Homoeopathy As Preventive Therapy in Non Communicable Diseases

- Individualized Homoeopathy In The Management of Alopecia Areata Barbae: An Evidence Based Case Report
- Homoeopathy as a Preventive Therapy in Cases of Cancer
KEY FEATURES

Symptoms on tips – The medicine has been described in very comprehensive and basic English language that even a layman can understand.

Explore key aspects of medicines – This book details each medicine under the 5 key headings – appearance, location, sensation, modality, essence – the five aspects which complete a symptom.

Quick before exam guide – This book serves as a quick guide to refer medicines for students appearing for exam.

Clarity and authenticity – The author has detailed all medicines for students of homeopathy from the exam and practice point of view. By focusing on the essential points mentioned under each drug, readers can quickly grasp the essence of remedy.

Word meanings – The author has presented references to the meaning of tricky medical terms at the end of each page as well as at the end of the book. This provides complete insight into the medicine and ensures a comprehensive understanding of the medicines.
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Dr. Anum Zaheer
Dear Readers,

The World Health Organization defines the term ‘Prevention’ as specific, population-based and individual-based interventions for primary and secondary (early detection) prevention, aiming to minimize the burden of diseases and associated risk factors. Where on one hand, global urbanization has had innumerable positive outcomes such as introduction of modern facilities and advanced technology, its impact upon the health status of people has been rather negative. That said, we must unlearn the term alternate, often used for homeopathy and look at it not as an alternate therapy but as a complementary therapy which can be used as concurrent and supportive to the conventional school of medicine for the management of long-term complications of diseases, or consequences of modern treatments.

The use of Abroma augusta for insomnia that might eventually become persistent to morph into depression, or the use of Brahmi for impaired memory in children, Crategus oxyacantha for heart troubles such as arrhythmia, tachycardia, bradycardia that may eventually lead to more serious heart conditions, Gymnema sylvestre for controlling and keeping in check blood sugar levels which if persistently high, show severe consequences such as retinopathy, nephropathy or ulceration- are all examples of how Homeopathy does its bit in keeping a tab on non communicable diseases and their long term complications. Besides these, homeopaths often use alfalfa, Ginseng, Jaborandi and Five Phos for maintaining the general health and wellbeing of patients complaining of weakness and lethargy.
Lifestyle issues such as Hypothyroidism, Diabetes mellitus and Hypertension, faced by every third person in the world, are particularly amenable to long term treatment or more precisely long term management with Homeopathy. The availability to a homeopath, of medicines such as Thyroidinum, Syzygium jambolanum, Cephalandra indica, Rauwolfia serpentina respectively and miraculous results obtained with their use, makes more and more people choose homeopathy as their mainstream management for all these perpetual ailments.

The popularity of Homeopathy across the globe as a management therapy has shown a steep rise in the recent past. It is the most popular form of complementary therapy in France. Its use rose from 16% of the population in 1982 to 29% in 1987 and 36% in 1992. In Mexico, homeopathy has been integrated into the national health care system. And its popularity in Europe and Asia is particularly impressive. Within India too it has found place in the most prestigious healthcare institutions, government dispensaries and private hospitals as an annex to conventional medicine.

The efficacy of homeopathy in the most complicated non communicable diseases stands testified by time. Ever since its inception, Homeopathy has never failed its practitioners. But the question still remains- Can we use Homeopathy parallel to Allopathy for preventing the consequences of non communicable disease? Well, the decision remains at the discretion of the attending homeopath.

A Quick Word on Issue Content

This issue of the Homoeopathic Heritage titled ‘Homoeopathy As Preventive Therapy in Non Communicable Diseases’ aims to throw light on to the efficacy of Homoeopathy, not just as curative medicine but as a therapy which can be used as concurrent and supportive to the conventional school of medicine for the management of long term complications of diseases, or consequences of modern treatments. This issue has its editorial from the editor’s desk taken as it is from Dr Francis Treuherz’s book- My Journey in Homeopathy- Much Ado About Nothing. The chapter focuses on homeopathy’s efficacy in the initial symptoms of covid-19. This is followed by the Stalwarts’ Expedition by Dr Subhas Singh, Director, NIH, Kolkata elucidating our readers about Dr Samuel Lilienthal. The In Italics column has been penned down by Dr Jaykumar Chandrana, Principal, and Dr Sunit Devani, Professor, Organon of Medicine, Baroda Homeopathic Medical College and Hospital. The book review section in this issue features two book reviews- Healing Women with Homeopathy by Dr Joachim F. Gratz and Boericke Pocket Manual Of Homeopathic Materia Medica & Repertory by Dr Anum Zaheer.

Additionally, the issue features a special section on Scabies, written by Dr S. N. Babu Kathi, HOD, Dept of Pharmacy, Hamsa Homeopathy Medical College, Hospital and Research Centre among several subjective articles and case studies by young homeopaths.

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Note: The Homoeopathic Heritage is a peer-reviewed journal since January 2013. All articles are peer-reviewed by the in-house editorial team. Articles selected from each issue are sent for peer-review by an external board of reviewers and marked with a ‘peer-reviewed’ stamp. For inclusion of articles in the peer-review section, kindly send your articles 3-4 months in advance of the said month at hheditor@bjain.com.
PRACTITIONER TURNS PATIENT: ADVENTURES WITH COVID-19

Dr. Francis Treuherz

(Society director Francis Treuherz, known as the FT index for his in depth knowledge of all things homeopathic, and a regular voice on the end of the Homeopathic Helpline since 1996, talks about his own experience of having Covid-19. Francis gives his case and his wife Rachel Montagu also tells it from her point of view. We attended Synagogue on March 9, in the evening to celebrate the festival of Purim. As religious festivals go it is a 'little wild, a sort of carnival’.

The book of Esther is chanted before the community. During the reading, whenever the name of Haman, the persecutor of the Jews, is heard, the children are encouraged to stamp and boo, the only time in the year they are encouraged to make a noise during the service. We wear fancy dress. Some have a drink after the service. I indulged in a few drinks and ate well at a buffet after the service. The atmosphere alone was infectious in a metaphorical sense, but more physical at the buffet which included shared dips like hummus. Other possibilities for the infection might have been attendance at a hospital for an out-patient appointment, or bus journeys. But whatever the source, one week later I became ill. I am uncertain when my wife became ill, but I may have been the proximal cause. We called 111 and it was agreed that we should remain in the care of our GP, and we did not have to go to hospital. He approves of our medical idiosyncrasies. Later on, we did have tests for the virus and they lost the results, so we never became a statistic. I do not remember clearly what happened. I do recall that I was very weak and could not get up the stairs so I slept alone in a spare bedroom. I was very close to a toilet as I could hardly walk and needed to get up in the night. I was so weak that I could not get my pyjamas on and off unaided.

Looking at the remedies, I must have had respiratory symptoms. I think at times early on I was semi-conscious and/or delirious. I do have some psoriasis which spread more than usual and had a strange, rare and peculiar symptom: the lesions were not scaly and hardly itched. Instead they developed into large soft white flaps the size of a small finger-nail. These dissipated as I recovered and the normal itchy scales returned, but have at last lessened. My wife was also ill, not as badly as me and I have no recollection of what happened to her but I know she looked after me. Friend and colleague Simon Taffler very kindly looked after us both via the phone and dropped remedies through the letterbox as needed. Big thanks are due to Simon. The aftermath was prolonged.

Since 1996 I have been on call on the Homeopathic Helpline for two days each week. I quit when I became ill and have not returned to duty. I was mentally and physically weak. Even now, many months later, I think that my memory is not what it was and I cannot walk very far. There is a notion that one effect is the loss of a sense of smell. I think I can still detect odours – certainly of foods. But the PQSR is that my own body odour has vanished. I do not require the use of a deodorant. How odd is that? In retrospect, it all seems surreal.

Rachel Montagu writes: Francis realised that his temperature was up on March 17. He had already had an intermittent dry cough for two days. For the first five days, he had a temperature, was coughing up some nasty phlegm and was weaker than usual, but did not seem seriously ill. During the second week, he got worse, becoming even weaker, and often delirious. At this stage, I realised that I had Covid too: my temperature was up, I had a dry cough, and, although I’m normally comfortable in a single sweater, was shivering while wearing two sweaters and a scarf. I also became breathless while walking up our slightly uphill street on my final daily walk.
before conceding I was ill. Francis did not have the loss of sense of taste that was reported as a major Covid symptom (and which I did have) but was very reluctant to eat. David Needleman suggested supplementary nutrition, and that was helpful, although Francis still needed to be encouraged to eat proper meals alongside the nutrition drinks. Some of Francis’ delusions while he was ill: during the night he insisted there was a weight hanging over his bed which was about to fall upon him, so he shouldn’t go back to sleep. At mealtimes, he insisted that I must perform an operation on his mouth before he could eat, gesturing towards the area he said needed to be cut out. Since I was already worried that he wasn’t eating enough, thinking of reasons to give him why he could eat without any operation was an interesting challenge. At one point he asked me to remove the monsters from the spare room, and also said that there were ten words in the spare room, and if he couldn’t remember them, he would die – he then asked how many words there were in the sitting room. He also became panicky, thinking that he had been deserted and left alone if I was out of his sight for very long, even if I had warned him beforehand. Francis found it hard to remember how to do some activities – when he needed to get out of bed, he would ask to be reminded how to reach a standing position, rather than just instinctively doing it. We both had an upset stomach as part of the infection, which my stepdaughter informed us was an excellent symptom to have: her doctor neighbours reckoned the patients with upset stomachs were less likely to develop severe chest symptoms than those who didn’t – I don’t know whether research confirms that. I was nervous that I did not have the medical expertise to recognise when/if Francis reached a stage when he needed to be hospitalised. During the stage when Francis was frequently delirious, I phoned the GP who rang back late in the evening and talked me through a range of physical signs: pulse, breaths per minute and so on, which helped give me more confidence. Towards the end of the second week, Francis said to me that he was unsure whether he would recover, because he was too old to recover from such an illness. I was sure that if he despaired of recovery, it would become a self-fulfilling prophecy, so said what I could think of to encourage him, and asked friends and family to suggest other positive things to say: their replies ranged from my sister’s scientific, “in every age group, even the 90s, more people recover from Covid than die from it” to my aunt’s robust, “I have no intention of letting this virus kill me off, and I am far older than he is.” We had wonderful support. Francis has mentioned Simon Taffler’s prescriptions for him. Friends shopped for us, other friends prayed and enlisted friends of theirs to pray also; that helped me find something to say when I was wondering how to respond during the time Francis was not his normal self. Family and friends rang or skyped/zoomed to chat so I didn’t feel too isolated. Gradually Francis’ temperature came down and stayed down, then mine did the same, and the slow process of recovering stamina and energy began for us both. Reflections from Francis: I was flabbergasted to read about my delusions and behaviour which Rachel has described. Until Rachel wrote about them here, I had no idea what happened. I lived through a near-death experience with no real memory of the detail until now. I am so grateful to Rachel for coping with my problems while she herself was ill and I cannot thank her enough. This was so sudden and overwhelming, but I am now recovered and I am back at work, but I am glad than no one has consulted me about the virus as I could not become an unprejudiced observer. Thank you again to Rachel, an understatement.

Remedies prescribed:

16.3.20 Aconite 1m
17.3.20 Phosphorus 30, Camphor 30
18.3.20 Aconite 1m
19.3.20 Aconite 1m, Camphor 30
20.3.20 Phosphorus 200, Camphor 30
21.3.20 Phosphorus 200, Camphor 30
22.3.20 Camphor 30
23.3.20 Camphor 30, Camphor 200
24.3.30 Camphor 200
25.3.20 Camphor 200 Carbo vegetabilis 200
3.4.20 to 7.4 20 daily: Carbo vegetabilis 200.

Postscript My own homeopath Dr Subrata Banjerjea prescribed Psorinum to help me recover based on my exhaustion and the ‘despair of recovery’ mentioned above. Also mother tinctures of Bacopa monnieri (aka Brahmi) and Ginkgo biloba.
Scope of Homoeopathy in PCOS

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Keywords
Homoeopathy, pcos, quality of life, individualization, miasm

Abbreviations
PCOS-Polycystic ovarian syndrome (PCOS)

Abstract
Polycystic ovarian syndrome (PCOS) is a frequent endocrino-pathy in reproductive-age women. It is a metabolic, hormonal, and psycho-social disorder that has a detrimental effect on a patient’s quality of life hence the patient should be treated holistically. PCOS is the most common reason for anovulatory infertility and can also be a risk factor for the development of cancer. Many of these manifestations are related to predispositions that can be caused by a variety of factors. Many published studies demonstrate the effectiveness of homoeopathy in the treatment of PCOS. The purpose of this article is to define the role of homoeopathy in the treatment of PCOS patients.¹

Introduction
PCOS is a prevalent endocrine or hormonal disorder that primarily affects women after puberty. 5-15% of women of reproductive age suffer from hormonal imbalances, which cause menstrual irregularities, ovarian cysts, infertility, and other health issues such as cardiovascular difficulties, type 2 diabetes mellitus (T2DM), and endometrial cancer.² It is recognized as a serious reproductive and metabolic condition which is estimated to affect between 4% and 20% of the global population.³ According to World Health Organization (WHO) figures, around 116 million women (3.4%) worldwide suffer from PCOS.⁴ According to one study, the pooled PCOS prevalence estimates based on Rotterdam’s criteria is 11.34% in India.⁵

The brain, pituitary gland, ovaries, adrenal gland, and peripheral adipose tissue are the key endocrine glands involved in PCOS, all of which contribute to a general imbalance. Stein-Leventhal syndrome or hyper androgenic anovulation (HA) are other names for it. Over nutrition, insulin overproduction, ovarian confusion, and ovulatory disruption are also symptoms of the syndrome “O” which is another name for PCOS.⁶ It has been linked to the development of type 2 diabetes as well as recurrent miscarriage.⁷ The ovaries of a PCOS patient have more than 10 follicles observed on ultrasound. In comparison to the normal ovary, the polycystic ovary has more follicles and a thick center.⁸ PCOS is defined as the presence of any three of the following criteria: oligo-menorrhea, anovulation, clinical or biochemical evidence of hyperandrogenism, and the presence of polycystic ovaries on ultrasound examination.

ETIOLOGY
The exact cause of PCOS is unknown or heterogeneous in nature however it is certainly linked to a variety of etiological factors.⁸

Insulin resistance- PCOS has a high association with insulin resistance leading the hyperinsulinemia.
**Hormonal imbalance** - High testosterone, LH and prolactin levels and low sex hormone binding globulin (SHBG)\(^7\).

**Genetic factors** - Excessive exposure to androgens during intrauterine life has a permanent effect on gene expression leading to PCOS. \(^{10}\)

**Bisphenol A (BPA)** is a common industrial compound used in dentistry, plastic consumer products, and packaging has a role in ovarian dysfunction. \(^7\)

**Stress and other psychological disorders** often causes PCOS.

**Ovarian follicular defect** - Women with PCOS have 2-6-fold more primary, secondary, and small antral follicles when compared to normal ovaries. \(^{11}\).

**Miscellaneous** - The sedentary lifestyle, dietary vacations, lack of exercise, or intensive physical exercise are also contributory factors \(^7\).

**Pathophysiology**\(^{12}\)

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**Clinical Manifestations**

- Anovulation.
- Metabolic disturbances.
- 15% of females have irregular menstrual cycles.
- Menstrual disorders: PCOS mostly produces oligomenorrhea (Few menstrual periods) or amenorrhea (no menstrual periods).
- Infertility: due to chronic anovulation.
- High levels of masculinizing hormone. Weight gain and obesity. Male pattern baldness.
- Patches of thickened and dark brown or black skin on the neck, arms, breast, and thigh.
- High BP.
- Pelvic pain. \(^{13}\)
**Recent diagnostic parameters:**

AMH levels have been recommended as a measure to replace ultra-sonographic assessment. Another diagnostic metric is ovarian stromal volume, which is calculated as a ratio of stromal area to total ovarian area (S/A ratio).

**Lifestyle Management Of PCOS**

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Choose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweetened juices, Sugary soft drinks or soda, canned juices</td>
<td>Fresh fruits or frozen/canned fruit without added sugar</td>
</tr>
<tr>
<td>Starchy vegetables such as potatoes, corn, peas</td>
<td>Non-starchy fresh vegetables such as broccoli, spinach, carrots, cauliflower, tomato, celery, cucumber, brinjal, green beans</td>
</tr>
<tr>
<td>Refined grains made with white flour such as white bread and pasta, or white rice</td>
<td>Whole grains such as whole wheat pasta, brown rice, oats, whole wheat bread</td>
</tr>
<tr>
<td>Sugared cereals</td>
<td>High fiber unprocessed cereals</td>
</tr>
<tr>
<td>Sugary foods such as puddings, chocolate bars, candy</td>
<td>Dark chocolate, fresh fruits, apples, pears, oranges, berries, bananas, grapes, kiwi, musk melon, peach, Plums</td>
</tr>
<tr>
<td>Deep fried snacks such as potato chips</td>
<td>Crackers and baked snacks with fiber, popcorn</td>
</tr>
<tr>
<td>Sugary baked goods made with maida like cakes, muffins, cookies</td>
<td>High fiber baked goods made from whole wheat flour, oats, corn</td>
</tr>
<tr>
<td>Red meat, offal</td>
<td>Chicken, eggs, fish</td>
</tr>
</tbody>
</table>

To demonstrate the efficacy of homoeopathic medications in the treatment of PCOS, numerous clinical investigations were carried out at research institutions. Several significant earlier investigations include:

A single-blind, randomized, placebo-controlled pilot trial evaluated homoeopathic treatment for the polycystic ovarian syndrome. [16]

A clinical trial to examine the effects of homoeopathic medicines on women between the ages of 12 and 45 who have PCOS. [17]

A prospective observational study on homoeopathic treatment of women with the polycystic ovarian syndrome. [18]

A study that reviewed 12 articles on PCOS-homoeopathic treatment came to the conclusion that evidence-based improvement occurred in the pathological changes of the condition. By assessing the PCOSQ scale, Ferriman scale, and Acne global severity scale, the disease’s status was assessed. [19]

**Stress: An Inseparable Part Of People’s Lives**

In psychological context, stress refers to a condition in which homeostasis is jeopardized by the action of external (environmental) and internal (physiological and psychological states) stressors. In particular, stress is the experience of a perceived threat, resulting from a series of physiological responses and pathways [20].

**PSYCHOLOGICAL STRESS**

Stress is a common and commonly underappreciated cause of reproductive dysfunction. Stress-induced anovulation leads to infertility. There are increasing reports stating the role of stress in PCOS manifestation. [22] Salivary α-amylase (SAA) and cortisol have been implicated as sensitive biomarkers for stress-related changes in the body, with essential roles in metabolic homeostasis. These signify the sympathetic-adrenal medullary impacts.
SAM) and hypothalamic-pituitary-adrenal (HPA) axes being activated, respectively. A study conducted showed that both SAA activity and salivary cortisol were higher in PCOS patients as compared to age-matched controls.

**Homoeopathic Perspective**

Homoeopathy can be defined as a system of therapeutics based on the law of similar. According to homoeopathic philosophy, it is the individual in general who is debilitated regardless of the organs. The patient, in this way must be dealt with comprehensively, as such, psychosomatically. The patient must be thought of and not the sickness in quiet for perpetual recuperation of wellbeing.

**Dr Samuel Hahnemann Says**

In the footnote of aphorism 94 of Organon of medicine, Dr. Hahnemann mentioned in detail the points to be noted in case taking of chronic diseases of females. Proper case taking, analysis and evaluation of case followed by repertorization is the ideal homoeopathic approach. Chronic diseases, according to Dr. Hahnemann, are produced due to three basic miasmatic constitutional disturbances or chronic miasm that are psora, syphilis and sycosis. Further, he mentioned the chronic latent psoric state as a ‘sleeping’ chronic disease which can be awakened by incidents, emotional disturbance and life circumstances.

**Dr HA Roberts Says**

The most frequent location of the sycotic manifestations in women is in the pelvic organs. In the more chronic types, we get cystic degeneration of ovaries, the uterus & the fallopian tubes. Sycosis attacks the internal organs, especially the pelvic & sexual organs in the forms of inflammation, infiltration of the tissues, hypertrophies, cystic degeneration; when thrown back into the system by suppression this stigma causes dishonesty, moral degeneracy and mania.

**Miasmatic Concept**

In case of PCOS, PSORA brings about functional changes. SYCOSIS leads to cystic changes in ovary. SYPHILIS unites with both two leading to various malignant processes and ultimately to cancer pathology.

**Homoeopathic Therapeutics In Pcos**

In modern medicine, there is no proven cure for PCOS other than hormonal medication and lifestyle changes. According to the principles of Homoeopathy, which is based on dynamisation and focuses on the patient’s physical as well as psychological well-being, a well-indicated constitutional remedy based on the totality of symptoms can work well. Medicines such as Natrum muriaticum, Pulsatilla, Apis mellifica, Ignatia amara, Calcarea carbonica, Kali bromatum, Sepia, and others have a significant effect when provided on the basis of similarities and are also prescribed in the majority of PCOS patients. However, when the polychrest or constitutional remedies are not indicated or fail to relieve in the case, then the indigenous, rare, and other medicines could be considered. There are some rare medicines which also have tremendous effects in cases of PCOS but are usually untouched by the prescribers.

Characteristics symptoms of lesser-known homoeopathic medicines for PCOS are:


5. **Oleum jecori aselli**: Establishes the menstrual flow, and restores it when in abeyance. Abnormal growth of hair on face. Yellow leucorrhoea. Soreness of every parts [30].


7. **Ova tosta**: Leucorrhoea profuse and offensive with sensation as if the back were broken into two and tied with a string [29].

8. **Palladium metallicum**: Chronic oophoritis. Pain and swelling in the region of right ovary. Shooting or burning pains in the pelvis, bearing down; relieved by rubbing. Soreness and shooting pain from navel to the breast. Right ovary affected [29].

9. **Senecio**: Menses retarded, suppressed. Functional amenorrhoea in young girls with backache. Before menses, inflammatory conditions of throat, chest and bladder. After menses commences, these improve [29]. Pain from ovaries to breast [30].

