical orientation. It is especially valuable for freshers and young practitioners who often feel uncertain when a well-indicated remedy does not act as expected. Dr. Sharma skillfully bridges the gap between materia medica, philosophy, and real-life practice, making the content easy to understand and apply.

A unique and enriching feature of the book is the inclusion of reflections, thoughts, and clinical wisdom from different stalwarts of homoeopathy. These insights add depth, authenticity, and a broader perspective, helping the reader understand that remedy failure is not a defeat but an opportunity for deeper case understanding and growth as a physician.



Book Review by Dr. Mihir shakdwipiya



Even though I have been trained in mainstream medicine and working as a psychiatrist, my interest in the holistic aspect of medical therapy has always been there right from my first year of MBBS.

I attended many webinars of Dr Ajit Kulkarni and I really liked the holistic way of thinking,

analysis of the patient, the use of body language in clinical practice and overall management of the patient. My interest in Homeopathy motivated me to read Dr Ajit Kulkarni's book.

"Homoeopathy Through Harmony and Totality" Volume I is an excellent book which explains the holistic and integrated approach of Homeopathy.

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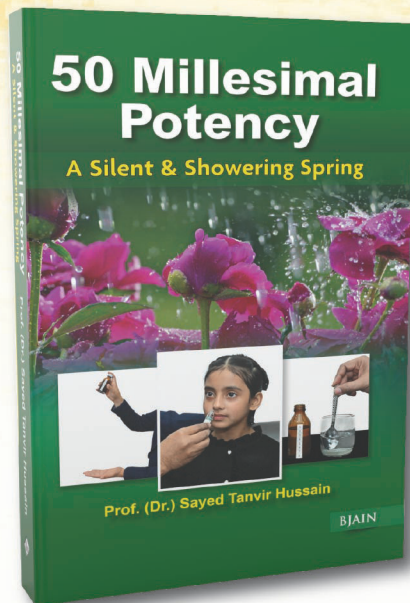
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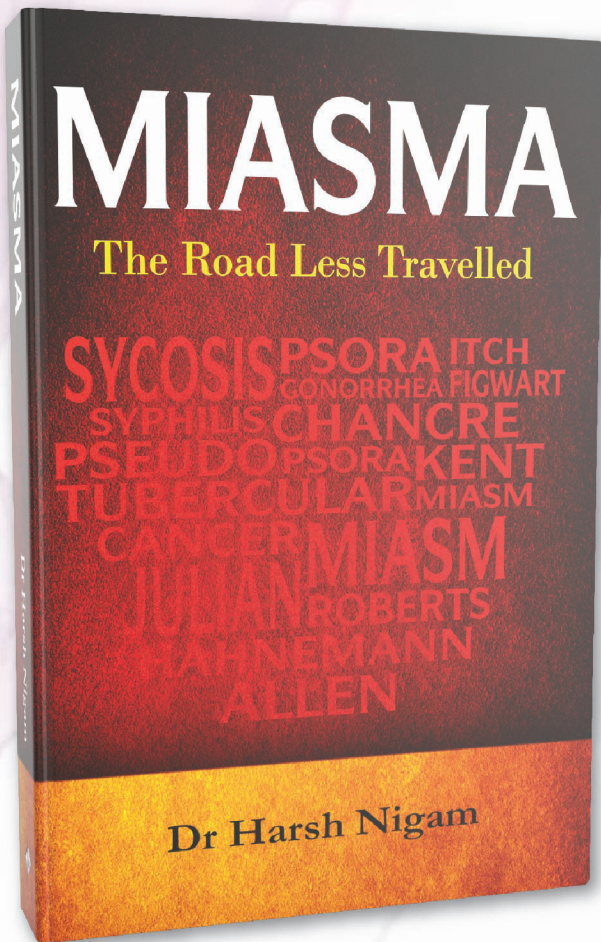
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