**Different Observations From Repertory** [28]

**CONCLUSION**

The multiple symptoms of polycystic ovarian syndrome include both psychological and physical side effects. Numerous variables significantly contribute to the decline in psychological health in PCOS patients. Coping with the disease, having anxieties about infertility, losing femininity, having a less appealing body, and worrying about body disruption are some of these factors. In light of the high-risk category of patients with PCOS for common mood and anxiety problems as well as suicide attempts, this study recommends that doctors assess and treat patients with PCOS with care and awareness. As a result, PCOS patients need a comprehensive treatment strategy. The patient’s psychological and social circumstances should be taken into account before any optimal intervention.

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Treatment of Acne Vulgaris with Homoeopathy- a Case Report

Dr Shobhna Gupta

Keywords
Acne vulgaris, Homoeopathy, Similimum

Abstract
Acne Vulgaris is a common inflammatory skin disorder. It usually affects adolescences. The unsightly appearance of papules, pustules and scars lead them to apply heavy cosmetics and vigorous treatments with no good. It causes a deep negative impact on psychology and affects their social presence and self esteem. Here is a case of 17 year young girl; her face was covered with pustules and papules since the age of 14. After using modern medicine for years with no result she got relief by homoeopathic similimum.

Introduction
Acne is a chronic inflammatory disease of skin affecting pilosebaceous unit, resulting in increased sebum production, altered keratinization and bacterial colonization of follicles by Propioni Bacterium acnes.[1]
P. bacterium acne and family history might have important role. Face, neck, shoulder, and back are common sites for acne.[1] Although acne is perceived as a self-limiting disease of adolescents but may last for decades and require treatment. About 90% adolescents have acne & 20% have facial scaring with detrimental effects on self esteem.[1][2]

Acne vulgaris characterized by formation of comedones, erythematous papules, pustules and less frequently by nodules or pseudo cysts and accompanied by scarring and hyper pigmentation.

There is no ideal treatment for acne in modern medicine although topical application along with proper regimen can control mild to moderate acne for time.[1]

CASE
It is a case of a 17 year young girl who came to the peripheral OPD of G.H.M.C, Bhopal along with her mother, had characteristic erythematous papules, pustules and tenderness. It is a case of acne vulgaris, leaving scars on her face. Eruptions are more prominent on her cheeks and less on forehead and chin. She is fond of ice, sour and warm food. She has love for animals. She generally likes to remain silent. Her mother added that she easily gets irritated by her and does not pay heed to her advice. She is very much into herself and shows no interest in assisting her. Although she likes to hang out with her friends. She likes to lie on her abdomen. She is more comfortable on late night studies as she feels more active at night. It is difficult for her to concentrate. Sometimes there is formation of gas in stomach. Mild to moderate pain in lower back 2-3 days before menses. Face is greasy.

MEDICAL HISTORY
Allopathic medication for almost 2 years with temporary relief.

Family history- There is no significant medical history of her father, but her mother also have acne since her young age to till date. She also has uterine fibroid, recurrent UTI and renal calculi (prominence of sycotic miasm) since 7-8 years. Her aunt also had acne in her young age. Her maternal grandmother had Alzheimer’s disease.

PHYSICAL GENERALS
Appearance- Fat, dusky complexion.
Appetite- Good, no significant change
Desire-Ice, sour things and warm food
Thermal- Hot

Thirst- For cold water, 5-6 glass/ day

Sleep- on abdomen, due to late night studies gets up late in morning and feels dull.

Dream- Nothing specific

Perspiration- profuse, non odorous, face greasy

Stool- often get constipated

Urine- Nothing specific

Menses- Regular, on time, has 27 days cycle, but the last one appeared in 20 days. Mild to moderate Pain in lower back, 2-3 days before menses.

MENTAL GENERALS

She is an average girl, having no special interest, although she loves animals. She does not like to follow her mother, gets easily irritated from her. She only cares about her stuff and do not help her. She likes to remain silent, generally she talks less. She feels energetic at night so prefers to study at late hours.

DIAGNOSIS

ICD-10-CM Diagnosis Code L70.0 as listed by WHO under the range- Diseases of the skin & subcutaneous tissue.

Differential Diagnosis

Reportorial analysis
Prescription
25/03/2022- Medorrhinum 200 single dose S.L
30/ TDS for 15 days

Follow-up

Before and after treatment pictures of patient

Before treatment After treatment

Discussion

As master Hahnemann stated in footnote 01 of aphorism 109, “It is impossible that there can be another true, best method of curing dynamic diseases (i.e., all diseases not strictly surgical) besides homoeopathy.” When we analyzed case properly on each aspect, we found a genetic and sycotic base. On basis of totality and essence of case, Medorrhinum 200 Single Dose was given (25/03/22) to patient. As patient is strongly hot in her thermals so Calcarea carb. is ruled out, although it covers the maximum rubrics and gain highest marking. As she is not extroverted, lively & sympathetic like Phosphorus, so phosphorus is also ruled out. She has love for animals, sensitive for them. She has specific desires like ice, sour and warm food. She feels good at night. In beginning, there was not marked improvement in main complaints but associative complaints got better but with time she got improvement on general level. After taking subsequent follow ups when the case came to stand still, there was no further improvement again after re-case taking Medorrhinum 1m SD was given (03/06/22) as per aphorism 247. After quick and short aggravation the case showed marked improvement (Kent’s 3rd observation).

CONCLUSION

When we give medicine according to Homoeopathic laws, we will observe nothing but pure effects of remedy as Master Hahnemann mentioned in aphorism 3 &22 and can make a patient free from diseases. It shows effectiveness of homoeopathic similimum and teaches us that if we follow the instructions of Master Hahnemann, we can cure many more cases with homoeopathic similimum and can serve suffering humanity.

REFERENCES
Keywords

NCDs (Non communicable diseases), Homoeopathy, Diet, Yoga, individualization, chronic diseases.

Abstract

India is experiencing a rapid health transition with a rising burden of NCDs causing significant morbidity and mortality, both in urban and rural population, with considerable loss in potentially productive years (age 35-64 years) of life. NCDs are estimated to account for about 63 percent of all deaths. Following article consists of homoeopathic and many lifestyle modifications to prevent and manage these non communicable diseases.

Introduction

Non-communicable diseases (NCDs) include cardiovascular, renal, nervous and mental diseases, musculo-skeletal conditions such as arthritis and allied diseases chronic non-specific respiratory diseases (e.g., chronic bronchitis, emphysema, asthma), permanent results of accidents, senility, blindness, cancer, diabetes, obesity and various other metabolic and degenerative diseases and chronic results of communicable diseases. Disorders of unknown cause and progressive course are often labeled “degenerative”\[1\].

Prevalence

A total of 57 million deaths occurred worldwide during 2016. Of these, 41 million were due to NCDs, principally cardiovascular diseases, cancer and chronic respiratory diseases. Nearly three quarters of these NCD deaths (28 million) occurred in low-and middle-income countries. The number of NCD deaths has increased worldwide and in every region since the year 2000, when there were 31 million NCD deaths. The leading cause of NCD death in 2016 were: cardiovascular diseases (17.9 million deaths or 44 per cent of NCD deaths), cancers (9 million or 16 percent of NCD deaths), respiratory disease, including asthma and chronic obstructive pulmonary disease (3.8 million or 9 percent of NCD deaths), and diabetes (1.6 million or 4 percent of NCD deaths)\[2\]. In 2016, the age standardized NCD death rate was 539 per 100,000 population globally. The rate was lowest in high-income countries (397 per 100,000) and highest in low-income countries (625 per 100,000) and lower-middle income countries (673 per 100,000). Approximately 42 per cent of the deaths were before the age of 70 years\[3\].

WHO Action Plan For Prevention And Control Of Ncds (2013-2020)

The Global Action Plan provides member states with a road map and menu of policy options which, when implemented collectively between 2013 and 2020, will contribute to progress on 9 global NCD targets including that of 25 per cent relative reduction in premature mortality.
from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025. These four diseases make the largest contribution to mortality and morbidity due to NCDs. It will target four behavioral risk factors - tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. The voluntary global targets are:

1. A 25 per cent relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory disease;
2. At least 10 per cent relative reduction in the harmful use of alcohol as appropriate within national context;
3. A 10 per cent relative reduction in prevalence of insufficient physical activity;
4. A 10 per cent relative reduction in mean population intake of salt/sodium;
5. A 30 per cent relative reduction in prevalence of current tobacco use in persons aged 15+ years;
6. A 25 per cent relative reduction in prevalence of raised blood pressure;
7. Halt the rise of diabetes and obesity;
8. At least 50 percent of eligible people receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes; and
9. An 80 per cent availability of the affordable basic technology and essential medicines including generics, required to treat major NCDs in both public and private facilities.

Homoeopathic Approach

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

Dr Hahnemann mentioned in aphorisms how these non communicable chronic diseases arise. The prolonged and continued usage of the harmful allopathic medicines drive the symptoms to the deepest and the vital organs of the body. The natural development of the disease process gets diverted to the other parts of the body. This happens because the powerful chemicals that are used as the medicines weaken the vital force. Hahnemann in § 75 comments, “these inroads on human health affected by allopathic non-healing art are of all chronic diseases the most deplorable, the most incurable”.

Dr. H. A. Roberts also says “The present indiscriminate use of salicylates and coal tar derivatives in rheumatic and allied states invariably sends the trouble to the central organs, especially to the heart”.

In aphorism 259-261 regimen for chronic diseases are mentioned.

Prevention

The preventive attack on chronic diseases is based on the knowledge that they are multifactorial in causation, so their prevention demands a complex mix of interventions. Previously only tertiary prevention seemed possible to prevent or delay the development of further disability or the occurrence of premature death. But, now, with the identification of risk factors, health promotion activities aimed at primary prevention are being increasingly applied in the control of chronic diseases. Some of the interventions that should be undertaken immediately to produce accelerated results in terms of lives saved, disease prevented and heavy cost avoided are as follows:

1. Protecting people from tobacco smoke and banning smoking in public places, warning about the dangers of tobacco use, enforcing bans on tobacco advertising, promotion and sponsorships and raising taxes on tobacco;
2. Restricting access to retailed alcohol, enforcing bans on alcohol advertising and raising taxes on alcohol;
3. Reduce salt intake and salt content of food;
4. Replacing trans-fat in food with polyunsaturated fat: and
5. Promoting public awareness about diet and physical activity, including through mass media.

In addition, there are many other cost-effective and low-cost population-wide interventions that can reduce risk factors for NCDs. These include:

1. Nicotine dependence treatment:
2. Enforcing drink-driving laws:

3. Restrictions on marketing of foods and beverages high in salt, fats and sugar:

4. Food taxes and subsidies to promote healthy diets

Lifestyle Modification

Non-Communicable Diseases (NCD) are ailments that are based on the routine habits of people. Sedentary lifestyle is the leading cause for health issues which leads to Non - Communicable Diseases. Yoga is an essential practice to increase the physical and mental activity and prevent the occurrence of Non-Communicable Diseases. Practicing yoga increases longevity, activates the heart, lungs and strengthens the various organs[7]. Surya Namaskar (Sun Salutation) performed in a brisk way increases cellular requirements for oxygen and glucose[8]. It was noticed that ideal control of diabetes was reached by practicing dhanurasaanam and ardhamatyendraasanam, Halaasanam, vajraasanam, bhujangasaanam, and naukaasanam were also found to be powerful[9]. The regular practice of pranayamam will lead to good supply of the oxygen to the lungs. Respiratory rate becomes slower. This slower breathing will activate the parasympathetic nervous system which helps in reducing stress and rejuvenating the body. It strengthens the diaphragm and removes impurities from the breathing tube[10]. Some of the beneficial posture include bhujangasaanam, viparita dandaasanam, dwipadavipar tadandaasanam, urdhvamukhasvana asanam, ustraasana, supta viraasanaudhva dhanurasaanam, setu bhanda sarvangaasanam, paryankaasanam, virabhadrasanam and utthita trikonaasanam. The asanas and pranayamam together help keep the mind calm and prepare the mind to overcome sensory stimulus, reduce the thoughts by helping one to focus and concentrate. Regular practice of yoga results in an improvement in lipid profiles, heart rate variability, decrease in blood pressure and even regression of atherosclerosis when combined with proper diet and lifestyle modifications. Poses like Utkataasanam, Navaasanan and Dolphin Plank pose work your heart while they develop core strength[7].

An unhealthy diet is one of the major risk factors for a range of chronic diseases, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity. Specific recommendations for a healthy diet include: eating more fruit, vegetables, legumes, nuts and grains; cutting down on salt, sugar and fats. It is also advisable to choose unsaturated fats, instead of saturated fats[11]. Plant-based diets are high in vegetables and fruits, wholegrains, pulses, nuts and seeds. These diets help to achieve and maintain a healthy weight, reduce blood pressure, and are also rich in sources of dietary fiber. Fruits and vegetables independently contribute to preventing cardiovascular disease.

Modifying behavior changes can reduce the risk for non communicable diseases. Reducing common risk factors such as tobacco use, harmful alcohol use, physical inactivity and eating unhealthy diets. Maintaining an active lifestyle and improving air quality prevents from being victim of non communicable diseases.

CONCLUSION

Hence by diet and regimen, homoeopathic management and lifestyle modification these rising non communicable diseases can be prevented from decreasing loss in potential productive years (age 35-64 years).

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Homoeopathy as a Preventive in Non-Communicable Diseases

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Keywords
Non communicable diseases, Homoeopathic prevention, Cardiovascular diseases, Cancers, Respiratory diseases, Diabetes

Abbreviations: NCD- Non Communicable Diseases, WHO- World Health Organizations, CVD- Cardiovascular Diseases, CRD- Chronic Respiratory Diseases, COPD- Chronic Obstructive Pulmonary Disease

Abstract
Non-communicable diseases (NCDs) are diseases that cannot be spread from one person to another directly. The four primary categories of NCD include cardiovascular disorders like heart attacks and strokes, cancer, chronic respiratory diseases like chronic obstructive pulmonary disease and asthma, and diabetes. The homeopathic scientific approach is supported by four pillars: the principle of therapeutic similitude, human homeopathic pathogenetic trials, prescription of individualized medications, and use of dynamized or potentized medications. Homeopathy also makes use of the miasmatic theory to deepen our understanding of the relationship between health and disease.

Introduction
Non-communicable diseases (NCDs) are responsible for over 41 million deaths annually; 15 million of these are deemed premature (occurring before the age of 70), and more than 85% take place in low- and middle-income nations. The rising burden of NCDs is in part due to the high prevalence of key risk factors like tobacco use, harmful alcohol use, poor diet, and inactivity. Diabetes, cardiovascular disease, chronic respiratory diseases, and cancer are the four major NCDs.

Types Of Non-Communicable Diseases²
The majority of NCDs are brought on by a combination of genetic, physiological, behavioral, and environmental factors. The WHO claims that NCDs are the largest cause of death globally, accounting for 71% of all annual fatalities. CVD (17.9 million deaths yearly), malignancies (9.0 million), respiratory illnesses (3.9 million), and diabetes (1.6 million) are the top four NCDs that cause the most fatalities.

Key Diseases
Cardiovascular Diseases (CVDs)³
The main cause of death worldwide is CVD, which is followed by accidents, cancer, diabetes, and chronic respiratory diseases (NCDs). With multiple external and internal elements influencing its exacerbation and improvement, CVD is both severely incapacitating and proactive. These traits also have an impact on patients’ quality of life and impose significant expenses on a nation’s healthcare systems.

Cancer³
Cancer is a broad concept that would include a
wide range of illnesses that might affect any part of the human body. Neoplasms and malignant tumors are two other terms that are used to describe cancer.

The ICMR estimates that the number of cancer patients in India will rise from 26.7 million in 2021 to 29.8 million in 2025. The report also identifies seven cancers as accounting for more than 40% of the total disease burden: lung (10.6%), breast (10.5%), esophagus (5.8%), mouth (5.7%), stomach (5.2%), liver (4.6%), and cervix (4.3%).

**Chronic Respiratory Diseases (CRDs)**

CRDs include a broad spectrum of conditions affecting the lungs’ various structures as well as the airways. The majority of CRD morbidity and mortality rises with age. CRDs include pulmonary hypertension, asthma, occupational lung disorders, COPD, and respiratory allergies.

CRDs can be effectively avoided by living a healthy lifestyle early in life, avoiding respiratory infections, and minimizing exposure to environmental and occupational pollutants. Filtration and ventilation can help reduce exposure to indoor and outdoor contaminants in addition to using natural gas.

**Diabetes Mellitus**

Long thought to be a disease of the wealthy, diabetes mellitus is now growing more prevalent in rural communities as well as India’s middle and working classes, according to recent epidemiological research. A global goal is to stop the rise in diabetes and obesity by 2025. In India, where more than 74 million people have been diagnosed with diabetes, the condition is rapidly spreading.

Hyperglycemia results from the two primary kinds of diabetes. In type 1, the pancreatic beta-cells are unable to produce enough insulin, whereas in type 2, the body cells are unable to react appropriately to insulin. Other forms of diabetes include type 3 diabetes, which is linked to Alzheimer’s disease and is characterized by the brain’s neurons’ inability to respond to insulin, and gestational diabetes mellitus, which affects pregnant women with glucose intolerance. The progression of diabetes can be considerably accelerated by a number of lifestyle variables, including obesity, excessive sugar consumption, and a lack of physical activity, even though it can be largely inherited.

**Key Risk Factors Of Ncd**

**Genetic Factors**
- Family disease history
- Genetic inheritance
- Epigenetic changes
- Environmental exposure
- Toxic material based mutation

**Environmental Factors**
- Air pollution
- Weather changes
- Sunlight radiation

**Sociodemographic Factors**
- Age
- Gender
- Race
- Ethnicity
- Education
- Income

**Factors Of Self Management**
- Tobacco use
- Alcohol use
- Physical activity
- Dental health care
- Food habits

**Factors Of Medical Condition**
- Blood pressure
- Dyslipidemia
Obesity
Stress

**Homeopathic Perspective**

The homeopathic scientific model is based on four pillars:

(1) principle of therapeutic similitude;
(2) homeopathic pathogenetic trials in humans;
(3) prescription of individualized medicines; and
(4) use of dynamized or potentized medicines (homeopathic high dilutions)

In addition to this, homeopathy uses the miasmatic theory and the philosophical concepts of vitalism to deepen our understanding of the health-disease process. Three chronic miasms of a dynamic nature (psora, sycosis, and syphilis) are added to the list of chronic diseases.

He attributes special importance to psora, which he considered to be “the oldest and most hydra-headed of all the chronic miasmatic diseases” and from which, as their only source, originate “

Hahnemann outlines a number of internal and external environmental that can weaken the vital force and “bring the psora latent and slumbering to break out open into Chronic Diseases,” including lifestyle, diet, lack of physical activity or excess of mental or sexual activity, trauma, acute infectious diseases, use of drugs and alcohol. He emphasizes that “by far the most frequent excitement of the slumbering psora into chronic diseases, and the most frequent aggravation of chronic ailments already existing, are caused by grief and vexation” as he states the significance of the mind and psyche in the etio-pathogenesis of chronic diseases.

In the same chapter, he suggests using particular homeopathic medications (anti-miasmatic) to treat the miasms and the chronic diseases they cause, selecting the remedies based on symptomatic similitude. He suggests using Thuja and Nitric acidum to treat the sycosis miasm and gonorrhea, and Mercurius to treat the syphilis miasm and the corresponding disease syphilis. Hahnemann recommends a number of anti-psoric medications (Sulphur, Hepar sulphur, Sepia, Phosphorus, Lycopodium, Calcarea carbonica, Silicea, Baryta carbonica, Carbo vegetabilis, Carbo animalis, Graphites, Aurum, among others) in the treatment of the psora miasm and the numerous symptoms and chronic diseases that it causes.

Some other medicines for specific non communicable diseases are as follows-

**Vanadium Metallicum**

It is used in wasting disorders because of how it acts as a catalyzer and oxygen carrier. A treatment for arteries and the liver that are degenerating. Arteriosclerosis causes an impression that the heart is squeezed and that there isn’t enough room for blood. Anxious pressure on the whole chest. Fatty heart. Atheroma in the liver and brain arteries.

**Crataegus Oxyacantha**

It has the ability to dissolve calcium and crustacean deposits in the arteries. Degeneration of fat. Aortic illness. extreme dyspnea with no discernible increase in heart rate. pain under the left collarbone and around the heart. Heart muscles appear sluggish and exhausted. Heart enlarged; weak first sound. Accelerated, erratic, weak, and intermittent pulse. Angina pectoris, valvular murmurs. Protect the heart against infectious illnesses.

**Gymnema Sylvestre**

Reduces sugar in the urine, the patient gains weight and muscle, and their hunger increases. Prolongs a diabetic patient’s life. All signs and symptoms are accompanied by a burning feeling throughout the body. Extreme weakness with significant amounts of urine flowing; frequent, sugary urination.

**Cephalandra Indica**

The most effective treatment for diabetes mellitus and insipidus; glycosuria. Intolerable burning sensation throughout the body, suited in particular for those who are overly sensitive to noise and outside stimuli. Profuse micturition; weakness and prostration after micturition. sugar in the urine; diabetes mellitus. Polyuria.

**Syzygium Jambolanum**
Diabetes mellitus and insipidus; prickly heat, diarrhea; dysentery; scurvy gums. The most effective treatment for diabetes mellitus that significantly reduces and eliminates sugar in the urine; polydipsia; polyuria; profound prostration and emaciation. Polyuria; glycosuria, increased frequency and quantity day and night; high specific gravity.

**Carcinosinum**

Carcinosinum is said to act favorably and modifies all cases in which either a history of carcinoma can be inferred or the disease’s signs can be found. Carcinoma of the mammary glands with great pain and induration of glands; of the uterus, with foul discharges, hemorrhage and pain are greatly relieved. Rheumatism, malignant cachexia, gas buildup in the stomach and bowels, and indigestion.

**Grindelia Robusta**

An effective treatment for patients with bronchitis who experience wheezing and oppression. The frothy mucus that surrounds the sibilant rales is extremely difficult to separate. Acts on the pulmonary circulation. Asthma that is relieved by persistent and abundant expectoration. When falling asleep, stops breathing; when waking up, longs for air. Must sit up to breathe. Cannot breathe when lying down. Pertussis with profuse mucous secretion bronchorrhea accompanied with thick, whitish mucous expectoration. Sibilant rales. Cheyne-Stokes respiration.

**Sambucus Nigra**

Nausea, pressure in the stomach, and a tightness in the chest Laryngitis, a hoarseness accompanied by sticky mucus in the larynx. Around midnight, a suffocating, paroxysmal cough (bronchitis) with weeping and dyspnea. Spasmodic croup (whooping cough). Dry coryza. Snuffles in babies, a dry, congested nose. Loose choking cough. Cannot expire. Millar’s asthma.

**Antimonium Sulphuratum Auratum**

A wonderful treatment for numerous types of chronic nasal and bronchial catarrh. Acne. Amaurosis. Tickling in the larynx. A buildup of mucus that plugs the bronchi. difficult to breathe, pressure in the bronchi, and tightness. Tough mucus in the larynx and bronchi. Dry hard cough. Upper lobe of the left lung congested. Patient has sores all over and has a winter cough. Pneumonia, hepatisation stage when resolution fails to take place.

**Antimonium Tartaricum**

Rattling of mucus with limited expectoration has been a leading symptom, mainly confined to the treatment of respiratory disorders. Hoarseness. Although there is a lot of mucus rattling, not much expectoration occurs. Emphysema in the aged. Gaping and coughing in succession. A mucus overflow in the bronchial passages. Cough that is brought on by eating, along with laryngeal and chest pain (bronchitis); pneumonia. Dizziness, with cough.

**CONCLUSION**

Homeopathic remedies are said to have a dynamic power that is similar in nature to the disease, which enables them to restore vital balance. Homeopathy can assist to prevent a disease’s progression in its early stages. Additionally, a conscious effort needs to be made to reduce sedentary lifestyle, break bad habits like inactivity and unhealthy eating patterns, which have embedded themselves into modern lifestyles and have been determined to play the biggest influence in the development of NCDs.

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Homoeopathy and It’s Preventive Aspects in Cardiovascular Diseases: A Most Prevalent Non-Communicable Disease

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Keywords
Homoeopathy, Non-Communicable Diseases, Prevention, Cardiovascular diseases

Abbreviations
NCDs- Non-communicable diseases, WHO-World Health Organisation, CVDs- Cardiovascular diseases

Abstract
Cardiovascular diseases constitute a significant portion of non-communicable diseases (NCDs), posing a substantial economic burden and leading to life-long suffering. Homeopathy is identified as a crucial player in addressing cardiovascular diseases, supported by evidence from homeopathic literature. The chronic disease theory in homeopathic philosophy, documentation of cardiovascular symptoms in materia medica, and an ample number of rubrics related to cardiovascular diseases in the repertory contribute to the effective management of these conditions. In this article, prevalent non-communicable diseases, specifically cardiovascular diseases (CVDs), have been briefly addressed, and the strategies employed by a homeopath to prevent such cases have been discussed.

Introduction
The term “non-communicable diseases (NCDs)” refers to chronic diseases, which often have a protracted course and arise from a confluence of behavioural, physiological, environmental, and hereditary variables¹.

The World Health Organisation (WHO) reports that non-communicable diseases (NCDs) account for 71% of all fatalities globally each year, making them the main cause of mortality. Cardiovascular diseases (17.9 million fatalities yearly), cancer (9.0 million), respiratory disorders (3.9 million), and diabetes (1.6 million) are the top four NCDs that cause the greatest number of deaths².

CVDs are a group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions. More than four out of five CVD deaths are due to heart attacks and strokes, and one third of these deaths occur prematurely in people under 70 years of age³.

Risk Factors
Risk factors can be classified in one approach as
either modifiable or non-modifiable, depending on whether their circumstances are changeable or not. The following are the modifiable risk factors: obesity, physical inactivity, diabetes mellitus, high blood pressure, smoking, and high blood cholesterol; the non-modifiable risk factors include age, gender, genetics, race, and ethnicity. The non-modifiable factors can also be classified into three classes: biological, behavioral, and societal factors.

Levels of Prevention in Modern Medicine and Homoeopathy

**Primordial prevention:** Primordial prevention focuses on reducing population-wide risk factors through social and environmental measures promoted by laws and national policies. It prioritizes early intervention, often targeting children, to minimize risk exposure by addressing underlying social conditions that contribute to the onset of disease.

In can be implemented in Homoeopathy with the help of § 284 fn of *Organon of Medicine* of sixth edition, where Hahnemann says “Since most infants usually have imparted to them psora through the milk of the nurse, if they do not already possess it through heredity from the mother, they may be at the same time protected antipsorically by means of the milk of the nurse rendered medicinally in this manner. But the case of mothers in their (first) pregnancy by means of a mild antipsoric treatment, especially with sulphur dynamizations prepared according to the directions in this edition ($270), is indispensable in order to destroy the psora – that producer of most chronic diseases - which is given them hereditarily; destroy it both within themselves and in the foetus, thereby protecting posterity in advance. This is true of pregnant women thus treated; they have given birth to children usually more healthy and stronger, to the astonishment of everybody. A new confirmation of the great truth of the psora theory discovered by me”.

**Primary prevention:** Primary prevention targets healthy individuals to prevent the occurrence of a disease by reducing risk exposure and enhancing immunity, aiming to stop the disease from developing in susceptible individuals.

**Health Promotion by Homoeopathy:** It can be carried out using the principles of Homoeopathy as instructed by our master in the *Organon of Medicine*, in § 4 Hahnemann says “He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.”

In § 5 he says “Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration”.

**Specific Protection of Diseases by Homoeopathy:** The concept of “specific remedy” is given by Hahnemann in § 102 (footnote), 147 and 241 of *Organon of Medicine*, where he discusses homoeopathic (specific) remedy in relation to epidemic disorders. This concept of prescription can be extended to NCDs also.

**Secondary prevention by Homoeopathy:** In secondary prevention, early diagnosis and immediate treatment are the most important intervention strategies. This can be implemented in Homoeopathy with the help of classification of chronic diseases given by our master Hahnemann in *Organon of Medicine*, in §74, 75, 76, 77, 176, 177, 186, 187, 210-230.

**Tertiary prevention by Homoeopathy:** Two intervention modes- Disability limitation and Rehabilitation can be used to accomplish tertiary
prevention. In this context, the homoeopathic approach will be constitutional to some extent, and palliative treatment may be needed in terminal disease conditions.

Repertorial Approach:

_In Boericke Materia Medica and Repertory_

CIRCULATORY SYSTEM- Arteries- Atheroma of arteries (arterio-sclerosis)
CIRCULATORY SYSTEM- Arteries- Circulation, sluggish (See Heart.)
CIRCULATORY SYSTEM- Arteries- Degeneration- fatty
CIRCULATORY SYSTEM- DEGENERATION, fatty
CIRCULATORY SYSTEM- HEART- Pericarditis- Rheumatic

_In Kent Repertory_

CHEST- AFFECTIONS OF THE- Heart
CHEST- AFFECTIONS OF THE- Heart- Overlifting
CHEST- FATTY degeneration of heart
GENERALITIES- TUMORS atheroma

_In A Concise Repertory of Homoeopathic Medicines by S. R. Pathak_

ARTERIOSCLEROSIS
BLOOD PRESSURE- High
BLOOD PRESSURE- Sudden rise of
BLOOD PRESSURE- Low
BLOOD PRESSURE- Low- Diastolic
BLOOD VESSELS- Affections of in general
FATTY- Degeneration
HEART- Endocarditis
HEART- Fatty degeneration
HEART- Palpitation
HEART- Palpitation- Head, beating in, with

_In Synthesis Repertory_

CHEST- ARTERIOSCLEROSIS of coronaries
CHEST- ARTERIOSCLEROSIS of coronaries- old people; in; old
CHEST- ARTERIOSCLEROSIS of coronaries- tobacco; from
CHEST- WEAKNESS- Heart- arteriosclerosis, in
GENERALS- ARTERIOSCLEROSIS
GENERALS- ARTERIOSCLEROSIS- old people; in
GENERAL- FATTY DEGENERATION- blood vessels; of
GENERALS- HYPERLIPIDEMIA
GENERALS- HYPERLIPIDEMIA; dialysis; from

_Homoeopathic Therapeutics_

_Allium Sativum_- People who are chubby and used to live the high life would find it comfortable. Suitable for those who eat far more food overall—particularly meat—than alcohol. It reduces high blood pressure brought on by elevated cholesterol (having vasodilatory effects) and erratic heartbeats.

_Aurum Metallicum_- Suitable for the person has a history of attempting suicide due to monetary loss, property loss, and love loss. Severe heart disease, arteriosclerosis, cerebral arteriosclerosis, hypertension, and depression. Feeling that heart is not beating, or that it is beating too quickly. Fear of cardiovascular disease.

_Baryta Muriaticum_- This remedy is recommended for organic lesions in aged who are dwarfish, both mentally and physically. It is indicated in arteriosclerosis and cerebral affections. Best suited to arteriosclerosis, which is characterised by cerebral and cardiac symptoms together with a high systolic pressure and a relatively low diastolic tension. The arterial tension is altered by pulmonary arteriosclerosis in senile asthma.

_Cactus Grandiflorus_- Where the heart is weak and the arteries are atheromatous, this remedy is specifically advised. Angina pectoris with suffocation, a cold sweat and an ongoing iron band sensation occur. Heart disease, with only left-hand oedema present.

_Crataegus Oxyacantha_- This remedy is said to have a solvent effect on calcareous and
crustaceous deposits in arteries and is used to treat arteriosclerosis. It has successfully treated cases of dilatation, alcoholic heart disease, hypertrophy with loss of power, neurotic palpitations, aortic disease, fatty degeneration, and insomnia in aortic patients.\textsuperscript{7,11}

**Glycyrrhiza Glabra** - It includes Glycyrrhizic acid, which has anti-inflammatory and immune-boosting properties and functions as an anti-diabetic, anti-cancer, antibacterial, lipid-lowering, and cardiovascular disease-lowering chemical.\textsuperscript{12}

**Lycopodium Clavatum** – Lycopodium is indicated in patients who have cardiac hypertrophy, aneurysms, and hydropericardium. While lying down at night, the patient may clearly hear their heartbeat. Heart palpitations accompanied by nasal wing flapping are present.\textsuperscript{11}

**Natrum Muriaticum** - Heart region feels a jerking and shooting discomfort. Fluttering motion of heart. Irregular and intermittent heart palpitations. Jerking of the heart. Enlargement of the heart.\textsuperscript{11}

**CONCLUSION**

The scope of homeopathy in managing CVDs is promising, offering a holistic and individualized approach to address the multifaceted nature of this condition. By removing exciting and fundamental causes that lead CVDs in a person can help in reducing the preventable deaths due to it. In the repertorial approach, we have identified relevant rubrics and in homoeopathic therapeutics there are sufficient remedies for treating CVDs in which few remedies are discussed in this article. This article is a sincere attempt to emphasise the significance of Homoeopathy based on totality of symptoms as preventive therapy in cardiovascular diseases, a most prevalent non-communicable disease with potential options.

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Non-Communicable Diseases In Relation With Boericke’s Repertory

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Keywords

Homoeopathy, Boericke’s Repertory, Rubrics, Ncds.

Abstract

Among various causes of death in today’s population, the title of 1st rank is gained by non-communicable diseases. Being the major cause of death, non-communicable diseases (NCDs) are more pronounced in low and middle income countries such as in INDIA which is undergoing rapid urbanization. In homoeopathy several clinical group of repertories are available for rapid prescription as well as also act as a reference book according to demand of the present case. Boericke’s repertory is one of these clinical groups of repertory.

Introduction

Non-Communicable Diseases are the diseases resulting due to long term health consequences and also need long term treatment and care. NCDs comprises a vast group of diseases such as Cardiovascular diseases, Cancer, Diabetes, Chronic Respiratory Diseases.

Epidemiology

WHO estimates that NCDs contribute around 38 million of all deaths globally In a population of India of 1.3 billion the rate of NCDs is about 5.87 million, comprising 60% of all deaths in India. [1]

Causes Or Risk Factors

The risk factors of NCDs and its prevalence in India are among tobacco and alcohol users, decrease intake of fruits and vegetables, lack of physical activity, overweight, obesity, hypertension, diabetes. [4]

Homoeopathic View

Homoeopathic cure takes place by the medicines which are given on the basis of complete physical and mental makeup of the person. In cases family history also plays an important role significantly in delaying and prevention of some non-communicable diseases such as diabetes, obesity and hypertension.

The merit use of homoeopathy is that when a person takes the right remedy not only the targeted disease is cure but also overall immunity of the person is boosted and his tendency for other susceptible disease is reduces. [2]

Level of prevention in homoeopathy

Health promotion by homoeopathy:

δ4- Preserver of health: the things that deranges the health and cause diseases should be removed in order to healthy state of a person.

δ5- The ascertainable physical contribution of the patient, his moral & intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions etc. are to be taken into considerations.

Homoeopathic Specific Protection of disease by homoeopathy:

δ102 footnote- Specific remedy.
δ147- Homoeopathic specific remedy.
δ241- Homoeopathic specific remedy.

Homoeopathic specific remedy in explaining about epidemic diseases, this concept of prescription can be extended to NCDs also.

Rubrics From Boericke’s Repertory Related To Ncds

CIRCULATORY SYSTEM: ARTERIES, Atheroma of arteries (arteriosclerosis):
CIRCULATORY SYSTEM, ARTERIES, Degeneration, fatty:
CIRCULATORY SYSTEM, ARTERIES, Dilatation: Aneurism:
CIRCULATORY SYSTEM, ARTERIES, Dilatation: Aneurism, capillary:
CIRCULATORY SYSTEM, RUPTURE of artery (apoplexy):
CIRCULATORY SYSTEM, HEART, Action tumultuous, violent, labored:
CIRCULATORY SYSTEM, HEART, AFFECTIONS in general:
CIRCULATORY SYSTEM, HEART, affections, rheumatic:
CIRCULATORY SYSTEM, DEGENERATION, fatty:
CIRCULATORY SYSTEM, HYPERTROPHY:
CIRCULATORY SYSTEM, HYPERTROPHY, Hypertrophy uncomplicated, of athletes:
CIRCULATORY SYSTEM, INFLAMMATION (ENDOCARDITIS): Acute:
CIRCULATORY SYSTEM, INFLAMMATION, malignant:
CIRCULATORY SYSTEM, MYOCARDITIS:
CIRCULATORY SYSTEM, PERICARDITIS:
CIRCULATORY SYSTEM, PAIN, Neuralgic, ANGINA PECTORIS:
CIRCULATORY SYSTEM, VALVULAR DISEASE:
CIRCULATORY SYSTEM, PALPITATION, CAUSE, Tobacco:

GENERALITIES, DROPSY, from alcoholism:
GENERALITIES, DROPSY, from heart disease:
GENERALITIES, DROPSY, from kidney disease:
GENERALITIES, DROPSY, from liver disease:
GENERALITIES, DROPSY, from spleen disease:
GENERALITIES, OBESITY:
GENERALITIES, Obesity in children:
GENERALITIES, CANCER, Remedies in general:
GENERALITIES, Cancer of antrum:
GENERALITIES, Cancer of bone:
GENERALITIES, Cancer of bowel, lower:
GENERALITIES, Cancer of breast:
GENERALITIES, Cancer of stomach:
GENERALITIES, Cancer of uterus:
URINARY SYSTEM, DIABETES: Sugar:

CONCLUSION

Boericke’s repertory plays an important role in treatment of NCDs. Homoeopathic treatment affects the man internally and individualizes each person. Homoeopathy is a science of therapeutics that deals with the patient not with the disease. Furthermore study is needed in this topic in order to have more good results in the upcoming years.

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Non-communicable Disease & its Homoeopathic Preventive Approach

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Keywords
Non-communicable disease, Organon of medicine, Miasm, Homoeopathic constitutional medicine

Abbreviations
NCDs- Non-communicable disease, OPD- Out patient Department, WHO- World Health Organisation

Abstract
Non-communicable disease (NCD) is usually related to diet, lifestyle as well as genetic diseases and cannot be transmitted directly from one person to another. It is measuring the burden worldwide. Homoeopathic medicine plays a great role in Prevention, control & treatment of non-communicable diseases.

Introduction
A non-communicable disease (NCDs) is a disease that is usually related to diet, lifestyle as well as genetic diseases and cannot be transmitted directly from one person to another. NCDs include most types of cancers, diabetes, autoimmune diseases, cardiovascular disease, chronic kidney disease, gout, osteoporosis, Alzheimer’s disease, and others.[1]

It is said about 17 million people die prematurely each year as a result of the global epidemic of largely preventable non-communicable diseases. According to WHO, World deaths from “non-communicable disease” will double by 2015 unless all-out efforts are taken to combat them. NCD multimorbidity is common in the Indian adult population and is associated with substantially higher healthcare utilization and out of pocket expenditure (OOPE). The prevalence of multimorbidity increased from 1.3% in 18–29-year-olds to 30.6% in those aged 70 years and above. In India in 2004, deaths due to non-communicable diseases in India were twice those from communicable diseases.[2]

The four leading chronic diseases in India are: cardiovascular diseases (CVDs), diabetes mellitus, (diabetes), chronic obstructive pulmonary disease (COPD) and cancer.

The leading risk factors for developing NCDs, i.e., Tobacco Use, Physical Inactivity, Overweight/Obesity, High Blood Pressure, High Cholesterol Levels, High Blood Glucose Levels, decreases quality of life and brings disease burden for NCDs.

The primary goal for the above-mentioned issues is health promotion through behavior change and early intervention through opportunistic screening for combating and breaking the vicious cycle of its grow.[3]

Homoeopathic preventive approach
In the Organon of Medicine, Dr. Hahnemann discussed that Chronic diseases have a slow start, slow progression, and derange the living thing in a unique way, which causes a steady decline in health. The anguish may last a long time, and the derangement could continue until the living being is completely annihilated. Chronic miasms are the root cause of chronic diseases. Syphilis,
Psora, and Sycosis.

**Homoeopathic Primary Prevention:**

Primary prevention is carried out in situations when the target group is seemingly healthy, there is a pre-pathogenic condition, and disease signs and symptoms have not yet appeared. These situations include population strategies, which involve adopting a healthy lifestyle, and high-risk strategies, which involve routine disease screening.

**Health promotion by homoeopathy:** can be done with Principal of Homoeopathy as instruction given by our master in Organon of medicine in § 4 Hahnemann discuss “He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health” . In § 5 he says “Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration”

Healthy eating habits to avoid non-communicable diseases. Frequent consumption of junk foods together with irregular intake of a balanced diet may contribute to many health problems such as gastroenteritis, acidity, obesity, high cholesterol and high blood pressure. Take more foods like whole grains and legumes, fruits and vegetables. Lean meat is preferred most and take more protein rich foods. Avoid oily food or reduce it to the minimum level. Avoiding bad habits altogether is advisable. Reduce alcohol consumption slowly and quit smoking. Ideally our diet should include about 65% carbohydrate, 15% protein and 20% fat. However, over the last 50 years our diet pattern has changed considerably to include lots of processed foods, foods with saturated fat, foods with high sugar content and less and less fruit and vegetables. This has resulted in a typical diet consisting of 28% carbohydrates, 12% protein, 40% fat and 20% sugar. The slow buildup of fat and sugar in the body has resulted in a whole range of new non-communicable diseases that were not known over 100 years ago. Food supplements or nutritional supplements are a must in this world of hectic lifestyle. Remember it is not a choice, but it is a must. Because home-cooking contributes only a little to our daily food and today’s fruits and vegetables are contaminated and lack proper nutritional values.

Take micronutrient fortified foods. Have a healthy drink rich in vitamins and minerals. Include more fibrous foods with zero sugar and cholesterol. Plan your daily intake so that your food is balanced with essential nutrients. This helps to get the daily quota of nutrients. A balanced diet helps to improve the immunity level and keep one healthier.

The nutritional supplements are not a full substitute to a regular diet, but help to provide nourishment. Daily physical activity. The second most important thing is increasing your physical activity. Walking is the best and easiest form of physical activity. Go for a thirty-minute brisk walking, at least four to five days in a week. Regular exercise helps to burn excess calories and avoids becoming obese.

**Specific Protection of Diseases by Homoeopathy**:

The concept of ‘specific remedy’ is given by Hahnemann in § 102 (footnote). Homeopathic medicines are highly effective when it comes to prevention of diseases/disorders. Kent said, ‘The great prophylactic is the homeopathic remedy. After working in an epidemic for a few weeks, you will find perhaps that half a dozen remedies are daily indicated and one in these remedies in a larger number of cases than any other. This one remedy seems to be the best suited to the general nature of the sickness. Now you will find that for prophylaxis there is required a less degree of similitude than is necessary for curing. A remedy will not have to be so similar to prevent disease as to cure it, and these remedies in daily use will enable you to prevent a large number of people from becoming sick. We must look to homeopathy for our protection as well as for our cure’. In the realm of medicine prophylactics are known to ayurvedic, unani and allopathic systems of medicine. Dr Hahnemann noted that homeopathic remedies can act as prophylactic
medicines too when the homeopathic remedy in its proving brings out symptoms similar to a particular disease. Apart from genus epidemicus, the constitutional remedy right is also broad-spectrum prevention from different types of miasmatic Constitutional disorders.[5]

**Homoeopathic Secondary prevention:**

The main mode of intervention in secondary prevention is early diagnosis and prompts treatment. This can be implemented with the help of classification of chronic diseases given by our master Hahnemann in Organon of Medicine, this is like a compass which shows directions about What type of chronic case? How to take a case? What to do? etc. Hahnemann’s instruction in treating the Chronic Diseases, In Pseudo chronic disease (§77) - Removal of maintaining cause, Artificial Chronic disease(§ 76 §74,75) -Difficult to remove, Single miasmatic disease (fully developed) - Totality of symptoms ,Multi miasmatic complex disease- End the treatment with Antipsoric remedy, One sided diseases(§ 176, §177), Few symptoms- remedy should be selected on the basis of similia principle, Local maladies Surgical (§186)& Non- Surgical (§ 187 )-Not able to treat on the basis Law of similia.[6,7]

**Homoeopathic Tertiary prevention:**

When a patient’s disease progresses to a point where they become disabled, handicapped, and dependent on others, there are two ways to implement tertiary prevention: rehabilitation and disability limitation. In these situations, a homoeopathic approach may be somewhat constitutional, and palliative care may be necessary if the patient has a terminal illness. Many homoeopaths, notably Hahnemann, who mentions a doctor’s understanding in the third aphorism, were in favour of palliative care. What diseases can be cured of? What does medicine mean by curative? How can we translate what is medically curative into what is disease-curable based on well-defined principles? [7,8]

**DISCUSSION & CONCLUSION**

Homoeopathy has the great potential in treatment of Non communicable diseases and can be safely applied along with other essential medicines. Prevention and control of many of the NCDs can be done with great efficacy and safety. Homoeopathic treatment affects the man internally and individualises each person by his/her constitution. In homoeopathic science we treat the patient, not the disease.

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Preventive Holistic Approach of Homoeopathy in Treating Non Communicable Diseases of Male Reproductive System

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Keywords
Male reproductive diseases, Homoeopathy, Erectile Dysfunction, Infertility, Prostatitis, Benign Prostatic Hyperplasia (BPH), Principles of Homoeopathy.

Abstract
Male reproductive diseases encompass a wide range of conditions that can significantly impact a man’s fertility, sexual function, and overall quality of life. From erectile dysfunction and infertility to prostatitis and hormonal imbalances, these conditions pose unique challenges that require proper understanding and effective management. In this article, we delve into the various aspects of non communicable male reproductive diseases, exploring their causes, symptoms, diagnosis, and treatment options. Homoeopathy, a holistic system of medicine, offers a unique and effective approach to managing these conditions. By addressing the underlying causes and considering the individual as a whole, homoeopathy aims to restore balance and promote natural healing. In this article, we explore the role of homoeopathy in male reproductive diseases, highlighting its principles, treatment strategies, and clinical benefits.

Male Reproductive Diseases And Homoeopathy

Introduction
Male reproductive diseases encompass a wide range of conditions that can significantly impact a man’s fertility, sexual function, and overall quality of life. From erectile dysfunction and infertility to prostatitis and hormonal imbalances, these conditions pose unique challenges that require proper understanding and effective management. In this article, we delve into the various aspects of non communicable male reproductive diseases, exploring their causes, symptoms, diagnosis, and treatment options. Homoeopathy, a holistic system of medicine, offers a unique and effective approach to managing these conditions. By addressing the underlying causes and considering the individual as a whole, homoeopathy aims to restore balance and promote natural healing. In this article, we explore the role of homoeopathy in male reproductive diseases, highlighting its principles, treatment strategies, and clinical benefits.

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Erectile Dysfunction (ED)

Erectile dysfunction, commonly known as ED, is the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance. It affects men of all ages and can be caused by factors such as cardiovascular disease, diabetes, hormonal imbalances, psychological issues, or medication side effects. Treatment approaches for ED include lifestyle modifications, counselling, medications, and alternative therapies like homoeopathy. Homoeopathic remedies, such as Lycopodium, Agnus castus, and Caladium, target the underlying causes of ED and help restore healthy sexual function.

Infertility

Infertility is a condition where a couple is unable to conceive after a year of unprotected intercourse. Male factors contribute to nearly 40% of infertility cases. Common causes of male infertility include low sperm count, poor sperm motility, abnormal sperm morphology, hormonal imbalances, varicocele, or genetic disorders. Homoeopathy offers a holistic approach to treating male infertility, aiming to improve sperm quality, motility, and count. Remedies like Selenium, Sabal serrulata, and Conium are often prescribed to address underlying conditions and enhance male fertility.

Prostatitis

Prostatitis refers to the inflammation of the prostate gland, which can cause urinary symptoms, sexual dysfunction, and pelvic pain. It is classified into acute bacterial prostatitis, chronic bacterial prostatitis, chronic pelvic pain syndrome, and asymptomatic inflammatory prostatitis. Homoeopathic remedies such as Chimaphila, Pulsatilla, and Thuja are used to alleviate symptoms, reduce inflammation, and promote healing of the prostate gland. Additionally, lifestyle modifications and dietary changes may also be recommended to manage prostatitis effectively.

Hormonal Imbalances

Hormonal imbalances can disrupt the normal functioning of the male reproductive system, leading to conditions like hypogonadism (low testosterone levels), hyperprolactinemia (elevated prolactin levels), or thyroid disorders. Homoeopathic treatment aims to restore hormonal balance and alleviate associated symptoms. Remedies such as Nux vomica, Lycopodium, and Thyroidinum are commonly prescribed, considering the individual’s specific symptoms and hormone profile.

Benign Prostatic Hyperplasia (BPH)

Benign prostatic hyperplasia, also known as an enlarged prostate, is a common condition in older men. It results in urinary difficulties, frequent urination, weak urine flow, and incomplete bladder emptying. Homoeopathic remedies like Sabal serrulata, Chimaphila, and Conium are used to manage BPH symptoms, reduce prostate gland enlargement, and improve urinary function. These remedies offer a gentle and non-invasive alternative to conventional treatments, such as medication or surgery.

Principles Of Homoeopathy

Homoeopathy is based on the principle of “like cures like,” where substances that can cause symptoms in a healthy person are used in highly diluted forms to stimulate the body’s innate healing mechanisms. The holistic approach of homoeopathy considers not only the physical symptoms but also the mental, emotional, and spiritual aspects of an individual, recognizing the interconnectedness of the body and mind.

Treatment Strategies In Homoeopathy

Individualization

Homoeopathy recognizes that each person is unique, and the treatment is tailored to the individual’s specific symptoms, constitution, and overall health. A thorough assessment is conducted to understand the person’s physical symptoms, emotional state, lifestyle factors, and medical history, which helps in selecting the most appropriate remedy.

Simillimum

The goal in homoeopathy is to find the simillimum, which is the remedy that closely matches the individual’s symptoms and overall state. The simillimum stimulates the body’s vital force,
promoting self-healing and restoring balance.

**Holistic Approach**

Homoeopathy looks beyond the specific symptoms of the disease and considers the person as a whole. It takes into account the individual’s mental and emotional well-being, lifestyle factors, and any underlying imbalances or predispositions that may contribute to the disease.

**Benefits Of Homoeopathy In Male Reproductive Diseases**

**Non-Invasive**

Homoeopathy offers a gentle and non-invasive approach to healing, without the side effects associated with conventional medications or surgical interventions.

**Individualized Treatment**

By considering the individual’s unique symptoms and constitution, homoeopathy provides personalized treatment, addressing the specific needs of each person.

**Holistic Healing**

Homoeopathy aims to restore overall health and well-being by addressing the root causes and imbalances, promoting self-healing, and supporting the body’s natural processes.

**Long-lasting Results**

Homoeopathy focuses on treating the underlying causes rather than just suppressing the symptoms, leading to long-lasting results and improved overall health.

**Scientific Evidence And Clinical Studies**

While homoeopathy has been criticized for its lack of scientific evidence, several studies have shown positive outcomes in the treatment of male reproductive diseases. A review of randomized controlled trials published in the journal “Homeopathy” demonstrated the efficacy of homoeopathy in treating ED. Another study published in the “Asian Journal of Andrology” reported significant improvements in sperm quality and count after homoeopathic treatment for infertility. Furthermore, a pilot study in the “Indian Journal of Research in Homeopathy” showed promising results in the management of chronic prostatitis using homoeopathic remedies. These studies, along with anecdotal evidence, highlight the potential of homoeopathy in male reproductive healthcare.

**Commonly Used Homoeopathic Medicines For Male Reproductive Diseases**

**Lycopodium**

Lycopodium is a commonly used homoeopathic remedy for erectile dysfunction, especially in individuals who have a reduced sexual desire and experience premature ejaculation. It is also helpful in cases where there is a lack of self-confidence and fear of failure.

**Agnus castus**

Agnus castus is beneficial for individuals with low libido, erectile dysfunction, and diminished sexual power. It is often prescribed in cases where there is a history of long-standing grief, sadness, or depression.

**Caladium**

Caladium is recommended for individuals who experience a complete absence of erection, even in the presence of sexual desire. It is useful in cases where there is a strong craving for tobacco or other stimulants.

**Selenium**

Selenium is a valuable remedy for addressing infertility in males. It helps improve sperm quality, motility, and count. It is especially beneficial for individuals who have a history of excessive indulgence in sexual activity or masturbation.

**Sabal Serrulata**

Sabal serrulata is often prescribed for individuals with enlarged prostate gland (benign prostatic hyperplasia) that leads to urinary problems and sexual difficulties. It helps relieve symptoms such as frequent urination, weak urine flow, and discomfort in the pelvic region.

**Conium**
Conium is a beneficial remedy for treating infertility in males due to obstructed spermatic cord or testicular disorders. It helps improve sperm production and quality, especially in individuals with a history of suppressed sexual desire or suppressed sexual activity.

**Chimaphila**

Chimaphila is commonly used for addressing prostatitis, particularly when there are symptoms such as frequent urination, burning sensation while passing urine, and discomfort in the prostate region. It helps reduce inflammation and promotes healing.

**Pulsatilla**

Pulsatilla is indicated for individuals with prostatitis characterized by a sensation of fullness in the bladder, frequent urination at night, and pain in the prostate region. It is suitable for individuals who experience relief from open air and cold applications.

**Thuja**

Thuja is a beneficial remedy for chronic prostatitis, especially when there are symptoms such as burning or cutting pain in the prostate gland, urinary difficulties, and sexual dysfunction. It helps reduce inflammation and supports the healing process.

**Staphysagria**

Staphysagria is often prescribed for individuals who experience sexual problems, including erectile dysfunction, following a history of suppressed emotions, particularly anger or humiliation. It is also helpful for individuals with a history of sexual abuse or trauma.

**Collaboration And Future Directions**

To optimize patient care, collaboration between conventional medical practitioners and homoeopaths is crucial. Integrative approaches that combine the strengths of both systems can offer a holistic and personalized treatment plan for individuals with male reproductive diseases. (7) Additionally, further research is needed to explore the underlying mechanisms of action of homoeopathic remedies and to conduct large-scale clinical trials to evaluate their efficacy in treating male reproductive disorders. By fostering collaboration and research, the potential of homoeopathy in male reproductive healthcare can be fully realized.

**CONCLUSION**

Homoeopathy plays a significant role in the management of male reproductive diseases by addressing the underlying causes, promoting self-healing, and restoring balance. Its holistic approach, individualized treatment strategies, and non-invasive nature make it a valuable option for men seeking natural and effective solutions. Consulting with a qualified homoeopathic practitioner can provide personalized guidance and support in addressing male reproductive diseases, leading to improved fertility, sexual function, and overall well-being.

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Keywords
Stroke, homoeopathy, hypertension, atherosclerosis, apoplexy, TIA, non-communicable disease

Abbreviations
TIA (Transient Ischemic Attack), NCDs (non-communicable diseases), ATP (adenosine triphosphate), CT (computed tomography), MRI (magnetic resonance imaging), ECG (electrocardiography), FAST (face, arm, speech, time).

Abstract
A stroke happens when there is a disruption or reduction in blood flow to a portion of the brain, depriving the brain’s tissues of oxygen and nourishment. It is the most common cause of neurological disease-related morbidity and mortality. It usually manifests as slurred speech, abrupt facial and arm weakness, and sudden loss of vision. The epidemiology, risk factors and etiology, pathophysiology, clinical presentations, conventional management and homoeopathic therapeutics for stroke are all simplified in the following article.

Introduction
Non-communicable illnesses are a serious global problem these days. Chronic diseases, sometimes referred to as non-communicable diseases, are often long-lasting and present a challenge to all homoeopathic practitioners. Non-communicable diseases account for 71% of all deaths worldwide. Between the ages of 30 and 69, more than 15 million people lose their lives to non-communicable diseases (NCDs) every year; low- and middle-income nations account for 85% of these premature fatalities. The leading non-communicable diseases (NCDs) are heart disease, cancer, respiratory conditions, and diabetes.

A stroke, often known as a brain attack, is characterized by the abrupt onset of localized neurological impairment brought on by a vascular source. This occurs when a brain blood vessel bursts or when something stops the flow of blood to a certain area of the brain. A transient ischemic attack (TIA) typically lasts for a few minutes and heals completely in less than a day. Stroke is a medical emergency that becomes more serious as people age (over 60 years old).

Epidemiology
In terms of stroke fatalities worldwide, ischemic stroke accounts for 85% of instances and ranks fourth, whereas hemorrhagic stroke accounts for 15% of cases and ranks second. In India, cerebrovascular illnesses come in second place,
after ischemic heart disease. After the age of 55, the frequency of stroke doubles every ten years, increasing significantly with age. The incidence of stroke in people 35–44 years old is 30–120 per 100,000 annually, while the incidence in adults 65–74 years old is 670–970 per 100,000 annually. Children do experience strokes, but they are less common than in adults. Furthermore, hemorrhage accounts for between 50 and 70 percent of pediatric stroke cases, with sickle cell disease being the most common cause of pediatric stroke. [4]

**Risk Factors and Etiology for Stroke**

Anyone can have Stroke at any age. But the chances of having stroke increases if you have certain predisposing factors as well as causes that can be managed or changed which includes:

- **Modifiable risk factors**
  - Hypertension
  - Diabetes
  - Hyperlipidaemia
  - Alcohol Intake
  - Obesity with lack of exercises
  - Smoking
  - Use of Birth control pills
  - High red blood cell count levels resulting in clotting, embolism and thrombosis
  - Use of intravenous drug abuse carries a risk factors of stroke
  - Abnormal heart rhythm like Atrial fibrillation

- **Non-modifiable risk factors:**
  - Age above 60 years
  - Any history of Transient Ischemic Attacks
  - Afro-Americans have higher risk for death and disability from stroke.
  - Stroke occurs more often in males as compared to females
  - Having family history of Stroke
  - Stroke death occurs more often during extreme temperatures
  - More common in low income people
  - Aneurysm
  - Vascular malformations and vasculitis

**Pathophysiology**

Any drop in oxygen concentration below the cerebral circulation’s threshold exposes the brain’s tissue to injury. A TIA is the outcome of the homoeostatic process activating on time. If this isn’t done, there will be a deficiency of ATP (adenosine tri phosphate), which leads to a decrease in membrane potential and an increase in the amount of water and sodium (Na) that enter cells (cytotoxic oedema). In the region of maximal ischemia, inflammatory mediators released by astrocytes and microglia lead to the death of all cell types. High blood sugar and fever both contribute to the development of deficits. Global cerebral ischemia is the outcome of a widespread reduction in blood flow to the brain brought on by hypotension, cardiac arrest, and shock, whereas focal cerebral ischemia is the consequence of a localized drop in blood flow brought on by thrombosis or embolism. [5]

**Signs and Symptoms**

The specific part of the brain affected by a stroke determines the symptoms that result. For instance, slurred speech could result after a stroke that damages the Broca’s region, which regulates the facial muscles and speech.

The symptoms of stroke can involve one or more of the following:

- A transient ischemic attack (TIA) is characterized by an abrupt loss of function, full recovery, and no radiological signs of myocardial infarction. Hemisensory loss, transient aphasia, and hemianopic visual loss are all possible.
- Depending on the site, 85% of instances of cerebral infarction vary.
- The anterior circulation, which includes the ophthalmic, middle cerebral, anterior cerebral, and internal carotid arteries, is associated with symptoms such as hemianopia, aphasia, facial paralysis, and contralateral hemiplegia.
Diplopia, vertigo, vomiting, choking, dysarthria, ataxia, hemisensory loss, bilateral vision loss, tetraparesis, loss of consciousness, and temporary global amnesia are caused by posterior circulation, which affects the brainstem, thalamus, and hippocampal regions.

Lacunar infarction usually has no symptoms, although it can occasionally show up as acute dysarthria with clumsy hands, pure motor stroke, or pure sensory stroke.

About 15% of stroke cases have hemorrhagic infarction, which manifests as a severe occipital headache with vertigo, and if left treatment, can result in coma. These consist of subarachnoid, intracerebellar, and cerebellar haemorrhage.

**Laboratory Findings**

A neurological examination, diagnostic imaging, and other procedures can be used by a healthcare professional to diagnose a stroke. A neurological examination provider may ask you to complete tasks or provide answers. The provider will be on the lookout for any telltale indicators that point to a malfunction in the way a particular section of your brain functions while you complete these tasks or respond to these questions. An immediate investigation necessitates a blood count, glucose level, CT and MRI of the brain. Needs lipid profile, ECG, Carotid Doppler, and routine blood examination within the next 24 hours. We can also proceed with Antiphospholipid antibodies, echocardiograms, and CT or MR angiography.

**Differential Diagnosis**

Complicated migraines
Encephalitis
Subdural or Extradural hematoma
Brain Tumor
Wernicke encephalopathy
Multiple sclerosis
Seizures, sepsis
Syncope
Hypertensive encephalopathy

**Management**

Stroke is a medical emergency. To educate general public, acronym **FAST** is used.

**Face** - Sudden weakness of the face. Ask the person to smile. Look for a droop on one or both sides of the face.

**Arm** - sudden weakness of one or both arms. Ask the person to raise their arms. Look for one arm to drop.

**Speech** - difficulty speaking, slurred speech. Ask the person to speak. Listen for slurred speech or trouble choosing words.

**Time** - the sooner treatment can be started, the better.

The general management of conventional treatment entails blood pressure maintenance, oxygen administration, and airway patency. Providing medical care that includes decompressive craniotomy, thrombolytic, antiplatelet, and anticoagulant medication. Antihypertensive medication, cholesterol reduction, lifestyle changes, physical therapy, exercise, surgery, and carotid stenting are all necessary.

**Homoeopathic Management in Stroke**

The homoeopathic literature uses the term “apoplexy” to refer to stroke. Characteristic symptoms of the patient can be important for medicinal distinction in this sort of case, where the disease’s progression from TIA to stroke needs to be stopped and the acuteness of condition in a hemorrhagic stroke demands a therapeutic selection. However, the idea of carefully considering each case and customising treatment should be reserved for chronic conditions that persist beyond that.

**Miasmic Evolution**

Sycotic miasm is the cause of atherosclerosis. The core components of syphilitic miasm, hypertension and aneurysm, are structural alterations. Indeed, hemorrhagic tendencies are a part of tubercular miasm.

**Medicines having High Therapeutic Value in Cases of Stroke are**

Nowadays, homoeopathy is a fast expanding system that is used all over the world. Its strength
is in its obvious efficacy, as it approaches the ill person holistically by encouraging inner balance on all levels—mental, emotional, spiritual, and physical. Numerous effective homoeopathic medicines are available for cerebral stroke; however, the choice of medication is based on the patient’s unique circumstances, taking into account both physical and emotional symptoms.

**Aconitum napellus**: Aconitum is the best treatment for fainting and dizziness that occurs when a patient is lying with their head exposed to the sun’s rays after sleeping. Warm room at night; lying on the afflicted side is worse. Physical and mental restlessness are better in the open air.

**Allium sativa Q**: Allium sativa thins the blood, enhances circulation, and treats cardiac conditions. It is an efficient cardiac tonic. Beneficial for high blood fat levels and hypertension. It is thought to be a stroke preventive.

**Arnica montana**: When hemorrhagic, Arnica is indicated. Tendency to bleed and a low body temperature. The forearm feels deathly cold. Claims brought on by injuries.

**Baryta muriaticum**: With a high systolic pressure and a relatively low diastolic tension, it is appropriate for arteriosclerosis, aneurysms, and cerebral affection. Cerebral anemia-related vertigo accompanied by ear noises.

**Belladonna**: The patient screams as a result of sharp, violent headache pains that come and go. Absent fear, anxiety, or thirst. Belladonna is a symbol for attack force and abruptness of action. Warmth surrounding the head and cool feet. Bloodshot eyes and a noticeable carotid artery throb. Touch is worse.

**Bothrops lanceolatus**: A treatment for thrombosis symptoms such as hemiplegia, aphasia, and the inability to speak without the use of the tongue.

**Cadmium Sulphate**: Advised for left-sided facial paralysis. In such cases, the mouth becomes distorted, making it difficult to speak and swallow.

**Causticum**: Right facial paralysis. Local paralysis of the vocal cords, deglutition muscles, tongue, eyelids, face, bladder, and extremities that gradually manifests.

**Coffea cruda**: It’s a cure for impending apoplexy. Urinary suppression, fast, high-tension pulse, and pain similar to a nail driven into the skull.

**Colocynthis**: Apoplexy brought on by repressed fury.

**Crotalus horridus**: Shaky, vertiginous, and weak. Right side and eye dull, heavy occipital pain with diplopia. Paralysis on the right side.

**Gelsemium Sempervirens**: Beneficial in cases of sunstroke, thirst, and high temperatures associated with somnolence or coma-proneness. Feeble and quivering after being in the heat and sunlight. Head crowded, face flushed. Dizziness and vertigo. Headache in the occiput following sun exposure. General depression brought on by summer or the heat.

**Ginko biloba Q**: Ginko biloba is another treatment option for stroke avoidance. This medication improves blood flow to the brain and treats memory loss brought on by low blood flow. It is regarded as an effective blood thinner.

**Glonoinum**: Excellent treatment for congestive headaches, sunstroke effects, and brain hyperemia caused by too much heat. Even worse: in the sun; exposed to gas, open flames, sunrays; jarred, stooping, hair chopped; peaches, stimulants; lying down; 6 a.m. to noon; left side.

**Ignatia**: Apoplexy brought on by emotional distress, shock, or grief.

**Lachesis**: When prescribed, lachesis causes congestion and giddiness. Deep brain pain, particularly on the left side. Paralysis, particularly on the left side. Talk moves very slowly. They have high blood pressure, hot flashes, and are chatty. Anything too tight for them to handle anywhere. Feeling of constriction, particularly in the head, abdomen, and throat.

**Laurocerasus**: When a stroke strikes unexpectedly and with palpitations, cold, damp skin, and facial muscle convulsions, Laurocerasus is recommended. Abrupt speech loss, suffocation, and coughing.

**Natrum Carbonicum**: Long-term effects of sunstroke; headaches since hot weather has returned. Great for summertime debility and...
exhaustion; for sun, gas light and even the slightest mental strain headaches; for long-term effects of sunstroke, such as headaches. worse in the sun or when operating in gas light. Feels oversized. excessively perceptive. headaches when the heat returns. dizziness due to sun exposure.\[13\][14][15]

**Nux vomica:** This remedy is appropriate for people who have overindulged in alcohol and wine. after a large meal as well. People with bilious, sanguine, or anxious and irritable temperaments are best suited for it. threatened brain haemorrhage accompanied by headache, fullness in the head, and giddiness. In order to complete the cure, it is used as a supplemental medication with opium.

**Natrium Muriaticum:** This tissue remedy works wonders for summertime complaints like sunstroke in a 6x potency. Semi-lateral, congestive, persistent headache that lasts from sunrise to sunset. Better taking a cold bath outside. \[13\]

**Phosphorus:** Leads to blood vessel congestion and fatty degeneration. Hands and arms go numb. Quick, gentle, and small pulse.

**Selenium Metallicum:** severe weakness following sun exposure. Even worse in hot weather after sleeping.

**Sulfonal:** Sulfonal is recommended for symptoms following a stroke, particularly for ataxic movements and stumbling gait. Shaky, cold, and appear overly heavy in the legs. Both legs paralysed and stiff. Mood swings include the alternating states of hope and happiness and weakness and depression.\[13\][14]

**DISCUSSION AND CONCLUSION**

In the medical system of homoeopathy, the basis for treatment is a symptom’s similarity. A stroke patient exhibits a variety of symptoms, both specific and general. Each symptom that the patient describes is not as significant for a homoeopathic prescription; instead, distinctive, uncommon, and rare symptoms are crucial for the prescription. The constitutional approach is the best method for determining similarity, but occasionally patients are unable to provide a case due to unconsciousness or dysarthria; in these cases, a prescription based on acute totality is required to provide the patient with relief. When symptoms coincide, this kind of prescription aids the doctor in managing the case’s acute severity. Homoeopathic medicines have a positive effect on the stroke status of the patients.

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Homoeopathy as Preventive Therapy in Non-Communicable Diseases

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Keywords
Non-communicable diseases, Levels of prevention, Homoeopathic approach, Preventive measures

Abbreviations
Non-Communicable diseases (NCDs), Disability-adjusted life years (DALYs), World Health Organization (WHO)

Abstract
The challenge facing homoeopathic physicians in the future is effectively managing and treating non-communicable diseases. Non-communicable diseases are characterized by a protracted course and a complex interplay between hereditary, physiological, environmental, and behavioral factors. The purpose of this article is to provide readers with a better understanding of the vast range of medical management interventions by homoeopathic medicine that can be applied in preventative care. Numerous diseases can be effectively prevented with homoeopathic treatment.

Introduction
Chronic diseases, another name for non-communicable diseases, are illnesses that have a protracted course and a sluggish rate of advancement. Non-communicable diseases, or non-contagious diseases, have various causes, including physiological, behavioral, genetic, and environmental factors. According to the World Health Organization (WHO), non-communicable illnesses are the primary cause of death worldwide, accounting for 71% of all fatalities annually.

The top four NCDs that result in the highest death toll—Cardiovascular diseases (17.9 million fatalities yearly), Cancer (9.0 million), Respiratory illnesses (3.9 million), and Diabetes (1.6 million). Non-Communicable diseases impact people in all age ranges, in all countries and areas. In people 70 years of age and older, the prevalence of multimorbidity rose from 1.3% in those between the ages of 18 and 29 to 30.6%. In India, the mortality rate from non-communicable diseases was twice as high as the death rate from communicable diseases in 2004. Chronic obstructive pulmonary disease, diabetes mellitus, cancer, and cardiovascular diseases are the top four chronic diseases in India. All age groups are susceptible to the risk factors that lead to non-communicable diseases, including poor eating habits, tobacco use, physical inactivity, overweight/obesity, high blood pressure, high cholesterol, and high blood glucose.

Lifestyle diseases are a relatively new notion in medicine, affecting roughly 62% of the population and potentially fatal. Youngsters, adults, and the elderly are all susceptible to lifestyle-related risk factors that increase the burden of non-communicable diseases, which affects the physical
quality life index and disability-adjusted life years (DALYs). Due to the population’s poor lifestyle, unplanned urbanization, and globalization, the incidence of these diseases is rising quickly.\textsuperscript{[3]}

Because of their high death rate, non-communicable diseases are becoming a global health problem for governments at all levels as well as for society at large. The primary risk factors for non-communicable diseases can be divided into five categories: environmental factors, genetic factors, medical condition factors, self-management factors, and sociodemographic factors.

**Risk factors\textsuperscript{[4]}**

Risk factors are categorized into 2- Modifiable and Non – Modifiable.

Modifiable risk factors - High blood pressure, smoking, diabetes mellitus, physical inactivity, obesity, and high blood cholesterol are among the modifiable risk factors.

Non - modifiable risk factors - Risk variables that cannot be changed include age, gender, race & ethnicity, genetics, and genetic makeup.

The term Lifestyle means the collective habits, attitudes, preferences, moral standards, economic status, etc. that make up a person’s or a group’s way of life.

**Homoeopathic Approach\textsuperscript{[5]}**

Homeopathy views the human being as a multifaceted being and attributes to the biological body an indissociable organic and vital nature, in which mental and emotional states interact with physiological processes and organic vitality to maintain a state of health or modify an individual’s susceptibility to pathogenic agents.

Due to this vitalistic understanding of human illness, in which an organic-vital imbalance is translated into a collection of outward signs and symptoms, homeopathic semiotics values a patient’s multiple features and creates a symptomatic picture that includes traits from various domains (physical, psychological, social, and spiritual) in order to arrive at a personalized diagnosis of treatments. A well-chosen homoeopathic cure must therefore promote overall wellbeing (physical, psychological, social, and spiritual) and inhibit the onset of disease.

**Level Of Prevention According To Homoeopathic Point Of View**

**Homoeopathic Primary Prevention** includes Health promotion and Specific protection

Prevention - The roots of preventive medicine can be found in the eighteenth century.

“He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health”. (§4)

Particular Disease Protection Provided by Homoeopathy: Hahnemann defines the term “specific remedy” in § 102 (footnote), 147, and 241 in the Organon of Medicine. He discusses homoeopathic (specific) remedy in relation to epidemic disorders. The following factors are used to determine the specific cure, hence this prescription approach can also apply to NCDs.

Disregarding the disease’s name, Considering all of the symptoms, By choosing appropriate criteria and utilizing appropriate repertory (symptom indexing), A set of related remedies are referred to the Materia Medica final court (symptoms noted following drug testing on a healthy individual), Choosing just one treatment.

As homeopathic remedies for the epidemic genius of each stage of the disease, Hahnemann describes the use of Camphora, Cuprum metallicum, and Veratrum album (given in a customized method, according to the similitude to the symptoms of each stage of the disease) for the prevention and treatment of an Asiatic cholera epidemic that occurred in the German area in 1831 in “Cause and Prevention of the Asiatic Cholera”. For prophylaxis, he would prefer Cuprum, Camphora for treating the early stages, and Cuprum or Veratrum album for treating the latter stages (either singly or in alternation, depending on the symptoms)
**Homoeopathic Secondary prevention:** Early diagnosis and timely treatment is the primary way of intervention in secondary prevention.

**Homoeopathic Tertiary prevention:** Two intervention modes—disability limitation and rehabilitation—can be used to implement tertiary prevention. Under these circumstances a homoeopathic approach will be somewhat constitutional, and in cases of terminal illness, palliative care is required. Numerous homoeopaths, including Hahnemann, endorsed the palliative care in the next proverb he mentions relates to a doctor’s understanding. What diseases can be cured of? What does medicine mean by curative? How can we translate what is medically curative into what is disease-curable based on well-defined principles? Stuart Close, Dunham, Clark, Kent, and numerous others the following techniques can be used to provide palliative care: Prescription for pathology, cures particular to plants, tonics, and mother tinctures.

**In Homoeopathy some Preventive Measures advised by Hahnemann** -

*Aconite Napellus* – as a preventive remedy for purpura miliaris.

*Belladonna and Pulsatilla Nigricans* – for prophylaxis of measles.

*Cinchona Officinalis* – to break intermittency of non-febrile disease.

*Hepar Sulph* – for masked syphilis.

*Ledum Pal and Hypericum* – as a prophylaxis of tetanus.

*Sulphur and Hepar Sulph* – as a preventive remedy for epidemic intermittent fever.

Rubrics from Different Repertories**[6,7]** -

**Generalities** – Hereditary disease

**Generalities** – CANCEROUS affections

**Generalities** - EATING; after; overeating

**Generalities** - DRUNKARDs, ailments of

**Generalities** – PROGRESSIVE diseases

Blood - CHOLESTEROL increased

Clinical - CANCEROUS affections; pre-cancerous

Clinical - DEGENERATION; hereditary

Clinical - CANCEROUS affections; hereditary

Clinical - CANCEROUS affections; hereditary; mothers side especially

Clinical - DIABETES; mellitus; hereditary

Clinical - DIABETES; mellitus; pregnancy, in

Clinical - HYPOTHYROIDISM; congenital

Heart & Circulation - TENSION; circulation; diminished, arteries

Heart & Circulation - NICOTIN, from, smoking agg.

**Therapeutic Approach**[6,7]

*Allium Sativum*: Contains qualities that dilate blood vessels. In 30-45 minutes, arterial hypotension typically starts.

*Phosphoric acidum*: frequent, copious, milky, and watery urine.

*Plumbum Iodatum*: used in the treatment of “arteriosclerosis.”

*Spiritus Glandium Quercus* – it is very good remedy for removing craving for alcohol.

*Strophanthus Hisipus* - Useful remedy for Arteriosclerosis; stiff arteries in old age. decreases spiritus liquor cravings gradually but consistently.

*Syzygium jambolanum*: An extremely effective treatment for diabetes mellitus.

*Terminalia Arjuna*: Suffocation, angina pectoris, and cardiac diseases, including pathological and functional.

*Uranium Nitricum*: A treatment for increased urine production and glycosuria. Increased hunger, vomiting, thirst, diabetes mellitus, and insipidus.

*Vanadium Metallicum*: A treatment for artery degenerative diseases.

**In General preventing measures**[44] -
A pound of cure is not worth an ounce of prevention. While you cannot prevent every non-communicable disease, you can reduce your risk by continuing to practice healthy practices. After a diagnosis, the following frequent risk factors might also be addressed to treat the condition:

Tobacco use: Reducing your tobacco use, regardless of how long you’ve smoked, will enhance your health.

Long-term alcohol use: If you consume alcohol on a regular basis, reduce your intake or give it up completely.

Absence of physical activity: Avoid excessive idle time by being active.

An unhealthy diet: Limit processed meals and increase your intake of whole grains, fruits, and vegetables.

High blood pressure: Consult your doctor if you are unable to control your blood pressure on your own.

Obesity: Maintaining a healthy weight range can have a big influence on your general well-being.

Low amounts of blood sugar: To control your blood sugar, take your medicine as prescribed, monitor your readings frequently, and control your diet.

High level of fat in your blood: Consuming high-fat foods and leading an inactive lifestyle are factors that lead to obesity and increased levels of fat in the blood.

A licensed homeopathic medicine practitioner has the necessary training and expertise for carrying out the following National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke -specified activities:

• Promoting health and lifestyle through lifestyle counseling (good food, regular exercise, exercising, lowering sodium intake, abstaining from alcohol and smoke).
• Opportunistic patient screening for non-communicable diseases through pertinent research.
• Assessing patients and administering care using homeopathic medications as adjuvant or individual therapy.
• Referrals from CHC to more advanced medical facilities for serious instances.
• Organizing the program at the PHC, CHC, and district levels.

CONCLUSION

A comprehensive branch of medicine, homoeopathy bases its individualistic treatment plans on constitutional medicine, which considers the mental, physical, emotional, and spiritual needs of each patient. These days, the most prevalent conditions in urban areas are respiratory ailments, depression, early-onset diabetes, and hypothyroidism. Homeopathy is an effective way to treat these diseases without increasing the risk of pharmaceutical dependency or producing negative effects. One benefit of homeopathy is that, in addition to curing the illness it is intended to treat, the right remedy can boost a person’s general immunity and reduce their susceptibility to other illnesses. Individualized homeopathy can be employed as a therapeutic or co-adjuvant in acute situations, such as epidemic illnesses, although it is most commonly known for its usage in the treatment of chronic conditions.

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Homoeopathy as a Preventive Therapy in Cases of Cancer

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Keywords
Homoeopathy, Cancer, Preventive therapy, Therapeutic medicine, Homoeopathy Repertory

Abstract
Homoeopathic treatment is a commonly used alternative approach in Cancer. It is being widely used as a preventive therapy in patients suffering from cancer. Clinical research on the effects of homoeopathy in cancer is uncommon, despite reports of studies on its application following surgery, radiation, and chemotherapy. There has also been published research on the effects of homoeopathic medicine dosage and mode of action in cancer. It was discovered that immunological modulation and apoptosis are two ways in which homoeopathic medicines are said to have a beneficial preventive therapy on certain cancer cells. When administered as an adjunct, homoeopathic treatment also enhances life quality, lengthens survival, and resolves presenting problems.

Introduction
Cancer may be regarded as a group of diseases characterized by abnormal growth of cells, the ability to invade adjacent tissues and even distant organs, and eventual death of the affected patient if the tumour has progressed beyond that stage when it can be successfully removed. Cancer can occur at any site or tissue of the body and may involve any type of cells. [¹,³]

The major categories of cancer are
(a) Carcinomas, which arise from epithelial cells lining the internal surfaces of the various organs and from the skin epithelium
(b) Sarcomas, which arise from mesodermal cells constituting the various connective tissues
(c) Lymphomas, myeloma, and leukemia arising from the cells of bone marrow and immune systems [¹,²]

Cancer is on the rise globally, driven by a range of factors including obesity, urbanization, air pollution, tobacco smoking, and increasing life expectancy in the developing world [³]. In the Indian subcontinent, lymphomas, predominantly the B cell variant are predominant. This is followed by malignancies of the cervix, liver, and anorectal region. Most malignancies are driven by the hepatitis C virus, hepatitis B virus, Epstein-Barr virus, human herpes virus, and oncogenic human papillomaviruses (HPV) [⁴]. Cancer represents a significant economic burden for the global economy and is now the third leading cause of death worldwide. The most common solid organ malignancies arise in the lung, breast, and gastrointestinal tract, but the most common form worldwide is skin cancer. Cigarette smoking accounts for more than 20% of all global cancer deaths, 80% of lung cancer cases in men, and 50% of lung cancer cases in women worldwide, [⁵,⁶]

Host Factors
Age- After the age of 50. Carcinoma Breast if the first child at 30 years.
Cancer of the lung and cancer of the oesophagus more in males.
Marital status: Breast cancer is lower in early
maternity.
Race: Cancer of the skin, face, and neck is more common in the white race.
Heredity: Genetic influence. Napoleon died of cancer of the stomach and so did his grandfather, father, and brother.
Occupation: Chimney sweeper.

**Early Signals**
Unusual bleeding and discharge.
A lump or thickening in the breast or elsewhere.
A sore that does not heal.
Persistent change in the bladder or bowel habit.
Persistent indigestion or difficulty in swallowing.
Sudden change in wart or mole.
Hoarseness or persistent change in voice.

**Prevention Of Cancer**

1. **Early prevention**
   
   seeks to eliminate such social, economic, and cultural lifestyle factors that contribute to a higher risk of cancer.

2. **Primary prevention**
   
   Cancer prevention until recently was mainly concerned with the early diagnosis of the control of tobacco and alcohol consumption, Improvements in personal hygiene, Reducing the amount of radiation, and Measures to protect workers from exposure to industrial carcinogens should be enforced in industries. In the case of primary liver cancer, immunization against hepatitis B virus and for prevention of cancer cervix immunization against HPV presents an exciting prospect. Control of air pollution is another preventive measure. Early detection and prompt treatment of precancerous lesions. Legislation has also a role in primary prevention and An important area of primary prevention is cancer education.

3. **Secondary prevention**
   
   Cancer registration is a sine qua non for any cancer control programme. Cancer registries are basically of two types hospital-based and population-based and early detection of cases

4. **Tertiary prevention**
   
   used at an advanced stage of disease to prevent death or exacerbation of disability in patients who cannot be cured.

**Homoeopathic Point Of View**

Homoeopathy is among the most famous alternative systems of medicine. Homoeopathy is most commonly used as a preventive therapy in cases of cancer patients. An overview of systematic reviews of preventive therapy for cancer pain concluded that Homoeopathy might have a reduction in adult cancer pain. Homoeopathy is a complete system of medicine that is established in practice and theory. The basis of Homoeopathy is Similia similibus curentur (like cure like), Holistic treatment, and serially diluted medicines prepared by succussion. Homoeopathy can be used as a preventive therapy. Homoeopathy is used to develop general health and to relieve the pain and suffering resulting from associated symptoms. [6,7]

“The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying the reverse,” according to Case Management (245-263). In Aphorism 261: “A suitable, nutritious, non-medicinal food and drink, active exercise in the open air in almost all kinds of weather (daily walks, slight manual labour), etc”.

**Therapeutic Approach** [8,9,10]

**Arsenicum Album:** Cancer of the testicles. when no other general symptoms of the remedy are present.

**Asterias Rubens:** It acts on cancer of both breasts but is better left. Breasts are hard and painful. The patient is fleshy with a red face. It has a great influence on cancer diseases.

**Bellis Perennis:** Cancer of the stomach with burning pain in the oesophagus.

**Cadmium Phosphoricum:** Cancer of testicles.

**Calcarea Sulphurica:** Fibroma of the uterus with very offensive yellowish bleeding and cystic...
tumours.

**Carcinosinum:** This fluid extract specifically for breast cancers is very useful in the treatment of carcinoma of mammary glands, with great pain and hardness of glands, as well as that of the uterus. The fetid discharge, bleeding, and pain are greatly relieved. One dose a night after a week.

**Carduus Marianus:** Cancer of the liver. It reduces the pain of cancer. It also reduces the inflammation of the liver. Diarrhea due to cancer, especially that of the rectum.

**Cistus Canadensis:** Cancer of glands of the neck with sensation of coldness in various parts.

**Conium Maculatum:** Cancer of breasts and testicles. Tumour of the abdomen.

**Cundurango:** Cancer of the oesophagus and stomach. Relieves pain of cancer. Even the touch of a finger on the affected site causes pain.

**Crotalus Horridus:** Cancer of the stomach with vomiting of blood, slimy mucus.

**Hekla lava:** Cancer of the bones.

**Hepar Sulphur:** When the patient becomes weak due to copious discharge from the opening of cancer, this remedy in higher potencies dries the discharge and helps to remove the weakness.

**Hoang Nan:** It is useful in cancer of any glandular or secreting organ (glands) whether bleeding or not. It removes the foul smell and revives the healing process.

**Kalium Phosphoricum:** When cancer has been removed surgically and the healing process has started but the skin is drawn tight over the wound causing inconvenience, the use of this remedy eases the patient.

**Kreosotum:** Cancer of the vagina and prostate. Dribbling of urine. Cannot control the urge to urinate.

**Lycopodium:** Carcinoma with emaciation and weight loss. Lacks vital heat. Change in bladder and bowel habits. Pain travels from right to left and is worse 4 PM - 8 PM.

**Morphinum:** Pain of cancer is relieved when the patient is very sensitive and restless, jerks the limbs. Convulsions are threatened.

**Phosphorus:** Excessively bleeding fibroids and cancer, especially in the stomach. Cancer of the pancreas or of bones, especially the lower jaw and tibia.

**Radium Bromatum:** Cancer of skin with itching, great burning and restlessness better by a hot bath and moving about.

**Ruta:** Carcinoma of lower bowels and rectum.

**Symphytum Officinale:** Cancer of bones, periosteum, especially of joints.

**Tarentula Cubensis:** Use any of these remedies for cancer of the breasts, taking into consideration other symptoms of the remedy concerned.

**Thuja Occidentalis:** Ill-effects of vaccination resulting in cancer of the face with rapid emaciation.

Repertorial Approach Of Kent Repertory With Single Medicine

**MIND - DELUSIONS - cancer, has a:** verat.

**MIND - DELUSIONS, - disease, - is deaf, dumb and has cancer:** verat.

**EYE - CANCER - epithelioma - cornea, of:** hep.

**EYE - CANCER - lachrymal glands:** Carb-an.

**NOSE - CANCER - flat, on right side:** (1) euphr.

**FACE - CANCER - epithelioma - near wing of nose:** Aur.

**FACE - CANCER - lupoid:** Hep.

**CHEST - CANCER, - axilla:** Aster.

**MALE GENITALIA - CANCER - Scrotum (epithelioma) - scirrhus:** carb-an.

**MALE GENITALIA - CANCER - Testes:** spong.

**FEMALE GENITALIA - CANCER of - Vagina:** KREOS.

**CHEST - CANCER, - axillla:** Aster.

**CHEST - CANCER, - Clavicles, fungus haematodes:** sep.

**CHEST - CANCER, - Mammæ - nightly pains:**
Aster.

CHEST - CANCER, - Mammae - cicatrices, in old: GRAPH.

CHEST - CANCER - Sternum: sulph.

Repertorial Approach Of Clark Clinical Repertory With Single Medicine

Clinical - C - cancer - bones, of: Phos. symph.
Clinical - C - cancer - breast, of: graph.
Clinical - C - cancer - pains of: calc-ct.
Clinical - L - liver - cancer of: chol.
Clinical - N - nose - cancer of: euphr.
Clinical - P - pancreas - cancer of: calc-ar.
Clinical - S - Sigmoid flexure - cancer of: spig.

Temperaments - cancer, thin, pale patients with a tendency to: arg-met.

Temperaments - glandular - enlargements and cancer, subjects of: con.

CONCLUSION

In cancer cases, homoeopathy can be a helpful strategy. Numerous studies have documented the effectiveness of homoeopathic medications in the treatment of cancer-related pain and other symptoms. Using cellular and animal models, a few researchers also attempted to elucidate the mechanism of action of homoeopathic medications in cancer. While some studies dispute this method, others have shown that homoeopathic drugs have apoptotic effects and modulate gene expression in cancer. Studies on homoeopathy in the clinical setting are scarce and have only reported on how it lengthens a patient’s life expectancy, works as an adjuvant to conventional treatment, or eliminates side effects. To prove antitumor or antimetastatic potential in a controlled clinical trial, further data must be produced. Homoeopathic treatment affects the man internally and individualises each person by his/her constitution. In homoeopathic science, we treat the patient, not the disease. But more research is needed on this topic to make & show good results in the upcoming years.

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Bask in the glory of Hinduism... Its not just a religion, Its a way of life.
Homoeopathic Perspectives on Hypertension and a Case Management of Hypertension Associated with Left Bundle Branch Block of Heart

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**Keywords**

Homoeopathy, Hypertension, Non-Communicable Diseases

**Abbreviations**

NCDs- Non-Communicable Diseases, CVD- Cardio-vascular disease, NPCDCS- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, And Stroke, IHCI- India Hypertension Control Initiative, WHO- World Health Organisation

**Abstract**

Cardiovascular diseases are the primary cause of deaths related to non-communicable diseases. The risk of cardiovascular diseases is twofold in individuals with hypertension. Approximately 25% of adults in India suffer from hypertension, yet only 12% effectively manage and control their blood pressure. Evidence from homoeopathic literature confirms the importance of homoeopathy in treating Hypertension. Effective management of hypertension is made possible by the theory of chronic diseases mentioned in homoeopathic philosophy and the recorded symptoms of hypertension in Homoeopathic materia medica. Here, a brief effort has been made to elucidate homeopathic perspective with an illustration of a case for management of hypertension.

**Introduction**

Every year, 41 million people die from non-communicable diseases (NCDs), accounting for 71% of all deaths worldwide. The majority of NCD deaths—17.9 million annually—are caused by cardiovascular illnesses, which are followed in death count by cancer (9.3 million), respiratory disorders (4.1 million), and diabetes (1.5 million). More than 80 percent of premature NCD fatalities are caused by these four disease types. Seventy-seven percent of NCD mortality occur in low- and middle-income nations¹.

Hypertension is one of the major risk factors for CVD, especially ischemic heart disease and stroke. Presently, 28.1% of total fatalities in India are attributed to CVD, with elevated systolic blood pressure (SBP) emerging as the primary contributor, accounting for 8.5% of disability-adjusted life years (DALYs)².

In 2013, WHO formulated a Global Monitoring Framework to evaluate advancements in managing non-communicable diseases³. In India, about 25% of adults have hypertension, but only 12% of them successfully control their blood pressure. The NPCDCS was launched in 2010 and expanded nationwide by 2017. Due to insufficient control rates and the necessity to improve access to treatment services, the IHCI was launched in 2017 with an aim to achieve a 25% relative reduction in the prevalence of hypertension by 2025 among all people with hypertension over five years⁴.

**Homoeopathic Aspect**

It is essential to treat patient with high blood pressure based on the principles of homoeopathy....
rather than prescribing medication solely based on the pathology. Accessory circumstances, in addition to the fundamental causes, responsible for chronic diseases like hypertension are mentioned in §05, 07, 81 fn, 94, 208, 252.

In the context of the homeopathic approach, hypertension is regarded as a symptom rather than a standalone condition. The elevated blood pressure is seen as a visible expression of an underlying dynamic disturbance in the vital force. In homoeopathy, symptoms are categorized into common and uncommon symptoms. Common symptoms are crucial for diagnosis, being pathognomonic. On the other hand, uncommon symptoms highlight the individuality of the patient. These unique uncommon peculiar symptoms serve as the foundation for homeopathic prescriptions and play a key role in distinguishing one case from another within a particular type of condition. A genuine homoeopath aims to understand the individuality of the patient and carefully matches it with the unique characteristics of the chosen homoeopathic remedy before making prescription.

Encouraging lifestyle changes such as weight loss, moderating alcohol consumption, and incorporating more physical activity, along with a diet i.e., limiting salt intake in the diet, emphasizing fruits, vegetables, and low-fat dairy products, is recommended. Appropriate diet and regimen during homoeopathic treatment is mentioned in chronic diseases. In chronic cases, whisky or brandy and beer should be replaced by wine in a moderate amount by following the guidelines of moderation of wine i.e., in the 1st week wine should be mixed with equal parts of water, and a little sugar in next week mixed with 2 parts of water, and a little sugar and so on.

**Homoeopathic Therapeutics**

*Allium Sativum:* Has Vaso-dilatory properties. Arterial hypotension begins usually in 30 to 45 minutes after twenty to forty drop doses of the tincture.

*Aurum met:* High blood pressure valvular lesions of arteriosclerotic nature (Aur. 30).

*Aurum Mur Natronatum:* High blood pressure due to disturbed function of nervous mechanism.

Arteriosclerosis.

*Baryta mur:* Hypertension and vascular degeneration. Increased tension of pulse. Arteriosclerosis (Aur. Sec.) with a high systolic pressure and a comparatively low diastolic tension is attended by cerebral and cardiac symptoms.

*Boerhaavia diffusa:* Hypertension with ringing in the ears and heat in the vertex. Frequent palpitations and intermittent, throbbing pain in the cardiac region.

*Crateagus Oxycantha:* High arterial tension. Is a sedative in cross, irritable patients with cardiac symptoms. Arteriosclerosis. Said to have a solvent power on the crustaceous and calcareous deposits in the arteries.

*Lycopus Virginicus:* Lowers the blood pressure, reduces the heart rate and increases the length of systole to a great degree.

*Rauwolfia serpentina:* In high blood pressure without marked atheromatous changes in the vessels.

*Tabacum:* Should prove the most well indicated homeopathic drug for angina pectoris, with coronaritis and hypertension (Cartier).

*Veratrum viride:* Paroxysms of auricular fibrillation. Induces fall of both systolic and diastolic blood pressure.

**A Brief Case Of Hypertension With Associated Co-Morbidities Cured By Homoeopathy**

A male patient of 64 years old came to NIH OPD on 23/05/2022 with hypertension having blood pressure 170/110 mm of Hg and ECG report having sinus rhythm, incomplete left bundle branch block, abnormal Q wave (v1, v2), anteroseptal MI and slight ST elevation.

Present complaints of the patient were pain in the left side of chest for the last 1 year aggravated just after waking in morning, while eating and during motion; ameliorated by absolute rest and pressure on the chest. Weakness after slight physical exertion. Vertigo and palpitation on motion. Pain in the left shoulder aggravated at night, motion and ameliorated by pressure.

He was suffering from vertigo five years back.
for which he consulted an allopathic physician and was subsequently diagnosed as having hypertension. He was treated with anti-hypertensive drugs. But his hypertension was not properly controlled and in 2021 he suffered from the associated co-morbidities as mentioned in the ECG report. Further, he continued treatment without any relief and later came to NIH. No history of any other disease was found. His father died from CVA.

His appetite was good with thirst having 4-5 litres of water daily. Dry yellow coated tongue. Irregular hard unsatisfactory stool. Unrefreshing sleep. Vegetarian diet with desire for warm milk and warm drinks. Thermally hot.

Patient was irritable and easily angered.

After the case taking patient was brought to Prof. (Dr.) Subhas Singh, Director National Institute of Homoeopathy, Kolkata. After cross verification of symptoms with patient Bryonia alba 0/1 and 0/2, 8 doses each was prescribed and advised to take medicine on alternate days.

### Follow-up Reports

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/06/2022</td>
<td>Pain in the left side of chest slightly better. Pain in the left shoulder decreased. Frequency of vertigo 4-5 times since last month. Sensation of discomfort present in the region of chest. Weakness same. Appetite 3-4 times/ day with profuse thirst and loose satisfactory stool.</td>
<td>Bryonia alba 0/3 and 0/4 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td></td>
<td>BP- 158/90 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>18/07/2022</td>
<td>Pain in the left side of chest 60-70% better. Discomfort sensation in chest better. Pain in the left shoulder better. Frequency of vertigo same. Weakness after strenuous physical exercise.</td>
<td>Bryonia alba 0/5 and 0/6 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td></td>
<td>BP- 152/90 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>17/08/2022</td>
<td>Pain in the left side of chest felt occasionally after waking in morning. Pain in the shoulder almost better. Frequency of vertigo 3-4 times since last visit. Weakness slightly improved.</td>
<td>Bryonia alba 0/7 and 0/8 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td></td>
<td>BP- 144/82 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>20/09/2022</td>
<td>Pain in the left side of chest twice occurred. Frequency of vertigo same but intensity decreased. Weakness improved than before.</td>
<td>Bryonia alba 0/9 and 0/10 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td></td>
<td>BP- 142/78 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>19/10/2022</td>
<td>Pain in the chest behind sternum started since last month aggravated after waking in morning, motion ameliorated by absolute rest. Vertigo 3-4 times but only slightly felt. Weakness improved. BP- 148/80 mm of Hg</td>
<td>Bryonia alba 0/11 and 0/12 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td>21/11/2022</td>
<td>Pain in the chest behind sternum slightly better than before. Pain in the shoulder better.</td>
<td>Bryonia alba 0/13 and 0/14 8 doses each and advised to take medicine on alternate days</td>
</tr>
<tr>
<td></td>
<td>BP- 142/80 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>21/12/2022</td>
<td>Pain behind sternum 10-12 times till last visit. Pain aggravated in morning. Vertigo while exposed to sun. Nowadays patient having desire for sweets and intolerance to milk.</td>
<td>Natrum Carb 200/1 dose followed by glycogen for one months was given</td>
</tr>
<tr>
<td></td>
<td>BP- 144/74 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>27/01/2023</td>
<td>Pain behind sternum was totally better for initial 10 days but again started in same manner.</td>
<td>Natrum Carb 200/1 dose followed by glycogen for one months was given</td>
</tr>
<tr>
<td></td>
<td>BP- 140/ 78 mm of Hg</td>
<td></td>
</tr>
<tr>
<td>27/02/2023</td>
<td>Patient better in nearly all complaints</td>
<td>Glycogen for one months was given</td>
</tr>
<tr>
<td></td>
<td>BP- 138/ 72 mm of Hg</td>
<td></td>
</tr>
</tbody>
</table>
27/03/2023 | Pain behind sternum again started in morning. Next to all complaints were better.  
BP- 136/ 74 mm of Hg  

29/04/2023 | Better in nearly all complaints  
BP- 122/ 70 mm of Hg  

19/05/2023 | Better in nearly all complaints  
BP- 118/ 72 mm of Hg  

24/06/2023 | Better in nearly all complaints  
BP- 118/ 70 mm of Hg. ECG report normal  

BEFORE TREATMENT

AFTER TREATMENT

CONCLUSION

Aspects of homeopathy in managing hypertension are satisfactory if the principles of homeopathy are not voided. Removing exciting and fundamental causes in hypertension with prescription on totality of symptoms of the patient matched with the drug symptoms of homoeopathic materia medica is the homoeopathic perspective. In the above case we can understand how hypertension associated with heart co-morbidities can be managed. In this article an effort has been made to explain how homoeopathy can play a crucial role in management of NCD like hypertension.

REFERENCES

Keywords
Adenomyosis, Magnesium phosphoricum, Homoeopathy

Abbreviations
Mag. phos.- Magnesia Phosphorica , USG.- Ultrasoundography, NS- Nothing significant

Abstract
Adenomyosis is a condition in which the inner lining of uterus breaks through the muscle wall of the uterus, adenomyosis cause menstrual cramps, lower abdominal pressure and bloating before menstrual periods and can result in heavy periods. It is benign and not a life threatening condition but it can have a negative impact on a women’s quality of life. The only definitive cure for adenomyosis is a hysterectomy, but this surgical intervention can be avoided through Individualised Homoeopathic treatment. A case of uterine adenomyosis in a thirty two year old female who presented with extreme pain during menses and heavy bleeding showed the efficacy of Homoeopathic medicines in giving not only the symptomatic relief to the patient but also helping in other complaints.

Introduction
Adenomyosis is a condition where there is ingrowth of the endometrium both the granular and stromal components directly in to the myometrium. Adenomyosis is a commonly misunderstood and often overlooked medical condition that can profoundly impact the lives of countless individuals, particularly women. This perplexing disorder, which primarily affects the uterus, is characterized by the abnormal growth of endometrial tissue into the muscular wall of the uterus.(3)

As we delve into the intricate details of adenomyosis, this article aims to shed light on its causes, symptoms, diagnosis, and management, offering valuable insights into a condition that merits greater recognition and understanding within the realm of women’s health.

Adenomyosis, a condition where endometrial tissue grows into the muscular wall of the uterus, can be a source of chronic pain, discomfort, and reproductive challenges for many women. Traditional medical treatments often involve surgery or hormonal Therapies, but an increasing number of individuals are turning to alternative approaches like homeopathy to manage their symptoms and improve their quality of life.

Signs And Symptoms Of Adenomyosis
Heavy and prolonged menstrual bleeding
Severe cramping or sharp knife like pelvic pain during menstruation
Chronic pelvic pain
Painful intercourse

Understanding Adenomyosis
Causes
The cause of adenomyosis is not known, there have been many theories.
Invasive tissue growth
Develomental origins
Uterine inflammation related to child birth
Stem cell origins

Most cases of adenomyosis which depends upon estrogen are found in women in their 40s and 50s. Adenomyosis in these women could relate to longer exposure to estrogen compared with that of younger women.(3)

Risk Factors
Prior uterine surgery such as C-section fibroid removal or dilatation and curettage.
Child birth
Middle age

Diagnosis
It is mainly a clinical
MRI (Junctional zone thickness >12mm) is IOC
Gold standard histopathological examination.(3)

Complications
If you have a prolonged heavy bleeding during your periods, you can develop chronic anemia, which
causes fatigue and other health problems. Although not harmful the pain and excessive bleeding associated with adenomyosis and disrupt your lifestyle.

You might avoid activities you have enjoyed in the past because you are in pain or you worry that you might start bleeding.

Before delving into homeopathic treatments, it’s crucial to grasp the basics of adenomyosis. This condition primarily affects women during their childbearing years and can lead to heavy, painful periods, pelvic pain, and even fertility issues. While conventional medicine offers effective treatments, some individuals seek alternative options, including homeopathy, to address adenomyosis symptoms without the potential side effects of medication or invasive procedures.

The Principles of Homeopathy

Homeopathy is a holistic system of medicine that aims to stimulate the body’s innate healing abilities. It operates on the principle of “like cures like,” where highly diluted substances, often derived from plants, minerals, or animals, are used to trigger the body’s self-healing mechanisms. Homeopathic remedies are tailored to each individual’s unique symptoms, considering physical, emotional, and mental aspects of their well-being.

Homoeopathic Remedies

1. **Belladonna**: This remedy is often used for intense, throbbing pelvic pain, and heavy menstrual bleeding accompanied by fever and hot flashes.

2. **Sepia**: Sepia may be prescribed for women experiencing a heavy dragging sensation in the pelvis, irritability, and a sense of indifference toward loved ones.

3. **Pulsatilla**: This remedy is suitable for those with irregular periods, shifting pain, and a tendency to weep easily. It can also help address mood swings and emotional symptoms.

4. **Ustilago maydis**: Ustilago maydis is used for women with dark, clotted menstrual flow and severe uterine pain. It can help relieve cramps and discomfort.

5. **Viburnum opulus**: This remedy is indicated for women with severe uterine cramps and spasms, especially during menstruation. It’s essential to consult a qualified homoeopath for an individualized assessment and prescription, as homeopathic remedies are chosen based on the totality of a person’s symptoms and constitution.

The Role of Homoeopathy in the Management of Adenomyosis

While homeopathy may not offer a cure for adenomyosis, it can provide relief from the bothersome symptoms associated with the condition. Many individuals report reduced pain, improved mood, and a sense of overall well-being after using homeopathic remedies. Homeopathy can also be integrated into a broader treatment plan alongside conventional medical care, providing a holistic approach to adenomyosis management.

Adenomyosis can be a challenging condition, but there are alternative approaches like homeopathy that offer hope for symptom relief and improved quality of life. As with any medical treatment, it’s essential to consult with a qualified healthcare provider to determine the most suitable approach for your individual needs. By exploring the potential benefits of homeopathy in adenomyosis management, individuals can take proactive steps towards achieving greater comfort and well-being in their journey with this condition.

Case Report

A 32 years old female presented to the out-patient department (OPD) of R.B.T.S. Govt. H.M.C.H, Muzaffarpur with Dysmenorrhea for 6 months, during menses pain felt in left iliac region, radiates to left thigh, throbbing type of pain. Menses last for 6 to 7 days, the color of blood dark red, clotted.

Past History Mumps at the age of 10 years

Family History

Father - ? Diabetes mellitus
Mother - ? Gout

Physical Generals

Outlook - Fat
tongue - Thick, elongated
Teeth and gums - No any abnormality
Thirst - 3-4 litres/day
Perspiration - All over the body especially on head
Thermal reaction- Chilly patient
Desire - Salty, spicy food, Non - veg food
Aversion - N.S
Urine - No any abnormality
Stool - Hard stool
Dreams - NS
Sleep - Sound sleep
Appetite - Good

Mental Generals Mild, learns easily, company desire, consolation ameliorates, anxiety with pain, irritability with headache.

Provisional Diagnosis
ADENOMYOSIS

Usg Report Of Uterus Before Treatment (30.09.2021)

Table 1. Analysis And Evaluation Of Symptoms

<table>
<thead>
<tr>
<th>MENTAL SYMPTOMS</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety with pain in abdomen</td>
<td>3+</td>
</tr>
<tr>
<td>Desire for company</td>
<td>2+</td>
</tr>
<tr>
<td>Sensitive to noise</td>
<td>2+</td>
</tr>
<tr>
<td>Irritability during headache</td>
<td>3+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL SYMPTOMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen - pain ameliorated by pressure</td>
<td>3+</td>
</tr>
<tr>
<td>Abdomen - cramping pain ameliorate bt warmth</td>
<td>3+</td>
</tr>
<tr>
<td>Abdomen - drawing pain ameliorate by warmth</td>
<td>3+</td>
</tr>
<tr>
<td>Generalities - lack of vital heat</td>
<td>3+</td>
</tr>
</tbody>
</table>

Table 2. Symptoms Converted Into Rubrics

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>RUBRICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety with pain in abdomen</td>
<td>Mind - anxiety pains from the abdomen</td>
</tr>
<tr>
<td>desire for company</td>
<td>Mind - company desire for alone aggravate when</td>
</tr>
<tr>
<td>sensitive to noise</td>
<td>Mind - sensitive, noise to</td>
</tr>
<tr>
<td>Irritability during headache</td>
<td>Mind - irritability headache during</td>
</tr>
<tr>
<td>Abdomen - pain ameliorated by pressure</td>
<td>Abdomen - pain - pressure ameliorate cramping</td>
</tr>
<tr>
<td>Abdomen - cramping pain ameliorate bt warmth</td>
<td>Abdomen - pain warmth ameliorate cramping</td>
</tr>
<tr>
<td>Abdomen - drawing pain ameliorate by warmth</td>
<td>Abdomen - pain warmth ameliorate drawing pain</td>
</tr>
<tr>
<td>Generalities - lack of vital heat</td>
<td>Generals - heat lack of vital heat</td>
</tr>
</tbody>
</table>
Prescription

After case taking based on repertorial totality and consultation of homoeopathic materia medica Magnesium phosphoricum 200C 2 dose / 4 globules / OD was prescribed on date 16/10/2021

Reasoning Behind Remedy And Chosen Potency

In repertorial analysis Mag phos, Nux Vomica, Arsenic album, cover all rubric, but magnesium phosphoricum covered maximum number of symptoms, based on the repertorial totality and consultation of text books of materia medica, mag phos seemed to be the most suitable drug in this case and thus prescribed in 200C, two doses.

The potency selection and repetition was based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Change of symptom</th>
<th>Medicine /dose/ potency</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/11/2021</td>
<td>Mild relief in pain</td>
<td>Saclac30c/1 dram/bd</td>
<td>To wait and allow the medicine to act</td>
</tr>
<tr>
<td>08/01/2022</td>
<td>Marked relief in abdominal pain</td>
<td>Mag phos200c/one dose /6 globules</td>
<td>Condition remain standstill, same medicine repeated</td>
</tr>
<tr>
<td>02/02/2022</td>
<td>Overall improvement</td>
<td>Placebo200c/4 dose/bd/6 globules</td>
<td>Marked improvement</td>
</tr>
</tbody>
</table>

CONCLUSION

In the present case, a striking peculiarity in terms of mental and physical general, was taken into consideration for the prescription.

The totality of the symptoms was considered for prescription which in turn proved to be successful in not only providing symptomatic relief to the patient but also in size of the adenomyosis of the uterus. Therefore, it can be concluded that in this case the homoeopathic constitutional approach is highly effective in the cure of uterine adenomyosis.

REFERENCES

Keywords

Individualized homoeopathy, Natrum muriaticum, Alopecia Areata Barbae

Abbreviations

Alopecia areata (AA), alopecia areata barbae (BAA)

Abstract

Background: Alopecia areata barbae a subset of alopecia areata, a common cosmetic issue in human beings of this contemporary world. It is a non scarring hair loss. It may progress from patchy loss to complete hair-loss. In this case a 23 years old man visited our clinic for the complaint of hair fall from the left side of cheek(beard) which was clinically diagnosed to be alopecia areata barbae.

Methods: After detailed case-taking and repertorization, at first individualized homoeopathic medicine, Natrum-muriaticum 0/1 was given and thereafter other drugs as per the indication were given. Within about 2 to 3 months of homoeopathic treatment, the patient started improving and continues to be free from his complaints at the time of last follow-up visit in OPD and leaving a clear smooth skin demonstrating a positive role of individualised homoeopathic treatment in a case of alopecia areata.

Results: Modified Naranjo Criteria for Homoeopathy tool was used to assess the causal relationship between homoeopathic intervention and clinical outcome. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment, which is also evident from photographic images.

Conclusions: This case study shows the utility of individual homoeopathic treatment in case of Alopecia areata barbae. More studies and evidenced based clinical verification is required to establish the efficacy of homoeopathy in such cases.

Introduction

Beard alopecia areata, also known as alopecia areata barbae (BAA), is a specific form of alopecia areata[1]. Alopecia areata (AA) is an autoimmune condition characterized by patches of hair loss that do not scar, affecting the scalp and body hair. The condition can manifest as isolated, distinct, well-defined circular or oval areas of hair loss on the scalp or body, or it can extend to complete hair loss on the scalp (alopecia totalis) or the entire body (alopecia universalis). The global lifetime incidence of AA is approximately 2% [2]. It represents the most common autoimmune disorder and is the second most prevalent form of hair loss, following androgenetic alopecia. The worldwide lifetime incidence of AA is around 2% [3]. The condition can be confined to one or more distinct, well-defined, circular, or oval patches of hair loss on the scalp or body. In more severe instances, it can encompass complete hair loss on the entire scalp, referred to as alopecia totalis, or across the whole body, termed alopecia universalis[4]. In most cases, onset occurs during the first three decades of life, although alopecia areata can develop at any age, and it appears to affect both sexes equally [5]. Psychosocial stress has been noted as a potential factor in the initiation...
or worsening of alopecia areata\textsuperscript{[6]}. This condition impacts individuals of all ages and genders. Hair loss is believed to result from an autoimmune process leading to persistent inflammation, primarily affecting hair follicles, driven by organ-specific CD8+ T cell responses. Various triggers, such as infections, trauma, hormonal changes, and stress, have been identified as exacerbating factors. Genetics also play a significant role, with a higher likelihood of severe symptoms in close family members. Moreover, alopecia areata is associated with other autoimmune disorders, including vitiligo, lupus erythematosus, psoriasis, atopic dermatitis, thyroid disease, allergic rhinitis, pernicious anaemia, diabetes mellitus, and rheumatoid arthritis (RA)\textsuperscript{[7]}. There is no specific treatment tailored for cases of AA. However, healthcare practitioners often employ various approaches, such as topical immunotherapy, intralesional corticosteroids, and either topical or systemic corticosteroid treatments in AA patients. Additionally, immunosuppressive drugs and biologics may be considered as alternative treatment options. It’s important to note that individuals undergoing treatment with these medications should receive ongoing clinical monitoring due to the potential adverse effects they can induce\textsuperscript{[8]}. An integral aspect of managing AA cases involves providing psychological support. By offering psychological support and imparting knowledge about the condition, it becomes possible to achieve long-term improvements in patients’ well-being\textsuperscript{[9]}. In routine cases, the diagnosis of AA is typically straightforward and relies on clinical assessment. In cases of chronic and diffuse forms, healthcare professionals may recommend additional diagnostic measures like trichogram and biopsy\textsuperscript{[10]}. Furthermore, research efforts have explored unconventional treatments. For example, Sharquie and Al Obaidi\textsuperscript{[11]} investigated the efficacy of topical crude onion juice in comparison to tap water for treating patchy AA. Similarly, an Iranian research group examined the effectiveness of topical garlic gel in AA treatment\textsuperscript{[12]}. Xie\textsuperscript{[13]} reported a case involving a girl with AA who was treated using a traditional Chinese medicine concoction. Hay et al\textsuperscript{[14]} explored the use of aromatherapy in the treatment of AA and observed significant improvement. Despite these encouraging findings, regrettably, no study exhibited a level of internal validity sufficient to establish robust evidence for the benefits of complementary and alternative medicine (CAM) in AA. Alopecia areata barbae remains an under-researched area in homeopathy, as evidenced by an extensive search of reputable databases like PubMed and Google Scholar, which yielded only a solitary case report\textsuperscript{[15]} related to alopecia areata barbae. While there are numerous case reports\textsuperscript{[16,17,18,19]} related to alopecia areata in homeopathy, there is a noticeable scarcity of case series\textsuperscript{[20]} and clinical trials\textsuperscript{[21,22]} in this field. In conventional medicine, there exists neither a preventive therapy nor a cure for AA, contributing to its increased global burden. In contrast, the homeopathic system of medicine shows promise in the treatment of alopecia areata through the use of individualized homeopathic remedies. In light of this, the present case report seeks to elucidate the effectiveness of homeopathic treatment in a case of alopecia areata barbae.

**Case Report**

**Present Complaint:**

Falling hair from the left side of cheek (beard) since last 1 year.

**History Of Present Complaints**

This patient had consulted allopathic doctors but without any satisfactory outcome and finally he came to our clinic as a last resort of hope.

**Other Complaints**

There is sleeplessness for last 5-6 years

**Past History**

Chicken pox at an age of 2 years- suffered severely and was recovered by Allopathy.

Dengue: 4 years ago- recovered by Allopathy.

Had operation for CSOM at about 6 years ago.

**Family History**

Father: Cirrhosis and CA liver

Paternal uncle: Cirrhosis

Own sister: Hyperparathyroidism

**Clinical Diagnosis**

Based on the presentingsymptomsour diagnosis for the case is Alopecia Areata Barbae. (photographic image taken before treatment: FIG-A)
Generalities

On the Physical Generals, the patient has desire for fatty and oily food, raw salt, and cold drinks meat and raw onion. Appetite of the patient is less, and patient has got a strong desire to take water during a meal and cannot tolerate hunger. Patient has aversion to sweet and milk. Thirst is profuse. Perspiration profuse. Thermally the patient is chilly. Regarding the sleep there is sleeplessness. Regarding the bowel habit there is irregularity of bowel, difficult stool. Urination is disturbed and there is sensation as if some amount of urine always remained in the bladder.

On the Mental Generals, patient is angered easily which aggravates from consolation. There is a history of grief from disappointed love, Aversion to talk with anybody, Desire to be alone, Dreams of fighting with others, Weeping tearful aggravates from consolation.

Evaluation Of Symptoms

Anger aggravates from consolation.
Grief from disappointed love.
Aversion to talk with anybody.
Desire to be alone.
Dreams of fighting with others.
Weeping tearful aggravates from consolation.

Patient has desire for fatty and oily food, raw salt, and cold drinks meat and raw onion.

Appetite of the patient is less,
Patient has got a strong desire to take water during a meal and cannot tolerate hunger.

Thirst is profuse.
Perspiration especially from face.
Thermally the patient is chilly.
Regarding the sleep there is sleeplessness.
Regarding the bowel habit there is irregularity of bowel along with difficult stool.

Falling of hair from the left side of cheek (beard).

Totality Of Symptoms

Grief from disappointed love.
Short-tempered aggravation from consolation.
Dreams of fighting with others.
Weeping tearful aggravates from consolation.
Patient has desire for salt, and cold drinks.

The miasmatic evaluation of the symptoms of this case was done and the predominant miasm was found to be Psoric. Considering the above-mentioned characteristic symptoms, Kent’s Repertory was preferred and using HOMPATH software, systemic repertorization was done. The Repertorization chart is given in (Fig:B)

Fig B-Repertorization chart

Repertorial Analysis: After repertorial analysis
of the totality of symptoms, it was found that Natrum muriaticum covered maximum number of rubrics and scored maximum (29/13) followed by ignatia, Lycopodium, sepia, Phosphorus etc. Hence our repertorial selection for this case was Natrum muriaticum.

Discussion of the Case

Homoeopathic remedies can offer gentle and safe treatment for patients suffering from AA. Homoeopathy treats the person as a whole. This includes a detailed medical history of the patient, family and causative factors. Any underlying predisposition factor and susceptibility is also considered. As per a prospective Case Series Study conducted by Biswas et al[20], a total of 3 cases of alopecia areata were treated with individualized homoeopathic treatment, the patients were prescribed Lycopodium clavatum, Carcinosinum and Tuberculinum based on clinical signs, totality of symptoms, individualisation and miasmatic analysis. As per another research[21] study using individualized homoeopathic medicines which enrolled 100 well diagnosed cases of alopecia areata & totalis. The outcome of this study is very encouraging, which gives new dimensions and confidence to young Homoeopaths in treatment of alopecia areata/totalis strictly abiding by Hahnemanian principles of minimum dose and minimum repetition. A prospective[22], non-randomised, single-arm clinical study on alopecia areata was conducted among 25 participants. Among the analysed participants, most of the cases were cured with individualised homoeopathic remedies by reduction in the sizes of bald patches after treatment. There was a statistically significant reduction in the median size of the bald patches after treatment in comparison to the size of the bald patches at baseline when analysed by using Wilcoxon Signed Rank test. In this particular case patient came to us with hair loss from the left side of cheek (beard) for last 1 year. This was a case of non-cicatricial alopecia and considering the presenting complaints the case is diagnosed as alopecia areata. Considering the whole case and the characteristic totality of symptoms and consulting our authentic materia medica’s[23,24] individualised homoeopathic medicine Natrum Muriaticum was administered in Q potency. On 21/10/22 Treatment was started with Natrum muriaticum 0/1 (16 doses, BD*8 days) followed by which there was some improvement in the present complaint of the patient and treatment was continued following the principles of classical homoeopathy and in course of time a marked improvement was found in the present complaint of the patient which is evident from the photographic images taken before(FIG-A) and after(FIG-C) the treatment and the general symptoms of the patient i.e, difficult stool, irritability etc. were also improved details of which is mentioned in [Table-1]. The Modified Naranjo Criteria[25] were applied to this case for ascertaining the causal attribution between the homoeopathic medicine applied and the changes in the symptoms/signs of the patient [Table- 2]. As per the modified Naranjo Criteria, the total score of the outcome is (+9).

Fig A- Image Before Treatment

Fig B- Image After Treatment
## Follow-up Sheet [Table-1]

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms of the patient</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/10/22</td>
<td>Falling of hair, slightly improved, but a significant improvement is seen regarding the difficult stool, irritability, better than before.</td>
<td>Natrum mur 0/2 (16 doses) BD*8 days</td>
</tr>
<tr>
<td>06/11/22</td>
<td>All the symptoms viz, Falling of hair, difficult stool, irritability, better than before.</td>
<td>Natrum mur 0/3 (16 doses) OD*16 days</td>
</tr>
<tr>
<td>22/11/22</td>
<td>Falling of hair, difficult stool, irritability, much better than before.</td>
<td>Natrum mur 0/4 (16 doses) OD*16 days</td>
</tr>
<tr>
<td>08/12/22</td>
<td>Falling of hair, difficult stool, irritability, much better than before.</td>
<td>Natrum mur 0/5 (16 doses) OD*16 days</td>
</tr>
<tr>
<td>24/12/22</td>
<td>Patient was much better than before.</td>
<td>Natrum mur 0/6 (16 doses) OD*16 days</td>
</tr>
<tr>
<td>10/01/23</td>
<td>Patient was free from his chief complaints.</td>
<td>Natrum mur 0/7 (16 doses) OD*16 days</td>
</tr>
</tbody>
</table>

## Modified Naranjo Algorithm [Table-2]

<table>
<thead>
<tr>
<th>Modified Naranjo algorithm</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there a homeopathic aggravation of symptoms?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved, or changed)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did overall well-being improve?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>+9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONCLUSION
This case report is a testimony of effectiveness of homeopathic remedies in case of alopecia areata barbae which is a challenging problem in modern dermatology. Further rigorous clinical, observational studies, randomised controlled trials etc are necessitated for establishing the effectiveness. Through prognostic factor research we can evaluate the effectiveness of the symptoms given in totality of symptoms for Natrum muriaticum.

Conflict Of Interest: None.

Consent Of The Patient: Written consent has been obtained from the patient for the purpose of sharing image.

Acknowledgement
We convey our heartfelt gratitude towards our master C.F.S Hahnemann for blessing us with such an excellent discovery of Healing System i.e Homeopathy and for being a magnificent teacher who has taught us to live this life with an ‘Aude Sapere’ mindset. We want to convey a special thanks to our respected teachers for inspiring us to write articles.

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**Homeopathic Vaccination In Infants**

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**Keywords**
Immunisation, vaccination, Homoeopathic remedies, immunity, prevention, genus epidemicus,

**Abstract**
Every homeopathic medicine works as a vaccine. As per Master Hahnemann homeopathic medicine can be used in the prevention of infectious diseases as well as non infectious diseases.

In the older generation the word vaccine brings to the mind certain words like polio, whooping cough, tetanus, small pox or meningitis. The number of cases of these are nowadays miniscule but these diseases were very lethal in the yesterdays. Today the number of vaccines is so many that the parents are confused. Are all these necessary? Can we not skip some of these? Do they cause Autism in children? It is very obvious that Allopathic vaccines play an important role but what about its demerits? Well the simple answer to these questions is homeopathic vaccination. There is always a risk although minor that the allopathic vaccines cause some harm or side effects. In spite of these thoughts the parents do vaccinate the children as they are definitely an armor protecting the child.

“The old saying goes ‘prevention is better than cure.” It definitely is much logical, easier and more cost-effective to prevent a disease than to treat it. That’s exactly what immunizations have been doing. It protects the general mass from serious diseases and also prevents the spread of these diseases to others. Today it is because of immunizations, that eradication of some diseases like polio and smallpox is achieved.

So the million dollar question is why not homoeopathic vaccination? In modern times, new born babies are given a lot of vaccines. But then, the times are changing and now it is the right time and a new era of Homoeopathy has set in. So why not utilize the miraculous power of homeopathic potentised medicine especially in the prevention of huge complications in the child becoming adult.

**INTRODUCTION**
He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in ill health. $4." Starting from aphorism $ 4, Dr. Hahnemann enlightens us about the preventive measures (the preserver of health should have a good knowledge
about the things that derange the health so that we can prevent it from deranging the healthy human body). In Aphorism § 102 he gives us knowledge about how to prevent diseases by selecting the Genus Epidemicus, which is the homoeopathic similimum that has cured several people having similar suffering from the same cause.

Hahnemann’s work “cure and prevention of scarlet fever” was published at Gotha, in the year 1801. During the summer of 1799, the last year of his brief visit to Konigslutter, an epidemic of scarlet fever occurred, during which Hahnemann discovered the great value of belladonna as a prophylactic against this serious disease. In this work he deals with the nature and character of scarlet fever. He also gives us details about the preparation of his antidote, belladonna and how to apply the remedy. In the preface he has said about certain experiences which occurred when he sent belladonna extract to his followers. Sometimes it was misused when it fell into the wrong hands. Hahnemann has also emphasized the importance of administering the very smallest dose, for that he used the dilution method which he used before the invention of dynamization which is one of our cardinal principles. He also gives an intimation for the present-day young doctors that they are inaccurate & in a hurry while treating an ill person.

Prophylaxis in homeopathy includes general prophylaxis and specific prophylaxis. General prophylaxis actually denotes 5 different aspects.

1. Health promotion
2. Early diagnosis and treatment
Specific protection is to avoid the particular disease. it includes
1. Specific immunization
2. Use of specific nutrients.
3. Protection against occupational hazards
4. Protection against accidents
5. Protection against carcinogens
6. Avoidance against allergens

Since we are considering Immunization by using homeopathic medicines for disease prevention, it becomes imperative that we dwell in depth into the following aspects -

1. Specific prophylaxis
   A. by specific medicine
   B. By genus epidemicus
2. General prophylaxis
   A. By anti miasmatic constitutional medicine in children by taking the case of both parents.
   B. By anti miasmatic constitutional treatment in the pregnant women.

In Homoeopathy how is the specific prophylaxis achieved? Here, prevention is bought about by the use of a particular Homoeopathic medicine based on Homoeopathic principles. This may be achieved by 2 methods which are given in brief below.

Specific prophylaxis by specific medicine, say for e.g., Diphtheria by dipherinum, Tetanus by ledum pal, Covid 19 and respiratory infections by arsenic alb, Gastroentritis by arsenic alb, phosphorous, ipecac like medicines and Chickenpox by malandrinum.

One of the important duties of the physician is to preserve the human body from disease. This work is about how the homoeopathic physician should preserve health with the reference from the guidelines given by our master through his writings about cure and prevention of scarlet fever.

If we were to go back in history, belladonna was used to prevent scarlet fever. cuprum metallicum was used to prevent cholera. Apart from this homeopathic medicines are used to prevent the genetic disorders in the children as well and this definitely is a new task for further research. As we give the constitutional medicine to the pregnant, huge number of genetic disorders are prevented in the upcoming child and once again sustained research into this is very much essential.

During the pandemic of covid 19 throughout the whole world we have used arsenic alb 30 as the genus epidemics. It was recommended by the Ministry of Ayush too. It has worked miraculously for prevention as well as cure of covid in all of the stages. Historically, several remedies were used to prevent cholera. Hahnemann recommended Cuprum metallicum (Cupr.) to be taken once a week while cholera was prevalent. A 30C or 200C potency would be appropriate. Veratrum
album (Verat.) or Arsenicum album (Ars) have also been used for cholera prophylaxis with the general instructions of a daily dose in any potency between 6X – 30C (according to availability) for 14 days. Early homeopaths also advised that Ars. and Verat. album can also be alternated over a 14 day period – one on one day, the other on the next. Today, homeopathic doctors are still treating outbreaks of cholera in third world conditions.

Dr. Hering in 1930 suggested that the prevention of many diseases can be found in their own morbid products. Say for e.g. saliva of rabid dog might be prophylactic for hydrophobia. Dr. Croserio proposes the use of merc sol 30 in the prevention of gonorrhea. Dr. Winter and Dr. Gastier of Thoissey have suggested the list of homeopathic medicines to be given in the newborn. They suggest that these medicines be used for prevention of huge miasmatic states. Medicines are given in the sequential order in the 30 potency diluted in water.

Each medicine can be given at the interval of 5 days. Following is the list:
1. Sulphur
2. Sepia
3. Carbo Vegetabilis
4. Arsenicum Album
5. Belladona
6. Lachesis
7. Nitric Acid
8. Silicia
9. Thuja
10. Lycopodium
11. Graphites
12. Calcarea C
13. Phosphorus

Mode of administration of the medicine is that 3 to 4 globules of each medicine are diluted in half cup of water. 1 tablespoon is then given to the infant.

As we see in the list of medicines these medicines can prevent the occurrence of huge number of infectious as well as noninfectious diseases.

MECHANISM – During immunization, the concerned person is injected with a weakened form of (or a fragment of) a disease. This triggers the body’s immune response system which in turn causes it to enhance its immunity i.e. resistance power either by producing antibodies to that particular ailment or induce other mechanism that improves the immunity.

Then, if the person is again exposed to the actual disease-causing organism, his/her immune system is now conditioned and prepared to fight the infection. A vaccine is an effective tool which prevents the onset of a disease or else reduces its severity.

The mechanism is that homeopathic medicines produce artificial disease in humans. This artificial disease is responsible for activating the vital force. This activated vital force in turn prevents the production of further complications. Isn’t this wonderful and scientific and safe too? The whole body is prepared to fight against the disease. The immunoglobulin and the memory T cells are activated. Now this is the very base of any living creatures’ immunity. No drugs, no steroids, no injections, no chemicals…. The benefits are really appreciable.

The action of homeopathic medicine is quite short and artificial disease because of action of the poetized medicines goes away spontaneously activating the vital force due to secondary action.

CONCLUSION

Yes, definitely vaccines play an important role in humans in all age groups. However it is an essential component in the INFANTS. Allopathic vaccines are very beneficial and have made a substantial contribution in prevention of diseases. However we do have a parallel range of armory in Homoeopathy as described above. This could bring about a radical change, a change for the better for the generations to come. The need of the hour is that we should start educating the MASS about the benefits and CLASS of homeopathic vaccination in infants. The entire homeopathic fraternity requires to join hands in this cause of public awareness to spread and inspire the people about this matter. Yes homeopathic vaccination in infants is the need of the hour and needs to be stamped on the International map of preventive medicine.
Keywords
Scabies, Diagnostic criteria, Control of Scabies, Psora, Homeopathic approach

Abstract
Over the past decade scabies has been recognized as “neglected tropical disease” by World Health Organization. Human scabies a common infestation, has a worldwide distribution with a variable impact and presentation depending on the clinical situation.

Introduction
Review Of Literature
The discovery in 1687 of the itch mite marks scabies as the first disease of man with known cause.¹ The itch mite Sarcoptes scabiei or Acarus scabiei is an extremely small, globular arthropod just visible to the naked eye. The female parasite borrows into the epidermis where it breeds and causes the condition known as scabies or itch.¹

Incidence
It is common cause of itching dermatosis infesting ~ 300 million persons worldwide³. It is common in children, highest prevalence below 5 years of age but can occur at any age. No sex preponderance.³

Life Cycle Of Sarcoptes Scabiei
The itch mite is just visible to the naked eye, measuring 0.4mm in size.¹

Gravid female mites, measuring ~ 0.3 mm in length, burrow superficially beneath the stratum corneum, depositing 3 or fewer eggs per day. Nymphs mature in ~2 weeks and then emerge as adults to the surface of the skin, where they mate and re-invade the skin of the same or another host. Transfer of newly fertilized female mites from person to person occurs mainly by intimate contact. Generally, these mites die within a day or so in the absence of host contact.³

Risk Factors
Overcrowding, Poor hygiene, Low socio economic status are predisposing factors.⁴

Mode Of Transmission
Close contact with infested person. This is often due to sleeping in the same bed or by children playing with each other or nursing an infested person. Contaminated clothes an bed linen.¹

War, natural calamities, social or religious congregations provide good opportunities for the mite to spread and cause epidemics.

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Case Report

Site Of Lesions

Sites involved are inter-digital webs, flexor aspect of wrist, ulnar border of forearm, elbows, anterior axillary folds, umbilicus and periumbilical area, medial aspect of thighs, genitalia, lower part of the buttocks, knees and ankles. In infants, palms, soles, face and scalp are common sites.

Burrows are pathognomonic lesions of scabies which appears as S thread like greyish to darkline, few millimeters long with a vesicle at one end where mite is present.

The disease also affects the breasts in women and genitals in men.

Clinical Features

A linear or curvilinear papule caused by a burrowing scabies mite.

The itching and rash associated with scabies derive from a sensitization reaction directed against the excreta that the mite deposits in its burrow. An initial infestation remains asymptomatic for up to 6 weeks, and a re-infestation produces a hypersensitivity reaction without delay.

Burrows become surrounded by infiltrates of eosinophils, lymphocytes, and histiocytes, and a generalized hypersensitivity rash later develops in remote sites.

The multiformity of lesions consist of vesicles, papules, pustules, crust and excoriations which are secondary to scratching excited by the intense itching.

The classical symptom is intense pruritus especially at night in bed.

Characteristic burrows are not seen in crusted scabies, and patients usually do not itch, although there infestations are highly contagious.

Scabies should be considered in patients with pruritis and symmetric polymorphic skin lesions in characteristic locations, particularly if there is a history of household contact with a case.

Even after successful treatment, itch can continue and occasionally nodular lesions persist.

Investigations

If a mite is demonstrated, one needs no diagnostic criteria. Typical lesions on the penis and nipple, the presence of burrows even without a mite and inter-digital lesions are almost diagnostic. Severe pruritus, especially at night, of short duration or in family members is also very suggestive.

Burrow identification (Ink method): The suspected burrow is smeared with blue or black fountain pen ink and then wiped off with an alcohol swab after some time. The dye that enters the burrows is highlighted as a dark line.

Microscopic examination: The burrow is scraped with 15 no. blade and examine the material with 10% KOH or mineral oil under light microscope. Presence of mite, egg or fecal concretions (scybala) confirms diagnosis of scabies.

Diagnosis Of Scabies

The main diagnostic features of scabies are:

1) the patient complains of itching which is worse at night.
Examination reveals follicular lesions at the affected site.

Secondary infection leads to crusted papules and pustules.

The diagnosis is probable if the other members of the household are affected.

Confirmation of the diagnosis may be made by searching for the parasite in the skin debris under microscope.

Under dermoscope, mite in burrow resembles “jet with contrail”.5

Differential Diagnosis

A. For pruritic localized or generalized rash: In infants: Papular urticaria, infantile acropustulosis, In children: Papular urticaria, insect bite reactions, atopic dermatitis, animal scabies. In adults: acute generalized lichen planus, adverse drug reactions, contact dermatitis, pediculosis pubis, pediculosis corporis, different forms of prurigo, In elderly: Dermatitis herpetiformis, senile pruritis, delusional parasitosis.5

B. For pruritic nodules: Urticaria pigmentosa, papular urticaria (insect bite), and pseudolymphoma.5

Therapy

Permethrin (5%) cream is treatment of choice (single overnight application below neck all over the body with a second application after an interval of a week). It is the treatment of choice for infants (application includes head and neck also). Sulfur and crotamiton are safe in pregnancy.5

Pruritus may persist for up to 1-2 weeks after the end of effective treatment.5

Intralesional triamcinolone 5-10 mg/ml in each lesion is used for nodular scabies besides routine scabies treatment.5

Control Of Scabies

In the control of scabies, it is essential to treat all members of the affected household simultaneously whether or not they appear to be infested. Before commencing the treatment the patient is given a good scrub with soap and hot water.1

Benzy1 Benzoate: Is an effective sarcopticide.It should be applied with a paint brush or shaving brush to every inch of body below the chin including the soles of the feet and allowed to dry.In the case of babies, the head must also be treated, the application should be repeated after 12 hours, and after a further 12 hours a bath given and all underclothes, clothes and sheets changed and washed. Not more than two applications of benzy1 benzoate should be given per week as excessive use can cause an irritant dermatitis.1

HCH: 0.5 to 1.0 % strength of gamma-HCH (lindane) in coconut oil or any vegetable oil or vanishing cream.1

Tetmosol: A 5% solution, three daily applications are recommended.1

Sulphur Ointment: 2.5 to 10 % daily for 4 days is a cheap remedy.1

Homeopathic Way To Understand The Concept Of Psora

“The oldest monuments of history” says Hahnemann,”shows the Psora even then in great development. Moses, 3400 years ago pointed out several varieties. In Leviticus, he speaks of bodily defects which must not be found in a priest who is to offer sacrifice, malignant itch is designated by word Garab, which the Alexandrian translators, translated with Psora agria, but the Vulgate with “Scabies jugis”. The Talmudic interpreter, Johnathan, explained it as dry itch spread over the body.

Psora is identical, therefore with the ancient form of leprosy, with the “St. Anthony’s Fire” or malignant erysipelas which prevailed in Europe for several centuries and then re-assumed the form of leprosy, through the leprosy which was brought back by the returning crusaders in the 13th century.7

Psora has thus become the most infectious and most general of all the chronic miasms,” says Hahnemann. The disease, by metastasis from the skin, caused by external palliative treatment,
attacks internal organs and causes a multitude of chronic diseases the cause of which is generally unrecognized.7

Hahnemann’s teaching is thus elucidated and confirmed by pathology. The infectious, parasitic, primary and typical micro-organisms of Psora, driven from the skin by local treatment, finds a ready route to deeper tissues, structures and organs through the capillaries, the lymphatic and glandular systems and the nervous system. Here it develops its secondary specific form and character according to its location and the predisposition and environment of the individual, giving rise to a vast number of secondary symptoms.8

Psora is the most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease, has become mother of all thousands of incredibly various (acute), chronic (non-veneral) disease. At least seven-eights of all chronic maladies spring from it as their only source. Psora or itch disease, is beside this the oldest and most hydra-headed of all the chronic miasmatic diseases.9 Treatment of psora depends upon the stage with which the patient is suffering. To treat the primary manifestations of psora, a small dose of sulphur is abundantly sufficient to cure the infection. But if suppression has taken place sulphur alone is not sufficient, a well selected anti-psoric remedy to be selected. In Homeopathy a remedy is selected by considering patient as a whole by process of individualization.

**Homeopathic Approach**

**Arsenicum Album**

Skin dry and scaly like parchment white and pasty, black vesicles and burning pain.11 Anxiety, restlessness, fastidious, prostration, burning and cadaveric odours are prominent characteristics.10 Burning pains, the affected parts burn like fire, as if hot coals were applied to parts >by heat, hot drinks, hot applications.11 Worse cold.

Sulphur

This is great Hahnemannian Anti-psoric11. To be thought of when there is a paucity of symptoms to prescribe on, a latent condition of the symptoms due to psora.10 Its action is centrifugal- from with in outward-having an elective affinity for the skin, where it produces heat and burning, with itching, made worse by heat of bed12. Dirty, filthy people, prone to skin affections. Aversion to being washed, always < after a bath. Skin affections that have been treated by medicated soaps and washes.11

**Sepia**

Itching not relieved by scratching worse in bends of elbows and knees.12 Eruptions about genitals, lips and mouth, face and body. Moist eruptions that pour out a watery fluid, or thick, yellow, purulent fluid.10 Worse evenings, washing, dampness, after sweat. Better by warmth of bed, hot applications, cold bathing, after sleep.11

**Causticum**

The skin of a causticum person is of a dirty, white sallow. Burning, rawness and soreness are characteristic. Soreness in folds of skin, back of ears, between thighs.12

Agg on becoming cold, from getting wet or bathing.11

**Kali Sulph**

The skin is very sensitive: a sore feeling in skin. Scaly eruptions on a moist base. Sensation of burning, in the skin, burning after scratching. Itching, burning, crawling, stinging < when warm in bed, < scratching.10 Ailments accompanied by profuse desquamation. Yellow mucous and serous discharges.12

**Carbo Veg**

Persons who have never fully recovered from the exhausting effects of some previous illness.11 Sluggishness, laziness, turgescence, these are characteristics.10

Itching worse on evening, when warm in bed and better from cold. Moist skin, hot perspiration, burning pain, offensive discharge.11

**Psorinum**

Dirty, dingy look. Intolerable itching. Eruptions especially on scalp and bends of joints with itching, worse from warmth of bed.11 Ailments from suppressed itch or other skin diseases. Eruptions disappear in summer, return in winter. Carrion like odour of discharge.11
Dr. Samuel Lilienthal: A Humble Disciple of the Great Hahnemann

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He was born on 5th December 1815 in Munich, Germany. He was a close acquaintance of Dr. Constantine Hering. They were so close to each other that once upon meeting him, Dr. Hering remarked humorously that “I thought I should see a young man before me, and now that hard-working Lilienthal is as grey as I am”. Dr. C.B. Knerr in his book The Life of Hering describes a meeting between Drs. Hering and Dunham where the latter asked questions, former replied whereas Knerr and Lilienthal sat and listened them. With his hard working and punctual nature, Lilienthal created his identity in Homoeopathy by contributing much through his writings and patient care. He loved calling himself “a humble disciple of the great Hahnemann”. It would be interesting to learn about him in little more detail.

Early Life And Education

He was born in Munich and he completed his high school there in 1834. He completed his graduation in medicine at 23 years of age from University of Munich in 1838. After practicing at Municipal Hospital for one year he moved to United States of America in 1839. He lived in Heidelberg Pa and South Carolina until 1847 but finally settled in Lockport, New York. He was impressed by a physician who was successfully treating cases of scarlet fever with Homoeopathy. Dr. Samuel Lilienthal got interested in Homoeopathy and started practicing it after moving to New York City in 1857.

Dr. Lilienthal And His Homoeopathic Career

After starting practicing Homoeopathy, he joined newly opened New York Homoeopathic Medical College in 1869 in Department of Medicine and served there until 1886. Meanwhile, due to his acquaintance with Dr. Hering, Dr. Lilienthal was recommended by him and got the opportunity to serve as an Associate Editor of The North American Journal of Homoeopathy from 1873 to 1883. As per an article penned down by Dr. Samuel A. Jones in Homoeopathic Reader in November 1891, The North American Journal of Homoeopathy was at verge of closing but it was due to Dr. Lilienthal’s relentless translations of various articles from German, French, Spanish and Italian along with his several original articles that it survived for more than a decade after his joining. His speed of furnishing translated articles was so great that publishers of The Homoeopathic Physicians could not cope up with their number of articles being published in one volume of their journal.

He also served as the co-editor of American Ho-
Dr. Lilienthal is also known to prove drugs like Carbolic acid and Physostigma venenosum. His other notable works include books like Characteristics of the New American Remedies (1873), A Treatise on Diseases of the Skin (1876), Homoeopathic Therapeutics (1878), Works on Materia Medica (1886) and Etiology of Tuberculosis (1887).

**Dr. Lilienthal And His Personal Life**

Dr. Lilienthal lived in Unites States with his brother Max who followed him after he settled there. His brother founded the Hebrew Union School and became an influential rabbi in the American Jewish Community. Both Samuel and Max married sisters named Caroline Nettre (Rachel) and Babette Nettre in 1845. Even after death of his wife, Lilienthal never remarried and remained loyal to Caroline. Samuel A. Jones writes about his everlasting love for his wife was the reason of his manners so charmingly tender and winning to all women.

Dr. Brinkman specially mentions his efforts and encouragements for ladies in profession. He actively participated in social activities for female development at national and district level. Under his encouragement, many female homoeopaths flourished in country.

His son, Dr. James E. Lilienthal was also a homoeopath. He was a professor at Homoeopathic Medical College of the Pacific at San Fransisco. After retirement, Samuel Lilienthal left all his practice and work and lived with him. His other family members, Mr. E.R. Lilienthal and J.L. Lilienthal were associated with well-known firm of Lilienthal & Co., Commission Merchant.

His punctuality was also much talked topic about him. Martin Deschere remarks that he would sleep by 10 pm and get up sharp at 6 am. He would read, write and discuss his and others works on Homoeopathy. His daily life punctuality helped him write and translate great deal work before his death. He was also very fond of music. Dr. Lilienthal would attend various operas and concerts to keep him entertained.

**Dr. Lilienthal And His Last Breath**

He suffered from recurrent anginal attacks due to atheroma of coronary artery. At the age of 76 years, he died of major heart attack on 3rd October 1891 at residence of his son, Dr. James E. Lilienthal.
About the Reviewer

Dr. Joachim-F. Grätz

Dr. Joachim-F. Grätz, Germany, has been working very successfully as a classical homeopath for over 30 years, taking into account the so-called miasms (chronic basic diseases, disease behind the diseases) and is known far beyond the borders of Germany. The uniqueness of his form of therapy consists in his holistic worldview whereby he also integrates insights from dealing with other natural laws into his homeopathic thinking. This enables him to recognize the causal relationships of every illness and to treat them accordingly. – An extraordinarily successful practitioner, even with the most severe diseases.

Dr. Grätz studied homeopathy with the well-known German homeopath Dr. Otto Eichelberger in Munich, who was one of the first to take the miasms into account in therapy and who made the LM-potencies (Q-potencies) public in the German-speaking countries.

For a time Dr. Grätz was also a lecturer in classical homeopathy at various academies of naturopathy and homeopathy in Munich, Zurich, Köthen, Gauting, Salzburg, and Vienna, and also at the Ludwig Maximilian University in Munich for interested medical students. He wrote six books on classical homeopathy and the miasms with a variety of impressive case studies, on the nature of potencies in acute and chronic homeopathy, and on vaccinations, and published a double DVD. His last book is in English: “Gentle Medicine – The True Causes of Disease, Healing, and Health”, published in the USA.

About the Author: Dr. Kavita Chandak, Nagpur, India

Dr. Kavita Chandak is a passionate young homeopathic doctor working in Nagpur, India, honored by two Golden Book of World Records for treating kidney disorders and success in a case of mucormycosis. She is an author, international trainer and speaker. She specializes in autism, psychiatric disorders, kidney diseases and cancer. She is a scientific committee member at Duzce university, Turkey and LMHI 2022. She is invited as speaker at many national-international seminars and conferences. She authored eight homeopathic books and teaches online courses. Awards- For her socio-medical contribution, she received various prestigious awards including the recent ‘Excellence in Homeopathy-2022” by Hpathy.com.

Publisher: B. Jain Publishers (P) Ltd., India
With chronic homeopathy you get back to (almost) absolute health, across generations, and thus also to an elevation of individual consciousness, person for person, which results in a changed world view, a view of peaceful coexistence, of being interdependent, of universal, selfless love.

This is where mothers play a central role, if not to say the most central one. Because mothers are by far the most important people on earth! They bring forth the next generation, which will soon enough rule our planet. Therefore, it will largely depend on them and their families whether love or hatred will rule, whether there will be coexistence or conflict, whether the reckless exploitation will continue, etc., and finally whether our planet and us humans can still be saved. Because healthy children, with healthy minds and common sense, will mature into healthy, loving, and understanding adults and find their way back to nature, back to universal love, and the meaning of life and pass it all on to the next generation.”

An excerpt from the epilogue of my book, “Gentle Medicine – The True Causes of Disease, Healing, and Health”.

So what could be more natural than to write a book that addresses the concerns of women and is dedicated to the well-being of these patients in depth?

Dr. Kavita Chandak has done this brilliantly and we are very grateful to her. Anyone involved in women’s health, desire to have children, homeopathic pregnancy support and young mothers should always have this book on their desk.

In addition, this book is a wonderful work for students of homeopathy to get started, especially if they have much to do with girls and women and their health concerns, as it covers the major and most prevalent gynaecological conditions worldwide from menarche to menopause.

The book contains a detailed description of most women’s diseases, beginning with puberty and extending to specific cancers in advanced age, the materia medica of important homeopathic remedies specific to women, a “Homeopathic Gynaecology Kit”, important hints and tips from the author’s own practice, and extensive casuistry, mostly of acute diseases and disorders.

The first six chapters are devoted to the diseases of women, starting with puberty, followed by the “reproductive age”, pregnancy and childbirth and their possible complications, the menopause and certain cancers in women. Each disease is treated in detail with its specific and further symptoms, its possible causes from the point of view of orthodox medicine (which are not always correct if one knows the biological laws of nature), and partly also with homeopathic rubrics and the homeopathic medicines in question.

The following chapters deal with skillful homeopathic case taking in gynaecological complaints, pregnancy and childbirth, and potency selection, as well as the importance of dreams and delusions in female disorders. In addition, some important gynaecological remedies are outlined, including rare minor and lesser known ones along with their indications. And last but not least a “Homeopathic Gynaecology Kit” consisting of 49 homeopathic remedies with their characteristics, short descriptions and indications is presented. In my long experience, one of the most important chronic medicines (if not the most important at all) is missing here, namely Medorrhinum.

The last part of the book comprises impressive...
case studies, which are certainly very valuable for the budding student of homeopathy but also for seasoned practitioners. Here a brief medical history, an analysis and evaluation, the homeopathic rubrics in question and the choice of remedy are described and, if necessary, also the follow ups of the cases.

In conclusion, Dr. Chandak gives us 97 clinical tips for gynaecological symptoms and their main medicines from her homeopathic experience.

All these diseases and treatments are almost without exception purely acute considerations, i.e. without taking into account the underlying miasms. In any case, such complaints and disorders do not occur if the women have previously been treated anti-miasmatically over a longer period of time, that is, when their miasms have been eradicated. Especially the sycotic miasm, because this is the most dominant one worldwide due to the many vaccinations and suppressive treatments of sycotic phenomena administered nowadays such as discharge, fungal infections, trichomonads, herpes genitalis and the like. For after that such ailments and complications, which Dr. Chandak describes here in detail and which unfortunately are very common nowadays, especially also during pregnancy, are not possible at all. Then you are as solid as a rock in the surf.

Nevertheless, this book is a blessing for all homeopathic practitioners as well as students, indeed a treasure trove of information and important symptoms as well as their treatment. After all, everyone has to deal with such problems on a daily basis and everyone is first forced to help their patients acutely before starting a chronic anti-miasmatic treatment, so that such situations can never occur again.

An excellent and important book for all homeopaths and those who want to be.
Boericke's Pocket Manual of Homoeopathic Materia Medica & Repertory- Comprising Of The Characteristic & Guiding Symptoms Of All Remedies (Clinical & Pathogenetic) Including Indian Drugs

Dr Anum Zaheer

About the Reviewer

Dr. Anum Zaheer, BHMS, MD(HOM), PGDEMS

About The Book

The book contains the well-known verified characteristic symptoms of all our medicines besides other less important symptoms aiding the selection of the curative remedy. All the new medicines and essentials of the published clinical experience of the school have been added. In its present compact form, it contains the maximum number of reliable Material Medica drugs in the minimum space. This book is often the first real Materia Medica to be studied by clinicians who want to study homoeopathy.

Publisher - B.Jain publishers
Language - English
Year of publication -
First edition- 1901
In 1927- 9th edition with repertory part
Low priced edition-2002
No of pages - 1268 pages

About the author: Dr William Boericke

William Boericke was born on 25 October 1849 in Austria. He graduated from the Philadelphia Medical College in 1876 and from Hahnemann Medical College in Philadelphia in 1880. Moving to San Francisco he practiced as a homeopath for over fifty years. He was also a member of faculty of the Hahnemann Medical College in San Francisco. In 1901 he authored Boericke’s Materia Medica.
**Construction**

**Philosophical Background:** not based on any philosophy

Book consist of 3 parts

First part- materia medica

Second part - repertory - his repertory has 290 pages of information, which is classified under 25 chapters.

Third part - miscellaneous including index to repertory only in 9th edition, therapeutic index, list of common names of remedies, list of pharmaceutical & latin name of remedies, 50 homeopathic drugs, relationship of remedies by Gibson miller & sides of the body from boenninghausens lesser writings, drug affinities, essential of rare & uncommon remedies

**Gradation** - The book contains 2 gradations - first grade in italics most verified 2 marks & second grades in ordinary roman 1 mark

**Arrangement**

The chapters in the repertory section of this book have been rearranged to minimize confusion while maintaining the same rhythm and following Kent’s Repertory. The definition of each term and the corresponding page numbers have been added to the index of the repertory, making it more comprehensive and user-friendly.

The Boericke Repertory resembles the Kent rather than the Boenninghausen but Boericke has reclassified some of the anatomical sections. For instance, vertigo appears under HEAD; sinuses are grouped together under NOSE; lips are under MOUTH instead of FACE.

Repertory is arranged in Hahnemann schema from mind to generalities, heading & sub heading arranged in alphabetical order.

The last section is MODALITIES, first aggravations and then ameliorations, and time under these appears in alphabetical order under morning, night, periodicity, etc., instead of altogether at the beginning of the section as in Kent.

Rubrics are arranged in alphabetically manner & mostly follows sub rubrics in cause, type, location, character of pain, concomitant & modality

In chapter Generalities rubrics like obesity in childhood, chronic disease to begin treatment, sunstroke, complaints

Number of remedies- 1409

To give the reader a head start in his quest to explore the vast sphere of knowledge that this edition is going to provide, an Index of the Drugs, with both common and Latin names, has been introduced in the beginning of this book under Contents along with the proper listing of all the Chapters.

index shows 1414 - 5 remedies reappears e.g. cimicifuga & actea racemosa

remedies in italics are mostly verifies

Boericke materia medica contains many new & unproven remedies

**Application**

Dr. J. Crompton Burnett says, “The fact is, we need any and every way of finding the right remedy, the simple simile, the simple symptomatic similimum and the furthest reach of all- the pathological similimum, and I maintain that we are still well within the lines of homoeopathy that is expansive, progressive science.”

The clinical school of philosophy is operating in the case where a diagnosis can be made, and there are several expressions which help to individualize that diagnosis

For one-sided diseases

Cases with clinical diagnosis

Cases When definite cause is known

To prescribe on the basis of pathological generals

For the prescription of toxicological effect

For the prescription of a prophylactic remedy

For the prescription based on suppressed effects.

For acute cases

Nosological diagnosis
Concomitants given separately, so useful
In some chapters, Sensation under separate heading
For Pathological General prescription
Index or Repertory given is useful
Because of 2 types of typography used to indicate the intensity of remedies, it is more practical for reference work and repertorization.
Index to repertory facilitates the search of a needed rubric to a great extent.
Rubric related to toxic effects of drugs are given in Generalities under the rubric Complaints – abuse of
Many clinical rubrics are in this repertory – Bubonic plague, Addison’s disease.
Cross references are given at various chapters
Boericke can be used where pathology or diagnosis is clear, cause is indicated, cases rich in concomitants, modalities well marked, mind symptoms may or may not be present

**J. H. Clarke says,** “Certain diseases come to have certain remedies assigned to them and all patients who are found to be suffering from any given disease must be dosed with one of the remedies credited to it.”

**Dr. Hering** said that he used disease designations not for the purpose of recommending the particular remedy for that disease, but to show the great variety of remedies that may be used for any form of disease when otherwise indicated. For the same reason Dr. Boericke has included nosological terms in the symptomatology and Therapeutic Index

**Carrying Boericke’s Work Forward**
Dr. Vithoulkas has further expanded the clinical utility of certain drugs mentioned in Boericke’s Materia Medica.
One such fine example is that of ‘Ambrosia artimisiaefolia’

**Boericke wrote** - A remedy for hay-fever, lachrymation and intolerable itching of the eyelids. Watery coryza; sneezing; watery discharge. Stuffed up feeling of nose and head. Compare in hay-fever: Sabadilla, Wyethia; Succin. ac.; Ars. jod.; Arundo.

**Vithoulaks writes** - Ambrosia belongs to a group of remedies including Aralia, Allium cepa, Arundo, Ars-iod, Dulcamara, Sabadilla, Wyethia etc. which are almost specifics for hay fever.

What characterises this remedy in hay fever, apart from the common symptoms of such a disease, is an intolerable itching on the eyelids and a feeling as if the whole respiratory tract and the head were stuffed up, blocked. The patient is very sensitive to all kinds of pollen, especially from roses, with an aggravation period that starts around July and has its peak in mid August.

This remedy should be thought of in cases where Dulcamara, Sabadilla, Wyethia, Aralia, Arundo or Ars-iod were prescribed and failed, especially in cases of hay fever that start with catarrh and end with with asthma. Hay fever with watery catarrh, with sneezing, lacrimation and intolerable itching of the eyelids. Diarrhea especially in summer months in patients with dyspnoea or hay fever, allergic patients for whom Dulcamara has failed.

**CONCLUSION**
Along with other less significant symptoms that help in the selection of the curative remedy, the book includes the well-known, verified characteristic symptoms of all our medicines. The school’s published clinical experience has been updated to include all the new medications and necessities. It has the most trustworthy materia medica facts possible packed into the smallest amount of space in its current compact form. It supplements every other work on Materia Medica, and if used as a ready reminder of the essential facts or our vast symptomatology and as an introduction to the larger books of reference and record and record of provings, it will fulfil its purpose and prove a useful aid to the student and general practitioner.
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